

Adolescent reproductive health in Pakistan

Yasmeen Sabeeh Qazi

Background

Adolescence is a formative time of transition to adulthood, roughly concurrent with the second decade of life. What happens between ages 10 and 19 shapes how girls and boys live out their lives as women and men—not only in the reproductive arena, but also in the social and economic realms. Throughout the world, girls and boys are treated differently from birth onward, but at puberty this gender divide widens. Boys enjoy new privileges, while girls endure new restrictions (Mensch, Bruce & Greene, 1998). In Pakistan, boys gain autonomy, freedom of movement, opportunity, and power (including power over sexual and reproductive lives of girls), while girls are systematically deprived of freedom and independent action. Only recently have the sexual and reproductive health needs of adolescents received attention in Pakistan. As part of an initial situation analysis, investigators conducted a study to explore unmarried adolescents' knowledge, attitudes and sources of information about sexual and reproductive health, as well as to assess levels of physical and sexual abuse.

Methods

Researchers conducted a pilot survey using face-to-face interviews among 310 unmarried young

people aged 13 to 21 years. In addition to applying a structured questionnaire, interviewers were encouraged to discuss a series of issues with young respondents, and they recorded qualitative notes on these in-depth discussions. Respondents included 177 girls and 133 boys who were attending school, working or doing neither. Respondents were selected with the help of NGO (nongovernmental organization) staff working in the communities. In addition, researchers interviewed 110 parents and guardians about their perceptions of adolescents' behaviour and their suggestions for helping adolescents become responsible adults. To allow for regional comparisons, researchers gathered data in four provincial cities, including Karachi, Quetta, Swabi and Gujranwala, as well as from urban, periurban and rural areas.

Key findings

A majority of girls and boys reported that they had discussed “bodily changes” during puberty and menstruation with friends or family members. Those who did not tended to be younger respondents. More boys than girls seemed to know about changes during puberty among the opposite sex. One finding with implications for hygiene education was that girls reported feeling “dirty” during menstruation, which may reflect the

common practice of refraining from washing during this time.

A majority of boys and girls reported having heard about or discussed pregnancy. Despite the fact that unmarried girls are not expected to talk about pregnancy in Pakistani culture, 81% of girls reported having done so. Not surprisingly, older girls were better informed. Fewer female respondents reported knowing **how** a woman becomes pregnant: 66% of girls versus 77% of boys. However, an awareness of the connection between pregnancy and menstruation did not necessarily mean that they understood the actual mechanics of pregnancy. For example, only half the boys knew that, after puberty, girls could get pregnant through a sexual relationship, and younger girls reported misconceptions such as the belief that kissing could cause pregnancy. In fact, only 58% of girls surveyed had discussed sexual intercourse, although researchers considered this figure relatively high given that sex is not often discussed openly in Pakistani society. A much higher percentage of boys (72%) than girls reported having discussed sexual intercourse (Table 1).

A majority of both boys and girls had discussed contraceptive methods, but twice as many boys (32%) as girls (15%) had **not** heard about or discussed contraceptive methods. The gender difference may reflect girls being told about the importance of marriage or having heard women in the family talk about contraceptives. However, girls and boys who had heard about contraceptives may not necessarily know how to use them. Contraceptive use (mainly condoms and pills) was extremely low—reported by about 5% of both girls and boys.

The young people were also asked about their knowledge of HIV/AIDS. Probably due to mass awareness campaigns, most respondents had heard of AIDS in a general sense, but they reported many misconceptions. For example, they thought that touching, kissing, holding hands, and using common washrooms could transmit HIV/AIDS.

When asked about information sources, about half (51%) of the girls stated that information about sex could be “most” effectively provided by a mother, father or guardian, while 40% said the same about a sister or brother. In contrast, only 30% of boys considered parents to be among the most informative sources, and a large proportion (41%) considered them to be among the least informative. Even fewer boys (21%) felt that siblings are among the most informative sources of information. This gender difference may reflect girls’ tendency to discuss intimate matters with their mothers, while boys look outside their families for information. One finding that has relevance for sex education in the schools was that many young people (43% of girls and 36% of boys) perceived teachers to be the least informative about sex.

The survey also asked adolescents about physical and sexual abuse. About 66% of boys and 28% of girls said that they had experienced physical abuse, either by a family member or someone else. Of those who reported physical abuse, a majority said that their abuser was someone living with them—an adult, sibling or another teenager. More boys than girls reported physical abuse, but a higher proportion of cases among girls (65%) were perpetrated by adults living in the house, compared to 33% of the cases among boys. About 19% of girls and 14% of boys reported some kind of sexual

Table 1. Knowledge among young people of selected reproductive health topics

Health topic	Boys (N = 133)	Girls (N = 177)
Had discussed pregnancy (%)	86	81
Had discussed sexual intercourse (%)	72	58
Had discussed contraceptive use (%)	61	80
Said they knew how a woman becomes pregnant (%)	77	66

abuse. Given the sensitivity of the topic, this is probably an underestimate.

Conclusion

These study findings suggest that both male and female adolescents in Pakistan often lack knowledge about sexuality and reproduction, and are unprepared for the physical and emotional changes that take place during this period of life. During what is already a vulnerable time of transition, many young people experience physical and sexual abuse. Ideally, parents should provide information and guidance about sexual matters. However, given the social and cultural context in Pakistan, parents are often reluctant to discuss "sensitive" issues with their children. Policies and programmes could take several approaches to address the need for more education on sexuality and reproductive health. One way to do this may be to provide counselling to parents, to help them communicate more effectively with their children.

Second, they can prepare other responsible persons such as teachers and health care providers to understand adolescent development and be able to provide appropriate information about sexuality and reproduction to adolescents.

Reference

Mensch BS, Bruce J, Greene ME (1998) *The Uncharted Passage: Girls' Adolescence in the Developing World*. New York, Population Council.

Yasmeen Sabeeh Qazi
Executive Director
PAVHNA (Pakistan Voluntary Health & Nutrition Association)
9C, 18th Commercial Street
Defence Phase II Extension, D.H.A.
Karachi-75500
Pakistan