

Abstract - Group n°43

Adolescent reproductive health in Coimbatore

Clara Correnti, Geraldina Mottini, Sarah Nicollier, Clémentine Wehrli, Salomé Zuber

Introduction

India has the largest adolescent population in the world; 1 in 5 citizens is a teenager. Adolescence constitutes an important transition into adulthood: healthy behaviours during this vulnerable period are crucial for preventing health issues in adulthood and for the adolescents' future children. (1,2,3)

We conducted our research in collaboration with the Shanti Ashram, a primary care and communitarian health centre in Coimbatore, Tamil Nadu, India.

A major public health challenge the Shanti Ashram has identified is improving adolescent reproductive health. Indeed, the main causes of mortality and morbidity in adolescents are associated with risky sexual behaviours and their lack of information about the topic. (2) Adolescent reproductive health needs are not answered, as social stigma and low knowledge levels inhibit effective prevention. (4) Since the mid 1970's, Tamil Nadu has been one of the states to develop reproductive health prevention the most. However, adolescents have not been the principal target of prevention programs and have not been considered as a population on their own. (5)

Based on the above, we questioned ourselves about the components, the importance and the primary needs of adolescent reproductive health and its promotion in Coimbatore.

Methodology

Prior to the field work, a literature review was conducted. Subsequently, qualitative descriptive research was conducted through semi-structured interviews that were documented in the interview guide. We included questions about the definition of adolescence and reproductive health, the needs and priorities of adolescents regarding reproductive health, how promotion and prevention respond to the needs, as well as the impact that culture and beliefs have. An interdisciplinary sample of 18 interviewees was chosen, all professionals involved in adolescent reproductive health: 5 doctors, 1 nurse, 3 teachers, 3 public health professionals, 1 head of prevention project, 4 project managers in public health and 1 local political functionary. The data collection was completed by informal discussions with 10 people from different regions of India, as well as with a Coimbatore woman who had children during her adolescent years. Finally, we took part in a two-day interdisciplinary workshop about adolescents' health, held at the Shanti Ashram. We acquired deeper knowledge on adolescents, as well as insight on how prevention programs for this population are built. The majority of the interviews were conducted in English. Four interviews required Tamil-English translation. The interviews were recorded and partially transcribed. We proceeded to a content analysis and classified the emerging themes based on a chart coding system.

Results

Adolescent reproductive health

The majority of the interviewees mentioned menstruations as a primary definition of reproductive health. Aspects related to boys' puberty were barely addressed. Sexual intercourse was hardly ever mentioned within the reproductive health definition, but physical attraction and sexual urges were stated. The interviewees explained that the topic of sexuality is surrounded by a lot of taboo and is not openly talked about, be it inside a family or between a patient and his doctor. Culture still has an important impact on reproductive health representations and practice. Myths around the female gender, especially regarding menstruations, often influence girls' status.

Reproductive health issues

Several reproductive health issues faced by adolescents were highlighted. Primary care and public health professionals cited sexually transmitted infections; by a large extent only HIV, while HPV (human papillomavirus) and hepatitis were only rarely mentioned. High-risk behaviours were mainly addressed

by public health professionals, who named unprotected sexual intercourse and substance abuse as such. Related factors of vulnerability were widely addressed, including child marriage, gender gap, sexual abuse and early or unwanted pregnancies. Unsafe abortion and school dropouts were also cited.

Reproductive health needs

These issues revealed needs that have to be addressed by prevention. Firstly, the need for adolescent education. Related to the topic of menstruations, the main need mentioned was education concerning hygiene and nutrition (iron supplementation). Informal knowledge is acquired through parents and peers who are mostly not educated on topics of reproductive health. Moreover, any adolescent can get any information, wrong or right, through modern technology. Thus, the importance of obtaining knowledge through formal learning ensured by schools, health professionals and public health departments was asserted. Several respondents mentioned that further research and evidence is needed to provide well-adapted education. One speaker mentioned that the adolescents themselves should play the primary role in their reproductive health. Secondly, the need to make adolescents aware of high-risk behaviours, STIs and sexual abuse was widely expressed. Awareness was mentioned as a priority in the development of critical thinking to counter the above-mentioned issues. Thirdly, self-confidence, gender equity and life skills were associated to the concept of empowerment. The need to empower girls was emphasized to prevent child marriage, unwanted pregnancies and school dropouts. In contrast, we learned that most prevention programs do not include boys. Furthermore, solely primary and public health professionals reported the need for monitoring, vaccines and especially the availability of contraceptives.

Lastly, a positive environment, which is mainly part of the adults' responsibility, was mentioned. Guidance, support, trust, availability, as well as safety were named as the main determinants of good reproductive health.

Discussion

Education on the topic of menstruations is a prevalent preoccupation regarding reproductive health. Programs are shaped accordingly and address the topic only to girls. Another concept, empowerment, also puts girls into focus, whereas it tries to counter issues that concern both sexes. Thus, the gender gap issue shows a contradiction: girls are socially disadvantaged while boys are put aside in reproductive health education. In the future, boys and girls should have equal access to reproductive health education and be included in the same programs. Furthermore, the focus of reproductive health prevention needs a broader scope in order to cover all existent issues, which are largely related to sexuality. To attain this, awareness and communication about sexuality should be extended from the orbit of health professionals to other professionals working with adolescents (e.g. teachers).

Before starting our research, our interest lay in identifying the needs and priorities of adolescents regarding reproductive health. During the interviews, many new topics appeared which exceeded our initial focus. These topics (culture, media, environment) deserve deeper exploration and serve as a good base for further research on the factors influencing adolescent reproductive health.

Based on our results, we see that further research on adolescents and more insight on methodologies is needed, in order to practice evidence-based prevention. For this, adolescents need to be included in the process of building programs by conducting focus groups, for example, to highlight their own needs and views on the topic of reproductive health. Prevention work should continue to be interdisciplinary in order to ensure cohesion and uniform messages of education. This could be attained through interdisciplinary training programs.

In conclusion, reproductive health is a priority in adolescents' wellbeing and their needs reflect important issues that have to be addressed. Adolescents have to be defined as a separate population, and prevention programs must be adapted to their specific needs and functioning. The means and structures needed for prevention are present and several programs show a positive impact. Thus, Coimbatore seems well equipped to tackle the remaining challenges and improve its services to the adolescent population in terms of reproductive health.

References

1. Ismail S, Shajahan A, Sathyanarayana Rao TS and Wylie K. Adolescent sex education in India: current perspectives. *Indian J Psychiatry*. 57 (4): 333-337. doi: 10.4103/0019-5545.171843.
2. Khubchandani J, Clark J, Kumar R. Beyond Controversies: sexuality education for adolescents in India. *J Family Med Prim Care*. 3(3): 175-179. doi: 10.4103/2249-4863.141588.

3. Patil S N, Wasnik V, Wadke R: Health problems amongst adolescent girls in rural areas of Ratnagiri district of Maharashtra India. *Journal of Clinical and Diagnostic Research* [online] 2009 October [cited: the 28th of June 2018]; 3: 1784-1790. Available on: [http://www.jcdr.net/back_issues.asp?issn=0973-709x&year=2009&month=October &volume=3&issue=5&page=1784-1790 &id=489](http://www.jcdr.net/back_issues.asp?issn=0973-709x&year=2009&month=October&volume=3&issue=5&page=1784-1790&id=489).
4. Salam A R, Faqqah A, Sajjad N, Lassi Z S, Das J K, Kauffman M and al: Improving adolescent sexual and reproductive health: a systematic review of potential interventions. *J Adolesc Health*. 59 (2016): S11-S28. doi: 10.1016/j.jadohealth.2016.05.022.
5. Vaidyanathan G. Commentary: Sexual and reproductive health services in Tamil Nadu: Progress and way forward. *NCBI* [online]. 2014 [cited the 27th of June 2018]; 10(2): 177-179. doi: 10.1080/17441692.2014.986165.

Key words: adolescence, reproductive health, prevention, education, empowerment

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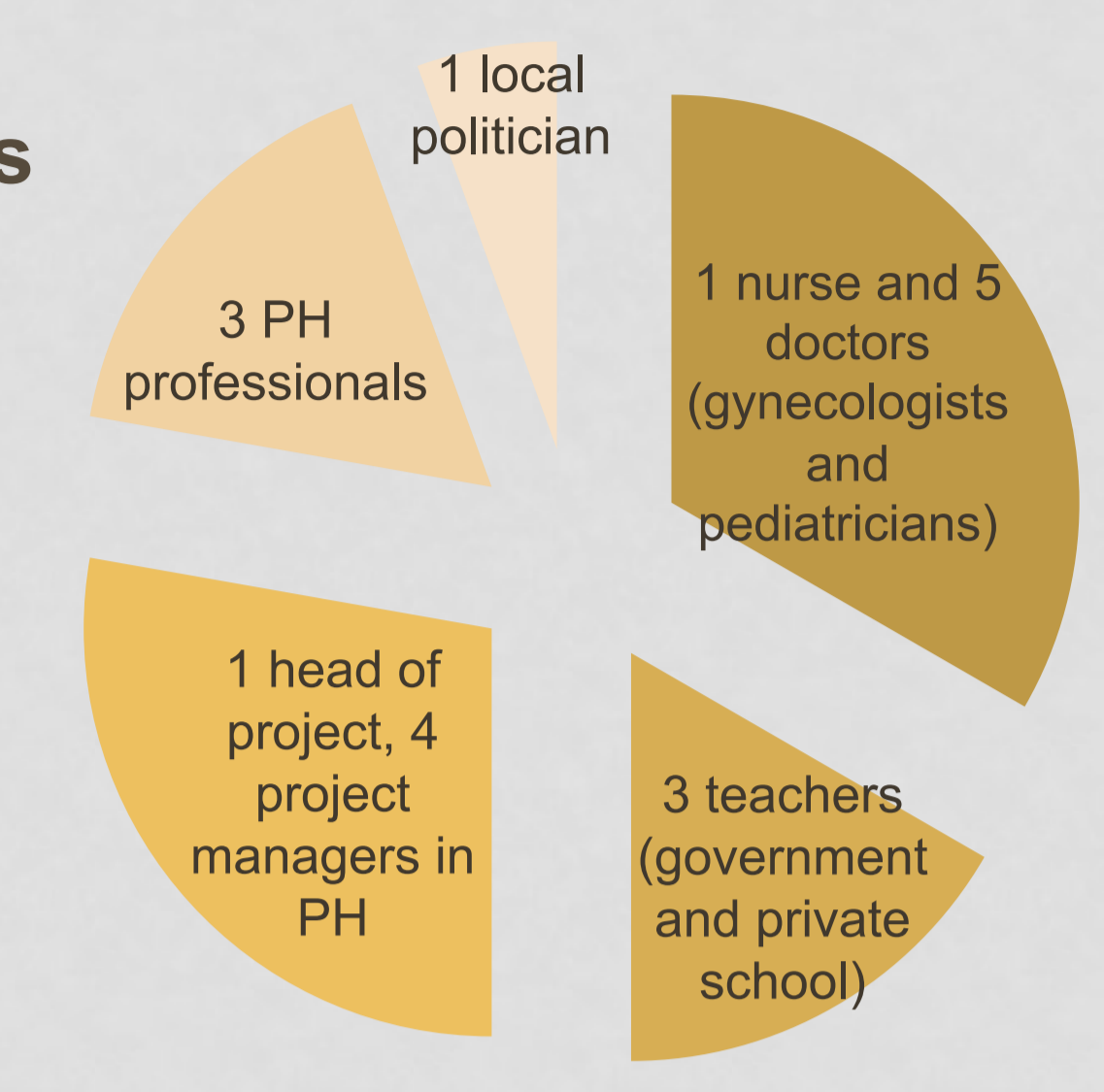
Introduction

India has the largest population of adolescents; 1 in 5 citizens is a teenager. Adolescence constitutes an important transition into adulthood: healthy behaviours during this vulnerable period are crucial for preventing health issues in adulthood. (1,2,3) Our research was conducted in collaboration with the Shanti Ashram, a primary care and communitarian health center in Coimbatore, Tamil Nadu, India. Through the center's documentation, we identified the topic of reproductive health of adolescents as a health challenge. Indeed, the main causes of mortality and morbidity in adolescents are associated with risky sexual behaviours and their lack of knowledge about the topic. (2)

Methodology

- Literature review
 - Descriptive qualitative research
 - 3 weeks interdisciplinary (nursing and medical students) fieldwork
 - Semi-structured interviews based on an interview guide
 - 4 interviews required Tamil-English translation
- In addition:
- 10 informal discussions with the population and professionals
 - Participation in a 2-day interdisciplinary workshop on adolescents' health, proving this topic is seen as a priority

Sample of 18 interviewees



Results

What are the elements included in adolescent reproductive health ?

- RH primarily defined by **menstruations**.
- Regarding boys, the aspects related to puberty were barely addressed.
- Sexual intercourse was hardly ever mentioned, but **physical attraction and sexual urges** were.
- Culture has still a big impact on RH: existence of myths on menstruations, taboos surrounding sexuality.

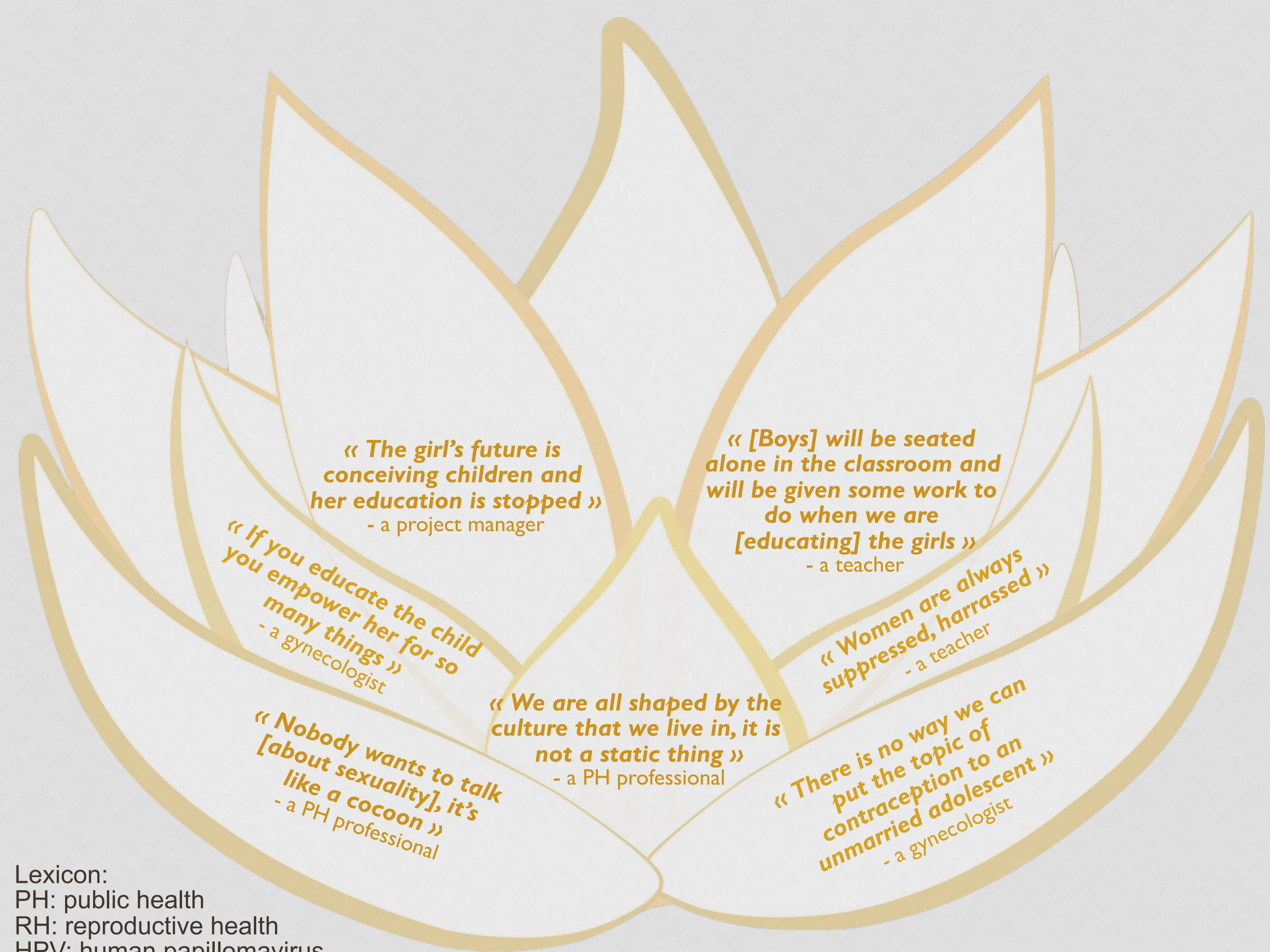
What are the reproductive health issues?

- STIs: HPV, hepatitis, mostly **HIV** (mainly reported by PH and primary care professionals)
- **High-risk behaviours**: unprotected sex (reported by PH professionals)
- **Child marriage** and early pregnancy leading to school dropouts
- **Gender gap**: vulnerability linked to the female status
- **Sexual abuse**

What are the needs of adolescents in reproductive health?

- **Education**
 - Hygiene and good nutrition regarding menstruations.
 - Formal learning through schools, health professionals and PH departments.
- **Awareness** on high-risk behaviours, STIs and sexual abuse.
- **Empowerment** of girls through self-confidence, **gender equity** and **life skills** to prevent child marriage, unwanted pregnancies and school dropouts.
- **Monitoring**, vaccines and contraceptives (reported by primary care and PH professionals).
- **Positive environment** through guidance, trust, availability and safety of the adults.

What are the needs and priorities regarding reproductive health of adolescents in Coimbatore?



Lexicon:
PH: public health
RH: reproductive health
HPV: human papillomavirus
HIV: human immunodeficiency virus
STIs: sexually transmitted infections

Discussion

Education on menstruations is a prevalent preoccupation regarding reproductive health. Programs are shaped accordingly and address the topic only to girls. The concept of empowerment also focuses on girls, whereas it tries to counter issues that concern both sexes. Thus, the concept of gender gap shows a **contradiction**: girls are socially disadvantaged while boys are put aside in reproductive health education. In the future, boys and girls should have **equal access to reproductive health education** and be included in the same programs. Furthermore, the focus of reproductive health prevention should broaden and cover all existent issues, which are largely linked to sexuality, a topic that is not addressed enough. Based on our results, we see that further research on adolescents and **more insight** on methodologies is needed, in order to practice **evidence-based prevention**. For this, adolescents need to be included in the process of building programs. Conducting focus groups, for example, could highlight their own needs and views on the topic of reproductive health. Prevention work should continue to be **interdisciplinary** in order to insure cohesion and **uniform messages** of education. This could be attained through interdisciplinary training programs.

Conclusion

- RH is a priority in adolescents' health and adolescents' needs reflect important issues.
- Prevention programs must be adapted to the specific needs and adolescents' functioning.
- Means and structures are present and make Coimbatore equipped to tackle remaining challenges.

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References : 1. Ismail S, Shajahan A, Sathyanarayana Rao TS and Wylie K. Adolescent sex education in India: current perspectives. Indian J Psychiatry. 57 (4): 333-337. doi: 10.4103/0019-5545.171843; 2. Khubchandani J, Clark J, Kumar R. Beyond Controversies: sexuality education for adolescents in India. J Family Med Prim Care. 3(3): 175-179. doi: 10.4103/2249-4863.141588; 3. Patil S N, Wasnik V, Wadke R: Health problems amongst adolescent girls in rural areas of Ratnagiri district of Maharashtra India. Journal of Clinical and Diagnostic Research [online] 2009 October [cited: the 28th of June 2018]; 3: 1784-1790. Available on: http://www.jcdr.net/back_issues.asp?issn=0973-709x&year=2009&month= October &volume=3&issue=5&page=1784-1790 &id=489; 4. Salam A R, Faqqah A, Sajjad N, Lassi Z S, Das J K, Kauffman M and al: Improving adolescent sexual and reproductive health: a systematic review of potential interventions. J Adolesc Health. 59 (2016): S11-S28. doi: 10.1016/j.jadohealth.2016.05.022; 5. Vaidyanathan G. Commentary : Sexual and reproductive health services in Tamil Nadu: Progress and way forward. NCBI [online]. 2014 [cited the 27th of June]; 10(2): 177-179. doi: 10.1080/17441692.2014.986165.