



Family Life Education and Reproductive Health Issues: a Linkage Study Among Young Unmarried Girls in Tamilnadu

KEYWORDS

Family Life Education, Reproductive Health, RTI/STI

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ABSTRACT This paper attempted to identify where and how young people currently receive their sexual health education and try to find out association of Family Life Education (FLE) on young people's understanding on reproductive & sexual health issues. Data were drawn from 6,415 unmarried women (15-24) during DLHS-III in Tamilnadu.

Though seventy percent of women aware of FLE, more than two-fifth of them were received FLE (44.3percent). Among women who received FLE, only 36 percent of them known the correct legal age at marriage for girls, 44.6percent not aware of STI/RTIs. With regard to comprehensive knowledge on HIV/AIDS transmission, only one-fifth of girls who received FLE had high comprehensive knowledge. Using of cloths during menstrual period was high among the girls who had not received FLE. Age of women and women's education were significantly associated with receiving pattern of FLE

Introduction:

Adolescents, hence, should know what is happening to their bodies. A survey of more than 600 young people in 54 countries revealed that almost all of the respondents said they needed more information on all aspects of their sexual and reproductive health (Senanayake & Marshall, 1997). The main sources of information on sexuality, conception, pregnancy, and contraception for young people are friends and the media (UNDP/UNFPA/ WHO/World Bank, 2000). Because of this limited knowledge about sexuality and relationships and their implications leave adolescents vulnerable to increased risks from pregnancy, sexual exploitation, and violence (UN, 2000). Therefore, it is necessary to educate young people in the area of sexual health and relationships in a holistic and developmentally appropriate way in the prevention of STIs/RTIs/HIV/AIDS and unplanned pregnancies. The need for sexual health education to be positioned within the complex social world in which young people make decisions has been well documented in both research and policy documents (ARCSH, 1999; Department of Health and Ageing 2004; Moodie, Edwards & Payne 2003; Smith et al. 2003). Under this backdrop, this paper attempted to identify where and how young people currently receive their sexual health education and try to find out the influence of the Family Life Education (FLE) on young people's understanding on reproductive & sexual health issues.

Methods and materials: The study samples were drawn from District Level Household and Facility Survey-3 (DLHS-III). The field work of DLHS-3 was carried out during December 2007-December 2008 in Tamilnadu state covering 30 districts in the state. A multi-stage stratified systematic sampling design was adopted for DLHS-III. In all 32,623 households were covered throughout the state, in which 6145 unmarried girls aged 15-24 were interviewed. Bivariate analysis and logistic regression analysis were done to assess influences of socio-economic and demographic variables on the dependent variables.

Results: Around seventy percent of the respondents were in the early adolescent age group (15-19 years) and the remaining thirty percent fall in the late adolescent age (20-24 years). Nearly three fifth of the respondents were living in rural area (58.3percent) and majority were Hindus (87.1percent) Very negligible proportion of respondents were illiterates (1.5 percent) and about 18 percent of the adolescents were had more than 12 years of schooling and overwhelming majority of the adolescents was not working in any sectors. More than fifty-five percent of them were richer and richest groups (29.1and 25.8 percent respectively) and only about fifteen

percent fall in the poorer and poorest wealth index.

Understanding of FAMILY LIFE EDUCATION (FLE): About seven out of every ten young girls were aware the family life education in Tamilnadu (70.7 percent), however only 44 percent of the unmarried young girls were ever received the family life education. And at the same time, just little less than three-fourth of the adolescents in TamilNadu was perceived that family life education is important. Awareness about family life education was higher among the late adolescents (20-24: 75.0percent) than girls aged 15-19 years (68.7percent) which is also below the state average. Awareness about family life education was lower among those who live in rural areas (68.1percent), Muslim girls (66.0percent), who have lower level of education (illiterates 35.1; 5 years of schooling 37.7percent); belonging to schedule caste and schedule tribes (69.7percent), and adolescents from households belong to lowest wealth quintile (45.1percent) than their respective counterparts.

Table 1 Percentage of young unmarried girls who received of FLE according to selected background characteristics, Tamilnadu, 2007-08

SED Characteristics	Ever received FLE/SE		
	Yes	No	Total
Type of locality*** 22.827			
Rural	41.8	58.2	3737
Urban	47.8	52.2	2678
AGE NS			
15-19	43.9	56.1	4424
20-24	45.3	54.7	1991
RELIGION *** 27.837			
Hindu	43.9	56.1	5587
Muslim	39.0	61.0	423
Christian	56.0	44.0	405
CASTE NS			
SC/ST	43.5	56.5	1815
OBC	44.7	55.3	4600
EDUCATION IN YEARS*** 772.121			
Illiterate	5.3	94.7	94
up to 5 years	7.8	92.2	395
6-10 years	34.8	65.2	3241
11-12 years	58.6	41.4	1529
Above 12 years	67.7	32.3	1156
type of house*** 74.846			
Kachha	36.3	63.7	1150
Semi-pucca	42.0	58.0	2681
Pucca	50.4	49.6	2584
Wealth index*** 168.546			

Poorest	26.5	73.5	215
Poorer	33.5	66.5	722
Middle	39.6	60.4	1954
Richer	45.4	54.6	1867
Richest	55.8	44.2	1657

***refers to significant at 1% level (chi-square results –received FLE and SED characteristics)

It is found that more than two-fifth of the adolescents (44.3 percent) had ever received FLE (Table 1). The corresponding percentages were more among degree/diploma holders (67.7percent), Christian girls (56.0percent) and adolescents in richest wealth index (55.8percent), adolescents living in pucca houses (50.4 percent) and late adolescents (45.3 percent) than their counterparts. This proportion is less than state average among the Muslim girls (39.0percent), adolescent living in Kachha houses (36.3percent), poorest adolescents (26.5percent) and illiterate adolescents (5.3percent). There is a marginal gap between level of awareness and perception of importance of FLE among unmarried women in Tamil Nadu. Out of 4694 respondents who replied that it is important to provide FLE, around 45 percent of girls were not received the FLE. About 73percent of unmarried women felt that FLE should be provided by teacher/school/college, 59 percent felt that mothers should provide FLE. About 40 percent adolescents were of the view that it should be provided by friend/peers, 25.9 percent from brother/sister/sister-in-law.

Table 2 Percentage of young unmarried girls according to their knowledge on RH issues by FLE received

Knowledge on Marriage age / Contraception	% of young girls ever received FLE	
	Yes	No
Knew legal minimum marriage age for girls *** 109.055		
Yes	98.9	93.8
Knew legal minimum marriage age for boys *** 79.109		
Yes	93.0	86.0
Prevent bloodstains -use cloth ***149.959		
Yes	50.7	65.9
Prevent bloodstains –use napkin ***142.964		
Yes	52.9	37.9
Heard of female Sterilization ***77.511		
Yes	97.9	93.1
Aware of RTI/STI *** 543.680		

Yes	55.4	26.8
Comprehensive Knowledge on RTI/STI Transmission ** 9.793		
Less knowledge	85.1	90.2
More Knowledge	14.9	9.8
Comprehensive Knowledge on HIV Transmission *** 183.418		
Less Knowledge	79.8	92.0
More Knowledge	20.2	8.0
MISCONCEPTION on HIV Mode of Spread*** 76.517		
No misconception	79.5	70.3
Less misconception	15.5	20.6
High Misconception	5.0	9.1

Comparatively a higher proportion of girls who received FLE have heard of RTI/STI (55.4percent) than the counterpart. With regard to understanding on RTIs/STIs transmission, both the young girls who obtained FLE and who did not receive FLE had less knowledge however the girls who did not receive FLE have comparatively less awareness on mode of transmission of RTIs/STIs than the counterpart. Unsafe abortion, IUD insertion and unsafe delivery are the most prominent way to spread the RTIs/STIs from one person to others, however very little proportion of girls whether received the FLE or not had this correct knowledge. Nearly three-fourth of respondents in both groups (FLE received and not received) strongly believed that RTIs/STIs may spread if a person has sex with a person who is having many partners. And another little less than two-fifth of the girls opinioned that RTIs/STIs may spread if a person has sex with sex workers (38.8 and 37.9 percent respectively).

Conclusion:

Data from 34 case studies in developing countries revealed that young people wanted much more explicit focus on sexuality in the school curriculum (Brown et al. 2000) and this study result also co-exist with above statement. When schools do not address family life, and reproductive health issues, they miss an opportunity to positively affect students' education, quality of life and relationships, and ultimately the economy and productivity of nations. Therefore schools should include education about family life and reproductive health in their curriculum. Further, this study also found that there is substantial and important causal effects of family life education on reproductive health issues among the unmarried girls.

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