# Reproductive Health of Indian Adolescents and Role of Educational Institutions: A Study

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## Abstract

***Purpose:*** *In India, talking about 'Sex' is taboo. But it is essential to cope up the challenges of Adolescent's Sexual Health. This study is carrying out to examine (i) adolescents' individual health assets (i.e. knowledge about sexual health; (ii) Source of knowledge about sexual health; (iii) sexual attitudes, behaviors and practice of adolescents; (iv) knowledge about good practice for prevention of STI, STDs.*

***Methods:*** *A pre tested semi closed type questionnaire has been administered on adolescents in West Bengal, India.*

***Results:*** *There is significant difference between teen boys and girls about knowledge, attitude, behavior and practice related to sexual health. Due to ignorance a good number of adolescents have act premarital teen-sex, without any contraceptive measures. A good number of STDs effected people are due to their premarital unprotected sex. Teen-sexual intercourse some have caused teen-pregnancy, at the age of 15 years.*

***Comments:*** *Improvement of knowledge about sexual health is badly needed to readdress the challenges of adolescents.*

## 1. Background

A recent report of a technical consultation of WHO (2010)[1] has evident the background, importance, and emergence of Research need on the "Sexual and Reproductive Health of young adolescents in Developing Countries".

World Health Organization (WHO) had reported (January 1994) from 206 countries of about 8, 51,000 cases of AIDs and an estimated 8-14 million cases of HIV infection[2]. The said study apprehended that by 2010, as many as 90% of cases will be in developing countries. WHO predicts that the Asian continent will lead the world in the number of HIV/AIDs cases by 2000 and beyond[3].

A very important report on investigating when it cents: generating the evidence base for policies and programmes for very young adolescents, guide and tool lit was published by population in cover, New York in conjunction with UNFDA, UNICEF and UNAIDS (2006)[4].

Another important document – "seen but not heard: very young adolescent aged 10-14 years" was reported by Peter Mclntyre for WHO, UNAIDS and UNFPA, [August 2004].

Background

Now India's population is about 121 cores and is growing at an annual rate of 2.1% (approx). It is claimed that first case of AIDs in India was reported in 1986 and by 1993 about 1,032 cases of AIDs had been documented, as per report of the National AIDs control organization (NACO)[5]. NACO had also apprehended by 2000 the number of AIDs cases may eye one million in India. Form study it has been revealed that primary mode of HIV transmission in India is heterosexual contact; and more than two third of the HIV infected persons were belong to the age group of 20 and 40 years. As the incubation period of HIV is about 10 years, it seems likely that those people were infected at their teenage. And, hence, to prevent HIV infection from spreading this dreadful disease, teenagers need to be targeted for investigation about knowledge perception, attitudes, needs, behaviors related to sexual Health during adolescence. It is badly needed to give proper guidance to adolescents particularly young adolescents (10-15 years of age) about their sexual/reproductive health and scientific sexual practices to prevent sexual transmitted diseases and premarital (teenaged) pregnancy.

Though in India, talking about 'sex' is 'Taboo', but it is essential to acquire knowledge about 'sex' to know the biological changes and developing behavioral pattern during adolescence and obviously for maintaining our Sexual Health.

## Knowledge of Indian Adolescent about Sexual Health:

There is lack of data related to sexual attitude, behavior and practice of the Indian population, especially young adolescents. The paucity of relevant information regarding the spread and propagation of STI, STDs and HIV, level of knowledge, attitudes, and behaviors of Indian people is mentioned by several researchers working with the Indian population.

A very few researchers have explored sexual knowledge, attitudes, behavior and practice of Indian adolescents, particularly rural India. But information are badly needed for parents/guardian, teachers, policy makers, academic administrators and other professionals working in the field of education. Obviously, in India this information are crucial for planning a comprehensive programme to redress the sexual health problem of teenagers (adolescents) through formal, informal as well as non-formal systems of education. Behavior attitudes of adolescents depend upon various factors, i.e., socio-economic and cultural environment factors.

To redress the need of sexual education a five-day Asian sexology conference was held in New Delhi in December 1994; with the emphasis on Reproductive (sexual) Health Education issues through out India and Asia. And a draft proposal regarding "National Sexual Health Programme" was submitted to the Ministry of Health[6].

A report on "Reaching very young adolescents (VYAs): advancing program research and Evaluation practice" was prepared in a meeting held at Georgetown University, Washington DC, in June 10-11, 2010[7]. It has a great importance in Indian context.

## Background

The Sex Education counseling Research Training and Therapy Department had conducted a survey during 1988 on about 3,850 unmarried young youth (men & women) between 15 to 29 years of age. This survey revealed liberal attitudes towards sexual behavior, however there are much ambiguity between attitudes and behavior of respondents.

From a sample survey conducted by Pathak (1994)[8] it has been revealed that two thirds (1,365) of sample would settle for an arranged marriage, while having casual premarital affairs on the side. This generation did not seen concern about AIDs or STDs. Exposed sexual message from television and cinema have been influencing to Indian adolescents and as a result they are increasingly experimenting sexual behavior.

Porter (1993) had conducted a survey on about 153 English speaking adult in Calcutta, India, regarding their knowledge about AIDs[9]. This survey town that though 87% of men and 99% women respondents had heard about AIDs but both groups had lack of specific knowledge about AIDs. Again 93% of the sample, those who were aware about AIDs, were ignorant about symptoms of AIDs. In another survey, conducted by Jain[10] it has been revealed that although it is expected that educated individuals had more accurate knowledge, but their attitude was that 'AIDs was a foreign problem and it would not affect Indians'.

## 2. Aims of the Study

However, communication about 'Reproductive/Sexual Health and partially 'Sex' are important facilitators in arousing awareness and acquiring accurate knowledge about various aspects of adolescents (i.e., special needs, practices and problems), prevention of sexually transmitted diseases infection and (HIV/AIDs) and promotion of Sexual Health. In this connection it may be noted that this topics has been selected on the basis guidelines framed by WHO[11] and aims of the study has been identified partly on the basis of reported WHO mention on 2010[12].

This study has been carrying out to examine – i) Adolescents' individual health assets (i.e., Knowledge about 'Sex' and 'Reproductive/Sexual Health' and decision-making skills). ii) Source of knowledge learning about 'Sex' and 'Reproductive/Sexual Health', iii) Sexual attitude, behavior and practice of adolescents, iv) Knowledge about good practices to prevent health and rights of young adolescents before their sexual acts and to prevent sexual transmitted diseases and premarital pregnancy, and v) enabling environments for addressing the concerns by accruing proper.

## 3. Target Group

Adolescent boys and girls from both rural and urban areas have been taken as the target group. Adolescents have also been categorized in to two major groups of young adolescents (10-15 years) and old adolescents (16-19 years). Adolescents from various economical background (rich, middle, poor), including students child (house & factory) labors, street dwellers, have also been interviewed different students, unemployed youths & literate and illiterate category's labors and from different religious groups (e.g.–Hindu, Muslims, Christen etc.) have also been taken into consideration.

## 4. Methods

### 4.1 Questionnaire:

Pre-tested, semi-closed-type questionnaire has been administrated on the adolescents of both rural and urban area. Opinions from seniors (Teachers, Parents and Doctors) have also been taken into consideration. Related information from some hospitals and private nursing homes has also been taken to correlate the information, received from adolescents. The questionnaire consists about 100 items, in three main parts. The first part (Part-A), contains of 15 items, regarding general information about his/her family, education, socio-economic cultural status, religions etc. Second part (Part-B) consists of 35 items related to the knowledge, perception attitudes of respondents about sexual biological progress and health. Part three (Part-C) includes 30 items regarding special needs, emotion, problems, practice and behavior of adolescents. Part four (Part-D) consists of 20 items, depicts their awareness about STDs HIV/AIDs/ and prevention procedure for safe sex to prevent sexual transmitted classes and protect premarital teenage pregnancy.

### 4.2 Sample Size:

Though it has been designed that the sample would include 1000 adolescents but up to date 1st phase of the study has been conducted and responses have been received from about 350(+) adolescents, most of them are students of undergraduate and postgraduate level. However, out of 350(+) responses about 50(+) adolescents are married and for that reason those responses have been excluded from this study.

## 5. Analysis of collected Data:

Survey of the present study is work-in progress. Target number of sample is 1000. But up to March 2011, about 350 responses have been collected. Remaining responses are being collected from the targeted sample. In this connection it is to be noted that out of 350 respondent about 45 are young adolescent (10-15 years), who have not properly given their responses.

## 6. Findings

Responses have been collected from only 30% of the targeted (1000) sample up to March 2011 and those have been analyzed for the purpose of verifying the mid-term performances of this study. Analyzing the collected reposes from the above noted adolescent teenagers following findings have been revealed.

### 6.1 Gender Equity:

From this study it has been revealed that there is significant differences between boys and girls teenagers regarding –

i. Attitudes and behavior about sex; girls are more knowledgeable than the boy of the same age group.
ii. Attitudes and behavior about sex and sexual health: Girls are more in favor of Indian tradition i.e., conservative about free mixing, while boys are in favor of free mixing.

Findings

iii. Teen Girls are significantly disagreeing with the opinion and attitudes of their boys counterpart regarding premarital teen-sex.
iv. Gender differences in respect of statement regarding sexual behavior: Boys are more using alternative methods to satisfy their teenaged sexual needs than girls.

## 6.2 Attitude of Adolescents:

There is growing evidence that teenagers are becoming more active in pre-marital teen-sex. But it is matter of concern which will lead to spreading of HIV/AIDS among teenagers, increase the number of unwanted premarital teen-pregnancies and abortions. It will rise conflicts between contemporary social values. Teenagers have relatively poor access to health care and sex education and even true access of contractive measures. These extramarital sexual behavior "may be the cause for threatening to the society and the nation".

i. A majority of the teen boys opined against the Indian tradition and preferred premarital sex; teen girls (though the percentage is low, or did not express their opinion) have also expressed their opinion in favor of premarital sex. Girls are very much eager to discuss sexual gossips than this to boys.
ii. But most of adolescents, both boys and girls, have not well aware about the sexual Health and hazards of adolescence period.

## 6.3 Behavior of Adolescents:

In India Extra-marital and pre-marital sexual relationships are not uncommon among adolescents boys and girls, and obviously before teenage a consent. It has also been revealed that about 80% girls, whose friends were having a physical relationship with a boy, are engaging in the same behavior. Out of those, in urban areas about 24% of girls have had intercourse and in rural areas 18% have. Teen girls who were employed are (about 35 to 20%) more likely to be having sex. These findings of the study have a positive relationship with R.S. Goya's findings [13].

It has also been revealed that in Indian socio-cultural condition teen girls have fewer opportunities for self-development and freedom of movement than boys. Again freedom to communicate with adolescent boys is also restricted for teen girls, whether they lived in an urban or rural area, and even whether they are going to school or not. Urban girls have more scope than rural girls for discussion about sex with their friends. The subject of sex is considered an 'adult issue' and it is a 'taboo' and it is exclusively a personal matter. Young adolescent girls, particularly girls child labors, have had to involve in sexual act with adult at their working place. In some cases it has been found that first experience of sex-act was with their close relatives and before 15 years.

Findings

## 6.4 Adolescent Sexuality:

Adolescent sexuality refers to sexual feelings, behavior and development in adolescents and it is the most important stage of human-sexuality; which is considered as the most vital aspect of Teenagers' Life[14]. Sexual behaviors of adolescent are generally influenced by their cultural, social norms and mores, their educational guidance, sexual orientation as well as influence of media. Adolescents are generally emotional and they are usually influenced, motivated and guided by their emotions. During the adolescence period brain is not neurally matured, "several brain regions in frontal lobe of cerebral cortex and in the hypothalamus important for self-control delayed gratification, and risk analysis and appreciation are not fully mature until age 25-30." [14]

According to a study by us centre for Disease Control and Prevention (CDC) in 2008, an estimated 1 in 4 teen girls has at least one STI at any given time[15]. Similar picture has also been revealed from this study. Most of the teen adolescents have been enjoyed heterosexual, Oral Sex, adult (45%), while only about 34% have engaged in other sexual acts by a study conducted by Gauttmacher Institute in 2008 [16].

From this study and other related studies it has been revealed that adolescents sexual behaviors are being influenced by various factors (e.g. a) Socio-cultural atmosphere, b) Media, c) Economics status d) Parental Care and e) Educational guidance).

Teen sexuality is influenced by the mass media today more than any other time in history. Magazine, Television, Video and Internet (particularly sexually explicit programmes) have a controlling influence on developing attitudes and behavior of adolescents towards sexual activities.

## 6.5 Contraceptive use:

There are misconceptions about sex and sexual/reproductive health among most of the Indian adolescents, particularly among girls. Adolescents having sex relationships were somewhat better informed about the sources of STIs, STDs and HIV/AIDS. It has also been revealed that about (30-50%) 40.0% of sexually active girls are aware about condoms which help to prevent HIV/AIDS infection and reduce the premarital Teenage pregnancy. But only a few (about 10%) used condom during the last time they had intercourse.

One of the most important reasons is non-availability (free access) of contraceptives (condoms) by the adolescents; there are only available from medicine shop or Medical Centre.

A survey by the World Health Organization concerning the habits of European teenagers in 2006 revealed that German teenagers care about contraception. The birth rate among 15 to 19-year-olds is 11.7 per 1000 population, compared to 2.9 per 1000 population in Korea, and 55.6 per 1000 population in US[17].

Findings

## 6.6 Teenage Pregnancy:

In rural India it is found that young girls at their early teenage (12.5 years) become fertile following the *menarche* (first menstrual period). In rural India, particularly among the poor community, young adolescent girls have had to get marry at this early age and some of them became mother at about 13–15 years of age. It is found that after *menarche,* sexual intercourse (without contraception) had leaded to pregnancy and these teenager pregnant girls may then *miscarry,* or have an abortion, or carry the child to full term which often, creates various serious gynecological problems, sometime it comes to death.

Due to lack of proper knowledge and lack of easy availability of contraceptives premarital relationship causes teenaged sex acts leads to Teenage Pregnancy. As a consequence pregnant teenagers face may problem, both physical & social, with leads worldwide, rates of teenage births range widely. Every Teenage in developed countries pregnancy in developed countries is usually outside of marriage, and carries a social stigma; teenage mothers and their children in developed countries show lower educational levels, higher rates of poverty, and other poorer "life outcomes" compared with older mothers and their children. But in developing countries, like India, teenage pregnancy is among illiterates and educationally backward & very poorer community, usually due to teenage marriage and does not carry such a stigma but faced other problems too.

In this context it may be noted that in ancient India example of premarital teenage pregnancies are found, which had been reflected in literature of ancient India; e.g., from Mahabharata, an Indian Epic, we come to know that 'Karna' was born from Teenage Pregnancy of 'Kunti', wife of 'Pandu'. But 'Karna' was the son of 'Kunti' and 'Indra' due to their premarital teenage relationship.

## 6.7 Teenage Marriage:

In India, age of consent for marriage is 18. Early marriage is a crime. Sexual conduct between adults and adolescents younger than the local age-of-consent is illegal. In India any kind of sexual activity outside marriage is prohibited. But in some countries, sexual intercourse between adolescents with a close age difference is not prohibited. The average age-of-consent is 16 around the world but this varies in different countries from being age 13 in Spain, 16 in Canada, and 16-18 in the United States.

## 7. Limitation of the Study

Although questionnaire had administered on both young and old adolescents, but questions about sexual activities, use of condoms and contraceptives, knowledge about STI, STDs, HIV/NDS and other sexual/reproductive health issues have been responded mostly by the old adolescents (15-19 years).

Studies that include young adolescents (age group 10-12, and 13-15 years), has found that young adolescent boys and girls could not understand and answer questions related to sexuality (through these questions are not asked directly). Young adolescents are more sensitive than older adolescent to answering questions about their day-do-day knowledge, experiences, behavior, family situations, relations with friends, relatives and other topics that can cause anxiety.

## 8. Comments

As they study is (work-in-progress, following comments has been made on the basis of the above noted finding, revealed from the first phase of this study.

Younger adolescents (10-15) had a higher non response rate than that of older adolescents. Younger adolescents self-report of their attitudes and behavior are also less reliable than those of older adolescent.

Most of the responses are available from older adolescents about the sexual altitudes, behaviors and acts of their friends during younger adolescent period than that of their personal information. These responses are more informative and confident than that of younger. Older have given responses of their responses of their current and younger selves too comparatively it has been found that proportion of older female and male respondents who first had sexual intercourse before their age of 15 years. The conditions of their first and subsequent experiences have also differ in respect to whether it was voluntary, persuaded or forced; the nature of partnership. All these have also been differed and influenced by socio-economic and cultural condition.

Childhood sexual abuse of both boys and girls has clear negative effects on their subsequent attitudes, behavior and well-being.

Young adolescents, immediate environments have more effective route to changing attitudes and behavior than increasing their knowledge and skill. Proper care and maintenance of reproductive health during adolescents, particularly young adolescence period, by family (parents, guardians), institutions (school, colleges) and society at large are badly needed. As the poverty, one of the causes of illiteracy and child labour, is to be taken into consideration. It is also duty of family institution as well as society to observe softy and security of place, timings of gatherings of adolescents, strict but sympathetic vigilance and proper guidance to be ensured.

## Comments

To redress the adolescents' sexual health problems free availability of materials regarding proper development of knowledge, behavior and attitudes, as well as, easy accessibility of contractive (condoms) to be ensured. However, sex-education through informal, non-formal and formal edition system, as well as, Indian traditional methods will have to be reinforced to overcome the challenges and threats to the Indian adolescents.

Sex education, also called "Sexuality Education" is a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse, human sexual behavior, and other aspects of sexuality, such as body image, sexual orientation, dating, and relationships. Common avenues for sex education are parents, caregivers, friends, school programs, religious groups, popular media, and public health campaigns.

In Asia the state of sex education programs are at various stages of development. Indonesia, Mongolia, South Korea and Sri Lanka have a systematic policy framework for teaching about sex within schools. Malaysia, Philippines and Thailand have assessed adolescent reproductive health needs with a view to developing adolescent-specific training, messages and materials Bangladesh, Nepal and Pakistan have no coordinated sex education programs.

In India sex education has specifically aims at school children at the age group of nine to sixteen years. These are included as subjects in the curriculum and generally involved open and frank interaction with the teachers. In West Bengal, India sex education is being taught in schools through 'Life-style-Education.

As adolescents are the growing citizen and asset of a nation, we the parents, teachers, researchers, policy makers, Governments have has to work together for proper maintenance of Adolescents' Sexual/Reproductive Health. So further intensive research, both at micro and macro level are badly needed.

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*This Research Paper had been presented by the author in the "London International Conference on Education 2011", held in London during November 2011*