CHAPTER III
OBJECTIVES AND METHODOLOGY

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CHAPTER III

OBJECTIVES AND METHODOLOGY

3.1 Objectives

i. To assess the adolescent mothers' knowledge on puberty, menstruation and menstrual hygiene;

ii. To assess the maternal and child care practices of adolescent mothers in rural areas;

iii. To study the prevalence of gynecological problems among adolescent mothers and their treatment seeking behaviour;

iv. To assess the fertility and fertility regulating behaviour of adolescent mothers;

v. To assess the adolescent mothers knowledge on sexually transmitted diseases and HIV/AIDS; and

vi. To suggest appropriate programme strategies to meet the reproductive health needs of adolescent mothers in rural areas.

3.2 Hypothesis

1. Increase in standard of living, increases the menstrual hygiene practice among the adolescent mothers.

2. Increase in education, increases the knowledge on duration of menstrual cycle.

3. Increase in education, increases early registration for antenatal check-ups.

4. Increase in the level of autonomy, increases the number of antenatal check-ups.

5. Increase in monthly family income, increases the practice of registering for antenatal check-up at private hospital.

6. Increase in the level of exposure to mass media, increases the knowledge on child care practices among adolescent mothers.

7. Increase in the level of autonomy, increases the knowledge of family planning methods.

8. Increase in the level of autonomy, increases the usage of contraception.
9. Increase in the number of male children, decreases the chances of going for next child.

10. Increase in education, increases the knowledge on sexually transmitted diseases and HIV/AIDS.

3.3 Methodology

3.3.1 Sample design

The study was carried out on a sample of 400 adolescent mothers aged 15-19 years selected from two districts of Tamil Nadu viz., Thiruchirapalli and Dindigul. The sample for the study was selected based on the multistage random sampling procedure. First, all the districts in Tamil Nadu were arranged in descending order based on the district Human Development Index (HDI) reported in the Tamil Nadu Human Development Report, 2001 and were then classified into two groups as high and low development districts. Among the districts arranged in descending order, the first fifteen districts were considered as highly developed and the rest were considered as low development districts. In the next stage, one district was selected at random from each of these two groups. (The details of districts with HDI status are given in Annexure -1)

After the selection of districts, one Primary Health Centre (PHC) was selected from each of the selected districts. In the next stage, two sub-centres were selected at random from the selected PHC. In the next stage, two villages were selected at random from each sub-centre. All the married adolescent mothers in the age group of 15-19 years with the experience of at least one child birth were listed out from the records and registers maintained by the Anganwadi workers. From the list, a sample of 50 adolescent mothers was selected from each village using systematic random sampling procedure. Thus the sample consisted of 200 adolescent mothers from each of the selected districts. In all, 400 adolescent mothers were selected from the two districts of Tamil Nadu. (The list of PHCs, sub-centres and villages selected for the study are given in Annexure - II).
3.3.2 Data collection

A structured interview schedule was developed for the study. The interview schedule consisted of simple and short questions which could be easily understood and answered by the adolescent mothers. The interview schedule, contained a range of subjects, which included the socio-economic status of respondents, awareness on puberty and menstrual hygiene, antenatal, natal and post natal care, child care practices, gynecological problems, fertility behaviour, family planning practices, awareness on sexually transmitted diseases and HIV/AIDS. The interview schedule was pre-tested by being administered adolescent mothers residing in nearby areas of Gandhigram. Based on the results of the pretest, the quality and content of the schedule were improved. Further, the pre-tested interview schedule was given to experts and the opinion and suggestions made by the experts were incorporated in the schedule. Thus, the interview schedule was finalized based on the results of the pretest and on the basis of expert opinion and suggestions.

The research scholar had collected the data during the period from April to July 2006 by personally contacting the adolescent mothers at home.

3.3.3 Data analysis

The data analysis was carried out using Statistical Package for Social Sciences (SPSS). Both univariate and multivariate analysis were carried out to assess the sexual and reproductive health behaviour of adolescent mothers and also to examine the effect of various socio-economic variables on their sexual and reproductive health behaviour. The statistical techniques used in the analysis of data are mean, standard deviation, %² and logistic regression.

3.4 Variables

3.4.1 Dependent variables

1. Reproductive health
2. Fertility behaviour
3. Contraception
3.4.2 Independent variables

1. Demographic variables - Age, Age at puberty, Age at marriage, husband-wife age difference and number of children.

2. Socio-economic variables - Education of respondent, education of husband, religion, community, involvement in money earning job, family income, standard of living and type of family.

3. Marital characteristics variables - Type of marriage, consanguineous type, kind of marriage, inter-caste / inter religious marriage

4. Housing characteristics variables - Type of house, ownership of house, toilet facilities, source of drinking water, electricity facility.

5. Exposure to mass media - Listening to radio, watching television, going to movies, reading newspapers / magazines.

6. Puberty and menstruation - Knowledge on puberty and menstruation, menstrual hygiene practices, discomforts experienced during menstrual cycle and treatment seeking behaviour.


8. Gynecological problems - Experience of gynecological problems and treatment seeking behaviour

9. Reproductive and family planning variables - Age at first birth, age at last birth, fertility status, reproductive span, parity, adoption status, age at adoption.

10. Sexually Transmitted Diseases and HIV / AIDS variables - Knowledge and sources of knowledge on STD and HIV/AIDS.