

# A STUDY ON HEALTH SEEKING BEHAVIOR OF ADOLESCENTS AND YOUTHS AT MADANPUR KHADAR

Dr. Adwitiya, Mr Bobby Antony, Dr.Kashipa harit

Professor,Professor,Professor  
Empower school of health, Kalkaji

[adwitiyagupta4@gmail.com](mailto:adwitiyagupta4@gmail.com), [bobymsw@gmail.com](mailto:bobymsw@gmail.com), [kash.dr@gmail.com](mailto:kash.dr@gmail.com)

**Abstract**—The objective of this study was to assess the level of awareness on health-related issues amongst adolescent boys and girls for the better ongoing of the young health project which has been in effect since October 2010. This study was carried out around Madanpur Khadar, New Delhi. A combination of quantitative and qualitative research methods was employed for comprehensive understanding of research questions. This study was an attempt to determine the awareness levels of adolescent girls and boys, the problems faced by the primary beneficiaries, and the gaps between the implementation and working of the project.

A sample of 34 boys and girls in the age group of 11-20 years were interviewed and two FGD's were carried out amongst 32 participants in Madanpur Khadar. The data collected from different sources were compacted, analyzed and the findings of the study have been presented in this report.

**Index Terms**—Adolescent Health Awareness, Health-Related Issues, Young Health Project, Adolescent Boys and Girls

## I. Introduction (Heading 1)

### 1. Background of study:

The Young Health Program (YHP) has been rolled out in five areas of Delhi, i.e. Badarpur, Madanpur Khadar, Dwarka Sector 15, Mangol Puri and Halabi Kalan since October 2010. YHP is a comprehensive health project focusing on range of thematic areas like: Sexual and Reproductive Health, Menstrual Hygiene, Water and Sanitation, General Health Problems (TB, Dengue, Malaria etc.) and Lifestyle Education (Drug & Substance Abuse and Obesity). The project has also developed training modules on the aforesaid referred project themes, which are being widely used by Peer Educators for their ready reference as they take sessions in the field. The project follows 3 prong strategies of working with community, Govt. and advocacy with Govt. Health and allied system. The project aims to reach 30000 young people directly and 150000 young people indirectly in the project span of 3 years.

### 2. Statement of the problems:

- As YHP is a project there is an issue of funding, so defining the concern for the sustainability of the project.
- Time bound program
- Information gaps with the working of the project

### 3. The objectives of the study were to explore the following:

- To map out the awareness level of adolescent boys and girls with an age group of [11-20] years in Madanpur Khadar
- To gauge the information gap between the youths and the authorities
- To use the recommendation of primary beneficiaries to deepen the impact of the project.

#### 4. Limitations of the study:

- The sample size is too small, which cannot be the representative of the beneficiaries.
- There is no age demarcation between 10-14 years and 15-20 years
- The study is biased as the majority of the participants were peer educators and regular members of health information center
- Time constraint, this study has been done in 45 days.

#### 5. Significance of the study:

- Awareness level and capacity building of youths and staff
- Exploring the problems at the level of beneficiaries and bringing forth for improvement
- Identifying the gaps between the targets and the working of the project
- Recommendations for improvement and working of the project

#### REVIEW OF STUDY:

It consists of both the research and conceptual literatures but more on the former (at least 70%). It has been aided with both quantitative (through sample selection) and qualitative tool analysis (FGD guidelines) objectively.

The research is based on the Plan-AZ Baseline Survey Report conducted by Social and Rural Research Institute, IMRB International.

In addition, the aggregate estimates have been presented using statistical tools.

#### RESEARCH METHODOLOGY:

The title of the research is ‘A study on Health Seeking Behavior of adolescents and youths at Madanpur Khadar’

#### 6. Details of the Participants:

The participants were young people between the age group of (10-14) years and (15-20) years. The details of the participants are as follows:

S No	Area	Tools	Boys	Girls	Total
1	Madanpur Khadar	2 FGDs	20	12	32
2.	Madanpur Khadar	Questionnaires	18	16	34

The method of sampling was Random samples chosen from the members of health information Centre at Madanpur Khadar

## 7. Geographical Area: Madanpur Khadar (10,000 households)



## 8. About the place:

Madanpur Khadar is one of the villages in South Delhi Tehsil, South Delhi District, Delhi State. Madanpur Khadar is located 8 km from its District Main City South Nehru place. It is located 23 km from its State Main City Delhi. Nearby metro station is Jasoda Apollo, commuting from the metro station till the place is via Gram Seva or the private taxi services.

There is a health information center headed by CASP-Plan NGO in the D-Block of Madanpur Khadar. Other Non-Governmental Organization working in the area are CASP – DELHI (Bal-Seva), AGRAGRAM INDIA (Maternal and older age female health), CHILD-LIFE CARE SOCIETY (Vocational training for youths), MAGIC B

## II. Methodology

As part of the APPR methodology (Annual participatory program review report methodology) a project specific FGD guideline was mutually developed by Plan India and Partner staff focusing on knowledge, Attitude and Practice (KAP) indices; strategy (what works? and what doesn't work?) and recommendations by beneficiaries using a child and adolescent friendly research tool. Following this 2 FGDs were carried out per project site engaging 66 young people to extract critical data. This also provided an opportunity to expose our partner project staff with child-friendly participation techniques of gathering data.

Along with the FGD guidelines a sampling procedure through questionnaires and interviews as a source of primary data were collected.

## MAJOR FINDINGS

### Domain: Health

#### Girls:

##### (A) General issues of concern in Khadar

- [1] Most of the girls exposed the major issue of unclean toilets at school and other public places. In addition to it they agreed on the incorrect act of Municipal Corporation of not collecting and disposing of the waste.

**“Even if it’s urgent to use the toilets, I preferably avoid using it in the school campus because of improper maintenance and unhygienic conditions” – Vibha, Peer educator**

- [2] Most girls agreed to the fact that parents restrain them from moving out of their house even for sensitive matters such as being aware, participation and personality development, for going schools and nearby shops because of society.

**“My daughter knows these things and so she’ll not accompany you for the sessions and she has lots of other works to do as well”**

**“Why you always keep roaming around??”-Vibha, Peer educator**

- [3] Some of the girls said that there is male dominance in their society that force them to speak less, perform the household jobs and then go to school, not to confront their brothers and father on the right issues, getting married at an early age.

(B) Health seeking behavior

- Most of the girls said that in case of illness they are aware of going to doctor’s place who is a registered practitioner and is well qualified or they will come to health information center.
- Only a few of them really enquired about their doctors’ qualifications.

**“My family doctor is an MBBS professional and runs an NGO too”-Anisha, Peer educator**

**“I have never asked his qualifications and I don’t know”- Vibha, Peer educator**

- Few of them knew about Condoms usage and behavioral change in the cases of a drug addict
- Still, most of them confessed to their parents taking them to hakims first for the treatment
- They are unaware of their rights, government schemes, other health centers and incentives that are provided by the government.

**“We want a session on legal rights that could empower us”-Vibha, Peer educator**

(C) Infections

- They were only aware of certain diseases about which they have come to know from HIC, namely Dengue, Malaria, Safe water and Sanitation, Reproductive health and Personal hygiene. (60%)

**“We have learnt about Malaria, T.B., Dengue infections through HIC and have been conducting street play on the same”-Anamika, Peer educator**

- Some of them knew about Cancer, HIV, AIDS
- None of them are aware of other diseases??

(D) Drug abuse

- Most of them are aware of different varieties of tobacco and their substitutes
- Some of them could only restrain them for not doing the same.

**“I have seen a five-year-old boy smoking cigarette in the chowk, I tried convincing him for not doing the same he started following me and stared a while angrily, I ran..”-Vibha, Peer educator**

- None of them are aware of their behavioral change and symptoms
- None of them knew how to identify and few of them knew how to manage them

(E) Reproductive health

- Most of them knew how to maintain personal hygiene and stay safe for good health
- Few of them knew about safe sex practices and usage of condoms
- All of them knew about menstrual cycle but from HIC
- They were aware of visiting gynecologists in case of problems related to menses.

### Orientation and training

- None of them were aware of Govt. programs on water and sanitation
- Most of them were peer educators of HIC and have participated in various issue-based street plays
- Most of the participants said that they have attended 4 days training sessions on HIV, AIDS, T.B., Dengue, Malaria, Safe water & Sanitation, Personal and Environmental Hygiene, Reproductive health conducted by CASP-Plan, Delhi.
- None of them were made aware of any issues or diseases through school-based programs.
- Most of them agreed with the fact that CASP-Plan has arranged s
- for various health camps, street plays, training programs, FGDs on various issues
- Most of them exposed the fact that before joining the HIC they were unaware about its working arenas.
- Still, most of them once of all refer to traditional practitioners and say that they are trusted
- No government hospital just a private dispensary nearby and some traditional medical practitioners: Bengali baba, ayurveda clinics, quacks

*“But days across, the girls are improving as said by the Project Co-Ordinator” - Usha*

### **Boys:**

#### (A) General issues on health:

- Most of the boys exposed the major issue of unclean toilets at school and other public places. In addition to it they agreed on the incorrect act of Municipal Corporation of not collecting and disposing of the waste.

**“There is an MCD facility for collection of garbage and other wastes, but the services are irregular and proper care is not taken”- Ravi, Peer educator**

- Most of the boys agreed to the fact that they have to move to a registered and qualified doctor's place in case of health needs
- Some of them (peer educators) were aware of difference between dispensary treatment and hospital. In addition to it they were aware of levels of treatment

#### (B) Health seeking behavior

- Most of the boys said that in case of illness they are aware of going to doctor's place who is a registered practitioner and is well qualified or they will come to health information center.

- Most of them really enquired about their doctors' qualification

- Most of them knew about Condoms usage and behavioral change in the cases of a drug addict

- Few of them exposed their parents to taking them to hakims first for the treatment

**“Whatever happens my mother first take me to hakims because of trust”-Aakash, Peer educator**

- They are unaware of their rights, government schemes, other health centers and incentives that are provided by the government.

- They were not taken for any health checkups or training in their schools. Few of them performed plays on issues related to drug abuse, absenteeism in schools, environmental hygiene, etc

#### (C) Infections

- Most of them are aware of certain diseases about which they have come to know from HIC, namely Dengue, Malaria, Safe water and Sanitation, Reproductive health and Personal hygiene. (70%)

- Some of them knew about Cancer, HIV, AIDS  
**“I have been given training on HIV/AIDS infection in the school itself”-Aakash, Peer educator**
  - Few of them are aware of other diseases
- (D) Drug abuse
- All of them are aware of different varieties of tobacco and their substitutes
  - Most of them could only restrain them from not doing the same.
  - Some of them are aware of their behavioral change and symptoms
  - Some of them knew how to identify and few of them knew how to manage them
- (E) Reproductive health
- Some of them knew how to maintain personal hygiene and stay safe for good health
  - Few of them knew about safe sex practices and usage of condoms
  - Few boys were aware of HIV, AIDS and other reproductive tract diseases

### Orientation and training

- None of them were aware of Govt. programs on water and sanitation
- Most of them were peer educators of HIC and have participated in various issue-based street plays
- Most of the participants said that they have attended 4 days training sessions on HIV, AIDS, T.B., Dengue, Malaria, Safe water & Sanitation, Personal and Environmental Hygiene, Reproductive health conducted by CASP-Plan, Delhi.
- None of them were made aware of any issues or disease through school-based programs.
- Some of the participants have done other role plays in association with other NGO's

### **QUANTITATIVE ANALYSIS THROUGH QUESTIONNAIRES:**

#### **(1.)Total number of respondents (male and females): 34**

Age of respondents	Males	Females	Total	Percentage
10-14 yrs (A)	1	6	7/34A	20.59%
15-19 yrs(B)	17	10	27/34B	79.4%
20 above(C)	0	0	0	0%
Total	18/34A=52.94%	16/34B=47.05%		

This represents that among 34 samples 7 responders were in the age group of 10-14 yrs and 27 were from the age group of 15-19 years. In addition to it, 6 out of 16 responders in females were from the age group 10-14 yrs 10 out of 16 females were from the age group 15-19 yrs. 17 of the respondents except 1 was from the age group 15-19 yrs amongst boys.

#### **(2.)Sex of the responder (males and females):**

Sex of the respondents	Total	Percentage
Males	18/34	=52.94%
Females	16/34	=47.05%

This represents that 52.94% of the respondents were adolescent boys and 47.05% of the responders were adolescent girls.

### (3.) Higher educational status the responders want to achieve:

Educational status	Males	Females	Total	Percentage
VIII th class (A)	0/18A	0/16A	0/34A	0%
X th class (B)	1/18B	0/16B	1/34B	2.94%
XII th class (C)	4/18C	1/16C	5/34C	14.70%
B.A. (D)	1/18D	1/16D	2/34D	5.88%
Higher education (E)	13/18 E	14/16E	27/34E	79.41%

This represents 2.94% of the responders wanted to achieve the higher education till class Xth, 14.70% of the responders wanted to achieve the higher education till class XII th, 5.88% of the responders wanted to achieve higher education till B.A. and most of the responders (79.41%) wanted to achieve higher professional education.

### (4.) Physical built in males

Are you satisfied with your physical build ??	Total	Percentage
YES (A)	16/18A	88.88%
NO (B)	2/18B	11.11%

This represents 88.88% of the responders was satisfied with the physical built they had but 11.11% of the responders were not satisfied with it.

### (5.) Masturbation amongst males

What do you understand by masturbation ??	Total	Percentage
Normal	17/18A	94.44%
Disease	1/18B	5.66%
Others	0/18 C	0%

Where 94.44% of the responders said that it is a normal phenomenon

**5.66%** said that it is a disease

**0%** of the responders had other opinions than the above

#### **(6.) Post masturbation effect in males**

How do you feel after masturbation ??	Total	Percentage
Normal	<b>3/18A</b>	<b>16.67%</b>
Weak	<b>15/18B</b>	<b>83.33%</b>
Others	<b>0/18C</b>	<b>0%</b>

83.33% of the responders feel weakness after masturbation whereas 16.67% of the responders felt normal even after masturbation.

#### **(7.) Referral In case of male adolescent health problems:**

Whom do you refer to ??	Total	Percentage
Friends	<b>4/18A</b>	<b>22.22%</b>
Father/Brother	<b>4/18B</b>	<b>22.22%</b>
Doctor	<b>10/18C</b>	<b>55.55%</b>
Others	<b>0/18D</b>	<b>0%</b>

This represents 22.22 % of the responders said that they consult friends and brothers for their adolescent health related problems whereas 55.55% of the responders said that they would like to consult the doctor for their problems.

#### **(8.) Physical relationship:**

Have you ever been in physical relationship ??	Total	Percentage
YES	<b>1/18A</b>	<b>5.66%</b>
NO	<b>17/18B</b>	<b>94.44%</b>

This represents 94.44% of the responders said that they have not been in a physical relationship ever but 5.66% of the responders have been in a relationship.

#### **(9.) Use of Condoms:**

Have you ever used condoms ??	Total	Percentage
YES	<b>1/18A</b>	<b>5.66%</b>
NO	<b>17/18B</b>	<b>94.44%</b>

This represents that 5.66% of the responders have used condoms whereas 94.44% of them have not used yet. In addition to it, the significant analysis is that the proportion of the respondents who were in physical relationship before marriage used condoms.

**(10.) Awareness related to adolescent health problems:**

Where has you acquired awareness from ??	Total	Percentage
<b>Friends</b>	5/18A	27.77%
<b>Social Organisation</b>	10/18B	55.55%
<b>Media</b>	2/18C	11.11%
<b>Others</b>	1/18D	5.66%

This represents that the maximum number of responders (55.55%) gathered adolescent health related awareness from Social Organization such as health information centers.

**(11.) Substance abuse:**

Have you ever indulged yourself in substance abuse ??	Total	Percentage
<b>YES</b>	2/18A	11.11%
<b>NO</b>	16/18B	88.88%

This represents that the maximum number of responders were not indulged in substance abuse, only 11.11% of the responders confessed that they had already been in this habit. But at the same time, they said in the focused group discussion that it is a normal activity in almost every household.

Are you aware of harmful effects of substance abuse ??	Total	Percentage
<b>YES</b>	11/18A	61.11%
<b>NO</b>	7/18B	38.89%

This represents still today even after a lot many sessions, a greater proportion of responders are unaware of the harmful effects of substance abuse.

The responders also reported that most of the youths indulge in the habit of substance abuse because of peer pressure.

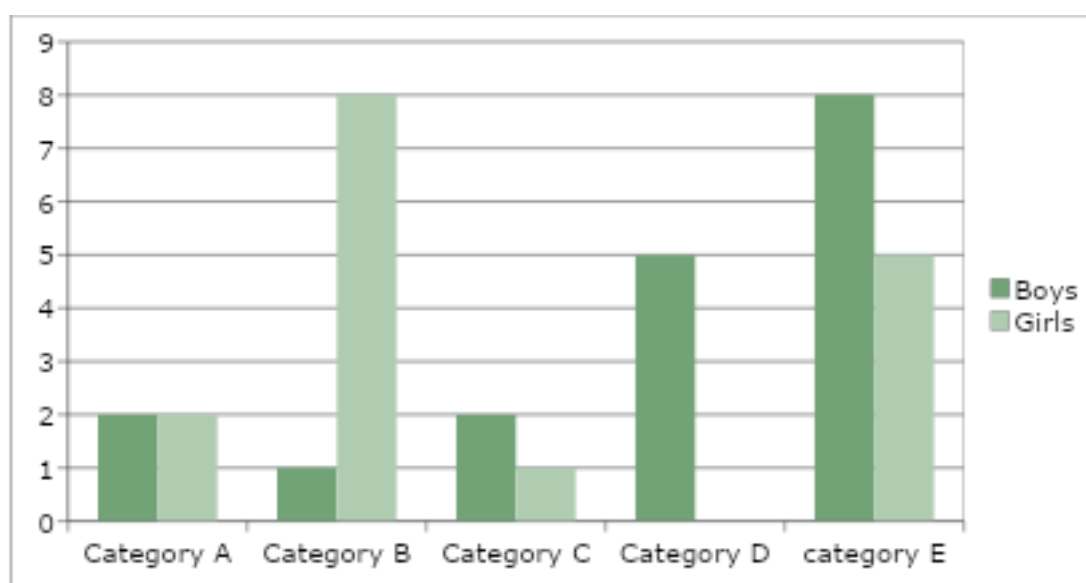
Consumption of tobacco was more frequently seen than smoking cigarettes followed by drinking alcohol.

Indulgence in substance abuse was more amongst males than in females and more amongst adult youths and older age group than in young. But even pre-school children have been seen indulging in substance abuse. (As per said by the peer educators in Madanpur Khadar)

## (12.) Aim in life:

Profession ??	Total	Percentage
Teacher (A)	4/34A	11.76%
Doctor (B)	9/34B	26.47%
Actor (C)	3/34C	8.82%
Engineer (D)	5/34D	14.70%
Others (E)	13/34E	38.23%

This data made a very remarkable projection that among the responders 26.47% of them wanted to become doctors (maximum female proportion) and other choices made by them were police, IPS/CBI officer, CA, Businessman, Painter, Singer, Dancer, Paranormal Science, Army officer etc. In addition to it only male responders wanted to become Engineers and none of the female responders wanted to become Engineer.



## (13.) Infections

Awareness on Infections	Males	Females	Total	Percentage
Dengue	10/18	12/16	22/34	64.70%
Malaria	12/18	13/16	25/34	73.53%
T.B.	15/18	15/16	30/34	88.24%

This represents that about infections the peers had much awareness than any other subject being taken into account. They had less knowledge on certain issues and got confused among Dengue and Malaria but there was sufficient awareness related to it as most of the responders were peer educators of HIC.

#### (14.) Reproductive health in females:

Issues	Total	Percentage
How many girls have faced menarche ??	9/16	56.25%
How many facing periods related problems ??	2/16	12.5%
periods stop in lifetime?? (Yes)	12/16	75%
White discharge is a disease?? (No)	10/16	62.5%
White discharge is a disease ??(Don't know)	4/16	25%
Were you aware of periods from before?? (Yes)	7/16	43.75%

This represents that a little more than half of the responders have faced menarche and almost half of them are facing menses related problems. Three-fourths of the responders agreed about menopause. One fourth of the responders did not know about white discharge and 62.5% of the responders agreed that white discharge is not a disease. 43.5% of the responders were aware of the periods from before.

### III. CONCLUSION

On the basis of findings from the quantitative and qualitative study it may be concluded that peer networks represent as extremely effective groups that may be targeted for interventional programs. Females were less aware, less exposed to the issues and their rights as compared to boys. The access to television media was much ahead of usage than newspapers, magazines and other books of general awareness. The community people were aware of diseases on which the NGO's are making aware of but are not aware of other dreadful diseases. Even though they are aware of healthy lifestyles still they are indulged in substance abuse, alcohol and other addictive substances, absence of balanced diet, most of the females are anemic and facing menstrual problems.

Urban slums are an emerging complex problem arising out of the rapid urbanization process. It arises out of cumulative deprivations of income, poverty, economic insecurity, poor hygiene and sanitation facilities, and quality of education at government level, unsafe drinking water and poor health infrastructure. The inadequate availability of their necessary requirements creates complexity in problems leaving urban poor as vulnerable sections in society.

Being deprived of the right to education, right to development and participation and rights to access to healthcare are one of the miserable truths that society is facing against the laws of the nation.

Special emphasis should be laid on the rights of the girl child and safeguard their lives against early marriage and exploitation. It is also imperative to empower the youths and adults for economic independence. CASP-Plan is one of the several organizations working in that area for childcare and health awareness but if the goals have to be achieved the destination is far ahead.

#### IV. RECOMMENDATIONS:

From the program point of view, the findings of the study implies that there is not only a need for a campaign focused on delivery of correct knowledge levels but also to make them aware of the source and the ways to attain them as a means of constant referral.

It is important to tackle the socio-cultural factors- early marriage, social discrimination among boys and girls, some misconceptions, substance abuse and alcohol which has an impact on health outcomes. It is critical to develop an intervention that targets the young adolescents and keep them engaged as a part of learning through experience with more activities, vocational training sessions, conducting camps and checkups for awareness regarding the social issues.

The findings have exposed that the knowledge and awareness is low amongst females and children so the interventional program should safeguard the child rights (esp. girl child) to development, participation and rights to information.

As the program targets the peer networks to influence children which is effective but to sustain the peer networks for the program is being difficult as of lesser motivational activities, exchange programs amongst peers all over the centers, study tours, sense of pride in one's own organization (CASP-Plan) by providing them opportunities, alumni meet, certificates for their participation, T-shirts, accessories or bands/caps imprinted the name of the working group or the organization.

Targeting peer networks have potentially been extremely effective in achieving the aims of the intervention for the majority of activities in society are performed by them. So, the aim should be to keep them self-motivated and confident to drive the other community people. In addition to it a separate group of peers above 18 years should be formed for the sustainability of the project by acquiring means of economic independence.

#### V. ANNEXURE:

The following are the FGD Guidelines being used as a tool for qualitative analysis of the samples taken at Madanpur Khadar (N=32)

##### **FGD Guide/Check List for Gauging Health seeking Behaviour**

If you want to know about health issues, whom do you generally approach?

What are the various health problems that you have heard about?

What is the qualification of the health service provider whom you and your family member visit?  
(Probe separately for generic ailments and sexual and reproductive health related ailments)

What steps should be taken to prevent oneself from malaria? Is malaria curable? If yes, where do we need to seek its treatment?

What steps should be taken to prevent oneself from getting dengue?

What are the methods of transmission of dengue? Is Dengue curable? If yes, where do we need to seek its treatment?

What does the DOTS program cater for? Do you think TB is curable?

Where should one go to seek the treatment of TB?

What should be given to a child when she or he is suffering from Diarrhea?

Have you ever participated in any meeting / program organized by your government or community on health, hygiene, water, sanitation?

Have you observed any changes in your community by health camps, community meetings, rallies, street plays etc? Who organized those?

Have you ever tried any form of substances (alcohol, tobacco, drugs etc?) Do you think that such drugs or substance dependence could be cured?

If they had dependence, have you noticed any change in your health after quitting habit of substance abuse?

Have you ever stopped anyone from taking tobacco? What was the response of that person? Do you think quitting is possible? If yes, how?

What interventions may be effective in helping adolescents who have delayed sexual and reproductive health initiations? Do such young people need medical intervention?

Do you face any menstrual hygiene related problems? (Probe on typology of problems being faced by them-white discharge, RTIs etc.)

Are there people who use home based remedies for such menstrual hygiene and reproductive health ailments? If yes, what do they do? (Probe for home based remedies)

Whom do you seek support from if you face any menstrual hygiene and reproductive health related ailments? (Probe for Qualified Doctors support or quack etc)

What is HIV? What is AIDS? How does it spread? How does it not spread (Touching kissing, eating together etc.)? How can we prevent HIV/AIDS?

What type of protection does that condom give us? (Probe for respondents' knowledge on triple protection from condom-unwanted pregnancy, STI and RTIs and HIV)

When you fall sick (general ailments like cold fever, viral etc) whom do you approach for medical aid? (*Probe for the answers: quack, registered medical professional etc.*)

Do you visit health facility (Govt. or Pvt.)? If yes, why do you visit a particular health facility (Govt. or Pvt.)? Normally, for which ailments do you resort to doctor's support?