



## REPRODUCTIVE HEALTH PROBLEMS, REPRODUCTIVE HEALTH SEEKING BEHAVIOUR AND BARRIERS OF REPRODUCTIVE HEALTH SEEKING BEHAVIOUR AMONG TRIBAL ADOLESCENT GIRLS.

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**ABSTRACT** **BACKGROUND:** Adolescence is the age between 10 to 19 years. This is the period with maximum growth spurt, shifting from childhood to adulthood. In India, poor reproductive health exists across all socio economic groups and in both rural and urban settings. The tribal community is one of the most vulnerable sectors of the population of a country, in terms of social development. Isolated dwelling places in difficult terrain, rigid customs and beliefs, illiteracy and separation from the non tribal population expose them to many health and social issue. **OBJECTIVES** of the study were to assess the reproductive health problems, reproductive health seeking behaviour and its barriers among tribal adolescent girls studying in selected tribal schools of Kerala. **METHODS:** A descriptive cross sectional study was conducted among 69 adolescent girls studying in 10<sup>th</sup> standard of two model residential schools in Kerala. The data collection was done during January 2021. The data collected were analyzed using descriptive statistics. **RESULTS:** Study found that (78%) of the adolescent girls had moderate symptoms, (12%) with mild symptoms and (10%) had severe symptoms of reproductive health problems. The reproductive health seeking behaviour was good among (41%) of the sample, satisfactory among (55%) and (4%) had poor reproductive health seeking behaviour. No adolescent clinics and absence of regular health checkup at school were the barriers of reproductive health seeking behaviour reported by (100%) of the sample and among them (64%) were not aware about the adolescent clinics. **CONCLUSION:** The reproductive health problems were highly prevalent among adolescent girls and the reproductive health seeking behaviour needs to be improved.

**KEYWORDS :** Reproductive health problems, reproductive health seeking behaviour, barriers of reproductive health seeking, tribal adolescent girls.

### INTRODUCTION

Adolescence is the age between 10 to 19 years. This is the period with maximum growth spurt, shifting from childhood to adulthood (WHO). The reproductive organs start to attain maturity and the child develops secondary sexual characteristics. Attainment of menstruation is the major milestone among adolescent girls and adaptation to this new phase of life is a challenge among them. Adolescent population constitutes 20% of the world's population. In India, adolescent population is about 23.6 million and which is 19.6% of total population. Population in Kerala constitutes 2.76% of India's population and among this the tribal population is 321,000 which is about 1.1%, living in different parts of Kerala (Census of India 2011).

In India, poor reproductive health exists across all socio economic groups and in both rural and urban settings. The tribal community is one of the most vulnerable sectors of the population of a country, in terms of social development. Isolated dwelling places in difficult terrain, rigid customs and beliefs, literacy and separation from the non tribal population expose them to many health and social issues (The ministry of tribal affairs, govt. of India 2011)

Poor knowledge and understanding of menstruation leads to unsafe practices during menstruation and that increases the risk for reproductive tract infections. More than these, most of the adolescent girls are not aware about the menstrual abnormalities and manifestations of reproductive tract infections. Perceptions of symptoms as normal and feeling shy to discuss the problem with others may delays the health seeking. In the above circumstances, the present study aims at assessing the reproductive health problems, reproductive health seeking behaviour and its barriers among tribal adolescent girls studying in selected tribal schools of Kerala.

### STATEMENT OF THE PROBLEM

A study to assess the reproductive health problems, reproductive health seeking behaviour and barriers of reproductive health seeking behaviour among tribal adolescent girls studying in selected tribal schools of Kerala.

### OBJECTIVES

1. Assess the reproductive health problems among tribal adolescent girls studying in selected tribal schools of Kerala
2. Assess the reproductive health seeking behaviour of tribal adolescent girls studying in selected tribal schools of Kerala
3. Find out the barriers of reproductive health seeking behaviour among tribal adolescent girls studying in selected tribal schools of Kerala

### MATERIALS AND METHODS

A descriptive cross sectional research design with survey approach was used for the present study. The administrative sanction was

obtained from Director of Tribal department and permission was also obtained from the senior superintendents of both schools. Ethical committee clearance was obtained from the institutional ethical committee. Based on the convenience, the investigator selected two model residential schools in Kerala as the study setting and by using consecutive sampling all the tribal adolescent girls studying in the 10<sup>th</sup> standard of each school (n=69) were selected as the sample. The data collection was done during January 2021. A brief description about the study was given by the investigator. An informed consent was obtained from the MCRT (local guardian) and an assent from each subject. The data was collected by using a questionnaire for assessing socio personal and menstrual details, a rating scale on reproductive health problems was used to assess the reproductive health problems, reproductive health seeking behaviour was assessed by using a rating scale on reproductive health seeking behaviour and a questionnaire on barriers of reproductive health seeking behaviour was used for assessing the barriers of reproductive health seeking behaviour. Confidentiality was maintained throughout the study.

### DATA ANALYSIS AND FINDINGS

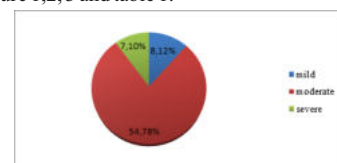
The data collected were tabulated, analyzed and interpreted using descriptive statistics. The major findings are as follows.

#### Section 1: Analysis of socio personal data

This section includes frequencies and percentage of adolescent girls based on age, class of study, education of parents, type of family, domicile, monthly family income, food pattern and menstrual details such as age at menarche, interval of menstrual cycle, duration of menstrual flow, previous classes attended on reproductive and sexual health and availability of school health nurse. Majority 97% of the sample were from rural area, 6% of the mothers were illiterate and 65% were reported monthly family income  $\leq$  5000.

#### Section II: Analysis of reproductive health problems among tribal adolescent girls.

This section deals with the distribution of sample based on the intensity of reproductive health problems. The reproductive health problems include the menstrual problems and signs and symptoms of reproductive tract infections. The details of the analysis were presented in figure 1, 2, 3 and table 1.



n=69

Figure 1. Distribution of sample based on intensity of reproductive health problems

Data depicted in Figure 1 indicate that 78% of the sample had moderate degree of reproductive health problems, 10% had severe and 12% had mild problems.

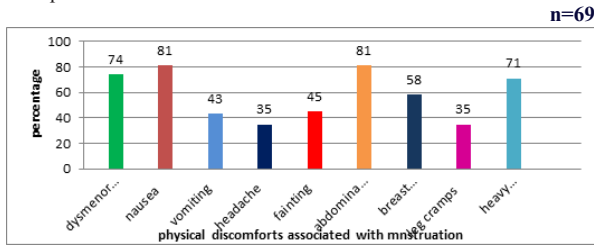


Figure 2. Distribution of sample based on physical discomforts associated with menstruation

Data in Figure 2 depict that 81% of the sample had nausea and abdominal bloating during menstruation, 74% had dysmenorrhoea and 71% reported heavy menstrual bleeding.

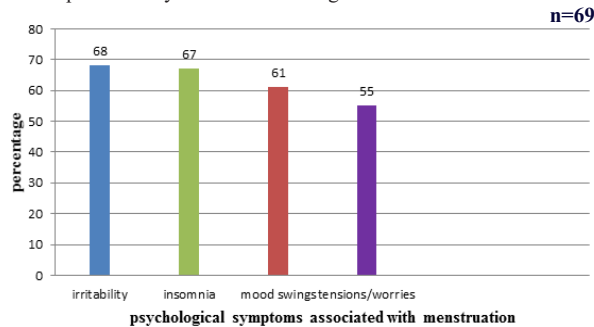


Figure 3. Distribution of sample based on psychological symptoms associated with menstruation

Data in Figure 3 show that most of the sample, 68% reported irritability associated with menstruation, 67% had insomnia and 61% reported mood swings.

Table 1 Distribution of sample based on symptoms of reproductive tract infections

Symptoms of reproductive tract infections.	Frequency	Percentage
Itching around genitalia during or after each cycle	40	58
Excoriation of genital skin prior to or after the cycle	22	32
Burning sensation after voiding	26	38
Urgency and frequency of urination	35	51
Feeling of incomplete emptying of bladder after voiding	31	45
Recurrent lower abdominal pain	51	74
Discomfort with excess vaginal discharge	51	74
Foul smelling vaginal discharge	26	38

Data presented in the table 1 show that most of the sample, 74% reported recurrent lower abdominal pain and discomfort with excess vaginal discharge and 58% of the sample had itching around the genitalia.

**Section III : Analysis of reproductive health seeking behaviour of tribal adolescent girls**

This section deals with the distribution of sample based on the reproductive health seeking behaviour. The details of the analysis of reproductive health seeking behaviour are presented in figure 4.

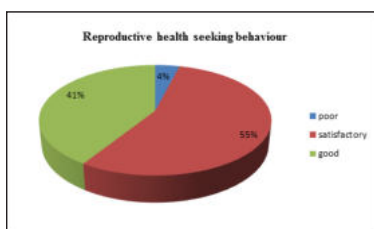


Figure 4. Distribution of sample based on reproductive health seeking behaviour

Data in figure 4 Show that 4% of the sample had poor reproductive health seeking behaviour, 55% had satisfactory and 41% had good health seeking behaviour.

Table 2 Distribution of sample based on barriers of reproductive health seeking behaviour.

Barriers of reproductive health seeking behaviour	Present		Absent	
	f	%	f	%
<b>Individual factors</b>				
• Perception of symptoms as normal	34	49	35	51
• Embarrassed to discuss the problem with teachers/parents	20	29	49	71
• Fear of loss of confidentiality of diseases	22	32	47	68
• Fear of negative attitude from health workers	12	17	57	83
• Insufficient time to consult the health professionals	16	23	53	77
• Fear of social stigma towards reproductive health problems.	18	26	51	74
<b>Socio economic factors</b>				
• Money as a hindrance factor to seek medical help	15	22	54	78
• Problem in getting sanitary pads at free of cost	2	3	67	97

Table 2 continued.....

Barriers	Present		Absent	
	f	%	f	%
<b>Physical facility related factors</b>				
• Adequate toilet facility at school	67	98	2	2
• Adequate water supply in toilets	69	100	0	0
• Privacy in changing and disposing pads /absorbents	67	98	2	2
• Availability of napkin burner /separate dust bin for pad disposal	67	98	2	2
• Facility to dry the clothes/under garments under sunlight	65	94	4	6
<b>Health facility related factors</b>				
• Adolescent clinics at school	0	0	69	100
• Regular health check up at school	0	0	69	100
• Feeling shame at consulting the male health personnel	41	59	28	41
• Fear of lack of privacy at clinics	42	61	27	39
• Awareness regarding the adolescent clinics	25	36	44	64

Data in table 2 depict that all the sample, 100% reported no adolescent clinics and absence of regular health check up at school, 64% were not aware about the adolescent clinics, 59% reported feeling shame at consulting male health professional and 61% had fear of lack of privacy at clinics. Regarding individual factors, 49% reported perception of symptoms as normal as the barrier for health seeking, 26% reported fear of social stigma towards reproductive health problems and 32% had fear of loss of confidentiality of the problems.

**DISCUSSION**

In the present study, the findings showed that the reproductive health problems were highly prevalent among tribal adolescent girls; out of 69 girls assessed, 78% had moderate and 10% had severe degree of reproductive health problems. Similar findings have been reported in a study conducted by (Meenal V Kulkarni.2011) to assess the reproductive health morbidities among adolescent girls in Nagpur. The study showed that 65.18% of adolescent girls reported one or more reproductive health morbidity.

The present study also found that 81% of the sample had nausea and abdominal bloating associated with menstruation. Similar finding was seen in another study (Rathiga,A.2016) conducted among adolescent girls and the study reported nausea associated with menstruation among 72% of sample. The present study reported dysmenorrhoea among 74% of the sample and this finding was supported by the findings of the study conducted by (Dinesh Kumar.2016) which reported 62.6% of sample with dysmenorrhoea and (Meenal V Kulkarni.2011) reported dysmenorrhoea among 53.6% of sample.

In the present study the most commonly reported symptoms associated with reproductive tract infection were recurrent lower abdominal pain

and excess vaginal discharge in 74% of sample and 56% of the sample reported itching around the genitalia. Similar findings were reported in another study conducted by (Mansi, G. 2016) among adolescent girls and the study reported excessive vaginal discharge among 41.53% of sample and genital itching among 32.33% of the sample.

In the present study reproductive health seeking behaviour was poor among 4% of sample, satisfactory among 55% and good among 41% of sample and similar finding was found in a study conducted by (Swetha Pavithran. 2015) regarding health seeking for reproductive health problems among adolescent girls. The study showed that only 11.5% of the sample had positive health seeking behaviour related to reproductive health problems.

Regarding the barriers for reproductive health seeking behaviour, the most commonly reported one was health facility related barriers. Cent percentage of the sample reported no adolescent clinics at school and absence of regular health checkup as barriers, 64% were not aware about the adolescent clinics, 59% reported feeling shame at consulting male health professional and 61% had fear of lack of privacy at clinics. Among the sample, the most commonly reported barriers were Perception of symptoms as normal in 49% of the sample, embarrassed to discuss the problem with others among 29% of the sample and fear of loss of confidentiality of the diseases among 29% of the sample. The similar barriers were found in another study conducted among adolescent girls (sharanya, T. 2014) which reported perception of symptoms as normal in 31% of sample, fear of loss of confidentiality in 5.4% of sample and similar result was also seen in another study (Ipsa Mohapatra. 2017) which reported perception of symptoms as normal among 80% of the sample. A study conducted by (Smitha M C. 2016) found that the common reported barrier for health seeking behaviour was perception of symptoms as normal.

## CONCLUSION

Studies conducted on reproductive health problems of adolescent girls found that menstrual problems and reproductive tract infections are the common problems faced by the girls in the reproductive age group. Menstruation is still a taboo among most of the cultures. The scheduled tribes are at different stages of social, cultural and economic development. They have their own life style, culture, customs, traditions and religious practices. Timely attention and proper hygiene during menstruation and a positive health seeking behaviour will help to prevent the future complications related to reproductive morbidities.

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