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Research Article

A COMMUNITY BASED CROSS-SECTIONAL STUDY ON PERCEPTION REGARDING REPRODUCTIVE HEALTH AMONG ADOLESCENT GIRLS IN AN URBAN SLUM AREA OF SOUTH INDIA

Keerti S Jogdand [1], Pravin N Yerpude [2]

[1,2]Associate Professor, Dept of Community Medicine, Gujarat Adani Institute of Medical Sciences, Bhuj, Gujarat, India.

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Corresponding Author:
Keerti S Jogdand,
Associate Professor, Dept of Community Medicine, Gujarat Adani Institute of Medical Sciences,Bhuj-370001,Gujarat,India

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ABSTRACT

Introduction: In the life, adolescence is a period of the transition from being a dependent child to becoming an independently functioning adult. Normally adolescent period was considered as healthiest period, so it may not get enough attention. But with high prevalence of HIV/AIDS among the young people, adolescent health is gaining its importance. Due to high risk taking behavior and lack of knowledge, adolescents are more susceptible for reproductive ill health. Another reproductive health problem faced by adolescents due to unprotected sexual behaviour and lack of knowledge on contraception is 'unwanted pregnancy'.

Materials and methods: A cross sectional, community based, study was conducted in one of the urban slum area of South India. From each house in this area, adolescent girls (10-19) were included in the study. So total number of adolescent girls included in the study were 257.

A one to one interview was conducted, and questions on knowledge, attitude and behavior on Reproductive Health issues were asked. The primary tool of data collection was a predesigned and pretested questionnaire.

Results: Majority of respondents (40.08%) were in the age group of 13-15 years, followed by 16-19 years (32.30%). Majority of them 40.08% belonged to Class III socioeconomic status as per B.G Prasad's Classification. Majority 62.65% of the girls had higher secondary school education. Majority of the respondents (68.8%) had attained menarche by the age of 13 years. Only 26.46% of the girls answered correctly about the organ responsible for menstruation. Majority (82.10%) of girls had knowledge about the duration of flow and 59.92% knew about duration of cycle.

Conclusion: The inadequacy of knowledge along with misinformation about the various reproductive health issues along with unfavorable attitudes and practices are hurdles in the healthy development of these adolescent girls. Equipping them with appropriate and adequate information on the various reproductive health issues will be beneficial for the generations to come. Adolescents should be given family life education which should be comprehensive in nature.

INTRODUCTION

In the life, adolescence is a period of the transition from being a dependent child to becoming an independently functioning adult. World Health Organization considers adolescence to be the period between 10 and 19 years, which encompasses the time from onset of puberty to the full legal age. The current generations of 10-19 year olds are more than a billion strong, and will be the largest generation in history to make the transition from children to adults [1].At present out of five people; at least one is adolescent and most of them living in developing countries. In India, adolescent is neglected group though it constitutes 21.2% of the total population. Normally adolescent period was considered as healthiest period, so it may not get enough attention[2]. But with high prevalence of HIV/AIDS among the young people, adolescent health is gaining its importance, the foundation of which was laid down by World Health Assembly by incorporating Adolescent Health Programme in 1989. Due to high risk taking behavior and lack of knowledge, adolescents are more susceptible for reproductive ill health [3]. Globally every year there are more than 330 million new cases of STD'S and 1 in 20 adolescent become infected[4] .HIV

infects 5.2 million people every year globally, out of which more than 50% are seen among 15-24 year olds. Some 7000 young people aged 15-24 years are newly infected with HIV each day[1] . Another reproductive health problem faced by adolescents due to unprotected sexual behaviour and lack of knowledge on contraception is 'unwanted pregnancy'. The view that sexual activity among unmarried adolescents is wrong or immoral, has resulted in induced abortion as likely outcome of pregnancy, most of which are performed illegally and under hazardous circumstances [5] .From the above it is clear that adolescents have special needs which range from, need of appropriate information on conception, contraception , STD'S and HIV-AIDS However, review of existing information suggests that very little is known about the health needs of adolescent girls , and reproductive health needs in particular, from their own perspective. This community based study was therefore conducted to find out the perceptions of adolescent girls regarding reproductive health.

MATERIALS AND METHODS

A cross sectional, community based, study was conducted in one of the urban slum area, Shrinavasrao Thota which is field practice area of Dept of Community Medicine, Katuri Medical College, Guntur (A.P.). From each house in this area, adolescent girls (10-19) were included in the study. If any house, more than one adolescent girls are present then girls having lower age was selected for the study. So total number of adolescent girls included in the study were 257.

A one to one interview was conducted, and questions on knowledge, attitude and behaviour on Reproductive Health issues were asked. The primary tool of data collection was a predesigned and pretested questionnaire. Clearance was taken from College Ethical Committee.

RESULTS

Majority of respondents (40.08%) were in the age group of 13-15 years, followed by 16-19 years (32.30%). Majority of them 40.08% belonged to Class III socioeconomic status as per B.G Prasad's Classification. Majority 62.65% of the girls had higher secondary school education.

Majority of the respondents (68.8%) had attained menarche by the age of 13 years. (Table1). 15.18 % girls had not attained menarche at the time of study. More than half of girls had knowledge about growth spurt, pubic and axillary hair growth, and usual age at menarche. Only 37.74% girls had knowledge regarding breast enlargement. (Table-2).

Only 26.46% of the girls answered correctly about the organ responsible for menstruation. Majority (82.10%) of girls had knowledge about the duration of flow and 59.92% knew about duration of cycle.(Table3). 67.83% respondents used a separate cloth during menses. Only 12.06% used a sanitary napkin. Only 58 (29%) girls correctly responded that male factor is responsible in determining the sex of the child. Majority of the respondents 187(93.5%) had no knowledge about the fertile period. Majority (83.8%) knew about oral contraceptive pills. A significant association was seen between respondent's knowledge of family planning methods and educational status. ($X2=14.43$, $p<0.05$). 98% respondents had heard about HIV-AIDS. Only 5% respondents had heard about STD's. More than 3/4th respondents knew the principle modes of transmission of AIDS. Only 56% correctly mentioned homosexual contact as one of the mode of spread of HIV. A significant association was observed between the educational status of respondents and their level of knowledge of modes of transmission($X2=7.3$, $p<0.05$) . HIV is transmitted by mosquito bites were quoted by 43.5% respondents. Presence of myth was less among respondents with higher secondary education and above. 85% appreciated the fact that AIDS is preventable. Abstinence, use of disposable needles, staying away from AIDS patient were the chief preventive measures mentioned by 19%, 17% and 15.5% respondents respectively. Only 38.5% respondents were aware of the potential benefit of condom use in preventing HIV transmission. 38.5% respondents did not want to shake hands with people living with HIV.

Table 1: Distribution of adolescent girls as per socio-demographic profile

Variable	No (%)
Type of family	
Nuclear	195(75.88%)
Joint	62(24.12%)
Socio-economic status	
Class V	7(2.72%)
Class IV	31(12.06%)
Class III	103(40.08%)
Class II	89(34.63%)
Class I	27(10.51%)
Education	
Primary(1-4th std)	11(4.28%)
Lower Secondary(5-7th std)	64(24.90%)
Higher Secondary(8-10th std)	161(62.65%)
Higher Education	21(8.17%)

Table 2: Knowledge on pubertal changes in adolescent girls

Pubertal changes	No (%)
Growth spurt	134(52.14%)
Breast enlargement	97(37.74%)
Pubic and axillary hair growth	169(65.76%)
Usual age of menarche	178(69.26%)

Table 3: Knowledge on menstruation in adolescent girls

Knowledge on menstruation	No (%)
Correct response regarding source of menstrual blood	68(26.46%)
Duration of flow(3-6 days)	211(82.10%)
Duration of cycle(28-30 days)	154(59.92%)

DISCUSSION

Only 18.27% respondents had prior information on menstruation. Bhende AA [6] also reported that there was a lack of biological explanation in knowledge regarding menstruation among 210 adolescent girls studied.

Only 12.06% girls used disposable pads. A similar finding was reported by Narayan KA [7]where majority 72.2% females used home- made cloth, and 8.3% used sanitary napkins. 101(50.5%) respondents had no knowledge about any of the family planning method. Study conducted by Thakor HG et al [8] reported a higher percentage of school going girls (61.7%) had no knowledge of contraceptive methods. Only 4% respondents were aware about the fertile period. Out of 99 respondents who were aware about any of the family planning method, majority 83.8% were aware about O.C. pills, followed by condom, Cu-T, sterilization. This finding is supported by a study conducted by Kekovole J et al in Kenya [9].

Only 2% respondents had not heard about HIVAIDS, as against 5% of them being aware about other STD's. This wide gap can be due to the extensive awareness campaign for HIV-AIDS as against that for other STD's. 37% of the respondents had the myth that sharing clothes and utensils used by HIV positive people transmits HIV.17%

also felt that talking to AIDS patients transmits the disease. Presence of such myths is a hurdle in preventing the social deprivation and stigmatization of people living with HIV-AIDS. Considerable percentage 38.5% respondents did mind shaking hands with HIV patients. Such attitude will increase the already existing isolation of HIV patients.

More than three fourth of the respondents 85% agreed that AIDS is preventable. A dissimilar finding was observed by Bhende AA [6], where only 18.5% adolescent girls mentioned AIDS is preventable. Use of condom prevents AIDS transmission was mentioned by only 7% females. Whereas in a study by Rwenge M et al [10] 89% mentioned condom use as a chief mode of HIV prevention.About 56% respondents were aware that AIDS is incurable. A similar finding was reported by Benara SK et al [11] where 57.5% mentioned that AIDS is incurable.

Majority 92.5% adolescent girls felt that HIV-AIDS education should be given in school. This finding is supported by study done by Diclemente RJ [12] where 87.6% students thought that students should receive AIDS instruction in schools. 20.66.5% respondents expressed the need for information on menstruation. 92% wanted to have detailed information on conception and contraception preferably before marriage.

CONCLUSION

The inadequacy of knowledge along with misinformation about the various reproductive health issues along with unfavorable attitudes and practices are hurdles in the healthy development of these adolescent girls. Equipping them with appropriate and adequate information on the various reproductive health issues will be beneficial for the generations to come. Adolescents should be given family life education which should be comprehensive in nature. It should incorporate issues related to growing up, gender issues, conception, contraception, care during antenatal, postnatal period, RTI/STI, HIV/AIDS, negotiation and assertive skills so that they are able to take correct decisions with reference to health and responsible behavior. From the present study it is observed, school training programme has benefited many school children .Training of peer groups among them in schools as well as community can thus be beneficial.

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CONFLICT OF INTEREST: None declared

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