6 ADOLESCENT REPRODUCTIVE HEALTH

Despite 35 percent of the population being in the 10-24 age group, the health needs of adolescents have neither been researched nor addressed adequately; particularly their reproductive health needs are often misunderstood, unrecognized or underestimated. Limited research shows that adolescents are indulging in premarital sex more frequently at an early age, the incidence of pregnancies among them is rising and most of them face the risk of induced abortions under unsafe conditions, and contracting sexually transmitted infections including HIV. Our initiative is to create a supportive environment that would positively influence knowledge, attitude, perceptions, skills and behaviour of adolescents and also help in increasing access and use of sexual and reproductive health services. The strategies to attain the objectives include effective IEC and counseling skills, development and promoting safe and healthy behaviour supported by providing quality services and increasing linkages among various institutions.

6.1 Improving Service Utilization by adolescents through urban health posts in Mumbai

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Duration: 2005-2008

The overall objective of the study is to create an adolescent friendly environment at the urban health posts as well as in the community and improve their service utilization through networking within the existing health care infrastructure. Specific objectives are to (i) strengthen adolescent friendly services in terms of information, education, counseling (IEC), training, and provision of preventive as well as curative services at selected MCGM health posts in Mumbai; (ii) meet multiple health needs of adolescents by networking with other organizations; (iii) create an environment ideal for adolescents in the community to seek services by developing community support and creating a cadre of peer volunteers; and (iv) assess the process of operationalisation and output of services and different interventions.
The study is being conducted in three phases. The first, which is the preparatory phase, is of six months where-in situational analysis of adolescents to understand their needs and perceptions and of partner institution in terms of availability of infrastructure and the kind of reproductive health services being provided was carried out. The second phase of the study is the intervention phase of two years where-in concurrently, identification of adolescent related health issues would be continued and, the specialized quality sexual and reproductive health care services would be provided in coordination with partner institutions by setting up Adolescent Friendly Centers (AFC) at the selected health posts, to adolescents. The third phase of six months will cover process, outcome measurement and preparation of the report.

Situational analysis included qualitative and quantitative data collection, health care facility survey and informal group discussions and development of intervention package for different group of adolescents based on the findings. Identification of peer volunteers, enrolling members of the implementation and local committees of the project and rapport-building activities in the community were initiated. Provision of information, counseling on a variety of sexual and reproductive health services along with family planning methods and RTI/STI and other gynecological services to adolescents were the emerging themes for intervention package. A strong component of preparing the community to understand the needs of these adolescents and improve their knowledge on sexual and reproductive health issues has emerged as an important felt need of the community. Collaborations are established with other departments in the Institute and also with Tata Institute of Social Sciences and KEM Hospital for referrals. The intervention phase of the project has been initiated.

Findings of Focus Group Discussions (FGDs)

Ten Focus Group Discussions with unmarried and married adolescent boys, girls, teachers, parents and different stakeholders were held in each health post area.

FGDs revealed that teachers' knowledge on reproductive health issues was poor. They strongly felt that parent's behavior influence their children in terms of domestic violence and use of abusive language. Parents complained that children don't have time to spend with them, as they are busy with school classes and extra curricular activities. Most of the mothers were ignorant to the fact that night emission was a common sign of puberty among boys. Some mothers did not feel that any information should be given prior to development of the child. They said “As and when it occurs they will know”. However, girls felt that mothers don't answer their questions on development or other sexual and reproductive health issues.

The young married adolescents revealed that most of their pregnancies were unplanned and they had not received any premarital counseling, and they came to
know about family planning only after having first child. Son preference was very much present in the communities as revealed by the adolescents themselves and also by the gatekeepers.

Most of them preferred private practitioners. However they demanded both male & female doctors be available at the health post. Adolescents and their parents had poor knowledge on contraceptives and lot of myths and misconceptions. Boys were exposed to pornography. Girls' knowledge on sexual abuse, legal aspects were very poor.

**Findings of Questionnaire survey**

Quantitative data was collected through a pre-tested questionnaire survey in the local language among 1200 unmarried adolescents equally divided between boys and girls and also among three different age groups namely 10-14, 15-19 and 20-24 years.

Boys had better knowledge on family planning methods. Most commonly known methods were OC pills and condoms. Awareness on Emergency Contraception was very poor among both (Fig. 116). Thirty two percent boys and 9 percent girls had correct knowledge on abortion. Fifty percent boys and only 20 percent girls knew correctly the consequences of premarital sex and safer sex.

Addictions to tobacco, shisha (12%), cigarette (28%), alcohol (19%) and other drugs (2%) among boys were more among 20-24 year old boys. About 15 percent of the 15-19 year old boys and 25 percent of the 20-24 year olds reported to have indulged in non-coital sex. 18.4 percent boys reported experiencing sexual intercourse (Fig. 117). About 10-13 percent of the 15-19 year old boys, more so in the school going group and 20-31 percent of the 20-24 year olds more so in the non-school going group reported being sexually active. The reported sexual partners were mainly relatives/neighbours or close friends. 8 percent of the 20-24 year old boys reported married women to be their sexual partners. Age of sexual initiation was as early as 13 years. Among them 66% reported use of any family planning method. Condom was the only method used and in most of the cases they reported that both the partners were motivated to use. Among those who did not use condom the reasons reported were mainly accidental unplanned sex, no knowledge on contraception and embarrassment to buy condoms (Fig. 118). However 10 percent of those who had used condoms and 5% among those who did not use reported having experienced some symptom of STD and all of them took treatment for the same. This indirectly reflects that condom use may not be persistent and regular during every sexual act. About 37 percent of the 15-19 year olds and 60 percent of the 20-24 year olds reported that they knew someone that theirs was involved in premarital sex.
However, only 4 girls (1%) in the age group of 20-24 years reported to be sexually active. Age of sexual initiation was 18 years. Friends, older, at times married, non-school going (NSG) relatives were the reported partners. Non-coital sexual experiences were reported by 6 percent of the 15-19 year old girls and 17 percent among 20-24 year old more among the non-school going group. However 14 percent of the girls reported that they knew about some of their friend indulging in premarital sex indicating under-reporting of premarital sex.

Fig. 117: Reported sexual activity among the 15-24 year old adolescents and youth (n=800)

Leucorrhea, menstrual problems and chronic abdominal pain were the most common problems reported by girls (Fig. 119) and boys mainly reported problems related to night emissions, masturbation, lack of sexual desire, itching of genitals (Fig.
About 27 percent girls and 15 percent boys went to private doctors and 19 percent girls and only 2 percent boys said they took home remedy. However 9 percent girls and 5 percent boys said they did not take any treatment. Ten percent of the boys and girls reported having visited the health post for general health complaints and 5 percent boys to seek contraception and 8 percent girls for menstrual problems. Services expected from health post were information and answers to queries, premarital counseling, provision of family planning methods, guidance and counseling and curatives services for their reproductive health problems.

The data in the health post indicate that they provided mainly preventive services like contraceptives (only oral pills and condoms), immunization, ANC/PNC, tuberculosis, malaria, leprosy control programs, conduct health awareness, disease surveillance. All contraceptives were available including emergency contraceptives in one health post. All major equipments were available. However no doctor was posted there and laboratory facilities or antibiotics were unavailable.

Based on the findings of situational analysis, an intervention package was developed at three levels; (i) community, (ii) adolescents themselves and (iii) health post. The intervention package included informal and formal meetings with different stakeholders, IEC activities, and operationalising adolescent friendly services at the two health posts thereby trying to create an enabling environment both in the community as well as at the health post for adolescents to seek services.
The following interventions have been carried out during the reporting period: (i) Adolescent Friendly Centers were named as JAGRUTI centers adopting a participatory approach. They were inaugurated on 27th February, 2006 by the local municipal corporator amidst a gathering of adolescents and local committee members and other stake holders. (ii) Dissemination of the services at the center through pamphlets, posters and advertisement through cable TV were undertaken. A number of non-health related activities were planned such as essay competitions and drawing competitions to build rapport and attract the adolescents to the center. (iii) Various meetings were held with parents, teachers and gatekeepers to create a
network, build rapport and seek support in provision of sexual and reproductive health services to the adolescents.

The following early output of interventions are observed: (i) Married adolescent women have started approaching the center for family planning methods, pregnancy detection, complaints of vaginal discharge, menstrual complaints, infertility and other general health complaints. (ii) Adolescent unmarried girls approached the center for premarital counseling, menstrual complaints and queries on sexual and reproductive health. (iii) Adolescent boys approached the center mainly to procure condoms and also for information on a number of their sexual and reproductive health problems. (iv) Older women also approached the center for hypertension, arthritis, or other general health complaints but to a lesser extent.

6.2 Evolving a Model for Improving Reproductive Health Among Rural College Youth in Maharashtra (Funded by WHO Country Budget)

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Collaborator: Directorate of Health Services, Government of Maharashtra
Duration: 2004-2006

The study is based on developing and applying information, education and communication (IEC) and counseling intervention backed up by referral linkages with the district health services. The study is based on linking the education and the health sector within the district for providing reproductive health services to youth. The study also tests the feasibility of provision of reproductive health services within the existing primary health care system. The main objective of the study is to develop a replicable and sustainable model for provision of sexual and reproductive health services to college-based youth in Thane district.

In order to assess the awareness and views about reproductive health as well as sexual behaviour of rural college youth, baseline data (qualitative and quantitative) of the proposed study has been collected. A self-administered, semi-structured questionnaire was used for the survey, which included 1500 students (800 male and 700 female) in the age group 15-24 years.

The following interventional activities were carried out during April 2005-March 2006 in four experimental rural colleges (Junior and Senior colleges) at Wada, and Shahapur. A total of 65 Information, Education and Communication (IEC) & peer leader training programs had been conducted through out the year and 7795 students...
(Boys 4184; Girls 3611) attended these programs (Fig. 121). The subjects included Human Physiology, Conception, Menstruation, Masturbation, Contraception, RTIs, STIs, and HIV/AIDS. Over 1600 questions on various reproductive health issues were asked and answers were provided after each session. Counselling centers were started by NIRRH in all the four experimental colleges in the month of July 2005. Trained counselors (post graduates in Social Work with counseling training) made service provision available, once a week for at least 5 hours in each college. A total of 776 students (311 boys and 465 girls) attended these counselling centers in 5 months for counselling/information on various reproductive health problems. Letterboxes (question boxes) were kept outside the counseling centers through which 342 questions on various reproductive health issues were asked and their queries were addressed after IEC sessions.

Competitions such as Essay writing, Slogans, Poster, Debate had been organized in all experimental colleges. Students from National Service Scheme (NSS) were provided with the detailed information about ‘peer educator’ activity. Majority of the participants of the various competitions and NSS activity, have opted for further detailed training as ‘peer leaders’. Students were also told about the ‘peer leader’ program through regular IEC programs in respective colleges. A total of 215 students (average 50 boys/girls from each college) were selected and they were provided with ‘peer leader’ training (5 programs of 2-3 hours duration for each group on reproductive health issues such as Human Physiology, Conception, Menstruation, Masturbation, Contraception, RTIs, STIs, and HIV/AIDS including counseling). Finally, 84 students from all four colleges completed all 5 sessions of the training.
Training in street play was provided in colleges and one of the groups (trained by NIRRH project staff) got first prize at district level college competition organized by Shivale college in Thane district (Fig. 123). Facility survey was done at rural hospital (Block level) and reproductive health service provision was made available to students from experimental colleges at rural hospitals. Post intervention survey in all experimental and control colleges was initiated in the month of December 2005 and completed in the month of February 2006. A total of 1022 male and 931 female students that were randomly selected, participated in the survey.
IEC material (25 various books and pamphlets) was collected from number of organizations such as MDACS, MSACS, AVERT Society, FPAI, Govt. of Maharashtra, UNICEF and Yashawantrao Mukta Vidyapeeth and were made available at the college library for teachers and students for reference. A total of 4000 books, pamphlets on reproductive and sexual health of youth have been distributed among peer leaders, teachers and librarians. Four exhibitions were arranged during 'AIDS Week' in all experimental colleges through which 3020 students (1675 boys and 1345 girls) attended these exhibitions. Orientation programs were conducted in colleges for all the teaching and non-teaching staff and 102 faculties attended the program. Finally a total of 22 male and female teachers from the colleges (average 5 teachers) had taken initiative on their own and completed further orientation programs (Fig. 124).

Fig. 124: Teacher's orientation program.