Original Article

Role of gender characteristics in adolescent pregnancy among married adolescent residing in urban slums

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How to cite this article:
Naroor BR, Tribhuwan RD. Role of gender characteristics in adolescent pregnancy among married adolescent residing in urban slums. Innov Pharm Pharmacother 2017;5(4):204-209.

Source of Support: Nil,
Conflict of Interest: None declared.

ABSTRACT

Objective: To study the role of gender characteristics in adolescent pregnancy among married adolescents living in urban slums of Pimpri Chinchwad Municipal Corporation (PCMC). **Material and Methods:** This was a retrospective study with descriptive study design with cluster sampling and probability sampling, setting in PCMC urban slums. **Results:** On bivariate analysis, the proportion of adolescent married girls was significantly more as compared to primigravida women (2.4% vs. 40.0%, $P < 0.0001$). More than three-forth (78.8%) of the study sample were in the age group of 20–24 years, two-thirds (33.5%) had attained education up to middle-level (5th–7th Std.) and were of general caste (34.1%), followed by SC/STs (28.8%) and OBCs (28.2%).The mean age of adolescent married girl at the time marriage was significantly less (17 years vs. 19 years, $P < 0.0001$) than primigravida woman. The decision about the marriage was mostly taken by the "father." More than half of the adolescent married girls (54.1%) married to relatives from their extended families which were less in primigravida women (48.2%). In adolescent married girls, more than three-fourths (52.6% vs. 77.1%) had no idea of pregnancy and near to one-fourth (23.7% vs. 11.4%) among primigravida reported to conceive in the 1st year itself since mother-in-law wanted it. Decision makers about family size showed no significant difference between the study and control group. **Conclusion:** The univariate logistic regression modeling of lack of awareness about spacing method suggests that lack of awareness about spacing method was associated with women with younger age. The interplay between gender and adolescent pregnancy highlights the importance of incorporating gender characteristics in the social determinant of health.

Keywords: Adolescent, urban slums, gender characteristics, social health

Introduction

Demographically adolescent is a homogenous group, but socially adolescents are not same everywhere.They are socialized and nurtured differently in different society. Most of the societies link the biological maturation of adolescents with the onset of puberty. Giddens explains gender socialization as a more focused form of socialization and further adds how children of different sexes are socialized into gender roles.[1] Studies show youth are sexually active outside marriage in some parts of the world as a result of migration, peer pressure, media, etc. The interval between childhood and parenthood may be relatively prolonged in developed nations, but in developing country like India, the interval may be less. Hence, adolescent health is of great interest not only to Public Health Specialist but also to a social scientist.

Access this article online	
Website: www.innpharmacotherapy.com	**e-ISSN:** 2321-323X **p-ISSN:** 2395-0781

Adolescent or teenage pregnancies, encompassing conceptions by girls aged 19 or younger, are a worldwide phenomenon. Adolescent pregnant girls are at higher risk of maternal deaths as compared to women who are in the 20s and 30s age bracket. "Globally, about one-third of woman aged 20–24 were child brides (UNICEF, 2015)." All these manifestation points to the social construction of adolescent and their adolescence, wherein Gender plays a significant role. Gender is socially constructed roles and responsibilities that women carry at home. The gender norms differentiate in defining masculinity and feminine identity in society. Gender relations of power constitute the root cause of gender inequality are among the most influential determinants of health.[2] Gender is embedded in the social relationships in the form of power, social control, and access to resources, which is defined by class, caste, religion, region, kinship, and other parameters. Gender bias and the process of socialization are closely linked, and gender bias is found in the socialization of girl child in slums.[3] In India, women become a mother too soon and have too many children within a short span and leading to health morbidities. "Many feminist literatures have recognized marriage as a key institutional site for the production and reproduction of gender

educator, the response of adolescent married girl, was twice more than primigravida women while adult women rely more on teachers and friends. Source of primary information could be significantly associated with marriage age and education on menstrual hygiene ($P < 0.017$) and sex education ($P < 0.14$) showing adolescent married girls are more vulnerable than adult women.

Conception and preference of male child

Tradition still looms in the attitude and culture practices, only 35.9%, 16.5% primigravida, and adolescent married girls responded progressively to planning. Three-fourths of adolescent married girls had no preconception idea about pregnancy. In this study, power discourse is given as others take "decision" regarding first pregnancy mostly, i.e., other than self. 4% more primigravida women compared to adolescent mothers are ready to wait regarding first pregnancy. There was no significant association between age and early conception but prefer to have a boy or girl was associated with first pregnancy ($P = 0.029$). The study also brings out another feature, more adult women compared to adolescent mothers (9.4% vs. 20.0%) opined for no preference of sex during childbirth while the more healthy baby is preferred among adult women (29.4% vs. 16.5%) adolescent mothers.

Knowledge about sex determination

The determinant for the sex of the child is correctly stated by 50% of respondents. While ambiguity still prevails among 49.5% with answers like God, female (mother) and both regarding determinant of sex. The study stated "father" as a determinant of sex by Primigravida women (69.4% vs. 31.8%, $P < 0.0001$), whereas God as a determinant of the sex of the child among adolescent married girls (29.4% vs. 63.5%, $P < 0.0001$). This clearly demarks the poor knowledge and education regarding sex education among younger women. Most of them opined for preference of son, which aligns with India's patrilineal and patriarchal family system.

Reproductive autonomy

Decision makers about family size showed no significant difference between the study and control group. The decision lies more on husband and mother-in-law among both the groups. The self-autonomy and decision-making among respondent were found slightly higher among primigravida women compared to adolescent married girls (10.6% vs. 8.2%). Female autonomy is important in the context of adolescent women because younger women often lack negotiating skills within the family for health care as well as there is a lack of availability and accessibility to health facilities.[16]

Conclusion

Patriarchal control and lack of reproductive autonomy make the adolescent bodies targets of reproduction. Reproductive freedom is bound by the control over the female bodies and their sexuality. In a society like India which is predominantly patriarchal and patrilineal, men are superior so women even though engaged in productive work remain inclined to men for the decision which is found in the case of marriages, selection of a mate, deciding family size, selection of appropriate time for marriage and using a contraceptive. The interplay between gender and adolescent pregnancy highlights the importance of incorporating gender characteristics in the social determinant of health.

ACKNOWLEDGEMENT

Material Published is a piece of work from my PhD thesis Iam doing under the guidance of Dr. Robin D. Tribhuwan and Statistical analysis done by Mr. Deepak Suryawamshi.

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