

# Hygiene Practices and Health-seeking Behaviour among Adolescents

Adolescence is a period marked by rapid physical and psychosocial development. It is during this time that individuals become increasingly aware of their own bodies and health. However, their response to the emergence of health issues is not uniform owing to a variety of economic, environmental, and social factors. The health-seeking behaviour of young people is an important indicator of future population health and provides key insights towards improving people's interactions with health systems. Against this backdrop, the longitudinal UDAYA study, conducted during 2015–16 and 2018–19, sought to gauge how adolescents seek help for medical problems in Bihar and Uttar Pradesh.

Menstrual hygiene is one of the most vital health concerns for adolescent girls and a major risk factor for reproductive tract infections. In many parts of India, menstruation is still shrouded in taboos and misconceptions due to a lack of awareness and scientific information. The current study found that use of sanitary napkins increased with age for girls across age groups—by the time of the second wave of the UDAYA survey, 58 percent of younger girls and 74 percent of older unmarried girls were using sanitary napkins. **For married girls in both waves of the survey, cloth was the most common sanitary choice—three-fourths of them used cloth.** Most girls (more than 50%) learned menstrual hygiene practices from their mother, followed by other female relatives—**only a handful (less than 5%) were counselled by healthcare providers or ASHAs and Anganwadi workers. Alarming, about one-fifth of unmarried girls and a fourth of married girls had not received any counselling on menstrual hygiene whatsoever.** More than half the girls cited their inability to afford sanitary napkins as the reason for not using them, while one in four said that they were hard to get; also, more than a fifth of the girls said that they found using napkins uncomfortable. **Interestingly, while more than eight percent of younger girls received discounted sanitary napkins under the government scheme, this number fell to four percent as girls grew older.**

In addition to this, the survey looked at the prevalence of sexually transmitted infections (STIs) among adolescents in order to understand how they sought treatment for them. Experience of any **STIs increased as adolescents grew older—almost one in four older boys and girls experienced some kind of STI, while nearly one-third of married girls reported the same.** While girls reported more tract-related infections, boys experienced more superficial ailments. Both boys and girls had most commonly sought help when they had issues with their private parts (more than 80% for boys; 60–70% for older girls). For menstrual and other genital-related problems, almost half of the younger girls and more than 60 percent of older girls sought help from private

hospitals/clinics—**only 10–15 percent of all girls went to a government hospital.** Almost all the respondents, both girls and boys, reported their having used home remedies for genital discharge. **One of the key findings of this exercise was the poor awareness/use of adolescent friendly health clinics (AFHCs) (less than 5% of boys and less than 10% of girls had heard about AFHCs) as envisioned under the Rashtriya Kishor Swasthya Karyakram (RKSK). Furthermore, 75 percent of the respondents had never heard of 'Adolescent Health Day',** which therefore had only negligible attendance. Future studies need to explore reasons behind the failure of such initiatives or whether they had been implemented at all.

## The way forward

Various policies, schemes, and initiatives have been launched in the past, most notably under the flagship RKSK, seemingly to address the urgent issue of improving health access for adolescents. However, data from the community seem to show the failure of such programs—further research is required to see whether this is a problem of implementation or whether it is acceptability from the community that is lacking. Global evidence shows that school programs and adolescent friendly services improve health-seeking behaviour, so there is a need to understand why these initiatives have had such limited success in India.

