



## HEALTH PROBLEMS OF ADOLESCENT GIRLS IN ANDHRA PRADESH

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**Abstract :** *The World Health Organization (WHO) defines adolescents as the age group 10–19. Adolescence marks a time of rapid and intense emotional and physical changes. It is one of life's fascinating and perhaps most complex stage, a time when children search for identity, learn to apply values acquired in early childhood and develop skills that will help them become caring and responsible adults. There are an estimated 1.2 billion people aged 10-19 in the world the largest generation of adolescents in history. They comprise of 20 percent of the world's population. They are deprived of quality education and information regarding reproductive health, rendering them to be more prone for teenage pregnancies and STIs. Approximately 15 million young females ages 15-19 give birth each year, accounting for more than 10 per cent of all babies born worldwide. Only about 17% of them use contraception. Young mothers, especially those under 16, have increased likelihood of serious health risks. The risk of death in childbirth is five times higher among 10–14-year-olds than among 15–19-year-olds and, in turn, twice as high among 15–19-year-olds as among 20–24-year-olds. When adolescents bear children, their offspring also suffer higher levels of morbidity and mortality. The incidence of Sexually Transmitted Diseases (STDs) is also disproportionately high among young people: In Indian subcontinent there are very few credible studies done on this subject and Andhra Pradesh being one of the Indian states where teenage pregnancies are very high and at the same time HIV Prevalence in Ante Natal Clinics is highest in India, no study has been done on this subject. This study has been done to have a better understanding or issues relating to reproductive health among adolescent girls in Nellore, Andhra Pradesh.*

**Keywords:** *Adolescent Girls, Health Problems, Reproductive Health, Menstruation.*

### INTRODUCTION

Adolescents are a group of apparently healthy individuals. The health status of an adolescent determines the health status in his/her adulthood. Many serious diseases in adulthood have their roots in adolescence. Also, many adolescents do die prematurely due to various reasons that are either preventable or treatable and many more suffer from chronic ill-health and

disability. We can categorize the health needs of the adolescents broadly into three categories- physical, psychological and social. The main health issues faced by the adolescents include: Mental health problems, early pregnancy and childbirth, Human Immunodeficiency Virus/ Sexually Transmitted Infection (HIV/STI) and other infectious diseases, violence, unintentional injuries, malnutrition and substance abuse. Adolescents form



a socially important segment of the population. Apart from physical health, a positive social health constitutes holistic health of the adolescents. Prevalence of sexual abuse, violence and physical abuse are increasing among the adolescents. For a long time, there was no organized system to govern and monitor the social needs of adolescents. In India, data on adolescents from national surveys including National Family Health Survey III (NFHS-3), District Level Household and Facility Survey III and Sample Registration System call for focused attention with respect to health and social development for this age group. It has therefore been realized that, investing in adolescent health will yield demographic and economic dividends for India. In view of this, Government of India launched its first comprehensive programme for adolescents, 'Rashtriya Kishor Swasthya Karyakram', during January 2014 which has a sharp focus on adolescents' sexual health. The programme envisages that all adolescents in India are able to realize their full potential by making informed and responsible decisions related to their health and well-being.

#### **OBJECTIVES OF THE STUDY**

- ❖ To identify menstrual problems among adolescent girls
- ❖ To describe the menstrual hygiene practices of adolescent girls
- ❖ To describe the common genitor-urinary tract symptomatology among adolescent girls

#### **REPRODUCTIVE AND SEXUAL HEALTH**

From the studies done in the past, it is evident that adolescent have no proper knowledge regarding STIs and an educational intervention shows significant improvement in the knowledge level of the participant. At this age, curiosity about sexuality increases, they

start showing sexual interest in opposite sex. Media also plays a major role in exposing them to sexually explicit materials which make them perpetrators of sexual violence.

#### **Mental Health**

In the past decade mental health problems have emerged as an important cause of adolescent morbidity. Alcohol use disorder and psychiatric problems are the important cause of Years Lost due to Disability. Focus towards these problems in adolescent health programmes happens to be less when compared to Reproductive and Sexual Health. So it is essential to give equal importance to other key areas like mental health services and Behavioural Change Communication towards healthy lifestyle.

#### **Nutritional Problems**

Nutritional requirement are higher among adolescents than any other period of life. Inadequate diet intake at this age leads to stunted growth and delayed sexual maturation. Lot of junk food products are promoted by celebrities with catchy advertisements leading to adaptation of unhealthy food habits. Media influences the diet and lifestyle among adolescents and leads to nutritional disorders by making them sedentary and giving false hopes. Habits like dieting and exercising inspired by a media celebrity cannot be taken as a positive impact, often they do it in an incorrect way and consume low quality protein supplements without proper guidance which may lead to complications like renal failure. Instead of taking balanced diet they starve and end up in anorexia nervosa. These issues can be reduced by routine screening and nutritional education.



## **MENSTRUATION AND MENSTRUAL HYGIENE**

Although menstrual hygiene is an issue that every girl and woman have to deal with in her life, there is lack of information on the process of menstruation, the physical and psychological changes associated with puberty and proper requirements for managing menstruation. The taboo surrounding this issue in the society prevents girls and women from articulating their needs. Good menstrual hygiene is crucial for the health, education, and dignity of girls and women. This is an important sanitation issue which has long been in the closet and there was a long-standing need to openly discuss it. The focus on menstrual hygiene management is an essential part of promoting hygiene and sanitation amongst adolescent girls and women who constitute substantial chunk the total female population. Over decades, women have been taught that having periods is shameful. They have indirectly, if not directly, absorbed the messages that menstrual blood is dirty, smelly, unhygienic and unclean. This message may be perpetuated by advertisements for menstrual products or "feminine hygiene" products. Even the term "feminine hygiene" implies that help is needed with hygiene. With all these negative messages it is natural for women to want to hide their blood and throw it away as garbage. To do otherwise is to go against what they have been taught as women. But menstruation is a natural physical process - a harmless by-product of a biological event.

## **VULNERABILITY OF ADOLESCENTS TO STIS AND HIV**

In recent years, the reproductive and sexual health of adolescents has drawn increasing attention. Rates of

Sexually Transmitted Infections (STIs) are soaring among young people, with one third of the 333 million new STI infections each year occurring among young people under the age of 25. Each year, more than one out of 20 adolescents contract a curable STI, not including viral infections. Most importantly, younger age groups are hardest hit by the pandemic of Acquired Immunodeficiency Syndrome (AIDS). More than half of all new Human Immunodeficiency Virus (HIV) infections today occur in young people between the ages of 15 and 24. This situation persists in a policy climate that continues to deny adolescents information and services that they need to make informed choices about their sexual and reproductive health, despite evidence that adolescents show a remarkable capacity to adopt safer behaviors when given access to such knowledge, skills and services. Physiology is the first factor that makes adolescents particularly girls more vulnerable than adults to STIs. This fact argues for later sexual initiation for girls. Yet, research carried out by the International Centre for Research on Women (ICRW) partners in Brazil, Malawi and Papua New Guinea indicates that many girls have intercourse before menarche<sup>16</sup>. Not surprisingly, in some countries infection rates among girls are higher than among boys. In Kenya, for instance, nearly one girl in four between the ages of 15 and 19 is believed to be living with HIV compared with one boy in 25; in Zambia, in the same age group, 16% of girls versus 1% of boys are HIV-infected. The number of adolescents in need of sexual and reproductive health services is high. Other unwanted consequences of sexual activity include early motherhood, complications of pregnancy and unsafe abortions for adolescent girls, and the psychological and health consequences of sexual violence for



both sexes. Since the International Conference on Population and Development (ICPD) in Cairo in 1994, recognition has gradually increased that young people not only have the right to sex education, but also to access to health services tailored for their needs. WHO, for instance, has suggested a three-pronged approach: creating and sustaining supportive environments for young people, providing the necessary information and skills, and expanding access to health services? Most adolescents, who suffer from sexual or reproductive health problems, including STIs, are still expected to make use of the same services as those provided for adults, yet they are inadvertently discouraged from doing so. Often, services have inconvenient locations and opening times and high costs of treatment. Further, adolescents who do seek out services have experienced fear, embarrassment and judgmental attitudes on the part of health workers, who are poorly equipped to deal with their specific needs. Hence, many infections are treated late, ineffectively or not at all<sup>5</sup>. Demand is growing for an expansion of sexual and reproductive health programs for young people in developing countries, but there is little documentation on the success of any such programs, whether measured in terms of their ability to attract young people to use them, their quality of care or their impact on sexual health outcomes.

### **Challenges in Parenting**

Parents have greater responsibility in guiding their children but due to cultural barriers they neglect to talk about physical and physiological changes, in consequence of this, growing children learn about sexuality and secondary sex characteristics from their peer groups or other inappropriate sources leads to abnormal social

behaviour. Most of the children's psychiatric disorders were unidentified because of parent's ignorance and negligence.

### **Challenges in Existing Adolescent Health Services**

With so many programmes available, the services have not reached the target group adequately because resources like materials, money and man power are limited. There is no direct access, space for privacy and ideal timing (restrictions in days and time) for the target population. Service providers are not given proper training. For the health care providers, it is usually an extra burden because no man power has been allotted separately for adolescent health services. Adolescents have little knowledge about the need of health services. They are scared of revealing personal issues to another person and getting examined by opposite sex health worker. So, they themselves act as major obstacle for the services to reach them. Though Adolescent Friendly Health Services (AFHS) based adolescent clinics are said to address all the health needs of adolescents, the delivery of services mainly targets reproductive and sexual health and all other issues are not adequately focused. Even with this great focus on ARSH, NFHS data shows no significant decrease in adolescent pregnancy. In fact, there is an increasing trend in first pregnancy in adolescent and the birth-rate in the age group 15 to 19 y is still 31.5 per thousand adolescent girls, which is high for the efforts and inputs given by the health system. Adolescent health services are not comprehensive, so many schemes exist but these schemes were placed under different ministries and some of the schemes provide the same services as others which may result in unnecessary duplication. In 2014 Ministry



of Health & Family Welfare (MHFW), launched a comprehensive programme, but similar services provided by MHFW and other ministries are not going to be terminated. To avoid such confusions and to be cost effective, all the services for adolescents should come under a single programme. It is also essential to develop a screening tool specific for Indian adolescents. This has been already implemented in United States by National Adolescent and Young Adult Health Information Centre, University of California. Innovating such tools based on our requirements can be very useful in diagnosing diseases and to search for and eliminate any risk factors as early as possible.

#### RECOMMENDATIONS

- Introduce age-appropriate sex education with abuse prevention skills at schools, colleges and also in the community to bridge the knowledge gap in adolescent. With this approach, sexual abuse, early sex debut and unsafe sexual practice can be reduced and the contraceptives usage can be increased. This in turn prevents unwanted pregnancy, AIDS/STIs and its complications.
- Take step to delay age of marriage through advocacy, counselling and strict enforcement of law. Adults should be educated to prevent early marriage, teenage pregnancy and its complications.
- Educate Adolescents and parents regarding the nutritional requirements and to adapt diet appropriate for age.
- Psychological disorders and social misbehaviour can be greatly reduced by giving top priority and effective implementation of mental health services at all levels. Educate parents and teachers to improve the quality of relationship with children to ensure a safe, secure and appropriate environment.
- All PHC's has to be equipped to deliver AFHS beyond existing days and time restriction. A separate sophisticated wing to treat adolescent at secondary and tertiary care level can be established.
- Medical officers and the health workers at all level should be given exclusive training in handling adolescents. Health workers of same gender should address the problem of boys and girls separately.
- Facilitate better relationship of trust and confidence in adolescent to get accurate and detailed information related to their health problems.
- Counselling should be strengthened by well-trained healthcare providers and involve parents and elders of the family in home based counselling.
- Encourage community participation in mobilizing adolescents to build life skills and to take active part in community programs.
- Strict enforcement of laws related to traffic rules, prohibiting sale of tobacco, alcohol and other substance of abuse to minors. Restricting advertisement related to junk food products is essential.
- Online consultation and counselling can be considered. It will be accessible and gives a feel of security and confidentiality for adolescent population.
- Universal coverage of Adolescent friendly clinics is highly recommended. Through that, routine screening of adolescent for health problems, and their risk factors by creating a standardized protocol can be initiated and the services required can be provided.





## CONCLUSION

To achieve wholesome adolescent health, we need to have a multidimensional approach covering all the adolescent health problems with special emphasis on mental health, behaviour change communication towards healthy lifestyle and positive social environment to acquire life skills. Adolescent friendly clinics need to be widely established throughout India and should achieve universal coverage. Screening of adolescent on regular basis could be an effective tool to control the existing disease and to update occurrence of any new diseases. Empower and involve adolescents in decisions that affect them and facilitate them with every opportunity for developing into a successful adult. Offering such opportunities to the growing children gives them a chance to build a safe, happy, healthy and productive nation in the future.

## REFERENCES

1. CHANDRA MOHAN KUMAR, C SURESH BABU, Reproductive Health Problems of Adolescent Girls between 15 and 19 in Andhra Pradesh: Pak Peds J 2012; 36(4): 225-34.
2. C Sivagurunathan, R. Umadevi, R. Rama, and S. Gopalakrishnan, Adolescent Health: Present Status and Its Related Programmes in India: 2015 Mar; 9(3): LE01-LE06. Published online 2015 Mar 1.
3. Reddy PJ, Usha Rani D. Reproductive Health Constraints of Adolescent School Girls. IJSW 2005; 66(4): 180-81.
4. Progress for Children: A report card on adolescents. Socio-demographic profile of adolescents: Number 10 April 2012 UNICEF.
5. Adolescents: health risks and solutions. Media centre Fact sheets WHO 2014.
6. Launch of Rashtriya Kishor Swasthya Karyakram and National Consultation on Adolescent Health. Ministry of Health and Family Welfare 2014.
7. Health for world's adolescents: Disability Adjusted Life Years: Combining Mortality and Morbidity. WHO May 2014.
8. Khanna A. Menstrual practices and Reproductive problems: A study of Adolescent girls in Rajasthan. JHM 2005; 7(1): 91-97.
9. Ali TS, Ali PA, Waheed H, et al. Understanding of puberty and related health problems among female adolescents in Karachi, Pakistan. J Pak Med Assoc 2006; 56(2): 68-72.
10. Rahman M, Kabir M, Shahidullah M. Adolescent self-reported reproductive morbidity and health care seeking behavior. J Ayub Med Coll Abbottabad 2004;16(2): 9-14.
11. Joshi B N, Chauhan S L, Dande U M. Reproductive Health Problems and Help Seeking Behaviour among Adolescents in Urban India. Indian J Pediatr 2006; 73(6): 509-13.
12. Sandhya Rani PM. Sexual and Reproductive Health Status of Adolescents and young Married Girls. IJSW 2005; 66(4): 178-79.
13. Stang J, Story M. Adolescent Growth and Development, in Guidelines for Adolescent Nutrition Services, Division of Epidemiology and Community Health, School of Public Health; University of Minnesota; 2005: 1-8.
14. World Population Prospects: The 2000 Revision. Volume II. The sex and age distribution of the world population. New York: United Nations; 2001.
15. Young People's Health- A Challenge for Society. Report of a WHO study group on young people and "Health



- for All By 2000.” Geneva: World Health Organization;1986.
16. WHO. The second decade: improving adolescent health and development. Geneva: World Health Organization; 2001.