

Impact of reproductive health education among adolescent girls in rural areas of Delhi**Seema Rani*****Abstract**

Adolescence, as defined by the World Health Organization is the age range of 10 to 19 years. It is the period between childhood and adulthood is marked by enhanced basal metabolic activities, in addition to endogenous processes like secretion of hormones and their influence on the body. Among adolescents, girls are especially vulnerable and more susceptible biologically to reproductive tract infections. Adolescents in rural areas may face troubles due to lack of right kind of information regarding their own physical and or sexual developments. The need to address this problem through intervention by professional social work in healthsector. The aim of this study is to examine the impact of reproductive health education on rural adolescent girls and explore the applicability of social work practice in combating these issues. The self-administered questionnaire investigated female students' (aged 14-18) exposure and opinions towards sex education. The study revealed that education programmes are distinguished as being of particular importance to adolescents, regardless of nation or community setting and have been shown to be particularly effective in reducing reported risky sexual behaviours in school going adolescents in developing countries.

Key words: Adolescent Girls, Reproductive health education, rural areas of Delhi, Social Work Practice.

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Introduction

The world health organization (WHO) defines adolescents as the age group 10-19, a definition used throughout the volume. The meaning of adolescence as a cultural constraint has been understood in many different ways throughout the world, however in general terms, it is considered a time of transition from childhood to adulthood during which young people experience changes following puberty, but do not immediately assume the rules, privileges and responsibilities of adulthood. During adolescence, in addition to the emotional development also.

According to 2011 census data, there are 253 million adolescents in the age group 10-19 years, which comprise little more than one-fifth of India's total population. Government of India recognized the importance of influencing health seeking behavior of adolescents. The health situation of this age group is a key determinant of India's overall health mortality, morbidity and population growth scenario. Therefore investments in adolescent reproductive and sexual health will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, meeting unmet contraception need, reducing the maternal mortality, reducing STI incidence and HIV prevalence. For a girl, adolescence is transformation into a woman and menstruation, which is unique to the females, is a milestone. Among adolescents, girls are especially vulnerable and more susceptible biologically to reproductive tract infections. In rural India, due to lack of education, gender inequality, girls are forced into early marriage, early child bearing, violence and sexual abuse. Menstruation is generally regarded as unclean in the rural society. The ignorance and conservative outlook of the rural society make things worse by neglecting the female child. They think it is a taboo to openly discuss the issues of adolescence, which keeps these rural teenage girls away from the appropriate knowledge regarding their health and hygiene, making them prone to infections. The knowledge and practices about reproductive health among rural adolescent girls is very poor as shown by many studies done in India.

This study was conducted to evaluate the effectiveness of reproductive health education by Social work professionals in improving the knowledge, perceptions & attitude of adolescent girls about reproductive health.

Material & Methods

This was an intervention study & the study population included girls from remedial classes (class VIII & XII) of Navjyoti India Foundation (NGO) in north-west district, Bawana, Narela and Holambi Khurd, village of Delhi, India. The study includes forty five school going adolescent girls who were joined remedial class in a non-government organization (NIF) and all were studying in class VIII to XII. Fifteen girls from each village were selected randomly for data collection. A pre-tested 50 item structured questionnaire was administered, which tested the knowledge and perceptions of the study population on various aspects of adolescent health. It was supposed to be answered by the girls before the health education lecture given by the professional. The questionnaire included baseline characteristics of the study population including socio-demographics and knowledge on adolescent changes, menstruation and hygiene, its associated problems, sexual behavior, marriage, pregnancy, abortion, contraception and STI/AIDS. Post-test: The effect of the health educational intervention was evaluated immediately following intervention, with a post test. The researcher had to take the questionnaire test again. The data was analyzed using proportions and percentages.

Results

Age means the length of time that an organism has lived. Age is an important feature in determining the social ethos, values and aspirations of the individual. As the age of the individual increases he becomes more worldly wise, has store of rich experiences which brings about change in personality and behavior. Thus the age of the individual is important to study in research and also the personnel characteristics of respondents have a very significant role to play in expressing and giving the responses about the problem, keeping this in mind, in this study a set of personal characteristics namely, age, sex, education, occupation, family income etc. were included to assess the background of the study respondents.

Table 1. Age distribution of adolescent girls

S.No.	Age	Respondents Out of 45	Percentage (%)
1	14-15	10	22
2	15-16	12	27
3	16-17	15	33
4	17-18	08	18
	Total	45	100

According to table 1 majority of study respondents (33%) were age group between 16-17 , around twenty two percent of the school girls were in the age group 14-15 years ,twenty seven were in age between 15-16.Few of them(18%) were belonged to age group 17-18. One third part of the study respondents were belonged to Hindu families and rest of them were belonged to Muslim families. A majority of the parents were illiterate. Seventy one percent were from low socio-economic group. Majority of the girl's attained menarche at 12 to 13 years of age.

Table 2.Awareness level about developmental changes during adolescence

S. No.	Determinants	Pre-test Percentage (%)	Post-test Percentage (%)
1	adolescent changes	70.3	100
2	Menstruation and hygiene	53.2	100
3	Sexual behavior	41.5	64.3
4	Side effects of early marriage	83.4	100
5	Pregnancy	49.2	100
6	Abortion	43.2	85
7	Knowledge about contraceptives	41.5	73.2
8	Knowledge about STI	21.2	68.5
9	Knowledge about AIDS	71.5	90

Table no. 2 shows pre-test results that girls had fair knowledge about puberty. 70.3 percent of them were aware about adolescent changes in girls during adolescence i.e. rapid gain in height and weight, growth of hairs in under arms, white discharge from private parts, change in voice, development of breast, 53.2 percent were aware about onset of menstrual period and became disturbed during this time period and menstrual hygiene, 41.5% respondents gave their opinion about sexual behavior that the act of sexual intercourse should be done only after marriage. 83.4% of respondents were aware about the right age of marriage and believed that early marriage will affect health. 49.2% respondents were believed the right age of pregnancy is above 18 before that infants will get affected. 43.2% of them were aware about abortion and gave their opinion that abortion should be done in case of pre-marriage pregnancy and when risk is involved in carrying pregnancy for health of mother and fetus, and qualified doctor is the appropriate person for abortion. 41.5% respondents had knowledge about contraceptives. Most of the respondents hesitated to talk about sex and sexuality; they were not open about sharing their views/experiences regarding this. Only 21.2 percent of study respondents were aware about STI. 71.5 percent respondents had heard about HIV/AIDS but not have complete knowledge and had lots of myths and misconception in their mind. They were not fully aware about it. After post-test the knowledge on reproductive health improved significantly from 70.3 % to 100%, 53.2 to 100%, 41.5% to 64.3, 83.4% to 100, 49.2% to 100%, 43.2% to 85%, 41.5% to 73.2%, 21.2% to 68.5%, and 71.5% to 90% respectively after health education. In this study, it is seen that their knowledge was poor and average during pretest and remarkable improvement took place after the educational intervention.

Discussion

In the present study evaluates the impact of adolescent health education on the adolescent girl's of rural areas. This study also imparted health education to these girls at this young age, so that, this will be carried along into their future life too; So it is very important to incorporate this into the school curriculum right from middle school level itself and also the teachers get trained in this regard. The socio economic status also influences their knowledge. Educating the mothers of the teenage girls will certainly help too. As seen in the study, few studies in the recent years too have shown the effectiveness of such educative interventions which increased the knowledge of reproductive health. The studies conducted in developing countries also prove the efficacy of such intervention in improving their knowledge in various aspects of reproductive health. In other words, Intervention in the form of reproductive health education increases the awareness level among adolescent girls especially in rural areas where majority of them belong to low socio economic status, thus empowering them to take care of their own health as well as protect themselves from possible health problems like unwanted pregnancies, risk of STDs in their future life.

Conclusion

The positive results of this study show the feasibility of adolescent health education program implementation in the rural areas. This will ensure the health of the girls, which can be regarded as the index of a healthy society. This can be overcome by providing awareness and accurate knowledge on the practices of reproductive health and hygiene by social workers in the health care services. This will enable the girls cater to the right kind of information and the same will be passed on to their predecessors that will bring positive attitude towards practicing reproductive health and hygiene among adolescent girls.

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