Chapter – I

Introduction
Reproductive and sexual health has become a current headline grabber in the context of global health development. Reproductive and sexual health has both medical and socio-cultural dimensions. Traditionally, reproductive and sexual health was considered matter of medical issue involving top-down intervention frameworks and strategies not compatible with and responsive to local cultures. It is a recognized fact that provision of medical services only could not alleviate the reproductive and sexual health status of youth. The reproductive and sexual health programme, which has been designed with medical research and doctor's diagnoses, often failed to initiate appropriate critical understanding of the reproductive health status and achieve programmes with short-lived success.

Reproductive and sexual health of youth refers to their ability and choice to reproduce, to control their fertility and to sustain and enjoy their sexual relationship. The components of sexual and reproductive health care are seven: 1)Safe mother hood 2)family planning 3)Reproductive tract infections and HIV/AIDS 4) Gynecology, including cancer and infertility 5) gender based violence or G.B.V 6) Adolescent reproductive health 7) Male reproductive health. Reproductive and sexual health of youth has been significantly influenced by their rights, empowerment and gender relations in their community. It is very important to take a critical look at the reproductive and sexual health issues in terms of understanding the power structure and gender relations.
Sexual and reproductive health services are absent or of poor quality and underused in many countries because discussion of issues such as sexual intercourse and sexuality makes people feel uncomfortable. The increasing influence of conservative political, religious and cultural forces around the world threaten to undermine progress made since 1994 and arguably provides the best example of the detrimental intrusion of politics into public health.

Sexual health and reproductive health overlap and in addition to supporting normal physiological functions such as pregnancy and childbirth, aim to reduce adverse outcomes of sexual activity and reproduction. They are also enabling people of all ages including adolescents and those older than the reproductive years, to have safe and satisfying sexual relationships by tackling obstacles such as gender discrimination, inequalities in access to health services, restrictive laws, sexual coercion, exploitation and gender-based violence.

Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health needs a positive and respectful approach to sexuality and sexual relationships and the possibility of having pleasurable and safe sexual experiences that are free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all individuals must be respected, protected and satisfied (WHO, Sexual Health 2008a).

Evidence on the sexual and reproductive health situation of young in India suggests that this group continues to have a wide array of unmet needs. First, marriage and childbearing continue to take place in adolescence for a significant proportion of youth, while the age at marriage for youth especially for girls has undergone a secular increase. The reality is that more than two-fifths of all women
aged 20-24 were married by 18 years and 16 percent of all girls aged 15-19 have already experienced pregnancy or motherhood. Second, the use of sexual and reproductive health services by youth is far from universal.

Reproductive and Sexual Health Programmes in India

The National Population Policy 2000 recognized for the first time that adolescent constitute an under-served group with special sexual and reproductive health needs and advocates special programme attention to address this population (Ministry of health and family welfare India, 2000). The National Youth Policy, 2003 focuses on the needs of those aged 13-35, but recognized adolescents (aged 13-19) as a special group requiring a different approach for young adults (aged 20-35) and promotes strategies to meet youth needs in areas including education, training and employment, health, recreation and sports, and good citizenship (Ministry of Youth Affairs and Sports, 2003). Also notable is the commitment to addressing the needs of adolescents and young people articulated in the Tenth and Eleventh five-Year Plans (Planning Commission, 2007). In addition, the National Adolescent Reproductive and Sexual Health Strategy provide the framework for the adolescent sexual and reproductive health services proposed in the Reproductive and Child Health (RCH) Programme-II (MOHFW, 2006). The National Rural Health Mission (2005-2012) has incorporated adolescent health services as part of its service guarantees in health sub-centers, primary health centers and schools (MOHFW, 2005).

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 process (United Nations, 2004). Reproductive health, therefore implies that people are able to have
a satisfying and safe sex and that they have the capacity to reproductive and the freedom to decide if, when and how often to do so. The basic elements of reproductive health are responsible reproductive and sexual behavior, utilization of widely available family planning services, effective control of Reproductive Tract Infections (RTIs) including Sexually Transmitted Disease (STDs), prevention and management of infertility, elimination of unsafe abortion, prevention and treatment of malignancies of reproductive organs (WHO, 1994).

Entry into reproduction life is a key transmission in a person's life and the choices and behaviour patterns acquired during this early stage will typically shape the subsequent life course (United Nations, 1998). Moreover, youth is a period during which the prospects for a healthy reproductive life can be compromised. Major risk factors include premature entry into sexual relationship, multiple partners, high-risk sexual behavior and lack of basic health information and service. However, the current and upcoming generation of young people faces important challenges and, the size, health and prosperity of the world's future population will partly depend on the success of meeting their educational and reproductive health needs.

Young people undergo a period of development when biological, physical, cognitive and social traits mature from childhood to adulthood. During this stage, the challenges that youth face and the decisions they make can have a tremendous impact on the quality and length of their lives. Many important life events and health-damaging behaviors start during the young ages. As a result, youth is a time for acquiring behaviour of both opportunity and health risk. Therefore, improving young population's reproductive health is generally recognized as a key development priority, especially with increasingly larger numbers of youth today.
than ever before. The vast majority of youth lives in developing countries and is at risk of adverse health outcomes that are preventable. Youth is also an important formative period during which many life style behaviors are learned and established. Thus, acquiring beneficial knowledge, developing positive attitudes and establishing healthy practices and behaviors at an early age sets the stage for long-term health.

Young people are society’s potential for growth and development. They are the parents, workers and leaders of tomorrow. Meeting the reproductive health needs of today’s young adults require more than solving problems. It also requires investing in the potential of young people and helping them to prevent and solve problems for themselves. While, the sexual and reproductive health needs of youth are not yet adequately addressed under much primary health - care systems, and many youth do not have access to information and services to protect their health and make choice freely and responsibly (United Nations, 1999). In general, young males face reproductive health risks like Sexually Transmitted Diseases (STDs), including AIDS and with an increased risk of injury, illness and its complications. Moreover, young people specially males know little about reproductive health, have incorrect information about reproductive physiology, safe sex, fertility, contraception, have heard rumors or have received misleading information about these. Further, youth may have negative attitudes about contraception. Thus, meeting the reproductive health needs of youth requires not only providing services, but also changing attitudes, overcoming community opposition, building, understanding and educating about young people’s reproductive health needs.

Youth are particularly vulnerable because of their lack of information and access to relevant services in most countries. The prevalence of sexual initiation
before age 18 is relevant indicator of reproductive health, because psychological and emotional immaturity is often associated with risk-taking behavior. Young people are not empowered with life skills that would enable them to act on their knowledge, increase decision-making in sexual encounter and encourage responsible behavior. The 21st century has brought opportunities to youth in developing countries that their parents and earlier generations did not have young people in the developing world spend more time in school, live in smaller households (due to the fertility transition), and have greater access to the mass media and more freedom of movement (National Research Council and Institute of Medicine, 2005). Despite these advances, young people still face a myriad of both old and new social and health problems. Globally, an estimated 130 million youth are illiterate, 200 million live in poverty, and 10 million have HIV (United Nations, 2005). Hence, Sexual and reproductive health of young people has become a major health problem in recent decades. Recent and rapidly increasing Human Immune Deficiency Virus (HIV) rates show an urgent need for Sexually Transmitted Infections (STIs) and HIV prevention interventions especially among youth.

The population classified as “youth” between ages 15 and 24 is estimated to be one billion and it constitutes nearly 18 per cent of world population and about 14 per cent of the population in the more developed regions and 19 per cent of the population in the less developed regions (United Nations, 2004). While in India, the youth population (15-24 years) was 195 million in 2001 constituting 19 percent and reached to 240 million in 2011. These young people in India are healthier, more urbanized and better educated than earlier generations. They experience puberty at younger ages but marry and have children later than in the past.
Therefore, there is a large widening window gape during which, young people may engage in potentially risky pre-marital sexual activities. At the same time, they face significant risks related to sexual and reproductive health and many lack the power to make informed sexual and reproductive choices. These vulnerabilities remain poorly understood as well as served and it is only over the last decade that researchers and policy makers have begun to shed their traditional ambivalence to these issues. Even so, there is little evidence that identifies the factors that protect young people's ability to ensure safe sexual and reproductive health and their autonomy to make informed and wanted decisions.

Currently in many societies, unmarried single youth are sexually more active and also maintain sexual relationships, even though cultural values in countries like India do not permit this. It has its own potential risks in the form of social, demographic, economic and health implications. There are several factors which encourage the pre-marital sexuality in rural areas, being unemployment, influence of modern mass-media and information technology, better life-style, changing modes and erosion of traditional customs and social norms etc (Anil Kumar and Tiwari, 2003). The increase in pre-marital sexuality is also influenced by several other supportive developments such as improved nutrition and better health care brings puberty to begin at an early age. In general, girls enter puberty between the age 8 and 13 and reach menarche early, while boys enter puberty between the age 9 and 14 (winter, 1992). In contrast, age at marriage has gone-up considerably thus extending the gap between sexual maturity and marriage. Due to disappearance of joint family system in rural areas, the need for early employment among youths also provides more opportunity for long interactions between young males and females. As a result of staying outside their residences for prolonged
working hours; males especially in these areas also get exposed to the risk of sexual health.

There are other factors which predispose pre-marital sexuality among youth. These include congested housing with less privacy to couples, poor living conditions, less care by the parents, are not well-educated and have poor knowledge or contraceptives and their proper use resulting in unexpected early exposure to sex or sexual activities. These youths who indulge in pre-marital, unprotected sex with one or more than one partner are at a higher risk of HIV/AIDS or other Sexually Transmitted Diseases (STDs) and unwanted pregnancy too. Further, like many other married couples, un-married youths do have negative attitudes of misleading information about contraceptives. While studying adolescent sexual behaviour, similar views were also reported by S. J. Jejeebhoy (1998). Further, married youth enter into family life with meager knowledge on reproductive health and leading risky health. The major causes of reproductive health risk among married youth are unprotected sex, extra-marital sex with one or more partners, habits of health risk barriers etc. Thus, majority of youth are facing reproductive health risks. This worldwide concern on reproductive health of youth probably justified for the fact that it is a global crisis and appropriate strategies at the local level need to be formulated to provide youths, the access to necessary information, education and services for the practice of safe-sex.

Although some small and large scale investigations have been conducted, these studies due to cultural sensitivities, have avoided sensitive topics such as knowledge on reproductive health matters, attitudes about sexual relations, the prevalence of risky sexual behaviors and, rates of STIs. Instead, researchers have
focused on topics such as puberty in girls and opinions on family planning (Ricardo Vernon, 2004). Cultural sensitivities may also be a factor in young people’s poor knowledge about reproductive health. In India, few programs provide education on sexuality to youth or enable youth to ask questions and correct misconceptions about reproductive health. Indeed, large number of young Indians lacks information about safe sex and about the skills necessary to negotiate and adopt safe sex practices.

Most research and services are directed towards women when they are in their late twenties or older and women who have already completed child bearing. Young people typically are left out of family planning services. A variety of traditional, institutional, religious and political berries and myths about sexuality have made it difficult to develop effective programmes that provide accurate reproductive health information to young especially in rural areas. In addition, many people believe that providing family planning services to young with promiscuity or that discouraging youth sexual activity while making reproductive health services available will send conflicting message. Programmes should give accurate information to young people that provide a basis for making responsible decisions. Successful programmes should reach out to adolescents and youth in their own environments schools, recreation centers and work sites.

There is pressing need to conduct research focusing on youth especially in the rural areas since many girls and boys never enrolled or dropout and not exposed to systematic instructions in life skills and sexual and reproductive matters. Hence, the need for providing information to youth on reproductive and sex health issues cannot be ignored, particularly in the contact of early marriages, pregnancies prevalent in the community, pre-marital sex, unsafe sex and, looming
threat of STD's especially HIV/AIDS. However, reproductive health issues of youth and education need to be broached with great sensitivity, with the active support of the parents and community. With these backgrounds, the present research is initiated to study the knowledge, attitudes and practices on reproductive and sexual health aspects of rural youth.