

A Study on Reproductive Health Status of Scheduled Caste Adolescent Girls In Tamil Nadu

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Abstract

The present research study examined the reproductive health status of Scheduled Caste adolescent girls in Tamil Nadu and they determine on the socio-economic and cultural barriers and leading to limit their access to healthcare of the people in the nation. Findings reveal that approximately 65% of these girls lack knowledge about contraception, while 70% face challenges in menstrual hygiene management, leading to a reported 30% incidence of early pregnancies and a 25% prevalence of sexually transmitted infections. Despite initiatives like the Rastriya Kishor Swasthya Karyakram (RKSK) and the Menstrual Hygiene Scheme (MHS), their outreach and effectiveness remain insufficient among the adolescent girls. The study noticed that there is an urgent need for tailored interventions and community-driven initiatives to empower adolescent girls and improve their overall health outcomes.

Keywords: Reproductive health, Scheduled Caste, Adolescent girls and Healthcare

INTRODUCTION

Adolescence is a transformative phase marked by significant biological, emotional, and social changes, making reproductive health a key determinant of overall well-being. Access to adequate reproductive healthcare and awareness of related issues are crucial in shaping the future health and social outcomes of adolescent girls. However, Scheduled Caste adolescent girls, due to socio-economic disadvantages and cultural barriers, often face disproportionately higher health risks and limited healthcare access. Reproductive health is influenced by several interrelated factors, including menstrual hygiene management, knowledge of contraception, access to maternal health services, and protection from reproductive tract infections. The lack of proper education and healthcare services often leads to adverse outcomes such as early pregnancies, high maternal morbidity, and vulnerability to sexually transmitted infections (STIs). Furthermore, socio-cultural taboos and discriminatory practices exacerbate these issues, restricting girls from seeking medical help and receiving proper health guidance.

Although, disparities in reproductive health services persist, especially among marginalized communities. Government programs such as the Rashtriya Kishor Swasthya Karyakram (RKSK) and the Menstrual Hygiene Scheme (MHS) have sought to improve adolescent reproductive health, but their outreach and impact remain insufficient in Scheduled Caste-dominated areas. The present study aims to assess the reproductive health status of Scheduled Caste adolescent girls in Tamil Nadu.

REVIEW OF LITERATURE

Several studies have highlighted the reproductive health challenges faced by adolescent girls in India, particularly those belonging to marginalized communities. Research indicates

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that socio-economic disparities, cultural stigmas, and lack of awareness significantly impact reproductive health outcomes. A study by Das et al. (2020) found that Scheduled Caste adolescent girls in rural areas face severe limitations in accessing menstrual hygiene products, which contributes to school absenteeism and increased vulnerability to infections. Similarly, Patel and Sharma (2019) emphasized that social taboos surrounding menstruation and reproductive health further limit girls' ability to seek necessary healthcare services.

The National Family Health Survey (NFHS-5) data suggests that a significant percentage of adolescent girls in Tamil Nadu lack knowledge about contraception and reproductive health, leading to early pregnancies and associated health risks. UNICEF (2021) reports that insufficient access to reproductive health education contributes to misinformation and increased susceptibility to reproductive tract infections among adolescent girls in India.

A study by Sen and Mukherjee (2021) explored the psychological impact of limited reproductive healthcare access among marginalized adolescents, highlighting how stigma and discrimination deter girls from seeking medical assistance. Additionally, Rao and Krishnan (2018) found that early marriages, which

are more prevalent among Scheduled Caste communities due to economic pressures, result in adverse reproductive health consequences. International studies, such as the WHO (2021) report, suggest that community-driven initiatives, peer education programs, and digital health platforms can significantly improve reproductive health awareness among adolescent girls in underserved populations. Furthermore, Mehta et al. (2019) argue that despite government initiatives like RKSK and Beti Bachao Beti Padhao, the effectiveness of these programs remains limited due to inadequate implementation in rural and marginalized communities.

A study by Gupta and Reddy (2022) found that poor menstrual hygiene management contributes to long-term reproductive tract infections and complications during adulthood. The researchers recommend increasing government subsidies for sanitary products and promoting school-based awareness programs to improve adolescent health. Kumar et al. (2021) examined the role of parental education in influencing adolescent reproductive health. Their findings indicate that daughters of educated mothers have higher awareness of menstrual hygiene and reproductive rights, underscoring the importance of family-based health education interventions.

Objectives

This study aims to examine the socio-economic and demographic profile of Scheduled Caste adolescent girls in Cuddalore district, assess their awareness of reproductive health—including menstruation, contraception, and STDs—analyse their menstrual hygiene practices and related social taboos, identify the factors influencing their reproductive health such as cultural norms, healthcare access, and policies, and explore their treatment-seeking behaviours and barriers to accessing healthcare services. And knowledge about family life education in adolescent girls.

METHODOLOGY

This study employs a mixed-methods approach, combining both quantitative and qualitative research techniques to obtain a comprehensive understanding of reproductive health issues among Scheduled Caste adolescent girls in Tamil Nadu. A structured questionnaire was developed to collect primary data, complemented by in-depth interviews to gain insights into personal experiences and socio-cultural influences. A **multi-stage proportional random sampling** method was used to select a representative sample of 467 adolescent girls from Cuddalore district. Cuddalore was chosen due to its socio-economic backwardness and its significant Scheduled Caste population, accounting for 29.32% of the state's total Scheduled Caste demographic. Designed to assess menstrual hygiene practices, awareness of reproductive health, access to healthcare, and treatment-seeking behaviour. By integrating multiple research techniques, this methodology ensures a well-rounded and insightful exploration of the reproductive health challenges faced by Scheduled Caste adolescent girls in Tamil Nadu.

TABLE 1 DISTRIBUTION OF RESPONSE BY SOCIO ECONOMIC AND TREATMENT SEEKING BEHAVIORS OF MENSTRUAL PROBLEM

	TAKING TREATMENT FOR MENSTRUAL PROBLEM		
AGE	Yes	No	Total N=467
<13	45 (25.2)	122 (74.8)	163
14<16	73 (44.2)	92 (55.8)	165
17+	77 (55.4)	66 (44.6)	139
Place of Residence			
Rural	114 (38.4)	183 (61.6)	297
Urban	77 (45.3)	93 (54.7)	170

Level of education			
8-10 (Secondary)	106 (35.1)	196 (64.9)	302
11-12(Higher secondary)	38 (52.1)	35 (47.9)	73
BA/BSc/ BCom (college level)	47 (51.1)	45 (48.9)	92
Family type			
Nuclear family	124 (41.6)	174 (58.4)	298
Join family	67 (39.6)	104 (60.4)	169
Type of House			
Hut	43 (49.4)	44 (50.6)	87
Katcha	133 (39.6)	203 (60.4)	336
Pucca	15 (34.1)	29 (65.9)	44
Family Monthly Income			
<12000	127 (41.6)	178 (58.4)	305
13000to15000	60 (40.3)	89 (59.7)	149
>20000	4 (30.8)	9 (69.2)	13
Father Occupation			
Daily Wages	112 (40.1)	167 (59.9)	279
Former	56 (45.9)	66 (54.1)	122
Govt Job	7 (18.9)	30 (81.1)	37
Not Working	16 (55.2)	13 (44.8)	29
Mother occupation			
Daily Wages	128 (41.0)	184 (59.0)	312
House Wife	63 (40.6)	92 (59.4)	155
Habit of reading newspaper?			
Never	148 (41.2)	211 (58.8)	359
Occasionally	25 (39.7)	38 (60.3)	63
Daily	18 (40.0)	27 (60.0)	45
habit of listening radio			
Never	164 (43.2)	216 (56.8)	380
Occasionally	22	37	59

	(37.3)	(62.7)	
Daily	5 (17.9)	23 (82.1)	28
habit of watching television			
Never	14 (28.0)	36 (72.0)	50
Occasionally	36 (46.8)	41 (53.2)	77
Daily	141 (41.5)	199 (58.5)	340
Habit of using any other social media			
Never	16 (42.1)	22 (57.9)	38
Occasionally	58 (37.4)	97 (62.6)	155
Daily	117 (42.7)	157 (57.3)	274

The figures in the parenthesis are percentages

It was observed from the above table that the findings indicate that only 41.8% of respondents sought treatment for menstrual problems, while the majority 58.2% did not. Treatment-seeking behaviour increased with age: 25.2% of girls under 13 sought treatments, compared to 44.2% of those aged 14-16 and 55.4% of those aged 17 and above. Urban girls 45.3% were more likely to seek treatment than rural girls 38.4%, possibly due to better healthcare access. Education level also played a role, with college-level student's 51.1% seeking treatment more than secondary school students 35.1%. Family background had an influence, with girls from nuclear families 41.6% seeking treatment slightly more than those from joint families 39.6%. Economic status showed an interesting trend—girls from pucca houses 34.1% and higher-income families 30.8% of those earning above ₹20,000 per month were less likely to seek treatment compared to those from lower-income families 41.6% of those earning below ₹12,000. Parental occupation was also a factor. Daughters of government employees 18.9% were the least likely to seek treatment, while those whose fathers were farmers 45.9% or unemployed 55.2% sought treatment at higher rates. Similarly, girls whose mothers were daily wage workers 41.0% were more likely to seek treatment compared to those whose mothers were housewives 40.6%. Media exposure influenced treatment-seeking behaviour. Girls who watched TV daily 41.5% sought treatment more than those who never watched 28.0%. Similarly, social media users 42.7% were more likely to seek treatment compared to non-users 42.1%. Interestingly, daily radio listeners 17.9% had the lowest treatment-seeking rate, compared to occasional listeners 37.3% and non-listeners 43.2%.

TABLE-2 DISTRIBUTION OF RESPONDENTS BY SOCIO ECONOMIC AND DEMOGRAPHIC FEATURES AND OAF TREATMENT

PLACE OF TREATMENT AND SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS				
AGE	Govt Hospital	Private hospital	Friends/relatives	Total N=191
<13	35 (21.5)	5 (3.1)	1 (.6)	41

14<16	60 (36.4)	13 (7.9)	0 (.0)	73
17+	57 (41.0)	20 (14.4)	0 (.0)	77
Place of Residence				
Rural	99 (33.3)	15 (5.1)	0 (.0)	114
Urban	53 (31.2)	23 (13.5)	1 (.6)	77
Level of education				
8-10 (Secondary)	93 (30.8)	12 (4.0)	1 (.3)	106
11-12(Higher secondary)	19 (26.0)	19 (26.0)	0 (.0)	38
BA/BSc/ BCom (college level)	40 (43.5)	7 (7.6)	0 (.0)	47
Family type				
Nuclear family	94 (31.5)	30 (10.1)	0 (.0)	124
Join family	58 (34.3)	8 (4.7)	1 (.6)	67
Type of House				
Hut				
Katcha	34 (39.1)	9 (10.3)	0 (.0)	43
Pucca	110 (32.7)	22 (6.5)	1 (.3)	133
Family Monthly Income	8 (18.2)	7 (15.9)	0 (.0)	15
<12000				
13000to15000	103 (33.8)	23 (7.5)	1 (.3)	127
>20000	47 (31.5)	13 (8.7)	0 (.0)	60
Father Occupation	2 (15.4)	2 (15.4)	0 (.0)	4
Daily Wages				
Former	83 (29.7)	29 (10.4)	0 (.0)	112
Govt Job	49 (40.2)	7 (5.7)	0 (.0)	56
Not Working	5 (13.5)	2 (5.4)	0 (.0)	7
Mother occupation	15 (51.7)	0 (.0)	1 (3.4)	16
Daily Wages	103 (33.0)	24 (7.7)	1 (.3)	128
House Wife	49 (31.6)	14 (9.0)	0 (.0)	63
Habit of reading newspaper?				
Never				

Occasionally	117 (32.6)	30 (8.4)	1 (.3)	148
Daily	21 (33.3)	4 (6.3)	0 (.0)	25
habit of listening radio	14 (31.1)	4 (8.9)		18
Never				
Occasionally	128 (33.7)	35 (9.2)	1 (.3)	164
Daily	19 (32.2)	3 (5.1)	0 (.0)	22
habit of watching television	5 (17.9)	0 (.0)	0 (.0)	5
Never				
Occasionally	12 (24.0)	2 (4.0)	0 (.0)	14
Daily	31 (40.3)	5 (6.5)	0 (.0)	36
Habit of using any other social media	109 (32.1)	31 (9.1)	1 (.3)	141
Never				
Occasionally	12 (31.6)	4 (10.5)	0 (.0)	16
Daily	47 (30.3)	11 (7.1)	0 (.0)	58
AGE	93 (33.9)	23 (8.4)	1 (.4)	117

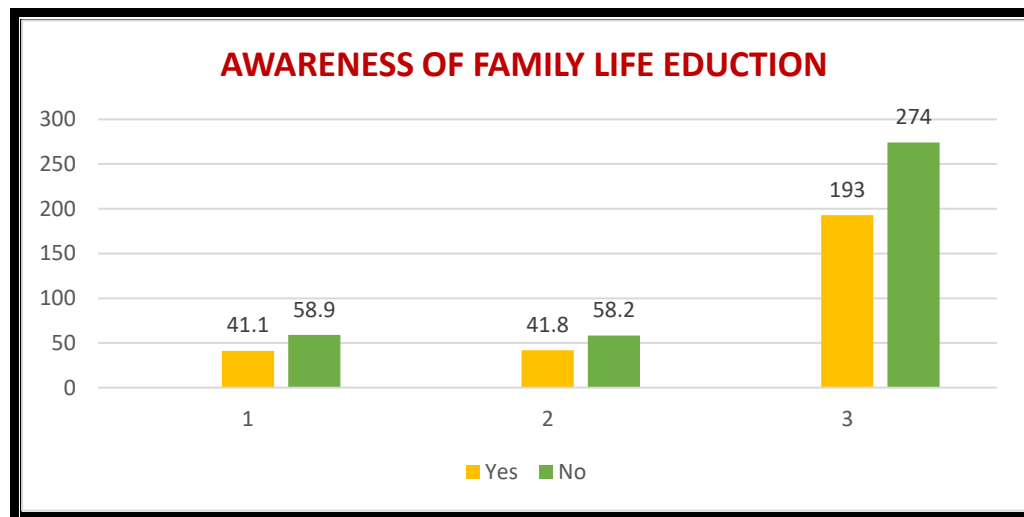
The figures in the parenthesis are percentages

The findings of the Table -2 indicate that government hospitals were the most preferred healthcare option for menstrual problems, with 32.5% of respondents seeking treatment there. This preference was more pronounced among older girls (41.0% for those aged 17+) and rural residents (33.3%). Private hospitals were used by 9.4%, with a slightly higher preference among urban girls (13.5%) and those from higher-income families (15.4% for those earning ₹20,000+). Only 0.5% sought advice from friends or relatives, suggesting a strong reliance on formal healthcare services. Education level influenced healthcare choices, as 43.5% of college-level students sought treatment at government hospitals compared to 30.8% of secondary school students. Economic background also played a role, with lower-income families relying more on government hospitals, while higher-income groups had slightly greater access to private healthcare. Media exposure showed a notable impact on treatment-seeking behaviour. Girls who watched television daily had a treatment-seeking rate of 32.1%, while social media users reported a rate of 33.9%. In contrast, radio listeners had the lowest treatment-seeking rate at 17.9%, compared to 37.3% among occasional listeners and 43.2% among non-listeners. These findings highlight that government hospitals remain the primary healthcare source for menstrual issues, particularly for rural and lower-income girls. Urban and financially stable girls have relatively better access to private healthcare. Education and media exposure, especially through television and social media, appear to encourage higher treatment-seeking rates. The results emphasize the need for improved awareness, accessible healthcare services, and targeted educational initiatives to ensure that more adolescent girls receive appropriate menstrual health support.

Fig-1 The data provides insights into the exposure of Scheduled Caste adolescent girls in Tamil Nadu to family life education and their sources of information. 43.0% of respondents reported having received family life education, with a slightly higher percentage in urban areas 44.7% than rural areas 42.1%. However, a significant proportion 57.0% had not received any form of family life education, indicating gaps in awareness and access to crucial information. Among those who received family life education,

schools were a major source, with 41.9% obtaining information through school-based programs. The distribution was similar in rural 41.4 and urban 42.9% areas.

Fig-1 DISTRIBUTION OF RESPONDENTS BY SOCIO ECONOMIC AND DEMOGRAPHIC FEATURES OF AWARENESS OF FAMILY LIFE EDUCATION



Additionally, camps played a vital role, with 58.0% of respondents citing them as their source, with comparable participation from rural 58.6% and urban 57.1% areas. These findings suggest that while schools and camps are key sources of family life education, a substantial portion of adolescents still lack access to this knowledge. This highlights the need for expanded educational initiatives, increased outreach efforts, and integration of family life education into formal school curricula to ensure all adolescents receive essential knowledge about reproductive health and well-being.

CONCLUSION

The reproductive health of Scheduled Caste adolescent girls in Tamil Nadu remains a critical concern influenced by a myriad of socio-economic and cultural factors. This study underscores the urgent need for targeted interventions to address the unique barriers these girls face in accessing essential reproductive healthcare services. The findings indicate that government hospitals were the most preferred healthcare option for menstrual problems, with 32.5% of respondents seeking treatment there. This preference was more pronounced among older girls (41.0% for those aged 17+) and rural residents (33.3%). Private hospitals were used by 9.4%, with a slightly higher preference among urban girls (13.5%) and those from higher-income families (15.4% for those earning ₹20,000+). Only 0.5% sought advice from friends or relatives, suggesting a strong reliance on formal healthcare services. Education level influenced healthcare choices, as 43.5% of college-level students sought treatment at government hospitals compared to 30.8% of secondary school students. Economic background also played a role, with lower-income families relying more on government hospitals, while higher-income groups had slightly greater access to private healthcare. Media exposure showed a notable impact on treatment-seeking behaviour. Girls who watched television daily had a treatment-seeking rate of 32.1%, while social media users reported a rate of 33.9%. In contrast, radio listeners had the lowest treatment-seeking rate at 17.9%, compared to 37.3% among occasional listeners and 43.2% among non-listeners.

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