
PSYCHO-SOCIAL CONDITIONS OF ADOLESCENT MOTHERS IN RURAL AREAS

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Abstract: Adolescents in India constitute more than 1/5th of the total population having sex discrimination from the earliest stages of life where boy's world broadens, and a girl's world contracts.

Early marriage or child marriage is the common social evil in India initiating early child bearing resulting in health issues and also psycho-social and emotional problems. But the whole issue is quite neglected as it is the issue of socio-culture also. This situation has emerged as relatively a sensitive area which needs social work intervention.

In this approach, a study was conducted in the villages of Nanjangud Taluk of Karnataka state to explore the psycho-social conditions and quality of life of adolescent mothers and to identify the needed interventions. 60 participants (age group of 16-20) were interviewed with the help of an Interview schedule who were married, underwent pregnancy or miscarried. The study adopted exploratory and descriptive research design. Positive and negative effects scale and satisfaction with life scale were used to assess the emotional-well being and quality of life.

The study reveals that adolescent mothers are still victimized for various health risks and reproductive health hazards. Quality of Life is threatened because of various socio-economic factors. The results also highlights the need for education and knowledge about sexual and reproductive health not only for the affected group but for the whole community.

Keywords : Adolescence, Psycho-social problems, Reproductive health

Introduction: Adolescence marks an important time in the process of human development, the passage between childhood and adulthood. As a result of the turbulence occurring within the adolescents due to different circumstances and diverse problems, this period needs special attention. Adolescents in India constitute more than 1/5th of the total population. According to 2011 census, women have a share of 48.6% in the rural population.

In India, early marriage and pregnancy is more common in traditional rural communities compared to the rate in cities. Value systems in villages can be described as being fairly orthodox and conservative at best and regressive and inhumane at worst. Women still find it difficult to work, study, wear certain kinds of clothes or choose the person they want to marry. Young girls in rural India are especially bound by the perceived vulnerability of the age and the accompanying customs and traditions which tend to socially restrict them. Early marriage or child marriage is the common social evil in India initiating early child bearing resulting in health issues and also psycho-social and emotional problems. It denies the young women, an opportunity to grow and empower themselves. It challenges their basic right to education, health, protection and development.

Early marriage contributes to a series of negative consequences for young girls and the society in which they live. Young girls are married off before they are mentally, physically and psychologically prepared for the responsibilities that a marriage brings. A number of factors such as gender inequality, poverty, socio-cultural issues, insecurity and religious norms contribute to early marriage of girls in India.

Consequently, early marriages of adolescent girls result in psychological and emotional stress resulting in loss of freedom, minimal education opportunities, domestic violence, forced sexual relations and sexual exploitation, and various reproductive health risks. The young adolescent girls are at a greater risk of experiencing dangerous complications in pregnancy and childbirth, contracting HIV/AIDS and other sexually transmitted infections and diseases as they are neither physically nor emotionally prepared to become wives and mothers.

As a result of early marriages, the adolescent girls are often denied to education leading to dropping out from school. Poverty is a major reason as a result of which young girls are married early. As a result, child bearing happens early. Low levels of education often leads to lack of awareness about contraception. Educated women are more likely to talk to their husbands about contraception, when and how many children the couple ought to have and the spacing between two children. Some of them are more likely to experience sexual violence by their older partner. Often not physically ready for pregnancy and childbirth, young girls are less equipped to defend against Sexually Transmitted Diseases and less prepared to raise healthy children.

Forced sexual relations, loss of freedom and education, lack of awareness, socio-economic and cultural issues are few of the adverse consequences of early marriage of adolescent girls and often result in psychosocial and emotional stress. This situation is relatively sensitive and hence, requires social work intervention.

A study was conducted in this domain to explore the psycho-social conditions and quality of life of adolescent mothers and to identify the needed interventions.

Sample and methodology: The study was conducted in the villages of Nanjangud Taluk of

Mysore District, Karnataka. For the study, a sample of 61 participants between the ages of 16 years and 20 years, who were married, underwent pregnancy or miscarried were identified.

Below table 1.1 shows the **demographic details** of the respondents.

Table 1.1

AGE					
Age of the respondents		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16	9	14.8	14.8	14.8
	17	6	9.8	9.8	24.6
	18	22	36.1	36.1	60.7
	19	10	16.4	16.4	77.0
	20	14	23.0	23.0	100.0
	Total	61	100.0	100.0	

The respondent's age is in between 16 years and 20 years. The above table shows that nearly 77% of the total sample of 61 respondents has attained 19 years of age. The least age attained by an individual is 16 years i.e., 14.8%.

The qualification of the respondents becomes more significant since the purpose is to know their level of awareness about the effects of early marriage. Table 1.2 describes the **qualification** of the respondents

Table 1.2

QUALIFICATION					
Class studied		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	7	11.5	11.5	11.5
	3	2	3.3	3.3	14.8
	5	6	9.8	9.8	24.6
	7	14	23.0	23.0	47.5
	8	6	9.8	9.8	57.4
	9	2	3.3	3.3	60.7
	10	20	32.8	32.8	93.4
	12	4	6.6	6.6	100.0
	Total	61	100.0	100.0	

The above table reveals that nearly 11.5% of the total population are illiterates while 13.1% of them have attended primary school. 23 % have attended secondary school. 45% of them have attended high

school while 6.6% have attended pre-university level (12thstd).

The **occupation** of the respondent's family was also considered to know their economic status, which is shown in Table 1.3

Table 1.3

OCCUPATION of the respondent's husband	Frequency	Percent	Valid Percent	Cumulative Percent
agriculture	32	52.5	52.5	52.5
self-employed	16	26.2	26.2	78.7
unemployed	13	21.3	21.3	100.0
Total	61	100.0	100.0	

Agriculture is the main occupation of almost 52.5% of the total sample size. Nearly 21.3% are unemployed and 26.2% of them are self-employed. During the interview, many respondents revealed that they were

dependent on daily wages and were below poverty line.

The study adopted exploratory and descriptive research design and the participants were interviewed with the help of an interview schedule. Satisfaction

with life scale was used to assess their life satisfaction level and quality of life.

The Satisfaction with life scale is a 5-item scale designed to measure global cognitive judgments of one’s life satisfaction (not a measure of either positive

or negative affect). Participants indicate how much they agree or disagree with each of the 5 items using a 7-point scale that ranges from 7 (strongly agree) to 1 (strongly disagree). Table 1.4 describes the **level of satisfaction** of the respondents.

Table 1.4

SWL GROUP					
Respondents		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	6	9.8	9.8	9.8
	Slightly Dissatisfied	27	44.3	44.3	54.1
	Neutral	19	31.1	31.1	85.2
	Slightly Satisfied	9	14.8	14.8	100.0
	Total	61	100.0	100.0	

The scoring of the scale says that if the respondent scores 31 – 35, then he is extremely satisfied, 26 - 30 stands for Satisfied 21 – 25 denotes Slightly satisfied 20 means Neutral 15 - 19 should be understood as Slightly dissatisfied 10 - 14 has the connotation of Dissatisfied 5 - 9 means that the person is Extremely dissatisfied. The result of the above study reveals that young mothers are slightly dissatisfied owing to their various psychological and emotional stresses.

In order to assess their psycho-social well-being, positive affects negative affects scale was used which consists of a number of words that describe different feelings and emotions. For the study, the psychosocial consequences identified were loss of freedom, loss of education, sexual exploitation, lack of awareness about contraception and cultural issues. Below table 1.5 describes the **psycho-social consequences** for these parameters.

Table 1.5
Descriptive Statistics, Psycho-social consequences

Psycho-social consequences	N	Minimum	Maximum	Mean	Std. Deviation
Loss of freedom :POSITIVE	61	10	22	18.25	2.481
Loss of freedom NEGATIVE	61	16	30	22.18	2.924
Loss of education: POSITIVE	61	12	22	18.80	2.257
Loss of education: NEGATIVE	61	20	30	22.85	2.535
Sexual exploitation: POSITIVE	61	16	26	20.52	2.586
Sexual exploitation: NEGATIVE	61	20	30	23.10	2.561
Lack of awareness about contraceptives: POSITIVE	61	16	22	18.93	2.136
Lack of awareness about contraceptives: NEGATIVE	61	20	30	23.80	2.731
Cultural issues: POSITIVE	61	16	22	18.49	2.226
Cultural issues: NEGATIVE	61	20	30	24.39	2.584

According to PANAS, scores can range from 10-50, with higher scores representing higher levels of positive affect. Mean score: momentary 27.7, with lower score representing lower levels of negative effect. Mean score: momentary 14.8.

This reveals that according to them, they are denied of freedom and education. Some respondents were not ready to open up with issues of sexual relationship. From the available data, it reveals that they are sexually exploited at some point or the other in life. The illiterate and respondents with minimal education have no awareness about health

complications, contraceptives, HIV/AIDS, cervical cancer and other sexually transmitted infections while remaining educated group of respondents are aware to a certain extent. While talking about cultural issues, some of the respondents were hesitant while others shared their experiences. Issues like poverty, attitude towards girl child, socio-economic status, and community pressures were the reasons shared by them.

Conclusion: The study reveals that adolescent mothers are still victimized for various health risks and reproductive health hazards. Quality of Life is

threatened because of various socio-economic and cultural factors. The results also highlights the need for education and knowledge about sexual and

reproductive health not only for the affected group but for the whole community.

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