



Research Paper

Barriers to the Reproductive Health Care Access for Female Adolescent Refugees of Kendrapara District, Odisha

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ABSTRACT

Reproductive health of females is of utmost importance for the physical, mental and social well-being. The objective of the study is to assess the barriers of reproductive health care which hinder reproductive health care services to the female refugees. This study is based on adolescent female refugees of the age group 10-19 years. The study involves focus group discussion as well as personal interviews. Barriers can be categorised into structural or personal barriers based on factors influencing the accessibility to healthcare services. In order to overcome the barriers of health care services it is necessary to upgrade the accessibility of these to the female refugees. Spreading adequate awareness among the females regarding healthcare is also an essential requirement.

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I. INTRODUCTION:

“Health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition” (WHO,2022). “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes”(WHO,2021). In order to ensure greater impact of reproductive health, it is important to understand the financial, socio-cultural, communication and political barriers in accessing these services. Nevertheless, the evidences from barrier studies on reproductive healthcare suggest that, structural as well as personal side barriers are important factors in deterring patients from accessing adequate services for reproductive healthcare. These barriers are likely to be more detrimental for the poor and other vulnerable groups, where the costs for accessing the services, lack of information and cultural barriers affect them from benefiting the free reproductive health care services provided by the government (Sahoo et al. 2017). A study conducted by British Broadcasting Corporation (BBC) Media in Bangladesh, Ethiopia, India and South Sudan shows that, India has low awareness regarding government schemes, inappropriate household practices, negative social norms, and lack of access to basic health information and low self-efficacy which limits the impact of many Reproductive health problems (Smethurst,2013).

The objective of the study is to assess the barriers which hinder reproductive health care to the female refugees.

II. MATERIALS AND METHODS:

This cross sectional study was conducted in the year 2019-2021 in the Kendrapara district among the refugee adolescent girls. The study was organized among 300 adolescent female refugees of the age group 10-19 years. The study was framed to know the social and controlling barriers which prevent them to access the health care facilities. The data were collected from villages and hamlets of Rajnagar and Mahakalapada block respectively of Kendrapara District. The study was carried out by adopting the mixed methods both qualitative and quantitative. Purposive sampling method was used to conduct the study. It involves Focus group discussions

as well as personal interviews. Other tools such as observation, In-depth interviews ,case studies were also followed to accomplish the study .A semi structured interview schedule was prepared for the study which was followed by both open and close ended questions to analyse every aspects of the health care issues. All the interviews were taken by the researcher herself. Some of the interviews were carried out in the residence of the respondents while the rest were carried out in the Anganwadi Centre and school. The respondents were interviewed either when they are alone or with their family members or friends.9 focus group discussions (FGDs) were lead among the adolescent girls, their family members ,Anganwadi workers and ASHA workers to talk the various aspects of health issues. A verbal informed consent was taken from the respondents for interviewing them.

III. RESULTS:

The study was aimed to understand the different barriers of reproductive health from a qualitative prospective. Different types of barriers were studied and categorized into two different categories, such as structural barriers and functional barriers.

Table-1: Age wise distribution of adolescent:

Age Group	N(%)
10-13	104(34.66%)
14-16	126 (42%)
17-19	70 (23.33%)

The above table shows that 42% girls were between 14 to 16 years and 23.33% girls were between 17 to 19 years age group.

Table-2: Educational status of adolescent girls:

Level of Education	N(%)
Illiterate	13(04.33%)
Primary	37(12.33%)
Upper Primary	79(26.33%)
Secondary	106(35.33%)
Higher secondary	42(14%)
Bachelor degree/higher	23(07.33%)

The above table shows the educational status of adolescent girls. Out of 300 adolescent girls, 4.33% girls were illiterate, 35.33% girls were in secondary level and 7.33% girls were having bachelor degree/higher.

BARRIERS AFFECTING REPRODUCTIVE HEALTH CARE SERVICES:

1. INADEQUATE INFORMATION

Providing the adolescent females with adequate information regarding the health care issues and their solutions is a matter of utter importance. Insufficient knowledge often results in misunderstanding among the females due to which they are not interested to avail the health care facilities provided to them. There are often rumors of ill effects of the health care facilities and medications provided by the Government, which is also major barrier in availing these facilities. Chhabi (Pseudo Name) said that a girl from her area suffered from nausea and other health issues after taking the iron tablet provided by the Anganwadi worker. So the girls of her area hesitate to take the medicine which is being provided by the Governments. Sometimes adolescent girls have a vague notion that the sanitary napkin s provided by the government can cause infection in the intimate area. They have a misconception that these sanitary napkins are prepared from waste material and very unhygienic for health. A girl named Reena (Pseudo Name) said that after using the sanitary napkin provided by government, she suffered from severe infection in her intimate part. She opined that the sanitary napkin provided might have been prepared from waste material, which got her into trouble. So she didn't prefer it further.

2. FINANCIAL CHALLENGE:

The financial status is a major challenge faced by the females in availing private health care facilities. The fees charged by the doctor as well as the facilities provided in private hospitals are quite high and can't be easily afforded by such people. This refrains the females from availing private health care facilities. A girl named Gita (Pseudo Name) said that she was once suffering from severe menstrual problem, so she went to a private clinic but fees of the doctor and medication provided by them were very high so she didn't prefer to visit the healthcare Centre further for treatment even though she faced health issues later .She rather preferred home remedies for her treatment.

3. TRANSPORTATION ISSUES:

Transportation also acts as a major obstacle to access health care facilities. In some cases it is the distance to be travelled while in others it is the transportation charge that prevents a proper access to health care services. Sabita (Pseudo Name) said that she was once suffering from severe vomiting and excess bleeding and the health care services given in her locality was not enough to resolve her issues. There were no facilities of public transport so she had to hire a private vehicle which was not affordable for her because it was highly expensive.

4. EMBARRASSMENT AND SOCIAL TABOO:

Embarrassment and social taboos are another huge causes which refrains the adolescent females from expressing the issues openly and availing proper treatments to resolve health care issues. A girl named Laxmi (Pseudo Name) explained that her menstrual date was delayed for 3-4 months and she informed her family about it. Her family members forced her not to share it with others otherwise people would think that she has major reproductive health issues and she would not be able to bear child in future. It would create a problem in fixing her marriage. Females suppress their intimate health issues due to embarrassment and social taboos if the doctor is male. This results in magnifying the issues if it is left untreated over a period of time. Another case was found that, a girl Arati (Pseudo Name) said that she was dealing with irritation and burning due to infection in her intimate part but she did not prefer to go to the doctor due to social restriction and embarrassment because the doctor was a male.

5. REAL OR PERCEIVED DISCRIMINATION:

The females often have to face discrimination while receiving health care treatment since people close to health care providers. They have to wait for a long time to receive treatment in spite of being in a lot of pain. The rude and rough behaviour of health care providers faces directly or indirectly by the females prevents them from visiting Health Care Center for treatment. Sunita (Pseudo Name) told that she was suffering from severe period cramps and was unable to walk, so she went to the doctor and her family members requested the doctor to treat her immediately, but the doctor told them to wait in the row; Meanwhile a staff of the hospital came with his relative and requested the doctor to treat her first. The girl in spite of being in severe pain, had to wait for nearly two hours for her treatment

IV. DISCUSSION:

The study was aimed to explore the social and normative barriers which block them to avail the health care facilities. It was observed that there were five barriers such as inadequate information, financial challenge, transport issues, real or perceived barriers, embarrassment and social taboos which stop them to access the health care services. Schmidt et al.(2018) opined that lack of information was the main barrier among the migrant women in Geneva, Females migrated from other countries were unaware about the health care facilities. Bussari (2012) in his study on Adolescent girls in rural Nigeria, he explored that due to some cultural and religious restrictions many young girls in the rural area had no sufficient information regarding the menstrual hygiene, causing unhealthy practices during their menstrual period. Similarly in the current study adolescent refugee females of Kendrapara district were unaware about the wellness of health care facilities which were being provided in their locality. So they were not interested to avail the health care facilities provided to them which were important for their healthy life. They had many misconceptions about the government provided facilities, so they didn't prefer it. Sahoo et al.(2017) discussed in their paper that socio-cultural, financial and access barriers were the main barriers which were faced by the service receivers in order to avail the services. Among the refugee female adolescents of Kendrapara inadequate information, financial challenges, Embarrassment and social taboos, transport issues were the main barriers which were blocking the adolescents to access the health care facilities. Due to the financial issues they were unable to access the expensive medications provided by the health care providers, they rather preferred home remedies. The hospital having more health care facilities was far from their localities and there were no facilities of government transport in their localities. They were bound to hire vehicles which were not affordable for them because it was highly expensive. Thakre et al. (2011) Adolescence is a significant period in the life of a woman. Adolescent girls often lack knowledge regarding reproductive health including menstruation, which can be due to socio-cultural barriers in which they grow up. These differences create various problems for the adolescent girls. The hygiene practices during the adolescent period can have an effect on their health (Dasgupta and Sarkar, 2008). There are some taboos and myth associated with the event of menarche in our society, which have a negative implication for women's health especially in their menstrual hygiene (Kumar and Srivastava, 2011).

V. CONCLUSION:

Majority of the issues can be resolved by properly educating the adolescent females, their family as well as their friends about the health care issues and providing them with all the information regarding the health care facilities. Teachers play an influential role in educating at school level. They can frequently spread awareness messages through classroom studies as well as through educational programmes, activities and awareness campaigns within the school premises. The adolescent girls, their family members, friends and their relatives should be made aware of the ill effects of social taboo and embarrassment up on one's reproductive health. They should be clearly made to understand that this is a biological phenomenon and there is nothing embarrassing in discussing the issues related to it openly. The adolescent girls should frankly talk about their issues and the avail the health care facilities provided to them. It is necessary for them to step out of the social norms and taboos in order to maintain a healthy life .Appropriate measures should be taken by the policy makers to implement feasible health care facilities.

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