GENDER DIFFERENCES AMONG YOUTH WITH REFERENCE TO KNOWLEDGE AND PRACTICE OF SRH (SEXUAL AND REPRODUCTIVE HEALTH), RISKY HEALTH BEHAVIOR, WATER AND SANITATION

D. PRINCE ANNADURAI
Assistant Professor, Department of Social Work
Madras Christian College
Chennai 600059

Abstract

A baseline survey among the youth in the three districts of Vellore, Thiruvallur and Kanchipuram was done in 2016, with the following objectives: to assess the knowledge and practice of SRH services, risky health behaviour, use of water and sanitation, and knowledge of SDGs (Sustainable Development Goals). The research design was descriptive, and the simple random lottery method used to collect data. The data comprised youth (11 to 18 years) studying in Government schools (sample size 400, with 250 boys and 150 girls). An interview schedule was used as the data collection tool. An analysis of the data showed that knowledge, practice and access to the services in question was very poor, irrespective of the sex of the respondents. Drinking water, toilets, and sanitation facilities were found to be adequate in the schools the respondents are presently studying in. However, the facilities were not entirely put to good use. Talking about Sexual and Reproductive Health (SRH) is still considered a taboo: consequently, there is little awareness about SRH and availing such services is rendered problematic. The recommendations made included raising awareness about just how intrinsic SRH is; and the RKSK *(*R*a*shtriya Kishor Swasthya Karyakram*)* programme for adolescent health, piloted by the GOI, must reach the youth so as to sensitise them about their reproductive health and rights.

School teachers and PHC staff can be best utilized for this purpose. Careful monitoring to ensure adequate water supply, privacy and

regular maintenance of the toilets can help promote the use of toilets in schools. Parent-Teacher Associations can be actively involved in addressing these issues. Creating conditions for a better understanding, in both male and female youth, of the process of menstruation and the changes women experience therein is the collective responsibility of both parents and teachers.

Keywords: Gender, youth, sexual and reproductive health, water and sanitation, SDGs

Background of the Study

The reproductive health needs of adolescents, as a group, have been largely ignored to date by existing reproductive health services (Agha, 2002). The response of societies to the reproductive health needs of adolescents must be based on information that helps them attain the level of maturity required to make responsible decisions (Cook & Dickens, 2000). In particular, information and services are to be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases, and the subsequent risk of infertility (Biddlecom et al., 2008). This should be combined with educating young men to respect women's self-determination and share responsibility with them in matters of sexuality and reproduction. This effort is uniquely vital to the health of young women and their children - and, in several countries, in concerted efforts to slow the momentum of population growth (Barker, Ricardo, and Nascimento, 2007).

Counselling and access to sexual and reproductive health information and services for adolescents are still inadequate or completely lacking, and a young woman's right to privacy, confidentiality, respect and informed consent is often not considered (Albert, Brown, and Flanagan, 2003; Blanc and Way, 1998). The trend towards early sexual experience, combined with a lack of information and services, increases the risk of unwelcome and too-early pregnancy, HIV infection and sexually transmitted diseases, as well as unsafe abortions (Blankhart,et al., 1999). Overall, early marriage and early motherhood can severely curtail educational and employment opportunities for young women and are likely to have a long-term, adverse impact on the

quality of their lives and that of their children (Marston & King, 2006). Sexual and reproductive health and reproductive rights feature in the SDG (Sustainable Development Goals) agenda, but opportunities exist to expand their presence at both the global and national levels by establishing sexual and reproductive health and rights (SRHR)-specific indicators to measure progress toward the SDGs (Sachs, 2012).

The lives of younger adolescents defined here to encompass girls and boys from 11 to 18 years of age are characterized by profound biological, cognitive, emotional and social changes associated with the passage through puberty. Age-related and gender-related risks and opportunities in families, communities and societies interact with individual developmental processes to create the conditions for both positive and negative health outcomes. These formative years offer an ideal window of opportunity for building the foundations of sexual and reproductive health and rights among young adolescents, and for preparing them to make safe, informed and voluntary sexual and reproductive (and other) decisions in their lives.

The present study was carried out in three districts - Kanchipuram, Thiruvallur and Vellore of Tamil Nadu.

II. Methodology

Objectives of the Study

1. To understand the knowledge of, and practices related to, accessing SRH services by young people,
2. To assess knowledge and practices related to risky health behavior among young people,
3. To assess knowledge and practice on water and sanitation among young people, and
4. To assess the knowledge of the youth on the SDGs.

Ethical Considerations of the Study

Informed consent was taken from the respondents, who had the option to discontinue the interview at any point in time they felt uncomfortable. No respondent was forced to participate in the study.

All interviews with the young respondents were carried out in a separate room (most often and wherever possible) to ensure confidentiality. The study team included both male and female volunteers in data collection to ensure that the respondents felt comfortable answering questions. The team was trained prior to the data collection, with specific sessions on how to tackle sensitive issues through mock exercises. Teachers were consulted before the survey in the schools concerned, the survey explained, and their permission sought

Research Design

The study was done using a descriptive design. It was intended to describe the knowledge and practice of sexual and reproductive health, risky health behavior, water and sanitation, and the SDGs, **based on the objectives mentioned above.**

Sampling Size and Sampling Technique

A simple random sampling technique, using the lottery method, was applied in the schools surveyed to gather respondents. A list of students in the age group 11 to 17 years was collected to constitute the sampling frame. 15 Government schools from the 3 districts were randomly selected. The sample size was 400, comprising 250 boys and 150 girls.

Tool of Data collection

A structured interview schedule comprising 120 questions was used as a data collection tool.

III. Results and Discussion

Major findings

a. Knowledge and practices related to SRH services among the youth

Both sexes had very little information on the services at hand for Sexual and Reproductive Health (SRH) in the community. However, in areas such as pregnancy tests; antenatal and postnatal care; and voluntary testing and counseling on HIV, female respondents were somewhat better informed. A vast majority of both male and female respondents were unaware of details pertaining to the RKSK and its policy benefits.

b. Knowledge and practices related to risky health behavior among the youth

A knowledge of menstruation, with all the concomitant **c**hanges that women experience **t**herein, was rather poor among both male and female respondents, though the males demonstrated a slightly better understanding of the same. However, female respondents were particularly aware of **t**he **a**bdominal pain **a**ccompany**i**ng menstruation**,** as well as of the products associated with the process (21%). Awareness on methods of cleaning cloth menstrual pads was high (20%) among female respondents, though a majority failed to recall the number of times napkins and/or cloth menstrual pads were typically changed in a day during a menstrual period. Knowing how to treat water to make it potable hovered at just around 16%, and was almost identical between male (19%) and female (18%) respondents. Open defecation was higher among males, though both male and female respondents knew little about different types of latrines (other than the flush/pour types), and were unable to differentiate between them. For the most part, there was no sharing of a toilet with other households, given that open defecation is the norm. A higher proportion of males shared a toilet with other households than did their female counterparts.

c. Knowledge and practices related to water and sanitation among the youth

Fewer male than female respondents washed their hands before meals, though the percentage is very low.More male than female respondents occasionally did not wash their hands after using the toilet, though the percentage is again very low. Male respondents who either occasionally washed their hands and feet before stepping into the home, or not at all, constituted a large number. A large number of female respondents either occasionally washed their hands prior to preparing meals, or not at all. Male respondents who either occasionally washed their hands after handling garbage, or not at all, constituted a large number. Perhaps the underlying reason could be that it is mostly males who handle the task of garbage disposal. More male than female respondents either occasionally washed their hands after doing the dishes, or not at all; and, likewise, the same yardstick could

be applied to their use of footwear outside the home. An equal percentage (9%) of male and female respondents did not at all use footwear in the toilet. A large number of male respondents either occasionally washed fruits and vegetables prior to eating them, or not at all. More male than female respondents occasionally skipped a daily bath, or went without one for an indefinite length of time. However, most of the females bathed often, and sometimes every day. Most male respondents bathed in the open, in water bodies in the neighbourhood.

Both male and female respondents (70%) were aware that their schools had a functional toilet, as well as (74%) a separate toilet for boys and girls. Male respondents, unlike their female counterparts, had the option of urinating and defecating in the open.

A majority of the respondents knew about, and had access to, functional drinking water facilities in school.

d. Knowledge of the youth on the SDGs

Both male and female respondents were unaware of the number of SDGs and unable to name them as well. A majority (78%) of both male and female respondents were unaware of the creation of the SDGs. A majority of both male and female respondents were unwilling to contribute to the SDGs, or get involved in communal activities contributing to the SDGs.

A majority of both male and female respondents were unwilling to contribute to the SDGs, or get involved in communal activities contributing to the SDGs.

Findings from the chi-square test

There is a difference between the sex of the respondents and their level of awareness about the services available for Sexual and Reproductive Health (SRH) in their community (**p.05).**

There is a difference between the sex of the respondents and their awareness about details pertaining to the RKSK (National Adolescent Health Programme) policy (**p.05).**

There is no difference between the sex of the respondents and awareness about menstruation **(p >.05).**

There is no difference between the sex of the respondents and safe practices followed, as in washing hands before meals (**p >.05).**

There is a difference between the sex of the respondents and safe practices followed, as in wearing slippers while using the toilet (**p.05).**

There is no difference between the sex of the respondents and safe practices followed, as in washing fruits/vegetables before consuming them (**p >.05).**

There is no difference between the sex of the respondents and safe practices followed, as in taking a bath every day (**p >.05).**

There is a difference between the sex of the respondents and access to the school toilet **(p.05).**

There is a difference between the sex of the respondents and reasons for not accessing the school toilet (**p.05).**

There is a difference between the sex of the respondents and access to the school's drinking water facilities (**p.05).**

There is a difference between the sex of the respondents and their reasons for not accessing the school's drinking water facilities (**p.05).**

There is no difference between the sex of the respondents and their awareness of the SDGs (**p>.05).**

e. Gender and Awareness about Menstruation

Table 1

t-Test for gender and awareness about menstruation

Variables	**N**	**Mean**	**SD**	**p value at 95% Confidence level**	**Inference**
Male	250	71.6250	5.39575	.985	Not significant
Female	150	71.6565	8.23841		Accept Ho
Total	400				
Male	150	105.4583	5.11587	.334	Not
Female	250	103.3946	10.33801		significant
Total	400				Accept Ho

***p< .05**

A t-test was used to ascertain significant differences between gender and awareness about menstruation and the SDGs.

Since p< .05, we reject the null hypothesis, which means there is no significant difference between gender and awareness about menstruation.

Since p< .05, we reject the null hypothesis, which means there is no significant difference between gender and awareness about the SDGs.

This finding echoes the **findings of** Varga (2003), Rwenge (2000), and Senderowitz (1996).

IV. Suggestions

It is vital for the youth to recognize how important SRH and the RKSK are. They must be sensitised about their reproductive health and rights, particularly by school teachers and PHC staff.

Both male and female respondents need to comprehend the process of menstruation and the changes women experience therein. The issue of the number of times napkins and/or menstrual cloth pads are to be changed in a day, during menstruation, to prevent infection must be addressed. Respondents in the age group 16 18 years have a better understanding of the issue, when compared with other age groups. However, greater awareness about menstruation can be raised to improve menstrual hygiene in other age groups (UNICEF, 2002). In this regard, multiple stakeholders like the youth themselves, their parents, siblings, teachers and PHC staff could be offered short-term orientation courses and pressed into service to disseminate information. PHCs and schools are to provide free napkins.. Apart from this, the proper disposal of used napkins should be monitored at all levels: the household, school and community. All schools must be provided napkin vending machines and napkin incinerators. The community is to be educated on the importance of treating drinking water. There is some awareness that boiling water can make it potable. However, the majority of the respondents fail to follow safe practices. PRIs and PHCs can be roped in for such endeavours. The ill effects of open defecation must be addressed in collaboration with the PRIs and PHCs. It is suggested that guidelines on certain safe practices be

offered, such as washing fruits/vegetables prior to eating them, shutting off the tap while brushing one's teeth, and bathing every day. Careful monitoring to ensure adequate water supply, privacy, and cleanliness of the toilets can be undertaken to promote the use of toilets in schools. Parent-Teacher Associations can be actively involved in all of these. The quality of water available must be checked and drinking water provided in schools. Teachers and the community at large should join hands to ensure that both male and female youth comprehend that treated (boiled) water is safe to drink.

The risk of infections brought on by not wearing footwear outside the home and in the toilet should be highlighted by using appropriate IEC materials. It is both a challenge and an opportunity for NGOs and PRIs to educate respondents about the purpose of the SDGs. They must be advised to opt for Government schemes that are in line with the SDGs in schools and communities.

V. Conclusion

There is a need for the collective involvement of parents, teachers, and PHC staff to bring about wholesome adolescent health among school-going youth through a multidimensional approach covering every aspect of adolescent health, with special emphasis on reproductive health, behavioural changes, advocating a healthy lifestyle, and reinforcing a positive social environment to acquire life skills. Social media and apps dealing exclusively with adolescent health can be efficiently used, given the fascination with technology on the part of the new generation. There is also a need to involve PRIs, schools, and health departments in the community to bring in desirable changes among the youth in terms of their adolescent and reproductive health. Community participation, as well as the involvement of the youth, are essential for successful outcomes. Offering such opportunities to growing adolescents gives them a chance to build a safe, happy, healthy and productive nation in the future.

Health equity cannot be concerned only with health, seen in isolation. Rather, it must come to grips with the larger issue of fairness and justice in social arrangements, including economic allocations, and paying appropriate attention to the role of health - especially in India,

which has a great percentage of growing adolescents (Wilder, Masilamani and Daniel, 2005).

References

Agha, S. (2002). A Quasi-Experimental Study to Assess the Impact of Four Adolescent Sexual Health Interventions in Sub-Saharan Africa. International Family Planning Perspectives, 28(2):6770 and 113118.

Albert, B., Brown, S. and Flanagan, C. M. (2003). 14 and Younger: The Sexual Behavior of Young Adolescents. Washington DC, National Campaign to Prevent Teen Pregnancy.

Barker, G. T., Ricardo, C. and Nascimento, M. (2007). Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions. Geneva, World Health Organization.

Biddlecom, A. et al. (2008). Associations Between Premarital Sex and Leaving School in Four Sub-Saharan African Countries. Studies in Family Planning, 39(4):337350.

Blanc, A. K. and Way, A. A. (1998). Sexual Behavior and Contraceptive Knowledge and Use Among Adolescents in Developing Countries. Studies in Family Planning, 29(2):106116.

Blankhart, D. et al. (1999). Sexually Transmitted Infections in Young Pregnant Women in Bangui, Central African Republic. International Journal of STD and AIDS, 10(9):609614.

Cook, R. and Dickens, B. (2000). Recognizing Adolescents' 'Evolving Capacities' to Exercise Choice in Reproductive Healthcare. International Journal of Gynecology and Obstetrics, 70(1):1321.

Marston, C. A. and King, E. (2006). Factors that Shape Young People's Sexual Behaviour: A Systematic Review. Lancet, 368:15811586.

Rwenge, M. (2000). Sexual Risk Behaviors Among Young People in Bamenda, Cameroon. International Family Planning Perspectives, 26(3):118123 and 130.

Sachs, J. D. (2012). From Millennium Development Goals to Sustainable Development Goals. *Lancet,* 379(9832)*,* 2206-2211.

Senderowitz, J. (1996). Adolescent Health: Reassessing the Passage to Adulthood. Washington DC, World Bank (Report no. 272).

United Nations Children's Fund, UNAIDS and World Health Organization (2002). Young People and HIV/AIDS: Opportunity in Crisis. New York.

Upadhyay, U. D., Hindin, M. J. and Gultiano, S. (2006). Before First Sex: Gender Differences in Emotional Relationships and Physical Behaviors Among Adolescents in the Philippines. International Family Planning Perspectives, 32(3):110119.

Varga, C. A. (2003). How Gender Roles Influence Sexual and Reproductive Health Among South African Adolescents. Studies in Family Planning, 34(3):160172.

Wilder, J., Masilamani, R. and Daniel, E. E. (2005). Promoting Change in the Reproductive Behavior of Youth: Pathfinder International's PRACHAR Project, Bihar, India.