YOUTH AND REPRODUCTIVE HEALTH KNOWLEDGE

Dr. H. Elizabeth

Assistant Professor
Department of Social Work
Mizoram University
Aizawl, Tanhril -796 004
(*Northeast India*)

Abstract

Introduction:

Today there are more than one billion between 10-19 year olds, 70% of whom live in developing nations and constituted 22% of India's total population (Census, 2011). Also, 30% of India's population is in the age group of 10-24 years (WHO, 2007). While, due to lack of life skills to assimilate multiple stimuli from media and peers, adolescents are encourage to experiment with risky behaviours experience adolescent child bearing and engage in smoking, substance abuse, consumption of alcohol and unprotected sex. The youth are vulnerable to STs/STDs, including HIV and accounted for 31% of AIDS burden in the country (NACO, 2007).

Methods:

The study conducted in 2012 aim to access the awareness level based on knowledge, perceptions and practices on reproductive health among the adolescent in Mizoram. It comprises of 3096 students in the age group of 14 years-19 years form both government and private schools of Aizawl district and Champhai district. The study has mixed design approach and it was descriptive in nature adopting multistage sampling procedure. Data were collected through survey method and qualitative explorations were made. The school-based study appear to be a logical choice for sexual and reproduction particularly with the international recognition of the importance of schooling.

Findings:

The finding of the study has shown the presence of misconceptions about issues related to sex and sexuality, inducing unnecessary anxiety among the adolescents. The extent of reproductive health awareness among the youths in Mizoram is revealed and that has invited anxiety; confusion and leading to greater health complaints and even pre-mature death. These challenges is affecting the attitude and behaviour of the adolescents and finally pertaining to sexuality and gender.

Key words:STDs/STIs, RTIs, unwanted pregnancy, Perception, knowledge and practice

I. Introduction

Adolescents are an important resource of any country. According to the WHO expert committee, adolescence is defined as the period between 10-19yrs, the 2nd decade of life. Adolescents comprise 20% of the world's total population. Out of 1.2 billion adolescents worldwide, about 85% live in developing countries. According to the Health diagloue, 2002, in India there are 190 million adolescents comprising 21% of India's total population. The sexual and reproductive health behaviour of this age group will critically affect global population growth patterns. The young people are having special sexual and reproductive health needs because of their relatively high risk of being exposed to inaccurate or incomplete information, acquiring HIV and other sexually transmitted infections (STIs), and experiencing unintended pregnancies and maternal

complications. In the last decade, health programs for youth have been receiving more attention because of growing awareness of young people's demographic importance and their special health needs.

When the first cases of AIDS had been reported in 1989, 9% of them were women; accumulated cases of AIDS had been reported in 1999 and the proportion of cases among women had grown to 12%. AIDS is now the fifth leading cause of death of American women aged 15-44, and is the leading cause of death among women of reproductive age in at least nine American cities. Recently, however, there has been an increase in the share of cases in which sexual activity between men and women is designated as the primary mode of HIV transmission to women.

According to NACO, of the 1, 11,608 AIDS cases reported in the country till 31 July 2005, females accounted for nearly 30 % of the cases. Apart from the cultural aspect, the-economic factors of women and young girls make them more vulnerable to HIV and AIDS. The HIV virus is more easily transmitted from men to women than from women to men; male-to-female transmission during sex is about twice as likely as female-to-male transmission. Further, in India, the low status of women, poverty, early marriage, trafficking, sex-work, migration, lack of education and gender discrimination.

Reproductive health education, including messages to encourage abstinence and promote the use of condoms and contraceptives by those who are sexually active, is the frontlines of efforts of prevent pregnancy, AIDS and other sexually transmitted diseases (STDs) among adolescents. The school-based instructions are a primary mode of reproductive health education. Because, it can reduce sexual risk behaviors by delaying age at first intercourse, reducing levels of sexual activity and increasing contraceptive or condom use. Parents also can be influential sources of reproductive health education for adolescents. Reproductive health education, through schools or parents, is an important step in promoting after sexual behaviours among American teenagers.

A study on the Reproductive health awareness among adolescent girls in rural Bangladesh was conducted Uddin M.J and Choudhury A.M, 2008. The analysis of data revealed that a sizable proportion of adolescent girls had incorrect knowledge or misconceptions about the fertile period, reproduction, sexually transmitted diseases, and HIV/AIDS. Further, the respondent's age, education either of adolescents or their mothers, residence, and exposure to mass media were the significant predictors of adolescent girls' knowledge about reproductive health.

A study on the Reproductive health awareness among rural school going adolescents of Vadodara district was conducted by P. V. Kotecha, et.al., among 768 (428 boys and 340 girls) students from 15 schools and it was found that 31% of the boys and 33% of the girls mentioned had heard about contraception. And more than half of the adolescent boys and girls knew correctly about various modes of transmission of HIV/AIDS. A large proportion of boys and girls have mentioned changes in the opposite sex such as increase in height, change in voice, breast development, and growth of facial hair, growth of hair in private parts, onset of menstruation in girls, etc.

Most teen pregnancies are "unintended" and pose physical, social and psychological risks on mother and baby. Adolescents who gave birth had faced many challenges including maintaining social life, continuation of education and securing employment. Also, teen mothers are at increased risk of raising children in single-parent households, which can in turn increase the risk of those children living in poorer socioeconomic conditions.

Several reports on adolescent pregnancy refer to women aged 15-19 years. Nevertheless, many girls reach puberty at a younger age able to become pregnant. The CRC, 1993, article 24, established the right of children and adolescents to health care and the Convention, has expressed its concern that "early marriage and pregnancy are a significant factor for health problems related to sexual and reproductive health" and has said that governments should provide adolescents with access to information on contraception and the dangers of early pregnancy without requiring prior consent from parents or guardians (Committee on the Rights of the Child, 2003). However, less than

5% of the poorest young people worldwide use modern contraceptive methods (UNFPA, 2003). On average, younger women are more fertile than older women; about 10% of pregnancies each year occur among teenagers. They indicated that such pregnancies are usually unwanted and that a common way of dealing with them was to have a clandestine abortion, either self-induced or by a licensed or unlicensed medical practitioner found at the local marketplace. The techniques used included drinking concoctions made of animal dung or herbs, inserting crude tools into the vagina and overdosing on antimalarial drugs (Nzioka, 2004).

The reasons that adolescents terminate pregnancies, even when abortion is prohibited by law includes becoming pregnant as a result of incest or sexual abuse ,becoming pregnant due to lack of contraceptive use or contraceptive failure, fears of upsetting parents or bringing shame to the family, fears of expulsion from the family home, school or jobs, lack of a stable relationship, fears of difficulty in finding a marriage partner (in areas where men prefer to marry virgins), lack of financial means to care for a child, a desire to complete their education or achieve other goals, already having a young child for which to care, disliking the man who caused the pregnancy or having a poor relationship with him (Olukoya et al., 2001; Moore et al.,).

The teen pregnancy at age 17 years or less has been associated with increased risk of preterm, low birth weight, and large-for-gestational age infants, even after controlling after major confounding factors. According to the United Nations AIDS, 2007 epidemiological updates, 33.2 million people live with HIV/AIDS throughout the world, among whom 15.4 million are women and 2.5 million are children under 15 years of age.

Due to the fact that many of the youth obtain at least some education, particularly with the international recognition of the importance of schooling (e.g. the Millennium Development Goals), school-based programs appear to be a logical choice for sexual and reproductive health education. How-ever, according to recent reviews of school-based HIV interventions, such programs have had mixed results[13]. The effectiveness of sex education and HIV education intervention in schools in developing countries is well proven however, such interventions miss adolescents who are not in school. At the same time, the provision of comprehensive sexual and reproductive health interventions in developing countries has been impeded by ideologically driven restrictions. Many community-based programs have had to focus on HIV prevention rather than comprehensive sexual and reproductive health, again because of funding restrictions

Adolescent sexual activity within or outside of marriage can lead to negative reproductive health outcomes. Unprotected sexual activity can expose young women to other risks of unintended Pregnancy unwanted childbearing and abortion, as well as HIV and other STIs. In addition being a human rights concern, coerced unwanted sex is associated with these same adverse Reproductive health outcomes.

In addition, gender differences in knowledge and awareness about HIV and AIDS among the general population are assessed based on the survey of non-HIV households, covering 3,299 men and 2,925 women residing in the rural and urban areas of the sample states. While, 63 % of men knew that HIV and AIDS could be prevented, only 51 % of women knew this fact. Similarly, 52 % of men knew where to go for voluntary testing; only 36 % of women had this information. Again, the gender differences in the knowledge about the right modes of transmission are visible among rural as well as urban respondents; 58% of men are having the correct information against to 50 % women.

1.1 Adolescents and Reproductive health

a). Socio economic background

The table no.1 on the socio demographic profile of the respondents comprises of gender, marital status, area of domicile (locality), type of the family where the respondents belongs to and finally on their living with dual parents or single parents. It is significant to profile the following because the respondents comprises of the two sexes, married and unmarried residing in Aizawl,

and Champhai. Aizawl is the capital of the state and the other Champhai under Champhai district which is the third populous district of the state. And it is located near to the international boundary.

Table no. I Socio demographic profile of respondents

Sl.no	Variables	Category	Aizawl District N=2161	Champhai District N=908	Total
	Sex	Male	1054 (48.8%)	413 (45.5%)	1464 47.8%)
		Female	1107 (51.2%)	495 (54.5)	1602 (52.2%)
	Marital status	Married	25 (1.2%)	10 (1.1%)	35 (1.1%)
		Unmarried	2136 (98.2%)	898 (98.9%)	3034 (98.9%)
	Area	Rural	637 (29.5%)	532 (58.6%)	1169 (38.1%)
		Urban	1524 (70.5%)	376 (41.4%)	1900 (61.9%)
	Type of Family	Nuclear	1353 (62.6%)	569 (62.7%)	1922(62.6%)
		Joint	672 (31.1%)	264 (29.1%)	936 (30.5%)
		Extended	136 (8.3%)	75 (8.3%)	211 (6.9%)
	Living with Single parents	Yes	210(15.5%)	138(24.3%)	348(18.1%)
		No	1039(76.8%)	403(70.8%)	1442(75%)

Source: Computed

The study is confined between the age brackets of 14 years to 19 years. The data is collected from students of High schools and higher secondary schools. Overall, there are 52.2% of female respondents and Champhai has a greater number of respondents with 54.5% followed by 51.2% in Aizawl. The remaining 47.8% of the respondents are male adolescence out of which 48.8% of the respondents are from Aizawl city and 45.5% from Champhai town. From the two localities, the data has shown that Champhai town has a greater rate of female participation in the study to that of Aizawl city where as greater male participation in the study in Aizawl city as compared to Champhai town. Secondly, majority of the respondents 98.9% are unmarried and the marital status of the respondents is more or less the same in both the localities.

Thirdly, the data has shown rural and urban representations. The study is restricted to schools which belong to localities having only rural settings in Champhai, Champhai district and to schools which belongs to localities having only urban settings in Aizawl district. Therefore, the data shows rural respondents and urban respondents. Out of 3069 total respondents, 1900 adolescents (61.9%) respondents belonging to urban communities and the remaining 38.1% of the respondents belongs to rural communities. In addition, the study follows proportionate sampling and the differences are mainly due the differences in population between the two selected districts of the study.

Fourthly, the study profiles the types of family where the respondents belong to by using the three types of generic classification of family i.e nuclear family, joint family and extended family. More than half (62.6%) of the respondents are belonging to nuclear family. This has shown the changes in the trend on the type of family as many research studies indicated the practice and prevalence of joint or extended family system in the Indian society. It is followed by 30.5% of the respondents belonging to joint family and a few of the respondents less than 10% are belonging to extended family. There are no differences in the pattern between the urban and rural communities. Hence, it is relevant to note the types of family because the modern family system versus the India traditional family system is an ongoing debate in accumulation of knowledge.

Fifthly, 75% of the total respondents are living with both the parents, 18.1% with single parents either with the mother or father. Another 6.9% of the respondents did not attempt the question. It is important to know because the level of awareness and orientation on reproductive health may differ from respondents having both the parents in a family and respondent's living with single parents. Further, the socioeconomic conditions of the respondents

living with single parents may contributed to the level of knowledge due to the demand in engagement of thoughts and energy on domestic or economic world.

b. Educational background of the respondents

The educational background of the respondents gave information on the educational standard of the respondents, specific discipline (subject stream), the type of school -government institution and private institutions, nature of school- coeducation and the medium of teaching.

Table no.2 Educational background of the respondents

Sl.no	Variables	category	Aizawl District (N=2161)	Champhai District (N=908)	Total
.	Educational standard	Class-IX	208 (9.6%)	214 (23.6%)	422 (3.8%)
		Class-X	193 (8.9%)	215 (23.7%)	408 (13.3%)
		Class-XI	978(45.3%)	253 (27.9%)	1231 (40.1%)
		Class-XII	782 (36.2%)	226 (24.9%)	1008 (32.8%)
	Subject Stream (HSSLC)	Science	507 (23.5%)	23 (2.5%)	530 (17.3%)
		Arts	1257 (58.2%)	467 (51.4%)	1724 (56.2%)
		Commerce	397 (18.4%)	418 (46%)	815 (26.6%)
.	Type of School/College	Governmet	874 (40.4%)	510 (56.2%)	1384 (45.1)
		Private	950 (44%)	290 (31.9%)	1240 (40.4%)
		Mission	337 (15.6%)	108 (11.9%)	445 (14.5%)
.	Type of Institution	Co-ed	2140 (99%)	883 (97.2%)	3023 (98.5%)
		Non Co-ed	21 (1%)	25 (2.8%)	46 (1.5%)
.	Medium of Education	English	2002 (92.6%)	658 (72.5%)	2660 (86.7%)
		Mizo	159 (7.4%)	250 (27.5%)	409 (13.3%)

Source: computed

The study is conducted among the students of high schools and higher secondary schools and a total of 1231 (40.1%) respondents are study class XI followed by 1008 (32.8%) respondents studying class XII. There is a similar pattern in the two areas and respondents from standard IX and standard X are 422 (13.8%) and 408 (13.3%) respectively. However, interms of the educational standard of the respondents, Aizawl district has both the highest number of students respondents participants i.e standard XI = 978 (45.3%) and the least number of students respondents participants who are studying in standard IX = 208 (9.6%).

The table no.2 on the Educational background of the respondents shows the educational subject stream distributions among the respondents. The maximum number of the respondents is from the subject Art stream with a total of 56.2% comprising 58.2% respondents from Aizawl and 51.4% are belonging to Champhai. It is followed by 26.6% of students studying commerce subject and the remaining 17.3% of the respondents are from science stream.

The type of educational institutions where the respondents are pursuing their education shows that 1384 respondents are from government run schools and it is more common among the respondents belonging to Champhai with 56.2% against 40.4% of the respondents from Aizawl District. Reverse to this, Private run educational institution is more popular among the respondents from urban area (44%) as compare to 31.9% of the respondents from rural communities. Similarly, the practise of studying in mission educational institutions is more prevalent in urban areas as compared to that of rural areas.

In addition, to understand the differences on the implications of nature of schools between the two genders on the knowledge on adolescent reproductive health, 98.5% are studying along with opposite sex (coeducation) and only very few 46 students are from non-coeducational institutions.

Also, it is relevant to explore the medium of instructions in schools in order to understand the level of knowledge on reproductive health. Majority of the respondents 86.7% are studying in English medium of education and only 13.3% of the respondents have a local language as a medium of learning.

c. Awareness

i) **Awareness on HIV/AIDS:** The awareness level of the respondents on the reproductive and sexual health of the adolescents are assessed on general items including awareness on HIV/AIDS, AIDS curable, availability on HIV testing, location of HIV testing centres . The table on awareness on HIV/AIDS shows that almost the entire respondents never heard the name HIV/AIDS .However, the differences is the level of orientation among the respondents was observed. While, the remaining 5.8% of the respondents had never knew the existence of such name among diseases. In spite of the efforts that is been making by the government through different programmes, venturing at the international, national and or local level, still few of the respondents had never know the infection.

To explore the knowledge regarding AIDS, 10.6% of the respondents believed that AIDS is curable depending upon the stage of HIV. It is assumed that constant medical treatment could help the AIDS curable. Also, few of the respondents' belief that HIV/AIDS is curable through spiritual healing. This misconception is prevailing more among the respondents from rural areas to that of urban areas. While, 65.5% of the respondents clearly knows that AIDs is not curable and it is communicable disease. Among the transmission of the infection, life style related transmissions like sharing of unclean needle, receiving unclean blood, and unprotected sex are well known by them. Their main source of information in regards to HIV/AIDS is through the various awareness programmes conducted within the schools.

Table no 3: Awareness on HIV/AIDS

Sl.no.	Variables	Response	District		Total N =3069
			Aizawl n = 2161	Champhai n = 908	
.	Heard of HIV/AIDS	Yes	2059 (95.3)	831(91.5)	2890(94.2)
		No	102(4.7)	77(8.5)	179(5.8)
.	AIDS curable	Yes	190(9.2)	115(13.9)	305(10.6)
		No	1435(69.8)	455(54.8)	1890(65.5)
.	Availability of HIV/AIDS Testing	Yes	1741(85)	673(81.1)	2414(83.9)
		No	109(5.3)	41(4.9)	150(5.2)
.	Places for HIV testing center	Govt.Hospitals	339(16.6)	188(22.7)	527(18.3)
		ICTC	1492(73)	509(61.5)	2003(69.7)
		Private Hospitals	16(0.8)	10(1.2)	26(0.9)

Source: Computed
Figures in parentheses are percentages

Regarding the availability of HIV testing centres, as high as 83.9% of the respondents knew the availability of ICTC in their respective area. While, 5.2% did not aware of the existence of the Testing centre which is easily accessible. The other 10.9% did not response to the questions. However, the data shows that the availability of HIV testing centre is well known among them with a way forward to cover the remaining 16.1% who do not know the provision. In connection to this, respondents were assessed on the awareness on the place or location of the HIV testing centre. Nearly 70% of the respondents knew that ICTC is a specific place for HIV testing and counselling service is provided at the pre and post testing. Further, the respondent added that HIV testing is compulsory to pregnant women for institutional delivery. Another 18.3% assume that HIV testing

could be done in any of the government hospital and less than 1% has the opinion that HIV testing could be done in a private clinic similar to the other health related testing. However, the remaining 12% did not have an opinion and do not know the places for HIV testing and the connection is obvious that 16% of the respondents did not know the availability of HIV/AIDS testing.

Overall, the table on the respondents' awareness on HIV/AIDS reveals that more than two thirds of the entire respondents aware on HIV/AIDS, that it is not curable, voluntary testing are available and ICTC is a designated place for HIV testing. In addition, the respondents do aware that counselling services are provided and confidentiality is maintained in the process.

ii) Awareness on RTIs & STIs

The general awareness of the respondents on RTIs and STDs reflected that 83.2% ever heard about RTIs and STDs especially which are common among the adolescent. Less than 20% do not know the name and among which some of the respondents did not attempted. Interestingly, the respondents also had aware the determinants and causes of RTIs and STDs including the signs of the symptoms. Regarding the knowledge on the signs and symptoms of STDs, 42.2% of the total respondents had awareness on it and another 53.3% do not know including 4.4% of the respondents who did not attempt it. Out of which 24.9% had aware that discharge from the penis is one of the signs of STDs and the rate of awareness is more or less similar between the respondents from urban and rural areas. Likewise, 14.9% of the female respondents had known that virginal discharge is one of the common STDs among the female following similar trend between the urban and rural communities. Another common reproductive and sexual related infection is pain during urination and 22.3% of the total respondents had awareness on pain and burning sensation during urination as STDs. It is known by 23.8% of the respondents from Aizawl district and 18.4% of the respondents from Champhai district. Also, of 670 respondents, 10.7% and 8.4% from urban and rural communities knew that pain during the sexual intercourse is other symptoms of STIs and 10% have awareness on ulcer and sores in the genital areas. The data on tableno.4 shows that the awareness on STDs /STIs among the adolescent studying high school and higher secondary is inadequate. The reason is that, nearly half of the respondents have attempted this particular section of the questionnaire and the remaining respondents do not know the signs and symptoms of STDs.

Table no.4: Awareness about RTIs and STIs

Sl.no.	Variables	Response	Aizawl n = 2161	Champhai n = 908	Total N =3069
.	Heard about RTIs/STIs	Yes	1860(86.1)	694(76.4)	2554(83.2)
		No	181(8.4)	145(16.0)	326(10.6)
.	Knowledge on Signs and symptoms of Sexually Transmitted Diseases	Do not know	989(53.2)	372(53.6)	1361(53.3)
		Discharge from Penis	45325.4)	157(23.5)	610(24.9)
		Pain during urination	442(23.8)	128(18.4)	570(22.3)
		Vaginal Discharge	271(14.6)	110(15.9)	381(14.9)
		Pain during intercourse	199(10.7)	58(8.4)	257(10.1)
		Ulcers in genital area	183(9.8)	72(10.4)	255(10)

Source: computed

iii) Treatment Practices

The presence of any form of STDs among the respondents was explored. Out of 3069 respondents, 2435 (79.9%) had no experience on STDS and another 17.8% did not responded to the question. The data on the Presence of Symptoms of STDs among the respondents shows that 2.2% i.e 69 respondents are having the infection and a greater rate of the infection is shown by the respondents from Champhai district. The importance of early detection and treatment on STDs/STIs in often emphasized however, only 44.9% of the infected respondents had undergone

for treatment. The agency where the treatment is seeking by the respondents is another important aspect of the treatment package. It reveals the professional competency of the agency and administration of the correct and proper treatment. The place where the respondents take treatment includes medical pharmacy, sub-centre, CHC, District hospital, private STD clinic, ICTC and also the traditional healer.

Table no.5: Presence of Symptoms of STDs and Treatment Practices

Sl. no.	Variables	Response	Aizawl	Champhai	Total
.	Presence of any Symptom of STDs among Respondents	Yes	42(1.9%)	27(3%)	69(2.2%)
		No	1834(84.9%)	619(68.2%)	2453(79.9%)
.	Undergone any Treatment for Symptoms	Yes	153(5.7%)	165(9.3%)	314(4.9%)
		No	163(8.1%	93(3.3%)	253(6.2%)
.	Place of Treatment	Pharmacy	2(4.8%)	3(11.1%)	5(7.2%)
		Sub-Centre	1(2.4%)	7(25.9%)	8(11.6%)
		CHC	0(0%)	1(3.7%)	1(1.4%)
		District Hospital	3(7.1%)	3(11.1%)	6(8.7%)
		Private Doctor Clinic	4(9.5%)	0(0%)	4(5.8%)
		ICTC	6(14.3%)	1(3.7%)	7(10.1%)
		Traditi onal Healers/Sex Clinic	1(2.4%)	1(3.7%)	2(2.9%)

Source: computed

II. Knowledge about Reproductive Health among adolescents

The knowledge of the respondents on the reproductive health facts is assessed using 12 items. These included significance of nutrition on reproductive health, menstruation and menstrual hygiene, teenage pregnancy, abortion, contraceptive pills, sexual violence in the context of STDs and HIV/AIDS, early sexual intercourse and masturbation. The study explored these areas mainly because that there is myths and misunderstanding of reproductive health among the general population assumed to be significant only at pregnancy including the youth. As well it the queries functions as dissemination of information to the respondents that all these complication are potential determinants to the condition of reproductive health.

The table no. 6 shows the level of awareness on Reproductive health among the respondents. Majority of the respondents had aware that teenage pregnancy is dangerous to the mother and to the foetus mainly due to lack of maturity at the physiological and psychological level. However, nearly 20% of them have not realised the consequences of teenage pregnancy to health. Two third of the respondents believes that sexual violence against adolescent girls has opportunities of passing on the infection like STDs/STIs and HIV/AIDS. Moreover, the victims are at risk of unwanted pregnancy. While, 28% of the respondents did not aware that sexual violence could lead to opportunistic infection.

Puberty is an important sign of sexual development of adolescents and the delay in arrival became a matter of clinical consultation. It is widely prevalent that certain unusual pains in the joint, abdominal pain, pain in the waist, back pain and even to the extent of fever and low appetite accompanying with the on-set of puberty. Nearly 64% of the respondents have the information that the on-set of puberty could cause abdominal pain, back and joint pain during menstruation and went off with the completion of the course. Also, the

Table no.6: Knowledge on Reproductive health

Sl.no	Reproductive Health	Aizawl	Champhai	Total
1.	Teen age pregnancy may be dangerous for health	1765(81.7%)	730(80.4%)	2495(81.3%)
2.	Sexual Violence against adolescents may infect them with Is, HIV and may also cause unwanted pregnancy	1564(72.4%)	650(71.6%)	2214(72.1%)
3.	On-set of puberty-may cause abdominal pain, back and joint pain during menstruation and may create anxiety among female adolescents	1379(63.8%)	582(64.1%)	1961(63.9%)
4.	Lack of menstrual hygiene may cause infection, pain and menstrual disorder	1205(55.8%)	566(62.3%)	1771(57.7%)
5	Complication of unsafe abortion by untrained Dai/Nurse may lead to hospitalization and sometimes death	1343(62.1%)	554(61.0%)	1897(61.8%)
6	Now a days abortion pills are available to be used under supervision of doctor for termination of pregnancy of 8-9 weeks	1147(53.1%)	346(38.1%)	1493(48.6%)
7	Abortion of 8 weeks pregnancy may be dangerous for pregnant women	350(16.2%)	177(19.5%)	527(17.2%)
8	Emergency contraceptive pills may be given to rape victims within 72 hours to avoid unwanted pregnancy	826(38.2%)	318(35.0%)	114(3.7%)
9	Leafy/Green vegetables help to reduce anaemia among adolescents	991(45.9%)	486(53.5%)	1477(48.1%)
10	Anaemia among females adolescents is common which needs to be diagnosed/treated	1005(46.5%)	453(49.9%)	1458(47.5%)
11	Iron tablets available with ANMs, ASHAs. AWWs for treating anaemia	790(36.6%)	319(35.1%)	1109(36.1%)
12	Masturbation is not good for health and may lead impotency in future	551(25.5%)	203(22.4%)	754(24.6%)
13	Wet dream is a serious health problem	317(14.7%)	116(12.8%)	433(14.1%)

Source: computed

The respondents had aware that these complaints could invite unnecessary anxiety to the person hampering the psychosocial functioning and becoming extreme in some cases. The data has not shown the difference in the pattern between the respondents belonging to the urban and rural areas. While, almost 40% of the respondents did not have this awareness and could not even connect between the on-set of puberty, signs and symptoms of menstruations and mental health and by and large the reproductive health. Another important component of menstruation is the practices and hygiene. Apart from the physiological changes, lack of menstrual hygiene may induce infection and pain and also to menstrual related disorders. So, 57.7% of 3098 respondents have information on the relevance of maintaining proper hygiene during menstruation.

The awareness level on the importance of menstrual hygiene is greater among the respondents from rural areas to that of the urban communities. However, the remaining 42% of the respondents did not have the information and also did not feel that extra care and hygiene is important during menstruation. In spite of the fact that unsafe abortion is harmful health and may cause maternal morbidity, 39% of the respondents did not know the risks of unsafe abortion and the abortion which is exercise by untrained Dias or incompetent to administer the job. So, 61.8% of the respondents have information on the reproductive health facts that unsafe abortion is dangerous that may lead to maternal morbidity and or restriction to the physical health and mental wellbeing of the person. In connection to this, 48.6% of the respondents know the availability of abortion pills which is to be taken carefully under the supervision of physician and before completion of 9 weeks of pregnancy. This information is more limited among the respondents belonging to Champhai district than to respondents belonging in Aizawl district 38.1% and 53.1% respectively. Further, with the advancement in medical science, emergency contraceptive pills are available to access and 37.3% of the respondents knew that emergency contraceptive pills may be given to the rape victims within 72 hours to avoid unwanted pregnancy.

Anaemia is common among female adolescents and prevalent in many parts of the country. It is treatable and curable. However, only 47.5% of the respondents knew that anaemia has condition the reproductive health status of a person and more than half of the respondents did not aware that anaemia as part of the reproductive health So, there is a need to make an intervention directing on diagnosis and treatment. Also, it is important to emphasise the significance of regularly consume nutritious diets and balance diet as to keep way from anaemia and nearly half of the respondents knew that regular intake of green leafy vegetables could help to correct anaemia. The other half of the respondents did not know the validity of taking green leafy vegetables and rather belief that diet should be taken by choice so as to increase the quantity of consumption. Moreover, intake of Iron supplementation is an important part to in the treatment of anaemia and just one third of the respondent aware that the iron tablets are easily available with ANMs, ASHAs AWWs at any time at free of cost.

Another common practice and myth on reproductive health is that masturbation leads to impotency. Regardless of the efforts on reproductive health education nearly one fourth of the respondents still believe that masturbation is not good for health and may lead impotency in future. Also, the earlier misconception on teenage boys' wet dream as a serious health problem is still prevalent and 14.1% of the respondents were of the opinion.

Hence, the data on the table on Knowledge about Reproductive Health Facts among adolescents shows that there is a limitation of general awareness on reproductive health facts among the youth population. The study urges immediate attention to intervention in this area especially among the youth. For the purpose, school based or educational institution based intervention on generation of awareness and dissemination of information to the public.

IV. CONCLUSION

In conclusion on the reproductive health awareness among adolescents in Mizoram found the presence of misconceptions about issues related to sex and sexuality, inducing unnecessary anxiety among the adolescents. The extent of reproductive health awareness among the youths in Mizoram is revealed and that has invited anxiety; confusion and leading to greater health complaints and even pre-mature death. These challenges is affecting the attitude and behaviour of the adolescents and finally pertaining to sexuality and gender. Further, there is a need to empower adolescent girls and women by increasing their knowledge about their body and sexuality as well as about Sexually Transmitted Infection (STI), HIV and AIDS. The facilities for the treatment of STI should be made available and more accessible by strengthening the existing RCH services at the primary and tertiary healthcare facilities.

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