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ADOLESCENT REPRODUCTIVE HEALTH

Despite 35 percent of the population being in the 10-24 age group, the health needs of adolescents have neither been researched nor addressed adequately; particularly their reproductive health needs are often misunderstood, unrecognized or underestimated. Limited research shows that adolescents are indulging in premarital sex more frequently at an early age, the incidence of pregnancies among them is rising and most of them face the risk of induced abortions under unsafe conditions, and contracting sexually transmitted infections including HIV. Our initiative is to create a supportive environment that would positively influence knowledge, attitude, perceptions, skills and behaviour of adolescents and also help in increasing access and use of sexual and reproductive health services. The strategies to attain the objectives include effective IEC and counseling skills, development and promoting safe and healthy behaviour supported by providing quality services and increasing linkages among various institutions.

6.1 Improving Reproductive Health of Adolescents: An Urban School Based Approach

Principal Investigator:	Beena Joshi
Project Associates:	S.L. Chauhan, U.M. Donde, D. Balaiah, Kamal Hazari, Varsha Tryambake, Neelawanthi Gaikwad, M. Ghule
Duration:	2002-2005

This study was launched, in two schools and colleges with objectives to explore the reproductive health knowledge, attitudes and reproductive health problems among adolescents aged 11-19 years and to operationalise Adolescent Friendly Centers (AFC) in these settings and assess the uptake of these services. Tools namely self administered questionnaires, focus group discussions, provision of adolescent friendly services and a medical health checkup were used and need based interventions were carried out. Essential ethical approvals were obtained and stipulated guidelines were followed during the entire study.

The project is in the final phase of implementation. Overall it was very encouraging to see a steady increase in the number of adolescents attendance at the center and almost 23 percent of the study group did visit the center mainly for general health complaints (14%) and menstrual problems (10%) followed by problems related to height and weight, vaginal discharge, itching of genitals etc. (Fig. 101). Urinary complaints, acne and psychological complaints were the least sought services. A comprehensive approach with inclusion of referral services

helped in addressing the variety of problems. A good number of adolescents came to seek information on sexual and reproductive health issues (22.6%). Most of these complaints needed only reassurance and counseling. During medical screening many behavioral problems related to academic performance, depression, issues related to relationship with peers and parents, etc were revealed more so among boys. This implies that medical checkup could also focus on psychological and mental health issues as they also form a major component of adolescent ill health burden.

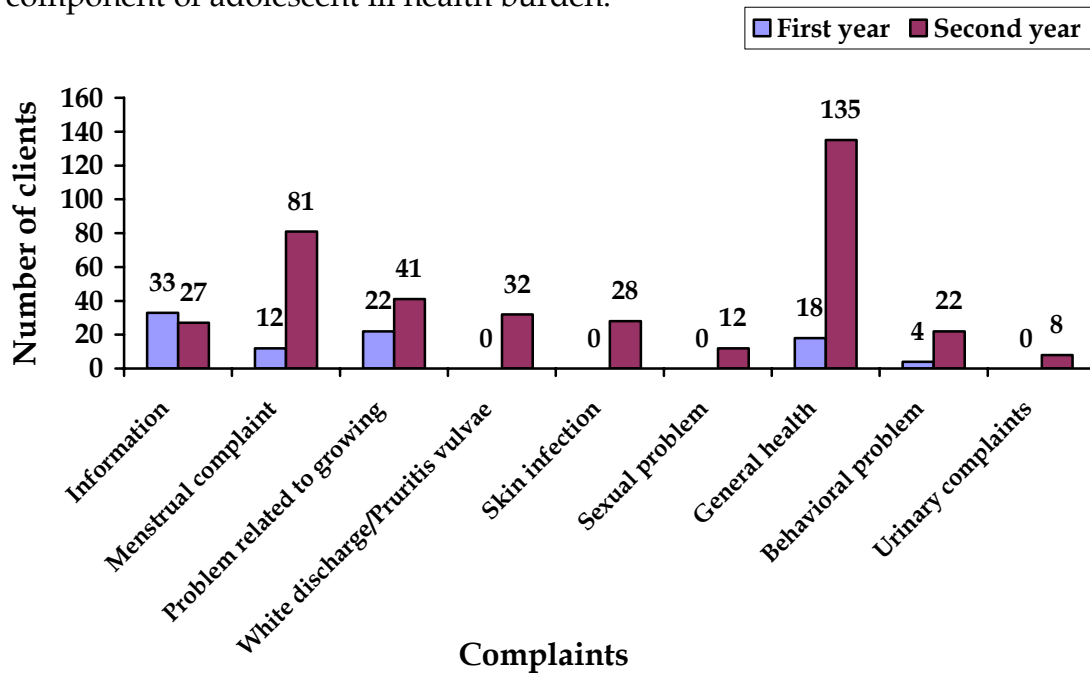


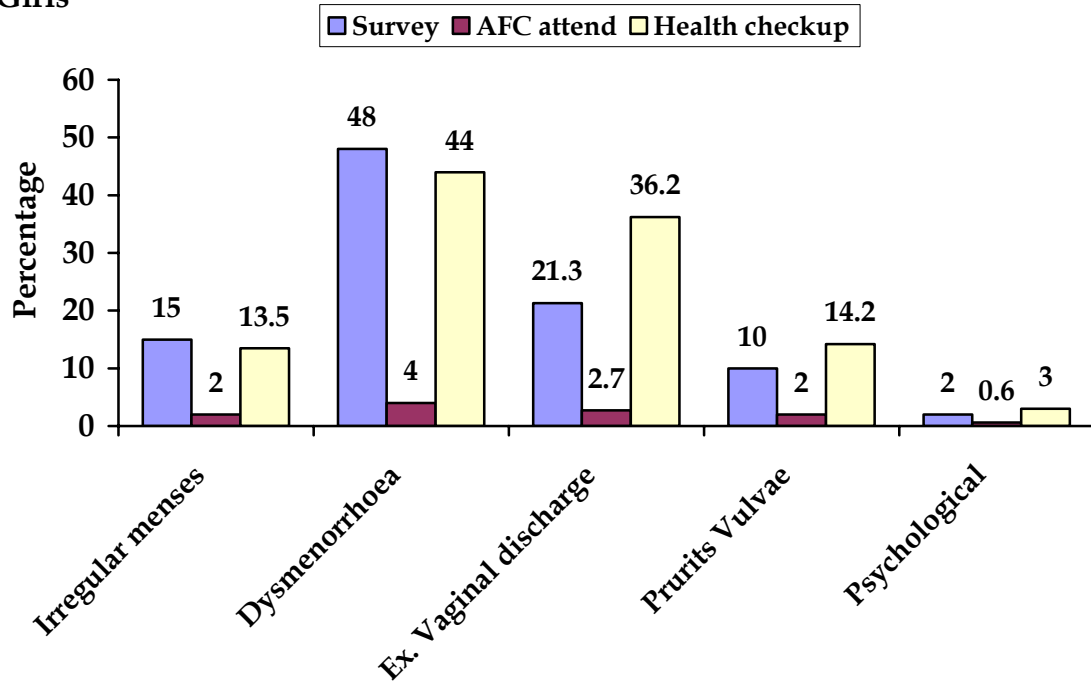
Fig. 101: Clinic attendance at School/College based AFC for various issues.

Although 23 percent of the enrolled adolescents did attend the Adolescent Friendly Center not all who reported to have problems during survey voluntarily sought care at the center. As mentioned in the survey questionnaire some of them probably still went to the private practitioners or quacks or took some home remedy for the same or the problems did not bother them to the extent of seeking help. This shows that just starting an Adolescent Friendly Service with IEC and counseling is not adequate. However during the medical checkup equal or more number of reproductive health problems could be elicited because of privacy and confidentiality provided and sensitivity of the staff towards adolescent problems (Fig. 102).

Post intervention survey was completed and data entry is in process. The letter box continues to have tremendous response. Rigorous follow up in the form of counseling, talking to their parents, appropriate referrals and treatment was done of all those students who had some ailment. Post treatment repeat

hemoglobin testing was done and the results are encouraging. Students' with single testis detected during health checkup were referred to KEM hospital and the problem has been corrected.

Girls



Boys

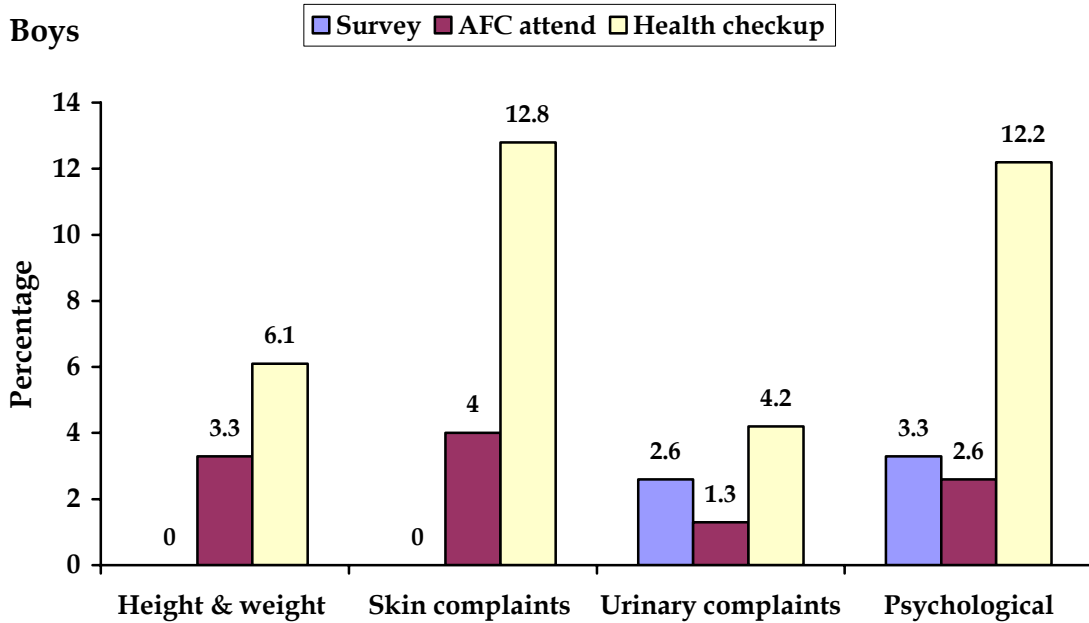


Fig. 102: Problems reported by 11-14 year old adolescents during survey, voluntary attendance at the center and those detected during medical screening.

The Health checkup program is not a regular activity in the participating school as the authorities are not willing to get paid service from any doctor. Parents do not attend school meetings. Compliance for treatment and partner notification is difficult and older adolescents do not visit the center for information and do not like to be followed up at home. Efforts are currently on to sustain the project activities. The PSM Department of KEM has volunteered to adopt the school for routine health checkup and the school authorities are considering the matter. The students have unanimously voted for one male and female teacher who would run the adolescent center and we would be training them to manage the same. The letter box queries will remain to be answered by us. After post survey analysis the project findings will be disseminated to the teachers and members of Parents Teachers Association.

6.2 Improving Service Utilization by adolescents through urban health posts in Mumbai

Principal Investigators: **S.L. Chauhan and Beena Joshi**

Project Associates: Varsha Tryambake, Neelawanti Gaikwad and R. Tadke

Duration: 2005-2008

The overall objective of the study is to create an adolescent friendly environment at the urban health posts as well as in the community and improve their service utilization through networking within the existing health care infrastructure.

Specific objectives are to (i) strengthen adolescent friendly services in terms of information, education, counseling (IEC), training, and provision of preventive as well as curative services at selected MCGM health posts in Mumbai; ii) meet multiple health needs of adolescents by networking with other organizations; (iii) create an environment ideal for adolescents in the community to seek services by developing community support and creating a cadre of peer volunteers; and (iv) assess the process of operationalisation and output of services and different interventions.

The study will be conducted in three phases. The first phase which is the preparatory phase is of six months where-in situational analysis of adolescents to understand their needs and perceptions and of partner institution in terms of availability of infrastructure and the kind of reproductive health services being provided will be carried out. The second phase of the study will be the intervention phase of two years where-in concurrently, identification of adolescent related health issues would be continued and, the specialized quality

sexual and reproductive health care services would be provided in coordination with partner institutions by setting up Adolescent Friendly Centers (AFC) at the selected health posts, to adolescents. The third phase of six months will cover process, outcome measurement and preparation of the report.

A memorandum of understanding was signed with the Municipal Corporation of Greater Mumbai and approximately 1000 sq. feet area at two of their health posts namely Ramtekdi and V. Shantaram was procured and renovated. These posts would be functional in the intervention phase. The first phase of the project was initiated in March 2005 with the objective of understanding the KAP of adolescents and gate keepers on adolescent reproductive health issues, understand health seeking behaviour of adolescents, the constraints and their suggestions on the type of services and timings they prefer for operation of the Adolescent Friendly Center. As per the sample size approved, 600 adolescents would be surveyed with equal numbers from both genders and representing different age groups. Semi structured tools were developed in local language for 10-14 and 15-19 year olds separately for boys and girls in local language and pre tested. The survey would cover 'out of school' youth too. Focus group discussions with various groups revealed that the knowledge of reproductive health was very poor among this population. However premarital sex was quite common. The girls preferred that the Adolescent Center should be functional from 2-5 pm and boys preferred late hours in the evening and also on weekends. The married adolescent girls reported poor use of family planning methods. They had heard of family planning only after the birth of their first child. The situational analysis is ongoing.

6.3 Evolving a Model for Improving Reproductive Health Among Rural College Youth in Maharashtra *(Funded by WHO Country Budget)*

Principal Investigator: **Mohan Ghule**

Project Associates: D. Balaiah and S.L. Chauhan

Duration: 2004-2006

The review of literature reveals that there are many knowledge, attitude and practice (KAP) studies on adolescents and youth in relation to their reproductive health in India. However few attempts have been made particularly in rural setup to communicate with them for addressing their critical concerns or provide them the necessary counseling and clinical services. The ongoing study is developing and applying information, education and communication (IEC)

and counseling intervention backed up by referral linkages with the district health services. The study is linking the education and the health sector within the district for providing reproductive health services to youth students. The study is also testing the feasibility of provision of reproductive health services within the existing primary health care system.

The main objective of the study is to develop a replicable and sustainable model for provision of sexual and reproductive health services to college-based youth in the Thane district. The ongoing study is of 30 months duration and will have an experimental design to be conducted in three phases.

In order to assess the awareness and views about reproductive health as well as sexual behaviour of rural youth, baseline data (qualitative and quantitative) of the proposed study has been collected. A self-administered, semi-structured questionnaire was used for survey, which included 1500 students (800 male and 700 female) in the age group 15-24 years. The results of the survey revealed that students lacked scientific information and misconceptions are widespread on various reproductive health issues. Menstruation normally begins among Indian girls at the age of 12-13 years was reported by 21 percent boys and 51 percent girls. Conception chances are highest among women during the 8-17 days of menstruation cycle was poorly reported by 8 and 6 percent of boys and girls respectively. Girls were found less knowledgeable compared to boys on the reproductive health issues such as impotency, virginity, orgasm, abortion and oral sex (Fig. 103). However, around three fourth of boys and two third of girls accurately knew the mode of Sexually Transmitted Diseases (STDs) & HIV/AIDS transmission. Regression analysis showed that age of the respondent, faculty of the student, peer interaction and erotic exposure were significantly related with their reproductive health knowledge levels.

Boys had more liberal attitudes towards premarital sex as compared to the girls. Around 61 percent boys and 70 percent girls agreed over the statements- 'virginity is girl's most valuable possession; one should not have sex before marriage'. More than two third students disagreed on - 'It is safe to have sex with more than one person, Extra-marital sexual relation is not bad, & Sex is mainly for fun'. One quarter expressed liberal thoughts are indicative of existing double standards- permitting men more liberal behaviour. Senior students were more liberal in attitudes towards sex compared to their junior counterparts. Around 33 percent could not give any opinion on these issues.

Proportion of students with any sexual experience was much higher in boys (29.8%) compared to girls (4.9%). Of the total students that had any sexual experience, about 11 percent boys and 1 percent girls reported to have had coital

sex experience. Reasons for remaining sexually abstinent reported were value towards sex, fear/pressure of family, religion, unwanted pregnancy or STDs and non-availability of place, partner and money (Fig. 104). The informal channels that provided information of sex related issues were peers, pornographic material and media. Over 83 percent boys and girls expressed the need to introduce sex education in schools and colleges.

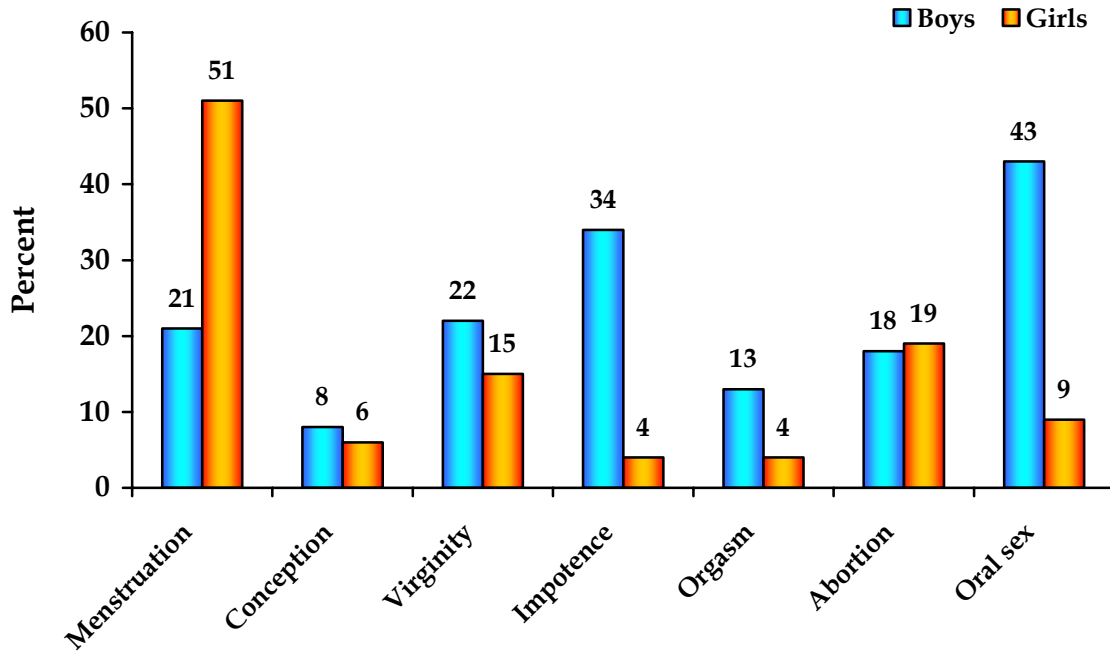


Fig. 103: Correct knowledge about reproductive health issues.

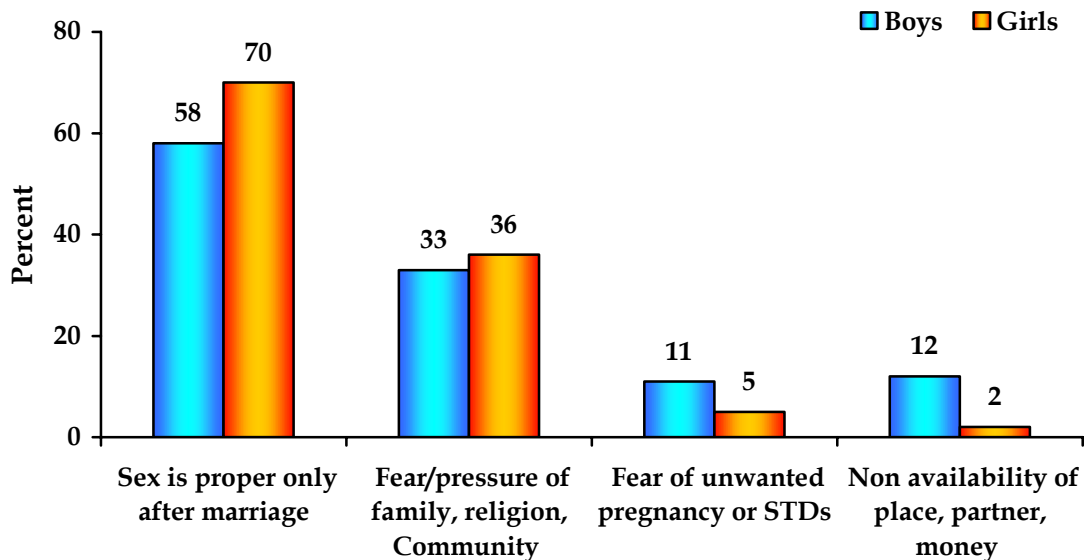


Fig. 104: Reasons for remaining sexually abstinent.

The preferences such as providing IEC and counseling need to be accommodated through interventional strategies. The intervention phase initiated in the month of Dec 2004 and 14 IEC programs on adolescent reproductive health were conducted for youth in experimental colleges covering 1405 students (745 boys and 660 girls). Two programs for orientation to the college teachers were also conducted. Two counseling centers have been started in two experimental colleges through which IEC and counselling are provided to college students and they are referred to health care facility if needed.