

Gender Based Reproductive And Sexual Health Among Urban Adolescent Students in South India.

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Abstract: Adolescence is a transitional stage in human life. Adolescents are neither adults nor children and their physical and psycho social needs are unique, hence they experience great deal of confusion in taking right decisions. Adolescence range between the ages of ten to nineteen years and is a stage of behavioral and attitude formation. Awareness and adequate guidance to adolescents in appropriate time helps them to adopt healthy behaviors. If they are not well guided, they are likely to experiment with risky behavior that could harm them and others. Aim: The study aimed to assess the Knowledge on reproductive and sexual health (RSH) and Gender perceptions in school going adolescents. Methodology: Adolescent students between age group of 13 – 18 years (N=150) were selected by random sampling. Single group pre - posttest design was used in the study. Structured questionnaire on identification data, gender attributes and sexual and reproductive health was introduced pre and post intervention. Findings: Pre assessment reveals thirteen percent of students with high gender equality scores and 52% with moderate and 25% with low gender equitable scores. Post assessment shows enhancement in higher gender equality scores to 78% and 22% with moderate scores. 56% of girls and 32% of boys have reported experience of some sort of violence and 12% of them denied of experiencing any sort of violence. Conclusion: Gender balanced approach in child care and education is the need of the hour. Parents, Teachers and health professionals need to understand the delicacy in dealing with adolescent needs and adopt Gendered attitude and educate them healthy behaviors with rationale for sexual and reproductive health.

Keywords: Adolescents, Reproductive health, Sexual health, Gender perceptions, and Gender based violence.

I. Introduction

Adolescence is a transitional stage in human life. Adolescents are neither adults nor children and their physical and psycho social needs are unique, hence they experience great deal of confusion in taking right decisions. Adolescence range between the ages of ten to nineteen years and is a stage of behavioral and attitude formation. Awareness and adequate guidance in appropriate time helps them to adopt healthy behaviors. If they are not well guided, they are likely to move towards risky behaviors that could harm them and others. During this crucial period, a child undergoes biological transition, characterized by puberty, related changes in physical appearance and attainment of the reproductive capability, psychological or cognitive transition, which reflects an individual's thinking and social transition, which is related to rights, privileges and responsibilities of an individual¹. Rapid physical, physiological and psychosocial development of this age may lead to the experience of varying situations of risk. Adolescents prefer to develop relations beyond the family and may get attracted towards the opposite gender. They are more inventing and exploring in attitude and behaviors. If they are not well guided, they are likely to experiment with risky behavior that could harm them and others. It is a stage of behavioral and attitude formation. Attitudes formed in this stage are difficult to change. Attitudes and behaviors towards gender role and gender specific behavior and responsibilities in relation to the society are formed at this stage². It is very essential to initiate measures to shape their attitudes and transform behaviors. Biologically determined gender characteristics are universal, social difference and gender roles are learned and acquired. To reduce gender based violence and improve gender equality, the behavioral change must start with adolescents³.

II. Background/Significance of the Study:

Adolescent girls are more vulnerable due to socio-cultural practices and family patterns especially in the developing countries like India. They comprise 47% of adolescent population. About 20% of total adolescent female population is married before the age of 15 years are already mother⁴. Although youth are healthier and better educated than ever before, yet vulnerabilities persist, and evidence suggests that healthy transition of adolescents to adulthood is not happening. 29% of married young women initiated childbearing before 18 yrs. 9% of young women who reported engaging in pre-marital sex experienced a pre-marital pregnancy⁵. Every year 1/3 of all abortions performed on adolescent girls are unsafe abortions. Young women (15-24 years) account for 46% of maternal deaths, while they account for 28% of non-maternal deaths. 25% of girls aged 13-14 reported having experienced of physical violence and 32% of girls and 4% of boys had sexual

- Adolescent students who are not available during the data collection period
- Adolescent students who are with difficulty to understand and/or with any mental illnesses.

Ethical approval was secured from the institutional ethical committee. Assent from the students and written informed consent from the Parent/ guardian was secured before initiating the study.

Tools used:

- Interviewer assisted, Structured questionnaire on Reproductive and sexual health; which contain 40 questions. The right answer is scored '1' and the wrong answer was given '0'.
- Structured questionnaire on perceptions related to Gender attributes, gender role and relations; containing 20 questions.
- Structured questionnaire on perceptions related to Gender based violence, which contains 15 questions. Gender equality related attitudes were measured by scoring; Agreed '0' (gender biased response); Not sure '1' (neutral); Disagree '2' (gender balanced responses)

IV. Results

Among the total 79 (53%) were girls and 71(47%) were boys. Majority of the students were having adequate knowledge about the puberty changes in self and in the opposite sex such as increase in height, change in voice, breast development, and growth of facial hair, growth of hair in private parts, onset of menstruation in girls, etc. Adolescent students feel hesitant to seek information from teachers and parents. They are willing to take help from teachers but teachers were not adequately equipped with knowledge nor feel comfortable to discuss issues related to reproductive and sexual health with students.

The present study reveals that 52% of the boys and 63% of the girls have reported some or the other sort of reproductive health issues, among them 41% of the girls and only 5% of the boys have reported the issue to the closed family member for support.

Among the total girls, 74 of them attained menarche and in them nine of them reported of attaining menarche before 12 years of age, which is an area of concern for the reproductive health of young girl children, Pre assessment reveals thirteen percent of students with high gender equality scores and 52% with moderate and 25% with low gender equitable scores. Post assessment revealed enhancement in higher gender equality scores to 78% and 22% with moderate scores. 56% of girls and 32% of boys have reported experience of some sort of violence and 12% of them denied of experiencing any sort of violence. Students were asked about their experience of physical / verbal / emotional/ sexual abuse or violence at home or school or any other place, both as victims / and cause; and their responses were measured.

Table 1: Frequency and percentage distribution of subjects' total Pre and Post test Knowledge levels; N=150

S.No	Knowledge levels in RSH	Pre test				Post test			
		Girls		Boys		Girls		Boys	
		n	%	N	%	n	%	n	%
1	Below Average	32	40.5	36	50.7	2	03	4	6
2	Average	29	36.7	20	28.2	9	11	10	14
3	Above average	18	22.8	15	21.1	68	86	57	80
4	Total	79	100	71	100	79	100	71	100

Findings of (Table 1) Knowledge scores revealed that the girls in above average category increased from 23% to 86% in the girls and post test scores. It was 21% to 80% in boys.

Table 2; Previous knowledge about Reproductive and sexual health information: N=150

ITEM		Girls		Boys	
		N	%	N	%
Did you learn the information on RSH before participating in the study	YES	38	48.10	27	38
	NO	41	51.90	44	61.9
Total		79	100%	71	100%

Knowledge regarding Reproductive and sexual health was reported as 38% girls and 27% boys, stated having exposure to information before participating in the study.

Table 3: Awareness about Menstruation and Menstrual Hygiene among adolescents

N=150

S.NO	Awareness about Menstruation and Hygiene	GIRLS		BOYS	
		n	%	n	%
1	YES	52	66	32	45
2	NO	27	34	39	55
3	Total	79	100	71	100

The findings (Table 3) reveal that 2% of the girls are not aware of menstrual hygiene before attaining menarche. Thirty nine percent of the boys stated, they have no understanding about menstrual hygiene. Those who were aware of menarche, mostly they were informed by their mothers, before they had their first period. A large majority did not know the biomedical reason for menstruation.

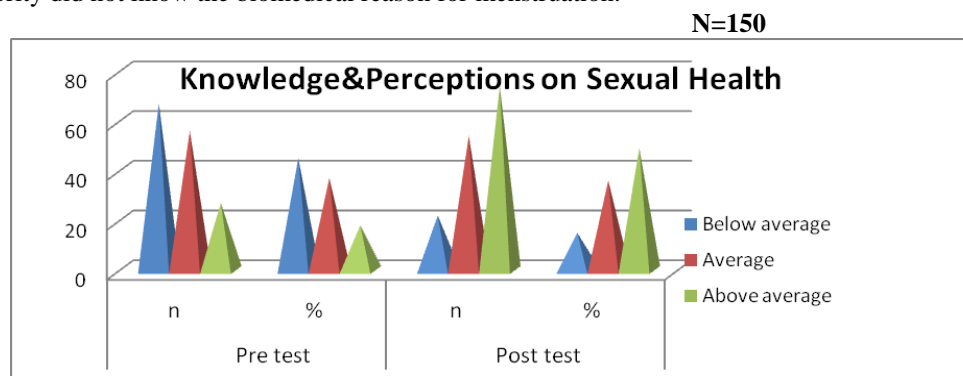


Figure 1: Pre & Post test Knowledge levels on Sexual health and perceptions on Sexual health behaviors;

The knowledge distribution related to sexual health among adolescent students (Fig.1) shows enhancement of knowledge from 21% to 78% in the above average level.

Table 4: Frequency distribution of Gender equality perceptions in Adolescent students;

N=150

Gender Perception Scores	Girls		Boys		Total	
	Pre	Post	Pre	Post	Pre	Post
Higher	8	56	4	48	12	104
Moderate	31	18	22	10	53	28
Low	40	5	45	13	85	18
Total	79	79	71	71	150	150

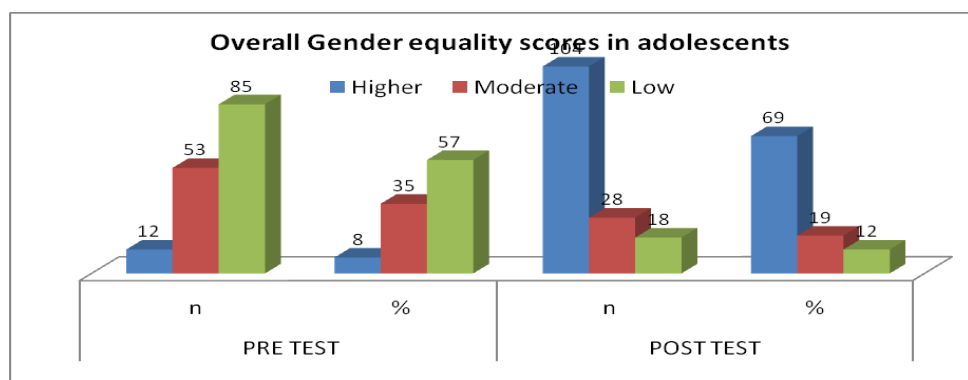


Fig.2: Overall Gender equality scores in adolescent students;

Among the total (Table.4 & Fig.2) students 85 of them were found to be with low scores on gender equality, which has been recorded as 18% in the lower perceptions of gender equality and 104 (69%) of them were with high gender equality scores in the post assessment scores.

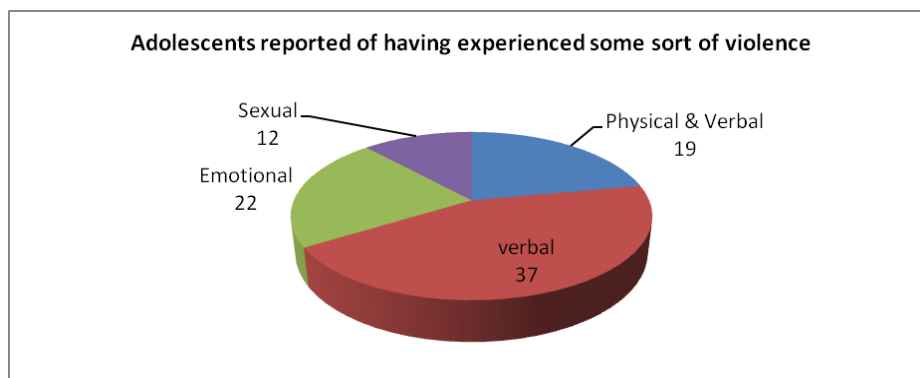


Fig.3: Frequency distribution of adolescents, who have reported of Gender based Violence:

Among the total (n=150) students, 60% of them (n=90; Girls: (n= 54)(68%) ; Boys; n=36(51%) ; (Fig.3) have reported of experiencing some sort of gender based violence. The Figure2, reflects the type of violence reported by the (n=90) students. Among the reported students, 48% of them said they have never reported of their experiences to any one before participating in the study due to not feeling a confidential member to seek help. 40% among the total students stated that they have never experienced any sort of violence.

Table 5: Students’ Distribution according to Gender equality scores; N=150

Scores	Girls		Boys		Total	
	Pre	Post	Pre	Post	Pre	Post
Higher	9	13	5	48	13	114
Moderate	30	52	21	17	52	28
Low	40	85	45	6	85	8
Total	79	150	71	71	150	150

Gender equality Scores ranges from a minimum of 13(8.66) to 114 (75.99) towards higher gender equality perceptions among adolescent students. Only 8 of them remain to be recorded with lower gender equality perceptions in the post assessment.

Table.6; Percentage distribution of adolescent students who reported experience of Violence: N=150

Type of Violence	Total %	Girls %	Boys %
Physical	15	40	60
verbal	30	50	50
Emotional	15	60	40
Sexual	20	70	30

Students responses revealed about experience violence = 70%; Reported= 48% Students reported not experienced any sort of violence was: 12% (Table.6).

Table.7; Frequency and Percentage distribution of pre-post test Gender attribute scores in adolescent students; N=150

S.No & Characteristic	Pre test				Post test			
	Girls		Boys		Girls		Boys	
	n	%	n	%	n	%	n	%
1.Gender biased	21	26.6	29	40.8	8	10.1	3	4.2
2.Gender balanced	52	65.8	39	54.9	64	81	65	91.5
3. Uncertain	6	7.6	3	4.2	7	8.86	3	4.2

It indicates remarkable improvement (Table 7) in the gender balanced responses (91.5% in Boys and 81% in girls); after the education, which is comparatively more in boys.

V. Discussion

Traditional perception and disgrace perceived in related to discuss about reproductive and sexual health issues with children and/or students would leave young people ill informed and unlikely to receive parental

guidance in relation to sexual matters, information on issues related to growing up remains inadequate and confusing to young people's needs. Adolescent health services remain inaccessible, judgmental and indifferent in quality and unfriendly (UNPF India, 2007). Despite 35% of the population being in the 10-24 age group, the health needs of adolescents have not been addressed adequately; particularly the reproductive health needs are often misunderstood, unrecognized or underestimated^{11,12,13}, reported in studies on improving Reproductive health among Rural college youth, states that Boys had more liberal attitudes towards premarital sex as compared to the girls. In the study about 11% of boys and 1% of girls reported to have experienced premarital sex. Adolescence is the right age of attitude formation. Adequate Information & Education on adolescent reproductive & sexual health (ARSH) and gender concepts helps adolescents to develop gender balanced attitude and adopt healthy behaviors. Proper health education on ARSH equips them with right knowledge, practices in a gender balanced way of thinking. The study findings reveal the inadequacy in adolescent awareness on RSH and the need for education, counseling and the demand for replicable, sustainable model for adolescent friendly, engendered Reproductive and Sexual health education.

Family being the first social unit, adolescents accepts the prescribed gender roles at home. Directly or indirectly parents influence their attitude formation towards gender norms and reproductive health behavior. India is a country with values and culture greatly influencing the family system, the patriarchic system with a male child preference may grow in the mind sets of children with glorification of man and subordination of the woman. To minimize the gender inequality and gender based violence, creating boys and girls with equitable contribution in the society with proper gender norms should begin early in adolescence which contributes to the healthy development of the society.

The present study findings support the need for school based education and counseling for the right development of Adolescent friendly and gender based sexual and reproductive health education and information is proved to be the priority need. Though reproductive system and reproduction were part of the syllabus those chapters are usually given a passing reference or left for self learning, as teachers themselves were apprehensive and were uncomfortable in teaching these topics in the classrooms. Teachers felt ill equipped to discuss reproductive health topics with their students. They acknowledge the need but not all are in favor of providing sex education to school children. According to them the community in the rural background would not be comfortable with such education being imparted to students in the schools and they also feared that increased knowledge might encourage adolescents to indulge in experimentation. Sexuality is a natural and intrinsic part of an individual's personality and needs to be nurtured and developed like all other facts of life. The inhibition about discussing and expressing themselves on sexual health issues makes them discourage the children from any form of sexual expression and encourage them to hide their sexuality. In the Indian socio-cultural setting sex is a taboo, and hence the society does not provide them with channels for being appropriately educated in this area⁷. The adolescents generally do not get adequate advice and guidance regarding, various aspects like puberty, menarche, reproductive health, from their parents and teachers or health professionals. Adolescents were agreeable to learn about RSH and expressed interest to avail the adolescent friendly school health services.

VI. Conclusion

Regardless of the Government emphasis on adolescent reproductive and sexual health, the area is still left under covered both in the health facilities and in schools. Knowledge and discussion about reproductive and sexual health is considered to be a sensitive issue and especially the growing adolescents are left unattended with their learning demands. Thus they are not prepared to understand and follow the reproductive and sexual health behaviors & practices. Inadequate knowledge may result in to confusion and risk of potential threats of reproductive illnesses and vulnerabilities among young adolescents. Most of them expressed a desire to know more about reproductive health as part of the school curriculum. Relatively less social support was reported for boys as compared to girls, in terms of reproductive changes occurring in body. Adolescents were well motivated and agreeable to listen and to learn about RSH and expressed interest to avail the adolescent friendly school health services. Adequate Information & Education on ARSH and gender concepts helps adolescents to equip with right knowledge, practices in a gender balanced manner. The study findings demonstrate a very sharp improvement in the knowledge levels and attitudes towards gender equality both in girls and boys after introducing the structured education intervention on gender sensitive RSH.

VII. Limitations and Recommendations

Retention of information might be greater if follow up reinforcement would be enhanced for a period of 6 months and 12 months. A realistic attitudinal and behavioral transformation can be studied in the follow up study.

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Conflicts of Interest:

No Conflict of interest has been declared by the author.

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