

**Awareness of Reproductive Health among school going adolescent girls**

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**Abstract**

Reproductive health is considered as one of the important part of human health issue and a central feature of human development. It is very important to know the health issues of the girls during childhood and crucial during adolescence and adulthood because it does not only affect the health of the girls but it also affects the health of the next generation. The present study undertaken to explore the awareness status of girls with respect to their health issues, family planning, ITR and the value of food & nutrition etc. The researcher will try to explore the causes and impact of reproductive health problems among adolescent girls of Chitrkoot, region of Uttar Pradesh, and also assess the awareness level of the girls and society about their reproductive health.

**Key words:** Reproductive health, Adolescence girl, Family planning, ITR, HIV.

## **Introduction:**

In India, the ration of Adolescents girls (10-19 years) is about one-third of the total country's population. It commonly observed that a large number of Adolescents girls are out of school, get married early, work in vulnerable situations, and are sexually active. It considered one of the serious issues for social, economic, and public health implications. The situation of adolescents varies at different stages of life and their situation varies by age, sex, marital, status, class, region, and cultural context.

This calls for interventions that are flexible and responsive to their disparate needs. Some of the public health challenges for adolescents include pregnancy, an excess risk of maternal and infant mortality, sexually transmitted infections and reproductive tract infections in adolescence, and the rapidly rising incidence of HIV in this age group.

Family & Child welfare department of the Government of India has taken so many actions to ensure that adolescents' girls are well informed about the availability

Of health services provided by the government. They have to knowledge about their health problems including sexual and reproductive health problems to reduce the damages to the health of millions of girls and women across the nation. The government is also taking action to improve gender equity in health and to address women's rights to health is one of the most direct and potent ways to reduce health inequities overall and ensure effective use of health resources, because of social taboos surrounding reproductive and sexual health, many young married women are too embarrassed to voice their needs and instead forgo health services.

It is difficult to define which factors influence adolescent risk-taking and health-seeking behavior since multiple categories of risk-related factors are operating at an individual; family, community and societal level play important contributions

It has been also found that there are so many myths & misconceptions related to the menstruation in adolescent girls and also observed that women have lower use of contraception, poorer knowledge of family planning, and less access to information and services than adult women. In improving the adolescents' knowledge on reproductive sexual health matters the effectiveness of Reproductive Sexual Health Education is added to the syllabus at school and college level in the Indian education system.

## **ABOUT REPRODUCTIVE SEXUAL HEALTH OF ADOLESCENT GIRLS**

Adolescence is a decisive age for girls and during this time period a girl's teenage years shape the direction of her life. In developing countries, it has been observed that many girls mere onset of puberty that occurs during adolescence marks a time of heightened vulnerability—to leaving school, child marriage, early pregnancy, sexual exploitation, and violence. Adolescent girls are less likely than older women to access sexual and reproductive health care, including modern contraception and skilled assistance during pregnancy and childbirth.

The WHO defines adolescents as young people aged between 10 and 19 years. The National Population Policy of India 2000 recognized adolescents as a vulnerable group with specific needs. They comprise nearly 20%–21% of our country's population and their numbers are expected to increase over time.

Reproductive health of adolescent girls is crucial since it determines the the health of future generations to come. With urbanization and liberal attitudes in contemporary Indian society, there is an increased likelihood of indulging in sexual proximity at an early age, the burden of which is usually borne by the female sex. Hence, adolescent girls are at risk of unwanted pregnancy, reproductive tract infections (RTIs) and also a spectrum of social and psychological consequences such as discontinuation of education forced early marriages, unplanned pregnancies, unsafe abortions, and depression. For adolescents to make informed decisions, the Government of India has incorporated the Adolescent Reproductive and Sexual Health (ARSH) services in the school curriculum. However, there exist many roadblocks in providing awareness to adolescents such as the patriarchal system of society, social barriers to discussing with teachers, parents, and elders. Even mothers, mostly illiterate and ill-informed themselves, restrict their communication with daughters to the topic of menstruation only and are reluctant to touch on issues of safe sex or reproductive wellness. Moreover, they feel that by addressing these topics, they will end up diluting authoritative parenting and end up promoting sexual promiscuity.

### **Literature Review:**

Reproductive health is considered as one of the important part of human health issue and a central feature of human development. **(A. Chohan 1998)** has discussed the perception of adolescent girls related to the reproductive system and tries to measure the awareness of school-going participants than among dropouts, he found out the difference in the knowledge in terms of the pregnancy, mode of pregnancy, right age of childbearing & adverse effects of early reproduction. **(J.S. Stautelli, R. Lowry, N.D. Broner and Robin 2000)** also assessed the relation of socioeconomic status, family structure of adolescent girls. They surveyed the socio-economic data from household adults and behavioral data from adolescents and found that parental education did not show a linear association with other behavior. Household income was not linearly related to any sexual behavior. He suggested that other factors, including access to health services and community prevalence of STDs, may be important mediating variables between social-economic status and STD transmission and pregnancy among adolescents. In addition to this **(Tushar Rai, Pradeep Aggarwal, S.D. Kandpal 2010)** also stated that STD diseases are one of the major challenges for adolescents. Government India & other various NGOs are working on this project rigorously to reduce the incidence of these disease by assessing their knowledge, attitude and practice about these disease, whereas **(Palas Das, Ranbir Pal and Shrayan Pal 2010)** has also tried to determine the improvement in the knowledge and attitude on health among adolescent girl students and showed a significant improvement in their Knowledge on adolescent health, in the aspects of sex differences in pubertal spurts.

Some international studies has been also done to explore this issue, in this **McCaughey AP, Salter C (1995)** observes that millions of adolescents around the world are sexually active yet many of them have sex without using modern contraceptives or protection against STI. Whereas a study was done by **(Nyamongo I. 1995)** discusses the misperceptions of secondary school students and reports that awareness of condoms was not an issue-most young people were aware of its role in preventing HIV transmission and could name several brands. This awareness was, however, countered by considerable mistrust of the condom. And finally to check the awareness about the “Knowledge, Awareness, Beliefs and Practice on Sexuality and Reproductive Health of Adolescents **(Patel, P., et al. 2000)** has done the study in slums of Ahmadabad reveals that of all adolescents 57 percent of the girls had heard about HIV/AIDS better than STIs but they had misconceptions and the major source of information on issues related to HIV/AIDS was T.V followed by friends and posters. In general, the study concluded that adolescents are unaware of scientific information on puberty, menstruation, pregnancy, STI, and HIV/AIDS.

### **Problem statement**

Based on the various articles, published data and literature review it has been found that, India is a country of youngsters and if the youngster will be healthy then only they can able to make the prosperous future of India that's why it is important to focus on health of youngster of India. The future of India largely depends upon the health of these youngsters. In India medical facilities are major challenges. So it's required to understand the health status of adolescents especially for Girls to understand the awareness status of girls with respect to their health issues, family planning, ITR and the value of food & nutrition etc.

### **RESEARCH METHODOLOGY**

#### **➤ Objectives of the study**

To study the health status of adolescents in the Chitrakoot region

To Access the awareness and practices among adolescents' girls about reproductive health.

#### **➤ Hypothesis of the study**

To test the relationship between awareness on health issues after use of family planning methods & the demography of adolescent girls in Chitrakoot region.

To test the relationship between awareness of health issues during menstruation & their demography among adolescent girls in Chitrakoot region.

➤ **Sampling method:** The samples and sample units are chosen on convenience-based.

➤ **Sampling unit:** a school adolescent going girl is considered as a sample unit

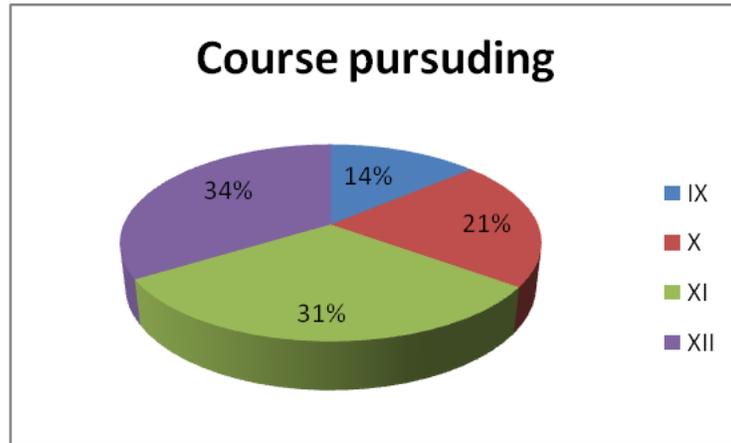
➤ **Sample size estimation:** 200 school going adolescent girls from one Government one Private school form IX to XII class in Chitrakoot.

### **DATA ANALYSIS**

#### **Demographic Profile of the Respondents**

Figure No.1 shows that, in the present study, 34% of the adolescent girls are from XII standard, 31 % are from XI standard and the remaining 35 % are from IX & X standards.

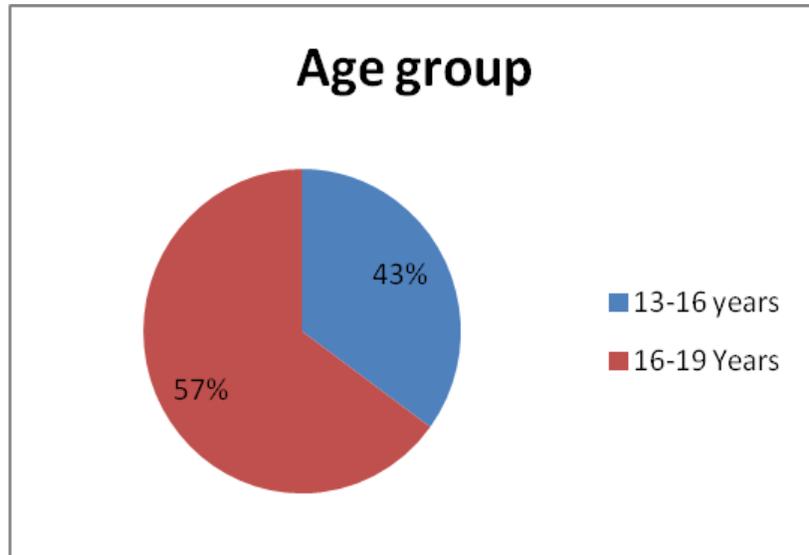
**Figure-1: Level of Schooling of adolescent girls (respondents)**



Source: Created by author based on sample

The Figure No.2 shows that in the study 57% of the adolescent girls are belonging to 16 -19 years age group. And 43% of the adolescent girls are belonging to 13 -16 years age group.

**Figure-2: Age Level of Schooling of adolescent girls (respondents)**

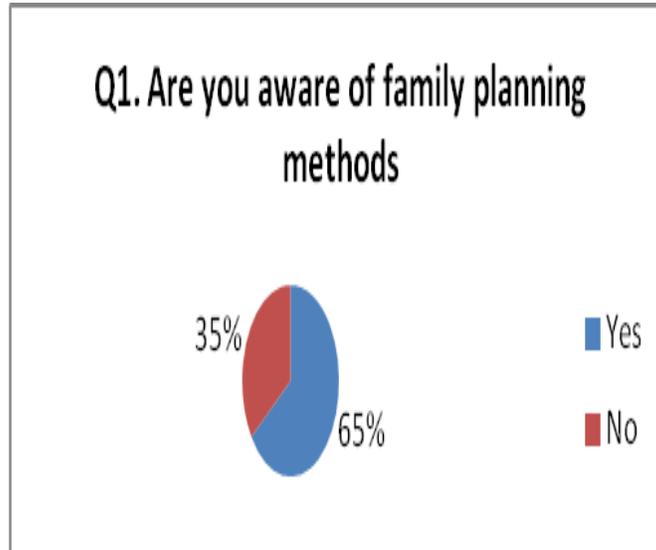


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### **Health Awareness among adolescent girls**

The Figure No.3 shows that 65 % of the adolescent girls are aware on family planning methods.

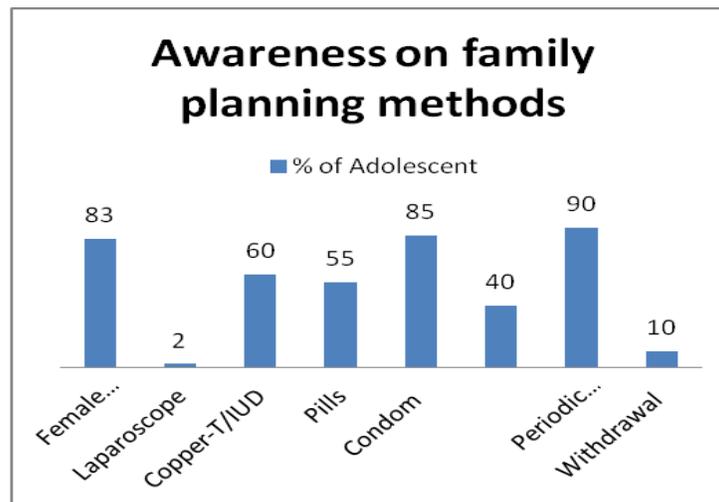
**Figure-5: Percentage of Awareness for family planning methods**



Source: Created by author based on sample

The Figure No. 4 shows that 90 % of the adolescent girls are aware on periodic abstinence, 85% of adolescent girls are ware on condom, 83% are aware on Female sterilization: Tubectomy, 60% are aware on Copper-T/IUD and 55% are aware on pills.

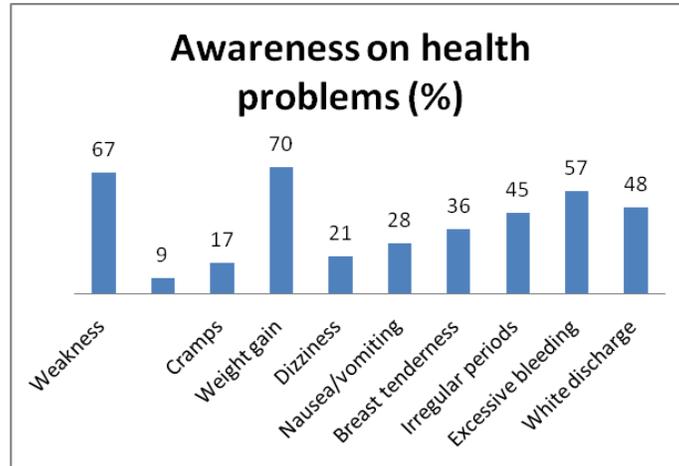
**Figure 4: Level of Awareness family planning methods**



Source: Created by author based on sample

The Graph No. 7 shows the awareness among girls on various health problems after use of any family planning methods. 70 % say weight gain, 67% say weakness and 57% say excessive bleeding.

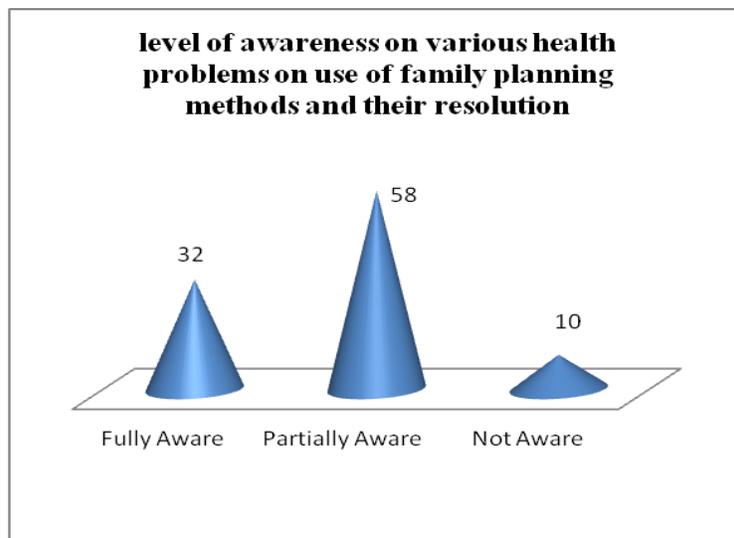
**Figure-5: Awareness related to problems after use of any family planning methods.**



Source: Created by author based on sample

The Figure-6: represents overall awareness among adolescent girls on health problems and their resolution on uses of family planning methods. It shows that 58% of girls are partially aware, 32 % are fully aware and 10 % is not aware.

**Figure-6: Percentage of Awareness for family planning methods**



Source: Created by author based on sample

Cross tabulation between Age of adolescent Girls and their awareness level on health issues after use of any family planning methods

Awareness Level	Age Group (Years)		Total
	13-16	16-19	
<b>Fully Aware</b>	21	43	<b>64</b>
<b>Partial Aware</b>	52	64	<b>92</b>
<b>Not Aware</b>	19	25	<b>44</b>
<b>total</b>	<b>83</b>	<b>117</b>	<b>200</b>

Table No.1

Test Name	Test Value	D.F.	Significant value (p) at 2 tailed testing
Pearson Chi-Square	16.5561	2	.002

Cross tabulation between types of schooling of adolescent Girls and their awareness level on health issues after use of any family planning methods.

Table No.2

Awareness Level	Types of School		Total
	Government	Private	
<b>fully Aware</b>	37	32	<b>69</b>
<b>Partial Aware</b>	51	59	<b>110</b>
<b>Not Aware</b>	12	09	<b>21</b>
<b>total</b>	<b>100</b>	<b>100</b>	<b>200</b>

Table No.3

Test Name	Test Value	D.F.	Significant value (p) at 2 tailed testing
Pearson Chi-Square	11.164	2	.002

From the above table, the significant value of P at 2 tailed testings is less than .05, so the alternate hypothesis accepted. It means the awareness of health issues after the use of family planning method depend on their schooling types.

### **Conclusion:**

After the analysis of the data it has been found that the awareness level on health issues and reproduction among the adolescent girls are not up to the mark. So it has been advised to the government, policy makers and social workers to focus on this major issues and social problem. Its responsibility of NGOs also to create awareness about the family planning methods awareness & health issues to school going girls.

### **Limitations of the Study**

Researcher has faced difficulties while conducting the depth interview with the girl's students because girls hesitate to tell their problem and feel shy to discuss on family planning and reproductive health issues.

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