



REPRODUCTIVE AND SEXUAL HEALTH OF ADOLESCENTS: AN OVERVIEW

Mr. Vijay P. Rokade

Tutor, Training College of Nursing, IGGMC, Nagpur, Maharashtra, India.

Prof. Mrs. Archana Maurya*

Dept. Of Child Health Nursing, SRMMCON, Sawangi (Meghe), Wardha, Maharashtra, India. *Corresponding Author

ABSTRACT

The talk of Sex education to children has been a taboo in India since ages. The topic is debated endlessly for its benefits and potential disadvantages of too much knowledge too early in life. In recent years there has been a persistent increase in the sexually transmitted diseases and HIV AIDS cases world-wide among the adolescents in particular. This has prompted a rethinking to the topic of sex health education to the adolescents who are future adults and shall be responsible for the national progress in addition to the healthy progeny. The purpose of this overview is to identify the existing status of knowledge regarding reproductive and sex health among the adolescents, their attitude towards using this knowledge and the practices that they have related to sexual health. The article also reviews the preparedness and skills of the parents and teachers in providing this knowledge to the adolescents.

KEYWORDS : ARSH-Adolescent reproductive and sexual health, Parents, Teachers

INTRODUCTION

Reproductive and sexual health is the topic least discussed or talked about yet very important to the very existence of healthy human being. Physical health, sexual and behavioural problems of adolescents are interrelated and these factors are related to unhealthy development in adolescents. The knowledge, attitude and practices of sexual life are inevitably influenced by poverty, unemployment, crime, sexual harassment, gender and ethnic discrimination and impact of social change on individual, family and communities. Sexuality education should be an integral part of the learning process beginning in childhood and continued into adult life, because it is lifelong process.¹

The adolescents is a period of growth spurt and emotional turbulence, a period of stress related to establishment of an identity, a period of preparing self for health lifelong relationships. Risk taking is the identity of this age and risks are taken in all fields of life including, driving, drinking, substance abuse, reckless behaviours, rebelliousness and sex risks. A lot of physical and physiological changes mark this period of adolescents and if the child is not prepared for these changes there can be havoc in self-awareness adding to the mystery of this period. The changes during adolescence include oily skin, pimples and acne, appearance of secondary sex characteristics, increase in weight and height, body odour, voice changes, menstruation for girls and breast changes, nocturnal ejaculations and accidental erections, attraction towards opposite sex etc. These can be dangerous if the child is not prepared for them. The physical growth and development creates emotional turmoil and psychological stress, feeling of shame about secondary sex characteristics and the attraction towards opposite sex.²

Interestingly parents and other elders around the adolescent take these changes for granted and reaction of the adolescent to these changes is also taken for granted. Nobody thinks that the adolescent may need support to accept the changes in him/her.²

Sexual education is defined as teaching concerning human gender, including intimate relationships, human sexual anatomy, sexual reproduction, sexually transmitted infections, sexual activity, sexual orientation, gender identity, abstinence, contraception, and reproductive rights and responsibilities.

In India ARSH was launched in 2007 to create this awareness

among adolescents regarding reproductive and sexual health

KNOWLEDGE OF ADOLESCENTS REGARDING SEXUAL HEALTH

Geographical differences in awareness and utilization of ARSH services suggested poor penetration of ARSH services in the rural and slum areas. Overall low awareness of ARSH services (7.2%) and health camps (25.6%) in this study was similar to the study conducted in Gujarat, where out of 28 focus group discussions (FGDs) on ARSH services, only 3 FGDs (1 among boys and 2 among girls) reported awareness.³

Yadav *et al.* observed similar rates of utilization of ARSH services as in our study, with a higher rate observed in urban areas (67%) as compared to in rural areas (33.3%) and slums (16.7%) in Chandigarh.⁴

In a study by Gupta *et al.* only 19.8% of adolescents were alert to a minimum of one method of contraceptive method. Only two-fifth (39.5%) were aware of AIDS and less than one-fifth (18%) were aware of STDs and most of them thought it is same as AIDS. Awareness of all Reproductive Health matters was more in boys than girls and more in late teens (15-19) than earlier teens (10-14).⁵

In India 19% girls and 35% boys had comprehensive knowledge about HIV/AIDS. Only 15% young men and women (15-24 y) reported that they received family life or sex education.⁶

Eventually due to inadequate knowledge they are at greater risk of exposure to unprotected sex, unethical sexual practice and STIs. In the age group of 15-19 y, among those who had sexual intercourse, 10.5% of girls and 10.8% of boys reported having STI or symptoms of STI and 0.07% of girls and 0.01% of boys were found to be HIV positive.⁷

The awareness relating to transmission of STIs is low among adolescents. This, in addition to social stigma the diseases were often undisclosed, left untreated leading to complications like infertility, pelvic inflammatory disease and cancer.

From the studies done in the past, it is evident that adolescent have no proper knowledge regarding STIs and an educational intervention shows significant improvement in the knowledge level of the participant. At this age, curiosity about sexuality increases, they start showing sexual interest in

opposite sex. Media also plays a major role in exposing them to sexually explicit materials which make them perpetrators of sexual violence.

ADOLESCENT PRACTICES RELATED TO SEXUAL HEALTH

From a 2012 informative report by the National Campaign to Prevent Teen and Unplanned Pregnancy that surveyed 1200 high school seniors, many senior girls and boys reported having mixed feelings about the first time they had sex, with more than three-quarters responding that they would change the way their first sexual experience occurred. Interestingly, seniors in this study wanted their younger peers to know it was "fine to be a virgin" when they graduated from high school.⁸

SKILLS IN SEXUAL HEALTH COUNSELLING

Cruz, et al (2007) examined the needs young people expressed. Greater percentage of females asked to talk about sexuality and family problems while more males than females asked about reproduction health and mental health.⁹

Toor (2012) stated that sexuality education is a lifelong process of building a strong foundation for sexual health through acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy.

Toor stressed that sexuality education encompasses education about reproductive health, reproductive rights and responsibilities, sexual abstinence, anatomy of human sex, reproduction and other aspects of human sexual behaviours.¹⁰

ATTITUDE ABOUT SEXUAL HEALTH EDUCATION

Awareness about health services influences utilization of services. Kotecha et al. observed that 70% adolescents were ready to use adolescent-friendly services if they knew about these.¹¹

Counsellors should organize parents' conferences and use such media to enumerate to parents (who are teachers) the advantages of teaching sexuality education to students in secondary schools and thus debunk their erroneous beliefs. Counsellors are to organize seminars for teachers on regular basis and stress on what students stand to benefit from the teaching of sexuality education in schools and also to stem the tide of immorality among adolescents.¹²

Kinley (2015) investigated the Attitude of Teachers and Students towards Teaching of Sex Education among Secondary Schools in Thimphu Bhutan, Asia. The objective of the study according to the researcher, was to study the attitude of teachers and students towards inclusion of sex education in school curriculum. A total of 120 respondents participated in the study. The finding shows that teachers and students alike were in favour of teaching sex education in secondary schools.¹³

Eko, Abeshi, Osonwa, Uwanede and Offiong (2013) carried out a study on Perception of Students, Teachers and Parents towards Sexuality Education in Calabar South Local Government Area of Cross River State, Nigeria. The objective of the study according to them "was to determine the perception of students, teachers and parents the objective of the study according to them "was to determine the perception of students, teachers and parents towards sexuality education in Calabar South Local Government Area Cross River State". A total of 850 students, teachers and parents participated in the study. The study found out that the majority of students, teachers and parents were in favour of sexuality education, which should include knowledge of HIV/AIDS, abstinence and other sexually transmitted diseases.¹⁴

A student's experience in school with sexuality education can vary and it's a great challenge. The Sex Information and

Education Council of the United States and the Future of Sex Education (FoSE) promote evidence-informed comprehensive school-based sex education according to students' age, developmental abilities, and cultural background as an important part of the school curriculum at every grade.¹⁵

Sexuality education is more than the instruction of 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 their disabilities, chronic health conditions, and other special needs.¹⁶

More than a quarter of the world's population is between the ages of 10 and 24, with 86% living in less developed countries. These young people are tomorrow's parents. The reproductive and sexual health choices they make today will have an effect on the health and wellbeing of their communities and of their countries in future.

About 88% of them live in developing world. India has the largest (243 million) number of adolescents comprising one-fourth of the country's population.¹⁷

Adolescent health and nutrition status has an intergenerational effect, hence it is one of the important stages of the life cycle in terms of health interventions.^{18,19} But this period is often ignored. Nearly two-thirds of premature deaths and one-third of the total disease burden in adults are associated with conditions or behaviors that begin in their adolescence or youth, including tobacco use, lack of physical activity, unprotected sex, exposure to violence leading to unintended pregnancy, early pregnancy and childbirth, human immunodeficiency virus (HIV) and other sexually transmitted diseases, malnutrition, substance abuse, and injuries.²⁰

Promoting the healthy practices during adolescence is critical to the future of a country's health.¹⁸ Millennium Development Goals (MDGs) five and six are particularly relevant to young people's health, which consider the pregnancy rate among 15-19-year-old girls, and the incidence of HIV/AIDS among young people and the proportion of 15-24 year olds with a comprehensive knowledge of HIV/AIDS.¹⁹ Providing equitable, comprehensive, accessible adolescent reproductive and sexual health (ARSH) services has been a mandate of reproductive and child health (RCH) program under National Rural Health Mission (NRHM) in India since 2006.²⁰ ARSH services include preventive and curative services like counselling on nutrition and sexual problems, immunization, awareness on contraceptives, Reproductive tract infections/Sexually transmitted infection (RTI/STI), and HIV/AIDS, behavioural risk factors, services for pregnancy/abortion, and management at primary, secondary, and tertiary care levels. The objective of this study was to ascertain the extent of awareness and utilization of ARSH services under RCH program among adolescents.

CONCLUSION

The reviewed literature reveals that adolescents have some knowledge about reproductive and sexual health based on which they have their practices. However, the knowledge is not adequate and formal. The source of knowledge is questionable and hence the authenticity of the knowledge is at stake. The practices and attitude based on such inadequate knowledge can be dangerous for the health of the community. Hence it is important that urgent attention is given to the formal knowledge regarding reproductive and sexual health of the adolescents.

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