

Adolescents Reproductive Health Dilemmas and Doubts

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Background

Adolescents, especially in India, quite often are not aware of reproductive health, possible deviations related to their reproductive health, and available health care. Awareness can help in preventing many disorders which can occur during adolescence.¹ It is essential to have a system which creates awareness, opening avenues for knowing adolescents dilemmas, doubts. Family life education (FLE) programmes in schools can create awareness about physical, sexual, social, emotional development and future needs for roles, responsibilities in sexual life, marriage and parenting. FLE programme's contents need to include information about, what adolescents need to know about reproductive system, development, functions, choices about sexuality, understanding family roles and responsibilities. For this health professionals can work with schools in improving the health of adolescents. We have been trying the same for the girls of 7th to 10th standard in the schools of the district which has a population of 1.5 million. Information, about physical development, menstruation, conception, contraception, safe motherhood, breastfeeding, sexually transmitted disorders (STDs) is being imparted to adolescent girls in their schools with the help of visual aids. The programmes are conducted after the students get settled with their admission, time table and books and are stopped some weeks before the students become busy with examinations. During this endeavour of creating awareness, it was realised that the adolescent girls have many doubts and dilemmas. So steps were taken to collect information about their doubts and dilemmas about reproductive health issues. Analysis of the questions asked is the basis of the present article. Institution's ethics committee's approval was taken.

Objective was to plan need based information during FLE sessions and share the information so that others who

are working on awareness can also think about it, as adolescents reproductive health problems are global, though solutions need to be local.

Material And Methods

Analysis of the questions asked by the girls from rural as well as urban schools during FLE programmes in a district of Eastern Maharashtra of India was done. The FLE was provided in school halls where the girls of 7th to 10th standard participated. Information was provided with visual aids. Contents of the information included basic information about menstruation, what, why and how it occurs, how conception occurs, how sexually transmitted disorders (STDs) including HIV-AIDs occur and how to prevent conception, have safe motherhood and breastfeeding. The sessions were conducted by post graduate students of obstetrics gynaecology with the help of social workers assigned to the job and school management, education and administration departments of the district. The girls were given opportunities to ask their doubts, either directly during the awareness sessions in the schools. They could also hand over the questions to the school teachers, before the information session starts or by writing questions on a paper and putting the same in a locked box which is provided before the programme so that doubts are known to the information providers, for modifying the session contents. When girls ask questions during the sessions, all attempts were made to answer the questions. Sometimes it was one to one talk also. All the questions asked were recorded to use the questions for updating the reproductive health information, being imparted to school girls. If girls asked questions verbally, they were also recorded. All the questions of 12 years were studied and compiled for the study. The article is based on analysis of questions asked by the girls of 331 schools. A total number of 82014 girls from schools in Wardha district of Eastern Maharashtra

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of India participated- 36,553 girls from 98 urban schools and 45,461 girls from 147 rural schools. The period of last 12 years was divided into two yearly blocks, A, B, C, D, E and F for the purpose of analysis.

Results

In the first 2 years, 54 schools (42 rural, 12 urban) were visited for FLE programme, 4,700 girls attended the programme and 280 (5.95%) girls asked questions. Eighty (1.7%) girls [i.e. 42(0.89%) of 149 urban and 38(0.80%) of 131 rural] asked questions related to menstrual dysfunction, early/delayed menarche, homosexuality, pimples, pain in lower abdomen during micturition, burning in urination during menstruation.

In next 2 years in 68 schools (49 rural and 19 urban), 16,026 girls attended the FLE, 758(4.72%) girls asked questions, [of 6.853 girls of urban schools 536 (3.34%) and of 9173 from rural schools 222(1.38%)]. Overall 3.03% (486 of 6853) urban and 1.02% (222 of 9173) rural girls had questions related to menstrual dysfunction, 36(0.22%) urban and 25(0.15%) rural girls asked about vaginal discharge, 37(0.23%) urban and 34(0.21%) rural students asked about homosexuality, pimples, pain in lower abdomen during menstruation, and burning in urination, during menstruation, early and delayed menarche (Table I).

In next 2 years, 89 schools (58 rural and 31 urban) were visited for FLE, 21,488 girls attended the programme and 890 girls [(8%) of 11,400 from urban schools asked questions 728(6% of 10,088 girls) from rural schools asked questions]. Six hundred eight 608 of 11,400 girls of urban schools (6.3%), 104 of 10,088 of rural schools (1%) had asked questions related to menstrual dysfunctions, 40(4%) girls from urban schools and 52(0.01%) girls from rural schools asked about homosexuality.

In the fourth block, 24 schools (3 urban and 21 rural) were visited, 4,400 girls attended FLE programme and 231(8%) girls asked questions, [63 of 1,900 girls of urban schools, 3% (168 of 2500 girls) of rural schools] 7% asked questions. [2% (42 of 1,900) of urban schools and 5%, (120 of 2,500) girls of rural schools] asked questions related to menstrual disturbances, 1% (15 of 1,900) girls of urban schools and 1% (24 of 2,500) girls of rural schools asked about vaginal white discharge, 0.2% (4 of 1,900) of urban schools and 1% (24 of 2,500) of rural schools about homosexuality, pimples, pain in lower abdomen during menstruation, early / late menarche, burning in urination, breast discomfort during menstruation, backache, body pain and sweating during menstruation.

During the 5th Block, 15,900 girls attended the FLE programme. Of them 150(0.94%) asked questions, [of 4900 girls of urban schools, 100 (2.0%), of 11000 girls of rural schools 50(0.4%)]. Four percent (65 of 4900) of urban schools and

2% (35 of 11000) of rural schools asked questions related to menstrual disturbances, 17% (55 of 4900) girls of urban schools, 14% (45 of 11000) of rural schools about vaginal white discharge, 7% (25 of 4900) girls of urban schools and 5% (18 of 11000) of rural schools asked questions about early or late menarche, homosexuality, pimples, pain in lower abdomen during menstruation and burning in urination during menstruation.

In last two years 19500 girls attended the FLE programme in 53 schools. Of them 227 (1.16%) asked questions [of 8300 girls of urban schools 142(1.7%), of 11200 girls of rural schools 85(0.7%)], 2.6% (74 of 8300) girls of urban schools, 3.6% (46 of 11200) of rural schools asked questions related to menstrual disturbances, 1.3%(110 of 8300) girls of urban schools, 0.8%(95 of 11200) girls of rural schools asked about vaginal white discharge, 0.4%(35of 8300) girls of urban schools and 0.2% (28 of 11200) girls of rural schools asked questions about homosexuality, pimples, pain in abdomen during menstruation, burning in urination during menstruation, early and late menarche.

Discussion

In Indian society there are still apprehensions about sex education to young girls. Controversies continue about inclusion of sex education in the curriculum of school education. From a healthcare medical institute, after getting assurance of co-operation from administration, health and education departments of district, a programme for providing information related to reproductive health was started, more than a decade back in the form of FLE with positive response from school management, school girls and their parents. This programme was started because unwed young girls used to report to the hospital with advanced pregnancy, sometimes not knowing that they were pregnant. It was realised that they need awareness of reproductive health. After having settled with this programmes, next step was attempts at knowing dilemmas and doubts, these girls had about reproductive health, so as to be able to provide need based information. General perception was, young girls especially from villages will not ask any questions related to reproductive health, but they did, though not many. Because we thought many will not ask questions, we used to send locked boxes, in which school girls could put slips with their questions and the questions used to be collected during school visits. Sometimes it was not possible to send the boxes. Girls used to pass on questions through their peers or teachers. But it was surprising to see that the girls did get up to ask questions even during the FLE session and this was encouraging. Perceptions of grown ups are different than today's young girls. It was observed that of 82,014, girls who were imparted information about FLE, 2446 (3.07%) asked questions. More questions were asked by girls from urban schools, 4.7% (1718 of 36553), than rural 1.6% (728

Table 1 showing details of questions

Years		Total Girls	No of girls who had asked queries		Menstrual disturbances		Vaginal White Discharge		Others	
			No	%	No	%	No	%	No	%
A	U	3200	149	5	90	3	18	1	42	1
	R	1500	131	9	66	4	25	2	38	3
B	U	6853	536	8	486	7	36	1	37	0.2
	R	9173	222	2	165	2	25	0.1	34	0.1
C	U	11400	728	6	528	5	60	1	40	4
	R	10088	162	1.6	104	1	6	0.01	52	0.01
D	U	1900	63	3.3	44	12	15	1	4	1
	R	2500	168	6.7	120	5	24	1	24	1
E	U	4900	100	2	65	4	55	17	25	7
	R	11000	50	0.45	35	2	45	14	18	5
F	U	8300	142	1.7	74	2.6	110	1.3	35	0.4
	R	11200	85	0.75	46	3.6	95	0.8	28	0.2
Total		82014	2526	3.07	1823	2.22	504	0.6	377	0.45

of 45,461). In first 2 years 4,700 girls were exposed to FLE, 279 (5.93%) asked questions, 5% from urban schools and 4% from rural schools. During last 2 years, of 19,500 girls 1.16% asked questions; this decline in numbers may be due to media exposure and help from peers. They asked about white vaginal discharge, especially during menstruation, about homosexuality, pimples, pain in lower abdomen during menstruation, early or late menarche, about burning in urination during menstruation. With changes in the world, girls from urban schools have more access to information from various sources, even rural girls have some access through television.

Questions asked by girls were of day to day problems, their own or their peers. Abdominal pain during menstruation, excessive white discharge after menstruation were common issues. Some girls also wanted to know why menstruation is delayed till sixteen in some girls and some girls have early menstruation, whether it is hereditary and so on. Such issues have implications on adolescents work performance, their future social / mental health. So there has to be a system of allaying apprehensions in the growing minds. May be what is being done, can be integrated into regular school system.

It seems that the FLE programme sessions for creating awareness about reproductive health system, development and functions, opened avenues for knowing about their doubts which helped in planning better programmes. As such the menstrual cycle has come to occupy an increasingly important place in discussions about adolescents

health and studies are being done.^{2,3} Despite a sense of being prepared for, due to anxiety about the impending events, girls find menarche, menstruation, stressful and if there is a worry, it is natural as was found in the present study also. Though not many girls asked questions, most girls had questions related to menstruation.

Rao *et al.*⁴ and Pattnaik and Singh⁵ report that there is no clear understanding regarding the association between access to FLE and reproductive health behaviour of youth in India. Others report that an educational intervention programme can bring about the desirable change in knowledge among adolescent girls regarding reproductive health, after having tried the same. But studies on the scope of implementing FLE per se in India and States are extremely limited.⁶

For adolescents, health, for imparting knowledge, creating awareness, partnership with schools is challenging for many reasons, including the numerous academic and non-academic demands placed. Also school programmes often lack sufficient funds. They are subject to political vicissitudes which exist in complex bureaucracies that foster fragmentation and vary in localities. FLE in schools here was with a system of involvement of all stakeholders, civil society, health providers including postgraduate students, school management, government, (education and administration) and social scientists were involved. Postgraduate students, future health providers will understand adolescents' reproductive health better. Ancheta *et al.*⁷ report that early reproductive health education from both parental

and formal sources is associated with reduced sexual risk among high risk adolescent girls. All adolescents are in need of medically accurate, developmentally appropriate, and relevant information and guidance to help them successfully face decisions about their sexuality, relationships, and sexual health.⁸ However, parent-adolescent communications on sexual and reproductive health issues are low may be because of lack of communication skill, shameful, emarrasment and cultural taboo to discuss the issues.⁹

Sunitha *et al.*¹⁰ report that many health policies and programmes have focused on prioritised individual health problems. Integrated / co-ordinated approaches are lacking. For healthy life-style and health promotion, policies and programmes that are central for health of youth and driven by robust population-based studies are required in India which will also address the growing tide of non-communicable diseases. Needs of the adolescents, their reproductive health development, emotional and psychosocial development needs to be taken care of. Research by Pant *et al.*¹¹ indicates a need for early intervention, rather than dismiss their doubts as a transitory experience. School and college authorities need to take sessions on the issues related to adolescence with the parents.

The lessons learned from these programmes should encourage public health system to change. Although challenging, working with schools reveals that success is possible as we are moving further first with information and now getting ideas for further health promotion of adolescents' health. Understanding the school milieu, ensuring participation of relevant stakeholders (e.g., teachers, administrators, students, parents) is important. Poor involvement of target audience in planning and implementation of health education interventions, lack of quality assurance, excess use of newspapers, pamphlets and posters and poor organisation of the work force of health educators are obvious road blocks,¹² but can be removed by proper planning. The National health policy of India planned to target school children and adolescents for promoting healthy behaviour among the general population more than a decade back¹³ but still the much needed programs are lacking. Development of a single education strategy is not likely to help. Hence a flexible and participatory dynamic strategy based on needs of adolescents is needed. This will help in preventing health problems which are attributed to lack of awareness. Schools and health providers can play a crucial role in this challenging but essential task and this is what we have tried and decided to share.

Lessons learned from such programmes should encourage public health practitioners to consider schools as potential avenues for adolescents' reproductive health awareness and may be also other such programmes. Almost half of the world's populations (almost 3 billion) is under 25 yrs, over 1.2 billion people are between 10-19 years, and are expected to continue growing for at least

20 more years. With the swelling wave of young people, access to reproductive health information and services with needed information becomes critical.

Adolescents reproductive health is a global issue through problems vary globally, but solutions have to be local. Sharing helps to take appropriate actions, so that we can have cost effective modes to promote adolescents reproductive health globally. School programmes with all stake holders involved has ripple effect too.

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