

Health Needs of Adolescent Girls in Urban Slum of a Kolkata

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Abstract: *This study delves into the health needs and challenges faced by adolescent girls living in urban slums, with a focus on Kolkata, India. Recognizing adolescence as a pivotal phase marked by significant physical, psychological, and social transformations, the research underscores the unique vulnerabilities and health requirements of this demographic. The study, employing a community-based cross-sectional design, involved two phases: Focus Group Discussions FGD with 15 adolescent girls and interviews with 30 additional participants. The findings reveal a reasonable awareness of nutrition among these girls, but a lack of comprehensive knowledge regarding menstrual hygiene and psychological health issues. Despite some awareness of menstrual hygiene, improper disposal of sanitary pads and reliance on unhygienic facilities are prevalent. The study also identifies socio-economic challenges, including living in densely populated slums with limited privacy and resources. The research suggests the need for targeted interventions to improve the health and wellbeing of adolescent girls in slums, emphasizing the importance of addressing mental health, reproductive health, and hygiene practices. This study not only highlights the health needs of this vulnerable group but also proposes actionable strategies, including educational programs for both adolescents and their mother, to foster a healthier, more informed community.*

Keywords: Adolescent Health, Urban Slums, Menstrual Hygiene, Nutritional Awareness, Psychological Well-being

1. Introduction

Adolescence is a vital and very important stage of life, a passage from childhood to adulthood that marks the beginning of physical, psychological, and social transformation. The adolescents and the youth are a critical segment of any nation. The future of the nation depends on them. In India, 243 million adolescents constitute 21% of its population. The 50% adolescent population is girl population which is approximately 10% of the total population. Change is the hallmark of adolescence, which is characterized by rapid physical growth and significant physical, psychological, emotional, and spiritual changes. It is a period of transition and influenced by major decisions. Adolescence in girls is a decisive age for all girls; the decisions taken during this period shape her life as well as that of her family. It is a turbulent period; it includes many stressful events one of them being menarche. The mere onset of puberty heightens the vulnerability—to leaving school, child marriage, early pregnancy, HIV, sexual exploitation, coercion, and violence. Adolescent girls unlike women are less likely to access sexual and reproductive health care services. They consider themselves grown up and mature enough to have sex, yet they have inadequate knowledge about the consequences of unprotected sex. They do not reveal their reproductive health problems and tend not to use the health care services they actually need. This may be due to inadequate information, limited access to financial resources or negative attitudes of health care workers. The adolescent girls staying in slums from urban area severely lack reliable resources to build knowledge regarding their health-related queries. It is very important to understand and empower the adolescents as it will not only help in reduction of morbidity and mortality but also indirectly in progress of the nation in many ways like—boosting economy of the nation keeping the population under check. This study has been designed to identify the health needs of adolescent girls who lives in urban slum.

2. Objective

- 1) Assessing the health needs of adolescent girls living in an urban slum.
- 2) Identifying the barriers in accomplishing the health needs.

3. Methodology

Study Design- A community based cross sectional study was design using mix method approach.

Study setting- The study was conducted in an urban slum of Kolkata, which is densely populated. A renowned NGO Calcutta Rescue working there for betterment of adolescent living in the slum area helped me coordinate with study participants.

Data Collection

Data collection was done in two phase-

- **Focus Group Discussion**
- **Interview**

- 1) **Focus Group Discussion-** A focus group discussion involves gathering people from similar backgrounds or experiences together to discuss a specific topic of interest. It is a form of qualitative research where questions are asked about their perceptions attitudes, beliefs, opinion or ideas. **Focus Group Discussion (FGD)** was conducted in the slum with 15 adolescent girls age group between 13 to 19yrs, explained them the purpose of conducting the session. Participants for FGD were chosen by convenience sampling. All participants and the investigators formed a circle and sat on the floor to avoid any barrier of communication. The standard operative procedure for conducting a focus group discussion was followed. It was conducted in the presence of a female NGO coordinator to ease the

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atmosphere. The topics chosen for discussion were the common adolescent health problems like nutrition, mental health and reproductive and menstrual health. These were chosen to understand what the adolescent girls perceive as their health need.

- 2) **Interview**-Based on the results of the FGD we prioritized the interview on grade, field of study, place of residence, number of family members, parental income, living with parents, having disorders, reproductive and menstrual health. A semi structured questionnaire was prepared for the same, which was then validated. 30 adolescent girls were interviewed.

4. Result

The focus group had adequate representation from all adolescent age groups; it had girls attending school. Topics were slowly introduced into group. Some of the young

adolescents were very enthusiastic and were eager to voice their opinion. The participants had adequate knowledge about nutrition. They liked discussing these topics and discussed comfortably with the researcher because same topics were also discussed with them by the NGO who is working there.

After interview with 30 adolescent girls, the socio demographic variables were studied and it was seen that all adolescent girls going to school regular basis, all of them living in the slum, most of them living in a single room. The information of monthly income of the families of the adolescent girls was provided by them, some of them don't want to disclosed and some of them really don't know their family income. Majority of the adolescents, belonged to lower socio-economic status as per Kuppuswamy scale (update for February 2019).

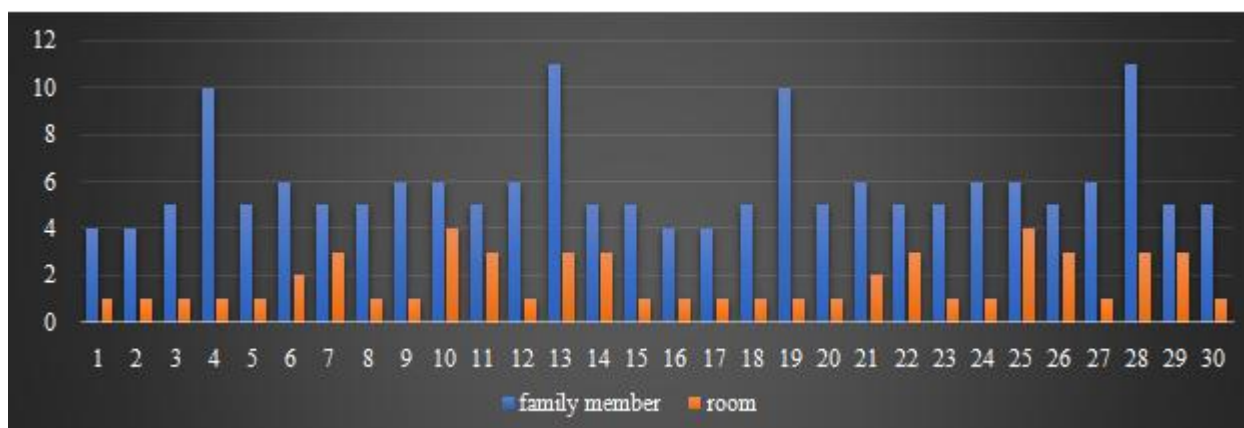


Figure 1: Graphical representation of family member and number of room available for their staying with family in slum

So, from the above graph it can be said that maximum adolescent living in a slum with 5- 6 family member in single or double occupancy room. Menstrual cycles were regular in maximum of the Adolescent girls. Certain cultural

practices associated with menstruation. It included prohibition from routine activities or prohibition from religious activities and in some cases both.

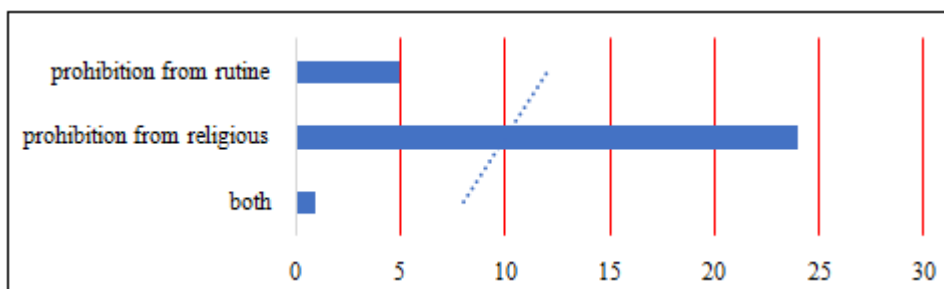


Figure 2: Distribution of cultural practice associated with menstruation

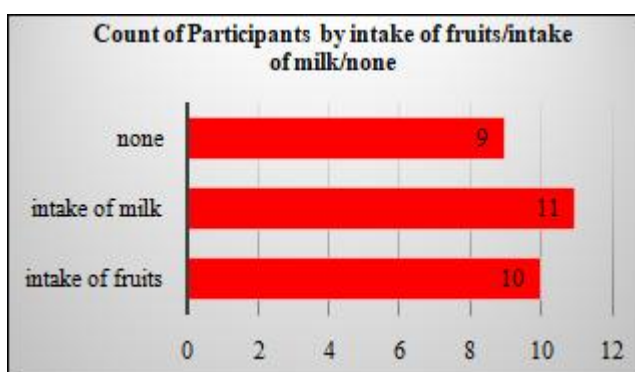
The NGO Calcutta Rescue are working in the slum really doing good job on menstrual hygiene awareness, all adolescent is using sanitary pad during time of period. All the girls practiced hand washing during menses. They used soap and water in majority (78%), but a few (22%) used only water to wash. Bathing everyday was found in almost all the girls and washing of private parts during menses was practiced by them during bathing. Any special attention to genital hygiene was not found in them. More than 50% adolescent girl change their pad 4-6 hrs interval, half of them (53.3%) using canal side kaccha bathroom (made with bamboo) which is really unhygienic and only few have

attached bathroom. All adolescent girl staying in densely populated slum in a single room with no attached bathroom, so for changing pad they are using canal side or community bathroom. They said during the interview many times they feel very uncomfortable to change the sanitary pad in public toilet. for disposal of sanitary pad 56.66% of adolescent wrap it with news paper and thrown to a waste bin, 33.33% adolescent thrown it into canal and 10% of adolescent thrown it anywhere.

Table 1: Assessment of knowledge of menstrual hygiene

Variables	n	Percentage
Duration of sanitary pad changing		
Time in Hrs(n=30)		
4-6 hrs	10	33.34
6- 8hrs	16	53.34
More than 8 hrs	4	13.32
Type of bathroom they used(n=30)		
Community bathroom	12	40
Canal side bathroom	16	53.3
Attach bathroom	2	6.6
Where they change pad(n=30)		
in room/ attach bathroom	8	26.66
in community / canal side bathroom	22	73.33
Disposal of used pad(n=30)		
Canal	10	33.33
waste bin	17	56.66
Anywhere	3	10

All adolescent girl from urban slum has sound knowledge on nutrition. All of them know the tri colour vegetable Indian(The Orange represents lentils, meats, fish; White stands for rice and milk; Green represents leafy vegetables; Blue represents oil whereas the flag-holder represents Water) flag and importance of vitamins and micronutrient in daily life. More than 33% of adolescent taking fruits twice or thrice in a week, 36% from them taking milk or any milk product at least two times in a week but unfortunately 30% of adolescent neither taking fruits or milk, they don't like to take those things at all.

**Figure 3:** Graphical representation of food preference of adolescent girl

From this study data shows that a high proportion of the adolescents feel lonely, do not have many friends, suffer from peer adjustment problems. Similarly, a small number of adolescents suffer from various psychological disorders including anxiety disorders and depression. most of time they did not understand with whom they shared the reason of upset. Out of 30 adolescent none of them get a chance to talk with any doctors or councillor privately. Mental health has been ignored in general in the nation, adolescents are no exception. The available evidence, which is based mostly on small scale studies, indicates that they experience a very high level of stress and that many suffer from various types of psychological disorders. If we are counting on our present-day young people to be substantially contributing to national development, it is essential that we create a special space for adolescent health interventions moving beyond the current 'adolescent sexual and reproductive health' (ASRH)

initiative. Both this initiative and the programmes to enhance adolescent nutrition are yet to achieve success in any significant way.

5. Discussion

The rationale for conducting the study was to assess the health needs and identify the barriers in obtaining scientific information about reproductive and sexual health needs. 15 girls participated in focus group discussion and 30 girls were interviewed. Majority of the adolescents, belonged to lower socio-economic status. Most of them using canal side kaccha bathroom made with bamboo, which is very unhygienic. The adolescent girls did have knowledge about menstrual hygiene but they don't have proper knowledge about disposal of pads. Most of them threw the sanitary pad into canal or throwing it into a dustbin. Focus group discussions can be planned with the mothers of adolescent girls as well as other information providers to understand the difficulties or barriers being faced by them in imparting information. Further, classes can be conducted for mothers on how and what information needs to be communicated to the adolescent girls. One sanitary napkin incinerator machine can be installed in the slum for proper disposal of used sanitary pads and maintain menstruation hygiene. The role of parents and other family members in health education of adolescents has been highlighted in various reports. The American College of Obstetricians and Gynaecologists said the most common mental illnesses in adolescents are anxiety, mood, attention, and behaviour disorders. Adolescents with mental illness often engage in acting-out behaviour or substance use, which increase their risk of unsafe sexual behaviour that may result in pregnancy or sexually transmitted infections (STIs). Although mental health disorders should be managed by mental health care professionals or appropriately trained primary care providers with confidentiality but it was totally absent in this slum.

6. Conclusion

In this study group most adolescents belonged to the age group of 13–19 years and all of them are school going. Almost all adolescents had at least some knowledge about menstrual health. Adolescents although healthy, their health problems and needs are different from that of young children and adults. Orientation/training programs on what education needs to give to the girls regarding reproductive and sexual health can be planned for mothers of adolescent girls so that they will be in a position to empower them. Empowering them with scientific knowledge and improving their health status are essential in ensuring sustainable development. The understanding of adolescent health will also aid in achieving the Sustainable Development Goals 2030 (especially goal 3, 4, and 5) directly or indirectly.

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