Reproductive Health Needs of Adolescent Males in Rural Pakistan: An Exploratory Study

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ALI, M., BHATTI, M.A and USHIJIMA, H. Reproductive Health Needs of Adolescent Males in Rural Pakistan: An Exploratory Study. Tohoku J. Exp. Med., 2004, 204 (1), 17-25 —— This is the first study done to explore reproductive health needs of adolescent males in Pakistan. The purpose of this exploratory study was to obtain qualitative information on existing knowledge and perceptions on puberty and reproductive health needs and to identify effective communication channels for imparting reproductive health education to adolescent males. Seventy-eight unmarried adolescent males participated in the survey, conducted through in-depth interviews by a semi-structured questionnaire using purposive sampling, in eight rural districts in Pakistan. The study pointed out that there existed misconceptions and gaps in knowledge regarding puberty and reproductive health. These young men also have poor knowledge about sexually transmitted diseases dynamics. The communication between parents or siblings on the said issues was found to be poor and they mainly get information from friends followed by the media. The majority showed interest in getting quality information. Multiple entry points and settings can be used to enhance access to information and services. In-school adolescents could be effectively approached through teachers and peer group. Out-of-school adolescents could be reached via media and local health care providers. The results imply that there is a dire need for reproductive health education for adolescent males and suggestions from this study might be utilized when initiating any reproductive health educational service for male adolescents in rural areas in Pakistan. Future efforts should thus focus on assuring access to timely, comprehensive and high-quality reproductive health education for all teenagers and reducing gaps in access related to gender and school attendance. —— rural adolescent males; puberty; reproductive health; Pakistan

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Received March 5, 2004; revision accepted for publication June 21, 2004.
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Historically, the task of instructing adolescents about sex has been seen as the responsibility of the parents. But parent-child communication in sexual matters may be hindered by parental inhibitions or by various intergenerational tensions, and studies have shown that children rarely receive their first information on sexual matters from their parents (Adjahoto et al. 2000; Kapamadzija et al. 2000).

Recently, across continents, the matter has become a public issue of central concern for policy makers (UNFPA 1998). A United Nations report showed that in 2000, over one billion persons, i.e., one-fifth of the world’s population, were adolescents between the ages of 10 and 19 years, and 85% of them lived in developing countries; of those, only 700 million lived in Asia (United Nations 2000).

Research has often targeted females as the focus of reproductive health projects, because of the perceived disproportionate responsibility of women towards sexual and contraception issues (Hoy 2001). In a multi-country study in Asian countries including Pakistan, it was noted that all national demographic and health surveys in the last decade, excluded adolescent males (Pachauri and Santhya 2002). A USA study highlighted that few effective or innovative programs exist for adolescent males (Watt 2001). Males were also less likely than females to receive instruction prior to first intercourse (Lindberg et al. 2000). In general, the proportion of teenage men receiving reproductive health services is low (Porter and Ku 2000).

It is encouraging that after years of focusing attention on the female’s ability and responsibility to manage her reproductive behavior, the male is finally beginning to receive notice and attention. Family planning programs and policies increasingly focus on the male partner’s roles and responsibilities in contraceptive decision-making and use (Brindis et al. 1998).

Reproductive health education is a key strategy for promoting safe sexual behavior among teenagers (Lindberg et al. 2000). A study in China noted that increasingly younger people were engaging in premarital sexual intercourse. Thus, it was necessary to reinforce reproductive health education among adolescent males (Zhang et al. 2000). In service utilization studies data showed that desire for anonymity/confidentiality and embarrassment or being uncomfortable were the key reasons for not seeking contraceptives (Reis et al. 1987). It was noted that males were more likely to receive contraceptives if the provider first raised the topic of birth control to them (Katz and Naré 2002).

Some studies stated that children and adolescents develop their own channels of informal information from a relatively diverse set of sources. Their main sources of information were principally from media (such as medical handbooks, newspapers, magazines and television) and friends, followed by school and parents. Communication with parents and teacher was found to be comparatively poor (Zheng 1997; Adjahoto et al. 2000).

The information obtained was mainly about STDs, sexual hygiene and signs of puberty. Knowledge gained from media and friends cannot be accepted as appropriate and undoubtedly can be incorrect and inadequate (Kapamadzija 2000). Male adolescents want quality education on these subjects from experts (Kapamadzija 2000). It was also noted that adolescent males who had dropped out of school received significantly less reproductive health education than those who had stayed in school (Brieger et al. 2001). In schools, peer education was also effective at improving knowledge and promoting attitudinal and behavior change (Brieger et al. 2001; Speizer et al. 2001; Magnani et al. 2002).

Pakistan, with an approximate population of 150 million, has a large and growing proportion of adolescents. Recent data of the total population under fifteen in 2002 indicates that they comprise 41% of population of Pakistan (United Nations 2002). The prevalence of modern contraceptive use among married adolescents in Pakistan was found to be 2%, low compared to many other South Asian countries (Pachauri and...
Santhya 2002). Knowledge about sexual issues and STDs has been found to be of satisfactory level among adolescent females (Farid and Choudhry 2003) but relatively little is known about the sexual health knowledge and information-seeking behaviors of male adolescents in Pakistan. This is the first exploratory study that focused on rural adolescent males to explore the existing knowledge and reproductive health needs. This information is vital to target resources appropriately.

**Study design and methodology**

These are the results of an exploratory study carried out as a part of a broader study conducted in Pakistan. The purpose of the broader field study was to collect primary information from the poor segment of the population on various aspects of reproductive health including knowledge about family planning, maternal and child health (MCH) and reproductive tract infections (RTIs) with a view to analyze access, quality of care, and utilization of reproductive health services, besides focusing on the adult and adolescent male component in the rural areas in Pakistan.

The research was designed to focus on the poorest districts of the country. In this context, according to their socio-economic ranking, based on indicators on health, education and water supply, a set of least developed districts was identified for all four provinces (Ghaus et al. 1996). From this set, two least developed districts were selected in each province on the basis of such considerations as security (as some of these districts were known for harassment and even attacks on people who take up the issue of reproductive health) and accessibility (as some areas have no railroads and during the rainy season the areas become flooded and access becomes even more difficult).

The objectives of this study were to explore the existing knowledge, and sources from which male adolescents receive preventive reproductive health information. It also attempted to identify channels for communication to reach adolescents in order to provide them with quality information. For this purpose during August and September 2000, a descriptive, cross sectional survey was administered to unmarried adolescent boys.

The study was qualitative, utilizing tools like in-depth interviews, key informant interviews, and due to time constraints, purposive sampling was used. A sample of seventy-eight (approximately nine to ten from each district) unmarried adolescent males (both in-school and out-of-school) in rural districts of Pakistan participated in this study. The ethics committee in the Ministry of Health, Pakistan, approved the study on human subjects.

It was carried out via in-depth interviews through a semi-structured questionnaire. After the informed consent the subjects were interviewed individually. The chief investigator/author, a physician by training with a research background, conducted all the interviews. For each subject the interview lasted approximately forty-five to sixty minutes. In a conservative society like Pakistan, topics such as puberty are taboo. Getting started was difficult, but after introducing himself and assuring them privacy, the researcher engaged the adolescents in discussing about their lifestyle for about ten to fifteen minutes, and later shifted to pubertal and reproductive health issues.

The questionnaire focused on their health concerns; puberty and their sources of information were explored. Questions also focused on their knowledge about sexually transmitted diseases, its signs and mode of spread. Subjects were also asked to identify the best channels to provide the health information to them. The raw field notes were recorded in the field on paper, and only occasionally a tape recorder was used, where allowed. Field notes were expanded on the same day. To organize data, coding was done. Certain key words and sections of data that go together were identified and coded. Later sections of synchronizing data were categorized. The data were checked on two different occasions by the authors for any discrepancy or missing data.
The data were entered in SPSS software for Windows, version 8.0. Univariate analysis was employed to clarify distributions of the socio-demographic characteristics of the respondents. Multiple responses were used, where interviewees expressed more than one option. This paper is based on the results of interviews.

RESULTS

This study elicited adolescent’s views, opinions, attitudes and experiences regarding reproductive health. A domain analysis was carried out to identify parts of the culture. Later five themes were recognized, in which the relationship of parts to the whole was identified: (1) perceptions about adolescent health issues; (2) interpersonal communication about changes during adolescence years; (3) information-seeking behaviors; (4) existing knowledge of STDs; and (5) interest in acquiring knowledge for identified issues and suggested channels for information, education and communication (IEC).

Demographic profile of respondents

The result showed that the mean age of respondents was 17 years (s.d.$\pm$1.5). The years of schooling showed that 16.7% had 1 to 5 years of schooling, 59.5% of the boys had 6 to 10 years of schooling, 14.8% had up to college education and 9% had no schooling at all. At the time of interview 35% (27) were in-school, while 65% (51) of the adolescents were out-of-school, who had either completed education or left school. Of these 51 children 33.3% (17) were workers in automobile workshops, 29.4% (15) were street vendors, 23.5% (12) were shop assistants, and 13.7% (7) were rag pickers. Of the 78 subjects, 97% were living with their families, while the rest were living with their siblings or relatives.

None of the respondents were married. All the subjects interviewed practiced the religion of Islam, which generally discourages talk about puberty and reproductive health.

Perceptions about adolescent health problems

The male adolescents described health related problems encountered in their teenage years. In their multiple responses, it was noted that the majority (54%) considered night emissions as a major health concern in the teenage years. Another 41% mentioned masturbation as a key issue in the adolescent years, while 27% stated that addiction (such as of marijuana, cocaine and alcohol) was an area of concern. They also highlighted the issues of “weakness” (23%) (a term coined by traditional healers (Hakims) in Pakistan to mean weakness and exhaustion occurring as a consequence of excessive masturbation among males) and homosexuality (14%) as other relevant health concerns.

Pubertal changes and communication

During the interviews these adolescents showed concern about the lack of availability of reliable information on pubertal changes and reproductive health issues. Regarding interpersonal communication about puberty and body changes, most (76%) prefer discussing matters and exchanging experiences with close friends. Some would go to Hakims (traditional healers) (2.3%) or would talk with siblings (2.7%); especially about problems like nocturnal emissions. Nineteen percent cited embarrassment or discomfort as the key reasons for not seeking any information at all from any source. (Fig. 1) As one mentioned:

“...I don’t need any information, it will come to me automatically with time.” (Adolescent male, aged 15)

Information-seeking behaviors

It was also attempted to investigate whether these adolescents have access to and to identify the sources of information on pubertal changes and reproductive health. Forty-three percent said they had no access to information, but 57% of the adolescent boys stated that they do get the information. The information mainly comes from friends (55%), while others obtain information...
from pamphlets (21%), magazines (16%), or traditional healers (8%). As one said:

“...I would ask my friend but not my father or brother, as it is such a shameful thing.”

(Adolescent male, aged 17)

Their multiple responses showed that the information obtained was mainly on pubertal changes such as night emissions (68%), masturbation (64%) and different sexual diseases (39%).

Existing knowledge of sexually transmitted diseases

It was also attempted to explore the existing knowledge regarding sexual diseases. It was found to be low, as their multiple responses show that only 36% were aware of HIV/AIDS, because of its media hype. Other sexual ailments considered important by adolescents were night emissions (30%), masturbation (12%), and “weakness” (17%). Due to lack of health education, traditional healers make a lot of money by exaggerating basic facts. One of the adolescents stated:

“...I felt unwell and I went to a hakim (traditional healer) for three months for the treatment of night emissions, he charged a lot of money but was not able to cure me.” (Adolescent male, aged 16)

Interestingly, 31% were of the view that sexually transmitted diseases do not occur during the adolescent years.

Reproductive health communication channels and IEC strategies

It was also endeavored to understand unmet needs for reproductive health education. The majority (77 adolescents) shared the view that available reproductive health information was insufficient and they required latest, reliable, and comprehensive educational package. They expressed their interest in understanding the pubertal changes, their related mechanisms, and sexually transmitted diseases. To quote a few:

“... I want to know if night emissions and masturbation are good or bad for health.”

(Adolescent male, aged 18)

“... I want to know how can the weakness which is caused by masturbation be treated.”

(Adolescent male, aged 16)

“... How do the sexual diseases occur and can they ever be completely cured?” (Adolescent male, aged 17)

In exploring effective means for approaching and communicating with rural adolescent boys for imparting information on various reproductive health issues, their multiple responses suggested that for out-of-schools in the rural areas the government doctor at the local basic health unit could help arrange a once-a-month group meeting (58%) of adolescent boys, which could fill in the unmet need for information.

For school-going males, it was suggested (26%) that teachers and peer group leader could
play a vital role in reproductive health education. The distribution of educational pamphlets through the school administration was considered pragmatic, since it would make documents look important and trustworthy. Local government doctors could be involved to educate and train peer group leaders and thereafter they could share the information amongst friends.

They also suggested (33%) that media such as booklets and newspapers could also be an important source of information. The government or the private sector in collaboration with government can make educational brochures and pamphlets. The identification places where those brochures and pamphlets are available such as basic health unit, clinics, chemists shops etc, could be advertised through the local electronic and print media or by putting up posters and billboards for the purpose. (Fig. 2)

**DISCUSSION**

This is the first study that intends to explore the reproductive health needs of adolescent males in Pakistan. This research is intended to create a climate of awareness and knowledge among peer educators and researchers about reproductive health needs among rural adolescent males.

Promoting adolescent health, and especially adolescent sexual health, is presented as one of the most challenging ventures in public health. A conspiracy of silence still surrounds sexuality and the inability of society to admit and deal realistically with the sexual activity of adolescents. This result in failure to provide sex education and knowledge of birth-control and family planning services targeted to teenagers, including adolescent males (Klein 1978).

In Pakistan, the debate about reproductive health and sex education is taking place in the context of vast and rapid behavioral and sociolog-
ical changes. The overt challenge in the design of education programs lies in their ability to meet the demands of adolescents while allaying wider social concerns about the extent to which such programs encourage teenage sexual activity.

The study reinforces a number of themes from the literature. The study suggests that there lies a gap in knowledge about puberty and other reproductive health issues among rural adolescent males, which requires immediate attention. They are at an educational disadvantage compared with their female peers, as was also pointed out in studies from the USA (Lindberg et al. 2000; Porter et al. 2000; Watt 2001). The results indicated gaps in knowledge about sexual health and misconceptions associated with them, thus highlighting that in order to promote safe sexual behavior among teenagers, reproductive health education could prove to be an important initial step followed by user-friendly reproductive health services, as was also suggested by a study in the USA (Lindberg et al. 2000).

Our study pointed out that adolescents were willing to learn more but were not sure about the right source to obtain the required information. Similar findings were cited in studies in Yugoslavia (Kapamadzija et al. 2000) and China (Zheng 1997), where the majority showed interest in getting accurate information preferably from professionals.

Research reports from Togo (Adjahoto et al. 2000), Yugoslavia (Kapamadzija et al. 2000) and China (Hoy 2001) suggested that adolescents do get the information, mainly about sexual diseases, AIDS, and signs of puberty, mainly from media and also from friends, although its quality and contents remain controversial, while the role of parents remains poor (Adjahoto et al. 2000, Kapamadzija et al. 2000). The finding from our study coincides with the main findings, except that friends were shown to be the main source of information, followed by media.

Our results show that the adolescents shared experiences on puberty with their peers, as they considered it shameful to discuss it with their parents or siblings. They had misconceptions regarding sexually transmitted diseases, and considered night emissions a major sex related disease in the adolescent years. A few shared experiences where they had borrowed or even stolen money from home to get prolonged and expensive treatment from traditional healers for night emissions and masturbation.

Enhancing access to information and services targeted to adolescents is a big challenge. One of the suggested main channels to reach the adolescents is through the schools. As summarized in a study from USA, adolescent males who had dropped out of school received significantly less reproductive health education than those who stayed at school (Lindberg et al. 2000). The adolescents can thus be classified into two main categories based on school attendance. In school-going adolescents, education in schools can be given in a two-tiered process. The schoolteachers can conduct awareness campaigns in the school through lectures and identify peer group leaders from amongst the students; studies from Cameroon (Speizer et al. 2001), Zambia (Magnani et al. 2002) and Nigeria (Brieger et al. 2001) found that a peer-based approach was an effective strategy for providing information and services to young people. The locally placed government doctors or community health workers can contribute here by carrying out the training of peer leaders and can also be involved in the monitoring process in schools along with the teachers.

Although a study from Senegal (Katz and Naré 2002) reported that adolescents complained being uncomfortable in the clinics and desired confidentiality (Reis et al. 1987) The finding in our study encouraged collaboration with health care providers, especially government medical doctors and community-health workers, and suggested that they can enormously support educational awareness efforts at the village level by focusing on out-of-school as well as in-school boys through a regular monthly educational meeting in the basic health unit.

The study indicates that the private sector,
such as local community based organizations and NGOs, can play an important role. They, together with schools, basic health unit medical doctors, and community health workers, can establish an effective network for health information distribution. They can also take initiatives to develop information education and communication (IEC) material in local languages related to puberty and reproductive health. For distribution of information material, use of electronic media and point-of-purchase education in small shops could be considered, as indicated by a study from Nigeria (Brieger et al. 2001). Multiple entry points such as education, work, sports or other social activities and settings, for instance the home, community, workplace, school or clinic, must be used to enhance access to sexual and reproductive health information and services.

The results imply that the educational needs of adolescent males in rural areas in Pakistan are quite similar and this study may be used as a template when initiating any reproductive health educational service for adolescent males in rural areas in Pakistan. This document is a starting point to be reviewed and updated as new research becomes available. It further suggests that for a better understanding of the reproductive behaviors of adolescents in general, a more comprehensive study is required to design appropriate and effective strategies in improving adolescent reproductive health in Pakistan. Further research may also provide better insights into the structure and function of social networks of both in-school and out-of-school youth.

Acknowledgements

We extend sincere thanks to the respondents who participated in the study. We also express thanks to Mr. Christopher Holmes, Tokyo University for his useful comments in refining the draft.

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