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A Study on Accessibility of Sexual and Reproductive Health Services among Adolescent Girls belonging to Nat Community

Dissertation Submitted to

The IIHMR University, Jaipur

For the partial fulfilment for the award of the degree

Master of Business Administration (MBA)

in

Hospital and Health Management

Submitted By

Ms. Jainum Jain

Under the Supervision and Guidance of

Dr. Nutan P. Jain

2023

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ACKNOWLEDGEMENT

I am filled with immense gratitude as I reflect upon the completion of this project, and I would like to take this opportunity to express my sincerest appreciation to the individuals who have been instrumental in its success.

First and foremost, I extend my deepest gratitude to Professor Nutan P. Jain, my esteemed mentor from IIHMR UNIVERSITY. Their unwavering guidance, invaluable insights, and constant encouragement have been the pillars of my progress throughout this project. Their expertise and dedication have not only enriched my understanding but also shaped my overall growth. I am truly grateful for their presence in my academic journey.

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Lastly, I would like to extend my gratitude to Almighty God, my family, and my friends for their continuous support and encouragement. Their faith in me and their constant presence in my life have been a source of inspiration and motivation.

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **A Study on Accessibility of Sexual and Reproductive Health Services among Adolescents Girls belonging to Nat Community** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Ms. Jainum Jain

Date-06/06/2023

CERTIFICATE

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CECO/023/2023

5th June, 2023

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Jainum Jain,** student of **– IIHMR University, Jaipur,** was engaged with the Centre for Community Economics and Development Consultants Society (CECOEDECON) for their field work from **5th March, 2023 to 5th June, 2023** as part of course curriculum. She has successfully completed her training in research for the study titled **as "A Study on Accessibility of Sexual and Reproductive Health Services among Adolescents Girls belonging to Nat Community".**

CECOEDECON is a non-government organization situated in Jaipur, Rajasthan which works for the socio-economic development and empowerment of the marginalized and deprived people living in the rural areas of Rajasthan.

We found her sincere, self-reliant, and hard-working and wish her the very best in all her future endeavours.

Govind Narayan Vijay
Dy. Director

CECOEDECON JAIPUR

CERTIFICATE

This is to certify that dissertation titled a record of the research work undertaken by Ms. Jainum Jain in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr. Nutan P. Jain
Faculty Guide
IIHMR University, Jaipur
Date

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ABBREVIATIONS

AWW - Anganwadi Worker

ASHA - Accredited Social Health Activist

ANM - Auxiliary Nurse Midwife

AFHC - Adolescent Friendly Health Clinic

BCM - Block Community Mobilizer

BPM - Block Program Manager

CMHO - Chief Medical and Health Officer

DPM - District Program Manager

ICPD - International Conference on Population and Development

MS – Microsoft

PRI - Panchayati Raj Institution

RKSK - Rashtriya Kishor Swasth Karyakram

RMNCH+A - Reproductive, Maternal, Newborn, Child, and Adolescent Health

SRH - Sexual and Reproductive Health

SHG - Self-Help Group

UNFPA - United Nations Population Fund

UNICEF - United Nations Children's Fund

WHO - World Health Organization

ABSTRACT

Background

The Nat community in India faces marginalization and vulnerability due to the historical institutionalization of sex work. Under the influence and pressure of their families, adolescent girls in this community frequently engage in sex work, which limits their access to necessary healthcare services as well as their sexual and reproductive rights. Focused research is required to understand how these girls can obtain sexual and reproductive health (SRH) services because their current social milieu makes it more difficult for them to receive high-quality treatment.

Introduction

This study intends to assess how easily accessible SRH services are from the Rashtriya Kishor Swasth Karyakram (RKSK) for Adolescent girls from the Nat group in Rajasthan, India. It is crucial to address the unique requirements and difficulties faced by marginalised people during this crucial time for sexual and reproductive health, which is adolescence. This study aims to pinpoint obstacles and suggest remedies to enhance healthcare access for marginalised communities by looking at the implementation and effects of the RKSK programme. The research will add to our understanding of SRH services and guide the development of initiatives and policies for the welfare of adolescent girls in the Nat community that are grounded on fact.

Objectives

The purpose of this study is to assess how easily accessible the SRH services offered by the Rashtriya Kishor Swasth Karyakram (RKSK) are for teenage girls from the Nat group in Rajasthan, India. Addressing the unique demands and difficulties faced by marginalised populations is crucial because adolescence is a crucial time for sexual and reproductive health. This study looks at the RKSK program's implementation and effects in order to pinpoint problems and provide fixes for bettering underprivileged groups' access to healthcare. The research will add to our understanding of SRH services and help guide actions and policies for the wellbeing of adolescent girls in the Nat community.

Methodology

This study utilizes a cross-sectional, mixed-methods research design, including interviews, questionnaires, and group discussions. It focuses on the Nat community in the Malpura block of Tonk district, Rajasthan. The study population comprises 50 participants, including adolescent girls aged 10-19, parents, teachers, community leaders, and local health functionaries. Purposive sampling is employed for participant selection. Interviews provide in-depth insights, questionnaires gather quantitative data, and group discussions facilitate interactive dialogue. The study duration is three months to conduct data collection and analysis.

Key Results

1. Most Nat teenage girls showed familiarity with adolescent health issues, but a significant percentage lacked knowledge, indicating a need for improved education.

2. Community mobilizers and local resources played a crucial role in providing sexual and reproductive health information.

3. Primarily Female-Serving Health Facilities, government hospitals, and private clinics were commonly visited by Nat teenage girls.

4. A knowledge gap existed regarding nearby health professionals, with 40% of girls being unaware of any.

5. Mothers were the preferred confidant for discussing sexual and reproductive health, but conversations with siblings and friends were also significant.

6. The majority of Nat teenage girls recognized the value of sexual and reproductive health services.

7. Barriers to access included discomfort in discussing SRH issues, a narrow focus on contraception, and reliance on cloth menstrual pads.

Overall, the study highlights the need for improved education, targeted interventions, and increased accessibility to comprehensive sexual and reproductive health services for Nat teenage girls.

Conclusion

This study highlights the need to address barriers faced by adolescent girls in accessing sexual and reproductive health (SRH) services within the Nat community. Girls have some awareness of SRH matters but hesitate to seek support from healthcare providers due to shyness. It is essential to sensitize healthcare providers, challenge cultural norms, and create safe spaces for open discussions on SRH. The study also emphasizes the importance of expanding SRH services beyond contraception to include education on puberty, menstrual hygiene, STIs, and safe sexual practices. Accessible and affordable menstrual products, along with education on proper hygiene practices, are crucial for the well-being of adolescent girls. Training programs for healthcare providers and community awareness initiatives are necessary to bridge the accessibility gap. By addressing these issues, we can improve the accessibility and quality of SRH services for adolescent girls in the Nat community, promoting their overall health and well-being.

INTRODCUTION

The Nat community in India has long been subjected to marginalization and vulnerability, largely due to the institutionalization of sex work spanning across generations. Within this community, adolescent girls often find themselves compelled to engage in sex work under the influence and pressure of preceding generations of sex workers and male members of their families. Consequently, these adolescent girls are deprived of essential health benefits and their fundamental sexual and reproductive rights from a young age. Without easy access to quality medical treatment, individuals are more likely to have a variety of sexual and reproductive health (SRH) problems.

This research was conducted in the Indian state of Rajasthan to evaluate the ease with which young women from the Nat group may receive sexual and reproductive health services offered by the Rashtriya Kishor Swasth Karyakram (RKSK). The RKSK programme is the Indian government's flagship programme, and it's meant to address the special medical concerns of teenagers and improve their health in general.

Adolescents are at a pivotal life stage when their sexual and reproductive health has a profound impact on their overall happiness and success. Physical, emotional, and mental development occur at a fast pace currently, making it a pivotal point in a person's life. Adolescent girls in the Nat community already experience significant obstacles in gaining access to vital SRH services, and these obstacles are exacerbated by the social environment in which they live.

Adolescent girls in the Nat community are denied their fundamental human rights when they are denied access to sexual and reproductive health care. Protecting and advancing the rights of young women necessitates removing these roadblocks so that all girls, regardless of where they live, have access to SRH services.

It is important to study the availability of SRH services for teenage girls from the Nat group, and Rajasthan, with its rich cultural heritage and intricate social fabric, provides a compelling setting in which to do so. By examining how the RKSK programme has been implemented and its effects on the area, we may learn more about the difficulties encountered by underserved populations and develop solutions to close the healthcare access gap.

The major goal of this research was to evaluate the accessibility of SRH services provided by the RKSK programme for teenage girls from the Nat group in Rajasthan. We hope that by examining the existing situation, we will be able to better understand the factors affecting accessibility and come up with concrete suggestions on how to enhance service delivery. Improved health and well-being for teenage girls in the Nat community is the goal of this study, which will add to the current body of information on SRH services and give evidence-based insights to drive policy choices and initiatives.

Both the Rashtriya Kishor Swasth Karyakram (National Adolescent Health Programme) and the RMNCH+A (Reproductive, Maternal, Newborn, Child, and Adolescent Health) programmes are major efforts by the Government of India to improve adolescent health and reproductive health. The goal of these initiatives is to provide these marginalised communities with a platform for complete growth and entry to high-quality medical care.

The transition from infancy to maturity occurs throughout adolescence, which is a pivotal time in human development. It's a time of fast physiological, psychological, and social development. The Rashtriya Kishor Swasth Karyakram was initiated by the Indian government in response to the distinct demands and difficulties of India's teenage population. Nutrition, sexual and reproductive health, mental health, drug misuse, and noncommunicable illnesses are only a few of the areas that are targeted in this programme for teenagers. By providing them with resources, it hopes to help young people take charge of their own health and wellbeing.

Meanwhile, RMNCH+A is an all-encompassing strategy for bettering the lives of mothers, babies, and young people. It acknowledges the interconnectedness of the health of various populations and the need for interventions throughout the lifespan, particularly during the reproductive, maternal, newborn, child, and adolescent phases. Quality prenatal care, institutional births, postnatal care, immunisations, nutrition, family planning, and adolescent health services are prioritised as part of the RMNCH+A strategy.

India's national health programmes, including Rashtriya Kishor Swasth Karyakram and the Reproductive, Maternal, Newborn, and Child Health and Action Agenda, are all geared towards meeting the health-related Sustainable Development Goals (SDGs).

These actions are in line with worldwide campaigns for better healthcare for everyone, fewer deaths among mothers and children, and a focus on teenage rights and wellbeing.

The government of India hopes to improve the quality of healthcare in the country, increase the number of medical professionals, encourage more community involvement, and guarantee that everyone has equal access to medical treatment via these initiatives. These programmes work towards a better and more prosperous future for the country by investing in adolescent health and addressing the needs of reproductive, maternal, newborn, child, and adolescent health in a holistic manner.

Finally, the Rashtriya Kishor Swasth Karyakram and the Reproductive, Maternal, Newborn, Child, and Adolescent Health and Well-Being Programme plus Activities are two crucial programmes run by the Indian government to improve the health and well-being of India's youth, women, mothers, newborns, and children. The goal of these initiatives is to strengthen communities, decrease health inequalities, and improve health outcomes for the most marginalised members of society by emphasising the value of coordinated, all-encompassing medical treatment.

In India, programmes like Rashtriya MNCH+A and Rashtriya Kishor Swasth Karyakram (RKSK) are helping to fix serious problems with adolescents' health and happiness. Their primary areas of interest include:

The primary focus of both initiatives is on adolescent sexual and reproductive health through providing them with access to comprehensive, age-appropriate resources and education. This includes teaching about and facilitating access to various forms of birth control, as well as STI prevention and treatment, abortion safety, menstrual hygiene guidance, and relationship counselling.

The programmes acknowledge the significance of adequate nutrition throughout adolescence for promoting healthy growth and development, which is the second focus of the initiatives. Adolescent malnutrition, anaemia, and deficits in micronutrients are among the problems they want to solve through encouraging healthy eating habits, dietary supplements, and increased availability of nutritious food.

The mental health of adolescents is a primary focus of RKSK and RMNCH+A. They work to get the word out about mental health problems, eliminate discrimination, and guarantee everyone has access to care. Typical mental health issues like stress,

depression, and anxiety may all benefit from early intervention strategies like counselling and psychosocial support.

Both initiatives focus on teenage drug addiction prevention and treatment.

Adolescent health and well-being are priorities for the Rashtriya Kishor Swasth Karyakram (RKSK) and the Reproductive, Maternal, Newborn, and Child Health Plus Adolescents (RMNCH+A) programmes in India.

They pay special attention to the following –

1. The primary focus of both initiatives is on teenage sexual and reproductive health, with the goal of providing them with age-appropriate resources and education. Provide information about and access to safe abortion care, STI prevention education, STI testing and treatment, period hygiene management, and relationship counselling.

2. Nutrition: The efforts acknowledge the significance of adequate nutrition throughout adolescence to a person's physical and mental well-being. Adolescent malnutrition, anaemia, and micronutrient deficiencies are targeted problems, and healthy eating habits, nutritional supplements, and easy access to healthy foods are advocated as solutions.

3. Mental Health: Both RKSK and RMNCH+A place a premium on adolescents' emotional and psychological health. They work to eliminate discrimination against people with mental illness and expand access to care. Early intervention, counselling, and psychosocial support are all part of this for common mental health issues including stress, depression, and anxiety.

4. Substance Abuse: They focus on creating awareness about the harmful effects of substance use, providing counselling and rehabilitation services, and promoting healthy lifestyle choices.

5. Non-Communicable Diseases (NCDs): RKSK and RMNCH+A recognize the rising burden of non-communicable diseases among adolescents, such as obesity, diabetes, and cardiovascular diseases. They work towards promoting healthy habits like physical activity, healthy eating, and regular health check-ups to prevent and manage these conditions.

6. Health Education and Life Skills: These initiatives emphasize the importance of health education and life skills training for adolescents. They aim to equip young people with knowledge, skills, and attitudes necessary for making informed decisions about their health, including topics like hygiene, sexual health, communication, decision-making, and problem-solving.

RESEARCH QUESTION:

What are the facilitating and hindering factors for accessing SRH services among adolescent girls belong to Nat community in Malpura block of Tonk District, Rajasthan

OBJECTIVES:

- To review the provision of services under various government health programs focus on adolescents like RMNCH+A, RKSK.

- To map the government health facilities with Adolescent Friendly Health Clinics/ Services around Nat Community living in Rajasthan.

- To study the facilitating and hindering factors in accessing SR health services by the Nat Community adolescent girls.

- To suggest ways to sustain the facilitating factors and overcome hindering factors, if any.

REVIEW OF LITRATURE

TITLE AND YEAR	AUTHORS	OBJECTIVES	METHODOLOGY	KEY RESULTS	REFERENCES
Adolescent health programming in India: a rapid review	Alka Barua, Katherine Watson, Marina Plesons, Venkatraman Chandra-Mouli & Kiran Sharma	The objective of the research is to review and document lessons learned from the Adolescent Reproductive and Sexual Health Strategy (ARSH) and (RKSK) in India. The aim is to enhance current and future adolescent health programming in the country by identifying areas for improvement in governance, implementation,	This study utilized Rapid Programme Reviews (RPR) in two phases: national and district level. Data collection involved document reviews and stakeholder interviews. The analysis focused on governance, implementation, monitoring and evaluation, and linkages.	Integrating RKSK with the ARSH Strategy has shown progress in some areas, but challenges remain in governance, implementation, monitoring, and linkages. The review suggests the Learning Districts initiative as an opportunity for the MoHFW and its partners to shape future adolescent health programming in India based on past successes and challenges.	.Barua, A., Watson, K., Plesons, M. et al. Adolescent health programming in India: a rapid review. Reprod Health 17, 87 (2020). https://doi.org/10.1186/s12978-020-00929-4

		monitoring, and linkages.			
Adolescent Girls and Health in India	Vijayan K. Pillai, Rashmi Gupta	The objective is to investigate the factors influencing adolescent development in India, particularly focusing on the challenges faced by adolescent girls. The study aims to inform the planning of effective social service delivery systems and interventions to promote adolescent well-being and mitigate risks.	The study will involve a comprehensive review of existing research and available data on adolescent development in India, specifically focusing on social, psychological, and psychosocial aspects. The data will be collected from various sources, including government reports, academic studies, and surveys.	The study reveals limited research on adolescent development in India, with a focus on fertility. Despite the legal age of marriage being 18, a significant number of adolescents aged 15-19 were married.Adolescent girls lack control over reproductive decisions and are vulnerable to trafficking and exploitation, particularly in slum areas. West Bengal has the highest prevalence of trafficked adolescent girls. Adverse outcomes, including poverty, discrimination,	Pillai, Vijayan & Gupta, Rashmi. (2014). Adolescent Girls and Health in India. 10.1007/978-1-4899-8026-7_18. https://www.researchgate.net/publication/302114752_Adolescent_Girls_and_Health_in_India

				and sexual abuse, impact girls' well-being.	
Discrimination in excess to health and education : Narrative from Nat community in Rajasthan.	Hemraj P Jangir	Investigate the stigmas faced by Nat children in Rajasthan and their impact on education and health access.	The methodology employed in this study involves conducting a literature review to gather existing information on the Nat community and the challenges faced by Nat children regarding education and health. Primary data is collected through interviews, surveys, and observations focused on Nat children and their families.	As a result, Nat children are denied access to public education and health services at the village level, negatively impacting their livelihoods. Many of these children are engaged in child labour, and few girls from the Nat community enter into marriage.	Jangir, H. (2019). Discrimination in Access to Health and Education: Narratives from Nat Community in Rajasthan. Social Action, 69, 281-293. https://www.researchgate.net/publication/336668970_DISCRIMINATION_IN_ACCESS_TO_HEALTH_AND_EDUCATION_NARRATIVES_FROM_NAT_COMMUNITY_IN_RAJASTHAN

METHODOLOGY

Study Design: This research will use a cross sectional, mixed-methods study design including both (quantitative and qualitative data collection methods).

Setting: The study will be conducted in Malpura block of Tonk district in Rajasthan, with a focus on the Nat community.

Study Population

The study population will include adolescent girls aged 10-19 years from the Nat community in Rajasthan. Participants will also include parents, teachers, community leaders, local health functionaries like AWW, ASHA and ANM, AFHC staff. Participants will be selected using purposive sampling.

Sampling and Sample size

- The chosen sample size is 50 participants.
- The sample includes 25 girls aged 10-14 and 25 girls aged 15-18.
- The division into two age groups allows for a comprehensive understanding of the experiences and challenges faced by adolescent girls at different stages of development.
- The sample size of 50 strikes a balance between manageability and providing enough participants for meaningful conclusions.

DURATION OF STUDY:

The study is conducted over a period of 3 months.

OPERATIONAL DEFINITIONS

Adolescent: Individuals aged between 10 and 19 years.

Nat community: A marginalized community in Rajasthan, India, with a unique culture and lifestyle.

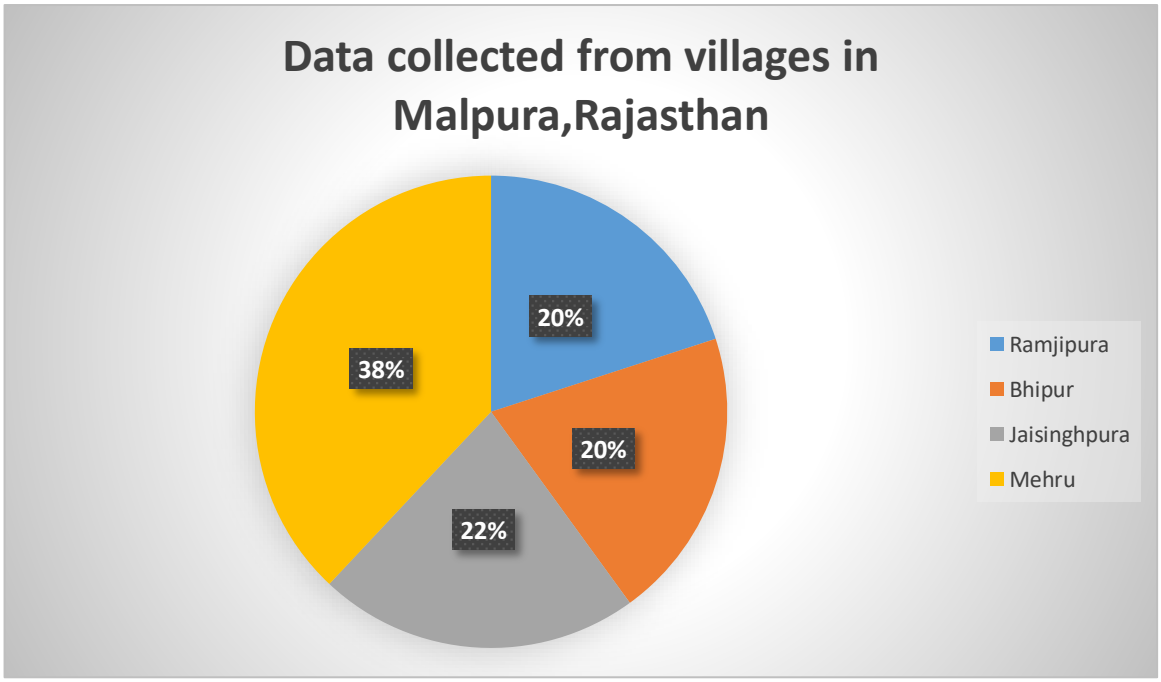
Sexual and reproductive health: Refers to the state of physical, mental, and social well-being in all matters relating to the reproductive system.

Public health services: Services provided by the government or non-governmental organizations to promote and protect the health of the population.

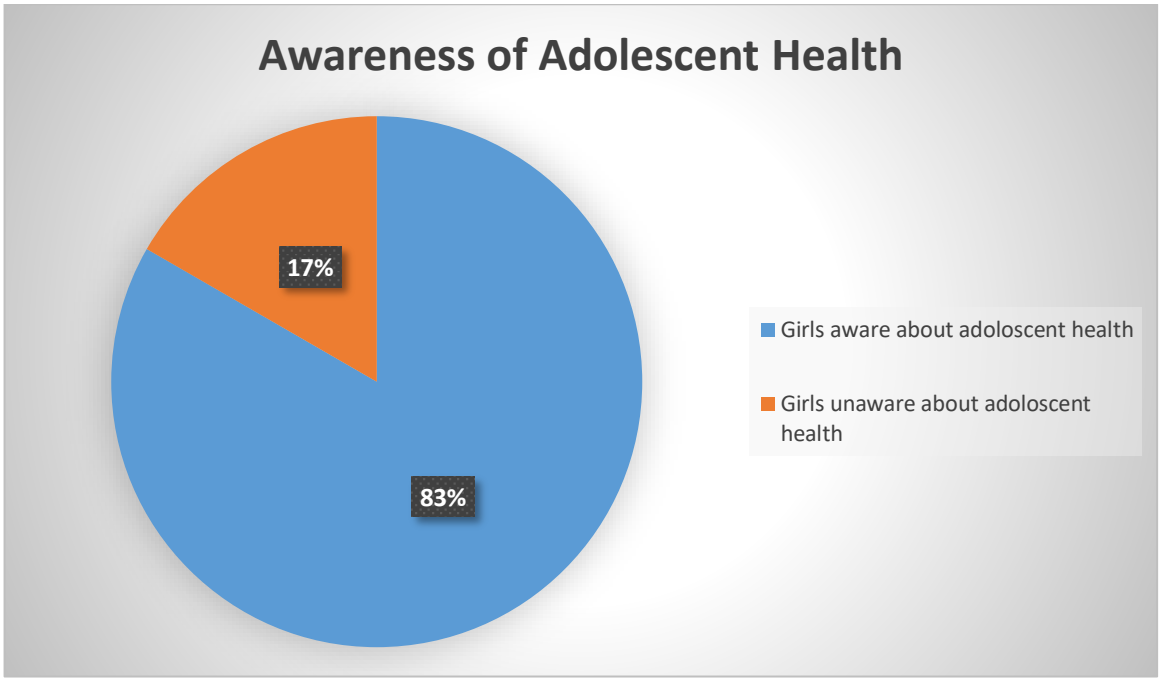
ETHICAL CONSIDERATIONS

The study will adhere to ethical guidelines for research involving human subjects. Informed consent will be obtained from all participants, and their confidentiality will be ensured. The study will also seek ethical clearance from the Institutional Review Board.

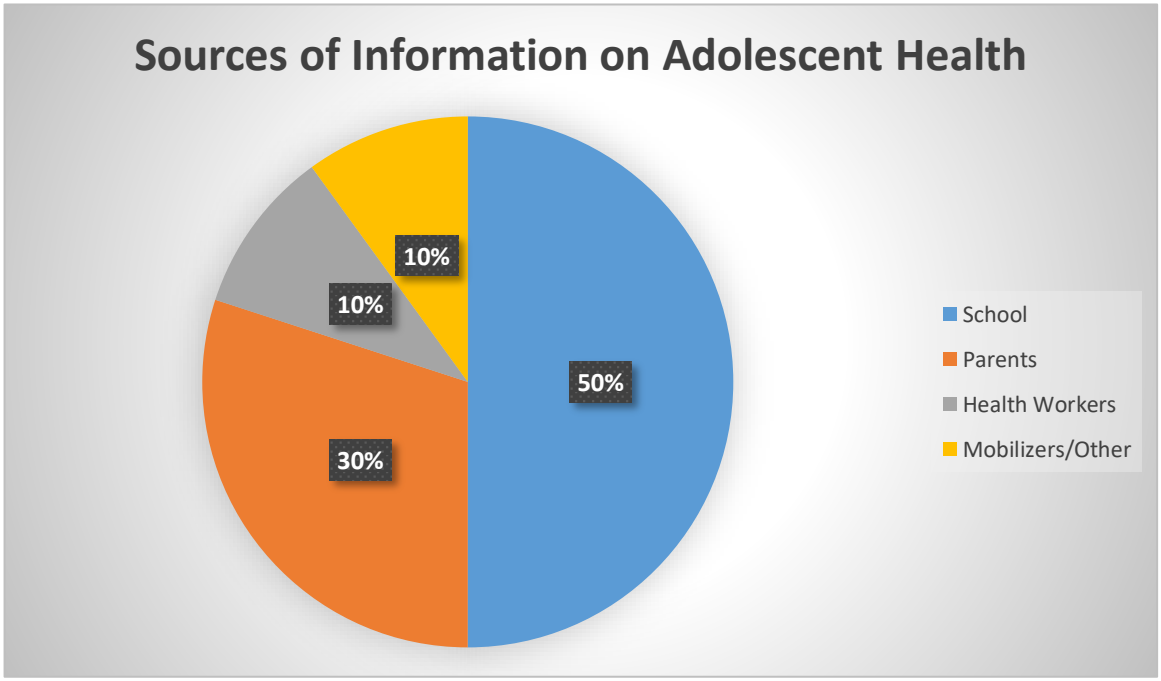
RESULTS AND DISCUSSION



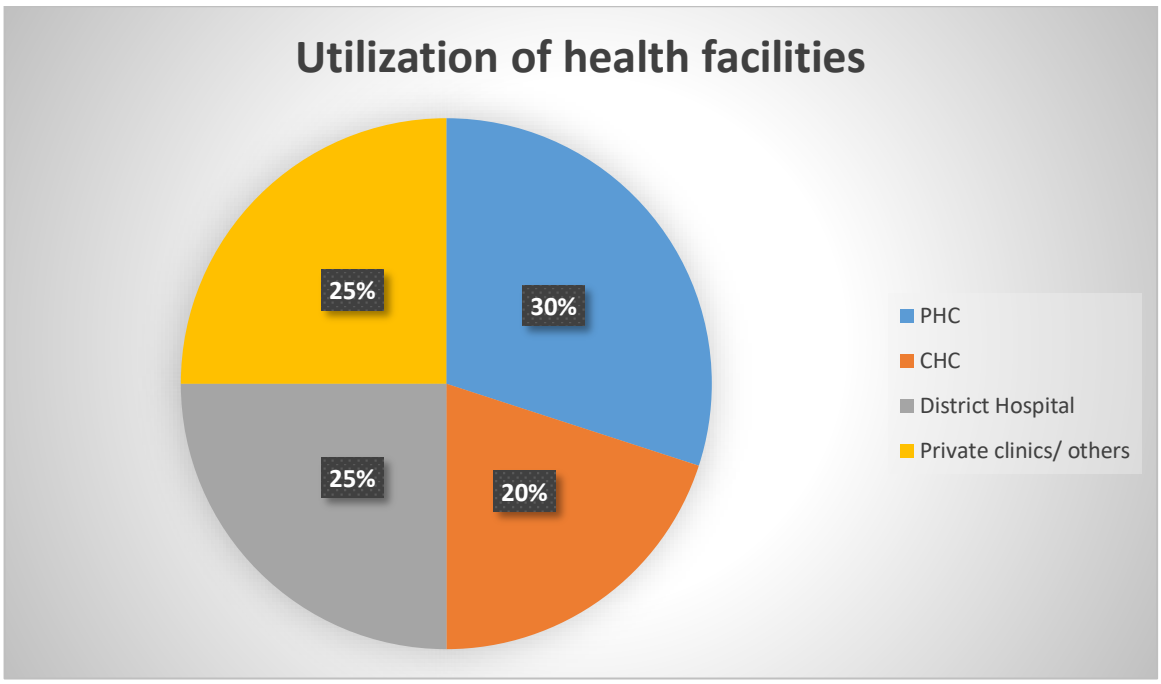
Large-scale research is being done in the Malpura district of Rajasthan to learn how easy it is for teenage girls from the Nat group to have access to medical treatment. The purpose of this survey is to learn about the health care options available to a random sample of teenage females. Fifty teenage females make up the study's sample size. Ten people from Ramjipura, ten people from Bhipur, eleven people from Jaisignpura, and nineteen people from Mehru are chosen from several villages in the Malpura block. The goal of recruiting young women from several villages is to better represent the Nat population. The information is being gathered by having them fill out standardized questionnaires during one-on-one interviews. The surveys are created to collect data on the girls' proximity to medical treatment. Each person is surveyed on their successes and failures in gaining access to healthcare in general and sexual and reproductive healthcare. Malpura block in Rajasthan is selected as the study's site because of its representational relevance and large Nat minority population. This selection allows for a narrowed study of healthcare facility accessibility within a particular cultural and geographical setting. The study's goal is to offer a thorough overview of the availability of healthcare services among females from the Nat group by interviewing 50 adolescents from different villages within the Malpura district. Having a more representative cross-section of the population to draw from increases the reliability and applicability of the results. The study's overarching purpose and method of sample selection are meant to shed light on how easily teenage girls from the Nat group in the Malpura district of Rajasthan may get access to medical treatment. The research aims to add to the current body of information about this underserved community by shedding light on the difficulties they face gaining access to and benefiting from healthcare.



The purpose of this research is to look at how easily teenage girls in the Nat community might have access to sexual and reproductive health care. Awareness of teenage health issues is one of the most important factors being examined. Based on the results, it seems that most Nat teen girls are aware of the need to take care of themselves. It's encouraging to see that most teenage females (83%) have some familiarity with adolescent health issues. A sizable percentage of the females, however, lack knowledge on issues specific to teenage health. About one in five people (or 17%) do not understand what adolescent health is. Given the apparent lack of familiarity with this topic among Nat teenage girls, it's safe to assume that there's room for improvement in their education and awareness. These findings highlight the need for implementing targeted interventions and educational programs to close the knowledge gap and guarantee that all teenage girls, regardless of socioeconomic status, have access to fundamental information regarding sexual and reproductive health.



This Research emphasizes the importance of health professionals in ensuring that young women have easy access to sexual and reproductive health care. It shows that initiatives to increase the number of health professionals in the Nat community and improve their skills and availability greatly enhance the provision of these treatments. Adolescent females rely on community mobilizers and other sources for 30% of their information needs. This highlights the need for awareness campaigns and community-based initiatives to reach this at-risk group. Better access to sexual and reproductive health information and services can be achieved by using community mobilizers and other local resources to assist in bridging the gap between the Nat community and healthcare providers. The study's findings underscore the importance of health professionals in educating teenage girls in the Nat community about sexual and reproductive health. The roles of parents and community organizers in making services more accessible are equally important. On the other hand, schools can do more by including sexual education in their curricula. Adolescent girls in the Nat community need more access to sexual and reproductive health care, which necessitates teamwork from all parties involved.



This research looks at how often teenage girls from the Nat community visit medical clinics. The most important findings are as follows.

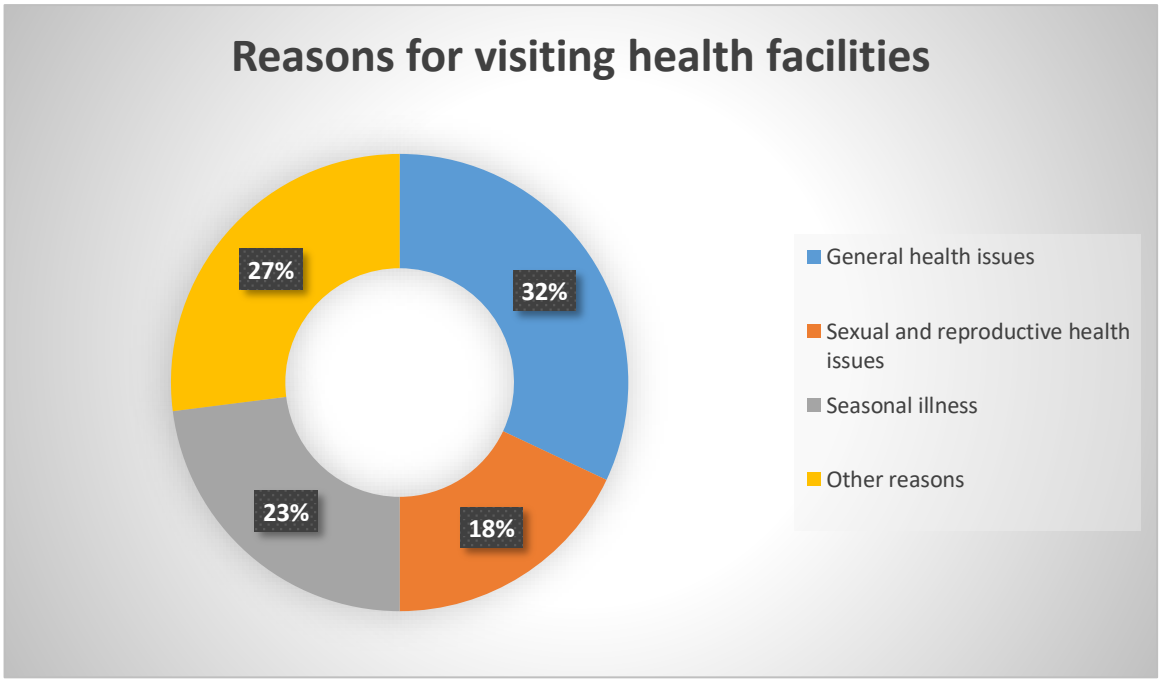
1. Primarily Female-Serving Health Facilities (30%): About one-third of Nat teenage girls visit PFHFs for medical treatment. Many members of the Nat community likely rely on PHCs for their primary care since they are often the first point of contact for those in need of medical attention.

2. Twenty percent of Nat teen girls visit a CHC, which is a Community Health Centre. Although both CHCs and PHCs provide a wide variety of medical treatment, CHCs tend to focus on a narrower set of medical needs. Because of their lower utilization rate compared to PHCs, researchers speculate that the Nat community has challenges accessing CHCs due to variables including distance, lack of knowledge, and cultural norms.

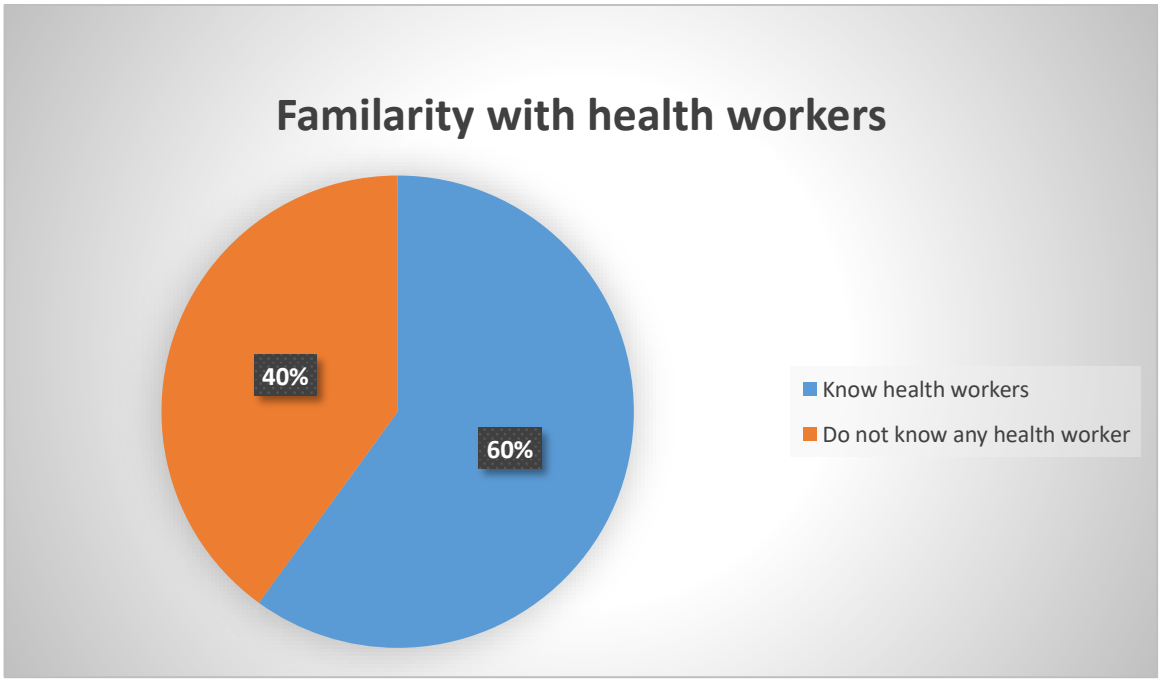
3. About a quarter of Nat teen females who seek medical care in 2016 go to a public hospital. Most government hospitals are bigger establishments offering a full spectrum of care, including specialized treatment. Indications from the use rate point to a sizeable population of Nats using public healthcare facilities.

4. Government Hospital: In the Nat community, around 25% of teenage females go to a government hospital. Hospitals run by the government tend to be bigger establishments that provide a broad variety of medical services, including specialized care. The utilization rate indicates that a sizable population of the Nat community makes use of public healthcare facilities.

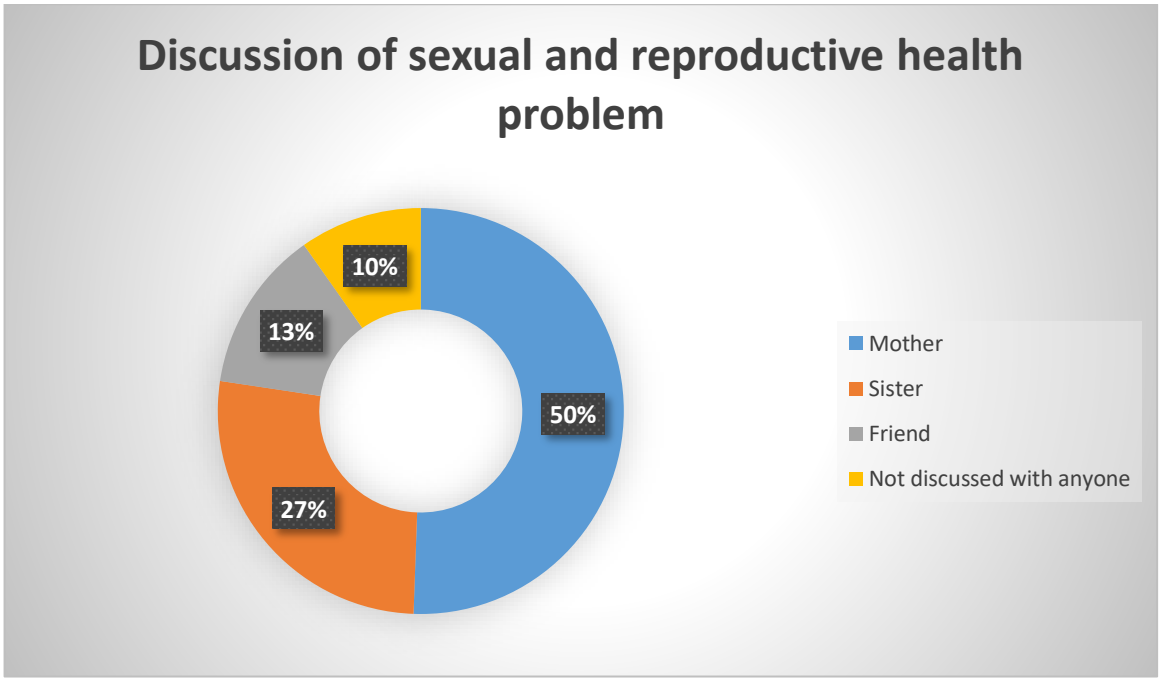
5. Private Clinics/Others: First, of Nat adolescent girls, 25% seek medical help in a private clinic or hospital rather than a public one. This finding proves that alternatives to the public healthcare system do exist. It's possible that patients prefer to see a specific doctor, seek out fewer common therapies, or value privacy and anonymity when they choose private clinics.



It is revealed that 32 percent of teenage females polled use medical care providers for non-emergency reasons. Illnesses like the common cold, flu, and a fever, as well as more generalized concerns about one's health, fall into this category. In addition, one-in-five young women go in search of medical attention for difficulties related to sexuality and reproduction. Given these findings, it's clear that reproductive health services, including those dealing with contraception, menstrual health, and STDs, are needed by many teenage girls in the Nat community. The research also finds that 23 percent of girls seek medical attention for seasonal diseases. Illnesses that tend to flare up at certain times of year are known as "seasonal illnesses," and examples include the flu, allergies, and other similar disorders. Contemporary results highlight the significance of providing healthcare services that are both readily available and responsive to the unique health requirements of contemporary times. Another 27% of the girls in the study go to the doctor for reasons not included in the research. Minor illnesses, serious chronic problems to mental health disorders might all fall within this category. In sum, the results provide insight on the varied healthcare requirements of Nat teenage females. The research highlights the need of treating sexual and reproductive health concerns among this demographic, even while general health issues and seasonal diseases are key determinants in seeking healthcare. Adolescent girls in the Nat community have less access to and worse quality sexual and reproductive health care than their counterparts in other communities.



About two-thirds of the surveyed teenage females know of at least one health professional in their community, whereas about a fourth know of none. This study suggests that there is a large knowledge gap between the Nat community and health professionals. The fact that sixty percent of teenage girls have heard of health professionals indicates that sexual and reproductive health care is available to them. It's possible that the health care providers these girls already know are a resource for them when it comes to addressing their sexual and reproductive health issues. The reasons for this familiarity could be due to awareness campaigns, outreach initiatives, or prior experiences with medical professionals. However, the study reveals that 40% of adolescent females in the Nat community are not aware of any local medical personnel. Because of this, it's possible that these girls don't have simple access to care for their sexual and reproductive health. Lack of knowledge, resources, and drive to learn about health and wellness are possible causes of this ignorance. Teenage girls from the Nat community have reduced access to sexual and reproductive health care, and our findings highlight the need for specialised programmes to address this problem. Efforts must be made to raise people's familiarity with healthcare providers and the assistance they provide. This can be done by including members of the Nat community in the process of creating and implementing new health programs, as well as by educating the community at large. If teenage girls from the Nat community are to have access to adequate sexual and reproductive health care, it is imperative that the knowledge gap between them and health professionals is closed. It is feasible to improve these girls' sexual and reproductive health and well-being by reducing the information gap that prevents them from making educated choices about their bodies.



It is seen at how and with whom adolescent females often talk about matters related to their sexual and reproductive health. Half of the teenage girls surveyed say their moms are the most comfortable confidant when it comes to discussing sexual and reproductive health concerns. Mothers' ability to provide comfort and direction in such delicate issues is shown by these findings. When it comes to their daughters' sexual and reproductive health, mothers are frequently seen as a main source of knowledge and emotional support.

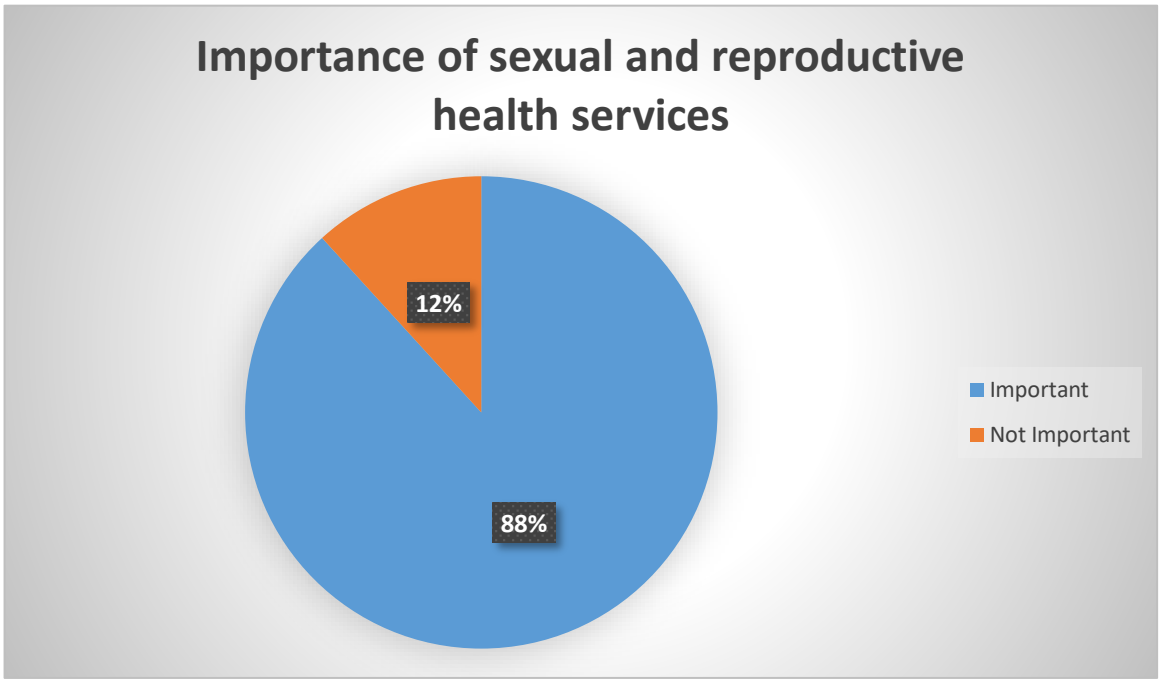
About a quarter of the sample agree that it is okay to talk about this with their sibling. In the Nat culture, this points to the importance of sisters as role models and trusted confidantes. Sisters may provide a more accessible point of view, since they may have already been through some of life's worst experiences.

Only around one in six girls say they discuss their sexuality or reproductive health with a trusted friend. The importance of friendship and the function it plays in bringing solace and understanding is shown by these results. Conversations with friends may be easier since there is less likelihood of being judged.

Ten percent of the girls surveyed report never having a conversation about their sexual and reproductive health with an adult. If many of the participants don't have someone they can talk to about these issues, this might be a red flag that they need to build up their support network. This study highlights the need to foster open and encouraging

communication channels between families and communities, as well as the need for increased accessibility to sexual and reproductive health services customized for teenage girls from the Nat community.

Importantly, our findings stress the need to identify and improve the existing support networks for Nat teenage girls, including those with their moms, sisters, and friends. The only way to guarantee that young girls get the help, knowledge, and care they need to make educated choices about their sexual and reproductive well-being is to remove the obstacles that prevent open dialogue and limit access to sexual and reproductive health services.



Based on the results, it seems that most teenage girls in the Nat community value access to sexual and reproductive health care. Eighty-eight percent of respondents say they find these services valuable, while twelve percent don't. This demonstrates that the girls agree on the value of using these resources. A rising awareness and comprehension of the advantages of sexual and reproductive health services is reflecting in the high number of females who acknowledge their relevance. This finding suggests that teen girls in the Nat community understand the importance of having access to sexual and reproductive health care services. This outcome highlights the need to maintain efforts to increase teenage girls' access to sexual and reproductive health care in the Nat community. It highlights the necessity to educate the public, remove obstacles, and

provide services that are both high-quality and respectful of the culture of the people who will be using them. The findings of this research provide important information on the needs of young women in the Nat community who seek sexual and reproductive health care. The report is useful for policymakers, healthcare providers, and organizations that focus on sexual and reproductive health because it highlights the importance of prioritizing and investing in initiatives that increase the availability and accessibility of these services for this underserved population.

FINDINGS

Anganwadi workers, Accredited Social Health Activists, Auxiliary Nurse Midwives, Adolescent Friendly Health Clinic counsellors, medical officers, and Chief Medical and Health Officers are all interviewed for this study. The objective is to get a sense of how they see their place in the SRH system and what they think about it. Interviews with members of the Nat community reveal many barriers to teen girls' access to sexual and reproductive health care. One major result is that girls know a lot about sexual and reproductive health, but they are uncomfortable talking about it with doctors. Reluctance and shyness are indicated as major obstacles to having open conversations about SRH issues. In addition, it is found that most women visit healthcare facilities to get contraceptive tablets, whereas most teenage males visit healthcare facilities to obtain condoms. Indicative of a narrow emphasis on contraceptive services rather than a more holistic approach to SRH issues. Cloth menstrual pads are still the chosen method for most females. This points to a lack of knowledge about and availability of menstrual hygiene products, which may compromise the girls' safety, health, and comfort during their periods. The results stress the need for implementing specialized programs to remove the obstacles that prevent teenage females from bringing up SRH concerns with their doctors. Cultural norms and societal taboos around conversations about sexuality and reproductive health may contribute to feelings of shyness and reluctance. Providers of healthcare should be educated and sensitized so they can provide a welcoming space where patients feel comfortable discussing SRH issues without fear of judgment. Additionally, community awareness programs can play a vital role in breaking down the stigma associated with discussing these topics. The skewed focus of SRH services on contraception indicates a limited understanding of comprehensive SRH needs. Efforts should be made to broaden the scope of services to encompass education on puberty, menstrual hygiene, sexually transmitted infections (STIs), and safe sexual practices.

This comprehensive approach will ensure that adolescent girls receive holistic care and support for their SRH well-being. The preference for using cloth during menstruation among the majority of girls signifies the urgent need for menstrual hygiene management interventions. Access to affordable and hygienic menstrual products, coupled with education on proper menstrual hygiene practices, can empower girls to lead healthier lives during their menstruation and avoid potential health risks.

CONCLUSION

This study on the accessibility of sexual and reproductive health (SRH) services among adolescent girls belonging to the Nat community sheds light on crucial issues that need to be addressed. The findings emphasize the importance of promoting open dialogue and overcoming barriers that hinder girls from discussing SRH concerns with healthcare providers. The study reveals that girls within the Nat community possess a level of awareness regarding SRH matters. However, shyness and hesitation prevent them from seeking guidance and support from healthcare providers. This underscores the need for sensitizing healthcare providers and creating safe spaces that encourage open conversations about SRH, while also challenging cultural norms and taboos surrounding sexuality and reproductive health. Another key issue identified in the study is the limited scope of SRH services, with a predominant focus on contraceptive methods. Comprehensive SRH care should encompass education on puberty, menstrual hygiene, STIs, and safe sexual practices to meet the diverse needs of adolescent girls. By expanding the range of services, healthcare providers can ensure that girls receive holistic care and support throughout their reproductive journey. Furthermore, the preference for using cloth during menstruation among the majority of girls highlights the urgency of addressing menstrual hygiene management. Access to affordable and hygienic menstrual products, along with education on proper menstrual hygiene practices, is essential for promoting the well-being and dignity of adolescent girls during their menstrual cycles. To bridge the gap in accessibility, concerted efforts are required at multiple levels. Training programs should be conducted for healthcare providers to equip them with the knowledge and skills needed to address SRH concerns sensitively. Community awareness programs can play a vital role in breaking down stigmas and creating an enabling environment for discussions on SRH. In conclusion, by addressing shyness and hesitation, expanding the scope of SRH services, and implementing targeted interventions for menstrual hygiene management, we can

enhance the accessibility and quality of SRH services for adolescent girls belonging to the Nat community. The findings of this study contribute to the existing knowledge and call for immediate action to ensure that all adolescent girls have equal opportunities to access the SRH services they require for their overall health and well-being.

REFERENCES

1. UNFPA. (n.d.). Adolescent Sexual and Reproductive Health. Retrieved from https://www.unfpa.org/resources/adolescent-sexual-and-reproductive-health
2. Centre for Communication and Development Studies. (n.d.). RAKSHAN Project. Retrieved from https://www.cecoedecon.org.in/rakshan-project/
3. National Health Mission. (n.d.). Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCH+A). Retrieved from https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=794&lid=168
4. National Health Mission. (n.d.). Strategy Handbook—Rashtriya Kishor Swasthya Karyakram (RKSK). Retrieved from http://nhm.gov.in/images/pdf/programmes/rksk-strategy-handbook.pdf
5. Ministry of Health and Family Welfare. (2014). Strategy Handbook—Rashtriya Kishor Swasthya Karyakram (RKSK). Retrieved from http://nhm.gov.in/images/pdf/programmes/RKSK/RKSK_Operational_Framework.pdf
6. Santhya, K. G., Prakash, R., Jejeebhoy, S. J., Singh, S. K., Levy, B. M., Hardee, K., et al. (2014). Accessing adolescent friendly health clinics in India: The perspectives of adolescents and youth. Population Council. Retrieved from www.popcouncil.org
7. Ministry of Health and Family Welfare. (2020). Lok Sabha unstarred question number 4591. Retrieved from http://164.100.24.220/loksabhaquestions/annex/173/AU4591.pdf

8. Santhya, K. G., Acharaya, R., Pandey, N., Singh, S. K., Rampal, S. (2017). UDAYA- Understanding the lives of adolescents and young adults: Bihar. Retrieved from https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=1520.... doi: 10.1017/S0021932017000360 - DOI - PubMed

9. Dayal, R., & Gundi, M. (2022). Assessment of the quality of sexual and reproductive health services delivered to adolescents at Ujala clinics: A qualitative study in Rajasthan, India. PLoS One, 17(1), e0261757. doi: 10.1371/journal.pone.0261757. PMID: 35007310; PMCID: PMC8746710. Retrieved from https://pubmed.ncbi.nlm.nih.gov/35007310/

10. Saha, R., Paul, P., Yaya, S., & Banke-Thomas, A. (2022). Association between exposure to social media and knowledge of sexual and reproductive health among adolescent girls: evidence from the UDAYA survey in Bihar and Uttar Pradesh, India. Reprod Health, 19(1), 178. doi: 10.1186/s12978-022-01487-7. PMID: 35978427; PMCID: PMC9382779. Retrieved from https://pubmed.ncbi.nlm.nih.gov/35978427/

11. Hoopes, A. J., Agarwal, P., Bull, S., & Chandra-Mouli, V. (2016). Measuring adolescent friendly health services in India: A scoping review of evaluations. Reprod Health, 13(1), 137. doi: 10.118