

CHAPTER 6

CHAPTER 6

Perception, Awareness Level and Health Care Needs of Adolescent Girls

The purpose of this chapter is to explore the perception, awareness level and the health care needs of the adolescent girls pertaining to health care services available with the current RCH Programme. In this regard, the methodology chapter has given the details regarding the procedure of data collection from adolescent girls, parents and teachers of both two the districts under the study. The chapter is mainly divided into two parts i.e. (i) perception and awareness level (ii) and health care needs. In the first part of perception and awareness level on health care services with the current RCH Programme, data included perceptions on sex education among girls, parents and teachers; awareness level on reproductive organs; contraceptive methods; HIV/AIDS, RTI/STD; RCH Programme and their source of information. In the second part, the researcher highlighted the health care needs that included safe and supportive environment of girls, nutritional needs, and need of health care interventions (utilization of health services). The data presented are the combination of both the districts as there is not much difference in inferences.

6.1 PERCEPTION AND AWARENESS LEVEL ON HEALTH CARE SERVICES AVAILABLE WITH THE CURRENT RCH PROGRAMME

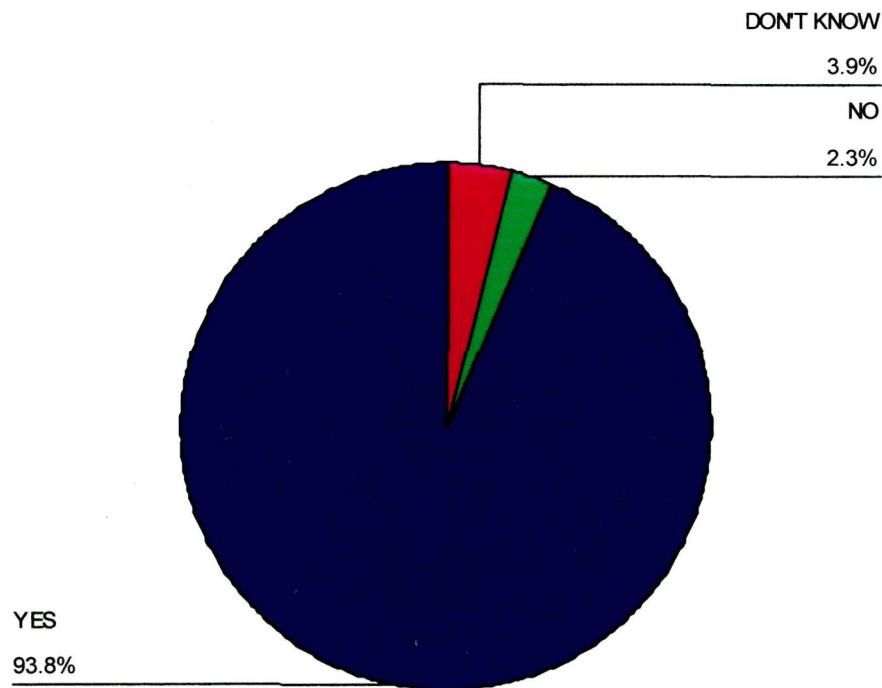
6.1 (i) Perception of adolescent girls, parents and teachers

(a) Perception on sex education

❖ Perception of adolescent girls on sex education

Perception of the adolescent girls towards sex education are shown in the pie chart: 6.1(below). It is found that majority of the respondents 93.8 percent wanted sex education to be given to them where a very small portion of percentage 2.3 percent did not want. It is also seen that 3.9 percent of girls were not sure of sex education. The girls told during the focus group discussion that sex education should be put as a proper course in the syllabus. Though they read magazines, books and get information from the peers circle, it is not sufficient for them they need to know more on overall reproductive health system. They also said that there should be both the male and female teachers who are trained and could teach on the subject matters of sex education. They also felt that in coeducation system of school, sex education should be taught separately for girls and boys.

Chart: 6.1 Perception of adolescent girls on sex education



*Bino (name changed), a 19 years old Science student, said:
“There should be proper sex education in our curriculum
where we can understand our own body and how to
maintain it”.*

*Romina (name changed), an 18 years old Science student in
coeducation school, said:*

*“In our life science book there is a chapter of
reproductive system with the diagrams. Madam taught
us but we got really embarrassed to listen to her. Boys
were giggling at the back”.*

*Shanti (name changed), a 19 years old Arts student,
said:*

*“Till 10th standard, we had science subject. In 8th
standard, we had a unit of reproductive system. Sir*

taught us by comparing with plants and human body. I hardly could understand it”.

❖ Perception of parents on sex education

Table: 6.1. Perception of the parents on sex education at schools:

Useful of sex education	Educational status of the parents								Total %
	Illiterate		X and below		Graduation and below		Master level		
	Father	Mother	Father	Mother	Father	Mother	Father	Mother	
Yes	-	-	2	7	10	7	2	1	29 (45.3)
No	-	1	1	8	13	4	1	-	28 (43.8)
Don't know	-	2	-	-	3	2	-	-	7 (10.9)
Grant total	-	3	3	15	26	13	3	1	64 (100)

From the Table: 6.1, it is seen that there is no difference among the parents who are more educated or less educated and also between fathers and mothers in their perceptions regarding in introducing sex education in school level. It is evident that parents with 43.8 percent do not want sex education in schools whereas 10.9 percent do not give any comment on it. It shows that almost half of the parents do not prefer sex education and half of the parents want sex education in schools level. Some of the parents who are in the support of sex education expressed that there is necessity of including of sex education among adolescents in schools level because it will help the

adolescence in understanding themselves and they will not tend to do any wrong thing. The parents who are not in the favour of sex education expressed that if girls are being taught about sex education then they will try to practice those knowledge somewhere or other. They will tend to ask embarrassing questions even in front of us. They also expressed that it should not be discussed in the open arena. Thus it is necessary for the programme planners and RCH Programmes need to focus on clearing the mindset and the myths of parents, society at large in providing sex education. So it should target on the primary group which is very close to adolescents group.

❖ Perception of teachers on sex education

All the teachers have shown concern and importance of sex education for young people. They feel that adolescence age or teen age is the time where physiological changes, emotional changes and many more changes are going through where most of the youth hardly understand the undergoing changes in their body. Teachers felt that all the teen age group of girls and boys should acquaint the physical changes and other emotional changes happening to them. Young girls and boys are very energetic in nature and they often ready to face anything comes to them. So teachers felt that this period of age group is a curious time where they will try to explore new things. They may indulge in unwanted experiences like sex and in drugs etc. So it is necessary to direct the young girls and boys in right direction for their better health and better thinking.

(b) Perception of Society and its influence in Utilization of Government Health Services:

Girls do not want to go to government hospital because of the gossip within the neighbours and overall society. As the study area are villages and towns so there is

strong sense of belongingness and high social interaction where everyone knows almost everyone. Sometimes it creates problems in health seeking behaviour especially among the girls. If a girl is taken to government hospital with their family which is far off and isolated from the main town, neighbours will suspect her that she must have undergone something like abortion. Thus the girls prefer going to private hospital which is nearby and easily accessible.

6.1 (ii) Awareness level on health care services available with the current RCH Programme

Information is important to make sound and wise decisions in life. Life skills are essentially those abilities that facilitate the physical, mental and emotional well being of an individual. It also builds confidence and self esteem in adolescents to face the realities and challenges of life. Adolescents can be empowered by enabling them to take informed decisions and negotiate effectively. Thus in school system, adolescence education on health related issues should be put in the curriculum and the teachers should be trained to teach the adolescents group effectively. In this regard, the following data and discussion can help in giving the insight of the current problems faced by girls with regard to health care information under the study area.

(a) Awareness and Knowledge Level

❖ Awareness level on Reproductive organs among girls

For understanding the awareness level of girls on the process of growing up, the girls were asked to enumerate the reproductive organs. From the Table: 6.2, it is seen that majority of the respondents (98.4 percent) could list down one or other of the reproductive organs when they were asked to enumerate the reproductive organs of female body. It is shown that majority of the respondents tended to know of two

organs or more. Few girls 3.1 percent also mentioned anus as the reproductive organs. Only 1.6 percent of girls could not list down any of the reproductive organs. The data further reveal that the awareness levels among the girls on physical changes are quite high.

Table: 6.2 Enumeration of Reproductive organs by the girls

Sl. No	Reproductive organs	Frequency	Percent
1.	No answer	2	1.6
2.	Breast	40	31.3
3.	Breast, ovaries	13	10.2
4.	Breast, ovaries, uterus	10	7.8
5.	Breast, vagina	20	15.6
6.	Breast, vagina, anus,	4	3.1
7.	Fallopian tubes, vagina, ovaries	6	4.7
8.	Ovum	9	7.0
9.	Urethra, vagina	6	4.7
10.	Vagina	18	14.0
	Total	128	100.0

❖ Knowledge about contraception among girls

From the Table: 6.3 (below), it is seen that majority of the respondents 46.1 percent have heard of oral pills and 44.5 percent of condoms followed by less percentage of operation with 21.1 percent. The lack of knowledge is reflected where a proportion of girl respondents with 6.3 percent have not heard of any methods of contraceptives.

Table: 6.3 Girls' knowledge on methods of contraception

Sl.No	Methods of contraception	Frequency	Percent
1.	Condoms	26	20.3
2.	Condoms, oral pills, operation	14	10.9
3.	Condoms, oral pills	17	13.3
4.	Cu-T	10	7.8
5.	Operation	13	10.2
6.	Oral pills	28	21.9
7.	Others	12	9.4
8.	No knowledge	8	6.3
	Total	128	100.0

*Jugita (name changed), a 19 years old Science student, said:
 "I have heard of condoms and oral pills from radios where there was a Natak that came in Saturdays where there was a part which mentioned about it".*

*Puspa(name changed), an 18 years old Arts student, said:
 "I came to know about Oral pills from my peer group.*

❖ Knowledge on HIV/AIDS among girls

The problems of HIV/AIDS epidemic had become a challenge in Manipur society. According to NACO, the rate in Manipur is 92.89/1000 population as opposed to the national 17.3/1000. According to NACO 2002, the prevalent rate levels and officially reported AIDS cases in Manipur is 1238 compared to all India 55169. In Manipur the most important mode of transmission of HIV was injecting drug users (IDUs) but the trend had been expanded beyond IDUs to sexual contact since the last few years. The number of HIV/AIDS positive cases of IDUs and heterosexual in Manipur for the

year 2000 are 509 and 238 respectively. Likewise in the year 2001 the IDUs cases are 451 and 415 for heterosexuals (MACS, 2001).

It is found that all the girls of both the districts with 100 percent are aware of HIV/AIDS. They are very confident in telling that they are aware and have good knowledge on HIV/AIDS.

Table: 6.4 Knowledge of mode of transmissions of HIV/AIDS

Sl. No	Mode of transmissions of HIV/AIDS	Frequency	Percent
1.	Blood transfusion, injecting drug users	6	4.7
2.	Injecting drug users (sharing needles)	9	7.0
3.	Sexual contact, injecting drug users	10	7.8
4.	Sexual contact, blood transfusion	39	30.5
5.	Sexual contact, blood transfusion, mother to child	30	23.4
6.	Sexual contact	34	26.6
	Total	128	100.0

HIV/AIDS epidemic is a complex and multidimensional phenomenon that has rapidly become a major health crisis in Manipur. As the epidemic posed a challenge for the health of society, prevention methods are being taken to capture the growth of the epidemic within the risk group and also in general population by media, NGOs, Department of AIDS Control society in different sections including schools and colleges.

It is evident from the Table: 6.4 that even if Manipur has the highest prevalence rate of HIV/AIDS by injecting drug users with 451 cases in 2001, a large proportion 80.5

percent of the adolescents responded that the mode of transmission of HIV/AIDS were through sexual contact and blood transfusion from infected persons. There were only 19.5 percent of the respondents who had awareness on the mode of transmission by injecting drug users along with blood transfusion and sexual contact. It also reveals that the awareness levels of the respondents are very high. However the knowledge is general and not specific to the condition and situations of the Manipur state.

Table: 6.5 Methods of prevention of HIV/AIDS

Sl. No	Methods of prevention of HIV/AIDS	Frequency	Percent
1.	Condom, screening of blood, sterile of needles	35	27.3
2.	Condom, screening of blood	55	43.0
3.	Condoms	12	9.4
4.	Good character	3	2.3
5.	Screening of blood before transfusion	23	18.0
	Total	128	100.0

In the Table: 6.5 highlights that all the girl respondents are aware of one or more methods of prevention of HIV/AIDS. It is seen that majority of the respondents 79.7 percent are aware of the methods of prevention through condoms, screening of blood before transfusion but only 27.3 percent of respondents aware by sterilization of needles. There is a very interesting observation that 2.3 percent of girls responded that good character is also one method of prevention of HIV/AIDS. When they were being asked for further clarification they mentioned that a person should not indulge in promiscuous behaviour.

Pramila (name changed), a 19 years old Arts student, said:

“In our locality one widow lady died of AIDS last year. She was doing a business of clothes in Moreh and Thoubal. I heard she used to sleep with different men in Moreh side. So she got the infection and died”.

❖ Knowledge on RTI/STD among the girls.

Table: 6.6 Knowledge regarding RTI/STD

Sl. No.	Awareness of RTI/STD	Frequency	Percent
1.	Heard	9	7.0
2.	No	114	89.1
3.	Yes	5	3.9
	Total	128	100.0

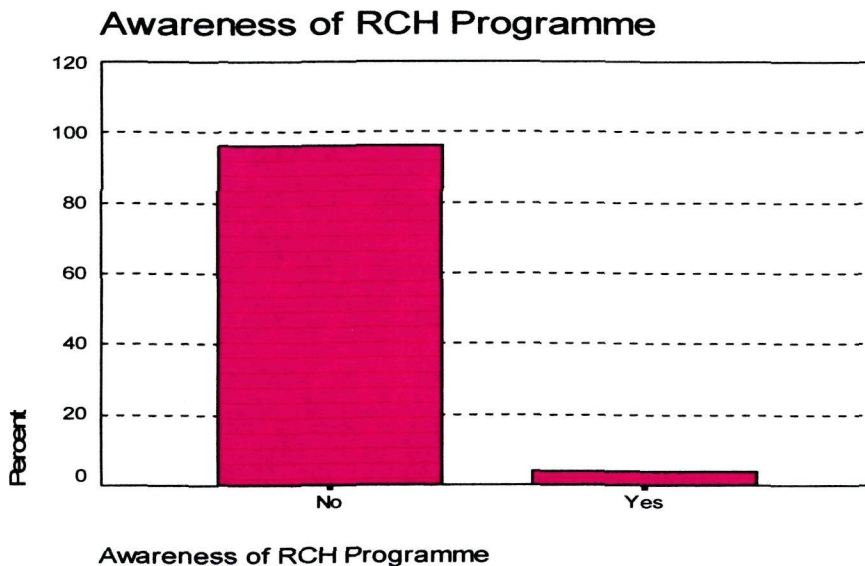
From the Table: 6.6, it is evident that majority of girl respondents with 89.1 percent have even heard of RTI/STD. There are very less number of girls 3.9 percent aware of RTI/AIDS and 7 percent of girls have heard of RTI/STD through friends and magazine but not aware of it. The data show that the information provided by mass media, NGOs, department of health services, etc. was totally restricted only on HIV/AIDS and family planning programme. It further reveals that the reproductive health problems are totally neglected especially for adolescent girls and women at large. It can also conclude that RCH Programme is not at all touching the main issues of girls and women health problems and their rights over body. They are mainly focused on the areas of family planning programme, immunization and HIV/AIDS. As the girls are not aware of reproductive health related problems: they do not disclose the problems and thus their health seeking behaviour will also differ as they tend to manage by themselves instead of utilizing the health services.

❖ Awareness level on RCH Programme

➤ Awareness level among girls on RCH Programme

From the area Chart: 6.2, it is understood that majority of the girls (123) 96.1 percent have not heard of Reproductive and Child Health Programme (RCH) whereas very few girls (05) 3.9 percent have heard about the programme. But no one knows what RCH Programme is all about. Those girls who have heard and got the information are mainly from mass media and seen in posters.

Chart: 6.2 Awareness levels of girls on RCH Programme



➤ Awareness level among parents on RCH Programme

Very few parents reflected that they are aware of RCH Programme. Parents especially mothers revealed that they are aware of family planning programme, mothers' health and immunization which is a part of RCH Programme but they do not know any services or programme for adolescents group. They came to know on family planning programme, immunization mainly from media, radio, television, posters and even in the hospital itself. It is also evident that majority of parents have not even heard of RCH Programme.

➤ Awareness level among teachers on RCH Programme

Out of 32 teachers only 7 teachers have heard of RCH Programme. But among the 7 teachers they are not fully aware of the programme. According to them, they have heard the programme through family members for immunization of children, mothers' health and family planning. Otherwise they are not sure for any specific programme for the adolescent group.

(b) Source of Information

Parents, peers, siblings, teachers and relatives play an important role in imparting information towards the adolescents group. Parents play important role in nurturing their children in a healthy environment. Families that provide love, nurture and care equally to their children to ensure a healthier development for all children. Thus parents must ensure a safe and secure environment for growth during formative years of children and young people/adolescents. Adolescents need to be taught basic values to live by. At the same time information and skills will help adolescents live up to their parent's expectations and values; ignorance, fear and mistrust are the greatest enemies of health and empowerment.

❖ Facilities available for students in schools

In all the 8 (eight) higher secondary schools there were no counseling centers and no health centers but in two schools i.e. Kakching Khunou Navodaya Vidyalaya and Chandel Navodaya Vidyalaya had two nurses each to look after the minor ailments of students. In all the schools there were no common rooms for girls for their leisure time. Only the above said two schools got common room for all the students both boys and girls where they could conduct and organize any programmes. But the remaining schools used to conduct and organize programmes at the birandah or in the

ground or inside the classrooms. Interestingly it is observed that all the schools have NSS units. But very few students take part in NSS unit in government schools. It is seen that all the government 4 schools namely Kakching Higher Secondary School, Wabagai Higher secondary School, Kakching Khunou Navodaya Vidyalaya, Chandel Navodaya Vidyalaya have NCC unit where as there is no NCC unit among the private schools. In all the schools they have separate toilet facilities for both girls and boys. But the maintenance is quite poor in some of the schools. All the schools have hand pump in their compound where students can use for drinking water.

❖ Activities undertaken for students in the schools

The activities that had undertaken are very much similar in all the schools. In all the schools they have National Service Schemes (NSS) unit where they organize NSS camp for students every year for a week or lesser than that.

Table: 6.7 Types of activities undertaken in schools

Sl. No.	Name of the schools	Types of Activities undertaken in last 2 years	
		2006	2007
1.	Padma Ratna English School	Sports, school foundation functions, science, seminar, NSS-camp, awareness programme on HIV/AIDS	Sports, school foundation functions, science-seminar, NSS-camp, medical check up in general
2.	Kakching Higher Secondary School	Sports, debate competition, science seminar, NSS camp, awareness programme on HIV/AIDS, election for student union.	NSS camp, sports, science seminar and election for student union.

Sl. No.	Name of the schools	Types of Activities undertaken in last 2 years	
		2006	2007
3.	New Residential Higher Secondary School	Sports, NSS camp, awareness on HIV/AIDS, elections	Sports, NSS camp, elections
4.	Kakching Khunou Jawahar Navodaya Vidyalaya	Sports, NSS camp, science seminar, debate competition, songs competition awareness on HIV/AIDS, general health check up	Sports, NSS camp, science seminar, debate competition, songs competition
5.	St. Joseph Frontier Higher Secondary School	NSS camp, functions on foundation day, awareness on HIV/AIDS	NSS camp, functions on foundation day
6.	Koraupokpi, Jawahar Navodaya Vidyalaya, Chandel	Sports, NSS camp, science seminar, debate competition, songs competition awareness on HIV/AIDS, general health check up	Sports, NSS camp, science seminar, debate competition, songs competition
7.	Komlathabi school	NSS camp, debate competition, elections of student union	NSS camp, HIV/AIDS awareness programme, elections for student union.
8.	Moreh School	Sports, fashion show	Sports, NSS camp

From the above Table: 6.7, it is understood that all the selected schools under the study area have NSS unit where they organize camp for a week or lesser than that. It is also found that 7 (seven) schools have already conducted awareness programme on HIV/AIDS in last two years (2006 and 2007). Only Moreh School has not conducted so far. It is found that the awareness programme on HIV/AIDS were mainly

conducted through different NGOs collaborated with District hospitals, Community Health Centers. Unfortunately besides HIV/AIDS programme, there is no specific programme conducted specially for adolescents group.

It is also evident that most of the schools used to conduct environmental cleanliness programme, literacy programme, science subjects matters through NSS camp. But according to teachers, female students hardly participate in the camp as they are being stopped by their parents and relatives.

❖ Training programme undergone by teachers in dealing with adolescence

Table: 6.8 Training programmes attended by teachers

Sl. No.	Topics of Training programme	Frequency	Percent
1.	Behaviour Change-modification (Sex education)	2	6.3
2.	HIV/AIDS awareness programme	12	37.5
3.	Literacy programme	5	15.6
4.	Save environment	4	12.5
5.	Behavior Change-modification (sex education), HIV/AIDS awareness programme	1	3.1
6.	None	8	25
	Total	32	100

The Table: 6.8 reveals that majority of the teachers with 90.6 percent have not come across any training programme on sex education. It is also seen that 25 percent of teachers have not undergone even a single training programme. The data further

reveal that 40.6 percent of teachers have already undergone training programme on HIV/AIDS through different NGOs [like Rapid Intervention And Care (RIAC), Continuum of Care Project (COCP)] or Manipur AIDS Control Society (MACS) in collaboration with District hospital, Drug and Rehabilitation Unit. Thus it further reveals that the importance of overall development of girls and boys are mainly neglected but unfortunately the programme of HIV/AIDS look the adolescents group as a promiscuous group.

Some of the teachers also mentioned that some of the teachers tried to start sex education in classrooms after the training programme but they are not so convinced to teach the students as the students themselves are not comfortable to listen, mainly the girl students are not ready to digest. This statement is somehow opposite to the information given by the girls. They also mentioned that if they had attended more of such training programme, it might help them to have the confidence to teach the students.

❖ The syllabus of Adolescence Education in the concern subjects

Teachers felt that there is a need for putting a syllabus on Adolescence Education which can be taught with a holistic approach including the information of reproductive and sexual health, disease prevention, gender stereotypes, sexual exploitation, life skills and rights over their body.

Some teachers from science background said that in zoology subject, there is a small unit on reproductive system. So they teach the different reproductive organs of males and females and their functions. The unit of reproductive system has a small part of human being that makes only one or two classes, but there was a vast topic for

animals. Thus it can be recommended that there is a necessary to include Adolescence Education in the syllabi.

❖ Source of knowledge on reproductive organs

From the Table: 6.9, it is noticed that majority of the girls 75.8 percent learn about the reproductive organs from books, peers and magazine and only 10.2 percent mentioned teachers and books. The girls also learnt from the elders with a small number of 3.9 percent. Thus, it is found that the most likely source of information is from peers who may not be fully informed and books and magazine, which tends to focus on sexual and gender stereotypes or extremes. The educational system is also ambivalent about imparting sex education. Teachers, by a large, find the topic embarrassing and try to avoid it. Hence, both the teachers and parents as seen in the above are generally reluctant in addressing these issues.

Table: 6.9 Sources of knowledge on reproductive organs

Sl. No.	Source of knowledge	Frequency	Percent
1.	Books	11	8.6
2.	Books, peers	42	32.8
3.	Books, magazine	8	6.3
4.	Books, parents	5	3.9
5.	Friends	33	25.8
6.	Magazine, peers	3	2.3
8.	Self	5	3.9
9.	Sister, peers	8	6.3
10.	Teachers	8	6.3
11.	Teachers, books	5	3.9
	Total	128	100.0

❖ Source of information on contraception

From the Table: 6.10 (below), it is evident that majority of the girls 79.7 percent have gained the knowledge of contraceptives from combined of peers, publicity and books. It is also seen that some portions of the respondents 6.3 percent have no knowledge of contraception. There is no information to the girls from doctors or teachers and hence sex education and sexuality is never given importance in schools.

Table: 6.10 Sources of information on contraception

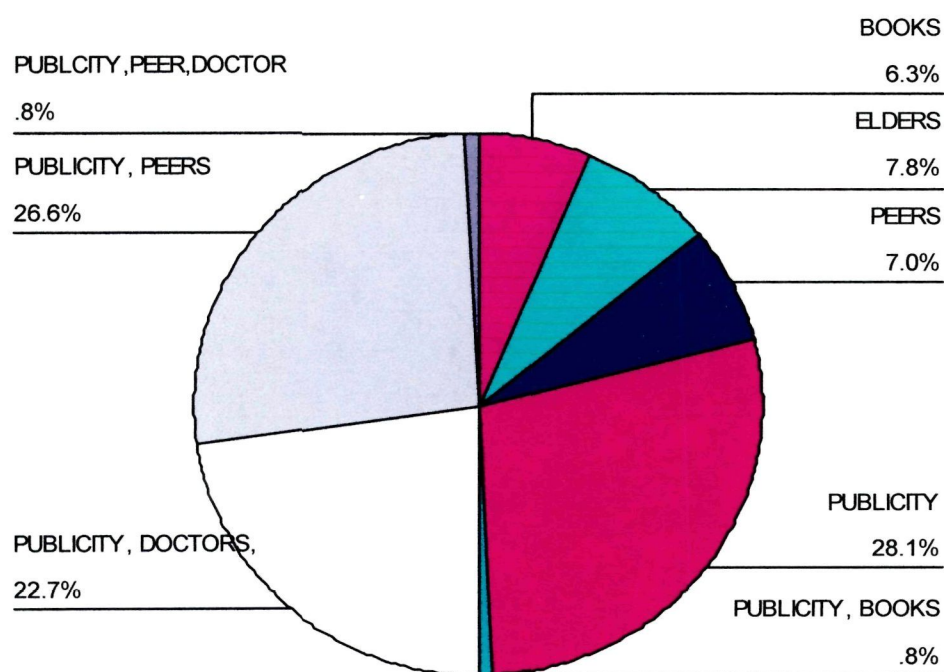
Sl. No.	Sources of information on contraception	Frequency	Percent
1.	Magazine	3	2.3
2.	Magazine, peers	5	3.9
3.	Peers	15	11.7
4.	Peers, publicity	23	18.0
5.	Peers, publicity, books	29	22.7
6.	Publicity	30	23.4
7.	Relatives	9	7.0
8.	Sister	6	4.7
9.	No knowledge	8	6.3
	Total	128	100.0

❖ Source of information on HIV/AIDS

All the respondents have received the information from various sources as shown in Chart: 6.3 (below). It is found that majority of the girls 79 percent got information from publicity, doctors, peers and books. The data further reveal that the programme of HIV/AIDS is being availed to the schools, colleges, community at large where all the respondents got information from different sources mainly from publicity. In

Thoubal district; Continuum Care Project (COCP) and in Chandel Christian; Socio-Economic Development Organization (CSEDO) have organised programmes on awareness of HIV/AIDS to cover the all ages. This was done through campaigning, talks on cable channel, radio and posters and pamphlets. They also conducted awareness programmes in the community through clubs and in schools and colleges through NSS activities. At the same time, Manipur AIDS Control Society and Department of Welfare also help to provide awareness among the risk category and general population through workshops as well as seminars.

Chart: 6.3 Sources of information on HIV/AIDS



Aruna(name changed), an 18 years old Science student, said:

“I am hearing about HIV/AIDS everyday. There are advertisements on the radio, TV and in newspaper”.

Maria Maring (name changed), 19 years old Arts student, said:

“I was a part of National Service Scheme last year (2006) where I attended a talk in school on HIV/AIDS. A doctor delivered the speech”.

6. 2 HEALTH CARE NEEDS

6.2 (i). Need for safe and supportive environment of girls

Self awareness helps adolescents understand themselves and establish their personal identity. However, as is customary, they are not able to effectively explore their potential and establish a positive image. It can also be noted that adolescent girls are groomed for serotype gender roles. “Suffering in silence” is seen as a virtue among the girls. Exposure and mobility helps them to dream and have aspirations. However, they are being restricted in mobility and even limited in their choices and aspirations.

Many of the girls have responded that there is not much safe and supportive environment for them starting from family, schools, and hospitals and at large in society. They find that they are being looked down upon their potentials and abilities. They are often teased by classmate boys in schools, strangers in market areas, and even by relatives at their locality. There is no safety in the society because of the current social violence and conflicting situations in Manipur, on the top they are often being discussed in their dresses, restricted from mixing up with friends especially boys, talking to others, food habits, eating patterns and even in decision making of choosing careers. Mutual attraction between boys and girls is common but societal pressures do not allow them to meet members of the opposite sex freely and establish healthy relationships based on respect and understanding. It is seen that adults do not

respect their right to choose and dignity and participate in decision-making processes. Girls in fact need social skills for building positive relationships with others.

It is found that there is not much supportive environment for girls with respect to health, and other recreational aspects. Adolescence is a critical stage of growth and development. During this time adolescents go through rapid physiological and hormonal changes leading to maturity and sexual development. Very often they do not understand these changes and get emotionally stressed. Adolescents have frequent mood changes reflecting feelings of anger, sadness, happiness, fear, shame, guilt and love. Very often, they are unable to understand the emotional turmoil. Unfortunately they do not have a supportive environment in order to share their concerns with others. It can also be noted that myths and misconceptions related to menstruation affect the social behaviour of girls and also the importance of genital hygiene is not emphasized leading to reproductive tract infection (RTI). It is observed that in any of the hospitals and schools under the study area do not have counseling center and facilities. In schools the girls do not even approach the teachers for their any health related problems. They do go to the teachers only on academic related problems. Girl respondents expressed their uneasiness to share their health problems to the teachers.

It is also seen that only two schools namely Chandel Navodaya Vidhyalaya and Kakching khunou Navodaya Vidhayalya have common rooms for girls. Otherwise the remaining private and government schools do not have any common rooms for girls where girls can have their own space for any discussion, leisure and recreational activities.

If we look into acquiring knowledge, information and education on sexual and reproductive health, adolescents want sex education, but there is resistance from

adults in the family and community. In the absence of communication between adolescents and parents, adolescents seek information from their peer group who is ill informed. At the same time teachers feel inhibited to discuss issues frankly, sensitively and interestingly. All the schools under the study have National Service Scheme unit. But no schools have organized programmes which are related to the problems of adolescents group. The programmes are mainly focused on environment cleanliness, science subjects, HIV/AIDS awareness programme, etc. Simultaneously, all the girls do not become the members of NSS and participate in their programmes as they are often restricted by family members on attending and staying for a week in the camp.

6.2 (ii) Needs for nutrition

The rapid growth that occurs in adolescents places extra demand on nutritional requirements. Adolescent girls have additional 15 percent requirement of iron to compensate menstrual blood loss. It is evident that girls under the study area compliant of weakness and dizziness (seen in table 6.11 below) which shows the signs and symptoms of anemic. It is also observed that majority of the girl respondents do not take some of the vegetables and fruits during menstruation period because of restrain by taboos and cultures. Thus it is needed to bring about an attitudinal change to ensure that nutritional needs of adolescents' girls are adequately met. Very interestingly it is evident that gender discrimination among the girls in terms of food intake is not seen in the study area as some of the girls have cited that they share their foods with their brothers as well. Parents also do not show any bias among their children in food distributions. It shows that girls are much better off in their nutritional intake compare to other states of India.

6.2 (iii) Need for Health Care Interventions

(a) Types of Health Complaints

Table: 6.11 Most common mentioned health problems by the girls

Sl. No.	Health problems	Frequency	Percent
1.	Bodyache, fever	10	7.8
2.	Bodyache, fever, malaria	2	1.6
3.	Cold, cough, fever, diarrhea, headache	4	3.1
4.	Dizziness, skin problems, fever	10	7.8
5.	Eye problems, dizziness, headache, dysentery	3	2.3
6.	Fever, cold, cough	9	7.0
7.	Fever, headache, cough	29	22.7
8.	Headache, eye problems, dizziness	8	6.3
9.	Irregular in menstruation, pain in stomach	6	4.7
10.	Skin problems, eye problems	4	3.1
11.	Stomach problems, dysmenorrhea	6	4.7
12.	Stomach problems, appendicitis, dysmenorrhea	6	4.7
13.	Stomach ulcer, fever, cold	4	3.1
14.	Toothache, stomach problems, malaria	2	1.6
15.	Vomiting, fever, cold, cough	8	6.3
16.	Weakness, dizziness, headache	4	3.1
17.	White discharge, dysmenorrhea, fever	10	7.8
18.	White discharge, itching.	3	2.3
	Total	128	100.0

The Table: 6.11 has shown the most common health problems mentioned by the girls during the group discussion. It is also seen all the girls mentioned the health problems more than one problem. The data reveal that the girls mentioned general health problems of 75.8 percent that includes fever, cold, cough, bodyache, headache, diarrhea, stomach problems, skin problems, eye problems, dizziness, weakness etc. than the reproductive health problems of 24.2 percent including the cases of itching, white discharge, dysmenorrhea and irregular menstruation. From the table it can be noted that girls may be shy to disclose information on reproductive health related problems or they are not aware that they have got the problems until it has become serious. Thus it can be revealed that the need for general health has to be given more importance along with reproductive health. It can also conclude that the data bring a total different picture on the current Reproductive and Child Health Programme that the programme has to check from womb to tomb instead of giving priorities only on reproductive health than the overall general health in their plan of action.

(b) Shared of Health Related Problems

The Table: 6.12 gives an idea of the choice of the respondents with whom the girls actually discussed and shared with their health related problems. It is found that majority of the respondents 72.7 percent shared with their family members along with peers, doctors, pastors followed by 14.8 percent only with peers circle and 7.0 percent with their boyfriends respectively. The data reveal that there was a very high interaction of girls with the family members regarding their general and reproductive health problems.

Table: 6.12 The Person with whom girls choose to share their health problems

Sl. No.	Share with	Frequency	Percent
1.	Boyfriend	9	7.0
2.	Doctor	2	1.6
3.	Doctor, family	17	13.3
4.	Doctor, pastor	3	2.3
5.	Family	34	26.6
6.	Family, pastor	5	3.9
7.	Pastor	2	1.6
8.	Peer, doctor, family	37	28.9
9.	Peers	19	14.8
	Total	128	100.0

Majority of the mothers reveal that girls do not share their health problems and personal problems with their fathers but health problems and sometimes personal problems are shared to their mothers. It is also revealed that girls do not disclose their problems but parents come to know on observing the attitudes and behaviours of girls. Many of the mothers added that they were the mediator between their husbands and daughters. If their daughters want money or any permission to go out, they will tell their mothers to tell fathers and get the permissions. Often girls take support of their mothers in solving their problems in negotiating with fathers. Sometimes fathers scold mothers instead of scolding directly to daughters so that mother can pass on to their daughters.

Moichi Maring (name changed) of 19 years, an Arts student shared health problems with her peers when she got the problem of white discharge, said:

"I have discharge from my body and it sometimes gets very heavy which comes with clot formation. I thought it was normal so I didn't tell to anybody before, but I was very uncomfortable and became weak. One day I asked one of my friends about such problem. She didn't know about it, later I told my mother. She made some home made medicine and I became better.

(c) Utilization of Health Services on General Health Related Problems

Table: 6.13 Utilization of health services of general health related problems

Sl. No	Utilization of health services	Frequency	Percent
1.	Chemist	21	16.4
2.	Chemist, private doctor	10	7.8
3.	Compounder	7	5.5
4.	Government doctors (hospital)	3	2.3
5.	Homemade medicine	10	7.8
6.	Homemade medicine, private doctors	15	11.7
7.	Homemade medicine, quacks	6	4.7
8.	Nurse	5	3.9
9.	Nurse, private doctor, compounder	9	7.0
10.	Pastor	3	2.3
11.	Private doctor	25	19.5
12.	Private doctor, government doctor (hospital)	8	6.3
13.	Private doctor, pastor	6	4.7
	Total	128	100.0

In the Table: 6.13 reveals that the number of treatment seeking behaviour is very less in government hospitals but more in private doctors of 57 percent along with homemade medicine, pastor, government doctor (hospital) and chemist. But it is seen that respondents 24.2 percent are more relied on their self medication (homemade medicine).

The significance of this data is that if people are not accessing the public health services how will the programme reach to the people where majority of the people are going to private, self medication, chemist. Thus the health systems should also not medicalised much and it is worth studying the traditional medicines as well as the cultural aspects behind it.

Tenu kom (name changed), a 17 years Science student shared her problems with the pastor through prayer said:

I was very unwell, running high fever and vomited continuously for two days. I was taken to church; pastor did prayers for me. I was also told to do prayers before and after food and before sleep everyday and was given holy water. After that I became alright.

Rashini (name changed), a 19 years old Arts student, said:

"I fall ill, I go to private clinic which is nearby, and they look after properly with good advice".

Ngailianvung (name changed) of 19 years old Arts student, said:

"One day I was very unwell having severe headache, I didn't tell to anybody and continued doing household chores while my parents were away for work. I tried to sleep for sometime but could not bear it, I vomited. I could not understand what had happened to me, my neighbours and my parents surrounded me.

(d) Utilization of Health Services on Reproductive Related Health Problems

Table: 6.14 Utilization of health services of reproductive related health problems by girls.

Sl. No.	Utilization of health services for reproductive health problems	Frequency	Percent
1.	Chemist	7	5.5
2.	Homemade medicines	14	10.9
3.	Homemade medicine, quacks	3	2.3
4.	None	96	75
5.	Pastor	2	1.6
6.	Private doctor	4	3.1
7.	Private doctor, government doctor (hospital)	2	1.6
	Total	128	100.0

The most commonly mentioned reproductive health problems were dysmenorhea, white discharge and irregular menstruation. Only 4.7 percent of the girl respondents sought medical advice from private doctors and government doctors (hospital). Majority of the girls 75 percent do not reveal their reproductive health problems if they have any and accordingly they do not attend any treatment. This reveals that majority of the girls do not go to doctors for their reproductive health problems thus reproductive health problems remain within self or in peer circles. It is also seen from the data that 13.2 percent of girls prefer for homemade medicine and 5.5 percent of girls took medicine from chemist. Bang et al. (1989) found that only 7.8 percent women sought medical help for reproductive problems. It may be easy to encourage

girls to seek medical help for any illness of reproductive health problems but she may be shy away from expressing her complaints directly. It was also found in Bang's study that the gynecological complaints volunteered by women often underestimated especially with regard to vaginal discharge and menstrual problems because of the concepts of normality. In Bang et al. (1994) study of women in Maharashtra where they looked for care seeking behaviour for white discharge, it was found that women themselves felt extremely shy and ashamed to say that they had white discharge problems. Thus health service needs to be sensitive of access and available but other systems of medications need to be appreciated. It is important that social structures, stigma associated and health cultures cannot be ignored.

Purnalata (name changed), a 19 years old Arts student, said:

"During the menstruation time of first and second day I have pain in stomach that persists for the whole two days. I can't even go to school; I have to lie on the bed for complete two days. When the pain became very severe and unbearable then I took painkillers. I even showed to private doctor, I was told to do exercise and it would get over after marriage. At home I took homemade medicine that also did not help me much".

Pramila (name changed), a 19 years old Arts student, said:

"I have problems of irregularity of menstruation sometimes it lasts for tow- three months. I don't go anywhere as I feel that it will be alright".

From the Table: 6.15, it is seen that majority of parents 73.4 percent prefer private doctors along with chemist, homemade medicines, pastor whereas very few parents 6.2 percent opt for government doctors (hospital). Respondents say that in private clinic they do not need to wait for long, they will be treated properly with good

advice. If the conditions become serious, they prefer to take their children to private doctors. They added that doctors who worked in the government hospitals, the same doctors were in private clinics. They prefer nearby private doctors who is easily accessible though they pay higher price compared to government hospital. They felt that the cost is almost the same in the government hospital as they had to pay auto fare or rikshaw fare for to and fro because of the distance from town to hospital which is almost 4-5 kms away; they even paid Rs. 15 for the ticket. According to them they do not find the hospital accessible and available because doctors come quite late, attitudes of nurses and other health workers' towards patients are not firm and medicines are not available in the hospital. So they have to buy the medicines by own cost. It is also seen that ambulance are also not functioning properly. It can be noted that if the case is serious and has to be referred then patient's family have to fuel the ambulance or they have to pay the petrol price. At the same time the environment is not at all healthy, the cleanliness of the surroundings is in the worst shape. If the condition of the patient is severe, doctors in government hospital will keep delaying for the treatment as doctors are not there, medicines are not available, and instruments are not sufficient. After much delay, the doctors feel to refer the patient to other medical hospitals. Therefore, if the case is serious, parents take their children straight at private clinic or in State medical hospital. It shows that they always bypass the community health centers and district hospitals.

Table: 6.15 Preferences of in utilizing health services by parents

Sl. No.	Preferences of Utilization of health services	Frequency	Percent
1.	Chemist, private doctor	11	17.2
2.	Private doctor	8	12.5
3.	Private doctor, pastor	7	10.9
4.	Homemade medicine, private doctors	19	29.7
5.	Government doctors (hospital)	2	3.1
6.	Private doctor, government doctor (hospital)	2	3.1
7.	Homemade medicine, quacks	4	6.3
8.	Nurse	5	7.8
9.	Compounder	6	9.4
	Total	64	100.0

They also expressed that homemade medicines were quite effective for cold, cough, fever, vomiting and even stomach upset. Regarding the utilization of health services on reproductive health related problems, respondents mentioned that as girls hardly disclosed the reproductive health problems to their parents, majority of the mothers 68.8 percent did not seek any health services. Mothers revealed that they hardly would go to the doctors for any treatment for reproductive related health problems until it became serious. Mothers felt that dysmenorrhea before the period and white discharges were normal until it was unbearable and heaviness of the discharge. They also expressed that the girls themselves did not want to consult doctors and they wanted to manage with painkillers from chemist shop and homemade medicines. Mothers used to prepare homemade medicines which were made up of peruk (Hydrocotylo Astica-botanical name), chengkhrub tingkhang pandaba (Aprises-

botanical name) and honey and gave to their daughters. It thus helped the girls in solving their problems. Therefore, we cannot ignore the traditional medicines in overall health programme.

(e) Need for Physical Closeness and Availability of Services at Health Care Institutions

Proximity

Majority of the students find difficult to reach to government hospital as most of them are placed at far off from the main town. (eg. In case of Chandel district and a portion of Thoubal district, hospitals are situated near the foot hills). As the road conditions are bad it's difficult to reach there by small vehicles. But in case of private clinics, it is situated nearby the town. It is easier for the girls to reach at any time at times even at night also.

Availability of services

Girls mention that there are no proper health services in government hospitals. The hospital smells badly and the surroundings are not clean. Medicines are not available in the hospital, ambulance is there but sometimes it does not work properly. Thus when the patients become serious, it is difficult for the patients to get treatment there and they go to the private clinic.

Further they have highlighted that there are not much services provided by NGOs besides awareness programme conducted in schools. Not even a single girl replied that they have ever availed any health related services from NGOs.

(f). Need for Attitudinal Change.

Attitudes of doctors and staffs

It is seen that girls do not prefer government doctors because of their attitudes. The doctors keep them busy in most of the time, they do not explain to the patients properly. Sometimes the patients need to wait for long hours for the treatment. Often they do call the patients to come to their clinics for further treatment. It is very surprising to know that the same doctors who have their own private clinics and also work in the government hospital, their attitudes even differ in the different settings. Even the other staffs especially nurse and midwife, they often scold the patients when patients ask for any queries. They also behave as they were busy with their works.

In order to conclude the present chapter, I shall now summerise the perception, awareness level and health care needs of the adolescent girls pertaining to health care services available with the current RCH Programme. For understanding perception, the issue sex education was studied. It was found during the focus group discussion that sex education should be put as a proper course in the syllabus. Though they read magazines, books and get information from the peers circle, it is not sufficient for them; they need to know more on overall reproductive health system. They also said that there should be both the male and female teachers who are trained and could teach on the subject matters of sex education. They also felt that in coeducation system of school, sex education should be taught separately for girls and boys. It is evident that parents with 43.8 percent do not want sex education in schools whereas 10.9 percent do not give any comment on it. It shows that almost half of the parents do not prefer sex education and half of the parents want sex education in schools level. *The parents who are not in the favour of sex education have expressed that if*

girls are being taught about sex education then they will try to practice that knowledge somewhere or other, thus it should not be discussed in the open arena. Girls will tend to ask embarrassing questions even in front of us. Thus the RCH Programmes need to focus on clearing the mindset and the myths in providing sex education. It should also target on the primary group which is very close to adolescents group. It is necessary for the programme planners to provide safe and supportive environment for the safety of adolescent groups.

For understanding awareness, the issues of HIV/AIDS, RTI/STD, RCH Programme and reproductive organs were studied. It is also evident from the study, though Manipur has the highest prevalence rate of HIV/AIDS by injecting drug users with 451 cases in 2001, a large proportion 80.5 percent of responses responded that the mode of transmission of HIV/AIDS were through sexual contact and blood transfusion from infected persons. There were only 19.5 percent of the respondents aware the mode of transmission by injecting drug users along with blood transfusion and sexual contact. It also reveals that the awareness levels of the respondents are very high. However the knowledge is general and not specific to the condition and situations of the Manipur state.

The chapter finds unfortunately majority of girl respondents with 89.1 percent are not aware and not even heard of RTI/STD. Regarding RCH Programme, majority of the girls 96.1 percent have not heard of the Programme whereas very few girls 3.9 percent are aware of it. . But no one knows what RCH Programme is all about. Those girls who have heard and got the information are mainly from mass media and seen in posters. Very few parents reported their awareness on RCH Programme. Parents especially mothers revealed that they were aware of family planning programme.

mothers' health and immunization which were part of RCH Programme but they did not know anything for adolescent groups. The information on family planning programme, immunization came mainly through media, radio, television and posters.

It is found that there is not much safe and supportive environment for girls starting from family, schools, and hospitals and at large in society. They are often neglected and restricted by the society in their mobility, mixing up with friends, not allowed in kitchen and puja during periods, parents often neglect girls' participation in decision making. Girls are being looked down upon their potentials, abilities and teased by classmate boys in schools, strangers in market areas, and even by relatives at their locality. It is observed that none of the hospitals and schools under the study area do not have counseling center facilities. In schools, the girls do not even approach the teachers for their any health related problems. They do go to the teachers only on academic related problems. Girl respondents expressed their uneasiness to share their health problems to the teachers. At the same time teachers feel inhibited to discuss issues frankly, sensitively and interestingly. But no schools have organized programmes which are related to the problems of adolescent groups. The programmes are mainly focused on environment cleanliness, science subjects, HIV/AIDS awareness programme, etc. At the same time all the girls do not become the members of NSS and participate in their programmes as they are often restricted by family members on attending and staying for a week in the camp.

The data reveal that the girls mentioned general health problems of 75.8 percent than the reproductive health problems of 24.2 percent including the cases of itching, white discharge, dysmenorrhea and irregular menstruation. It can be noted that girls may be shy to disclose information on reproductive health related problems or they are not

aware that they have got the problems until it has become serious. Thus it is revealed that the need for general health has to be given more importance along with reproductive health. The conclusion can be drawn that data bring a total different picture on the current Reproductive and Child Health Programme that is the programme has to check from womb to tomb instead of giving priorities only on reproductive health than the overall general health in their plan of action.

It is also found in the present chapter that the number of treatment seeking behaviour is very less in government hospitals and more in private doctors of 57 percent along with homemade medicine, pastor, government doctor (hospital) and chemist. Majority of the girls 75 percent do not reveal their reproductive health problems if they have any and accordingly they do not attend any treatment. This reveals that majority of the girls do not go to doctors for their reproductive health problems thus reproductive health problems remain within self or in peer circles. Majority of the girls 78.2 percent shared their health problems with their parents. It is further revealed by parents that girls do not share their health problems and personal problems with their fathers but health problems and sometimes personal problems are shared to their mothers. Mothers are of the opinion that they hardly go to the doctors for any treatment for reproductive health problems until it becomes serious. Majority of parents 73.4 percent prefer private doctors along with chemist, homemade medicines, pastor whereas very few parents 6.2 percent opt for government doctors (hospital). They say that in private clinic they do not need to wait for long and they will be treated properly with good advice. If the conditions become serious, they take their children to private doctors. They added that doctors who worked in the government hospitals were the same doctors in the private clinics. They preferred nearby doctors who was easily accessible though they pay in higher price compared to government

hospital. The feeling was that the cost was almost the same as in the government hospital. According to them they do not find the government hospital accessible and available because doctors come quite late, attitudes of nurses and other health workers' towards patients are not firm and medicines are not available in the hospital. At the same time the environment is not at all healthy, the cleanliness of the surroundings is in the worst shape. If the conditions of the patient are severe case, doctors in government hospital will keep delaying for the treatment as doctors are not there, medicines are not available and instruments are not sufficient. After much delay the patient is referred to other medical hospitals. Therefore, when the case is serious, parents take their children straight at private clinic or in State medical hospital. It shows that they always bypass the community health centers and district hospitals.

For reproductive health related illness like dysmenorrhea mothers express that the girls themselves do not want to go to doctors and they intend to manage with painkillers from chemist shop and homemade medicines. They are also of the opinion that homemade medicines are quite effective for cold, cough, fever, vomiting and even stomach upset and thus help the girls in solving their problems. Hence, we cannot ignore the traditional medicines in overall health programme.

So, we have seen throughout the chapter that adolescent girls are deprived all the time in their understanding, perception and awareness level as the focus of government hospitals, school programmes are least touched upon the needs of adolescent groups but the focus are much more given to HIV/AIDS, family planning programme, etc. Thus, in this context the next chapter will examine the programmes available for adolescent groups in RCH Programme both in government and NGOs level.

References

Andrew et al. (2003). 'Sex. Studies or Strife? What to integrate adolescent Health Services'. *Reproductive Health Matters*, 11 (21).

Brajachand, S. Ng. (2001). 'Drug abuse and AIDS Menace in Manipur'. In C. Joshua Thomas, R. Gopalakrishnan and R.K. Ranjan Singh (eds.) *Constraints in Development in Manipur*, Regency publications: New Delhi.

Singh, J. S. (2006). 'Ethnic Variation in Fertility Patterns among Four Communities of Manipur', *Journal Human Ecology*, 20(1).