ROLE OF COMMUNITY IN PROVIDING SEXUAL REPRODUCTIVE HEALTH RIGHTS TO EARLY ADOLESCENTS

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Abstract

The present global scenario signifies girls and women as more disadvantaged group especially in the case of developing countries were reproductive health problems are acute for adolescent girls. Early marriages; pregnancy related problems and sexually transmitted Infections including HIV makes adolescent girls more vulnerable. Conditions prevailing in Pakistan are not very different from other developing nations. It is crucial to invest in female adolescents at the stage of early adolescence when the average age of marriage is only 19 in Pakistan. Therefore it is important to learn about adolescent girls' health status and their readiness to take on adult roles and responsibilities and the support which they are receiving from their families, communities and governments. This research is to assess the role of community stakeholders in providing Sexual Reproductive Health Rights to early adolescent girls as this will determine their own future and the future of their countries. A cross sectional study was conducted in 18 public schools of Karachi and 384 adolescent girls were interviewed using structured questionnaire. A significant association was observed between community role and access to Sexual Reproductive Health Rights of adolescents. Only 40% girls were found receiving some help by community other than their family whereas knowledge about pubertal changes during the time of adolescence found 11%. Level of awareness about Sexual and Reproductive health was found to be very meager in study. The study reveals that adolescents source of information regarding adolescence issues depend 60% on their family, however access to health in case of problems and complication during menstruation has been found to be only 2%. The study has revealed that adolescent girls are deprived the right to information about health specially matters to puberty which leads to many problems and complications about reproductive and general health. Study reveals less participation of community and depicts significant need for consideration and consistent community based intervention in providing sexual reproductive health rights to early adolescent's girls.

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Introduction

Adolescent Reproductive Health (ARH) is an important component of global health. The issues of Adolescent Reproductive Health are becoming more complex because of the increase risk and vulnerabilities at this stage of transition, their vulnerabilities to communicable disease like HIV infection because of risky sexual behavior and substance use, lack of access to accurate and personalized HIV information and prevention services, and for a host of other social and economic reasons[1] Particularly Adolescent girls are deprived in all of the aspects of sexual and reproductive health. The importance of girls for their communities and countries is still not realized and many of the 600 million adolescent girls living in developing countries remain invisible in national policies and programs, millions live in poverty and are burdened by gender discrimination and inequality and are subject to multiple forms of violence, abuse and exploitation, such as child labour, child marriage and other harmful practices [2] Fifteen million adolescent girls become mothers every year[3] . Worldwide 15-19 year old girls have died by complications related to pregnancy and childbirth[4]. There are 58.5 percent females among 5.4 million youth living with HIV/AIDS globally[5] . Infant mortality rates average 100 deaths per 1,000 live births among mothers under age 20[6]. Most programs and policies did not address the issues of young adolescents age 10-14 and this cohort remains outside the depiction. Years 10 to 14 are critical periods for girls in which they can realize their potential, build their assets for safe transition to adulthood, but they fall through the irreversible trapdoor of adolescence such as school dropout and early pregnancy[7]

Girls endure more restrictions as they enter into adolescence from taking decisions for daily routine activities including daily purchases or visiting friends and family, to access to health care; even they cannot make decisions on their personal healthcare issues[8] Most cases of mortality among adolescents are preventable according to a global study of global patterns; the major causes of mortality among 10- 24 years of adolescent are found to be road traffic accidents, complications during pregnancies and child birth, suicide, violence, HIV/AIDS and tuberculosis (TB). Among 2.6 million deaths of young people, 97% of deaths are taking place in low and middle-income countries [9]

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[1] UNAIDS Inter-Agency Task Team on Young People, "At the crossroads: accelerating youth access to HIV/AIDS interventions" (2004)

[2] Improving the Health of Adolescents & Young Adults: A Guide for States and Communities. U.S. Department of Health and Human Services. *2010*.

[3] UNFPA 2003 -2005. State of World Population 2003 Making 1 Billion Count: Investing in Adolescents' Health and Rights.

[4] UNFPA, 2007: Giving Girls Today and Tomorrow: Breaking the Cycle of Adolescent Pregnancy)

[5] United Nations, 2008 "Growing together: youth and the work of the United Nations" (New York, 2008

[6] UNFPA 2003 -2005. State of World Population 2003 Making 1 Billion Count: Investing in Adolescents' Health and Rights.

[7] Temin, Miriam. Levine, Ruth. Oomman, Nandini. 2009. Why it's the right time. Moving on Reproductive Health Goals by Focussing on Adolescent Girls. Centre for Global development's 2009 Report

[8] UNAIDS.2009.Implementation of the World Programme of Action for Youth: Progress and constraints with respect to the well-being of youth and their role in civil society; Report of the Secretary-General, UNAIDS

[9] Bott, Sarah. Jejeebhoy, Shireen. Shah, Iqbal. Puri, Chander. 2003. Towards adulthood: Exploring the sexual and reproductive health of adolescent in South Asia. World Health Organization, Department of Reproductive Health and Research. World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland

Age-specific death rates of adolescents and youth by sex and age group low and middle-income countries[10]

Country and year	Females (%)			Males (%)		
	Aged 10–14	Aged 15–19	Aged 20–24	Aged 10–14	Aged 15–19	Aged 20–24
South Asia						
Bangladesh (1986)	1.1	2.3	3.1	1.7	2.0	2.2
India (1997–98)	1.4	2.5	3.8	1.0	1.8	2.7
Nepal (1986–87)	6.6*	4.1**	3.3+	4.3**		
Pakistan (1996–97)	2.5	1.9	3.9	2.6	1.9	2.9
Sri Lanka (1995)	0.4	0.9	1.0	0.5	1.7	3.6
Other Asian countries						
Philippines (1991)	0.6	0.7	0.9	0.7	1.2	2.3
Thailand (1997)	0.3	0.6	1.1	0.5	2.1	3.3

According to World Health Organization adolescence is a period of progression from appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity and development of adult mental processes and adult identity and transition from total socioeconomic dependence to relative independence[11]. Adolescence has been further sub-divided into categories of pre-puberty, before age 10; early adolescence, ages 10 to 14; middle adolescence, ages 15 – 19; and late adolescence, or young adulthood, ages 20 – 2412. Biological change is a universal component of the experience of adolescence and these changes can have both direct and indirect effects on adolescent development. It is essential to support adolescents and equip them with age specific proper Sexual Reproductive Health (SRH) Information, which enables them to adapt and helps to cope with these changes which cause unrest and confusion in the adolescents' inner selves. Reproductive Health in the last decade after the International Conference for Population and Development (ICPD) has been redefined not only for family planning and reproductive health, but also as an umbrella term encompassing many areas and issues related to reproductive health attitudes and practices. These issues mostly revolve around gender, HIV/AIDS, STIs, contraception, access to health services, pre and postnatal practices and childbirth practices and notions. As perceived in post International Conference for Population and Development (ICPD), reproductive health is a much wider concept that requires multi-faceted interventions.[13] Sexual and reproductive health

[10] Bangladesh; United Nations 1997 Demographic Year Book1995, New York; United Nations(ST/ESA/STAT/SER,R/26); Phillipines,Srilanks,Thailand; International Institute of Population Sciences &Macro (2000) National Family health Survey(NFHS-2) 1998-1999: India ,Mumbai; International Institute of Population Sciences; Nepal: Central Bureau of Statistics, Nepal (1995) Population Monograph of Nepal. Khatmandu, Government of Nepal, Islamabad, Pakistan, Hakim et.al. (1998) Pakistan Fertility and family Planning Survey 1996- 97 (PFFPS). Islamabd, Pakistan, National Institute of Population Studies (December)

[11] World Youth Report 2005: Report of the Secretary-General. General Assembly Sixtieth session Social development, including questions relating to the world social situation and to youth, ageing, disabled persons and the family.

[12] Tijuana A. James-Iraore, MSW, Developmentally Based Interventions and Strategies: Promoting Reproductive Health and Reducing Risk among Adolescents, Focus Tool Series, Feb 2001

[13] National Institute of Population Studies (NIPS) [Pakistan], and Macro International Inc. 2008. Pakistan.

services are one of the essential factor for reducing extreme poverty and hunger [14] which has been elaborated and are included in the framework of MDG under Goals 4, 5, and 6.

Sexual Reproductive Health Rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. Sexual and reproductive rights provide the framework within which sexual and reproductive well-being can be achieved. The Right to Information and Education is one among the 14th Sexual Reproductive Health charter which declares that all persons have the right of access to education and correct information related to their sexual and reproductive health, rights and responsibilities that is gender-sensitive, free from stereotypes, and presented in an objective, critical and pluralistic manner.[15]

There has been a moral and legal obligation on adults, parents, decision makers and the world community at large to ensure the rights of adolescents and help them develop their strengths in a supportive and safe environment[16] Although it is complexed efforts to ensure adolescent health, well-being and rights but the collaborative efforts of societal sectors and institutions can made it possible. These includes parents and families, schools and postsecondary institutions, health care providers, community organizations and agencies that serve youth, faith-based organizations, media, employers, and government agencies and adolescents themselves.[17]

Pakistani adolescents are less aware and less informed about reproductive health matters specially female adolescents are less aware as compared to male adolescents.[18] Pakistan is also included in the cluster of developing countries the scenario presented above is more or less the same in Pakistan. Lack of information and access to basic services, maternal health burden, taboos on sexuality, sexual violence/exploitation, and the risk of exposure to sexually transmitted infections (STIs) and HIV/AIDS increase adolescent girls' vulnerability. The health profile of Pakistan is characterized by high population growth rate, high infant and child mortality rate, high maternal mortality ratio and high burden of communal diseases.

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[14] UN Millennium Project 2005. Investing in Development: A Practical Plan to Achieve the Millennium Development Goals. Overview.

[15] International Planned Parenthood Federation. 1996. IPPF CHARTER ON SEXUAL AND REPRODUCTIVE RIGHTS; Published by International Planned Parenthood Federation Regent's College, London NW1 4NS United Kingdom.

[16] Mensch, J. Bruce, and M. E. Greene, 1998. The Uncharted Passage: Girls' Adolescence in the Developing World, Population Council, New York 1998.

[17] Centers for Disease Control and Prevention, 2004. National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health; Health Resources and Services Administration, Maternal and Child Health Bureau.

[18] Population Council of Pakistan. Transition to adulthood: Education,Work and Marriage Among Adolescents and Youth in Pakistan, 2001-2003.

Adolescent Statistics in Pakistan

The total population of Pakistan is 146,404,914 whereas adolescent population age 10 -19 is 34,412,703 which is 23 .5 percent of overall male and female population. The female adolescents' population age 10 - 19 is 16,641,053, which is 11 percent of overall population, while the population of males 10-19 is 17,771,650, which is 12 percent of overall population.[19]

Although recent survey of PDHS 2006–2007 indicating 1% increase in age at marriage which is from 19 to 19.1 but in Socio-cultural context most marriages tend to be followed very shortly by a pregnancy and birth of a child, 30 percent of girls pregnant or are already mothers by age 19 20 .Despite the fact that child marriage is restricted by law, these are frequent, and girls as young as 10-15 are married off, at times to much older men. Most people are not aware of this law nor of the implications of early child birth on both the mother and her child. These results in complications during pregnancy, delivery and postpartum period. The infant mortality rate and under-5 mortality rate are respectively 78 and 94 per 1000 live births. While Maternal mortality ratio is 276 (deaths/100,000 live births) and Adolescent fertility rate is 5.1[21]

Violence against women and children and specially age of adolescents are very common. The stories of ever increasing incidents of karo kari (honour killing), domestic violence and child abuse take a large space of vernacular media. Apart from domestic violence, these practices are resulting in very low health standards and perpetuation of genetic diseases as well as a swelling population with very poor health.

The involvement of community for development is considered a good practice and viewed as fundamental for social change and is a very important strategy for success and sustainability of developmental programs including public health. But this strategy becomes limited for health programs and even more restricted in case of Reproductive health and family planning programs. Socio-cultural norms and structural barriers directly influence individual health behaviors in case of Adolescent Sexual Reproductive Health, and thus this becomes very true. Adolescent access to information, services and their ability to make healthful decisions is influenced and in some respect controlled by the adults in the community [22]

Support from the parents, community elders and school management in providing information to adolescents is rare, in fact abandoned in Pakistan. It is critical to understand where girls are thriving and where girls are suffering and what are their level of information and how much they are facilitated about their health which can be analyzed by their practices. As very less attention has been paid to this segment of

[19] Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects (2008 revision)*

[20] Ministry of Health, 2000–2001. Annual Report of the Director-General, Islamabad.

[21] Sultana, Munawar. 2005, A brief on reproductive health of adolescents and youth in Pakistani culture.

[22] Inter-Agency Working Group (IAWG) on the Role of Community. Involvement in ASRH –Community Pathways To Improved Adolescent Sexual And Reproductive Health: 2007 (A Conceptual Framework and Suggested Outcome Indicators) Washington, DC and New York.

population in Pakistan it has been selected for the study. Better formulation of strategy for the intervention can only be taken by exploring the conditions in which young adolescents are living as most of the national representative surveys for youth represent 15-24 age bracket of adolescents while information related to the age bracket (selected for the study) has been ignored. We cannot help them without this knowledge because of a lack of availability of substantial data about this cohort for girls. However, there is a strong need to explore the role of community in providing support at this critical stage of adolescent girls. Given that the present study has been conducted to assess the role of community in Providing Sexual Reproductive Health Rights to early adolescents. Community includes Government health facility, Lady Health Worker, School teacher medical officer of school, Media or any professional institute or person.

The present study aims at studying adolescent girls in different scenarios and focuses on school going adolescents apart from household survey.

Methodology

A cross sectional study has been designed to get insight study about female adolescents by applying quantitative methodologies. Selected group has been taken as population for the study from public school of Karachi. 384 girls aged 12 to 16 years of age have been interviewed from 6^{th} to 9^{th} standards. Karachi's population is distributed administratively in 18 towns so the data is collected through each of the administrative towns of Karachi. Karachi is the biggest city of Pakistan and comprises of a huge population, as a result of rural to urban migration and also immigrants from neighboring countries. Inhabitants of Karachi represent all of the four provinces of Pakistan. Stratified proportional sampling technique has been drawn proportionate to the size of total number of school enrollments of secondary girls' schools of each town. The data has been collected by structured questionnaire from government secondary schools. Interviewers were trained and informed and consent was taken by respondents'. To assess the role of community the respondents' were inquired that outside the family who has given information about SRH, which includes pubertal changes, information to prevent from HIV/AIDS, Hepatitis B and other STI's. The adolescents were also asked about the mode of information used while they were provided the information .Respondents level of awareness about health-hygiene information to maintain their health were also explored, while their knowledge about pubertal changes were also analyzed. Adolescents' access to health services was also explored.

Result and Findings

The girls from class 6 to 9 were interviewed for the study; the medium age of girls was 14; while 8% of girls were 12 years of age. Highest number of girls belonged to urban area (Liaquatabad town) which was 11% while lowest proportion of girls was in rural area of (Gadap Town) which was only 1%. Representation of adolescents girls from all major casts living in Pakistan have been found, in which Sindhis were 12 percent, Punjabis 10 percent, Pushto 7 percent, Balochis 7 percent. The majority of girls' were Urdu speaking which was 56% and lowest were Balochi and Gujarati speaking which

was 0.2%. Analysis provides insight about respondents' socio-economic background as majority of the girls in government schools belong to the lower income strata, whereas girls belonging to middle class families are also found in Sample. Overall 44% of girls economic background fell in the income bracket 2001 to 5000 PKR per month where as 8% had more than 15,000 PKR per month family income. While 98% respondents' religion was Islam while 1% were Hindus and 1% were Christian.

Majority of the girls were found unaware about Sexual Reproductive Health Rights. Major source of awareness about puberty was from the family where as community sources of information seemed week in providing proper awareness to the girls. A significant association was observed between the role of Community and access to Sexual Reproductive Health information (χ^2 = 48.911, df = 8 and p-value $\leq$ 0.001) (Table-1).

It is depicted by the study that there is a lack of counseling regarding pubertal changes as the level of awareness overall is only 11% about pubertal changes. Whereas 50% were partially aware and 39% were unaware. Source of information of 54% of girls depends upon their family and mostly their mothers or sisters and it was reported that no one from the community sources provided any information about SRH rights information including pubertal changes. 14% of girls reported that they got awareness from school; 10% by media; 13% by health personnel and 9% by other sources which was a private firm.

Table 1

Role of Community		Access to SRHR Information			
		Unaware	Partially aware	Aware	All
School Related*	N	14	35	7	56
	%	9.7%	17.6%	17.5%	14.6%
Media Related*	N	8	22	6	36
	%	5.5%	11.1%	15.0%	9.4%
Health Personnel Related*	N	10	35	5	50
	%	6.9%	17.6%	12.5%	13.0%
Other source *	N	5	23	9	37
	%	3.4%	11.6%	22.5%	9.6%
Nobody	N	108	84	13	205
	%	74.5%	42.2%	32.5%	53.4%
Total	N	145	199	40	384
	%	37.8%	51.8%	10.4%	

Role of Community is significantly associated with Access to SRHR information (χ^2 = 48.911; df = 8, p-value<0.001).

The study reveals the role of school, health providers and media in imparting SRH information including health hygiene information to maintain their health and information to prevent from HIV/AIDS, Hepatitis B. and the pubertal changes occur during early stage of adolescent. The knowledge of adolescents about these three major communicable diseases mentioned above has been showing a gloomy picture that the level of awareness about Hepatitis–B is only 26 percent while 48 percent adolescents are unaware about it while 27 percent found partly aware. Whereas awareness about HIV/AIDS of adolescents reveals by analysis that 49 percent respondents are un-aware, 22 percent found partly aware while 29 percent are well aware about it. 88 percent adolescents have been found unaware about STI's while 11 percent found partly aware while 1 percent are well aware about it.

Adolescents' accessibility to health services in case of complication was also explored that how adolescents girls' access to health services has been facilitated by the community. This shows very critical picture that only 46% girls were found receiving some information by community other than their family where as knowledge about pubertal changes during the time of adolescence found 11%. Community role in providing awareness about Sexual and Reproductive health is very meager. This reveals clearly that community is not fulfilling its role which they are supposed to perform. As study reveals that adolescents' source of information regarding adolescent issues depends 54% on their family which includes their mother and sisters. While the level of information of their mothers and sisters is an important question because the study reveals very low literacy of mothers of adolescents.

Those who acquired some sort of information outside the home, their level of information was found not sufficient and their mode of information was also investigated. On investigation about material they received in terms of information it reveals that 27 percent get leaflets. 4 percent get some counseling other than medical doctor in which teacher or LHW, while 7 percent couldn't define the way they got information. There is a huge gap in communicating information on SRHR to adolescents by community. It is revealing that adolescents are deprived of proper information, role of community is lagging behind. It is evident that health behavior of individual is dependent on social environment but the scenario is showing that adolescents are not getting any favorable social environment for healthy socialization. Information is not a part of their curriculum. Social studies and science curriculum lacks in such information to provide them appropriate and sufficient knowledge about SRH Rights and guidance on pubertal issues is abandoned.

The role of community found very weak in providing support, guidance and counseling about puberty and adolescence, the worst thing is that there is no Medical officer appointed in any school premises, neither adolescents were examined as routine health checkups, not even on annual basis. Access to doctors during problems and complication regarding menstruation is very rare, while responses on getting medical help from the

doctor, it was revealed that 54 percent of girls never consult a doctor regarding gynecological problems relating to puberty while the rest rely on mothers and family members' knowledge to cure a problem. Data also reveals the fact that adolescent girls are facing problems and complications regarding menstruation and other gynecological problem relating to pubertal age like irregular periods, severe pain before menses, anxiety, Premenstrual syndrome, severe headache before menses, severe pain during menses, access white discharge and obesity or underweight problems. It is revealing that 58 percent of respondents showing some of the mentioned problems while 8 percent have severe problems which require medical consultation; only 21 percent do not have any problem. This is highlighting the gap in girls' accessibility to medical consultation during need. Only 2% get access to doctor in the case of complication regarding menstruation while 11% get home remedy by their mother and 54% reported that they do nothing for any complications. While LHW worker's role is not as visible as has to be, neither the teacher is assigned to fulfill such responsibility to guide and inform about adequate information.

It is elicited that adolescent girls are not properly guided or informed not only on SRH, albeit the matters related to puberty was also not guided and supported, the level of awareness of adolescent showing that there is a accessibility of girls to the information is controlled. Many are suffering from various kinds of complications and problems relating to puberty but their access to medical services is difficult due to lack of understanding about problems, they are reluctant to talk on it or share it with someone.

The role of community is found very week in this relation. Teachers, LHW health providers are not as active in educating adolescents at this stage to support them in SRH understanding specially their bodily changes and prevention from communal diseases. The major findings reveal that within the school premises adolescent are not provided medical facility while routine medical checkups of students by school is not a school responsibility, which is why government does not appoint Medical officers in public schools. This situation has been found in overall schools of Karachi.

Recommendations

For sustainable change and development it is essential that programs and strategies should be adopted for interventions regarding Adolescent Sexual Reproductive Health. To fill in the huge gap in accessing adolescents SRH right and information, more focus should be given on the community level. Programs which address adolescent's issues should not only be centered on adolescents that should be designed with powerful involvement of school, media and health providers as well. Involvement of parents in such programs is also important as family serves as primary source of information.

School based intervention like inclusion of Life Skill Based Education in curriculum of school with age appropriate information about SRH rights and information must be ensured and Integration of these curricula within the government school system is critical. This would require proper advocacy by education department about importance of such information specially affect on adolescent health and development. The content

of the curricula will need to be different for boys and girls. It will have to address male and female stereotypes and should be based on evidence based issues of SRH.

The school principals and senior teachers should bring on board others through consultations. Modalities to garner support from the community elders and school management should be identified and for that further research about their concerns need to be analyzed. Community awareness initiatives should be taken and their involvement in designing the interventions must be ensured. These initiatives must include importance of girl child education and their right to higher education, adverse effects of early marriage on girls' health as well as on the society.

The provision of health facility within school premises must be ensured as this would be a better approach in providing adolescent with SRH right and information, which can also ensure basic right to primary health care.