



A STUDY ON EDUCATIONAL STATUS OF ADOLESCENT GIRLS IN AHMEDABAD CITY

Arohi Chauhan*, Sandeepkumar Chauhan & D. V. Bala*****

* Ex-PG Student, Department of Community Medicine, SMT NHL MMC, Ahmedabad

** Medical Consultant, RNTCP-WHO, Allahabad

*** Professor and Head, Department of Community Medicine, SMT NHL MMC, Ahmedabad

Abstract:

Adolescence is the pivotal decade when poverty and inequity often pass to the next generation as poor adolescent girls (AGs) give birth to impoverished children. This is particularly true among adolescents with low levels of education. Hence, a cross-sectional study was planned with the aim of assessing the educational status as well as dropout rate among AGs in Ahmedabad city.

Methodology:

A cross-sectional study was carried out among 467 AGs attending Adolescent Friendly Health Service (AFHS) clinics in Ahmedabad city during May 2011 to August 2012.

Result:

Mean age of AGs was 14.5±2.4 years. Maximum numbers of AGs were studying in primary level followed by secondary school. Around 1.3% adolescents were illiterate. School dropout rate was 19.1%.

Conclusion:

Present study highlights the fact that illiteracy is reducing among AGs but at the same time drop out should also be reduced as secondary education remains critical to overall development of adolescent.

Introduction:

One in every five people in the world is an adolescent, defined by WHO as a person between 10-19 years of age. Out of 1.2 billion adolescents worldwide, more than 90% live in the industrialized world.¹ In India, adolescents represent over one fifth of the population.² Adolescence is the pivotal decade when poverty and inequity often pass to the next generation as poor adolescent girls (AGs) give birth to impoverished children. This is particularly true among adolescents with low levels of education.³ Almost half the world's adolescents of the appropriate age do not attend secondary school. And when they do attend, many of them – particularly those from the poorest and most marginalized households and communities – fail to complete their studies or else finish with insufficient skills, especially in those high-level competencies increasingly required by the modern globalized economy.³ Educational disadvantage is a potent factor that forces them into lives of exclusion and penury, child marriage and domestic violence. When it is of good quality and relevant to children's lives, education empowers like nothing else, giving adolescents, both female and male, the knowledge, skills and confidence to meet the global challenges of present times.³ Hence, a cross-sectional study was planned with the aim of assessing the educational status as well as dropout rate among AGs in Ahmedabad city.

Methodology:

A cross-sectional study was carried out among 467 AGs attending Adolescent Friendly Health Service (AFHS) clinics in Ahmedabad city during May 2011 to August 2012.

AFHS Clinics:

Ahmedabad city is divided into 6 zones having 57 wards with Urban Health Centres. As an initiative of Gujarat state health and family welfare department, ten AFHS clinics were established in 10 UHCs to delivered AFHS services to adolescents. AFHS services includes growth monitoring, Haemoglobin (Hb) testing to detect anemia, deworming, health education, information and counselling on sexuality, safe sex and reproductive health; contraceptive provision, HIV counselling (and referral for testing and care); pregnancy testing and antenatal and postnatal care; counselling on sexual violence and abuse (and referral for needed services); and post abortion care counselling and contraception.

Questionnaire:

A semi-structured pre-tested questionnaire was used to obtained information regarding educational status and dropout rate of AGs. Inclusion criteria included all the AGs aged 10-19 years registered and present at that time in AFHS clinics, all apparently normal AGs and all AGs who gave written consent while all the AGs who suffered from any moribund diseases or apparent mental illness and who did not gave written consent were excluded.

Ethical clearance:

Present study was conducted in all the ten AFHS clinics and all the adolescent AGs who were present on the day of visit were interview. Strict confidentiality and privacy was maintained. Ethical clearance was obtained from Intramural Ethical Committee, Smt. NHL MMC, Ahmedabad prior to the study. Written consent was obtained prior to the interview from the guardian of the AGs.

Result:

A total of 467 AGs were interviewed who were present at the AFHS clinics. Age of AGs ranged from 10-19 years. Mean age of AGs was 14.5 ± 2.4 years. Forty two percent AGs belonged to the age group 13-15 years (mid adolescence). 23.4% AGs were in early adolescence (10-12 years) and 34.6% AGs were in late adolescence (16-19 years). (Figure 1)

Majority (70%) girls belonged to socio-economic class IV while rest belonged to class V. There were 89.9% AGs who were Hindus and the rest were Muslims. Only 1% girls were married. Around 76.7% girls belonged to nuclear families and rest belonged to joint family.

Maximum numbers of AGs were studying in primary level followed by secondary school. As the educational level increases number of AGs studying were decreasing. Only 13 AGs were currently studying after 12th standard. Around 1.3% adolescents were illiterate. (Table 1)

In this study School dropout rate was 19.1%. Drop out most commonly occurred at primary level (53.9%), followed by secondary level (26.9%) and higher secondary level (19.2%). (Figure 2 & 3)

Reason for school drop-out were financial constrains in 34.8% girls, required to do household work in 20.2% girls, 19.1% girls were not interested in studying further and 19.1% girls has to support their families by working so were not able to pursue education.

Ten girls were working as tailors, seven girls as housemaids, 4 girls were casual laborers and two girls were employed as cooks. Out of total 23(4.8%) who were gainfully employed, 6(1.3%) were studying as well.

Figure 1: Distribution of Adolescent Girls according to Phases of development

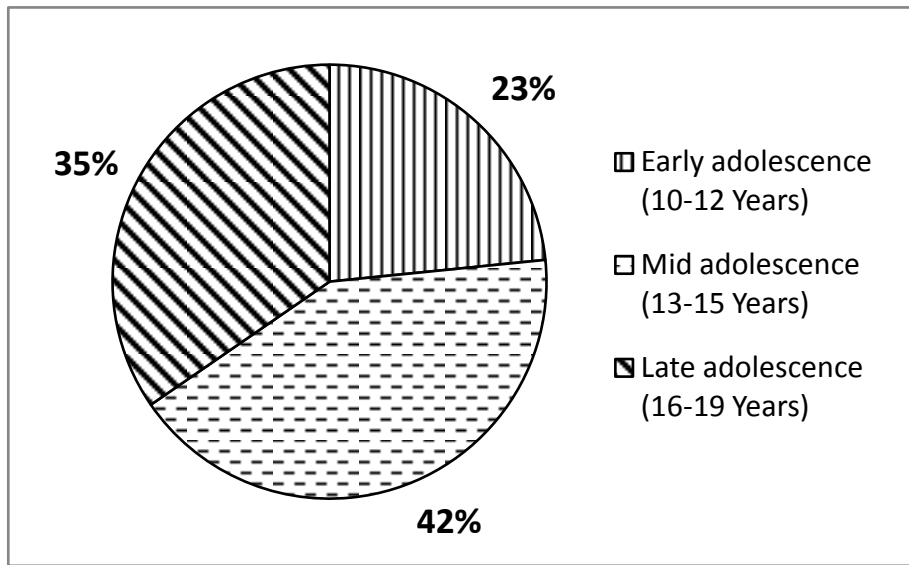


Figure 2: Distribution of girls according to Education and Occupation

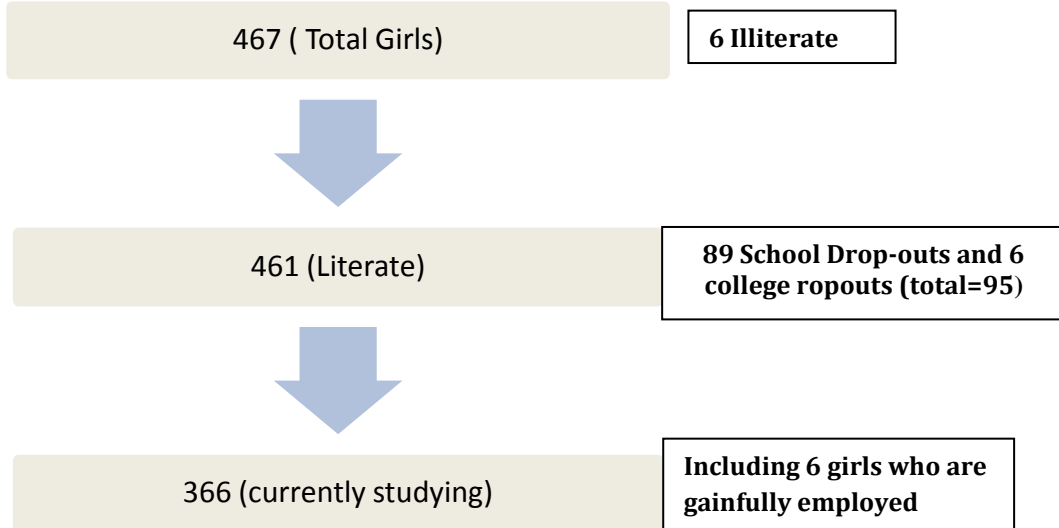
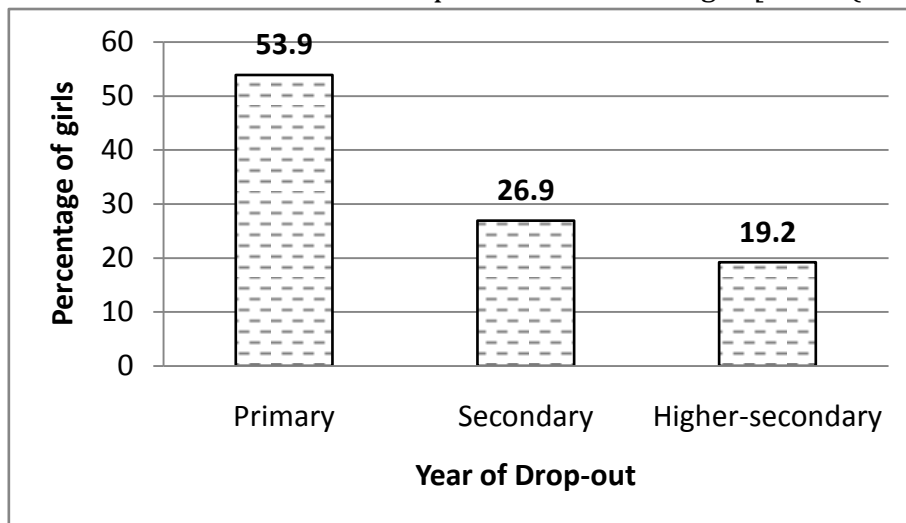


Table.1: Distribution of girls according to Literacy status and Drop-outs

S.No	Variable		Frequency	Percentage
1	Illiterate (n=467)		6	1.3
2	Education (currently studying, n=366)	Primary	183	50.0
		Secondary	95	26.0
		Higher Secondary	75	20.5
		Graduate	13	3.5
3	School Drop-out (n=467)	Yes	89	19.1
4	Year of School Drop-out (n=89)	Primary	48	53.9
		Secondary	24	26.9
		Higher-secondary	17	19.2
5	College Drop-out (n=467)	Yes	6	1.3

Figure 3: Distribution of School dropouts at various stages [n = 89(19.1%)]



Discussion:

Girls' secondary education remains critical to their development. The existence of secondary schools tends to improve not only enrolment and completion in primary schools but also the quality of the education they provide.

Secondary education contributes to greater civic participation and helps to combat youth violence, sexual harassment and human trafficking. It results in a range of long term health benefits, including lower infant mortality, later marriage, reduced domestic violence, lower fertility rates and improved child nutrition. It functions as a long-term defence against HIV and AIDS, and also acts to reduce poverty and foster social empowerment.³

In the present study, school dropout rate was 19.1%. About 53.9% girls dropped out at primary level and 26.9% at secondary level. In a study conducted by H Veena⁴, dropout rate was 46.4%. In another study conducted by Maithly et al⁵, dropout rate among girls was 41%. This lower dropout rate in the present study could be due to rolling out of "Kanya Kelavani Karyakram" by Government of Gujarat in 2008-2009 which ensures enrolment of girls in school.

Illiteracy among AGs in the present study was 1.3%. In the study of Kaur et al⁶ 0.9% girls were illiterate. This reduction in illiteracy could be due to newer initiatives of Government of Gujarat like "Shaala Pravestov" where parents are urged to get their child especially girls to enrol into the school.

Conclusion: Present study highlights the fact that illiteracy is reducing among AGs but at the same time drop out should also be reduced as secondary education remains critical to overall development of adolescent and it also helps to increase civic participation and combat violence and sexual abuse.

References:

1. Strategies for Adolescent health and Development in South-East Asia Region: Report of Intercountry Consultation, WHO, New Delhi, May 1998; p11, 20, 38-48.
2. Jejeebhoy S. Premarital Sexual activity of males during Adolescence: Adolescent Sexual and Reproductive Behaviour- a review of the evidence from India. ICRW working paper, No 3, December 1996; p5-18.
3. The State of the World's children 2011, Adolescence an age of opportunity, Unicef, New Delhi, February 2011;p1-30
4. Veena H. A Study of some of the factors influencing Reproductive Health of Adolescents Girls at Urban slums in field practice area of Dr. B.R. Ambedkar

Medical College;p 35-36. rguhs.ac.in/digitallibrary/hardbiblio/Medical.doc
(assessed on 28-Dec 2012)

5. B Maithly, Vartika Saxena. Adolescent's Educational Status and Reason for Dropout from the School. *Indian Journal of Community Medicine*, April 2008;33(2):p127-28.
6. Kaur S., Deshmukh P.R., Garg B.S. Epidemiological Correlates of Nutritional Anemia in Adolescent Girls of Rural Wardha, *Indian Journal of Community Medicine*, October-December 2006, 31(4);256-258.