

SHORT ARTICLE

The unspoken plight of married adolescent girls in rural Tamil Nadu: Narrative summary on unmet sexual and reproductive health needs and barriers

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Citation

Rasweth S, Nisha B. The unspoken plight of married adolescent girls in rural Tamil Nadu: Narrative summary on unmet sexual and reproductive health needs and barriers. Indian J Comm Health. 2022;34(3):439-443. <https://doi.org/10.47203/IJCH.2022.v34i03.023>

Source of Funding: Nil Conflict of Interest: None declared

Article Cycle

Received: 29/01/2022; Revision: 20/05/2022; Accepted: 12/08/2022; Published: 30/09/2022

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Abstract

Background: Young women who marry as adolescents face a number of sexual and reproductive health (SRH) issues. This study aimed to identify unmet SRH needs of adolescent girls and barriers they face in achieving them in rural Tamilnadu, India. **Methodology:** This qualitative study used narratives to understand participants and their immediate family's SRH needs and barriers based on World Health Organization (WHO) guidelines. Totally, 14 in-depth interviews with young women and 14 focus group discussions with family members were conducted. The collected data were recorded digitally and transcribed verbatim and analysed by content analysis method. **Results:** Unmet SRH needs, primarily constituted of family planning methods, menstrual hygiene, sexual health, and Sexually Transmitted Diseases STD awareness. Barriers to healthcare access are societal stigma, taboos, intimate partner violence, and early marriage. **Conclusions:** The topic of family planning was taboo, menstruation as a negative influence on their daily activities, engaging in sexual activities was to provide sexual pleasure to their partners, to comply with their partners' wishes when under the influence of alcohol, and to produce children and lack of education regarding obtaining consent for sexual activity. We can conclude that it is important to understand how the SRH needs of adolescent girls can be met and need better-suited policies and services.

Keywords

Adolescent; Female; Reproductive Health; Health Services Needs and Demand; Focus Groups

Introduction

Adolescents make up nearly 1.2 billion of the world's population. India has the largest adolescent population, at around 253 million, and every fifth person in this group is between 10 and 19 years old. (1). Youth in this group are heterogeneous, vulnerable, and sexually active, with geographic and educational disparities between urban, rural, and slum adolescents as well as between out-of-school and school-going adolescents. As a result, adolescents become more vulnerable to health inequities as they lack access to quality services and health information. Adolescent reproductive and sexual health (ARSH) services should be implemented in a way that minimizes health inequities for adolescents.

Approximately 16% of adolescent girls ages 15-19 in India are married, and social taboos keep them from seeking sexual and reproductive health (SRH) services. (2) Researches are needed to determine the SRH needs of these highly disadvantaged groups, including newly married girls. Young people in this group not only experience changes to their bodies as they enter adolescence, but they also change their attitudes and behaviours.(3) This includes knowledge about sexual and reproductive health, pregnancy, and factors associated with unmet contraception needs among women living in rural areas.

In developing countries like India, adolescents face many problems regarding sexual and reproductive health. This is due to inadequate knowledge about important health issues. Some of these include insufficient awareness

about Sexually Transmitted Diseases (STDs), family planning methods, societal stigma, and Human Immunodeficiency Virus (HIV) infection.(4)

Aims & Objectives

1. To Study the struggles in obtaining sexual reproductive health services
2. To assess the barriers in obtaining sexual reproductive health service in rural Tamilnadu.

Material & Methods

This descriptive qualitative study used a narrative approach to determine the sexual and reproductive health needs, barriers, and experiences of young women who were married at an early age. Using a narrative strategy, the participants were able to describe their own health experiences and fulfilment of health needs. Qualitative study tools such as in-depth interviews and focus group discussions were employed to achieve the study objectives. This study was approved by the Institutional Ethics Committee (IEC) before commencement. (IEC Approval No: SMC/IEC/2021/03/181).

This study was carried out in the rural field practice area of Tertiary care medical college hospital in Thiruvallur district of Tamil Nadu for a period of four months from January to April 2021. According to the 'National Family Health Survey (NFHS-4)' conducted in the year 2014-15, 18.9% of women aged 20-24 years were married before the age of 18 years in rural Tamilnadu. However, in the Thiruvallur district, 17.4% of women were married before 18 years, of which 33.1% were from a rural area. Furthermore, 5.9% of them were pregnant between 15 and 19 years old (5). The current area is therefore, chosen for arriving at the objectives of this study. We used 'purposive sampling method with maximum variation' for this study. The snowball sampling method was used to determine the sampling frame. We included only young women married as adolescents who gave their consent, ranging in age from 18 to 25 years old. They provided a thorough account of their experiences and were the ideal participants for understanding adolescent health issues and barriers at a deep level.

A series of 14 in-depth interviews (IDI's) and 14 focus group discussions (FGD's) were conducted to discern the sexual and reproductive needs of adolescent married girls as shown in figure 1. IDI's were based on world health Organisation (WHO) guidelines and FGD's were designed from a semi-structured guide centered on vignettes. (6) (Table 1) provides a summary of the main investigation areas for participants in FGD's. Data saturation refers to the point when no further data was found. We reached this conclusion by interviewing 14 young women who were married as adolescents in this study. For comprehensive perceptions regarding the reproductive health of adolescents, their spouses, mother-in-law's, and

father-in-law's were included in the focus group discussions.(Figure 1)

FGD and IDI data were recorded digitally and transcribed verbatim using a deductive approach. An independent qualitative researcher who is experienced in qualitative research reviewed the field notes converted into transcripts in English. The reviewer listened to the recorded voices and compared those recordings to the transcripts in English; a team of experts on adolescent and sexual health discussed to identify the emerging themes to increase the validity. Using MAXQDA 2020 (VERBI software, 2019) (7) software, qualitative narrative data were analyzed. Thematic coding was based on the concepts of unmet needs and barriers to access sexual and reproductive health and codes were categorized into subthemes.

Results

Participant characteristics: In total, 14 young women participated in the IDIs. All of them had been married and seven of them had already had their first child whilst those discussions took place. Ten (71.4%) out of 14 were Hindus followed by Muslims 4(28.5%) as per religion. Approximately, two-thirds of the participants had completed high school, while three completed higher secondary school, but one participant was illiterate. Almost 90% of the participants were school dropouts. All respondents were reported being sexually active.

In-Depth Interviews (IDIs): Based on 14 IDIs, we gained subsequent insights into the attitudes of young women towards the following topics:

Family Planning: Around 71% of the participants were unaware of the term family planning and what it entails. On the alternative hand, participants who were aware of this term listed a few family planning methods. All participants believed that reproductive health was all about the prevention of pregnancy. While, two women claimed they practised abstinence to maintain the spacing between children, one of them underwent tubectomy as a permanent method of sterilization after two children.

"I am already a mother of three children, I was asked not to take pills for contraception and also could not use copper T due to some health issues. My family also rejected sterilisation. I pleaded with my husband to use condoms but he refused, which lead me to my fourth pregnancy currently" – 24-year-old married female participant'

There was one adolescent girl who admitted to having a Copper T inserted but she did not know its significance and claimed that it was done on the directive of her spouse and she did not have any say in its insertion.

"I wish someone had told me what it was for, I keep getting pains in that area but no one told me it was because of the Copper T" – 18-year-old married female participant'

Menstrual Hygiene: The average age for attaining puberty among the participants was found to be 14 years. The majority (73%) of the girls utilize cotton pads during their cycle but few preferred using cloth during menstruation.

“My mother and her mother have always used cloth during their periods and have never gotten ill because of it. Why should I use sanitary napkins if it worked so well for them?” – 18-year-old female’

Societal Stigma and Taboos: Most 42% of the participants mentioned that they received heavy backlash from society for their early marriage. Their friends and relatives even offered to protest against the marriage. However, in most other cases, early marriage was encouraged by relatives and parents.

“I wanted to study and get placed in a decent job before getting married. But all my dreams are shattered and I am locked in such a situation to handle my family round the clock without even having quality time for me to spend” – 19-year-old married female participant’

Several young women believed in their ancestors on certain things such as not sleeping on the bed, not stepping into the kitchen, not visiting religious places during menstruation and they were generally considered untouchable during this period.

“My mother-in-law told me that whenever I get my periods, I need to keep a broom next to me while I slept, to prevent possession by an evil spirit. I find it very useful and comforting to protect myself against all bad omens” – 20-year-old female’

Sexual Health: The participants had first engaged in sexual activity after marriage without proper knowledge of the act. Many young women are still unaware of ways to attain sexual pleasure and believe that sex was only used for male sexual gratification and reproduction.

“It’s like I’m a machine to produce children. Nobody asks me what I want. Sometimes I feel like I’m only useful for giving sexual pleasure.” – 19-year-old female with 3 children’

Intimate partner violence: Some (21%) of the women complained of their spouses engaging in relationship violence occasionally. They confessed that it occurs most commonly when they refused to engage in sexual activities or when their spouse was under the influence of alcohol.

“I am very scared of speaking up about my husband’s drinking problem. It will only cause trouble for me. I would rather get beatings from him than be shunned from my community.” – 24-year-old female’

Awareness of Sexually Transmitted Diseases (STDs): STDs awareness was the poorest area of knowledge among these participants. Although 85% of them were aware of the existence of diseases that could transmit through sexual intercourse, almost all of them were unknowing of common examples of such diseases. Only 15% were able to enumerate the signs and symptoms of

AIDS. None of the participants were able to answer when asked about the curability of AIDS.

“I know that there are diseases which spread through sex, but I am not concerned about it. However, my husband travels a lot as a truck driver for long periods. Maybe he should be advised about STDs.” – 17-year-old female’

Healthcare Seeking Behaviour: When questions regarding healthcare-seeking behaviour of the participants were asked, 71% of them admitted to prefer approaching their family for advice. Although they did accept that they would reach out to healthcare services in case of emergencies or prolonged illnesses. However, they confessed that they prefer the information they receive from healthcare centres to the one that their family gives them because it is more factual.

“My grandmother told me that I can find homemade solutions for any disease. For example, for any vaginal discharge, I should use neem water or turmeric. So why should I go to a health centre if this works?” – 25-year-old female’

Focus Group Discussions (FGDs): There were 14 FGDs conducted with the family of each participant and the discussion went as follows.

Vignette #1 Early marriage: Almost all of the members were approving of early marriage.

“What else can girls do, other than get married and have children? Our family should grow big with many children, that’s the job of women” – 45-year-old mother-in-law of a participant’

A young widow who lost her late husband to lung cancer claimed that although she consented to marriage in her teenage, she wanted a spouse around the same age.

“I have no one to help me raise my children. I am all alone now. I wish they (her parents) had considered this when they got me married (at 17 years)” – 21-year-old widow with 2 children’

Vignette #2 Family Planning: Family planning was a topic of hesitancy among the group. The moderator had to probe into the subject because no one was willing to speak up. Though most of the younger members of the family had heard of spacing, or other methods involved in family planning, the older members were vehemently against abstinence and believed that conception should not be interfered with.

“If the girl gets pregnant again after delivery of her child, it is a blessing from god. No one has the right to harm that. I would never suggest any family planning methods to my children” – 60-year-old father-in-law of a participant.’

Vignette #3 Pregnancy: This was a topic everyone was well versed in because most of the participants had already given birth to their first child by the time this discussion was recorded. Although they had certain superstitions, generally all the families were aware of medical advants in technology and were encouraging their women to visit healthcare centres in case of any issue.

“In my days, we used to deliver healthy children at home itself. I have delivered more than 20 babies in my lifetime; all are doing very well in their lives. Now, I don’t stop my kids from going to the hospital for delivery but I think it is unnecessary.” – 74-year-old mother-in-law of a participant.’

Vignette #4 Gender roles and Discrimination: Every family had its specific and traditional gender roles which have been enforced for ages. Although most members did not consider the roles to be discriminatory, several households followed the theme of the men being breadwinners while their spouses would take care of the domestic chores and children.

“I sometimes feel like I should have continued my school education, as my only job now is to take care of the household chores amidst constant complaining from my in-laws. Maybe if I too had a job like my husband, then my family would not struggle this much. Unfortunately, my community will never allow that.” –24-year-old married female participant’

Vignette #5 Healthcare Seeking Behaviour: Most members had healthcare-seeking behaviour. However, 71% of the families preferred home-based remedies first. They only opted for medical treatment after exacerbations of the existing disease or chronic conditions.

“Even last week I took my son to the PHC after he had been sick for more than 2 days. I think that everyone should seek professional help if their homemade treatment doesn’t work.” – 24-year-old husband of a participant.’

Discussion

This study showed that the sexual and reproductive health needs of adolescent girls in the Thiruvallur district of Tamil Nadu are unmet for a variety of reasons. There were 14 young women married as adolescents selected to shed light on their perspective on SRH needs and barriers.

The topic of family planning was taboo among the participants. The majority of girls were unaware of the numerous benefits and demerits of contraception and lacked education and motivation to learn more. The severely backward perspective of their family members may also explain participants’ reluctance towards contraceptive services. According to young women in Ghana, friends are the most common source of contraceptive methods, followed by pharmacies or drugstores, then hospitals or health centres. (8)

The participants were asked to describe their menstrual history from the age they reached puberty, which is typically 14 years old, to their current menstrual regularity. Many women claim to use cloth during their menstruation for two main reasons- sanitary napkins are expensive, and there is a stigma associated with their use. There may be a connection between this stigma and insufficient knowledge of the merits and demerits of

sanitary napkins, as well as a recommendation by the elders to use cloth instead. A qualitative study of adolescents in Nepal has found that many experienced menstruations as a negative influence on their daily activities.(9)

Participants often practiced early marriage, as elders in their area encouraged it and peers reinforced the practice. The causes could be attributed to traditional preservation, inadequate education and employment opportunities for women, and poor health education in the region. Particularly for older decision-makers, social pressures and cultural norms played a major role in breaking marital habits, as perceived repercussions were high and long-lasting. (10)

It was argued that the purpose of engaging in sexual activities was to provide sexual pleasure to their partners, to comply with their partners’ wishes when under the influence of alcohol, and to produce children. Four themes can be identified as challenges related to the sexual health of young women: religious beliefs, lack of sexual education, community issues, and sexual relationship outcomes.(11)

Intimate partners’ violence and sexual violence among the study participants brought attention to the glaring lack of education regarding obtaining consent for sexual activity, before engaging in it. It can be attributed to religious practices, tradition, alcohol abuse, and apathy towards women’s sexual pleasures. Violence against women is a violation of human rights and should be regarded as a serious offence. The effect of experiencing such violence at this period in life is likely to affect the physical, and psychological health of adolescents in the future.(12)

Among study participants in IDIs and FGDs, STD awareness was poorly understood. This contributed to establishing the lack of basic knowledge pertaining to common sexually transmitted diseases in the area. Literacy and media exposure are factors that can be helpful to determine awareness of HIV among rural youth.(13)

Adolescents’ health-seeking behavior is influenced by their source of information about SRH, which were usually family members. The majority of young women were either unaware of or misusing the services that were available to them. They had to overcome several obstacles before they could access healthcare services, including a lack of services in their area of residence, concerns about confidentiality concerning intimate issues, and a lack of knowledge and attitude on the part of key adults around them. (14) There is a need for SRH trained healthcare professionals as well as policies that focus on the SRH needs of young women.

Not only IDIs were used in this study, but FGDs were also used as a data collection tool, which aided in assessing not only adolescent sexual health but also the opinions of those around them. These focus groups were made up of key adults who could help shape policies concerning adolescent SRH. The current study sheds light on issues

that require further investigation through qualitative research. Qualitative interviews, by definition, cannot be applicable to every demographic. Despite the fact that our study was based on married adolescent girls, our study's target population was young women married as adolescents. They had a better understanding of their sexual needs and reproductive health barriers they faced as adolescents and could articulate them better.

Conclusion & Recommendation

With a narrative approach in this qualitative study, we were able to determine the predictors of unmet sexual and reproductive health needs among married adolescent girls. We could conclude that they lacked knowledge of certain subjects such as contraception, family planning, menstrual hygiene, and awareness of STDs. This study indicated that there needs to be higher health education regarding SRHN and it should not be limited to adolescent girls. Adolescent marriage should be strictly prohibited and participants must wait until they reach the appropriate age. Even families must be educated on the rights of women so they can show their support and break the stigma surrounding such subjects. Pre-marriage counselling should be made mandatory. Stronger administrative and political policies must be erected to aid uneducated and vulnerable adolescent girls in need. Healthcare-seeking behavior must be encouraged to increase the utilization of reproductive health services.

Authors Contribution

Both author have contributed equally.

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Tables

TABLE 1 STUDY PARTICIPANTS & MAIN FOCI OF INVESTIGATION

Study Participants	Mean Age (Years)	Main Foci of Investigation From The Who Guideline
Young Women Married as Adolescents	19.3 Range (18 – 25)	<ul style="list-style-type: none"> ▶ Most Common Reproductive Health Problems of Adolescents ▶ Opinions about Ashr Services ▶ Protective Practices ▶ Peer Influences ▶ Feelings about Sex ▶ School Sex Education ▶ Sexual Pressure ▶ Intimate Partner Violence ▶ Talking About Sex with Friends ▶ Main Sources of Information
Spouse	26.2	<ul style="list-style-type: none"> ▶ Knowledge & Attitudes about ARSH Services ▶ Most Common Reproductive Health Problem of Adolescents ▶ Prevalence of Risky Sexual Behavior among Adolescents ▶ Gender Roles & Discrimination ▶ Involvement in Health Education in School
Mother-In-Law	60.4	
Father-In-Law	72.8	

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▶ Views Of Religion about ARSH Information and Services

Figures

FIGURE 1 PROCEDURE OF DATA COLLECTION

