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THE NEED OF EDUCATING ADOLESCENT FEMALES OF KARACHI, PAKISTAN REGARDING REPRODUCTIVE HEALTH

Abstract:

Reproductive Health Awareness is not only neglected but also a taboo issue in Pakistan. The growing age women in Pakistan are hardly aware of reproductive health complications because of reasons linked to socio-cultural and religious factors which are the determinants of inadequate reproductive trends. Menstruation and menstrual practices, hygiene, reproductive tract infection, early pregnancies, infant death, mortality rate, women's health security, child upbringing by inexperienced young mothers are the fundamental issues faced by Pakistani females and it is directly attached with ignorance of reproductive health know how. This study aimed to discover the need of educating adolescent females of city Karachi regarding reproductive health. The objective of this study was to acquire evidence on current awareness and insights on puberty and reproductive health needs. The research followed a quantitative and pragmatic approach enabling empirical analysis along with shedding light on the facts and figures. The data was collected through convenient sampling from four schools in the urban and rural areas of the city, Karachi and analyzed through descriptive statistic, linear regression and Kruskal Wallis Test. The analysis of the data indicated that awareness regarding reproductive health amongst adolescents is very minimal along with guidance and counseling provided to them at home and in school. The study highlighted the fact that education and medical facility available in schools have a significant impact on reproductive health awareness but the schools in Pakistan of both the rural and urban areas lack in mass awareness on reproductive health. The conclusion and observation leads to creating channels for imparting knowledge and awareness regarding reproductive health and its needs to the adolescents. It is recommended to create awareness amongst youth especially females by integrating it into school curriculum from grades 5 onwards or by conducting reproductive health awareness seminars in schools at different intervals.

Keywords:

Reproductive health education, reproductive health awareness, reproductive health problems

JEL Classification: I00

Introduction

Reproductive Health Awareness is the most neglected and taboo issue in Pakistan if compared to developed countries with context to puberty age of female gender. The women in Pakistan are hardly aware of Reproductive Health issues because of many reasons particularly socio cultural impact of traditional Pakistani society. This critical age of a woman is suffering with many consequences having absence of reproductive health awareness such as knowledge of menstruation, menstrual practices, hygiene, reproductive tract infection, early pregnancies, infant death, mortality rate, women's health security, upbringing of the children by the young, inexperienced and immature mothers.

Women in Pakistan constitute and represent almost 50% of the entire population. It is highly alarming to observe them being marginalized socially, economically and politically despite for contributing towards the national economy. They are constantly struggling for access to good health and education but due to lack of awareness they are mostly unable to do so. This lack of awareness is also one of the obstacles causing women's right to quality reproductive health services. This may be possible by creating awareness at the puberty age. Puberty in women brings physical, mental and psychological changes leading towards adulthood which appears generally during the second decade of a woman's life. It is during this initial stage where if proper guidance and education is not provided to young females regarding hygiene and contraception, they may become victim of many diseases or unhygienic health conditions. Their lack of awareness in this connection needs to be eradicated through education on reproductive health. By spreading awareness, they will acquire appropriate knowledge and skills especially the age group of 10-18 years and will be able to protect themselves from diseases related to Reproductive Health.

The extent of youthful persons is becoming speedier on the planet. Dangerous sexual practices, for example, early sexual introduction, premarital sex, different accomplices and androgynous introduction, are likewise progressively getting to be basic among youngsters. Sex instruction for the youthful has remained a restricted and disputable issue in numerous nations over the world. As indicated by the World Health Organization announcement 2007, numerous countries overall promised that by 2007, more than 90% of youngsters in their nations would have the capacity to accurately perceive the methods of HIV transmission and its anticipation. Be that as it may, accessible proof demonstrates that just 40% of youthful guys and 36% of females have fitting learning of HIV/AIDS. Wellbeing training is a fundamental right of youngsters. It enhances their insight about their bodies, gives them the chance to comprehend their obligation in the public arena, and offers them some assistance with developing arranging aptitudes. Notwithstanding,

sexual and conceptive wellbeing is trapped in complex societal marks of disgrace, reasons for alarm, misinterpretations and falsehood (Qazi, 2003).

A subjective study on teenagers reported that young ladies saw monthly cycle as the capacity to conceive an offspring; and that having a shower amid feminine cycle periods is unsafe for their wellbeing. Another study speaking to young fellows matured 18-21 years reported having apprehensions of unfavorable impacts as an aftereffect of masturbation, shifting from erectile brokenness (30.4%) to physical (76.4%) and sexual shortcoming (10.9%). Sentiments of blame connected with masturbation were additionally reported by 76% of the members. Youngsters experience numerous negative mental impacts because of their absence of information about sexuality. They need to find out about their bodies as 88% members, in a study, kept up that sexual wellbeing ought to be incorporated into school educational modules. Youthful persons' discernments about need of sex instruction, fulfillment with sexual wellbeing administrations and information about STIs has pulled in almost no space from examination perspective in Pakistan. Subsequently, this study was intended to evaluate youths' mindfulness and disposition towards the accessibility of sexual wellbeing instruction and sexual wellbeing administrations in the nation (Mensch, 1998)

Objectives of the Study

This study was based on following objectives:

1. To explore as if the education has a significant impact on reproductive health awareness in the rural and urban areas of Karachi.
2. To find out the provisions of medical facilities by schools to girls in Karachi
3. To evaluate the provision of education with context to reproductive health to girls in schools.
4. To find out whether the reproductive health awareness differs in school girls of rural and urban areas of Karachi.
5. To identify as if the girls from urban areas faced more reproductive health problems than the girls in rural areas of Karachi
6. To explore whether the lack of awareness and education related to reproductive health education cause reproductive health problems.

Research Questions

The research questions are:

1. What is the impact of education on reproductive health awareness?
2. Are medical facilities provided by schools to girls in Karachi?

3. What is the overall situation of reproductive health education and reproductive health awareness related to school girls and reproductive health problems faced by them?

Hypotheses

The study was based on the following hypotheses:

H₁ = Education has a significant impact on reproductive health awareness

H₂ = Availability of Medical facilities have a significant impact on reproductive health awareness

H₃ = There is a significant difference in the responses for reproductive health education of respondents from different areas

H₄ = There is a significant difference in the responses for reproductive health awareness of respondents from different areas

H₅ = There is a significant difference in the responses for reproductive health problems of respondents from different areas

Methodology

The research follows a quantitative approach in which an empirical analysis was conducted to analyze the situation of reproductive health in the Karachi city. The sample size included 360 school girls of 10- 18 years' age selected through convenient sampling from two schools from Urban areas i.e. Defence and PECHS (one each) and from two schools of rural areas i.e. Landhi and Keamari (one each).

The data was collected by using a structured closed ended questionnaire comprising of 34 questions and analyzed through descriptive statistic, multi linear regression and Kruskal Wallis Test.

Results and Discussion

Following tests were used to analyze the data.

Multi Linear Regression Analysis

The data was analyzed by multi linear regression as there two independent variables and one dependent variable.

Table: 1 Review of Model Summaries

Model	R	R Square	Adjusted Square	RStd. Error of the Estimate
1	.728 ^a	.529	.520	.62799

a. Predictors: (Constant), Education, Availability of Medical facilities

b. Dependent Variable: Reproductive health awareness

Source: Questionnaire used for research

The regression analysis model summary as indicated in table 1 shows that the dependent variable i.e. reproductive health awareness has a strong correlation (R value .728) with both independent variables i.e. education and availability of medical facilities. The R square shows the variability in the dependent variable that is explained by the variability in the independent variable. The R square value of 0.529 demonstrates that independent variable i.e. education and availability of medical facilities leads to reproductive health awareness (dependent variable) 53%.

Table: 2 Review of ANOVA**ANOVA**

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	42.594	2	21.297	54.003	.000 ^b
	Residual	37.859	96	.394		
	Total	80.453	98			

a. Dependent Variable: Reproductive health awareness

b. Predictors: (Constant), Education, Availability of Medical facilities

Source: Questionnaire used for research

The sig value in table 2 is 0.000 which is less than 0.05 shows that the goodness fit of the model exist and the model is reliable and the findings can be depended on.

Table: 3 Review of coefficient values**Coefficients**

Model		Sig.
1	(Constant)	.249
	Education	.000
	Availability of Medical facilities	.041

a. Dependent Variable: Reproductive health awareness

Source: Questionnaire used in research

The sig value of variables “Education” is 0.000 and that of “medical facilities” is .041 and both these values are less than 0.05 hence it is concluded that the variables “education” and “medical facilities” have a significant impact on the dependent variable i.e. reproductive health awareness. Therefore, H1: Education have a significant impact on reproductive health awareness and H2 i.e. availability of Medical facilities has a significant impact on reproductive health awareness are accepted.

Table: 4 Kruskal Wallis Test

Ranks			
	Locality	N	Mean Rank
Reproductive Health	Defense	193	58.35
	PECHS	70	33.96
	Landhi	51	97.00
	Keamari	46	79.25
	Total	360	
Reproductive awareness	Defense	193	56.46
	PECHS	43	53.62
	Landhi	71	97.50
	Keamari	53	65.92
	Total	360	
Reproductive problems	Defense	192	55.01
	PECHS	43	58.27
	Landhi	70	77.00
	Keamari	55	72.17
	Total	360	

Source: Questionnaire used for research

As indicated in Table 4 the value of test mean rank for the area of PECHS was lowest (33.96) with reference to lack of reproductive health education followed by areas; Defence (58.35), Landhi (97.00) and Keamari (79.25). Therefore, H3 that is there is a significant difference in the responses for reproductive health education of respondents from different areas was accepted.

A study conducted in China by Chen, Wang, Ma, and Guo (2008) also reveals that the knowledge amongst youth is limited regarding reproductive health education. Hendriksen, Pettifor, & Coates (2007) concluded in his study that it is very essential to expose youth to reproductive health education before their sexual debut which particularly assists young women in making decisions related to sexual life. DeJong & El (2006) in his research study on reproductive health of Arab young people indicated that these cultural taboos have been a major source of limiting youth's access to sexual and reproductive services and information.

In case of reproductive health awareness, the situation states that the respondents of Landhi were more convened that the reproductive health awareness can be a good sign for young girls and were followed by other areas i.e. Keamari, Defence and PECHS. The

people living in the rural areas in Landhi (mean rank 77) and Kemari (mean rank 72) were suffering from Reproductive health problems more when compared to the people living in the urban areas of PECHS (mean rank 58) and Defence (mean rank 55). Therefore, H4 = There is a significant difference in the responses for reproductive health awareness of respondents from different areas is proven.

Hughes, McCauley, (1998) in his study emphasized on the growing demand of reproductive health awareness in developing countries. Garg, Sahrma, & Sahay (2001) recommended to provide information to young women as per acceptable by the parents, schools and the community at large.

Glassier & Van (2006) has clearly supported and proven the exact point that in many countries sexual and reproductive health services are of below average and poor condition prevails due to non-availability of information to women and adolescences as in these countries these topics are taken as taboos and people get uncomfortable when such issues are discussed.

The revelations in this study reinforce the disclosures of Qazi (2001) which communicated that young woman were not prepared for the harm of their first menstrual experience. It highlighted the prerequisite for the acquisition of information related to ladylike cycle before the experience to offer the youngsters some help with adapting to the change effectively.

To solve this issues Gavin, Catalaona,R.F., David, Markham, (2010) came up with a positive solution. According to their recommendation a positive youth development program should be developed to promote comprehensive reproductive health issues awareness among adolescents.

With reference to reproductive health problems, there was a significant difference in the responses of respondents from different areas. Defence had mean rank 55.01 which is the lowest followed by PECHS 58.27 whereby Kemari is 72.17 and Landhi is the highest with 77.00 mean rank. Thus it proves H5= There is a significant difference in the responses for reproductive health problems of respondents from different areas.

Chen, Lu, Wang, Ma, Zhao, Guo ,& Chen, (2008) highlighted the fact in their study that despite providing reproductive health education to students at primary level, the university students' demand of reproductive health services are lagging behind. They further emphasized on the need of effective health information and services to be provided to adolescents.

Dyer, Abrahams, Hoffman, Van, (2002) furthermore in their study highlighted the importance and counseling related to reproductive health knowledge. Introduction of clinical guidelines was recommended to overcome the obstructions and progress with the delivery of health services

Suneth B Agampodi conducted a Thematic Analysis of 32 adults between 17-19 years and in his study, he concluded that Adolescent Health Services are inadequate and the available services are not being delivered in an acceptable manner in Sri Lanka. He recommended and emphasized on a national Level healthcare program as a dire need for the adolescents. (Agampodi, B.T. C., & Piyaseeli, 2008).

A study by Bazarganipour, Foroozanfard, Taghavi, Hekmatzadeh, Sarviye, Hosseini, (2005) also recommended that to create and spread awareness it is very important and essential to introduce comprehensive reproductive health programs at territory level.

Conclusion

The sample of young school girls in this study are the representatives of an important group of urban and rural areas of Karachi, Pakistan. The sample was an effective way to evaluate awareness amongst adolescents regarding reproductive health. They also lacked knowledge of importance of medical facilities to be provided at school level. It is imperative for the community to raise media campaigns, awareness sessions at school level for the parents, teachers and students to create awareness amongst masses.

Recommendations

- Awareness campaign is needed to create awareness and overcome health issues related to females.
- Media and specially the social media can play an important role in community awareness regarding highlighting the importance of reproductive health education.
- The government needs to start training the lady health workers and train them to conduct training and awareness sessions for young girls in different schools.
- NGOs can play their roles by involving the community to take care of reproductive health education for females.
- The community needs to break the traditional cultural norm and let the female to seek guidance and counseling related to medical health issues as the girls feel shy to discuss such issues openly.
- The family needs to develop confidence of young girls to share their problems related to reproductive health with mothers or sisters and seek advice to go through the stage of adolescence in a comfortable way.
- The educational institutes should arrange seminars or conferences related to reproductive health education to create awareness amongst masses.
- The school administration may add it as a formal or informal segment of their curriculum from grade 5 onwards. This view is supported by many researchers.

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