

Assessment of the knowledge regarding reproductive health among adolescent girls in an urban slum area

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ABSTRACT

Adolescence in India has been defined to be a period between 10-18 years. Adolescent's problems constitute a bulk of morbidities which are generally unrecognised and uncared furthering the disease burden. A large variety of morbidities such as nutritional deficiency disorders, menstrual disorders, etc. prevail among adolescents. RTIs/ STDs/ HIV/AIDS, have already appeared as serious problems. Teenage pregnancies with complications, unsafe abortions, etc. also exist considerably. Reproductive Tracts Infections is one of the most challenging health issues is increasing worldwide. Keeping in mind the important role of reproductive health it was therefore decided to conduct a study to explore the level of knowledge regarding reproductive health issues among the adolescent girls. A total sample of 100 adolescent girls in the age group (13-18) years, who were residing in an urban slum area of Jaipur, constituted the sample of the study. The primary tool in this study was predesigned and pretested interview schedule for recording of the individual information and questions related to knowledge regarding reproductive health. The mean age at menarche was found to be 12.18 years. 37% of the respondents had heavy bleeding and 44% girls were suffering from pain/cramps during their periods. 21 % girls have faced premenstrual syndrome which mainly includes vomit, nausea, lower abdomen and back pain. Almost half 53% respondents had knowledge related to HIV/AIDS, and named all four modes of transmission *i.e.* through unprotected sex, transfusion of infected blood, form infected mother to her child and by sharing syringe. 34% girls knew about reproductive tract infections and less numbers 24% of the respondents were aware for the other sexually transmitted disease. The main sources of knowledge were TV/Radio/ Internet. The study found that most of the respondents had medium knowledge regarding reproductive health. All the students were registered in school but even then her knowledge was less. Hence education and skill development on reproductive health issues should be taught at school and college level by teacher and parents.

Key Words : Reproductive tract infections, Sexually transmitted diseases, HIV/AIDS

INTRODUCTION

Adolescence is a very complex and important period of every individual's life. The total

Cite this Article: Singh, Nainy and Sharma, Shubha (2017). Assessment of the knowledge regarding reproductive health among adolescent girls in an urban slum area. *Internat. J. Appl. Home Sci.*, **4** (7 & 8) : 454-458.

years of adolescence are 13-18 years this period is linked to teenage years. Adolescent girls are future mothers of a nation. The physical and psychological change for a adolescence girl is preparation for safe motherhood. Growth and prosperity of a nation depends heavily on the nutritional status and development of adolescent girls as they influence the growth of the remaining populations.

The first period usually begins between twelve to fifteen years of age, known as "Menarche". However periods may occasionally start as young as eight years old and still be considered normal. Menstruation and menstrual practices are still clouded by taboos and socio-cultural restrictions resulting in adolescent girls remaining ignorant of the scientific facts and hygienic health practices. There is an unspoken 'culture of silence' with regards to their menstruation. (Jamadar, 2012). Menstruation is thus considered to be a matter of embarrassment in most cultures. The reason might be due to socio-cultural barriers in which they grew up. Such perceptions coupled with poor and inadequate sanitary facilities have often kept girls from attending schools especially during periods of menstruation. The consequence of this is that many girls grow up with low esteem and disempowered from poor educational attainments. A number of problems with menstruation may occur, like lack of periods known as amenorrhea, painfully periods, abnormal bleeding such as bleeding between periods or heavy bleeding. The menstrual cycle occurs due to the rise and fall of the hormones. The first day of menstrual bleeding is date used for the last menstrual period (LMP). It is characterized by variability in volume, pattern and regularity. This at the earlier stages of the development of the adolescent can create emotional discomfort particularly to the poorly informed girl. Most of the school and college going girls are not aware of the fundamental facts about menstruation and puberty and very little attention is paid to the reproductive health of the girls (Kalapiya, 2017). Studies have shown that the adolescent girls lack knowledge about menstruation and hygiene. They are likely to suffer from reproductive tract infections (RTIs).

The WHO defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. RTIs include all infections of reproductive tract whether transmitted sexually or not. Poor knowledge economic factors barriers in utilization of services, lack of awareness of parents and stigma to utilize services increases vulnerability. Keeping in mind the important role of reproductive health it was therefore decided to conduct a study to explore the level of knowledge regarding reproductive health issues among the adolescent girls.

Objectives:

The study was conducted with the following objectives.

- To study the reproductive health of adolescent girls in an urban slum area of Jaipur.
- To suggest recommendations and measures for the health promotion of adolescent girls.

METHODOLOGY

A total sample of 100 adolescent girls in the age group (13-18) years, who were residing

in an urban slum area of Jaipur city *i.e.* Teela no.6, Jawahar Nagar, constituted the sample of the study. The area was purposively selected because study has been easily accessible to the researcher for data collection. The primary tool in this study was predesigned and pretested interview schedule for recording of the individual information and questions related to knowledge regarding reproductive health. A random sampling technique was used to select the respondents. Thus data collected were coded, tabulated and percentages were calculated.

RESULTS AND DISCUSSION

The results revealed that the awareness level among the respondents was not satisfactory. Details of the results have been presented below.

The mean age at menarche was found to be 12-18 years, which is comparable to 13-16 years as reported in study conducted earlier by (Jain *et al.*, 2009). Maximum number of girls 57% reported to have attained menarche between 10-13 years of age as shown in Table 1, it means that this is a certain for early age at menarche. Girls are getting teenager early, and that will definitely reinforce the early marriages which would lead to fatal results.

Age in years	Numbers	Percentage
Below 10	5	5%
10-13	57	57%
13+	38	38%
Total	100	100

It is also observed from Table 2 that 37% of the respondents had heavy bleeding and 44% girls were suffering from pain/cramps during their menses, however almost half 54% of the respondents reported regular periods followed by and 21 % girls have faced premenstrual syndrome which mainly includes vomit, nausea, lower abdomen and back pain. Similar to the study showed that majority of respondents 58% had menstrual irregularities (Gupta *et al.*, 2017). A good number 83% of the respondents were using sanitary pads, it may be because of its availability and economic price. It was also found that across the three generation, younger females (adolescent girls) showed more negativism than the mothers and grandmothers, however comparatively older generation showed more acceptances, less negativism and were more openness towards menstruation then the younger generation (Manhas and Asmat, 2016).

Age (Years)	N	Regular	Heavy bleeding	Pain/cramps	Pre Menstrual Syndrome	Using sanitary napkins	
13 ⁺ to 15	48	Yes	11 %	22%	29%	12%	42%
		No	37%	26%	19%	36%	6%
15 ⁺ to 18	52	Yes	43%	15%	15%	9%	41%
		No	9%	37%	37%	43%	11%
Total	100	-	-	-	-	-	

Knowledge regarding reproductive health 31% girls knew about contraception, and it is also stated by (Kabir and Khan 2013), that level of education was significantly influenced knowledge on reproductive health. A good percentage *i.e.* 53% respondents had knowledge related to HIV/AIDS, they knew that AIDS is a fatal disease and named all four modes of transmission *i.e.* through unprotected sex, transfusion of infected blood, from infected mother to her child and by sharing syringe similar to the study was done by (Rajpoot and Gupta, 2016), majority 73.6 % respondents named all four modes of transmissions of HIV/AIDS. But only 34% of girls reported knowledge about reproductive tract infections. However, less numbers 24% girls were aware for the other sexually transmitted diseases (Table 3).

Age (years)	N	Contraception	HIV/AIDS	Reproductive tract infections	Sexually transmitted diseases	
13 ⁺ to 15	48	Yes	17 %	28%	19%	12%
		No	31%	20%	29%	36%
15 ⁺ to 18	52	Yes	14%	25%	15%	12%
		No	38%	27%	37%	40%
Total	100	-	-	-	-	

Mostly respondents reported more than one source of knowledge. TV, radio and internet usage were the main source of knowledge, *i.e.* 72%. Less numbers 18% reported by the family members. This clearly reflects that family members also have little knowledge about these things. A decreasing pattern of awareness was observed with the increase of level of education. This may be because young girls had more exposure to media than the older (Table 4).

Sr. No.	Sources of knowledge	Percentage
1.	TV/Radio/Internet	72
2.	Family members	18
3.	Friends	23
4.	Posters	8
5.	Other (books, magazine, newspaper, all printed material)	32

n=100

* multiple answers

Conclusion:

The study found that most of the respondents had medium knowledge regarding reproductive health, while about half of the respondent knew about the particulars of HIV/AIDS similar to the study conducted by the (Kalapriya, 2017) that knowledge, Attitude, and Practice on reproductive health among adolescent girls found to be less. Due to changing the social values there is increased premarital sexual activity among unmarried girls (Gupta and Khan, 1996). All the respondents were registered in school but even then her knowledge was less. Hence education and skill development on reproductive health issues should be taught at school and college level by the teachers. Girls should be well-informed about the

facts of menstruation, physiological implications, importance of menstruation and proper hygienic practices. Initiative should be taken to develop adolescent-friendly health services and strengthening them. Parents should be involved in the reproductive education and one to one home based counselling. This would require that parents be educated, be able to change their perceptions and attitudes about reproductive and sexual health and show a willingness to initiate age appropriate dialogues with their children.

Suggestions:

- Education for girls should be promoted
- Education about menstruation should start at an early age before girls reach puberty, so that girls would be better prepared emotionally and psychologically.
- All mothers should be encouraged to break their inhibition about discussing with their daughters regarding menstruation and menstrual hygiene.
- Parents have to read the changing minds of their children and instead criticizing them they have to learn new parenting skills.

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