

The Study on Perception of Legal and Social Issues Of Reproductive Health among Adolescent College Girls in Rural, Karimnagar, Telangana State

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Abstract

Background: Adolescent reproductive health has been identified as a key strategy in the reproductive and child health-II program. All citizens are entitled to equal protection under the law. Lack of awareness about legal age of marriage is a common phenomenon in rural areas. Publicity of Child Marriage Restraint Act is also poor.

Materials and Methods: This is a community-based cross-sectional study that was conducted between Septembers to November, 2017. 164 adolescent girls in the age group of 15–19 years were interviewed with the help of pretested and semi structured questionnaire for qualitative findings in Manakondur Mandal (rural), District Karimnagar. Data entry was done in Microsoft excel and Statistical analysis by using Chi square and Fisher exact with the Statistical Package for Social Sciences (SPSS) for Windows, Version 21.0.

Results: It was observed that 88.41% were aware about legal age of Marriage, 11.58% knew about the correct age of Child bearing. MTP Act was known to 18.30% of the respondents. Moreover Dowry prohibition and Domestic violence act was known to 54.26% and 82.31% of the respondents respectively. Logistic regression analysis shows the significant effect of education on awareness of

legal age of marriage (P=0.049) and dowry prohibition act (0.0001) which is supported by qualitative findings.

Conclusion: Information on the human reproductive system and related issues on reproductive health need special attention. Teachers' sensitization to "adolescent health care" is required. Role of mass media in creating awareness about these issues in their routine programmes should be ascertained.

Keywords: Adolescent girls, MTP Act, Legal age of Marriage.

Introduction

The World Health Organization defines adolescents as young people aged between 10 and 19 years. 1Population Policy of India 2000 recognized adolescents as a vulnerable group with specific needs. 2Despite being a huge segment of the population, policies, and programs in India have focused very little effort on this group. 3Adolescent reproductive health has been identified as a key strategy in the reproductive and child health-II program. Reproductive health is a state of complete physical, mental and social wellbeing and not merely absence of disease or infirmity in all matters relating to reproductive system and its functions and process. 4They comprise nearly 20%–21% of our country's population

and their numbers are expected to increase over time.⁵ Teenage pregnancy (15–19 years) is emerging as a serious problem today worldwide and particularly in developing countries such as India as early marriages and early pregnancy are the accepted cultural norms of our society. The medical termination of pregnancy (MTP) act, 1972 has legalized abortion, yet the number of illegal providers of abortion services is very high. Lack of awareness about legal age of marriage is a common phenomenon in rural areas. Publicity of Child Marriage Restraint Act is poor and enforcement virtually nonexistent.⁶ Reproductive health of adolescent girls is crucial since it determines the health of future generations to come. With urbanization and liberal attitudes in contemporary Indian society, there is an increased likelihood of indulging in sexual proximity at an early age, the burden of which is usually borne by the female sex. Hence, adolescent girls are at risk of unwanted pregnancy, reproductive tract infections (RTIs) and also a spectrum of social and psychological consequences such as discontinuation of education, forced early marriages, unplanned pregnancies, unsafe abortions, and depression.⁷ There is little empirical data on prevalence of domestic violence and its determinants in India, particularly, it is important to understand this serious problem in a rural and low socioeconomic condition with poor educational and economic background of the females.⁸ Thus, making the adolescent's aware about legal and social issues/acts related to reproductive health is necessary to reduce maternal mortality ratio, infant mortality rate, and total fertility rate. Hence, the present study focuses on assessment of the awareness level of legal and social issues related to reproductive health and its association with the various individual and family/household level characteristics in rural areas of Karimnagar district. The specific objective of the study is to find out the association of different socioeconomic and

demographic variables of adolescent girls with their awareness about some important legal issues/acts related to reproductive health and further examine the effect of various characteristics on the likelihood of knowing this legal issues/acts.⁹

Materials and Methods

Ethics approval was taken from Chalmeda Anand Rao Institute of Medical Sciences. The purpose of the study was explained to the respondents and consent was taken.

Study Design

This is a community-based cross-sectional study that was conducted between Septembers to November 2017.

164 adolescent girls were selected in the age group of 15–19 years from Sharda Inter & Degree Private College, Manakondur Mandal, Rural Karimnagar, under the research entitled “Awareness of legal and social issues of reproductive health among adolescent college girls in rural area of Karimnagar.”

The research involves both quantitative and qualitative components to assess the awareness level of legal and social issues related to reproductive health and its association with the various individual and family/household level characteristics. Qualitative study was addressed with pretested and predesigned semi structured interview schedule.

The following criteria were kept in mind while selecting the participants

Inclusion criteria

All 15–19 years girls irrespective of Sharda Inter & Degree Private College were interviewed.

Exclusion criteria

1. Girls above the age of 19 years are not included in the study.
2. Physically and mentally handicapped adolescent girls were also excluded from the study.
3. Students who are absent from college on the day of research activity.

Sample size

To determine the sample size, a pilot study on 50 adolescent girls was conducted in a different college located in other rural area of Karimnagar, to know their awareness on different social and legal aspects of reproductive health. The awareness was recorded lowest in the study area and it was about 10%. This percentage was considered as the key variable in sample size determination. The required number of sample would be

$$n_h = m \times n = m \times \{p(1-p) \left(\frac{z^2}{e^2}\right) \times f\}$$
 Where,

n = required sample size for adolescent girls among 15–19 years of age.

m = required number of households to get at least one adolescent girl in age group of 15–19 years.

p = proportion of adolescent girls having the awareness of RTI/STI.

z = 1.96 (z value at 5% level of significance).

e = 0.025 (amount of admissible error).

f = 2.0 (assumed design effect).

Thus, as an approximation, suppose that about 5% of the adolescent girls in 15–19 years age group having the awareness about RTI/STI, then

$$n = p(1-p) \left(\frac{z^2}{e^2}\right) \times f = 72.99 \times 2.0 = 145.98$$

The sample was further increased by 13% to account for contingencies such as non response or girls aged above 19 years in study area.

Data entry is done in Microsoft excel and Statistical analysis (Chi square and Fisher exact for frequency less than 5 also multivariate analysis) was performed using Statistical Package for Social Sciences (SPSS) for Windows, Version 16.0.

Dependent variable

In the present study, the knowledge about the acts related to five different aspects of reproductive health (legal age of marriage act, legal age of childbearing act, MTP act, dowry probation act, and domestic violence act) and knowing the total number of acts are used as dependent

variable. The knowledge about different acts is dichotomized (yes or no) and total number of acts known by the adolescents falls in a range from lowest possible (0; no act known) to highest possible (5; all the five acts known) value.

Independent variables

Two categories of the possible socioeconomic and demographic predictors of the dependent variables were established:

1. The individual variables included age, marital status, birth order, and educational status of the adolescent
2. The family or household variables included caste, religion, type of family, educational status of mother and father, and per capita income of the household. The per capita income of the household is classified into five classes (Class I, Class II, Class III, Class IV, and Class V) and computed using BG Prasad (2010) classification.

Results

Out of the 164 respondents, more than half were of 17-19 years age group. In the present study, all the girls were unmarried. Caste-wise distribution shows that 70% of the total adolescent girls belonged to other backward caste and more than half 84% were from nuclear families. All of the respondents were literate studying Intermediate and degree. Regarding their mother's education, nearly one-third of mothers i.e. 25% were illiterate. Economic status shows that 82% of the respondents belonged to Class I and Class III. 88.41% Adolescent girls were aware about the legal age of marriage. Respondents belonged to the 17-19 age group shown significantly more aware about Legal age of marriage, moreover respondent from 15-17 age groups and 17-19 age groups are equally aware about dowry prohibition act 54.26%. Adolescent girls who are studying second intermediate and degree were significantly ($P = 0.049$) having high awareness about Legal Marriage act, second intermediate girls were significantly ($p = 0.0001$) more awareness about Dowry

Prohibition Act. Effect of parent's educational status, specifically of mothers cannot be ignored in assessing the awareness level of their daughters regarding different legal issues/acts related to reproductive health. Furthermore, in the present study, respondents of the

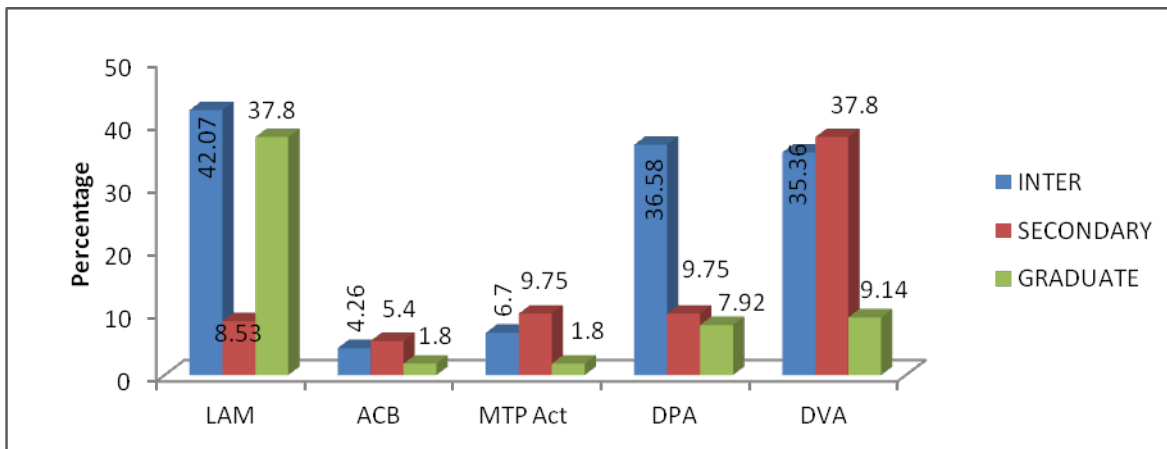
literate mothers were found significantly more aware about legal act such as child bearing act ($p = 0.04$) as compared to the adolescents whose mothers were illiterate [Table 1].

Table 1 : Awareness about legal and social issues

Variable	Awareness about legal and social issues				
	Legal age of marriage n (%)	Correct age of childbearing n (%)	MTP Act n (%)	Dowry prohibition Act n (%)	Domestic Violence Act n (%)
Age					
15-17(49)	38(23.17)	2(1.21)	8(4.87)	24(14.63)	42(25.60)
17-19(115)	107(65.24)	17(10.36)	22(13.41)	65(39.63)	93(56.70)
P-value	0.0045	0.49	0.67	0.031	0.456
Education					
INTER	69(42.07)	7(4.26)	11(6.70)	60(36.58)	58(35.36)
SECONDARY	14(8.53)	9(5.4)	16(9.75)	16(9.75)	62(37.80)
GRADUATE	62(37.80)	3(1.8)	3(1.8)	13(7.92)	15(9.14)
P-value	0.049	0.8	0.74	p<0.0001	0.69
Caste					
BC	104(63.41)	16(9.75)	21(12.80)	61(37.19)	94(57.31)
SC / ST	40(24.39)	3(1.8)	9(5.4)	26(15.85)	40(24.39)
P-value	0.503	0.18	0.79	0.57	0.27
Type of Family					
Extended	1(0.6)	0	1(0.6)	1(0.6)	1(0.6)
Joint	22(13.41)	5(3.04)	6(3.65)	12(7.31)	19(11.58)
Nuclear	121(73.78)	14(8.53)	23(14.02)	75(54.73)	114(69.51)
P-value	0.6	0.31	0.26	0.68	0.57
Fathers Education					
Illiterate	100(60.97)	17(10.36)	22(13.41)	61(37.91)	96(28.53)
Literate	45(27.43)	2(1.2)	8(4.87)	28(17.07)	39(23.78)
P-value	0.67	0.04	0.61	0.76	0.33
Mothers Education					
Illiterate	110(67.07)	16(9.75)	25(15.24)	71(43.29)	101(61.58)

Literate	35(21.34)	3(1.8)	5(3.04)	18(10.97)	34(20.73)
P-value	0.57	0.4	0.24	0.12	0.92

Fig.No.1- Represents the various Legal /Social issues awareness among adolescent girls



LAM = Legal age of marriage, ACB = Age of child bearing, MTP Act = Medical termination of pregnancy, DPA = Dowry prohibition Act, DVA = Domestic violence Act

Table 2: Multivariate regression analysis to assess the effect of various characteristics associated to individual as well as family level of the adolescent girls.

Variable	B	B(SE)	β	Significance
Model I				
Constant	2.173	0.116		
Age	0.102	0.115	0.076	0.376
Education	0.301	0.085	0.302	0.001***
Model II				
Constant	2.259	0.208		
Age	0.006	0.123	0.005	0.959
Education	0.3	0.092	0.301	0.001***
Caste	-0.081	0.136	-0.045	0.55
Type of Family	0.353	0.184	0.145	0.057
Father's Education	-0.095	0.168	-0.047	0.572
Mother's Education	-0.138	0.181	-0.064	0.448
Socio-Economic Status	0.116	0.076	0.141	0.128

In the present study. Model I refers to the first stage in hierarchical method when only the individual characteristics of the respondent are used as predictors. Model II refers to household level characteristics were used. Table 2 Model I, when Respondent's individual characteristics are taken only, causes R2 change from 0 to

0.110. The addition of the house hold level characteristics (Model II) causes R2 increase to by 0.26.

The proposed hypothesis related to educational level at individual level (concerned to adolescent girls) were rejected and this factor was found to have highly significant effect ($P < 0.001$) on the awareness about the total number of legal issues/acts known by the adolescent

girls as compared to the variables at family and household level of the adolescent girls (mother's education, religion, and per capita income of the household). Qualitative analysis shows that almost all of the school-going respondents were aware about legal age of marriage, dowry prohibition act and Domestic Violence act, but very few of them were aware about Legal child bearing act and MTP act. The present findings showed that awareness regarding legal issues and social issues among the adolescent girls is directly related to their education status. Hence it was observed from this study that education played an important role for the Legal and Social awareness.

Discussion

Majority of adolescent girls still do not have access to information on reproductive health and rights. In the present study, 88.41% Respondents belonging to 15-19 years age groups are significantly more aware about Legal age of marriage, which is nearly comparable with the study conducted by Naidu et al. where majority of the girls 90% knew about legal age of marriage and only 43% are aware in similar study conducted by Gupta et al.¹⁰ Moreover respondents are equally aware about dowry prohibition act. Early marriage is a risk factor for early pregnancy and poor reproductive health outcomes. In this study, only 11.6% of the respondents were aware about right age of childbearing and this is also supported by qualitative findings, which is comparable with similar study conducted by Kansal, et al 14.9%. Adolescent pregnancies are more likely to occur among poor, less educated, and rural populations.¹¹ Our finding shows 18.29 % awareness about MTP act, which is more than the study conducted in Belgaum, Karnataka, where 6.75% of respondents had knowledge about MTP act.¹² Regarding social issues 54.26 % are aware about dowry prohibition act which is nearly comparably with the similar study conducted by Kansal, et.al. 50% and 82.31% are aware

about domestic violence act which is very high when compared to 27% Kansal, et.al. Age and educational status of the respondents were found related with the awareness about legal age of marriage this is consistent with the findings of a study conducted by Naidu, et, al. where low level of education was found to be a risk factor for right age of child bearing, MTP act and their knowledge regarding the sexual and reproductive health is limited. Due to social and cultural taboos and inhibitions, reproductive and sexual health research in rural areas of Telangana state are less emphasized and remain restricted to a few number of studies for adolescent girls. This shows that there is a very bad need of sex and reproductive health education in the adolescent age students in rural areas of Telangana and in India.

Conclusion

Both qualitative and quantitative findings show the low awareness about all inquired legal issues and acts related to reproductive health. Awareness about legal age of marriage and dowry prohibition act was comparatively higher as compared to right age of childbearing, domestic violence, and MTP act. Further, we found the significant effect of education on awareness of these issues/acts. Therefore, this suggests that the strong need of inclusion of various issues/acts in the high school curriculum and female teachers should also be involved in training programs for adolescent girls. Parents should also be counseled about the importance of awareness of various legal and social issues/acts. Health workers should be trained about all the legal and social issues/acts related to reproductive health as they live in close proximity with the people in rural areas.

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