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Socioeconomic Factors And Their Impact On Reproductive Health Outcomes Among Homeless Adolescent Girls

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ABSTRACT

The surge in global homelessness poses a critical the difficulty of public health, especially in poor countries nations like India. The predicament is exacerbated for vulnerable populations, such as adolescent girls, who confront heightened susceptibility to severe health issues. This piece of writing aims to illuminate the issues of knowledge and health problems that are encountered by teenage girls who are homeless in the Nizamuddin neighbourhood of Delhi, India. To delve into the intricacies of this issue, data was meticulously gathered through interviews and focus group discussions. A a representative sample of two hundred and fifty young men and women, aged 10-19 years, participated in the study, sharing their experiences and perspectives. A semi-structured guide facilitated the collection of qualitative data, providing rich insights into the participants' lives. The analysis of the collected data uncovered a concerning lack of awareness among homeless adolescent girls in Nizamuddin regarding reproductive health. Additionally, inadequate hygiene practices during menstruation were prevalent among this demographic. The findings indicated a critical need for interventions to address these gaps in knowledge and practices. Focus group discussions revealed that taboos and beliefs surrounding reproductive health were being perpetuated across generations, notably transmitted by mothers and older women. This intergenerational transfer of misconceptions underscores the necessity for targeted educational initiatives to break the cycle of misinformation. Building upon these results, it is imperative to formulate recommendations that can [1]elevate the health literacy of homeless adolescent girls. Initiatives should focus on fostering awareness about reproductive health and promoting hygiene practices during menstruation. Additionally, interventions should be designed to encourage these girls to seek assistance when faced with reproductive health difficulties. To comprehensively address the issue, a suggested avenue for future research involves conducting a comparative study between homeless adolescent girls and those belonging to economically disadvantaged families with stable homes. Such a study could elucidate the unique challenges faced by each group, informing targeted interventions and policies. In conclusion, this research sheds light on the critical health disparities experienced by homeless adolescent girls in Nizamuddin, Delhi. The findings underscore the urgency of implementing comprehensive strategies to enhance awareness, dispel myths, and improve reproductive health practices. By understanding the nuances of this issue, policymakers and healthcare professionals can work towards creating tailored interventions that empower these vulnerable individuals to lead healthier lives.

Keywords: *Reproductive Health, Awareness, Menstruation Practice, Nizamuddin Delhi, Female Adolescents, Contraception, Adolescent girls, health needs, menstrual hygiene,*

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I. INTRODUCTION

According to UNICEF, adolescence is "the sequence of events by which the individual is transformed into a young adult by a series of biological changes." People go through changes in their size, appearance, and behaviour between the ages of 10 and 19, which is a significant life stage. United Nations Children's Fund predicts that, in little over 30 years, the global adolescent population will reach its maximum. There are now over one billion people residing in India.

The 2011 Census found that 19.6% of India's total population consists of 236.5 million adolescents, defined as those aged 10 to 19. Nearly half of all adolescents are girls.Nearly one-third of all reported cases of HIV infection in India occur in individuals between the ages of 15 and 24. For the purpose of lowering the frequency of sexually transmitted infections (STIs), especially HIV, it is crucial to address the issue that Singh and Guru raj have brought to light, which is the problem of sexually risky behaviour conduct among young people. In the course of his body of work on the reproductive health of adolescents in India, Gupta found that young people are more vulnerable to harm to infection due to unprotected sexual encounters (2).

The National Survey on the Health of Families (NFHS 3) has shed light on some of the the health of reproduction problems at this sensitive time frame, which will have far-reaching consequences for society, the economy, and public health.Despite being the pioneer in a family planning project in the early 1950s, just 7% of teenage girls and young women in India utilise any kind of birth control, according to the National Survey on the Health of Families 3. The prevalence of sexually transmitted infections (STIs) and urinary tract infections (RTIs) among teenagers may impact both their peers and adults over time. Other actions, like becoming pregnant or suffering from anaemia, might affect generations to come.

Adolescents face several challenges on their path to adulthood, such as ignorance, unfavourable social expectations, early marriage, childbearing, and overprotective parents.The In the years 2006 and 2007, the Population Council in New Delhi and the Indian Institute of Population Studies (IIPS) carried out a research in the Indian Andhra Pradesh, Jharkhand, Bihar, Rajasthan, and Tamil Nadu are the states that make up the state of Tamil Nadu with the purpose of determining the difficulties that are associated with the reproductive health practices of adolescents.

Among young people aged 15–24, just 15% said a family life or sexuality education had been provided to them either at school or via a government or non-profit-funded programme, even though this is an area where there is a clear need. The research found that every state had different criteria, thus it concentrated on activities that were special to each state. In light of the above, and since Haryana was not part of this inquiry, further research on this topic was conducted in a rural area of Haryana.

The study's overarching goal was to provide ways to improve healthcare for underserved adolescent girls by analysing their reproductive health issues. The study is expected to provide educational institutions, non-governmental organisations, and government agencies with the information they need to develop new programmes, initiatives, and policies.

II. REVIEW OF LITRETURE

Using the data obtained from the Youth Risk Behaviour Survey for the year 2019, which was performed in 7 states and 3 school districts, Halverson et al. (2022) investigated if there were differences in sexual behaviour and STI/HIV testing that takes into account a student's homelessness in addition to other variables. There was an increase in the reporting of risky sexual activity among students who had been homeless. Homeless Asian students were at a

greater risk because this link differed by race. Overwhelmingly, only a small percentage of the sample underwent STI testing. This highlights the need of expanding testing to all youths at risk of sexually transmitted infections.

Adedze et al. (2022) conducted research on the sexual and reproductive health measures practices, needs, and barriers to services experienced by homeless youth. In-depth interviews, interviews with key informants, and focus groups were conducted with the use of a semi-structured interview guide in order to obtain statistical data. The findings indicate that particular patterns of activity have an effect on the health of the reproductive and sexual organs (SRH) decisions, attitudes, and views of homeless young people. These individuals have a difficult time obtaining sexual and reproductive health care (SRHS), which includes current methods of contraception and therapy for abortion. SRHS is difficult for children who are experiencing homelessness because they have a difficult time obtaining healthcare and navigating the system, which makes it difficult for them to attend school.

When it came to reproductive health, Pooja Shankar et al. (20017) looked at the go-to resources and experts' expertise. The participants in this cross-sectional descriptive study were girls enrolled in sixth through twelfth grades in a public high school located in a slum area of Maharashtra. Out of 250 girls who participated, 211 had their replies evaluated (since 39 were missing). The study concluded with a training session for all of the girls, including topics such as reproductive health and basic life skills. Teenage girls scored low on measures measuring knowledge and awareness of issues associated with sexual and reproductive health and wellness.

Educating young people in general about their reproductive health alternatives was the driving force for the research by Michel et al. Wombeogo (2015). Increasing young people's knowledge of reproductive health is an important goal of youth education, says the paper. Parents should know about adolescent reproductive health issues and their children shouldn't rely on peers. Adolescents may be better educated about reproductive health and the repercussions of poor decision-making via group theatre, which effectively conveys actions to them.

In their definition of reproductive health information, HM and Al Hosis KF Tork (2015) include girls and young women aged 14–19. A total of 59 surveys were planned. During the pre-action period, just 27% of the youngsters recalled anything. Studies suggest that programmes aimed at educating young people about reproductive health could help bring this issue to the forefront.

"Psychosocial Behaviour of Indian Adolescent Girls during Menstruation." that was conducted by M.K. et al. in 2011. This study set out to investigate menstruation-related psychosocial behaviours and knowledge among adolescents residing in urban areas of Haryana, India. Three educational institutes in Rohtak were randomly chosen to provide 478 adolescent females, ranging in age from 15 to 19. The results suggest that school administrators should have meetings with parents at least once weekly to address problems that are associated with periods. In addition to covering certain topics in class, teachers should inform students about trustworthy resources that might help them keep accurate records.

Karalam, S.R. (2010) performed research titled "Psycho-social well-being of adolescent girls: An intervention observes" to determine how well an intervention affected the mental health of teenage girls living in eight different foster homes in Kerala, India's Thrissur District. The results of the study that was conducted indicate that social workers play an important role in the formulation of intervention packages. and the intervention program's exceptional

effectiveness when it comes to supporting young women who are living in homes for children in being able to adjust to their new surroundings.

An educational intervention lasting one year was studied by R. S. P. RAO and colleagues (2008). Seven hundred ninety-one teenage girls from coastal communities in Karnataka's Udupi District were randomly recruited for the study. The data was tabulated and analysed using SPSS version 11.0 for Windows. Percentages and proportions were used to represent the results throughout the report. The Chi-square test was used in order to evaluate the effectiveness of the intervention. The findings of this research demonstrated without a shadow of a doubt that a plan of educational interventions has the potential to bring about the desired change in the way that teenage females perceive reproductive health.

"Analysis of Adjustment of Institutionalised Children" by Hunshal, S. C. et al. (2008) examined the academic, social, and emotional development of children who were institutionalised from 2003 to 2005. Fourteenteen youths, ranging in age from ten to fourteen, were housed in establishments for juveniles in the Belgaum region region of Karnataka, India. This study's findings demonstrated that only a tiny fraction of institutionalised children achieved adequate social, emotional, and intellectual integration.

III. RESEARCH METHODOLOGY

Data was collected from 250 young girls in Nizamuddin, Delhi, via interviews and focus groups. Researchers used a mixed-methods approach, drawing from approaches that are both qualitative and quantitative, to eliminate interpretational both subjectivity and bias are present. and arrive at accurate and verifiable results. Editing, processing, categorising, and presenting the data has been done appropriately; the study objective will determine the data arrangement. The data in quantitative research were evaluated using frequency, percentage, and percentage analysis. Data from the focus groups was of a good quality, and the participants' opinions were as indicated in the focus groups' summary.

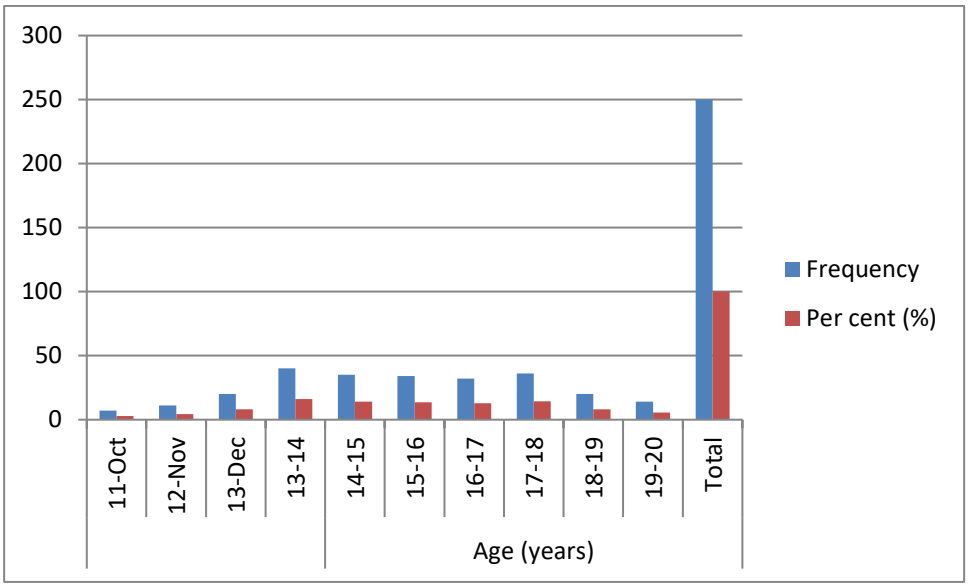
IV. DATA ANALYSIS

Analysing data collected from young women residing in Nizzamuddin Basti, Delhi National Capital Territory we were able to determine their It is important to incorporate not just their demographic profile but also their knowledge and habits around reproductive health. In-depth interviews were conducted with a total of 250 female teenagers who were inhabitants of the study region. The material that is given here is taken from these interviews.

4.1 Profile of the Respondents' Demographic Characteristics

Frequency distribution charts are used to depict the respondents' demographic characteristics below.

Chart: 1 Demographic Profile of the Respondents



Overall, the ages of the responders were in the 10–19 year old bracket. The age distribution of 250 adolescent girls is shown in Table 1, with a range of 10 to 20 years of completed education. 2.8% of the participants fall within the 10–11 age bracket, 4.4% in the 11–12 bracket, 8% of the teen girls polled in the 12–13 bracket, 16% in the 13–14 bracket, 14% in the 14–15 bracket, 13.6% in the 15–16 bracket, 12.8% in the 16–17 bracket, 14.4% in the 17–18 bracket, 8.6% and 5.6% of the teen girls polled in the 18–19 and 19–20 brackets, respectively. On average, the participants in the research are 15.5 years old.

Chart: 2 Demographic Profile of the Respondents

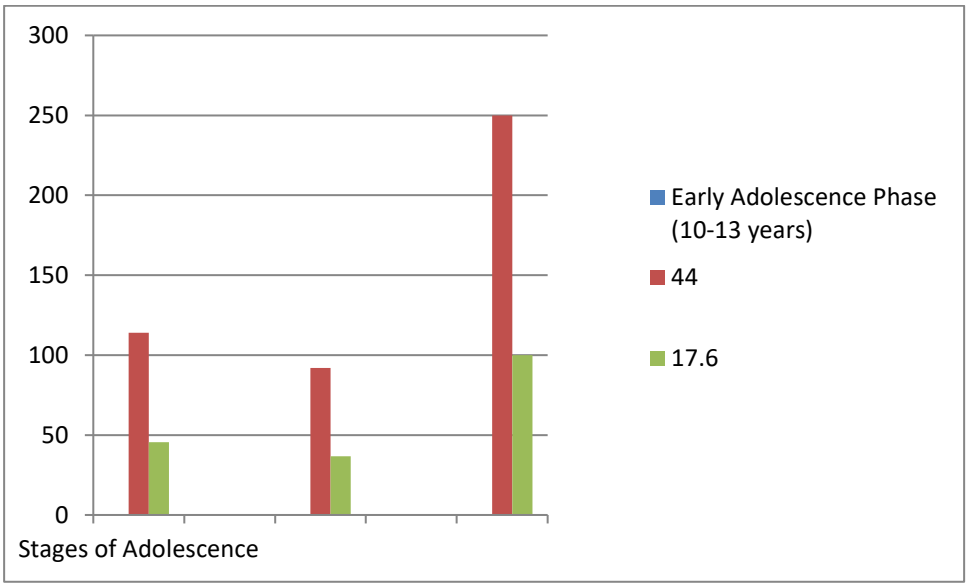
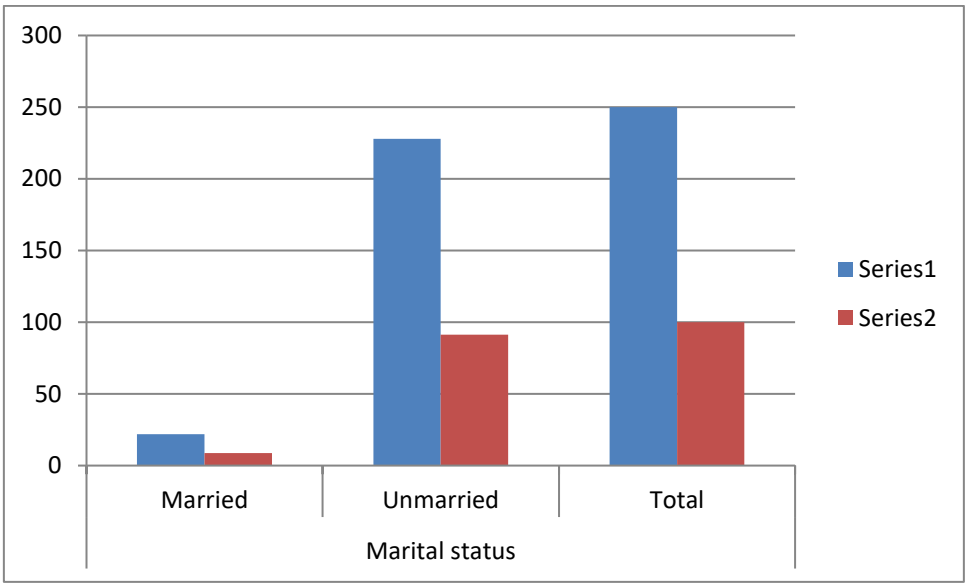


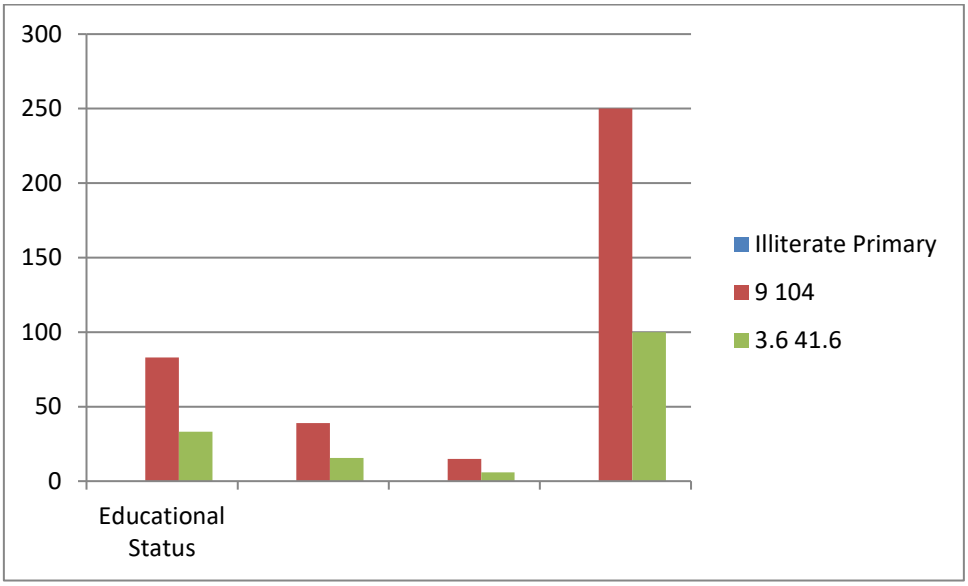
Table 1 shows that out of 250 participants, 45.6% were in the middle of puberty, or 14–16 years old, 36.8% were in the late teens, or 17–19 years old, and 17.6% were in the early teens, or 10–13 years old. The study found that little over a third of the teenage girls were in their late teens, a small percentage were in their early teens, and fewer than half were in the midway stage of puberty. A median age of 15.15 years was determined for the responders.

Chart: 3 Demographic Profile of the Respondents



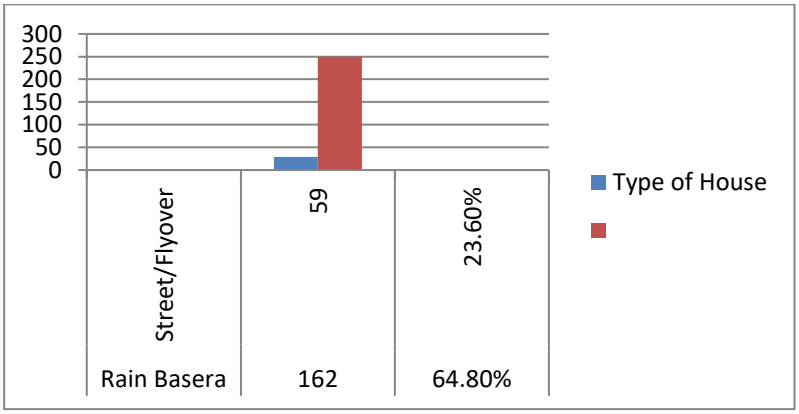
While 91.2% of the girls were unmarried, just 8.8% of the women in this study were married (table 1). A comparison was also made between the data and the marital status and the religion, since earlier study has shown that the Muslim religion is characterised by a high rate of early marriage.

Chart: 4 Demographic Profile of the Respondents



More over half of the people who took the survey had finished high school, according to the data shown above. A few of them went to a religious school and got their diplomas there. Only 6.3% of those who took the survey had only completed elementary school, whereas 33% had completed high school. Still, everyone should have a basic education and contribute to the goal of universal literacy. Some respondents expressed a desire to complete their education but were unable to do so due to the absence of a junior high school in their neighbourhood. Consequently, more junior high schools need to be built so that girls may easily attend and succeed in school.

Chart: 5 Demographic Profile of the Respondents



The survey shown in the table above shows that 64.8% of the respondents reside in Rain Basera, while only 11.6% have other forms of housing, such as non-building dwellings or one-room flats. Of this group, 23.6% call roadways and flyovers home.

4.2 Awareness of reproductive health and the practice of it among young women in their teenage years

Findings from the analysis of the sociodemographic features of the adolescent girls revealed, as shown in Table 1, that the research group included 45 percent of females aged 17 to 19. The adolescent girls' parents or the NGO organiser provided us with details about their monthly income. According to B G Prasad's 2016 evaluation, the bulk of the teens (48.75%) fall into Class I socioeconomic category. About almost two-thirds of the females in the research group had completed high school or were in the process of doing so. The vast majority of the households surveyed (78.75%) were nuclear families. It turned out that three of the women were married. All of them were above the age of eighteen.

Table 1: Profiling of the socio-demographic

VARIABLE	**(n)**	**Percentage**
10-13	23	28.75
14-16	21	26.25
17-19	36	45.00
Education (n=80)		
Primary	13	16.25
Secondary	54	67.50
Higher secondary	13	16.25
Reason for discontinuing education (n=35)	35	43.75
Family problem	9	25.71
Financial problem	18	51.43
Not interested	6	17.14
Health problem	2	5.71
Parents educational status (n=80) Mother		
Illiterate	41	51.25
School (upto 10)	34	42.50
College	5	6.25

Father		
Illiterate	35	43.75
School (upto 10)	39	48.75
College	6	7.50
Occupation (n=80)	14	17.50
Socio-economic status (B G Prasad's classification 2016[10]) (n=80)		
I	39	48.75
II	5	6.25
III	18	22.5
IV	16	20.0
V	2	2.5
Religion (n=80)		
Hindu	32	40.0
Muslim	39	48.75
Buddha	9	11.25
Type of family (n=80)Nuclear	63	78.75
Joint	16	20.00
Three generation	1	1.25
Total number of family members (n=80)		
<6	49	61.25
>6	31	38.75
Marital status		
Unmarried	77	96.25
Married	3	3.75

The majority of teens (86.75%) had achieved menarche by the age of 14, while 62% of the females had regular menstrual cycles. About 37.5 percent of the families practiced some cultural norms around menstruation. It included refraining from secular pursuits as well as religious ones, and sometimes even both. [Main Image]

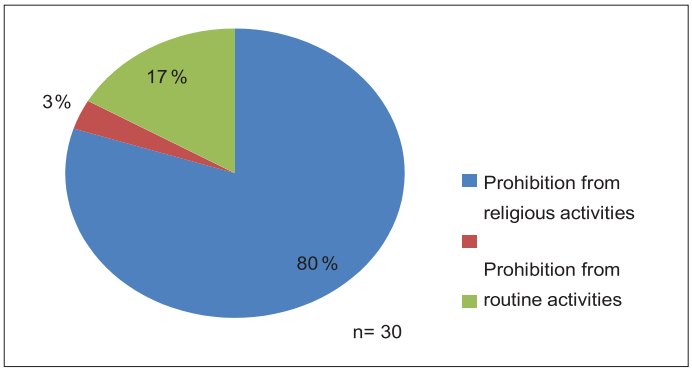


Figure 1: The cultural practices that are related with menstruation and their distribution

When it came to their reproductive systems, most of the women were completely ignorant. There is just one teenage girl who is married. in the 17–19 age bracket got a perfect score. Ninety percent of the women were clueless when it came to these areas. Here is Table 2:

Table 2: An evaluation of the individual's knowledge of menstrual hygiene, methods of birth control, and sexual conduct that is considered appropriate

Age (yrs)	Poor (1-3)	Good (4-6)	Excellent (7-9)	
17-19	28	7	1	
14-16	21	0	0	%)
12-13	23	0	0	%)
Total	72 (90%)	7 (8.75%)	1 (1.25%)	)

Concerning reproductive health and related issues, 91% of the females were knowledgeable. It was via their mothers or other family members that 57.5% of the girls who were knowledgeable about reproductive health learnt about it. The proportion of women who got their news from magazines and the internet was negligible. Period hygiene was the bulk of the class's discussion during these meetings. Picture 2

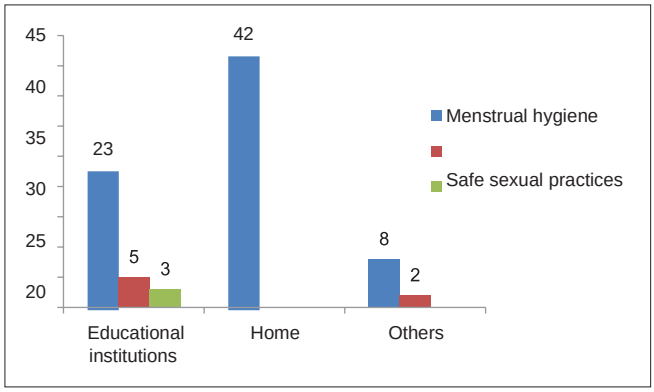


Figure 2: A breakdown of the information's origin and distribution. (This takes into account several replies)

Among adolescent girls, 84% wanted to know more about menstrual hygiene and other sexual and reproductive health topics. Of the women surveyed, 41% said that their mum was the best source of information, and 37% said the same about their teacher and mother. Nearly all of the girls (91%) expressed a lack of interest in seeing a doctor for menstruation or other reproductive health issues. Sixty-three percent claimed discomfort as their reason, while 37 percent said that it was unnecessary to bring up such topics with a doctor as most people go there for medical issues. School environments do not provide a safe space for students to discuss sensitive topics like sexual and reproductive health, according to 66% of the females surveyed.

The majority of the girls (85%) favoured group sessions over individual ones when discussing topics related to reproductive and sexual health. Reason being, 64.7% were able to discuss the material amongst these individuals after the session, thanks to their increased comfort level in a group environment [Figure 3].

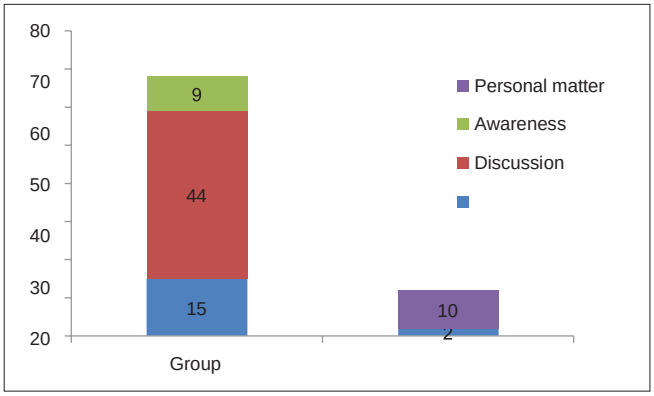


Figure 3: A breakdown of the session preferences and the reasons behind them

V. CONCLUSION

For the research, homeless teenage females from Nizamuddin, Delhi were selected. There is less socialising with other communities since it is a closed community. Their traditional and customary techniques of preserving menstrual health are backed by custom. Few people have installed restrooms as part of state and federal government initiatives. They may rely on the local health authority to provide them with free sanitary napkins when their period arrives. Many indigenous women still don't feel comfortable accessing this resource, however. Our society has historically disregarded teenage females. It's critical that you keep a careful eye on young girls throughout their physical development and puberty so that you can support them in becoming strong, independent women in the future. Based on the findings, suggestions may be made to improve their health literacy and motivate them to get care when they do, especially for issues related to their reproductive health. Adolescent girls from the homeless community and girls from the weaker portion who possess a house and family might be compared in a research on a related issue.

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