

Evaluation of training program on reproductive health of adolescent girls

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ABSTRACT

Reproductive health of adolescent is fundamental right. Due attention on the reproductive health of adolescent girls is essential to avoid future problems. Training is a good way to provide suitable information to adolescent girls to manage reproductive health hygienically with due dignity, boosts the confidence and share in decision making. With this view, a training program on the reproductive health of adolescent girls was organized and its evaluation was done. Study sample (respondents) consist of hundred adolescent girls of Sardarkrushinagar Vidyalaya. Pre-post research design and questionnaire technique was used for the study. Pre- test was done before the training, then two days training was organized and post test was taken to assess knowledge gain on various aspects of reproductive health. Descriptive statistics (frequency and percentage), correlation, and paired t-test were used for drawing the results. Findings indicate that post-test results were higher than the pre-test results in all aspects of reproductive health. Maximum knowledge gain was seen on the aspect of anatomy and functions of female reproductive system.

Keywords: Reproductive Health, Adolescents, Training program

INTRODUCTION

Adolescence is an important time for laying the foundations of good health. Adolescents form large section of the society. An adolescent is a person between 10 to 19 years of age and are in transitional phase of growth and development between childhood and adulthood (WHO, 2023). Rapid growth, restlessness, fatigue, hormonal changes, sexual maturity, vulnerability, experimentation, mood swings and inquisitiveness are chief characteristics of adolescence which have direct impact on the health of adolescents. Reproductive health is one of the basic rights of adolescents as they step into adulthood. But, unfortunately consciously or unconsciously it is violated. The issue of reproductive health is universally signified as it has fundamental

importance to socio-economic development of the community. The curiosity, inquisitiveness, knowledge and habits regarding reproductive health needs timely and correct guidance for shaping their future as well as making them responsible citizen of the nation. Knowledge about reproductive health also effectively deals with the episodes of teenage pregnancy, early puberty, decreasing age of sexual experimentation, high involvement in high risk sexual activities, Sexually Transmitted Infections (STIs) and diseases.

The usefulness of reproductive health is much more for adolescent girls as they bear the responsibility of future family extension. In spite of this, their participation in decisions over reproductive issues is meager. They are facing so many constraints in making informed life choices. Open or friendly

discussion on reproductive health is not so common in customary Indian social set up. Imparting right knowledge about this issue not only helps them to effectively deal with its ailing effects but also motivate girls to manage reproductive health hygienically with due dignity. Training is an effective way to spread knowledge as it gives them opportunity to get direct and reliable information from authentic sources. Training also helps to improve behavior, performance and decision making. As per George, (1999) planned teaching programme is an effective approach to improve the knowledge among female about menstrual hygiene. Mann (2010) studied the effectiveness of planned teaching programme on puberty and confirmed eighty per cent (80.71%) improvement among knowledge level of adolescent girls. Similarly, Jyothi and Kamalam (2005) also indicated significant improvements in the knowledge level of adolescent girls after administering planned teaching programme on reproductive health. Identical observations were made by Jahanfar (2009) who reported that instructional material significantly improves the knowledge, attitude and practice of adolescents in relation to the reproductive health.

In view of this, the research study was taken with the aim to conduct the training programme on the reproductive health of the adolescent girls. Moreover, the training was evaluated on the knowledge gain of adolescent girls regarding reproductive health. The association between knowledge gain and socio personal characteristics of adolescent girls was also explored.

METHODOLOGY

The Sardarkrushinagar Vidyalaya was selected for the purpose of the study. One hundred girl students of IX to XII standard were selected as respondents for the study.

Pre-post test research design was used for the study. Pre-test was conducted prior to organization of training on reproductive health. Two days training was organized for the adolescence, which includes reproductive health, family planning and female reproductive system. The lecture method was used to enhance knowledge of adolescence regarding the reproductive health and post test was also done to assess the knowledge gain. Questionnaire technique was used to collect the data. Descriptive statistics (frequency and percentage), correlation, and paired t-test were used for analyzing the data.

RESULTS AND DISCUSSION

The study results are presented into three sections

I Socio-demographic details of respondents

Socio-personal details are very significant in social research area and that has been presented in Table 1. It includes information about age, class, category, family type, number of family members, education and occupation of mother and father, monthly family income, age at menarche or onset of menstrual cycle, cycle of menstrual and mass media exposure.

Age wise distribution of respondents indicates that more than half (57.0%) of the respondents were in the age of 14-15 years. Nearly forty (36.0%) percent of respondents were studying in class IX which was followed by class X (26.0%). Categories wise distribution shows that maximum number (43.0%) of respondents were from general category. Sixty five (65.0%) percent respondents were from joint family. More than sixty (61.0%) percent respondents had six to ten family members. More than half (53.0%) of the respondents' mothers were illiterate. With regard to maternal occupation it was found that eighty eight (88.0%) percent

were homemakers. Father of little more than half (53.0%) of the respondents were educated up to primary level. Mainly fathers of respondents were engaged in government jobs (30.0%) and doing business (40.0%). Most of the respondents (34.0%) had family income between Rs. 10,000 to 20,000. Sixty three (63.0%) percent respondents reported fourteen years (14 years) of age at the time of menarche (beginning of menstrual cycle). More than half (57.0%) of the respondents mentioned that their menstrual cycle is irregular. About media possession it was found that maximum respondents had television (75.0%) and mobile phone (51.0%). With regard to socio personal characteristics it can be summed up that most of the

respondents were in 14-15 years of age, studying in class IX, from general category, belong to joint family, having six to ten family members, had family income of rupees 10,000 to 20,000 monthly, initiated menstrual cycle but irregular, had television and mobile phones. Maternal as well as paternal education was low. The respondents indicated that they were having television and mobile but less exposed to social media platforms as these were jointly possessed and used by whole family. According to Saha *et al* (2022). Adolescents who were exposed to social media platforms were likely to have more Sexual and reproductive health (SRH) knowledge compared to those who were not.

Table 1 : Distribution of the respondents according to socio-personal variables (n = 100)

Sr. No.	Demographic variables	Categories	Frequency (f) and Percentage (%)
1.	Age (in years)	14 -15 years	57 (57.0%)
		16 - 18 years	43 (43.0%)
		IX	36 (36.0%)
		X	26 (26.0%)
2.	Class	XI	19 (19.0%)
		XII	19 (19.0%)
		Schedule Tribe	16 (16.0%)
		Schedule Caste	11 (11.0%)
	Category	Other Backward Caste	30 (30.0%)
		General	43 (43.0%)
		Nuclear	35 (35.0%)
		Joint	65 (65.0%)
4.	Family Type	Upto 5 members	35 (35.0%)
		6 to 10 members	61 (61.0%)
		11 and more	04 (04.0%)
		Illiterate	53 (53.0%)
5.	No. of family members	Up to Primary	33 (33.0%)
		Secondary	11 (11.0%)
		Sr. Secondary	03 (03.0%)
		Graduate and above	0 (0.0%)
6.	Mother's educational qualification	Housewife	88 (88.0%)

	Labor	05 (05.0%)
	Private employee	0 (0.0%)
7. Mother's Occupation	Government employee	05 (05.0%)
	Business	0 (0.0%)
	Farming only	02 (2.0%)
	Illiterate	09 (9.0%)
8. Father's educational qualification	Up to Primary	53 (53.0%)
	Secondary	20 (20.0%)
	Senior secondary	09 (9.0%)
	Graduate and Above	09 (9.0%)
9. Father's Occupation	Labor	18 (18.0%)
	Private employee	12 (12.0%)
	Government employee	30 (30.0%)
	Business	40 (40.0%)
	Farming only	0 (0.0%)
10. Monthly Family Income (in Rs.)	Below 10,000	21 (21.0%)
	10,000 to 20,000	34 (34.0%)
	20,000 to 25,000	22 (22.0%)
	25,000 to 30,000	09 (9.0%)
	30,000 and above	14 (14.0%)
11. Age at the time of menarche	12 Years	18 (18.0%)
	14 years	63 (63.0%)
	15 Years	08 (8.0%)
	Not replied	11 (11.0%)
12. Cycle of menstruation	Regular	43 (43.0%)
	Irregular	57 (57.0%)
13. Media possession (Based on multiple response)	TV	74 (74.0%)
	Computer	12 (12.0%)
	Laptop	06 (6.0%)
	Landline	05 (5.0%)
	Mobile	51 (51.0%)
	Internet	11 (11.0%)
	News paper	05 (5.0%)
	Any other	06 (6.0%)

II Knowledge gain through training regarding various aspects of reproductive health

This section presents findings about knowledge gain through training regarding various aspects of reproductive health. It is presented under following subheads:

2.1 Knowledge gain about concept and other aspects of Adolescents

Table 2 shows the description about pre-post test knowledge scores regarding adolescence and its various aspects. It is clear from the Table-2 that mean value for meaning of adolescents was 2.41 for pre-test

and 2.80 for post test, with 't' value 4.65 which shows highly significant difference. For changes during adolescence mean value for pre-test was 4.64 while for post -test 6.72 with 't' value 6.23 that shows highly significant knowledge improvement. The mean value for importance as an adolescent for pre-test and

post-test were 0.83 and 0.92 respectively with 't' value 2.80. It indicates significant differences. With regard to problems of adolescents mean scores of pre-test and post-test were 1.14 and 1.94 respectively with 't' value 6.87. It shows significant differences.

Table: 2 Knowledge gain among adolescent girls regarding adolescence (n=100)

Sr. No.	Aspects	Test	Mean Value	Mean Value Difference	Standard Error of Mean Difference	't' Value
1.	Meaning of adolescents	Pre -Test	2.41	0.39	0.08	4.65**
		Post -Test	2.80			
2.	Changes during adolescence	Pre -Test	4.64	2.08	0.33	6.23**
		Post -Test	6.72			
3.	Importance as an adolescent	Pre -Test	0.83	0.09	0.03	2.80**
		Post -Test	0.92			
4.	Problems of Adolescents	Pre -Test	1.14	0.80	0.12	6.87**
		Post -Test	1.94			
	Overall	Pre -Test	9.02	3.36	0.42	8.10**
		Post -Test	12.38			

Table: 3 Knowledge gain regarding information and scenario of reproductive health (n=100)

Sr. No.	Aspects	Test	Mean Value	Mean Value Difference	Standard Error of Mean Difference	't' Value
1.	Concept of RH	Pre-test	0.62	0.27	0.05	6.05**
		Post-test	0.89			
2.	Sources of information	Pre-test	0.79	0.27	0.06	4.77**
		Post-test	1.06			
3.	Issues related to RH	Pre-test	1.81	0.76	0.16	4.78**
		Post-test	2.57			
4.	Approaches for better RH	Pre-test	1.45	0.51	0.17	3.07**
		Post-test	1.96			
	Overall	Pre-test	4.67	1.81	0.30	6.06**
		Post-test	6.48			

**Significant at 1 per cent level

2.2 Knowledge gain about information and scenario of reproductive health

The pre-post test scores regarding

information and scenario of reproductive health have been presented in Table 3. About concept of reproductive health post-test

(0.89) scores was significantly higher than pre-test (0.62) with 't' value 6.05. The mean value of issues related to reproductive health was 0.79 for pre-test and 1.06 for post-test with 't' value 4.77 which confirms the significant improvement in knowledge. Regarding issues related to reproductive health mean scores 1.81 and 2.57 were found for pre and post test respectively with 't' value 4.78. Similarly, respondents had significant improvement in knowledge regarding approaches for better reproductive health as post-test (1.96) scores were higher than pre-test (1.45) with 't' value 3.07.

Overall mean value for pre-test was 4.67 and post-test was 6.48 with 't' value 6.06 that shows highly significant improvement in knowledge of respondents about information and scenario of RH.

Poor knowledge scores in pre-test about information and scenario of RH indicates that

respondents were less informed about this important issue. As Morris and Rushwan (2015) revealed that adolescent sexual and reproductive health (ASRH) has been overlooked historically despite the high risks that countries face for its neglect. Some of the challenges faced by adolescents across the world include early pregnancy and parenthood, difficulties accessing contraception and safe abortion, and high rates of HIV 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, nonjudgmental, youth-appropriate services.

2.3 Knowledge gain about early marriage

The knowledge gain about early marriage on the basis of pre-test and post-test are presented in Table 4.

Table: 4 Knowledge gain about early marriage

(n=100)

Sr. No.	Aspects	Test	Mean Value	Mean Value Difference	Standard Error of Mean Difference	't' Value
1.	Legal age of marriage	Pre-test	0.86	0.04	0.02	1.65**
		Post-test	0.90			
2.	Prevalence of early marriage	Pre-test	1.34	0.17	0.07	2.55*
		Post-test	1.51			
3.	Problems of early marriage	Pre-test	0.93	0.43	0.11	4.03**
		Post-test	1.36			
	Overall	Pre-test	3.30	0.30	0.15	2.04*
		Post-test	3.60			

**Significant at 1 per cent level

* Significant at 5 per cent level

Table 4 shows knowledge scores about early marriage and its different aspects. Regarding legal age of marriage pre-test (0.86) and post test (0.90) scores varied significantly with 't' value 1.65. For prevalence of early marriage 1.34 and 1.51 were pre-test and post-test (1.34) score respectively with 't' value 2.55.

Further, respondents had mean value regarding problems of early marriage, the pre-test (0.93) and post- test (1.36) with 't' value 4.03 showed highly significant difference.

Overall, it was found that knowledge gain for different aspects of early marriage i.e. legal

age of marriage, prevalence and problems of early marriages was highly significant as pre-test (3.30) and post-test (3.60) scores varied significantly. Young women who had married at age 18 or older were more likely than those who had married before age 18 to have been involved in planning their marriage, to reject wife beating, to have used contraceptives to delay their first pregnancy and to have had their first birth in a health facility. They were less likely than women who had married early

to have experienced physical violence or sexual violence in their marriage or to have had a miscarriage or still birth (Santhya *et al.* 2010).

2.4 Knowledge gain about family planning

The knowledge of adolescent girls about family planning and its different aspects are presented in Table 5. It covers knowledge about use of family planning measures and methods of family planning.

Table : 5 Knowledge gain about family planning (n=100)

Sr. No.	Aspects	Test	Mean Value	Mean Value Difference	Standard Error of Mean Difference	't' Value
1.	Knowledge regarding Use of FP measures	Pre-test	0.28	0.29	0.08	3.84**
		Post-test	0.57			
2.	Methods of FP	Pre-test	1.73	0.63	0.24	2.62**
		Post-test	2.36			
Overall		Pre-test	2.01	0.92	0.26	3.54**
		Post-test	2.93			

**Significant at 1 per cent level

It is evident from Table 5 that mean value of knowledge regarding use of family planning measures was 0.28 for pre-test and 0.57 for post-test, with 't' value 3.84 which shows highly significant difference. For methods of family planning pre-test (1.73) and post-test (2.36) scores varied significantly with 't' value 2.62.

The mean value of pre-test and post-test in case of overall were 2.01 and 2.93 respectively with 't' value 3.54 which indicates highly significant knowledge gain.

2.5 Knowledge gain about anatomy and functions of female reproductive system

Knowledge gain for anatomy and functions of female reproductive system (FRS) are presented in Table 6. For internal anatomy the mean value for pre-test (3.41) was very less as compared to post-test (12.44) value with 't' value 9.30. About functions of female reproductive system, the difference between pre-test (3.17) and post-test (4.44) scores

with 't' value 4.68 indicates significant knowledge gain due to training. Highest knowledge gain was for internal anatomy which was followed by menarche and menopause. For external anatomy of female reproductive system (FRS) and consequences of improper care of FRS the difference was not significant.

When looked overall (about anatomy and functions of female reproductive system), highly significant variation was noticed between pre-test (16.15) and post-test (29.49) with 't' value 11.05. It shows that respondents were not having proper knowledge about anatomy and functions of female reproductive system and they get benefited through the training. Due to lack of knowledge about reproductive system adolescent girls were unaware about menstrual process and menstrual hygiene (Parida *et al.*; 2021) that increases teenage pregnancy, unsafe abortions, RTIs, STIs, and unsafe sex practices.

Table : 6 Knowledge gain about anatomy and functions of female reproductive system (n=100)

Sr. No.	Aspects	Test	Mean Value	Mean Value Difference	Standard Error of Mean Difference	't' Value
1.	Internal Anatomy of FRS	Pre-test	3.41	9.03	0.97	9.30**
		Post-test	12.44			
2.	External Anatomy of FRS	Pre-test	1.02	0.33	0.19	1.75NS
		Post-test	1.35			
3.	Functions of FRS	Pre-test	3.17	1.27	.27	4.68**
		Post-test	4.44			
4.	Menstruation	Pre-test	6.94	1.87	.50	3.71**
		Post-test	8.81			
5.	Menarche and menopause	Pre-test	0.84	0.50	.09	5.40**
		Post-test	1.34			
6.	Consequences of Improper care of FRS	Pre-test	0.77	0.34	.18	1.93NS
		Post-test	1.11			
	Overall	Pre-test	16.15	13.34	1.21	11.05**
		Post-test	29.49			

**Significant at 1 per cent level.

2.6 Overall Knowledge gain regarding reproductive health of adolescent girls

Table 7 shows knowledge gain regarding overall reproductive health of adolescent girls. The mean values of post-test (12.48, 6.48, 3.60, 2.93 and 29.49) for all aspects of reproductive health were higher than pre-test scores (9.02, 4.67, 3.30, 2.01 and 16.15).

Maximum knowledge (13.34%) was gained in the aspect of anatomy and functions of female reproductive system (FRS) with Rank I. It was followed by knowledge gained about adolescence (Rank II) and information & scenario for reproductive health (Rank III). Knowledge gain about family planning was at Rank IV. Least knowledge was gained in the aspect of early marriage (Rank V).

Table: 7 Knowledge gain about overall reproductive health (n=100)

Sr. No.	Aspects	Test	Mean Value	Mean Value Difference	Standard Error of Mean Difference	't' Value	Rank
1.	Knowledge among adolescent girls regarding adolescence	Pre-test	9.02	3.36	0.42	8.10**	II
		Post-test	12.38				
2.	Information and scenario for reproductive health	Pre-test	4.67	1.81	0.30	6.06**	III
		Post-test	6.48				

Sr. No.	Aspects	Test	Mean Value	Mean Value Difference	Standard Error of Mean Difference	't' Value	Rank
3.	Early marriage	Pre-test	3.30	0.30	0.15	2.04*	V
		Post-test	3.60				
4.	Family Planning	Pre-test	2.01	0.92	0.26	3.54**	IV
		Post-test	2.93				
5.	Anatomy and functions of female reproductive system (FRS)	Pre-test	16.15	13.34	1.21	11.05*	I
		Post-test	29.49				
	Overall	Pre-test	35.15	19.73	1.74	11.34**	
		Post-test	54.88				

Highest gain in the anatomy and functions of female reproductive system might be due to their curiosity and sensitivity to learn and know about self-body. Their concern about structure of reproductive system and its functioning might encouraged them to grasp the higher knowledge through training programme. The knowledge about female reproductive structure and functions might be higher as the open discussion about such issues is not done in traditional family set up. Least improvement in knowledge regarding early marriage might be due to the fact that such marriages are not so common now a day due to legal compulsions. Moreover, it still persists behind the seen. Adolescent girls also hesitated to inform the correct picture because of fear of law and unacceptable practices of their society which is not even appreciated by others.

Results are in support of Vincet and Krishnakumar (2022) who highlighted that sexuality education programs positively influences adolescents to develop their knowledge, attitude, and behavior related to sexual and reproductive health and emphasized that adolescents must be informed about pregnancy prevention, Sexually Transmitted Infections (STIs), sexual hygiene, and reproductive health for better future.

III Association between the socio personal variables and knowledge gain about reproductive health (RH)

Table 8 present the result about the association of socio personal variables and knowledge gain regarding reproductive health.

Table : 8 Association between the socio personal variables and knowledge gain about reproductive health (RH)

(n=100)

S. No.	Socio personal variables	"r" value Knowledge gain
1.	Age	.024
2.	Class	.011
3.	Caste	-.244*
4.	Family Type	-.074
5.	Maternal Education	.018
6.	Paternal Education	.045
7.	Maternal Occupation	-.097
8.	Paternal Occupation	.111
9.	Family Income	-.028
10.	Media Possession	-.084
11.	Regularity of periods	-.007
12.	Menarche age	.017

* Correlation is significant at the 0.05 level
Association between different socio personal variables (age, class, caste, family type,

maternal education, paternal education, maternal occupation, paternal occupation, family income, media possession, regularity of periods and age at menarche) and gain in knowledge regarding reproductive health are studied and findings are presented in Table 8.

Knowledge gain was significantly associated with caste (-0.244). Positive but non-significant association of knowledge gain was noticed with age (0.024), class (0.011), maternal education (0.018), paternal education (0.111) and age at menarche (0.017) whereas non-significant negative association was noticed for family type (-0.074), maternal occupation (-0.097), family income (0.028), media possession (-0.084) and regularity of periods (-0.007). Sexual and reproductive health is influenced by socio-personal factors like place of residence, education level and high wealth index and exposure to social media platforms.

The reason might be low parental education, rural residence, low exposure to online as well as offline knowledge sources, social taboos etc. Moreover, the reproductive health of adolescents is overlooked since long. Adequate and appropriate information about this important issue is not provided to them due to social, cultural, political and other reasons. This leads to early pregnancies, untimely parenthood, poor knowledge of contraception and abortion methods, high rate of HIV and sexually transmitted diseases, involvement of youth in wrong practices, premarital unprotected sex. Same were the observations of Morris and Rushwan, 2015; Kyilleh *et al*, 2018 as well as Parida *et al*, 2021. Training program is a perfect way to improve the knowledge of adolescents about reproductive health aptly to avoid future ill consequences.

CONCLUSION

The study concludes that the training program significantly improves adolescent girls' knowledge about reproductive health, decision-making and better reproductive health outcomes. Maximum knowledge was gained in the aspect of anatomy and functions of female reproductive system (FRS). Training is a good way to satisfy the inquisitiveness of adolescent girls and it also prepares them for further challenges. Trainings can be a source of information empowerment especially for rural girls who lack the information about reproductive health.

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