

Sources of information regarding reproductive health and their impact on knowledge, attitude and psychosocial stress of adolescents

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ABSTRACT

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood, sets the stage for health beyond the reproductive years for both women and men, and affects the health of the next generation (WHO). According to Rubin (1995) reproductive health is not merely a unit in reproduction, teaching how babies are conceived and born. It has a far richer scope and goal; to help youngsters incorporate sex most meaningfully in to his/her present and future life, thereby developing a sense of respect to self and other belongs, to provide him with some basic understanding of virtually every aspect of sex by the time he/she reaches to full maturity to help him to recognize the existence of differential sex patterns so that they can interact harmoniously with those sex norms which differ from his/her own and to teach him about critical judgment in dealing with ethical controversy. Therefore present investigation was aimed to explore sources of information of Adolescents' knowledge, attitude and psychosocial stress towards reproductive health.

Key Words : Reproductive health, Adolescents, Knowledge attitude and sources

INTRODUCTION

According to Erik Erikson (1969), individual faces psychosocial stress throughout the life span, but during adolescence, rapid physical growth, physiological and psychosocial changes, the development of secondary reproductive characteristics, and reproductive maturation occur thus an intense reproductive drive develops and adolescents typically start exploring relationships with the opposite sex. Adolescents also start defining social relationships outside of the family. Their behavior is guided by an intense desire for independence and identity. Desires in teenage are easily triggered. Their passion its peak. Sources of arousal are plentiful. They want to come

to term with their reproductivity and to integrate in to their total personality. In the process, adolescents undergo intense psychological stress and personality change (Rao, 1997). The task of adjusting wholesomely to adult life is today complicated by the fact that many adolescents have anxiety and fear about reproductive health, in addition to magnitude of ideas often unsound. Changed conditions have made reproductive health a sensitive issue of adolescents age.

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and affects the health of the next generation (WHO). According to Rubin (1995) reproductive health is not merely a unit in reproduction, teaching how babies are conceived and born. It has a far richer scope and goal; to help youngsters incorporate sex most meaningfully in to his/her present and future life, thereby developing a sense of respect to self and other belongs, to provide him with some basic understanding of virtually every aspect of sex by the time he/she reaches to full maturity to help him to recognize the existence of differential sex patterns so that they can interact harmoniously with those sex norms which differ from his/her own and to teach him about critical judgment in dealing with ethical controversy. There is an inadequacy of sources of correct information on sexuality and family life (Abeykoon and Wilson 1998). The result of Boler *et al.* (2003); Nair (2007) and Joshi *et al.* (2010) study indicated that for adolescent students the Internet, television (Singh *et al.*, 1999), friends/peer (Apte, 1997, Silva *et al.*, 1997), books, magazines, radio (Silva *et al.*, 1997; Singh *et al.*, 2000 and Ayalew *et al.*, 2008) were the main sources of information regarding safe sex and HIV/STIs. Often students were confused or misinformed due to erroneous information received from these sources (Brown *et al.*, 1992 and Gupta, 1994). According to Khanna *et al.* (2000) and Deo (2005) and Mittal *et al.* (2010), mothers were the most important source of knowledge (in 47.4%) regarding menstruation among the study subjects followed by friends/peers (23.8%), teachers (4.9%), and mass media (4.8%) where the study of Kamel (2001) revealed that in most cases of girls, their mothers are the only source of information regarding reproductive health. A study by Echendu *et al.* (2008) revealed that information on menstruation given by mothers is often incomplete and incorrect, usually being based on cultural myths, and therefore probably perpetuating negative and distorted perceptions and practices of menstruation. Apte (1997) stated that urban Indian youth usually have far greater access to diverse sources of information; some might even have school based sex education. But like their rural peers, there is still lack of opportunities to learn about sex and sexuality openly and confidently. The peer group remains the primary source of information, in addition to books, movies and magazines with sexual content (for adolescent males), TV, and specific family members such as mothers and elder siblings (especially for adolescent girls). According to the Anand and Sathe (2005), explored that friends and mass media are the major sources of

information because they are easily accessible. Thalagala *et al.* (2004), reported that one third of them were visibly uncomfortable in dealing with sexual issues with the interviewers. Eighty five percent of male students and 66.5% of the females felt comfortable talking to friends on sexual health issues but only 27% of females and 8% of males were comfortable talking to their parents. They appeared unlikely to be open to their siblings either, only 7% of females and 3% of males reported being comfortable in discussing sexual matters with siblings. Very few (4% of females and 7% of males) were comfortable in discussing sexual issues with their teachers (Aggarwal, 2007). Therefore study focuses that how today's young people tend to absorb their knowledge haphazardly from family, friends and other peers, school, television, movies and the Internet in regard to their reproductive health which result is widespread ignorance, partial information, mistaken beliefs and myths and stress.

Familial and educational perspective on adolescents' reproductive health:

Reproductive health is rarely discussed openly in the family or seriously in society in general, even among adults, there is a basic conservatism about discussing sex. Education is essential for people to make informed choices (Fisher *et al.*, 2000) and reproductive health education as defined today, includes all educational measures which any way help adolescents to prepare to meet problems of life. These problems extended over a vast range of life experiences, from simple little of personal reproductive health to the exceedingly complicated physical, social, psychological and moral problems that concern successful marriage and family relationship.

Family and adolescents reproductive health:

Adolescents are influenced by a variety of social factors and institutions. Strong family relationships rely on positive and continuous communication. Positive relationships between family members and their children can help protect adolescents from engaging in risky behavior.

Parents:

Research confirms what many of us know instinctively that parents can have strongest influences in adolescents' lives. Parenting practices characterized by warmth and support, consistent and firm discipline, and close monitoring have been shown for several

decades to be important for the positive development of young children. It has now been shown to be equally important for the healthy and safe development of adolescents (Steinberg, 2001). Adolescent adjustment (Barber *et al.*, 1994; Friedrich *et al.*, 2004 and Stattin and Kerr, 2000), knowledge and attitude is influenced by the nature of the child – parent relationship, especially with regards to the degree of warmth and closeness and parental monitoring. When parents are emotionally supportive, their adolescents are well-organized (Crosnoe *et al.*, 2002) and more comfortable in communicating with their parents and have a better understanding about their parents' expectation regarding their teens' sexual behaviors.

Gupta (2004) and Brown (1998) explained that in India parents feel shy to answer adolescents' question regarding reproductive health and it is considered as bad manners in some families. Some parents even say that asking such question is a sin, rubbish and some also feel embarrassment to teach their adolescents about reproductive health. Parents in case of rural area, provide little or no information to their adolescents. For instances, adolescents may also experience resistance or even hostility and bad attitudes from adults when adolescents attempt to obtain the reproductive health information and services they need (Ayalew *et al.*, 2008) and this inadequacy of knowledge about reproductive health matters can result in disharmony and psychosocial stress.

Sibling:

The nature of sibling relationships changes from childhood to adolescence, while young adolescents often provide one another with warmth and support. Siblings may influence one another in much the same way that peers do, especially during adolescence. These relationships may even compensate for the negative psychological impact of not having friends (East, 2009) and may provide individuals with a sense of self-worth. Older siblings can effectively model good behavior for younger siblings. For instance, there is evidence that communication about safe sex with a sibling may be just as effective as with a parent (Yeh and Lempers, 2004). Conversely, an older sibling may encourage risky sexual behavior by modeling a sexually advanced lifestyle, and younger siblings of teen parents are more likely to become teen parents themselves (East, 2009).

School and reproductive health:

School environment play a crucial role in shaping

the social personality of an adolescent and raising his/her social awareness. The curriculum and teachers in the school should relate to the real life of adolescents. If the learning in school is unrelated to their modern needs, it could lead to emotional disturbance. School should take utmost care while recruiting teachers to ensure that the teacher has knowledge and appropriate skill to handle the matters of adolescents.

Teachers:

Teachers are the torch bearers in creating social cohesion, national integration and a learning society. They are responsible for acculturating role of education. No nation can even marginally slacken its efforts in giving necessary professional inputs to its teachers and along with that due status to their stature and profession.

Reproductive health 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 teachers in our society, because they themselves do not feel comfortable in discussing their issues with the youngsters (Kotwal *et al.*, 2004). 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. The adolescents generally do not get any advice and guidance regarding, various aspects like puberty, menarche, reproductive health, HIV/AIDS from their parents and teachers or any other groups of professionals.

A positive attitude in bringing about social justice appears to be the key to bring about the fundamental shift in values. In a study teachers were unanimous in their views that information on some important reproductive health issues should be provided to adolescents. It was found that the teachers are being concerned now about the rising incidence of premarital sex among adolescents. Only 59.3 per cent of the teachers said that education on sexual and reproductive health issues should be provided through teachers. Nearly one-third of them suggested that such education should be imparted through external experts or doctors. Mathur (1997) in her study, on teacher's knowledge regarding sex and sexuality concluded that teachers had positive attitude toward inclusion of sex education in school curriculum and they themselves accept appropriate responsibility for reinforcing the effort to transmit knowledge to children.

Kotecha *et al.* (2009) found inadequate knowledge about understanding of reproductive health among rural students and teachers. Most of them expressed a desire to know more about reproductive health as part of the school curriculum. Majority of the adolescents expressed their willingness to avail the services of an AFC. Study pointed toward the need for information on reproductive system, human reproduction, reproductive health for the students and teachers and teachers' orientation towards "adolescent health care" is needed.

Curriculum:

Realizing the dilemma of many adolescents regarding sex information, education has showed much concern about the incorrect and inadequate information about reproductive health, many schools have incorporated, Adolescence Education Programme (AEP), launched by the Ministry of Human Resource Development (MHRD), Government of India in 2005, in to the curriculum to give youth accurate and more complete sex information designed to reduce their naiveté. This program is being implemented in States and Union Territories through State Council of Educational Research and Training (SCERTs) /State Boards with support of State AIDS Control Society (SACS). AEP is also being supported by United Nations Population Fund (UNFPA), and implemented by national agencies including Kendriya Vidyalaya Sangathan (KVS), Central Board of Secondary Education (CBSE), Navodaya Vidyalaya Samiti (NVS), National Institute of Open Schooling (NIOS) and Council of Boards of Secondary Education (COBSE).

Mukherjee (2007) reported that though reproductive system and reproduction were part of the syllabus in classes 9, 10, and 11 in the old 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 favor 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.

Experimental study of Dhital *et al.* (2005) and Nair *et al.* (2012) also reported that use of structured teaching program is effective in improving knowledge and attitude of the adolescents on reproductive health which are most effective tool in reducing psychosocial stress of adolescents. Reproductive health education plays a very important role in helping adolescents develop into a responsible adult. Reproductive health education for adolescents is imperative for developing ethical, moral, wholesome and correct attitude towards the opposite sex and hence being a responsible social citizen. For development of a creative mind, freedom of self development and freedom for activity must be given in a school, of course under guidance from teacher. Co-curricular activities provide an outlet for pent up emotions and redirection of emotional behaviour. This is especially important at a stage when an individual is undergoing a 'storm' of emotions.

Peer:

The greatest influences on the social development of an adolescent are his/her peers. These peer relationships are formed largely at the school. The peer group, friends and parents offer the adolescent positive and negative influences. An adolescent fortunate to have a supportive, enriching and helpful peer group is more likely to cultivate socially acceptable patterns of behavior (Yahya *et al.*, 2006). Most adolescents are tempted to succumb to peer pressure, due to one or more of the following factors; be accepted as part of the gang, attract attention and become popular and well liked, develop 'good' friends, satisfy the need to 'belong' secondary to lack of appreciation from teachers, get instant gratification, find audience for non-conformist or non-traditional attitudes.

Peer influence is a dominant psychosocial issue during adolescence, especially during the early stages. Young adolescent are highly cognizant of their physical appearance and social behaviors, seeking acceptance within a peer group. The broad chronological age range during which biological growth and development begins and advances can become a significant source of personal dissatisfaction for many adolescents, as they struggle for conformity from their peers. Adolescent boys who enter puberty at a later age may consider themselves to be late bloomers, and may feel physically inferior to their peers who mature earlier. For adolescent girls, however,

it is often early maturation that is associated with poor body image, poor self-esteem, frequent dieting, and, possibly, disturbed or disordered eating behaviors. Early maturing female teens are also at increased risk for engaging in other unhealthy behaviors such as early sexual intercourse (Attie *et al.*, 1989; Wilson *et al.*, 1994, Hurlock, 2002).

Peers are the major source to fill the gap in sexuality information for adolescents. With peer, adolescents are able to share their personal experiences regarding sexuality and provide an ear ready to listen to that of others. Adolescents feel more comfortable talking with their peers because they share idioms, metaphors and usages which may not be familiar to parents. A study among adolescents in Ghana indicated that adolescents interacted about sexuality more with friends than with parents. However, the information shared within the peer network could be false and there can be the persistence of damaging myths through interaction. Adolescent researches indicates that such a situation is due, not only to the general feeling of embarrassment from parents and children to discuss sexual matters, but also to the fact that parents are usually less knowledgeable of reproductive health issues than their adolescent children (Erulkar *et al.*, 1998). Typically, most information exchanges about reproductive health matters occur between adolescents and their peers (Yahya *et al.*, 2006).

Finally it can be said that, psychosocial stress in adolescents world of pent lives is more prevalent than ever, which associated with their knowledge and attitude. It was found during review that low knowledge, negative attitude and psychosocial stress among adolescents regarding reproductive health, are associated to their age gender and place of residence, family and school. Adolescents cannot escape from the pressures that come with living in today's society. Thus there is great need for development of empirically based guidelines, concerned with adolescents to ensure the promotion of their wellbeing.

Conclusion:

It can be concluded from the reviews that today's young people tend to absorb their knowledge haphazardly from family, friends and other peers, school, television, movies and the Internet. The result is widespread ignorance, partial information, mistaken beliefs and myths and stress.

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