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QUALITATIVE ASSESSMENT OF THE KNOWLEDGE ABOUT PUBERTY AND REPRODUCTIVE HEALTH AMONG SCHOOL GOING ADOLESCENTS OF 10-14 YEARS AGE GROUP IN DISTRICT VARANASI

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ABSTRACT

Adolescent age group constitutes 1/5th of the total population and it is a transition period of life. It has been observed that there are certain misbeliefs and misconceptions regarding issues related to adolescence. When pubescent children are not informed of the changes that take place at puberty, it is traumatic to undergo these changes and may develop unfavourable attitudes towards these changes.

Against this backdrop, the aim of the present study is to assess and compare the knowledge of the changes during adolescence among boys and girls of 10-14 years of age in both rural and urban areas.

Focus group discussions were conducted in urban area and rural area government schools, to assess the knowledge of boys and girls. 2 FGDs were conducted on boys and 2 FGDs on girls out of which 1 was conducted in a rural area and 1 in an urban area respectively. Each group consisted of 11-15 boys and girls. The data was analysed by Nvivo software.

Findings show that most of the boys from both areas were aware of the changes during adolescence but misbeliefs and misconceptions were more in boys from rural areas. Majority of the boys from both the groups informed that the health workers do not conduct meetings for improvement of adolescent health. On the contrary, only some girls were aware of the changes during adolescence.

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INTRODUCTION

Adolescent is the period in human growth and development that occurs after childhood and before adulthood, from the age of 10 to 19 years. [1] Today, adolescents represent an independent entity in world healthcare systems. [2] This has especially been the case since the International Conference on Population and Development in 1994. [3]

Adolescents constitute 16% of the global population, with an absolute number of 1.2 billion. [4] More than half of all adolescents live in Asia. In absolute numbers, South Asia is home to more adolescents -around 340 million- than any other region. [5] India is a home to 243 million adolescents, accounting for 20.9% of country's population. Almost 72% of the adolescent population resides in rural areas. Adolescents population in urban areas are declined from 21.9% in 2001 to 19.2% in 2011, while in rural areas, it remained more or less same. [6] Of the total population, 12.1% belong to 10-14 age group and 9.7 % are in the 15-19 age group. Adolescents aged 10-14 years are understudied and a difficult age group to reach. It is important to acknowledge that their needs are distinct from those aged 15-19 years.

There is no data available on the current status or levels of information or knowledge on different issues related to the sexual and reproductive health of 10-14 year olds in India. [7] And because of the least priorities given to this age group, myth and misconceptions in this age group leads to various health problems and misinformation for example over 35% of all reported AIDS cases in India occur among young people in the age group of 15-24 years.[8] In a retrospective study done in 2005-2011, it was observed that HIV positivity and proportion seeking Integrated Counselling and Testing Centre (ICTC) services are high among adolescent boys as compared to that of girls. The same study also observed that heterosexual promiscuous was the most common risk behavior recorded and accounted for 44.10%, followed by parent to child transmission (14.46%) and blood transfusion (2.15%). [9] Therefore, this exploratory qualitative study is conducted in order to assess the level of knowledge about puberty, changes in puberty, reproductive health, among school going boys and girls of 10-14 years of district Varanasi.

This qualitative study on male and female students was undertaken in a government secondary school near UHTC of Department of Community Medicine, IMS, BHU at Sunderpur and RHTC of Department of Community Medicine, IMS, BHU at Chiraigaon, of district Varanasi as per convenience. Data were collected through Focus Group Discussions (FGDs) based on themes developed to serve as a basic discussion guide. Participants were approached one day prior to the Focus Group Discussions at the pre-decided venue. In total, 23 female and 27 male adolescents agreed to participate in the study. Participants were divided into four focus groups. Two focus

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groups were conducted in a secondary school of urban area, one for each male and female. Two focus groups were conducted in a government secondary school of rural area, one for each male and female. All focus groups were gender-specific (male only and female only) to increase comfort levels of students involved. Each focus group consisted of 12-15 students

Discussions were conducted in the afternoon allowing the participants to attend school in the morning hours. The discussions were held in classroom provided by school authority within the school premises. Discussion was done with the participants only in order to maintain privacy. Each question was asked to the group in general, and then each participant was given the opportunity to respond or pass. Focus Group Discussions were conducted in the local language by a moderator and assistant moderator in a quiet and isolated space for an average duration of 45-90 minutes. At the end of each FGDs, a question period was held, whereby students could ask any question they wanted about any related topic. Themes were arranged in a seemingly logical order-

- Awareness about adolescence
- Changes during puberty
- Reproductive System
- Disease common among adolescence and use of iron tablets
- Menstrual Hygiene (only for girls)
- Health services available for them
- Source of Information

Theme 1: Awareness about adolescence- Majority of the boys from both rural and urban areas was aware about age group and phases of adolescence. It is justified from a quote:

" Ladke mein kishoravastha 11-22 saal tak rehta and ladki mein 9-19 saal tak"

While, only some girls from urban areas were aware about age group and phases of adolescence as compared to rural areas.

Theme 2: Changes during puberty- Majority of the boys from both rural and urban areas were aware about the changes during puberty with some misconception like:

"Ladko ki height 13 saal tak hi badhti hai"

While, most of the girls from urban areas were aware about the changes during puberty as compared to rural areas.

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Theme 3: Reproductive System- Most of the boys from urban areas were aware about reproductive system as compared to boys from rural area. As it is justified from this quote said by one of the boy from urban area:

"Shaadi hoti hai to bachha hota hai, waji prajanan hai"

While none of the girls from both rural and urban areas heard about Reproductive system and various aspects of it.

Theme 4: Prevalent diseases among Adolescent and Use of Iron and Folic acid tablets- Most of the boys from urban areas were aware about diseases like AIDS, Typhoid, Anemia which are common during adolescent period while only few boys from rural area stated only one disease, i.e. AIDS.

None of the boys from rural areas were aware about use and benefit of iron and folic acid. All of them said that they didn't get any free iron tablets from their school or from health workers while few of the urban boys were aware about benefits of iron tablets and all of them get it free from their school.

When it comes to girls, very few girls from urban areas were aware about disease like AIDS while none of them were aware about Anemia. While, in rural areas none of the girls were aware about diseases common during adolescence.

None of the girls from urban as well as rural areas were aware about the uses/benefits of iron and folic acid tablets. However, all of the girls from urban area get free iron tablets from their school, on the other hand, girls from rural area said that they don't get any free iron tablets from their school or from health workers.

Theme 5: Menstrual Hygiene- Most of the girls from rural as well as urban area named menstruation as the most unpleasant pubertal event. They described their experience as fear shame, surprise and a kind of sickness. One of the participant who was 10 years described her experience this way:

"Mujhe pata nahi tha pehle iske bare mein, jab shuru hua to main darr gai, mujhe laga ki koi bimari ho gai"

Most of the girls from rural area said that they use cloth. Majority of girls from urban area use sanitary pads. When enquired about distribution of free sanitary pads in school, majority of girls from rural as well as urban areas from other health workers like ASHA.

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However, all of the girls from rural as well as from urban areas accepted their mother as their primary source of information about queries related with menstruation.

Theme 6: Health services available for them- Most of the boys from urban areas were aware about national health programs like program on sanitation, AIDS etc while none of the boys from rural areas were aware about any such programs.

Few girls from urban areas were aware of the national programs on health through hoardings, pamphlets and display like program on eradication of T.B as compared to rural areas.

Theme 7: Sources of Information- Majority of the boys from both urban and rural areas stated that for any query regarding adolescence, the male members of their family were their main source of information and if they were not satisfied, then they asked their male school teacher. Most of them said that they didn't ask their mothers' because they were illiterate.

Most of the girls in urban areas said that their main source of information was the female teacher at school while in rural areas few of them said that their mother was the primary source of information. Most of the participants from rural area said that:

"ASHA didi aati to hai, par dawai de ke chali jati hai."

CONCLUSION

This qualitative study identified substantial lacunae in the knowledge of puberty, changes during puberty and reproductive health among adolescents of 10-14 years of age. The difference in knowledge between boys and girls of both rural and urban areas suggests the need for targeting girls in rural as well as in urban and boys in rural areas on puberty, changes during puberty and about reproductive health. Study also focuses on worries and misinformations about the changes occur during adolescence. Most of the boys and girls from rural areas stated that no one was paying attention to their queries during adolescent period. Female Health workers were coming for vaccination only and never discussed anything with them about adolescence and its other aspects. Neither the boys nor the girls are getting free Iron tablets from health workers in rural area. Girls have to buy sanitary pads or use clothes during menstruation, as free sanitary pads are also not available in both urban and rural areas.

Findings of the present study provide additional evidence about evolving information, education and communication strategies to focus on raising awareness on knowledge about puberty, changes during puberty and on Reproductive Health. Most of them were in need of education regarding how to address issues surrounding puberty. The society, families and health workers and of course the adolescents are responsible for working together to create an atmosphere in

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which correct information on changes during adolescence, puberty and reproductive health and the other associated issues is readily accessible. There is a strong need to incorporate adolescent health as a lesson in the school curriculum. Counselling sessions need to be conducted at regular intervals to help eliminate their misbeliefs and misconceptions regarding reproductive health.

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