

## Knowledge and Reproductive Health Practices of Adolescent Mothers in Rural Areas of TamilNadu

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### Abstract:

*Adolescence – a period of transition between childhood and adulthood is a significant period of human growth and maturation. The health of adolescents has attracted global attention in recent years and the case is no different in India. The adolescent girls in India are facing innumerable troubles due to lack of right kind of information regarding their own physical and sexual developments. Adolescents find themselves sandwiched between a glamorous western influence and a stern conservatism at home, which strictly forbids discussion on sex. This dichotomy aggravates the confusion among adolescents. The situation of adolescent women is particularly precarious, as they tend to have limited education, skills and opportunities for employment. They acquire limited knowledge from friends, relatives and sometimes from books. They are not able to have dialogue with their parents because of inhibitions and social taboos. Girls have no independent authority to control their sexuality or reproduction. They are expected to get married early and produce children. Control of female sexuality is shifted from the father to the husband. Further, they also suffer from a variety of poverty-ridden village life conditions like caste oppression, lack of facilities, educational backwardness, early marriage, domestic burden, and gender neglect. As such the need of the hour is to address this problem through health education by health professionals. This paper underscores the impact of community to impart the adequate knowledge and awareness on health practices to the excluded adolescent mothers in rural areas of TamilNadu.*

**Key words:** Adolescent mothers, Knowledge, Reproductive health & Rural areas

## **Introduction**

Adolescence – a period of transition between childhood and adulthood is a significant period of human growth and maturation. The health of adolescents has attracted global attention in recent years and the case is no different in India. The adolescent girls in India are facing innumerable troubles due to lack of right kind of information regarding their own physical and sexual developments. Of the world's 6.1 billion population in 2000, over one billion people (19.1 per cent) belonged to 10-19 age group. The Asian region comprises 712 million people in this age group. According to United Nations Medium Variant Projections, the number of persons in the 10-19 age group will continue to grow worldwide reaching 1,253 million by the year 2025, while in Asia this number will decline to 698 million by the year 2025 (United Nations, 2001 a).

According to 2001 census of India, the population of adolescents (10-19 years) constitutes nearly 22 per cent of the total population of India. The adolescent girls constitute more than 21 per cent of total female in India. Among the adolescent girls in India, rural adolescent girls constitute 72 per cent. In TamilNadu, the adolescents constitute nearly 19.5 per cent of the total population. Among the female population, the adolescent girls constitute 19.3 per cent. The rural adolescent girls constitute 56.8 per cent to the total adolescent girls of TamilNadu (Census, 2001).

Female adolescents suffer from a variety of poverty-ridden village life conditions: caste oppression, lack of facilities, malnutrition, educational backwardness, early marriage, domestic burden, and gender neglect. Girls carry a heavy work burden. Adolescence in rural areas is marked by the onset of puberty and the thrust into adulthood. Girls have no

independent authority to control their sexuality or reproduction. Girls are expected to get married and produce children. Control of female sexuality is shifted from the father to the husband. There is a strong push to marry girls soon after menstruation, due to the burden of strict restrictions on female sexuality, the desire to reduce the burden of financial support and the need to ensure social security for daughters.

In the past few years the issue of adolescent pregnancy has been increasingly perceived as a social problem. The International Conference on Population and Development (ICPD, 1994) has identified adolescents as a distinct target group in need of ad hoc reproductive health programmes and services. It takes on a different dimension in the developed world and various steps have been taken in terms of policy orientation, to try and curb adolescent fertility. In many developing countries, government officials working in the social sectors readily identify it as one of the pressing social issues. However, this perception is rarely translated into programmes intended for adolescents, or into programmes, which, although intended for them, effectively reach them. As a group, they have been overlooked due to a lack of awareness of their needs and cultural specificity of these needs. Moreover, there are methodological issues that hinder the setting up of appropriate programmes, such as obtaining appropriate data, given that the data available-usually grouped in five-year age groups-hides enormous heterogeneity and widely differing needs (Suresh Sharma, 2003).

### **Objectives:**

1. To assess the knowledge and reproductive health practices of adolescent mothers in rural areas of TamilNadu.

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

### **Methodology:**

The study was carried out on a sample of 400 adolescent mothers aged 15-19 years selected from two districts of TamilNadu viz., Thiruchirapalli and Dindigul. 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. 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.

### **Results and Discussion**

#### **Socio-economic characteristics**

The socio-economic characteristics of the adolescent mothers interviewed in the study are presented in table 1.

It is found that only 15.7 per cent of adolescent mothers were illiterates; 18 per cent were literate and primary; 30.8 per cent were middle; and 35.5 per cent had completed high school and above. Among the husbands, 12.8 per cent were illiterates; 16 per cent were literate and primary; 28.2 per cent were middle; and 43 per cent had completed high school and above.

Substantially higher proportion of adolescent mothers (86 per cent) was Hindus. Proportion of adolescent mothers belonged to Backward Caste and others were the highest at 40

per cent compared to Scheduled Caste / Scheduled Tribe (30.5 per cent) and Most Backward Caste (21.5 per cent).

The results of the analysis of data on the standard of living showed that the standard of living was low for more than three fourths of adolescent mothers (76.5 per cent); medium for 14.8 per cent of adolescent mothers; and high for just 8.8 per cent of adolescent mothers.

Majority of adolescent mothers (84.8 per cent) interviewed were housewives and about three fourths of husbands (75.3 per cent) were coolies.

**Table-1 Percent distribution of adolescent mothers by socio-economic characteristics**

<b>Socio-economic characteristics</b>	<b>Number N=400</b>	<b>Percent</b>
<b>Education of respondent</b>		
Illiterate	63	15.7
Literate and primary	72	18.0
Middle	123	30.8
High school and above	142	35.5
<b>Education of husband</b>		
Illiterate	51	12.8
Literate and primary	614	16.0
Middle	113	28.2
High school and above	172	43.0
<b>Religion</b>		
Hindu	344	86.0
Non – Hindu	56	14.0
<b>Community</b>		
Scheduled caste/scheduled tribe	154	30.5
MBC	86	21.5
BC & others	160	40.0
<b>Standard of living</b>		
Low	306	76.5
Medium	59	14.8
High	35	8.8
<b>Occupation of respondents</b>		
Coolie	50	12.5
Housewife	339	84.8
Others	11	2.7
<b>Occupation of husband</b>		
Own business	40	10.0
Own agriculture	10	2.5
Government	8	2.0

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Private	26	6.5
Coolie	301	75.3
Others	15	3.8
<b>Monthly family income (in Rs.)</b>		
≤ 1000	85	21.3
1001 – 2000	216	54.0
2001 and above	99	24.8
<b>Type of family</b>		
Nuclear	225	56.3
Joint	175	43.7

More than half of the respondents (54 per cent) had a monthly family income between Rs.1001 to 2000; 24.8 per cent had the family income of Rs.2001 and above and 21.3 per cent had a monthly family income of Rs.1000 or less. Majority of adolescent mothers were from nuclear families (56.3 per cent).

Overall, the results indicate that most of the adolescent mothers (85 per cent) were literates and 86 per cent belonged to Hindu religion. More than three fourths of adolescent mothers were having low standard of living and 84.8 per cent were housewives. More than half of them were having monthly income between Rs.1001 to 2000 and 56.3 per cent belonged to nuclear family system.

### **Knowledge about menstruation**

The percent distribution of adolescent mothers by their knowledge about menstruation is presented in Table -2. Nearly one fourth (23.7 per cent) adolescent mothers reported that menstruation was waste blood coming out, 17.5 per cent reported that it was pubertal changes, 12.8 per cent reported that it was a growth indicator and 46 per cent didn't know anything about menstruation.

**Table-2 Percent distribution of adolescent mothers by their knowledge about menstruation**

Knowledge about menstruation	Number N=400	Percent
Waste blood coming out	95	23.7
Pubertal changes	70	17.5
Growth indicator	51	12.8
Don't know	184	46.0

### **Knowledge on normal duration of menstrual cycle**

The percent distribution of adolescent mothers by their knowledge on the normal duration of menstrual cycle is presented in Table-3 About four fifths (79.7 per cent) of adolescent mothers reported that it was between 26 to 30 days and the rest reported either below 25 days (10.8 per cent) or more than 30 days (9.5 per cent)..

**Table -3 Percent distribution of adolescent mothers by their knowledge about normal duration of menstrual cycle**

Knowledge about normal duration	Number N=400	Percent
21-25days	43	10.75
26-30days	319	79.75
More than 30days	38	9.5

### **Type of absorbent used by adolescent mothers**

Type of absorbent used during menstruation is an important indicator of the menstrual hygiene followed by the adolescent mothers. Hence, in order to assess the menstrual hygiene practices of adolescent mothers, information was collected on the type of absorbent used during menstruation. The results of the analysis of data presented in table 4 revealed that more than three fourths of adolescent mothers (78 per cent) were using old cloth and undergarments during menstruation; 13 per cent were using both old cloth and sanitary napkins and only 9 per cent of adolescent mothers were using sanitary napkins.

**Table 4 Percent distribution of adolescent mothers by type of absorbent used at the time of menstruation**

Absorbent used	Number N=400	Percent
Old Cloth and undergarments	319	79.75
Old clothes & Napkins	43	10.75
Napkins	38	9.5

### **Maternal and child care**

Ante Natal Care (ANC) refers to pregnancy related health care provided by a doctor or a health worker in a medical facility or at home. Ideally, antenatal care should monitor a pregnancy for signs of complication, detect and treat pre-existing and concurrent problems of pregnancy, and provide advice and counselling on preventive care, diet during pregnancy, delivery care, post natal care and related issues.

### **Registration for antenatal check-ups**

The percent distribution of adolescent mothers who had registered their last pregnancy for antenatal check-up is presented in table- 5 It is found that most of the adolescent mothers had registered their pregnancy for antenatal check-up (98 per cent) and just 2 per cent of adolescent mothers had not registered for antenatal check-up.

**Table -5 Percent distribution of adolescent mothers registered for antenatal check-up**

Registration	Number	Percent
	N=400	
Yes	392	98.0
No	8	2.0

### **Timing of registration of pregnancy for antenatal check-up**

The percent distribution of adolescent mothers by timing of registration of pregnancy for antenatal check-up is presented in table -6. The results showed that majority of the adolescent mothers (70.1 per cent) had registered for antenatal check-up at



the first trimester itself and 28.6 per cent registered for antenatal check-up during second trimester. Only 1.3 per cent had registered their pregnancy for antenatal check-up during third trimester.

**Table-6 Percent distribution of adolescent mothers by month of registration**

Month of registration	Number	Percent
	N=392	
1st trimester	275	70.1
2nd trimester	112	28.6
3rd trimester	5	1.3

### **Place of registration for antenatal check-up by adolescent mothers**

The percent distribution of adolescent mothers by place of registration for antenatal check-up is presented in table -7. The results showed that half of the adolescent mothers (50 per cent) had registered for antenatal check-up in primary health centre and government hospital, 25 per cent had registered with the Village Health Nurse and another 25 per cent had registered at private hospital.

**Table-7 Percent distribution of adolescent mothers by place of registration for antenatal check-up**

Place of registration	Number	Percent
	N=392	
VHN/ANM/SC	98	25.0
PHC/GH	196	50.0
Private hospital/Doctor	98	25.0

VHN – Village Health Nurse, ANM – Auxiliary Nurse Midwife, SC – Sub Centre, PHC – Primary Health Centre, GH- Government hospital

### **Number of antenatal check-ups by adolescent mothers**

The percent distribution of adolescent mothers by number of antenatal check-ups is presented in table 8 showed that nearly two thirds (65.8 per cent) of adolescent mothers had antenatal check-ups four times and above and 27.6 per cent had three

times. The results showed that awareness about antenatal check-ups was more among adolescent mothers in rural areas.

**Table-8 Percent distribution of adolescent mothers by number of antenatal check-ups**

Number of Antenatal check-ups	Number	Percent
	N=392	
One	9	2.3
Two	17	4.3
Three	108	27.6
Four& above	258	65.8

### **Experience of health problems during pregnancy**

The percent distribution of adolescent mothers who had experienced health problems during pregnancy period is presented in table 9. It is found that nearly one third of adolescent mothers (30.5 per cent) had reported to have health problems during pregnancy.

**Table -9 Percent distribution of adolescent mothers who had experienced health problems during pregnancy**

Health Problems	Number	Percent
	N=400	
Yes	122	30.5
No	278	69.5

### **Type of health problems during pregnancy**

The adolescent mothers were asked whether they had experienced any of the following pregnancy related problems – anemia, high blood pressure, oedema (accumulation of excess fluid in body tissues, causes swelling in face, legs and hand), albumin sugar, vaginal bleeding and excessive fatigue. The percent distribution of adolescent mothers who had reported health problems during pregnancy is presented in table 10.

The most commonly reported health problem was anemia (38.5 per cent) and oedema (23.8 per cent). About 13.9 per cent of adolescent mothers had reported excessive fatigue

and 23.8 per cent reported other problems such as blood pressure, vaginal bleeding and albumin sugar.

**Table -10 Percent distribution of adolescent mothers by the type of health problems during pregnancy**

Health Problems	Number	Percent
	N=122	
Anemia	47	38.5
Oedema	29	23.8
Excessive fatigue	17	13.9
Others(BP, Vaginal bleeding, albumin sugar)	29	23.8

### **Type of birth**

The percent distribution of adolescent mothers by type of last birth presented in table -11 showed that 95.3 per cent of adolescent mothers had live birth and 4.7 per cent had still birth.

**Table-11 Percent distribution of adolescent mothers by the type of last birth**

Type of birth	Number	Percent
	N=400	
Live birth	381	95.3
Still birth	19	4.7

### **Nature of delivery**

The percent distribution of adolescent mothers by nature of delivery is presented in table -12. It is observed that 72.3 per cent of adolescent mothers had normal delivery, 19.4 per cent had caesarean, and 8.3 per cent had delivery with the help of forceps.

**Table-12 Percent distribution of adolescent mothers by the nature of delivery**

Nature of delivery	Number	Percent
	N=400	
Normal	289	72.3
Caesarean	78	19.4
Forceps	33	8.3

### **Place of delivery of adolescent mothers**

An important thrust of the reproductive and child health programme is to encourage deliveries under proper hygiene conditions under the supervision of trained health professionals. The results presented in table 13 revealed that 52 per cent of births took place in government institutions (such as primary health centre, sub centre and government hospital), 38 per cent took place in private hospitals and surprisingly 10 per cent of births took place in homes.

**Table-13 Percent distribution of adolescent mothers by place of delivery.**

Place of delivery	Number	Percent
	N=400	
PHC/SC/GH	208	52.0
Private	152	38.0
Home	40	10.0

### **Experience of gynecological problems**

The percent distribution of adolescent mothers who had experienced gynecological problems is presented in table 14 It is observed that 46.5 per cent of adolescent mothers had experienced any one of the gynecological problems.

**Table-14 Percent distribution of adolescent mothers by those who had experienced gynecological problems**

Gynecological problems	Number N=400	Percent
Yes	186	46.5
No	214	53.5

### **Type of gynecological problems experienced by adolescent mothers**

The percent distribution of adolescent mothers who had experienced gynecological problems by type of gynecological problems is presented in table 15. It is found that 46.5 per cent of adolescent mothers were suffering from at least one or the other symptoms of gynecological problems. The adolescent

mothers were found to be suffering from urinary tract infection, abnormal vaginal discharge, curdy white vaginal discharge, menstrual disorders including dysmenorrhea, profuse bleeding and irregular periods. 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).

**Table-15 Percent distribution of adolescent mothers by type of gynecological problems**

Gynecological problems	N	Yes		No	
		No	Percent	No	Percent
Urinary tract infection	186	68	36.6	118	63.4
Dysmenorrhea	186	19	10.2	169	89.8
Profuse bleeding	186	33	17.7	153	82.3
Irregular bleeding	186	47	25.3	139	74.7
Abnormal vaginal discharge	186	62	33.3	124	66.7
Curdy white vaginal discharge	186	143	76.9	43	23.1

### Treatment for gynecological problems

The percent distribution of adolescent mothers who sought treatment for their gynecological problems is presented in table 16. The results revealed that among 186 adolescent mothers who had experienced gynecological problems only 35.5 per cent had availed treatment for gynecological problems.

**Table-16 Percent distribution of adolescent mothers who had availed treatment for gynecological problems**

Treatment for gynecological problems	Number N=186	Percent
Yes	66	35.5
No	120	64.5

### Reasons for not seeking treatment

The percent distribution of adolescent mothers by reasons for not seeking treatment is presented in table 17. The results

showed that more than three fifths of adolescent mothers (62.5 per cent) were lacking knowledge of treatment, 18.3 per cent felt that treatment was not necessary, 9.2 per cent reported higher costs, 7.5 per cent reported that family did not allow and 2.5 per cent felt that it was not customary on their part. The results indicated that women with self-reported symptoms of reproductive morbidity did not seek treatment due to existing taboos and inhibitions regarding sexual and reproductive health. They hesitate to discuss about reproductive health problems especially due to shame and embarrassment.

**Table-17 Percent distribution of adolescent mothers by reason for not availing treatment**

Reason for no treatment	Number N=120	Percent
Lack of knowledge	75	62.5
Cost very much	11	9.2
Too far / No transport / family did not allow	9	7.5
Not necessary	22	18.3
Others	3	2.5

## Summary & Conclusions

The analysis of the data on Adolescent mother's knowledge and reproductive health practices, the results indicate that most of the adolescent mothers (85 per cent) were literates and 86 per cent belonged to Hindu religion. More than three fourths of adolescent mothers were having low standard of living and 84.8 per cent were housewives. More than half of them were having monthly income between Rs.1001 to 2000 and 56.3 per cent belonged to nuclear family system. The knowledge on the duration of menstrual cycle did not vary much among adolescent mothers of different religion and caste groups.

It is observed that 46 per cent of adolescent didn't know anything about menstruation. Only 9 per cent of adolescent mothers were using sanitary napkins.

It is observed that the proportion of adolescent mothers who had registered their pregnancy in the first trimester was 98 percent. Majority of the adolescent mothers (70.1 per cent) had registered for antenatal check-up at the first trimester. (50 per cent) had registered for antenatal check-up in primary health centre and government hospital.

The results showed that nearly two thirds (65.8 per cent) of adolescent mothers had antenatal check-ups four times and above . It is found that nearly one third of adolescent mothers (30.5 per cent) had reported to have health problems during pregnancy. The most commonly reported health problem was anemia (38.5 per cent) and oedema (23.8 per cent). 95.3 per cent of adolescent mothers had live birth and 4.7 per cent had still birth. 52 per cent of births took place in government institutions (such as primary health centre, sub centre and government hospital).

It is observed that 46.5 per cent of adolescent mothers had experienced any one of the gynecological problems. The results revealed that among 186 adolescent mothers who had experienced gynecological problems only 35.5 per cent had availed treatment for gynecological problems. The results showed that more than three fifths of adolescent mothers (62.5 per cent) were lacking knowledge of treatment.

Reproductive health in general and adolescent reproductive health needs in particular are poorly understood and ill served in India. Attainment of higher level education seems to be low among adolescent mothers because of early marriage. 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. Still substantial proportion of deliveries was attended by untrained personnel in rural areas. The emerging issues identified in this study include the low level of knowledge on puberty and menstruation minimal safe hygienic practice during menstruation.

The teaching of hygienic practices related to menstruation should be linked to an expanded health education. For maximum impact on reproductive health, skilled birth attendants and emergency obstetric services must be closely linked within a strong health system.

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