



**ORIGINAL RESEARCH PAPER**

**Psychiatry**

**KNOWLEDGE AND PRACTICE RELATED TO RISKY HEALTH BEHAVIOR AMONG ADOLESCENTS**

**KEY WORDS:** Menstrual hygiene, Toilet usage, WASH, Water, Sanitation,

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**ABSTRACT**

Adolescents' risky health behaviors have both short-term and long-term consequences, and interventions that focus on multiple domains of risk may be the most effective in helping to promote broad reproductive health among young adults. This study was conducted with an aim to assess the knowledge and practice related to risky health behaviour among adolescents and to find out whether any difference exists between gender and age groups with regard to their risky health behaviour. The study was conducted in three districts of Tamil Nadu and was descriptive in nature. An interview schedule was used as tool of data collection. The total sample size was 628. Four Hundred young boys and girls (School students) in the age group of 11-18 years were selected from the schools by using Simple Random Lottery method. Then, 258 young boys and girls in the age group of 18-25 years (late adolescents) were selected from out of schools by using Purposive sampling. 3 FGDs for men and 3 FGDs for women were conducted for qualitative phase. The significant findings were, knowledge on menstruation is very poor among both male and female respondents, both the male and female respondents were not highly aware of changes that women experience during menstruation, male respondents had slightly better aware of the changes that women experience during menstruation, awareness on items used during menstruation was high among female respondents and mostly they were not sharing toilet with other household as open defecation is largely prevalent. It was suggested that the parents school teachers and PHC staff, PRIs, ICDS, Anganwadis have crucial roles to play in creating knowledge on risky healthy behaviours among adolescents as well as monitoring them regularly.

**INTRODUCTION**

Risky behaviors are those that potentially expose people to harm, or significant risk of harm, which prevent them from reaching their potential in life and which can cause significant morbidity or mortality (Kopelman 2000). When students reach high school the rapid changes in biological, emotional, cognitive, and social development influence their behavior (Jackson 1992). At this stage, adolescent and young people are normally curious and experiment with a variety of things which supposedly form part of growing up. In different societies, lines are drawn at such behavior (Brown M, Sinacore 1995), These behaviors are unacceptable and are considered harmful to them and the society. In this study, among risky health behaviours, the main focus was given to menstrual hygiene, toilet and water usage by the respondents.

**Specific Objectives**

1. To assess the knowledge and practice related to risky health behaviour among adolescents
2. To find out whether any difference exists between gender and age groups with regard to their risky health behaviour

**Field of Study**

The study was carried out in three districts of Tamil Nadu, i.e. Kanchipuram, Thiruvallur and Vellore Districts of Tamil Nadu in the year 2017.

**Research Design:**

The study was done using Descriptive design and it described the knowledge and practice on water and sanitation among young people

**Sampling Size and Sampling Technique**

Simple random sampling technique using lottery method was used in the schools to collect the respondents. Since out of school youth were floating in nature, purposive sampling technique was used to collect the respondents as per their availability and interest.

400 young boys and girls (School students) in the age group of 11-18 years were selected from the schools by using Simple Random Lottery method. Then, 258 young boys and girls in the age group of 18-25 years were selected from out of schools (62

each from Vellore 1, Vellore 2, Thiruvallur and Kanchipuram) by using Purposive sampling. So the total sample in this study was 658.

2 FGDs in each district was conducted. Each FGD has Young People in the age group of 18-28 yrs. Thus there were 3 FGDs for men and 3 FGDs for women.

**Tool of Data collection**

A comprehensive interview schedule prepared by the researcher was used as tool of data collection to assess the youth in school and out of school. A FGD topic guide (For boys and girls) was used in the qualitative study phase.

**Ethical Considerations in this study**

1. Informed consent was taken from the respondents. They had the option to discontinue the interview at any point of time they felt not comfortable. No respondents were forced to participate in this study.
2. All the interviews with the school youths were done in a separate room (most often and wherever possible) to insure confidentiality.

**Main Findings**

1. A majority of the respondents' awareness on the items used during menstruation (sanitary napkin and old cloths) was poor. Among men, it was very poor. However, a few women respondents were aware of the items used.
2. Methods used by the respondents to clean the cloth used during menstruation included wash with soap and reuse it. But mostly, the predominant practice was use and throw after single use.
3. With regard to number of times napkins and/or clothes changed in a day by the respondents a majority of the male respondents were not aware of it. However, among the women respondents, though they were aware, the knowledge was very poor. But about 9% of the women respondents said that they change the napkin twice in a day.
4. Knowledge on menstruation is very poor among both male and female respondents.
5. Both male and female respondents were not highly aware of changes that women experience during menstruation. Male respondents had slightly better aware

of the changes that women experience during menstruation. However, female respondents were aware of particularly about abdominal pain during menstruation.

6. Awareness on items used during menstruation was high among female respondents.
7. Awareness on methods used to clean the cloth used during menstruation was high among female respondents.
8. A majority of female respondents said that they were not aware of the number of times napkins and/or clothes changed in a day during menstruation.
9. The knowledge of the respondents about treatment of water to make it safe to drink is just about (16%), and it is almost similar (19 % among male and 15% among female respondents)
10. Among male, 42.2% use no method to make water safe to drink and 25.8% use some method to make water safe to drink. The percentage of male respondents was higher than female respondents in terms of boiling the water, using alum, adding chlorine, using water filter to make water safe to drink.
11. Open defecation is higher among male respondents and there was not much awareness on the type of latrines available between male and female respondents other than the flush/pour type. They were not able to differentiate the different types of latrines.
12. Mostly they were not sharing toilet with other household as open defecation is largely prevalent. However, sharing of the toilet with other household was higher among male respondents.
13. On the awareness about menstruation, it is a woman's monthly bleeding between 26 and 45 days each was better in the age groups of 10- 20 years and 21-30 years. Other than this, all other age groups did not have any proper awareness about menstruation.
14. On the awareness on the changes that women experience during menstruation, abdominal pain was slightly better known in the age groups of 10- 20 years and 21-30 years. Other than this, all other age groups did not have any proper awareness on the changes that women experience during menstruation.
15. On the awareness on item used during menstruation, sanitary napkin was better known (17%) in the age group of 10- 20 years. Other than this, all other age groups did not have any proper awareness on the item used during menstruation.
16. In the method used to clean the cloth used during menstruation, wash with soap was better known (8 %) in the age group of 10- 20 years. Other than this, all other age groups did not have any proper awareness on the method used to clean the cloth used during menstruation.
17. Female respondents in the age group of 10- 20 years changed twice a day (8%) and 3-4 times (6%) in a day.

#### Suggestions and recommendations

It is suggested to create awareness among both male and female to help them to gain knowledge on menstruation and the changes women experience during that phase (Dufour 1992). Women have to be educated on number of times napkins and/or clothes changed in a day during menstruation to prevent infections. In this regard, multiple stake holders like the youth, their parents, their siblings, teachers and PHC staff should be oriented and all their services should be utilized. PHC and school provide free napkins. Youth should make use of these facilities. Apart from this, proper disposal of used napkins should be monitored at the household, school and in the community level (Matsusaki 1992). All the schools should be provided with napkin vending machines and napkin incinerators should be installed. Respondents in the age group of 10 - 20 years have better awareness when compared with other age group , however, more awareness on menstruation can be given to improve their menstrual hygiene to the other age groups.

#### DISCUSSION

To manage menstruation hygienically, it is essential that women and girls have access to water and sanitation. They need somewhere private to change sanitary cloths or pads; clean water for washing their hands and used cloths; and facilities for safely disposing of used materials or a to dry them if reusable (Hagberg 1989). There is also a need for both men and women to have a greater awareness of menstrual hygiene. Currently, cultural practices and taboos around menstruation impact negatively on the lives of women and girls, and reinforce gender inequities and exclusion (Lanyon 1987). Many schools do not support adolescent girls or female teachers in managing menstrual hygiene with dignity. Inadequate water and sanitation facilities make managing menstruation very difficult, and poor sanitary protection materials can result in bloodstained clothes causing stress and embarrassment. Teachers (and male members of staff in particular) can be unaware of girls' needs, in some cases refusing to let them visit the latrine. As a result, girls have been reported to miss school during their menstrual periods or even drop out completely (Mason 1996). Reports have suggested links between poor menstrual hygiene and urinary or reproductive tract infections and other illnesses. Further research and robust scientific evidence are needed in this area (Cates W, Stone K 1992). The impact of poor menstrual hygiene on the psychosocial wellbeing of women and girls (eg stress levels, fear and embarrassment, and social exclusion during menstruation) should also be considered.

#### CONCLUSION

Educational materials about the negative effects of the risky behaviors should be included in the curriculum of universities to improve students' perception of risky behaviors and their consequences (Andreasson 1998). There should be awareness campaigns on risky behaviors for students and the general public. Media and social network applications should be used actively to enhance the knowledge of the general public and students about risky behaviors

#### REFERENCES

1. Abma J, Driscoll A, Moore K. Young women's degree of control over first intercourse: An exploratory analysis. *Family Planning Perspectives*. 1998;30:12-18.
2. Andreasson S, Allebeck P, Romelsjo A. Alcohol and mortality among young men: Longitudinal study of Swedish conscripts. *The British Medical Journal*. 1988;296:1021-1025
3. Brown M, Sinacore DR, Host HH. The relationship of strength to function in the older adult. *Journal of Gerontology*. 1995;50A:55-59
4. Cates W, Stone K. Family planning, sexually transmitted diseases, and contraceptive choice: A literature update. *Family Planning Perspectives*. 1992;24:75-84.
5. Dufour MC, Archer L, Gordis E. Alcohol and the elderly: Health promotion and disease prevention. *Clinics in Geriatric Medicine*. 1992;8:127-141.
6. Hagberg J, Montain S, Martin WI, Ehsani A. Effect of exercise training in 60-69-year-old persons with essential hypertension. *American Journal of Cardiology*. 1989;64:348-353.
7. Jackson R, Scragg R, Beaglehole R. Does recent alcohol consumption reduce the risk of acute myocardial infarction and coronary death in regular drinkers? *American Journal of Epidemiology*. 1992;136:819-824.
8. Kopelman PC. Obesity as a medical problem. *Nature*. 2000;404:635-643.
9. Kramer MM, Wells CL. Does physical activity reduce risk of estrogen-dependent cancer in women? *Medicine and Science in Sports and Exercise*. 1996;28:322-334.
10. Lanyon L. Functional strain in bone tissue as an objective and controlling stimulus for adaptive bone remodelling. *Journal of Biomechanics*. 1987;20:1083-1093.
11. Mason JB, Levesque T, Folate: effects on carcinogenesis and the potential for cancer chemoprevention. *Oncology*. 1996;10:1727-1736. 1742-1743.
12. Matsusaki M, Ikeda M, Tashiro E, Koga M, Miura S, Ideishi M. Influence of workload on the antihypertensive effect of exercise. *Clinical and Experimental Pharmacology and Physiology*. 1992;19:471-479
13. Ziegler RG, Mayne ST, Swanson CA. Nutrition and lung cancer. *Cancer Causes and Control*. 1996;7:157-177.