

## Adolescent Girls in Tamil Nadu – An Overview

R Balamurali Krishna<sup>1\*</sup>, Dr. N Prathiba<sup>2</sup>

### ABSTRACT

‘Adolescence’ implies the developmental transition from childhood to adulthood, a time period when many important social, economic, biological, and demographic events set the stage for adult life. The study provides an overall synopsis of the health status of adolescent girls in Tamil Nadu, highlights their vulnerabilities and obstacles in accessing opportunities and services. In this study, the authors ascertain information from the latest NFHS-4 (2016) with special focus on three areas namely, the Nutrition, the Sanitation & Hygiene and the Sexual & Reproductive health of adolescent girls. The study emphasizes to explore the innovative strategies for behavioural change by harnessing ICT avenues like Mobile App, in the changing social context of youngster’s lifestyle. Sensitive subjects like Nutrition, Menstruation, Sexual & Reproductive health related facts can be effectively disseminated through Mobile app alerts or SMS – thus, ‘Smartphone’ as an instrument for behaviour change. Adolescent girls in the state face many hindrances and barriers in ensuring positive adolescence outcomes at individual, family, and community level. Hence, the study recommends for a dedicated state sponsored scheme for adolescent girls with proactive role of professional social workers.

**Keywords:** *Adolescent Health, NFHS-4 (2016), SDGs (Target-2030), SABLA*

Adolescence implies the developmental transition from childhood to adulthood, a time period when many important social, economic, biological, and demographic events set the stage for adult life. The nature and quality of young people’s future lives, as well as a nation’s future social and economic development, depend largely on how well adolescents navigate this transition. In Tamil Nadu, the myriad socio-economic and health factors undermine the ability of adolescent girls to lead full and productive lives. This is of particular concern given the sheer number of youngsters—an estimated 17.23% (1.24 Cr) of the state population is aged between 10-19 years (Census 2011). It is also well recognized that India’s ability to achieve the Sustainable Development Goals (SDGs) and to achieve its population stabilisation goals will depend on the investment made in its younger generations. This study outlines the various

<sup>1</sup> Ph.D Scholar, Department of Social Work, Karpagam University, Tamil Nadu, India

<sup>2</sup> Assoc. Professor, Department of Social Work, Karpagam University, Tamil Nadu, India

\*Responding Author

## Adolescent Girls in Tamil Nadu – An Overview

measures taken to ameliorate the adolescent health status through schemes and policies being implemented by the state with the support of Indian Government.

### *Sustainable Development Goals*

Sustainable development aims to improve conditions in the present without compromising the resources of future generations. With an outlook to sustain the overall development by eradicating the facets of poverty in different dimensions in the global countries, all the UN member countries numbering 147, gathered at UN Millennium Summit in New York in Sep 2000 and designed eight development goals, which were supposed to be achieved by 2015. While a lot of progress has been made around the world to achieve MDGs, still more than 1 billion people continue to live in poverty and experience inequality.



The UN has been promoting initiatives to determine development priorities that need to be met within next 15 years, from 2016 – 2030. These priorities are called Post-2015 Agenda which includes 17 goals and 169 commitments. In Goal 5 (Gender Equality), UN commits to end all practices & traditions that may impair the physical, mental and sexual health of adolescent girls and mend their sexual and reproductive health. Thus, for first time, an international community makes defined and dedicated commitments to ameliorate adolescent girls' health.

### *India's Commitment*

It was on this backdrop that the 'Rajiv Gandhi Scheme for Empowerment of Adolescent Girls: SABLA' launched in October 2010 for the empowerment of adolescent girls by Govt. of India. The program targets 11-18 year-old girls, both in and out-of school, to provide comprehensive services that include life skills, health and nutrition, reproductive and sexual health, mainstreaming out-of-school girls into formal and non-formal education and, importantly, provision of vocational training for girls aged 16 and above. The scheme is being implemented using the platform of ICDS and AWCs and these are the focal point for delivery of services. SABLA is a 100% Centrally Sponsored scheme for all inputs except nutrition component which will be on 50:50 shared basis between the Central and State Government.

The SABLA scheme on a pilot basis has been approved by GOI initially in 200 districts (all over India). These districts have been selected from all States/UTs on the basis of a composite index based on indicators relevant to the condition of adolescent girls across the country.

In Tamil Nadu, following nine districts have been selected by GOI: Chennai, Cuddalore, Tiruchirappalli, Tiruvannamalai, Salem, Coimbatore, Madurai, Ramanad and Kanniyakumari for implementing SABLA.

## Adolescent Girls in Tamil Nadu – An Overview

### *Objective of the Study*

The study aims to provide a synopsis of the situation of adolescent girls in Tamil Nadu and highlight their vulnerabilities and obstacles in accessing opportunities and services. In this study, the adolescents has been defined as youngsters between 10–19 years of age in conformance with Ministry of Health and Family Welfare, WHO, and UNICEF guidelines.

The objectives of this review study are:

- (1) To synthesize existing evidence around adolescents in order to characterize their specific vulnerabilities.
- (2) To collate information around the existing government schemes and policies for adolescents and to identify the gaps and challenges.
- (3) To provide suggestions for future areas of research and evidence gathering.

## **RESEARCH METHODOLOGY**

This is a review study; authors accessed published articles and reports including the NFHS-4 (National Family & Health Survey 2015-16) on adolescent girls in Tamil Nadu. The literature review was limited to articles published from 2002–2015; legal policies were reviewed without a time limit. Reports and policies were accessed through websites of relevant ministries of the Government of India and Tamil Nadu.

The study focuses on the following areas:

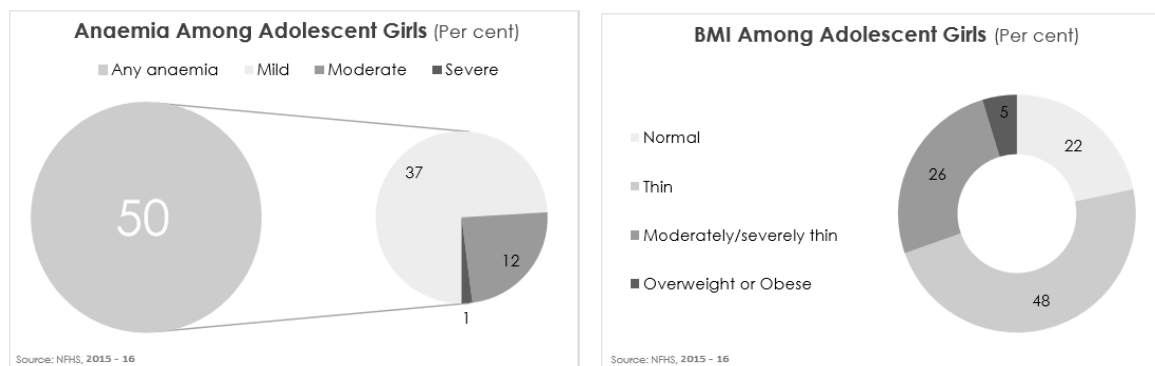
- A. Nutrition
- B. Sanitation and Hygiene
- C. Sexual and Reproductive Health

## **FINDINGS & DISCUSSIONS**

### **A. NUTRITION**

During adolescence nutrient requirements are at a peak and in absolute terms are the highest than at any other stage of life. Malnutrition at this stage leads to stunting of growth, repeated infections, constraints on physical and psychological development, and in girls compounds the risks associated with pregnancy – even if at the time of pregnancy adolescent girls have access to enough nutrients. There is a clear association of malnutrition with low birth weight of babies, more complications in pregnancy and at child birth, anaemia, more frequent abortions [Draft policy note on Nutrition by NHSRC]. Nutritional anaemia remains a major public health concern in Tamil Nadu. Anaemia in women results in increased risk of low birth weight or premature birth; perinatal and neonatal mortality; inadequate iron stores for the newborn; increased risk of maternal morbidity and mortality; lower physical activity, mental concentration, and productivity. Issues like malnutrition and anaemia affect large sections of the Tamil Nadu population, and are particularly high among adolescent girls (vulnerable group).

## Adolescent Girls in Tamil Nadu – An Overview



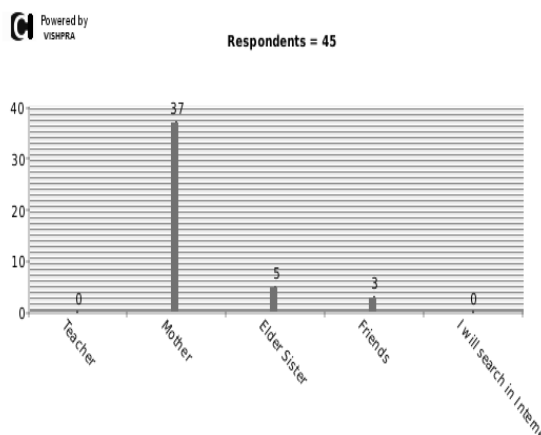
Findings from the NFHS-4 indicate that as many as 50% of girls are anemic and only 22% of girls have normal BMI in the 15–19 years age group. The high prevalence of anaemia among females in the state (also in India) is of great concern as it is directly associated with maternal and perinatal mortality. This study outlines the prevalence of Anaemia and BMI among adolescent girls considering their imminent childbearing roles. It is important to note that boys also have a growth spurt during their adolescent years and need calcium, vitamin D, and other nutrients to meet their body requirements. Therefore, it is important to have large-scale – Zonal, District or Block level studies to ascertain the nutrition status of middle adolescents so that appropriate intervention can be taken to render their requirements. Significance of micronutrients in determining the sexual maturation, the physical work capacity, the cell-mediated immune response, cognitive functions, and growth is well established. Unfortunately, there is limited work which looks at malnourishment through the lens of cognitive development and academic performance. Obesity is a new emerging problem in Tamil Nadu. Currently, there are no district or block level studies which look into the various correlates of overweight and obesity in the adolescent group. To plan effective and sustainable interventions which can address this issue it is important to evaluate the magnitude of this problem. There is a growing need to understand the role of the mobile applications in influencing the dietary habits among adolescents. This influence can be studied to explore the impact of endorsement of various nutritional food facts by Mobile Gaming Apps vis-à-vis parental advice on food intake.

### B. SANITATION AND HYGIENE

The onset of menstruation is one of the most important physiological changes occurring among girls, with an impact on many aspects of their lives. The onset of menarche often means reduced mobility, possible withdrawal from school and a list of do's and don'ts that the girls are required to follow. There is a culture of silence around menstruation and often the young girls are not prepared for their first menstrual cycle. Fear, trauma, and a belief that this is impure and dirty dominate the attitude of young girls towards menstruation. Recent research highlights that a majority of the girls were unaware of how to maintain personal hygiene during menstruation and as many as 90% of girls did not know that washing used menstrual cloths with soap and water and drying them in the sun killed germs (UNICEF 2012). In a pilot study conducted among 11<sup>th</sup>

## Adolescent Girls in Tamil Nadu – An Overview

and 12<sup>th</sup> std girls in a private school at Madurai, the authors ascertained that nearly 82% of girls clarify menstrual related doubts with their mother, 11% with their elder sisters and 7% with their friends.



The most shocking fact from pilot study was the role of teachers in disseminating doubts on menstrual health to the students was zero. This reveals the at-most need to accept the gravity of fact and to rethink the strategy to inculcate sex education in school academics. Moreover, it is evident from the study that the adolescent girls are exposed to myriad social restrictions on menstrual days.

On menstrual days, do you face any restrictions in home like not to enter kitchen, or prevented from doing household works, attending religious function, visiting temple etc.?



Respondents		45	
Options		Answered	Percentage
1	Yes I face these kind of restrictions	10	22.22
2	Yes but little restrictions only	22	48.89
3	Nothing like that, it will be just like normal days	13	28.89
4	I cannot understand the question	0	0

What you feel about these limits and restrictions practiced during menstrual days?



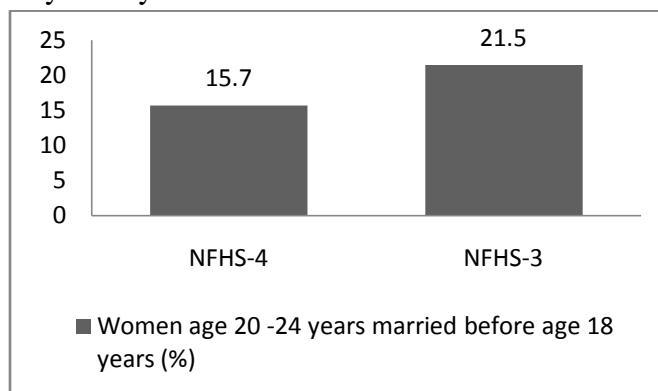
Respondents		32	
Options		Answered	Percentage
1	I feel irritated but I am compelled to do	3	9.38
2	I don't like to follow all these restrictions	5	15.63
3	I feel bad when parents treat me indifferent	2	6.25
4	Nothing, I will take it easy	16	50
5	I wish I would not have born as girl	6	18.75

It is important to prepare young girls for the onset of menarche as well as inform them about the need to be vigilant and careful about hygiene to reduce the risk of reproductive tract infections (RTIs). Even though the state of Tamil Nadu has been role model to other states in providing free sanitary napkin to adolescent school girls, there is a need to promote hygienic practices among them and also improve the cleanliness of girl's toilet by providing uninterrupted water supply and separate disinfected collection bin for used sanitary napkins. Poor menstrual hygiene is one of the leading causes for high RTI prevalence contributing mainly to female morbidity (Garg, Goyasl, and Gupta 2012).

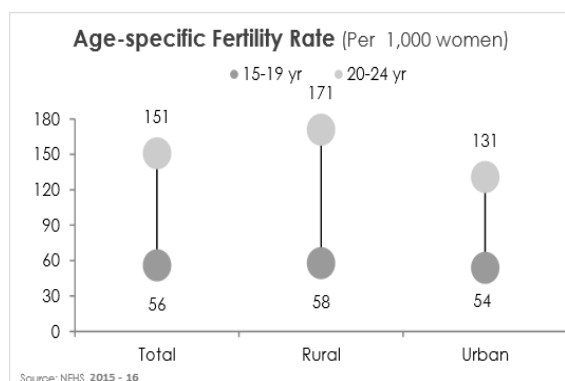
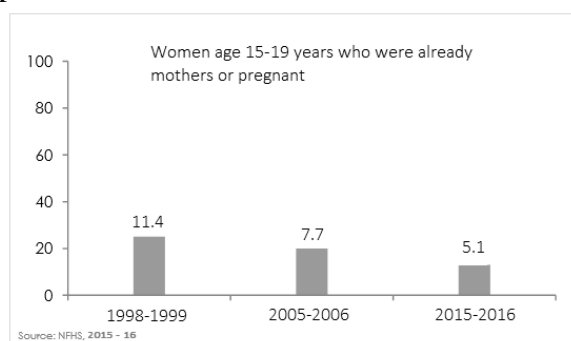
## Adolescent Girls in Tamil Nadu – An Overview

### C. SEXUAL AND REPRODUCTIVE HEALTH

Over the past decades, there have been significant changes in the lives of adolescents and they are more exposed to sexual and reproductive health–related risks, including HIV but lack the autonomy to take decisions on vital sexual and reproductive health related issues. Early marriage has been reported by many surveys in the state.



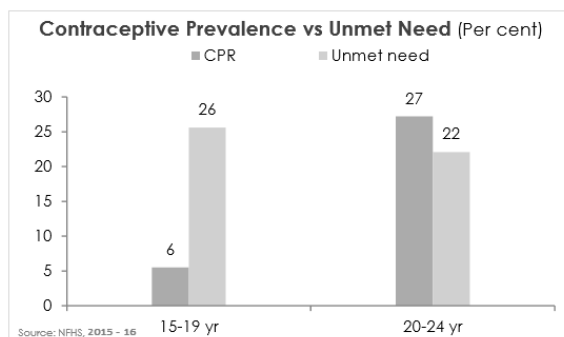
According to NFHS-4, in Tamil Nadu 15.7% of girls aged (20-24) years were married before the legal minimum age of 18 years as compared to 21.5% in NFH-3. As a consequence of early marriage, childbearing is initiated early for many young women in this age group. They experience teenage pregnancy and motherhood resulting in health, social, and economic problems.



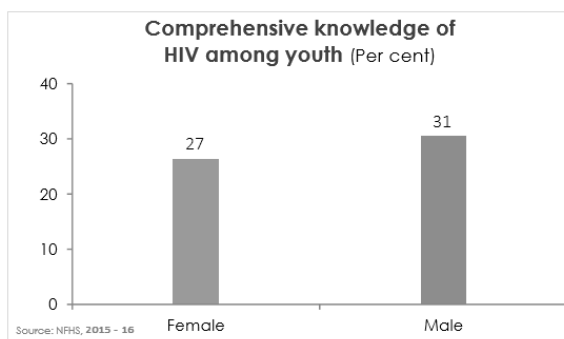
NFHS-4 data shows that in Tamil Nadu, 5.1% (3.7% urban and 6.4% rural) of all women aged 15–19 years have already had a child or being pregnant as compared to 7.7% in NFHS-3. Total Fertility Rate (children per women) of the state stands at 1.7 (NFHS-4) as compared to 1.8 (NFHS-3). Age Specific Fertility Rate (per 1000 women) stands at 151 for (20-24) years age group and 56 for (15-19) years age group with huge disparity between the rural and urban women in both the age groups. Rural–Urban differences and differences based on levels of education need to be noted here. Apart from the high risk of pregnancy complication which arises because of physiological immaturity and inexperience associated with child care practices also influences child and maternal health. The risk of maternal death is about three times higher in girls aged 15–19 years and five times higher in those younger than 15 years compared to women in their 20s (Barua, Apte and Pradeep 2007). Despite conscious efforts being taken by the state government, there continue to be many obstacles which inhibit young adolescents from

## Adolescent Girls in Tamil Nadu – An Overview

making informed choices impacting their lives, particularly the sexual and reproductive health-related choices. The knowledge on contraceptives measures have increased over the years, findings from the NFHS-4 shows that, almost 6% of currently married (15–19) years age group women have reported having ever used some method of contraception when compared to 27% of currently married (20–24) years age group women in the state.



But the unmet need for contraception is also of concern. The unmet need among (15–19) years-old girls stands at 26% and among (20–24) years-old girls is at 27%, remains unchanged in the state since NFHS-2. Limited knowledge about HIV/AIDS as well as RTI/STI highlights the need for specific interventions and awareness programmes for the adolescents in the state.



NFHS-4 shows that 30% of adolescent boys aged (15–19) years have knowledge on HIV/AIDS, but only 27% of adolescent girls in same age group reported so. Furthermore, fewer women than men seek care for sexual and reproductive health-related symptoms highlighting the fact that young women may let symptoms go untreated. In contemporary techno-social ambience and the tendency of high-risk sexual behaviour during this age group, it is imperative to provide necessary information to the adolescents by devising innovative strategies like harnessing mobile apps for sex education etc.

## CONCLUSION

Adolescent girls face a number of barriers in ensuring good adolescence outcomes at the individual, family, and community level, as well as at health-systems level. These barriers need to be addressed urgently if India is to realise its demographic dividend and have a healthy young population. While the onset of puberty marks a major shift in the health status of young adolescent girls and despite limited evidence available on the impact this shift has on their mobility, there is a need to obtain evidence on menstrual health and hygiene-related practices

## Adolescent Girls in Tamil Nadu – An Overview

among 10–19 year olds. Research needs to focus on the impact of Media and ICT applications (Mobile App) in changing the social context of young people as well as in providing sexual and reproductive health–related text messages. There is a need to understand how these would influence the young and how adolescents make transitions to safe sexual lives in changing circumstance. Evaluating the existing intervention models by NGOs and assess the extent to which programmes have increased adolescents knowledge on sexual and reproductive health–related matters, as well as acceptance of integrated health and social interventions models. Research is needed on exploring existing gender roles and addressing gender biases among parents and elders in the community, or the gatekeepers and their impact on adolescents. Lastly, the study recommend for a dedicated state sponsored scheme for adolescent girls on similar lines of SABLA with proactive role of social workers.

UN – United Nations  
MDGs – Millennium Development Goals  
SDGs – Sustainable Development Goals  
GOI – Government of India  
NGOs – Non Governmental Organization  
App – Applications  
NHSRC – National Health Resource Centre

### *Acknowledgments*

The author appreciates all those who participated in the study and helped to facilitate the research process.

### *Conflict of Interests*

The author declared no conflict of interests.

## **FURTHER READING**

- Archan. (2013). A study of mental health of adolescents in relation to moral judgement, intelligence and personality. Pp1, unpublished thesis, Department of Education, Punjab University.
- Jeryda Gananjane Eljo and Illango. (2013). Child and Adolescence mental health - A Multi-dimensional Perspectives. Thiruchirappalli: Jayam Publications, Post office street, Kajamalai campus. Trichy
- Nancy, R. Peramkumar (2013). Spiritual well-being and mental health: a study of adolescents in colleges in Tiruchirappalli City, unpublished thesis, Dep. of Social Work, Bharathidhasan University.
- Sawyer SM et al. Adolescence: a foundation for future health. The Lancet, 2012, 379(9826):1630–1640.



## Adolescent Girls in Tamil Nadu – An Overview

The National Family Health Survey 2015-16 (NFHS-4) – Ministry of Health and Family Welfare, Government of India.

The UN Sustainable Development Goals (SDGs) 2015-30 – The voice of children is important.

Tamil Nadu ICDS Department Facts

Detailed notes on SABLA

**How to cite this article:** Krishna R, Prathiba N (2016), Adolescent Girls in Tamil Nadu – An Overview, International Journal of Indian Psychology, Volume 4, Issue 1, No. 80, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.113/20160401, ISBN:978-1-365-57867-0