

## A Study Of Reproductive Health Needs Of Adolescent Girls Of UHTC Field Practice Area, Govt. Medical College, Bhavnagar

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**Abstracts:** Background and Aim: The World Health Organization (WHO) defines an Adolescent as “an individual between 10-19 years of age”. As adolescents are not a homogenous group, their needs vary with their sex, stage of development, life circumstances & their socioeconomic conditions. In spite of existing Adolescent Friendly Health Services (AFHS), adolescents are reluctant to utilize them because of lack of privacy & confidentiality. Aims of this study are (1) To study reproductive health needs of adolescent girls (2) To assess awareness & utilization of AFHS. Methodology: Community based cross sectional study was conducted in Urban Health Training Centre (UHTC) field practice area of Govt. Medical College, Bhavnagar among 532 Adolescent girls during February 2014 to August 2014. Information about their reproductive health needs, awareness about AFHS & its utilization were collected by pretested prestuctured questionnaire. Data entry & analysis done in Epi info software (version3.2). Results: In the present study regarding reproductive health needs, more than half (54.71%) girls desired correct information about reproductive health system, problems & hygiene & most of the girls (53.20%) choose seminar as best source to provide such information. 21.99% girls desired supply of sanitary pads at lower cost than market. An important finding was that very few (14.1%) girls were aware of AFHS. Among those who were aware of AFHS, 38.67% girls had visited & satisfied with services. The major reason for not utilizing AFHS was shyness among 54.35% girls. Conclusion: Information about reproductive health (54.71%) & supply of sanitary pad at lower prices than market (21.99%) are two important reproductive health needs of adolescent girls. Awareness & utilization of AFHS is very less among adolescent girls due to various barriers. [Chauhan M NJIRM 2015; 6(6):15-18]

**Key Words:** Adolescent Girls, Adolescent Friendly Health Services, Reproductive Health.

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**Introduction:** The term adolescence is derived from the Latin word “adolescere” meaning to grow or to mature. The World Health Organization (WHO) defines an Adolescent as “an individual between 10-19 years of age”. Adolescence period divided into early, middle & late adolescence, which are respectively 10-13, 14-16 & 17-19 year age groups<sup>1</sup>.

There are about 1.2 billion adolescents, a fifth of the world’s population & their numbers are increasing. Four out of five live in developing countries<sup>2</sup>. The South-East Asia Region (SEAR) of WHO has about 350 million adolescents comprising about 22% of the population<sup>3</sup>. In India there are total 253.2 million adolescents which contribute 23% of total population<sup>4</sup>.

As adolescents are not a homogenous group, their needs vary with their sex, stage of development, life circumstances & their socioeconomic conditions<sup>5</sup>. Although health services are available, it was common observation that adolescents & other young people are reluctant to come forward to use them; the main reason being lack of privacy & confidentiality. This is in addition to many other sociocultural barriers & financial constraints<sup>6</sup>. With this background this study

was conducted with following objectives: To study reproductive health needs of adolescent girls & to assess awareness & utilization of Adolescent Friendly Health Services.

**Material and Methods:** Community based cross sectional study was conducted in UHTC field practice area of Govt. Medical College, Bhavnagar among Adolescent girls during February 2014 to August 2014. After going through many literatures, it was found that the prevalence of different reproductive health problems shows wide variation. According to DLHS-3 data prevalence of reproductive health problems among adolescent girls was 45.2%. Hence with this prevalence, 10% allowable error, 95% level of confidence & 10% dropout rate final sample size comes as 532. To get desired no. of adolescent girls (532), list of Anganwadis was taken from UHTC. Each Anganwadi was visited to obtain list of total registered adolescent girls. After getting the list of adolescent girls, they were selected by Simple Random Sampling method till desired sample size is obtained. After self introduction & explaining purpose of the study, information about reproductive health needs, awareness & utilization of AFHS collection was

collected using pretested prestructured questionnaire. Ethical clearance from Institutional Review Board, Govt. Medical College, and Bhavnagar was obtained. Written consent taken from the study subjects (from parents in case of minors). Data entry & analysis done was done in Epi-Info Software Version 3.2.

**Results:**

**Table 1: Socio Demographic profile of study subjects (N=532)**

Variables	No.	%
Age group (In Years)		
10-13	125	23.50
14-15	244	45.86
16-19	163	30.64
Religion		
Hindu	314	59.03
Muslim	218	40.97
Type of Family		
Nuclear	409	76.88
Joint	121	22.74
Third Generation	002	00.38
Socioeconomic Class*		
Upper	010	01.88
Upper Middle	030	05.64
Lower Middle	093	17.48
Upper Lower	380	71.42
Lower	019	03.58
Education		
School dropout	163	30.64
Primary	105	19.74
Secondary	138	25.94
HigherSecondary	110	20.68
College	016	03.00

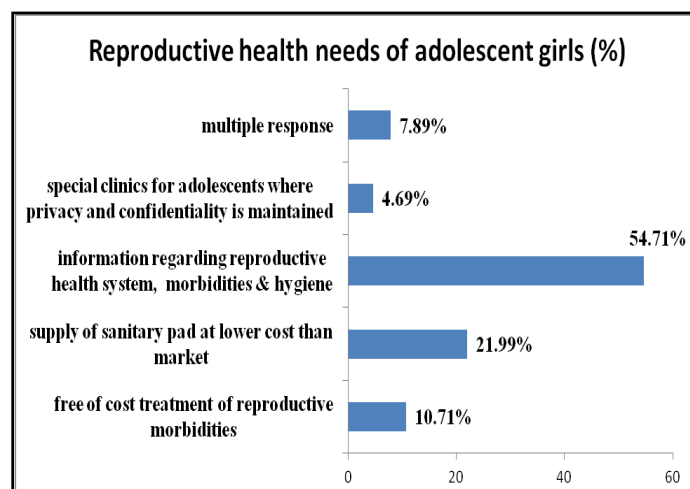
\*Modified Kuppusswamy Classification <sup>7</sup>

Table 1 shows 45.86% of the girls belongs to middle adolescent age group. 59.03% girls were Hindu & 40.97% were Muslims. Majorities (76.88%) of girls were from nuclear family. 71.42% girls were belonging to Upper lower Class, while 17.48% girls to Lower Middle class. As regards to their educational level, 30.64 % of girls were school dropout.

In our study, on inquiry about felt needs for reproductive health, most girls 291(54.71%) desired correct information regarding reproductive health system, problems & hygiene.

When the girls were asked about their opinion regarding best source for getting information about reproductive health, seminar was found to be first choice for obtaining such information among 53.2% girls.

**Figure 1: Reproductive health needs of adolescent girls: (N=532)\*multiple response**



**Table 2: Opinion regarding best source of information about reproductive health (N=532)**

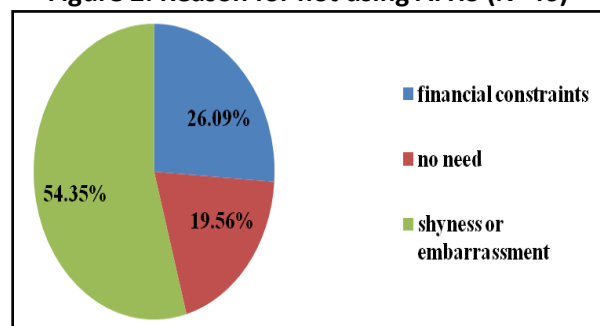
Best source to provide information regarding reproductive health awareness	No.	%
Seminar	283	53.20
school teacher	148	27.82
Newspaper/books/pamphlet	038	07.14
Doctor/health worker	032	06.02
TV/radio	025	04.69
Other	005	00.94
Friends	001	00.19

Government of Gujarat has started Adolescent Friendly Health Services to provide friendly services to adolescents. But still many adolescent were not aware of it. In our study only 14.1% of adolescent girls were aware of AFHS. There are three AFHS centres in Bhavnagar urban area (Wadva washing ghat, Kanbivad, Akhlojkatnaka). From these three centres of AFHS, 8.46% girls were aware about Wadva Washing ghat centre but they didn't know about other two centres. Among those who were aware of AFHS centres, 38.67% girls had visited Wadva Washing ghat centre & all the visited girls were satisfied with the services.

**Table 3: Awareness regarding AFHS among adolescent girls (N = 532)**

Variables	No	%
<b>Aware of AFHS (n= 532)</b>		
Yes	075	14.1
No	457	85.9
<b>Aware of AFHS Centres of Bhavnagar (n=532 )</b>		
Don't know	457	91.54
Wadva washing ghat	75	8.46
<b>Visited any AFHS Centres of Bhavnagar (n=75)</b>		
Yes	29	38.67
No	46	61.33
<b>Satisfied with services provided at AFHS Centres (n = 75)</b>		
Yes	29	38.67
NA	46	61.33

Figure 2 shows different reasons for not utilizing AFHS, amongst them shyness / embarrassment was found to be most common reason among 54.35% girls.

**Figure 2: Reason for not using AFHS (N=46)**

**Discussion:** In the present study, most of the (45.86%) girls were in the middle adolescent age group, 59.03% were Hindus & most of the girls (76.88%) were from nuclear family. Mean age of the girls in the study was 15.1yrs. In a study by Kamaljit on Social Beliefs & Practices associated with Menstrual Hygiene among Adolescent Girls of Amritsar, most of the girls (52.1%) were in early adolescent age group, 171(57%) girls were Hindus, 65.3% of study subjects were from nuclear family<sup>8</sup>.

Regarding education of girls 30.64% of girls were school dropout in our study & similar results found out in study conducted by Pragya Sharma where 37.4% adolescent girls were found school dropout<sup>9</sup>. In our study most of the girls (92.48%) belonged to lower socio-economic class. Similar result was found in a study conducted by Kamaljit on Reproductive Health

Morbidities among Adolescent Girls where in most of the girls (70%) belonged to lower socio-economic class (Class IV and V)<sup>8</sup>.

In our study most of the girls (54.71%) girls desired correct information about reproductive health system, problems & hygiene. And for the same they thought seminar & school teachers were the best source to provide such information. Supply of sanitary pad at lower cost than market is the second important reproductive health needs among 21.99% girls.

The National Rural Health Mission (NRHM), the Government of India's (GOI) flagship program, underscores Adolescent Reproductive & Sexual Health (ARSH) as a top development priority in its Reproductive and Child Health (RCH-II) program<sup>10</sup>.

The National Program Implementation plan of the RCH II has proposed to expand this program to 75 districts in the country. Though AFHS provide services which are accessible, equitable, acceptable, appropriate, comprehensive, effective & efficient still adolescents hesitate to utilize the services due to different barriers<sup>11</sup>.

In our study out of 532 girls 457(85.9%) were not aware of it & reason for the same was due to improper IEC activities. Only 75(14.1%) adolescent girls were aware of AFHS of which 29 (38.67%) girls had visited AFHS centre & 46 (61.33%) girls did not visit the AFHS centre. The most common reason for not visiting AFHS centre found to be shyness/embarrassment among 25(54.35%)girls followed by financial constraint among 12 (26.09% ) & no need for treatment among 9 (19.56%) .

Even though formal health & social service infrastructures are existing, adolescents (as do adults) generally prefer to rely on family & friends first. Kennedy et al study in Vanuatu shows only 12.6% of adolescent girls sought treatment for reproductive health problems. Fear & shame related to sociocultural barriers were the most significant reasons to assess SRH services for adolescent girls<sup>12</sup>.

Study done by Abajobir et al on Reproductive health knowledge & service utilization among rural adolescents in east gojjam zone , Ethiopia, also shows only 21.5% of adolescent had ever used reproductive health services including family planning, sexually

transmitted infection treatment & IEC. Never thought for services (50.6%), services not necessary (34.4%) lack of knowledge (24.3%) too young/healthy (17.4%) were found reasons for not using reproductive health service<sup>13</sup>.

B.N.Joshi study on Reproductive Health Problems & help seeking behaviour among Adolescents in Urban India, reported 43% girls visited the adolescent friendly health centre in Mumbai on their own during the one-year's period after initiation of adolescent friendly services. In comparison to the quantum of problems reported by adolescents in the survey, only one-fifth amount of problems were reported voluntarily at the centre. This could be considered as a poor health seeking behaviour on the adolescent's part despite of availability of adolescent friendly centres<sup>14</sup>.

Study conducted by Sunil Mehra in Rural area of India shows utilization of AFHS by 43.5% girls in Arajiline & 84.4% girls of Hosakote which are higher utilization rates than our study results<sup>15</sup>.

**Conclusion:** About Reproductive health needs of adolescent girls majority of the (54.71%) girls demand correct information regarding reproductive health system, problems & hygiene. Very few girls (14.1%) were aware of AFHS due to improper IEC activities. Only (38.67%) visited AFHS & they were satisfied with services.

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