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A Study on Health Awareness Among Young Mothers in India

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Abstract: India is the country in which most of young mothers in world are living. Awareness of health aspects and HIV Aids for them provides the higher aspect to child health and maternal care scenario, which may lead to reduce many health problems in the women, and may turn considerable for maternal mortality scenario as per NPP 2000 of India. The study is consists about the awareness about health related issues and awareness in regards of Disease which may be sexually transmitted in young mothers or the women below 25 years with the help of young India data.

Keywords: Young Mother, Sexual and Reproductive Health, HIV/AIDS, Treatment seeking behaviour, India.

1 Introduction

Sexual and reproductive health is one of the most important factor among young population, and these factors have a serious concern in social and in public health issues. Usually sexual and reproductive health knowledge is less among young population. According to UNPD WPP, 2010 about 43 percent of the worlds population are less than 25 years, and around 60% of them are residing in the least developed countries. Approximately 1.2 billion people are adolescent (15-19 years) and almost 88 percent of these adolescents live in the developing countries (Elders et al., 2010). India has the largest number of youth population in the world. Youth aged 15-24 constitute 20.41 percent 243 million of the Indian population in 2011(Registrar General of India) of which 114 million are female. The adolescent are not only large in the size but heterogeneous with respect to their educational attainment, occupation, health etc. Youth are facing unemployment, poverty, literacy and living in the acute poverty (IIPS and Population Council, 2007). While todays youth are healthier, more urbanised and better adulthood, moreover, young people face significant risks related to sexual and reproductive health, because the lack of knowledge and power to make informed sexual and reproductive choices (Jejeebhoy and Sebastian, 2003).

Adolescent young women dont have sufficient knowledge, education, experience, income and power relative to older women. In case of some cultures, they may also have to bear the effects of many judgemental attitudes, making an already difficult situation even worse (WHO, 2007). Despite considerable progress since the ICPD, mostly millions of people not getting advantage to women and adolescents still lack access to Sexual and Reproductive Health information and services. In developing countries, about 201 million married women were lacking behind in to modern contraceptives. There are about 340 million new cases of sexually transmitted infections (STIs) each year, and 6000 young people are infected with HIV every day. Millions of women and adolescent girls continue to suffer from death and disabilities during pregnancy and childbirth. (UNFPA,2004).

Sexual and reproductive health situation in India has undergone major changes over the last decade or so. For one, the police and programme environment has under-gone a significant shift from a narrow target-oriented family planning

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approach to broader orientation that stresses sexual and reproductive health scenario. Some changes have been positive, such as declining infant mortality, increased access to skilled attendance at delivery and declining unmet need for contraception. Others are extremely disturbing, such as stagnating level of maternal mortality, the spread of sexually transmitted infections notable human immunodeficiency virus (HIV), misuse of prenatal diagnostic techniques for sex selection, the persistence of wide gender imbalances and the compromised exercise of reproductive rights by large segments of the population, notably women. Third, the past decade has also seen a growing concern about the unique sexual and reproductive health needs of the young, a group whose needs remain, however, poorly understood and served. In short, despite the strides made on several fronts, the sexual and reproductive health situation in India continues to be characterised by considerable ill-health and lack of informed choice (Jejeebhoy, 2007).

In India, especially in rural area women are always considered as having less powered and less opportunities and getting negligence so the situation of young mother varies widely by region in terms of not only educational attainment and economic activity but also in terms of sexual and reproductive risk behaviour. Young women need a special attention with respect to reproductive health, as they are ignored and always ill served in India.

On the one hand, due to malnourishment & poor health practices in the early onset of menarche as well as cultural, traditional practices, early marriages has been seen, which results in more number of years of having sex life for women. Women who are even literate, having well personality, feels powerless and have fear to protest against men for sex. The condition becomes worse sometime when she feels uncomfortable during sex with her husband but she used to face rape condition because of such force.

For covering this gap between the young and elder women, Adolescent Reproductive and Sexual Health (ARSH) has been identified as a key strategy in the Reproductive and Child Health (RCH-II) program under the National Rural Health Mission (NRHM). The programme provide reproductive and sex education during adolescence which is an important issue but challenging too, as a part of Adolescent reproductive and sexual health (Mittal and Goil, 2010).

In such cases silence is the enemy for women which is teaches every day since childhood by older. We can talk on this so much but we can't also hide the truth that the whole society including us is playing the vicious level against her directly or indirectly.

Most of the study are considering age 15-24 as adolescents such as Kenyaian study (Lawrence D.E Ikamari and Rose Towett, 2007), Adolescent Reproductive Health of India (S.D Gupta, 2003). Due to unavailability of adequate data of adolescent age 0-15 here we are considering the age group of 15-24 years as young mothers.

2 Need of the study:

The awareness regarding the importance of sexual and reproductive health in adolescents is increasing worldwide. Adolescents in India constitute a large proportion of the population. They are sexually active, and are biologically incapable of bearing child in younger ages. The unmet need of adolescent for reproductive health information and service is huge and diverse both in terms of quality as well as quantity. Reproductive health need includes needs for reproductive health care, family planning, HIV/AIDS information, safer sex, unwanted pregnancy, early pregnancy, sexually transmitted diseases (STDs), safe abortion and safe motherhood. Specific sources of information and contraceptive advice are rarely available or accessible to them. Hence, there is a need to examine the level of knowledge of young mothers about reproductive health needs.

3 Objective

This study assessed sexual, reproductive health and HIV/AIDS knowledge, and safe abortion among young mothers aged 15-24 years having at least one child. There is also a need to examine the factors that influence the knowledge of young mothers. Specific objectives of the study are given below.

- -To examine knowledge and awareness about sexual and reproductive health matters among young mothers in India by different background characteristics.
- -To analyses the sexual and reproductive health problems among young mothers and their treatment seeking behavior. -To study the association between knowledge of sexual and reproductive Health and utilization of health care among
- 4 Data and Methodology

young mothers.

This study comprises data from the youth in India: Situation and Needs study (referred to as the Youth Study), implemented by the International Institute for Population Science, Mumbai and the Population Council, New Delhi. This study is focused on young mother aged 15-24 years having at least one child. Bivariate and logistic regression has been used to fulfil the objectives of this study.

4.1 Description of the variable:

This section briefly describes the dependent and independent variables which are used in this present study.

Dependent variables This study uses a number of dependent and independent variables. Dependent variables are related to selected sexual and reproductive health awareness. List of dependent variables related to Awareness:

Sexual intercourse knowledge
 Pregnancy related knowledge
 Contraception knowledge
 HIV/AIDS knowledge
 Abortion knowledge

Independent variables Age, Education, Type of residence, Religion, Caste, Wealth Quintile, Media Exposure, Working status taken as socio-demographic indicators.

4.2 Questions on Sexual and Reproductive Knowledge:

- -Sexual intercourse knowledge has been computed by using question (1) A women has to bleed at first intercourse? (2) A women can get pregnant at first sex?
- -Pregnancy related knowledge has been computed by using question (1) A women can get pregnant after kissing/hugging?(2) A women is most likely to get pregnant if she has sex half-way between her periods?
- -Contraception knowledge has been computed by using question like oral pills, emergency contraception pills, IUD, Condom, withdrawal method, and other methods include female sterilization, male sterilization, and safe period.
- -HIV/AIDS knowledge has been computed by using question people can reduce chances of HIV infection by having just one sex partner, people can get AIDS from mosquito bites, people can reduce chances of getting AIDS by using condom, people can get AIDS virus by sharing food with HIV infected person, people can get AIDS by hugging a HIV infected person, can know if a person has HIV infection by looking at him/her, Boy should be tested for HIV before marriage, girl should be tested for HIV before marriage.
- -Question related to the Abortion related knowledge, Abortion 1 it is legal for a married woman to terminate a pregnancy. Abortion 2 Agree that it is legal for an unmarried woman to terminate a pregnancy. Abortion 3 it is illegal to undergo abortion after 20 weeks of gestation. Abortion 4 Disagree that it is legal to abort a pregnancy if the fetus is female but the couple wants a son. Abortion 5 any pills that a woman can swallow soon after she misses her period, for an abortion if she wants to terminate a pregnancy.
- -Any symptoms you might have had, which might affect your sexual and reproductive health?
 - 1.Problem of private parts (e.g. genital ulcers, itching in the genitals/ swelling in the groin)
 - 2.Burning while passing urine
 - 3. Problem of white discharge
 - 4.Problem of menstrual problem



- 4.3 For third objective dependent variable are:
 - Contraception use
 Place of delivery
 Safe delivery

Independent Variables

- 1.Demographic variables: Age of the respondent
- 2. Socioeconomic variables: Place of residence, Caste, Religion, Education, Wealth Quintile,
- 3. Knowledge indicators (Sexual Knowledge, Pregnancy Related Knowledge,
- 4. Contraception Knowledge, HIV/AIDS Knowledge, Abortion Knowledge).

5 Results and Findings:

5.1 Knowledge and awareness about sexual and reproductive health matters

5.1.1 Sexual knowledge

Table 1 indicates that the distribution of younger women who aware of sexual knowledge was higher in urban areas than rural areas. As the education level increases the proportion of women awareness about sexual intercourse increases. The percentage of young women who aware about sexual knowledge was higher among young women who were more educated. Maharashtra, Bihar, and Rajasthan states women were more aware about sexual knowledge compared to southern states.

5.1.2 Pregnancy related knowledge

Table 2 indicate the pregnancy related knowledge among young mothers by their background characteristics. Around 72.5 percent women's of age group 20-24 were aware of pregnancy related knowledge while awareness in age group 15-19 were 61 percentage. In urban areas it is found that awareness among young mothers was 81.5 per cent while in rural areas it is found 66.9 percent. The pregnancy knowledge is high in the general caste. Educated young mothers were having more awareness as compared to illiterate young mothers. Young mothers of richest quintile were having more knowledge as compared to poorer young mother. Within six states pregnancy related knowledge among young mothers were higher in Maharashtra (87.9 per cent) state and lower in Bihar (42.1 per cent) state compared to other states.

5.1.3 Contraceptive knowledge

Table 3 indicate the contraceptive related knowledge among young mothers by their background characteristics. Around 95.1 percent womens of age group 20-24 were aware of contraceptive related knowledge while awareness in age group 15-19 knowledge were 98 percentage. In urban areas it is found that awareness among young mothers was 99.6 per cent while in rural areas it is found 96.8 percent. 97.8 percent of SC were having contraceptive knowledge while it was 90.9 percent in ST, 98.4 percent in OBC, and 96.8 percent in General caste. Educated young mothers were having more awareness as compared to illiterate young mothers. Young mothers of richest quintile were having more knowledge as compared to poorer young mother. Within six states contraceptive knowledge among young mothers were higher in Tamil Nadu (99.9 per cent) state and lower in Jharkhand (94.2 per cent) state compared to other states.

5.1.4 HIV/AIDS related knowledge

Table 4 shows HIV/AIDS knowledge among young mothers is higher in the age group 20-24 as compared to age group 15-19 young mother (46.1 percent and 32.8 percent). Awareness about HIV/AIDS was more in urban area as compared to rural area due to modernization. From table it is obvious that general caste exceeds in knowledge while it is less frequent in ST (56.2 percent and 26.4 percent). The knowledge of HIV/AIDS is increasing as education level increase as in illiterate young mother it is 16.2 percent and it was 44.8 percent in the education level by 1-7 year of schooling and it is highest

among 12 and above (89.7 percent). Media exposure also plays very important role in the awareness of HIV/AIDS as we can see from the above table that the young mother those who have any kind of accessibility of media (newspaper, TV, magazine, Internet) have more knowledge (52.4 percent). this knowledge also varies between states and wealth quintile as it is more frequent in Tamil Nadu, Maharashtra, Andhra Pradesh and less frequent Jharkhand and Bihar and high frequent in richest and less frequent in poorest respectively.

5.1.5 Abortion related knowledge

Table 5 indicates percentage of young mothers by knowledge of abortion related matter by their background characteristics. From table it can be observe that 69.9 percent of young mother having education 12 and above were against to legalize termination of pregnancy for married women and the exposure of media wealth quintile type of residence all did not have much effect on perception of women as high percentage of women are against to legalize termination of pregnancy. Result shows that few young mothers in each state were aware that it is legal for married women to terminate a pregnancy. 32.3% young women in Maharashtra were aware that it is legal for a married woman to terminate a pregnancy while these percentages are 29.4% in Rajasthan, 17.9% in Bihar, 23.6% in Jharkhand 15.2% in Andhra Pradesh and 26.2% in Tamil Nadu.

From table 6 it is clear that 81.8 per cent of young women in urban area agree that it is illegal to abort a fetus if a woman is more than 20 weeks while in rural area it is 73%. 80.7% of women who having 12 and above education agree to it is illegal to abort fetus of 20 weeks. As per the wealth quintile highest percent of young mothers says the illegal to abort fetus of 20 weeks. 85.8 per cent of young women of urban area disagree that it is legal to abort a pregnancy if the fetus is female but the couple wants a son, Rural young mothers of 79.8 percent disagree for legalize to abort a pregnancy if the fetus is female.

Maharashtra and southern states, of young mothers highly disagree about legal to abort a pregnancy compared to Bihar, Rajasthan and Jharkhand (92.7%, 88.8% and 78%).

Awareness about pills that a woman can swallow soon after she misses her periods were low in the age group 15-19 (27 percent), while in the age group 20-24 highest knowledge regarding pills(32.9%) are obtained. 48% of educated women having education 12 and above having awareness about pills that a woman can swallow soon after she misses her periods while in illiterate group it is 19%.

5.2 Sexual and Reproductive health problem and treatment seeking behaviour

5.2.1 Sexual and reproductive health problems according to selected background

Table 7 shows the SRH problem faced by young mothers by selecting background characteristics in India. 2.9 percent of women of age group 15-19 were having sexual and reproductive health problem with their private parts. 2.3 percent of women of age group 20-24 were having problem with their private parts. 2.7 percent of women's of urban area found to be having problem in their private parts, on the other hand, in rural are the percentage was 2.2. 3.1 percent of Muslim women were having problems in their private part while among Hindu 2.4 percent of women were having problem with their private parts. Percentage of women having problem with their private parts were same in ST and OBC caste (2.7%) while between General and SC caste the percentage were 2.2 and 1.8. 2.8 of illiterate people were having problems with their private parts which 2.4 percent of women, those who are spending 1-7 years of education were having problem in their private parts. While only 1.4 percent of women, those who are spending 12 or more years of schooling were having problem in their private parts. 2.6% of women having media exposure reporting the problem related to private parts. As wealth quintile increases reproductive problem is decreases. High percent of reproductive problem observed in Bihar and Jharkhand as compared to other states.

From table 7 it is observe that 7.5 percent of women of age group 15-19 were having sexual and reproductive health problem in their urinary tract infection while 7 percent of women of age group 20-24 were having problem of urinary tract infection. 5.1 percent of women in urban area found to be having problem with their urinary tract infection. On the other hand in rural area the percentage was 7.7. 8.5 percent of Muslim women were having problems in their urinary tract infection. Percentage of women having problem with their urinary tract infection. Percentage of women having problem with their urinary tract infection 7.3 percent of women, their urinary tract infection were same in ST and OBC caste while between General and SC caste the percentage were 6.3 and 7.6. 7.5% of illiterate people were having problems with their urinary tract infection. 7.3 percent of women, those who are spending 1-7 years of education were having problem in their urinary tract infection. While only 4.7 percent of women, those who are spending 8-11 years for education were having problem in their urinary tract infection. While only 4.7 percent of women having media exposure reporting the problem related to private parts while 7.2% women do not having media exposure reporting the problem related to private parts. Major reproductive health problem regarding urinary tract infection was found among poorer women as compared to richest women. 10.7 And 9.8 percent women were high of reproductive problem observed in Bihar and Jharkhand while in other states it is low.

16.1 percent of women of age group 20-24 were having sexual and reproductive health problem in their white discharge while 12.7 percent of women of age group 15-19 were having problem of white discharge. 5.1 percent of women in urban area found to be having problem with white discharge on the other hand, in a rural area the percentage was 7.7.

17.7 percent of Muslim women were having problems in their white discharge while among Hindu 15.5 percent of women were having problem with their white discharge. Percentage of women having problem with their white discharge were high 16.7 percent in OBC caste while between General and SC caste the percentage were 13.9 and 15.2. 16.4 percent of illiterate women were having problems with their white discharge which 15.6 percent of women, those who are spending 1-7 years of education were having problem with white discharge 14.5 percent of women, those who are spending 8-11 years of education were having problem with their white discharge. While only 12.5 percent of women, those who are spending 12 or more years of schooling were having problem with their white discharge while women dont have media exposure percentage was 15.6%. Major reproductive health problem regarding white discharge was found among poorer women (16.6%) as compared to richest women (14.7%). Bihar, Rajasthan and Tamil Nadu states were having high white discharge problem and low percent of white discharge problem were found in Maharashtra and Andhra Pradesh.

7.4 percent of women of age group 15-19 were having sexual and reproductive health problem in their menstrual while 9.4 per cent of women of age group 20-24 were having problems of menstrual. 8.7 percent of women in urban area found to be having problem with their menstrual, on the other hand, in rural area the percentage was 9.1. 8.6 percent of Hindu women were having menstrual problem. 11.3 percent of women were having menstrual problem in general caste while between SC caste and ST the percentage were 9.8 and 10.3. 7.8 of illiterate people were having problems with menstrual and 9.9 percent of women, those who are spending 1-7 years of education were having problems in their menstrual and 9.9 percent of women, those who are spending 8-11 years for education were having problems in their menstrual. Only 9.0 percent of women having media exposure were reporting the problem related to private parts. 14.7 percent women having media exposure were reporting the problem related to private parts. 14.7 percent women having menstrual problem in Maharashtra while 6.1 percent of menstrual problem observed among Rajasthan.

5.2.2 Treatment sought for sexual and reproductive health problems according to selected background characteristics

Table 8 shows percentage of young mothers seeking treatment for sexual and reproductive health problems by background characteristics in India. 45 percent of women belong to age group 15-19 were seeking treatment. Urban women were more take treatment regarding problem in private part as compared to rural women (55.8% versus 41.9%). About 66.7 percent of women were taking treatment regarding problem of private part. 57.1 percent of women of general caste were taking treatment for the problem of reproductive private parts while these percent were 37.5 percent for ST caste. Treatment seeking was lowest among young mothers who were illiterate. 75% of women having 12 and above year of schooling go for the treatment seeking related to sexual and reproductive health problems. 33.1% of young mother who was working were seeking for treatment while in non working percentage was 54%. Treatment seeking for private parts were higher (47 percent) among young mothers those having media exposure as compared to those do not have media exposure. As per wealth quintile richest women were more seeking for the treatment related to private parts and reproductive health

problems as compared to poorer women. Treatment seeking for SRH problems was higher among young mothers of southern states- Tamil Nadu, Andhra Pradesh, and Maharashtra as compared to northern states.

From table 8 it is observed that around 45 percent of women belong to age group 20-24 years were seeking for treatment for burning passing urine while these percentages were 41.8% in 15-19 years age group. Urban women were more take treatment regarding problem in urinary tract infection as compared to rural women (55.2% versus 42.4%). About 55.6 percent of Muslim religious women were taken treatment regarding problem of private part as compared to others religions. In general caste 55.2 percent of women were seeking treatment for the problem of reproductive urinary tract infection while 27.3 percent of women belong to ST caste were seeking for treatment. Treatment seeking was lowest among young mothers who were illiterate. 31.3 percent of illiterate women were seeking for treatment regarding problem in urinary tract. 65 percent of women having education 12 and above year of schooling go for the treatment seeking related to sexual and reproductive health problems. Less treatment was found among young mother who was working (36.7 percent) while non-working women (50.9 percent). Treatment seeking for urinary tract infection was 49 percent among young mothers those having media exposure and 24 percent among young mother do not have media exposure. As per wealth quintile richest women were going more for the treatment related to urinary tract infection and reproductive health problems as compared to poorer women respectively (60.7% versus 30%). Treatment seeking for SRH problems was higher among young mothers of southern states- Tamil Nadu, Andhra Pradesh, and Maharashtra as compared to northern states.

42.4 percent of women belong to age group 20-24 were seeking for white discharge problem while these percentage were 28.2 percent for the young women aged 15-19 years. Urban women were more seeking for treatment regarding problem in white discharge as compared to rural women (54.6 versus 36.7). 46.7 percent of women belongs to general caste were seeking for treatment for the problem of reproductive white discharge while these percentage were 30.1 in ST caste. Treatment seeking was lowest among young mothers who were illiterate. 78.3 percent of women having 12 and above year of schooling were seeking for the treatment related to sexual and reproductive health problems. Less treatment found among young mother who was working (36.6 percent) while in non-working women (42.4 percent). Treatments seeking for white discharge were higher (43.5 percent) among young mothers those having media exposure lower in women do not have media exposure (26.6 percent). As per wealth quintile richest women was go for the treatment related to urinary tract infection and reproductive health problems as compared to poorer women respectively (26.6 percent versus 51.0 percent). Treatment seeking for SRH problems was higher among young mothers of southern states- Tamil Nadu, Andhra Pradesh, and Maharashtra and lower in northern states.

Menstrual problem of treatment seeking was higher 55.8 percent of women belong to age group 20-24 years and lower among young women aged 15-19 years (38 percent). Urban women were more take treatment regarding problem in Menstrual as compared to rural women (66.0 percent versus 49.0 percent). About 64.8 percent of others religious women were more taken treatment regarding problem of menstrual. 58.8 percent of women belong to general caste had taken treatment for the problem of reproductive health and menstrual problem while these percentage was 49.2 percent in SC caste. Treatment seeking was lowest among young mothers who were illiterate, almost 39.9 percent of illiterate women seeking for treatment regarding problem in menstrual problem treatment. 78.3 percent of women having 12 and above year of were seeking for the treatment related to sexual and reproductive health problems. Less treatment seeking found among young mother who was working (47.7 percent) where as in non-working women (57.2). 57.1 percent among young mothers those having media exposure were seeking for menstrual problem while 34.4 percent of women do not have media exposure were seeking for menstrual problem. As per wealth quintile richest women were seeking more for the treatment related to urinary tract infection and reproductive health problems compared to poorer women respectively (66.5 percent and 38.2 percent). Treatment seeking for SRH problems was higher among young mothers of southern states- Tamil Nadu, Andhra Pradesh, and Maharashtra as compared to northern states.

5.2.3 Association of contraceptive use, institutional delivery and safe delivery with selected background characteristics:

Table 9 is showing the odds ratio from logistic regression assessing the association between the uses of contraception with various background characteristics among young mothers aged 15-24 years in India. Young mothers aged 20-24 were 2.43 times more likely to use contraception as compared to those aged 15-19 years at 1% level of significance. Young mothers in rural areas were 43 percent less likely to use of contraception as compared to urban areas women at 1% level of significance. Young women from general caste were 35 percent more likely to use contraception as compared to



young mothers of scheduled caste at 10% level of significance. Women having 8-11 years of schooling were 28 percent more likely to use contraception as compared to illiterates at 10% level of significance. Young mothers having media exposure were 62 percent more likely to use contraception as compared to those not having media exposure at 10% level of significance. Richest young mothers were 76 percent more likely to use contraception as compared to the poorest women at 10% level of significance. Young women having pregnancy related knowledge were 79 percent more likely to use contraception as compared to those not having pregnancy related knowledge at 5% level of significance. Women having HIV/AIDS knowledge were 56 percent more likely to use of contraception as compared to those not having HIV/AIDS related knowledge at 10% level of significance. Women having abortion knowledge were 35 percent more likely to use of contraception as compared to young mothers who were not having knowledge abortion related knowledge at 5% level of significance.

Table 9 shows the odds ratio from logistic regression assessing the association between the institutional delivery and non-institutional delivery with various socio-demographic characteristics. Young mothers in rural areas were 39 percent less likely to have an institutional delivery as compared to urban areas women at 10% level of significance. It may be due to infrastructure, hospital facility and transportation etc. Muslim women have 19 percent less likely institutional deliveries as compared to Hindu women at 5% level of significance. Young women from ST caste were 54.5 percent more likely to have institutional delivery than young mothers of scheduled castes at 10% level of significance. Young women from general caste were 22 percent more likely to have institutional delivery than young mothers of scheduled castes at 5% level of significance. Women having 8-11 years of schooling were 28 percent more likely to have an institutional delivery as compared to illiterates women at 10% level of significance. Women having 12 and years of schooling were 26 percent more likely to have an institutional delivery as compared to illiterates women at 5% level of significance. Young mothers having media exposure were 62 percent more likely to have an institutional delivery as compared to women not having media exposure at 10% level of significance. Richest young mothers were 2.5 times more likely to have an institutional delivery as compared to the poorest women at 10% level of significance. Young mothers having sexual knowledge were around 17 percent more likely to have an institutional delivery as compared to those not having sexual knowledge at 10% level of significance. Women having HIV/AIDS knowledge were 2.28 times more likely to have an institutional delivery as compared to those not having HIV/AIDS knowledge at 10% level of significance. Women having abortion knowledge were 67 percent more likely to have an institutional delivery as compared to young mothers who were not having knowledge about these sexual and reproductive heaths at 10% level of significance.

Table 9 shows the odds ratio from logistic regression assessing the association between the safe delivery and unsafe delivery with various background characteristics among young mothers aged 15-24 years in India. Young mothers aged 20-24 were 68 percent more likely to have safe delivery as compared to those aged 15-19 years at 10% level of significance. Young women from general caste were 16 percent more likely to have a safe delivery as compared to young mothers of SC caste at 5% level of significance. Women having 12 and above years of schooling were 23 percent more likely to have a safe delivery as compared to illiterates at 5% level of significance. Young mothers having media exposure were 23 percent more likely to have a safe delivery as compared to women not having media exposure at 10% level of significance. Richest young mothers were around 2.15 times more likely to have safe delivery as compared to poorest women at 10% level of significance. Young mothers having sexual knowledge were around 1 percent more likely to have safe delivery compare to women do not having sexual knowledge at 1% level of significance. Women having HIV/AIDS knowledge were around 70 percent more likely to have safe delivery as compared to those not having knowledge about HIV/AIDS at 10% level of significance. Women having abortion related knowledge were 29 percent more likely to have safe delivery as compared to young mothers as a fedelivery as compared to young having abortion related knowledge at 10% level of significance.

5.2.4 Association between sexual and pregnancy, contraception, HIV/AIDS, sexual and abortion knowledge among young mothers:

Table 10 shows Association between sexual and pregnancy, contraception, HIV/AIDS, sexual and abortion knowledge among young mothers. 40.4 percent women having sexual knowledge but they dont have knowledge regarding question that is it legal for a married women to terminate a pregnancy?. Also 35.4 percent of women have sexual knowledge and knowledge regarding abortion2. 74.3 percent womens both the knowledge regarding sexual and pregnancy related knowledge. 73.6 percent of women have sexual and contraception related knowledge. 51.3 percent of women have sexual and HIV/AIDS related knowledge respectively.

Background characteristics	Aware	Not aware	Don't know	N*
Age				
15-19	68.7	15.8	15.6	2000
20-24	66.0	19.7	14.3	8439
Type of residence				
Urban	68.1	16.7	15.2	4502
Rural	61.0	26.5	12.5	5937
Religion				
Hindu	66.7	18.7	14.6	8557
Muslim	64.7	20.0	15.3	1250
Other	67.5	20.4	12.1	632
Caste				
SC	66.8	19.4	13.8	2103
ST	66.0	13.9	20.1	838
OBC	65.3	19.3	15.4	5532
General	69.6	18.9	11.5	1960
Education Level				
None	63.1	26.7	10.2	3672
1-7	67.2	18.5	14.3	2895
8-11	65.8	23.3	11.0	2948
12 and above	67.2	14.8	18.0	924
Working Status				
Working	66.1	17.3	15.6	3715
Not working	67.1	20.0	13.8	6718
Media exposure				
Yes	67.9	20.7	13.2	1917
No	66.2	12.6	19.5	8522
Wealth quintile				
First	63.5	22.4	14.1	1897
Second	67.1	16.7	16.2	2297
Third	66.1	20.2	13.7	2351
Fourth	64.0	23.3	12.7	2137
Fifth	71.5	12.8	15.7	1757
States	1103411420	20020	10031031	10000
Rajasthan	60.5	16.2	23.2	1800
Bihar	75.8	10.6	13.6	1741
Jharkhand	70.5	12.6	17.0	2066
Maharashtra	70.5	20.6	8.9	1526
Andhra Pradesh	62.9	20.7	16.4	1759
Tamil Nadu	54.5	35.2	10.3	1547
Total	66.9	18.9	14.6	10439

Table1: Percentage of young mother (15-24), by awareness of sex-related matters, by selected background characteristic, youth date (2006-07).

96.1 percent of women having pregnancy and contraception related knowledge, while 65.4 percent of women have pregnancy and HIV/AIDS related knowledge. 49.5 percent of women have knowledge about pregnancy but they do not have information about abortion 2.

Forty-nine percent of women have knowledge about contraception but they do not have information about abortion2 while 48.2 percent have knowledge about contraception and abortion2 both.

Thirty-nine percent of women having HIV/AIDS knowledge but they dont have knowledge about legal for unmarried women.

Background characteristics	Aware	Not aware	Don't know	N*
Age				
15-19	61.0	0.6	38.3	2000
20-24	72.5	0.3	27.1	8439
Type of residence				
Urban	81.5	0.2	18.3	4502
Rural	66.9	0.5	32.7	5937
Religion				
Hindu	70.2	0.4	29.4	8557
Muslim	65.7	0.3	34.0	1250
Other	77.5	00	22.5	632
Caste				
SC	66.9	0.3	32.9	2103
ST	69.6	0.5	29.9	838
OBC	67.5	0.3	32.9	5532
General	80.1	0.9	19.1	1960
Education Level				
None	56.3	0.4	43.3	3672
1-7	70.6	0.6	28.8	2895
8-11	84.7	0.3	15.0	2948
12 and above	90.3	00	9.7	924
Working Status				
Working	66.7	0.6	37.7	3715
Not working	72.7	0.3	27.1	6718
Media exposure				
Yes	53.3	0.6	46.1	1917
No	74.9	0.4	24.7	8522
Wealth quintile				
First	51.6	0.3	48.1	1757
Second	65.5	0.7	33.7	1897
Third	74.3	0.4	25.3	2297
Fourth	78.3	0.4	21.4	2351
Fifth	83.8	0.2	16.0	2137
State				
Rajasthan	69.9	0.3	29.8	1800
Bihar Jharkhand	42.1	0.1	57.7	1741
Maharashtra	64.3	0.0	35.6	2066
Andhra Pradesh	87.9	1.1	11.0	1526
Tamil Nadu	72.2	0.2	27.5	1759
	91.1	0.4	8.5	1547
Total				10439

Table2: Percentage of youn	mother (15-24), by awareness of pregnancy-related
matters, by selected	background characteristic, youth date (2006-07)



Background characteristics	Aware	Not aware	N*
Age			
15-19	95.1	4.9	2000
20-24	98.0	2.0	8439
Type of residence			
Urban	99.6	0.4	4502
Rural	96.8	3.2	5937
Religion			
Hindu	97.4	2.6	8557
Muslim	98.0	2.0	1250
Other	96.8	3.2	632
Caste			
SC	97.8	2.2	2103
ST	90.9	9.1	838
OBC	98.4	1.6	5532
General	96.8	3.2	1960
Education Level			
None	95.7	4.3	3672
1-7	98.2	1.8	2895
8-11	98.7	1.3	2948
12 and above	99.7	0.3	924
Working Status			
Working	96.3	3.7	3715
Not working	98.3	1.7	6718
Media exposure			
Yes	92.9	7.1	1917
No	98.7	1.3	8522
Wealth quintile			
First	95.6	4.4	1757
Second	97.0	3.0	1897
Third	97.2	2.8	2297
Fourth	98.5	1.5	2351
Fifth	99.2	0.2	2137
State			
Rajasthan	95.7	4.3	1800
Bihar	99.6	0.4	1741
Jharkhand	94.2	5.8	2066
Maharashtra	94.8	5.2	1526
Andhra Pradesh	98.3	1.7	1759
Tamil Nadu	99.9	0.1	1547
Total	97.6	3.0	10430

Table3: Percentage of young mothers (15-24), by awareness of contraceptive-related matters, by selected background characteristic, youth date (2006-07)

Background	Aware	Not aware	Don't know	N*
characteristic				
Age				
15-19	32.8	44.6	22.6	2000
20-24	46.1	30.7	23.2	8439
Type of residence				
Urban	64.2	12.4	23.4	4502
Rural	37.4	39.7	23.0	5937
Religion				
Hindu	43.0	34.1	23.0	8557
Muslim	40.4	35.2	24.4	1250
Other	54.0	23.6	22.4	632
Caste				
SC	41.6	35.7	22.6	2103
ST	26.4	54.8	18.8	838
OBC	41.1	33.9	25.1	5532
General	56.2	23.8	20.0	1960
Education Level				
None	16.2	61.1	22.7	3672
1-7	44.8	26.1	29.1	2895
8-11	69.4	9.7	20.9	2948
12 and above	89.7	0.6	9.7	924
Working Status				
Working	33.0	43.1	23.9	3715
Not working	50.9	26.6	22.5	6718
Media exposure				
Yes	11.3	74.2	14.5	1917
No	52.4	22.1	25.5	8522
Wealth quintile				
First	18.9	64.0	17.1	1757
Second	33.6	42.7	23.7	1897
Third	45.0	28.3	26.7	2297
Fourth	55.3	18.1	26.6	2351
Fifth	69.6	9.8	20.6	2137
State				
Rajasthan	30.2	53.0	16.9	1800
Bihar	25.9	56.3	17.8	1741
Jharkhand	19.5	65.2	15.3	2066
Maharashtra	56.4	28.8	14.9	1526
Andhra Pradesh	51.0	7.4	41.7	1759
Tamil Nadu	70.3	2.8	27.0	1547
Total	33.6	43.3	23.1	10439

Table4: Percentage of young mother (15-24) by awareness of HIV/AIDS by Selected background characteristic, youth date (2006-07).

Background	Terminate p	oregnancy women	legal	Terminate p	oregnancy women	legal for	N*
and a second	YES	NO	DK	YES	NO	DK	
Age	201100	527.575	10000	a	10.07%	100000	
15-19	22.1	69.3	8.5	41.6	45.8	12.5	2000
20-24	24.0	70.4	5.6	46.5	45.0	8.5	8437
Type of residence							
Urban	25.5	72.0	2.5	52.0	41.7	6.3	4502
Rural	23.1	69.6	7.3	43.6	46.2	10.2	5934
Religion							
Hindu	23.7	70.0	6.2	45.1	45.6	9.3	8554
Muslim	22.9	70.2	6.8	41.3	48.0	10.7	1250
Others	23.1	71.9	5.0	59.0	33.6	7.3	632
Caste							
SC	22.9	69.6	7.5	45.4	43.6	11.0	2103
ST/VJNT	28.7	58.5	12.8	43.3	41.2	15.5	838
OBC	22.9	70.8	6.3	43.3	47.0	9.7	5531
General	24.4	73.0	2.6	51.8	43.6	4.6	1964
Educational level							
None	21.6	66.3	12.2	34.7	49.2	16.1	3672
1-7 year of schooling	24.6	71.6	3.8	51.0	42.9	6.1	2895
8-11	24.1	74.5	1.4	53.3	42.8	3.9	2945
12 and above	29.0	69.9	1.1	54.3	40.6	5.1	924
Working status							
Working	23.6	68.4	8.0	43.8	45.3	10.9	3715
Not working	23.7	71.5	4.9	46.7	45.1	8.2	6715
Media exposure							
Yes	22.6	61.8	15.0	29.1	51.6	19.3	1910
No	23.9	72.5	3.6	50.1	43.4	6.5	8520
Wealth quintile	12000	2222	1000	35757			
First	23.3	64.6	12.2	31.6	52.5	15.9	1757
Second	21.9	69.5	85	43.0	45.6	11.4	1897
Third	21.5	71.9	4.7	51.9	43.0	7.1	2205
Fourth	241	73.0	3.0	51.6	47.8	5.8	2250
Fifth State	25.7	72.4	1.8	50.7	43.7	5.6	2137
Raiasthan		14.7	1.0	20.1	324	+7+63	4137
Bihar	29.4	59.8	10.8	78.2	54.9	16.9	1800
Jharkhand	17.9	77.5	9.6	25.0	61.6	13.4	1741
Maharashtra	23.6	59.5	16.9	26.4	53.8	19.9	2066
Andhra Pradesh	32.3	65.6	21	55.5	41.1	3.4	1525
Tamil Nadu	15.2	82.8	2.0	71.8	25.8	2.4	1759
	26.2	71.2	2.6	53.0	38.6	84	1546
Total	23.8	69.0	6.7	46.9	42.8	10.3	10437

Table5: Percentage of young mother (15-24), by knowledge of abortion related matters, according to background characteristics, youth data (2006-07).

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Background	Legal to abort foetus		Legal to abort		Pill for abortion			N*		
Characteristics	of 20	weeks		female foetus						
	Yes	No	Dk	Yes	No	Dk	Yes	No	Dk	
Age	-3484	areas		1212-212	AGEN	3231	880,600	d Water		estation
15-19	72.8	15.0	12.2	78.8	12.5	8.8	27.0	17.3	55.7	2000
20-24	75.5	16.4	8.1	81.8	12.7	5.5	32.9	19.5	47.6	8437
Type of residence										
Urban	81.8	14.2	4.0	85.8	11.9	2.3	39.0	22.7	38.3	4502
Rural	73.0	16.7	10.3	79.8	12.9	7.3	29.5	18.0	52.4	5934
Religion										
Hindu	74.6	16.5	8.9	81.2	12.5	6.3	32.0	18.5	49.5	8554
Muslim	78.4	11.9	9.8	80.8	13.4	5.8	28.1	21.4	50.5	1250
Others	73.4	19.1	7.5	80.4	14.0	5.5	32.0	24.4	43.6	632
Caste										
SC	74.5	16.1	9.4	79.7	12.8	7.5	32.0	17.2	50.8	2103
ST	59.6	23.5	16.9	69.3	15.9	14.8	16.7	24.0	59.3	838
OBC	75.8	15.3	8.9	82.3	11.8	5.8	32.8	16.7	50.4	5531
General	78.2	15.8	6.0	83.6	13.4	3.0	33.1	25.2	41.7	1964
Educational level										
None	70.4	14.2	15.4	75.4	12.3	12.3	19.0	17.9	63.0	3672
1-7	75.4	17.7	6.9	83.0	13.5	3.5	34.1	19.2	46.7	2895
8-11	79.6	17.2	3.2	85.8	12.8	1.4	43.3	20.3	36.3	2945
12 and above	80.7	16.7	2.5	88.2	10.9	0.9	48.0	20.1	31.9	924
Working status										
Working	72.5	16.6	10.9	78.7	13.7	7.6	28.5	20.2	51.3	3715
Not working	76.7	15.8	7.5	83.0	11.8	5.2	34.0	18.2	47.8	6715
Media exposure										
No	65.3	15.8	18.9	70.8	13.3	15.9	13.4	20.2	66.5	1916
Yes	77.6	16.2	6.1	84.1	12.5	3.5	36.8	18.8	44.4	8520
Wealth quintile										
First	72.3	13.8	13.9	74.8	12.9	12.3	20.2	15.4	64.5	1757
Second	73.6	15.5	10.8	78.5	13.4	8.1	28.8	17.7	53.5	1897
Third	74.7	16.6	8.7	82.6	12.7	4.7	35.6	18.3	46.1	2295
Fourth	76.7	17.9	5.3	85.0	12.1	2.9	35.6	21.4	43.0	2350
Fifth	77.9	17.0	5.1	85.9	12.0	2.1	39.5	23.8	36.8	2137
State										
Rajasthan	62.6	19.8	17.6	70.2	16.1	13.7	8.8	32.7	58.5	1800
Bihar	84.2	5.7	10.1	79.0	11.3	9.7	24.8	7.6	67.5	1741
Jharkhand	63.6	17.4	19.0	72.7	9.2	18.1	15.3	9.2	75.6	2066
Maharashtra	75.4	18.7	5.8	78.5	19.9	1.6	25.6	32.2	42.1	1525
Andhra Pradesh	79.8	15.7	4.5	92.7	6.8	0.5	45.9	16.2	37.9	1759
Tamil Nadu	70.7	26.3	3.0	88.8	10.2	1.1	68.9	10.7	20.9	1546
Total	75.2	15.7	0.0	81.2	12.0	6.8	31.8	18.0	50.2	10437

Table6: Percentage of young mothers, (15-24) according to knowledge regarding abortion by selected background characteristics. Youth data in India (2006-2007).

Background characteristics	Problem in the private parts	Burning while passing urine	White discharge	Menstrual problem
Age	17. J. 1972 In 1970 A.	8 x 10 10 10 10 10 10 10 10 10 10 10 10 10		Contraction of the
15-19	2.9	7.5	12.7	7.4
20-24	2.3	7.0	16.1	9.4
Type of residence				
Urban	2.7	5.1	5.1	8.7
Rural	2.2	7.7	7.7	9.1
Religion				
Hindu	2.4	7.0	15.5	8.6
Muslim	3.1	8.5	17.7	10.2
Other	2.2	6.8	9.4	12.7
Caste				
SC	1.8	6.2	15.2	9.8
ST	2.7	7.6	11.0	10.3
OBC	2.7	7.7	16.7	7.5
General	2.2	6.3	13.9	11.3
Educational level(vears)				
Illiterate	2.8	7.5	16.4	7.8
1-7	2.4	7.3	15.6	9.8
8-11	2.2	7.0	14.5	9.9
12 and above	1.4	4.7	12.5	9.0
Working Status				
Working	2.7	7.8	15.7	10.2
Not working	2.2	6.6	15.2	8.0
Media exposure				
Yes	2.6	6.9	14.8	7.9
No	2.4	7.2	15.6	9.3
Wealth ouintile	1990 (K. 1			
Poorer	3.4	8.6	15.9	9.0
Poorest	3.2	9.0	16.6	8.5
Medium	2.1	6.6	14.6	8.9
Rich	1.4	5.2	15.2	8.4
Richest	2.0	5.8	14.7	10.3
State	1212		20100	
Rajasthan	3.0	6.7	19.3	6.1
Bihar	3.6	9.8	20.6	7.7
Jharkhand	3.6	10.7	11.9	7.1
Maharashtra	3.2	8.1	11.7	14.7
Andhra Pradesh	0.5	3.4	8.5	8.5
Tamil Nadu	0.7	5.4	21.3	7.0
Total	2.4	7.1	15.4	9.0

Table7: Percentage of young mothers aged 15-24 years by sexual and reproductive health problems according to selected background characteristics in India, Youth in India: Situation and Needs Survey, 2006-07.

Background	private	Burning while	White	Menstrua
Characteristics	parts	passing urine	discharge	problem
Age				
15-19	45.2	41.8	28.2	38.1
20-24	44.1	45.1	42.4	55.8
Type of residence				
Urban	55.8	55.2	54.6	66.0
Rural	41.9	42.4	36.7	49.0
Religion				
Hindu	41.3	42.9	39.3	50.1
Muslim	66.7	55.6	39.3	63.1
Other	37.5	41.3	59.4	64.8
Caste				
SC	41.7	44.9	40.1	49.2
ST	37.5	27.3	30.1	56.7
OBC	42.0	42.9	38.5	50.1
General	57.1	55.2	46.7	58.8
Educational level(years)				
Illiterate	28.8	31.3	27.9	39.9
1-7	48.8	47.3	42.2	53.0
8-11	62.0	58.3	53.3.	61.1
12 and above	75.0	65.1	57.8	78.3
Working Status				
Working	33.1	36.7	36.6	47.7
Not working	54.0	50.9	42.4	57.2
Media exposure				
Yes	47.0	49.7	43.5	57.1
No	36.1	24.9	26.6	34.4
Wealth quintile				
Poorer	44.2	30.0	26.6	38.2
Poorest	26.5	40.1	34.5	37.2
Medium	51.8	53.6	45.8	57.6
Rich	51.4	48.9	45.7	65.8
Richest	63.4	60.7	51.0	66.5
State				
Rajasthan	54.2	47.0	33.3	36.6
Bihar	28.3	31.8	22.6	38.4
Jharkhand	43.8	34.7	26.4	39.7
Maharashtra	47.1	48.4	54.2	58.2
Andhra Pradesh	76.9	59.1	58.0	62.8
Tamil Nadu	72.7	66.3	57.2	66.4
Total	44.2	44.4	40.0	52.7

Table8: Percentage	of young mother aged 15-24 years by treatment sought for sexual and
reproductive	health problems according to selected background characteristics in
India, Youth	in India: Situation and Needs Survey, 2006-07.



Table9: Odds ratios from logistic regression showing the association of contraceptive use, institutional delivery and safe delivery with selected background characteristics among young mothers aged 15-24 years in India, Youth in India: Situation and Needs Survey, 2006-07.

Background characteristics	Contraceptive use	Institutional delivery	Safe delivery	
Age				
15-19®				
20-24	2.434 ***	1.061	1.677***	
Type of residence				
Urban®				
Rural	0.672***	0.612***	0.850***	
Religion				
Hindu®				
Muslim	1.045	0.81**	0.926	
Others	1.054	1.195	1.156	
Caste				
SC®				
ST	1.074	0.545***	0.596***	
OBC	1.122*	0.950	0.993	
General	1.353***	1.220**	1.161**	
Educational level(years) illiterate ®				
1-7	1.094	1.677***	1.505***	
8-11	1.283***	2.091***	1.659***	
12 and above	1.262**	2.819***	1.230**	
Current work				
Working ®				
Non-working	0.936	1.102	1.15**	
Media exposure				
No®				
Yes	1.620***	1.597***	1.234***	
Wealth quintile				
First®				
Second	1.07	1.537***	1.373***	
Third	1.296***	2.048***	1.788***	
Fourth	1.374***	2.414***	2.136***	
Fifth	1.759***	2.594***	2.146***	
Knowledge Indicators Sexual knowledge				
No®				
Yes	0.283	1.168***	1.090*	
Pregnancy knowledge No®				
Yes	1.792**	0.845	0.729	
HIV/AIDS knowledge No® Yes				
Abortion1	1.564***	2.288***	1.699***	
No®				
Yes				
	1 352**	1.675***	1 293***	



Table10:	Association	between	sexual	and	pregnancy,	contraception	, HIV/AIDS,	sexual

and abortion	knowledge	among	young	mothers	
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	YES-YES[1]	NO-NO[2]	YES-NO[3]	NO-YES[4]
sexual and pregnancy	74,3	0.5	1	24.2
Sexual and contraception	73.6	0.9	1.7	23.8
Sexual and HIV/AIDS	51.3	10	24	14.7
Sexual and Abortion1	56.2	5.8	19.4	18.6
Sexual and Abortion2	35.4	9,8	40.4	14.5
Sexual and Abortion3	62.1	4.1	13.6	20.2
Sexual and Abortion4	65.6	3.6	9.9	20.9
Sexual and Abortion5	49.8	8.6	29	12.5

Association between pregnancy and contraception, HIV/AIDS, abortion1, abortion2,

abortion3, abortion4, abortion5.				
pregnancy and contraception	96.1	0.2	2.3	1.3
pregnancy and HIV/AIDS	65.4	1	33	0.6
pregnancy and Abortion1	73.9	0.4	24.7	0.9
pregnancy and Abortion2	49.1	0.7	49.5	0.7
pregnancy and Abortion3	81.4	0.5	17.2	0.8
pregnancy and Abortion4	85.4	0.2	13.2	1.2
pregnancy and Abortion5	61.7	0.5	37.1	0.6

Association between contraception and abortion1, abortion2, abortion3, abortion4,

	abortion5	(c)		
contraception and Abortion1	73.3	0.6	24.6	1.5
contraception and Abortion2	48.5	0.8	49.3	1.3
contraception and Abortion3	81.2	0.9	16.8	1.1
contraception and Abortion4	84.7	0.4	13.1	1.8
contraception and Abortion5	62.3	1.5	36.2	0.1
contraception and HIV/AIDS	65	2.2	31.8	0.3



52.2	8.4	16.8	22.6
29.7	10.4	39.8	20.2
57.5	5.5	12.2	24.8
59.9	4	9.4	26.6
52.9	12.5	25.1	9.5
	52.2 29.7 57.5 59.9 52.9	52.2 8.4 29.7 10.4 57.5 5.5 59.9 4 52.9 12.5	52.2 8.4 16.8 29.7 10.4 39.8 57.5 5.5 12.2 59.9 4 9.4 52.9 12.5 25.1

Association between HIV/AIDS and abortion1, abortion2, abortion3, abortion4, abortion5

Yes-Yes[1] means knowledge about both dimensions

No-No [2] means no knowledge about both dimensions

Yes-No [3] means knowledge about first dimension only

No-Yes [4] means knowledge about second dimension only

Note: Abortion1*, 2*, 3*, 4* and 5* refers to the

· 1* agree that is it legal for married women to terminate pregnancy?

2* is it legal for unmarried women to terminate pregnancy?

- · 3* is it illegal to abort foetus if women are pregnant for?
- 4* Disagree that is it legal to have the pregnancy terminated if the foetus is female bur couple want a son?
- 5* any pills that a woman can swallow soon after she misses her period, for an abortion if she wants to terminate a pregnancy?



6 Conclusion

This study examined the knowledge of young mothers aged 15-24 years having at least one child about sexual and reproductive health and problem; treatment seeking for those facing problems, health care utilization and its association with knowledge regarding sexual and reproductive health. The result shows the majority of young mothers belonged to the states-Maharashtra, Andhra Pradesh and Tamil Nadu. Almost all of them have knowledge about any of the family planning methods and a major chunk has sexual and pregnancy related knowledge but knowledge regarding HIV/AIDS and abortion was sparse among young women. It is found that adolescent mothers and economically deprived off and those living in rural setting are less knowledgeable regarding SRH matters.

It was found that the Sexual and reproductive health problems are more evident among young mothers living in rural areas, with low education, without work and poor which might be a result of ignorance and less knowledge about hygiene practices among in these setting. Exposure to media reduces the Sexual and reproductive problems probably through increasing knowledge and awareness about sanitation, hygiene and care. Similarly treatment seeking was low among the aforesaid group which can be attributed to lack of accessibility, availability or affordability and these groups are deprived off. Unexpectedly treatment seeking was low among working young mothers that could be a result of overlooking because of unavailability of time for ones own self because of busy schedule.

Health care utilization increased with age. Health care utilization is low in rural areas and among scheduled castes. As years of schooling and wealth quintile increased the level of health care utilization increased; schooling and wealth seem to have a significant effect on healthcare utilisation. Exposure to media significantly and positively affects the health care utilization among young mothers. It was seen that the knowledge about various dimensions of Sexual and reproductive health significantly affects health care utilization and is positively associated to it.

7 Policy implications and recommendations

It is already well known that India has high MMR and is likely to miss its MDG goal of reducing MMR to 100; on this note early marriages and early childbearing might have a significant effect on womens health and it might take a roll on their health and well-being leading to lifelong morbid condition and even death. Young woman is biologically not ready for motherhood and this not only hampers a womens own health but also increase the chances of infant mortality and morbidity among the children born to young mother. It was evident from the study adolescent mothers are at greater risk as they are having less knowledge. Based on these findings various ways can be looked out for combating and improving this situation:

- -There is a need to strictly follow the law of legal age at marriage for girls.
- -Young women must be encouraged to delay childbearing and properly space births.
- -There is a need for special provisions for abortion related information as it was evident that women lack the knowledge and information regarding the availability and norms for availing the abortion services.
- -Reproductive and sexual education must be given to adolescents girls so that they become aware of sexual and reproductive health aspects and take preventive measures.
- -There is a need to aware girls regarding the importance of personal hygiene which can slash down the rates of sexual and reproductive health morbidities among them.

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