CHAPTER V

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SUMMARY AND CONCLUSION

Adolescence is a concept encompassing physical and emotional stages of transition from childhood to adulthood, and in turn a crucial period for healthy development in both psychological and physical terms. Today adolescents account for about one fifth of India's population and half of them are girls. Despite the critical importance of the adolescence period in every woman's life, until recently, little effort had been made to accurately address and analyze the specific conditions, and needs of adolescent girls with an aim to redress the situation. Hence the present study was undertaken to assess the sexual and reproductive health behaviour of adolescent mothers in rural TamilNadu and to suggest suitable measures to provide health care and education to the adolescent mothers in rural areas.

The study was carried out on a sample of 400 adolescent mothers aged 15-19 years living in the rural areas of two districts of Tamilnadu. The information collected from the adolescent mothers covered a range of subjects which include 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 and autonomy status of adolescent mothers in rural Tamilnadu. The data collected from the adolescents were entered in the computer and analyzed using the Statistical Package for Social Sciences (SPSS).

5.1 Background characteristics

The analysis of data on the background characteristics of adolescent mothers showed that a majority (85 per cent) of adolescent mothers interviewed in the survey were literates. Among the husbands, 87.2 per cent were literates. Most of the adolescent mothers (86.0 per cent) were Hindus. Proportion of adolescent mothers who belonged to backward caste and others were highest at
40 per cent compared to Scheduled Caste/Scheduled Tribe (30.5 per cent) and most backward caste (21.5 per cent). More than three fourths (76.5 per cent) of adolescent mothers were having low standard of living and 84.8 per cent were housewives. The husband of 75.3 per cent of the adolescent mothers were coolies. More than half of them (54 per cent) were having monthly income between Rs.1001 to 2000 and a majority (56.3 per cent) belonged to nuclear family system.

Majority of adolescent mothers (79 per cent) were aged 19 years. The mean age of the adolescent mothers was 18.89 years. Half of the adolescent mothers (50.2 per cent) attained puberty at the age of 13 years or less. The mean age at puberty was 13.51 years. The mean age at marriage of adolescent mothers was 16.85.

Half of the marriages (50.2 per cent) were consanguineous type, 29.8 per cent had love marriage and 91.5 per cent had got married to persons belonging to their own caste. More than half (51.8 per cent) of the adolescent mothers were living in katcha houses. Nearly four fifths (79 per cent) were having their own houses and most of them (86.2 per cent) had no toilet facilities at home.

45.8 per cent of adolescent mothers regularly listen to radio, about three fifths (60.5 per cent) watch television. The practice of reading newspapers / magazines and going to movies was less among adolescent mothers in rural areas.

Overall, 34 per cent of adolescent mothers were having high autonomy, 33.5 per cent had medium and 32.5 per cent had low autonomy. Education of respondent and her husband, monthly family income, involvement in income earning activities, marital duration, and exposure to mass media were having significant association with autonomy.
5.2 **Puberty** and menstruation

The analysis of data on the puberty and menstruation of the adolescent mothers revealed that substantially higher proportion (46 per cent) of adolescent mothers had reported to have no knowledge about menstruation. Nearly four-fifths of adolescent mothers (79.7 per cent) reported correctly that the normal duration of menstruation is about 26-30 days. The knowledge on the duration of menstrual cycle was more among adolescent mothers who were literate and primary (91.7 per cent) compared to others. Adolescent mothers' knowledge about normal duration of menstrual cycle did not vary much due to type of family. Exposure to mass media did not have much influence on the knowledge of mothers on normal duration of menstrual cycle. The level of autonomy seemed to have significant association with the knowledge of adolescent mothers on normal duration of menstrual cycle.

It is observed that adolescent mothers who were literates, Hindus, high standard of living and high family income and those living in joint family system had more knowledge on the duration of bleeding during menstruation than others.

Only 9 per cent of adolescent mothers were using sanitary napkins. The use of sanitary napkins during menstruation was observed to be high among educated mothers, Non-Hindus, backward caste adolescent mothers, those who had high income and high standard of living, those who were living in joint family system and those who had high level of exposure to mass media and high level of autonomy. 61 per cent of the adolescent mothers were changing their absorbents twice a day.

More than half of the adolescent mothers (54.5 per cent) reported to have experienced physiological discomforts during menstrual period. Nearly two thirds of the adolescent mothers (66.5 per cent) reported "stomach pain", during menstruation. The other problems reported were general weakness, head ache, vomiting, leg pain and others. Government hospital was the main source of treatment for 46.5 per cent of adolescent mothers followed by private clinics (26.7 per cent), local medical shop and home treatment (18.3 per cent respectively).
5.3 Maternal and child care

The analysis of the data on maternal and child care practices showed that most of the adolescent mothers had registered for their antenatal check-up (98 per cent). A majority of adolescent mothers (70.1 per cent) had visited the doctor at first trimester for antenatal check-up. It is observed that the proportion of adolescent mothers who had registered their pregnancy in the first trimester was more among literates, SC/ST and high income families. Contrary to expectations, higher proportion of adolescent mothers who had no exposure to radio, movie, newspapers / magazines and who had low autonomy had registered for antenatal check-up during the first trimester of pregnancy.

It is observed that education of respondent, community, standard of living, monthly family income, type of family, exposure to various mass media, level of autonomy had significant relationship with the place of registration of antenatal check-up. It is observed that significantly high proportion of educated mothers, backward caste mothers and mothers who had high standard of living, higher monthly income and high level of exposure to mass media, had the tendency to register with the private hospital for antenatal check-up.

It is observed that education of respondent, standard of living, habit of listening to radio and level of autonomy had significant association with the number of antenatal check-ups.

Most of the adolescent mothers (94.8 per cent) received two or more doses of tetanus toxoid immunization. About one third of adolescent mothers (30.5 per cent) reported to have experienced health problems during antenatal period. The most commonly reported problems were anemia (38.5 per cent) and oedema (23.8 per cent). About 13.9 per cent reported excessive fatigue and 23.8 per cent of adolescent mothers reported other problems like blood pressure, vaginal bleeding and albumin sugar.
Only 4.7 per cent of adolescent mothers had reported still birth and nearly one fifth had cesarean delivery (19.4 per cent). It is observed that education, religion and exposure to mass media had significant association with the place of delivery.

The logistic regression analysis indicates that utilization of government hospital for delivery was significantly more among illiterates, SC/ST, those who had low standard of living and low income. Utilization of private hospital was significantly more among literates, other than SC/ST adolescent mothers with medium and high standard of living and high income. The prevalence of home delivery was significantly more among illiterates, SC/ST and those who had low standard of living.

Prevalence of low birth weight (<2500 gms) was 43.3 per cent among adolescent mothers. The birth weight of babies was significantly associated with community, watching television and going to movies. Only 15.3 per cent of adolescent mothers had experienced post partum complications. The main post partum complications experienced by adolescent mothers were high fever (55.7 per cent), massive vaginal bleeding (41 per cent) and high blood pressure (14.8 per cent).

Most of the adolescent mothers (94.5 per cent) had breast fed their child. Among those who breast fed their child, 60.8 per cent breast fed immediately, 31.3 per cent breast fed on the same day and 7.9 per cent breast fed after one day. Illiterates, Hindus, mothers with low standard of living, mothers with monthly income of Rs.1000 or less, mothers in nuclear family, mothers with no exposure to mass media and those who had medium level of autonomy had breast fed their child immediately after birth.

Practice of colostrum feeding was significantly associated with education of respondent, standard of living, mothers who had the habit of listening to radio, watching television, going to movies, reading newspapers / magazines and level of exposure to mass media. The main reasons for not giving colostrum was "Elders advice" (44.9 per cent) which was followed by "not good for child"
(39 per cent) child died and not well (16.1 per cent). The main reasons for stopping breast feeding was pregnancy (31 per cent) which was followed by insufficient milk (27.3 per cent), mother ill/weak (16.2 per cent), wearing age (14.4 per cent), child refused, child ill and use of contraception.

5.4 Gynecological problems

The analysis of data on gynecological problems of adolescent mothers revealed that 46.5 per cent of the adolescent mothers had experienced anyone of the gynecological problems. Among the gynecological problems, curdy white vaginal discharge was the most common problem reported by more than three fourths of adolescent mothers (76.9 per cent), followed by urinary tract infection (36.6 per cent) abnormal vaginal discharge (33.3 per cent), irregular bleeding (25.3 per cent), profuse bleeding (17.7 per cent) and dysmenorrhea (10.2 per cent).

Among those who had gynecological problems, only 35.5 per cent had availed treatment mainly from government hospital (57.6 per cent). The major reasons for not availing treatment for gynecological problems were lack of knowledge (62.5 per cent) followed by no necessity (18.3 per cent) and cost too high (9.2 per cent).

5.5 Fertility behaviour

The results of the analysis of data on the fertility behaviour of adolescent mothers showed that, 55.7 per cent of adolescent mothers had their first child birth on less than one year of marital duration, 39.3 per cent who had two female children were currently pregnant, 11.1 per cent who had two male children were currently pregnant, only 59 adolescent mothers were completed their fertility. Among them 86.4 per cent of adolescent mothers who had two children had completed their fertility at the time of interview. Most of the adolescent mothers had reported 24-36 months as ideal birth interval 84.3 per cent of adolescent mothers desired to have two children at the time of marriage.
5.6 Family planning

Most of the adolescent mothers knew about female sterilization (93.0 per cent). Copper T/IUD was the next popular method known to 78.3 per cent of mothers, which was followed by male sterilization (72.8 per cent), Condom/Nirodh (59.3 per cent) and oral pill (56.0 per cent). The knowledge of adolescent mothers on various family planning methods increased with the increase in the level of autonomy. Only 19.3 per cent of adolescent mothers had adopted any one of the family planning methods at the time of interview. Adoption of family planning methods increased with the level of autonomy. Among the adopters, 53.2 per cent had adopted permanent method and 33.8 per cent were using IUD. The proportion of adolescent mothers who had adopted sterilisation had increased with the increase in their autonomy status. Among the adopters, 39 per cent were aged 18 years or less and 61 per cent were aged 19 years. The reasons for adoption of family planning methods were 'spacing' and to 'limit family size'. Joint decision by husband and wife was reported by 53.6 per cent of adopters and independent decision was reported by 22.7 per cent. Proportion of adolescent mothers who had discussion about number of children increased with increase in the level of autonomy. The desire to have same number of children by both husband and wife seemed to be more among adolescent mothers who had high level of autonomy compared to others.

5.7 Sexually transmitted diseases

The analysis of data on knowledge of adolescent mothers on sexually transmitted diseases showed that the main source of knowledge about sexually transmitted diseases was television (45.5 per cent) followed by siblings (33.3 per cent). About two fifths (40.5 per cent) of adolescent mothers had no knowledge about mode of the transmission of sexually transmitted diseases and 55 per cent reported sexual intercourse as the main mode of transmission of STD. 30 per cent of adolescent mothers had no knowledge about the high risk of
transmission. 48.5 per cent did not know the medical problems of men, 46.2 per cent didn't know the medical problems of women. About one fourth of adolescent mothers (24.5 per cent) reported that men suffered more than women 22.7 per cent reported that women suffered more than men. About one fifth of the adolescent mothers were not sure about the severity of sufferings.

Majority of adolescent mothers (78.3 per cent) reported that sex with different partners as risky sex. Age of mother did not make much difference on the knowledge of adolescent mothers on risky sex. Education, standard of living, mother's exposure to mass media were seemed to have associated with the knowledge of mothers on risky sex. Husband was the main source advice as reported by 48.5 per cent of respondents for seeking advice when they suspected of having sexually transmitted diseases.

Knowledge on protected sex among adolescent mothers showed that 59 per cent of adolescent mothers were aware of the protected sex (use of condom). Age, education, standard of living and level of exposure to mass media were observed to have significant association with the knowledge of adolescent mothers on protected sex.

Nearly four fifths of adolescent mothers (78.3 per cent) were aware of safe sex. Age, education, standard of living and level of exposure to mass media were having significant association with the knowledge of adolescent mothers on safe sex.

Only half of the adolescent mothers (50 per cent) reported that HIV/AIDS was a virus 82.5 per cent of adolescent mothers were aware of any one method of transmission of HIV/AIDS and 10.5 per cent were not sure about the ways of transmission. Transmission through blood of an infected person was reported by a majority of adolescent mothers (99.1 per cent), as also semen in men (86.4 per cent) vaginal fluids in women (84.2 per cent) and using of unsterilized needles (90.9 per cent). Age of adolescent mothers did not make much difference
on knowledge of transmission. Increase in education increases the knowledge on transmission of HIV/AIDS. Three fourths (75 per cent) of adolescent mothers had correct knowledge about transmission of HIV/AIDS. Increase in the level of exposure to mass media also increases the knowledge on transmission of HIV/AIDS.

Knowledge on cure for HIV/AIDS and availability of vaccine was more among mothers with higher educational status, high standard of living and high level of exposure to mass media. Increase in age and education increase the knowledge of adolescent mothers on treatment for longevity of HIV patient.

5.8 Conclusion and policy implications

Reproductive health in general and adolescent reproductive health needs in particular are poorly understood and ill served in India. In a country in which adolescents aged 10-19 represent over one fifth of the population, the health consequences of this neglect take on enormous proportions. Attainment of higher level education seems to be low among adolescent mothers because of early marriage. Knowledge on puberty and menstruation seems to be low among adolescent mothers. Practice of the hygienic practices during menstruation was very low among adolescent mothers due to lack of knowledge and low level of socio-economic status. Early registration to ante natal care seemed to be more among adolescent mothers, but number of antenatal check-ups was less among them. Knowledge on immunisation was high among them. Utilization of government sectors was more among low standard of living mothers. Pregnancy complications were more among adolescents due to biological immaturity. Still substantial proportion of deliveries were attended by untrained personnel in rural areas. Prevalence of one or more gynecological problems was more among adolescent mothers but the treatment seeking behaviour was less among them. Practice of colostrum feeding was more among educated mothers and among adolescent mothers with high level of exposure to mass media. Majority of adolescent mothers desired to have only two children. Most of the adolescent
mothers with two children had adopted permanent method. Knowledge on sexually transmitted diseases and its mode of transmission was poor among the adolescent mothers. But they had good knowledge on HIV/AIDS, its transmission, availability of vaccine, curability and longevity of HIV/AIDS patients.

The emerging issues identified in this study include the low level of knowledge on puberty and menstruation minimal safe hygienic practice during menstruation, more complications during pregnancy, high prevalence of low birth weight babies, less treatment seeking behaviour for gynecological problems, less contraceptive usage and very poor knowledge on sexually transmitted diseases and its transmission.

The onset of menstruation is one of the most important changes occurring among the girls during the adolescent years. Although it is a natural process, it is linked with several misconceptions and practices, which sometimes results into adverse health outcomes. The teaching of hygienic practices related to menstruation should be linked to an expanded health education. This is important for the girls so they can gain knowledge on the physiology of the reproductive system, information on reproductive tract infections, sexually transmitted infections and other reproductive health issues. For maximum impact on reproductive health, skilled birth attendants and emergency obstetric services must be closely linked within a strong health system. Strong health system, in turn depend on adequate infrastructure, including good roads and transportation networks, electricity and clean water. Teaching adolescents and other family members the signs of a difficult labour should be a priority for reducing maternal mortality.
There are numerous channels to integrate sexual and reproductive health services in a strengthened health system. For example maternal and child health services can provide an opportunity for family planning information programs, referrals and services. Integrated maternal health, family planning and child health care services should add appropriate personnel and increase referral capacities.

Counselling, prevention and treatment services for sexually transmitted infections and HIV should be integrated with other reproductive health services and made available through the primary health care system, which is most likely to reach populations in greatest need, such as adolescents and the poor. Single purpose programs for preventing and treating sexually transmitted infections almost always fail to reach adolescents because many adolescents are asymptomatic, and seeking treatment is socially stigmatized.