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An analytical interfacing of knowledge and attitude and psychosocial stress of adolecents regarding selected aspects of reproductive health

RAGINI MISHRA*[1], ALKA PANDEY[2] AND DHIRENDRA KUMAR[3]
[1]Assistant Professor, [2] Post Doctoral Fellow and [3] Ph.D Scholar
[1&2]Department of Human Development and Family Studies, College of Home Science
G.B. Pant University of Agriculture and Technology, Pantnagar (Uttarakhand) India
[3]Department of Agricultural Economics, College of Agriculture
Indira Gandhi Krishi Vishwavidyalaya, Raipur (C.G.) India

ABSTRACT

The present investigation was aimed to assess Adolescents' knowledge, attitude and psychosocial stress towards reproductive health. Review of literature also reveals that various family life educational program, researches, polices and new curriculum are being launched from a decade, for adolescents from to establish values and norms for guidance of sexual conduct so that he/she become better able to cope with sexual argues, and understand and accept the certain social restriction sexual behavior and these efforts have significantly contributed in improvement of knowledge level to some extent but still a lot of effort is required bring change in various social context where early marriages, pregnancies and births, death to teens are more common in India. The Finding of research also suggested that adolescent's were having poor knowledge, negative/ambiguous attitude and high psychosocial stress regarding reproductive health in relation to their place of residence and selected aspects of reproductive health.

Key Words : Reproductive health, Adolescents, Knowledge attitude, Psychosocial stress

INTRODUCTION

"Adolescent age is widely recognized as being debilitating and associated with numerous negative events with prevalence rates similar to those seen in adults. Stress may be more salient and may act as a stronger threat to adolescents' well-being and to their relationships".

Karen and Rudolph

Every individual journey through the turmoil of developmental knowledge and attitude gives an anchorage to sail through this inevitable sea of stress. Knowledge and positive attitude is integral part of personal happiness, fulfilling relationships and achievement and to adequately cope with the challenges of growing and developing, persons. Knowledge is a major factor that affects the manifestation of attitude and stress. The relationship of knowledge, attitude and stress may be viewed as a vicious cycle. Knowledge produces ability to understand the problems and inability to relate positively in social situations may lead to low self-esteem, which leads to psychosocial stress. The stress then leads to further inability to relate with others or be fully accepted in social groups which then adds to the negative attitude. Moreover adolescents need a supportive environment at home, school and the to enable them to understand the complexity of challenges of the stage. When adolescents are deprived of such conducive environment, it may lead to various psycho-social stresses.

According to Gupta (2004), the period of adolescence, beginning with the onset of puberty, is a crucial transition into adulthood when most adolescents

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tend to be extremely unaware of their own bodies, their health, physical well-being and productivity (Verma *et al.*, 1997). The good knowledge builds positive attitude which helps in better adjustment where as poor knowledge with negative or ambiguous attitude crates dilemma, stigma and misconception and leads to stress in individual. Review of literature from also reveals that various family life educational program, researches, polices and new curriculum are being launched from a decade, for adolescents to establish values and norms for guidance of sexual conduct so that he/she become better able to cope with sexual argues, and understand and accept the certain social restriction sexual behavior and these efforts have significantly contributed in improvement of knowledge level to some extent but still a lot of effort is required bring change in various social context where early marriages, pregnancies and births, death to teens are more common in India. Thus, there is need to find out what are running trends and issues, when efforts are consistently being made to sensitize people about importance and sensitivity of adolescents' reproductive health and answer research question, i.e. existing level of knowledge, type of attitude and level of psychosocial stress of adolescents and impact of age, gender and place of residence on their knowledge, attitude and psychosocial stress, so that, some general guideline can be developed to enhance knowledge, to develop positive attitude and to reduce the psychosocial stress of adolescents regarding Reproductive Health.

Indicators of emergence of gender identity:

Gender identity is an individual's self-perception as a male or female emerging from a variety of socio-cultural influences. Gender identity is a concept of masculinity and femininity. These are culturally defined stereotypical ways that society expects males and females to behave (Weinstein and Rosen, 2006) and adolescents often find themselves faced with conflicting definitions of their rights and responsibilities and their sex roles and gender expectations..

For the first time in life, obvious differences in girls and boys emerge, on onset of puberty when the secondary sexual characteristics appear, is a crucial transition into adulthood when half of the adolescents (Verma *et al*., 1997), both boys and girls (Yahya *et al*., 2005; Dinesh *et al*., 2007; Kotecha *et al*., 2009; Hunshal *et al*., 2010), from urban and rural area (Singh, 2000; Mohammad, 2002; Nair *et al.,* 2007 and Malleshappa *et al*., 2011) go through adolescence with little or no knowledge of the body's impending physical and physiological changes of puberty (UNICEF, 2011). The sudden and rapid physical changes that adolescents go through make adolescents very self-conscious, sensitive, and worried about their own body changes. Lack of availability of support system and conformity for physical changes makes adolescents concerned about their normalcy which consequently affects the process of building positive and favorable attitude towards the aspect and further leads to psychosocial stress among adolescents (Gupta, 2000).

The growing body:

The growing body refers to the changes in reproductive organ and the order in which parts of body develops. Along with pubertal change, changes in the reproductive system also occur, leading to sexual maturity. Changes in the reproductive system: those that relate to primary sex organs, such as the penis and the testes in the males, and the vagina and the ovaries in the females, associated with the changes visible on the body are referred to as secondary sex characteristics.

During adolescence, girls may be anxious if they are not ready for the beginning of their menstrual periods. Boys may worry if they do not know about nocturnal emissions. Menarche marks the beginning of a multitude of physical, physiological and psychological changes in the lives of the adolescent girls. In the existing Indian cultural milieu, the society is interwoven into a set of traditions, myths and misconceptions especially about menstruation and related issues. Studies reveals that more than half of the adolescents girls came to know about menarche on its onset (Dinesh *et al*., 2007 and Kotecha *et al.*, 2009) and majority of unmarried adolescent girls (Hunshal *et al*., 2010) from both rural areas are poorly informed about menstruation.

A nocturnal emission is an involuntary emission of semen during sleep. This is also referred to as a wet dream. During puberty, boys get erections spontaneously, without touching their penis and without having sexual thoughts. The knowledge of adolescents on the night emission were reported to be unsatisfactory by Ratnayake (1997). Though night emission is a natural physiological process, due to lack of proper knowledge several adolescent boys get quite embarrassed or frightened with this and were carrying traditional myth (Thalagala *et al.*, 2004) for nocturnal emissions (Basnayake,1996).

Studies also revealed that knowledge and awareness

about reproduction was very poor among adolescent (Ubale *et al.,* 1997; Kotwal *et al.*, 2008; Joshi *et al.,* 2010 and Mittal *et al.,* 2010). According to Ghule (2004-2006) stated that Girls were found less knowledgeable compared to boys on the virginity, reproductive organ and processes while Mahajan and Sharma (2004) reported that urban adolescent girls had comparatively better knowledge regarding these issues than rural adolescent girls (Singh and Rathor, 2012). Above studies indicate that an adolescent deals with problem of poor knowledge.

The review of literature of Ghule (2004-2006) and Mittal *et al.* (2010) reveals that misconceptions, or ignorance, incomplete knowledge, unscientific notions and blindfold faith in cultural taboos, myths and social customs are widespread among adolescents for pubertal changes, menstruation and nocturnal emission reproductive organ and processes, these learned unfavorable attitude promotes psycho-social stress among them (Jain *et al.*, 2009 and Dube and Sharma, 2012).

The growing body changes need to be handled sensitively, but in Indian context, likewise the emergence of gender identity, adolescents lax the knowledge and grows with taboos which significantly contributes to psychosocial stress.

Socio-emotional challenge associated with sexuality:

Socio-emotional challenge associated with sexuality is the challenge emerging from socio-emotional milieu that an individual has to face when he/she is in process of gaining psycho-physical maturity. During adolescence, adolescents encounters various socio-emotional challenge associated with their sexuality such as early marriages, early pregnancies, lack of knowledge for family planning methods, sexually transmitted diseases and homosexuality.

The masturbation which is to be understood the deliberate stimulation of the genital organs in order to derive sexual pleasure which is not a part of sexual intercourse (Flaman, 1999). Bhan *et al*. (2004), reported in their study that more than half of adolescents viewed masturbation as a wrong practice, and some as sign of increased sexual desire, while some considered it as a factor responsible for ill health (Mehra *et al.,* 2004 and Mittal *et al.*, 2010). Sachdev (1998) and Sharma (2000) reported that many social taboos, myths and misconceptions about masturbation are highly prevalent among girls and rural adolescents as compared to adolescent boys and urban adolescents (Joshi *et al.,* 2010). Negative feelings: shame or guilt, stress about masturbation can threaten adolescents health and well-being.

The second challenge is, the child marriage, which is a common practice in India. Although present laws in India prohibit early marriages, mandating the legal minimum age for marriage as 18 for girls and 21 for boys but marriage below these ages is still fairly common. Adolescents are prone to early pregnancies, abortion, and many more associated consequences when married in early age. Self -awareness about marriage rights can help adolescents to be less prone to these problems. Thus, to explore the awareness among adolescents, Pattanaik *et al*. (2000) conducted a study and found that majority of adolescents were aware that there is a law regarding legal age of marriage but only (65%) of them knew the correct legal age (Sharma *et al.,* 2004 and Gupta *et al*., 2004). Bhende (2008) explored attitudes towards marriage and sex among adolescents in India and reported prevalence of conservative and traditional norms. Moreover, marriage decisions are rarely discussed with adolescents, particularly girls who are still the victims of early marriages due to cultural and social pressures (Gupta *et al.,* 2004). Marriage is the beginning of frequent and unprotected sexual activity which promotes physical, psychological consequences and psychosocial stress.

One in six (25-35%) adolescent girls in India, are prone to the hazards of early childbearing, and early abortions, between the ages of 13 and 19 years (Das, 1997; Jejeebhoy, 1998 and CEDPA, 2000). The reason behind this is prevalence of early marriages as well as low knowledge and awareness about right age for pregnancy and its consequences and meaning of unsafe abortion its consequences on well-being of adolescents, especially in younger adolescents (Ghule, 2004-2006). Gupta *et al.* (2008) reported that adolescents from both urban and rural areas were having unfavorable attitude towards pregnancy and abortion and majority stated that it is a matter to be kept secret. Sammual (2005) stated majority of adolescents were having stress on pregnancy and abortion issue, and feel shy to discuss and communicate about these. In case of girls percentage was higher as compared to boys.

Researches indicate although most contemporary adolescents become sexually active during adolescence, often have no knowledge and no access to the family planning services and education they need, which causes

pregnancies, STIs and harmful effects on reproductive health and well-being.

Studies conducted on knowledge about family planning methods, revealed that adolescent boys and girls had little knowledge (Pattanaik *et al.,* 2000; Majumdar *et al.,* 2001; Ravish *et al.,* 2003; Gupta *et al.,* 2004; Acharya *et al.,* 2005; Jain *et al.*, 2009, Hunshal *et al*., 2010 and Mittal *et al.* 2010), more misconception and unfavorable attitude (Joshi *et al.*, 2010; Dinesh *et al*., 2007; Gupta *et al.*, 2008 and Dixit *et al.,* 2009) for family planning methods. Knowledge and attitude were found to be more disappointing in case of rural adolescents (Dixit *et al.,* 2009 and East, 2009).

In India, STIs rank third among the major communicable diseases, where 12–25 percent of all STI cases are among teenage boys and girls, due lack of knowledge about STDs (ICMR, 1992; Goyal, 1994; Ramasubban, 1995; Chen *et al.*, 2002; Bhan *et al.,* 2004; Gupta *et al*., 2004; Hunshal *et al.*, 2010) and mode of prevention of STDs (Majumdar *et al.*, 2001; Kumarasamy *et al.,* 2003; Ravish *et al.*, 2003; *Ghule,* 2004-2006; Kotwal *et al*., 2008 and McManus and Dhar, 2008). Bhan *et al*. (2004) revealed that knowledge regarding HIV/ AIDS among rural adolescent was very low. In contrast Aggarwal and Kumar (1997) reported high level of knowledge of AIDS, but misconception of transmission and prevention which was significantly increasing the stress among adolescents, resulting in vulnerability of adolescents to STDs.

The emphasis on the procreative role of relationships within the Indian families and the immense taboo on homosexuality within society means that very little information exists about homosexual and lesbian behaviour. Bhan *et al.* (2004) also reported that 80% were unaware of homosexuality and held misconception and negative attitude towards them (Savara and Sridhar, 1994; Lal *et al.,* 2000). Adolescence is the age when almost all adolescents struggle with poor knowledge, ambiguous attitude, conflicts and dilemma associated with their sexuality.

Developing wholesome boy and girl relationships:

To master the developmental task of forming new and more mature relationship, with members of opposite sex and playing the approved role for one's own sex, adolescents acquires more mature and more complete concept of sex than they had as a child. The motivation to do so comes partly from social pressure but mainly from the adolescent interest in and curiosity about sex, the process is known as developing wholesome boy and girl.

The working paper of MAMTA (2001), a NGO, on 'sexual behaviour Among Adolescents and Young People in India' suggests that there is a rising incidence of premarital sex (up to 28 %) among male and female teenagers in India. Whitt, (2003) reported, interestingly, almost one quarter of the adolescent respondents (22%) had agreed that there was nothing wrong with unmarried boys and girls having a sexual relationship if they loved each other. This observation is reflected in the increasing incidence of premarital sex in India (Boler *et al.,* 2003).

Bhende (2008) and Bhan *et al.* (2004) observed that knowledge regarding heterosexual, pre-marital, marital and extra-marital sexual relationship was limited among adolescents. Ghule (2004-2006) found that boys had more liberal attitudes towards premarital sex as compared to the girls (Kotwal *et al.*, 2008). Kamel (2001) revealed in her study that majority of adolescents troubled with sexual thoughts, and nearly 30 percent of the boys and girls perceived stress. Adolescents of today feel expression of love towards opposite sex in more openly manner and want to foster it, but the community influences the acceptance of such relationships *i.e.* free mixing of both the sexes is prohibited. The reason may be that adolescents have little sense of how to take up and maintain such relationships.

Physical health promoting reproductive health:

Nutrition and vaccinations are two very important things to ensure of physical health for the promotion of reproductive health. Often adolescents are very particular about their looks and strive to meet mainstream standards of beauty. This desire to look "good" leads them to eat too much or too little. The adolescent needs a lot of calories and other nutrients, due to rapid growth and increased physical activity. If they eat food that is lacking in nutritional value or do not eat enough, their growth will be affected adversely. Nutritional deficiencies during this period retards physical growth, impair intellectual development and delays sexual maturation. The diet of adolescents should meet the nutritional demands.

Singh *et al.* (2009) found that the adolescent girls need nutritious diet as like boys, was known to less than 50% of the girls. Study of Mittal *et al.* (1999) highlighted extremely poor knowledge of the girls in topics such as nutrition, and health. Kotecha *et al.* (2009) explored that

awareness of nutrition, and health was higher among late adolescents (17-20 years).

According to Ukkali and Sadashiva (2006), the attitude of adolescents change drastically due to rapid increase in physical growth and hard struggle to adjust mentally, which stabilize towards late adolescence. So knowing the attitudes of adolescents at this stage is more realistic. For instance, girls were more concerned than boys with their weight, and felt more guilt about eating and showed more health concerns in choosing their food than boys.Moore *et al.* (1990), found that adolescents were dissatisfied with their weight (67%) and body shape (54%) while 36.4% of urban adolescents cared very much about weight control as compared to only 29.2% of rural adolescents.

Vaccination, another important issue, requires attention in promoting reproductive health. Vaccines are cited as one of the top ten greatest disease prevention tools of recent history. A few researches were conducted on knowledge, attitude and psychosocial stress for vaccination among adolescents. Among these Bhat *et al*. (2012), observed that lack of awareness about the various vaccines among adolescents that needs urgent attention (Kennedy *et al.,* 2012). Gupta *et al.* (2004) says that awareness of at least one method of immunization was present in three-fifth (60.1%) of students. Singh (2004), explored that the need for immunization during pregnancy, role of contraceptives in child spacing was known to less than 50% of the adolescent girls. Barriers related to non-immunization in adolescents need to be addressed urgently to reduce the huge burden of disease associated with vaccine-preventable diseases.

Conclusion:

Review of researches indicated although most contemporary adolescents often have poor knowledge about reproductive health education, unfavorable attitude and misconceptions inhabiting the access to the services, inability to communicate problems, which is raising early pregnancies, STIs, poor adjustment, psychosocial stress, sexual experimentation among adolescents. Adolescents' access to knowledge can help them in dealing positively with psychosocial stresses which important ensure the promotion of reproductive health.

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