



Reproductive Health Awareness of Tribal Adolescent Girls

KEYWORDS

Adolescent girls, Reproductive Health and Rights, Government Policies

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ABSTRACT Adolescence of age between 10-19 Years is in vital stage of growth and development. It is a period of transition from childhood to adulthood and is marked by rapid physical, physiological and psychological changes. This period results in sexual, psychological and behavioral maturation. Adolescents are a diverse group and are in varying situations of risk, status and environments. For example, they could be married or unmarried, in-school or out-of-school, living in urban or rural areas or have a different sexual orientation. Some young people are especially vulnerable. We conducted a study in selected tribal dominated villages of Kurnool Districts. The objective of the study is to assess the knowledge, attitude and practices among the tribal adolescent girls towards their reproductive health. The major findings were physical change in early adolescent age and attractions towards enjoyment are the main focal points for adolescent. Due to this change the adolescent face physical attraction towards opposite sex.

1. Definition of reproductive health

Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life.

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood, sets the stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. The health of the newborn is largely a function of the mother's health and nutrition status and her access to health care.

1.2. Adolescent's girls of reproductive health

About one-fifth of India's population is in the adolescent age group of 10–19 years. It is estimated that there are almost 200 million adolescents in India (ages 15–24). It is expected that this age group will continue to grow reaching over 214 million by 2020.

Adolescence (10-19 Years) is a vital stage of growth and development. It is a period of transition from childhood to adulthood and is marked by rapid physical, physiological and psychological changes. Misconceptions about issues related to sex and sexuality, especially those related to masturbation, nocturnal emissions and menstruation make them anxious. Their anxiety and confusion is further compounded by adults who expect them to conduct themselves in a more mature manner without preparing them for their new role. Adolescents, and more so girls, have extra-nutritional requirements that are often ignored, leading to a number of health hazards. This has been a major cause of widely prevalent anaemia among women. Further, girls are forced into early marriage that seriously undermines their health and limits their opportunities for personal development. Unwanted pregnancies, risky abortions, haemorrhage, obstructed deliveries, low birth weight of the baby, and anaemia are some of the health risks attached to early marriage of girls. Additionally, restricted mobility of girls often limits their access to health services and information on reproductive health. Insensitive attitudes of healthcare providers also prevent them from accessing services. In most cases, they hesitate to seek medical help for treatment of Sexually Transmitted Infections (STIs).

1.3. Unwanted pregnancies and abortions

Given the limited information on sexual health, it may not be surprising that unwanted pregnancies and induced abortions can possibly be a common feature in India. Poor access to contraception and contraceptive failure, lack of information or misinformation regarding reproduction as also the incidence of rape contribute to the high rate of abortion among adolescents. Reasons for abortions vary from family spacing and son preference for married adolescents to social stigma for unmarried adolescents.

The Medical Termination of Pregnancy Act (MTP), 1972 has legalized abortion, yet the number of illegal providers of abortion services is very high. For unmarried adolescents, abortions have been high, though actual estimates are not available. Abortions by unlicensed, untrained private practitioners in unhygienic conditions creates risks of serious complications (haemorrhage, injuries) and even death. This risk is increased when abortions occur in the second trimester, which is the case for the majority of adolescent pregnancies.

1.4. Sexually transmitted diseases (STDs), including HIV/AIDS

Sexual behavioural patterns indicate low levels of contraceptive use, even for first sexual encounter for boys with commercial sex workers. Such a scenario is conducive to the spread of STDs, including HIV/AIDS. However, there is a paucity of adequate age specific data related to the transmission of STDs and HIV/AIDS in India, and the issue of STDs among adolescents has been largely ignored by policy makers. With the spread of HIV/AIDS, this has been changing, and there is an increasing recognition of young people as a vulnerable group (both due to sexual behaviour, and in young girls, susceptibility to the HIV infection) and of their potential as a 'force for change'. Young people between the ages of 10 and 25 years make up 50 percent of all new infections. In India the epidemic continues to shift towards women and young people.

1.5 Priority health problems especially of adolescent girls Sexual and reproductive health problems

- Median age at marriage for girls in rural areas is alarmingly low at 14.5 years.
- Adolescent pregnancy is Common (50% of women in India had a child before reaching the age of 20. (Indian Paediatrics, January 2004).
- A large number of adolescents are still unimmunized.
- One out of ten children in India is sexually abused at any

given point of time.

- 25% of the patients attending government STI clinics are younger than 18 years old (Ramasubban- 1995).
- Over 50% of all new cases in India are among 10 to 24 years of age (UNAIDS - 2002)
- Maternal deaths related to pregnancy and childbirth are an important cause of mortality for girls aged 15-19 worldwide, accounting for 70,000 deaths each year. Girls who give birth before the age of 15 are five times more likely to die in childbirth than women in their twenties.
- Worldwide, more than 60 million women aged 20-24 were married before they turned 18. If present trends continue, more than 100 million girls will probably be married as children in the next decade. Each year, 15 million adolescent girls become mothers.
- Globally, young people aged 15-24 account for 45 per cent of all new HIV infections in adults. In sub-Saharan Africa, 75 per cent of the infections are among young women. In sub-Saharan Africa, young women aged 15-24 are three times more likely to be HIV-infected than male counterparts.
- It is estimated that 150 million girls under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact. Between 1 and 4 out of every 10 women have experienced physical violence before the age 16. For a large number of girls, the first experience of sexual intercourse in adolescence is unwanted and even coerced.

1.6. Reproductive rights of adolescents

The idea of reproductive rights is inherent to the definition of reproductive health, and these rights are integral to globally recognised human rights. In 1994, in Cairo, the International Conference on Population and Development's (ICPD) Programme of Action urged governments and health systems to establish, expand or adjust health programmes to meet adolescents' reproductive and sexual health (ARSH) needs, to respect their rights to privacy and confidentiality, and to ensure that the attitudes of healthcare providers do not restrict adolescents' access to information and services. Within the framework of human rights established and accepted by the global community, certain rights are particularly relevant to adolescents and the opportunities and risks they face. These include gender equality and the rights to education and health, including ARSH information and services appropriate to their age, capacity and circumstance. Actions to ensure implementation of these rights can have tremendous practical benefits: empowering individuals, ensuring well-being, stemming the HIV/AIDS pandemic, alleviating poverty and improving socioeconomic prospects.

1.6. Government policies

- The National Youth Policy (2003) visualises active participation of youth, including adolescents, at all levels of social enterprise. It recommends youth empowerment through education, nutrition, leadership development and equal opportunity.
- The National Health Policy (2002) has recognized the nutritional needs of adolescent girls as well as the necessity of implementing school health programmes.
- The National Population Policy (2000) and the National Policy for the Empowerment of Women (2001) both recognize adolescents as an underserved and vulnerable population group with special sexual and reproductive health needs.
- The National AIDS Prevention and Control Policy (2000) recognizes street children and sex workers as vulnerable groups and recommends the inclusion of HIV/AIDS issues in population education.
- The National Policy on Education (1986, modified in 1992) aims to equalize education opportunities in the 15-35 years age group, implement free and compulsory elementary education for all children up to 14 years and imparts functional literacy to adult illiterates.
- It recognizes the role of adolescents in population stabili-

zation and parenthood.

2.2 Methodology

The present study entitled "Reproductive Health Awareness of Tribal Adolescence Girls" was undertaken with the following objectives to know the Knowledge about reproductive health of the respondents, to understand the problems in vaginal discharge of the tribal adolescent girls.

2.1. Study Area

The present Study was carried out in Kurnool district of Andhra Pradesh. As the adolescent girls are largely concentrated in Rayalaseema Region especially in Kurnool district, it was selected for the study. 3 villages from Kurnool district namely Panyam, L.K.thanda and Nannuru were selected for the study. The sample was selected randomly from the 3 selected villages.

2.2. Sampling procedure

For the purpose of this study, 100 tribal adolescent girls (11-16 years) were randomly selected from in and around Kurnool town of Andhra Pradesh.

2.3. Development of Interview Schedule

An appropriate interview schedule was prepared to understand the knowledge/awareness of tribal girls on certain reproductive health related issues. The schedule included aspects related to menarche, HIV/AIDS, Reproductive health etc. The questions in the schedule were simple and direct. They were of multiple choice, 'Yes', 'No', or 'don't know' type Questions. Before administering it to the actual sample subjects, the schedule was pre-tested to correct ambiguity if any in the format of the questions.

2.4. Data collection

The data was collected by administering the scheduled to the sample subjects individually. Before administering the schedule, the subjects were explained about the purpose of the study and requested for their full cooperation.

2.5. Statistical techniques

In order to interpret the data collected with ease, simple statistical tests namely frequencies and percentage were used.

3. Results and Discussion

3.1. How many times did you pass urine in a day

Table No: 1 Percentage distribution of the respondent's by how many times did the respondents pass urine per day

How many times did the respondents pass urine per day	Percentage
Twice	15
Thrice	48
Very Frequently	37
Total	100

The above table indicated that how many times the respondents passed urine per day. Nearly half of the respondents passed urine thrice in a day. More than one-third (37) of respondents passed urine very frequently in a day. But only a few of the respondents were going on to urine twice in a day.

3.2. Past 6 months have a burning sensation, pain or difficulty while urinating.

Table No: 2 Percentage distribution of the respondent's by for the past six months having burning sensation, pain or difficulty while urinating

Burning sensation, pain or difficulty while urinating in the past 6 months	Percentage
Yes	14
No	86
Total	100

The above table reveals that the respondents have a burning sensation, pain or difficulty while urinating. Majority of respondents told that they did not have any burning sensation, pain or difficulty while for the past six months urinat-

ing. One- quarter (14) of respondents were said that they had burning sensation, pain of difficulty while urinating for the past 6 months.

3.3. Feeling of urgency to pass urine

Table No: 3 Percentage distribution of the respondent's by Feeling of urgency to pass urine.

Feeling of urgency to pass urine	percentage
Yes	33
No	67
Total	100

The above table reveals that respondents feeling of urgency to pass urine. Majority of the respondents expressed that they did not have any feeling of urgency to pass urine. More than one-third the (33) of respondents said that they had feeling of urgency to pass urine.

3.4. Experience of pain in lower abdomen

Table No: 4 Percentage distribution of the respondent's with the experience of pain in lower abdomen for the past 6 months.

Experience of pain in lower abdomen(6 months)	Percentage
Yes	12
No	78
Total	100

Data in the above table shows that respondents experience of pain in lower abdomen for the past 6 months. Majority of respondents 78% told that they did not have any pain in lower abdomen. More than one-tenth (12) of respondents expressed that they had pain in lower abdomen.

3.5. Problems in vaginal discharge

Table No: 5 Percentage distribution of respondent's with problems of vaginal discharge

Problems of vaginal discharge	Percentage
Blood in vaginal problems	36
Unusual bleeding between periods	27
Unusual bleeding after intercourse	20
Swelling of the abdomen	17
Total	100

The above table shows the respondents experience of problems of vaginal discharge. In this 36 of the respondents have blood in vaginal discharges, 27 respondents have unusual bleeding between periods. 20 percent of the respondents have unusual bleeding after intercourse and 17 percent of the respondents have swelling of the abdomen.

3.6. Knowledge about reproductive health

Table No: 5 Percentage distribution of the respondent's by Knowledge about reproductive health

Knowledge about reproductive health	Percentage		
	Yes	No	Total
Girl can get pregnant if she has sexual intercourse during her periods	32	68	100
Teenage girls should perform self examination of breast once in a month after the onset of puberty	30	70	100
If a teenage girl does not get her period by the time, she is 14, she should see a doctor	36	64	100
Pregnancy happens when a sperm fertilizers a ovum(egg)	41	59	100

Girls cannot get pregnant if they have sex for the first times.	33	67	100
Teenage girls cannot get HIV from teenage boys who had sex only a few time	47	53	100
If a girl has only once in a while she really does not need birth control	39	61	100
You cannot get HIV from people you really know well	40	60	100
A highly reliable method of avoiding pregnancy and STD infections is to use a condom	26	74	100
STD usually go away on their own	37	63	100
It is possible to have more than one STD at a time	48	52	100
Once you have a STD you cannot get the same once again	31	69	100

The data in the above table indicated about the respondent's knowledge about reproductive health. Majority of respondents said that it is possible to have more than one STD at time and teenage girls cannot get HIV from teenage boys who had sex only a few times (47). Two-fifth (41) of respondents expressed that pregnancy happens when a sperm fertilizers a ovum (eggs) and also cannot get HIV from people really know well (40). Nearly two-fifth (39) of respondents were girl has sex only once in a while she really does not need birth control and STDs usually go away on their own (37), a teenage girl does not get her period by the time in 14 years see a doctor. More than one-third (33) of respondents in knowledge said that girls cannot get pregnancy have sex for the first time and sexual intercourse during her periods (32), once you have a STD you cannot get the same once again and other than 30 percent of respondents were teenage girls should perform breast self examination once in a month after the onset of puberty. More than one-fifth (26) of respondents were of the opinion that highly reliable method of avoiding pregnancy and STD infections is to use a condom.

Sum up

- Nearly half of the respondents to go urine thrice in a day.
- Majority of the respondents told that they did not have any burning sensation, pain of difficulty while urinating.
- More than two-third (67) of respondents expressed that they did not have any feeling of urgency to pass urine.
- Majority of the respondents told that they did not have any pain in lower abdomen.
- More than one-third (37) of respondents had blood in vaginal discharge.
- Majority of the respondents said that it is possible to have more than one STD at a time and teenage girls cannot get HIV from teenage boys who had sex only a few times (47).

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