International Journal of Sociology and Humanities

ISSN Print: 2664-8679
ISSN Online: 2664-8687
Impact Factor: RJIF 8
IJSH 2025; 7(1): 317-325
www.sociologyjournal.net
Received: 10-03-2025
Accepted: 15-04-2025

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Sexual and reproductive health issues of adolescent girls of Kharia tribe: A study on Mayurbhanj district of Odisha

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DOI: https://www.doi.org/10.33545/26648679.2025.v7.i1d.164

Abstract
In the tribal population, girls are more neglected because of limited healthcare facilities in their places and a lack of education. Adolescent sexual and reproductive health has been overlooked historically despite the high risks that countries face for its neglect. Some of the challenges faced by adolescent girls across the world include early pregnancy and parenthood difficulties, accessing contraception and safe abortion, and high of anemia and sexually transmitted infections. Various political, economic, and socio-cultural factors restrict the delivery of information and services; healthcare workers often act as a barrier to care by failing to provide young people with supportive, non-judgmental youth youth-appropriate services. This study explores the sexual and reproductive health status of adolescent tribal girls of the Kharia tribes in Odisha, aiming to provide insights into their healthcare needs and challenges. Kharia, an indigenous community, faces unique socio-economic and cultural contexts that influence health outcomes. The health status of Kharia adolescent girls reveals prevalent issues such as malnutrition, anemia, and reproductive health challenges.Their healthcare practices are influenced by traditional healing practices, family dynamics, and perceptions of modern healthcare. Efforts to improve health outcomes among Kharia adolescent girls should prioritize culturally sensitive interventions, community engagement, and enhancing access to healthcare services. Addressing these factors is crucial for promoting the well-being and development of Kharia girls in Odisha.

Aims and Objectives

1. To explore cultural beliefs and practices influencing health health-seeking behavior of adolescent girls.
2. To analyze the reproductive health status and access to maternal health care services.
3. To assess the level of awareness regarding health issues and availability of healthcare services among adolescent girls and their family members.

Materials and Methods: To assess the reproductive health status of the tribal adolescent girl's exploratory research is used. Kusumi block of Mayurbhanj district is the area of the study, and for the collection of primary data, a small self-administered interview schedule is institutionalized. The sample comprises 30 participants from the Mayurbhanj district of Odisha.

Findings and Conclusion: Odisha's unique geography and topography make it vulnerable to natural calamities such as cyclones and floods of unprecedented scale almost every year. In such circumstances, women and adolescent girls struggle to manage their menstruation safely, comfortably and with dignity owing to inadequate access to safe and private sanitation facilities, unavailability of culturally appropriate menstrual material and supplies, and timely access to menstrual health and hygiene-related information. The study underscores the urgent need fora multi-faceted approach to improve the health status and healthcare access for Kharia adolescent girls in Odisha. By addressing nutritional deficiencies, enhancing health education, improving health care infrastructure, and integrating traditional practices with modern medicine, significant progress can be made in ensuring better health outcomes for this vulnerable population.

Keywords: Health status, reproductive health, healthcare access, health-seeking behavior, and adolescence

1. Introduction

India is known as the largest population country of adolescents in the world. Among all states of India, Odisha stands out with the highest number of 64 tribes in total making up 22.3 percent of the state's population, from them 13 are primitive tribal groups.

Basically, primitive tribes are seen different region in Odisha. Mostly they live forest and hilly areas, specifically isolated society. According to WHO (1989), Adolescence, refers to the period between 10 and 19 years of age is characterised by significant physical growth, biological changes, sexual maturation and social transition. It has represented one fifth of the global population and approximately 21 percent of India's population, accounting for 243 individuals. This stage is challenging particularly vulnerable tribal groups from a health perspective, as adolescents face challenges such as delay growth, acne and challenges related to the sexual maturity. Behavioural and emotional problems such as, drug abuse, criminal activity, suicidal tendencies, violence, teenage pregnancy and other risk-taking behaviours are relatively common during adolescent. Shyness and confusion about their physical and psychosocial changes often prevent adolescents from seeking a helpful environment to consult and share their concerns. Kharia people primarily depend traditional medicine for their health treatment and they have no such idea about health care facilities. These challenges are often degraded by many factors like ignorance, illiteracy, lack of awareness and negative societal attitudes. To help adolescents build a safe, happy and healthy life, it is to recognised these challenges and address them effectively through both medical and social support.

1.1 Concept on Adolescence:

Adolescence is a very modern term that has only been around for a few decades. When considering how the term "adolescence" came to be, it is evident that it was not frequently used before the 18th century. The idea of adolescence was unclear in many early communities around the world. The unique characteristics of teenagers, their varied requirements, and the particular issues they encounter were not taken into consideration independently. Adolescence in ancient India was spent in "Gurukuls," under the prudent and watchful eye of "Rishis-Munis," therefore there was no such requirement. The system no longer exists in the present era, and adolescents now live in society according to their own rules. Thus, it is necessary to create the term "adolescence" and study it independently from childhood and adulthood. Before continuing, it is important to understand what adolescence is, its traits, and its unique health issues, which are unquestionably distinct from those of childhood and maturity.

The Latin word "adolecere," which meaning "to grow up" or "to grow to maturity," is where the word "adolescence" comes from. Adolescence is the time between childhood and adulthood when people mature mentally, socially, and physically. One of the anthropologists, Margaret Mead, first focused on the literature on teenage health in the 1950s. Since then, several studies have used different definitions of adolescents and youths. Adolescence is a unique and exciting time in a person's life when they are developing. The physical, social, and mental maturation that comes with growing up is the shift from childhood to adulthood. Adolescence brings about a number of truly dramatic changes in young people as pubertal changes begin. A person abruptly starts to catch up to adults in terms of size and strength after a long period of childhood. A person's reproductive organs mature quickly in tandem with their hormonal and mental changes, indicating sexual maturity.

According to sociological studies, adolescence is a time when young people are transitioning from childhood to maturity. From a psychological perspective, this could be interpreted as a young individual undergoing a transition between the behavioural characteristics of children and adults. The individual adjusts to the requirements of others, the community, and themselves throughout this time of fast development. The "emergence of sex drive" is a very notable and dramatic transformation that happens during adolescence, along with other psychological, social, and physical changes.

1.2 Stages of adolescence

a) **Early adolescence:** (9- 13 years)-characterized by a spurt of growth and the development of secondary sexual characteristics.
b) **Mid adolescence:** (14- 15 years) -this stage is distinguished by the development of a separate identity from parents of new relationships with peer groups and the opposite sex, and experimentation.
c) **Last adolescence:** (16- 19 years)-at this stage, adolescents have fully developed physical characteristics (similar to adults) and have formed a distinct identity and have well-formed opinions and ideas.

Adolescents are a vulnerable population. Due to their youth and lack of awareness of the adverse effects of their behavior, they are easily sexually and mentally exploited. The unlimited sex culture in their society makes the tribal teens, the focus of this study, a more vulnerable demographic. Because they lived simply and plainly in isolated jungle regions in a close-knit community, complex venereal illnesses were nonexistent in their society. When these naive teenagers see the outside world, they are seduced by the elusive nature of contemporary society and fall victim to special interests. These tribal villages used to be less exposed to the city than they are now. Tribal groups are now in close contact with the contemporary world thanks to increased transportation options, the desire for education, media exposure, industrialization, urbanization, and modernization. The customary acceptance of premarital sex, the lack of knowledge about the repercussions of unprotected sex with outsiders, and the lack of access to appropriate treatment afterward make the tribal youth's especially vulnerable (ICPD 1994; Vol-1). Many literary works provide proof that premarital sex is common in tribal groups. This was secure up until it was contained within the neighborhood. However, because of altered circumstances, they are a susceptible group since they engage in unprotected sexual contact with individuals outside of their society.

1.3 Importance of Adolescent Health

Traditional wisdom holds that adolescence is a time when health issues are comparatively rare. Physiological development, however, indicates that this is a critical time when illness and starvation can have a catastrophic impact on a person's health over the long and short terms. Teenagers' health risks associated to reproduction have changed as a result of several elements that operate in emerging civilizations. These include a decrease in the incidence of extended families, a rise in the age at marriage, a shift in values brought about by increased urbanization,

exposure to foreign cultures through migration, tourism, and electronic media, and an apparent tendency of reducing the menarche age. The likelihood of unintended teenage pregnancies, abortions, and childbirths is subsequently raised by these circumstances. Early adolescent pregnancies and the resulting childbirth, whether desire or not, have had a number of negative physical, psychological, educational, and economic effects as a result of this shift. Edstrom K.G. and Friedman H.L. (1983) [1].

1.4 Reproductive and Sexual Health of Adolescents:
The government and other organizations have given adolescent sexuality more attention since ICPD 1994. Numerous targeted researches on the sexual attitudes and behaviors of adults at risk for AIDS and STDs are available, but none on the reproductive and sexual health of adolescents could be located. Despite the significance of adolescence, little is known about the knowledge, attitudes, and behaviours of teenagers in this region linked to reproductive health. Both the government and the community are unaware of the medical requirements and the kind of social care that the adolescents in this area require. Adolescence is a complicated stage of life that is sometimes poorly understood by society and by adolescents alike. This also holds true for sexuality and reproductive health. The current situation is getting more complicated because of a trend toward a lower menarche age, an earlier marriage age, increased literacy, and a shift in cultural values brought about by socioeconomic changes brought about by urbanization, globalization, the widespread availability of communication technologies, and other factors. Additional complexity has been introduced by high migration rates and the fall in the extended family system's prevalence.
In India, the needs for reproductive health and the reproductive health needs of adolescents are both poorly understood and underserved. Ignorance of the health needs of adolescents can have a negative impact on the advancement of a nation when they make up a fifth of the population (ages 10 to 19). In terms of educational achievement, economic activity, and awareness and behaviour about sex and reproductive health concerns, the state of adolescents differs significantly by gender and by location. Consequently, distinct research is needed for distinct areas, and a comprehensive study will not accomplish this goal completely.

1.5. Cultural beliefs and practices among the adolescents during Menstruation: Cultural beliefs and practices surrounding menstruation among adolescents vary significantly across different cultures, regions, and religious contexts. These beliefs and practices often shape how adolescents experience and perceive menstruation.

1. Taboos and Restrictions
In many cultures, menstruation is considered taboo, leading to social stigmatization. Adolescents are often prohibited from participating in religious activities, such as entering places of worship or touching sacred objects. Some are restricted from cooking, handling food, or engaging in communal activities during menstruation.

2. Myths and Superstitions
Menstruation is often surrounded by myths, such as believing that menstrual blood has mystical powers or that menstruating individuals can harm others by touch. Some tribal communities view menstruation as a powerful, yet dangerous, natural phenomenon.

3. Lack of Education and Awareness
In many tribal areas, there is little to no formal education about menstruation, leading to misinformation and stigma. Adolescents may feel ashamed to discuss menstruation openly even with family members.

4. Menstrual Seclusion
In many tribal cultures, adolescent girls are isolated during their menstrual cycles. They are often prohibited from entering certain spaces such as kitchens, temples, or sacred areas. Some communities provide a separate space or hut, often referred to a menstrual hut where girls stay during their period.

2. Review of Literature
Singh, Rai, Alagarajan and Singh Lucky, (2012) [2]" Determinants of maternity Care Services Utilization among Married Adolescents in Rural India", have examined the socio-economic and socio-cultural factors associated with the utilization of maternal healthcare services among married adolescent women. Three components of maternal healthcare service utilization have been measured-full antenatal, safe delivery and postnatal. Further finings reveal that women's education, religion, social groups, women's autonomy mass media exposure, economic status, birth order and interval and region were the significant determinants in the utilization of maternal health care services. But there was significant difference in the use of maternal health care services among Muslim women, scheduled caste and scheduled tribe women and other backward caste women who are less likely to avail safe delivery services because of their social constraints.
Goel Kumar Manishand Kundan Mittal. (2011) [6] in their article," Psycho-Social Behaviour of Urban India Adolescent Girls during menstruation "tries to assess knowledge and psycho-social behaviour related to menstruation among adolescent girls in urban Haryana, India. The results show that more than two-third of subjects expressed feeling of sickness followed by irritability and emotional disturbances. Maximum of them were not allowed in kitchen and nearly one-fourth followed dietary restrictions. More than 16%subjects thought menstruation to be a sign of onset of a disease and little more than7%thought it to be a curse. Girls preferred to discuss their menstruation related problems either with their mother or with their friends.
Anasi Ngozi Ifeoma Stella, (2012) [5] in her article "In-school Adolescent Girls" Reproductive Health Information Needs and Resources in Public Secondary schools in Lagos State, Nigeria" tries to find out the reproductive health information needs of in-school adolescent girls, to investigate the state of the school libraries and level of reproductive health materials in the schools and to ascertain the in-school adolescent girls' access to libraries and librarians in lagos State. The findings reveal that they need information on the logos state. The findings reveal that they need information on the health effects of female genital mutilation. The respondents even need information on different methods of pregnancy prevention and how to use them. They also desired reproductive health information to terminate pregnancy safely.

Menstrual Health and Hygiene (MHH) Policy Framework

The multi-dimensional issues of menstruation require multi-sectoral collaboration to tackle the intersecting issues of inadequacy or poor access to wash infrastructure, limited knowledge and information about menstruation and menstrual hygiene management, and limited access to low-cost, quality menstrual hygiene products. A conducive policy environment is crucial to effectively combine interventions to combat the negative effects of poor Menstrual Health and Hygiene **(**MHH).

Figure 1 delineates the overall components, the target audience, and proposed strategies to implement MHH policies/programmes in the state.

Source: Odisha Menstrual Health and Hygiene, PHFI-Indian Institute of Public Health, Bhubaneswar (IIPHB) in Collaboration with UNICEF and Govt. of Odisha, Draft copy (Dec 2022)

Fig 1: Menstrual Health and Hygiene Framework

3. Objectives of the Study

1. To explore cultural beliefs and practices influencing health seeking behaviour of adolescent girls.
2. To analyse the reproductive health status and access to maternal health care services.
3. To access the level of awareness regarding health issues and availability of health care services among the adolescents' girls and their family members.

4. Methodological Orientation of the study

To assess the reproductive health status of the tribal adolescent girl's exploratory research is used. Kusumi block of Mayurbhanj district is the area of the study and for the collection of primary data, a small self-administered interview scheduled is institutionalized. The sample comprise of 30 participantsfrom Mayurbhanjdistrict ofOdisha. Method of data collection for Primary data collection self-administered interview schedule method has used. Secondary data has collected from different sources like books, journals, newspaper, article, websites and magazines etc.

5. Analysis of the data

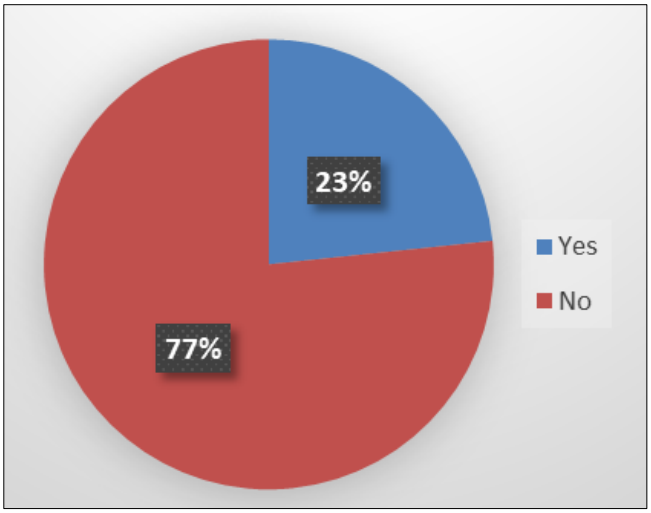

Fig 2: Awareness about Menstrual Hygiene of Adolescents

The above pie chart shows that only 23 percent of respondents know about menstrual hygiene, while 77 percent respondents are totally unaware regarding the menstrual hygiene. This study indicates that the majority of the population is informed about menstrual hygiene, although a small portion still unaware about essential knowledge regarding menstruation hygiene. Overall, while the widespread understanding of menstrual hygiene is a positive reflection of improvement, continued efforts are needed to ensure that every person regardless of their background has the opportunity to learn about this crucial aspect of health.

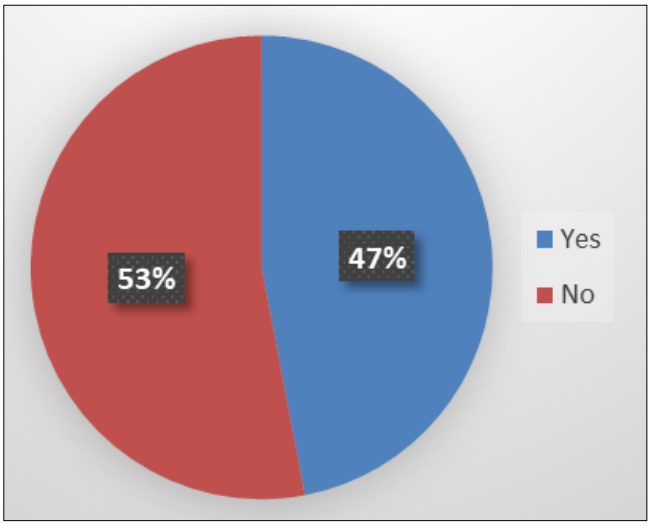

Fig 3: Awareness about Menstrual Hygiene of Mothers

According to the above pie chart, out of the total respondents'47 percent of the interviewed respondents' mothers are aware of menstrual hygiene, while 53percent have very little knowledge regarding the intimate hygiene. This suggests that a significant majority of mothers have no knowledge about menstrual hygiene, while a smaller proportion remains aware of it.

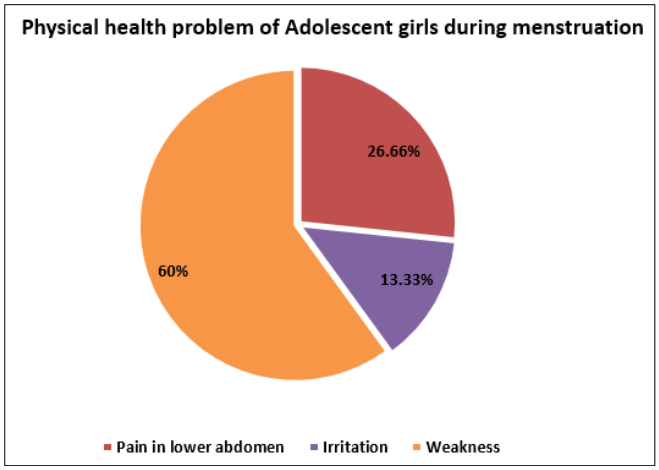

Fig 4: Physical Health Problems of Adolescent Girls during Menstruation

The above pie chart shows that out of the total population, 60 percent of adolescent girls experience pain in the lower abdomen, 26.66 percent feel irritation, and 13.33 percent feel weakness during their menstruation. This highlights that abdominal pain is the most common symptom, while irritation and weakness are also experienced by a significant portion of adolescent girls during their menstrual cycle.

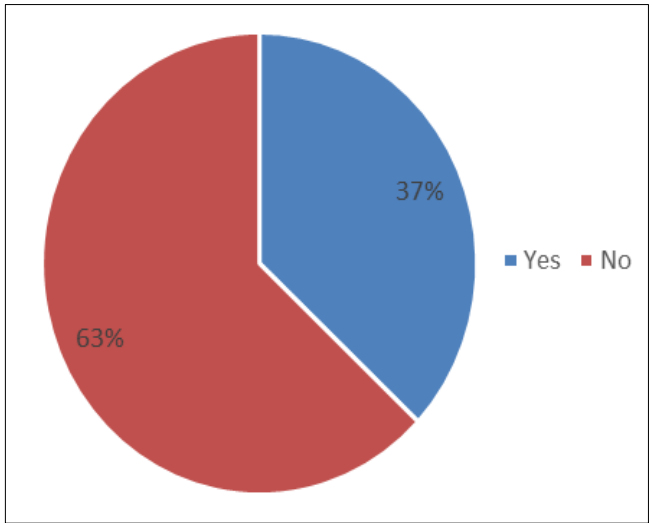

Fig 5: Sanitary Napkins during Period

The above chart shows that only 40 percent respondents, use sanitary napkins during their period, while 60 percent respondents are not using napkins. This indicates that less number of individuals using sanitary napkins for menstrual hygiene, although a significant portion still relies on other methods or does not use them at all. This shows that some portions of the adolescent girl may avoid using sanitary napkins due to feelings of shyness or embarrassment and fear. Such factors may contribute to hesitations or reluctance in adopting sanitary napkins, highlighting the need for greater awareness and support around menstrual hygiene.

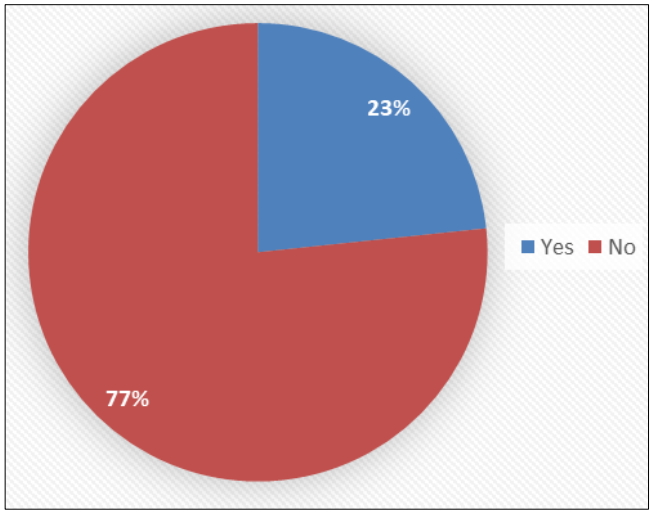

Fig 6: Awarness of HIV/AIDS and STD

The above pie chart shows that the majority of respondents, 23 percent, have knowledge about HIV/AIDS and STDs, while 77 percent respondents have no knowledge regarding HIV AIDS. This indicates that a smaller portion of the population is informed about thesecritical health issues, while a larger group remains unaware of HIV/AIDS and sexually transmitted diseases.

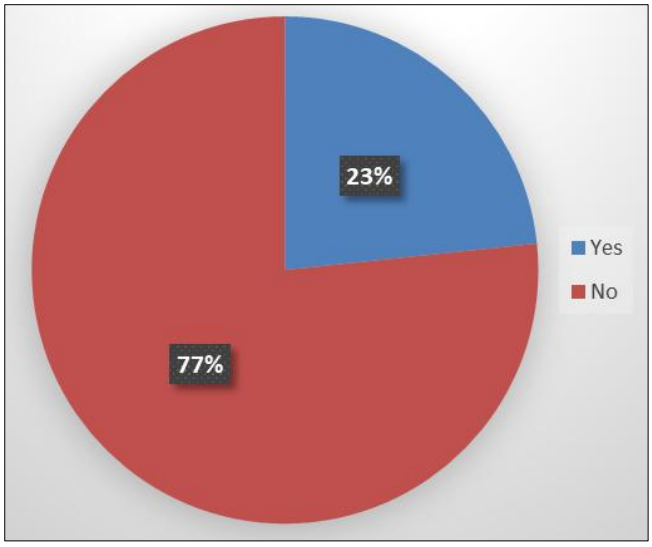

Fig 7: Awarness of different Healthcare Services

The above pie chart shows that 23 percent of the population is aware of different healthcare services, while 77 percent are not aware of different health care facilities. This suggests that the majority of people have no knowledge of availability of healthcare services, even though a notable portion remains unaware of the options and resources available to them.

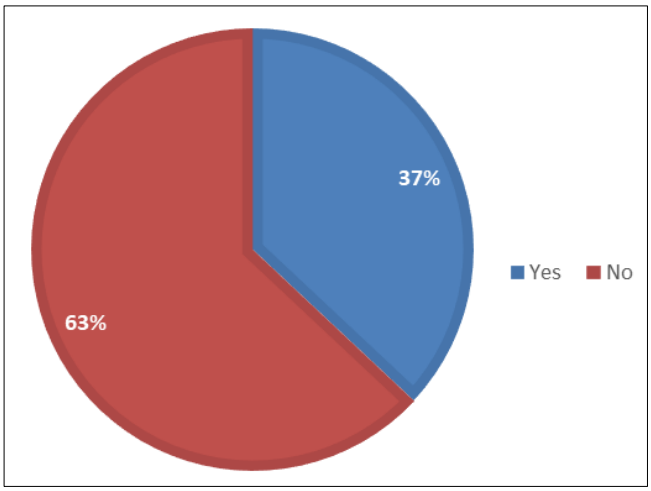

Fig 8: Awarness of Modern Medical Care

According to the above chart, 37 percent of the population has adopted modern healthcare facilities, while 63 percent are not aware of modern medical care. This indicates that a majority of the population is utilizing modern healthcare services, while a smaller portion remains unaware of these advancements in medical care. This suggests that the smaller number of the Kharia adolescents adopts healthcare facilities. This could be credited to increased awareness and accessibility of health services, which may have encouraged more people within the community to seek modern medical care and improve their overall well-being.

6. Findings

The sexual and reproductive health (SRH) of adolescent tribal girls is a critical issue, particularly in underprivileged communities such as the Kharia tribe in Mayurbhanj district, Odisha, as highlighted in existing literature and related studies.

Knowledge regarding Menstrual Hygiene

Most adolescent Kharia girls have limited awareness about sexual and reproductive health due to cultural taboos, lack of education, and minimal exposure to information. This study shows that only 60% girls have limited knowledge about the menstruationhygiene. Due to cultural taboos and social stigma surrounding topics like menstruation, contraception, and sexual health, many girls lack the basic information needed to make informed decisions about their bodies. This lack of awareness often leads to early pregnancies, unsafe abortion practices, and the spread of sexually transmitted infections (STIs). 47% mothers have limited knowledge about the menstruationalhygiene. Additionally, limited access to education and healthcare resources further exacerbates the problem, leaving these girls vulnerable to health risks and gender-based violence. Addressing this issue requires culturally sensitive SRH education and improved access to healthcare services to

empower adolescent girls to make healthy and informed choices.

Menstrual Health

Many lack proper knowledge of menstrual hygiene management, often leading to the use of unhygienic practices, resulting in infections and other health problems.60 percent of adolescent girls experience pain in the lower abdomen, 26.66 percent feels irritation, and 13.33 percent feel weakness during their menstruation. Only 40 percent respondents, use sanitary napkins during their period, while 60 percent responents are not using napkins. This indicates that a smaller number of individuals using sanitary napkins for menstrual hygiene, although a significant portion still relies on other methods or does not use them at all.

Access to Healthcare Availability

Access to healthcare facilities is limited in remote tribal areas. Many girls rely on traditional healers, which can delay necessary medical interventions. Only 77 percent are not aware about the healthcare services whereas only 23 percent respondents have knowledge about healthcare services. Government Programs: While programs like the Rashtriya Kishor Swasthya Karyakram (RKSK) exist, their reach and effectiveness in tribal-dominated regions like Mayurbhanj are often limited due to logistical challenges and lack of awareness.

The findings of the study have revealed that adolescent girls have varying understandings of sexual and reproductive health (SRH), influenced by a range of social, cultural, and economic factors. One of the key observations is that menstruation is surrounded by numerous myths, taboos, and restrictions, which hinder girls from accessing accurate information and developing a healthy understanding of their bodies. The study further highlights those girls from both urban residential areas and slum communities reported having limited knowledge about the physiological functions of menstruation and reproductive health. This lack of awareness often results in confusion, shame, and unsafe menstrual practices. It is crucial to recognize the importance of educating adolescent girls about menstrual health and hygiene, as this is fundamental to their overall well-being. Raising awareness can help dismantle harmful myths, promote healthier practices, and empower girls to make informed decisions regarding their sexual and reproductive health.

7. Suggestion

This study suggests the next to look up menstrual health and hygiene among adolescent girls.

Reproductive health and menstrual hygiene should be incorporated into the school curriculum. Teachers rarely discuss or provide guidance to girls about menstrual health and hygiene. It is essential to implement orientation programs for educators and school counselors. Additionally, adolescent girls should have access to psychological support services at both government health centers and schools. Local Health Committees should play an active role in organizing educational and awareness initiatives. Provide menstrual hygiene products and private facilities for girls in schools to improve attendance and reduce dropout rates.

Awareness campaigns should include the creation of flip charts, posters, and other materials for behaviour change communication. A self-guided manual or handbook focusing on menstrual health and hygiene for adolescent girls should be developed. Youth clubs or Adolescent Information Resource Centers should be established. Programs focusing on the diet and nutrition of adolescent girls must be created and actively promoted.

A dedicated handbook should be created on menstruation and menstrual hygiene management, addressing and dispelling myths, misconceptions, and taboos.

Health volunteers, Accredited Social Health Activists (ASHAs), and Anganwadi workers should be equipped with proper knowledge about menstruation and play an active role in promoting menstrual health and hygiene among adolescent girls. Low-cost sanitary napkins should be made available in slum and rural areas to prevent health issues related to menstruation.

Trained adolescent girls as peer educators spread awareness and create a supportive network for discussing SRH issues. To strengthen the adolescent health care knowledge, several adolescent education programmes and adolescent orientation programmes should be implemented:

Awareness programme to the Adolescents

a) Conduct culturally sensitive workshops and awareness campaigns focusing on SRH education, menstruation, contraception, and personal hygiene.
b) Integrate tribal elders and community leaders into the process to gain acceptance and ensure cultural appropriateness.
c) Include boys and men in these programs to promote gender equality and shared responsibility in SRH matters.

Improving Access to Health Services

a) Strengthen the existing health infrastructure in tribal areas, ensuring adolescent-friendly services at primary health centers (PHCs).
b) Introduce mobile health units to provide SRH services in remote villages of Mayurbhanj.
c) Train healthcare workers in adolescent-specific SRH issues and the socio-cultural context of the Kharia tribe.

Addressing Nutritional Deficiencies

a) Develop community nutrition programs to combat anemi and other deficiencies, which directly impact menstrual health.
b) Partner with schools to implement mid-day meal programs with added nutritional supplements tailored for adolescent girls.

Community Engagement and Advocacy

a) Promote open dialogue on taboo topics like menstruation and contraception through community forums, ensuring the inclusion of parents and guardians.
b) Advocate for breaking social stigmas associated with SRH and menstruation by leveraging local influencers and traditional storytelling methods.

Policy-Level Interventions

a) Ensure that government policies like the Rashtriya Kishor SwasthyaKaryakram (RKSK) are effectively implemented in tribal areas with a focus on the unique needs of Kharia adolescents.

b) Advocate for policies that subsidize menstrual hygiene products and contraceptives for economically disadvantaged tribal populations.

School-Based Initiatives

Introduce SRH education into the school curriculum in culturally sensitive ways, ensuring that it is age-appropriate and inclusive.

Empowerment through Skill Development

a) Establish vocational training programs for adolescent girls to enhance their economic independence, which can indirectly improve health outcomes.
b) Incorporate health literacy modules into skill development programs.

Research and Continuous Monitoring

a) Conduct periodic studies to evaluate the effectiveness of interventions and gather updated data on SRH issues within the Kharia tribe.
b) Develop participatory research methods that involve the community to ensure inclusivity and relevance.

Empowering Adolescents through Peer Educators

1. Awareness/interventional programmes should be undertaken to introduce sex education. This will bridge the knowledge gap in adolescents and will prevent sexual abuse, unsafe sexual practice, which can reduce unwanted pregnancy, sexual transmitted diseases.
2. Life skill education should be part of their curriculum. Various programmes should be adopted to educate adolescents and their parents about nutritional requirement appropriate for their age. Mothers should build confidence in adolescent daughters to get detailed information regarding their health problems.

8. Recommendations

These recommendations aim to address the Sexual Reproductive Health (SRH) challenges faced by adolescent girls in the Kharia tribe, taking into account cultural, social, and economic contexts. Having critically analyzed the various psychosocial, emotional and physical problem, following recommendations need to be considered to address the current scenario.

9. Conclusion

Overall, on the basis of the availability of the data it was concluded that psychosocial problems and various physical problems were significantly higher in tribal adolescent female population. Lack of knowledge about sexual and reproductive health, were the hot areas of adolescent problems in present study population. Hence there is need for planning of health programmes and establishing adolescent friendly clinics for them. It is also essential to develop specific screening tools for adolescent tribal girls to search for and to eliminate the risk factors as early as possible. Moreover, community involvement and awareness should be generated through health education, role-plays to educate parents, as one of the important contributors to this condition could be traced to their poor socioeconomic background with high illiteracy and Santhal tribal character. Focusing these above problems will definitely help the adolescent girls to get a chance to build a safe, happy, healthy life in future.

The findings reveal that in many communities and families, menstrual practices are influenced by religious beliefs, caste, community traditions, and long-standing customs. However, the study also indicates that girls are becoming increasingly aware of their health, signaling a positive shift in their perspective on menstruation. Many girls now view menstruation as a natural bodily function.

In India, there are significant concerns regarding the health of female adolescents, which are exacerbated by certain social and cultural practices. While some traditional practices are scientifically supported, it is crucial to challenge and eliminate those that negatively impact the health of girls. Many age-old customs have been passed down through generations, but it is important to recognize that some of these practices have become outdated. Rather than educating adolescent girls about proper menstrual hygiene, they are often caught up in myths and traditional beliefs.

By blindly adhering to these cultural practices, we are unintentionally placing adolescents in a difficult position. Therefore, it is essential to promote safe menstrual hygiene practices, helping girls break free from incorrect perceptions, outdated customs, and harmful traditions related to menstruation. Mothers must move beyond the silence often associated with menstruation and foster open communication with their daughters, regardless of their educational background. Menstruation simply requires an understanding of hygiene and safe practices.

Menstruation is a normal biological process, and adolescent girls should recognize that their ability to procreate is a direct result of this natural function. Rather than being constrained by taboos surrounding menstruation, adolescents should be encouraged to embrace their responsibilities. The study concludes that cultural and social practices related to menstruation are shaped by factors such as girls' education, attitudes, family dynamics, culture, and beliefs. It emphasizes the need for targeted health and hygiene programs for adolescent girls.

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