

# Reproductive Health of Married Young Women in the Era of AIDS: Present Status and Policy Implications in India

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## Extended Abstract

Information on sex life to adolescents and young is almost negligible in Indian societies from any source, whether for those going school or those out of school. Especially, the adolescents in general rarely have an opportunity to get to know each other or to socially interact, even at the time they move in groups. Besides this, majority of the girls are married at a very low age (16 years and below) and become sexually active. The high pregnancy and fertility among sexually active youth and the associated social and health consequences leading to morbidity and mortality, high rate of sexually transmitted diseases (STDs) including HIV, a significant portion of illegal and unsafe abortion, low birth weight babies, prevalence of traditional harmful practices and sexual exploitation. The continued high rate of adolescent child bearing is an issue of concern to policy makers because of serious negative social, economic and health consequences of early pregnancies. Early marriages lead to the beginning of child bearing at an early age, which eventually increases risks of morbidity and mortality for both mother and child.

In India, young women, both married and unmarried, often lack even basic knowledge about HIV transmission and prevention measures and young married women are at highest risk. They are an isolated and neglected population, little is known about their reproductive and sexual health (RSH) needs, status and outcomes, and the policies and guidelines around provision of RSH services to adolescents remain silent.

In its first part, the present paper investigates reproductive health status among young married women, extent of knowledge regarding Reproductive Tract Infections (RTIs), Sexually Transmitted Diseases (STDs), awareness about HIV/AIDS, prevalence of safe motherhood (pre-natal, natal and post-natal care) and use of family planning methods. In the next part, the paper examines how level of knowledge regarding RTI/STI and HIV/AIDS influences reproductive health care and thus reproductive health status. Finally, an attempt has been made

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to depict the situation of the most 'vulnerable' group in the context of reproductive health parameters. Here vulnerable group consist of those women who are already having at least two children, last birth interval is less than two years, husband and wife both want more child soon, have not taken full antenatal care and practiced unsafe delivery, have no or inadequate knowledge about RTI/STI and HIV/AIDS. In this paper, husband's views have also been incorporated. It is worth mentioning here that husbands are ignored or missing in most of the studies. Since they play the role of so-called "decision-maker" in a patriarchal society like India, it is reasonable to capture them in the study.

The data for the present study has been taken from District Level Household Survey (DLHS) conducted during 2002-04 under Reproductive and Child Health (RCH) Project, Ministry of Health. For the first time in India, data on couples was collected in District Level Household Survey and data was simultaneously collected from the husbands in such a large-scale survey. The analysis has been carried out for women in the age group of 15-24, in the state of Maharashtra, India. It is important to mention here that the state has quite high adolescent fertility (141 per 1000 women). Of all high AIDS prevalent states in India, Maharashtra occupies a special niche. Over the years this state has always been remaining a home to a large number of HIV infected persons. The state capital Mumbai is often been chastised as AIDS capital of India. Besides Mumbai, the presence of two other districts Sangli and Satara also rank very high among all the high prevalent districts in India. Altogether five districts- Mumbai, Sangli, Satara, Pune and Thane, have been identified as the most affected districts in Maharashtra. So it will undoubtedly be conducive to planners and policy-makers if we can depict the picture of the adolescent reproductive health in relation to HIV/AIDS.

To fulfill the objectives, frequency distributions, cross tabulation, and logistic regressions have been used in the paper. For the analysis purpose, a knowledge index has been computed as a summary measure of knowledge after careful screening of the variables. All the respondents, who reported to know about HIV/AIDS, have been considered to develop the knowledge Index. The set of variables used for the computation of knowledge index consisted of information relating to different modes of HIV transmission and various means of HIV prevention is presented below:

<b>Modes of HIV Transmission</b>	<b>Measures of Prevention</b>
i) Homosexual intercourse	i) Using Condom during each intercourse
ii) Heterosexual Intercourse	ii) Sex with only One Partner
iii) Needle/Blades/Skin Punctures	iii) Checking blood Prior to transfusion
iv) Mother to child	iv) Sterilizing Needles & Syringes for injection
v) Transfusion of Blood	v) Avoiding Pregnancy when having HIV/AIDS

The cumulative scores are divided into three categories- No Knowledge (score=0), Inadequate Knowledge (score=1-5) and Adequate Knowledge (score=6-10).

The knowledge index of RTI/STIs, has been constructed on the basis of four variables available with the dataset. The variables are homosexual intercourse, heterosexual intercourse, lack of personal hygiene and whether RTI/STIs are curable or not. The cumulative scores are divided into three categories- No Knowledge (score=0), Inadequate Knowledge (score=1-2) and Adequate Knowledge (score=3-4).

Results indicate that in Maharashtra, around 35 percent of the married young women suffers from any sort of reproductive health problem, either menstrual problem or problems related to RTI/STIs, while, about six percent of their husbands suffers from any problem related to their RTI/STIs. Only about 24 percent of young wives and 36 percent of their husbands have 'adequate' knowledge about HIV/AIDS. The situation is worse regarding the knowledge about RTI/STIs among them. One third of the women faced pregnancy complications and around ten percent suffers from post delivery complications. With the increase in the score of knowledge index, the propensity to utilize reproductive health care services increases and thus reproductive health problems decrease. The analysis also indicates that wives are more likely to suffer from any sort of reproductive health problems when their husbands also suffer from any RTI/STIs. It is evident from the analysis that when both the couples are having adequate knowledge about HIV/AIDS then their wives have less chance to suffer from any reproductive problems. It is also coming out from the results that pregnancy complications and post delivery complications leads to reproductive health problems.

Therefore, it can be concluded from the analysis that understanding the problems of young, their opinion regarding next child, their contraceptive behaviour, awareness regarding RTI/STIs and HIV/AIDS and the practice of safe motherhood wants special meditation. Again, understanding the views of husbands and incorporating them into policies and programmes should go a long way towards realizing the demographic targets.