Knowledge about Reproductive Health matters among Youth in India: *Situation and Determinants*

Abstract:

Nearly one-third of India's population is aged 10–24years. A significant proportion of young people experience risky or unwanted sexual activity, do not receive prompt or appropriate care, and experience adverse reproductive health outcomes. The extent to which this cohort engages in risky or safe behavior determines the trajectory of the epidemic in the coming decades. It has been established that information, skills, safe supportive environment and health counseling services can play an important role in improving adolescent health and check risky behaviors. The objective of this study was to examine the level of Sexual and Reproductive health (SRH) awareness and factors affecting this knowledge, among youth. The paper is based on bi-variate and multivariate analysis of secondary data from "Youth in India: Situations and Needs Study" conducted in six states of India. Levels of SRH awareness increased consistently with education among young men, irrespective of marital status and rural-urban residence, differences were negligible among young women in general.

Introduction

Nearly one-third of India's population is young people aged between 10 to 24 years while youth aged 15–24 years comprise 18.3 percent of the total population in Census 2001. It is acknowledged that significant proportions of young people experience risky or unwanted sexual activity, do not receive prompt or appropriate care, and experience adverse reproductive health outcomes. Sexual & reproductive health issues faced by youth include health problems like: too early pregnancy, risks to mother, risks to baby, Health problems during pregnancy & child birth (including unsafe abortion), Sexually Transmitted Infections including HIV amongst other like accidents, substance abuse etc. The extent to which the current cohort of young people is aware about methods of contraception its sources and engages in risky or safe behavior determines the trajectory of the epidemic in the coming decades. India alone accounts for almost 1.4 million of the estimated 1.6 million young people (ages 15 – 24) living with HIV in the WHO South-East Asia Region. In India, it is estimated that over 35 percent of all reported HIV infections in India occur among young people 15–24 years of age.

Young people in India cannot be categorised as a homogenous group as different sub-populations are exposed to different risk settings depending on location. Social and cultural factors influence discussions on issues around sex and sexuality, particularly in rural areas. Action for adolescent health, a report prepared by collaborative effort of WHO, UNFPA and UNICEF suggests that, Information & skills, Safe & supportive environment and Health & counseling services can play an important role in improving adolescent health. This suggests the importance of promoting health awareness and counseling services as preventive and promotive measures to check risky behaviours.

Objectives

The main **objective of this study is**, to examine the level of knowledge about Reproductive health matters and factors affecting this knowledge, among youth in India from health promotion perspective.

Operational definitions:

- Youth has been defined as population aged 15-24 years

- Knowledge about Reproductive health matters has been operationalised as knowledge about modern methods of contraception i.e. Oral Pills, emergency contraceptive pills, condoms and Intra uterine devices (IUDs), in addition to their knowledge about STIs and HIV/AIDS. It has been measured as knowledge and those who had knowledge about these methods, if they had correct knowledge about these methods. It is important from health promotion perspective as correct knowledge about available methods of contraception enhances their utilization as well as efficacy of the beneficiary to use the method and improve reproductive health outcomes

Data and Methods:

The paper is based on secondary data from "Youth in India: Situations and Needs Study" conducted in 2006-2007 in six states of India namely Rajasthan, Bihar, Jharkhand, Tamil Nadu, Maharashtra and Andhra Pradesh; by Population council and IIPS (1). These six states were ***purposively*** selected to represent the ***different geographic and socio-cultural regions within the country***. These six states represent about two-fifths of the country's youth. This survey provides rich evidence on married and unmarried young women and men from both rural and urban settings of each state. The surveys in the six states were undertaken in a phased manner and took place between January 2006 and April 2008.

It covers 50848 young people (15-29) out of 8052 married young men, 11522 unmarried men, 13912 married young women and 17362 unmarried young women. However, our analysis is based on youth as defined by WHO i.e. 15-24 years, hence the sample size is 45,555 respondents. This survey provides data on sexual activity, knowledge about contraception, key factors underlying young people's sexual and reproductive health knowledge, attitude and life choices etc.

Methods: Frequency tables and bi-variate analysis was performed to understand the social and demographic profile of the youth. In addition bivariate analysis was used to elicit the distribution of knowledge and correct knowledge about the use of various modern methods of contraception amongst youth (15-24 yrs) by gender. For multivariate analysis logistic regression was used. The dependent variable chosen for the study is correct knowledge about modern methods of contraception that has been computed as 'yes' if the respondent possessed correct knowledge about at least one modern method of contraception i.e. oral contraceptives and/or Intra uterine devices and/or condoms and/or emergency contraceptive pills. This variable has been chosen as in addition to knowledge about modern methods of contraception, it is essential to have correct knowledge about is use so as that this knowledge gets translated to effective use and hence favorable outcomes. Questions that were asked to respondents who had knowledge about method of contraception are as follows:

- How often should a woman take oral pills?

- How soon after sexual intercourse should these pills be taken?
- One condom can be used for how many acts of sexual intercourse?
- Where is the IUD placed?

These questions were administered only to respondents who had knowledge about that method of contraception. Independent variables that have been found to have influence on knowledge about methods of contraception are socio economic factors like place of resident of the respondent, religion, caste category, type of family, income quintile and personal characteristics of the respondents like age, years of schooling, marital status and gender.

Note: Weighted percentages have been reported in all frequency and cross tables. The tables presented are based on the analysis done by authors of the paper.

Findings

This section details the findings about Youth's knowledge about contraception, methods, sources, and their perception about sex education and family life education. A brief outline about the socio-demographic and economic profile of youth is presented to provide a context for understanding findings on youth's knowledge about Reproductive and sexual health matters. This is followed by in-depth discussion on youth's knowledge about modern methods of contraception in addition to proportion of youth having correct or specific knowledge about these methods. It is important to elicit the specificity of this knowledge as it determines its right application and improves efficacy of the beneficiary for use.

Socioeconomic and demographic characteristics

Distribution of sample across six states: the sample composed of 14.5 percent sample from Rajasthan, 19.5 percent from Bihar and 6.6 percent from Jharkhand (Table 1). Hence, 40.6 percent of the total respondents were from high focus states as per NRHM nomenclature while, the rest i.e. 59 percent respondents were from progressive states that have attained replacement levels of fertility and show better health outcomes as compared to high focus states. .

The socio- demographic profile (Table 2) suggests that 64 percent of the respondents were young women and one third were young men. Seventy percent of the respondents were from rural areas, predominantly Hindus followed by Muslims i.e. 83.9 and 9.9 respectively. Almost half of the respondents belonged to other backward classes while 22 percent belonged to General category and 7.8 percent to schedule tribes.

The family arrangement is an important determinant of SRH awareness as revealed by empirical studies in Indian context. Fifty-one percent of the respondents had a joint family and the rest had nuclear family. Fifty two percent of the respondents were from 15-19 yrs age group. Almost one in ten young men and one in four young women had never attended school. Approximately, 20 percent of the youth had not attend any school or formal education, and another 24 percent had upto seven years of schooling. Hence, approximately half of the respondents had less than

primary level or no education. Half of the respondents were not working currently and 56.4 percent of the respondents were not married while the rest were married.

Awareness about Sexual and Reproductive Health (SRH) matters

This survey provides information about various aspects of SRH Awareness amongst youth ranging from their knowledge about Sexually transmitted diseases, to legal age at marriage, to awareness about modern methods of contraception, sources of information about these aspects etc. however, discussion on all these aspects of SRH awareness is beyond the scope of this paper, hence, the focus is on knowledge about modern methods of contraception amongst youth and its distribution based on independent variables chosen based on review of literature.

A brief description of SRH awareness based on The Youth Report (IIPS & Population council, 2010) suggests that only 37% of young men and 45% of young women were aware that a woman can get pregnant at first sex, and 19% and 15%, respectively, of young men and women reported awareness of STIs other than HIV. Likewise, knowledge of the legal minimum age at marriage was reported by large proportions of youth, three of ten young men and four of ten young women did not know that 18 years is the legal minimum age at marriage for females. Youth had few sources of information on sex and reproduction. Most of the youth reported that they never received any information on sexual matters (prior to marriage among the married).

The findings of the study show that there is significant rural-urban difference about reproductive health awareness among youth. Thirty seven percent of young men and 45 percent of young women were aware that a woman can get pregnant at first sex. Only 19 percent of young men and 15 percent women reported awareness of STIs other than HIV. When awareness about methods of contraception was explored, more young women than men reported correct specific knowledge of female-oriented methods such as oral contraceptives (35% versus 25%) and the IUD (20% versus 9%); conversely, more young men than women reported correct specific knowledge of condoms (76% versus 30%); gender differences in awareness of emergency contraception and withdrawal were negligible. Awareness of any modern contraceptive method was reported by 89% or more youth in each state.

Knowledge about Modern Methods of Contraception

Eight in ten respondents had knowledge about at least one modern method of contraception however, it is surprising to note that 42.2 percent respondents did not have specific or correct knowledge about any modern methods of contraception. Approximately, thirty three percent knew about at least one modern method of contraception out of which one third had correct knowledge about it. Only 6.1 percent respondents had knowledge about all four modern methods of contraception out of which only 1.7 percent respondents knew about all four methods of contraception (Table 3).

On exploration of knowledge about different methods of contraception it was seen that 88 percent of respondents had knowledge about any method of contraception however only 58 percent out of them had correct knowledge about it.

Most of the youth had knowledge about condoms followed by Oral contraceptive pills (75.7 percent and 73.7 percent). Knowledge about Emergency contraception is least amongst youth to the extent of only 11.5 percent (Table 4). When the data was disaggregated for correct

knowledge about contraception, it was found that approximately 60 percent of respondents having knowledge about condoms had correct knowledge about it however, correct knowledge about oral pill was even less to the extent of 43.4 percent. Knowledge about Intra uterine devices seem to be lesser known amongst youth (35 percent only) out of which less than 50 percent had correct knowledge about it.

Gender-wise disaggregation of data on knowledge about modern methods of contraception suggests that more young women had knowledge about oral pills i.e. 85.6 percent, however only 55 percent of these girls had correct knowledge about the Oral pills (Table 5). Young men had better knowledge about condoms (92.5 percent) and most of these men had correct knowledge about it (86.7 percent). Men had better knowledge as well as more chance of correct knowledge about methods of contraception as compared to young women. This is clearly suggestive of gender bias even in percolation of knowledge and awareness about methods of contraception, most of which are to be used by women (there methods out of four). Hence, it is essential to create awareness about these methods amongst women to improve their efficacy hence utilization and reproductive health outcomes.

Distribution of knowledge about modern methods of contraception by socio-demographic and economic variables

Various factors play a role in influencing the Knowledge about modern methods of contraception. Table 6 presents distribution of knowledge about methods of contraception amongst youth in India. Young people residing in urban areas have better knowledge as well as correct knowledge about modern methods of contraception (94.3 percent and 65 percent respectively). Economic indicators i.e. income quintile of the household also plays a vital role. It is seen that as the income quintile increases, knowledge about methods of contraception increases and the same pattern is followed by correct knowledge about contraception. Religion does not seem to influence youth's knowledge about contraception as approximately 88 percent of youth belonging to any religion had knowledge about methods of contraception out of which approximately 58 percent had correct knowledge. If the respondent belonged to general class, the knowledge as well as correct knowledge about methods of contraception was distributed more as compared to other caste categories.

Gender emerges as an important factor that influences SRH awareness. This reiterates that fact that females get lesser exposure to education as well as life skills as shown by various other studies. Knowledge about methods of contraception in young women was 85.5 percent out of which less than 50 percent had correct knowledge about these methods. However in the contrary, 93.4 percent of young men had knowledge about methods of contraception and approximately 78 percent men had correct knowledge about it. Though marital status did not play much role in knowledge about methods of contraception, more married youth had correct knowledge about it. Using contraception, had an influence on possession of correct knowledge about contraception. Knowledge about contraception was almost universal (96 percent) amongst married youth and 81 percent out of them had correct knowledge about it.

Only fifty percent youth had ever discussed about contraception with anyone. This clearly shows that discussion about sexual and reproductive health issues is still a taboo in Indian socio-cultural

context. Unmarried females especially were the most conservative group as only 26 percent of unmarried girls had ever discussed about contraception with anyone. Around eighty percent of the youth had heard about HIV/AIDS, however awareness about other STIs was almost non-existent amongst youth to the extent of only 16 percent (Table 7). In India there is a high prevalence of STIs and even married Youth were unaware about the STIs (82 percent). It is interesting that almost eighty percent youth felt it is important to impart family life education and sex education, which is a very progressive.

Determinants of Reproductive health awareness amongst Youth in India

This regression model was able to predict 69.7 percent cases correctly. The dependent variable is correct knowledge about use of modern methods of contraception. Independent variables that haven found to be significant in determining correct knowledge about contraceptives are gender of the respondent, place of residence, household income, religion, caste, type of family, age of respondent, education of respondent and marital status. All these independent variable were statistically significant (p=0.000).

Respondents residing in rural areas had lesser odds of having correct knowledge about modern methods of contraception as compared to respondents in urban areas by a factor of 0.8. household income is positively associated with correct knowledge about modern methods of contraception. i.e. As income quintile increases, the odds of having correct knowledge about contraception increases significantly i.e. as compared to respondents in poorest quintile, the respondents in richest quintile had 1.4 times odds of possessing correct knowledge. Religion also plays an important role in determining correct knowledge about modern methods of contraception, Muslim respondents and respondents belonging to other religions had higher odds of having correct knowledge about contraception by 1.13 and 1.06 respectively as compared to Hindu respondents (table 8).

Caste category is found to have significant relationship with possession of correct knowledge about contraception. As compared to Respondents belonging to Schedule Caste, respondents belonging to schedule tribes and Other backward classes had lesser odds of having correct knowledge about contraception by a factor of 0.83 and 0.94 respectively, while respondents from general category had a much better odds of having correct knowledge about contraception by a factor of 1.126. As brought out by various studies, out study also shows that females have a much lesser odds of having correct knowledge about contraception by a factor of 0.2.

Type of family is also an important factor that determines correct knowledge about modern methods of contraception. Respondents residing in joint families have 1.06 times higher odds of having correct knowledge about methods of contraception as compared to respondents living in nuclear families.

Age of the respondent has a positive association with correct knowledge about methods of contraception. As the age of respondents increases, his/her correct knowledge about contraception also improves eg. As compared to respondents between 15-19 yrs, respondents in age group 20-24 had 1.84 times chance of correct knowledge about contraception.

Years of schooling of respondent, is the most significant variable that determines correct knowledge about modern methods of contraception and has a positive association. As compared to respondents with no formal education, respondents who had upto seven years of schooling had 1.69 times better odds of having correct knowledge which improved exponentially to 3.09 odds if the respondent's education was upto 12 years and was found to have even better odds of 5.56, if the respondent had more than 12 years of schooling.

Marital status is another important factor that affects correct knowledge about contraception. As compared to married Respondents, unmarried respondents had lesser odds of having correct knowledge about modern methods of contraception by a factor of 0. 37. Ever using a method of contraception improves efficacy as well as knowledge about methods of contraception. Youth that had never used contraception had lesser odds of having correct knowledge about methods of contraception as compared to youth who had themselves or their spouse had ever used contraception by a factor of 0.35. Hence, these independent variables had significant bearing on correct knowledge about modern methods of contraception in Youth.

Discussion and Conclusion

Levels of SRH awareness increased consistently with education among young men, irrespective of marital status and rural-urban residence, differences were negligible among young women in general. A positive association was evident when the married and the unmarried were considered separately. This study shows that gender plays a significant role in determining SRH awareness. Though three out of four methods listed as modern methods of contraception are meant for use by females, women do not possess knowledge about them or their use. Similarly, knowledge about the sources of contraception is lesser among young women as compared to young men. Another important finding is that only creating knowledge about various methods of contraception will not bring about effective health outcomes till the time youth receives specific knowledge about them and translates it to practice. It has been seen that all those who had ever used a contraceptive possessed better knowledge about these methods of contraception with a better chance to have correct knowledge about the same. Education of the youth plays a vital role in determining their awareness about modern methods of contraception that are essential in birth spacing. In addition differences by marital status and rural-urban residence suggest that the married and the urban were typically more likely than the unmarried and the rural, respectively, to report correct specific knowledge of almost every method and differences were pronounced for both young men and young women. Education and wealth quintile have positive relation with reproductive health awareness. Rural youth have less awareness than urban youth. It is also found that social factors such as gender play as obstacles for reproductive health awareness among youth.

References

1. **International Institute for Population Sciences (IIPS) and Population Council.** *Youth in India: Situation and Needs 2006–2007.* Mumbai: IIPS, 2010.