NEEDS OF ADOLESCENT GIRLS: REPRODUCTIVE AND SEXUAL HEALTH

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Abstract: India has one of the fastest growing youth populations in the world with an estimated 225 million adolescents. There are an estimated 105 million adolescent gsirls in the age group of 10-19 in India as per 2001 census. These adolescent girls are uniquely capable of raising the standard of living of our country. Adolescence is the stage where a number of physical changes take place rapidly in an individual. This is accompanied by mental anxieties, emotional drives and passions which makes generation increases their capacity to work, but at a personal level they are confused about these changes. Society expects them to behave 'differently', while they experience future uncertainties, which they themselves are unable to express. Despite, an intimate part of the everyday life of most people, sexuality is referred to hush hush topic-it is never talked about directly but only referred to indirectly. These challenges need to be addressed in dealing with day to day life challenges
The paper aims to assess the information need of adolescent girls about reproductive and sexual health in rural as well as urban area. It also assess the gain in knowledge levels of adolescent girls after providing the sessions of sexuality education sessions and to ascertain the significant change perceived by adolescent girls.

Keywords: Sexual Health, Adolescents, Health Communication.

Introduction: Adolescents in India represent almost one-third of the total country's population. A large number of them are out of school, get married early, work in vulnerable situations, are sexually active, and are exposed to peer pressure. These factors have serious social, economic and public health implications. Adolescents are not a homogenous group. Their situation varies by age, sex, marital status, class, region and cultural context.

Indian women are easy prey to sexual violence due to various factors, such as; women are less likely to be able to negotiate condom use and are more likely to be subjected to non-consensual sex. A majority of women continue to be financially dependent on, and socially inferior to, men, they find themselves unable to refuse sex or insist on condom use. The threat of violence and physical abuse undermine women's ability to guard them against the disease.

This calls for interventions that are flexible and responsive to their disparate needs. Some of the public health challenges for adolescents include pregnancy, excess risk of maternal and infant mortality, sexually transmitted infections and reproductive tract infections in adolescence, and the rapidly rising incidence of HIV in this age group. Thus it is important to influence the health-seeking behaviour of adolescents as their situation will be central in determining India's health, mortality and morbidity; and the population growth scenario. (NRHM, guidelines)

Adolescent Girls and Sexual Education: The lives of adolescent girls in India are characterized by limited education, lack of economic and social opportunities, early marriage, early child bearing and limited influence on decisions affecting their lives. From early childhood onwards, girls are socialized to accept male domination and ignore their own needs. Discrimination against the girl child in health, nutrition and education is heightened in adolescent period. Onset of puberty reduces autonomy and mobility with increasing restrictions on speech, appearance, conduct and interaction with opposite sex. Girls inherit their mother's domestic roles and adopt stereotypical gender roles, low self esteem and self growth. (Kavitha, 2010)

Discrimination against women in India is most evident in the declining sex ratio: from 972 females per 1000 males in 1901 to 933 females per 1000 males in 2001 940 females per 1000 males in 2011. Various studies have revealed that the girl child is deprived of proper nutrition, healthcare and education, given her lower social status in society.

Young people get information about sex and sexuality from a wide range of sources including each other, through the media including advertising, television and magazines, as well as leaflets, books. 6 Some of this will be accurate and some inaccurate. Providing information through sex education is therefore about finding out what young people already know and adding to their existing knowledge and correcting any misinformation they may have. For example, young people may have heard that condoms are not effective against HIV or that there is a cure for AIDS.

Sex education aims to reduce the risks of potentially negative outcomes from sexual behaviour, such as unwanted or unplanned pregnancies and infection with sexually transmitted diseases including HIV. It also aims to contribute to young people's positive experience of their sexuality, by enhancing the quality of their relationships and their ability to make informed decisions over their lifetime (AVERT). It is important to provide information which corrects mistaken beliefs. Without correct information young people can put themselves at greater risk. (AVERT) Information is also important as the basis on which young people can develop well-informed attitudes and views about sex and sexuality.

Young people need to have information on all the following topics:
Sexual development & reproduction - the physical and emotional changes associated with puberty and sexual reproduction, including fertilisation and conception, as well as sexually transmitted diseases and HIV.
Contraception & birth control - what contraceptives there are, how they work, how people use them, how they decide what to use or not, how they can be obtained, and abortion.
Relationships - what kinds of relationships there are, love and commitment, marriage and partnership and the law relating to sexual behaviour and relationships as well as the range of religious and cultural views on sex and sexuality and sexual diversity.
The primary goal of sexuality education is that children and young people become equipped with the knowledge, skills to make responsible choices about their sexual and social relationships in a society.

Objectives of the Study: The aim of the study was to access the information need of adolescent girls about reproductive and sexual health.

Specific Objectives: To compare the awareness level of rural and urban adolescent girls
To study the gaps in information level after providing the sessions of reproductive and sexual health as perceived by the adolescent girls.

Locale of the Study: The study was conducted in urban slums and rural area
For the urban locale present study was conducted in Delhi. Jaitpur and Aali Gaon are located in the semi urban region of Delhi i.e. a Village in South Delhi Tehsil in South Delhi.

For rural locale study was conducted in two villages (Shantipuri and Jawaharnagar) of Udham singh district of Uttarakhand

Sample Size: The total sample comprised of 40 adolescent girls from the community of Jaitpur and Aali Gaon for the study. And 40 adolescent girls from Shantipuri and Jawahar Nagar. The participants were of 14- 19 years of age. The purpose of selecting the girls from this age group was that during this period their awareness and knowledge regarding reproductive and sexual health issues are expanding. It is a time of intense influence of peers, and the outside world in the society. 40 adolescent girls from both communities making the total sample of 80 adolescent girls were taken. Purposive Sampling is used to select the sample.

Focus Group Discussion (FGD): FGD research technique was used to collect qualitative data from a select group of respondents. For the research focus groups were chosen as this method was ideal for studies that are seeking to explore and understand attitudes and behaviours. The method assumes that an individual's attitudes and beliefs do not form in vacuum. People often need to listen to other's opinions and understandings to form their own. (Hurworth, 1996)

FGDs were used for generating information on collective views, and the meanings that lie behind those views. They were also useful in generating a rich understanding of participants' experiences and beliefs (Morgan, 1997). The questions in FGDs were generally kept simple to promote the participant's expression of their views through the creation of a supportive environment. The format allowed the facilitator the flexibility to explore unanticipated issues as they arise in the discussion. It facilitated freewheeling discussion on issues and allowed the participants to give their views and feedback in a group setting. The group members got to hear what others in the group have to say, which stimulated them to formulate their opinion on an issue.

For the two villages selected in each study area, 4 FGDs (two for adolescents and two for adults) were conducted. Thus, 8 FGD in both rural and urban locale making the total of 16 FGDs were conducted in each village.

Findings: Findings of the study were largely dependent on following five areas:
1. Source of Information: They recalled learning about reproductive health at school. The main sources of information about were the classroom, and television. Most often they said they learned about sexual health such as HIV/AIDS in school classes. Some felt their education on the topic was adequate and others felt it was not. As one adolescent girl complained, "I think that they should teach it more in schools, because I myself didn't get that much." Another participant of Jawahar Nagar explained, "I go to a private school and all they say, don't have sex out of marriage. They don't say anything about HIV or AIDS or other sexually transmitted diseases."

2. Awareness about Sexually Transmitted Diseases: Most of the participants only heard about HIV/AIDS as sexually transmitted disease. All the participants were aware of HIV/AIDS. They were also aware about the three ways from which HIV/AIDS spreads and that by using condoms one can protect themselves from the disease. The source of information was regular media campaigns. However, they did not know the difference between HIV and AIDS and they discussed HIV/AIDS for the first time during research.
Most participants were fairly well-informed about HIV transmission, but there were some important gaps in their knowledge. A handful appears ill-informed. Most of the focus group participants knew that HIV was transmitted through sexual contact and intravenous drug use, or through infected blood. Most of them knew that condoms were the best way to protect oneself from HIV. While most participants had sketchy information about transmission in general, a fair number were not fully informed.
Some of the participants did not understand the most basic facts about HIV/AIDS. For example, one woman did not know that a person can only get HIV from an infected spouse; she was under the impression that just having multiple partners put a person at risk.
The majority of participants said that they were not too concerned about HIV/AIDS on a personal level. When asked the reason of not being personally concerned, some women said it was because they practiced sex within marriage.
'We practice sex within marriage. We cannot get this disease from our husband'

3. Multiple Sex Partners: Focus group participants described a tendency to associate HIV with extra-marital sex and prostitution. Village women described that HIV cannot be transmitted from their spouses. Another woman described a tendency to associate HIV with commercial sex workers.
'*Only those who visit sex worker can get the disease'*
But on the other hand all participants accepted that extra marital relationships were prevailing but none of them could relate it to sexually transmitted disease.
All the participants believed that masculinity can encourage men to have more sexual partners.

'Although it is wrong and most men are faithful, but who know?'
The understanding between the links in extra -marital relationships with HIV/AIDS was missing in rural women.

4. Condom Usage: Participants admitted that they were not using condoms. According to them, in the cultural setting of the village, young women are supposed to be sexually innocent and may therefore be reluctant to carry or suggest using condoms. Since condoms were also associated in many contexts with illicit or extra-marital sex, married women are often powerless to request their partner to wear a condom despite suspecting that he may be having an extra marital affair, for fear of reprisal at the implied accusation of being unfaithful.
None of the participants ever used condoms.
'*How can girl ask husband's to use condom. Even if we ask them then they will suspect us'*
The condoms were never used even as a family planning method. To maintain gap between two children women usually followed natural method of keeping a track of menstrual cycle.
'It's women's job to give birth and rear children hence we should keep a tract of our menstrual cycle'

5. Information Sharing and HIV/AIDS: Girls do crack sex related jokes in all women's company, but none of them ever talked about HIV/AIDS or discussed any sexually transmitted diseases.
School was a main source of information about sex and AIDS but it had always been superficial. According to adolescent girls boys and girls seem to have different ideas/reasons for having or not having sex. Boys relate to the physical nature of sex, whereas girls relate to the emotional aspects. Teens reported being bored with AIDS education, but suggest needing information that was more relevant for them.

Gaps in Information: Gaps found in the information related to pubertal changes during the adolescence:
During group discussions, many questions arose from girls exclusively on sex and related aspects. They all expressed their need to know scientific logics and reasoning behind the functioning of reproductive organs and the way they help in reproduction. Most of them did not know about the male and female reproductive organs. They wanted to know how their organs would play a vital role in the growth and development of human body.

Gaps found in the information related to Teenage Pregnancy:
Young people can avoid the risks of acquiring HIV or other STIs, by avoiding sexual intercourse. If they do have sexual intercourse and wish to reduce the risks of HIV, STIs and pregnancy, they should use condoms correctly and consistently, reduce the number of sexual partners, avoid concurrent sexual partnerships, be in mutually exclusive sexual relationships, be tested for STIs and vaccinated against those STIs for which vaccination exists.

Gaps found in the information related to Unsafe Abortions:
Girls report knowledge about the circumstances under which abortions become necessary. Regarding decision-making about abortion, some 80% of girls agreed that a couple should take the decision and 20% of girls are socialized to believe that such important decision about their lives should be, taken by the male partner. Doctor's clinic was considered as the ideal place for abortion both by girls from both the communities.

Gaps found in the information related to few aspects of HIV and AIDS:
During focus group discussion, many adolescents seemed to think that there was no difference between HIV and AIDS.

Conclusion: Adolescence is a transitional period between childhood and adulthood is a relatively complex concept in India. As a result, the relationship between the physical, social and psychological changes that are specific to adolescents, and their vulnerability to health problems, has remained largely unrecognized and unexplored. Thus, while there are about 105 million adolescent girls between 10 and 19

years of age, accounting for about one fifth of India's population, their reproductive health needs remain ill-served. Hardly any attention is given to their sexual health and development in the national programmes.

Adolescents are a vulnerable group of society. Any adverse impact in their health can have harmful effects both in the long run and in the short run. The institution, school has the potential to provide an excellent base for large scale programming and high coverage of adolescents in countries but lacks adequate time, training and curriculum to address sexual health needs of adolescents. This study "Focus Group Discussion to access information needs of adolescent girls about Reproductive and Sexual Health" was important to understand the gain in knowledge level of adolescent girl's and its significance in the context of the individual's overall life situation. This study helped us to access the information need of adolescent girls about Reproductive and Sexual Health.

Recommendations: The present study being a micro level study, the generalizations cannot be drawn hence; a number of such micro initiatives can help in arriving at and confirming the usefulness of such participatory initiatives.

Emphasis should also be given on the development of material on reproductive and sexual health issues. Experts from this area should be consulted and materials should be made easily available to adolescents. The challenge, nevertheless, seems to lie on the quality of service and authenticity of the information through various other sources, it requires full commitment and cooperation among all the parties to reach out to adolescents. Only a holistic and emphatic approach can achieve the desired behavioural change.

The present study is based on a very small sample, hence, we do not claim that it represent cross section, cross-cultural, cross religion representation sample.

We need to be aware that distorted information has consequences related to exploitation, abuse, mental health problems and risk of HIV and AIDS. Providing awareness services and strengthening capacities are thus important and need to be given attention.

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