Ensuring the reproductive health needs of adolescent population particularly girls remains a key challenge for India
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Health status plays a pivotal role in productive and prosperity growth of population. Health in the broad sense is Quality of Life, rather than only the absence of disease. Health situation is a complex dynamic equilibrium which stems from the entire socio economic conditions. Health is not a component but it is an expression of development and combination of physiological development associated with reduced mortality, morbidity trends and capacity of both mental and physical creative work. Health is multidimensional and inter sectorial. It reflects copious concern for the individual as a total person functioning physically, psychologically and socially. Today the future of the human health in the Twenty first century depends to the greatest extent on a commitment to the health of women in the world. Their health largely determines the health of their children who are the adults of tomorrow. Children and women are the major components in any population structure.

Health is the most important aspect of development of individual, family, community and nation. It is fundamental human right which should be attained by all. The main goal of the Government of India and WHO is Health for All. According to Planning Commission of India, Health is fundamental to the nation’s progress.

1.1. Reproductive Health Issues

Economic and Social commission of Asia and Pacific placed on its agenda Reproductive Health as the first health care need of women. Reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and process (WHO, 2012). It implies that people are freely able to enjoy a safe and satisfying sex life, reproduce and decide as to when and how often to reproduce. The last condition pre supposes the right of men and women to be informed and to have to safe effective, affordable and acceptable method of family planning and essential obstetrical care. It addresses the reproductive process and functions of all stages of life.
Reproductive health of the present generation has an impact on the health of the next generation. Focus on reproductive health in India marks a global reorganization that reproductive health needs have been largely neglected and the consequences of this neglect have been profound particularly for women. Reproductive health addresses the reproductive process, functions and systems at all stages of life. The basic elements of the reproductive health are responsible sexual behaviour, widely available family planning services, effective maternal care and safe motherhood, effective control of RTI (Reproductive Tract Infection), prevention and management of infertility, elimination of unsafe abortion and treatment of malignancies of reproductive organs.

Reproductive health morbidity is a broad concept that encompasses health problems related to reproductive organs and functions that can be broadly categorized into three subgroups: Obstetric morbidity, Gynaecological morbidity and Contraceptive morbidity. Obstetric morbidity refers to ill health in relation to pregnancy and childbirth. Gynaecological morbidity includes health problems outside pregnancy such as RTI menstrual problems, cervical ectopic, infertility, cancers, prolapses and problems related to intercourse. Contraceptive morbidity includes conditions, which result from efforts to limit fertility, whether they are traditional or modern methods. Reproductive morbidity in general, is an outcome of not just biological factors but of women’s poverty, powerlessness and lack of control over resources as well. Malnutrition, infection, early and repeated childbearing and high fertility also play an important role in poor maternal health conditions in India. Failure to deal with reproductive health problems at any stage in life sets the scene for later health and developmental problems. Because reproductive health is important component of general health it is a prerequisite for social, economic and human development. The highest attainable level of health is a fundamental human right for all. Reproductive health should also address issues such as harmful practices, unwanted pregnancies, and unsafe abortions, Reproductive Tract Infections including HIV/AIDS, gender based violence, infertility, malnutrition and anaemia.

The National population policy (2000) has recognised Adolescents as an underserved vulnerable group that need to be served especially by providing reproductive health information and services. Accessing reproductive health services
the adolescents may also experience resistance or even hostility and bad attitude from adults.

Reproductive health effects and is affected by the broader context of people's lives including their economic circumstances, education, employment, living conditions and family environment, social and gender relationships, and the traditional and legal structures within which they live. Sexual and reproductive behaviours are governed by the complex biological, cultural and psychosocial factors.

Therefore, the attainment of reproductive health is not limited to interventions by the health sector alone. Nonetheless, most reproductive health problems cannot be significantly addressed in the absence of health services and medical knowledge and skills. The status of girls and women in society and how they are treated or mistreated, is a crucial determinant of their reproductive health. Educational opportunities for girls and women powerfully affect their status and the control they have over their own lives and their health and fertility. Social powerlessness and non use of contraception, social taboo is also a risk factor for adolescent reproductive health issues.

1.2. Reproductive Health Status of Adolescent Girls

India is the second most popular country in the world with total population of 1.081 millions and adolescents form a large section of population about 22.5 percent. (Aravind Dubey, 2011). According to census of India 2011 total adolescent girls (10-19 yrs) is 105,4,89,880 thousands and in Andhra Pradesh total strength of adolescent girls are 7,2,91,092 thousands where as in Chittoor district it is 3,39,817.

As per statistics of women, the total projected female population is 5,71,703 in India and 41,590 thousands in Andhra Pradesh.(2010). As per population and vital statistics 2010, in 2008 the total mortality rate among females across all ages is 6.8. According to the consortium on National Consensus for medical abortion in India, on average about 11 million abortions take place annually and around 20,000 women die every year due to abortion related complications. Induced abortion rate in the year 2010 is 2,529,979. Current Maternal mortality rate is 134 per 100,000 live births (Sample registration system). Regarding cervical India makes up 27% of worlds total cervical cancer cases and deaths every year. New cervical cancer cases diagnosed
annually are 1,32,082, deaths due to cervical cancer are 74,118. It is more surprising to know that above 200 women die every day, 8 women die every hour and 1 woman is dying in every 7 minutes.

Adolescence is the period of transition from childhood to maturity with rapid physical, intellectual, emotional and social growth. World Health Organization stated it as a period of life spanning between 10-19 years. This period is very special since these formative years of life of an individual where major physical, psychological and behavioural changes takes place. It has been conventional to define adolescents as the second decade of life. Similarly adolescent girls are a very diverse population segment because they are in different stages of development and living in different circumstances (urban, rural, slums, street children), have different needs and diverse problems. Adolescence is a period of increased risk taking and therefore susceptibility to behaviour problems at the time of puberty and new concerns about reproductive health. Reproductive health goals include decrease in existing level of STD disease and satisfying unmet needs of family planning and contraception and lowering maternal, prenatal infant mortality. Puberty is the first stage of adolescence in which sexual organs begin to grow and mature. For girls puberty starts normally between 10 and 14 years.

Adolescence is period in a woman’s life. Health and nutritional status during this phase is critical for the physical maturity which in turn influences the health of the offspring. Among adolescents, girls constitute a more vulnerable group particularly in developing countries, where they are traditionally married at an early age and exposed to greater risk of reproductive morbidity and mortality. Developmentally it is a crucial period, particularly with reference to reproductive health. The young women who are at the brink of womanhood constitute most of our population from the point of view of the quality of our further generation. The concept of Health for All recommended distant dream especially, for adolescent girls who had always been neglected group of our society. The rapidly changing physio psychology, monitory backwardness and burden of uncontrolled population are vulnerable to malnutrition, infections and social abuse.
Health and morbidity survey of adolescent girls reveal their health and related conditions ultimately navigate health promoting bodies to enumerate priorities and accordingly, to plan the mature and extent of health service needed for them from the limited available resources in our country. Reproductive health is an important area of prime concern in adolescent health and is intimately connected with the issues like RCH (Reproductive Child Health), Population control and STI/AIDS prevention. It is also a sensitive area due to socio cultural taboo of discussion about sexuality and reproduction in the Indian society. Assessment of unmet needs of unmarried adolescent girls during past five years revealed needs related to personal hygiene, nutrition, improving self awareness about self care practice and health care seeking behaviour and health services. Female adolescents, compared to their male frequent counterparts, face disproportionate health concerns such as early pregnancy and child bearing. Nearly half the adolescent girls are unaware of the phenomenon of menstruation prior to its onset and were therefore scared at the time of its onset, calling for adequate prior orientation about it including its management for further need to educate all adolescent girls against unprotected sex in both rural and urban area irrespective of their educational status, emerged as urgent educational need.

Adolescence is the last chance to correct the growth lag and malnutrition. Adolescent girls definitely constitute a socially disadvantageous in our society, especially in rural areas. Many adolescent girls are sexually active but lack information and skill for self protection due to low level of information on Family Planning and low contraception use. They have simple but wide pervading crucial reproductive health needs such as menstrual hygiene, contraception, safety from sexually transmitted diseases and HIV and Communication gap exists with parents and other adults especially on these issues. 70% of the deaths in adulthood is linked to habits picked up during adolescence. Adolescent sexuality leads to adolescent pregnancy, unsafe abortion, sexually transmitted diseases especially AIDS and social problems. in adolescent pregnancy, the risk of adverse outcome is higher.

Within the typical gender stratified social structure in India, adolescent girls are especially disadvantaged. They are often affiliated with anaemia and other deficiencies that adversely affect their health and entire well-being. Woman’s reproductive health is largely influenced by the state of their health during infancy, childhood and adolescence. Compared with boys, the adolescent girls health,
nutrition, education and development are more regulated which has adverse effect on reproductive health. Moreover, a large number of people suffer in silence due to Reproductive Tract Infections (RTI) and Sexually Transmitted Diseases (STD), which are recognized to be important health problems in India. Reproductive Tract Infections which are preventable and tolerable are responsible for causing serious consequences of infertility, ectopic pregnancy wastage, low birth weight etc. as the adolescents are important target group for prevention of RTI assessment of the problems among them is urgently needed.

1.3. Reproductive and Sexual Health Problems of Adolescent Girls

Adolescent girls health problems are grouped into three categories i.e Physical health problems, Sexual health problems and Psychological health problems.

Physical problems of adolescents include Under nutrition, Obesity, Anaemia and Puberty goitre, Anorexia nervosa and Bulimia and Vitamin deficiency disorders. Among nutritional health problems Anaemia is most prevalent nutritional disease of adolescent girls. According to UNICEF (2012) about 56% of girls in India in the age group of 15-19 are anaemic which is due to inadequate intake of iron rich foods, worm infestations and prolonged abnormal menstruation etc. Nutritional deficiency plays important role in the over all health status of adolescents. Among nutritional deficiencies Vitamin A deficiency, Vitamin B deficiency leading to Angular stomatitis, Magentotongue and Corneal vascularisation are commonly observed conditions.

Large number of adolescents is malnourished and anaemic. One of the main problems during this phase of growth is the inadequate calorie intake. Calorie intake of Rural adolescent girls is much below the recommended standards. Main cause of malnutrition in urban affluent class adolescent females is more intake of fast and junk foods leading to obesity. Contrary to this malnutrition in rural, backward poor class adolescent females is of Marasmus type (decrease in body weight) which is due to inadequate food items or caloric intake. Various types of worm infestations are due to inadequate food hygiene add to this problem.
Among physical health problems infections of Upper respiratory tract and sexually transmitted infections (White discharge, Vaginitis, Vulvitis, Gonorrhea, HIV/AIDS), fungal infections etc are commonly seen conditions among adolescents.

Sexual Health Problems of adolescents represent precocious sexuality, sexual experimentation, premarital sex, unsafe sex, sexually transmitted diseases including HIV/AIDS, teenage pregnancy, unsafe abortion, early marriage, promiscuous sex, homosexuality, sexual abuse as sexual assault, rape incest and excessive masturbation. Normal but different from masses, sexual problems are sometimes great cause of concern and misery in adolescents. These may include abnormally enlarged external sexual organs, masturbation, and anxiety about abnormal (non-vaginal) sexual practices etc. These need reassurance from an expert and mandatory sex education in educational institutions. Some varieties of menstrual dysfunctions such as Amenorrhoea, Abnormal vaginal bleeding, Painful menstrual cramps etc occur in about half of the adolescent females.

Reproductive health problems deals with infections like Reproductive Tract Infections such as Vaginitis, Vulvitis, Polycystic ovaries, Fibroids and Tumours. Problems related to menstruation, breast, ovaries are also common conditions among adolescent girls. The extent to which young women experience reproductive tract infections is uncommon but often under estimated. Most of information pertaining to Reproductive Tract Infections from Hospitals or Clinic based studies indicated that treatment seeking is low. Sexually transmitted diseases/ Reproductive Tract Infections may occur in any sexually active adolescent. The younger the adolescent is at the time of initiation of sexual activity, the higher the risk of infection. These diseases may include Gonorrhhea, syphilis, Human papiloma virus infection. Hepatitis B, HIV/AIDS etc.

Amenorrhoea or absence of menstruation is called when an adolescent has not menstruated till the age of 16 years or more than one year later than her mother or older sibling’s menarche age. Normally very obese or very slender adolescent may have late onset of menarche. Abnormal vaginal bleeding is common in adolescents in the first year of menarche is called Dysfunctional uterine bleeding. In most of the cases this is without a known cause. Painful menstrual cramps are experienced by nearly two third of the adolescents. During second half of the menstrual cycle many
adolescents experience breast fullness or breast pain, bloating, fatigue, headache increased appetite especially for sweets and salty foods, irritability, mood swings, depression, inability to concentrate, tearfulness, violent tendencies etcetera. Non cancerous breast masses are common in adolescent females which may sometimes need surgical removal. There may be cysts (closed fluid filled cavities) in adolescent breast which vary in size over the course of menstruation cycle. Fibro adenoma is another common breast mass of this age which often needs surgical excision. Cancer of breast is unlikely in adolescent females.

Adolescent pregnancies are real cause of concern in adolescent sexual problems because in our country most of the times it is due to illicit sexual relations, contraceptive failure or early marriages. Over one third of married girls aged between 15 and 19 had given birth to their child and another one tenth to their second child. (NHFS, 2004) Adolescent pregnancy is Common (50% of women in India had a child before reaching the age of 20 (Indian Paediatrics, 2004).

Psychological Health Problems include emotional problems, motivational problems, moral problems and mental health problems. Psychological problems also arise like emotional disturbances, depression, low self esteem and anxiety over inadequate or excessive secondary sexual development, Acne, etc.

The adolescent poses a distinct array of reproductive and sexual health challenges. This creates an unmet need for reproductive and sexual health care. This unmet need varies among adolescents from urban and rural areas and those of different age groups. According to data from CEDPA 2001 one in six girls begins child bearing between the ages of 13 and 19 years and India has more than 10 million pregnant adolescents and adolescent mothers.

1.4. Relevant Policy Documents

The Tenth Five Year Plan includes provisions that address certain aspects of adolescents’ reproductive health. The Tenth Five Year Plan specifically recognizes that the process of empowering women necessitates a life cycle approach and that every stage of women’s lives counts as a priority in the planning process. One of the plan’s main objectives is to eliminate discrimination and all forms of violence against women and the girl child, recognizing the increasing violence against these groups
and the persistent discrimination against the girl child are critical areas of concern requiring government action.

The National Population Policy (NPP) acknowledges that the needs of adolescents have not been specifically addressed in previous policies. It calls for programmes to encourage delayed marriage and childbearing and to educate adolescents about the risks of unprotected sex. It highlights the needs of adolescents in rural areas where early marriage and pregnancy are widespread and calls for information, counselling, education on population, affordable contraceptive services, food supplements, and nutritional services. It also advocates for the enforcement of the Child Marriage Restraint Act. The action plan of the NPP includes the creation of a health package for adolescents. It asserts the need for community outreach to adolescents about the availability of safe abortion services and the dangers of unsafe abortions. This policy also outlines the need for separate strategies, which account for the differing needs of boys and girls especially in rural areas.

The National Youth Policy 2003 takes a broad look at youth in terms of their overall emotional, physical and psycho-social development, and their potential as citizens of the country. It does not, however, specifically address the wide range of reproductive and sexual health issues and situations that adolescents experience. It recognises adolescence as a time of upheaval, and that necessitates the understanding and support of adults, but does not regard adolescents as sexual and reproductive beings in a complete sense.

The Policy enunciates that women will have access to adequate health services including reproductive health programmes and will have full say in defining the size of the family.

Sexual and reproductive rights are based on certain ethical principles of bodily integrity, personhood, equality and diversity. They encompass a broad range of internationally and nationally recognised civil, political, economic, social, and cultural rights. Broadly speaking, they encompass two key principles: that all persons have the right to reproductive and sexual health care, and secondly, they have the right to make their own decisions about their sexual and reproductive lives.
Sexual rights include the right to choose with whom we have sex and how we express our sexuality, and also the right to information for people of all ages, the right to sexual pleasure without fear of infection, disease, unwanted pregnancy or harm, the right to sexual expression and to make sexual decisions that are consistent with one’s personal, ethical, and social values, the right to sexual and reproductive health care, information, education, and services, the right to bodily integrity and the right to choose if, when, how and with whom to be sexually active and engage in sexual relations with full consent, the right to enter relationships, including marriage, with full and free consent and without coercion, the right to privacy and confidentiality in seeking sexual and reproductive health care services, and finally the right to express one’s sexuality without discrimination and independent of reproduction.

Reproductive Rights include the right to the highest attainable standard of health, the right to life and survival, the right to liberty and security of the person, the right to health, reproductive health and family planning, the right to decide the number and spacing of children and to have the information and means to do so, the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination, and violence, the same right of men and women to marry only with their free and full consent, the right to privacy, the right to education, the right to participation, the right of access to information, the right to be free from discrimination on specified grounds, the right to be free from practices that harm women and girls, the right to not be subjected to torture or other cruel, inhuman, or degrading treatment or punishment, the right to be free from sexual violence, the right to enjoy scientific progress and to consent to experimentation and the right to reproductive health care.

The policies, drafts, and five-year plan documents that acknowledge that their health needs are unique and significant. They include mention of vital issues such as specific health care and education services for adolescents. A sectoral approach has been common so that population programmes may focus on married adolescents in terms of providing knowledge on contraception but broad-based programmes focusing specifically on adolescent needs outside of the family planning framework. Sexual health concerns of adolescents are given even less attention within the socio-
cultural context of societies that stigmatise sex outside of marriage and treat the issue as taboo even for those who have tied the proverbial knot.

1.5. Role of Governmental and Non Governmental Organizations

Governmental and Non Governmental Organizations (NGOs) have initiated various programmes as a part of the strategy to implement policies. These programme initiatives have also received support from regional and international organizations and agencies. The Government of India, in partnership with other stakeholders, has made considerable efforts to improve the survival and development of children and adolescents. One such effort is the Adolescent Anaemia Control Programme, a collaborative intervention supported by UNICEF that began in 2000 in 11 states.

The main objective of the programme is to reduce the prevalence and severity of anaemia in adolescent girls through the provision of iron and folic acid supplements (weekly), deforming tablets (bi-annually) and information on improved nutrition practices. The programme currently reaches more than 20 million adolescent girls by the end of 2010. Non Governmental Organizations such as the Centre for Health Education, Training and Nutrition Awareness (CHETNA) work closely with the Government and civil society to improve the health and nutrition of children, youth and women, including socially excluded and disadvantaged groups. CHETNA also works to bring awareness of gender discrimination issues to communities, particularly to boys and men, and provides support for comprehensive gender sensitive policies at state and national levels.

Most of the NGO programs are supported by funding as well as by technical assistance. These support organizations include governments, NGOs and international organizations in addition to government ministries and departments. Among them, the major international and bilateral organizations are UNFPA, UNICEF, UNESCO, WHO, World Bank, and DANIDA. However, the work of NGOs is still on a small scale, covering a small proportion of the adolescent population and confined to certain pockets of the country. While most of the NGOs demonstrate innovative and creative approaches, some are really in a nascent phase. The range of program varies because of organizations’ varying experiences and capacities to undertake adolescent related issues. There is a dire need to scale up these efforts in order to have a larger impact.
The Reproductive Child Health Program was launched Nationwide in 1996 to provide holistic reproductive and child health care through the existing, vast network of the primary health care system. The RCH Program encompasses provisions for all aspects of safe motherhood and child survival interventions, including a focus on increased access to contraceptives, safe management of unwanted pregnancies, enhanced nutrition, prevention and management of RTIs and STIs, availability of reproductive health services to adolescents and educational outreach. The RCH Programme also focuses on providing services for gynecological problem management and cancer screening for women. The programme has been in operation since 1996 and is being monitored through periodic nationwide, district based Rapid Household Surveys.

The second phase of RCH program i.e. RCH – II has been commenced from 1st April, 2005 the five year file 2010. The main objective of the program is to bring about a change in mainly three critical health indicators i.e. reducing total fertility rate, infant mortality rate and maternal mortality rate with a view to realizing the outcomes envisioned in the Millennium Development Goals, the National Population Policy 2000, and the Tenth Plan Document, the National Health Policy 2002 and Vision 2020 India. The main components of Reproductive Child Health Program are Populations Stabilisation, Adolescent Health, Maternal Health, Child Health and Sexually Transmitted Diseases, Reproductive Tract Infection treatment and control.

National Program for Adolescent Girls (NPAG) is initiated by the planning commission to provide free food grains to under nourished adolescent girls in fifty one identified districts in the country. The main aim of the program is to reduce anaemia in adolescent girls, to improve nutrition and health status in adolescent girls, to improve body weight in adolescent girls. Kishore Shakthi Yojana (KSY) is intended to provide awareness of adolescent girls on trafficking, child marriage act and on topics of Social, Health and Economic issues. The training is imparted in Vocational skills which suit the adolescent girls to get their livelihood.

Adolescent Girl Scheme (AGS) is an intervention for girls of ages 11–18 started in 1991–92 to meet their special nutrition, education and skill development needs. This scheme has been extended to 3.9 million adolescent girls in 507 blocks throughout the country which were selected through the ICDS scheme. The scheme
also envisages imparting skills and encouraging the involvement of girls in useful economic activities later in life. The scheme has two subsets of target groups of the Girl-to-Girl Approach for adolescent girls of ages 11–15 and Balika Mandal, which focuses on reaching adolescent girls ages 11–18. Under the scheme, an additional 1,493 blocks will be added to expand programme coverage.

Balika Samriddhi Yojana (BSY) scheme works to raise the status of girl children born in families below the poverty line by providing financial help to these families. Some specific criteria have been laid down to provide financial assistance to the mother of a newborn girl child in the form of grants and investments through a postal financial instrument to be applied toward the education and economic independence of that child. The scheme also provides a scholarship provision for the girl’s school education. The deposit will mature and be paid to the girl if she remains unmarried until she reaches 18 years of age. More than two million girls have benefited from the scheme so far.

NGOs have addressed a wide range of issues related to the health and development of adolescents. These include reproductive and sexual health, general health, education, employment/skill development, gender equality, personality development, groups with special needs, and alcohol and drug abuse. Most of the NGOs work on sexuality basing on two distinct models such as programs focusing on providing information on sexual issues to unmarried adolescents and programs providing information and services.

The Population Council has supported initiatives on adolescent transition in different states in collaboration with several NGOs, namely RUWSEC in Tamil Nadu, SUTRA in Himachal Pradesh, ADITHI in Bihar, CINI in West Bengal, and CHETNA in Gujarat and Rajasthan. The Population Council supported programs on adolescence run by Mahila Samakhya in Karnataka and Andhra Pradesh and in the state of Haryana, Apni Beti Aapna Dhan.

International Center for Research on Women (ICRW) is coordinating a multi-site intervention and research program to develop effective programmes for adolescent sexual and reproductive health and development in India. The research has provided urban and rural community-based data on adolescents’ lives, particularly their reproductive health needs.
There is a need to increase young people’s knowledge and understanding about sexuality and reproductive health and helps them develop communication and decision-making skills so that they may lead healthy reproductive lives. These programme should aim to improve the general reproductive health of adolescents and young people and develop the capacity of NGOs, private providers, and government facilities to plan, sustain, and advocate for adolescent and youth reproductive health programs.

It is a collective responsibility of parents, teachers and Health care providers to promote adolescent health through various approaches. Adolescent needs to be fulfilled adequately in health and illness, Parents, family members, teachers and community leaders should be involved and encouraged to participate in the maintenance of adolescent health.

In the Indian context of adolescent girls enter into reproductive life with the early marriage, adolescent pregnancies and child bearing resulting in damaging effects to their general and reproductive health. Moreover, all the requirements of health and other facilities are inadequate to maintain proper reproductive health with reference to adolescent girls who are in greater need of such health facilities, health assessments, health interventions, counselling related to reproduction and family welfare services. Most of the adolescent reproductive health programs focuses on the 15-19 yrs old age group. But there is an increasing need to recognise the 10-14yrs group that comprises twelve percent of India’s total population. This group is difficult to understand these problems, the case queries of this behaviour and effects of their actions. Very little is known about their current needs, making it difficult to mobilise resources and develop progress strategies for this group. Educational program can increase in the absence of appropriate health services, this awareness may not always translate into appropriate help seeking by adolescent girls.

Therefore a majority of girls in India are suffering from either general or reproductive morbidities. If not treated early, these morbidities could lead to various disabilities and consequently affect their valuable lives. Failure to deal with reproductive various disabilities and consequently affect their valuable lives. Failure to deal with reproductive health problems at any stage in life sets the scene for later health and developmental problems. Hence, there is a need to explore the reproductive
health status of adolescent girls living in rural and urban areas in order to possess knowledge on consequences of reproductive health problems and various services available to lead a healthy life. Thus, the present study focuses mainly on Reproductive Health of adolescent girls in exploring their health status and their Knowledge on reproductive health and family welfare services.

1.6 Overall Objective

To assess the Reproductive Health Status (RHS) of Adolescent Girls (12-17 yrs) in Chittoor district of Andhra Pradesh and to examine their Knowledge on Reproductive Health (KRH) and Family Welfare Services. (KFWS)

1.6.1 Specific Objectives

1. To explore the Common Health Problems (CHP), Chronic Health Problems (ChHP) and Reproductive Health Problems (RHP) among Rural and Urban Adolescent Girls of 12-17 years residing in Hostels and their Homes.
2. To assess the Knowledge of selected Adolescent Girls (AG) on Reproductive Health (RH) and Family Welfare Services. (FWS)
3. To examine significant difference between selected Rural and Urban Adolescent Girls of different age groups residing in Hostels and their Homes with reference to different Health Problems and Knowledge on Reproductive Health Issues and Family Welfare Services.
4. To explore the impact of demographic variables on Health Problems and Knowledge on Reproductive Health Issues and Family Welfare Services among selected Adolescent Girls.
5. To study the association between Health Problems and Knowledge on Reproductive Health Issues and Family Welfare Services of selected Adolescent Girls.