

Sexual and Reproductive Health Behaviour of Adolescents - A Survey article

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Abstract:

In recent years, there has been growing recognition of the sexual and reproductive health problems faced by adolescents. A large number of adolescent girls are facing the risk of unplanned pregnancies, sexually transmitted infections and unsafe abortions. As age at marriage increases, adolescents are more likely to experience premarital sexual activity. Most of the adolescents receive no reproductive health services until pregnancy or childbirth. Most of the sexually active adolescents are frequently unprepared to protect themselves from unwanted pregnancy or infections. Further, adolescents are lacking access to adequate information and comprehensive reproductive health services. The reproductive health problems such as early pregnancy, increased premarital sexual activity and limited knowledge regarding reproductive health all result in increased risk of RTI and STD infection including HIV/AIDS, maternal morbidity and mortality. Hence there is an emerging need to create appropriate channel of information and reproductive health services for adolescents in order to prepare them for a responsible parenthood.

Key words: Adolescent mothers, Knowledge, Reproductive health & Rural areas

INTRODUCTION

In general, adolescent's sexuality and reproductive health needs are poorly understood and ill served in India. About one fifth of population of India is adolescents aged 10-19. In many societies adolescents face pressure to engage in sexual activity through early marriage. Sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting sexually transmitted diseases, including HIV/AIDS and they are typically poorly informed about how to protect themselves. Roughly one in four to one in five adolescent boys and one in 10 adolescent girls are sexually active before marriage (Jejeebhoy, 1998). In many developing countries, recent data indicate that up to 60 percent of all new HIV infections are among 15-24 years old (Weiss et al, 1996). Another danger is that adolescents especially unmarried girls are likely to delay abortion to the second trimester, partly due to ignorance about pregnancy and availability of services and partly due to social stigma. A hospital study conducted in Mumbai showed that one in four adolescents suffer complications after undergoing unsafe abortion. For unmarried girls as many as 88 percent, mostly from the rural areas, who sought abortion were unaware of the link between sexual relations and pregnancy (Jejeebhoy, 1998). Because of parents compulsion or wish, most of the adolescent girls are entering marital life without any knowledge of sexual and reproductive health. They are unaware of the causes of puberty, menstrual cycle, hygiene and changes in the reproductive system of women. They need to be informed and educated before enter in to marital life.

Adolescents, in general, face a variety of reproductive health problems beyond early marriage and fertility. Marriage and consequently the onset of sexual activity and fertility occur far earlier in India than in other regions. Though the legal age at marriage for girls in India is 18 years, one fourth (25

percent) marry well before they are 18 years (NFHS 1998 – 99). Pregnancy at a young age further exacerbates their own poor reproductive health and the poor survival chances of the infants they bear (Jejeebhoy, 1998). Child bearing in India is concentrated in the age group of 15-29 years, which contributes more than three fourth of total fertility. Current fertility is characterized by a substantial amount of early child bearing. About 17 percent of total fertility is accounted for by births to women aged 15-19 years (NFHS, 1992). Evidence shows that pregnancies occurring during the teenage years and birth intervals of below 24 months are known to be associated with higher risk of maternal mortality and morbidity (Basu, 1992). Available data confirm that maternal deaths are much higher among adolescents than older women. A reproductive health study of nearly 11,000 pregnancies over 5 year period in India showed that maternal mortality was almost four fold higher and prenatal mortality seven fold higher among women below 20 years than among those over 30 years (Mishra and Dawn, 1989). Thus it is very clear that adolescents are at higher risk of sexual and reproductive health due to ignorance, social stigma and poor service facilities.

The reproductive health knowledge and problems of adolescents have so far received only minimal attention (Rashid, S.F, 2000). Awareness among adolescent girls about menstruation and other changes at puberty tends to be patching at best. This is particularly true among young adolescents. 50% of those aged 12-15 did not know about menstruation (Rasheed Khan and Zaheer, 1978). Another study conducted in rural Maharashtra revealed that two in five menstruating girls know nothing about it until its onset (Vlassoff, 1978).

A study conducted in Haryana among 130 rural adolescent schoolgirls aged 13 -17 years revealed that awareness about the process of menstruation was poor (Sing M.M, Devi and Gupta, S.S, 1999). Adolescent girls in the age

group of 12 - 16 years were aware of the body changes (Physical) at puberty and the onset of menstrual cycle. A large proportion of adolescents were not aware of the physiological process of menstruation (ovulation and shedding of the female egg cell and uterine lining every month) (Abha Ahuja and Sarita Tewari 1995). Knowledge of sex and reproduction are even more limited among adolescents, whether educated or not. For example, the average college going girl (aged 17-18) in one study, could correctly answer only six out of 25 questions on human sexuality, reproduction and contraception (Sharma, Sharma 1992). The reproductive health knowledge among the adolescents is important to gain knowledge on the physiology of the reproductive system, information on reproductive tract infections, sexually transmitted infections and other useful knowledge (Narayan, Srinivasa and Veerammal 2001).

Most adolescents who are likely to enter into marital life would like to learn in schools and colleges about sexuality, reproductive activity, maternal and childcare, nutrition and other related topics (Solomon R.J.2001). A study on adolescent reproductive health and behaviour revealed that nearly 50% of the students in secondary schools have a very poor level of awareness regarding the process of growing up during the adolescent period. Both students and teachers were inquisitive about physical and emotional growth and development during adolescence (Population Education Bulletin, 1999).

Awareness of sexually transmitted diseases (STDs) was generally poor among adolescents. Specific knowledge of AIDS and its mode of transmission was very limited and misconceptions were widespread (Bhende 1995). Another study conducted by the marketing and business association (1991) among young men and women aged 18-24 years found that there was little awareness about the concept that HIV/AIDS was fatal. Moreover, the role of condoms in preventing HIV was rarely recognized and the attitude about condom use was

generally indifferent (Marketing and Business Association, 1991).

Young adolescents have inadequate knowledge and often indulge in risk taking behaviour. Unmarried adolescent girls are more inclined to delay in seeking an abortion until late pregnancy mainly due to lack of awareness as well as ignorance of services and the fear of social shame and disgrace (Mamdani, 1999). A large proportion of adolescents who seek abortion are unmarried in both rural and urban areas. (Aras, Pai and Jain 1987). It is also observed from one study that 88 percent of all unmarried girls (mostly from rural areas) who sought an abortion were unaware of the link between sexual intercourse and pregnancy (Chabra, 1992). Millions of adolescent girls experience unwanted pregnancies each year. Unsafe abortion is a major cause of pregnancy related morbidity (Eggleston and Hardee 1998).

At the international level, there were 6.1 billion populations in 2000. Of which over one billion people (19.1 percent) belonged to the 10-19 age group. The Asian region comprises 712 million people in this age group. According to United Nations medium variant projections, the number of persons in the 10-19 age group will continue to grow worldwide, reaching 1.253 billion by the year 2025 (United Nations 2001). Studies on sexual and reproductive health status of adolescents revealed poor sexual and reproductive health knowledge and high prevalence of risky sexual and reproductive behaviour among adolescent girls in many parts of the world.

A study on the Reproductive Health (RH) behaviour among adolescents in the sahel region of Africa found a high rate of adolescent pregnancy and marriage and low rates of Reproductive Health knowledge and services. It was also noted that lack of information and services targeted at adolescents, as well as negative attitudes on the part of service providers, are major barriers to adolescent reproductive health (AED, SARA, 2001). Another study on adolescent's reproductive health in

Nepal, Indicates that substantial proportion of population falls under adolescent and youth and there is high fertility rate among them. The analysis of early marriage, successive birth, lower age at first child, short birth interval and pregnancy termination show the situation of the adolescents and youth is alarming and vulnerable (Pant P.D, 2001). Adolescents, and in particular girls, have specific vulnerabilities and biases within the reproductive health issues they tackle. (Khan A,2001).

The current status of adolescent health in Peru reported that an estimated 1.3 million women aged 15-19 were sexually active but not using contraception. The average age at first intercourse was 16.8 for males and 18.9 for females. Peruvian adolescents have high rates of maternal mortality and abortion. Studies of adolescents throughout Peru have revealed relatively high rates of sexual activity, poor image and little use of condoms, lack of knowledge of the fertile period and inadequate sexual negotiating skills among young women. Most adolescents were unaware that they had reproductive rights (Raguz, 2001).

Adolescents contribute largely to the high rates of fertility in many sub Saharan African countries, as well as to high numbers of unwanted pregnancies, unsafe abortions, sexually transmitted infections, sexual violence, female genital cutting, domestic violence and rape (Okonofua F. 2001). Adolescent's fertility is highest in Zambia and lowest in Ghana. In Ghana and Tanzania, a larger percentage of adolescent females than males have had sexual intercourse while the reverse hold for Kenya and Zambia. Contraceptive knowledge is high but its use is low among adolescent males and females. Adolescent females have low levels of knowledge about some aspects of reproductive health. The proportions of adolescent females who correctly mentioned that a women who is most likely to conceive in the middle of ovulatory cycle were 6.9% in Tanzania, 7.4% in Zambia and 13.4% in Kenya (Tawiah E.O. 2002). Many adolescents and youth face sexual and

reproductive health risks – sexually transmitted infections, HIV/AIDS; too early or unwanted pregnancy, unsafe abortion and violence (Ipas, 2002).

Sexuality among young people is considered as a taboo subject. Since awareness about sexually transmitted diseases is still low and young people particularly have no access to adequate sex education, they are not being prepared to look after themselves (Khan, A.2001).

Knowledge of sexuality and reproductive health is low because neither the schools nor the parents make it their business to seriously and systematically educate the youth on their subjects (UNESCO, 2001a). In many countries adolescents suffer from inadequate knowledge about sexuality and reproductive health. Consequently adolescents receive misleading or even harmful information from peers and the mass media. The problem is even worse for the growing number of street children in the Philippines, Mongolia and Vietnam (UNESCO, 2001).

In 34 out of 36 states in Nigeria, adolescents are very poorly informed about reproductive health. Consequently, they are less likely to use contraceptives, especially condoms, for the prevention of unwanted pregnancies and Sexually Transmitted Infections (STIs). National reports indicate that there is a rising rate of sexual activity among Nigerian adolescents, which puts them at a higher risk of various reproductive health problems. Of those seeking unsafe abortion, 63.2% are unmarried (PLAN FED NEWS,2001).

In Mongolia, adolescents aged 10-19 years old comprise 25% of the population. Surveys have shown that sexual behaviour among adolescents, including risky behaviour is common. The majority of girls and boys think that pre-marital sex is acceptable. Most adolescents get information on reproductive health and sexuality from inaccurate sources and have insufficient knowledge. This results in high rates of adolescent pregnancy, abortion and sexually transmitted

infections. (Mongolian Medical University, Adolescent Reproductive Project, 2001).

Nigerian teens face reproductive and sexual health risks; adolescents lack knowledge of contraception of use it inconsistently; STI/HIV/AIDS knowledge is low and infection rates are high (Casey 2001).

It is clear from the above said facts that unless these young girls have appropriate knowledge on protection, treatment and services for rehabilitation, they risk very serious health problems, including unwanted pregnancies, unsafe abortions and sexually transmitted diseases including HIV/AIDS.

Adolescents and youth have multiple needs-needs for education, employment and reproductive and sexual health. There are crucial linkages between these. However, there are differences in the way these needs are met for boys and girls from different socioeconomic strata of society as well as for those living in urban and rural areas (Saroj Pachauri, 1998).

The overall results of the studies reviewed in this chapter indicate the need for research into factors that determine the adolescent reproductive health behaviour and plan programmes to meet the unmet reproductive health needs of adolescents.

Conclusion

Reproductive health in general and adolescent reproductive health needs in particular are poorly understood and ill served in India. In a country in which adolescents aged 10-19 represent over one fifth of the population, the health consequences of this neglect take on enormous proportions. The emerging issues identified in this study include the low level of knowledge on puberty and menstruation minimal safe hygienic practice during menstruation, more complications during pregnancy, high prevalence of low birth weight babies, less

treatment seeking behaviour for gynecological problems, less contraceptive usage and very poor knowledge on sexually transmitted diseases and its transmission. The teaching of hygienic practices related to menstruation should be linked to an expanded health education. This is important for the girls so they can gain knowledge on the physiology of the reproductive system, information on reproductive tract infections, sexually transmitted infections and other reproductive health issues. For maximum impact on reproductive health, skilled birth attendants and emergency obstetric services must be closely linked within a strong health system.

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