

REPRODUCTIVE HEALTH STATUS OF ADOLESCENT GIRLS- AN OVERVIEW OF INDIAN SCENARIO

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ABSTRACT

Despite the largest percent of the population being in the 10-19 age groups in India, the health needs of adolescents have not addressed adequately; particularly their reproductive health needs are often misunderstood, unrecognized or underestimated. In a conservative society like India, where sexual health related issues are taboo for discussion, young people are hindered from actively seeking counsel for their needs. In many parts of the world, this is the time when girls are moved into the roles of wives and mother and majority of them have little or no education, little or no economic assets or opportunities, few friends or confidantes and little chance to be the subjects of their own development. This result in a situation where adolescents make uninformed choices that could affect their lives and health in a serious and irreversible way. Under this context, this paper presents an overview on sexual and reproductive health of adolescent girls based on a desk review of literature. In view of the issues emerging in the literature, it is prudent that these adolescents alienated from mainstream and they suffer from lack of adequate and appropriate information and education, especially in relation to their reproductive health needs and rights. In time, they fall victim to the social outcomes that deliver negative biological outcomes, including HIV infection and AIDS. Thus present study suggests, provision of adolescent friendly health services and recognition of adolescent needs in policy and in the design of programmatic interventions is a need of the hour which will lead healthy and fulfilling lives of adolescents and truly move towards an inclusive society.

Key words: *Adolescents, reproductive health, girls, needs.*

INTRODUCTION

Adolescence is a remarkable period of development and change in the life course of an individual. World Health Organization identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19. (WHO, 1977). It is a period of transition from childhood to adulthood and is marked by rapid physical, behavioural and psychological changes. During this second decade of life, young people acquire new capacities and are faced with many new situations that create not only opportunities for progress, but also risk to health and wellbeing. Adolescents are a diverse group and are in varying situations of risk, status and environments. The nature and quality of young people's future lives, as well as a country's

future social and economic development, depend largely on how well adolescents navigate this transition.

According to census 2011, India is home for 25,32,35,661 adolescents, who account for almost 20.91 percent of the country's population. The growing proportion of this section represents an enormous possibility for early investment in their health, education and their overall development. Such investments in adolescents are life-time investments that are likely to have positive effects on their behavior and lifestyle during their entire life course. This will produce the expected returns in future and also contribute to the bright prospect of nation. The experiences and needs at this stage, if not properly handled and met will produce a broken individual.

BACKGROUND

Adolescents must be acknowledged as a heterogeneous group with varied needs based on their age, gender, marital status, work status, class, and social context. Over the past decades, there have been significant changes in the lives of adolescents. Adolescents today are healthier, better educated and more aware. The average age at marriage has increased and gender disparities in education, health attainment have declined. At the same time with changing socio-cultural norms they are more exposed to sexual and reproductive health-related risks, including HIV, but lack the autonomy to take decisions on important sexual and reproductive health-related matters and limit access to reproductive health and care services. Despite conscious efforts on the part of the government, there continue to be many obstacles which inhibit young adolescents from making informed choices impacting their lives, particularly sexual and reproductive health-related choices.

Among adolescents, girls are particularly vulnerable not only because they are more likely to have been coerced invariably for unprotected sex than boys, but also they are more susceptible biologically to sexually transmitted diseases (STDs), including HIV infection. Inequity between the sexes makes girls more vulnerable to violence, to sexual abuse and to the practice of female genital mutilation. Their long term economic potential is reduced still further by early child bearing (WHO/FRH/ADH, 1997). In India, myriad social, economic, and health factors may undermine the ability of adolescents to lead full and productive lives.

Hence because of growing health problems among adolescent girls this group should be selected as high risk group. The neglect of adolescent's can lead to problems both immediately and in the years ahead. Researcher therefore felt it very necessary to assess their reproductive health status and knowledge regarding it which may help in making policies and programmes related to improving sexual and reproductive health and choice among young people, and the importance of healthy youth in shaping India's future. This would also go a long way in strengthening the reality of young people's lives in India.

Under this context an attempt has been made through undertaking desk review on the health situation of adolescent girls by synthesizing the available evidence on adolescent population in India.

The objectives of this desk review were: (1) to provide the existing evidence around adolescents in order to characterize their specific vulnerabilities,

(2) to explore recommendations for future research and programmes based on review of literature.

HEALTH ISSUES AFFECTING ADOLESCENTS IN INDIA

Despite the largest percent of the population being in the 10-19 age groups, the health needs of these adolescents have not addressed adequately; particularly their reproductive health needs are often misunderstood, unrecognized or underestimated. These adolescent poses a distinct array of reproductive and sexual health challenges. These challenges include the consequences of early marriage, unsafe abortions, high-risk behavior, lack of awareness about contraception and reproductive health issues, reproductive tract infections (RTIs) and sexually transmitted infections (STIs) including HIV/AIDS and non-consensual sex. These challenges create an "unmet need" for reproductive and sexual healthcare (Nath & Garg, 2008).

NUTRITIONAL STATUS

To compensate for the physiological blood loss during menstruation, adolescent girls have up to fifteen percent additional requirements of iron. However, the data available from various studies indicates that anemia is one of the widely prevalent health problems among adolescent girls. According to UNICEF report 2011, almost 47 percent of girls in the age group of 11 to 19 years are underweight in India, which is the highest in the world (UNICEF, 2011). NFHS-III revealed the prevalence of anemia among ever-married women aged 15-49 years is 56.2 percent. These data clearly shows the pathetic nutritional condition of adolescent girls in India. Girls suffer a high degree of current form of malnutrition (73.9 percent) while 18.8 percent suffer chronic and current form of malnutrition (Kusuma, 2001).

MARRIAGE

Although the minimum legal age of marriage for girls is 18 years (according to PCMA, 2006), still a majority of marriages occurs relatively early in India. According to NFHS-3, more than one fourth (27%) of women aged 20-49 years were married before age 15; over half (58%) were married before the legal minimum age of 18 years and three-quarters (74%) married before reaching age 20. Among girls aged 15-19 years, 27% were currently married (15% urban women and 33% rural women). However, very few men in this age group were currently married (1% of

urban men and 4% of rural men) (International Institute for Population Sciences, 2007). According to census 2011 the 41% of all girls aged 19 in India have married.

EARLY PREGNANCY AND CHILD BIRTH

Many adolescents are sexually active at increasingly early ages. Their vulnerability, ignorance on matters related to their sexuality and reproductive health lead adolescents and young girls to early pregnancies. World Health Organization report on “early marriages, adolescent and young pregnancies” states about 16 million girls aged 15 to 19 years and two million girls under the age of 15 give birth every year. Worldwide, one in five girls has given birth by the age of 18. Complications in pregnancy and child birth are the leading causes of death among adolescent girls ages 15-19 in low and middle income countries, resulting in thousands of deaths each year (WHO, 2012).

As a result of early marriage, they become sexually active by the time they are 18 and enter into the magnitude of teenage pregnancy. NFHS-3 data show that overall, 12 percent of women age 15-19 have become mothers and 4 percent of women age 15-19 are currently pregnant with their first child. This means that one in six women age 15-19 have begun childbearing. The percentage of women who have begun childbearing increases sharply with age, from 3 percent at age 15 to 36 percent at age 19. The proportion of women age 15-19 who have begun childbearing is more than twice as high in rural areas (19 percent) as in urban areas (9 percent). It is noted that on an average, gynaecologists in India deal with four to five pregnant teens each month and doctors opines that the main reason for teenage pregnancies and consequent abortions is the lack of knowledge about contraception. Teenage pregnancy is also responsible for a higher infant mortality rate, as adolescent mothers are less likely to obtain skilled care before, during and after childbirth (Sharma, 2015).

HIV/AIDS

India has the third highest number of estimated people living with HIV in the world. The total number of people living with HIV/ AIDS in India was estimated at around 20.9 lakh in 2011, 86% of whom were in 15-49 years age-group. Children less than 15 years of age accounted for 7% (1.45 lakh) of all infections in 2011. Of all HIV infections, 39% (8.16 lakh) were among women (NACO, 2014). Low awareness has been documented in small-scale studies indicating that while general awareness of HIV/AIDS is there, but in-depth understanding of modes of transmission and prevention is far from universal. More than half of the adolescent girls were not aware about the modes of transmission of HIV/AIDS. Only 40 percent of girls were aware that HIV/AIDS could transmit through unsafe sex, only 38 percent of the girls were aware that infection could transmit from the infected mother to child during pregnancy and also the knowledge about preventive measures of AIDS was found to be low among them (Khanna, 2009).

KNOWLEDGE OF REPRODUCTIVE HEALTH ISSUES

In a country like India, where discussion about sexuality with young children is almost absent, adolescents are not prepared mentally or psychologically to cope with the changes that occur during adolescence. The study conducted by Kamalam and Rajalaxmi (2005) shows that about 37% of respondents had no knowledge of menstruation, and around 32 percent had high or moderate knowledge. One-fourth of the students have not received any information at all regarding menstruation before menarche. Only few students (4 percent) are fully aware of the after-effects of abortion.

A study showed tremendous lacunae in awareness of all reproductive health (RH) matters among adolescent girls. It highlighted that 1) Knowledge and attitude of age at marriage, family size was satisfactory among the adolescents. 2) Awareness of contraceptives was poor and it was more among boys compared to girls. Tubectomy (11.2%), condoms (12.3%), oral contraceptives (11.3%), vasectomy (9.7%) were known to very less of them. 3) STD and AIDS awareness and knowledge also not satisfactory among the respondents. (Gupta, Mathur, Singh, & C, 2004).

VIOLENCE

Adolescent girls face greater problems than even women in situations of violence because they have less access to law enforcement authorities to make a formal complaint. When they do so, they face the risk of violence in police custody (cook, 2002).

BARRIERS IN UTILIZING HEALTH CARE SERVICES

The barriers that adolescents face in obtaining the health services they need may relate to the availability, accessibility, acceptability and equity of health services. In many places, health services such as emergency contraception and safe abortion are simply not available to anyone, either to adolescents or to adults, even where health services are available, adolescents may be unable to obtain them for a variety of reasons – restrictive laws and policies may prevent some health services from being provided to some groups of adolescents (e.g. the provision of contraceptives to unmarried adolescents); adolescents may not know where and when health services are provided; health facilities may be located a long distance from where they live/study/work; or health services may be expensive and beyond their reach. In some instances, the health services may be delivered in a way that adolescents do not want to obtain them, even if they can. One important reason for this is the fear that health workers will scold them, ask them difficult questions, and put them through unpleasant procedures; or that health workers will not maintain confidentiality (WHO, 2003).

In a study conducted by Nath and Garg (2008) on “Adolescent friendly health services in India: A need of the hour” opines that even though programs and policies directed towards improvement

of adolescent reproductive health exist in India, there is a dearth of AFHS, the expansion of which is still in the budding stage. At the same time, adolescents often face constraints in seeking services including misperceptions about their own needs, fear of disclosure and service provider's negative attitudes (Yadav, Mehta, Pandey, & Adhikari, 2009). As a result of this adolescents continue to remain at risk. In spite of definite health problems they may have, it is a common observation that adolescents do not access the existing services, especially adolescent girls.

POOR ENFORCEMENT OF LAWS

A major challenge facing India is the gap between policy and laws and their implementation. For example, the Child Marriage Restraint Act has not been successfully implemented resulting in the continuation of marriages of girls and boys under age 18. Efforts have been made by the government agencies as well as NGOs to create community level-awareness of these laws, but these efforts are not enough and nor have these been documented or scaled up. Findings of the study by Gupta and Longkumer suggest that although significant strides have been made in articulating a commitment to addressing many of the sexual and reproductive rights of adolescents and youth, there remains a considerable schism between the commitments made in the policies and programmes, the implementation of these commitments and the reality of young people's lives in India (Gupta & Longkumer, 2012). A review (Santhya & Jejeebhoy, 2007) also clearly shows that many key features of programmes remain unimplemented, the unique sexual and reproductive health needs of young women and men remain unmet, and evaluations of programmes that have been implemented have not always been systematic or rigorous.

Thus there is a growing awareness and concern about the fact that the sexual and reproductive health in India is characterized by high rates of early marriages, early pregnancies, unsafe abortions and STD and HIV infections. In addition to this there is also ignorance and lack of knowledge regarding the health issues especially reproductive health. This situation has to be changed or overcome by bringing the teenage section into the mainstream of the society.

RECOMMENDATIONS AND CONCLUSION

The objective of this paper was to review what is known about adolescent sexual behavior, sexual education and reproductive health in India. What has become clear, despite the fact that adolescents represent almost a quarter of the population, is that the adolescents suffer from lack of adequate and appropriate information and education, especially in relation to their reproductive needs, and that adolescents are rarely considered a distinct group with special needs apart from those of children and adults.

The following recommendations, nonetheless, clearly stand out from this review are:

- ✓ Government, NGOs and the private sector must work in partnership to promote reproductive health policies and programmes. The policy makers must recognize the adolescent's needs in policy and in the design of programmatic interventions and these adolescent also be given the respect and right to be involved in planning, implementation and evaluation of programmes.
- ✓ What is needed to address these challenges is a comprehensive approach. There is a need to advocate, based on evidence, for sound national laws, policies and programmes aimed at better health outcomes and safer behavior by ensuring adolescent's access to reproductive health.
- ✓ Prevention of adolescent health problems requires a multidimensional approach where it involves the many stakeholders like the schools, the parents, the community, the politicians and most importantly the role of health care providers in providing health care services to the beneficiaries.
- ✓ While the voice of young people is key in programme design, implementation and evaluation, successful interventions will have to involve a wide constituency—including parents, teachers and religious and community leaders.
- ✓ Academically rigorous social science research is needed that explores why adolescents' sexual and reproductive health service and information needs remain unmet and how health and information services can be structured to respond to these needs, taking into consideration the social, cultural and economic constraints that adolescents face.
- ✓ There is an urgent need for expanded access to reproductive health information and services that address the specific reproductive and sexual health issues of young people, especially the adolescent girls. Increase in the number of adolescent friendly health services and health service providers who offer a sensitive, confidential service tailored to adolescent girls is required, thereby reducing the fear and stigma that many adolescents face in seeking care in health services and in total confidentiality.

These components serve to encompass adolescents' needs and truly move towards an achievement of sexual and reproductive rights. As a whole, adolescents have to be given opportunities to develop so that they can be empowered with the knowledge and skills that will help them to lead a more fulfilling social and personal life and take responsible and well- thought decisions. Society also have an important role in understanding their needs and facilitate an enabling environment with appropriate strategies and be sensitive to deal with their problems, desires, insecurities, and doubts in a friendly environment. It can thus be concluded that instead of laying emphasis only on selected issues concerning reproductive health, a wholesome approach encompassing all the aspects is the need of the hour.

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