

Will They be Able to Execute Their Reproductive Rights

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ABSTRACT:

WHO has defined reproductive rights to protect reproductive health. They are equal for both male and female. But when it comes to execution, male get advantage over female unless female population is aware of them. As sexuality education is limited to menstrual hygiene and reproductive biology, there is possibility that the young girls are ignorant. Present study is done to assess their basic knowledge about reproductive health. Method: a self administered questionnaire was given to group of college going girls. 130 girls voluntarily filled it. They were knowing how sex of baby is decided but could not associated gender discrimination to female foeticide. The scientific knowledge about menstruation and menstrual hygiene was present only in 19 and 14%. Only 20% were knowing when to visit doctor. Only 15% had knowledge about anaemia, 7% could relate missing period with pregnancy, 8% were knowing that sexual contact can cause pregnancy or STD. Knowledge about female contraceptive was better than male contraceptives/emergency contraceptive. The concept of premarital health check up is very poorly understood. Conclusion: Educating girls about menstrual hygiene should be enforced along with comprehensive sexuality education in phase wise manner to both boys and girls so that they can execute the reproductive rights

Keywords: *Reproductive rights, reproductive health, sexuality education, contraceptive awareness*

INTRODUCTION:

Fundamental human rights were defined to bring equality in human beings irrespective of country, race or economic status. Further it was observed that women are vulnerable than men so to protect them from exploitation, women rights came in to existence. When family is considered as a unit of society, there are reproductive rights to protect both, male and female from injustice and exploitation. (1,2) WHO has identified four basic reproductive rights as

1. Right to control reproductive function
2. Right to make free reproductive choices without force
3. Right to access education about reproduction
4. Right of protection from gender bias practices

Although India has legalized abortion under certain conditions and is first country to have national program for promotion of contraception, women and girls are not enjoying benefits to its fullest. The decision making power is still in hand of male in majority of cases.(3)Because of male domination in reproductive life in INDIA and many other countries it is observed that the decisions like when to have children, how many, is

decided by male partner but to execute these decisions, female has to use contraception or has to undergo MTP or repeated childbirths. Even it is imbibed on minds of female that lead for sexual contact is to be taken by male partner, female should agree to their wish.(4) So first two rights are executed by male, while their female counterparts are not able to do so and are vulnerable. About third one, the education about reproduction is mainly focused on females and is limited to menstrual hygiene which does not necessarily empower her about decision making in reproduction. In a scoping review of studies related with puberty and menstrual knowledge amongst young adolescents, it was found that most studies are about school going girls. Boys and out of school girls rarely included. Commonest source of information is mother, who herself may not possess adequate knowledge. The lack of information or incomplete/inaccurate information adversely affects reproductive health. There is lack of uniformity in knowledge given because of sociocultural difference about acceptable and appropriate knowledge. (5,6) Males are almost kept out of such education (7)They are ignorant about scientific knowledge and are still privileged to take decisions(8). Battle against female

foeticide is the proof that gender biased practices are existing in society. (9)It is observed that in spite of more crucial role in reproduction than men, women are most of the times ignorant about their role, responsibilities and rights in reproduction or they are suppressed by male counterpart. There is under utilization of medical facilities for reproductive health issues because of poor information, lack of power of decision making and attitude(10) which in turn affects reproductive health of couple. Gender biased practices can be reduced only when one is aware of them. Main focus should be increasing awareness of all stake holders and making health services accessible. First step towards this empowerment is to know present status of their knowledge about issues related with reproduction as it varies depending on part of country and education. So that focused and culturally appropriate efforts can be done to uplift them.

SUBJECTS AND METHODS:

It was a cross sectional observational study

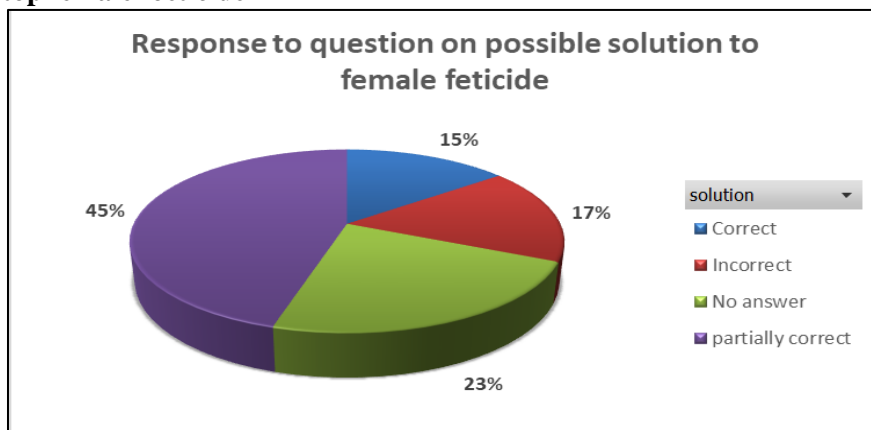
Study Population: 130 Female students studying in law college.

After permission from principle of college, a open ended questioner was given to them with understanding that it is voluntary to answer. The findings were analysed as correct answer, partially correct, wrong or no answer. Based on the findings, a tailored session on reproductive health and rights was taken to improve their knowledge and ensure healthy attitude.

RESULTS:

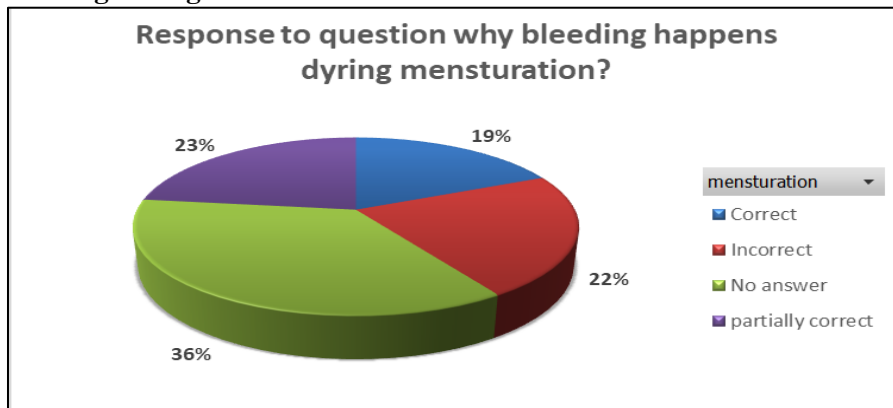
In our study, for basic knowledge about chromosomes, more than 50% were aware what is difference in male and female chromosomes. While for Knowledge about How sex of the baby is decided, majority were aware that sex of the baby depends on male contribution in fertilization(74%). When questioned about Reason for tendency of female foeticide only 31% could relate male dominance with tendency of female foeticide.

Figure 1- Solution to stop female foeticide



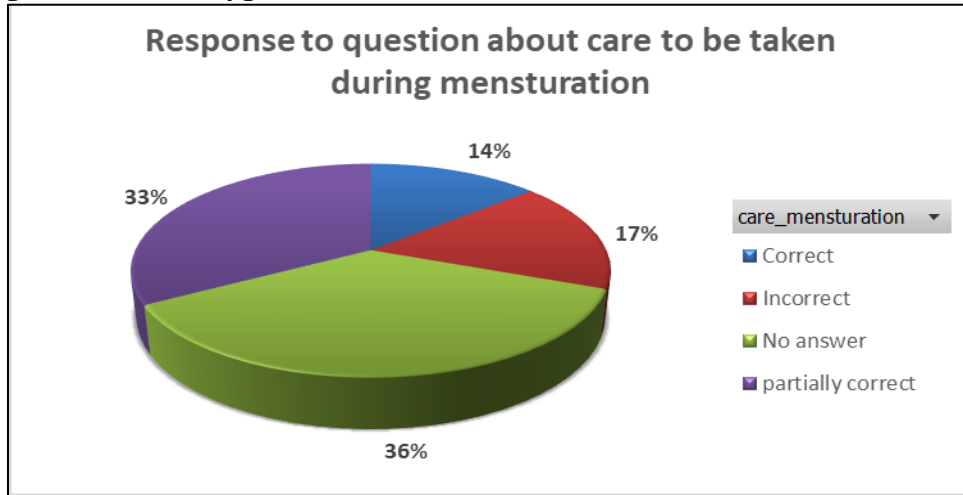
Only 15% could think of gender equality as solution to stop female foeticide. Most of them said stopping sonography or very strict action against doctor

Figure 2- Reason for bleeding during menstruation



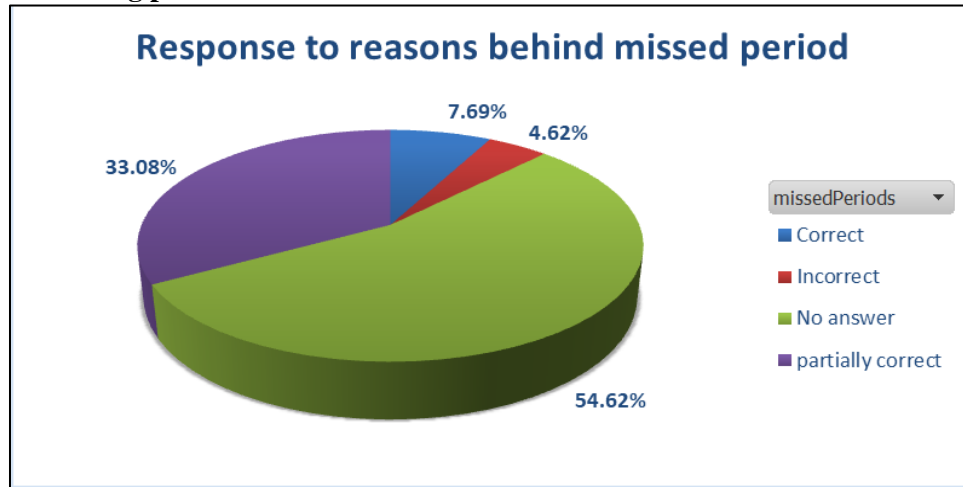
Only 19% were able to answer reason for bleeding during menstruation as shedding of lining of endometrial cavity

Figure 3- Knowledge of Menstrual hygiene



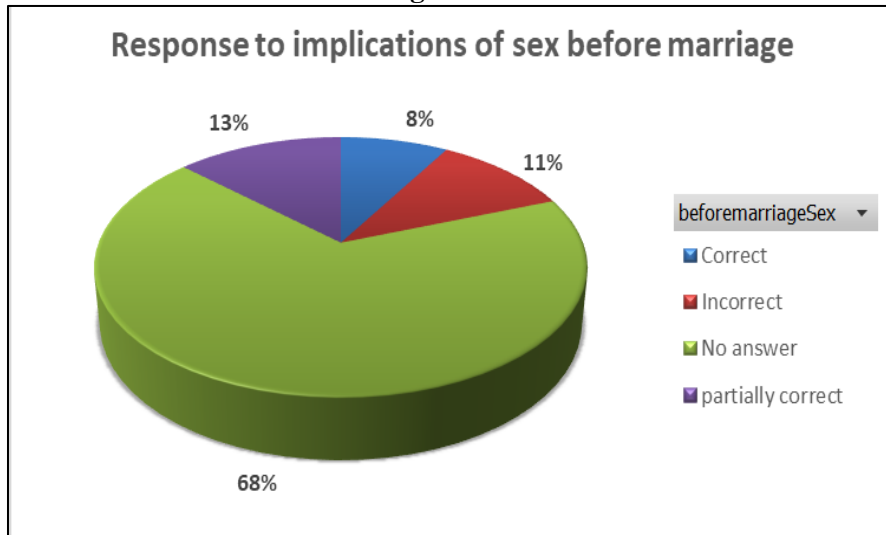
Only 14% were aware about menstrual hygiene. Out of the study population, only 21% were aware when to visit doctor in menstrual problems and only 14% were knowing definition of anaemia.

Figure 4- Reasons for missing period



Only 7% were knowing all reasons for missing period, which includes pregnancy. Commonest answer was hormonal imbalance.

Figure 5- Implications of sexual contact before marriage



Only 8% were knowing all implications including pregnancy and STD. With respect to knowledge about contraception, only 6% were aware of contraceptive in male and female, 39% were aware of methods in females and only 15% were aware about emergency contraception.

Premarital Counselling and Testing:

Only 4% were knowing what tests are to be done and only 2% knowing reason behind the tests.

DISCUSSION:

Since 2009, topic of human reproduction is included in school curriculum. So significant number had scientific knowledge about role of chromosomes, what is difference in male and female chromosomes and whose contribution plays important part in deciding sex of baby. Evidence supports that such education improves knowledge(11). But this theoretical knowledge may not be enough to ensure the awareness about reproductive health. It is clear from the fact that in our study, only 31% could relate reason for female foeticide as male dominance in society which leads to gender discrimination and expects having at least one male child is must.(12,13) Studies have shown that females even tend to justify the sex determination and selective abortion(9) Even though they know sex of baby depends on male contribution in fertilization, only 15% in our study could think of gender equality in society can stop the crime of female feticide and blame a mother receives when she gives birth to a girl child. The solutions thought by them are stopping sonography or punishment to doctor. Similar trend is observed in other studies where basic cause of female feticide is overlooked. (14, 15, 16). In our study, only 19% were aware of scientific reason of menstrual bleeding as shedding of endometrial lining. This knowledge is important to normalize the process of menstruation. Majority girls are now aware that menstruation is physiological process in females(1) but it is equally important to know why bleeding occurs. Ignorance about it is main reason for myths and misconcepts about menstruation affecting menstrual hygiene and reproductive health. The thinking that female body gets impure because of menstrual blood also leads to thought that absence of menstruation makes male body superior, base of gender discrimination.(17,18). Many schools now a days conduct menstrual hygiene awareness programs for girls. Mothers also inform their daughters about menstruation related issues. In spite of this fact, only 14% in our study were aware about all components of menstrual hygiene i.e. Use of clean pads either disposable or reusable, alternatives for pad use, disposal/ cleaning of pads, keeping area dry and clean, taking regular bath. This shows need for reinforcement of knowledge given in school so that it can have positive impact on reproductive health.(19,20). In our study, only 21% could mention all causes of need to visit doctor about menstrual complaints in this age. 42% missed on

frequent and heavy periods as important cause of anaemia. This lack of knowledge leads to non utilization of available facilities. This is the reason why studies found that not only knowledge but use of health facilities is also inadequate (21) This gap in knowledge indicates need to strengthen adolescent health education, adding information related to reproductive health at appropriate age. Till today majority girls acquire the knowledge from mother, who may not have the accurate and enough knowledge, and for boys the situation is still worst (6,18,22,).

Anaemia is major problem affecting maternal health in spite of government initiative to irradiate it. Participation of people is key to success of any program (23,24) We found only 14% were aware about definition of anaemia, these young women who are would be mothers, (science pc) which is alarming. Main physical causes affecting sexual health are unwanted pregnancy with it's after effects and sexually transmitted diseases. Only 7% could mention all causes of missing period including chance of pregnancy more worrisome is 54% have not answered. 33% said cause being hormonal imbalance. Awareness about implications of sex before marriage was also equally low only 8%. Here also 68% had not given any answer. This can be because of ignorance or inhibition about the subject, both equally detrimental to reproductive health leading to unwanted pregnancy and/or sexually transmitted diseases as percentage of youth engaging in premarital sex is on rise in India.(25,26). Contraceptive awareness is a important aspect of responsible sexual behaviour. In our study only 6% could mention names of male and female contraceptives, 39% mentioned only female contraceptives and 54% have not answered. Oral contraceptive pills and Cu-T are most common known methods by girls (6) Awareness about emergency contraceptive was little better, i.e. 15%, but this may indicate tendency to unsafe sex without use of regular contraceptive. Many studies have found that there is unmet need of imparting knowledge, improving attitudes about various issues related with sexual health. (25)If knowledge about menstruation, pregnancy and related problems is inadequate, awareness about premarital counselling will also be low, same was finding in our study, only 4% were aware about entity 'premarital counselling and testing' and only 2% were aware why it needs to be done. So there is long way to go to make premarital counselling acceptable to society in spite of

it's usefulness mentioned by WHO. Knowledge level about premarital testing was found low in adolescents and youth certainly there is need for such education (27) such educational activities will increase voluntary participation in premarital screening program (28,29)

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