

A study on parents in promotion of reproductive health of adolescent

¹ Xavier Vinayaraj NV, ² Dr. JO Jeryda Gnanajane Eljo

¹ PhD Research Scholar, Department of Social Work, Bharathidasan University, Tiruchirappalli, Tamil Nadu, India

² Assistant Professor, Department of Social Work, Bharathidasan University, Tiruchirappalli, Tamil Nadu, India

Abstract

Reproductive health is the need of the day for the continuation of LIFE on earth. Within the framework of WHO definition on health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (UN POPIN, 1995). Reproductive health is an umbrella term that addresses the reproductive processes, functions and system at all stages of life. Further reproductive health implies people about their responsibility to have safe sex and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. (www.who.int/topics/reproductive_health/en/). In the modern era Parents have a vital role in promotion of reproductive health to their adolescent children while parenting them. This study is an attempt to know the role of parents in promotion of Reproductive health and also examines the parent's knowledge about reproductive health, the importance of reproductive health and how dissemination of knowledge about reproductive health is given to their adolescent children. The universe of the present descriptive study consists of 500 parents with adolescent children studying in higher secondary school with CBSE syllabus in Palluruthy, Kochi. Convenient sampling method was used and data was collected from 50 parents with adolescent children which constitute 10% of the universe. Findings of the study will be projected in the full length paper and with suitable suggestions.

Keywords: reproductive health, parental role, promotion

Introduction

When I was an adolescent I was shy to ask anyone about sex and sex-related matters. Even my parents or teachers never gave me proper guidance during my puberty. My biology teachers used to skip the portion and covered the topic in a hurry. Later, I realized that it was not because of the lack of time, instead of that the hesitation of using the word related to primary and secondary sex organs. Years after, I attended a seminar on human anatomy, those sessions opened a door to my misconceptions and myths about my sexuality. I had a discussion with some of my fellow participants' regarding the same. They all agreed with me that, no one has given me proper guidance in the area of sexuality. In such a scenario, there are three questions will arise. Firstly, who all are responsible for imparting the proper sexuality-related information to the children? Secondly, the major sources of sexuality-related information which the children are receiving and finally, are the children receiving the right or proper information from the various sources. When we start answering each question individually, the answer to the last question to be that we are not sure about the adequacy and truth of the information which children are receiving. The Second questions can be answered in terms of research studies conducted various parts of the country which depicts that they were receiving the information majorly from the peers and media. Sathe and Sathe (2005) ^[17] found that nearly 50% of respondents (boys 54.4% and girls 42.2%) prefer an older friend to peers. Mass media (print and electronic) are the next important source of information for young people. For about 45% of boys, electronic media such as blue films (41.4%),

cable TV (43.8%) and foreign films (48.2%) are the main source of information. Over a quarter (27.2%) of boys and 5.6% of girls get the information from yellow literature-pornography. When we move to the first and important question, that answer will be parents as well as teachers. But the issue is they aware of it, or do they have the proper information on sexuality-related matters, or that word itself is a taboo for them. These issues spotlight the need and necessity of the paper which depicts the role of parents in reproductive health promotion among adolescents.

Adolescence is a period of transition from childhood to adulthood. It is when several physiological, social, and psychological growth and development are undergoing. Sexual and reproductive growth and development are one of the remarkable changes during this period (Steinberg L, 1996) ^[19] and it is when parents are expected to socialize their children, on parent-adolescent sexual and reproductive health (SRH). The communication helps to transmit values, beliefs and expectations about SRH for adolescents (Sales JM, *et. al*, 2008) ^[20]. Evidence has shown that the communication protects the young from engaging in risky sexual practices and associated adverse health consequences. (Eisenberg, *et. al*, 2006) ^[5]. According to Erikson development until stage five it depends on what is done to an individual and from the fifth stage, it depends on what the individual does. During this complicated years, the individual faces challenges in discovering their own identity struggles with social interactions and forms their sense of morality. This stage marks the shift from childhood to adulthood. It is the turning point of human development, what the person is and what the

society expects of him. This stage is considered to be the crossroads (Fleming, 2004) ^[12]. One of the important changes of this stage is reproductive system of boys and girls.

Many adolescents often lack strong and stable relationships with their parents or other adults which are necessary to openly discuss reproductive health concerns. Therefore, many teenagers do not have access to reliable information regarding their reproductive health needs. In most cultures, parents and family members are an influential source of knowledge, beliefs, attitudes, and values for children and young people. Parents often have the power to guide children's development on sexual health matters, encouraging them to practice reasonable sexual behaviour and develop good personal decision-making skills (Aggarwal, 1981) ^[21]. Researches indicated that increased parent-child communication leads to a raised awareness and reduction in risk-taking behaviours. However, when young people feel unconnected to home and family, they may become involved in activities that put their health and wellbeing at risk (H. Barbara and B. Kirsten, 2002) ^[9]. Parents and parent figures play important roles in the lives of adolescents. Various studies have examined the influence that types of parenting have an impact on the behaviours of young people, including risk-taking behaviour (Rodgers, 1999) ^[16].

Moreover, international and non-governmental organizations have begun to implement activities that explicitly address the role of parents in improving adolescent sexual and reproductive health: More than 30 such programs were recently described in a review by the World Health Organization. (WHO, 2007) ^[24].

"Reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so" (World Health Organization). Although this appears to be the only definition of the term in any international document, the definition implicitly implies that reproductive health includes the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (International Conference on Population and Development, 1994, Essay 2013) ^[6].

Young people aged 10–24 years face multiple challenges during their transition to adulthood. Even though the transition from childhood to adulthood lasts about 15 years, many young

people could acquire significant preventable health problems before reaching adulthood. Most of those problems could persist throughout their adult life. One of the reasons for this problem is a lack of adequate and accurate knowledge about sex and sexuality. Consequently, risky sexual behaviours such as unprotected sex, multiple sexual partnerships, and transactional sex are common among young people (Abubakar, *et. al.*)

Adolescent sexual decision making and behaviour are influenced by myriad factors at the individual level as well as peer, family, community and societal levels. Parents in particular play a substantial role in the gender and sexual socialization of their children. In this context, this study is an attempt to recollect parent's adolescent period, to rethink about their own life experience and life situation regarding reproductive health information, sex and sexuality information sources, myths and misconception, short comings and its effect on their family life and sexual life. This recalling continues with how much they succeeded or failed to support their children who reached in adolescent period.

Materials & Methods

The study was descriptive in nature which tried to understand two objectives viz to the role of parents in reproductive health education as well as knowledge of parents about reproductive health. The study also extends to different methods of disseminating knowledge to adolescents. The universe of the present study consists of 287 parents with adolescent children studying in higher secondary school with CBSE syllabus in Palluruthy, Kochi. The questionnaire method was adopted for data collection and the questions were prepared based on the objectives. The researcher approached the PTA and with the support of PTA collected data from parents of students in the high school section (i.e. 8, 9 & 10 STD students) convenient sampling method was used and data was collected from 31 parents with adolescent children which constitute 10% of the universe. The study has ensured ethical clearance from the respondents after informing the purpose of the study, objectives and the methodology of the study. After getting the consent the researcher distributed the questionnaire with the assurance of privacy and confidentiality, the researcher also requested voluntary participation to ensure the quality of the study.

Results and Discussions

The following data explains the results of the study carried out among the respondents. The tables and graphs open up the wide variety of results from the collected data. Let's have a look at it one by one.

Table 1: Socio-Demographic Profile

S. No	Socio Demographic Details	N (30)	% (100)
1	Age		
	Below – 40 years	10	35.0
	41 – 45 years	9	29.0
	Above – 45 years	11	36.0
2	Gender		
	Male	10	32.3
	Female	20	67.7

3	Occupation		
	House wife	5	19.4
	Business	5	16.1
	Skilled job	9	29.0
	Professional	11	35.5
4	Level of education (Respondents)		
	Illiterate	4	12.9
	Primary	7	22.6
	Higher	12	41.9
	Graduate	7	22.6
5.	Level of Student's education		
	8 th std	9	29.0
	9 th std	8	25.8
	10 th std	13	45.2
6.	Members of family		
	Below – 4	25	85.00
	Above – 4	5	15.00

The above table gives us the following conclusions which explain detail about the socio-demographic profile of the respondents. The above table shows that more than one-third of respondents (36%) are age above- 45 years and one-third of the respondents (35%) are below- 40 years, remaining (29%) of the respondents 41 – 45 years. Among the respondents (67.7 %) are female parents and One-third of the participants (32.3%) are Male parents. More than one-third (35.5%) are a professional worker and nearly one-third of the respondents (29%) skilled job the remaining (16.1%) of them involved in business and (19.4%) is housewife. The majority of the respondents (41.9%) are studied higher secondary and (22.6%) of them are studied respectively primary level and graduate-level the remaining (12.9%) of them are did not go to school. The majority of the respondent's children (45.2%) are studied 10th std and early quarter (29%) of them studied 8thstd then remaining (25.8%) of them studied 9th std. The vast majorities (85%) of the respondents have below-4 members in their family and remaining (15%) of them has above-4 members in their family.

Table 2: Time Spent by Parents with Children

Do you spend time with your children	Frequency	Percent
Every day	24	77.4
When ever get time	6	19.4
Weekends	1	3.2
Total	31	100.0

The results depict that majority of the parents (77.4%) replied that they spend time with their children every day, but 19.4 % spend time whenever they get time. Around half of the respondent spent the time to have dinner together every day (53.3%), nearly half of the respondents (46.6%) only whenever they get time. The majority of the respondent (74.2 %) have prayer together with family every day, 16.1% whenever gets time and 9.7% on weekends. Half of the respondents (55.8%) has daily experience sharing with family, 43.2% had only when they get time.

Research studies reported that the above conditions as we discussed such as spending time with Children, sharing daily experiences with the children will improve the closeness and openness to the family (Thomas, L & C, J Binesh, 2016)

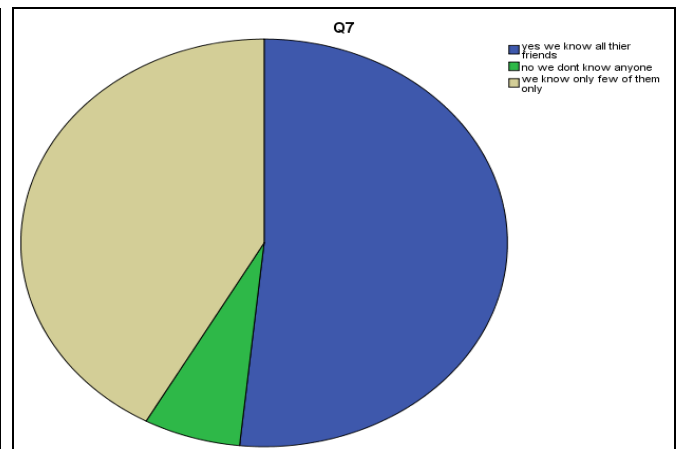
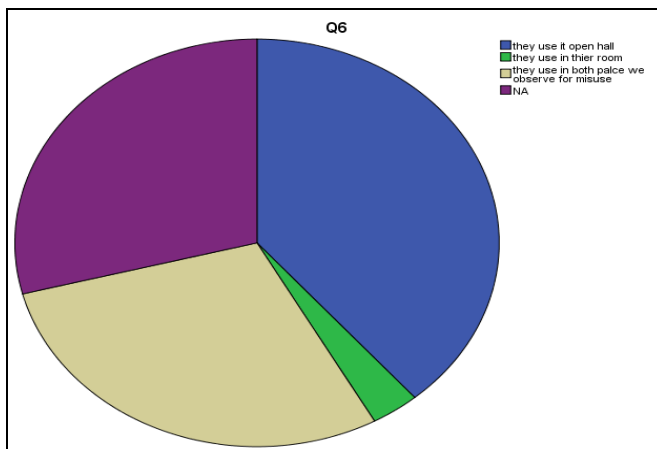


Fig 1 and 2: Awareness of Parents about the Peers of their Children and Use of Computers

Sathe & Sathe (2012) reported that adolescents were deeply influenced by their peers. So it's essential that the parents

should have the knowledge about the peers of their sons/ daughters. As per the data received, only half of the parents

(51.6%) knows the friends of their children but among the rest participants (41.9%) know only a few of the friends and 6.5% don't know the friends of their children. Only half of the respondents knew the all the friends of their off springs. Also, the majority of the respondents (67.7%) share all the activities to their parents. But rest of the parent's children (32.3%) share only very less about their daily activities. This result shows an alarming situation in the personal life of adolescents. We should seriously think about why this context is arising among our adolescents

Concerned with the Computers, nearly half of the respondents (46.6%) reported their children have personal computers. More than one-third of the parent's students use a computer in open hall (40%), and more than one fourth (30%) in hall and room but under the observance of parents which are some positive results to be discussed.

Table 3: Parents Knowledge on Reproductive Health

components of reproductive health	Frequency	Percent
Yes I know	19	61.3
Do not know	9	29.0
Doubtful	3	9.7
Total	31	100.0

The results show that a vast majority of the respondents (75%) reported they understand the concept of reproductive health from school and remaining (35.5%) of them learned respectively from family and society. On contrary to the above results, respondents comment that half of the respondents (50%) learned sex and sexuality from school, (33.3%) of them from society and remaining (16.7%) from family. In the first results, they commented that 75 % of the respondents understood the concept of reproductive health education from the school itself. But when the researcher used the sex and

sexuality, it decreased to 50 % which shows the lack of clarity in understanding the term reproductive health education.

Another result shows that majority of the respondents (74.2%) answered that they know the age to give reproductive health knowledge, and nearly one-fourth (22.6%) don't know it and 3.2 % confused about it. Concerned with the misconceptions, they reported that more than half of the respondent (54.8%) did not have misconceptions about sex before marriage but one-third of the respondent (32.3%) had misconceptions about sex before their marriage, 13% either not remember about it nor want to answer it. We should closely look into two percentages, 32.3 % had misconceptions before marriage and 13 % of the respondents are not want to answer it. Next results show that more than half of the respondents (56.6%) do not have a misconception about sex, One-third of the respondent (33.3%) had a misconception about sex from friends 10 % had from media and 6.5% had from others. The majority of the respondents (70%) had reproductive health knowledge especially proper understanding about internal and external reproductive organs and its functioning before marriage but one-third of them (30%) do not have it.

Another set of results shows that Majority of the respondents (80%) know the problems faced by adolescent children in sex-related matters and 20% are either do not know or confused with the problems faced by adolescent children in sex-related matters and Majority of the respondent (80%) aware about HIV/AIDS and how it get affected human body and 20% either do not know or confused about HIV/AIDS and its effect in human body. It's to be noted that there are still 20 % of the respondents are confused with the disease HIV. Finally, the majority of the respondents (74.2%) answered that they know the age to give reproductive health knowledge, and nearly one-fourth (22.6%) don't know it and 3.2 % confused about it.

Table 4: Parenting on Reproductive Health

S. No	Statement	Yes always		Never		Sometimes		Total	
		N	%	N	%	N	%	N	%
1.	Do your children approach you to ask doubts regarding developmental changes that occur in the adolescent period and also the changes happening in their puberty?	14	46.7	5	16.7	11	36.6	30	100
2.	Do you ever ask your adolescent child about their knowledge on changes happening during puberty?	14	46.7	7	23.3	9	30	30	100
3.	Do you ask your adolescent child about their source of information upon sex and sexuality?	5	16.7	12	40	13	43.3	30	100
4.	Who do you think is the right person for giving the knowledge about reproductive health for your children?	Parents		Teachers		Counsellor's / doctors		Total	
		20	66.7	4	13.3	6	20	30	100

The above table is being very specific in results. The researcher asking direct questions to understand the level of parenting on reproductive health.

Nearly half of the (46.7%) children of the respondents approach to ask doubts regarding developmental changes that occur during the adolescent period and also the changes happening in their puberty but more than one third ask only (36.6%)sometimes and rest of them(16.7%) never ask about it. Nearly half of the respondents (46.7%) ask always their adolescent child about their knowledge on changes happening during puberty, one-third of them (30%) ask sometimes and nearly one-fourth (23.3%) never ask about it.

Nearly half of the respondents (43.3%) ask sometimes only to their adolescent child about their knowledge on changes happening during puberty, but more than one-third (40%) of them never ask and rest of them (16.7%) sometimes ask about it. Half of the respondents (66.7%) consider parents as the right person for giving the knowledge about reproductive health for their children, whereas nearly one-fifth (20%) as either of doctor or counsellor and 13.3 % as teachers for giving reproductive health knowledge.

Conclusion & Way Forward

The results of the study re-exert the importance of imparting

reproductive health education to the parents. As we know, the right knowledge about the reproductive health is one of the key factors of human health, especially in the reproductive health. It includes the right knowledge about primary and secondary organs of reproductive health of both genders. The knowledge of parents about reproduction and positive communication of such knowledge to their children during their developmental stages can support the adolescents to reduce bias and build up right knowledge about reproductive health. In this regard the parents care in ensuring the understanding of their child's learning about syllabus from reproductive health, understanding and guiding their child to positive peer group relation, ensuring the child's effective skill in identifying abuse and manage such threats. The study is an initial step to understand the parent's status in this regard. The effective communication between parents and children can ensure child safety from all kind of abuse and misconception about sexuality. The study shows the short comings from the parents on effective communication between children on reproductive health knowledge and sexuality. More than half the parents are able to give good support for their children through educating and through proper understanding through effective communication. So it's right time to build up proper programs for parents and children to updated with the challenges and needs in reproductive health.

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