CHAPTER - X

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Married adolescents form a vulnerable section of the society in India. The situation of married adolescents in the slum areas is more precarious as they have limited access to employment opportunities and health care services. In order to formulate policies and programmes to meet the health care needs of these young mothers in the slum areas, there is a need to assess the risks that they face and the extent to which the present health care delivery system meets their reproductive health needs. Hence the present study which was conducted in the slum areas of the three major regions of Andhra Pradesh (i.e. Tirupati from Rayalaseema, Vijayawada from coastal Andhra Pradesh and Hyderabad from Telangana regions) focused on the selected socio-economic and demographic characteristics of adolescent mothers, their reproductive health behaviours, and their knowledge on the RTI/STI and HIV/AIDS. The study was carried out on a sample of 400 mothers selected from the slum areas of the three major cities (Tirupati, Vijayawada and Hyderabad) of Andhra Pradesh during the period from 2003 to 2004.

The findings of the study are summarized below.

Background Characteristics

A majority of adolescent mothers interviewed were aged 18-19 years; nearly one third of them were illiterates; about three fourth of them were housewives; about half of them were backward caste; nearly one third were SC/ST; more than two third were belonging to nuclear family; and more than half of them were living in low standard of living.
The analysis of the results on the housing characteristics revealed that the proportion of households in huts were very low (18 per cent) in the slum areas; more than one third of the adolescent mothers were living in rented houses; more than two-fifth live temporarily in the slum areas; most of the households (86 per cent) were electrified; more than two third get drinking water from municipal/corporation tap; nearly three-fifth of households were having toilet facilities; and more than half of the households were using LPG stove for cooking.

The analysis of data on the demographic characteristics of adolescent mothers revealed that a majority of adolescent mothers got married at the age of 15 or less; nearly half of them had consanguineous marriage and two-third of the adolescent mothers got their first conception at the age of 16 or less.

Puberty and Menstruation

The mean age at puberty was 13.3 years with more than three fourth of adolescent mothers reported to have attained puberty at the age of 13 or less. A little over one fourth of adolescent mothers had frightened at the time of puberty. Only two fourth of adolescent mothers had bathing on the same day of puberty. Timing of bathing after puberty is significantly associated with caste and education. More than half of the adolescent mothers reported to have organized function in their family on the occasion of their puberty. It is more common among all caste groups. Most of the women reported to have regular menstruations. The use of sanitary napkin
was reported only by 13 per cent of adolescent mothers. Significantly higher proportion of literate mothers and mothers with high standard of living used sanitary napkins for protection during menstruation. Nearly half of the mothers reported to have changed the clothes during menstruation twice a day. Significantly higher proportion of adolescent mothers with high standard of living, other caste mothers and mothers with middle school or higher education had changed the clothes twice a day compared to others. Most of the mothers were reported to have engaged in work during menstruation. Significantly higher proportion of illiterate mothers and mothers with low standard of living engaged in work during menstruation. Only 17.8 per cent of adolescent mothers reported to have sex during menstruation. Significantly higher proportion of and illiterate mothers involved in sex during menstruation than others.

Marriage and Reproductive Behavior

The mean age at marriage of adolescent mothers in the slum areas of Andhra Pradesh was 15.1 years. The mean age at marriage was slightly higher for other caste and literate mothers than others. Caste and education of mothers had a significant association with age at marriage. Nearly half of the marriages were consanguineous marriages in the slum areas. Consanguineous marriages were significantly more among backward caste and illiterates than others. About one fourth of deliveries took place at home. The practice of home deliveries was more among illiterates, backward caste mothers and among mothers with low standard of living.
Significantly higher proportion of adolescent mothers from high standard of living had caesarian delivery than others. Only 35 per cent of adolescent mothers had breast fed their child immediately after delivery. Timing of breast-feeding significantly associated with education, caste and women's autonomy. Significantly higher proportion of mothers with middle and above education, other caste mothers breast fed their child immediately after child birth than others. Surprisingly, nearly half of the mothers reported to have low birth weight babies. The birth weight of last-born child significantly associated with standard of living. The prevalence of low birth weight babies was more among mothers with low standard of living and among illiterate mothers.

Family Planning

About 43 per cent of adolescent mothers had adopted any one of the family planning methods at the time of survey. The adoption of family planning increased with number of living children. Interestingly, family planning adoption was significantly more among mothers with high standard of living compared to others. Similarly, adoption was more among OCA than others. Among the adopters, nearly four fifth had adopted permanent methods and the rest temporary methods. Adoption of permanent methods increased with number of living children. Most of the mothers with three children had adopted permanent method. All mothers in the medium and high standard of living with three living children had adopted permanent methods of family planning. Most of the adolescent
mothers (85 per cent) had knowledge on the opinion on source of purchase of condoms. The knowledge of adolescent mothers on the source of purchase of condoms was significantly associated with age. Only 41 per cent of adolescent mothers had approved the door delivery of condom. Opinion on door delivery of condom significantly associated with education, standard of living and number of living children. Higher proportion of adolescent mothers with more number of living children and high standard of living had approved the door delivery of condoms.

RTI/STI and HIV/AIDS

Nearly two fifth of adolescent mothers had past history of STI. Higher proportion of adolescent mothers with low standard of living had past history of STI than others. Extra marital relation of husband was reported to be significantly high among adolescent mothers with low standard of living and among SC/ST mothers. Only 11 per cent of adolescent mothers had reported to have used condom. The use of condom significantly increased with increase in education. Nearly three fifth of adolescent mothers reported to have no knowledge on the reasons for getting RTI/STI. The correct knowledge on the reasons for getting RTI/STI was more among literates than illiterates. Higher proportion of literate mothers, and mothers with high standard of living were able to say correct reason for the increasing trend of RTI/STI. Community centre was the main source of treatment for RTI/STI as reported by a majority of adolescent mothers. Most of the mothers were having knowledge on the prevention of RTI/STI. Adolescent mothers with higher level of education
(middle and above), high standard of living and other caste mothers had more knowledge on the prevention of RTI/STI than others. Only 35 per cent of adolescent mothers reported to have knowledge on safe sex. It is very surprising to note that 27 per cent of adolescent mothers in the slum areas had no knowledge of AIDS. About 22 per cent of adolescent mothers reported to have no knowledge on the methods of preventing AIDS. Literate mothers, mothers with high standard of living, had more knowledge on the methods of preventing AIDS than others.

**Domestic Adjustment and autonomy**

A majority of adolescent married mothers in the slum areas reported to have a happy married life with nearly three fifth admiring their husband very much. Only a few (about five per cent) reported that they were not at all liking their husband. It is observed that education of mothers, standard of living and caste were having significant association with the liking of their husband. Higher level of standard of living seemed to have increasing effect on the more attachment with the husband. Higher proportion of other caste mothers had very much liking of their husband than others. Nearly three fifth (59 per cent) reported to have good understanding with their husband. Education and standard of living played a significant role in improving their understanding with their husband. Proportion of mothers having understanding with their husband was more among mothers with high standard of living and among other caste and backward caste mothers than others.
Hardly 20 per cent of mothers reported to have understanding with their in-laws.

Nearly one fourth of mothers reported to have experienced physical violence in their domestic life. Education of mothers did not make much difference in the incidence of physical violence against adolescent mothers.

A little over one fourth of adolescent mothers were having high level of autonomy. The level of autonomy significantly associated with education and occupation. Higher level of education and self employment seemed to have significant effect on the autonomy of adolescent mothers.

Suggestions and Conclusion

Having had married at an younger age of around five years with very low level of education and having started child bearing immediately after marriage and nearly ending their reproduction by the age of 18, the marital life experience of adolescent mothers is different from other married women. As most of the adolescent mothers got married before the age of 15 years in the slum areas, there is a need to improve the educational and employment opportunities for adolescent girls in order to postpone early marriage and child bearing in the slum areas of Andhra Pradesh. Appropriate educational programmes should be made to create awareness about the negative effects of early marriage and pregnancy on the health and well being of women. Access to information is one of the important human rights aspects of reproductive health. As most of the adolescent girls in the slum areas are not aware of the negative effect of
early marriage and pregnancy on women's health, there is a need to device appropriate educational programmes for adolescent girls in the slum areas for improving their access to the reproductive health information.

Menstrual hygiene is very poor among adolescent mothers in the slum areas with many of them using unwashed clothes during menstruation and changing the clothes once in two days. Community health workers should educate the adolescent mothers on menstrual hygiene during their household visits.

The practice of home deliveries by about one fourth of adolescent mothers indicate the need to improve the health care services in the community centres and the delivery of maternal care services by the health workers. Improving access to quality health care services will help to reduce the practice of home deliveries.

The practice of breast feeding immediately after child birth was followed by only one third of mothers in the slum areas indicate the need for educating adolescent mothers on the importance of breast feeding for the improved health status of children.

The high incidence of low birth weight babies among the adolescent mothers in the slum areas indicate the need for programmes to improve the maternal nutrition among adolescent mothers in the slum areas. The use of condoms reported by a relatively low proportion of adolescent mothers indicate the need for a concerted effort to increase the use of condom by improving the availability and accessibility of condoms. As the
support for the door delivery of condom is very low among adolescent mothers in the slum areas, there is a need to initiate educational programmes to popularize the twin effect of the use of condom in preventing child birth and HIV/AIDS.

As the adolescent mothers have little autonomy and experience risky pregnancies and RTI/STI, it is important to initiate empowerment programmes aiming to increase adolescent mothers autonomy at household and community level.

Special programmes with main focus of improving adolescent girls knowledge and life skills will help to prevent the spread of STIs including HIV/AIDS in the slum areas of Andhra Pradesh.

Based on the above discussion, it is suggested that in order to improve the health and living condition of adolescent mothers in the slum areas, the programme planning and policy makers should consider the possibility of providing a package of integrated services including a high quality reproductive health services and educational and employment opportunities to enhance the knowledge base and empowerment of adolescent girls.