

Sexual and reproductive health awareness, experiences and service utilization among female undergraduate students in university of Rawalpindi, Pakistan

Adeela Rehman

*Assistant Professor, Department of Sociology, Fatima Jinnah Women University Rawalpindi, Pakistan.
adeela.rehman@fjwu.edu.pk*

Muhammad Ghulam Behlol

Professor, Department of Education, Fatima Jinnah Women University Rawalpindi, Pakistan.

Komal Dure Shehwar

Research Assistant, Department of Sociology, Fatima Jinnah Women University Rawalpindi, Pakistan.

Ayesha Babar Kawish

*MBBS, MPH, M.Sc, PhD Public Health Scholar QAU
Associate Professor & Head at Al-Shifa Eye Hospital, Rawalpindi Pakistan*

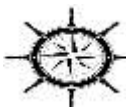
Fehmeeda Idress

Public Health Professional, Rawalpindi Pakistan

Abstract

The purpose of the study is to evaluate the awareness, practices, experiences, and the utilization of services regarding SRH by the young female in university. A cross-sectional study was conducted at an institution starting from December 5th, 2021 to February 25th 2022. Non-probability sampling was used; finally 478 young female students were selected from 13 departments of the social sciences. Data on SRH (sexual reproductive health) difficulties and experiences were gathered using a self-administered close-ended questionnaire. The utilization of sexual and reproduction health services was assessed through a single-item measure that asked participants whether they had ever utilized such services. Data was entered in to Kobo toolbox and descriptive analysis was done through SPSS. About 242 (51%) of the respondents identified that maturation is one of the foremost health issue faces by adolescents. Among 60% of young females said their mothers were their main source of information on sexual and reproductive health. About 176(36.8 %) students had a conversation with their mothers about sexual and reproductive health. Only 78 (16.3%) of students reported ever used of services for SRH issues despite the fact that 192 (40.2%) reported menstruation-related problems. The proportion of young females who were aware of reproductive health issues and service utilization was found to be low. Large number of respondents of our study had experienced the onset of menstruation without any previous background knowledge on the event. There is a dire need for provision of proper knowledge and guidance to the young female.

Key Words: *Adolescents, Sexual & Reproductive Health, Health Awareness, Public Health, Women's Health*

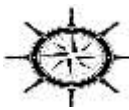


Introduction

The importance of sexual and reproductive health (SRH) for adolescents and young adults is acknowledged by the United Nations Sustainable Development Goals, who view it as a critical element of health policy (World Health Organization, 2015). Reproductive health is a broad term that covers a variety of health issues, including as puberty changes, irregularities in the menstrual cycle, pregnancy symptoms, and methods of contraception (World Health Organization, 2019). In many poor countries, young people are also prohibited from openly discussing sexual things with their parents due to cultural taboos (Taffa et al., 2002; Bearak et al., 2014). The absence of sexual and reproductive health education makes women, especially young people, more susceptible to sexual and non-consensual interactions, thus it's vital to take other crucial elements into account. These incidents have profound negative consequences for all parties involved (Yip et al., 2013). In order to empower women and liberate them from constrains and taboos imposed by patriarchal societies, it is essential for sexual and reproductive health education to co-exist alongside formal academic education. This comprehensive approach aims to address the health hazards and risks that women face in relation to their sexual and reproductive well-being. By promoting knowledge and awareness women can make informed decisions and assert control over their own lives. Adolescents and young adults make up the majority of university students. Compared to Western countries where there is a clearly visible understanding of sexual and reproductive health education (Govender et al., 2019). Lack of access to healthcare, particularly those related to reproductive health, and lack of confidence to discuss sensitive issues, especially among girls, is considered one of the root causes for the poor performance of Pakistan on SRH (Kamran et al., 2019).

Significance of the study

The current study will emphasize the value of health literacy development and health promotion as well as the enhancement of a person's ability to use, communicate, and comprehend issues related to sexual and reproductive health and experiences in healthcare settings. Better health literacy enables a person to take control of their illness and actively pursue wellness and disease prevention. People with poor health literacy experience challenges and are more likely to get sick or become disabled. In order to address the problems with sexual and reproductive health that



young women in Pakistan are facing due to their poor health, this research proposes a multifaceted strategy.

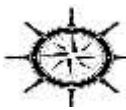
Objectives of the study

- To know the awareness level regarding SRH among university students.
- To explore the already existing patterns of practices followed by university students.
- To discover the problems and challenges faced by university students.

Literature Review

A study reported that reproductive potential of the state lies in women's health (Taniberdiev, 2019). There is a dire need to look forward to the SRH issues of young women, as population growth is the main sociodemographic factor in the country's development. For this is essential to educate young women on SRH issues faced by adolescence which may include Menstruation, Early age marriages, teenage pregnancy, unwanted pregnancy, and other factors (Petersen, 2021). Timmermans et al., (2020) states that early adolescence is considered a critical developmental phase. Such changes occur in the context of biological changes and include psychological (emotional) and changes in social development. Primarily biological development was discussed in the context of the age-related health issues of adolescents but neglected their psychosocial factors. Many SRH factors influence the individual's lifestyle behavior, including education, health literacy, access to health services, and social support. The awareness and interventions on SRH are needed on all levels in Pakistan, including interpersonal, educational, organizational, and community. The main aim of health strategies is to focus on improving sex-related issues, which is possible by educating people (Thomas, 2022). Parents are the primary source in building the sexual beliefs of the children based on their values. , The research showed that parents who have discussed sex-related issues with their children faced fewer sexual behavior issues in their adulthood (Holman & Jody, 2018). Children are more likely to discuss sexual and reproductive health with their mothers than their fathers, according to the findings of another study (Scull et la., 2022). Parents need the proper guidance to overcome the risks of sexual reproductive health issues by minimizing the communication gap with their children.

There hasn't been much research done to determine the degree of SRH-related KAP among Pakistani undergraduate female students. The goal of the aforementioned study was to ascertain



undergraduate students' knowledge of, experiences with, and use of sexual and reproductive health services.

Research Methodology

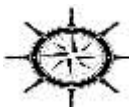
Study design and Population: This was a cross sectional study from 5th December 2021 to 25 February 2022 in a degree-awarding institution, Fatima Jinnah University only for women located in Rawalpindi district, Pakistan. During the study period 27 departments running 75 academic programs including, 12 associate degree, 31 undergraduate, 21 MS/MPhil, and 11 PhD programs. The source of population was the young females studying in undergraduate program of university.

Sample size and sampling methodology: For selecting departments of undergraduate program non-probability sampling techniques was used. Undergraduate students who attended the selected 13 social science departments in the academic year 2021-2022 were included and those who were absentees or on leave and unwilling to participate were excluded from the study. Finally, 478 respondents were incorporated into our study.

Data collection: For data collection a self-administered, close-ended questionnaire was used by using software, kobo toolbox. Before data collection training was conducted and 6 data collectors were trained. Data collectors were trained considering the nature and ethical conduct of this study. The training was given on the methodology to be followed for data collection, consent taking and management of data collection forms. Students were requested to complete questionnaires at Fatima Jinnah University. Sampled students were instructed to read and respond to the questionnaire independently. Data collectors ensured the completeness of the questionnaire during and after the data collecting process. Respondents submit their responses within 45-60 min after getting the links.

Tool development and variables: The questionnaire was modified to include parts pertaining to sociodemographic data, Sexual reproductive health-related characteristics of the study participants; their awareness about SRH issues, discussion on SRH and experiences regarding SRH. The questionnaire was developed in English, at and data collection was carried out on an English-based tool as the participants were well-versed in the English language.

Ethical consideration: The study's ethical permission was received by Fatima Jinnah University (IRB NO XX). The comprehensive information about the objectives, benefits and risks of the



study is mentioned in the informed consent. The consent mentioned that it gives the right to the participant to refuse and withdraw from the study. Participation was entirely voluntarily participated and the confidentiality of the participants was guaranteed as the secret codes were given to them. Their privacy and confidentiality were ensured.

Data management and Analysis: Following cleaning and coding, the responses were entered into Microsoft Excel. The statistical package for social sciences (SPSS) version 26.0 was then used to export the data for analysis. The data were analyzed using descriptive statistics, which uses metrics like mean, standard deviation, and percentages.

Measures: Socio-demographic characteristics assessed included, age, marital status, education level of parents, residence. Awareness of sexual and reproductive health (SRH) issues was evaluated by directly asking participants if they had heard about specific topics related to SRH, including menstrual problems, early pregnancy, and sexually transmitted infections (STI). Seeking information was measured by asking, if they ever discussed the sexual reproductive health issues with mother. Utilization of sexual and reproductive health services was evaluated by asking participants if they had ever visited a health facility for SRH issues in the past, with responses options “yes” or “No”. Willingness to seek information and education on sexual reproductive health was assessed by asking if they would like lectures and information on SRH from education session in university (answers were coded yes/no) Challenges faced during utilization of health facilities for SRH issues were evaluated. Responses were assessed by negative attitude of HCP, Cost, long waiting and distance of health facility (yes and no).

Results

Sociodemographic characteristics of participants

Four hundred seventy-eight women completed the self-administered questionnaire. The respondents characteristics of socio demographic are mentioned in Table 1. 472 (99%) of the women were unmarried while only 6 (1%) were married. Average age was reported to be 21years. Most of the participants were residing in Rawalpindi 313(65%) and 385 (81%) students were living with their families while 93 (19%) were residing in the hostel. Median income of the household was reported to be 51000 PKR (Table 1)

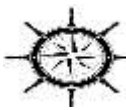
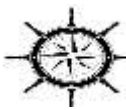


Table 1
Sociodemographic characteristic of young female undergraduate students

Sociodemographic Characteristics	n(%)
Student's Current Age	Average \pm SD = 21 \pm 1
Marital Status	
Unmarried	472(99)
Married	6(1)
Father's education	
Illiterate	13 (2.7)
Primary (till 5 yrs)	15 (3.1)
Middle (till 8 yrs)	8(1.7)
Matric (till 10 years)	94(19.7)
Intermediate (till 12 yrs)	104(21.8))
Graduation (till 14 yrs)	94(19.7)
Masters and above (till 16 yrs and above)	150(31.4)
Mother's education	
Illiterate	39 (8.2)
Primary (till 5 yrs)	31(6.5)
Middle (till 8 yrs)	32(6.7)
Matric (till 10 years)	105(22.0)
Intermediate (till 12 yrs)	103(21.5)
Graduation (till 14 yrs)	83(17.4)
Masters and above (till 16 yrs and above)	85(17..8)
Numbers of sibling	
Up to 3	247(51.7)
More than 3	231(48.3)
Currently living	
With family	385(81)
At hostel	93(19)
Area of residence	
Rawalpindi	313(65)
Islamabad	56(12)
Other Specify	16(3.3)
Total monthly income of the family	
	Median 51000
Up to 32000	76(16)
32001 to 50000	113(24)
50001 to 65000	39(8)
65001 to 100000	109(23)
More than 100000	41(9)
Dont know	100(21)

Awareness of sexual and reproductive health issues among the undergraduate students

Student's knowledge of SRH services was measured by asking whether they know the SRH issues. More than half 242 (51%) of the respondents identified that one of the major health issue



faces by adolescents and young adults is related to menstruation. The second main health issue they identified was related to early marriages 199 (42%) followed by teenage pregnancy 166 (35%) and sexually transmitted infections (34%) as shown in table 2 below;

Table 2.
Awareness of sexual and reproductive health issues among young female undergraduate students and source of information

Awareness of Sexual reproductive health issues	n(%)
Menstrual related issues	242(51)
Early marriage	199(42)
Teenage pregnancy	166(35)
Sexually transmitted infections	163(34)
Problems in puberty	161(34)
Unwanted pregnancy	117(25)
Abortion	113(24)
Poor access to quality SRH services	116(24)
Issue related to family planning	80(17)
Source of Information	
Mother	286(60)
Print / Electronic / Social Media	191(40)
Friends	165(35)
School teacher	158(33)
Sister	87(18)
Other family members	34(7)
Doctors	44(9)

Sources of information: Table 2 also indicated that most of the undergraduate students (60%) accepted that the primary source of knowledge on SRH is gained by their mothers. Furthermore, more than 40% students reported sourcing information from media (electronic, print and social). 30% had talked with friends about SRH matters

Premenstrual symptoms and health issues faced by young female undergraduate students

Health issues faced during menstruation were also asked from the respondents and most of them reported premenstrual symptoms like mood swings 314 (66%) pain in the legs and abdomen 308 (64%), generalized weakness 223 (55.3%) and backache 211 (44%). This was followed by headache 134 (28%) , dysmenorrhea 120 (25%) and mental discomfort 102 (21%) as shown in Table 3. Additionally, 40% of respondents reported experiencing excessive or irregular bleeding during menstruation and 55.5% of students reported missing classes because of menstruation symptoms.

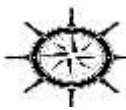


Table 3

Premenstrual symptoms and health issue faced by young female undergraduate students

Premenstrual symptoms	n (%)
Mood swings	314(66)
Pain in legs and abdomen	308(64)
Fatigue/Weakness	255(55.3)
Backache	211(44)
Menstrual cramps(pain)	120(25)
Headache	134(28)
Mental discomfort (premenstrual stress, feeling of shame)	102(21)
Nausea	68(14)
Ever had any complain of heavy or irregular menstrual bleeding and excessive pain	192(40.2)
University absence due to menstruation	264(55.5)

Experiences and service utilization for SRH : In this study 176(36.8 %) students were ever discussed sexual reproductive health related matters with mother. Only 78 (16.3%) of students reported utilization of SRH services at least once from public and private health institutions, despite the fact that 192 (40.2%) reported menstruation-related problems. The average time taken by the respondent to consult health professional was 3 days. More than half students reported willingness to receive knowledge on SRH from a university education session as shown in table 4.

Table 4

Experiences and service utilization for SRH by young female undergraduate students

	n (%)
Ever discussed sexual reproductive health related matters with mother	
Yes	176 (36.8)
No	302 (63.2)
Learn about menstruation	
After I had my first bleeding episode	269(56.3)
I knew before my experience	209 (43.7)
Willingness to receive knowledge on SRH from education session in university	273 (57.1)
Ever used of health facility and doctors for SRH issue	78 (16.3)

Challenges for Accessing Health Care Facilities: The most common obstacle for undergraduate students using health care facilities for SRH issues was a long waiting time (32%), followed by negative attitude of health care providers (25.5%), and the far distance of health facilities (25.5%).

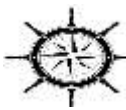
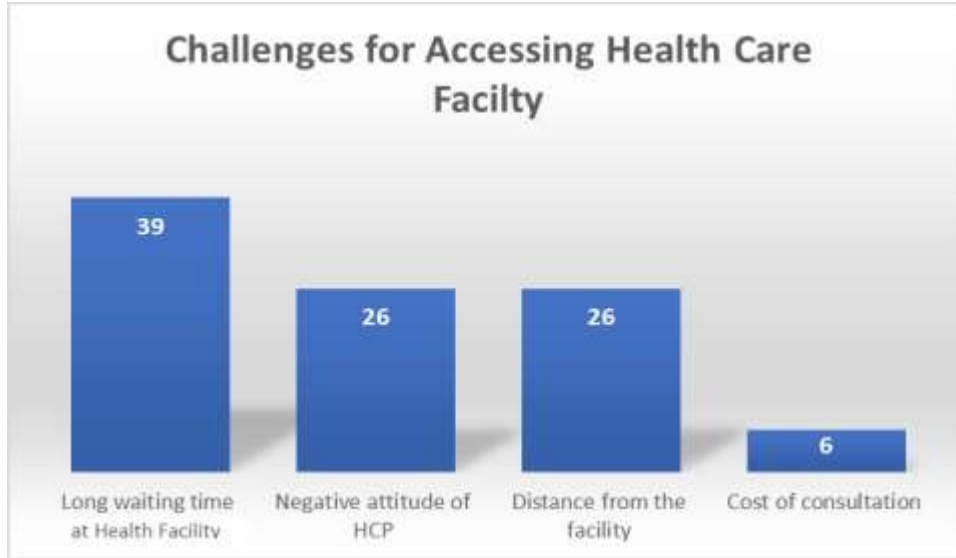
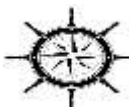


Figure 1



Discussion

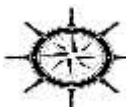
Findings of our survey revealed that respondent had limited awareness about SRH information and willingness to seek care which is similar to the results of studies conducted previously in Pakistan and Nigeria (SeHRAF, 2010; Ogunlayi, 2005). Only half of respondent linked menstruation related problems to sexual and reproductive health issue which may create serious psychological, physiological and reproductive health problems (Michael, et al., 2020). Results of prior study have shown that a number of avoidable factors, such as ignorance, predispose females to adolescent pregnancy and negative health outcomes of early pregnancy (Nasrullah & Zakar, 2014). According to the findings of this survey, 65% of students considered their mothers to be the key source of reproductive health knowledge. These results were persistent with other studies in developing countries (Feldman & Rosenthal, 2000; Shiferaw et al., 2014; Eisenberg, 2006). Mothers play a crucial role in disseminating knowledge regarding physiological changes as well as social, emotional, and cultural challenges despite the fact that SRH is a difficult subject to discuss, particularly with unmarried girls. However, the majority of mothers were undergraduates, and the accuracy of the information they supply is problematic because they may not be well-equipped to fill in daughters' knowledge gaps (Chandra-Mouli, 2017). As a result, it's critical that medical experts and neighborhood support groups dispel their patients' misconceptions about menstruation in mothers. About half of respondent of our study had



experienced the onset of menstruation without any previous background knowledge on the event. The discovery is hardly surprising in a developing country, where many girls receive little knowledge or instruction on how to do menstruation-related concerns (Tofaris, 2018). Furthermore, teacher is hesitant to address menstruation with their students. Because of the hostile environment, females are still unfamiliar with menstrual difficulties (Kaur & Kaur, 2018). Almost 55.5% of our respondent missed their university classes because of menstruation. Menstruation was substantially connected with attending school, according to another study (Miuro, 2018). We did not explore the factors related with university absenteeism but we assume that lack of facilities may be one of the reasons, as in our study 43% of respondent reported no appropriate place for change and disposal of sanitary pads. UNICEF (2005) reported that around one out of every ten school-age African girls did not attend school during menstruation due to a lack of sanitation facilities. Majority of the respondents had faced mood swings, pain in the legs and abdomen and weakness. It may have serious implication on the routine academic working, relationship with peers and family in case that has not been handled adequately. Family and academic circle need to be aware of the situation and deal with them accordingly. In our study majority of respondents (63%) reported that they had never discussed the puberty, menstrual issues or STI with their mother. This is also reported in Bangladesh, where restrictive socio-cultural norms prevent unmarried adolescents from disclosing information regarding sexual behaviours and other RH-related issues (Barkat, 2003). Adolescent girls in particular are often kept from learning about puberty changes because of cultural and religious sensitivities. There were many taboo subjects that they could never discuss with their mother. In comparison to other earlier studies, this study demonstrated that the proportion of young females who use RH services is much lower (Binu et al., 2018), however it is little high from the study conducted in Nepal (Kiran et al., 2015). The characteristics of the respondents, their sociodemographic backgrounds, and the time frame utilized to define SRH service consumption could all be contributing factors to the inconsistency (Motuma, 2012).

Limitations of the study

The study's strengths include the start of a communications that will erase stigma and raise awareness. A step in the right direction, but a lot harder effort is required. We were unable to investigate the connection between service consumption and awareness of SRH and information source due to the descriptive character of the study. This should be taken into account in a future



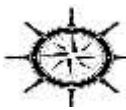
study with a qualitative component. The sample was one of convenience, and all respondents were female students. Therefore, sampling bias may have existed, limiting generalizability.

Conclusion & Recommendation

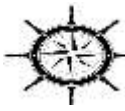
The proportion of young females who were aware of reproductive health matters was indicated less. According to the research large number of the young female have menstrual problem but service utilization was very low. Mother was the significant source of information on reproductive health issue for young female however about half of respondent of our study had experienced the onset of menstruation without any previous background knowledge on the event. Mothers' information is suspect because they may not be well prepared to fill in the blanks regarding the fundamentals of RH. There is a dire need to provide suitable education and advice to young females. The study recommended introducing SRH related courses to the students to enhance their knowledge to improve their reproductive health matters.

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