CHAPTER – VIII
SUMMARY
CHAPTER - VIII

SUMMARY AND IMPLICATIONS

The World Health Organization defines “adolescents” as people 10-19; “youth” as those 15-24; and “young people” as those 10-24 (World Health Organization, 1989).

A number of major, regional programmes focusing on HIV prevention among young people were initiated with support from UNFPA and others since 2000, and the final reports from these programmes offer a number of lessons and good practices to be incorporated into future efforts. These include the African Youth Alliance, African, the Reproductive Health Initiative for Youth in Asia, and a major OPEC-Fund supported initiative to prevent HIV among vulnerable populations in Central America and the Caribbean.

The present study is fully focused on issues related to adolescents and youth in the age group as 15 to 24, with emphasis on strategies on Youth – Adolescent partnership to make responsible youth. The making of responsible youth include

a) Understanding the level and improving the knowledge,

b) Initiating self discussing among youth on nature of friendship and connectedness, attachment to inter-net, increasing knowledge on self diagnosing STD, contacting appropriate medical practitioner, and use of specific drugs.

c) Improving the knowledge and moulding positive perception and attitudes on AIDS and AIDS patients.
Summary and Implications

d) Motivational strategies to youth to improve the kindness and sympathy towards victims of STD/RTI.

The study also focused on understanding the self-efficacy and programme participation of youth on resolving social conflicts and problems.

The study further concentrated on understanding the reproductive health status and treatment seeking behaviour of youth. The effort also made to understand the a) nature of familial relationship with youth, b) knowledge of youth HIV/AIDS infection and its transmarine,
c) Attitude of youth towards HIV/AIDS patients, d) sexual practices of youth, Reproductive Health status and practices of prevention of HIV/AIDS.

General objective:

To study the level of reproductive health status among youth/adolescents and their concerns over HIV/AIDS.

Specific objective

1. To study the socio-economic, background of study group and Nature of Familial relationship in youth's Families.

2. To understand the level of knowledge of college students/youth on HIV/AIDS

3. To assess the type attitudes of youth on AIDS and patients with AIDS

4. To study nature and type of familial relationship at household level

161
5. To assess the impact of socio-economic background characteristics on nature of attitudes on HIV/AIDS.

6. To estimate the level of programme participation by youth in social welfare activities.

7. To understand the nature of treatment seeking behaviour of on reproductive health and related matters.

8. To analyze the nature of sexual practices among youth.

In the present study, level of knowledge on HIV/AIDS by youth, nature and attitudes of youth on HIV patients, Reproductive Health status and Nature of health practices and treatment seeking behaviour of are the dependent variables and all related socio-culture, economic, psychological background characteristics are independent variables.

Study area & Sample

The study was organized to understand the behaviour of youth on Reproductive matters on a comparative basis between Tirupati and Vijayawada cities.

From Andhra Pradesh, Tirupati and Vijayawada urban localities were selected as study area. From each city the youth between 15-25 years of age were selected from different localities of each city for the study. From each city five wards were selected for the study. Care has taken the selected wards distribute in all corners of city. At the initial stage the list of wards was collected from conjuration offices at Tirupati and Vijayawada. These are 59 & 50 administration wards in Vijayawada & Tirupati Corporations. For the
study from each city '5' wards were selected on random sampling method. In Tirupati ward no. 1, 10, 20, 30, 40, were selected and in Vijayawada, ward no. 1, 10, 20, 30, 40 were selected for the study.

However, each ward was divided into areas and from each area '10' youth were selected for the study purposively based on availability and showing interest in participation in interview. Thus from each ward 40 samples and given each city 200 samples were selected. Thus, 400 samples considered for the study. The total sample for the study are 400.

Data Collection:

The descriptive research design of survey type was adopted for the study. A pre-tested interview schedule was prepared to interview the selected sample. The data collection was done by the Researcher himself. Initially a pilot study was carried out in all localities to test the questionnaire and clarify the doubts.

Samples:

The methods used in validating the instrument, and survey were face, content and construct validities. For face validation, the experts determined at face value the appropriateness of the instrument in measuring up with what was studied, to assertion if the instrument contained the appropriate items that could actually elicit the intended responses on Reproductive behaviour and knowledge of HIV/AIDS. The content validity is judged by the Researcher after data collection, whether appropriate and required information was elicited or not.
Data analysis:

The collected data was analyzed using computer by adopting SPSS package. Different types of univariate, and bivariate analysis, cross tabulations and indexes were developed to present findings scientifically.

Tirupati and Vijayawada urban localities from Andhra Pradesh were selected as study area for the presentation.

Presentation of the findings:

The findings of the study are presented in eight chapters

The first and second chapters are Review of literature & Methodology and 8th chapter present the Summary and Implications. Remaining chapters present the findings of the study.

II. FAMILIAL RELATIONSHIP

Regarding the Nature of relationship of youth with mother More than three fourth of youth had maintained good relation with their mother in both the states. However this percentage is more in Tirupati (88%) compared to Vijayawada (74%). It is crucial to notice that nearly one fourth of youth in Vijayawada are maintaining ‘to some extent ‘cordial relationship, which the social educators should keep in mind, to educate youth on importance of Familial relationship.

Regarding the nature of relationship of youth with father More than three fourths youth in Tirupati (79%) expressed cordial relationship with fathers, where the corresponding figure in Vijayawada is 66%. It is necessary to think by social educators as
23% in Vijayawada and 19% in Tirupati are maintaining only 'to some extent' cordial relation with their fathers, which in turn reflect on conduct development of children.

Interaction with father on select aspects: The youth were asked to tell whether they discuss with their fathers freely on the select matters, around 90% of youth discuss freely with their fathers on the issues like (a) performance in college, (b) and friendship (91% in Tirupati and 86% in Vijayawada). The other aspect they discuss freely is on 'day to day' household activities (67% in Tirupati& 72% in Vijayawada). However the free discussion on sexual matters is restricted to only 8.7% in Tirupati and 18% in Vijayawada. The discussion on sexual aspects with fathers is better in Vijayawada compared to Tirupati.

III.LEVEL OF AWARENESS ON REPRODUCTIVE HEALTH RIGHTS

In order to estimate the overall awareness of youth on all the 14 Reproductive Health Rights an Index was developed based on the response of youth on the above aspects.

The total score for all the aspects lay between 14-42. The respondents are grouped into 3 categories based on independent score on all the 14 aspects as follows.

As per index on level of awareness of Reproductive Health Rights, it is disheartening to notice that only one third of youth expressed 'Full awareness' (31% in Tirupati and 34% in Vijayawada) on Reproductive Health Rights. Another 28% of youth in each Tirupati and Vijayawada reported 'Moderate awareness'. The remaining 41% in Tirupati and 37% of the youth in Vijayawada expressed 'Less awareness' on Reproductive Health Rights.
Summary and Implications

In spite of heavy propaganda on Reproductive Health Rights through electronic and print media channels, the information is not reached to many youth. This shows the importance of including sexual education in regular syllabus in schools and colleges. Further special awareness programmes are to be organized at ward level in all Municipalities and Corporations to educate out of School/College youth on knowledge and practice of Reproductive Health Rights.

IV. KNOWLEDGE OF YOUTH ON STD, HIV/AIDS

In the present study, eleven HIV/AIDS related statements were framed and the youth are requested to respond to them, so that their knowledge can be indirectly estimated. Further an index was also developed based on response on all the eleven statements to rank the youth according to their level of knowledge on AIDS.

Nearly half of the youth in both states (49.3% in Tirupati and 51.35 in Vijayawada) are having ‘Moderate knowledge’ on basic aspects related to AIDS. The youth with ‘Good knowledge’ is more in Vijayawada (34.3%) as against 29.4% in Tirupati. The youth with poor knowledge is more in Tirupati (21.4%) compared to that in Vijayawada 14%.

Even though, govt., and educational institutions and voluntary agencies are doing much on increasing knowledge of youth on HIV/AIDs, still many are not sufficiently acquired the information. Special education programmes are to be mulled out at societal and educational institutions to impact more knowledge on AIDS especially among youth.
Summary and Implications

V. ATTITUDES OF YOUTH ON AIDS AND AID’S PATIENTS

A modest attempt was made to understand and analyze the attitudes of youth. Twelve statements were framed related to AIDS and AID’s patients and youth were asked to express their opinion or their attitude on the statements. The youth are instructed to express their own opinions not depending on friends. Each statement was captioned with three responses viz, a) Agree, b) To some extent Agree, c) Disagree. The youth are asked to tick against one of these responses which reflect on their opinion.

However, more than fifty percent (55% in Tirupati and 53% in Vijayawada) expressed “moderately positive” attitudes on this aspect and still 27% in Tirupati and 28% in Vijayawada are having “less positive” attitudes on HIV/AIDS patients, which through light on review of existing educational-cum-awareness programmes and to mull on more appropriate and more reachable programmes to youth especially those creating awareness on HIV/AIDS.

Impact of Socio-Economic factors on nature of attitudes:

The impact of socio-economic factors like a) Caste b) Type of family, c) Father occupation, d) Father occupation, e) Educational attainment of youth on the nature of attitudes on HIV/AIDS/infected persons is analyzed and presented in this part of the chapter.

1. A clear positive association between caste status of youth and their attitude status on HIV/AIDS/patients is clearly noticed.
Summary and Implications

2. Even on the issue like AIDS patients, the youth in joint families established more positive and sympathetic attitudes compared to those brought up in nuclear families. Nearly one fourth of youth from joint families (23%) expressed highly positive attitudes on HIV patients, where as it is only 16% among youth brought up from nuclear families in Tirupati. Similar is the trend in Vijayawada even though the sample from joint family is smaller.

3. More proportion of children of employee established highly positive attitudes on HIV/AIDS. The children of agricultural labourers (25%) and business people 29% established less positive attitudes in Tirupati and the corresponding figures in Vijayawada are 22% and 31%. The overall observations show that the children of employees and farmers have developed highly positive attitudes on HIV/AIDS.

4. A significant positive association between level of education of youth and nature of attitudes is clearly noticed. More youth with professional background in both the cities have established ‘highly positive’ attitudes (42% in Tirupati and 45.5% in Vijayawada), compared to other P.G or Degree college students. Compared to degree holders, more P.G. students expressed highly positive attitudes. Thus, the educational ladder has shows credible influence on the nature of attitudes. Special programmes are necessary especially for degree and less qualified youth to educate them on issues related to HIV/AIDS.

Thus, the socio economic factors like caste, father occupations, and type of family and educational background of respondents proved as having considerable influence on moulding the attitudes of youth on HIV/AIDS.
VI. STATUS OF REPRODUCTIVE HEALTH AND HEALTH PRACTICES OF YOUTH

The aspects covered in this chapter are

1. Knowledge on puberty and menstruation among females,

2. Sex-determination,

3. Knowledge on methods and sources of contraceptives,

4. Nature of practice of sexual health matters, and


In the present study, a thorough attempt was made to ascertain the knowledge and practice of youth in Tirupati and Vijayawada on 12 (twelve) important sexual health related actions. The youth were observed whether they had spontaneously responded with their views in interviews on reproductive health matters, or responded providing after lead or not at all responded/expressed inability.

The aspects on which the youth were asked to respond are a) Even practiced in sexual intercourse, b) use of Aphrodisiacs before sex c) practices of oral Annal sex d) Washing sexual organs after inter course e) Methods of temporary contraception, f) Practices of Masturbation g) self detection of STD infection h) consulting friends on Medication for STD infection, i) immediately contacting doctor if infected with STD, j) use of condoms during inter course k) Regularly attending follow-up units during treatment for STD and l) Regularly using Medicines until complete cure of infection.
Summary and Implications

The knowledge and nature practices of Sexual matters among youth in Vijayawada are better compared to that in Tirupati. A comparatively more proportion of youth (34.3%) had established good practice on sexual matters while it was 29.3% in Tirupati. The proportion of youth with moderately good practice is also more in Vijayawada (35%) compared to Tirupati (30%). The proportion of youth with poor practice in Tirupati is 40.6%, while it was lesser (30%) in Vijayawada. The findings clearly show the need for more efforts by govt. and non-govt. organizations to mull on different ways to promote reproductive health knowledge of youth in Tirupati.

VII. Reproductive Health practices on HIV/AIDS related Matters

Nature of Reproductive Health practices is comparatively better among youth in Vijayawada than in Tirupati. More than, on third of youth in Vijayawada are practicing good Reproductive Health ‘practices’ related to HIV/AIDS as against 27.6% in Tirupati. Those practicing ‘moderately good’ health practices is also more among Vijayawada youth (42%) compare to that in Tirupati 38%. The youth with poor Reproductive Health practices on HIV related aspects are more in Tirupati (33%) compared to that in Vijayawada (23%).

Since, nearly one third of youth in both cities (33% in Tirupati and 22% in Vijayawada) are habituated with poor reproductive health practices, on HIV/AIDS related matters more educative and demonstrative programmes are to be mulled out to improve the a youth, on good health practices.
VIII. SELF-EFFICACY AND PROGRAMME PARTICIPATION BY YOUTH

Self-efficacy is the extent or strength of one's belief in one's own ability to complete tasks and reach goals. The different components of self-efficacy considered to assess the self-confidentiality of youth are

1. To convince others on what you believe,
2. To express concerns/opinion to parents/peers,
3. Firmly withstand if others do harm,
4. Firmly rely on self-employment if job is not available, Confident for well settlement in life,
5. To participate in group discussions in solving local problems,
6. To involve in resolving fight between two rival caste/religious groups,
7. To involve actively in control of spreading of infectious disease,
8. Actively participate in youth awareness programmes on STD(HIV/AIDS),
9. Firmly believe that attainment of extra skills will improve confidence,
10. Firmly believe that morality and honesty result in high dividends,
11. Firm on changing attitudes according to change in situation.

There exist a slight difference in self-efficacy among youth in Tirupati & Vijayawada cities. A slightly more proportion of youth in Tirupati (28%) reported as highly confident in components related to self-efficacy as against 25% in Vijayawada.
Not much difference is noticed regard to medium level of confidence or low level of confidence between the two states.

IX. PROGRAMME PARTICIPATION

The level of programme participation by youth is observed in the present study through their involvement in a) Extra curriculum activities at college level, b) Programmes at society level, and c) Religious and festivals at local level.

Participation in extra curriculum activities:

Around 70% of youth in both the cities participated in extra-curriculum activities during their college days. Regarding the type of extracurricular activities, majority have participated in sports (25% in Tirupati & 24% in Vijayawada), followed by NSS (20% & 22%), NCC (11% and 10%) and community development programmes (10% & 14%). The remaining one third of youth in both cities (34% and 30%) never participated in any such programmes.

Participation in programmes at society level

The participation in programmes at society level was observed as more among youth in Tirupati (87%) as compared to 70% in Vijayawada. Regard to types of programmes, majority in both the cities have involved in 'Health awareness camps' (40% in Tirupati and 26% in Vijayawada) followed by ‘training programmes for self-employment’ (20% and 20%), self help groups (17% and 9%) and activities of red cross (10% & 15%). The remaining 13% of youth in Tirupati and 30% in Vijayawada didn’t involve in any such programmes.
Summary and Implications

Participation in religious/community programmes at local level

Participation of youth in religious and community programmes at local level indicate their efficacy and level of interest in happenings at local level. More than fifty percent of youth in Tirupati (56%) and nearly 70% in Vijayawada have participated in local temple ceremonies. An overwhelming proportion of youth in both cities (68% in Tirupati and 81% in Vijayawada) have reported as involved in local activities during festivals. Similarly more than half of youth in both cities participated in cultural programmes during local festivals. However, with regard to involvement in maintenance of communal harmony and maintenance of peace at local level only one third of youth in Tirupati (33%) and a quarter of youth in Vijayawada have reported as participated actively.

X. TREATMENT SEEKING BEHAVIOUR AMONG ON REPRODUCTIVE HEALTH MATTERS

In the present study the reproductive health treatment seeking behaviour is analyzed based on care during pregnancy including antenatal, natal and post-natal care and visit to doctor for STDs/HIV. Out of total married 51 youth in Tirupati and 36 respondents in Vijayawada produced children. The details on Anti Natal, Natal, and Post-Natal care are obtained from the Male youth who produced children.

A. Timing of first visit to clinic

Majority of mothers in both cities visited the doctor after 3 to 4 months of pregnancy (49% Tirupati and 44% in Vijayawada) as per their husbands. Regarding visit during 1 to 2 months, it is more in Vijayawada (36%) compared to Tirupati (27%), which show the keenness among couple in Vijayawada. The delayed visit to doctor i.e 5 months and above
Summary and Implications

is comparatively more among mothers in Tirupati (24%) compared to Vijayawada as reported by their husbands.

Reason for visiting the doctor

Nearly half of the mothers in Vijayawada (48%) made first antenatal visit to doctor to confirm the pregnancy, while it was 37% in Tirupati as per their husbands. Around 50% in Tirupati made first visit for general health problems while it was 33.5% in Vijayawada. The remaining 14% in Tirupati and 19% in Vijayawada visited the doctor as routine.

Type of medical tests undergone during pregnancy

Regarding Tests during pregnancy, 'the checkup for height and weight' was done for more than 90% of women in both the cities (92% in Tirupati and 94% in Vijayawada). Similarly blood and urine test was conducted for more than 80% (85% in Tirupati and 92% in Vijayawada). Abdominal checkup were made to 62% in Tirupati and 56% in Vijayawada. The scanning/sonogram test was conducted only limited no. of cases in both states (31% in Tirupati and 41% in Vijayawada), as stated by their husbands.

Health problems during pregnancy

The major health problems during pregnancy as reported by sample in Tirupati are a) Anaemia (69%) b) Swelling of legs /face (52%), c) Fever (64%) d) Pain during urination (27%), e) Vaginal bleeding (24%), f) Weakness & Pains in body (62%).

The major health problems during pregnancy as reported by sample in Vijayawada are a) Anaemia (61%) b) Swelling of legs /face (58%), c) Fever (59%) d) Pain during urination (33%), e) Vaginal bleeding (17%), f) Weakness & Pains in body (71%).
Summary and Implications

B. Natal Care

Place of delivery of last child

The utilization of government hospital for delivery was confined to only just above one third in both the cities (34.4% in Tirupati and 37% in Vijayawada). The house delivery is comparatively more in Tirupati (18%) while it is 12% in Vijayawada. The private clinics were utilized by almost fifty percent for delivery of last child in both the cities (47% in Tirupati and 5% in Vijayawada).

Person assisted during last pregnancy

The doctor/nurse assistance during last delivery is comparatively more in Vijayawada (84%) while it is 79% in Tirupati. The utilization of services of untrained Dai is minimum as it was 7% is Tirupati and only 4.5% in Vijayawada. The utilization of trained dai was 14.5% in Tirupati and 12% in Vijayawada.

Type of delivery

Nearly half of undergone caesarian operation for last Childs, delivery in both the cities (58% in Tirupati and 51% in Vijayawada). The remaining have undergone normal delivery.

Post-natal care

The major post-natal health problems reported in Tirupati are a) Over bleeding (43%), b) Putting up weight (21%), c) Abdominal pain (19%) and d) Can't do hard work (17%).
Summary and Implications

The post-natal problems reported by in Vijayawada are a) Over bleeding (38%), b) Can’t do hand work (28%), c) Putting up weight (18%) and abdominal pain (16%).

Prevalence of STD/RTI

Out of 200 sample in each cities, (81) 41% in Tirupati and (72) 36% in Vijayawada reported to have suffered with some type of STD/RTI.

Knowledge on safe sex

More youth in Vijayawada (54%) had knowledge on safe sex as compared to 43% in Tirupati (43%). The remaining bulk of didn’t reported to have knowledge on safe sex.

Knowledge on prevention HIV

Use of condoms to prevent AIDS was reported by more in Vijayawada (53%) as against 49% in Tirupati. The other actions mentioned by youth in both the cities are a) Avoid extra/Pre marital sex (21% in Tirupati & 22% in Vijayawada). The Avoid of infected syringes was mentioned by only a few (2% & 4% in Vijayawada).
IMPLICATIONS:

1. More than half of the youth reported to had only ‘modulate knowledge’ on basic aspects related to STD and AIDS. Sex-education has to be prioritized in syllabus for college students, who are more vulnerable to infection.

2. The practice of good sexual health practices is observed among 26% of youth in Tirupati as compared to 31% in Vijayawada. Health education on sexual hygiene and prevention of diseases has to be given importance and special programmes are to be organized for youth to improve their knowledge and practice of sound health practices.

3. Nearly one third of youth never participated in community related, developmental programmes. More ‘youth involvement’ is imperative to achieve quality and promptness in implementation of governmental and non-governmental programmes.

4. The knowledge on safe sex and prevention of HIV is limited among more than half of the youth. Special programmes are to be organized by health department at ward level to both male and female youth on knowledge on prevention of STD, RTI and AIDS.

5. Regarding the attitudes of youth on HIV/AIDS it is observed that; only less than 20% in both Tirupati&Vijayawada (17.3% & 18.3%) have expressed “highly positive” attitudes.

6. More than fifty percent (55% in Tirupati and 53% in Vijayawada) expressed “moderately positive” attitudes on this aspect and still 27% in Tirupati and 28% in
Summary and Implications

Vijayawada are having “less positive” attitudes on HIV/AIDS patients, which through light on review of existing educational-cum- awareness programmes and to mull on more appropriate and more reachable programmes to youth especially those creating awareness on HIV/AIDS.

7. Regarding nature of sexual behavior only 34% in Vijayawada and 30% of youth in Tirupati is following good practice. This clearly shows the need for more efforts by govt. and non-govt. organizations to mull on different ways to promote Reproductive health knowledge and good practices among youth.

8. Regarding Self-efficacy only 28% in Tirupati and 25% of youth in Vijayawada expressed high confidence in coping with personal and societal problems it is necessary to organize special classes from school onwards to promote their self confidence to solve problems by themselves.

9. Youth are to be motivated through educational programmes to participate actively in programmes at society level as they are the best source to educate masses on Alcoholism, prostitution, Gender inequalities and social service activities.

10. Among the married youth only 40% of them taking their wives for anti-natal, natal and post natal care. The Health personal have to organize medical and educational camps in all wards to motivate young couple for timely visit to hospital for immunization to children and care of their families.

11. In spite of heavy propaganda on Reproductive Health Rights through electronic and print media channels, the information is not reached to many youth. This shows the importance of including sexual education in regular syllabus in schools and colleges. Further special awareness programmes are to be organized at ward level in all Municipalities and Corporations to educate out of School/College youth on knowledge and practice of Reproductive Health Rights.