



SEXUAL AND REPRODUCTIVE HEALTH COMMUNICATION AND REPRODUCTIVE HEALTH AWARENESS AMONG SECONDARY SCHOOL FEMALE STUDENTS

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ABSTRACT :

Reproductive health of adolescent girls is crucial in determining the health of future generations. For ensuring informed decisions by adolescents regarding their sexuality and reproductive health, National AIDS Control Organisation has introduced life skills education in school curriculum. However, there exist many roadblocks in implementation from theory to practice. World Health Organization (WHO) defines adolescence as the period of life between 10 and 19 years of age. The adolescent experiences not only physical growth and change but also emotional, psychological, social, and mental change and growth. Physiological changes lead to sexual maturity and usually occur during the first several years of this period. Adolescence represents a window of opportunity to prepare for a healthy adult life.

KEYWORDS : *Discrimination on the basis of sex. Criminal Cases on rape cases dealing matrimonial matters, Constitution of India, Indian Penal Code, Labour Laws, Marriage Laws, Judicial Attitude.*

INTRODUCTION

The world's adolescent population -1200 million persons, 10-19 years of age, or about 19% of the total population-faces a series of serious challenges not only affecting their growth and development but also their livelihood as adults. Yet adolescents remain a largely neglected, difficult-to-measure, and hard-to-reach population, in which the needs of adolescent girls in particular are often ignored. Adolescence is a period of increased risk taking and therefore susceptibility to behavioural problems at the time of puberty and new concerns about reproductive health. Majority of adolescents still do not have access to information and education on sexuality, reproduction, and sexual and reproductive health and rights.

Though reproductive system and reproduction were part of the syllabus in classes 9, 10, and 11 in the course, these topics were never taken up in the classroom, as teachers themselves hesitated and were uncomfortable in teaching these topics. They either made a passing reference to these topics or assigned them to their students for self-study. Teachers felt ill equipped to discuss reproductive health topics with their students. Teachers reported being insulted by the parents of the students when they taught the topic in school. Teachers acknowledge the need for reproductive health information, but not all are in favour of providing sex education to school children at least in rural areas. According to them the community in the rural areas 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 experiments.

Young people aged between 15 and 24 years make up 1.2 billion of the world's population. The health threats faced by this group are predominantly behavioural, and they can have potentially serious consequences. Since young people live in a life phase of experimentation and discovery, they are exposed to health-related risks. Thus the



group deserves due attention with a special focus on sexual and reproductive behaviours. Communication about sex between parents and children is potentially an important means of transmitting sexual values, beliefs, expectations, and knowledge. However, inter-generational discussions on sex-related matters are taboo in India, with some adults believing that informing adolescents about sex and teaching them how to protect themselves would make them sexually active.

NEED AND SIGNIFICANCE OF THE STUDY

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. This fact is completely ignored by parents and teachers in our society, because they themselves do not feel comfortable in discussing their issues with the youngsters. They have inhibition about discussing and expressing themselves on sex-related issues. They rather 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 area. The adolescents generally do not get adequate advice and guidance regarding, various aspects like puberty, menarche, reproductive health, from their parents and teachers or any other groups of professionals.

Proponents argue that these conservative views are out-dated in a fast modernizing society such as India, with an ever-growing adolescent population adopting rapidly evolving attitudes toward sex. Mass media has had a highly influential, yet mixed impact, on the Indian way of life. In India, the question remains whether we have even reached the point where we speak the word freely without apprehension. Unfortunately, sex education in most schools even today is limited to the education of sex in reptiles and animals like toads, and when it comes to the point of teaching the students the portion where sex in human being involved, the teacher generally just breezes through with just the basic introduction to the reproductive parts.

Recent literature suggests that at this time they are highly likely to experiment and engage in the types of risky behaviours that have the potential to influence the quality of health and probability of survival in both short- and long-term over their lifetime. Therefore, meeting the needs of such a vulnerable group and overcoming existing shortcomings in the delivery of tailored primary preventative measures would significantly improve the survival and general health conditions, nutritional status, and sexual and reproductive health of the future Indian adult population.

Providing adolescent girls with sexual and reproductive health education is an important way of promoting healthy adolescence and sexual development and preventing unfavourable outcomes of sexual behaviours. Discussing sexual and reproductive health in public has always been a taboo in traditional cultures. In this context introducing sex education in schools has also invited objections from teachers, parents, and religious groups.

Peer-led sex education programs may be defined as "teaching or sharing of (sexual health) information, values, and behaviours by members of similar age or status group". Peer educators of equal social standing may be used to bring about changes in knowledge and behaviour at the individual level. Trained peers might pose as a more credible source of information for adolescents since they communicate more easily in a manner their audience is receptive to and alleviate the fear of confidentiality being compromised.

Sexual and reproductive health education, in addition to biological specifics, should also address the issues of social and moral behaviours, proper attitudes toward the opposite gender, family life, and interpersonal relations in the society. Adolescent health education should be planned for in a phased manner, starting from classes VI (>10 years) onward preferably. The initial phase could restrict itself to menstruation and knowledge on the appearance of secondary sexual characters and then gradually progress to include the concepts of sexual and reproductive health and hygienic practices.

Sex education is defined as a broad program that aims to build a strong foundation for lifelong sexual health by acquiring information and attitudes, beliefs and values about one's identity, relationships,

and intimacy. Psychological and sociocultural influences in the delivery of this education can increase the likelihood of effectiveness.

Healthy sexuality is influenced by ethnic, racial, cultural, personal, religious, and moral concerns. Healthy sexuality includes the capacity to promote and preserve significant interpersonal relationships; value one's body and personal health; interact with both sexes in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one's own values, sexual preferences, and abilities. The various dimensions of healthy sexuality comprise the anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles, and personality; and thoughts, feelings, and relationships.⁶ Ideally, children and adolescents receive accurate information on sexual health from multiple professional resources.

WHY SEX EDUCATION IMPORTANT AT THE RIGHT AGE

- Build a robust foundation for life-long sexual health. This is done by obtaining information and attitudes, belief and value about one's identity, relationships and intimacy.
- During adolescence its provision is an important preventive tool, as it is the convenient time when young people experience developmental changes in their physiology and behaviour as they enter adulthood.
- It is of outmost importance that teenage girls and boys understand the changes that their bodies undergo when they reach adolescence and this is possible only when sex education is imparted.
- Both the girls as well as the boys need to understand all about menstrual cycle, so that the girls learn to accept it as a normal role of nature, and the boys do not get grossed out by periods, tampons and sanitary pads and learn early in life to be sensitive to this issues.
- Sex education will make the young more responsible and thus they will having fully knowledge of the possible outcome instead of indulging in it out of curiosity and without any information thus bearing the brunt of the repercussions.
- Victims of child sexual abuse will understand that something wrong is being done to them and will be able to communicate to their parents the untoward incident. A study by the Department of women and child Development shown that some 53 per cent of children in the country have been victims of some kind of sexual abuse.
- Keeping in mind the changing dynamics of society in India, the Government of India has brought out the National Education Policy, 2016, which accepts the significance of sex education in schools for safety measure. It is about time that the educators realise that half-baked, incorrect knowledge about sex can be dangerous and it is better for the adolescent to be aware and prepared.

OBJECTIVES OF THE STUDY

1. Find out the peer and parent communication on sex, reproductive health and hygienic practices among higher secondary school female students.
2. To find out the reproductive health awareness among secondary school female students.

Sexual and reproductive health communication: Discussion about at least one sexual and reproductive health-related topic with their parent/s during the last six months.

Awareness: have a strong knowledge and positive attitude towards reproductive health and hygienic practices.

METHODOLOGY

Survey method was adopted for the study. That includes qualitative and quantitative analysis of data. Questionnaire was given to students for measuring the peer and parent communication among female students. In the next phase awareness scale was given to measure the sexual, reproductive health awareness among secondary school female students.

Population of the study

Population of the study consists of higher secondary school female students of Kerala. Sample consists of 2000 female students of higher secondary school students of Kerala.

Analysis and Interpretation of Data

Table: 1 Girls discuss their issues and doubt on hygienic practices

Sl.No	Relations	No.	Percentage
1	Friends	200	10%
2	Siblings	425	21.25%
3	Mother	215	10.75%
4	Father	95	4.75%
5	Teacher	175	8.75%
6	Counsellor	50	2.5%
7	Not discuss with anybody	510	25.5%
8	Others	120	6%
9	Through internet	210	10.5%
	Total	2000	100

Table 2 Habits of Changing Undergarments

Table: 2. Girls change undergarments.

Sl.No	Time	N	Percentage
1	Once a day	1050	52.5%
3	Two times	550	27.5%
4	No answer	200	11.38%
5	When dirty	120	6%
6	Weekly	80	4%
	Total	2000	100

Table 3 Girls Identifying Reproductive organs

Table: 3. Girls identify reproductive organs

Sl.No	Reproductive organ	N	Percentage
1	Uterus	750	37.5%
3	Ovary	280	14%
4	Testes	300	15%
5	Vagina	240	12%
6	Vasa deference	110	5.5%
7	wrong identification	320	16%
	Total	2000	100

Table 4 Awareness about Pragnany

Table: 4. Women become pregnant as follows,

Sl.No		N	Percentage
1	When male and female meet	25	1.25
2	When a man kiss a women	35	1.75
3	When marriage takes place	325	16.25
4	When male and female living together	210	10.5
5	When male and female perform sexual act	505	25.25
6	When doctors give medicine	150	7.5
8	Do not know	425	21.25
9	No answer	210	10.5
10	When sperm of man and eggs of women	115	5.75

	fuse together inside the women's body		
	Total	2000	100

Table:5 Hygienic practices during menstrual period**Table: 5 hygienic practices during menstrual period**

Menstrual hygiene practice	N	Percentage
Cleaning of external genitalia		
Satisfactory	350	17.5%
Unsatisfactory	1650	82.5%
Total	2000	
Methods of disposal		
Burn it	530	26.5%
Throw it in routine waste	1260	63%
Flush in toilet	110	5.5%
Hide	100	5%
Total	2000	
Change of PAD in school		
Not change	1780	90%
Change	90	4.5%
No response	230	11.5%
Total	2000	
Disposal Facility school		
YES	375	18.75
NO	1625	81.25
Total	2000	

Result

Study revealed that majority of the participants was unaware of the development of secondary sexual characters and even identification of reproductive parts and its functions. The results showed that awareness about menstrual changes was 66.1% among the girls. The adolescent awareness about reproductive health issues has not improved.

Studies have shown that vast majority of parents and teachers are unwilling to take up the responsibility of providing sex or reproductive health education to their daughters. The existence of strong stigma and controversies handicap any adolescent health programs. In the era of smartphones, the internet has emerged as an accessible source of information, in terms of both facts and pornography. Half of our subjects had access to smartphone. Nevertheless, the participants quoted that they preferred discussing reproductive and sexual health issues with their friends rather than teachers or family members. This finding re-emphasizes the fact that adolescents have a natural tendency to resist any dominant authoritative source and look up to peers for advice on personal relationships as well as sexual and reproductive health.

Media (TV/smartphones/internet) were the main source of information for SRH issues. Over two-thirds of the girls expressed a need for more information on sex and reproductive health and hygienic practices. Teachers also perceived that adolescents, though curious, lacked opportunities for open discussions to answer their queries related to reproductive health. Majority of the adolescents expressed their needs to start the services of Adolescent Friendly Centre(AFC) with in the school campus. Teachers' sensitization to 'adolescent health care' is required. Most frequent source of information on reproductive facts was internet (53.8%) followed by friends (47.3%) in contrast the study found out the most common source of information followed by internet and friends is smartphones.

CONCLUSION

Inadequate knowledge about understanding of reproductive system and reproductive health was found among students. Most of them expressed a desire to know more about reproductive health as part of the school curriculum. Study pointed toward the need for information on reproductive system, human reproduction, and related issues and reproductive health for the students and teachers. Teachers' orientation to "adolescent health care" is needed.

Sexuality education is more than the instruction of children and adolescents on anatomy and the physiology of biological sex and reproduction. It covers healthy sexual development, gender identity, interpersonal relationships, affection, sexual development, intimacy, and body image for all adolescents, including adolescents with disabilities, chronic health conditions, and other special needs.

If we talk about India, there are a lot of cultural differences and a lot of taboos associated with sex, so how the teachers and parents individually view the idea of sex education may also affect the way they impart it. There should be a proper guide for teachers and parents as well and they need to be trained by health care professionals. Parents especially should understand this one fact properly, that even if they do not personally talk to their children about sex, they will discover it anyhow. Parents think talking or educating children about sex is like making it legalised or like telling them it is all right to have sex in schools, which is not true.

There are several benefits that children would get from sex education, such as:

- It can help students understand that attraction to the opposite sex is a biological phenomenon.
- It can do away with the taboo and stigma surrounding sex.
- It can educate children on health issues related to sex
- It can prevent gender and sex related injuries and violence.
- It can enhance the psychological, sexual and reproductive health of students
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