

Reproductive Health Awareness among Adolescent Girls of Rural Patna

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Abstract: Adolescents in rural areas may face troubles due to lack of right kind of information regarding their own physical and sexual developments. Adolescence, as defined by the World Health Organization is the age ranging between 10 to 19 years. It is difficult to define, Adolescence in precise terms, due to several reasons, First, it is widely acknowledged that each individual experiences this period differently depending on her or his physical, emotional and cognitive maturation as well as other contingencies among adolescents, girls are especially vulnerable and more susceptible biologically to reproductive tract infections. **Objective:** The study is to examine the reproductive health knowledge of rural adolescent girls. **Method:** This study was conducted on rural areas of Patna with random sample method. The total sample size was 45, selected from adolescent girls of village schools. The self-administered questionnaire investigated female students' (aged 14-18) exposure and opinions towards sex education. **Results:** The study revealed that education programmes are distinguished as being of particular importance to adolescents, regardless of nation or community setting. It is seen that their knowledge was poor about reproductive health and average during pretest and remarkable improvement took place.

Keywords: Adolescence, reproductive, individual, education, female

I. INTRODUCTION

The term “Adolescence” comes from the Latin word ‘adolescere’ that means “to grow” or “to grow to maturity”. In India adolescent age is defined as children in the range of 10-19 years. Adolescence is an age of opportunity for children and development of their physical, intellectual, emotional, psychological, social and spiritual aspects and also in his/her whole human hood, which often neglected. The time of growing up from childhood to adulthood is known as the Adolescence. It is a period of physical and mental growth. It is the period between childhood and adulthood, marked by enhanced basal metabolic activities, in addition to endogenous processes like secretion of hormones and their influence on body.

Adolescence Health

The physical changes that herald adolescence the development of breasts and first menstrual periods for girls, the deepened voices and broadened shoulders for boys—are the most visible and striking markers of this stage. However, these physical changes represent just a fraction of the developmental processes that adolescents experience. Their developing brains bring new cognitive skills that enhance their ability to reason and to think abstractly. They develop emotionally, establishing a new sense of who they are and who they want to become. Despite popular perceptions to the contrary, adolescents across the world are generally healthier today than in previous generations. This is in large measure a legacy of greater attention to and investment in early childhood, higher rates of infant immunization and improved infant nutrition, which yield physiological benefit, that persist into adolescence. Girls have lower rates of mortality in adolescence than boys, though the difference is much more marked in industrialized countries than in developing countries. Yet in 2004 almost 1 million children under age 18 died of an injury, Risks to adolescent survival and health stem from several causes, including accidents, AIDS, early pregnancy, unsafe abortions, risky behaviours such as tobacco consumption and drug use, mental health issues and violence. These risks are addressed below, with the exception of violence, which is tackled later on in the section on gender and protection.

Sexual and Reproductive Health

Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

Investing in sexual and reproductive health knowledge and services for early adolescents is critical for several reasons. The first is that some adolescents are engaging in sexual relations in early adolescence. Secondly, empowering adolescent girls in particular with the knowledge of sexual and reproductive health, owing to the gender-related protection risks they face in many countries and communities. Child marriage often deemed by elders to protect girls – and, to a much lesser extent, boys – from sexual predation, promiscuity and

social ostracism, in fact makes children more likely to be ignorant about health and more vulnerable to school dropout. Many adolescent girls are required to marry early, and when they become pregnant, they face a much higher risk of maternal mortality, as their bodies are not mature enough to cope with the experience

Adolescent Health in India

According to 2011 census data, there are 253 million adolescents in the age group 10-19 years, which comprise little more than one-fifth of India's total population. Government of India recognized the importance of influencing health seeking behavior of adolescents. In rural India, due to lack of education, gender inequality, girls are forced into early marriage, early child bearing, violence and sexual abuse. Menstruation is generally regarded as unclean in the rural society. The knowledge and practices about reproductive health among rural adolescent girls is very poor as shown by many studies done in India.

India is home to 253 million adolescents (10-19 years) constituting about one fourth of the population this represents an unprecedented opportunity that can transform the social and economic fortunes of the country. In order to ensure holistic development of this strong population,

➤ **The Ministry of Health and Family Welfare has initiated various schemes and programmes.**

Reproductive, Maternal, New Born, Child plus Adolescent Health (RMNCH+A)

At the "Call to Action" summit at Mahabalipuram in February 2013, India took the lead in articulating 'A Strategic approach to Reproductive Maternal, Newborn, Child and Adolescent health (RMNCH+A)'. This approach, for the first time, brings focus on adolescents as a critical life stage and linkages between child survival, maternal health and family planning interventions.

The approach aims to strengthen the referral linkages between community and facility based health services. It also lays emphasis on health systems strengthening as the foundation on which technical interventions must be overlaid for effective outcomes. Following the National Call to Action where this strategic approach was unveiled, State Calls to Action have been organized across the country to ensure quick implementation.

Adolescent Reproductive and Sexual Health (ARSH) Programme

Adolescent Reproductive and Sexual Health Programme focuses on reorganizing the existing public health system in order to meet health service needs of adolescents through provision of promotive, preventive and curative services at designated Adolescent Friendly Health Clinics across level of care.

Scheme for Promotion of Menstrual Hygiene

The Scheme for Promotion of Menstrual Hygiene has been initiated for rural adolescent girls in the age group of 10-19 years age group. This programme aims at girls in rural areas have adequate knowledge and information about menstrual hygiene and have access to high quality sanitary napkins along with safe disposal mechanisms. The major objectives of the programme are- Increase awareness about menstrual hygiene among rural adolescent girls, increase use of high quality sanitary napkins among rural adolescent girls, ensure establishment of safe mechanism for disposal of Sanitary.

Weekly Iron & Folic Acid Supplementation Programme

The Ministry of Health and Family Welfare has rolled out the Weekly Iron and Folic Acid Supplementation (WIFS) Programme in 2012-13 to meet the challenge of high prevalence and incidence of Iron Deficiency Anaemia amongst adolescent girls and boys.

Rashtriya Kishor Swasthya Karyakram

The Ministry of Health and Family Welfare has adopted a continuum of care approach through its RMNCH+A strategy, in which +A denotes the addition of Adolescent Health. Rashtriya Kishor Swasthya Karyakram (RKSK) was launched on 7th January 2014 to reach out to 253 million adolescent including male and female, rural and urban, married and unmarried, in and out-of- school adolescents.

National Iron + Initiative

National Iron + Initiative were launched on 7th February 2013 for prevention and treatment of Iron Deficiency Anaemia among most vulnerable age groups. This initiative envisage provision of IFA supplementation and therapeutic management of mild, moderate and severe anaemia in children (6months- 10 years), adolescents (10-19 years), pregnant and lactating women and women of reproductive age group (15-45years) through a continuum of care approach.

Rational of the study

Adolescents' problem of development is of basic nature. If they are warmly accepted at home, they will feel happy and emotionally secure. If they move into a group of peers, which is dominated by youngsters, they are likely to have different values. As people live together personal problems, family problems and community problems appear on the horizon of everyday living drug abuse, homelessness, crime, delinquency, mental illness, suicide, school dropouts and numerous other social problems which are around us at every turn. The changes taking place in the society further leads to adolescent problems.

II. REVIEW OF LITERATURE

India is home to more than 243 million adolescents, who account for almost 20 per cent of the country's population. Over the past two decades, rapid economic growth – with real gross domestic product averaging 4.8 per cent between 1990 and 2009 – has lifted millions of Indians out of poverty; this, combined with government programmes, has led to the improved health and development of the country's adolescents. However, many challenges remain for India's youthful population, particularly for girls, who face gender disparities in education and nutrition, early marriage and discrimination, especially against those belonging to socially excluded castes and tribes.

According to A.T. Jersild, "Adolescence is a span of fears during which boys and girls move from childhood to adulthood mentally, emotionally, socially and physically". In India Adolescence is a phase that is more difficult to define, particularly in terms of age. The classic age-wise grouping for Adolescence is between 11 to 18 years for girls and between 12 to 18 years for boys.

Reproductive Health

As per 2011 census, India's population is 1.21 billion. This decade (2001-2011) has witnessed the steepest decline in growth rate, since independence, from 21.54% in 1990-2000 to 17.64% in 2001-2011. The Total Fertility Rate has declined from 3.2 in 2000 to 2.4 in 2012 (SRS-2012), with 23 States and UTs having already achieved the replacement level of fertility of 2.1. Rate of decline of TFR has accelerated by 52.3% during 2006-2011 as compared to 2000-2005. Rate of decline from 2000 to 2005 was 9.38% and from 2006 to 2012 was 14.29%. Family Planning Program has been repositioned to not only achieve population stabilization but also to reduce maternal mortality and infant and child mortality. More emphasis is now being given to the healthy spacing between births.

Objective

- To assess the socio-economic status of adolescent girls.
- To assess the reproductive health awareness among adolescent girls.

III. METHOD

Universe: This study was conducted at rural areas of Patna. This is an intervention study & the study population includes girls from remedial classes (class VIII & XII) of Patna.

Sample Size: The total sample was consisted of 45 girls.

Nature of Sampling: The study was based on random sample procedure which includes fourty five school going adolescent girls who joined remedial classes in government school and all were studying in class VIII to XII, and fifteen girls are taken from each village.

Tool & Procedure

A pre- tested 50 items, structured questionnaire was administered, which tested the knowledge and perceptions of the study population on various aspects of adolescent health. The questionnaire included baseline characteristics of the study population including socio-demographics and knowledge of adolescent changes, menstruation and hygiene, its associated problems, sexual behavior, marriage, pregnancy, abortion, contraception and STI/AIDS, Post-test. The data was analyzed using proportions and percentage.

IV. RESULTS

Age means the length of time that an organism has lived. Age is an important feature in determining the social ethos, values and aspirations of the individual. As the age of the individual increases he/she becomes more worldly wise, has store of rich experiences which brings about change in personality and behaviour. Thus the age of the individual is important to study in research and also the personnel characteristics of respondents have a very significant role to play in expressing and giving the responses about the problem, keeping this in mind, in this study a set of personal characteristics namely, age, sex, education, occupation, family income etc. were included to assess the background of the study respondents.

Table No. 1 Age Distribution of Adolescent Girls

| S.N | Age | Respondents Out of 45 | Percentage (%) |
|-----|-------|-----------------------|----------------|
| 1 | 14-15 | 10 | 22 |
| 2 | 15-16 | 12 | 27 |
| 3 | 16-17 | 15 | 33 |
| 4 | 17-18 | 08 | 18 |
| | Total | 45 | 100 |

According to table 1 majority of study respondents (33%) were of age group 16-17, around twenty two percent of the school girls were in the age group 14-15 years; twenty seven were in age 15-16, few of them (18%) were belonged to age group 17-18. One third part of the study respondents were belonged to Hindu

families and rest of them were belonged to Muslim families. A majority of the parents were illiterate. Seventy one percent were from low socio-economic group. Majority of the girl's attained menarche at 12 to 13 years of age.

Table No. 2 Awareness Level about Developmental Changes during Adolescence

| S. No. | Determinants | Pre-test Percentage (%) | Post-test Percentage (%) |
|--------|--------------------------------|-------------------------|--------------------------|
| 1 | adolescent changes | 70.3 | 100 |
| 2 | Menstruation and hygiene | 53.2 | 100 |
| 3 | Sexual behavior | 41.5 | 64.3 |
| 4 | Side effects of early marriage | 83.4 | 100 |
| 5 | Pregnancy | 49.2 | 100 |
| 6 | Abortion | 43.2 | 85 |
| 7 | Knowledge about contraceptives | 41.5 | 73.2 |
| 8 | Knowledge about STI | 21.2 | 68.5 |
| 9 | Knowledge about AIDS | 71.5 | 90 |

Table no. 2 shows pre -test results that girls had fair knowledge about puberty. 70.3 percent of them were aware about adolescent changes in girls during adolescence i.e. rapid gain in height and weight, growth of hairs in under arms, white discharge from private parts, change in voice, development of breast, 53.2 percent were aware about menstrual hygiene and onset of menstrual period and became disturbed during this time period, 41.5% respondents gave their opinion about sexual behavior that the act of sexual intercourse should be done only after marriage. 83.4% of respondents were aware about the right age of marriage and believed that early marriage will affect health. 49.2% respondents were believed that right age of pregnancy is above 18 before that infants will get affected. 43.2% of them were aware about abortion and gave their opinion that abortion should be done in case of pre-marriage pregnancy and when risk is involved in carrying pregnancy for health of mother and fetus, and qualified doctor is the appropriate person for abortion. 41.5% respondents had knowledge about contraceptives. Most of the respondents hesitated to talk about sex and sexuality; they were not open about sharing their views/experiences regarding this. Only 21.2 percent of study respondents were aware about STI. 71.5 percent respondents had heard about HIV/AIDS but not have complete knowledge and had lots of myths and misconception in their mind. They were not fully aware about it. After post-test the knowledge on reproductive health improved significantly from 70.3 %to 100%,53.2 to 100%, 41.5% to 64.3, 83.4% to 100, 49.2% to 100%, 43.2% to 85%, 41.5% to 73.2%, 21.2% to 68.5%, and 71.5% to 90% respectively after health education.

Overall, in this study it is found that, there is Poor knowledge about reproductive health among adolescent girls of rural areas of Patna.

Discussion

The present study evaluates the reproductive health knowledge on the adolescent girls of rural areas of Patna. This study also imparted health education to these girls at this young age, so that, this will be carried along with them into their future life too; So it is very important to incorporate this into the school curriculum right from middle school level itself and also the teachers get trained in this regard. The socio economic status also influences their knowledge. Educating the mothers of the teenage girls will certainly help too. As seen in the study, few studies in the recent years too have shown the effectiveness of such educative interventions which increased the knowledge of reproductive health. The studies conducted in developing countries also prove the efficacy of such intervention in improving their knowledge in various aspects of reproductive health. In other words, Intervention in the form of reproductive health education increases the awareness level among adolescent girls especially in rural areas where majority of them belong to low socio economic status, thus empowering them to take care of their own health as well as protect themselves from possible health problems like unwanted pregnancies, risk of STDs in their future life.

V. CONCLUSION

The positive results of this study show the feasibility of adolescent health education program implementation in the rural areas. This will ensure the health of the girls, which can be regarded as the index of a healthy society. This can be overcome by providing awareness and accurate knowledge on the practices of reproductive health and hygiene in the health care services. This will enable the girls cater to the right kind of information and the same will be passed on to their predecessors that will bring positive attitude towards practicing reproductive health and hygiene among adolescent girls

VII. REFERENCE

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