

LEVEL OF INFORMATION OF ADOLESCENTS ON THE ISSUES RELATED TO ADOLESCENCE: A Study in the Desert Area of Rajasthan

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This article discusses the issues related to adolescence sexual and reproductive health among boys and girls having rural background of desert area of Rajasthan. The data was collected in the month of May 2005 wherein a total of 206 girls and 203 boys were interviewed on the issues related to Reproductive and Sexual Health. The findings of the study depict that the mean age of marriage among boys was around 16 years while it was around 15 years among girls. Out of the total adolescent girls, around 55 per cent were working girls while only around 23 per cent were working boys. Out of these only 31.5 per cent girls were reported to be an earning hand. On the other hand around 27 per cent boys were reported to be the same. Around 74 per cent boys were currently studying while only 44 per cent girls were going to school/college.

The findings represent that the knowledge level about puberty was considerably high as around 84 per cent girls mentioned 'beginning of menstruation' is the main sign of changes among girls at puberty while around 41 per cent boys were aware of this sign. The major source of information about menstruation was their elders. Perception of the effect of Nocturnal Emission among boys was found to be weak as only 6 per cent considered it as 'a normal phenomenon'. Study also shows light towards the genders biasness as around 67 per cent girls shared that they experienced biasness in their own family and importantly around 54 per cent boys also felt that their family is biased towards their girls. The major biasness, mentioned by both boys and girls, were 'education/study', 'restrictions on movement of girls', restrictions on sports/ entertainment and 'restrictions on food/diet'. As a matter of surprise, the study findings show that more boys than girls were in favour of giving liberty to girls 'to choose their career' and significantly high percentage of boys and girls supported the liberty for girls for choosing their life partner and 'living alone for job'.

The study would be useful in designing effective IEC and Behaviour Change Communication strategies and also design and implement need based interventions to fulfil the information need of adolescent boys and girls particularly of rural area.

Introduction

Adolescence, the second decade of life, can be said to be one of the tumultuous periods of life, because between the ages of 10-19 years, many key biological and social events occur that set the stage for adult life. What happens during adolescence, whether good or bad, shapes how boys and girls live out their lives as women and men – not only in the sphere of reproduction, but in social and economic realm as well. Yet, in spite of its relevance for human development, until recently, the needs of adolescents have been given less priority in research and policy matters in several countries.

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Policy interest in adolescents began to grow after ICPD (International Conference on Population and Development) held in Cairo in 1994, which called for specific efforts by governments and civic society to understand and meet the particular reproductive and sexual health needs of adolescents. It also observed that the number of adolescents in all the regions of world is increasing rapidly (however, their proportion in total population is declining due to declining fertility levels). Against the backdrop of a relatively early maturation of adolescents than ever in past due to greater exposure to information, growing complexities of modern life style problem has grown in scale, and needs urgent attention of all concerned. This observation has also led to increased concern for reproductive and sexual health of adolescents in two ways, firstly, because of real and perceived increase in their sexual activity, and secondly because of the high vulnerability of adolescents to HIV infection, due to their increased sexual activities.

Several factors contribute to the growth of adolescents. These factors range from the social, economic, cultural, geographical and political conditions of wider society, to those that characterise the conditions of adolescents including family education, income, and so on. In this context, improving access to appropriate health services can only be a partial solution to address the issues that concern their reproductive and sexual health. Programmes should also focus on assisting adolescents in acquiring education, skill building, and personality development, at homes, schools, work place or community settings.

India has nearly 200 million boys and girls in adolescent age group of 10-19 years. They comprise over one-fifth of entire population of the country. It is held that the adolescents have very little knowledge and awareness about the issues related to reproductive and sexual health. Their lack of understanding of issues like, physiological changes, menstruation, night emissions, masturbation, STDs, family planning, premarital sex, influence their overall quality of life. It has also been observed that most adolescents are least prepared for their adult life particularly in the sphere of family life. Not only the level of awareness for reproductive and sexual health is low, whatever they know is largely superficial.

It is estimated that around half of all new HIV infections occur in young people in the age below 24 years. In 1998 nearly 3 million young people were infected with the virus world wide. The figures are increasing with an increasingly rapid pace. In societies like India, where the epidemic is heterosexually driven, young women are more exposed to the risk of HIV infection than men for both physiological and social reasons.

Existing research and evaluation studies indicate that there is a poor fit between the current programmes and the needs of adolescents. From the limited data available on adolescents, it is apparent that their situations vary widely by region and gender. However, against the backdrop of large geographical, socio-economic and cultural diversities in India, these variations are inevitable. It is desirable that any programmed response to sexual and reproductive health needs of adolescents be created in the realm of their real and felt needs and in the context of their socio-economic, environmental and cultural domains.

The broad objective of this study was to carry out a situational analysis to assess the level of information of adolescents both-boys and girls in selected sites in the desert district of Bikaner, Rajasthan on the issues related to Adolescence to suggest the policy makers, researches and implementers to design their interventions accordingly.

Method

Sample

The study was carried out in the selected villages of Bikaner district in Rajasthan. The research was exploratory in its nature; the quantitative and qualitative information was collected for further analysis. A total of ten villages were selected randomly and sufficient no of adolescent households were selected randomly for interviewing 20 boys and 20 girls for the study following a systematic random sampling method. Age of the respondents was between 11 to 19 years. Both the educated and uneducated adolescents were interviewed. In case of both boys and girls found in the selected household, both were interviewed for the study. In case of more than one boy/girl found from one household, only one boy/girl was interviewed randomly. The qualitative data was collected through focus group discussions (FGDs) with adolescents.

The adolescent in Rajasthan is characterized by low education, lack of access to mass media, large gender discrimination, early marriage and, early childbearing. Although social values strongly discourage sexual relations before marriage, available evidences suggest that premarital sex is not uncommon among adolescent boys and girls both in urban and rural areas. The studies indicate the prevalence of premarital sexual relations to an extent of 18-22 per cent among boys and girls.

Measures

The following measures were taken in the study:

- Quantitative information were collected through sample survey of adolescents
- Qualitative information were collected through FGDs (focus group discussions) with adolescents.

Procedure

For collecting quantitative information, a sample survey of adolescents was carried out in the villages selected for the project. A random sampling method was followed for the selection of respondents. As part of this procedure, a lay out map for every study village was prepared and the total number of households in the village was identified. On the basis of number of households in the village, the sampling fraction was determined (in this study the sample size for one village was fixed at 40 adolescents -20 boys and 20 girls). It was presumed that on an average, every household will have one boy or girl in adolescent age group. Therefore, if a village had 200 households,

and the sample size was 40 adolescents, every 5th household was considered for enumeration. If the selected household did not have an adolescent boy or girl, adjoining household was taken up for enumeration. In this manner the entire village was represented in the sample). The survey work was generally started from one corner of village. As soon as required number of interviews were completed, further interviews were stopped.

Informed consent was taken from every respondent. In case a selected participant did not give his/her consent, it was replaced with an alternative respondent.

The qualitative information was collected through focus group discussions (FGDs) with adolescents. The number of FGDs conducted was as follows.

- Adolescents (Males).....2
- Adolescents (Females).....2

The FGDs were also conducted in the villages selected for the quantitative survey. However, the participants for the FGDs were different from those contacted for individual interviews. The selection of participants for FGDs was done on the basis of information collected during mapping exercise.

Results and Discussions

The findings of the study, presented here is the outcome of quantitative and qualitative data analysis.

Socio-economic and Demographic Profile of Respondents

A total of 206 girls and 203 boys were interviewed on the issues related to Reproductive and Sexual Health. Age profile of the respondents is divided in to two segments – one is early adolescent age from 11 to 15 years and another is later adolescent age from 16-19 years. Among girls, 56.5 per cent were between 11-15 years of age and among boys majority (56.7 per cent) was between 16-19 years. Mean age of boys was calculated 15.9 years and for girls it was nearly 14.5 years. Around 51.1 per cent girls and around 53.9 per cent boys belonged to Other Backward Caste followed by Schedule Caste (22.7 & 22.3 per cents respectively). Majority of the respondents were Hindu. Most of the respondents' family occupation was agriculture (57.2 per cent for Girls and 69.5 per cent for Boys) followed by labourer (22.9 per cent for Girls and 17.3 per cent for Boys). Table 1 presents the detail on the same.

The mean age of marriage among boys was around 16 years while it was around 15 years among girls. Such low marriage age having is own repercussions on the growth and development of adolescents. The majority of the respondents were either from Schedule Caste or from Other Backward Caste which, in general, are backward classes with respect to education, economical status, and openness, which further laid impact on the development and growth of the adolescents.

Table 1
Profile of Respondent Girls and Boys

<i>Profile</i>	<i>Girls</i>	<i>Boys</i>
<i>Age</i>		
11-15	56.5	43.3
16-19	43.5	56.7
Mean Age (in Years)	14.5	15.9
<i>Caste</i>		
Schedule Castes	22.7	22.3
Scheduled Tribes	9.2	9.6
Other Backward Castes	51.1	53.9
Others	17.0	14.1
<i>Religion</i>		
Hindus	97.9	98.3
Muslims	1.9	1.6
Others	0.3	0.1
<i>Family Occupation</i>		
Agriculture	57.2	69.5
Labourer	22.9	17.3
Government Service	5.4	3.9
Private Service	4.6	2.4
Business/shop	5.7	3.0
Horticulture	2.7	2.2
Other	1.5	1.7
Total (N)	206	203

Working and Schooling Status of Adolescents

Out of the total adolescent girls, around 55 per cent were working girls while only around 23 per cent were working boys. Out of these only 31.5 per cent girls were reported to be an earning hand. On the other hand around 27 per cent boys were reported to be the same. Table 2 presents the detail on the same.

Girls' education status, similar to the national trend, was found to be substantially low as compare to boys in higher education, as Middle School (standard VIII) onwards the proportion of girls students became lower and lower. This indicates that girls are still not being given positive environment for their betterment.

Around 74 per cent boys were currently studying while only 44 per cent girls were going to school/college. This is very interesting to learn that more girls than boys were occupied in some or the other occupation i.e. agriculture, animal husbandry etc. but more percentage of boys found to be earning hand than girls. It indicates that boys have more supportive environment and opportunities to earn money than girls.

Table 2
Working and Schooling Status of Girls and Boys

<i>Profile</i>	<i>Girls</i>	<i>Boys</i>
Per cent of adolescents working	54.8	23.4
<i>Type of work</i>		
Agriculture	18.2	8.3
Labourer	5.9	9.0
Government service	0.2	0.1
Private service	0.4	1.7
Business/shop	0.2	1.5
Animal Husbandry	6.9	2.2
Part time	0.5	0.1
Others	22.5	0.5
Per cent of adolescents earning	31.5	26.7
Per cent of adolescents school going	43.5	73.6
<i>Literacy Status</i>		
Illiterate	18.3	2.2
Literate	12.2	1.5
Primary	33.3	19.0
Middle	25.3	42.9
Secondary	7.6	25.9
Sr. Secondary	2.9	6.9
Graduate	0.4	1.6
Post Graduate	0.0	0.1
Other diploma etc.	0.0	0.0
Total (N)	206	203

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Awareness Related to Puberty Among Adolescent Boys and Girls

Boys and Girls both were asked about their knowledge regarding changes in the teen age. They were asked what changes occur among boys and girls during the age of puberty. Around 84 per cent girls mentioned 'beginning of menstruation' is the main sign of changes among girls at puberty while around 41 per cent boys were aware of this sign. Other main signs of changes among girls were mentioned by both the girls

and boys were- 'growing of hairs around genitals' (Girls- 31.6 per cent; boys 51.1 per cent); 'increased height' (Girls- 40.3 per cent; boys 36.5 per cent); 'pimples on face' (Girls- 19.1 per cent; boys 13.7 per cent); 'development of breasts' (Girls- 35.8 per cent; boys 46.6 per cent) etc.

Asking about the signs occurred among boys during teen age, the most common reply by girls and boys both was 'growing of hairs on face' (Girls- 78.4 per cent ; boys 86.2 per cent) followed by 'voice becomes heavy' (Girls- 53.6 per cent ; boys 53.0 per cent). The details are given in the following table (Table 3).

Table 3
Awareness Physiological Regarding Changes During Adolescence

<i>Issues</i>	<i>Response of Girls</i>	<i>Response of Boys</i>
<i>Changes among Girls</i>		
Onset of menstruation	83.8	41.1
Hairs around genitals	31.6	51.1
Slim vest and heavy hips	9.4	16.1
Darkness around nipples	4.1	5.9
Increased height	40.3	36.5
Pimples on face	19.1	13.7
Development of breasts	35.8	46.6
Don't know	9.2	12.5
<i>Changes among Boys</i>		
Voice becomes heavy	53.6	53.0
Hairs on face	78.4	86.2
Hairs around genitals	17.9	51.5
Pimples on face	18.3	14.0
Raised shoulders	3.3	8.9
Increased size of genital	4.1	12.2
Development of muscles	8.3	10.6
Night emission	0.1	2.0
Don't know	1.6	5.7
Total	206	203

Awareness Related Menstruation and Nocturnal Emission

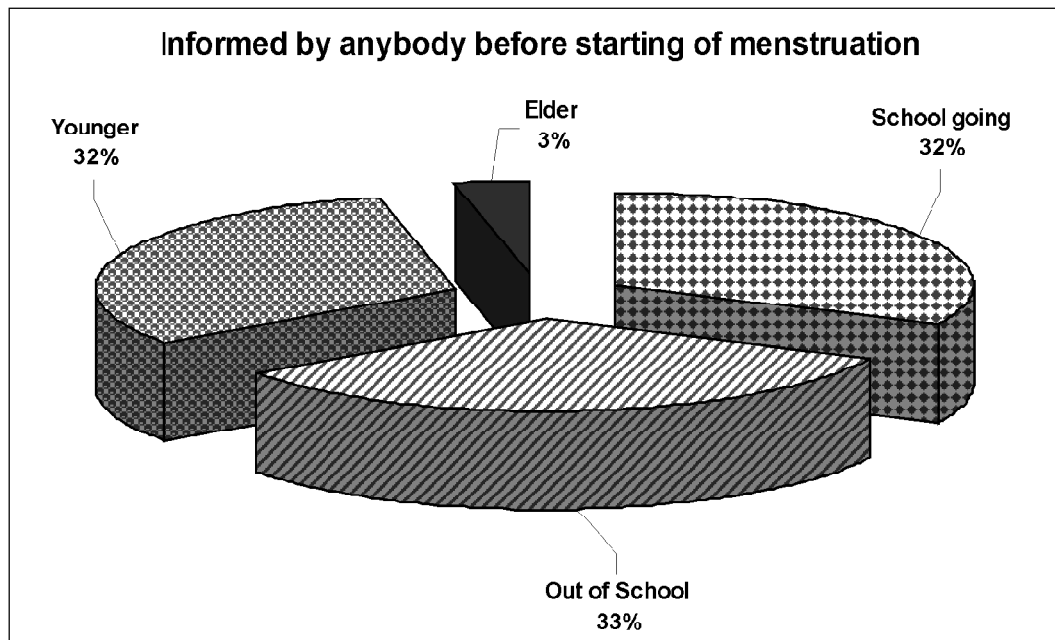
Around 88 per cent girls were found to be aware of menstruation out of which around 66 per cent were informed by their elders about menstruation before its onset. Majority of the respondents mentioned that they were informed about menstruation by their friends (36.1 per cent) followed by sister (28.7 per cent) and mother (25.0 per cent). Around 59 per cent girls use 'clean cloths/sanitary napkin during menstruation'.

Adolescent boys were asked about the perception of the effect of Nocturnal Emission wherein around 56 per cent boys considered it as "causes of weakness" followed by

“Harmful for the health” (32.1 per cent); while only 6 per cent considered it as ‘a normal phenomenon’. (Table 4)

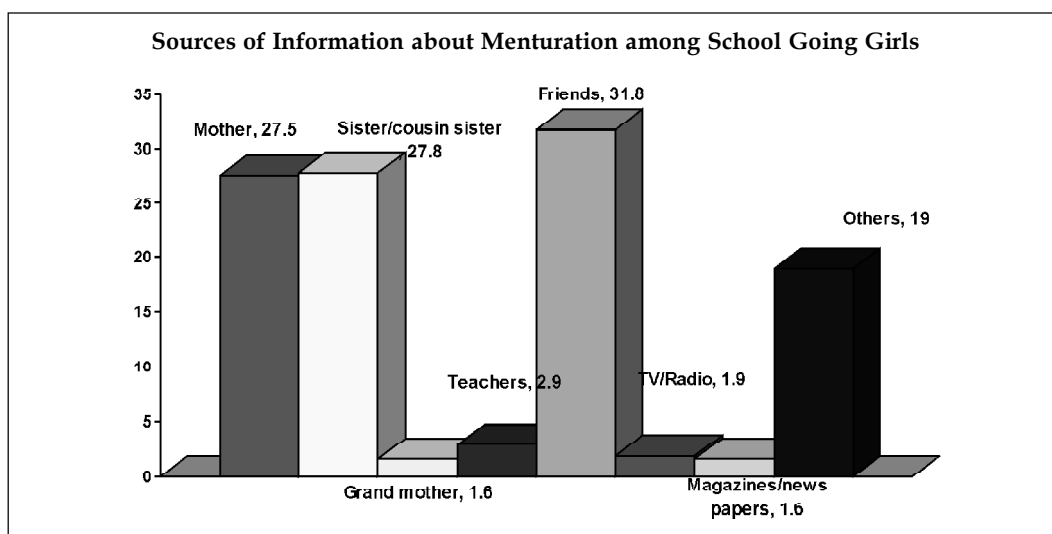
Table 4
Information/Perception About Menstruation and Nocturnal Emission

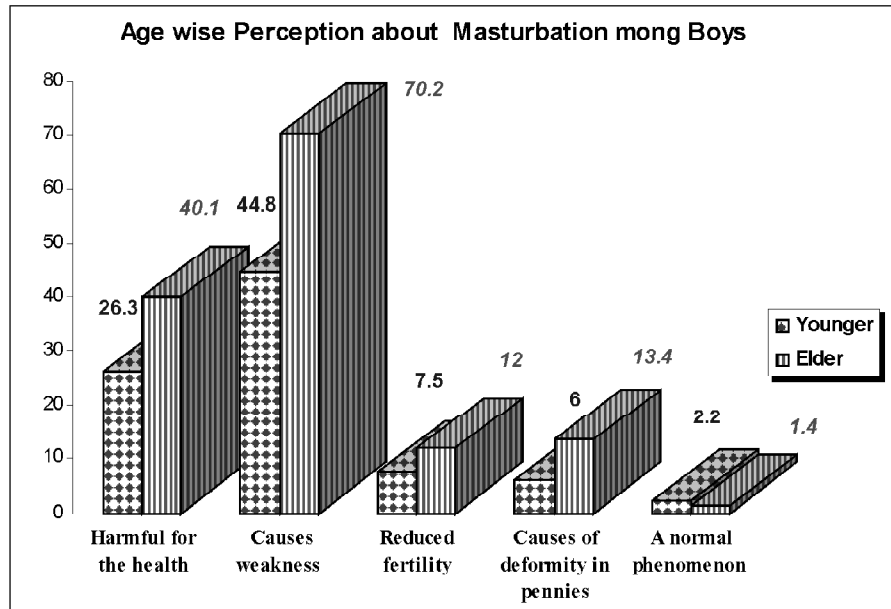
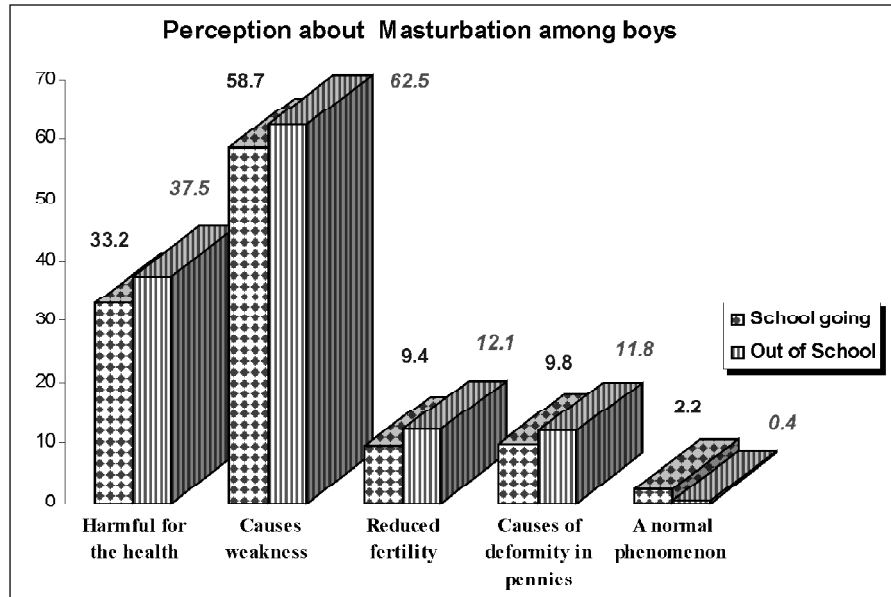
<i>Knowledge about menstruation and nocturnal emission</i>	<i>Per cent reporting information/perception</i>				
	<i>School going</i>	<i>Out of school</i>	<i>Younger</i>	<i>Elder</i>	<i>Total</i>
<i>Girls</i>					
Awareness about menstruation	86.0	90.0	81.2	97.5	88.3
Information about menstruation					
• Oozing of dirty blood	60.7	66.1	59.2	69.8	63.8
• It starts among girls at the onset of adolescent age	10.5	11.4	10.0	12.3	11.0
• Symbol of reproductive age	1.6	1.3	0.9	2.1	1.4
• Its usual physiological phenomena occurs every month	11.1	10.0	9.3	11.9	10.5
• Others	11.5	7.6	14.7	2.3	9.3
<i>Boys</i>					
<i>Perception about the effect of nocturnal emission</i>					
• Harmful for the health	29.4	39.6	24.5	37.6	32.1
• Causes weakness	53.4	61.5	38.7	67.7	55.6
• Reduced fertility	5.9	12.0	4.7	9.6	7.5
• Causes of deformity in pennies	4.1	5.1	3.5	5.0	4.4
• A normal phenomenon	6.8	5.1	4.7	7.6	6.3



Source of information for menstruation	Per cent reporting information/perception				
	School going	Out of school	Younger	Elder	Total
Informed by anybody before starting of menstruation	65.0	65.8	63.6	6.9	65.5
<i>Source of information</i>					
Mother	27.5	23.1	24.4	25.9	25.0
Sister/cousin sister	27.8	29.5	26.6	31.6	28.7
Grand mother	1.6	1.0	0.6	2.2	1.3
Teachers	2.9	1.5	1.2	3.3	2.1
Friends	31.8	39.5	36.1	36.2	36.1
TV/Radio	1.9	1.7	1.0	2.7	1.8
Magazines/news papers	1.6	0.4	1.0	0.8	0.9
Others	19.0	20.4	21.5	17.4	19.8
Usage clean cloths/sanitary napkin during menstruation	62.7	55.7	48.9	71.6	58.8

Source of information for menstruation	School going	Out of school	Younger	Elder	Total
Mother	27.5	23.1	24.4	25.9	25.0
Sister/cousin sister	27.8	29.5	26.6	31.6	28.7
Grand mother	1.6	1.0	0.6	2.2	1.3
Teachers	2.9	1.5	1.2	3.3	2.1
Friends	31.8	39.5	36.1	36.2	36.1
TV/Radio	1.9	1.7	1.0	2.7	1.8
Magazines/news papers	1.6	0.4	1.0	0.8	0.9
Others	19.0	20.4	21.5	17.4	19.8
Usage clean cloths/sanitary napkin during menstruation	62.7	55.7	48.9	71.6	58.8





Perception about Masturbation among boys	School going	Out of school	Younger	Elder	Total
• Harmful for the health	33.2	37.5	26.3	40.1	34.4
• Causes weakness	58.7	62.5	44.8	70.2	59.7
Reduced fertility	9.4	12.1	7.5	12.0	10.1
Causes of deformity in pennies	9.8	11.8	6.0	13.4	10.3
A normal phenomenon	2.2	0.4	2.2	1.4	1.7

Knowledge About Gender Equity and Equality Among Adolescent Boys and Girls

Questions were asked pertaining to gender biasness experienced by the girls in their family and boys were also asked whether they observed biasness towards girls in their family. Besides, adolescents were asked whether girls should given liberty to take their own decisions for their own life.

Around 67 per cent girls shared that they experienced biasness in their own family and importantly around 54 per cent boys also felt that their family is biased towards their girls. Responding to the types of biasness, both boys and girls mentioned two important biasness 'education/study' (girls 61.0 per cent; boys 63.5 per cent) and 'restrictions on movement of girls' (girls 68.6 per cent; boys 60 per cent) followed by restrictions on sports/ entertainment and 'restrictions on food/diet.

Unexpectedly, more boys than girls were in favour of giving liberty to girls 'to choose their career' (girls 80.5 per cent; boys 81.7 per cent). Significantly high percentage of boys and girls supported the liberty for girls for choosing their life partner (girls 74.5 per cent; boys 64.6 per cent) and 'living alone for job' (girls 82.6 per cent; boys 78.9 per cent). This thought of boys should be explored for reducing gender biasness in future. The education and age wise analysis is given in the Table 5.

Table 5
Gender Equity and Equality

<i>Gender equity and equality</i>	<i>Per cent mentioned about gender equity and equality</i>				
	<i>School going</i>	<i>Out of school</i>	<i>Younger</i>	<i>Elder</i>	<i>Total</i>
<i>Girls</i>					
Experienced biasness in the family being a girl	59.3	73.6	67.4	67.3	67.4
Types of biasness experienced					
• Love and Affection	20.6	23.0	21.4	23.0	22.1
• Education/study	42.2	72.7	59.5	63.0	61.0
• Restrictions on movement	68.6	68.5	65.3	72.9	68.6
• Restrictions on food/diet	15.4	12.1	14.6	11.8	13.4
• Restrictions on sports/ entertainment	23.4	20.9	22.2	21.4	21.9
• Health care related	8.6	10.6	9.8	9.9	9.8
• Others	9.8	7.5	8.7	7.9	8.4
<i>Boys</i>					
Observed biasness towards girls in the family	54.1	53.5	53.8	54.0	53.9
Types of biased ness observed					
• Love and Affection	21.9	26.6	22.2	23.8	23.1
• Education/study	63.4	63.8	66.0	61.7	63.5
• Restrictions on movement	60.1	59.8	57.4	61.9	60.0
• Restrictions on food/diet	14.5	16.6	12.8	16.8	15.1
• Restrictions on sports/ entertainment	17.0	13.6	17.9	14.7	16.1
• Health care related	2.5	1.0	1.2	2.7	2.1
• Others	19.1	19.1	17.3	20.4	19.1

<i>Gender equity and equality</i>	<i>Per cent mentioned about gender equity and equality</i>				
	<i>School going</i>	<i>Out of school</i>	<i>Younger</i>	<i>Elder</i>	<i>Total</i>
<i>Girls</i>					
Girls should have liberty to choose their career	84.4	77.5	77.7	84.2	80.5
Girls should have permitted to live alone for job	88.5	78.2	79.4	86.8	82.6
Girls should have liberty to choose their life partner	79.2	70.9	71.2	78.8	74.5
<i>Boys</i>					
Girls should given liberty to choose their career	84.3	74.3	76.9	85.3	81.7
Girls should permitted to live alone for job	81.5	71.5	75.0	81.9	78.9
Girls should given liberty to choose their life partner	65.1	61.1	57.6	6.9	64.0

Suggestions and Recommendations

Although, during the study, it was found that the information level among adolescent boys and girls are satisfactory, but it was not at desirable level which means substantial knowledge about the various aspects of family welfare and some aspects of future parenting.

Despite of all efforts being undertaken by the government and non government organisations in terms of information, education and communication (IEC) including mass media, print media, non broadcasting media, folk media, interpersonal communication etc. yet there is a wide gap of information and knowledge among adolescents. Investing on Informing and educating the adolescents is very important need of the day.

Keeping the findings of the research study, the following recommendations are suggested:

- The IEC activities should be designed considering the mean age of the adolescents, as it comes within the bracket of *early adolescent age*. Working and earning relations indicates a mild sign of gender inequality. Hence, IEC and BCC activities need to cater these issues also, which is sensitive too and needs greater involvement of Panchayat Raj Members, local influential leaders.
- The data reveals that the IEC strategy should be designed in the purview of their current exposure of media channel and their interest. There is need to focus more on younger adolescent then elder ones. Besides, school going and out of school going adolescents have to be taken into consideration while designing the IEC tools
- It is very necessary to equip the adolescents with the proper knowledge pertaining to family welfare and related aspects. Hence role of IEC is become greater in this context.

- There is great need of orienting service providers i.e. ANM, Health Workers, Anganwadi Worker, School Teachers etc. on adolescence and related issues and develop the skills for educating adolescent boys and girls on the issues related to family welfare and parenting.
- Strategy should be developed to involve the parents of adolescents for educating the adolescents on family welfare and related issues.

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