

Education of Adolescents on Reproductive Health: Which Way to Go?

Roy S¹

¹Department of Community Medicine, Institute of Postgraduate Medical Education and Research, Kolkata, India.

ABSTRACT

Introduction: The study was done to assess the educational needs of the adolescent girl students regarding their reproductive health.

Methods: The data were collected by administering an open-ended self-administered questionnaire to the participating students seeking their opinion on several issues related to adolescent reproductive health.

Results: The students preferred their teachers next only to doctors as health educator. Their health problems included menstrual problems, weakness, eye problems, headache and weight gain. Other problems were tension with studies, inability to concentrate, depression and irritability. Two most important areas of their concern are safe motherhood and AIDS.

Conclusions: Need exists for reproductive health education.

Key Words: *adolescent, reproductive health education, school*

INTRODUCTION

Profound physiological and psychological changes take place during the period of adolescence (10-19 years of age). The suddenness and the rapid pace with which these changes take place, generate a number of problems and special needs which adolescents find difficult to

understand on their own. In order to ensure a healthy development, the adolescents need care and cure, guidance and encouragement, protection and independence.¹

Correspondence:

Dr. Sima Roy

Department of Community Medicine

Institute of Postgraduate Medical Education and Research

P – 50, New Parnasree, Kolkata- 60, India.

E mail: mdsroy06@yahoo.com

Phone: 033 2401 5370, 9830409617

Health problems of adolescents differ from younger children and adults. A large variety of morbidities, such as nutritional deficiency disorders (Iodine Deficiency Disorder (IDD), stunting, wasting), menstrual disorders etc. prevail among adolescents. RTI/STI/HIV/AIDS have already appeared as serious problems. Teen-age pregnancies with complications, unsafe abortions etc. also exist considerably.¹ It is therefore necessary to provide them with authentic knowledge of their critical concerns with a view to inculcate in them a rational attitude and responsible behaviour towards issues and problems of adolescence.²

METHODS

This qualitative study was carried out in a Govt. sponsored, higher secondary, Bengali medium girls' school of Kolkata. The study population consisted of students aged 14 – 15 years. Formal permission of the school authority was taken after discussing the purpose and plan of the study. The students were informed about the purpose of the study and their co-operation was sought. The need assessment was done by administering an open-ended self administered questionnaire to the participating students seeking their opinion regarding relation between education and health, meaning of health education, sources of health related information, health related problems that they commonly face and health related information they would like to have.

RESULTS

Responses were obtained from 58 students. Table 1 shows the choices of the students regarding their source of reproductive health education. They preferred their teachers next only to doctors as a source of reproductive health education. 75% of the students stated that their commonest health problem was menstrual problems (dysmenorrhoea and menstrual irregularities). Headache was stated by 29%, generalized weakness by 22%, eye problems by 20%, bodyache by 14%, increased weight gain by 10%. Besides these findings this study provided a scope of revealing certain morbidities which were psychological in nature. Four most common such morbidities were tension with studies, lack of concentration, sense of depression, and irritability. Table 2 reveals the queries of the students. Two most important areas of their concern were safe motherhood and AIDS.

DISCUSSION

Reproductive health education for adolescents has been well thought during Reproductive and Child Health (RCH)

Programme planning but not implemented so far. School approach has been identified as important for this purpose as health and education influence each other. Moreover school approach has been found to be successful for any behaviour oriented education.

For such behaviour oriented education it is necessary to formulate a need based learning objectives and lesson plan, prepare teaching learning materials and tools for evaluation, implement the programme, evaluate the impact of such education and finally assess the scientific validity of the method.

Specific educational objectives must possess certain qualities, of which relevance is the most essential quality. If a health education programme is based on felt needs and is relevant it is likely to be successful.

Regarding the media of health education doctors were preferred by most, followed by teachers. Similar findings are reported by Thakur et.al (2000).³ The findings indicate that teachers can be well utilized for such educational programme. Moreover paediatric caregivers need to develop counselling quality.

75% of the students stated that their commonest health problem was menstrual problems. Other health problems stated are headache, weakness, eye problems, headache, weight gain. Menstrual problems of adolescent girls are also reported by Chauhan et al.⁴ Headache and eye problems might be due to increased academic activities. Weakness, body ache and problems of obesity indicate nutrition related problems. NFHS(2) also reported of anemia and obesity among adolescent girls. Obesity among adolescents is also reported.^{5,6}

This study also provided a scope of revealing certain morbidities of psychological in nature which are otherwise apparently normal and usually overlooked. Most common among them are tension with studies, lack of concentration, depression, irritability.

Their queries about safe motherhood included physiology of menstruation, physiology of child birth, pregnancy care and birth control. Such findings reveal their need and interest for reproductive health education. These findings corroborates with the observations of Mehendale et al.⁷

We are facing a pandemic of AIDS. Lack of awareness and risk taking attitude and behaviour of the adolescent population make them an easy prey to this deadly disease. With no known cure in sight health education about

HIV/AIDS especially its prevention is the frontline weapon to fight against the menace of AIDS.

Need assessment revealed their enquires related to AIDS. They wanted to know about the disease, its modes of spread, prevention, treatment and treatment centre and how to identify AIDS patient. Such enquiries indicate their lack of knowledge and need for information regarding AIDS as is also reported by NFHS(2) and other studies.^{8,3} It is needless to mention that the relevance of curricular education about reproductive health of adolescents is due mainly to safeguard their health and to help them refrain from unhealthy practices. But to be effective critical analysis of its content, approaches and tutors merit attention.

Table 1. Frequency distribution of the students with respect to their choice of the source of reproductive health education (multiple response, n = 58)

Media	No.	%
Doctor	26	45
School teachers	23	40
Mass media	15	26
Health magazine	11	19
Parents	8	14
Health fair	3	5
Health camp	2	3

REFERENCES

1. Biswas R. In search of adolescent health care. *Ind. J. of Public Health.* 2004;48(4):155-6.
2. Pandey J, Yadav SB, Sadhu KK. Adolescence Education in Schools. General Framework of Adolescence Education, Part 1. New Delhi: National Population Education Project. Department of Education in Social Sciences and Humanities, National Council for Educational Research and Training; 1999. p 15.
3. Thakur HG, Kumar P. Impact assessment of school-based sex education programme amongst adolescents. *Ind J. of Paediatrics.* 2000;67(8):551-8.
4. Chuahan G, Zutshi V, Batra S, Gandhi G, Goel A. Sexual and reproductive health awareness among adolescent females attending secondary school. National seminar on reproductive and child health: Key to population stabilization. Munirka, New Delhi: National Institute of Health and Family Welfare; 2002. p. 69.

CONCLUSIONS

The common health problem among adolescent girls was menstrual disorders, they preferred their teachers next to doctors as a source of health information. Reproductive health should be strongly advocated and included in school curriculum.

ACKNOWLEDGEMENTS

I wish to convey my gratitude to Dr. Ranadeb Biswas, Professor & Head, Dept. of Preventive and Social Medicine, All India Institute of Hygiene and Public Health, Kolkata for his guidance in carrying out the study.

Table 2. Queries of the students (multiple response, n = 58)

Queries about safe motherhood	No.	%
Pregnancy care	28	48
Birth control	16	28
Physiology of child birth	10	17
Physiology of menstruation	5	8
Queries about AIDS	No.	%
What is AIDS?	45	78
How does it occur?	40	69
What is the treatment?	27	46
How to prevent AIDS?	25	43
How to identify AIDS patients?	15	26
Where are AIDS patients treated?	8	14
Is AIDS contagious?	37	64
How to identify an AIDS patient	15	26
Where are AIDS patient treated	8	14
Is AIDS contagious ?	37	64

5. Kapil U, Sing P, Pathak P, Dwivedi SN. Prevalence of obesity among adolescent school children in Delhi. *Indian Paediatrics.* 2002;39:449-52.
6. Augustin LF, Poojara RH. Prevalence of obesity, weight perception and weight control practices among urban college going girls. *Ind. J Com. Med.* 2003;28(4):187-90.
7. Mehendale S. Perception of reproductive health in adolescent girls. National seminar on reproductive and child health: Key to population stabilization. Munirka, New Delhi: National Institute of Health and Family Welfare; 2002. p. 69.
8. Chatterjee C, Baur B, Ram R, Dhar G, Sadhukhan S, Dan S. A study on awareness of AIDS among school students and teachers of higher secondary schools in North Calcutta. *Ind. J. Pub. Hlth.* 2001;45(1):26-30.