CHAPTER - 1

AN INTRODUCTION TO REPRODUCTIVE HEALTH EDUCATION FOR ADOLESCENTS

1.1 INTRODUCTION TO THE RESEARCH PROBLEM

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes... It also improves sexual health, the purpose of which is the enhancement of life and personal relation, and not merely counseling and care related to reproductive and sexually transmitted diseases” (WHO, 1996). The above definition of reproductive health contained in the programme of the International Conference on Population and Development (ICPD), Cairo is an improved version of the World Health Organization’s technical definition, which was accepted by the United Nations general assembly. It is being followed by government and voluntary agencies world over and also utilized as a functional definition for the present study.

The reproductive health thus includes a much wider area than only physical well-being. Reproductive health addresses the physical, social, emotional and psychological dimensions of sex and reproduction and not just the presence or absence of disease of reproductive organs. The proponents of the reproductive health framework believe that reproductive health is inextricably linked to the subject of reproductive rights and freedom. Also, the reproductive health concept extends beyond the narrow confines of family planning to encompass all aspects of human sexuality and reproductive health needs during the various stages of the life cycle. ICPD Program declares that all countries “should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies”.

The present study on reproductive health education is an attempt to respect and care about one’s basic needs contributing to healthy body and mind. This becomes most crucial now, due to rapid demographic changes, media, and globalization. It is an individual’s decision to reproduce or share physical expression. With growing
individual autonomy and participation of adolescents it becomes a responsibility of
the socializing agents to provide a guiding light towards a bright and stable future.

The present concept of reproductive health education saw a scientific and global
beginning with population studies and population education. It focused on developing
individual’s framework towards population and its impact on oneself. As defined by
UNESCO seminar (1970), population education is an educational programme which
provides for a study of the population situation in a family, community, nation and the
world, with the purpose of developing in the students rational and responsible attitude
and behaviour towards that situation (Swamy, 2005).

A number of seminars have been conducted and committees formed to introduce
population education in school curriculum. Family Planning Association of India (FPAI),
Ministry of Health and Family Planning, Ministry of Education and Youth Services,
NCERT, and others are some of the prime organisations responsible to articulate and
showcase the vision of reproductive health education. Small family norms saw its
presence in the national education policy, 1986, for the first time. Since then there has
been a significant shift from population dynamics on individual to individual’s
reproductive health needs embracing physical, psychological, and social aspects.

The reproductive health issues gained recognition in 1974\(^1\), momentum in the 1984\(^2\)
and was crystallized at the International Conference on Population and Development
(ICPD) 1994. The concept of reproductive health attracted a wide attention during the
reproductive health issues by promotion of responsible and healthy reproductive and
sexual behaviour. The conference also raised concern for protecting the human rights
and well-being of adolescents and encouraging the active participation of adolescents
in the process of socio-economic development. The rights of adolescents have been
focused as the most controversial topic in U.N. Conventions. During ICPD, the
following sensitive rights of adolescents were recognized:

\(^1\) United Nations World Population Conference in Bucharest. The conference evolved World
Population Plan of Action.

\(^2\) United Nations International Conference on Population in Mexico. The conference reviewed the
• The right to the enjoyment of the highest attainable standard of health,
• The right to the privacy, confidentiality and informed consent,
• The right to reproductive health education, information and care (UN, 1994).

A World Health Assembly resolution of May 1995 presents an outline of the global reproductive health strategy. This Global strategy focuses on three main interrelated areas:

• Advocacy for the concept of, and for political commitment to, reproductive health, for an “enabling” environment, for wide participation and for increased resources for reproductive health programmes,
• Research and action to support promotion and protection of reproductive health, prevention of specific reproductive health problems, and care and rehabilitation for all when needed, and
• Attention to the special reproductive health needs and concerns of women, to underserved groups such as adolescents, to the roles and responsibilities of men, and to such population groups as refugees and displaced people.


• Chapter 1.4.10 under the caption ‘Integrated Diverse Curriculum Concerns,’ it states, “At a time when concerns such as ‘literacy’ ‘family system’, ‘neighborhood education’, ‘environment education’, ‘human rights education’, ‘legal literacy’, ‘peace education’, ‘migration education’, ‘global education’ and ‘safety education’ are making a case for separate place in the school curriculum, the best approach would be to integrate these ideas and concepts, after a careful analysis in the existing areas of learning. Appropriate strategies for this integration may be suitably worked out in the detailed subject curricula.”

• Chapter 2.5 under the caption ‘general objectives of education, it includes (a) appreciation of the various consequences of large families and over-population and need for checking population growth. (b) Cultivating the power of understanding of and attitude towards healthy sex related issues and respectful attitude toward members of the opposite sex (NCERT, 2000).
Owing to the controversies on adolescent sexuality, the reproductive and sexual health needs of adolescents, very few countries in the World have set up adequate reproductive health care services for adolescents (Pati, 2004). Adolescent reproductive health care needs vary with culture, age, marital status. But it is universally agreed that all adolescents need accurate and adequate information about reproductive and sexual health. In the absence of adequate and accurate information adolescents are at risk of being worry-informed about sexual and reproductive matters, which may lead them to make decisions that could have negative effects on their lives. As regards to the adolescents’ awareness about their reproductive health issues, it is urged that education is the major viable media for this purpose.

1.2 REPRODUCTIVE HEALTH STATUS OF ADOLESCENTS IN INDIA

The World Health Organization defines adolescence as the period of life between ages 10 and 19. Adolescence is a stage of development transition, i.e., a bridge between childhood and adulthood. It is a progress from appearance of secondary sex characteristics (Puberty) to sexual and reproductive maturity. It is the stage of development of adult mental process and adult identity and transition from total socio-economic dependence to relative independence (WHO, 1986 and, Gupta et al., 2004). Adolescence has traditionally been regarded as a period of stress and strain, a time of heightened emotional tension. As termed by Erikson (1968), the identity crisis or the problem of “Ego-Identity” is a psychological moratorium, a gap between security of childhood and the autonomy of adulthood. Adolescence is a phase when rights of the childhood start shaping while responsibilities and rights of the adults are yet to become accessible. One is ‘old enough’ for certain things and ‘still too small’ for certain other things. This phase continues through the second decade of every individual’s life. This age group is particularly vulnerable to conditions in their social and physical environments, due to exposure to wide range of positive and negative determinants of health. The interaction of these determinants at each developmental stage helps to define both their level of health and its impact on the later life. The key determinants including social status, income, employment, environment at work, education, social set up, natural and
built up environment, personal health practices, individual capacity and coping skills, biological and genetic endowments (Acharya and Dasgupta, 2005). Although adolescents are 1/5th of world’s population still it is pertinent to note that many girls are grossly underweight at adolescence (Jejeebhoy, 1995).

Adolescents are an important resource of any country. They have successfully passed the adversaries of childhood and are on their way to adulthood. This is the stage when physical changes are taking place in their development. On this way they may face troubles due to lack of right kind of information regarding their own physical and or sexual development. Going through physical and sexual development, many adolescents become sexually active increasingly at early ages. Their vulnerability, and ignorance on matters related to their reproductive health, their inadequate knowledge on contraception, and inability or unwillingness to use family planning and health services leads adolescents to face reproductive morbidity and mortality (Onifade, 1999). Jejeebhoy (1996) in his study showed that adolescent fertility in India occurs mainly within the context of marriage and over half of all women aged 15-19 years have experienced pregnancy or birth of a child. Unfortunately, their education lacks inputs on reproductive health, this is despite their strong desires to participate in activities geared towards their own reproductive health and social development needs. It is feared that adolescent girls as well as boys if not duly informed find themselves at risk of pregnancy, child bearing and getting infected by sexually transmitted diseases.

From the above discussion it is clear that adolescents are still growing up without the opportunities, information, skills, health services and support they need to go through sexual development and postpone sex until they are physically and socially mature and able to make well informed, responsible decisions. Moreover many traditional practices and myths surround normal physiological process such as menarche and when adolescent are not given scientific explanation of such phenomenon, they are left puzzled and are unable to differentiate between myth and reality. This has resulted in anxiety and psychological trauma in adults, who as teenagers had held firmly to certain belief about sexuality (Basanayake, 1985). Due to aforesaid reasons, it is felt that there is a need for creating a generation with proper knowledge for good health.
Thus, initiatives on reproductive health education are an unavoidable call to address the physical and psychological questions arising in adolescents restoring their equilibrium. It is an effort to break through the closed and narrow channels of information coming out of a rigid social framework. The taboo on understanding reproductive needs and patterns often results in curious rebels disrupting one’s health and growth. Providing reproductive health education would give a logical and responsible shift to mass media which is often misleading or inadequate, promoting risky behaviour. Considering the multifaceted impact of reproductive health and its varied sources of information, including it in main stream education is an urgent need of the hour. Hence, from the forgoing discussion it is clear that reproductive health is an emerging issue among adolescents.

After having mentioned the meaning, intent, and importance of reproductive health, it is often assumed the reproductive health is the effect of an adult’s decisions. But there is need to focus on adolescents as they are future adults. It is important that adolescents should be allowed to study reproductive health. It, therefore, becomes important to first understand the adolescence before introducing the details of the study.

1.3 THEORETICAL PERSPECTIVES

The theoretical perspectives on adolescents and adolescence enlighten that adolescence is often described, as an exciting transitory phase in the human life cycle but is perhaps one of the most challenging stage. This is a time when adolescents evolve into adults with newly discovered independence and renewed responsibilities. They are constantly in search of their own new identity. They tend to question and appreciate the values of the adult world and try to assert their existence. During adolescence they develop skills that will help them to grow into caring and responsible adults. When adolescents are supported and encouraged by caring adults, they thrive in unmanageable ways, becoming resourceful and contributing as members of their families and societies.
Havighurst (1951) believes the developmental tasks of any given stage are sequential in nature; that is, each task is a prerequisite for each succeeding task. The optimal time for each task to be mastered is, to some degree, biologically determined. The nine major tasks during adolescence are:

- Accepting one’s physical makeup and acquiring a masculine or feminine sex role.
- Developing appropriate relations with age-mates of both sexes.
- Becoming emotionally independent of parents and other adults.
- Achieving the assurance that one will become economically independent.
- Determining and preparing for a career and entering the job market.
- Developing the cognitive skills and concepts necessary for social competence.
- Understanding and achieving socially responsible behaviour.
- Preparing for marriage and family.
- Acquiring values that are harmonious with an appropriate scientific world picture.
At any given time, adolescents may be dealing with several of these tasks. The importance of specific developmental tasks varies with early, middle and late periods of the transition (Ingersoll, n.d.). The Developmental Tasks Model expects an adolescent who mastered these tasks to emerge from adolescence as a well-adjusted and well-socialized adult.

Hall (1904) saw adolescence as a period of “storm and stress” (S&S). Parents, peers, teachers and society exert considerable pressure on the adolescent to grow up during adolescence. However, Coleman (1978) clarified that various stresses in adolescence do not occur at the same time. Rather, adolescents deal with one or two stressful events, which alleviate the stress, then deal with the others. The peak age for stressful situations varies. Although there may be some overlaps, it is unlikely that several would peak at the same time and very rarely do they concentrate at one time. Coleman’s view implies that adolescence is not a relatively short period of time and adolescence is not any more or less stressful than any other developmental stage. Some adolescents may have very difficult and stressful experience, but in general, the majority do not. Hence, adolescence seems to represent a series of smoothly evolving changes in development.

Gender differences in the rate of biological growth may spell differences in adult expectations for acceptable behaviour of adolescent females and males. For example, young girls often are expected to behave more like adults than are boys of the same age. Similarly, the timing of maturation, whether one is an early or late maturer, influences social interaction with parents, other adults such as teachers, and peers. Early physical maturers are often treated as more socially and emotionally mature than they are, or than their age mates. This may result in unreasonable expectations being imposed on them, which may have lasting effects on their personality.

Freud (1948) believed that often an important stressor during adolescence is the increase in sexuality. Freud noted that this brings about a recurrence of the oedipal situation, which must be resolved through attraction to opposite sex peers. The increase in the sex drive creates stress and anxiety (fear of opposite sex and fear of feeling sexual), which may call into play one or more defense mechanisms to restore equilibrium and protect the individual from experiencing anxiety. Use of defense mechanisms may result in avoidance of opposite sex, having only platonic relationships, and not dating. They may reduce the anxiety associated with the drive
and satisfy immediate needs but frequent use of these mechanisms may lead to unsatisfactory interpersonal relationships as they stunt personal growth and increase social distance between the individual and others.

**Erikson (1968)** emphasized the acquisition of ego identity and sense of who and what one is and the cultural determinants of development. He viewed development within a series of psychosocial stages that are in part biologically determined. Associated with each of Erikson’s Eight Stages of Development is a crisis, which is simply a psychosocial task that is encountered. Each crisis involves conflict and has two possible outcomes. Erikson believed that there is a disruption of identity during adolescence resulting from both physical and social factors (such as increasing emphasis on making educational decisions and beginning to consider future occupations) that force the adolescent to consider alternatives. He noted the importance of developing a vocational identity and a personal philosophy, which shall provide the adolescent with a reference for evaluating and coping with life events; otherwise, the adolescent may not be capable of forming a coherent and acceptable identity leading to self-doubt, role confusion and indulgence in self-destruction activities (e.g., juvenile delinquency or personality aberrations).

**Adler (1964),** the ‘Individual Psychologist’ mentions styles of life in coping with feelings of inferiority resulting from individual and social development. Adolescence is the most crucial threshold here, forming constructive or destructive styles of life as shown below (Figure 1.2):

![Figure 1.2: Constructive or Destructive Styles of Life Explained by Adler](image-url)
Adolescence, takes the centre stage in developing styles of life and physiological changes, being the focal of this stage, demand attention and care. Reproductive health education would carve a responsible adult capable of exercising its rights out of a curious adolescent.

The “self-actualization” theory, developed by Abraham Maslow (1943), is that our needs can be arranged in “a hierarchy ascending from such basic physiological needs as hunger and thirst through safety and love needs to needs for esteem, and ultimately, self-actualization”. This hierarchy of needs theory is based on the assumption that all people have the desire to maximize their potential and strive to do what they are capable of doing. Both maximizing potential and striving to find capability are important goals in education. Maslow conveyed reproductive decisions as the basic impetus towards a healthy development and motivation to better performance. To make a good decision, the basic requirement is information and education. One fact becomes strikingly clear that every student is different; their living conditions, health, and confidence are a few of the factors that vary dramatically from student to student. However, one commonality can be detected among all students (learners) that they all have needs.

Mead’s study, “Coming of age” on Samoan girls asserts this point. Samoan girls, with informative autonomy and reproductive decisions were better adjusted adults (Mead, 1950).

Piaget (1952) argues that intelligence develops in a series of stages and it reflects the emergence of biological predispositions as well as cultural influences. While a preadolescent is already capable of concrete operational thinking, i.e., thinking about what is real, the “here and now”, an adolescent can think about how he/she might be, not just how he/she is. Abstract thinking allows them to consider identity issues such as “who am I?” and answer this question in more concrete terms than just age, name and various likes and dislikes. The adolescent also has thinking skills to weigh alternatives and make long-term plans and commitments.

Piaget’s Theory of Intellectual Development is further clarified by Selman’s Social Cognition Theory (1980), which states that adolescents have the ability to consider
not only their own perspectives but also those of others. This is made possible through social cognition and social role taking skills. Social cognition refers to how we think about others and our relation to them, about the relation between people and society and how we infer others’ intentions and feelings. However, social role taking skills relate to adolescents’ views of the nature of friendships and their view of the social system, which include laws, morality, and importance of mutual consensus.

**Social Learning Theory (SLT)** posits that environmental agents (parents, teachers, peers) shape (teach) behaviour both by directly reinforcing desired behaviour and by providing models of socially appropriate behaviour. Bandura (1969, 1973) outlined the basis for Social Learning Theory (SLT) and in conjunction with Walters (1963) discussed Social Learning Theory (SLT) as it relates to adolescent development. By observing a model, the adolescent may learn an entirely new behaviour, e.g., delinquent behaviour (*Modeling Effect*), while observing a punished/rewarded behaviour of the model inhibits/disinhibits the adolescent from doing an act (*Inhibition/Disinhibition Effect*). On the other hand, by observing the response to the model, the observer may be cued to demonstrate a similar behaviour, which is already in his/her repertoire (*Response-Facilitation Effect*).

Social Learning Theory (SLT) does not support the idea that development occurs in a sequence of stages. Adolescent development is seen as a direct consequence of cultural conditioning and social expectations for certain kinds of behaviours. The best way to understand this is to examine the impact of models and the odds of reinforcement on adolescent experiences. Any deviant development is seen as failure of socialization processes that began in childhood. Although individual and biological factors play a role in how one will develop, Mead (1950, 1953) argued that development differs from one culture to another because of differences in cultural institutions. Cultural contexts define expected and allowable behaviour of adolescents and they exert a significant impact on the nature of adolescence. In different cultures, psychological and social changes are associated with behavioural expectations and different sanctioned behaviours within cultural contexts.
Adolescence is a time when adolescents can experiment with adult roles and determine a realistic sense of self. Adolescents may not have to accept the degree of responsibility that adults do when they take on various roles. The long-term consequences of trying out a role and having it to fail are not as great as they are for adults. Adolescence can determine the degree to which various social roles and situations are comfortable. It is a time when one may ask the question ‘Who am I?’ and begin to answer it meaningfully. Adolescence is the period during which the skills and attitudes are acquired to help develop adults who will eventually contribute to society in meaningful ways. Adolescents may obtain the skills and training necessary to prepare them for adult roles. Those who did not acquire these skills at this stage are at a disadvantage in their later life. Society will also suffer if its adult members are not well prepared for their marital, parental and civic roles. For adolescents to reach their greatest possible potential, society must provide the needed support structure such as access to basic education, technical trainings, and health education. The development of society and the individual should be in synchrony; otherwise, it will produce frustration for both the individual and society. In effect, transitions experienced during adolescence will be more difficult.

Adolescence is taken as a period of teachable moment. The adolescence stage characterized by high motivation to learn and that earlier knowledge lasts in all contexts including sexuality. A number of factors hinder provision of sexual and reproductive health education. Difficulties reported as hindering adolescents’ sexual and reproductive health education include the belief by parents that their children are too young to receive such education, the embarrassment felt when talking about the subject, and the belief that it may encourage promiscuity (Kelefang and Lennéer, 2008). A WHO study has shown that education in sexual and reproductive health issues does not lead to young people becoming sexually active. The idea underlying sexual and reproductive health education is that a positive view on sexuality leads to greater self-esteem and to the capacity to have control over one’s own sexual life (WHO, 1996). There is an openness and shared vision among many people towards sexual and reproductive health education and this is a “most humanistic way to promote sexual and reproductive well-being, health and rights”. The most important is
a source of information and kind of information that is given if adolescents are to have high sense of self efficacy, and have control of decisions concerning their live.

This crucial stage of development seeks exposure through various conspicuous and inconspicuous sources confiding in peer groups, print media, audio-visual media, book, and so on. Hesitation in seeking answers to the obvious development changes or sudden aggressive, autonomous ways to find answers either results in inadequate development or dangerous outcomes. It is therefore, of utmost importance that the prime socializing agencies namely family and school must provide the required information and understanding. If adolescents successfully resolve the crisis arising due to the physiological and mental changes, they can prove to be a rich human resource for the country.

*Almost all the studies stressed on the various needs and concerns of adolescents. It is to be noted that the researcher can not stress on a single theory which explains the need and importance of imparting reproductive health education to adolescents. Depending on various situations of adolescents different theories can become applicable.*

**1.4 SCIENTIFIC BACKGROUND**

Scientific background has been drawn from the perspective of various psycho-social theories existed in the field of adolescents and adolescence. The theoretical perspective reflected that adolescents physical, cognitive, and emotional development occurs within social institutions, including family, friends, and school. Therefore, understanding the nature of development necessitates understanding the social contexts in which it occurs. For adolescents, families, peers, and schools constitute the most important cultural contexts in which development unfolds.

It is widely accepted that adolescents have the right to reproductive health education, partly because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted infections and HIV/AIDS. Reproductive health education is the process of acquiring information and training attitudes and beliefs about reproductive health issues. Reproductive health is
not limited to the life transmission or reproduction as it includes four important dimensions:

- Anatomy and biology with sex physiology, procreation and survival mankind;
- Social dimension with cultural influence, social norms and rules;
- Psychological dimension with gender issue, the personality construction and self-esteem; and
- Affective and relational dimension with feelings (love, desire), points of view and emotions.

Reproductive health education seeks both to reduce the risks of potentially negative outcomes from sexual behaviour like unwanted or unplanned pregnancies and sexually transmitted infections, and to enhance the quality of relationships. It is also about developing adolescents’ ability to make decisions over their entire lifetime. It is necessary, in order to go beyond a prescriptive approach, and adopt a decidedly educational perspective. In this way, taking into account adolescent students’ representations is an important part of the learning process. The interest of taking them into account in an HIV/AIDS education programme for students has already been underlined (WHO, 1999; WHO, 2006). Reproductive health education requires the teacher and parents representations also so that they could help adolescents build more relevant ones.

*Thus the present study aimed at looking the representations of adolescents’, teachers’ and parents’. It requires not only to target the knowledge learning but also to take into account the social and cultural aspects.*

### 1.5 RATIONALE OF THE STUDY

Adolescence is a vital stage of growth and development. It is a period of transition from childhood to adulthood and is marked by rapid physiological and psychological changes. This period results in sexual, psychological and behavioural maturation. It is an established fact that adolescence is a period of increased risk-taking and therefore susceptible to behavioural problems at the time of puberty and new concerns about reproductive health. Female adolescents, compared to their male counterparts, face
disproportionate health concerns following puberty, foremost among these are too early pregnancy and frequent childbearing. Male adolescents, for their part, often lack a sense of shared responsibility for reproductive matters and respect for reproductive choices there is a growing acceptance of the fact that adolescents need information and education so that they can protect themselves and make informed decisions regarding their reproductive health. At the same time it is acknowledged that parents have important roles and responsibilities in that context. Despite such awareness, resistance persists. Some myths prevail that educating adolescents about reproductive health and providing them with related information and services will lead to irresponsibility and promiscuity, although studies have shown that the reverse is true. For their part, many adolescents are reluctant to seek help from adults either within their families or in school they therefore do not get the information, counseling and services they need. There is a need of involving parents and of fostering an “enabling environment by equipping adults, through training and sensitization efforts, to help adolescents. Adult family members of both sexes have to be informed of the need and value of reproductive health education for adolescents, and need to be reassured that young people need their support. Thus parents ought to be the main source of information on reproductive health education but are not giving adolescents what they needed.

It has been recognized that the efficient way to reach young people and their families are through schools. Teachers can function as healthy role models, advocates for healthy school environments, gatekeepers for students in need of services, resource people for accurate information and effective instructions. Schools could provide a safe place for adolescents to discuss reproductive health issues, get advice and explore non-stereotypical gender roles. However, little is known about how prepared schools are to embark in the task of reproductive health education.

*In the above context, the researcher took the initiative to carry out descriptive study to look after the adolescents’ reproductive health issues, including the knowledge, perception and context within which they arise and also explored the opinion of parents and teachers on imparting reproductive health education amongst*
adolescents. The present study was also an attempt to study the existing policies and programs with respect to reproductive health education for adolescents.

1.6 RELEVANCE TO SOCIAL WORK PRACTICE

This research would help the social workers in understanding the issues related to the reproductive health of adolescents. It would help in raising the sensitization among social workers about the different problems encountered by adolescents in the getting information on reproductive health issues. It would highlight the need to make the existing school health service more sensitive to the needs of adolescents. This would enable the social work professionals to bridge the gap between the adolescents and adults (parents and teachers) who continue to be the main and easily accessible source of information especially in the area of reproductive health education for adolescents.

The present study would help in promoting health related research with specific reference to reproductive health of adolescents. Further there is a need that the information regarding reproductive health issues should be made available to adolescents, so that they can make informed and responsible decisions. It would emphasize on the need to provide education to adolescents and organization working with adolescents to make them aware of their rights and responsibilities for their own personal health care, and to encourage them to demand for reproductive health education that would meet their particular needs and concern.

In order to ensure universal access to reproductive health education for the adolescents the study would emphasize on the need to create and support programs in the schools as well community, also help in realizing the need to create programs and services that address specific health needs of adolescents.