

Executive Summary

More than a quarter of the world's population is between the ages of 10 and 24, with 86% living in less developed countries. These young people are tomorrow's parents. The reproductive and sexual health decisions they make today will affect the health and wellbeing of their communities and of their countries for decades to come.

In particular, two issues have a profound impact on young people's sexual health and reproductive lives: family planning and HIV/AIDS. Teenage girls are more likely to die from pregnancy-related health complications than older women in their 20s. Statistics indicate that one-half of all new HIV infections worldwide occur among young people aged 15 to 24.

In this study session you will learn about changes during adolescence and why it is important to deal with adolescents' reproductive health problems. You will learn about factors affecting adolescents' risk-taking behaviours and its consequences. You will also learn the importance of raising awareness about adolescent reproductive health rights.

The World Health Organization (WHO) defines an **adolescent** as an individual in the 10-19 years age group and usually uses the term **young person** to denote those between 10 and 24 years. In this Module we will use these definitions and also the terms **early**

adolescence (10-14), **late adolescence** (15-19) and **post-adolescence** (20-24), because they are helpful in understanding the problems and designing appropriate interventions for young people of different ages. You will explore the relevance of this classification in greater detail in Study Sessions 10 and 12 which discuss how you can promote and provide adolescent and youth-friendly reproductive services.

Adolescence is a period of transition from childhood to adulthood during which adolescents develop biologically and psychologically and move towards independence. Although we may think of adolescents as a healthy group, many die prematurely and unnecessarily through accidents, suicide, violence and pregnancy-related complications. Some of the serious conditions of adulthood (for example, sexually transmitted infections (STIs), like HIV; and tobacco use) have their roots in adolescent behaviour.

Studies show that young people are not affected equally by reproductive health problems. Orphans, young girls in rural areas, young people who are physically or mentally impaired, abused or have been abused as children and those migrating to urban areas or being trafficked are more likely to have problems.

Despite their numbers, adolescents have not traditionally been considered a health priority in many countries, including Ethiopia. While the country has been implementing major interventions to reduce child mortality and morbidity, interventions addressing the

health needs of young people have been limited. Young people often have less access to information, services and resources than those who are older. Health services are rarely designed specifically to meet their needs and health workers only occasionally receive specialist training in issues pertinent to adolescent sexual health. It is perhaps not surprising therefore that there are particularly low levels of health-seeking behaviour among young people. Similarly, young people in a variety of contexts have reported that access to contraception and condoms is difficult.

The negative health consequences of adolescents can pass from one generation to the next. For example, babies born to adolescent mothers have a high risk of being underweight or stillborn. They are also likely to suffer from the same social and economic disadvantages encountered by their mothers. That is why addressing the needs of adolescents is an intergenerational investment with huge benefits to subsequent generations

As we know India is country of Villages. The 70% of the Indian population Lives in rural areas. Also, India is a country of youngsters. The future of India largely depends upon the health of these youngsters. In India medical facilities are major challenges. So it's required to understand the health status of adolescents especially for Girls. These girls will be future mother of the Indian citizens. It's normally seen in rural areas the adolescent girls are facing various health related issues. They are facing constraints like lack of friendly

environment in family and surroundings, Social evils, lack of educational aspiration, lack of money, interrupted transportation, Gender Discrimination, security etc. under these circumstances the adolescents girls may feel unhealthy, mentally distress. The present study **“Awareness of Reproductive Health among school going adolescent girls”** is taken to understand the awareness status of girls with respect to their health issues, family planning, ITR and the value of food & nutrition etc. the need of the study are

- To know the causes and impact of reproductive health problems among adolescent girls.
- To aware girls and society about their reproductive health.
- To assess of level of awareness about their reproductive health.

The present study is conducted in the Chitrkoot, Uttar Pradesh. The some part of chitrakoot region covers Madhya Pradesh it is not so much developed area. Conserve traditional and cultural norms in its family system and society. Due to lack of awareness adolescent are exposed to various sexual reproductive health issue they didn't have accurate information due to conservative society.

Several studies about awareness and adolescent health have been conducted at both state and central level so far. This proposed study shall be conducted in Chitrakoot region. The following are the objectives of the study framed.

- To study the socio-economic status of adolescents Girls and their families in the chitrakoot region.
- To Access awareness among adolescents' girls about family planning, menstruation cycle, reproductive health, health service and food & nutrition values.
- To access the various adolescent health problems among school going girls during menstruation cycle and RTI etc.
- To study the food and nutritional status of adolescents girls
- To know the factors responsible for awareness on family planning, menstruation cycle, reproductive health, health service and food & nutrition values among adolescents' girls in the region.

Here, in the present study Descriptive Research design is used to describe the characteristics of the respondents followed by quantitative research approach.

A sample of 400 school going adolescent girls from different schools in chitrakoot is taken for this study. the sample is chosen on the basis of convenience of the researcher.

In The present study the data is collected in both ways. The review of literature is done through secondary data. Through the Literature review some research gapes have been identifies. To fill up this gap objectives of the study have been drafted and to solve out those

objectives the primary data adolescent girls have been collected through schedule method.

A schedule is drafted to collect the data of adolescent girls in chitrakoot region. This schedule pertains to all objectives of the study. The schedule is so designed to free from grammatical errors. It used familiar language, dichotomous and MCQ type's questions, sequential flow in questions.

Several hypotheses have also been drafted to test the relationship between the demography and awareness on health issues after use of family planning methods, menstruation cycle, RTI, health centers and food & nutrition values.

In the analysis of the data, first the data is filled up in the SPSS and then suitable statistical techniques like Mean, Mode, Median, MRA, and Chi Square test have been applied. After it analyzed data is presented through pie charts, graphs and tables.

After the analysis is find that the adolescent girls are pretty much aware on various health problems like weight gain, weakness and excessive bleeding respectively after use of any family planning methods.

The study test the relationship between the awareness on health issues after use of family planning methods among adolescent girls in chitrakoot region their demography. The summary table of the testing is as follows:

Relationship	Hypothesis statements	Test Name and significant value	Result
To Test The relationship between awareness on health issues after use of family planning methods among adolescent girls in chitrakoot region their demography.	<p>Ho: The awareness on health issues after use of family planning methods among adolescent girls in chitrakoot region does not depend on their Age, Types of schooling, Family Type, Parent's education Level and family Income.</p> <p>Ha: The awareness on health issues after use of family planning methods among adolescent girls in chitrakoot region depends on their Age, Types of schooling, Family Type, Parent's education Level and family Income.</p>	Chi Square Test and P values are less than .05	The Null hypothesis rejected and it is found that The awareness on health issues after use of family planning methods among adolescent girls in chitrakoot region depends on their Age, Types of schooling, Family Type, Parent's education Level and family Income

The above table shows that The awareness on health issues after use of family planning methods among adolescent girls in chitrakoot region their demography depends on their Age, Types of schooling, Family Type, Parent's education Level and family Income.

The study also tested the relationship between awareness on menstruation cycle problem & treatment and the demography of

adolescent girls in chitrakoot. The summary of testing is given in the following table:

Relationship	Hypothesis statements	Test Name and significant value	Result
To Test The relationship between awareness on health issues during menstruation among adolescent girls in chitrakoot region their demography.	<p>Ho: The awareness on health issues during menstruation among adolescent girls in chitrakoot region does not depend on their Age, Types of schooling, Family Type, Parent's education Level and family Income.</p> <p>Ha: The awareness on health issues during menstruation among adolescent girls in chitrakoot region depends on their Age, Types of schooling, Family Type, Parent's education Level and family Income.</p>	<p>Chi Square Test and P values are less than .05 for Age, Types of schooling, Family Type, Parent's education Level and for family Income, The value of P greater than .05.</p>	<p>The Null hypothesis rejected and it is found that The awareness on health issues during menstruation among adolescent girls in chitrakoot region depends on their Age, Types of schooling, Family Type, Parent's education Level. And it does not depend on Family monthly Income.</p>

The above table shows that the awareness on health issues during menstruation among adolescent girls in chitrakoot region depends on their Age, Types of schooling, Family Type, Parent's education Level. And it does not depend on Family monthly Income.

The study tests the relationship between awareness on health issues during RTI & their demography among adolescent girls in chitrakoot region. And the summary of testing is given in the following table:

Relationship	Hypothesis statements	Test Name and significant value	Result
To Test The relationship between awareness on health issues during RTI among adolescent girls in chitrakoot region their demography.	<p>Ho: The awareness on health issues during RTI among adolescent girls in chitrakoot region does not depend on their Age, Types of schooling, Family Type, Parent's education Level and family Income.</p> <p>Ha: The awareness on health issues during RTI among adolescent girls in chitrakoot region depends on their Age, Types of schooling, Family Type, Parent's education Level and family Income.</p>	Chi Square Test and P values are less than .05 for Age, Types of schooling, Family Type, Parent's education Level and family Income	The Null hypothesis rejected and it is found that The awareness on health issues during RTI among adolescent girls in chitrakoot region depends on their Age, Types of schooling, Family Type, Parent's education Level And Family monthly Income.

The testing shows that The awareness on health issues during RTI among adolescent girls in chitrakoot region depends on their Age, Types of schooling, Family Type, Parent's education Level, And Family monthly Income.

The study tests the relationship between Demography of the Adolescent Girls and their food habits. And the summary is given in the following table:

Relationship	Hypothesis statements	Test Name and significant value	Result
To Test The relationship between foods habits of adolescent girls in chitrakoot region their demography.	<p>Ho: the food pattern of adolescent girls does not depend on their Age, Types of schooling, Family Type, Parent's education Level and family Income.</p> <p>Ha: the food pattern of adolescent girls depends on their Age, Types of schooling, Family Type, Parent's education Level and family Income.</p>	<p>Chi Square Test and P values are less than .05 for Age, Types of schooling, Family Type, Parent's education Level and family Income</p>	<p>The Null hypothesis rejected and it is found that the food pattern of adolescent girls depends on their Age, Types of schooling, Family Type, Parent's education Level and family Income.</p>

From the above table it is found that the food pattern of adolescent girls depends on their Age, Types of schooling, Family Type, Parent's education Level and family Income.

Study shows that most of girls having health centre facilities near by their areas. And these centers are running various adolescent

programs. Most of the girls are the beneficiary of these programs. Their Teachers and social workers play an important role to enable aware about adolescent reproductive. These facilities are not much effectives because most of girls required improvement in these services in their area. Less than half of the total respondents are satisfactory to their health centers.

Almost all adolescent girls do eat fruits eat weekly often similarly all adolescent girls drink milk weekly often. Most of girls think they are not getting balanced diet. Food habit of adolescent girls depends on their Age, Types of schooling, Family Type, Parent's education Level and family Income.