

ATTITUDE OF ADOLESCENT STUDENTS TOWARDS REPRODUCTIVE HEALTH EDUCATION IN KASHMIR VALLEY OF J&K STATE

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ABSTRACT

Background: Adolescence is a life's crucial transition phase with establishment of reproductive capacity. Beginning around 10, 11 or 12 years adolescence concludes between the age of 18-21 years. Sexual experimentations and lack of Reproductive Health information during this phase of storm and stress expose adolescents to serious health threats. Adolescents should have access to scientific Reproductive Health information to develop healthy attitude towards Reproductive Health issues. This study aims to find out attitude of adolescent students towards Reproductive Health Education and to identify communication pattern regarding reproductive health issues.

Methods: The study was cross sectional and carried out on 400 Adolescent Higher secondary school students Kashmir valley. Pre-tested & Self-administered Questionnaire was used for collection of data for the present study.

Results: This study showed that students had favourable attitude towards Reproductive Health Education as majority (84.8%) of them recommended Reproductive Health Education in school curriculum. Lecture by expert was noted by 47% students as desired method of imparting Reproductive Health Education. Regarding

Reproductive Health issues, 52.4% students preferred to communicate with Doctors/Health Workers followed by friends (35.6%). Majority of the girls (52.5%) preferred to get married below 24 years as they were of the opinion that it is the age of maturity, and can give birth without problems whereas majority of boys (73.5%) told that they preferred to get married above 24 years as they want to completed education first and find a suitable job in order to feed family.

Conclusions: Our study stressed the need of providing correct scientific information to adolescents regarding reproductive health by incorporating Reproductive Health Education in school curriculum in order to improve their awareness and thus reproductive health status.

KEYWORDS: Adolescent, Attitude, Communication pattern, Reproductive health education, Kashmir, Statistics

INTRODUCTION

Human beings go through many stages of growth and development right from the time of conception till they are alive. Each of this stage is characterized by distinct and unique characteristics, which set it apart from the earlier stage. The stage of development that is noticeable at the beginning by the onset of puberty and at the end by the attainment of physiological and psychological maturity is called as adolescence. Adolescence originated from the Latin verb *Adolescere* which means gradual physical, sexual, mental and emotional maturity. Adolescence is defined as “the transitional period between puberty and adulthood in human development, extending mainly over the teen years and terminating legally when the age of majority is reached i.e., youth” as per the Dictionary.com. Generally, people mix the concept of adolescence and the concept of sexual maturity but each concept has its own meaning; for example, puberty means the adolescent’s sexual ability through the completion of sexual gland growth of males and females. As for the adolescence stage, it is the gradual maturity of physical, mental and psychological abilities. Adolescence is the period between age group 10-19 years as defined by WHO and this transition phase of life from childhood to mature adult is a state of constant transformation and turmoil. The stages of Adolescent development are early adolescence (approximately 10-14 years of age), Middle adolescence (approximately 15-16 years of age) and late adolescence (approximately 17-21 years of age). The body changes are clearly noticed as the adolescent grows up, such as height, weight, voice change and body hair; the social growth is also clearly seen, such as being loyal to his/her peers, building his/her self-esteem, rejecting all kinds of authority such as the authority of parents, school and the community by trying to free themselves from being only followers (Nughaishmi, 1994). Adolescents comprise around 20% of the world’s total population and Adolescent girl constitute about 1/5th of total female population in the world (Census, 2001). The adolescents face among many problems include psychological, genetic health related, reproductive health related and sexually related problems (Sharma, 2008). The sexually, transmitted disease is a major health problem among youth and the incidence is much higher in Asia especially among women aged 15-19 years than among men in the same age group (Uddin, 1999). Earlier parents were equating Reproductive Health Education (RHE) with sex education and believed that it was a sure tool to corrupt the young adolescent and should therefore be avoided in schools. However, increasing high-risk behaviour among the adolescents and more permissive popular mass media has led many to believe that it is not the question of should RHE be taught, but rather how it should be taught in the schools. It is reported (UNESCO and UNFPA, 1998) that Sexual & reproductive health education is an educational experience that develops the capacity of adolescents to understand their sexuality in the context of biological, psychological, socio-cultural and reproductive dimensions and to acquire skills in managing responsible decisions and actions with regard to Sexual & Reproductive Health behavior. The study (Sharma, 2000) showed that biological, social,

cultural, economic and behavioral factors play a significant role in determination of reproductive health. In another study (Rosen, Murray and Moreland; 2004), it was reported that Sexual & Reproductive Health education aims to achieve a range of behavioural and health outcomes, including reduced sexual activity, reduced number of sexual partners; increased contraceptive use; lower rates of child marriage; lower rates of early, unwanted pregnancy and resulting abortions; lower rates of infection with HIV and other sexually transmitted infections (STIs); and improved nutritional status. Adolescents need serious attention, because adolescents are at risk of reproductive health problems, such as premarital sexual behavior, drug abuse and HIV/AIDS (Hindin, et al., 2013). The risk of Increased teenage pregnancies, suicides, indulgences of the adolescent in smoking, alcohol intake and drug use increases if the adolescents lack the knowledge and are unaware about different aspect of reproductive health. In Islam Adolescence is the process that aims at preparing the Muslim for a complete spiritual, mental, social and psychological personality in light of principles and values of Islam according to the explained Islamic educational methods. The adolescents should learn ways to avoid peer pressure, need to understand more about their responsibilities in marriage and as parents, preparation for childbirth, etc. and lead a more productive & healthy life. The adolescents particularly in the age group of 15-19 yrs. need to be provided with correct scientific information to develop healthy attitude towards Reproductive Health. We live in a world where corruption is available everywhere, all the time. What we can do to help our youth is teach them clearly to view and examine the happenings in life. On this backdrop present study was conducted to assess the attitude of adolescent students towards Reproductive Health Education in Kashmir valley and to identify communication pattern regarding reproductive health issue.

METHODOLOGY

In the present cross-sectional study carried out on Adolescent Higher Secondary School Students in Kashmir valley of J&K state we adopt descriptive survey research design. A well designed questionnaire based on previous studies on this topic was used to collect the information from 400 students (200 from central Kashmir, 100 from south Kashmir and 100 from north Kashmir) studying in various Higher Secondary Schools of Kashmir valley using stratified random sampling technique. Students from 11th and 12th standard from different streams (Arts, commerce and science) were included in the study. Data collected from our survey was analyzed using standard statistical methods.

RESULTS

Out of 400 students, 200(50.0%) were girls and 200 (50.0%) were boys. Most of the students (75.5%) were in age group of 17 to 18 years. Overall student's mean age was 17.64 year. Table 1 shows that majority of the students (85.0 % boys and 82.0 % girls) student preferred two children, followed by preference of more than two children (11.5% boys and 16.5% girls) and only 3.5% boys student and 1.5% girls students preferred only one child. Majority (82.5% boys 78.5% girls) of students were of the opinion that it is not any serious issue to have friendship with opposite sex within the religious and cultural limits at this age. The boys (40.5%) were of the opinion that men need more sex than women whereas 48.5% girls disagree this. Majority of the respondents (boys 60.0% and girls 49.5%) were of the opinion that family planning should not be made compulsory. This slightly contradicts the earlier study (Rajnish et al., 2015), the reason is conflict which results daily killings in Kashmir valley. Statistically, gender and opinion of respondents is related ($P < 0.05$).

Table 1: Attitude of students toward family size and family planning (n=400).

S.No.	Statement	Response	Boys (%)	Girls (%)	Chisquare	P-value
1.	Ideal Family Size	One Child	7 (3.5)	3 (1.5)	20.308	<0.05
		Two Child	170 (85.0)	164 (82.0)		
		More than two Child	23 (11.5)	33 (16.5)		
2.	It is not an issue to have a friendship with opposite sex at this age within the limits?	Yes	165 (82.5)	157 (78.5)		
		No	35 (17.5)	43 (21.5)		
3.	Men need more sex than women	Yes	66 (33.0)	81 (40.5)		
		No	97 (48.5)	65 (32.5)		
		No Idea	37 (18.5)	54 (27.0)		
4.	Should family planning be made compulsory?	Yes	68 (34.0)	57 (28.5)		
		No	99 (49.5)	120 (60.0)		
		No Idea	33 (16.5)	23 (11.5)		

Source: Field survey 2018-19

The data presented in Table 2, reveals that majority of the girls respondents believe that the desired method of impacting reproductive health education is lecture by expert (42.5%), followed by class teacher (19.5%), followed by pamphlet distribution (18.0%), followed by group discussion (15.5%), followed by internet (11.5%) and followed by T.V./Radio/Print Media (8.5%). Further, majority of the boys respondents believe that the desired method of impacting reproductive health education is lecture by expert (40.5%), followed by class teacher (24.5%), followed by internet (12.0%), followed by group discussion (10.0%), followed by T.V./Radio/Print Media (9.5%), and followed by pamphlet distribution (3.5%). Statistically, gender and opinion of respondents is related ($P < 0.05$).

Table 2: Desired method of impacting reproductive health education.

S.No.	Desired Method of Impact RHE	Girls (%)	Boys (%)	Chisquare	P-value
1.	By Class Teacher	39 (19.5)	49 (24.5)	21.176	<0.05
2.	Lecture by expert	85 (42.5)	81 (40.5)		
3.	T.V./Radio/Print Media	17 (8.5)	19 (9.5)		
4.	Internet	23 (11.5)	24 (12.0)		
5.	Group discussion	31 (15.5)	20 (10.0)		
6.	Pamphlet Distribution in class	36 (18.0)	7 (3.5)		

Source: Field survey 2018-19

The data presented in Table 3, reveals that majority (86.5% girls and 84.5% boys) of students recommended Reproductive health education in syllabus while very few (7.0% girls and 10.0% boys) students were against it. Matric level (girls 56.5%, boys 53.0%) was the preferred stage of schooling to introduce RHE, higher secondary stage of schooling by 31.5% girls and 29.5% boys students, 5.5% girls and 7.5% boys preferred middle class stage schooling. Statistically, gender and opinion of respondents is not related ($P>0.05$).

Table 3: Attitude of students toward reproductive health education (RHE).

S.No.	Statement	Response	Girls (%)	Boys (%)	Chisquare	P-value
1.	Do you recommend RHE in curriculum?	Yes	173 (86.5)	169 (84.5)	0.714	>0.05
		No	14 (7.0)	20 (10.0)		
		No Idea	13 (6.5)	11 (5.5)		
2.	At what stage of schooling RHE should be introduced?	Middle	11 (5.5)	15 (7.5)		
		Matric	113 (56.5)	106 (53.0)		
		Higher Secondary	63 (31.5)	59 (29.5)		
		No Idea	13 (6.5)	20 (10.0)		

Source: Field survey 2018-19

The data presented in Table 4, shows that majority of girl respondents 31.0% believe that Doctors/Health Workers, followed by 21.0% believed that Brothers/Sisters, followed by 14.5% believed that Friends, followed by 13.5% believed that Parents, followed by 11.5% believed that Teachers and 8.5% believed that Elders prove helpful in dealing with reproductive health issues. Further, among boys students 32.0% believe that Doctors/Health Workers, followed by 21.5% who believed that Friends, followed by 18.5% who believed that Brothers/Sisters, followed by 10.5% who believed that Elders, followed by 9.0% who believed that Teachers, followed by 8.5% who believed that Parents prove helpful in dealing with reproductive health issues. Statistically, gender and opinion of respondents is not related ($P>0.05$).

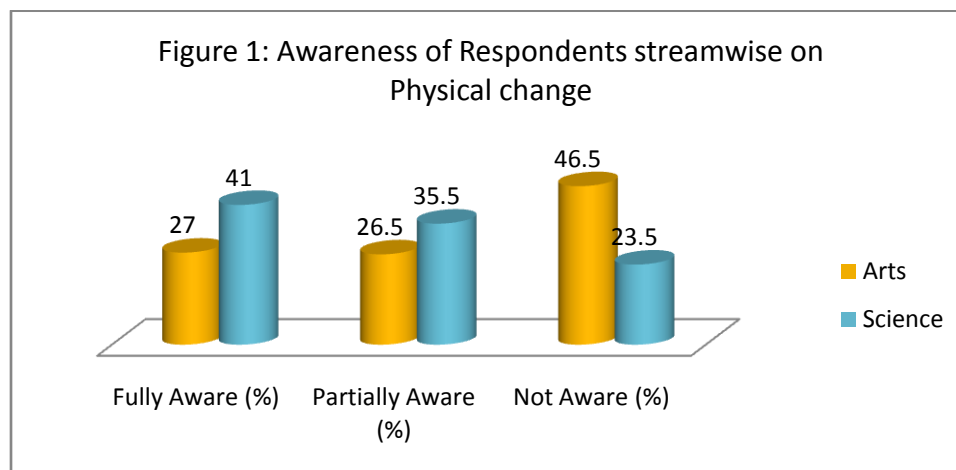
Table 4: Communication pattern regarding reproductive health issues.

S.No.	Communication on Reproductive Health Issues with	Girls (%) (n=200)	Boys (%) (n=200)	Chisquare	P-value
1.	Parents	27 (13.5)	17 (8.5)	6.374	>0.05
2.	Elders	17 (8.5)	21 (10.5)		
3.	Brothers/Sisters	42 (21.0)	37 (18.5)		
4.	Friends	29 (14.5)	43 (21.5)		
5.	Teachers	23 (11.5)	18 (9.0)		
6.	Doctors/Health Workers	62 (31.0)	64 (32.0)		

Source: Field survey 2018-19

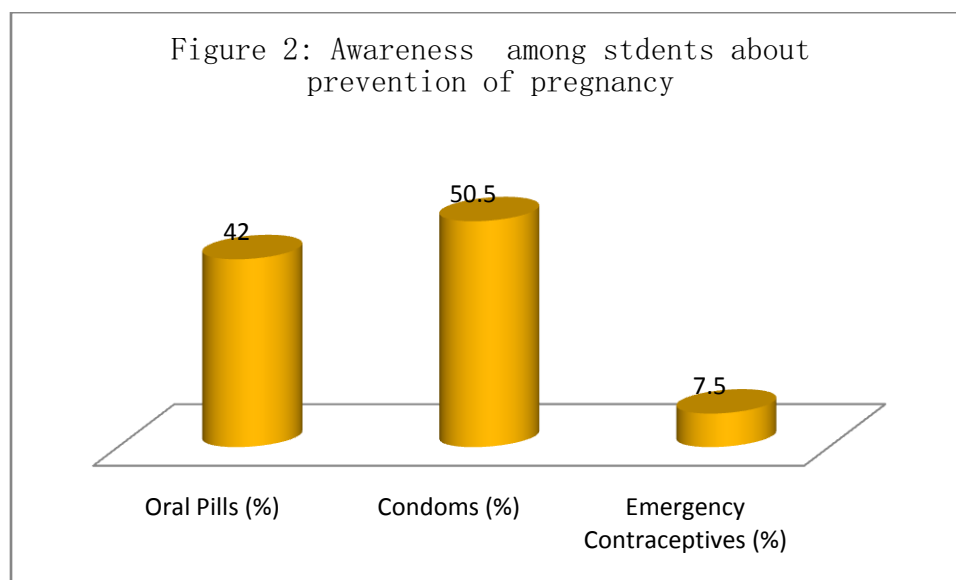
The data presented in Figure 1, reveals that majority of the science students (41.0%) were fully aware of physical change and majority of students from arts stream (46.5%) were not aware of physical changes during this period.

These consider it a natural process. In this study a large number of respondents understudy were aware of the various means of spread of HIV/AIDS.



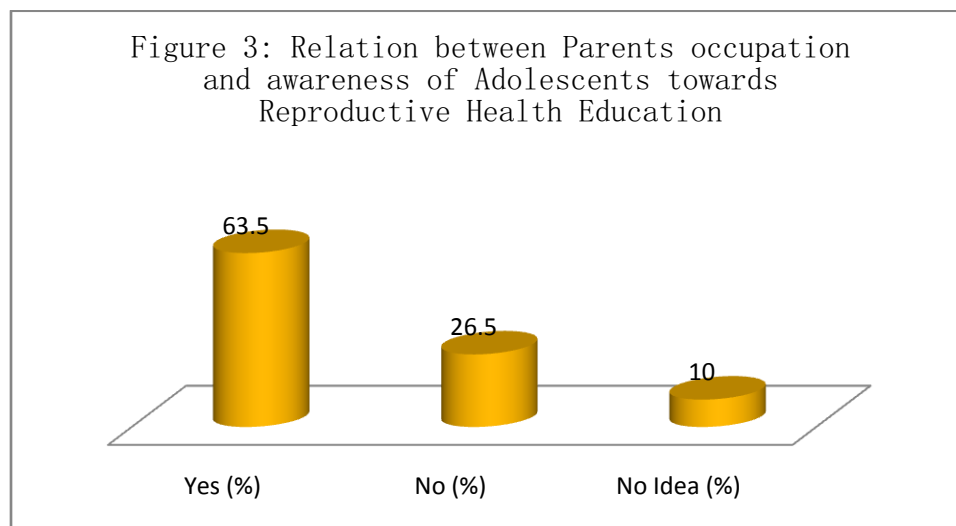
Source: Field survey 2018-19

The data presented in Figure 2, reveals that 50.5% respondents knew that pregnancy is preventable by using Condoms, followed by 42.0% respondents who told that pregnancy is prevented using oral pills and only 7.5% respondents were aware of emergency contraception's.



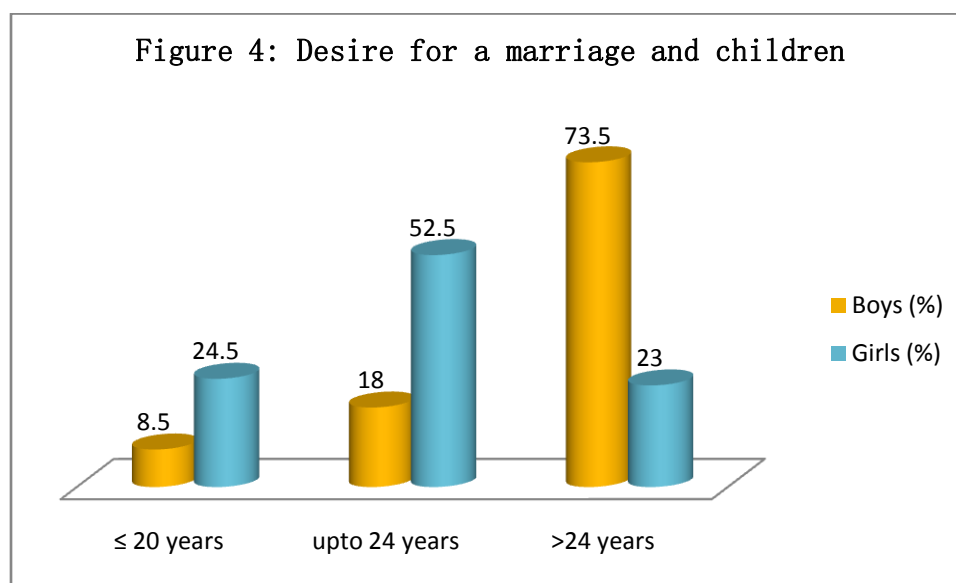
Source: Field survey 2018-19

The data presented in Figure 3, reveals that 63.5% respondents believed that occupation of parents and awareness of adolescents towards reproductive health is related, 26.5% do not believe that occupation of parents and reproductive health are related and 10% of respondents told that they no idea about the relationship between occupation of parents and reproductive health.



Source: Field survey 2018-19

The data presented in Figure 4, reveals that majority of the girls (52.5%) understudy told that they preferred to get married below 24 years as they were of the opinion that it is the age of maturity, and can give birth without problems. They told that at this age, girl is a matured adult and will be able to manage home well. Further, majority of boys (73.5%) told that they preferred to get married above 24 years of age as they want to completed education first and find a suitable job in order to feed family.



Source: Field survey 2018-19

DISCUSSION

In present study, student's attitude towards acceptance of small family norm was positive as almost all students (Boys 88.5% and girls 83.5%) favoured small family norm. Other studies (Srinivasa, Sahai, Ramalingam and Premarajan, 1993; Durge and Varadpande; 1996; Mukherjee, Chakraborty, Pradhan and Kar 2001) also reported

that most of the adolescent participants were in favour of small family. In this study students had favourable attitude towards RHE as majority (86.5 girls and 84.5%) of the respondents understudy recommended RHE in school curriculum. Similar observations were also noted in other studies (Verma, Chhatwal and Mathew, 1994; Thakor and Kumar, 1998; Aggarwal, Sharma and Chhabra, 2000) indicating need of RHE in school curriculum. Introduction of RHE at Matric level was suggested by (56.5% girls and 53.0% boys) students. Lecture by expert was first choice as a desired method of impacting RHE for both boys and girls this suggests that students understudy favoured scientific approach towards Reproductive Health. The results are in agreement with the earlier study (Bhasin and Aggarwal, 1999). In our study, 31.0% girls and 32.0% boys students preferred to communicate with Doctor / Health Worker regarding Reproductive Health issues. Friends as reported by respondents also play a major role of peer educator for providing scientific information about Reproductive Health. The respondents in majority were interested to have more than two children's and told that chances are not all of them will live, atleast one of the children will survive and may have lots of money and will help me in my old age. The respondents were aware of the daily killings of youth worldwide in conflict zones. The responded in majority told that due to financial problems and lack of time we prefer less children's. It is noticed that external factors such as social environment, life style adolescents, multimedia exposure, and peers affect the behavior of adolescents also. Media or internet sites that can be accessed easily has both positive and negative impacts on adolescent's knowledge, beliefs, and attitudes on reproductive health. Enforcement of the rules agreed upon at home, closeness between parent and child is supposed to prevent and protect children's negative behaviour.

CONCLUSION

In our study, we found that student's understudy had healthy & positive attitude towards reproductive health issues like ideal family size, family planning. Our state has now full range of western type media which appeals our new generation promoting messages of liberation, self development, marinating them from traditional ways of life. Unfortunately these messages encourage sexual freedom without much weight on responsibility for sexual behavior thus creating many problems in life. Reproductive healthy have been described in the religion of Islam and it is not taboo to talk about reproductive health issues in Islam as it was already contained in the Al-Qur'an. It is important that we inform adolescent about reproductive health, who stepped on adolescence in good ways. Generally, parents lack understanding of reproductive health, feel shame and taboo to describe them. Religion also teaches clearly about menstruation, hygiene during menstruation, perform of circumcision on male for hygiene and health, worship *thaharah* or purification of heavy *hadast* and light *hadast*, the significance of closing the genitals and maintain the honor and avert sexual violence, the manners of civilized interaction between men and women who are not *mahram*, forbid adultery, which can be ended by abortion or sexually transmitted diseases. Majority of students recommended Reproductive Health Education in school curriculum and lecture by experts was mentioned as desired method for imparting RHE by about half of the students understudy. Most of the students understudy preferred to communicate with Doctor / Health Worker regarding Reproductive Health Issues. The study reveals that majority of the science students (41.0%) were fully aware of physical change and majority of students from arts stream (46.5%) were not aware of physical changes during this period. They consider it a natural process. In this study a large number of respondents understudy were aware of the various means of spread of HIV/AIDS. All the respondents (100%) perceived that sexual relationship was right only after marriage. The provision of reproductive health information can be performed simultaneously with the guidance of religion, involving adolescent, teachers,

parents, scholars in order to work synergistically to obtain optimal results. It is observed that the adolescents take much care of their physical shape; therefore, they get fears of being suddenly sick or losing their health or strength for any reason. The Muslim family should follow the Islamic educational methods in dealing with such fears by strengthening the adolescents' faith in Allah and giving them patience in facing any trouble or dilemma by their prayers. It is concluded that there is a need of providing correct scientific information regarding reproductive health to adolescents by incorporating reproductive health education in school curriculum and by evolving appropriate communication strategies like peer education & lecture by experts.

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