# The need for adolescent health programmes in India to have a community-based approach to be more effective

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## Abstract

The transitory phase of adolescence in an individual’s life is often subjected to social, economic and political factors, which in turn have a long term effect on their health and quality of life. While some of these factors heighten the chances of exposure to health risk behaviour among adolescents, others promote resilience. Yet most health programmes view adolescents as autonomous agents who hold the power to make their own decisions. Through qualitative interviews and discussions, this study establishes the impact that the social, political and economic environment have on the choices made by the adolescents. The adolescent health programmes thereby need to develop a strong community based approach to work alongside parents, teachers, guardians. The status of sexual and reproductive health of adolescents can be improved by focusing upon and promoting protective factors and ensuring a safe, culturally attuned and accessible health services for all.

## Introduction

Adolescence is a stage of life wherein a child metamorphoses into an adult physically, mentally and sexually by undergoing physical, cognitive and socio-emotional development. It is during this time that adolescents establish their identity through a process of exploration, enabling them to establish their purpose in their life (Santrock, 2002). The World Health Organization (2017) defines adolescent as an age group between 10 and 19 years, wherein they adopt behaviours and capacities which enable their transition from childhood into newer roles of adulthood.

This period in life is characterized by uncertainty in terms of identity and their position in their peer group and within the society at large. Most importantly, it is during this period that compulsions of parental approval often come in conflict with the emerging aspirations of independence. In addition, adolescence is also characterized by sexual evolution, which is one of the most significant changes they undergo during this time (CREA, 2005). However, advocating sexual and reproductive health rights for adolescents is a sensitive issue which often evokes a strong emotional responses from adults due to the taboo attached to the subject. A public discourse on this issue is often strictly prohibited, thereby holding back information which would have been otherwise beneficial for the physical and mental health of adolescents.

## Conceptual framework

Lindstrom and Erikson (2010) talk about four primary ecological dimensions of an individual’s life that need to be looked into for understanding the development of this phase. These dimensions include personal (physical, mental and spiritual factors like growth activity, self-esteem), interpersonal (family structure and function, social support, external (social and economic resources such as work, housing and income) and global (ecological, societal and political resources). The Ecological Systems Theory, formulated by American psychologist Urie Bronfenbrenner, states an individual interacts with five environmental systems in their entire lifetime. It is only when these dimensions are understood in relation to each other and are utilized to locate the development of an adolescent, does one get a glimpse of the intricacies of system and how it impacts their health outcomes.

These five systems involve:

* Microsystem- The immediate surroundings of adolescent, eg. Family, peers, teachers, etc.
* Mezosystem- The interaction among microsystems, eg. Interaction of teachers and parents.
* Exosystem- The adolescent’s immediate social setting or situations over which she has no control, eg. Conflict among parents, discord in the extended family.
* Macrosystem- overarching set of values, beliefs, values and norms which govern the cultural, religious, socioeconomic and political organization of the society in which the adolescent resides (Andrea and Joseph, 2017) eg. Education and health related policies, social gender norms.
* Chronosystem- Using the dimension of time, this system locates social, economic and political transitions that occurs over a period of time and within which an adolescent is located. It represents change and constancy in an adolescent’s life. It can include changes such as relocation of home to larger issues such as conflict and economic crisis that can significantly impact an individual’s life.

Previously, the understanding of adolescent health was limited to their health status, which is often demonstrated through indicators such as mortality and morbidity. However now, with the broadening definition of what it means to be healthy, adolescent health is defined on the basis of their health behaviour as well as their health status (Raphael et al., 1996). As most of these of elements belonging to the environmental systems are strong determinants of health and have a profound effect on the lives of the adolescents, they often act as risk or protective factor.

## Methodology

The study was qualitative in nature and its objective was to identify factors affecting sexual and reproductive health behaviour among unmarried adolescent girls in Borough VI, Kolkata. The study had two primary research questions, as listed below:

A. What role does family, peers, religion and education play to effect sexual and reproductive health behaviour?

B. What are the various sources of information in terms of sexual and reproductive health among them?

The sampling technique followed was purposive in nature. The data collection process for study was designed in a two part fashion, wherein the first part involved focus group discussions of unmarried adolescent girls, who were either going to school, working in factories or currently staying at home. The second part comprised of in-depth interviews of the adolescent girls and key informant interviews of community health workers and social workers from local organizations.

While the focus group discussions were used to establish the broad areas of concern within the realm of sexual and reproductive health, the in-depth interviews sought perspectives of individuals and the nuances that existed among them. Further, key informant interviews with service providers and social workers were conducted to gain additional perspective regarding sexual and reproductive health service provisions for adolescents. The tools used for these interviews were semi-structured interview guides with open ended questions, which attempted at understanding the perspective of the participants broadly about various topics, such as gender norms followed within the family, problems they face at individual level in terms of accessing education and health, issues of finances and their current and future role in society.

## Findings

***Exploring the sources of information among unmarried adolescent girls***

One of the major element in the microsystem of an adolescent’s life are the members of their family. Connectedness among the family members and their relationship with the adolescent significantly affects the health behaviour and outcomes in their lives. Effective communication between children and parents is vital for fostering a healthy understanding of sexual and reproductive health among the adolescents (Lloyd, 2004). However, communication among the members of a family is often governed by rules of the macrosystem, which includes cultural prohibitions around sexuality, making some topics of communication desirable and others impermissible. Most often, cultural barriers cause parents to neglect talking about the physical and physiological changes that occur during this period. As a result, adolescents often learn about sexuality and secondary sex characteristics from inappropriate sources, (Sivagurunathan et al., 2015).

Adolescent girls interviewed for the study stated that they traditionally receive information about sexual and reproductive health from their mothers and other female members of their family, such as sisters, aunts, sisters-in-law, etc. In addition, same-sex peer sets also play a major role in the lives of adolescent girls as means for providing information about their health. The participants listed four primary sources of information in terms of sexual and reproductive health behaviour and outcomes- family, social workers from local not for profit organizations, educational institutions such as schools and colleges and the immediate peer set around the individual. Information from such sources are mainly regarding menstruation, hygiene practices, methods of contraception and overall wellbeing. Further, a few of them listed television as their source of information of as well.

*“The social workers from the seva kendras taught us that a woman’s body does not develop fully before the age of 18. If she does get pregnant before the age of 18, it can be dangerous for the baby as well as herself”- Participant 6, age 15*

*“We were taught about the female body and methods of contraception like condoms and oral pills in class X”- Participant 4, age 19*

*“My mother said that when I get my periods, I should not talk to anyone and should stay indoors. I should not talk to any boys either. She had explained all of it to me. I do not go anywhere outside with anyone”- Participant 7, age 14*

In terms of exploring the sources of information and understanding, interviews with the participants revealed three types of information which they receive- cultural prescriptions, technical knowledge and practical life skills. While cultural prescription are mainly implied by people within the family on the adolescents, the school exposes them to the biological perspective and the social workers teach them the practical skills such as ways to maintain menstrual hygiene and the importance of hand-washing to reduce diarrhoea.

***Trends in usage of health services among the adolescents***

The Government of India launched the Rashtriya Kishor Swasthya Karyakram in 2014 in the attempt to promote adolescent health. It sought to enable adolescents and youth between the ages of 10 and 19 to make responsible and informed decisions regarding their health and well-being. The programme’s objectives were improving sexual and reproductive health, improving nutritional status, enhance mental health, prevent injuries and violence and, prevent substance misuse.

Interviews with community health workers brought out that they recognized the need to provide information regarding sexual and reproductive health to adolescents before they hit puberty. However, they also believed that the responsibility of providing this information to girls primarily lay with their mothers. Further, factors such as prohibition from family prevented adolescents from accessing the adolescent friendly health clinics. The interaction between the health policies and cultural norms of the macrosystem, exosystem, and microsystem countered each other to nullify the purpose of the health programme.

Among the adolescents interviewed, the usage of services among them was strongly driven by the financial status of their family. While most adolescents interviewed in Borough VI of Kolkata reported accessing the local government hospital- Nil Ratan Sircar (NRS) Medical College and Hospital, some reported accessing nearby private clinics as well. As reaching NRS Hospital from Borough VI requires taking a bus, many families resort to nearby dispensaries in order to save money and time. Irregular menstrual cycles and dysmenorrhea are the top ranking reasons for them to visit the doctors. Health services are however accessed only at the discretion of the mother as they are the first go-to points for adolescents when in need of health assistance.

*“Girls like me have problems during their periods. They have cramps and aches. Some even have bouts of vomiting during their periods. Many even get down with fever. Girls here face a lot of problems. When we did not know about it the first time, we went to the doctor. However, once we understood what was happening and our mothers told us that we should not take medicines for the sake of our health, we did not go to the doctor anymore. We bear the problems and get over with the periods. Now the cycle is very regular for us”- Participant 6, age 15*

Families are the primary unit which implements the norms of the macrosystem, which includes the gender norms, religious doctrines and social norms, within the microsystem of the adolescent. The belief of families often influence the access to adolescents have to health services, thereby decreasing the impact programmmes like Rashtriya Kishor Swasthya Karyakram intends to achieve among adolescents relying heavily on the principles of privacy and confidentiality.

***Understanding their perspective on heterosexual relationships and marriage***

As one of the limitations of the study, the researcher has been restricted to explore the cultural prohibitions around heterosexual relationships. Traditional gender norms and religious beliefs prohibit formation of romantic relationships among the concerned age group. The reasons for the disapproval range from the community based idea of preserving a girl’s chastity before marriage to opposing to being in a relationship with boy belonging to another religious community/caste. However, formation of partnerships among adolescent boys and girls are often not hindered. A significant proportion of adolescent girls today in India are manifesting a delay in the age of marriage. Additionally, it is occurring alongside a fall in the age of menarche, causing the period between the two events where premarital sex occurs to be extended (De Silva, 1998). While from a cultural standpoint, heterosexual relationships are often not approved by the families of the adolescents, some adolescent girls reported that they often persist with their relationship despite their parents’ disapproval.

*“My friends have boyfriends regardless of what their parents have told them. Currently, my one of my friend is 14 years old. No matter how much her parents hither, she persists”- Participant 7, age 14*

*“I had a boyfriend before but I was asked to break it of by my mother. She was always against the idea of me having a boyfriend. What complicated the matter further was the he belonged to a different religion”- Participant 6, age 15*

Having a sound knowledge regarding health behaviour and their outcome has a positive impact on the sexual and reproductive health of adolescents. The World Health Organization (2017) states that enrolment in schools acts as a protective factor with respect to early sexual debut, usage of contraceptives, pregnancy and early child bearing as well. School-going adolescents who interviewed that they had developed a strong peer set, which acted as protective factor against risky behaviour due to the support they provide, especially during times of distress.

*“They are around 13 or 14 or 15 when they get married. I have learnt a lot from watching them, to be honest. I learnt that getting married ruins your life completely. There are so many cases of domestic violence around here. There was even a case where the husband attacked he wife with a blade on her face. In my opinion, the girls should get separated from the husband but yet, she continues to stay there with her husband. Sometimes, her own parents ask her to stay back at her maiden house but she puts up a fight and insists on going back. I decided that, come what may, I will make my life. Thanks to the Lord, he has given me enough talent to get by. I don’t mind any kind of job. I used to be ashamed of the housekeeping job, as to why should I go and wash dishes at someone else’s place. I did get a lot of other jobs but they demanded a lot time, such as 8 to 12 hours a day. That would leave no time for me to study. The housekeeping job takes up about 4-5 hours a day and lets me earn enough to pay for tuition”- Participant 4, age 19.*

Most of the school going girls interviewed reported high prevalence of domestic violence among families where girls have gotten married young. The poor status of their physical and mental health often act as motivation for the school going girls to continue their education. They often take independent decisions to postpone their age of marriage.

## Conclusion

It is necessary for civil societies and the government to design interventions and programmes for adolescents which embed sexual and reproductive health into the larger setting of the chronosystem, macrosystem and the microsystem of the individuals. The adolescent health programmes designed by civil societies and the government need to move beyond viewing adolescents as autonomous agents with the power to make their own decision. Instead, the programmes need to develop a strong community-based approach to work alongside parents, teachers, guardians and the adolescents.

Programmes need to focus on issues such like gender and other traditional norms along with knowledge regarding sexual and reproductive health issues and reduction of health risk behaviour among adolescents. The programmes and interventions require being culturally sensitive while promoting better understanding of sexual and reproductive health issues in the community and to sustainably build upon improving issues of adolescent health.

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