

SWWAMPURNA - A Behavioral Change Communication in Teenage Pregnancy A Study of NCR Slums 2016 – 17

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Abstract

Development is the endeavor through certain pre-planned, well strategized and well executed initiatives to uplift the condition of a target community living in challenging situations of denial and deprivation to that of health, wellness and contentment. When such initiatives takes into account the needs and requirements of the present without compromising the fundamental issues of welfare of tomorrow then, such a programme become sustainable. Experience well indicate that, if the tools and principles of communication are simultaneously applied right from the concept to the commissioning of such projects, then chances of making development sustainable and cost effective become scientifically high. Further, it is expected that application of the emerging multimedia options and gamification will further enhance outcome of the initiatives.

This paper is based on an Action Research (January 2017 to May 2017) undertaken as part of an academic assignment). The focus of this study was to detect teen pregnancy (if any) in the randomly selected slum and examine means of addressing their issues using tools and principles of communication.

Keywords: Sustainable Development, Denial, Deprivation, Welfare, Tools and Principles, Communication

Introduction

Development is a planned initiative to uplift life conditions of the target population living in conditions of denial and deprivation to that of health, wellness and contentment. To make the process more acceptable and thereby cost effective and sustainable as well, tools and principles needs to be applied judiciously.

Principles of communication remain universal; innovation is made predominantly in the domain of the “tools” of communication. Here, the emerging trend is to maximize our Information and Communication technology (ICT) options. Banking on the heavy penetration of smart phones in the lower strata of society, and the ever increasing reach of the internet, our tools are ever changing and growing – the need to experiment, mix and match is critical to bring in crucial innovation that would change our current condition.

With this principle in mind, our endeavor was to first detect existing teen pregnancy and thereafter examine issues related to this social ill that is majorly plaguing the socio-political and economic conditions of India even today.

70 years of Independence has brought us many kudos, our fantastic maiden expedition to the planet Mars, our self-sufficiency in food security, our progressive strength in start up and stand up India - the list is long and impressive, but the flip side of this is equally stark and staggering! And we are yet to address such ills like female feticide, child marriage, teenage pregnancies, and related issues that are plaguing and bothering us. In India, although the legal age for marriage is 18 for females and 21 for males, early marriage still continues to be the norm. One wonders here, how is this still so despite the obvious and strong efforts made by the various governments and NGOs at various levels since the past decades of our independence?

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An International research says that by the age of 15 as many as 26% of females are married and by the age of 18, this figure rises to 54%. Since most “child birth” in India is expected to occur within marriage, so the lower age at the time of marriage automatically links to an early onset of sexual activity, and thereby fertility in the Indian social system. This especially holds good for people living in the bottom of the population pyramid. Migrant and thereby constituting the majority of the urban slum population, this extremely dynamic component of the rising cities of India that represents the India that is emerging with strength and vigour in the global panorama, represent our villages that need to be addressed with more caution and immediacy for this new nation building process to become truly successful. .

According to a paper published by WHO, the birth rate per 1000 females in the age group of 15 – 19 yrs was 107 with considerable difference between rural and urban regions: in rural areas the adolescent birth rate was 121 out of 1000, while in Delhi it was 36 out of 1000 during the year 1998 – 99. Hence, in the “ALL is not Well” Paradigm that India seems to be pledging to herself appears to have serious chinks. The significant causality here is “Sustainable development” in terms of Health and Hygiene.

Our Practices of Today Seriously Comprise the Needs and Health of Tomorrow.

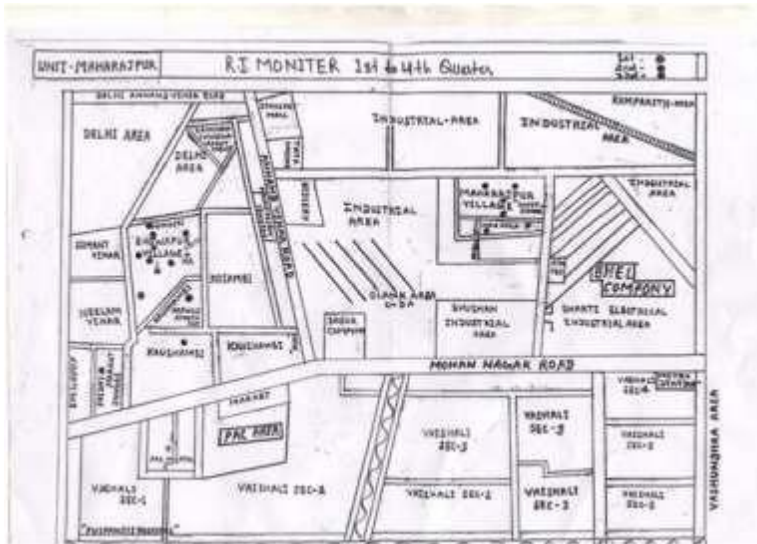
In order to meet basic livelihood, our cities witness a stream of migration from the rural areas. Majority of this migrant population that come to our cities end up living in and occupying the areas that bear the undignified label of “SLUMS”. Slums are known for their conditions of apathy, squalor, dinginess, high occupancy, and unlivable conditions like straw or torn metal roof holding barely against the vagaries of the unpredictable weathers. Much health and hygiene is compromised here in order to meet basic needs of a single day. Such conditions become more acute with issues that affect women and children.

Maharajpur

With such references, an academic survey was conducted in the vicinity of Maharajpur. Maharajpur – is situated at Sahibabad Industrial Area. Sahibabad is the name for a group of industrial, residential and commercial areas within the jurisdiction of Ghaziabad District of Uttar Pradesh, India. It touches the borders of Delhi, Noida, and the main city of Ghaziabad and constitutes a part of the Delhi National Capital Region or the NCR.



Picture 1 – Teenage mothers Identified during the Action Research



Picture 2 : Complete map showing the Area of Maharajpur Village.



Picture 3 : Photo showing the vicinity of Maharajpur.

The area of Maharajpur is divided into 2 units under the supervision of urban public health centers (UPHC). Hence, Maharajpur has all the amenities that a NCR area should ideally possess like malls, multiplexes, a metro Station at “VASHALI” and a 5 Star Hotel - the Radison Blu .

In this vicinity, lies the small area of Bhowapur village and Maharajpur village. The site includes the migrants from various states like Bihar, Jharkhand and Uttar Pradesh, while there are also some migrants from Nepal and

Bangladesh hiding their identity and frequently changing their location to remain untraceable.

Maharajpur Unit 1 which is the “Bhowapur village” is also known as “Friday Market ki Juggi”. The livelihood for most in this juggies is Garbage picking. They live in the notion that more number of children they have will need more number of garbage pickers in the family, and hence more number of members earning for the family.

On the other hand, Maharajpur Unit 2 area is also known as the “Government school ki juggi”. This area comprises of 80% of the Muslim population and refugees from Nepal, Bangladesh and other neighboring countries. The livelihood of people residing in this area is garbage picking as well. Further, the team also found micro food stalls selling local food like Pani-puri, and that which the migrants bring with them like Chinese and momos. Women here are found to work as domestic aids in the residential complexes of the neighborhood.

The demographic census (2011) shows that total population of Maharajpur is 12, 2975. Whereas, Bhowalpur and Maharajpur Unit 2 vicinity together has total population of 1405, which comprises of 768 of male and 637 women (sources : UPHC). After the survey was conducted the team could trace 21 cases of teenage pregnancy in the area.



Picture 4 : Photo showing the vicinity of Maharajpur.

The authorities may not have documented these numbers, since the legal age of marriage for girls is 18. Hence, these teenagers were shown to have attained the legal age of 18 years, in the government documents by their family members.

However, during this survey it was found that the following reasons were mainly responsible the teenage pregnancy in the locality of Maharajpur:

- There is a financial incentive to marry a girl earlier, since they'll need to pay the groom's family more money to marry off an educated girl.
- Once a daughter has been sent off, there's one less mouth to feed while for the groom's family there is one more hand to work.
- Peer pressure plays a role when a family doesn't get a daughter married off at the socially appears age; neighbors become inquisitive AS THEY FEEL

SOMETHING MAY BE WRONG WITH THE GIRL.

- Another big concern behind early marriage is family honor, even in such condition of dirt and squalor along with a fear that unmarried girls will become romantically involved before they are married.
- Parents also fear that unmarried daughters are more likely to face sexual violence, with no socio-legal redress at their disposal.
- Girls have no say in the arrangement of their marriages including the right to refuse to be intimate, with a stranger they are forced to marry.

Although, marriage at an early age provides social recognition and approval of a sexual relation and of a pregnancy, it is clear that marriage and pregnancies among very young girls shortly after their menarche) become greatly disadvantageous for their education and psychological growth, and is irreversibly harmful to their health.

Another big reason of teenage pregnancy in India is lack of sexual education in India, knowledge and use of contraceptives among adolescents is very limited. In 1992 – 93, not more than 5% of married aged 13 -14 years and 71% of married teenagers aged 15 – 19 years were practicing contraception. This is low compared to 21% among women aged 20 -24 and 61% for women aged 35 – 39 years (UNFPA, 2001)

Risk factors involved in case of Teenage pregnancy are –

- Hypertension
- Anemia
- Malaria
- HIV infection and other sexually transmitted diseases (STDs)
- Iodine Deficiency
- And above all, the psychological trauma that a girl has to go through is incurable.

Whereas, Teenage pregnancy leads to the following outcomes –

- Sub divisions of pre term birth (birth before 37 weeks)
- Incidence of preterm labors and delivery in adolescents
- Low birth weight
- Small for Gestational (SGA) age infants
- Prenatal and infants mortality
- Maternal mortality and morbidity

Today, India has the highest demographic dividend, and by neglecting this issue of “teenage pregnancy” we are self eliminating the major part of our young female potential and their chance to play an effective role in India’s progress and development. Now, is the right time to eradicate the concept of the “Missing Women” and

involve our girls in the 360 degree development of the Nation building process?

Our survey indicates that Teenage pregnancy as a social practice occurs by and large in localities which are also causality to Swacch Bharat where health, Hygiene and Sanitation are grossly compromised. So, in other words, efforts to make India cleaner, greener and safer cannot be done from silos.

Therefore, the efforts and initiatives need to be holistic and more specially speaking if women are targeted then the outcome can be expected to be more broad based and more sustainable.

Under this paradigm, SWWAMPURNA is all about “making every adolescent complete within herself” and become a legitimate and reliable part of our nation building process. Hence, it is very important that we should take serious cognizance of existing cases of Teenage pregnancy and related issues. In this we may use a two pronged approach.

Under the top down, every SWWAMPURNA, living in any and every little village, tehsil, remote areas or our ever growing metropolitan cities has the following institution remotely enveloping her but remotely so. We now propose a real time smart and irreversible linking up of every HINTHERTO, ignored and isolated SWWAMPURNA’s with these well established, well entrenched, well equipped institutions irrefutably with the help of her Aadhar card – the unique biometric identification issued by the govt. to every individual resident of India.

Aadhar linkage may bring the following advantages –



1. **Primary Health Centre** should maintain updated records of Number of pregnant women and their other nominal details like age etc, in order to identify the incidence of teenage pregnancy.
2. **Hospital** should conduct dental checkups of the pregnant women to identify the age of the mother.
3. **Police Station** should take up their preventive and protectionist role.
4. **Media** should also keep up the continuous its sustained public awareness campaign.
5. **Ancillary Workers** should be trained to counsel the pregnant mothers using emerging techniques like AR / VR and Gamification.

In the bottom up approach counseling as mentioned earlier, should use of innovative, and emerging, scientific techniques, like AR / VR and gamification which appears to have greater impact in behavior change and in enabling the process of healthy dialogues between the stakeholders should be encouraged.

“Beti Bachao, Beti Padhao aur usse Jeevan me SWAMPURNA Banao”.

- **Completeness in every ASPECT of life**

Bibliography

1. *‘Communication Express: An Anthology Collected Essays on Communication’ Edited by Suparna Dutta, (MACMILLAN Publishers India Ltd) ISBN NO 978-9350-59311 2012*
2. *‘Research Methods in Applied Linguistics’, Zoltan Dornyei, OUP, ISBN 9780194422581*
3. *Realising the Economic Potential of Sustainable Resources – Bioproducts from Non-food Crops. CNAP, University of York, <http://www.epobio.net/overview.htm>&[http Wright L 2007 EPOBIO](http://www.epobio.net/overview.htm)*
4. *Measuring the Impact of ICT for Development. Current Studies on Science technology and Innovation.*
5. *The Value for Multimedia in Learning 12p. Adobe Systems Incorporated, PShank 2005*
6. *Guide to measuring Information & Communication Technologies (ICT) in Education, Montreal Quebec, Canada, UNESCO Institute for Statistics, 2009*
7. *Ministry of Environment and Forest 2009; State of Environment Report, India*
8. *Participatory Learning & Action -A Trainers Guide, London, IIED 1995*
9. *The Participatory Communication for Development Narrative; An Examination of Meta-theoretic Assumptions & their Impacts, Dervin, B. & Huesca, R. 1999 (T. Jacobson & J.Servaes, (Eds.) Theoretical Approaches to Participatory Communication, Cresskill, NJ; Hampton Press)*
10. *Community Capacity Building; A Critical Evaluation of the THIRD Sector Approach. Review of Policy Research, 21 (5), Willams C. 2004*