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Effects of Family Restrictions on Adolescent Reproductive Health

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Abstract

Introduction: This paper presents correlation of family restriction and its effect on reproductive health. *Context:* Adolescent are the most vulnerable section of our society, specifically when it comes to reproductive health. *Aims:* To investigate the cross-sectional relationship between family restrictions and adolescent reproductive health issues. *Settings and Design:* In this study, we have queried various controlled personal and sexual questions to 250 students of age 15-18 yrs. *Methods and Material:* This study gathered questionnaire based information from students of schools of Ranchi suburb, Jharkhand, India. *Statistical analysis used:* Parameters against which sexual questionnaire was examined are as follows: ➢ Nature and syllabus of School ➢ Religion and Type of Family ➢ Time spent on TV and internet ➢ Comfortable to parents and others. First, the sample will be described in relation to the independent variables, stratified for nature and syllabus of school, religion, type of family, comfortable with parents and time spent on TV and internet. Additionally, will be computed using crude logistic regression models for the associations of interest, as well as logistic regression models adjusted for all variables mentioned above and then adjusted for age, gender, with mental health variables analyzed separately and collectively. *Results:* ➢ Adolescents from girls only school were more sexually educated and were least likely to be indulged in any reproductive health problems. ➢ Participants who were comfortable with their parents showed lower anxiety and depression. *Conclusions:* ➢ More restriction and regulations will have adverse effect on adolescents. ➢ hildren who are comfortable with their parents are least likely to be involved in criminal activity.

Keywords: Adolescent; Sexual; Questionnaire; Anxiety; Depression.

Introduction

Adolescence can be defined biologically as a physical transition manifested by the beginning of puberty and the termination of physical growth. Cognitively, it is form of changes in the ability to think conceptually and multi-dimensionally; or socially, it is a period of preparation for adult roles and responsibilities. Major pubertal and biological changes include changes to the sex organs, height, weight, and muscle mass, as well as major changes in brain structure and organization *(Arnett, 2007).*

Young people of age between 10-19 yrs are considered as adolescent. In general it is a stage in childhood where one becomes able in judging its own physical and psychological progress based on its understanding of society. According to a report by UNICEF, there are 1.2 billion adolescents worldwide (UNICEF, 2012). Likewise, in India population of adolescents are over 21% of the total population, in numbers somewhere around 243 million are between age of 10-19 yrs *(Strategy et al., 2014).*

Adolescence needs robust life skills to confront demands of stresses and conflicts of life effectively. It includes life skills, such as; self awareness, ability to understand other persons views and feelings, ability to communicate effectively, ability to maintain interpersonal relationships, ability to cope with emotions and stress, ability to think creatively

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and critically, ability to make decisions and to solve problems. Usually life skills are exercised in combination, and hence, cannot be measured in isolation. To keep up with these demands it is prerequisite to have healthy lifestyle and healthy environment.

Adolescent health is primary concern for any government, to achieve the wholesome adolescent health, a multidimensional approach covering all the adolescent health problems with special emphasis on mental, behavioral change is required.

Materials and Methods

Study population:

This study gathered questionnaire based information from students of schools of Ranchi suburb, Jharkhand, India. All adolescents born between 2000 and 2003 and living in Ranchi were invited to participate. Since the questions were very personal and sexual in nature, strict confidentiality was maintained. No name of school and no name of students were proposed by the candidates, which was agreed as consent before participation in the survey. Questions were asked to the students in groups and individually, after school and outside school premises. Questions were asked in Hindi and English as mentioned in the questionnaire without any changes. Only those candidates were taken into this study who agreed to answer all questions in the questionnaire.

A total of 250 candidates were participated in the study among which were 150 boys 100 girls from various types of schools. These candidates were further sub-classified according to type of school, type of syllabus, religion, and type of family Figure 1. We cannot guarantee that the answers given by the candidates were entirely true and/or deliberate. Therefore, their willingness to answer the questions were taken into account and assumed as true. The general aim of the survey was to assess reproductive health, mental health, lifestyle, school performance and health-service use in adolescents, with a special emphasis on the prevalence of reproductive health problems.

Preparation of questionnaire

Adolescents in these suburbs are very shy to respond to questions which are sexual in nature. Specially, girl participants are very difficult to open up comparing to boys. Therefore, a female interviewer was accompanied to question female participants. An average of 10-15 min were taken for the compete questionnaire. Interviews were taken during period of May 2017 to April 2018. Participants who could not or did not answer all questions were excluded from the study. The questionnaire was based on four section (A) Personal Information *(Cleland, 2014)*, (B) Parental Information (Cleland, 2014), (C) Sexual Information *(Cleland, 2014)* and (D) Behavioral Information *(Angold and Costerllo, 1987; Craske et al., 2013)*. A sample of the questionnaire is attached at the end of the materials and methods section. Since participant choose to not disclose their identity, no written consents were required for the study.

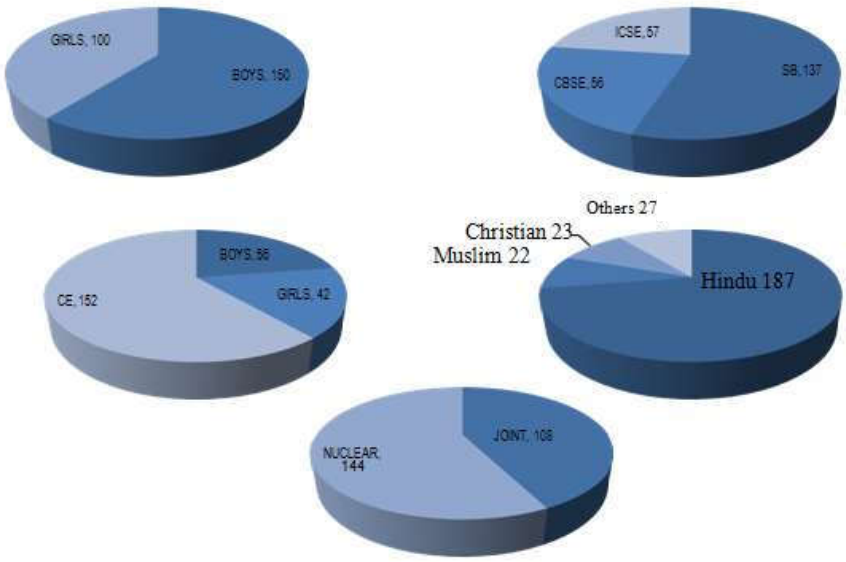

Fig. 1: Counts of participants based on Gender, Type of Syllabus, Type of School, Religion and Type of Family they come from

Information

Information about age and gender will be obtained by all participants. Furthermore, the participants will indicate the perceived family and religious information as:

- Parents relation (Separated, together, widow)
- Comfortable to discuss their problems with parents
- Comfortable to discuss their problems with others
- Religious identity

Identification of reproductive problems and illicit sexual involvement.

Self-reported debut, reproductive health issues and illegal sexual involvement will be included as main independent variables. We intend to include a binary measure of reproductive health issues:

- Have you noticed any bodily changes in yourself that you do not understand? (Yes/ No)
- Do you know anything about self sex? (Yes/ No)
- How do you feel when you see sexual content on television and/or online resource? (disgusted/funny/aroused)
- Do you have anyone in your family and/or relatives to whom you can talk about your sexual problems? (Yes/No),
- Illegal sexual involvement:
- Have you tried or intend to push or forced your friend/s to have sex? (Yes/No)
- What do you have to say about increase sexual violence in adolescents? (One liner)
- Both willing or persuasion which would you prefer? (Choose one).

Mental health problems

Symptoms of depression and anxiety will be included as the main dependent variables.

Short mood and feelings questionnaire

In the original version of the MFQ, the respondents are asked to rate 33 items on a 3-point scale, indicating how much they have felt or acted that way during the past 2 weeks *(Angold et al., 1987).* In the present study we included the official Norwegian version of the short version (SMFQ) *(Angold et al., 1995),* with 13 items focusing on affective and cognitive symptoms. The wordings of the response-categories in the Norwegian translation equals the original categories of Not true, Sometimes true, and True. Scores more than 4 and 7 will considered as significant. It should be noted that term depression as used in the current study does not imply existence of a clinical diagnosis, such as major depressive disorder (MDD).

Results

Our result shows that adolescents from girls only school were more sexually educated and were least likely to be indulged in any reproductive health problems. We also noted that that from minority community comparatively was more anxious (24-36% boys were recorded with > 7 score) and depressed (100% girls were recorded with >10 score) than the majority community. Our result clearly showed that more hours of TV viewing pose serious anxiety and depression threats in adolescents (42% boys and 62% girls were scored >4 on anxiety questionnaire). Similarly, internet also poses similar threat but its influence on youth is lower than television. Participants who were comfortable with their parents showed lower anxiety and depression (23% boys were scored >7; 8% boys were scored >10). We conclude from this study that religion have a direct effect on sexual performances in a society. If we consider religion as 'a way of living', then it is evident from our study that more restriction and regulations will have adverse effect on adolescents. Children who are comfortable with their parents are least likely to be involved in criminal activity.

Discussion

1. The famous 'Nirbhaya' case, and brutality committed by one of the convict who was juvenile is well known (2012 Delhi gang rape, Wikipedia). Numbers of teenage girl getting pregnant due to unprotected sex are growing with amazing pace *(WHO, 2004).*
2. In India girls are not open to discuss their sexual problems; there are evidences that they are also embarrassed to discuss pubertal changes and complications at home. Even information about physical maturation is often not discussed within the family, on the assumption that the silence will convey the taboo nature of this topic, protect a child's

innocence, and discourage inappropriate behavior. Studies in different parts of the country have highlighted poor knowledge of adolescent girls even in topics such as menstruation, contraception, pregnancy -a crucial aspect if India is to achieve the net reproduction rate of 1 by 2016 AD. *(Nair et al., 2007; Hunshal et al., 2010).*

3. In the 1990s, the debate continues about which type of schooling gives better school results, and there were evidence coming suggesting that single-sex schooling could be helpful in getting improved school grades. Thus, the debate continues as (Yates, 2004) states, "Over the past three decades, the relative merits of single sex and coeducation for the educational and socio - emotional development of school aged students have been debated extensively". Previous studies suggest that co-ed schools perform better for both boys and girls, it therefore can be concluded that co-ed schools lowers anxiety and depression level *(Hurst & Johansen, 2006; Sax, 2002; General Accounting Office, 1996).*
4. Our study clearly shows distinction between responses of boys and girls from co-ed schools to important sexual questions. For example more girls of co-ed schools said that they got attracted to opposite sex than boys of co-ed schools. Although, percentage of girl were less than boys who said 'they got attracted to opposite sex' but it was evident that among all respondent most answered 'yes' to the question. This implies that boys from co-ed schools were not sexually influenced by opposite sex classmates. On the other hand girls from co-ed schools were more sexually influenced. It was quite interesting that boys from boys schools were more sexually attracted to opposite sex than any other categories. It reminds of famous study conducted by Dale *(Dale 1969, Dale 1971, Dale 1974)*, which stressed the advantages of boys being educated with girls. Dale argued that boys did better academically in mixed schools, because girls' greater sincerity was communicated to them, and boys were spurred on by competition with the girls.
5. our study reveals that girls from state board schools were largely unaware of the pubertal physical changes. The sexual and reproductive health needs of adolescents *(Mamulwar et al., 2015; Gott et al., 2004; Haslegrave and Olatunbosun, 2003; Dunn and Abulu 2010)* in India are currently overlooked or are not understood by the Indian healthcare system.
6. Expressing sexual problems in the family is very important for adolescent as the instruction and caution explained by the family is trusted. Our study noted similar behavior within both type of families. For questions such as 'do you have anyone in your family to whom you can talk about your sexual problems?' Interestingly, among girls who come from nuclear family and joint family responded similarly. Among boys however, nuclear family tend to be more open to the adolescent sexual queries. Our study reports that girl participants from both families were able to discuss their sexual problem than boys. Reason being, that mothers are more accessible to girls in case of pubertal changes and therefore, allowed space for sexual queries *(Jain and Anand, 2016).*
7. A growing body of research today indicates that religions play an important role the economic, demographic, marital and sexual behavior of individuals and families, ranging from patterns of employment to fertility and marital stability. *(Waite, 2000)*
8. Many studies show that females, compared to males, exhibit greater social sensitivity (Christov-Moore et al., 2014) and stronger verbal ability *(Stoe and Geary, 2013)*, while males outperform females on mental rotation *(Voyer et al.,* 1995) and the analysis or construction of systems *(Baron-Cohen et al., 2003).* We believe that girls were not able to detail their problems with their parents and therefore, showed greater anxiety.

Conclusion

In conclusion, our study exclusively confirms following points:

- We confirm that adolescents from girls only school were more sexually educated and were least likely to be indulged in any reproductive health problems. Whereas, boys from co-ed schools were least likely to be indulged in any reproductive health problems.
- We confirm that level of depression was not serious in any boards of education, however, girls of CBSE board schools indicated higher numbers of moderately anxious participant. Similarly, participants from both boys and

girls ICSE mode of education posed highest moderate anxiety.

- Lowest anxiety was recorded in state board schools. On the other hand, fair admittance to direct sexual question by CBSE students indicate better sexual understanding and therefore, least likely to involve in any sexual criminality.
- We confirm that girls who come from nuclear family and joint family responded similarly.
- Among boys who belong to nuclear family tend to be more open to the adolescent sexual queries.
- Our study reports that girl participants from both families were able to discuss their sexual problems with their respective families.
- We assumed that minority community was more anxious and depressed than the majority community. Muslim boys were more anxious than any other community participated in this study.
- We believe that more anxiety and depression in Muslim boys and girls could be due to combination of factors such as; socioeconomic status and current political aggression.
- Our results showed that most of the participants from all religions were moderately anxious, however, anxiety and depression in Muslim participants were slightly higher.
- Girl participants from Muslim community were found extremely depressed in most cases. Serious anxiety was mostly found in 'other religions' category, which was comprised of Sikh and Sarna communities.
- Our result clearly showed that more hours of TV viewing pose serious anxiety and depression threats in adolescents. Similarly, internet also poses similar threat but its influence on youth is lower than television.

Acknowledgement

My grateful heart is filled with love For I am blessed by god above, My needs are met before I ask And I find strength for every task

Gratitude can never be expressed in words but this is only the deep perception, which makes the words to flow from ones inner heart. First *of* all, I thank the Lord Almighty for his abundant blessings showered on me, which helped me to complete the study successfully.

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Key Messages

The adolescents are exposed to an expanding array of media that carry messages that shape their judgments and behavior.

Our study affirms that adolescents who are open to their parents are least likely to be sexually misinformed or frustrated.

Conflict of Interest: None

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