Assessment of Problems of Adolescent Girls among Paroja Tribe of Koraput District, Odisha.

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INTRODUCTION

Adolescents are the precious human resources of every nation. The word adolescence is derived from the Latin word, 'adolescence', meaning 'to grow or mature'. Adolescence is a phase of life that begins in biology and ends in society. It means that both physical and biological changes are universal take place due to maturation but the psychosocial and behavioural reflection are determined the changes within a cultural system.As per World Health Organization, adolescence is the period between 10 to 19 years of ageand they arecontributing to nearly 1/5th of the world's population. Most adolescents are presumed to be healthy but an estimated 2.6 million young people aged 10 to 24 year die each year(WHO,2014) and a much greater number of young people suffer from illness hindering their ability to grow and develop to their fullest potential. Adolescence is divided into four periods i.e., pre-adolescence (9-12 years),early adolescence (11-14 years), adolescence proper (14-17 years), & late adolescence(17-20 years).The health of adolescent girls depends on their own behaviour and also the behaviour of people with whom they interact. Many of the behavioural and psychological factors in adulthood have their origin in adolescence and hence the study of adolescent period is gaining a lot ofimportance as more and more people are trying to magnify the behavioural patterns of this period. Obstacles to adolescent health are inadequate level of understanding of health needs, lack of training among health care providers resulting in negative attitude towards adolescence and insufficient interpersonal communication skill in working with young people (Pevekar et al, 2015).

Adolescent girl constitute a vulnerable group.Particularly in India where female child is neglected one. Adolescent girls are facing various problems of physical as well as psychological problems (Sharma, 1996).Tribal adolescentsgirls are more vulnerable due to ignorance, lack of awareness, poverty, poor medical attention, sociocultural taboos, and lack of education (Jena et al., 2017).The various health issues or physical problems include delayed growth, acne, sexual maturity, nutritional deficiency. Behavioural or psychological problems include criminal activity, child marriage, teen age pregnancy and abortion child, adolescence sex workers, suicidal tendency, violence, lack of awareness about female education (Das et al., 2016). They also feel shy to talk about the menstruation and are afraid of seeing doctors. Due to the appropriate advice and guidance, which generally get from their peer groups and mother.

One major challenge adolescent girls face in school in Low and Middle Income Countries (LMICs) is managing their menstruation amid other pubertal changes (Penelope et al.,2016).Menarche, the first menstrual period, which indicates the maturity of reproductive potential and physiological growth (Jena et al., 2017).The reaction to menstruation depends upon awareness & knowledge.Menstruation is a natural process, it is linked with several misconceptions & practices, which sometimes directly affects towards their health outcome. Hygiene-related practices of girls during menstruation period are the considerable importance, as it has a health impact due to increased vulnerability to reproductive tract infections (RTI). Despite recent momentum and a codified definition of what Menstrual Hygiene Management (MHM) necessitates, a lack of adequate guidance on MHM; poor quality and an inadequate supply of water, disposal facilities, and privacy for changing in many schools continue to leave girls with limited options for safe and proper personal hygiene (Van Eijk et al, 2016). In addition, a lack of adequate sanitary hygiene products forces some girls to use unhygienic materials (McMahon et al.,2011, Mason L et al. 2013, Montgomery P et al. 2012, Juyal R et al. 2014), potentially increasing urogenital symptoms and infections (Das P et al, 2015). Sunita&Gopalkrishna (2014), they reported that "Health behaviours and problems among young people in India: cause for concern &call for action", explained that the major health problems among the young people includedunder nutrition and over nutrition. In 2012, a study conducted at Jiwaji University, Madhya Pradesh() explained that for. A large number of adolescent girls belonging to joint families are influenced as the uncontrolled media are the major sources of spreading marital sex in the general population (Kumar. A.;2012). The adolescents girls belong to nuclear families, felt a communication gap between the parents and their children. This study lies in the well-documented findings in the social science literature about adolescence's issues. Further, studies undertaken under adolescent's issues have highlighted one or two specific issues. Keeping the above points in view the present study aims to understand the spectrum of physical problems and behavioural issuesof daily life faced by tribal adolescent girls and to study the health awareness behaviour and hygiene practices.

MATERIALS AND METHODS

The current research studywas based on anthropological technique. The study was undertaken among the paroja adolescent girls of Manabar village in Koraput Block,Koraput District, Odisha.In the first phase schools were selected by preparing a list of girls Hostel and schools located within the Block and selecting two hostels, &village adolescent girls . The study was conducted among the adolescent girls of two ST hostels in Manbar village and Umri village, a government upgraded high school. Adolescent girls of the village were also taken under study. The study comprises of 280 adolescent girls between the age of 9 years to 20 years of age who were randomly selected from the two hostels, the school and in the village. Only the individuals who have attained their menarche were considered for the study. Theyare further divided into 4 groups such aspre-adolescent (9-11 years), early adolescent (11-14 years), adolescent proper (14-17 years)

and late adolescent (17-20 years. For data collection anthropological tools and techniques such as schedule, personal interview, participant observation and focused group discussion methods were used. A lady Head mistress (also the superintendent of the hostel) was assigned for the smoothconduction and data collection required for the study. After collection of data, these data were recorded in MicrosoftExcel and used for various statistical analysis such as percentages and proportions**.**

FINDINGS:

Physical Problems and Health Issues-

The health of adolescents is a gray area, which needs special attention as the socio-cultural environment has been changing rapidly. Sexual and reproductive health problems continue to threaten physical, psychological and social health of adolescents.

Table 1: Age at Menarche

Age	Group (n=280)	
	No.	Percent
9 to 10	3	1.071
10 to 11	8	2.857
11 to 12	61	21.786
12 to 13	172	61.429
13 to 14	24	8.571
14 to 15	2	0.714
15 to 16	1	0.357
16 to 17	1	0.357
17 to 18	4	1.429
18 to 19	3	1.071
19 to 20	1	0.357
20 to 21	0	0.000
Total	280	100.000

The above table shows that 172 girls (61.42%) among the respondents have attained their menarche at the age of 12-13 years, 61 girls (21.78%) have attained their menarche between the age of 11-12 years and 24 girls (8.57%) of girls have attained their menarche between the age of 13-14 years. This shows that most of the respondents on the study area have attained their first menstrual cycle in the early adolescent period i.e, 11-14 years of age.

Table 2: Menstrual cycle length

Days	No.	Percent
<25	5	1.79
25-35	271	96.79

>35	4	1.43
Total	280	100

The table shows that the gap between menstrual cycle length. Majority of adolescent girls could not recall their Length of Menstruation Period(LMP).96.79% of respondents have reported menstrual cycle length within 25-35 days is the normal gap for adolescent girls.

Table 3: Rhythm of Menstrual Flow

Duration of bleeding	No.	Percent
≤2 days	5	1.79
3-5 days	94	33.57
5-7 days	176	62.86
Others	5	1.79
Total	280	100.00

The above table indicated that the duration of blood flow was 5 to 7 days in 62.86% is the maximum days in adolescent girls. Less than 2 days flow is the minimum ratio .Those girls who come under the maximum percentages; they suffered many menstrual disorder among them.

Table 4: Number of pads used during menstrual cycle by the respondents

No. of pads	No. of individuals	Percent
1-2(scanty bleeding)	221	78.93
2-3(average bleeding)	12	16.79
3 (heavy bleeding)	47	4.29
Total	280	100.00

From this above table majority of girls used 1 or 2 pads within 7 days .But in severe cases 47 number of girls have used 3 pads for menstrual period.

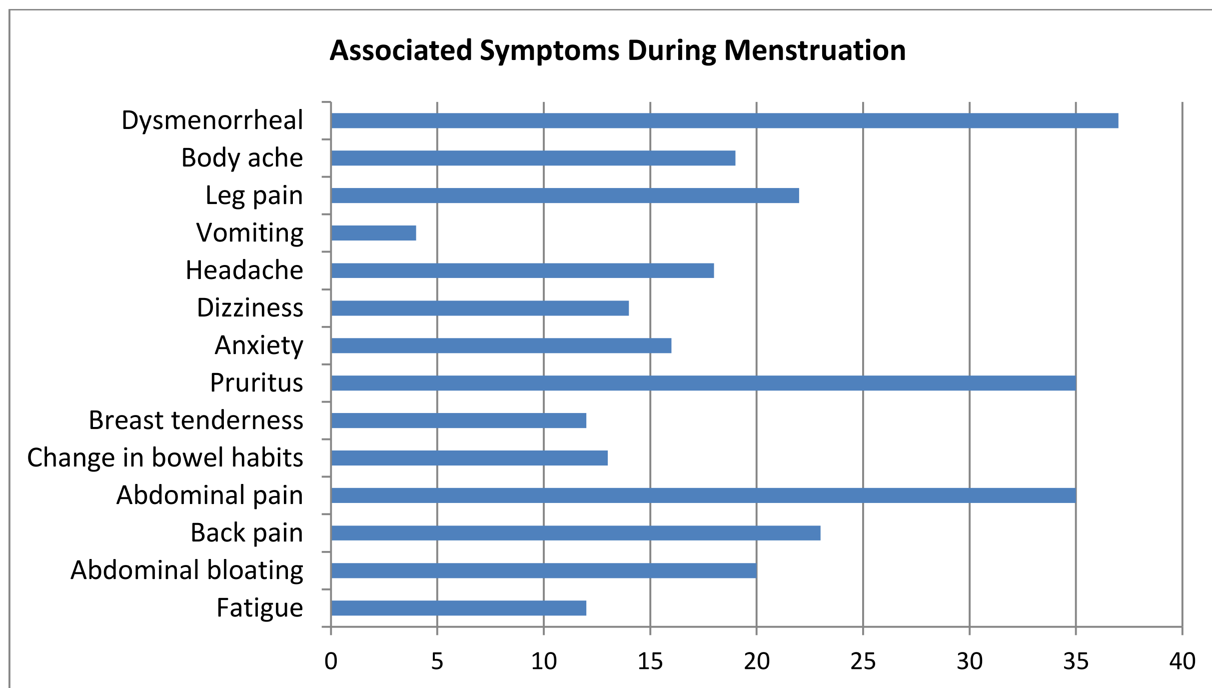
Table 5: Use of sanitary napkin and cloth material by the Respondents

Girls habitation	Cloths materials		Sanitary napkin	
	No.	%	No.	%
Hostel (222)	26	11.71	196	88.29
Village (58)	37	63.8	21	36.2

Among the 222 respondents who reside in hostel, 26 girls (11.71%) have been reported to use cloth material during menstruation and 196 girls (88.29%) use sanitary napkin. Whereas out of 58 adolescent girls from the village 37 girls (63.8%) use cloth material and 21 girls (36.2%) girls use sanitary napkinsduring

menstrual cycle. But in the case of utilization of sanitary napkin hostel girls are more used that napkin in comparison to village girls.

Figure 1:Associated symptoms during menstruation



Dysmenorrhea is the most common symptom and is seen among 37 (13.21%) adolescent girls followed Pruritus and abdominal pain i.e 35 (12.5%)each among the adolescent girls of the study area during the menstrual period. Other associated symptoms include backpain (8.2%), leg pain (7.8%), abdominal bloating (7.1%), body ache (6.7%), head ache (6.4%), anxiety (5.7%), dizziness (5%), change in bowel habit (4.6%), fatigue (4.2%), breast tenderness (4.2). Vomiting is the most rare symptom and constitute 1.4% of total cases seen among the adolescent girls of hostels and village during menstrual cycle.

Psychological and Behavioural Issues-

Apart from physical problems and health issues, the Parojaadolescents also suffer from various psychological, behavioural and emotional problems.

Early marriage

Table No 6-: Causes of early marriage.

Causes	Number of Cases
Cultural practices	17
Poor Socio-economic Condition	7
Unawareness	7
Total	31

Table No 6- show reveals the various causes of early marriage of adolescent girls according to the respondents. Out of 280 study participant 31 adolescents girls have been reported to have married at an early age. Cultural practices play the role of most vital factor for early marriage followed by poor socio-economic condition and lack of awareness and family support. Cultural practices include youth dormitories where adolescent boys and girls get chance to know each other better and can choose their life partners, marriage by elopement and sometime traditional belief that early marriage is good for the health of girls. The study reveals that 17 (54.84%) out of 31 cases of early marriage is due to cultural practices. Poor socio-economic condition of a family accounts to be the cause of 7(22.58%) out of 31 cases of early marriage. Poverty compels the adolescent girls to discontinue their education and work as wage labours to support their family. The Parojas in the study area are also unaware of negative effects of early age of marriage. Lack of awareness accounts to 7 (22.58%)out of 31 cases of early marriage in the study. Early age at marriage leads to various disorders among the adolescent girls as they have not attended their reproductive maturity. Teenage pregnancy can lead to maternal and child morbidity and mortality. This also creates mental stress among the adolescents as they are not mentally mature to cope with situations after marriage.

Lack of Female education.

Another problem is lack of female education in Manbar village. The percentage of educated females on the study area is lower than that of males. Their dropout rate in school is the major cause of teen age marriage and wage labour work in early period. Lack of family support and low socio economic condition is the cause of dropt out female adolescent girls. The table below shows the various causes of female dropouts in the study area.

Table No 7:Female Dropout

Causes of dropout	Number of cases
Poor socio economic condition	6 (54.55%)
Lack of parental attitude towards female education	3 (27.27%)
Depression	1(9.09%)
Lack of proper counseling in the school	1 (9.09%)
Total	11

The above table show number of cases where school going adolescent girls discontinued their education due to various reasons. In the study 11 school going adolescent girls have droped out from school in the year 2017-2018. The most common factor for dropout is poor socio economic condition of the family which accounts for 6 cases out of 11 cases. Poor socio economic condition compels the adolescent girls to work as wage labours. Many school going adolescent girls of Manbar village are engaged in brick klines as wage

labours to support the financial condition of the family. Some of them couldnot manage the time for both work and study simultaneously. Hence they choose to discontinue their study. Poor socio economic condition also leads to unawareness and lack of parental attitude towards female child education. Lack of parental attitude accounts for 3 out of 11 cases of adolescent girls dropout. Depression and lack of proper counselling in school accounts for 1 cases each out of 11 cases of dropout.

Table No 8: Sexual Harassment

Problems	**Number of cases**
Sexual harassment by contractors at bricklines	4
Bad behavior by male teachers in the school	11
Total	15

Majority of the people work as wage labors in construction sites, brickklins and also as agricultural labors. The adolescent girls of the study area are sometimes forced to work as daily labors due to the poor economic conditions of their family. They do such works to support the economy of their family. The adolescent girls working at the construction sites, brick klins etc. are sexually harassed by the contractor. The contractors offer more money to them not to disclose their behavior to anyone in the village including their parents. The adolescent girls in the school have also reported that they are sometimes touched and patted by male teachers of the school for which they feel embarrassed. The table reveals the number of adolescent girls reported for being sexually harassed in the study area either in the brick kilns or in the school by male teachers. Total 15 cases of sexual harassment and molestations have been reported in the study area. 4adolescetns girls who work at brick klines have reported of being sexually assaulted by the supervisors andcontractors at the brick klines. 11 school going adolescent girls they feel uncomfortable by the behaviours of some male teacher in their school. They are afraid to share these problems with their parents and others. Generally, the adolescent girls are felt ashamed to discuss about the above psychological matters from anyone. They are suppressed and forced not to open their mouth any public circumstances which is the major emotional problem in that area.

Table No 9:Psychological and behavioural disorders

Psychological disorders	**Number of cases**
Stress	6
Anxiety	3
Depression and loneliness	5
Aggressiveness	3
Adjustment disorders	8
Suicidal tendency	1
Addiction	10
Total	36

The table shows various psychological problems and behavioural issues among the adolescent girls of Manbar village. 36 adolescent girls in the village have been reported being suffering from various psychological and behavioural disorders like stress, anxiety, aggressiveness, depression and loneliness, adjustment disorders suicidal tendencies, and addiction to alcohol. Addiction to alcohol is the most common Behavioural disorder among the adolescent girls which accounts for 10 cases out of total 36 cases followed by adjustment disorders (8 cases) and stress (6 cases). Depression and loneliness accounts for 5number of cases. Anxiety and aggressiveness accounts for 3 cases each. Only 1 case of suicidal tendency is found among the adolescent girls in the study area.

DISCUSSION:

Adolescence is a critical phase of transition in one's life when biological and behavioral changes take place from childhood towards the attainment of adulthood. Biological changes take place due to maturation. Biologically it is a period starting with onset of puberty and ending with the ability to reproduce effectively. Cultural systems determine the psychosocial and behavioral manifestations. Adolescence is a period from 10 -19 years of age as defined by World Health Organization. Adolescence can be roughly divided into four stages, i.e. pre-adolescence (9-11 years), early adolescence (11-14 years), adolescence proper (14-17 years) and late adolescence (17-20 years). India constitutes around 21% adolescents of its total population (UNICEF, 2012). The health of adolescents is a gray area, which needs special attention as the socio-cultural environment has been changing rapidly. Sexual and reproductive health problems continue to threaten physical, psychological and social health of adolescents.

The study focuses on problems of adolescent girlsin the study area. Hygiene-related practices of girls during menstruation are the major problem in this village. The study gives a comparison between hostel adolescent girls/school adolescent girls and village adolescent girls. The study reveals that hostel girls are used sanitary napkins provided by the support of Governmentof Odisha in free of cost under program "Khusi'. These sanitary napkins were also provided to all adolescent school girls to practice menstrual hygiene in which the adolescent girls of the village were also included. They dispose their used napkins by using the dustbin. Since 2015, these napkins are only provided to hostel dwellers. Hence, the village adolescent girls and other school girls who do not reside in the hostel are deprive of this program. Due to their poor economic conditions they cannot afford to buy sanitary napkins from the market and practice menstrual hygiene. Within the menstrual periods, the adolescent girls suffer from many diseases like abdominal pain, leg pain, back pain, breast tenderness etc.In village girls and women are do not use any sanitary napkins during their menstrual period, due to lack of awareness, ignorance and their socio-economic conditions. They use only cloth material during menstruation.They wash the cloth and of reuse it

which shows an unhealthy practice during the menstrual cycle. This process is the only cause of vaginal irritation, pruritus, unhygienic atmosphere etc. They cannot practices menstrual hygiene among themselves.The study also emphasizes on importance of adolescent relationship with mother. Mother make a very important role, that source of knowledge is the prime source for an adolescent girl. According to 52.5% of the respondents they get the knowledge about menstruation from their mother followed by friends (31%) and other family members (10.7%). Knowledge about menstruation from school education and other sources constitute 2.9% each.

Another problem is lack of female education in Manabar village. Their dropout rate in school is the major cause of teenage marriage and wage labor work in early period. Lack of family support and low socio economic condition is the cause of dropt out female adolescent girls. The tribal people of the study area are unaware about the proper age to marriage and to become a mother, they have lack of knowledge about contraception.Teenage marriage and earlier pregnancy is the major physical problem in their society. Early marriage leads to early pregnancy for which the adolescent girls are not psychologically and physically prepared. This leads to complications during pregnancy and sometimes a cause of maternal mortality.

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Alcoholism was found to be most common addiction and higher prevalent behavioural and emotional problems among the adolescents from families with addiction. A community intervention for addiction may also be required and school can become arising addiction eradication programme.

Conclusion

On the basis ofdata available, it was concluded that psychosocial problems and various physical problems were remarkably higher in tribal adolescent's girls of the study area. There is need for better counseling programme for adolescent girls and planning of health programmes,also create health awareness which should generated in that area.Menstrual problems are a significant source of morbidity in adolescents. The major cause of suffering in adolescent girls is lack of knowledge and insufficient health knowledge about

menstrual problems. That reason to reach further suffering due to delay in diagnosis and its treatment. Foradolescentgirls, counseling needs to be done on the avoidance of alcoholic drinks, whichwere practices more in age of adolescent girls.

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