

A Psychological Study of Reproductive Health awareness and practices among Homeless Adolescent Girls in Nizamuddin, Delhi

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Abstract

Background: Homeless has become a significant global and public health issue, particularly in developing countries in India. This issue makes adolescent girls susceptible to serious health issues.

Aim: The aim of this paper was to obtain the awareness and health issues of homeless adolescent girls in the Nizamuddin area of Delhi.

Methodology: Data from interview and focus group discussion were collected using a semi-structured guide with a purposeful sample of 250 adolescent female youth ages 10-19 years. The data was coded and evaluated using qualitative techniques.

Results: The results show that adolescent girls in Nizamuddin, Delhi are not fully aware about the reproductive health and neither have they followed a hygiene practice to deal with their menstruation. The conversations in the focus groups further confirmed that the taboos and beliefs are being passed down from generation to generation, notably by mothers and older women.

Practical Implication: the results as a starting point, recommendations can be made to raise their level of health literacy and encourage them to seek help when they need it, particularly for reproductive health difficulties. A comparative study on similar topic can be done between adolescent girls from homeless and girls who belong to weaker section but have their own family and home.

Keywords: Reproductive Health, Awareness, Menstruation Practice, Nizamuddin, Delhi, India

1. Introduction

Adolescence is the transitional period from puberty to around 18 or 21 including adult status. Adolescence is an important phase. Many authors such as Aristotle and Plato, a German historian (now Century B.C) state that the study of the young begins with reason (Plato) as well as being a time for true choice. The concept of adolescence has become one of our most common and deeply incorporated beliefs about human development. Critical knowledge, perspectives and perspectives on the era of youth and related notions for human evolution are seen in the following paragraph.

Uninhabited teenagers are experiencing a higher incidence of the myriad health issues plaguing modern teenagers. As many homeless young people have suffered physical, emotional or sexual violence, they may be distrustful of adults and have little or no interaction with physicians. The homeless girls are more likely to become sexually transmitted and risky. For homeless youth, the median age of basic sex being 12 to 13 year. Young persons that are frequently positive for STIs and diseases or reporters with large percentages of sexual partners can suffer sexual exploitation and/or trafficking. Young homeless women have a 2.3 – 7.8 times higher risk than their homeless peers. They are also malnourished. Obesity rates are estimated at 50% among homeless young people. Respiratory or infectious diseases Asthma, tuberculosis, flu, pneumonia, hep A, lice, and

sabotage-related issues associated with unhealthy, crowded living conditions are more common in homeless children. Tuberculosis rates are 20 times the overall population for homeless people. They are susceptible to Mental Disease. Psychiatric conditions are about twice as prevalent in homeless youth throughout life.

Reproductive health is the foundation of women's health and a fundamental human right. This was an acknowledgment of the fact that the majority of diseases affecting women are related to reproductive function. Maternal mortality is extremely high in war-torn parts of the world. Reproductive health education and sexual health promotion are meant to reduce the risks of unfavourable sexual behaviour outcomes such as unwanted or unplanned pregnancies and infection from sexually transmitted diseases. It also raises the importance of relationships and teenagers' capacity to make proper decisions about their relationships with persons of the opposite gender. The overarching goal of reproductive health education is to eliminate adolescent apathy and misconceptions about sex by instilling a positive attitude in them. Schools and universities are commonly regarded as the primary hubs for raising sex education knowledge.

According to the 2011 census, there are 1.77 million homeless persons in India, or 0.15 percent of the country's total population. This includes single men, women, mothers, the elderly, and the crippled. However, it is maintained that the numbers are significantly more than what the point-in-time technique accounts for. For instance, while the 2011 Census counted 46,724, the Indo-Global Social Service Society and another group named the Delhi Development Authority counted 88,410 and 150,000 homeless individuals in Delhi, respectively. In addition, there is a large incidence of mentally ill and street children among the homeless. India has the biggest population of street children in the world with 18 million, 11 million of which are urban. More than three million men and women are homeless in New Delhi, the capital of India.

1.1 Scope of the Study

Therefore, the present study evaluates adolescents girls, who are an empirical area of discussion that has not been effectively addressed, and it provides greater opportunity for health professionals such as Social Workers, Counsellors, and psychologists in schools, hospitals, and health care facilities to provide intervention programmes to enable them to regain a positive attitude towards reproductive health and to develop a Social Work Intervention plan for 'Adolescents' Girls Education to enhance reproductive health education.

The study could reveal information that could be utilised by health professionals and non-governmental organisations (NGOs) to address girls' reproductive health issues. The findings will also aid parents in educating their children about reproductive health and in assuming the role of guide and educator. The research findings will also help schools and colleges understand the sexual reproductive health needs of college-aged adolescents and provide them with the necessary resources.

1.2 Aim of the Study

The purpose of this study was to determine the level of knowledge/awareness and practice of reproductive health among adolescent girls in Nizamuddin area of New Delhi, NCT Delhi.

2. Literature Review

Halverson et al. (2022) used data from the 2019 Youth Risk Behavior Survey, which was given in 7 states and 3 school districts, to look for differences in sexual behaviours and STI/HIV testing based on a student's homelessness and other factors. Students who had been homeless were more likely to say they had done sexually risky things. This link was different for different races, which suggests that Asian students who were homeless were at a greater risk. Overall, only a small number of people in the sample were tested for STIs. This shows that testing rates for all young people at risk for STIs or HIV need to be improved.

Adedze et al. (2022) investigated the sexual and reproductive health needs and behaviours of homeless young adults, as well as barriers to obtaining these services. For data collection from in-depth interviews, focus group talks, and key informant interviews, a semi-structured interview guide was utilized. The findings indicate that specific behavioural patterns linked with homelessness influence the sexual and reproductive health (SRH) choices, beliefs, and perspectives of homeless young adults. Access to sexual and reproductive health services (SRHS) such as modern contraception and abortion treatment is difficult for this population. Homeless young adults have difficulty gaining access to SRHS due to the high cost and unfavorable and unwelcoming attitude of service providers in healthcare institutions.

Pooja Shankar et al. (2017) assessed reproductive health awareness and the most chosen information source. This was a descriptive cross-sectional study of girls in classes six through twelve at a Maharashtra slum government high school. Participating were 250 girls; 39 surveys were incomplete, thus 211 replies were evaluated. Following the study, all girls were trained on reproductive health and life skills issues. Knowledge and knowledge of reproductive and sexual health issues among adolescent girls were abysmal, according to the findings.

Michel et al. Wombeogo (2015) studied to provide teenagers with answers to their option of reproductive health. The study indicates that young people need knowledge of reproductive health through training. Parents need age specific knowledge on reproductive health and teenagers should not rely on peers. Adolescent-friendly communication of actions by group drama may improve reproductive health education and the implications of unhealthy choices.

HM and Al Hosis KF Tork (2015) described the knowledge of women between 14 and 19 years of age linked to reproductive health. There was a 59 organized survey. Youth memory during pre-action was just 27 percent. The study indicates that the education programs on reproductive health could improve young people's awareness.

M.K. et al. (2011) conducted a study named "Psychosocial Behavior of Indian Adolescent Girls during Menstruation." The objective of this study was to analyse adolescents' knowledge and psychosocial behaviour around menstruation in urban Haryana (country), India. Four hundred and seventy-eight adolescent women aged 15 to 19 years were selected at random from three educational institutions in the city of Rohtak. Findings suggest that school administrators should hold at least one weekly meeting with parents to discuss menstruation-related issues. In addition to addressing some concerns in class, teachers must also inform students of the outstanding and authentic resources to which they must have access for accurate record keeping.

Karalam, S.R. (2010) carried out an investigation titled "Psycho-social well-being of adolescent girls: An intervention observes" to evaluate the efficacy of the intervention on the psycho-social well-being of adolescent girls in 8 children's homes in the Thrissur District of Kerala, India. The study highlighted the role of social workers, the development of an intervention package, and the high-quality effectiveness of the intervention programme in assisting adolescent girls in children's homes to handle living circumstances.

R. S. P. RAO et al. (2008) conducted a one-year educational intervention research. 791 rural females between the ages of 16 and 19 were recruited at random from coastal villages in Udupi District, Karnataka. Using SPSS version 11.0 for Windows, data was tabulated and analysed. The findings were expressed as proportions and percentages. The Chi-square test was utilised to assess the intervention's efficacy. This study demonstrated conclusively that an educational intervention programme may produce the desired change in reproductive health knowledge among adolescent girls.

Hunshal, S. C. et al. (2008) conducted a study named "Analysis of Adjustment of Institutionalized Children" to examine the social, emotional, and educational adjustment of institutionalised children between 2003 and 2005. The sample consisted of 148 children between the ages of 10 and 14 who resided in four juvenile institutions in the Belgaum district of Karnataka, India. The majority of institutionalised children had inadequate social, emotional, and educational adjustment, and only a handful had accurate adjustment, according to the findings of this study.

3. Methodology

Data from 250 adolescent girls of Nizamuddin, Delhi were collected through interview and focus group discussion. The researchers have used a mixed approach to the collection of data both by qualitative and quantitative methods to eliminate subjectivity and prejudice in their interpretation and to draw accurate and verifiable inferences. Data collected have been adequately edited, coded, categorized and displayed, which will be configured according to the study objective. Data were analysed using frequency and percentage and percentage analysis in quantitative analyses, where quality data obtained by Focus Group discussions and opinions expressed as overview of Focus Groups were presented.

Objectives

1. To prepare the demographic profile of the respondents

2. To assess reproductive health knowledge/awareness among adolescent girls
3. To study the adolescent menstruation practices

4. **Data Analysis**

The data of adolescent girls (10-19 years) living in Nizamuddin Basti of Delhi NCT was analysed to assess demographic profile and reproductive health awareness and practice. The information presented is based on the interviews conducted with the 250 adolescent girls in the study region.

4.1 Demographic Profile of the Respondents

The demographic profiles of the respondents are presented in below tables using frequency distribution.

Table: 1 Demographic Profile of the Respondents

Demographic Profile		Frequency	Per cent (%)
Age (years)	10-11	7	2.8
	11-12	11	4.4
	12-13	20	8
	13-14	40	16
	14-15	35	14
	15-16	34	13.6
	16-17	32	12.8
	17-18	36	14.4
	18-19	20	8
	19-20	14	5.6
	Total	250	100.00
Stages of Adolescence	Early Adolescence Phase (10-13 years)	44	17.6
	Middle adolescence Phase (14-16 years)	114	45.6
	Late Adolescence Phase (17-19 years)	92	36.8
	Total	250	100.00
Marital status	Married	22	8.8
	Unmarried	228	91.2
	Total	250	100.00
Educational Status	Illiterate	9	3.6
	Primary	104	41.6
	Secondary	83	33.2
	Non-Formal	39	15.6
	Religious Schooling	15	6
	Total	250	100
Type of House	Rain Basera	162	64.8%
	Street/Flyover	59	23.6%
	Others	29	11.6%
	Total	250	100%

The overall age of respondents was varied between 10-19 years. Table 1 shows the age distribution of 250 adolescent girls ranged from 10-20 completed years. 2.8% of respondents belongs to age of 10-11 years, 4.4% of respondents from 11-12 years, 8 % of adolescent girls are from 12-13 years age group, 16% of interviewed

adolescent girls falls in the age category between 13-14 years, 14% of them are from 14-15 years, 13.6% of respondents belongs to 15-16 years age group, 12.8% from the 16-17 years age, 14.4% from 17-18 years age group, 8% and 5.6 of the interviewed adolescent girls are from 18-19 years and 19-20 years age group. The mean age of the respondents included in the study is 15.5 years.

The findings of table 1 depicts that out of 250 respondents, majority of them (45.6%) were from middle adolescence phase i.e. between 14-16 years followed by 36.8% respondents in the late adolescence phase (17-19 years) whereas 17.6% respondents were from early adolescence phase (10-13 years). Less than half of all teenage girls in the study were in the intermediate adolescence period, while more than one-third of girls were in the late adolescence phase, and very few were in the early adolescence phase. The median age of responders was determined to be 15.15 years.

In the present study, only 8.8 per cent of girls were married, whereas 91.2 per cent of girls were unmarried (table 1). The data was also compared with marital status & religion, as it has been established in earlier studies that early marriage is a prevalent practise in the Muslim faith.

The above findings reflect that more than half of the total respondents were educated up to primary and secondary. Some of them completed education from religious school. One third of the respondents were educated up to primary level whereas 6.3% is a small number but in achieving 100% literacy rate every individual is important, and should get minimum education at least. Some respondents stated that they desired to continue their education, but because there was no junior high school in their area, they ceased their studies. Therefore, there is a need for more junior high schools that give girls with simple access to education & learning.

The analysis of above table shows that majority 64.8% of respondents living in rain basera, 23.6% are living on street and flyover only 11.6% of respondents have other type of house which is their one room flat, living on rent or reside outside buildings.

4.2 Awareness and practice of reproductive health among adolescent girls

Awareness is the knowing of facts & obtaining insights about an action, concept, person, subject, or situation, as well as theoretical knowledge of a subject. Practices refer to the actual application or utilization of a concept, belief, or technique. The health knowledge of adolescent girls influences their health seeking behaviours. In order to gain an understanding of the elements that influence adolescents' health seeking behaviour, it has been crucial to assess & comprehend adolescents' reproductive health awareness.

4.2.1 Awareness about physiological development in adolescence

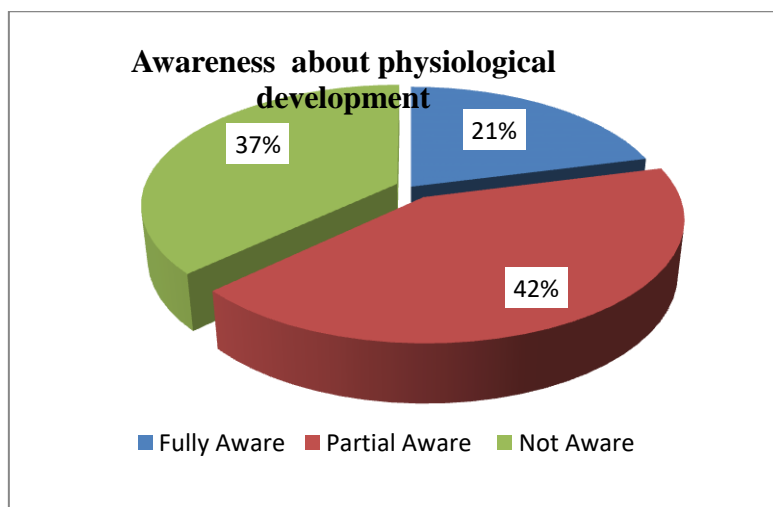


Figure: 1 Awareness about physiological development in adolescence

The above analysis demonstrates that fewer than half of the respondents were aware of physiological development during the puberty stage, while the remaining respondents were either partially aware or unaware. The significance of this finding lies in the fact that, even in this 21st century, a large proportion is unaware of the biological processes occurring within themselves. This makes them more susceptible to dangers associated with their reproductive age.

4.2.2 Relationship between awareness about physiological changes and educational status of the respondents

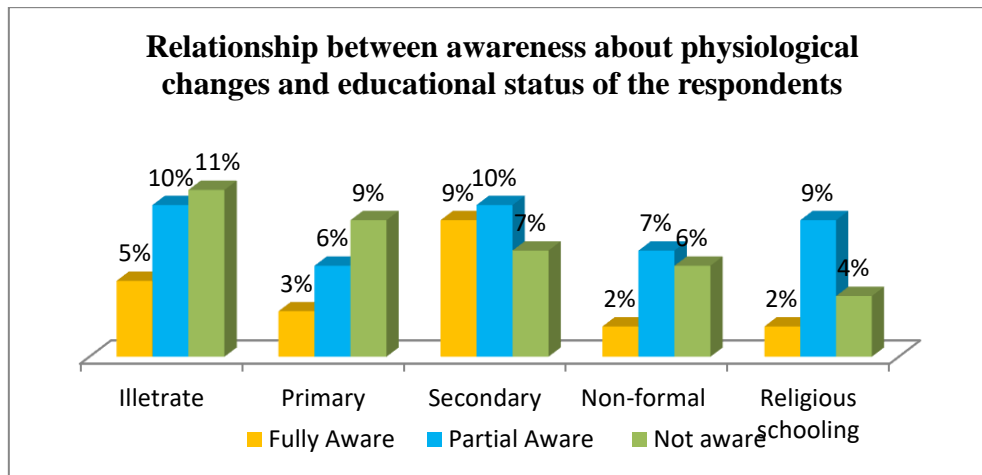


Figure: 2 Relationship between awareness about physiological changes and educational status of adolescent girls

The research demonstrates that literate respondents were well aware of the physiological changes that occur during the maturation process. Therefore, educational standing plays a crucial part in the development of a person's conscious level to acquire information & knowledge. Thus, the analysis of the responses confirms the hypothesis that adolescent girls' awareness of reproductive health is low due to various socio-cultural factors, as the knowledge of the physiological changes during puberty was found to be low among those who were illiterate or had not completed secondary school.

4.2.3 Knowledge about menstruation before getting periods

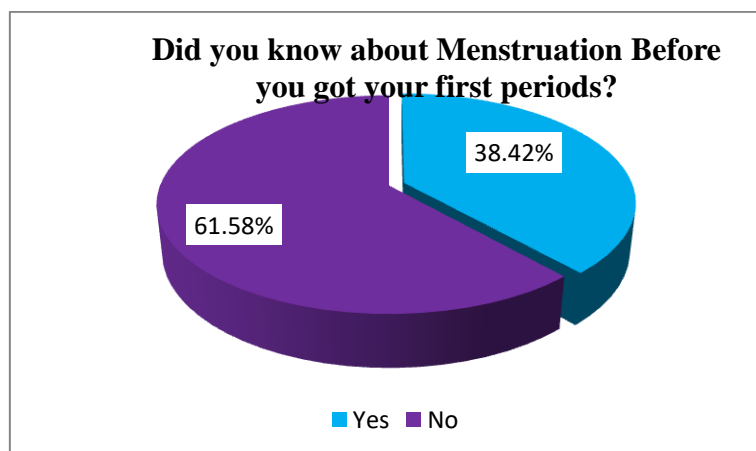


Figure: 3 Awareness of respondents about menstruation before getting their periods

In the present study only 38.42 percent adolescent girls said that they are aware about the word menstruation/periods before getting their first periods while majority of respondents 62.58% did not hear it before their menstruation.

4.2.1 Practice related to Menstruation

The many practices around the menstrual cycle will be discussed. These include the absorbent material used by adolescent girls during menstruation, the frequency with which pads are changed, and the disposal of pads.

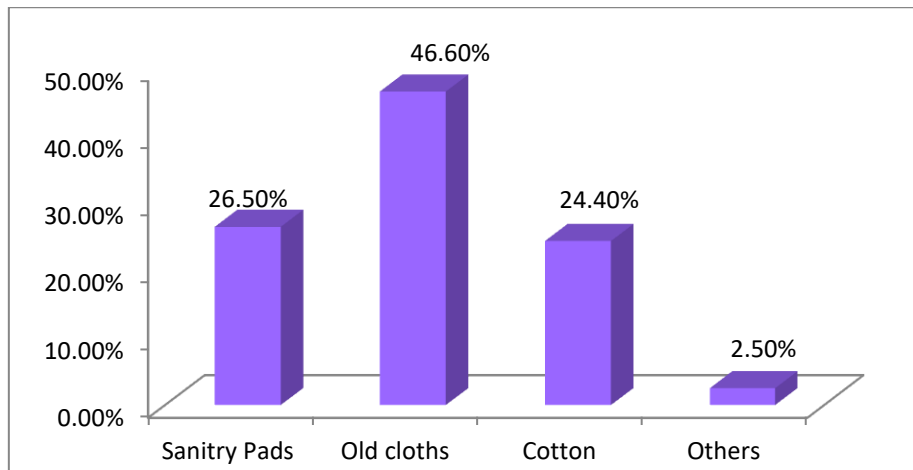


Figure: 4 Material used by respondents during Menstruation

The analyses show that majority of respondents (46.6%) of adolescent girls use old cloths as absorbent, 26.5% girls use sanitary pads while 24.2% uses cotton, only 2.5% girls were using other absorbent material like sponge, pad made with rugs/sutli.

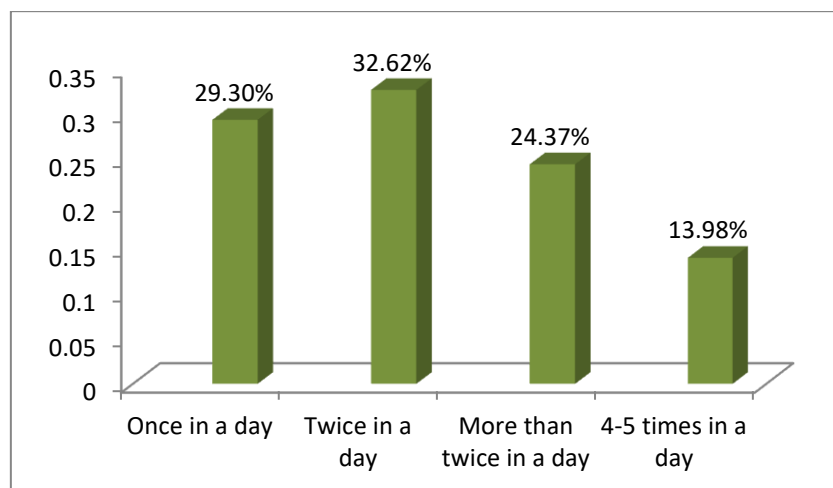


Figure: 5 Frequency of changing pads during menstruation

The results show that out of 218 girls, who have their periods, 32.62% change their pads twice a day, 29.03% change their pads/absorbents once a day, and 24.37% change their pads/absorbents more than twice in a day. Only one in four girls 13.98% said they changed their pads 4-5 times in a day.

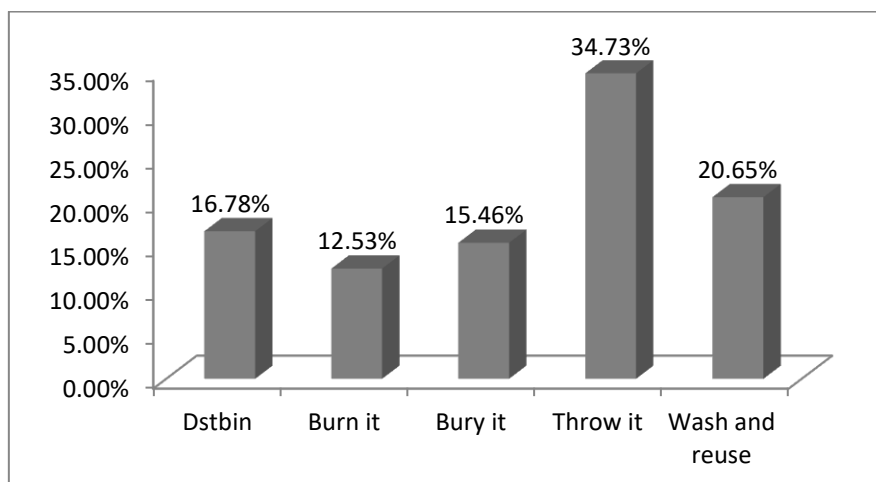


Figure: 6 Disposal of used absorbent material

The figure 6 shows that out of 218 respondents who had attained menarche, 34.73% respondents throw the used absorbent material, whereas the practice of reusing of old clothes after washing was found in 20.65% respondents. 16.78% respondents throw the used material in dustbin; also 15.46% buried the material while practice of buring material after use was found in very few 12.53% respondents.

4.3 Focus Group Discussion

In this study, the researchers wanted to find out more about what respondents knew and did about their reproductive health. A focus group discussion guide was used to guide, keep track of, and help the discussion about reproductive health.

Religious Customs

Abandoning religious places, Untouchable, not permitted to touch sacred items

Menstrual health

Use of cloths, Stomach pain, Not using napkin, Not aware about other sources which they can use during their menstrual period, not consulting doctor

Beliefs in practices

Use of neem leaves, taking a bath, washing their own clothes, burning the clothes, avoid going out after dark, plants should not be touched or watered, should not enter kitchen

5. Findings of the Study

Many adolescent girls were found to have at least basic knowledge of the physiological changes that occur throughout puberty and menstruation. Respondents' inconsistent awareness suggests that their understanding of physiological issues is limited. The spread of misinformation could lead to misunderstandings among them. Research shows that adolescent girls are often unprepared for menstruation, which can make the onset of the menstrual cycle an anxious time. Common practises among girls during menstruation included using scraps of old clothing as absorbent material and skipping class. Correct knowledge on reproductive health issues is

needed, and there is a need for reproductive health education techniques that are both successful and friendly to adolescent's girls of Nizamuddin, Delhi.

Study also found that the older age is more religious and supports menstrual health taboos. The conversations in the focus groups further confirmed our suspicions that the taboos and beliefs are being passed down from generation to generation, notably by mothers and older women.

Conclusion

Adolescent girls from Nizamuddin, Delhi who are homeless were chosen for the study. It is a closed community with less socialization with other community. Their methods for maintaining menstruation health are conventional and supported by tradition. Very few have erected toilets under state and central government programmes. When their period comes around, they may count on free Sanitary Napkins from the local health department. However, many women in indigenous societies still don't feel comfortable using this resource. Adolescent girls have long been ignored by our culture. It's important to pay close attention to these girls as they go through the physical changes and growth that come with puberty so that you can help them grow up to be healthy, successful women. With the results as a starting point, recommendations can be made to raise their level of health literacy and encourage them to seek help when they need it, particularly for reproductive health difficulties. A comparative study on similar topic can be done between adolescent girls from homeless and girls who belong to weaker section but have their own family and home.

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