Socio-Cultural Dynamics of Adolescent Reproductive Health in Pakistan

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Abstract

Adolescents need information and education on reproduction, sexuality, and sexual and reproductive health, but certain cultures are more restrictive than others on imparting such knowledge. Taking example of Pakistan, with its prevailing Islamic cum South Asian cultural traditions, the paper looks into the issues related to reproductive health of not just female adolescent but also their male counterparts. With the inclusion of both married and unmarried adolescent, in both rural and urban areas, the paper gets a deeper understanding to the reproductive health needs of males and females of these ages. The paper deals with the beliefs and status of knowledge of adolescents regarding puberty, marriage, childbearing, maternal-child health and contraception, which are found to be more myth ridden than factual. Early marriage, followed by prompt childbearing, for females seems to be frequent, while getting antenatal care and using contraceptives are not common nor considered desirable by majority.

Poster Presentation

Introduction

Adolescence is a time characterised by concerns and curiosity regarding reproductive and sexual aspects of the body. Talking about adolescent reproductive health, however, is considered a taboo, or at least embarrassing, in most cultures, more so in some cultures than others. Pakistan, with its combination of Islamic and South Asian cultural values and traditions, presents one such example where the subject of adolescent reproductive health is not discussed publicly. This is true for both male and female adolescents in the country but in case of the latter, it also attaches a moral stigma associated to it. In the given scenario, it is not surprising to find not much literature available on adolescent reproductive health in Pakistan. Information on male adolescent reproductive health is even scantier, and that is for the very fact that due to early age at marriage among females, those aged 15 years and above are part of most demographic surveys conducted in the country. These surveys however have objectives that are not designed to collect information keeping the needs and perspectives of adolescents in considerations.

The present paper takes a holistic view of reproductive health of adolescents in Pakistan. Starting with the knowledge adolescents have about changes happening at puberty and the sources of this knowledge, the paper looks into the beliefs and knowledge of adolescents regarding partner selection, marriage and desired number of children. With births mainly taking place after marriage in the country, inclusion of married adolescents in the study gives us the opportunity to look into issues like childbearing, maternal health, antenatal and post-natal care, place of delivery, person assisting delivery and survival of children borne to these adolescents.

Data source

The paper is based on a national survey of over four thousand eight hundred adolescents, aged 14-19 years, in Pakistan. The data allow us to take a comprehensive view of the subject under study as:

- It includes both male and female adolescents to get a gender perspective on the subject.
- Not just the unmarried adolescents but also the ever-married ones are included in the dataset.
- Rural areas are considered to have a more restrictive socio-cultural environment regarding issues related to reproduction and sexuality, and the given survey was conducted in both rural and urban areas, giving us an opportunity to see if any differences exist between the two areas.

Findings shown on the poster

1. Living arrangements:

Living arrangements of adolescents have immense impact on their lives. Factors like parental control/guidance, and respective influence of mother and father on male and female adolescents can define a youth's personality. In the present study, more adolescent males than females were living with both their parents, in both urban and rural areas (see Table 1). This is mainly because of the lower age at marriage for females that make them move out of their parental homes. This is further exhibited in the rather larger proportion of females, especially in rural areas, living without any parent. This is because

they are living with their husbands/in-laws. Adolescents are more likely to live with only their mothers than with only their fathers, as can be seen from Table 1. Migration of fathers, mainly for employment purposes is the reason for it.

Table 1: Living arrangements of adolescent by sex and region

(%)

First child birth wanted	Males	Females	Total
	Urban		
Both parents	79.0	69.1	73.5
Only father	2.7	3.3	3.0
Only mother	14.7	12.8	13.7
No parent	3.6	14.8	9.8
	Rural		
Both parents	79.4	59.3	67.6
Only father	4.4	3.6	3.9
Only mother	13.0	9.9	11.2
No parent	3.2	27.2	17.2

Adolescents need age-appropriate information about biological and emotional development but being culturally considered a taboo, adolescent in Pakistan have very limited knowledge about these and related issues. Mean age of puberty was found to be 13.3 years for females and 14.5 years for males in the study sample (interestingly, rural males and females had a marginally younger age at puberty than their urban counterparts). When asked if they were informed about changes that take place at puberty before they actually took place, more females than males said that they had no information about the bodily changes taking place at that time. Surprisingly, as Table 2 shows, rural youth were more likely to know about puberty and related symptoms before its onset, though the rate remains low. This trend is found for both males and females.

When asked about the source of information for those who did know about the bodily changes, for females it was mostly from the mother and for males it was predominantly from friends. This pattern was found in both urban and rural areas. When asked if these adolescents were in favour of giving such

information, girls (72 per cent) more than boys (62 per cent) gave an answer in the affirmative.

Table 2: knew about puberty and symptoms before its onset

(%)

Knew about puberty	Males	Females	Total
		Urban	
No	56.9	73.4	66.1
Yes	36.9	25.9	30.8
Not applicable	6.1	0.7	3.1
		Rural	
No	56.0	64.1	60.7
Yes	38.6	35.4	36.8
Not applicable	5.4	0.5	2.5

2. Marriage

Initiation of sexual activity is still culturally sanctioned only after marriage, and this is considered to be among the primary reasons for early age at marriage in the country. Adolescents were asked about what they considered as the ideal age to get married for boys and girls. An interesting trend could be seen in the Table 3, where ideal age to get married reported by females, for both males and females, is higher than those reported by males, and ideal age at marriage for urban adolescents is higher than their rural counterparts.

Table 3: Ideal mean at marriage by sex and region

Reported by:	Ideal mean age at marriage for (years):	
	For Boys	For Girls
Urban Females	24.43	21.04
Rural Females	21.94	19.00
Urban Males	23.20	19.81
Rural Males	21.25	17.80

The paper collaborates the belief that early marriages are still a norm in rural areas of Pakistan. In the study sample, 8.6 per cent of the adolescents (2.7 per cent males and 13.4 per cent females) in urban areas and 18.3 per cent adolescents (6.2 per cent males and 26.2 per cent females) in rural areas were ever married (see Table 4). This includes 0.4 per cent and 0.5 per cent marriages, in urban and rural areas respectively, which have already ended in

separation/divorce. Early marriage usually means a weaker position of females in the relationship. On average, married females in the study are 5.77 years younger than their husbands, while the male adolescents are older by 0.87 years than their wives. Greater age difference in most situations gives young females lesser negotiating power in a relationship.

Table 4: Marital status of adolescents by sex and region

(%)

Marital status	Males	Females	Total
	Urban		
Single	97.3	86.7	91.4
Ever Married	2.7	13.3	8.6
	Rural		
Single	93.8	73.3	81.8
Ever Married	6.2	26.7	18.2

When asked if their consent was taken before finalising the match, surprisingly, more females than males and more adolescents in rural areas than urban areas gave an answer in the affirmative, see Table 5.

Table 5: Was consent taken from the adolescent before finalising marriage?

(%)

Was the match discussed	Males	Females	Total
	Urban		
No	70.4	74.7	67.2
Yes	29.6	35.3	32.8
	Rural		
No	65.3	52.0	57.5
Yes	34.7	48.0	42.5

3. Fertility

Having a child soon after marriage is traditionally considered desirable in the country. It would not be wrong to say that females are under considerable pressure to bear a child soon after marriage. Among the married adolescents in the study, 63 per cent in urban areas and 65 per cent in rural areas had been pregnant/had their wives pregnant at least once, with some even pregnant for

three times or more (5.5 per cent in urban and 7.2 per cent in rural areas). Table 6 shows the disaggregated trend for males and females in rural and urban areas.

Table 6: Ever been pregnant: adolescent females and wives of adolescent males

(%)

Ever pregnant	Males	Females	Total
	Urban		
No	50.0	34.0	36.2
Yes	50.0	64.5	62.6
Not sure	0.0	1.4	1.2
	Rural		
No	38.4	32.4	33.3
Yes	60.3	65.3	64.5
Not sure	1.4	2.3	2.2

When asked about their fertility preferences and ideal family size the picture is quite different, with most wanting to delay first birth and have a smaller family size, reflecting a demand for fertility limitation and fertility regulation, see Table 7.

Table 7: First child birth wanted

(%)

First child birth wanted	Males	Females	Total
	Urban		
As soon as possible	27.3	26.2	26.4
Within 2 years	36.4	31.9	32.5
After 2 years	31.8	33.3	33.1
Whenever they want/are ready	4.5	4.3	3.7
Don't know	0.0	4.3	3.7
	Rural		
As soon as possible	26.0	27.3	27.1
Within 2 years	37.0	25.4	27.1
After 2 years	34.2	35.0	34.9
Whenever they want/are ready	0.0	2.1	1.8
Don't know	2.7	10.3	9.2

4. Maternal and child health

Majority of the births are taking place at home with assistance from unqualified persons, usually a traditional birth attendant, a trend more common in rural areas than urban areas of Pakistan. The proportion of pregnant female

adolescents/pregnant wives of adolescent males getting antenatal care is much higher in urban areas (71.6 per cent) than in rural areas (43.8 per cent). Mean number of pregnancies per female ever getting pregnant is 1.49, while mean number of children ever born is 1.02 and those still alive is 0.93. These figures show 0.56 pregnancies per female resulting in foetal loss or infant/child mortality. It is not unexpected to find foetal loss contributing more to this figure. It is a case of having children too early and at times too frequently that leads to foetal loss among these adolescents.

5. Contraception

Only 11 per cent adolescent in urban and 5.2 per cent in rural areas had ever used contraceptives (Table 8). Condoms followed by injectables are the two most used contraceptives in urban areas while for rural areas it is condom and IUD. When asked if they would like to use any contraceptive in future, 50.9 per cent in urban and 43.2 per cent in rural areas gave answer in an affirmative. The noticeable finding in this regard, especially for intervention purposes, is a big proportion of adolescents in both rural and urban areas not being sure about the method they would like to use. This also shows the shortcomings in the family planning programme in the country that does not cater to the information needs of the adolescents. Table 8 shows that the demand is not being fulfilled shown in the low ever use of contraceptives among young males and females.

Table 8: Ever used contraceptives by sex and region

(%)

	Males	Females	Total
	Urban		
No	95.5	85.8	87.1
Yes	4.5	12.1	11.0
Not sure	0.0	2.1	1.8
	Rural		
No	91.8	91.6	91.6
Yes	6.8	4.9	5.2
Not sure	1.4	5.5	3.2

Conclusions

Adolescent reproductive health is a much-ignored topic in Pakistan, needing urgent attention. The paper not just throws light on the socio-cultural factors affecting reproductive lives of adolescents but also helps us discern the differences and similarities between the effects these factors have on male and female adolescents. The paper also looks into the preferences of these adolescents in partner selection, childbearing and contraception, and the gap that exists between these preferences and their behaviour. The study stresses the need to design effective programmes to disseminate reproductive health knowledge among adolescents and make the health services suitable and accessible for them so that they can translate their desires into reality.