CHAPTER - VIII
SUMMARY AND CONCLUSION

8.1 Focus on Adolescence

Importance of the reproductive and sexual health of the adolescents was first recognized at the International Conference on Population and Development held at Cairo in 1994. After that ICPD 1994 focused on the adolescent population worldwide and on their specific health needs through various plan of actions.

Adolescence is a complex phase of human life and often not well understood either by the adolescents themselves or by the adults. This phase of life is the age of learning and making full preparations for entering the active stage of life. The preparations done in this adolescent age, make the man perfect to reach the heights of life. Any mistake done in this age may spoil the whole life. This is true in connection with sexual and reproductive health also. The complexity of this stage at is becoming more complex at present due to an apparent trend of lowering the age of menarche, increase in the age of getting married, improved level of literacy, change in the cultural values of the society and entering of many vices in the mind of adolescents on account of unrestricted interactions with mass media and the IT facilities. Erosion of the extended family system and migrations due to urbanization and industrialization has added more problems to the adolescents.

8.2 Adolescent Reproductive Health

Reproductive and sexual health needs of the adolescents are poorly understood and ill-served in India. In a country, where adolescents (aged 10-19 years) constitute one fifth of the population, consequence of ignorance of the health needs of the adolescents can be damaging to the society. The condition of adolescents varies widely by the gender and by the region. This variation is not only in educational attainment and economic activity but also in their behaviour related to sex and reproductivity risks.

Pubertal changes emerge in girls during adolescence period. During this period, many girls are forced to impede their personnel development, self-esteem and self-concepts in favor of marriages and domestic responsibilities (Stephen et. al. 1997). This increases their vulnerability to sexual and reproductivity risks in different terms.
Lot of literature or studies are available separately on the reproductive health, sexuality and developmental aspects of tribal people of different state, but very few studies are available on tribes of Jharkhand state and studies on the reproductive and sexual health of unmarried tribal girls of Jharkhand are scanty.

8.3 Focus of the Present Study

The present study is designed to examine the variations in knowledge of the Munda girls on premarital sex, contraceptive knowledge and practices and on the treatment of reproductive health problems. The study is exploratory in nature as there are no studies available on adolescent girls of Munda tribe. The specific objectives of the study are:

1. To understand the norms regarding premarital sexual behaviour prevalent in the study group.
2. To study the reported premarital sexual behaviour, extent of premarital pregnancy and their resolution.
3. To examine the knowledge and use of contraception among adolescent girls.
4. To examine the reproductive health problems and the treatment seeking behaviour in the study group.
5. To examine the extent of knowledge among unmarried Munda girls regarding menstruation, AIDS and its mode of transmission.

Munda people are mainly concentrated in Ranchi district of Jharkhand state. The Jharkhand state came into existence on the 15th November 2000. Originally it was made up of 18 districts but later on five more new districts were created. It is situated in eastern part of India. The state has total area of 79714 square kilometers. The states of Bihar, West Bengal, Orissa and Madhya Pradesh are neighboring states. According to the census 2001 report, this state is having a population of 26.90 million consisting of 13.86 millions males and 13.04 millions females. Ranchi is the capital of the state and the Ranchi district is having a population of 2.78 million.

The primary data for the present study was collected during April 2005 to July 2005 and October 2006 to December 2006. Both quantitative and qualitative data collection techniques were applied. The study was carried out in three phases. In the first phase, qualitative techniques such as in-depth interview of traditional medical practitioners, girls, elderly women, FGDs of girls were carried out and their
observations were used. In the second phase a quantitative survey was carried out with the help of semi-structured questionnaire. Information gained through qualitative techniques were also used in the formulating the “semi-structured questionnaire”. In the third phase, case studies of those selective adolescents were taken, who were found to be highly vulnerable to sexual activities and reproductive health problems.

8.4 Sampling Design

Ranchi district was purposively selected for the study. The researcher is a native to this area, so she is acquainted with the cultural practices of the tribal people. Among the tribal people of Jharkhand state, Munda tribe is a prominent one. They had been the King of jungles in past. Christian missionaries also got success on munda community the most. Ranchi district is heavily populated by Munda community, so the Informations collected on munda girls in this area will be the most representative.

The data was collected using three-stage cluster sampling process. In the first stage blocks were selected on the basis of Mundas concentration in the blocks. Among the five blocks with higher concentration of Munda, it was decided to select one block which was nearer to the district headquarter and the other which was situated in the interior area. So, Arki Block with 87 percent and Khunti Block with 60 percent Munda population were selected for the present study. The selected block Khunti was near to district headquarters and Arki was in interior area.

In the second stage villages were selected using probability proportionate to size (PPS). From each block five villages were selected considering proportion of the Munda population. The selected villages are hundred percent tribal villages. Complete enumeration of the villages was done.

In the third stage adolescent unmarried girls in the age group of 13 to 19 years were selected by Systematic Random Sampling. In case of more than one unmarried adolescent girl existing in the household, the eldest girl of that household was selected as a respondent. The logic for the selection of the eldest one was her possible longest exposure to sexual activities. The prime reason for selection of girls in the age group of 13 to 19 years was the difficulty in getting unmarried girls in the age group of 20 to 24 years. From each village 35 eligible girls were selected. In total, Informations from 315 unmarried girls were collected.
8.5 Information and Analysis

In quantitative method, semi-structured interview schedules were used to collect data on background characteristics, the norms and practices related to sexual behaviour, the knowledge of adolescent munda girls on sex and reproductive health issues, their attitude towards sex and their treatment seeking behaviour in case of ailments.

In qualitative method, case studies of those girls were incorporated, who were found to be highly vulnerable to sexual activities and reproductive health problems. Ten guided in-depth interviews were carried out with the Key Informants also. They were the traditional Dais, the elderly women of the family, the ANMs and the medical doctors of that area. Qualitative techniques were also used after the survey to get better insight into certain issues, which remained unanswered previously.

Quantitative data collected through the interviews of the key informants, in-depth interviews, focus group discussions and the case studies were prepared in the form of ‘verbatim quotations’. Data generated through in-depth interviews was analyzed manually. Information collected through observation technique was presented in the text form.

Quantitative data collected with the help of semi structured Interview Schedules was analyzed in SPSS 11.

8.6 Findings

The study was focused on 13-19 year adolescent unmarried girls. In total, information from 315 girls was collected. The proportions of respondent are 55 percent in the age group 13-15 years and 45 percent in the age group 16-19 years. Education and interaction with outside world has changed the socio-economic culture of the Munda society. Eighteen percent of the adolescent girls never attended school and 35 percent were still attending school and 48 percent girls completed their schooling or dropped out. Poverty and far off schooling was the cause of dropped out from school and completion of schooling. Christian missionaries have helped much in imparting education in the tribal area. Five percent of adolescent girls were attending school as well as working.

Early entry of girls in work force was due to poverty. Nearly half of the girls were working. Twenty five percent of adolescent girls were engaged as domestic servants, 7 percent were working as daily vendors, 8 percent were engaged as rejas
and 10 percent were working as daily wage workers. Most sought out employment for the adolescent girls is domestic service. Domestic servant service was treated as the best job with the least sexual exploitation. Employment was in nearby towns and in far off northern cities also, like Delhi and Chandigarh. The earnings of the girls are used of future emergencies or for domestic purposes.

Among 315 respondents total 34 percent girls were having the prior knowledge of menstruation. Thirty six percent of girls from the age group of 13 to 15 years and only 32 percent girls from the age group of 16-19 years were having the prior knowledge.

The frequent use and use of disposable napkins are considered as sanitary practices. Seventy eight percent of girls were using cloths during their menstrual cycle and only 22 percent of them were using ready made sanitary napkins which were available in the market. Majority of girls changing their cloths or sanitary pads twice daily, 15 percent of them used only one cloth or sanitary pad daily and 11 percent changed sanitary pad thrice daily. As age increased, the hygienic practices increased.

Some menstrual related problem like weakness and pain in limbs are common to all respondents irrespective of their age group, work status, and level of education. The level of education and the type of work are having more impact on the treatment seeking behaviour. Only 21 percent Respondents had ever taken any treatment for menstrual related problem. The reasons reported by the respondents for not seeking treatment were multiple. Thirty five percent said that in their community nobody takes treatment for these problems, 36 percent reported that it was natural to have problems, 8 percent said the family was against taking the treatment, 8 percent said they felt shy and 2 percent reported that they did not want to spend money on treatment. About 72 percent of the respondents went for treatment by traditional local herbs and only 28 percent went for allopathic treatment.

The prevalence of “any kind of sexual experience” among the adolescent girls is about 93 percent. The proportion of girls, who ever had faced eve teasing was 33 percent, who ever had experience of kissing was 11 percent, who ever had experience of hugging was 24 percent. Forty one percent of girls had the experience of sexual intercourse. Adolescent girls in the age group of 13 to 15 years were less likely to have sexual intercourse due to their younger age. Ninety percent of adolescent girls from the nuclear families had ever faced any sexual experience and only 8 percent adolescent girls of the joint families happened to experience that. Education has
inverse relationship with any sexual experience. The family type and economic status of the family have no impact on any type of sexual experience. Majority of working girls are having any type of sexual experience.

Total 41 percent of adolescent girls had ever had sexual intercourse. The proportion of girls who had sexual intercourse was 17 percent among girls in the age-group 13-15 and 70 percent in the age group of 16 to 19 years. More than three-fourth of girls who never attended school had sexual intercourse (79 percent) compared to girls (51 percent) who dropped out or completed their school. In comparison with non working girls, working girls had more chances of experiencing sexual intercourse. Among the girls (128 girls) who had sexual intercourse, majority of them (60%) said that their sexual partners were their boyfriends, 22 percent said that their sexual partners were their agents, 16 percent had their co-workers as their partners and only 2 percent had sexual relations with their employers. In total 40 percent girls said that their sexual partner were (agent, co-worker and employer) other than boyfriend. High paid seasonal jobs like brick klin work, daily vendor and daily wage worker etc. had more chances of sexual exploitation. During the in-depth interviews of the adolescent girls it was found that the adolescent girls, who were going to marry their sexual partners, were mainly having their partners as boyfriends from their own community. The rest of them had sexual partners from their work place and the partners belonged either to their own community or from some non tribal communities. In the latter case, most of the relations were established forcefully. In the former group majority of adolescent girls made their relations willingly with their partner.

Out of these 128 girls only 20 (15.6%) reported they ever became pregnant. Out of these 20 girls who had pregnancy, 18 (90%) underwent for abortion. From the sexually active respondents who got pregnant in due course revealed that 90 percent of them had experience of abortion. Again narrating the reason for abortion, 11 percent said it was an unwanted pregnancy, 6 percent said it was on the health ground, 72 percent said it was pre-marital pregnancy and 11 percent of them said that their families were against their pregnancy. For abortion, 11 percent of them took help of midwives, 17 percent of them did it with the help of ANM’s, 33 percent did it with the help of traditional birth attendants (untrained), 22 percent by traditional birth attendants (trained), and 17 percent of them took help of vaidyas (traditional medicine man).
Among 315 adolescent respondents, all of them are having knowledge of at least one method of contraception. The modern contraceptive methods are more known to these adolescent girls as compared to traditional methods. The knowledge of modern spacing methods like pills and condoms are less known to the girls. The knowledge of pills and condoms are higher among the working adolescent girls than non-working girls. More than three fourth of sexually active respondents reported that they did not use any contraceptive method and only 22 percent reported that they used contraception. However, most of them used traditional methods i.e. betel leaves and only 3 percent of sexually active respondents said that their partners used condom.

Out of this 41 percent sexually active respondents, majority (96 percent) were suffering from white discharge, 43 percent from itching around vagina, 12 percent from frequent urination and 12 percent from urination with burning sensation, but none of the respondent reported about uncontrolled urination. In sexually inactive respondents, more than half (58 percent) were suffering from white discharge, 33 percent from itching around vagina, 3 percent from frequent urination, 3 percent from uncontrolled urination and 3 percent from urination with burning sensation.

Almost three fourth (71 percent) of the adolescent girls, who are sexually active, did not seek treatment for their problems and the proportion is the same (70 percent) for the sexually inactive adolescent girls. Interestingly when the type of treatment sought by both the sexually active and the sexually inactive respondents was asked, it was found that traditional herbs were the most commonly used medicines by these tribal adolescent girls. Around 29 percent of sexually active girls had taken traditional treatment of local herbs and no one went for allopathic treatment. In case of sexually inactive girls 14 percent took treatment of traditional herbs and 16 went to government doctors for their treatment. In both groups around 70 percent of the respondents did not reveal the type of treatment. All the sexually active respondents, who sought the treatment, took treatment for 20 to30 days span and their percentage was 29 but for sexually inactive respondents it was 20 percent for 20 to 30 days span and 10 percent for 30+ days span.

Knowledge of STDs and RTIs is low among the adolescents than HIV/ AIDS. Adolescent girls who have heard about STDs were 88 percent while 93 percent of them have heard about HIV/ AIDS. Knowledge of AIDS varied little by age, it was higher (99%) among the adolescents of the age group of 16-19 years and 88 percent among the adolescents of the age group of 13-15 years. Education, work status and economic status have a very positive association with the awareness of AIDS. The tribal people are more exposed to electronic and print media so they are more aware
of STDs and HIV/AIDS. As a part of the AIDS prevention program, the government of India is using the mass media extensively to create awareness among the people about the AIDS and its prevention. Radio was the most important source of information about AIDS among the adolescent girls in the study area followed by the T.V., Poster / hoarding, friends and health professionals.

During in-depth interviews with the girls, it was found that, the change process has affected the tribal way of life positively as well as negatively. On positive side the Munda people are getting modern education, exposure to modern facilities, exposure to mass media and exposure to modern way of living. On the negative side urbanization and industrialization has brought the problem of land alienation, displacement and rehabilitation. They are also facing the problems of poverty, unemployment, ill health and bad sanitation.

During in-depth interviews with the mothers of the girls, it was found that the missionary schools are providing free mid day meal, free school uniforms and free medical facilities to the students. This has motivated the Munda community to send their children to modern schools instead of to their Goitiar or Dhumkuria.

During in-depth interviews with the girls, it was found that some of the girls are involved in sex trade or prostitution, majority of them were uneducated, but some educated and unemployed tribal girls also were involved. The girls wait for their customers in some particular areas like haat bazaars, rickshaw stands, bus stands etc. Their customers are mainly contractors, bus drivers, truck drivers, policemen and rickshaw pullers.

During in-depth interviews with girls, it was found that, Majority of them migrate after paddy and return home before beginning of monsoon season. These migrant labours live in wretched condition. The migrant girls are exploited by the employers, co workers, the agents and the boyfriends physically, mentally and monetarily.

8.8 Recommendations for Policy Formulation

The dynamic role of adolescents in the nation building and in preserving the socio-cultural values of the society is a well established fact. In view of the findings of the study, a number of policy implications are suggested below:

- The study shows that in spite of missionary schools, large number of girls are dropped out. These dropped out girls entered in workforce.
The study shows that the Munda tribal society is open for pre-marital sexual relation within their community, but during employment these adolescent girls were sexually exploited by their agent, co-worker and employer, specially in brick klin factory and daily wage work.

The study also brings out a very high percentage of sexual activity.

The study shows that knowledge of contraception is very high but it is only for sterilization method. So, they need to be educated about pills and condoms. The knowledge about pills is very low and pills is not able to protect them from STIs/ RTIs. Now only condom is left and for this they should be able to negotiate with their partner to initiate for safe sex.

The knowledge of STIs/ RTIs is very high but they are not knowing that they themselves are vulnerable to STIs/ RTIs. They need a special education program for awareness of STIs/ RTIs.

The tribal people to be given due attention while planning for development and industrialization programmes in the tribal areas.

Special provisions to be done for tribal adolescents only, because their needs and health problems are quite different from those of general population.

In view of the finding that economic dependence status of the adolescent girls often compels them to be submissive and many a times surrender to the demands of job agents, employers and co-workers, programs such as SHGs to enhance economic status the adolescent girls. More employment to be generated in tribal areas so that girls are not forced to migrate outside. Special monitoring programmes to be started for migrating adolescent girls.

As majority of the adolescents depends on informal sources of knowledge about sexual and reproductive health issues. Preventive and corrective interventions for sexually active and inactive girl to be achieved through IEC activities. While preparing IEC material, local languages will be more beneficial and effective.

The traditional practitioners to be identified and trained to treat reproductive health problems of the tribal people in a scientific manner. The tribal adolescent girls to be imparted education on the possible causes and consequences of the reproductive health issues.

Liberal attitude to be adopted for providing medical services to the tribal people so that they are attracted towards modern medical treatment.
➢ Rehabilitation process to be monitored closely to ensure social justice. Cooperative movement to be encouraged among tribal people so that they can get better return for their forest products like Lac, Tendu leaves, medicinal herbs etc.

➢ On line of Dhumkuria every tribal village to be provided with community halls where, in addition to the social gatherings, some useful training also to be imparted for sewing, weaving, brickwork, handicrafts etc.

➢ In view of low awareness of RTI/STI as well as low treatment seeking for any RTI/STI, peer education and outreach services are suggested to reduce the stigma, embarrassment and lack of knowledge related to RTI/STI among adolescent girls.

➢ Above all, as the adolescent girls are in disadvantageous position in almost all front of sexual and reproductive health risk as well as rights, special emphasis ought to be laid on them in every program.

8.8 Limitations of Present Research
The present study had some methodological limitations.

✓ The subject of the research was highly sensitive in nature; therefore the basic information on the subject was to be collected confidentially.

✓ The best quality of information was possible only from the local girls of the Munda community.

✓ The information was collected on the basis of self reported symptoms of menstrual / gynecological and obstetric morbidities which have its own limitations.

✓ The severity and the duration of morbid condition and treatment seeking behaviour were revealed by the respondents based on their memory which cannot be 100 percent correct in all the cases.

✓ Research on sexual behavior and reproductive Health of tribal unmarried adolescent girl has not been done much by the demographers.

✓ The tribal people are having very less interaction with the general population due to language problem and due to inaccessibility of their abode on account of difficult topographic conditions and absence of road connectivity.

✓ An accurate estimate of RTI, STI and other reproductive health issues could not be introduced. This advocates the urgency to further study the reproductive health
issues on a large sample size based on the community and the clinical based population.

✓ Though the popular hypothesis of “Silence Endurance” for seeking treatment was considered, yet further investigation is required on large scale level.

✓ The issues of violence during sexual intercourse could not be investigated, because the girls were very sensitive in answering on that issue, so it was left unanswered.

8.9 Scope for Future research

The study has come up with issues that need to be studies in-depth for better understanding of the sexual and reproductive health of tribal adolescent girls. Additionally, the research gap, which the study is unable to understand, urge the scope for future research. They are as follows:

- The present research has limited scope to study explicitly, the context and the consequences of unsafe abortion on the health of adolescent girls, urging future research to understand the issues in better way.

- The present study has a very limited scope to understand various contextual determinants of sexual and reproductive rights and their violation. Therefore, future research explicitly exploring the same is required for the better sexual and reproductive health of adolescent girls.

- This study presents the self reported RTIs/ STIs among the adolescent girls, further research based on clinical testing of RTIs/ STIs would give better picture of RTIs/ STIs among tribal adolescent girls.
References


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