

A Study on Factors affecting Adolescent's Reproductive Health

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Abstract

Education and awareness regarding reproductive health in girls and women affects their status and control they have over their own lives. It can have a profound influence on their health and fertility. Women constitute half the human resources and thus the economic wealth of the country and if about half the nation's human resource is neglected, the overall progress of the country would obviously be hampered. Recognizing the need for involving women in various development activities, the Government of India has initiated several affirmative measures by way of program and schemes to bring them into the mainstream of development.

Reproductive life is a very personal, private and secret matter in our society. Due to this culture people often don't discuss matters related to reproductive health problems.

400 school going adolescent girls from different schools in Chitrakoot are defines the sample size of this study. This sample consist 4 schools out of which 2 are Government and 2 are Private schools. 100 adolescent girls from each school form IX to XII class are chosen as per convenient.

Introduction

Reproductive health is the healthy sexual and reproductive life of individuals right through their life cycle and not just in the reproductive age group. This addresses the physical, social, emotional and psychological dimension of sex and reproduction and not just the presence or absence of disease of reproductive organs. It attempts to address the problems originating from irresponsible sexual behaviour, myths and misconceptions related to sexual behaviour, reproductive health covers the following areas.

- Adolescents' health, menstrual care and responsible sexual behavior.
- Safe pregnancy, child birth and post-natal care
- Rational contraceptive care to prevent unwanted pregnancies and safe abortions
- Control of Reproductive Tract Infections
- Infertility
- Uterine Prolapse
- Prevention of sexual violence and addressing it sensitively.

Reproductive health orientation means that people have the ability to reproduce as well as to regulate their fertility. Reproductive and sexual health is an important component of the overall health of all of the adult population, but is particularly cogent for the youth population. Youth is a period of life when heightened emotions, a sense of invulnerability, and an intensively heightened sex drive often led to high-risk taking and sexual experimentation. Despite the resulting need for information on sex and sexual and reproductive health, youth, particularly unmarried youth, face many social barriers to obtaining accurate and complete information on these subjects. As a consequence, many youths enter marriage without even the basic knowledge about sex and reproduction, let

alone the knowledge necessary to negotiate a safe and healthy sexual and reproductive life. While limited access to information on sex and sexual health is often more of a barrier for girls than for boys, even boys lack accurate and pertinent information on sexual health issues. Women in poor health are more likely to give birth to low weight infants. They also are less likely to be able to provide food and adequate care for their children. Let us examine the underlying causes for the dismal state of women's reproductive health.

1. Malnutrition

Maintenance of good nutrition is essential for comprehensive management and prevention of disease. Eating right and eating nutritious food during childhood and adolescence provide necessary nutrients to meet the physical and intellectual growth, adequate stores particularly for girls in case of pregnancy.

2. Lack of Sex Education

Adolescence is a critical phase during one's development. There is glaring lack of attention to sex education in India. What a little education exists is imparted largely through the formal school curriculum and textbooks. As a result, large segments of out of school youth are excluded. Sex education and even knowledge of menstruation or of AIDS is extremely limited and vague.

3. Cultural taboos on girls

In our Indian society virginity is given a lot of importance particularly when it comes to a girl's virginity. A girl is considered pure if she does not talk about sex. With the growing curiosity, hormonal changes, attraction towards opposite sex; adolescent girls are indeed a vulnerable and neglected group.

4. Early Marriage

Adolescents particularly adolescents' girls most of whom are out-of-school, constitute a sizeable proportion of the female population. They are particularly vulnerable and neglected, coming under the purview of government programs only once they are pregnant -the majority are out of school and are neither serviced by educational or school health programs nor by child health and nutrition services.

5. Reproductive Tract Infection (RTIs)

RTI as the name suggests are the infections of reproductive organs. There are many kinds of RTIs caused by different germs, which enter the reproductive tract.

Literature Review

Blair, Johnson, P. Michael, Carey, Kerry Marsh, DKenneth, Levin, A Lori, Scottsheldon (2003): To summarize studies that have tested the efficacy of human immunodeficiency virus (HIV) sexual risk reduction

interventions in adolescents. Report gathered from computerized data base, by searching conference proceedings and relevant journals, and by receiving reference sections obtained articles. Studies were included if they investigated any educational psychosocial, or behavioral intervention advocating sexual risk reduction for HIV prevention; used experimental design, had behavioral dependent measures relevant to sexual risk; sampled adolescents (age range – 11-18 years) and had sufficient information to calculate effect size estimates Data from 44 studies and 56 interventions that were available as of January 2001 were included. Across the studies, reductions in sexual risk were greater for adolescents who received the HIV risk-reduction intervention compared with those in the comparison conditions for 5 dimension: condom use ‘negotiation skills mean 95% confidence interval, condom use skills (means 95%) condom use and sexual frequency (mean-95%) interventions achieved greater success with condom use (1) In non-institutionalized populations, (2) when condoms were provided (3) with more condom information and skills training. (4) When the comparison group received less HIV skills training (5) when the comparison group received more non-HIV related sexual education. Intensive behavioral interventions reduced sexual HIV risk, especially because they increased skill acquisition, sexual communications and condom use and decreased the onset of sexual intercourse or the number of sexual partners.

Dolores Albarracín, Jeffrey. C. Gillette (2005): This meta-analysis tested the major theoretical assumptions about behavior change by examining the outcomes and mediating mechanisms of different preventive strategies in a sample of 354 HIV-prevention Interventions and 99 control groups, spanning the past 17 years. There were 2 main conclusions from this extensive review. First the most effective interventions were those that contain attitudinal arguments, educational information, behavioral skills arguments and behavioral skills training, whereas the least effective ones were those that attempted to induce the fear of HIV. Second, the impact of the interventions and the different strategies behind them was contingent on the gender, age, ethnicity, and risk group and post condom use of the target audience in ways that illuminate the direction of future preventive efforts.

Joseph Keating and Alfred Adewyi (2006): In response to growing HIV epidemic in Nigeria, the US agency for international development initiated the vision project, which survival and HIV /AIDS services. The vision project used a mass-media campaign that focused on reproductive health and HIV/AIDS prevention. The paper assesses to what extent program exposure translates into increased awareness and prevention of HIV/AIDS. The analyses are based on Data from the 2002 and 2004 Nigeria family planning and Reproductive Health. Surveys which were conducted among adults living in the vision Project areas. To correct for endogeneity, two-Stage

logistic regression is used to investigate the effect of program exposure on (1) Discussion of HIV/AIDS with a partner (2) awareness that consistent condom use reduces HIV risk (3) condom use at last intercourse. Exposure to the vision mass media campaign was high: 59%, 47% and 24% were exposed to at least I vision ratio, Printed advertisement, or TV program about reproductive health, respectively. The differences in outcome variables between 2002 bare line data and 2004 follow-up data were small, however, these with high program exposure were almost one and a half times more likely than these with no exposure to have discussed to HIV/AIDS with a partner. These with high program exposure were over twice as likely as those with low exposure to know that condom use can reduce risk of HIV infection. Program exposure had not affected on condom use at last sex. The vision project reached a large portion of the population and exposure to mass media program about reproductive health and HIV prevention topics can help increase HIV/AIDS awareness. Program that targets rural populations, females and unmarried individuals, and disseminate information on where obtain condoms, are needed to reduce barriers to condoms use. Improvements in HIV/AIDS prevention behavior are likely to require that these. Programmatic efforts be continued, scaled up, done in conjunction with interventions and targeted towards individuals with specific socio-demographic character

Family Health International (1997) in a study entitled “Reproductive health of young adults: Contraception, pregnancy and sexually transmitted diseases. Contraceptive technology updates series” observes that unmarried adolescents who face additional barriers to obtaining contraceptives are even less likely to use contraception than married adolescents. The most important reasons adolescents cite in a variety of different settings, for not using contraceptive methods when they are sexually active are, the unexpected and unplanned nature of sexual activity, lack of information and knowledge about contraceptives and where to get them, inability to pay for services and transport, fear of medical procedures, fear of judgmental attitudes and resistance from providers, embarrassment and fear of lack of confidentiality and pressure to have children.

Objectives of the Study

To Access awareness and know factors affecting on adolescents' health and about menstruation cycle, reproductive health, health service and food & nutrition values.

Hypothesis of the study

Ho: The awareness on awareness on health issues during menstruation among adolescent girls in Chitrakoot region does not depend on their Age.

Ha: The awareness on health issues during menstruation among adolescent girls in Chitrakoot region depends on their Age.

Summary of hypothesis testing

Relationship	Hypothesis statements	Test Name and significant value	Result
To Test The relationship between awareness on health issues during menstruation among adolescent girls in Chitrakoot region their demography.	<p>Ho: The awareness on health issues during menstruation among adolescent girls in Chitrakoot region does not depend on their Age, Types of schooling, Family Type, Parent's education Level and family Income.</p> <p>Ha: The awareness on health issues during menstruation among adolescent girls in Chitrakoot region depends on their Age, Types of schooling, Family Type, Parent's education Level and family Income.</p>	Chi Square Test and P values are less than .05 for Age, Types of schooling, Family Type, Parent's education Level and for family Income, The value of P greater than .05.	<p>The Null hypothesis rejected and it is found that the awareness on health issues during menstruation among adolescent girls in Chitrakoot region depends on their Age, Types of schooling, Family Type, Parent's education Level.</p> <p>And it does not depend on Family monthly Income.</p>

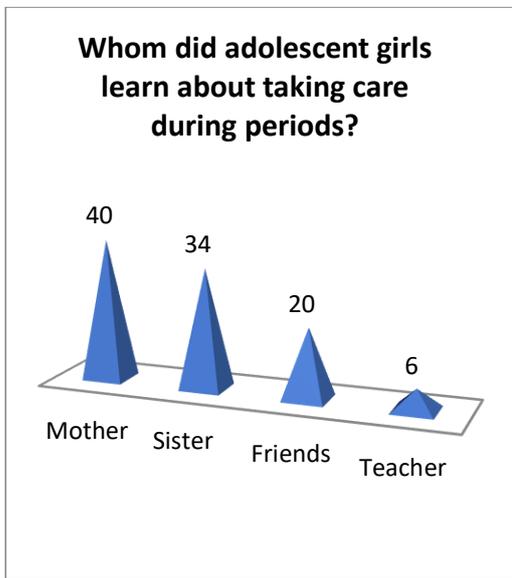
Methodology: This study follows non- probability sampling method. The samples and sample units are chosen on convenience based. 400 school going adolescent girls from different schools in Chitrakoot are defines the sample size of this study. This sample consist 4 schools out of which 2 are Government and 2 are Private schools. 100 adolescent girls from each school form IX to XII class are chosen as per convenient.

Findings

Age of starting the period in adolescent girls

Age of starting the period	Frequency
13	10
14	75
15	305
16	5
17	0
18	0
19	0
total	400
Mode	15 Years

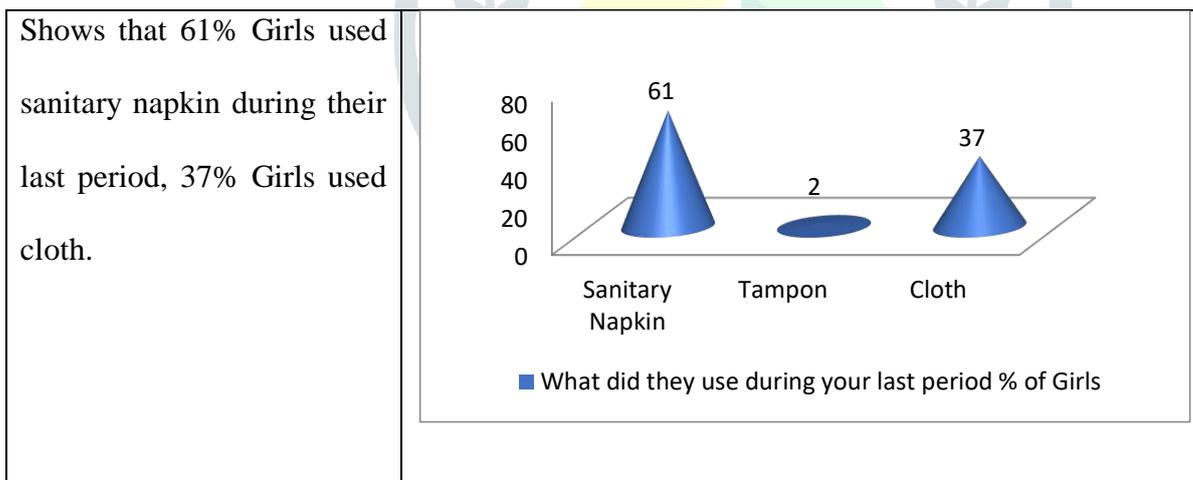
(Source: authors on data)



Cross tabulation between Age of adolescent Girls and their awareness level on health issues during menstruation.

Awareness Level	Age Group (Years)		Total
	13-16	16-19	
fully Aware	29	91	120
Partial Aware	80	100	180
Not Aware	63	37	100
total	172	228	400

(Source: authors on data)



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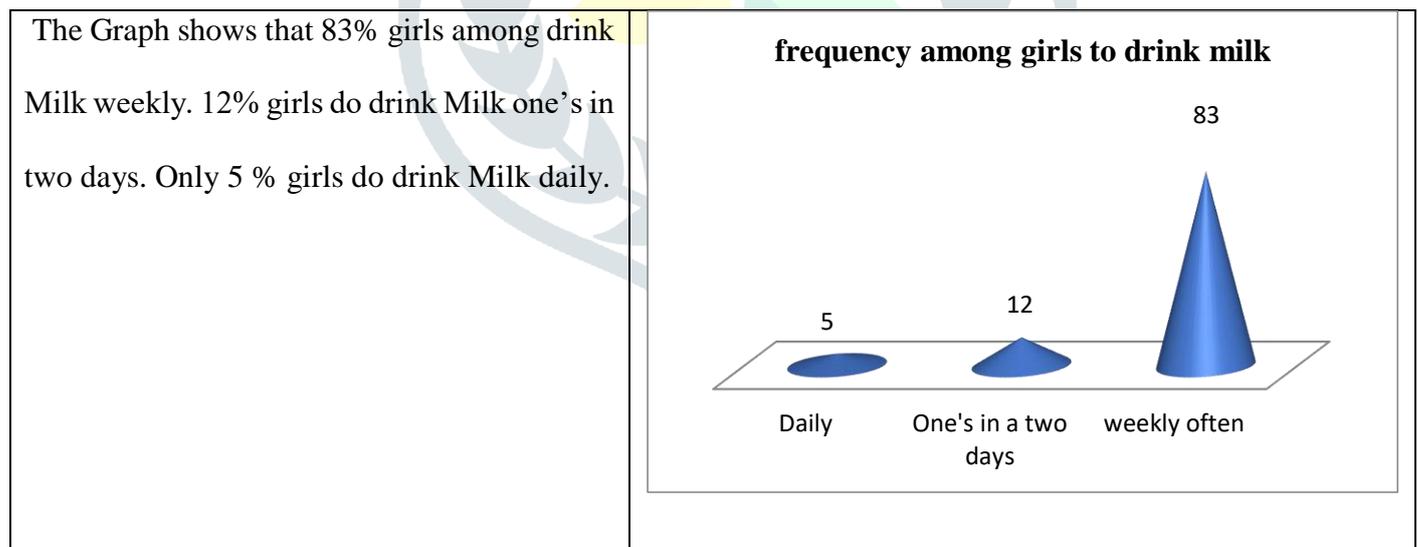
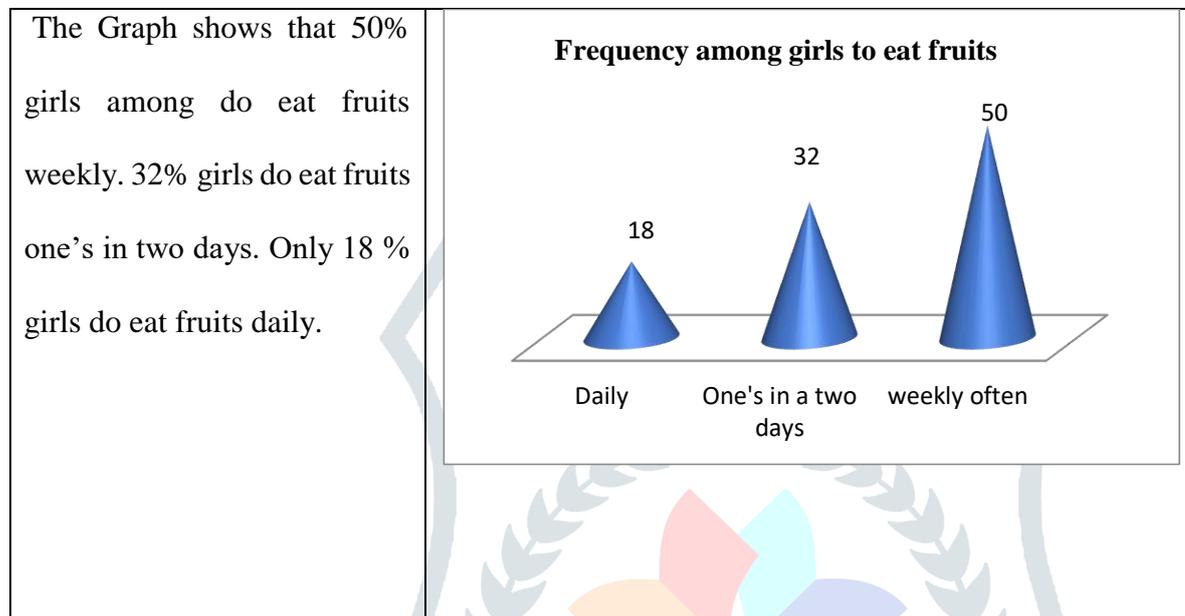
(Source: authors on data)

Chi Square result between Age of adolescent Girls and their awareness level on health issues during menstruation

Test Name	Test Value	D.F.	Significant value (p) at 2 tailed testing
Pearson Chi-Square	17.566	2	.010

(Source: authors on data)

From the above table the significant value of P at 2 tailed testing is less than .05, so the alternate hypothesis accepted. It means the awareness on health issues during menstruation on their age.



Awareness on Menstruation cycle

- In the study it is explored that in the Chitrakoot region at age of 15 years most of girls started their periods.
- The present study shows that girls learn how to take care in period time, from their mothers, elder sisters and their friends respectively.
- The girls generally used sanitary napkins and cloths respectively during periods.
- Very few girls use tampon.

- It is observed that a significant number of respondents responded that they were fully aware and described menstrual period as a process of shedding dirty blood. Hence, they were more vulnerable as they felt that they have the right information although this was partial information.
- Analysis reveals that a large percentage of students were not at all aware of the reason for pregnancy. A significant number of respondents cited that pregnancy occurs when a boy closely hugs/kisses a girl or either directly said that they did not know.
- Most of the girls have faced menstruation problems like painful periods, short period and delayed periods etc. even that most of the adolescent girls having regular menstrual cycle.
- The most of girls who have faced such problems meanwhile taken treatment to solve out these problems just because of their awareness.
- The awareness on menstruation cycle problem and treatment among adolescent girls in Chitrakoot region depends on their Age, Types of schooling, Family Type, Parent's education Level.

Food habits & nutrition values

- Almost all adolescent girls do eat fruits eat weekly often.
- Similarly, all adolescent girls drink milk weekly often.
- Most of girls think they are not getting balanced diet.

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