CHAPTER VIII

RECOMMENDATIONS
VIII. RECOMMENDATIONS

Adolescence is the period of physiological change & has its special needs. If a young girl conceives during this period, she is always a 'at risk mother' who needs to be paid more attention. Recommendations based on the findings of this study are grouped as primary, secondary & tertiary preventive measures.

8.1 : PRIMARY PREVENTIVE MEASURES

1. In the present study, most of the pregnancies are observed to be within the system of marriage. Therefore the prevention of early marriage by health education of general population is one of the most important measures. This includes, creating awareness in community about biological aspects of age at marriage & risks associated with teenage pregnancy. General awareness can be created with the help of mass media. Prime messages related to adolescent health can be disseminated through effective use of them. Changes in attitude & behavior are slow and take a very long period of time. Extensive efforts must be made so that society accepts minimum age at marriage of 18 years & this becomes a social norm.

2. The problem of teenage pregnancy & its adverse consequences seem to be closely related to the discrimination that females have to face from conception through birth, infancy, early childhood, adolescence, marriage etc. Health education of the population in general & mothers & mothers in law particular is essential for mitigating gender bias, which adversely affects the growth, development & educational opportunities for the girl child. Efforts to close this gap will help to minimise problems that are related to teenage pregnancy. Discriminatory attitude of the parents results in producing stunted & malnourished girls. As a result when these girls conceive at an earlier age they produce LBW babies. This cycle goes on from one generation to another.
Recommendations

Therefore it is essential to break this cycle by ensuring adequate nutrition to the disadvantaged sex from birth through adolescence.

3. Efforts should be made to improve parental understanding & appreciation of the value of education especially for girls. Inspite of a constitutional provision for universal education for every girl, high number of illiterate & a significant number of school dropouts are observed in the study, indicating a direct relationship between lower educational status & teenage pregnancy. An action taken to support enrollment of each girl child & to overcome the problem of school dropouts will go a long way in preventing early marriages. For adolescents who are illiterate or are already dropped out of school, an active effort for their non-formal education is equally important.

4. Employment policy needs to be evolved by concentrating on the development of industries where women can be employed on priority basis. It should also be ensured that, the jobs are not taken away by men. Vocational training courses need to be arranged at local level. Women with marketable skills for income generation will not only contribute to the economy but also enjoy independence & respect of the money earner improving their status in the family.

5. In the present study, caloric intake of young mothers is far below the RDA. A high proportion of them are also anemic contributing to the problem of LBW. Health education about nutritional needs of adolescent girls must be emphasised, to improve their share of food at home. A special program for girls not attending schools, can be considered as an important step in reaching socially deprived girl children. Adolescent girls should be included as beneficiaries for getting regular iron folic acid supplementation under national program. The steps suggested will ensure adequate nutrient intake for the adolescent growth spurt & prevent anemia before their marriage & subsequent pregnancy.
Recommendations

6. Family life education & sex education should be imparted to adolescents. This includes objective, scientific, specific & simple information about physiology of adolescence, nutritional requirement during growing period, physiology of reproduction & control of fertility etc.

7. Critical importance of exclusive breastfeeding, patterns of normal growth in a child, appropriate age & foods for weaning, importance of immunisation, home care during diarrhea, basics of hygiene & sanitation need to be included in health education messages. Because young mothers are found to be ignorant about most of these aspects.

8. Premarital sexual activity is not uncommon, as there are significant number of unmarried adolescents undergoing MTP & also few cases of unmarried mothers. For preventing this there is a need to know the underlying behavioral issues & give value based training accordingly, influencing cultural factors. Emphasis also needs to be given on decision-making skills & communication skills.

9. In addition to this, non-formal community based programs are essential for non-school going girls as well as for dropouts, as the number of such girls is significant. Thus this large pool will not remain away from the mainstream of knowledge. Such education must be need based & some newer methods can be tried like peer education, adolescent to adolescent health program etc. We can make use of school going adolescents to reach to non-school going adolescents. Learning material should be attractive.

10. As early marriages are deeply rooted in our culture, this will take long time to change. Till that time we may develop a system of informants at village level, who will inform health workers regarding such early marriages. Since most of the marriages are planned, there is sufficient time from initial stage till the marriage takes place. This time can be utilised by the health workers for perimarital counselling of girls. IFA supplementation during this period will also have a beneficial effect.
11. For sexually active young people, prevention of early pregnancy by encouraging contraception is equally important primary preventive measure. Adolescents are physically & psychologically immature & therefore informed counseling on contraception & making contraceptives readily available can be looked upon as important intervention in this direction. Risks & benefits of each method must be carefully explained & weighed against the risk of pregnancy. High proportion of unplanned & unwanted pregnancies, very low contraceptive use rate & ignorance about various methods observed in the present study, reflect the need for strengthening IEC activities & also improving availability & accessibility of contraceptive services.

8.2 : SECONDARY PREVENTIVE MEASURES

1. These include prevention of morbidity in young mothers & their fetuses through adequate antenatal care & follow up. Pregnancy during adolescence is a high-risk condition that results in lower birth weight, preterm birth & other perinatal problems. Improving these outcomes is an important clinical challenge. Comprehensive care is essential for adolescents, which includes timely initiation & continuity of antenatal care by obstetrician. Specific medical, nutritional & social needs of adolescents must be considered while providing services, to improve the outcome of pregnancy. Efforts should be made to inform teenagers about need for early & continuous antenatal care so that they can utilise the health care facilities.

2. Health care providers should always keep in mind the young antenatal mothers as at risk mothers & identify the special problems associated with them like preeclampsia, eclampsia, anemia, CPD etc. & manage them accordingly with appropriate referral. Young mothers with multiple risk factors must be rated as 'very high risk' mothers & they should be advised to deliver in an institution only. Health workers can use a scoring system developed in the present study.
This will help them for identification of at risk mothers during antenatal period & to manage or refer them accordingly, reducing morbidity & mortality in mothers & their newborns.

3. During adolescence when lower prepregnant body mass is very common, fetal growth seems to be dependent on maternal nutritional status. Therefore continued energy supplementation of adolescents & young mothers throughout & between pregnancies is essential to reduce SFGA & LBW newborns. In addition to this reduction in the physical activity during antenatal period will also help to improve the outcome in young mothers.

8.3 : TERTIARY PREVENTIVE MEASURES

1. Tertiary preventive measures prevent mortality in newborns of young mothers. As is observed, inspite of adequate antenatal care, probability of newborns of young mothers being LBW or having some risk factor is more. Therefore domiciliary care of LBW babies & referral of VLBW & other high-risk babies is equally important. This will help to reduce perinatal & neonatal mortality in adolescent mothers.

2. There is a need of mother craft for adolescent mothers, so that they will be able to take better care of their newborns. Continuing education & childbirth preparation classes are essential throughout pregnancy. While imparting health education to young mothers, her husband, mother-in-law need to be involved as these persons are influencing most of the decisions of adolescent mothers.

3. In addition to this, those who deliver at a younger age are likely to have a subsequent birth with a shorter interpregnancy interval. Such mothers also experience similar adverse consequences. Therefore after first birth such young mothers must be provided with good counselling services for prevention of early subsequent pregnancy.