



Knowledge and practices of reproductive health among school going rural adolescent girls of sullia taluk

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ABSTRACT

Adolescence is one of the most crucial periods in the life of an individual, because between the ages of 10-19years, many key biological, social, economical, demographic and cultural events occur that set the stage for adult life. During this phase of growth the girls first experience menstruation and related problems which is marked by feelings of anxiety and eagerness to know about this natural phenomenon. However, they do not get the appropriate knowledge due to lack of a proper health education programme in schools. Moreover, the traditional Indian society regards talks on such topics as taboo and discourages open discussion on these issues. Moreover, the routine health services do not have provisions for adequate care of adolescent health problems. This further exaggerates the problems manifold. Although menstruation is a natural process, it is linked with several misconceptions and practices, which sometimes result into adverse health outcomes. Majority of adolescents still does not have access to information and education on sexuality, reproduction and sexual and reproductive health and rights, nor do they have access to preventive and curative service. Providing adolescents with access to seek information education and services is thus the main challenge for future programmes. In this regard an attempt has been made to measure the level of knowledge and attitude towards reproductive health, b) to study the reproductive health practices among adolescent girls and c) to study the attitude of adolescent girls towards sex education. The study was conducted among 60 school going adolescent girls of Sullia Taluq. The findings not only prove and confirm their view, but also reveal the fact that the adolescent girl's family members restrict their daughters during menstruation and majority of the respondents stated they need sex related education in the curriculum. The study also recommends that health workers should concentration more on imparting reproductive health among rural adolescent girls. Community groups, peer groups school curriculum and other such channels are likely to be more effective means of transmitting important health messages and advice to young women entering puberty.

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Introduction

Adolescence, the second decade of life, is a powerful formative period of transition from childhood to adulthood. It is a time of physical development, identity formation, relationship development, and a time when vocational direction and life goals are expected to be implemented. It is one of the most crucial periods in the life of an individual, because between the ages of 10-19years, many key biological, social, economical, demographic and cultural events occur that set the stage for adult life. It is the period during which rapid physical growth, physiological, and psychological changes occur. The transition from childhood to adulthood occurs during adolescence period which is characterized by major biological changes like physical growth, sexual maturation and psycho-social development. During this phase of growth the girls first experience menstruation and related problems which is marked by feelings of anxiety and eagerness to know about this natural phenomenon. However, they do not get the appropriate knowledge due to lack of a proper health education programme in schools. Moreover, the traditional Indian society regards talks on such topics as taboo and discourages open discussion on

these issues. This leads to culmination in repression of feelings which can cause intense mental stress and seek health advice from quacks and persons who do not have adequate knowledge on the subject. Such health seeking behavior by the adolescent girls in undesirable. Moreover, the routine health services do not have provisions for adequate care of adolescent health problems. This further exaggerates the problems manifold.

World Health Organization defines adolescence as:

- Progression from appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity.
- Development of adult mental processes and adult identity
- Transition from total socio-economic dependence to relative independence.

Adolescent girls constitute a vulnerable group, particularly in India, where female child is neglected one. Menstruation is still regarded as something unclean or dirty in Indian society. The reaction to menstruation depends upon awareness and knowledge about the subject. The manner in which a girl learns about menstruation and its associated changes may have an impact on her response to the event of menarche. Although menstruation is a natural process, it is linked with several

misconceptions and practices, which sometimes result into adverse health outcomes. Hygiene-related practices of women during menstruation are of considerable importance, as it has a health impact in terms of increased vulnerability to reproductive tract infections (RTI). The interplay of socio-economic status, menstrual hygiene practices and RTI are noticeable. Today millions of women are sufferers of RTI and its complications and often the infection is transmitted to the offspring of the pregnant mother. Women having better knowledge regarding menstrual hygiene and safe practices are less vulnerable to RTI and its consequences. Therefore, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of women.

The onset of menstruation is one of the most important changes occurring among the girls during the adolescent years. The first menstruation (menarche) occurs between 11 and 15 years with a mean of 13 years. Improving adolescent reproductive health is generally recognized as a key development priority, especially with increasingly larger numbers of adolescents today than ever before. Understanding the health problems related to menstruation and the health seeking behavior of the adolescent girls, their awareness about pregnancy and reproductive health will help us in planning programmes for this vulnerable group of sexuality, developing intimacy and relationships. Improving adolescent reproductive health is generally recognized as a key development priority, especially with increasingly larger numbers of adolescents today than ever before.

Reproductive health is an important component of general health, it is a prerequisite for social and economic and imperative because human energy and creativity are the driving forces of development. Adolescence is a period of increased risk taking and therefore susceptibility to behavioral problems at the time of puberty and new concerns about reproductive health. Majority of adolescents still does not have access to information and education on sexuality, reproduction and sexual and reproductive health and rights, nor do they have access to preventive and curative service. Providing adolescents with access to seek information education and services is thus the main challenge for future programmes. The vast majority of youth lives in developing countries and is at risk of adverse health outcomes that are preventable. Adolescence is also an important formative period during which many life style behaviors are learned and established. Thus, acquiring beneficial knowledge, developing positive attitudes, and establishing healthy practices and behaviors at an early age sets the stage for longer-term health.

Research Methodology

The present paper aims at evaluating the knowledge and practices of reproductive health among school going adolescent girls. The main objectives are a) to measure the level of knowledge and attitude towards reproductive health, b) to study the reproductive health practices among adolescent girls and c) to study the attitude of adolescent girls towards sex education. A descriptive research design was considered keeping in view of the objectives of the study. The sample comprising of 60 school going adolescent girls were selected by selecting twelve persons randomly from 5 schools from Sullia taluq of Karnataka state. 60 students studying in class 9th standard were selected accidentally for the study. The justification for confining to the students of class 9th are because their normally in the age group of 12-17 years and matured enough understand the minimum

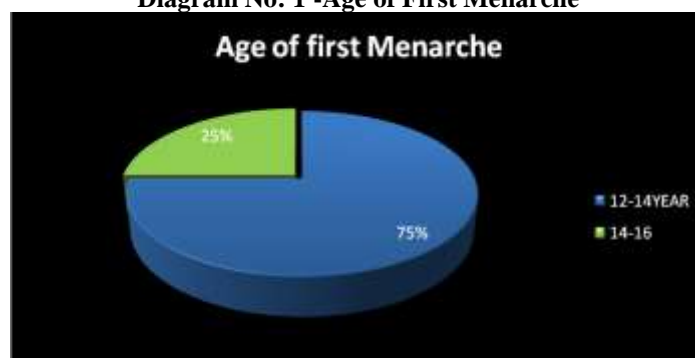
health and hygiene problems and are able to answer the required questions. Questionnaire and observation method were utilised for data collection. An interview schedule was utilized as a tool of data collection. Data were tabulated and results were given in numbers and percentages.

Table no: 1: personal profile of the respondents:

Religion		No. of respondents	Percentage
	Hindu	49	81.67%
	Muslim	5	8.33%
	Christian	6	10%
	Total	60	100%
Class		No. of Respondents	Percentage
	Rich Class	13	21.67%
	Middle Class	32	53.33%
	Poor Class	15	25%
	Total	60	100%
Type of family		No. of Respondents	Percentage
	Nuclear	52	86.66%
	Joint	7	11.67%
	Extended	1	1.67%
	Total	60	100%

The above table shows the personal profile of the respondents. Among 60, majority 81.67% of the respondent's belongs to Hindu religion, 8.33% of respondents were Muslims and remaining 10% respondents were Christians. The above table describes that 21.67% of the respondents belong to rich class, and the 53.33% of the respondents were in middle class, the remaining 25% of the respondents were in poor class. The above table represents that 86.66% of the respondents belong to the nuclear family and 11.67% of the respondents belong to the joint family and the remaining 1.67% of the respondents belongs to extended family.

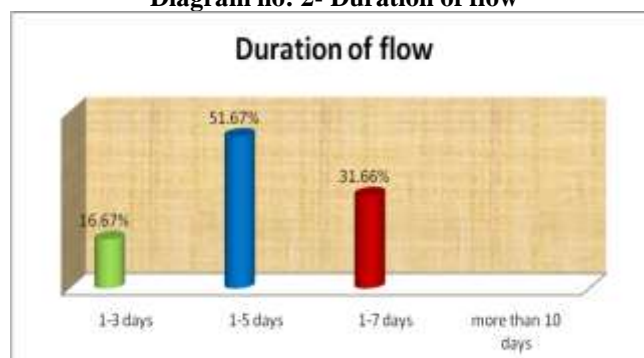
Diagram No: 1 -Age of First Menarche



The diagramme No.1 highlights that 75% of the respondents attained menarche at the age of 12-14 years, 25% of the respondents' attained menarche at the age of 14-16 years.

Majority of them (75%) attained menarche at the age of 12-14 years, which can be considered as a proper age of menarche.

Diagram no: 2- Duration of flow



The above chart depicts that majority of respondents (51.67%) experience 1-5 days of flow during menstruation and 31.66% of respondents experience 1-7 days of flow and remaining 16.67% of respondents experience 1-3 days of flow during menstruation.

Abnormal duration of menstrual flow, heavy menstrual flow and irregular cycles were significantly more common in female adolescents. But from the above analysis it is clear that majority of respondents experience normal duration of flow i.e. 1-5 days during menstruation.

Table no.2- Suffer from problems during menstruation

SL NO	Response	No. of Respondents	Percentage
1	Stomach ache	27	45%
2	Vomiting	4	6.67%
3	Headache	2	3.33%
4	Back pain	5	8.32%
5	Stomach ache, depression, back pain	11	18.33%
6	Stomachache, vomiting headache, depression, back pain	11	18.33%
	TOTAL	60	100%

The above table shows that around 45% of the respondents suffer from stomach ache during menstruation .were as18.33% of the respondents suffer from stomach ache, depression and back pain, 18.33% of the respondents suffer from Stomach ache headache, depression, back pain,6.67% of the respondents suffer from Stomach ache, vomiting, headache, depression, and back pain,3.33% of the respondents suffer from head ache.

The girls were asked about health problems associated with menstruation were as menstrual pain was reported by the highest percentage (45%) of girls.

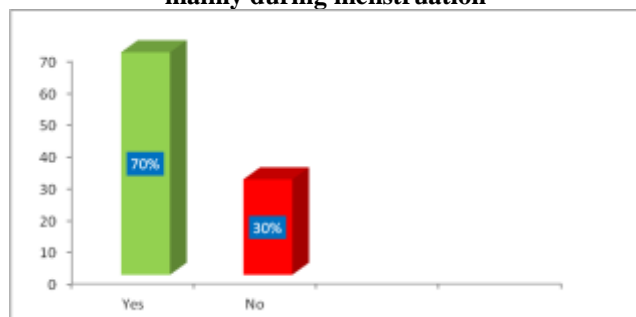
Table no.3- restriction during menstruation

SL NO	RESPONSE	RESPONDENTS	PERCENTAGE
1	Yes	52	86.67%
2	No	8	13.33%
	TOTAL	60	100%

The above table shows that majority of 86.67% of the respondent's family member restrict their daughters during the menstruation, and remaining 33% of the respondents do not restrict during menstruation.

The interpretation that can be drawn from above table that the parent of adolescent girls restrict their daughter from religious practices and regular activities during menstruation.

Diagram no 3-Consume nutritious food during adolescents mainly during menstruation

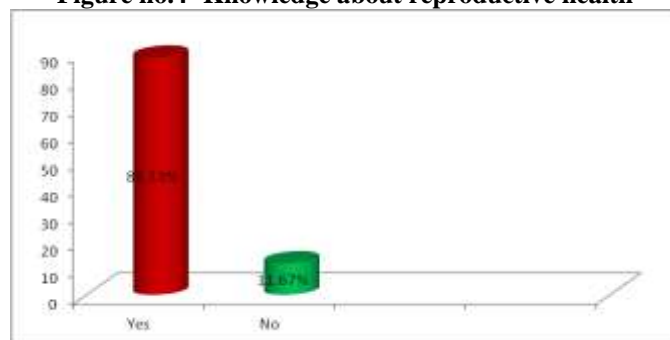


The above diagram shows that 70% of the respondents consume nutritional food during menstruation, and remaining that 30% of the respondents do not consume nutritional food during menstruation.

The rapid physical growth that occurs during adolescence requires supplementary nutrition. To compensate for the physiological blood loss during menstruation, adolescent girls have up to fifteen percent additional requirements of iron. The

above diagram shows that 70% of the respondents consume nutritional food during menstruation.

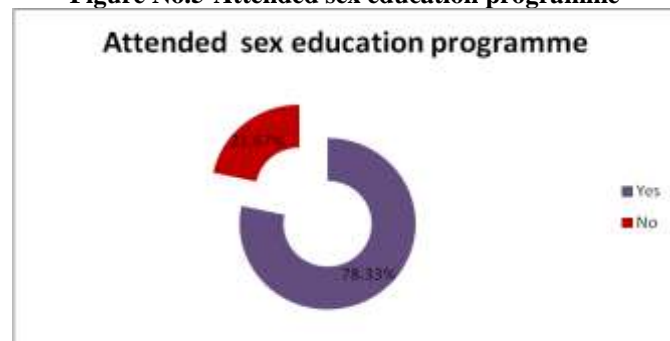
Figure no.4- Knowledge about reproductive health



The above diagramme shows that majority 88.33% of the respondents were know about reproductive health, and remaining 11.67% of the respondents were do not know about reproductive health.

Reproductive health is an important component of general health and adolescence is a period of increased risk taking and therefore susceptibility to behavioural problems at the time of puberty and new concerns about reproductive health is very necessary at this age. From the above diagram it is very clear that 88.33% of the respondents have knowledge about the reproductive health.

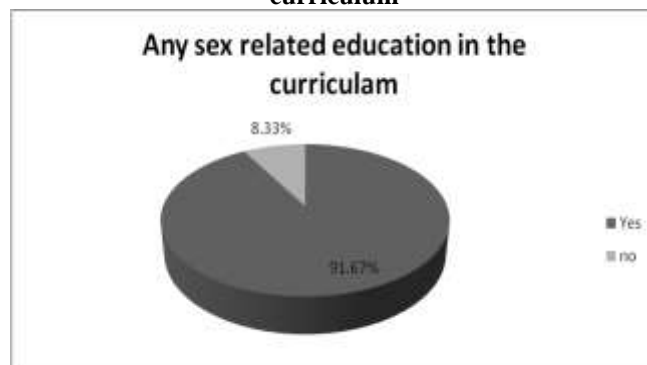
Figure No.5-Attended sex education programme



The above diagramme shows that more than 78.33% of the respondents have attended the sex education programme, and 21.67 % of the respondents do not attend any sex related educational programme.

The above graph highlights that teaching of hygiene practices related to menstruation should be linked to and expanded health education in which young girls can learn about reproductive philosophy and functioning as well as practice information about STI, reproductive tract infection and other useful knowledge.

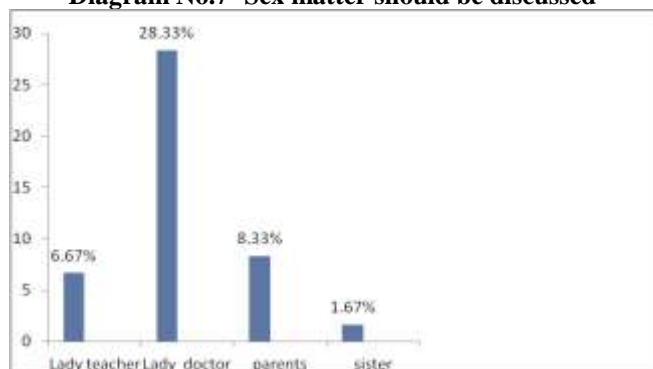
Diagram No.6-Need for any sex related education in the curriculum



The above diagram shows that the majority 91.67% of the respondents stated they need sex related education in the curriculum, where as 8.33% of the respondents stated they do not need sex related education in the curriculum.

Thus there is over whelming need among adolescents to introduce sexual education in their curriculum. The teaching of hygiene practices related to menstruation should be linked to and expanded health education in which young girls can learn about reproductive philosophy and functioning, about sexual transmitted infection, reproductive tract infection and other useful knowledge.

Diagram No.7- Sex matter should be discussed



The above diagram shows that 28.33% of the respondent were opined sex matters should be discussed with lady doctor 8.33% of the respondents were opined sex matters should be discussed with parents, 6.67% of the respondents were opined sex matters should be discussed with Lady teacher and remaining that 1.67% of the respondents were sister.

Thus it can be inferred that particularly adolescent girls feel more comfortable to discuss with Lady Doctor or health professionals regarding sex matters, it is because health professionals have adequate Knowledge and favorable attitudes for utilization of the reproductive health.

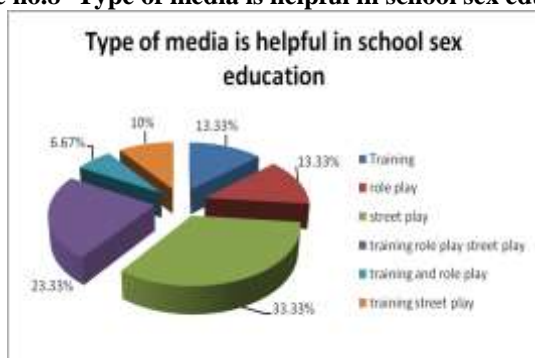
Table no.4- Media effect on adolescent girls in the period of reproductive health

SL NO	RESPONSE	RESPONDENTS	PERCENTAGE
1	YES	53	88.33%
2	NO	7	11.67%
	TOTAL	60	100%

The above table shows that the majority 88.33% of the respondents opined media effect on adolescent girls in the period of reproductive health and remaining 11.67% of the respondents were negatively responded to this statement.

Thus the above table depicts that media would seem to offer a vehicle for broadened transmission of information about reproductive health issues including specific information about menstrual hygiene.

Figure no.8- Type of media is helpful in school sex education



The above diagram highlights that the majority 33.33% of the respondents were opined that street play is helpful media in school for providing sex education 23.33% of the respondents were opined that training, role play street play is helpful media in school for providing sex education 13.33% of the respondents were opined that training and role play is helpful, 6.67% respondents were opined that training and role play is helpful media in school for providing sex education and remaining that 10% opined training and street play.

The above diagram shows that the majority 33.33% of the respondents were opined that street play is helpful media in school for providing sex education

Suggestions

✚ Parents should have more knowledge about menstruation to impart it to the adolescent's girls. It has to be clear for the elders of the family that menstruation is a natural, biological process and the adolescent girls during menstruation should not be restricted for religious activities.

✚ Adolescent girls should consult the doctor for the general checkups often and especially during first menarche.

✚ Street play, role play, talks, lectures, demonstrations, camps should be conducted in rural areas especially for adolescent girls regarding reproductive health, and contraceptive methods by govt. organization and NGOs to create awareness among rural adolescent girls.

✚ As a TV is the most important medium of communication, it should be extensively used to reach and educate the target group of population in respect of the reproductive health programmes and related aspect. Full utilization should also be made of television coverage and cinema for propagating reproductive programme.

✚ Health workers should concentration more on imparting reproductive health among rural adolescent girls.

✚ Community groups, peer groups school curriculum and other such channels are likely to be more effective means of transmitting important health messages and advice to young women entering puberty.

✚ The checking of hygienic practices related to menstruation should be linked to an expanded health education in which young girls can learn about reproductive philosophy and functioning, as well as practical information about reproduction tract infections, sexually transmitted infection and other useful knowledge.

✚ Young girls should be taught more effective procedures of washing their menstrual cloths as well as careful more sanitary storage of pads, or preferably using new cloths per each monthly cycle.

✚ Nutritional deficiency related health problem, were strikingly high in rural area. Gender disparities in feeding patterns is wide spread in rural areas thus appropriate intervention must be sought, therefore that provide iron supplementation to all poor adolescent girls.

✚ Because young people like to talk together, share their secrets, and exchange information on sensitive issues, peer education offers an unthreatening and acceptable way for young people to learn about sexuality and reproductive health. However it has to be implemented with a caution that the peer educators should also have sufficient and correct knowledge on the sexual and reproductive health issues, and have skills to educate other peers.

✚ Family acceptance and support being an important component of the success of reproductive programmes for adolescents is

undisputed because adolescents, especially girls, often need to be provided with adult permission and support to receive information on sexual and reproductive health issues.

✚ Looking to the resource constraints and the sensitivity of the issue, it is suggested that the agenda for adolescents should be implemented in a phased manner through well defined strategies. Obviously, the partnership of the govt, NGO's, and community is crucial to the success of the programme.

Conclusion

Adolescence, the second decade of life, is a period of rapid growth and development for adolescents 'bodies minds and social relationships. Physical growth is accompanied by sexual maturation often leading to intimate relationships. The individual's capacity for abstract and critical thought also develops, along with a heightened sense of self-awareness and emotional independence. As a whole, adolescents have to be given opportunities to develop so that they can be empowered with knowledge and skills that will help them lead a more fulfilling social and personal life and take responsible and well-thought decisions. This will enhance the quality of life for adolescents at both the societal and the personal level and help them realize their right to exercise autonomy and self determination and responsible decision-making for their sexual and reproductive life.

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