

Gender based Sexual and Reproductive Health among urban adolescent students, Telangana, South India.

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Introduction

Adolescence is a transition between child hood and adulthood, which starts with the onset of puberty. It comprises the individuals between the ages of 10-19 years. Adolescents comprise 20% of the worlds' total population. Out of which 85% live in developing countries². India is home to the largest child population in the world. 21% (190 million) of India's total population comprise adolescents. This is an age of exploration and experimentation with tremendous challenges for the children due to rapid physical, physiological and psychosocial changes. With the onset of puberty, reproductive and sexual behaviors also need special attention. Adolescence is said to be a stage of behavioral and attitude formation along with changes in social perceptions and expectations. 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. 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 adolescents.

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 mother. 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 pregnancy. Every year 1/3 of all abortions performed on adolescent girls are unsafe abortions. Yyoung 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 violence. 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.

Public health challenges associated with adolescent reproductive and sexual health and gender attitudes include raising teenage pregnancy, unsafe abortions, gender violence, sexually transmitted infections and rapidly increasing HIV infections in younger age. Adolescent population prepares the individual for an adult life. In the past few years, the growing evidence around gender attitudes, reproductive and sexual behavior patterns of the younger generation reveals the persistence of gender bias worldwide and inadequate addressing of RSH issues of the adolescents (Barker et al, 2007; Haberland & Rogow 2007, Pulerwitz et al, 2006, Verma et al 2008). Reproductive and sexual health is a major area of concern as the adolescents do not have adequate awareness and knowledge about it.

Purpose

Present study evaluates the knowledge and practices on reproductive and sexual health and Gender perceptions among urban adolescent students of the selected school from Hyderabad, Telangana, South India.

Methodology

A Quasi experimental, Pre – Post test single group design was chosen for the study to assess the Knowledge on Gender based Sexual and Reproductive health and the effectiveness of the ARSH (Adolescent Reproductive and Sexual Health) educational program among adolescents. 150 students between the age group of 13-18 yrs(n= 79Girls and n= 71 boys),between 8th to 12th grade, studying in a public based school of Peri urban community in Hyderabad were selected by simple random sampling. Subject enrollment was obtained after obtaining the institutional permission and ethical approval. Informed consent from the adolescent 18-19 yrs and assent from the students (<18 yrs) along with parent/guardian informed consent was secured before pre assessment.

Based on the perceived needs an educational module on Gender based adolescent reproductive and sexual health (ARSH)was developed and administered after the tool was validated by the subject experts and the reliability of the tool was obtained r = 0.96 by the Test- retest method. The subject's first and repeated scores were compared by Coefficient of correlation method. Post test knowledge and gender perceptions were measured and compared with pre test scores.

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).

Results

Among the total, 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. 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. 41% of the Girls and 44% of the Boys revealed that they have not learnt ARSH information before participating in the study.

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.

Table1: 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

Overall Gender equality scores in adolescents

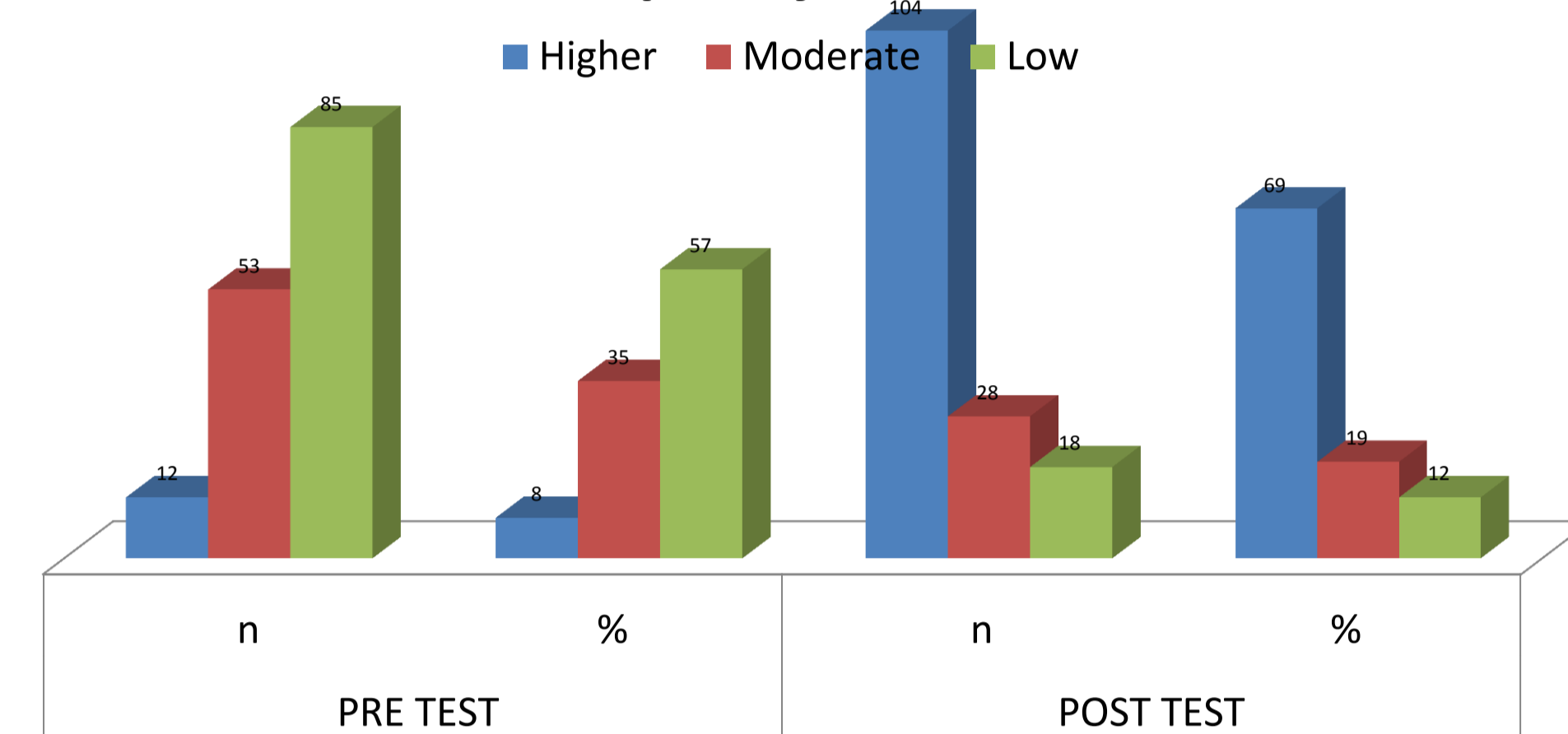


Figure 1: Overall Gender equality scores in adolescent students; n=150

Table 3 :Pre & Post test Knowledge levels on Reproductive health, hygiene & RT Infections; n=150

S.N	RH Knowledge	GIRLS				BOYS			
		Pre test n	Post test %	Pre test n	Post test %	Pre test n	Post test %	Pre test n	Post test %
1	Below average	11	14	2	03	15	21	4	6
2	Average	21	27	9	11	12	17	10	14
3	Above average	47	59	68	86	44	62	57	80
	Total	79	100	79	100	71	100	71	100

Table 2: Frequency distribution of Gender equality perceptions among 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

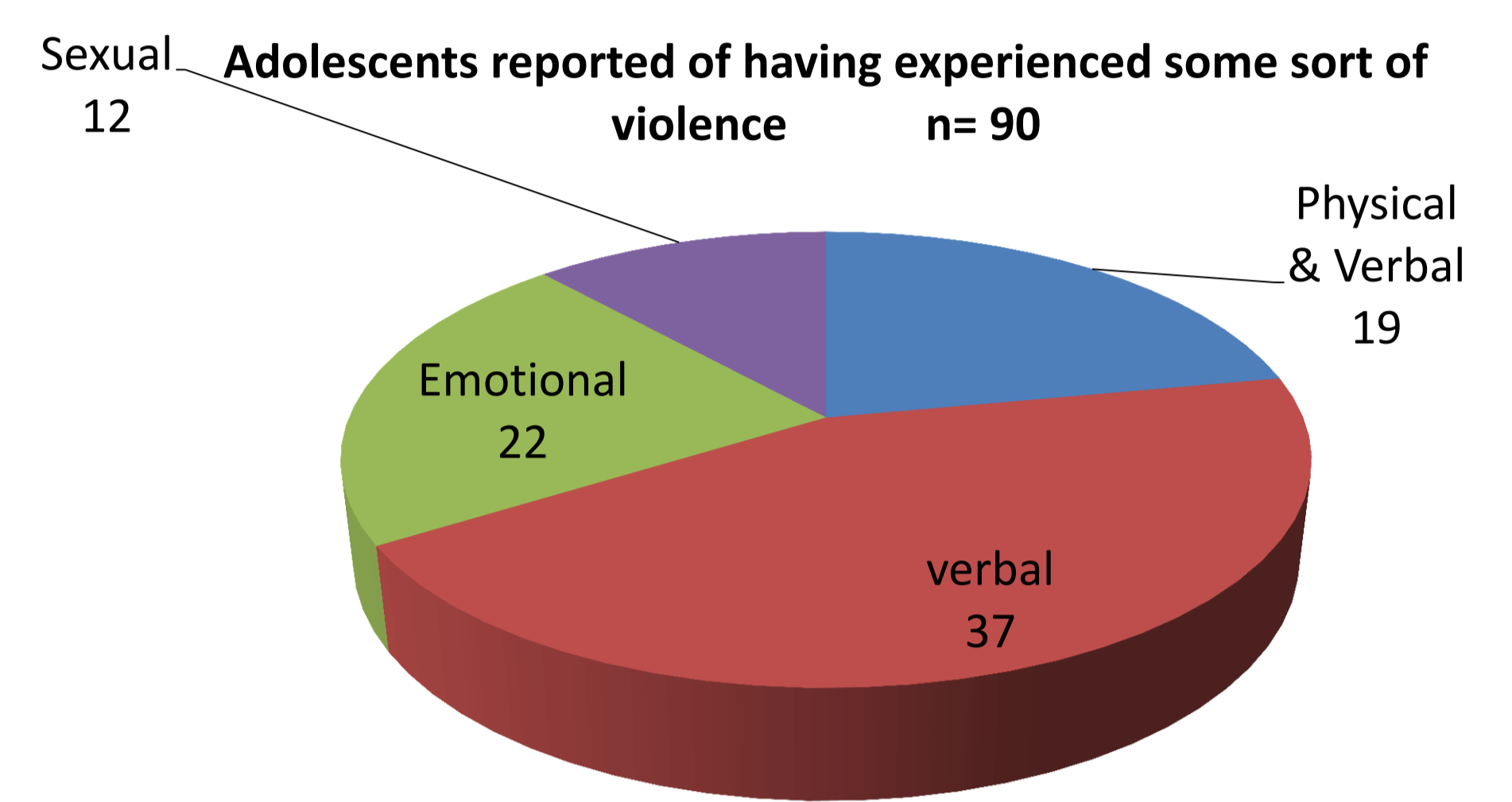


Figure 2: Adolescents reported of experiencing some sort of Violence

Girls: n= 54(68%) ; Boys: n=36(51%) ; Total: n=90 (60%)
48% of them agreed that they have never reported about their experiences before;

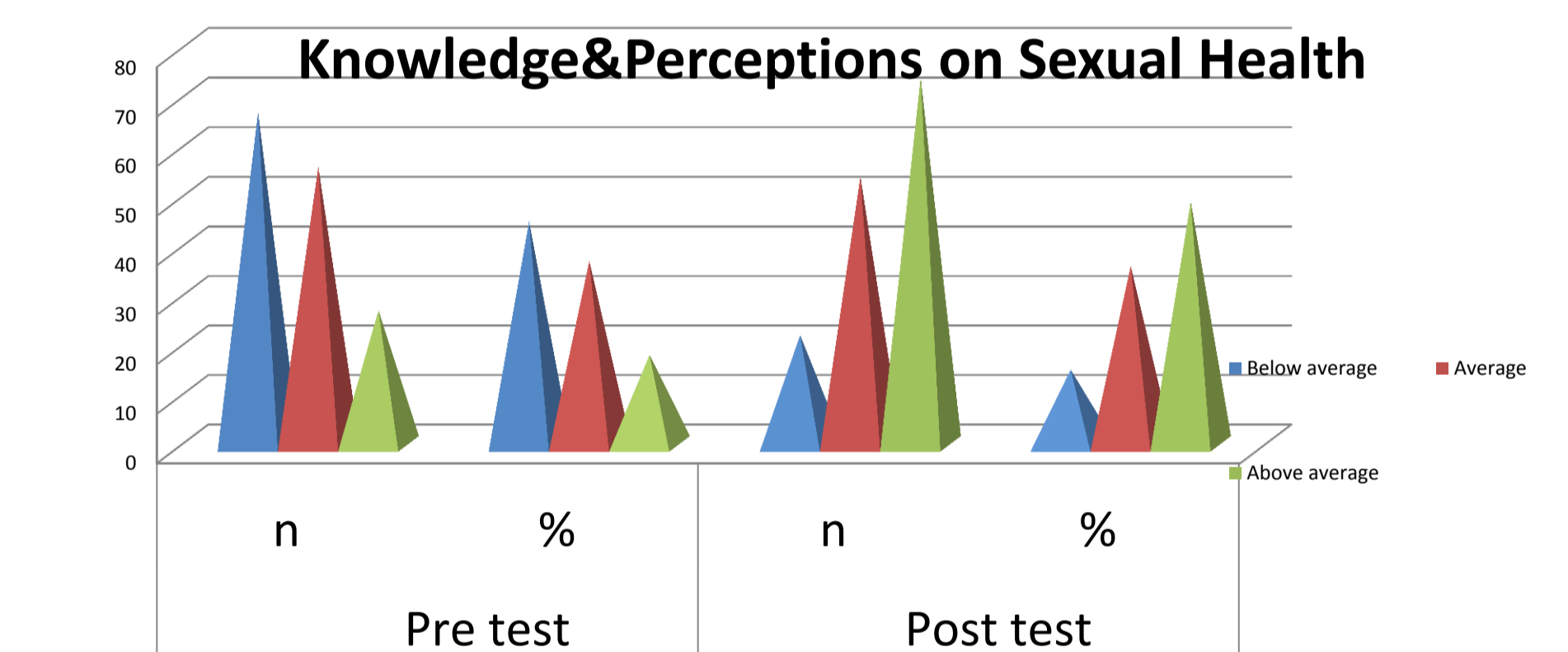


Figure 3: Pre & Post test Knowledge levels on Sexual health and perceptions on SH behaviors; n=150

Discussion: Lack of communication with parents and trusted adults keeps young people ill informed and unlikely to receive parental support in relation to sexual matters, information on issues related to growing up remains inadequate and irrelevant to young people's needs. Adolescent health services remain inaccessible, unaffordable, 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(Beena Joshi,20015). Mohan Ghule (2006, Karim A et al,2003), The present study also identifies a derth in adolescent awareness about RSH and there is a need to emphasize RSH needs in gender sensitive approach.

Conflicts of Interest: None

Conclusions

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 and counseling and the demand for replicable, sustainable model for adolescent friendly, engendered Reproductive and Sexual health services.

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