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Research Article

Planned Family Practices Amongst Adolescent Girls, Community Based Study in A Remote Rural Region

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Abstract

Background

Adolescence is critical period for reproductive health of girls with long term implications. There are not many community-based studies about rural adolescent girls' reproductive life.

Objectives

Community based study was conducted to know about planned family concepts and practices of married adolescent girls of rural tribal communities

Material Methods

Descriptive study was done in140 villages over one year. Randomly 10 to15married girls' of≥14 to ≤20 years of age willing to be part of the study in context of objective of study were enrolled.

Results

Majority of girls did not favor small family. Many, not all were willing to listen and understand importance of small family. Not only illiterate but more girls who had some education, also had their first child in first year of marriage in nuclear families compared to joint or extended joint families. Around 53% girls were aware about contraceptives, irrespective of early or late adolescence. In all the age groups, around 50% of girls were using used contraceptives. Barrier contraceptives (condom) was the most commonly used method, irrespective of education. Contraception usage was more in casual laborers (100%) and shopkeepers (85.4%) compared to homemakers (43.8%) and agricultural laborers (59.0%).

Conclusion

Present study revealed that not only young adolescent rural girls were married but had children too by 20yrs. Many did not believe in small family. Around 50% had awareness of contraceptives. Awareness did not lead to practice Many had first child within first year of marriage, more so in nuclear families. A lot is needed in health system for awareness and counselling.

Key words: adolescent girls; rural; planned family; first birth; contraceptive use

Introduction

Adolescence is a critical period for reproductive health of girls with implications on their health and well-being, not only during adolescence, but their future lives and lives of their children too with impact on society at large. The most significant factors which affect adolescents' health are the choices they make and the opportunities they use for their health-enhancing or health-compromising behaviors. Unfortunately, very young age marriages of girls continue to be common in rural communities around the world (1, 2, and 3). Marriage at young age is often followed by adolescent pregnancy, which has enormous harmful effects on the health of adolescent girl as she is neither physically nor psychologically fit for pregnancy. There are not many community-based studies about rural adolescent girls about reproductive life.

Objectives

Community based study was conducted to know about planned family concepts and practices of married adolescent girls of rural tribal communities.

Material And Methods

After taking ethics committee's approval, information about perceptions and practices of married adolescent girls, regarding planned family (PF) was collected by interviews using a predesigned tool with some questions for yes or no answers and others short answers. After consent girls were interviewed in villages at mutually convenient places. Information was recorded on the hard tool. No one was given the tool to fill.

Study setting- Total 140 villages near the village with health facility (study center) in a remote, forestry and hilly region.

Study design – Descriptive study.

Study period–One year**.**

Inclusion criteria -Randomly 10to15married girls' of≥14 to ≤20 years of age, who were willing to be part of the study by responding to questions in context of objective of the study were enrolled as study participants.

Exclusion criteria-Those <14 or >20 years, not willing to give responses, however no one refused.

Sample size-The sample size was calculated using a free online statistical calculator (statulator) [4]. The calculated sample size was rounded to 2000 with 95% confidence, and 2% absolute precision. Participants were randomly included from each village using a random number table to attain the desired sample size.

Results

Of girls of 14-15yrs (681), only 266(39%) said it was good to have small family and 46.6% of these 266, said small family was good for women and children. However, of 415 young girls who did not favor small family, 73.7 %were willing to listen and understand. In girls of 16 to 17yrs, (960), 362(37.7%) favored small family and of these 362 girls 45.35% said it was good for women and children. Of the 598 girls of 16 to17 yrs, 76.8% were willing to get information in this context, not all. Of girls of age 18to <20yrs (359)42.8% favored small family and 58%of those who believed in small family, said that it was good for women and children, Of the 209 girls of 18 -<20yrs who did not believe in small family,74.2 % were willing to listen and understand. Majority of the girls did not favor small family but more than 70% were willing to understand. Table 1 depicts the opinions and perceptions of married adolescent girls about having a small family in context of various variables. (Table I).

Table II shows relationship between marriage and first birth interval in context of type of family and other variables. In nuclear families, more than 50% girls had their first child within first year of marriage. Of the illiterate girls, who had their first child in first year of marriage, 65.9% belonged to nuclear family, significantly more than ,19.9% belonging to joint/ extended family(p value 0.01).In girls who had some education, also majority had their first child in first year of marriage in nuclear families ,in primary educated,49.1%, secondary/ higher secondary educated, 46.0%, graduates, 45.9%and joint/ extended family (primary 26.7%, secondary/ higher secondary 27.5%, graduate 18.9%),again statistical difference (p value 0.01). Other variables also affected marriage first child birth interval as depicted in table II (Table II). Table III shows the relation of contraceptive awareness with various variables. Around 53% girls were aware about contraceptives, irrespective of early or late adolescence and education. However, numbers out of casual laborers and shopkeepers were signifantly more than home makers (P value0.01) Also signicantly more of upper class had awareness than low economic class (p value0.05). More girls were aware of Intrauterine contraceptive device (IUCD), compared to Hormonal (injection and oral contraceptives pills) (20%) and barrier method (14%). No one talked of dual method. (Table III), In all the age groups, around 50% of girls were using contraceptives. Barrier contraceptives (condom) was the most commonly used method (14-15 yrs, 47.6%, ≥16-17yrs 53.3%, ≥18-20 yrs- 32.6%) irrespective of education. Contraception usage was more in casual laborers (100%) and shopkeepers (85.4%) (P Value <0.05) compared to homemakers (43.8%) and agricultural laborers (59.0%), again condoms being the most common. Contraception usage was significantly high in upper socio-economic class (88.2%) and upper middle class (81.1%) (P value <0.05) compared to middle and lower classes with barrier contraceptives being the most common. Table IV shows the relationship contraceptive use with various variables, (Table IV)

Variables		Small family															
				If yes,								Wish to know benefit of small family, yes					
Age	**Total**	Yes	%	Better for women and children	%	Personal development	%	Education	%	No	%	Try to know	%	Don't know	%	Others	%
≤15	681	266	39.1	124	46.6	75	28.2	67	25.2	415	60.9	306	73.7	99	23.9	10	2.4
≥ 16 - 17	960	362	37.7	164	45.3	109	30.1	89	24.6	598	62.3	459	76.8	121	20.2	18	3.0
≥ 18 - 18	359	150	41.8	87	58.0	35	23.3	28	18.7	209	58.2	155	74.2	44	21.1	10	4.8
TOTAL	**2000**	**778**	**38.9**	**375**	**48.2**	**219**	**28.1**	**184**	**23.7**	**1222**	**61.1**	**920**	**75.3**	**264**	**21.6**	**38**	**3.1**
EDUCATION																	
ILLITERATE	778	382	49.1	272	71.2	68	17.8	42	11.0	396	50.9	300	75.8	87	22.0	9	2.3
PRIMARY	615	177	28.8	19	10.7	80	45.2	78	44.1	438	71.2	342	78.1	84	19.2	12	2.7
SECONDARY / HIGHER SECONDARY	570	214	37.5	79	36.9	71	33.2	64	29.9	356	62.5	253	71.1	89	25.0	14	3.9
GRADUATE	37	5	13.5	5	100.0	0	0.0	0	0.0	32	86.5	25	78.1	4	12.5	3	9.4

TOTAL	**2000**	**778**	**38.9**	**375**	**48.2**	**219**	**28.1**	**184**	**23.7**	**1222**	**61.1**	**920**	**75.3**	**264**	**21.6**	**38**	**3.1**
PROFESSION																	
HOME MAKER	752	350	46.5	192	54.9	72	20.6	86	24.6	402	53.5	308	76.6	78	19.4	16	4.0
AGRICULTURE LABOURER	1205	424	35.2	179	42.2	147	34.7	98	23.1	781	64.8	585	74.9	177	22.7	19	2.4
CASUAL LABOURER*	2	0	0.0	0	0.0	0	0.0	0	0.0	2	100.0	2	100.0	0	0.0	0	0.0
SHOP KEEPER	41	4	9.8	4	100.0	0	0.0	0	0.0	37	90.2	25	67.6	9	24.3	3	8.1
TOTAL	**2000**	**778**	**38.9**	**375**	**48.2**	**219**	**28.1**	**184**	**23.7**	**1222**	**61.1**	**920**	**75.3**	**264**	**21.6**	**38**	**3.1**
ECONOMIC STATUS																	
UPPER CLASS	17	0	0.0	0	0.0	0	0.0	0	0.0	17	100.0	14	82.4	2	11.8	1	5.9
MIDDLE UPPER CLASS	37	0	0.0	0	0.0	0	0.0	0	0.0	37	100.0	31	83.8	4	10.8	2	5.4
MIDDLE CLASS	220	100	45.5	62	62.0	28	28.0	10	10.0	120	54.5	87	72.5	27	22.5	6	5.0
MIDDLE LOWER CLASS	524	248	47.3	143	57.7	45	18.1	60	24.2	276	52.7	189	68.5	74	26.8	13	4.7
LOWER CLASS	1202	430	35.8	170	39.5	146	34.0	114	26.5	772	64.2	599	77.6	157	20.3	16	2.1
TOTAL	**2000**	**778**	**38.9**	**375**	**48.2**	**219**	**28.1**	**184**	**23.7**	**1222**	**61.1**	**920**	**75.3**	**264**	**21.6**	**38**	**3.1**

Table 1: Awareness of Planned Family Concept

*Small Scale, (Food, Shoes Making, Bamboo Items) Industry, Welding Workshop, Brick Furnace

Variables		Family Type																Number of Births			
		Nuclear								Joint /extended joint											%
		Marriage first child interval								Marriage first child interval											
Age In Years	**Total**	1st Year	%	2-3 Year	%	>3 Year	%	Total	%	1st Year	%	2-3 Year	%	>3 Year	%	Total	%	1	%	2	
≤15	681	352	51.7	65	9.5	10	1.5	427	62.7	174	25.6	67	9.8	13	1.9	254	37.3	455	66.8	226	33.2
≥ 16 - <17	960	538	56	63	6.6	18	1.9	619	64.5	230	24	89	9.3	22	2.3	341	35.5	598	62.3	362	37.7
≥ 18 - <20	359	204	56.8	27	7.5	10	2.8	241	67.1	79	22	28	7.8	11	3.1	118	32.9	209	58.2	150	41.8
TOTAL	**2000**	**1094**	**55**	**155**	**8**	**38**	**1.9**	**1287**	**64.4**	**483**	**24.2**	**184**	**9.2**	**46**	**2.3**	**713**	**35.7**	**1222**	**61.1**	**778**	**38.9**
EDUCATION																					
ILLITERATE	778	513	65.9	51	6.6	9	1.2	573	73.7	155	19.9	37	4.8	13	1.7	205	26.3	396	50.9	382	49.1
PRIMARY	615	302	49.1	42	6.8	12	2	356	57.9	164	26.7	78	12.7	17	2.8	259	42.1	438	71.2	177	28.8
SECONDARY/ HIGHER SECONDARY	570	262	46	59	10	14	2.5	335	58.8	157	27.5	64	11.2	14	2.5	235	41.2	356	62.5	214	37.5
GRADUATE	37	17	45.9	3	8.1	3	8.1	23	62.2	7	18.9	5	13.5	2	5.4	14	37.8	32	86.5	5	13.5
TOTAL	**2000**	**1094**	**55**	**155**	**8**	**38**	**1.9**	**1287**	**64.4**	**483**	**24.2**	**184**	**9.2**	**46**	**2.3**	**713**	**35.7**	**1222**	**61.1**	**778**	**38.9**
PROFESSION																					

HOME MAKER	752	430	57.2	59	7.8	16	2.1	505	67.2	146	19.4	84	11.2	17	2.3	247	32.8	402	53.5	350	46.5
AGRICULTURE LABOURER	1205	648	53.8	92	7.6	19	1.6	759	63.0	324	26.9	98	8.1	24	2	446	37.0	781	64.8	424	35.2
CASUAL LABOURER*	2	1	50	1	50	0	0	2	100.0	0	0	0	0	0	0	0	0.0	2	100	0	0
SHOP KEEPER	41	15	36.6	3	7.3	3	7.3	21	51.2	13	31.7	2	4.9	5	12.2	20	48.8	37	90.2	4	9.8
TOTAL	**2000**	**1094**	**55**	**155**	**8**	**38**	**1.9**	**1287**	**64.4**	**483**	**24.2**	**184**	**9.2**	**46**	**2.3**	**713**	**35.7**	**1222**	**61.1**	**778**	**38.9**
ECONOMIC STATUS																					
UPPER CLASS	17	5	29.4	2	12	1	5.9	8	47.1	5	29.4	2	11.8	2	11.8	9	52.9	17	100	0	0
MIDDLE UPPER CLASS	37	15	40.5	2	5.4	2	5.4	19	51.4	7	18.9	7	18.9	4	10.8	18	48.6	37	100	0	0
MIDDLE CLASS	220	129	58.6	10	4.5	6	2.7	145	65.9	55	25	10	4.5	10	4.5	75	34.1	120	54.5	100	45.5
MIDDLE LOWER CLASS	524	313	59.7	22	4.2	13	2.5	348	66.4	113	21.6	51	9.7	12	2.3	176	33.6	276	52.7	248	47.3
LOWER CLASS	1202	632	52.6	119	9.9	16	1.3	767	63.8	303	25.2	114	9.5	18	1.5	435	36.2	772	64.2	430	35.8
TOTAL	**2000**	**1094**	**55**	**155**	**8**	**38**	**1.9**	**1287**	**64.4**	**483**	**24.2**	**184**	**9.2**	**46**	**2.3**	**713**	**35.7**	**1222**	**61.1**	**778**	**38.9**

Table 2: Family Type and Marriage First Birth Interval

*Small Scale, (Food, Shoes Making, Bamboo Items) Industry, Welding Workshop, Brick Furnace

Variables	**Total**	**Yes**	**%**	**If Yes, Types**							
Age In Years				IUCD	%	Hormonal contraceptive pill/Injectable	%	Barrier Contraceptive	%	Others	%
≤15	681	378	55.5	231	61.1	74	19.6	64	16.9	9	2.4
≥ 16 - 17	960	507	52.8	320	63.1	108	21.3	62	12.2	17	3.4
≥ 18 - <20	359	187	52.1	118	63.1	34	18.2	26	13.9	9	4.8
TOTAL	**2000**	**1072**	**53.6**	**669**	**62.4**	**216**	**20.1**	**152**	**14.2**	**35**	**3.3**
EDUCATION											
ILLITERATE	778	396	50.9	270	68.2	67	16.9	50	12.6	9	2.3
PRIMARY	615	323	52.5	192	59.4	79	24.5	41	12.7	11	3.4
SECONDARY/ HIGHER SECONDARY	570	306	53.7	169	55.2	67	21.9	58	19.0	12	3.9
GRADUATE	37	47	127.0	38	80.9	3	6.4	3	6.4	3	6.4
TOTAL	**2000**	**1072**	**53.6**	**669**	**62.4**	**216**	**20.1**	**152**	**14.2**	**35**	**3.3**
PROFESSION											
HOME MAKER	752	324	43.1	184	56.8	67	20.7	58	17.9	15	4.6
AGRICULTURE LABOURER	1205	711	59.0	458	64.4	145	20.4	91	12.8	17	2.4
CASUAL LABOURER*	2	2	100.0	1	50.0	0	0.0	1	50.0	0	0.0
SHOP KEEPER	41	35	85.4	26	74.3	4	11.4	2	5.7	3	8.6
TOTAL	**2000**	**1072**	**53.6**	**669**	**62.4**	**216**	**20.1**	**152**	**14.2**	**35**	**3.3**
ECONOMIC STATUS											
UPPER CLASS	17	15	88.2	9	60.0	3	20.0	2	13.3	1	6.7
MIDDLE UPPER CLASS	37	30	81.1	23	76.7	3	10.0	2	6.7	2	6.7
MIDDLE CLASS	220	145	65.9	104	71.7	27	18.6	9	6.2	5	3.4
MIDDLE LOWER CLASS	524	224	42.7	153	68.3	38	17.0	21	9.4	12	5.4
LOWER CLASS	1202	658	54.7	380	57.8	145	22.0	118	17.9	15	2.3
TOTAL	**2000**	**1072**	**53.6**	**669**	**62.4**	**216**	**20.1**	**152**	**14.2**	**35**	**3.3**

*Small Scale, (Food, Shoes Making, Bamboo Items) Industry, Welding Workshop, Brick Furnace

IUCD Intrauterine contraceptive device

Table: 3 Awareness about contraception

VARIABLES	Total			If Yes, Modes									
AGE		YES	%	Condom	%	IUCD	%	Hormonal contraceptive pill/Injectable	%	Tubal Ligation	%	vasectomy	%
≤ 15	681	378	55.5	180	47.6	51	13.5	74	19.6	9	2.4	1	0.3
≥ 16-17	960	507	52.8	270	53.3	50	9.9	108	21.3	17	3.4	2	0.4
≥ 18-20	359	187	52.1	61	32.6	58	31	34	18.2	9	4.8	1	0.5
TOTAL	**2000**	**1072**	**53.6**	**511**	**47.7**	**159**	**14.8**	**216**	**20.1**	**35**	**3.3**	**4**	**0.4**
EDUCATION													
ILLITERATE	778	396	50.9	201	50.8	73	18.4	67	16.9	9	2.3	0	0
PRIMARY	615	323	52.5	139	43	43	13.3	79	24.5	11	3.4	0	0
SECONDARY	570	306	53.7	141	46.1	35	11.4	67	21.9	12	3.9	2	0.7
HIGHER SECONDARY	37	47	127	30	63.8	8	17	3	6.4	3	6.4	2	4.3
Total	**2000**	**1072**	**53.6**	**511**	**47.7**	**159**	**14.8**	**216**	**20.1**	**35**	**3.3**	**4**	**0.4**
PROFESSION													
HOME MAKER	752	324	43.1	142	43.8	42	13	67	20.7	15	4.6	0	0
AGRICULTURE LABOURER	1205	711	59	347	48.8	112	15.8	145	20.4	17	2.4	1	0.1
CASUAL LABOURER	2	2	100	1	50	0	0	0	0	0	0	2	100
SHOP KEEPER	41	35	85.4	21	60	5	14.3	4	11.4	3	8.6	1	2.9
TOTAL	**2000**	**1072**	**53.6**	**511**	**47.7**	**159**	**14.8**	**216**	**20.1**	**35**	**3.3**	**4**	**0.4**
ECONOMIC STATUS													
UPPER CLASS	17	15	88.2	4	26.7	5	33.3	3	20	1	6.7	2	13.3
UPPER MIDDLE CLASS	37	30	81.1	12	40	11	36.7	3	10	2	6.7	2	6.7
MIDDLE CLASS	220	145	65.9	85	58.6	20	13.8	27	18.6	5	3.4	0	0
LOWER MIDDLE CLASS	524	224	42.7	90	40.2	63	28.1	38	17	12	5.4	0	0
LOWER CLASS	1202	658	54.7	320	48.6	60	9.1	145	22	15	2.3	0	0
TOTAL	**2000**	**1072**	**53.6**	**511**	**47.7**	**159**	**14.8**	**216**	**20.1**	**35**	**3.3**	**4**	**0.4**

Table 4: Contraceptive Used

*Small Scale, (Food, Shoes Making, Bamboo Items) Industry, Welding Workshop, Brick Furnace

IUCD: - Intrauterine contraceptive device

Discussion

Large gaps remain in meeting family-planning needs among adolescents globally. There are obvious benefits to having a small family like child receives more parental attention, educational advantages, higher school and personal achievement levels than do children of larger families. The financial costs of maintaining a household are lower. It is easier for both parents to combine careers with family life. The general stress level is lower because there often are fewer conflicts and less rivalry In the present study amongst adolescent girls in rural tribal communities, only little more than one third perceived family should be small and those who did not favour small families around 70%, not all were willing to listen and try to understand, irrespective of variables. A Cross-sectional survey (5) was conducted in a PHC of Pune, Maharashtra, India, 75% were aware about any contraceptive method. Female sterilization was most commonly known method. Most common source of information was media 53% followed by family members 48%. Another hospital-based study in northern India (6) it was revealed that awareness regarding contraceptive was very poor. In another study (7) prior to an evidence-based health education program in which students in 10th grade health class in two low-to-middle income rural schools completed surveys Contraception focused interventions in rural communities should address modifiable protective factors, such as self-efficacy and parent connection. Interventions need to be trauma-informed and language accessible. Researchers (8) compiled a comprehensive dataset of family-planning indicators among women aged 15-19 from 754 nationally representative surveys among 300 million women aged 15-19 years in 2019, 29.8 million (95% UI 24.6-41.7) use any contraception, and 15.0 million (95% UI 12.1-29.2) have unmet need for family planning. Population growth and the postponement of marriage influence trends in the absolute number of adolescents using contraception or experiencing unmet need. Large gaps remain in meeting family-planning needs among adolescents. The proportion of the need satisfied by modern methods, Sustainable Development Goals (SDG) indicator 3.7.1, was 59.2% (95% UI 44.8-6

Data (9) come from the 2018 Healthy Youth Survey, including $N = 3757$ sexually active, rural-based adolescents contraception use disparities were observed for rural-based youth identifying as Black, Asian, Indigenous, and Latino/a/x/e; lesbian, gay, bisexual, and questioning their sexual identity (LGBQ); and those experiencing poverty. In these models, LGBQ status remained negatively associated with contraception use. The evidence on sexual and reproductive health and rights (SRHR) of adolescent girls in low and middle-income countries (LMIC) in the light of the policies, programs and commitments made at the International Conference on Population and Development (ICPD), progress since 1994 (1) challenges and opportunities for protecting marriages under the age of 18 years continue. Need to enhance sex education in the school and college to reduce teenage pregnancy and to select the choice of contraception as they need in future in the present study more girls who had nuclear families had their first childbirth within first year of marriage and so also girls from low economic class and those who were illiterate. Committee on Adolescent Health Care in United States (10) reported that the birth rate among adolescents was 22.3 per 1,000 women. The American College of Obstetricians and Gynecologists (11)

supported the access of adolescents to all contraceptives approved by the U.S. Food and Drug Administration. It has been opined that in the absence of contraindications; girl's choice should be the principal factor in prescribing any contraceptive. Dual method uses, (condoms in combination with more effective contraceptive) to protect against (STDs) as well as unwanted pregnancy was believed to be the ideal contraceptive for adolescents, with access to the full range of contraceptives, including long-acting reversible contraceptives. They should be able to plan family, decline and discontinue any method on their own, without barriers. More research is needed to determine which programs are more effective and which programs do not work. Continued efforts are integral to further advance positive trends. Enuameh et al (12) did a study about family planning (FP)needs of adolescents in predominantly rural communities in the central part of Ghana and reported that knowledge of contraceptives was high (87.7% women), but use was low (17.9% women). More than half study participants viewed F P as important to their health and wellbeing (59.6%women). Some adolescents had the perception that contraceptive use was the responsibility of solely women (41.1% women); others said that the use of contraceptives could lead to promiscuity in among women (43.8% women) In the present study around 53 % were aware, around 35% about hormonal and condom .Yarger et al (13) did a study to compare awareness and use of FP services by rural and urban adolescent girls before participation in the federal Personal Responsibility Education Program in California. Overall, 61% of participants had heard of an F P provider in their community, only 24% had visited an F P service provider. Awareness and use of FP services were lower among rural than urban. Findings suggested that adolescents in rural areas faced greater barriers to accessing FP services than adolescents in urban. In the present study 53% used contraception 3% already had sterilization Barla et al (14) did a study and reported that in Jharkhand of India. 38% girls' attitude for timing on practicing FP methods were after two children to limit further births and they were less aware about temporary methods of limiting family. In rural areas traditional remedies were also used for planning family (PF). It was found that awareness and acceptance of FP methods was attributed to poor health infrastructure and services. Empowering adolescents with the right knowledge and instilling the right attitude during adolescence would lead to lesser vulnerabilities and better future health outcome in their future. However, the existing social norms also discourage contraceptive use and this was attributed to misconceptions that contraceptive caused infertility, and the persisting taboo of having sex without the intention to reproduce. Women perceived the use of modern contraception as unfeasible because regular contraceptive use was difficult, given the lack of privacy in the family setting. In contrast, traditional methods of contraception, complemented by induced abortions, were considered feasible and the best available means of reproductive control. Women had lack of knowledge of contraceptive methods and did not always differentiate between medical abortion and contraception. Paul et al (15) reported that tribal women of 20-24 years, 25-29 years and 30-34 years were about two times more likely to use any contraceptive than adolescent girls. The study revealed that having extensive knowledge about FP did not promote the use of contraception.

Conclusion

Present study revealed that not only young adolescent rural girls were married but had children too by 20yrs. Many did not believe in small family. Around 50% had awareness of contraceptives. Awareness did not lead to practice Many had first child within first year of marriage, more so in nuclear families. A lot of is needed in health system for awareness and counselling.

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