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Reproductive health problems and health seeking behaviour among adolescent girls of Udupi district, Karnataka

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Abstract

Introduction: Adolescence is the period of transition from childhood to adulthood. This transition phase makes them vulnerable to a large variety of morbidities among adolescent girls. Reproductive tract infections (RTIs) are one of the most prevalent health morbidities among women throughout the world especially in developing countries.

Objective: To identify the reproductive health problems and health seeking behaviour among adolescent girls in Udupi district, Karnataka. **Methods:** Cross sectional study was conducted to determine the reproductive health problems and health seeking behaviour of 400 adolescent girls between 14-18 years age group. A valid pre-tested, reliable reproductive health problems assessment scale and health seeking behaviour scale was used to collect data.

Results: The study found that among 400 adolescent girls, 183 (46.3%) had irregular menstrual cycle, 87 (21.8%) reported abdominal pain during menstruation, 63 (13.2%) reported that menstruation is interfering with day to day activities and 69 (17.2%) of the adolescent had reported excessive vaginal discharge. Other reproductive health problems experienced by adolescent girls were lower back pain (12.8%), itching in the genital region (7.7%), pain while passing urine (6.9%), urgency in passing urine (5%), excessive clots during menstruation (4%), and leaking of urine (3%). Regarding health seeking behaviour, 46 (11.5%) of total samples had positive health seeking behaviour towards reproductive health. **Conclusion:** The study concluded that majority of the adolescent girls suffer from one or more types of reproductive health related problems and had negative health seeking behaviour. Thus, in order to increase reproductive health seeking behaviour of adolescent girls, apart from their curricular activities, it is necessary to focus on reproductive health promotion by health care provider.

Key words: Adolescent girls, reproductive health, health seeking behaviour.

INTRODUCTION:

Adolescent girls constitute about one fifth of total female population in the world. Adolescence in girls has been recognized as a special period in their life cycle that requires specific and special attention (Bharathalakshmi, Govindarajan, Ethirajan, & Felix, 2014). It is the period of transition from childhood to adulthood. This transition phase makes them vulnerable to a number of problems which include psycho-social problems, general and reproductive health problems and sexuality related problems (Hockenberry & Wilson, 2007). During adolescence period, they are prone to develop reproductive

health related problems which are generally neglected leading to further disease burden. A large variety of morbidities prevail among adolescents. Reproductive Tract Infections (RTI), Sexually Transmitted Infections, Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) have already appeared as serious problems (Jain, Garg, Singh, Bhatnagar, & Chopra, 2009). Adolescent girls, across the county, are a particularly disadvantaged group in relation to sexual and reproductive health due to cultural norms mandating early marriage and early child birth (Adolescent Sexual and Reproductive Health

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and Rights in India, 2005). Majority of adolescent girls in India are suffering from reproductive health morbidities (Balasubramanian, 2005).

Objective: is to identify the reproductive health problems and health seeking behaviour among adolescent girls in Udupi district, Karnataka.

MATERIALS AND METHOD

A survey approach with cross sectional design was adopted for the study. The study was conducted in the schools of Udupi block of Udupi District, Karnataka, involving 400 adolescent girls who were in the age group of 14-18 years and attained menarche. Reproductive health problems, assessment scale and health seeking behaviour scale were developed and content validity of the tools was established by submitting them to experts. The experts were requested to give their opinion. The language validity was established by translating the tool to Kannada and retranslating to English by language experts. The pretesting of both tools was conducted among 10 adolescent girls to determine the clarity of questions. Reliability of the reproductive health problem assessment scale was determined by test retest method, the coefficient obtained was, $r=0.826$. The pretesting was done among 20 adolescent girls. Reliability coefficient of health seeking behaviour was determined by Cronbach Coefficient formula and found to be, $r=0.78$.

The data was collected from 400 adolescent girls. Multi stage cluster sampling technique was used for selecting the samples. There were five blocks in Udupi district, out of which Udupi block was selected randomly. From Udupi block, seven high schools and Pre-University colleges from Government and private sectors were selected by lottery method. From the selected high school/colleges, out of each division of IX, X, XI and XII class, one division was randomly selected. Administrative permission was obtained from Dean of Manipal College of Nursing, Manipal and from the Principal of each School. Ethical clearance was obtained from institutional ethics committee of Kasturba Hospital, Manipal.

The data was collected from third and fourth week of January to second week of February 2013. After explaining the purpose and objective of the study, informed assent was taken from the participants and were ensured of confidentiality. After giving

the instructions adolescents were asked to respond to the questionnaire.

RESULT

The data was analysed based on the objectives of the study, using SPSS software version 16.

Demographic characteristics

The demographic characteristics collected from the sample are presented in Table 1.

Table 1: Distribution demographic characteristics (n=400)

Sample characteristics	Frequency	Percentage
Age in years		
14-16	167	51.7
17-18	233	58.3
Age at menarche		
9-12	47	29
13-15	353	71
Class/Standard		
9th-10th	154	38.5
1st and 2nd PUC	246	61.5
Educational status of the mother		
Post graduate or above	8	2
Graduate	22	5.5
Diploma/PUC	44	11
High School (8th-10th)	128	32
Primary school (1st-7th)	164	41
Illiterate	34	8.5
Educational Status of the Father		
Post Graduate or above	12	3.0
Graduate Diploma/ PUC	31	7.8
High School (8 th -10th)	51	12.8
Primary School (1-7th)	130	32.5
Illiterate	159	39.8
	17	4.2
Religion		
Christian	20	5.0
Hindu	339	84.8
Muslim	41	10.2
Type of the Family		
Nuclear	269	67.2
Joint	131	32.8
Source of health information		
Mass media	197	49.2
Health Care Professionals	98	24.0
Friends and parents	110	27.5
Neighbours	23	5.8
Others	3	0.8
Nearest health care facility		
Primary health centre	125	31.2
Local/private doctor	186	46.5
Hospital	89	22.2

The data presented in Table 1 shows the demographic characteristics of adolescent girls. Out of the 400

adolescent girls, majority, 111 (27.8%) of them belonged to the age group of 17 years. Most, 15 (37.8%) girls attained menarche at the age of 13 years. About 128 (32%) mothers and 130 (32.5%) fathers had high school level of education. Maximum number of adolescents, 339 (84.8%) belonged to Hindu religion, 269 (67.2%) of adolescent girls belonged to nuclear family. The source of health information for the majority, 197 (49.2%) was from mass media. Most, 125 (31.2%) of the adolescent girls reported that their nearest health care facility available was Primary Health Centre.

REPRODUCTIVE HEALTH PROBLEMS

Reproductive health problems identified among 400 adolescent girls are presented in Figure 1.

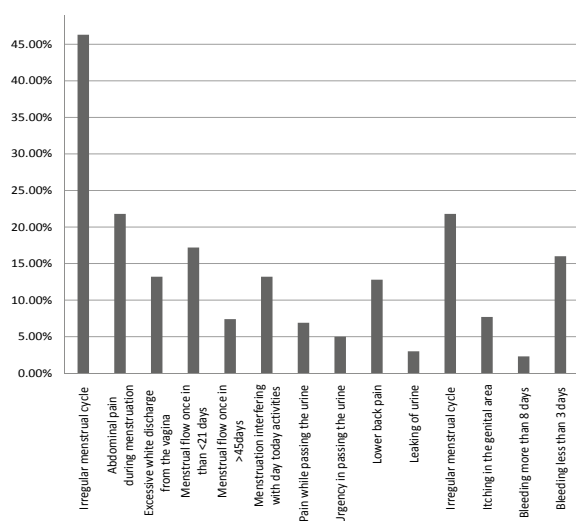


Fig 1: Bar diagram showing the reproductive health problems among adolescent girls

The reproductive health problems identified among 400 adolescent girls (Figure 1), reveal that the majority [185 (46.3%)] of adolescent girls had irregular menstrual cycle. Most [87 (21.8%)] of them had abdominal pain during menstruation and nine (17.2%) girls had excessive vaginal discharge. Other reproductive health problems experienced by adolescent girls were lower back pain in 51 (12.8%), menstruation once in forty five days in 30 (7.4%), bleeding for more than eight days in nine (2.3%), bleeding less than three days in 64 (16.4%), itching in the genital region in 31 (7.7%), pain while passing urine in 28 (6.9%), urgency in passing urine in 22 (5%), excessive clots during menstruation in 16 (4%) and leaking of urine in 12 (3%).

HEALTH SEEKING BEHAVIOUR

Reproductive health seeking behaviour was assessed by using reproductive health seeking behaviour assessment scale. The reproductive health seeking behaviours are arbitrarily classified as positive health seeking behaviour, neutral health seeking behaviour and negative health seeking behaviour. The description is presented in Table 2.

Table 2: Health seeking behaviours of adolescent girls (n =400)

Reproductive health seeking behaviour	Frequency	Percentage	Mean ± SD
Positive health seeking behaviour	46	11.5	48.01 ± 6.55
Neutral health seeking behaviour	233	58.2	
Negative health seeking behaviour	121	30.2	

Data presented with regard to reproductive health seeking behaviour in Table 2 reveals that out of 400 adolescent girls, only 46 (11.5%) of total adolescent girls had positive health seeking behaviour towards reproductive health, 23 (58.2%) were having neutral health seeking behaviour and 121 (30.2%) had negative health seeking behaviour. The mean score is 48.1 with SD of 6.55, indicating that adolescent girls had negative health seeking behaviour.

DISCUSSION

In the present study, 71percent of the adolescent girls had attained menarche in the age range of 13-15years. The findings are in congruent with the study findings of Singh, Devi, & Gupta, (1999) who reported that the mean age at menarche among the girls was 13.6 +/- 0.83 years. Present study showed that the majority of the adolescent girls had reported one or more types of reproductive health problems such as abdominal pain during menstruation, excessive vaginal discharge, low back pain, menstruation once in 45 days, bleeding for more than eight days, bleeding less than three days, itching in the genital region, pain while passing urine and urgency in passing urine. These findings are similar to the study findings of Kulkarni & Durge, (2011), Afrin, et al., (2010) & Kavitha, (2012). In the present study, out of 400 adolescent girls, most [121 (30.2%)] of them had negative health seeking behaviour regarding

reproductive health problems. Findings are similar to study findings of Balasubramanian, (2005) & Rehman, Kabir, & Shahidulla, (2004) who reported a poor health care seeking behaviour among adolescent girls.

Present study attempted to identify various types of reproductive health problems in adolescent girls and explored their health seeking behaviour. The findings of the present study recommend that awareness should be created among the adolescent girls, so that they will be able to take appropriate decision on medical care and treatment to alleviate reproductive health problems.

CONCLUSION

The study concluded that majority of the adolescent girls suffer from various types of reproductive health related problems. With regard to their reproductive health seeking behaviour, most of the adolescents rarely sought medical advice for reproductive health problems. To increase reproductive health seeking behaviour of adolescent girls, apart from their curricular activities, it is necessary to focus on reproductive health promotion by the health care provider.

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