

Adolescent Male Reproductive Health Knowledge and Practices in Bangladesh

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Abstract: Opinions on reproductive health education at the onset of puberty at present were studied by using a structured questionnaire consisting of 13 questions with a view to know their conception about it. A total of 800 male students were randomly selected of which 400 were from two public and the rest 400 from private universities situated in Dhaka, Bangladesh. At least half of the university students (384, 48%) did not understand much about puberty and remained confused. A large number of adolescents felt shy (208, 26%), scared (56, 7%), least bothered (112, 14%) and were not at all aware (40, 5%) of their onset of puberty. The respondents reported to have discussion their pubertal changes mainly with their male peers (672, 84%) and a very little access to parents (16, 2%) and elder brothers (16, 2%). A few respondents talked with their teachers (40, 5%). Their shared feelings were not informative and rather incorrect for maintaining good reproductive health at a growing time. On the contrary, they were rather warned by the persons not to disclose it to others. Most of the respondents (672, 84%) felt sex education is essential for better reproductive health management, a few of them (88, 11%) opposed this idea and some of them remained silent (40, 5%). Half of the respondents (760, 50%) preferred reproductive health education should be included in secondary and higher secondary levels (375, 25%), in the university level (166, 11%) and very few wanted it to be included in primary level (93, 6%). A few number of respondents (92, 6%) preferred non-formal reproductive health education. Some of the respondents (785, 23%) wanted to learn through curriculum and discussion with partners on sexual matter, reproductive organs and their functions (765, 16%), on STIs and AIDS (665, 17%) for safe sexual life. They (580, 11%) want to know the process of pregnancy and lactation, menstruation (356, 7%) and protection from unwanted sex (320, 6%) and other related issues (130, 2%). Most of the respondents (600, 75%) have no clear idea on the impact of addiction on sexual activity. However, a few number of respondents (128, 16%) believed that any drug addiction might cause decreased sexual activity while the other respondents (72, 9%) kept silent.

Key words: Adolescent, Male, Reproductive Health, Sex education, Curriculum, Drug addiction, Secondary level.

INTRODUCTION

Awareness on reproductive health is a vital issue for either sex, from the onset of physical and mental changes and is overt or expressed as a result of sex hormones synthesized and released from pituitary gland, testis, ovary, fallopian tubes etc. of male and female adolescent respectively.^{1,2} Once these sex hormones initiated turn a male child to male adult that were observed by growth of pubic hair, voice become bass, penis enlarged, and muscular growth

are common features.³ Sometimes nocturnal emission occurred due to romantic or emotional dreaming at night while asleep.⁴ Such pubertal changes of a boy make them very much confused, afraid, excited, curious, non-coordination in thinking, insomnia and raise a number of questions in his mind.^{5,6} The pubertal or adolescent male looks for solution of those matters from their close one or else where.⁷ On the other hand, the irony is that no one renders help to him, not even show friendly gesture to answer his query.⁸

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countries children at adolescent age of the both sexes receive reproductive health knowledge to become familiar with sex education for protection from STIs, immoral sexual activities, eve teasing and to avoid unwanted pregnancy. Moreover, they can maintain safe sexual life, healthy fertility, avoid sexually transmitted diseases, mutual respect to partner and avoid sexual abuse such as rape or incest.^{9,10}

On the other hand, in the developing countries like Bangladesh, people maintain a very conservative society where superposition, cultural and religious constrains is dominant.¹¹ Parents or any senior citizens are very much reluctant or feel very shy to discuss reproductive health issues with their children at the adolescent age.¹² Their inborn concept is that sex or reproductive issues are adult matters have to be kept secret to pubertal children; otherwise the adolescents may be involved in sexual crimes. They think that the society will be destroyed if reproductive health issues are kept open to the adolescents. As a result, there are no vents for adolescents to get information either from parents or from text curriculum.¹³

There is no chance of having education on reproductive health and sexually at school, college or university level and they have very limited access to reproductive health care centers that may cause serious health hazards.¹⁴ As young and adolescents are among the priority group target populations who are always at great risk of getting infected by STIs and, could not managed it well then they will face serious health problems through the reproductive life, till death.¹⁵

Here we are reporting on the attitude and knowledge of adolescents on reproductive health issues, and sex education in the academic curriculum for better reproductive health management during adolescence and through out adult life for keep them away from sexually transmitted diseases and HIV in Bangladesh.

MATERIALS AND METHODS

Methodology

Sample selection. Young male students (800) were randomly selected from two public universities (University of Dhaka, Bangladesh University of Engineering and Technology) and five private universities (East-West University, North south University, University of Asia Pacific, Darul Ihsan University and American International University of Bangladesh). The adolescent age of the respondents <20 (50, 7%), 20-25 (704, 88%) AND >25 (40, 5%). Most of the respondents were unmarried (672, 84%) AND ONLY (128, 16%) were married. They were studied in this respect in different disciplines such as humanities (208, 26%), social sciences (200, 25%), sciences (184, 23%) and biological sciences (208, 26%). The respondents completed their school and college education at unisex institution (208, 26%), coeducation (336, 42%), English medium (64, 8%) and Madrasa (128, 16%).

The socio-economic backgrounds of the respondents were variable i.e. from low to high income level. Earlier most of the young males studied at unisex schools and colleges (416, 52%), a good number in co-education institutions (312, 39%) and a small population in English medium schools (72, 9%).

Data Collection. Interviews were taken during May-December, 2006, using a structured questionnaire consisting of total of 13 questions regarding puberty, reproductive health and access to sex education in the curriculum and merits and demerits of sex education in the text. It was a univariate study having only one variable namely assessment of knowledge on reproductive health.

RESULTS AND DISCUSSION

In response to onset age of adolescent and personal feeling. Most of the respondents understood the onset of pubertal or adolescent age were 12-15 (9632, 79%), a few of them understood the phenomenon below 12 (88, 11%) and above 15 years (80, 10%) of age.

This matter was realized by both of the physical and mental changes such change in voice, nocturnal emission, muscular growth and pimples on face etc. The physiological feelings of the respondents were very confusing as shown in Table 1. Most of the respondents (384, 48%) did not understand well about puberty and became confused. A large number of adolescents (9208, 26%) felt shy to share with others, scared (56, 7%), least bothered (112, 14%) did not understand (40, 5%) at the onset of puberty.

Table 1. The respondents' impression or feelings at the onset of puberty

Feeling of the adolescent at pubertal age		
Impression or Feeling	Frequency	Percentage
Scared	56	56
Shy	208	26
Queries	384	48
Do not Bother	112	14
Donot understand	40	5
Total	800	100

In response to sharing this experience with others and their reactions. The adolescent males first discussed or shared this matter as shown in Table 2. The respondents discussed their pubertal changes mainly with their male peers (672, 84%) and very little access to parents (16, 2%) and elder brothers (16, 2%). A few respondents (40, 5%) talked with their teachers. Their efforts to share feelings were not well taken and responded scientifically regarding maintaining good reproductive health at growing time rather they received discouragement, criticism to which they have discussed. Besides, they were warned.

Table 2. The respondents shared their pubertal changes with different persons

Sharing of pubertal changes of the respondents		
Sharing person	Frequency	Percentage
Boy friend	672	84
Girl friend	32	4
Teacher	40	5
Elder brother	16	2
Mother	16	2
Father	16	2
Others	8	1
Total	800	100

This indicated the social structure of the country, religious constrains and too much conservative attitude of the parents and society as whole. This is a frustrating and alarming feature in Bangladesh for the adolescents who are facing a number of difficulties at the onset of puberty. They did not know what to do and how to accept the changes, physical and mental. The reasons behind these changes are the consequences of sex characters, sexual feeling or libido (pimple growth, nocturnal emission, attraction to opposite sex and psychological changes. These changes drive the adolescents to full fill their curiosity by reading or collecting books from the book stores or from peers and also watching the English adult movies. But that is not the correct way of learning about the reproductive health issues; rather these provoke perversion, illegal sexual involvement, rape, incest and eve teasing. Most of the pornographic magazines consist of unscientific articles with a number of sex provoking photographs that cause sexual violence, illegal sex and create nuisance in the society.

In response to queries about first learning of male reproductive activity or sexual activity, information and its authenticity. The respondents reported that they gained the knowledge from the book (456, 26%), video (566, 32%), television (56, 3%), radio (24, 1%), magazine (280, 16%), friend (312, 18%) and others (64, 4%) (Table 3). Here too the urge for knowing the reasons for changes they observed they depend on books, pornographic magazines, adult movies, friends and peers. This is again not the correct approach to understand the changes they observe in adolescence.

Table 3. The respondents' sources of learning process on reproductive health issues

Respondents learning process and sources of information		
Sources	Frequency	Percentage
Book	456	26
Video	566	32
TV	56	3
Radio	24	1
Magazine	280	16
Discussion with friend	312	18
Others	64	4
Total	1758	100

In response to needs or essentiality of sex education. Most of the respondents (672, 84%) felt sex education is essential for better reproductive health management, a few of them (88, 11%) opposed this idea and some of them remained silent (40, 5%) on the issue (Table 4). The respondents (84%) expressed their opinions that they want a clear picture on reproductive health issues and get relief from misconception and aberration which is needed for sound sexual life.

Table 4. The impression of respondents on necessity of sex or reproductive health education

Opinion on topics of sex education in curriculum by the respondents		
Topics	Frequency	Percentage
Essential	672	84
Nonessential	88	11
Kept silent	40	5
Total	800	100

In response to opinion on inclusion or exclusion of sex education in the curriculum. Most of the respondents (828, 91%) wanted inclusion of sex or reproductive health education in the curriculum and a very few (72, 9%) differed from it as shown in Table 5. This indicated that most of male adolescents understood that reproductive health education was very important to maintain descent life. It will be helpful to build up good relationship with opposite sex, to avoid unprotected sex that might cause sexually transmitted infections like HIV/AIDS, gonorrhea and other sexually transmitted infections. Besides, they think it will be help developing a perfect person through his life time.

Table 5. Respondents opinion on sex education in the curriculum

Opinion on level of sex education curriculum by the respondents		
Educational level	Frequency	percentage
Primary	93	6
Secondary	760	50
Higher Secondary	375	25
University	166	11
Non formal	92	6
Others	37	2
Total	1523	100

In response to types of text should be included in the curriculum. Most of the respondents preferred sex educations at the secondary level (Table 5). Half of the respondents (760, 50%) preferred reproductive health education should be included in secondary, higher secondary level (375, 25%) and university levels (166, 11%). But few want the education should be included in the primary level (93, 6%). A few number of respondents (92, 6%) preferred non formal reproductive health education. This indicated that students have very good intention to prepare themselves about reproductive health issues for better and safe sex life, planned family life when they will get married.

In response to types of text material to be included in the curriculum. The respondents gave a number of opinions regarding text materials as shown in Table 6. The respondents (785, 19%) were very much interested to know how make love sex with their partner, reproductive organs and their functions (764, 18%). The respondents (650, 16%) also wanted to know about STIs and HIV/AIDS for safe sexual life. They (580, 14%) want to know the process of pregnancy and lactation, menstruation (356, 8%) and protection from unwanted pregnancy (320, 8%) and other issues related to the sex life (130, 3%).

Table 6. Respondents opinion on topics of sex education in the curriculum

Opinion on topics of sex education in curriculum by the respondents		
Topics	Frequency	Percentage
Reproductive organs & their function	764	18
Menstruation	356	8
Pregnancy and lactation	580	14
Sex with partner	785	19
STIs and AIDS	650	16
Family planning and contraception	584	14
Protection from unwanted sex	320	8
Others	130	3
Total	4169	100

The findings indicate that reproductive health related knowledge are very essential for maintaining healthy adult life with partner, planned family size, ways of cooperation with opposite sex, how to rear

child after birth, impact of polygamy and romantic relations with partner.

In response to addiction vs sexuality. Most of the respondents (6000, 75%) have no clear idea on the impact of addiction on sexual activity. However, few numbers of respondents (128, 16%) believed that any drug addictions might cause decreased sexual activity and rest of the respondents (72, 9%) remained silent. these sorts of ambiguity in the young males were due to little access into information regarding drug addiction and its consequences on reproductive life. The lack of getting information is due to absence of discussion on the issue in the print or electronic media and in the curricula. As a result a child grows up to adolescents without receiving any correct information about reproductive health.

Conclusion

Introduction of reproductive health education in the curriculum is very essential for all adolescents studying in Bangladesh at secondary level that may help them to anticipate and handle situations properly at the onset of puberty and will have very sound reproductive life while they will get married and through out family life. In our country most of the male/ female adolescents do not complete secondary level or drop out or get married during that time in rural areas of Bangladesh without knowing sex education, family planning, safe mother hood, child care and reproductive health care etc. As a result they face a number of sexual problems, give immature child birth, and suffer in health or surmount with reproductive organ related diseases.

On the other hand, if sex education is included in secondary level i.e. from class seven then they can easily understand how the change occurs during adolescence and why it is so important. They can build themselves up with social, cultural and religious values regarding reproductive health care issues. The adolescent will know the unfair means of seduction, social and religious impact on unwanted sex and violence that make them aware of sexually transmitted infections. They will be aware of HIV/AIDS and other life threatening disease. They

will be away from drug addiction that causes loss of self control and hampered personal and family life as the addiction hampers the reproductive life. Therefore, it may be included that reproductive health education is an urgent need to be included in the text book in the secondary level and then in higher secondary level.

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