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Impact of sensitization programme on reproductive health awareness among adolescent girls residing in a shelter home (Snehalay) Ahmednagar

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ABSTRACT

Background: Adolescents comprise one-fifth of India's total population. Knowledge on reproductive health at adolescent age is essential to build their foundation of healthy reproductive practices in the future and to lower the risk of sexually transmitted diseases.

Methods: An interventional study was done on 51 adolescent girls at a shelter home (Snehalaya). Informed consent was obtained from the concerned authorities. Data was collected by interview technique with the help of a structured questionnaire prepared by literature search. Response of adolescents was recorded through their answers to the questionnaires. Intervention was done in the form of sensitization lecture with the help of audio visuals and educational posters. The same questionnaire was again interviewed and the impact of intervention was assessed. Statistical analysis of data was done using percentage, proportion and appropriate tests of significance.

Results: In our study we found the average age of menarche of the girls to be 12-14 years, but as several of the girls came from unhealthy backgrounds, they had several menstrual problems like dysmenorrhea, irregular menses. Three of the girls had not experienced menses after 14 years of age. After the sensitization lecture, 56% of the girls were able to write the names of the reproductive organs in the female genital tract. 85% of the girls were able to name the hazards of teenage pregnancy. All adolescents need access to quality youth-friendly services provided by clinicians trained to work with this population. Sex education programs should offer accurate, comprehensive information while building skills for negotiating sexual behaviors.

Conclusions: Hence from our project we identified the unmet need of awareness regarding reproductive health amongst adolescent girls and we tried to meet those needs by providing sensitization.

Keywords: Adolescent girls, Reproductive health, Impact of intervention, Shelter home

INTRODUCTION

Adolescent is a period of transition from childhood to adulthood. Adolecence (from Latin adolescere, meaning "to grow up" is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood (age of maturity). ¹⁻³ According

to world health organization "adolescence" is a period between 10 to 18 years of age. Adolescent sexuality is still a taboo in many societies; there is widespread ignorance about the risks associated with unprotected sex, contraceptives etc. among young people. The beginning of sexual behaviour may also leads to its sexual and reproductive health problems, some with grave

consequences, particularly if they are not well informed about all aspects of reproductive health.⁵ Lately, the girls in the age of 11-18 years have been included in the National adolescent girls scheme under integrated child development scheme.6 In a recent study the mean age at menarche was found to be 13.16 years. Maximum number of girls (60.7%) reported to have attained menarche between 10 and 13 years of age.⁷ Another study showed that nearly 9 out of 10 (89.1%) youths were aware of at least one contraceptive method and out of them 81.5 per cent had heard about condoms. 8 Common avenues of sex education are parents, caregivers, friends, school programmes, religious groups, popular media, and public health campaigns. 11 October 2015– This year's international day of the girl child celebrates the incredible potential of adolescent girls worldwide, and recognises their right to a 'safe, educated and healthy life, not only during these critical formative years, but also as they mature into women'. Menstrual hygiene also has an environmental impact, in the form of a growing health problem.¹⁰ Example, respondents in a survey by water Aid in Bangladesh reported health problem such as vaginal scabies, abnormal discharge and urinary infections and associated these with menstrual hygiene. I1 Providing adolescent girls with proper knowledge of menstrual hygiene and reproductive health knowledge will minimize the prevalence of sexually transmitted diseases and will in turn help to control problems like HIV/AIDS, teenage pregnancies etc. This can be achieved by sensitizing adolescent girls at a proper age so that in future they are able to maintain their health and protect themselves from sexually transmitted diseases and its health hazards.

Objectives

The objectives of the present study were to assess the knowledge and awareness regarding puberty, pubertal changes among adolescent girls residing in shelter homes, to assess the need for knowledge regarding reproductive health amongst adolescent girls residing in shelter homes and to evaluate the impact of sensitization programme on reproductive health awareness level of adolescent girls.

METHODS

Study design: The study design is an interventional study pattern.

Study place: Shelter home (Snehalaya) which is run by a non-government organization.

Study participants: Adolescent girls of age group 10 years to 18 years.

Study period: 3 months (22 May 2016-22 July 2016).

Sampling technique: All candidates fulfilling the inclusion and exclusion criteria were selected for the study.

Inclusion criteria: Age group of 10 to 18 years, all female candidates and belonging to shelter home-Snehalaya were included in the study.

Exclusion criteria: Adolescent girls who were not willing to participate in the study were excluded.



Figure 1: a) The interventional lecture conducted at Snehalaya, b) Doubt solving done by principal investigator, c) during the intervention lecture on reproductive health.

Sampling size

Total number of adolescent girls in the age group of 10-18 years living in the shelter home are 50.

Data collection

Written informed consent from the authorities of the shelter home (Snehalaya) was taken. Data collection was done by interview technique through a self-designed questionnaire. The questionnaire was validated by conducting a pilot study. The valuation of answers was done with the help of model answers. The level of knowledge was assessed by the scoring system.

Data analysis

Method of statistical analysis

The data was compiled and put up in excel sheets. It was then analyzed using percentage, proportion and appropriate tests of significance.

Method of scoring used

Below 40% poor (10 or less than 10 questions are answered), 40-60% average (10-15 questions are answered), 60-75% good (15-18.75 (19) questions are answered) and above 75%- excellent (18.75 (19) or more than 18.75(19) questions are answered).

Amendment of protocol

No change in the study procedure was effected without the mutual agreement of investigator, physician and ethical committee.

Confidentiality

The identity of candidate was not generated in the study. The remaining data was available only to the investigator involved in the study and to the regulatory authorities. Break in the confidentiality is possible only after detail review by the investigator and with the permission of the ethical committee. Information was not disclosed to the concerned person/authority as no special circumstances like severe unreported untoward reactions occurred.

RESULTS

From our project of studying the impact of sensitization regarding reproductive health amongst adolescent girls residing at a shelter home, it was found that only 2 out of the 51 girls who answered the pre-validated questionnaire, were able to fill all 23 questions, before the sensitization lecture. In our study, the average age of menarche was found to be 12-14 years.

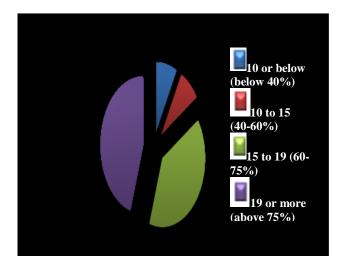


Figure 2: No. of girls who answered the questions before sensitization.

DISCUSSION

In a study mean age at menarche of the girls was found to be 13.6 ± 0.83 years. Awareness about the process of menstruation was poor. Commonest reported menstrual problem was dysmenorrhea (40.7%) followed by irregular menses (2.3%) of which only 5.3% consulted a doctor and 22.4% took over the counter medications from the chemist shops. ¹² In our study as well, the average age of menarche was found to be 12-14 years. Dysmenorrhea was found to be a common problem amongst the adolescent girls staying at the shelter home.

Pregnant adolescents lack basic needs like shelter, food and security. They also face relational problems with families, partners and the community. There is, therefore, a need to sensitize the community and school personnel about adolescent reproductive health issues. In addition, adolescent friendly services need to be established/ strengthened. Continuous in-service training for health workers with emphasis on counseling skills for young people is urgently needed. 11 In our study none of the adolescent girls were pregnant and A study conducted by Dash in the year 2012 showed that adolescent girls had average reproductive health care that can lead to numerous health problems and there is dire need of evolving measures to improve their knowledge on reproductive health care. A similar need of evolving new measures of spreading healthy and hygienic reproductive knowledge was felt in our study as well.

More than three-fourths reported using old cloth during menstruation, and a large proportion of them were reusing the same during subsequent periods. Regression analysis in this study identified schooling, residential status, occupation of father, caste and exposure to media to be the major predictors of safe menstrual practices among adolescent girls in Rajasthan. ¹³ In our study as well, 63% of the girls said that they use cloth but clean it with soap and dry it in sunlight. But, Snehalaya has started a new in

initiative, where with the help of trained students and new machinery, they have begun production of sanitary napkins at the shelter home itself. This would help them provide sanitary napkins to all the girls.

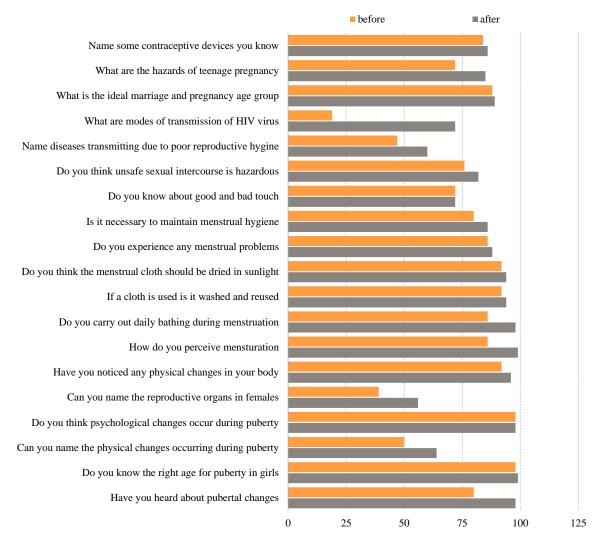


Figure 5: The answer rate of questions by before and after the sensitization program showing the advantages of sensitization program.

It seems from the focus groups that adolescent girls in the Marol area of Andheri are ill-informed about reproductive physiology, sexual aspects of marriage, AIDS, and STD's. ¹⁴ At the shelter home, the girls seemed to be having average knowledge regarding STD's and HIV. But, after the sensitization lecture, their answering capacity regarding transmission of HIV increased from 19 to 72%. This shows that a sensitization lecture can solve broad doubts as well as precise queries.

Around two-thirds of the 900 girls (62.7%) in a study had been informed about menarche before its onset. At the time of first menstruation, 28.3% felt shame, 12.6% felt guilt and 20.6% had a sense of fear.¹⁴

Many girls at the shelter home thought that menstruation was an embarrassing phenomenon. Having no parental background, acted as a catalyst for the adolescent minds of the girls, which lead them into thinking that

menstruation was an unnecessary and embarrassing phenomenon. Through the sensitization lecture, we tried to help them in dealing with the emotional aspect of menstruation.

Only 51.2% from a different study were aware about right legal age of marriage for girls. Various menstrual problems prevalent were irregular cycle (48.4%), oligomenorrhoea (10.4%), menorrhagia (15.6%), polymenorrhoea (3.6%), dysmenorrhoea (84%), pathological vaginal discharge (10%).

In our study the girls were aware regarding the hazards of teenage pregnancy as they had seen several of their friends fall prey to it. In the sensitization lecture we, tried to make the girls aware of their right to say no towards any forceful action thrusted upon them by the opposite sex. They were assured that they can approach any doctor if they feel that they have been wrongfully used.

Limitations

Time constrain was one of the limiting factor, as the girls attended school through the day time and till evening they had their various activities conducted for them by Snehalaya authorities. As the shelter home has a total of 50 girls in the age group of 10-18 therefore the sample cannot be increased.

Implications

From this study it was be so implied that intervention in the form of sensitization by health education to adolescent girls helps in improving their awareness and knowledge about the menstrual hygiene, reproductive health, STD's and contraception.

CONCLUSION

All adolescents need access to quality youth-friendly services provided by clinicians trained to work with this population. Sex education programs should offer accurate, comprehensive information while building skills for negotiating sexual behaviors. Trust is an important aspect in every adolescent's life. During their period of emotional ups and downs, they need to have complete trust in their doctors and guardians. Trust would help them discuss and solve their problems. Thru this study, we experienced that a sensitization lecture by a qualified and experienced doctor helps the adolescent girls trust the doctor and thus discuss her problems with the doctor. The sensitization lecture proved to improve the knowledge of the girls, as they were able to answer more questions and in a better way. They were able to state the names of various female reproductive after the sensitization lecture. This proved that our hypothesis was true and an interventional lecture on reproductive health and hygiene proved to be highly informative and educational for the adolescent girls staying at the shelter home at Snehalaya.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee of D.V.V.P.F's Medical College.

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