



Awareness On Reproductive Health Among Adolescent Girl In Rural Area At Dinajpur District In Bangladesh

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ABSTRACT: This article presents the awareness on reproductive health among adolescent girl in rural area at Dinajpur district in Bangladesh. Analysis of data revealed that a sizable proportion of adolescent girls had incorrect knowledge or misconceptions about the fertile period, reproduction, sexually transmitted diseases, and HIV/AIDS. Age, education either of adolescents or their mothers, residence, and exposure to mass media were the significant predictors of adolescent girls' knowledge about reproductive health. Strong efforts are needed to improve awareness and to clarify misconceptions about reproductive health. Improved access to mass media and education could improve rural Bangladeshi adolescent girls' awareness about reproductive health.

Keywords: *Awareness, Reproductive Health, Adolescent Girl, Rural Area*

INTRODUCTION

Adolescence is the period of transition between childhood and adulthood, and it is characterized by intense body changes resulting from puberty and by impulses of emotional, mental, and social development. All these changes are part of a continuous and dynamic process that starts with the fetal life, changes during childhood, with favorable or unfavorable influences from the setting and from the social context, and end with the complete physical growth and sexual maturation, personality consolidation, economical independence, and integration of the individual within his/ her social group.

The adolescent experiences not only physical growth and change but also emotional, psychological, social, and mental change and growth. Physiological changes lead to sexual maturity and usually occur during the first several years of this period [Maqbool M, 2019] Adolescence represents a window of opportunity to prepare for a healthy adult life. The world's adolescent population -1200 million persons, 10-19 years of age, or about 19% of the total population-faces a series of serious challenges not only affecting their growth and development but also their livelihood as adults. Yet adolescents remain a largely neglected, difficult-to-measure, and hard-to-reach population, in which the needs of adolescent girls in particular are often ignored. [Menzil M, 2018]

Adolescence is a period of increased risk taking and therefore susceptibility to behavioral problems at the time of puberty and new concerns about reproductive health. [Vanusha A, 2018] Majority of adolescents still do not have access to information and education on sexuality, reproduction, and sexual and reproductive health and rights, nor do they have access to preventive and curative service.

The relationships between nutrition, growth, and development are essential in the lives of all children and adolescents, since eating, growing, and developing are different phenomena when we consider physiological conception, but they are totally interactive, interdependent, and inseparable, and they express the potentiality of the human being. For this reason, changes in growth, maturation, and differentiation concerning time, shape, and body size have also been marked by historical, political, socioeconomic, and cultural transitions, as well as by epidemics, multiple diseases, ecological problems caused by urbanization

and industrialization, and also by technological and scientific advances that result from current globalization.

However, the core of so many polemic studies, which still cause perplexity to pediatricians, is the question about the improvement of quality of life, health, and well being, and also of the factors that determine the nutritional status and growth conditions of children, adolescents, and of more vulnerable social groups within their communities in their daily life. How to recover ideal patterns, reverse the intensity of adverse nutritional losses or gains, decide about the necessary low-cost interventions and efficient prevention measures, and stimulate maximum growth potential and the return to a normal, natural, and healthy development of the body. It is always necessary to identify the individuals who fall outside acceptable limits and those who present increased nutritional risks through data obtained on anamnesis and on adequate anthropometric examination, or through inquiries, tracking, and population surveillance. In clinical practice, it is important to decrease damage and alterations caused by eating disorders of emotional cause, as in cases of anorexia, bulimia nervosa, or obesity, and also in other systemic statuses with nutritional involvement that frequently occur in adolescence. Asthmatic episodes or intestinal parasitizes are examples of primary causes that may interfere with the appetite and in the relation between intake, caloric expenditure, and absorption of nutrients. To sum up, pediatricians have the responsibility of promoting health education activities, as well as prevention activities and public clarification about healthy life habits. Themes about growth and nutrition remain in constant evidence in the media, and are always approached in meetings with adolescents and their relatives.

RESEARCH QUESTION

1. What is the level of Reproductive Health Awareness among the Adolescents girls in rural area at Dinajpur district in Bangladesh?
2. What is the socio-demographic information of the participants?
3. What are the Sources of information about reproductive health and puberty among the adolescents?

OBJECTIVES OF THE STUDY

General Objective:

To assess the level of Reproductive Health Awareness among the Adolescents girls in rural area at Dinajpur district in Bangladesh.

Specific Objectives:

1. To assess the level of awareness regarding various reproductive health issues among the girls in rural area at Dinajpur district.
2. To describe the socio-demographic information of the participants;
3. To identify the Sources of information about reproductive health and puberty among the adolescents.

VARIABLES

A. Reproductive Health related variables-

1. Reproductive Health
2. Level of Awareness.

B. Socio- demographic variables-

1. Age
2. Living place
3. Education
4. Religion
5. Marital Status
6. Number of family members

METHODOLOGY OF THE STUDY

Study design: The design of the study was cross sectional study.

Study area: The study was conducted at urban and rural areas of Dinajpur district in Bangladesh.

Sampling method: Random sampling method was used for the study.

Sample Size: Total 400 respondents were selected for the study. Data were collected from the students. Eight Schools were selected for the study. From each school 50 students were selected.

Sources of Data: Data were collected from primary and secondary sources.

Sources of Primary Data: Primary Data were collected from the respondents of the study area.

Sources of Secondary Data: Secondary Data were collected from Books, Research Report, Journal, Thesis, Internet etc.

Tools for Data Collection: Questionnaire was used for data collection.

Method of Data Collection: Data were collected by face to face interview with the respondents.

Inclusion Criteria: Girls students were only included. Their nutritional status and dietary intakes were included. No other diseases were included.

Exclusion Criteria: All diseases were excluded.

Data Processing and Analysis: In qualitative study the researcher has the freedom to marshal gathered data to meet the desired objectives of the study (Creswell 2009). Partial data of questionnaire survey were processed using simple statistics. The rest of the data were explained carefully to meet the aim of the study and research question and also attempted to establish relation among the variables. Some important and strong statements were referred in the analysis part to add value to the findings. Computer Program Statistical Packages for the Social Sciences were used for data analysis. Data were analyzed according to the objectives of the study. Tables, graphs and statistical analysis were done by Computer Program Statistical Package for the Social Sciences.

RESULTS AND DISCUSSION

Results obtained from the research conducted on Menstrual Hygiene knowledge and practice among adolescence girls at Dinajpur district in Bangladesh are compiled, analyzed and interpreted in this chapter. The explanations of the findings are made in each table and illustrated figures.

Table 1: Distribution of respondents by their age

Age in Years	Frequency	Percent (%)
12-14 Years	100	25
15-17 Years	200	50
18-19 Years	100	25
Total	400	100

Demonstrates socio-demographic characteristics of the studied subjects. The table showed that highest percentage 200 (50.0%) of students were from 15-17 years age group, 12-14 years age group were 100 (25%) and 100 (25 %) from 18-19 years age group.

Table 2: Distribution of nursing students by level of education

Level of Education	Frequency	Percent (%)
Class VII-Class IX	140	35
Class X-SSC Passed	80	20
Class XI-HSC	180	45
Total	400	100.0

Tables revealed that 35% students had attained Class VII-Class IX and Class X-SSC Passed was 20% and Class XI-HSC was 45%.

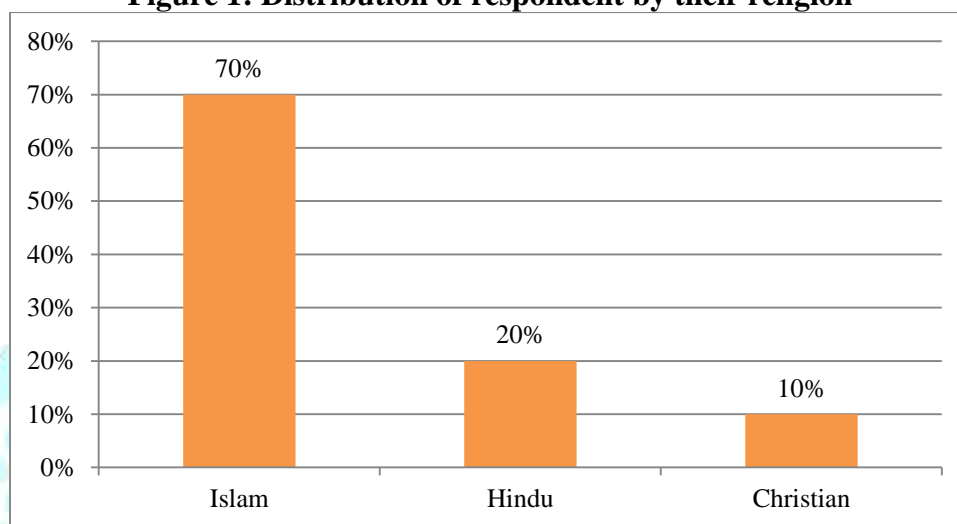
Figure 1: Distribution of respondent by their religion

Figure showed that 70% respondents were Muslim, 20% were Hindu, and Christian 10%.

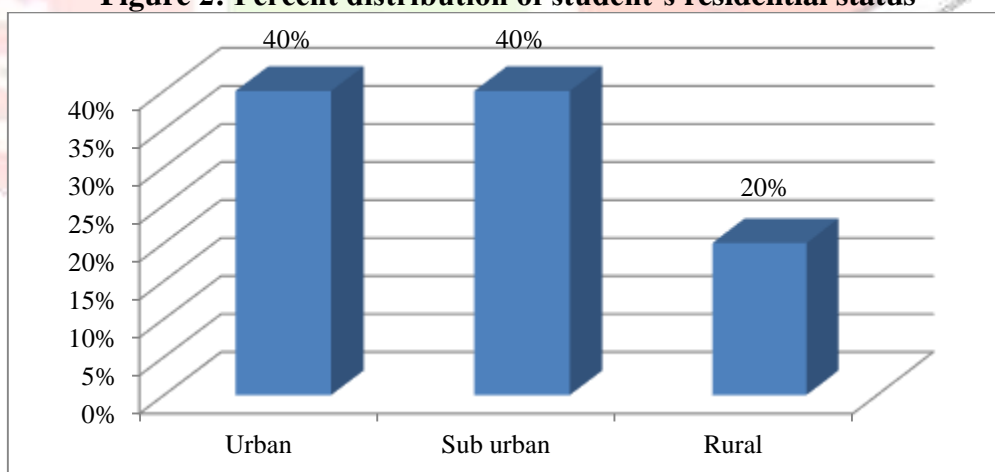
Figure 2: Percent distribution of student's residential status

Figure showed that percent distribution among student's residential status there are 40% was urban, 40% was sub-urban and 20% was rural.

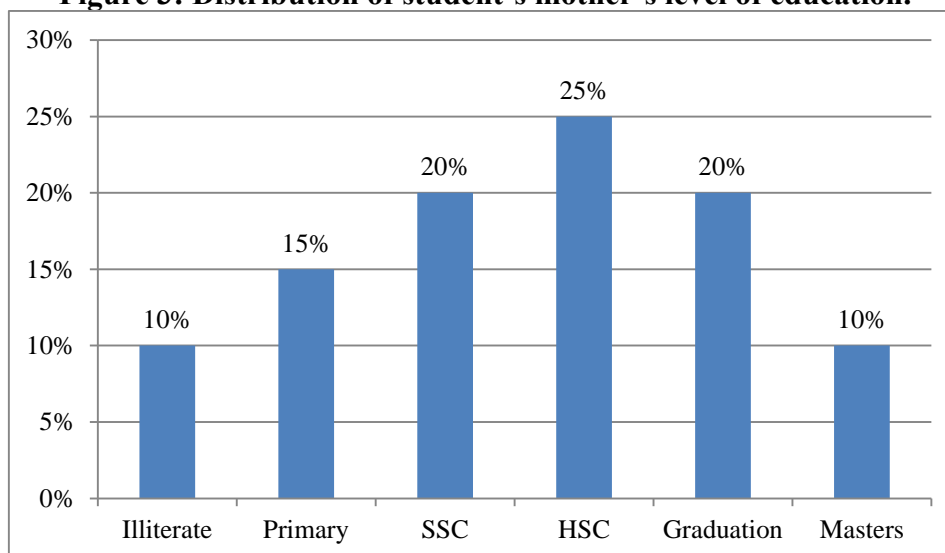
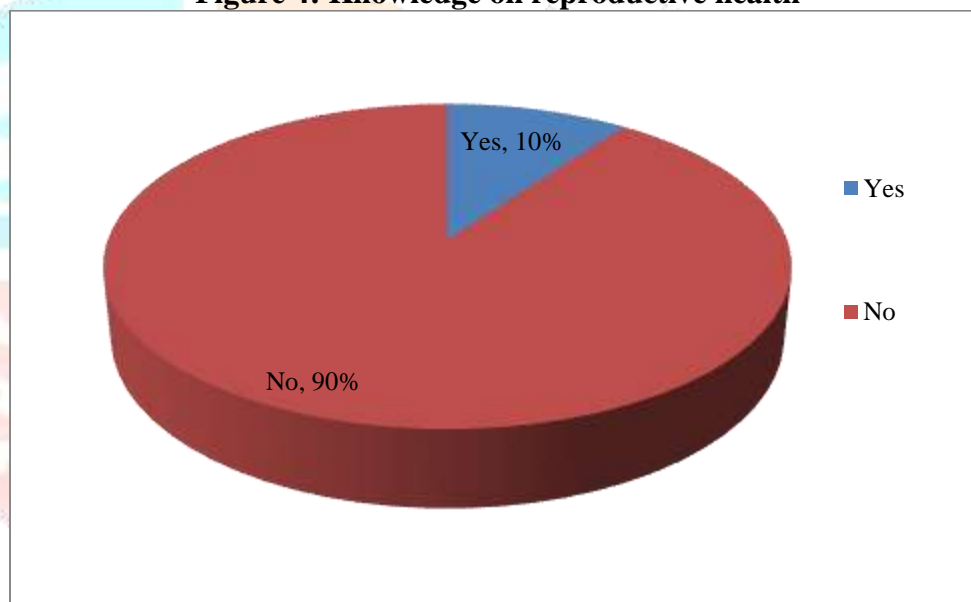
Figure 3: Distribution of student's mother's level of education.

Figure showed that student's mother's level of education. Out of all students' mother 15% was attained primary education, 20% attained S.S.C., 25% attained H.S.C. and Graduate level was 20%, illiterate was 10% and 10% was Masters passed.

Figure 4: Knowledge on reproductive health

From the result it was found that 90% respondents had no knowledge on reproductive health which was maximum and 10% respondents had no knowledge on reproductive health which was minimum.

Table 3: Source of information on reproductive health

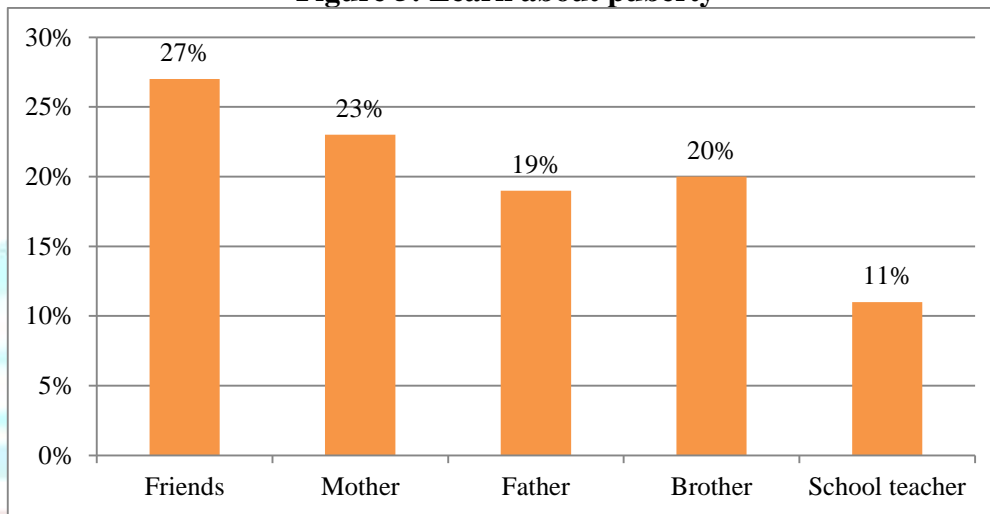
Information Source person	Frequency	Percent (%)
Peers/Friends	200	50
Cousins	100	30
Mother	10	5
Mass media	10	2
Grandfather/Grandmother	15	3
Mother & Relatives	20	5
Mother & Peers/ Friends	15	3
Relatives & Peers/ Friends	10	2
Mother, Relatives, Mass media & Friends	20	5
Total	400	100.0

Question on source of information regarding menstrual events showed that main source of information was Peers or Friends 50%, after that 30% were Cousins. 5% was relatives, 2% were mass media, 3% grandfather or grandmother, 5% mother and relatives, 3% were mother and peers or friends, 5% were mother, relatives, mass media and friends.

Table 4: Learn about puberty

Item	Percent
Friends	27%
Mother	23%
Father	19%
Brother	20%
School teacher	11%
Total	100%

Figure 5: Learn about puberty

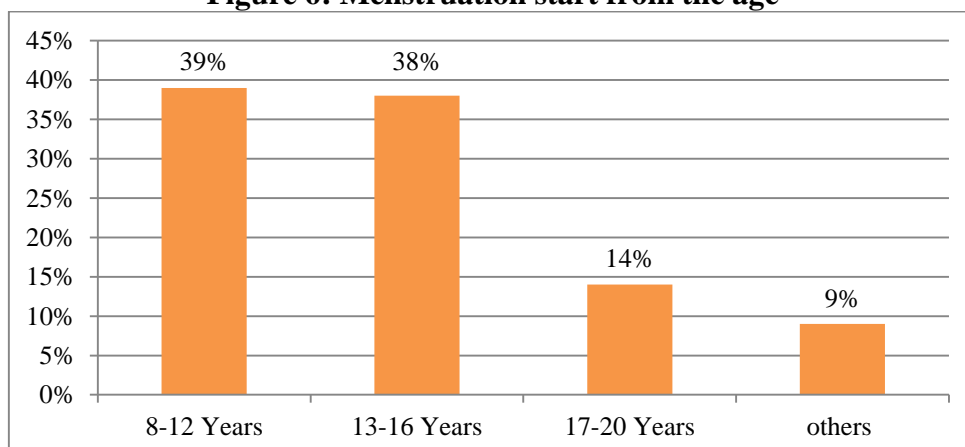


From where adolescents learn about puberty has shown in the above table and graph. From the result it was found that 27% respondents learn about puberty from their friend which was maximum and only 11% respondents replied that they learn about puberty from their School teacher. On the other hand 23% respondents replied that they learn about puberty from their mother, 19% respondents replied that they learn about puberty from their father and 20% respondents replied that they learn about puberty from their brother.

Table 5: Menstruation start from the age

Item	Percent
8-12 Years	33%
13-16 Years	26%
17-20 Years	23%
others	18%
Total	100%

Figure 6: Menstruation start from the age

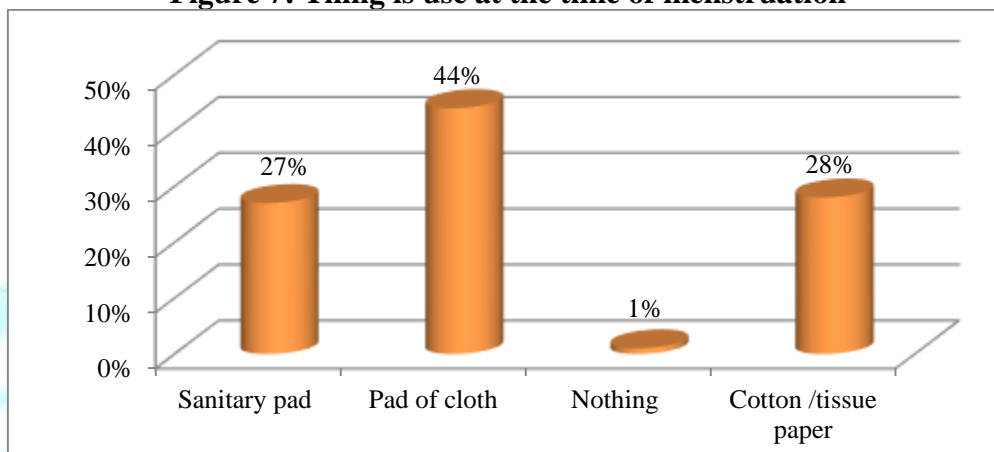


From when menstruation starts has shown in the above table and graph. From the result it was found that 39% respondents replied that menstruation starts from age 8-12 years which was maximum but only 9% respondents replied others which was minimum. On the other hand 38% respondents replied that menstruation starts from age 13-16 years and 14% respondents replied that menstruation starts from age 17-20 years.

Table 6: Thing is use at the time of menstruation

Item	Percent
Sanitary pad	27%
Pad of cloth	44%
Nothing	1%
Cotton /tissue paper	28%
Total	100%

Figure 7: Thing is use at the time of menstruation

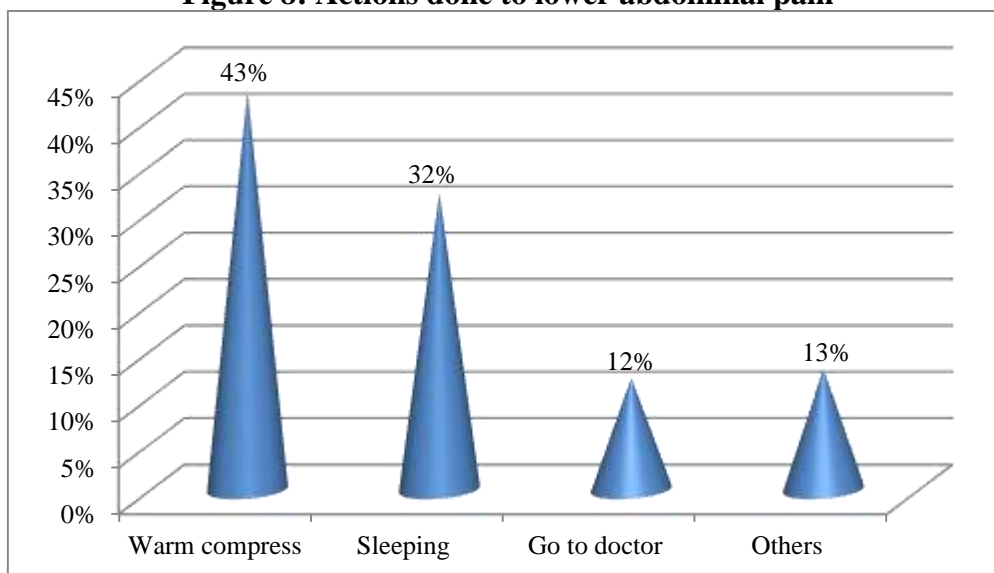


Thing is use at the time of menstruation has shown in the above table and graph. From the result it was found that 44% respondents replied that they use pad of cloth which was maximum but only 1% respondents replied that they use nothing which was minimum. On the other hand 27% respondents replied that they use sanitary pad and 28% respondents replied that they use cotton or tissue paper.

Table 7: Actions done to lower abdominal pain

Item	Percent
Warm compress	43%
Sleeping	32%
Go to doctor	12%
Others	13%
Total	100%

Figure 8: Actions done to lower abdominal pain



Actions done to lower abdominal pain has shown in the above table and graph. From the result it was found that 43% respondents replied that they use warm compress to lower abdominal pain which was maximum but only 12% respondents go to doctor to lower abdominal pain which was minimum. On the other hand 32% respondents replied that they sleep to lower abdominal pain and 13% respondents do other.

CONCLUSION

The study reflected the general awareness of adolescents of higher secondary level students regarding reproductive health. In general, the studies reported good levels of awareness of reproductive among adolescents though they are facing many RH problems and its consequences. Although, as shown by some of the findings on condom use, knowledge does not always translate into behavior change, adolescents' sex education is important for STD prevention, and the school setting plays an important role. Beyond HIV/AIDS, attention should be given to infections such as chlamydia, gonorrhoea and syphilis. The study finding revealed numerous facts those can be utilized in the field of planning, designing, developing and implementing awareness program targeting the adolescent and teen age boys and girls.

Adolescents' respondents are "aware" of the different reproductive health issues like puberty, physical change, menstruation, sexual education, HIV/AIDS, STIs, and prevention of infections. The adolescents' information from sources such as socioeconomic conditions, status of women, social and gender issues, culture and psychosocial issues about reproductive health were generally considered as "Important" and were all found to be significantly related to the level of awareness in reproductive health issues of the respondents. Finally, the current study found out some remarkable results, which can be a focus of further discussion. Nonetheless, the most vital part of this study falls into the idea that adolescents' information needs to be met to raise awareness of the concepts of reproductive health. Educators, health practitioners, and the like need to work hand in hand to disseminate important facts, timely and religiously, so as to guide the youth of the next generation.

RECOMMENDATIONS

On the basis of above discussions and observations, it was found that knowledge of sex and reproduction was limited among the adolescents. Following recommendation are suggested for better health care of the adolescents:

- Health education should be incorporated in the curriculum which should be given through teaching, interpersonal communication, television, health camps and specialist.
- Mobiles are very common among adolescents. Broadcasting of health messages would be effective through mobiles.
- Reproductive health problems should be discussed among adolescents, specially for girls through organize health clubs, adolescents hub at school level and identify and solve their reproductive health problems through counseling with the help of specialist on time to time.
- Such Study should be promoted at school level with the help of Anthropologist and non government organization so that on the basis of the study result government can start school health programs.
- Such educational intervention programs must be given due importance, which will help the adolescents' to take care of their own health and protect themselves from the risk of Reproductive health problems.

REFERENCES

1. Adolescents in India: A desk review of existing evidence and behaviours, programmes and policies." 2013. New Delhi: *Population Council and UNICEF*, 2019.
2. Aparna N, Raakhee A. *Life skill education for adolescents: Its relevance and importance*. Educ Sci Psychol 2011; 2:3-7.
3. Barnard K, Frayne SM, Skinner KM, Sullivan LM. Health status among women with menstrual symptoms. *J Womens Health (Larchmt)*. 2003; 12(9):911-9.
4. Bhan NB, Mahajan P, Sondhi M. Awareness Regarding Sex Knowledge among Adolescent Girls (16-20 years) *Anthropologist*. 2004; 6:101-3.
5. Chaturaka R, Rajapakse. Current status of HIV/AIDS in South Asia. *Journal of Global Infectious Diseases*. 2009; 1(2):93-101.
6. Drubashayani Devi K, Venkata-Ramaiah P. A study on menstrual hygiene among rural adolescent girls. *Ind J Med Sci* 1994; 48:139-43.
7. Gollakota S, Mylavarapu SR, Padmavathi K. A study of awareness of reproductive health among college students of Visakhapatnam. *IOSR J Dent Med Sci*. 2015; 14(2):54-9.
8. Grover S, Garg N, Rupali R, Kaur B. Awareness about reproductive health, contraceptive methods, STDs including HIV/AIDS, and HPV vaccine, among adolescent girls in district Faridkot in Punjab. *Int J Repro Contra Obstet Gynecol*. 2017; 6(5):2003.
9. Gruber E, Grube JW. Adolescent sexuality and the media a review of current knowledge and implications. *Western Journal of Medicine*. 2000; 172(3): 210-214.
10. Gruber E, Grube JW. Adolescent sexuality and the media a review of current knowledge and implications. *Western Journal of Medicine*. 2000; 172(3): 210-214.
11. Jejeebhoy, Shireen J. Shah, Iqbal and Thapa, Syam, 2003. Sex without Consent, Young People in Developing Countries,. Population Council, New Delhi. Kavitha N., 2003.
12. Kaur R, Kaur K, Kaur R. Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries. *Journal of Environmental and Public Health*. 2018, 1730964.
13. Kotecha PV, Patel S, Baxi RK, Mazumdar VS, Misra S, Modi E, et al. Reproductive health awareness among rural school going adolescents of Vadodara district. *Indian J Sex Transm Dis AIDS*. 2009; 30(2):94-9.
14. Mahajan P, Sharma N. Awareness level of Adolescent Girls Regarding HIV/AIDS (A comparative study of rural and urban areas of Jammu) *J Hum Ecol*. 2004; 17:313-4.
15. Maqbool M, Dar MA, Gani I, Geer MI, Insulin Resistance and Polycystic ovary Syndrome: A Review, *Journal of Drug Delivery and Therapeutics*. 2019; 9(1s):433-436.
16. Muttreja P, Singh S. Family planning in India: The way forward. *Indian Journal of Medical Research*. 2018; 148(S1):1-9.
17. Naswa S, Marfatia YS. Adolescent HIV/AIDS issues and Challenges. *Indian Journal of Sexually Transmitted Diseases*. 2010; 31(1):1-10.
18. Patanwar P, Sharma K. Awareness of reproductive health among the kurmi adolescent girls of Raipur city, Chhattisgarh, India. *Int J Res Health Sci*. 2013; 1(3):126-33.
19. Quinn TC, Samet JM. *Epidemiologic Approaches to Global Health*. *Epidemiologic Reviews*. 2010; 32(1): 1- 4.
20. Rathod AD, Chavan RP, Pajai SP, Bhagat V, Thool P. Gynecological problems of adolescent girls attending outpatient department at tertiary care center with evaluation of cases of puberty menorrhagia requiring hospitalization. *J Obstet Gynecol India*. 2016; 66(S1):400-6.
21. Santhya KG, Haberland N, Ram F, Sinha RK, Mohanty SK. Consent and Coercion: Examining unwanted sex among married young women in India. *International Family Planning Perspectives*. 2007; 33(3): 124-132.
22. Sanyal S, Ray S. Variation in the menstrual characteristics in adolescents of West Bengal. *Singapore Med J*. 2008; 49(7):542-50.
23. Sharanya T. Reproductive health status and life skills of adolescent girls dwelling in slums in Chennai, India. *Natl Med J India* 2014; 27:305-10.
24. Siddiqua Y, Kabir M. Adolescent reproductive health: what are the lessons learned from the intervention projects. *Asia Pac Popul J*. 2002; 17(3):79-100.

25. Singh A, Kiran D, Singh H, Nel B, Singh P, Tiwari P. Prevalence and severity of dysmenorrhea: a problem related to menstruation, among first and second year female medical students. *Indian J Physiol Pharmacol.* 2008; 52(4):389-97.

