

International Journal of Clinical Obstetrics and Gynaecology

ISSN (P): 2522-6614
ISSN (E): 2522-6622
© Gynaecology Journal
www.gynaecologyjournal.com
2019; 3(6): 99-102
Received: 16-09-2019
Accepted: 20-10-2019

Sushma Sharma
Department of Obstetrics and
Gynecology, MIMER Medical
College, Talegaon Dabhade, Pune,
MUHS University, Maharashtra,
India

Sachin G Vedpathak
Department of Obstetrics and
Gynaecology, MIMER Medical
College, Talegaon Dabhade, Pune,
MUHS University, Maharashtra,
India

Corresponding Author:
Sachin G Vedpathak
Department of Obstetrics and
Gynaecology, MIMER Medical
College, Talegaon Dabhade, Pune,
MUHS University, Maharashtra,
India

Scrutiny of factors contributing adolescent behaviour in rural Maharashtra

Sushma Sharma and Sachin G Vedpathak

DOI: <https://doi.org/10.33545/gynae.2019.v3.i6b.399>

Abstract

Introduction: Adolescents are the future of our country that will hold the reign of the nation's development. Age group 13 to 19 years (as per WHO) constitutes adolescents who contribute 22% of total population. This study aims to assess the knowledge and impact of primal problems among the adolescents with respect to the variables such as Sexual health, Mental health, Protective factor, Smoking, Alcohol, HIV knowledge.

Material and Methods: A cross sectional study was conducted between February and March 2019 in the rural high schools and colleges. The study was conducted over two months of time. The data was collected with the help of pretested and prevalidated questionnaire. 202 students of the age group 13-19 years participated in the study of which 101 were boys and 101 were girls.

Results: Out of 202 students 101 were boys and 101 were girls. Average age for boys was around 16 years and for girls it was 16.5 years. Anxiety was observed in 92(45.5%) of the total number of students, of which 40(39%) were boys and 52(51%) were girls. In HIV awareness 132 students were knowing about HIV infection/AIDS, of which 62(61%) were boys and 70(69%) were girls. In Substance abuse any kind of substance abuse was found in 38(18.8%) out of all students and for surprise all were found to be boys.

Conclusion: Very less research work is done on adolescents in rural areas. This study will help us to find the extent of factors responsible for adolescent behavioural changes hence policies needed to be designed and to find out new interventions in order to bring down current problems in adolescent age group.

Keywords: Adolescents behaviour, HIV awareness, Substance abuse, Sexual behaviour

Introduction

Adolescents are the future of our country that will hold the reign of the nation's development. Age group 13 to 19 years (as per WHO) constitutes adolescents who contribute 22% of total population. Adolescent behaviour is manner of conducting oneself and their individual responses of individual adolescent to its surrounding environment. Adolescence is a critical era of life in which advancing changes takes place in physiology, sexual characters and psychology of individual^[1].

These biological, cultural and social alterations lead to major health problems in adolescents. To identify these health problems, their causes and effects on adolescent behaviour, many studies have been carried out. Many of those studies were primarily focused on physiological changes and personal habits, and second preference was given to sexual and psychological changes which also equally contribute to behavioural changes in adolescents.

This study aims to assess the knowledge and impact of primal problems among the adolescents with respect to the variables such as Sexual health, Mental health, Protective factor, Smoking, Alcohol, HIV knowledge. These variables may also have effect on sexual health and psychological behaviour.

Many mental health problems emerge in early adolescence. Helping them with improving social skills, problem-solving skills and self confidence can help to prevent mental health problems such as conduct disorders, depression as well as other risk behaviours including those that relate to substance use, and violent behaviour, sexual behaviour. Mental health problems should be detected earlier to provide protective factors^[2].

In addition to laws limiting the availability of illicit substances, alcohol and tobacco, interventions to reduce demand for these substances improve the conditions for healthy development^[3]. Increasing their awareness of the dangers of substance use, building their competence to resist peer pressure and to manage stress in a healthy manner is effective in

reducing motivation for substance use in adolescents^[1]. Depression, absence or excessive of protective factors, substance abuse if not interposed in time, adolescents may land in to unprotected sexual practices. Many adolescent boys and girls are sexually active having lack of information for self protection^[4]. The limited knowledge of sexual health and secondary sexual characters will increase curiosity, which is also one of the causes for high risk sexual behaviour in adolescents^[5].

Aims and objectives

Broad aim

To assess the sexual health, hygiene, psychological and behavioural changes in adolescents in specific variables.

Specific objectives

1. To measure knowledge about sexual health in adolescents
2. To measure knowledge about HIV infection in adolescents
3. To measure knowledge and extent of addiction in adolescents
4. To measure extent of depression in adolescents
5. To assess the role of protective factors in adolescent behavioural changes

Material and Methods

A cross sectional study was conducted between February and March 2019 in the rural high schools and colleges. The study

was conducted over two months of time.

Inclusion Criteria

1. Boys and girls between 13 and 18 years
2. Studying in high school and junior college

The data was collected with the help of pretested and prevalidated questionnaire. 202 students of the age group 13-19 years participated in the study of which 101 were boys and 101 were girls. The students were asked to fill the questionnaire in front of researcher after explaining the importance of the study to them, to ensure the correctness of the data. Students were contacted in their institutes with prior permission of the Principal or corresponding authority. Anonymity of the students was guaranteed. The questionnaire was set on parameters which were sexual hygiene, menstrual hygiene, mental health, protective factors, smoking and alcoholism. Their significant causes and associated factors were analysed by tabulating it as per associations of various factors involved.

Results

We approached around 220 students of which 202 students were included in the study. Out of 202 students 101 were boys and 101 were girls. Average age for boys was around 16years and for girls it was 16.5 years.

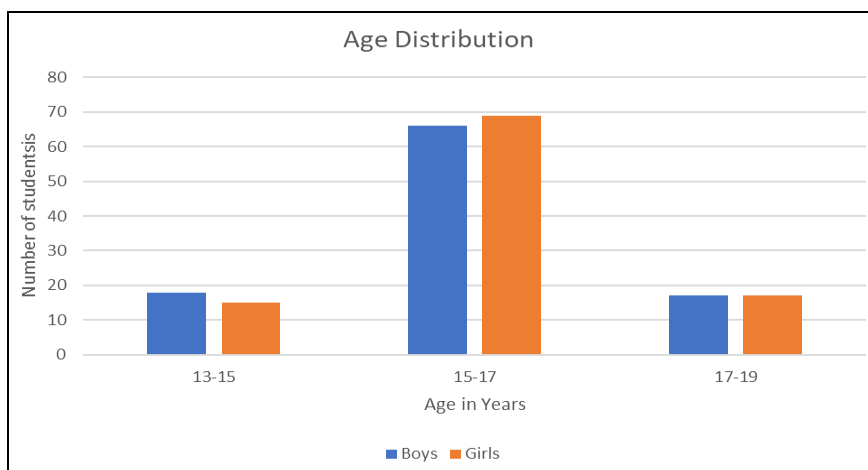


Fig 1: Anxiety was observed in 92(45.5%) of the total number of students, of which 40(39%) were boys and 52(51%) were girls.

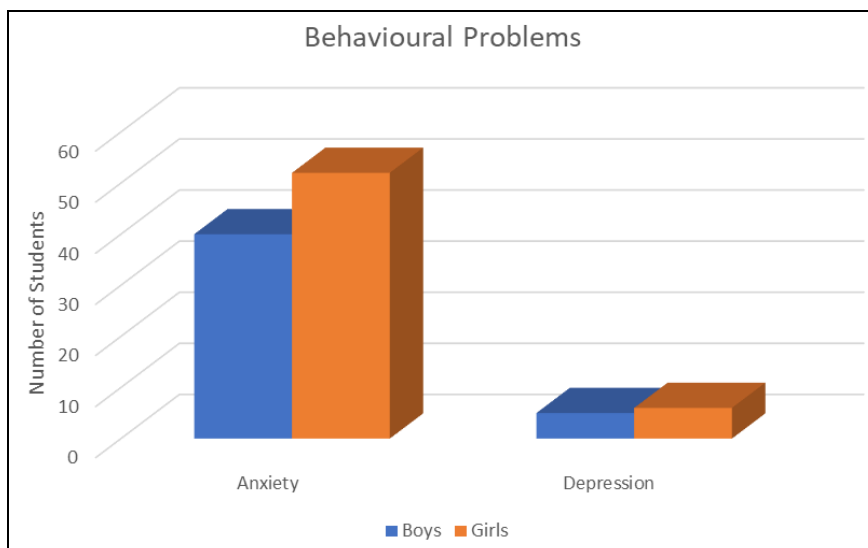


Fig 2: In HIV awareness 132 students were knowing about HIV infection/AIDS, of which 62(61%) were boys and 70(69%) were girls.

Out of these 132 students 120(90%) were knowing that HIV transmission occurs through sexual intercourse, 114(86.3%) were knowing that HIV transmission can occur through blood transfusion, 104(78.7%) were knowing that HIV transmission can occur through needles, 96(72.7%) were knowing that Mother to child infection can occur during pregnancy and delivery. Of the 132 students who heard about the HIV infection of which 86(61.1%) were knowing that HIV prevention can be done by use of condoms, 115(87) were knowing about

importance of monogamous relationship in preventing HIV, 118(89%) were knowing about role of blood safety, 110(83.35) were knowing about safe injection practices.

In Substance abuse any kind of substance abuse was found in 38(18.8%) out of all students and for surprise all were found to be boys. In substance abuse 30(78.9%) students were using tobacco in some form, 6(15.7%) students were using inhalants, 4(10.5%) students were using alcohol. Mean age group of the students having substance was 17years.

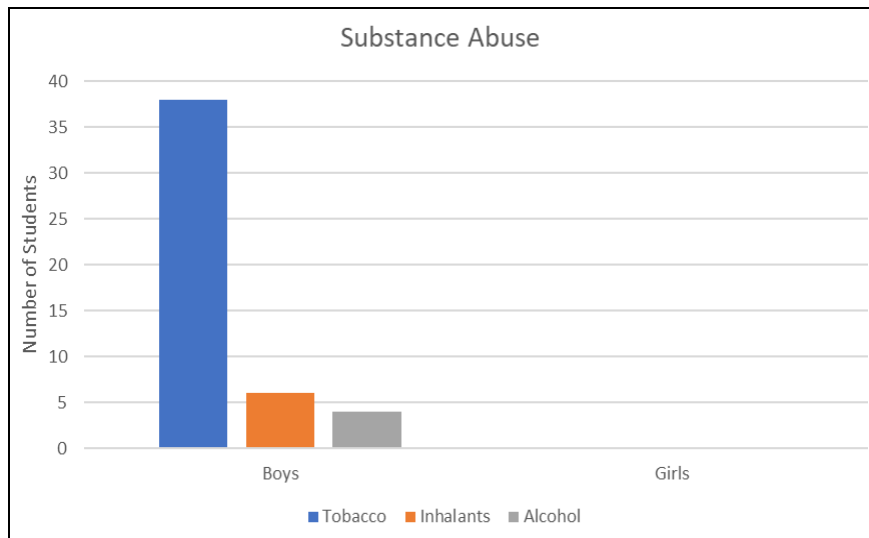


Fig 3: In sexual behaviour 11(10.8%) boys were sexually active and 4(3%) girls were sexually active.

Discussion

Very less research work has been done on adolescents' behaviour in rural areas. Adolescence is an experimental phase and very less attention is given to their questions and sexual needs. They are more prone for sexually transmitted diseases as compare to adult group due to physical, biological, and psychological factors [6]. Complete growth and development of an individual is interfered by adolescent's anxiety and depression. Depressive disorder in childhood and adolescent phase is associated with social and educational impairments as well as both physical and mental problems later in life [7]. In our study overall anxiety found was 45.5%, with 40(39%) boys and 52(51%) girls. Girls were having anxiety level more than boys. In study by Jayashree *et al.* overall anxiety level in adolescents was found to be 54.7% and in girls it was more common [8]. In Srinivasa *et al.* 37% of pregraduation college students were having anxiety disorder [9].

Recommendation of National Aids Control Organization (NACO) for adolescents and young people is for the "ABC approach" in their sexual behavior [10].

- Abstinence: Delay in sexual debut
- Being faithful to partner; sharing a mutually monogamous relationship
- Correct and consistent use of condom, complete knowledge of their three-fold protection from HIV, other STIs, and unwanted pregnancy.

In our study 132(65%) of the adolescents had heard about HIV infection by some mean, Out of these 120(90%) were knowing about HIV transmission occurs through sexual intercourse, 114(86.3%) were aware about through blood transmission, 104(78.7%) were aware about through needles/syringes, 96(72.7%) were aware about mother to child transmission. In study by Yadav *et al.* it was found that 61% of the young people

have heard about HIV/AIDS, in these 92.42% were knowing about HIV transmission occurs through sexual intercourse, 91.11% were aware about through blood transmission, 87.84% were aware about through needles/syringes, 83.66% were aware about mother to child transmission [11]. In our study out of 132 students who have heard about HIV, of those 65.15% students were aware about the role of condoms in prevention of HIV transmission, 87% knew the importance of monogamous relationship, 89% aware about blood safety, 83.3% were aware about safe injection practices. In study done by Yadav *et al.* 69.69% students were aware about the role of condoms in prevention of HIV transmission, 86.01% knew the importance of monogamous relationship, 84.58% aware about blood safety, 82.75% were aware about safe injection practices [11].

In our study we found that male substance abuse was more common 38(18.8%), in females it was 0(0%). Some form of tobacco abuse was most commonly 30(78.9%) used followed by Inhalants 6(15.7%), Alcohol 4(10.5%). In study done by Daniel LT *et al.* substances used by adolescents for abuse were Tobacco (77.05%), inhalants (26.23%), alcohol (11.47%) [12]. Mean age for substance abuse for adolescents was found to be 17 years. High prevalence of tobacco use can be due to several reasons in adolescents. The reason can be they are socially acceptable and cigarettes and smokeless tobacco products are easily available to the students [13].

In our study 11(10.8%) of the boys and 4(3%) girls were found to be sexually active as compared to Maheshwari SU *et al.* males 10% and Females 1% [14].

Various ministries under the government of India Adolescent health are implementing programs are for adolescents [15-20]. Still, we are not having exclusive data for Indian adolescence related health issues. Sivagurunathan *et al.* [21] have recommended that it is important to do routine screening of this vulnerable age group and to integrate all adolescent programs under one roof.

By doing this, the understanding of the felt needs of adolescents and youth pertaining to sexual practices can be done in a better way, and demand based services could be provided.

Conclusion

Very less research work is done on adolescents in the rural area. This study would help us

1. To find the extent of factors responsible for adolescent behavioural changes hence needed to be ruled out new interventions in order to bring down the current problems in adolescent age group.
2. To modify the current interventions and design new ones, especially targeted at rural level.
3. To integrate adolescent services problem oriented and make them more adolescent friendly.
4. To sensitize the adolescents, their parents/guardians in rural area about behaviour changes and problems due to them

References

1. Adolescence the critical phase, the challenges and potential. WHO, 1997.
2. Narayan KA, Srinivasa DK, Pelto PJ, Veeramal S. Puberty rituals, reproductive knowledge and health of adolescent school girls in South, Asia Pacific Population Journal, app. 2001; 16(2):255-238.
3. Tobacco Smoking Among High School Students in Ismailia. Egypt. By Dr. Fatma Hassan, Journal of clinical epidemiology, 52:34.
4. Dasgupta A, Sarkar M. Menstrual hygiene: how hygienic is the Indian girl in Indian, Journal of community medicine. 2008; 33(2):77-80.
5. Effects of Familial Attachment, Social support, Involvement, and self-Esteem on Youth Substance Use and Sexual Risk Taking the Family Journal. 2010; 18(4):369-895.
6. Nadeem A, Rubeena B, Agarwal VK, Piyush K. Substance abuse in India. Pravara Med Rev. 2009; 4:4.
7. Singh T, Sharma S. Nagesh Socioeconomic -status scales updated for 2017. Int J Res Med Sci. 2017; 5:3264-7.
8. Jayashree K, Mitra PPC, Nair MK, Unnikrishnan B, Pal K. Depression and anxiety disorders among school going adolescents in an urban area of South India. Indian J Community Med. 2018; 43:28-32.
9. Srinivasa S, Chaitanya Nair C, Ravindra LS. A study of prevalence of anxiety disorders among higher secondary school students. J Evolution Med Dent Sci. 2015; 4:4473-8. Available from: http://www.naco.gov.in/NACO/Quick_Links/Youth/Information_on_Safe_Sex/Youth_and_HIV/AIDS. [Last accessed on 2016 Feb 01].
10. Yadav *et al.* Awareness on HIV/AIDS among rural youth J Infect Dev Ctries. 2011; 5(10):711-716.
11. Daniel LT, Krishnan G, Gupta S. A study to assess the prevalence and pattern of substance use among male adolescents in suburban area of Delhi. Indian J Soc Psychiatry. 2017; 33:208-12.
12. Juyal R, Bansal R, Kishore S, Negi KS, Chandra R, Semwal J. Substance use among intercollege students in district Dehradun. Indian J Community Med. 2006; 31:252-4.
13. Maheshwari SU, Kalaivani S. Pattern of sexual behaviour in adolescents and young adults attending STD clinic in a tertiary care center in South India. Indian J Sex Transm Dis. 2017; 38:171-5.
14. Implementation Guide on RCH II: Adolescent Reproductive and Sexual Health Strategy. National Rural Health Mission. Service Delivery Package, 2006, 11-2. Available from: http://www.countryoffice.unfpa.org/India/drive/Implementation_Guideline. [Last accessed on 2016 Jan 10].
15. Guidelines for the Balika Samridhi Yojana. Ministry of Women and Child Development. Available from: <http://www.wcd.nic.in/BSY.htm>. [Last accessed on 2016 Jan 10].
16. Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) – SABLA – The Scheme. Ministry of Women and Child Development, 2010, 2. Available from: <http://www.wcd.nic.in/SchemeSabla/SABLA>. [Last accessed on 2016 Feb 01].
17. Mahila Samakhya Sectors Education Initiatives towards Specific Segments of the society. Available from: <http://www.archive.india.gov.in/sectors/education/index.php?id=16>. [Last updated on, 2012. Dec 09; Last cited on 2016 Feb 01].
18. Adolescent Education Programme. Ministry of Human Resource Development. Department of School Education and Literacy, Elementary Education, 2011. Available from: http://www.mhrd.gov.in/adolescence_education. [Last accessed on 2016 Jan 10].
19. National Programme for Youth and Adolescent Development. Ministry of Skill Development, Entrepreneurship, Youth Affairs and Sports. Available from: <http://www.yas.nic.in/sites/default/files/NPYAD>. [Last accessed on 2016 Jan 10].
20. Sivagurunathan C, Umadevi R, Rama R, Gopalakrishnan S. Adolescent health: Present status and its related programmes in India. Are we in the right direction? J Clin Diagn Res. 2015; 9: LE01-6.