

Original Research Article

Roots of change: intergenerational cycle of adolescent fatherhood in rural Jharkhand and Odisha

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ABSTRACT

Background: Numerous studies have documented an intergenerational cycle of adolescent motherhood, wherein daughters of adolescent mothers are more likely to follow suit. This pattern may result from biological predisposition, heritable attitudes, or the socioeconomic environment influenced by early childbirth. Surprisingly, the same cycle among young fathers remains unexplored in India. This research paper seeks to enrich the existing body of knowledge by shedding light on the intergenerational cycle of adolescent fatherhood in the rural Jharkhand and Odisha, possibly as a first of its kind study.

Methods: A case control study was conducted between June 2023 to August 2023 amongst adolescent males residing in rural areas of Jharkhand and Odisha states with sample size of 228 using multi-stage sampling technique.

Results: The study did not reveal statistically significant association between adolescent fathers of this generation and adolescent fathers or adolescent mothers of previous generation, unlike in the case of adolescent mothers.

Conclusions: To address adolescent reproductive sexual Health challenges in rural Jharkhand and Odisha effectively, it is imperative to emphasize targeted educational campaigns with cultural sensitivity, actively involve adolescent males and maintain a steadfast long-term commitment to fostering cultural transformation.

Keywords: Adolescent fatherhood, Rural Jharkhand, Rural Odisha, Teenage pregnancy

INTRODUCTION

Adolescence is a distinct phase between childhood and adulthood crucial for establishing good health practices. It entails rapid physical, cognitive and psychosocial growth, influencing emotions, decisions, and interactions. Contrary to the general perception significant mortality, illness, and injury occur in this period, often preventable or treatable. Adolescence shape habits affecting health, like diet, physical activity and substance use. Access to proper information, life skills, equitable healthcare and supportive environments is vital for their well-being and development. Enabling their involvement in health initiatives is essential to address their unique needs.¹ There are 253 million adolescents in the age group 10-19

years in India and about 6.8% of the women of age group 15-19 years are mothers or currently pregnant.^{2,3} In the regions of Jharkhand and Odisha, these figures are 9.8% and 7.6%, respectively.^{4,5}

Numerous studies have documented an intergenerational cycle of adolescent motherhood, wherein daughters of adolescent mothers are more likely to follow suit. This pattern may result from biological predisposition, heritable attitudes, or the socioeconomic environment influenced by early childbirth. Surprisingly, the same cycle among young fathers remains unexplored. Characteristics tied to young fatherhood might create contexts predisposing children to risky behaviour and early parenthood.⁶ The phenomenon of adolescent fatherhood, while often overshadowed by discussions of

adolescent motherhood, constitutes a significant social and public health concern with far-reaching consequences. The intergenerational transmission of adolescent fatherhood emerges from the intricate interplay of diverse socio-economic, cultural, and individual factors. Rooted within the broader tapestry of gender constructs, familial frameworks, and communal dynamics, this investigation seeks to unveil the fundamental determinants that drive the perpetuation of early fatherhood within the specified geographical domains. This research also seeks to enrich the existing body of knowledge by shedding light on the intergenerational cycle of adolescent fatherhood in rural Jharkhand and Odisha.

Objectives

Objectives of current study were to explore the existence of intergenerational cycle of adolescent fatherhood in rural Jharkhand and Odisha, To describe the contributing risk factors leading to adolescent fatherhood and To describe the sociodemographic profile of the study population.

METHODS

A case control study was conducted between June 2023 to August 2023 amongst individuals residing in rural areas of Jharkhand and Odisha states with sample size of 228 individuals, with two-sided confidence level of 95, Power of 80%, ratio of controls to cases of 1, hypothetical proportion of controls with exposure 8.6%⁶ and least extreme odds ratio to be detected is 3.0. Multistage sampling was used to select sample wherein at first stage simple random sampling was used to select districts and in stage 2, simple random sampling was used to select blocks and in stage 3, convenience sampling was used to select individuals. Adolescent males between 10-21 years of age and adolescent females between 10-18 years of age, permanent residents (>6months) and who gave informed consent were included in the study. A semi structured questionnaire was used for data collection and analysis was done using descriptive statistics like frequency, proportion, mean, standard deviation, inferential statistics like chi-square test, Fisher Exact test and logistic regression analysis.

Operational definitions

Adolescent Man: Male between 10-21 years of age. Adolescent Father: Males between 10-21 years of age who is a biological father. Adolescent Woman: Females between 10-18 years of age. Adolescent Mother: Females between 10-18 years of age who is a biological mother

RESULTS

Among the study population 171 (75%) participants belonged to Odisha and 57 (25%) belonged to Jharkhand state, 228 households were involved in the study.

Table 1: Sociodemographic profile of study population.

Parameters	N	%
State		
Odisha	171	75.0
Jharkhand	57	25.0
District		
Jajpur	139	61.0
Dhanbad	29	12.7
Kendujhar	29	12.7
Ramgarh	28	12.3
Ganjam	3	1.3
Block		
Danagadi	71	31.1
Sukinda	68	29.8
Dhanbad	28	12.3
Mandu	28	12.3
Harichandanpur	19	8.3
Joda	10	4.4
Rangeilunda	3	1.3
Baghmara	1	0.4
Caste		
ST-Non PVTG	89	39.0
SC	56	24.6
ST-PVTG	50	21.9
OBC	31	13.6
General	2	0.9
Occupation		
Unskilled	106	46.5
Semiskilled	69	30.3
Unemployed	25	11.0
Skilled	16	7.0
Student	12	4.8
Type of family		
Broken family	41	18.0
Joint family	156	68.4
Nuclear	27	11.8
Orphan	4	1.8

Mean monthly income of the households was INR 10,265±4,934. Majority of the individuals were employed in unskilled occupations. Mean years of education was 9±3.2 years. Majority (68.4%) of the individuals belonged to Joint family. 18.0% respondents belonged to broken families (Table 1). There was no statistically significant association between adolescent fathers of this generation and adolescent fathers or adolescent mothers of previous generation (Table 2). There is a significant association between alcohol use (OR-2.73), cultural norm (OR-2.9) for early marriage and being adolescent father. Other associated factors such as tobacco use, peer pressure, smartphone use, sex education in school were not significantly associated of being adolescent father in this generation (Table 2). 49.6% of the adolescent fathers in the present generation do not want their children to become adolescent parents in the next generation.

Table 2: Association between various risk factors and adolescent fatherhood.

Parameters		Case adolescent father	Control adolescent who is not a father	OR	P value
Adolescent fatherhood (previous generation)	No	65	63	1.074 (0.636-1.812)	0.790
	Yes	49	51		
Adolescent motherhood (previous generation)	No	67	63	1.154 (0.683-1.950)	0.593
	Yes	47	51		
Tobacco use	Smoking	5	1	NA	0.147
	Smokeless	11	8		
	Mixed	30	23		
	No	68	82		
Alcohol consumption	No	46	74	2.735	<0.05
	Yes	68	40		
Parents were consanguineously married (previous generation)	No	85	84	1.047 (0.579-1.894)	0.880
	Yes	29	30		
H/O genetic disease in the family	No	108	105	1.543 (0.531-4.486)	0.423
	Yes	6	9		
Sex education in school	No	99	104	0.635 (0.272 -1.479)	0.289
	Yes	15	10		
History of delinquency	No	107	109	0.701 (0.216-2.278)	0.553
	Yes	7	5		
Cultural norm for early marriage	No	91	105	2.949	<0/05
	Yes	23	9		
Peer pressure	No	92	97	0.0733 (0.366-1.467)	0.379
	Yes	22	17		
Smartphone use	No	32	33	0.958 (0.539-1.702)	0.883
	Yes	82	81		
Belongs to PVTG	No	47	42	1.5454 (0.768-3.108)	0.222
	Yes	21	29		

DISCUSSION

Tata steel foundation (TSF) has been implementing public health activities and supporting various national health programmes in Jharkhand and Odisha. Adolescent reproductive sexual health (ARSH) is considered taboo in rural areas, with parents and teachers reluctant to discuss these issues at home or in school, leaving adolescents with no information available to them. The Regional Initiative for Safe Sexual Health by Today's Adolescents (RISHTA) program of TSF focuses on engaging adolescents and empowering them with the information and services required to positively influence their long-term health indicators, especially Reproductive Health (RH).

The program focusses on the reduction of underage marriages among girls and adolescent fertility rate by involving adolescent girls, boys, parents, teachers, mothers-in-law, community leaders, frontline health workers et.al. It follows a 4-pronged approach of adolescent centric approach, peer educator led approach, collaborative approach and community centric approach to address the health challenges of adolescents. Present study shows a statistically significant association between alcohol use and being adolescent father, which contrasts

with study conducted by Christmon et al which showed early fatherhood was not associated with alcohol or other drug use.⁷ The difference may be due to different periods of the studies and different geography. This study also showed a statistically significant association between having a cultural norm for early marriage and being adolescent father. Cultural attitudes and beliefs have been cited as possible precursors for early parenthood within minority community groups, demonstrating that beliefs around early fatherhood may be more prevalent among certain ethnic minority groups.⁸ Cultural pathways to fathering can differ across communities, with men placing emphases on different socialization goals and practices to achieve common ends-the health and wellbeing of families and children. These roles and responsibilities co-occur with other life events (e.g., economic challenges, discrimination, oppression, cultural transplantation) and are often driven by internal scripts or ethno-theories about masculinity/manhood that are contested and changing.⁹ There is a disassociation between today's adolescent fathers and their counterparts from the previous generation. This disconnect might stem from the guidance and counsel given by the previous generation, which strongly discouraged the idea of entering into early marriages.

CONCLUSION

In order to address adolescent reproductive sexual Health challenges in rural Jharkhand and Odisha effectively, it is imperative to emphasize targeted educational campaigns with cultural sensitivity, actively involve adolescent males and maintain a steadfast long-term commitment to fostering cultural transformation.

Recommendations

Targeted education: Implement focused awareness campaigns on ARSH in rural areas, targeting adolescents, parents, teachers, and community leaders. **Cultural sensitivity:** Incorporate cultural sensitivity into adolescent health programs, respecting local norms and beliefs to promote responsible ARSH choices. **Engage men:** Encourage male adolescent participation to address issues like alcohol use and early fatherhood. **Continuous evaluation:** Conduct ongoing research and evaluation to adapt strategies and ensure effectiveness. **Interdisciplinary collaboration:** Collaborate with various sectors, including education and community development, for a comprehensive approach. **Long-term commitment:** Embrace a sustained effort to transform cultural perceptions of ARSH and early fatherhood.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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