

REPRODUCTIVE HEALTH KNOWLEDGE AMONGST THE YOUTH: AN OVERVIEW OF UNIVERSITIES YOUTH AWARENESS ABOUT HEALTH ISSUES.

¹Abbas Jaffar, ²Jinzu Ling, Li Ben-qian

School of Media and Communication, Shanghai Jiao Tong University, Minhang District, 200240 Shanghai, China.

Contact: abbas512@sjtu.edu.cn

ABSTRACT: Context: *This study aims to inspect the determinants and utilization of nature and extent of reproductive health knowledge among the university youth in Quetta, Pakistan. The reproductive and sexual health of the youth remains a moderately new and touchy range mainly because of prohibitive standards and arrangements guiding the administrations. Sex and sexuality among the youngsters have remained a holy territory and few structures were set up to address it. After International Conference on Population and Development in 1994, nations began to implementing juvenile reproductive health issues.*

Methods: *This research is quantitative in nature and targeted population was selected from three public sector universities, Sardar Bahdur Khan Women University, Balochistan University of Information Technology Engineering and Management Sciences (BUIITEMS) and the University of Balochistan. The respondents were youth aged between 18-30 years, were selected through stratified sampling method and sample size of the study was 625 students, drawn through Taro Yamani formula.*

Results: *The aims of the study were to examine the perception of adolescent about reproductive health and knowledge they have regarding the reproductive health. The study also gets an insight of practices regarding reproductive health among adolescent girls (urban and rural) and assess the knowledge about sexual matters, pregnancy, contraceptive practice, reproductive hygiene and sexually transmitted diseases AIDs. The result of the study shows that change in sexual relationships was probably going to correspondingly affect knowledge about health issues. In addition, there will be more knowledge about health issues if youth shows more knowledge about sexual relationships.*

Conclusions: *This is need of the time to spread reproductive health awareness among youth in Pakistan. Health related issues among adolescents are increasing and it is the challenging situation for Government to tackle it as there is no solid policy to mitigate this health issue. Adolescents are not well aware about health reproductive knowledge. This research was conducted to get real situation on reproductive health and its perception and educational gap among adolescents. This study is helpful for future research with larger sample size in Pakistani cultural context.*

Keywords: Adolescent, Reproductive Health, Youth, Sexual Health, Aids

INTRODUCTION

Health issues are vital in Pakistan as health facilities and public awareness is lacking among youth in Pakistan. The age of young people has risen and its portion is almost 1.8 billion in the world and their age ranges between 10 to 24 years of age, making almost 25% of world population. This is the same situation in Pakistan as youth is larger portion of the whole population. The huge young population covering over 60 percent of the global youth, they live in Asia and Asia Pacific counties and these nations are low paid and centralized paying nations [1]. Young individuals are one of society's most significant assets. Interest in their wellbeing and improvement can have generous returns, adding to the accomplishment of worldwide wellbeing objectives, (for example, battling HIV and lessening maternal and youngster mortality) and also driving advancement towards destitution diminishment and sex balance [2]. Adolescence is the basic life organizes that denotes the change from youth to adulthood. It is a period of quick development and improvement prompting physical and sexual development. It is likewise described by noteworthy subjective, enthusiastic and behavioral changes that empower young individuals to build up their own particular personality, basic reasoning limit, and autonomy. Pre-adulthood is likewise characterized by critical social part advances, with finish of instruction, work, marriage and childbearing normally meaning a young individual's entrance into adulthood. How effectively young individuals explore this change has tremendous ramifications for their present and future wellbeing and prosperity, and that

of their families and groups [3]. It is amid immaturity that young individuals build up the physical ability to have intercourse and recreate. They additionally encounter an expanding enthusiasm for sex, learn social and relationship aptitudes, build up their own particular sexuality and sexual character, and, for some, youthfulness denotes the beginning of sexual action. However, this progress likewise happens amid a period when young individuals might not have completely created motivation control or balanced basic leadership limit [4]. This adds to a time of defenselessness, when young individuals go for broke yet might not have the information and fundamental abilities important to have the capacity to arrange protected and consensual sex [5].

The idea of immaturity as an unmistakable time of human advancement is motionless genuinely novel in Pakistan. Most convictions and carry out in this multicultural culture are at rest introduced ahead the supposition that the progress from adolescence to maturity is concise and set apart by the beginning of matrimony, especially for young ladies. However, the truth of life in Pakistan is quickly evolving. One of every three individuals live in a urban focus, which implies that Pakistan is probably not going to stay a fundamentally rustic culture. Entrée to electronic media is progressively far reaching, uplifting the social impacts of different regions and expanding right of entry to information from the exterior globe. Instructive ranks and age at matrimony are likewise expanding, stretching the change keen on maturity [6]. There is a extensive hole in instruction among Pakistani young men and young ladies. Twice the

same number of young ladies have no instruction (59 percent) contrasted and young men (31 percent) (Figure 2). Comparable holes are found for center and auxiliary instruction. Be that as it may, essential training levels are nearer; 18 percent of young men contrasted and 14 percent of young ladies have an essential instruction [7]. Pregnancies and delivery will twofold amongst juvenile Pakistani young ladies in the following 20 years. Births will increment from just about 1.7 million of every 2000 to 2.9 million of every 2020 an expansion of 41 percent. In the vicinity of 1991 and 1995, neglected need declined somewhat for 15– 19-year-olds from 24.7 to 21.7 percent, individually. Be that as it may, it expanded among more established age gatherings (ages 20-24) from 24.5 percent in 1995 to 33.8 percent in 1995. The complete scope of suggestions that transformation and its specialist impacts have on youths in Pakistan is obscure on the grounds that examination is still at a preparatory stage. Some examination endeavors are in progress to sort out a bigger outline of 10-19-year-old counting investigations of basic accessible information on business and edification.⁴ There are a few information, especially as of the Pakistan Demographic Wellbeing Survey (PDHS) 1990– 91. Different parts of pre-adult wellbeing and improvement profiles are sorted out from medicinal investigate and non-governmental associations (NGOs), which give understanding keen on immature matters however this data did not depend on broadly illustrative information tests. As indicated by administration statistics, the populace section 0– 24 is two times as substantial as the populace matured 25– 60, which is thought to be the procuring age section. This delivers a elevated reliance proportion and less open doors for the younger age contrasted and their folks [8]. This existing exploration on young people and regenerative wellbeing and distinguishes strategy and agenda mediations, where accessible. Since organizers are just barely starting to conceptualize puberty and there are hardly any ARH-particular rules, arrangements, or projects, a complete confession isn't yet conceivable. All through the peruse will note holes in accessible figures, research, and data. This is an inescapable consequence of the preparatory and constrained nature of the examination. A portion of the discoveries have been removed from more broad research as a component of a push to manufacture a preparatory conceptive wellbeing profile. This lone underscores the requirement for more work in the zone of ARH[9]. Two in number subjects gone through the report and aid the undertaking of conceptualizing being a pre-adult in Pakistan today. To start with, young people in Pakistan are not excluded from the conceptive medical issues looked by the grown-up populace, especially ladies. These issues incorporate absence of data and access to administrations, maternal wellbeing load, and forbidden on sexuality, sexual brutality/abuse, and the dangers of introduction to sexually transmitted contaminations (STIs). Notwithstanding, teenagers are not grown-ups. Hence, they are additional helpless and need extra data and assurance than their more seasoned partners. Young people confront some indistinguishable issues from grown-ups however with various accentuations. For instance, pre-adult young ladies, regardless of whether wedded, are more regularly confined than more established ladies in their versatility and right of

entry to wellbeing and relations arranging administrations [10]. Second, the examination directed in Pakistan hitherto uncovers that there are specific inclinations against young people that have put youths at more serious hazard contrasted and grown-ups as far as regenerative medical problems [11]. Age segregation is one such real predisposition; it produces obstructions to young people getting to centers and conceptive social insurance. Another factor that puts young people in danger contrasted and grown-ups is more serious danger of sexual savagery. This is valid for young men and additionally young ladies. At long last, choices and missteps made amid puberty characterize and restrict alternatives for whatever remains of youths' lives. In this way, if an unmarried young lady encounters an undesirable pregnancy because of absence of sufficient data and support, she is probably going to endure outrageous outcomes of discipline, which adversely influences her life all in all [12].

In 2011, the world population had crossed the figure of 7 billion[13]. Out of this figure, most of the population falls in between the range of age 11 and the age 19. These peoples are called the adolescents. Population falls under this frequency is the critical for the respective state policy makers. During this age of their transformation, these people came across certain physical and mental changes. Such changes are attached with issues and problems for the mentioned peoples or adolescents. These issues are of the great concerns for the respective government. Same is the case in Pakistan. Youth and adolescents are the large part of the population of Pakistan [14]. This segment of population is increasing day by day. As for the population census organization 62.8% of Pakistan population is below the age of 25(Population census organization, 1998). Youth and adolescents are 32.4% of the total population of Pakistan [15]. So, the national health programs of Pakistan should give due attention to the health of the youth and adolescents of the country. It is the important part of the national health program to take care of sexual and reproductive health of the youth and adolescents of a country.

Youth and adolescents are considered healthy and disease-free group. That's why the health of youth and adolescents is somehow neglected in our country. Youth and adolescents can have serious health problems. The behaviour patterns established during adolescence are responsible for some of the major diseases in the adulthood[16]. As a result, the youth and adolescents may feel like indifference, insurrection, anxiety and ill-temperament. Due to such feelings the adolescent family society interaction may carried to an undue situating [17]. Young age is the time of change. In this age the youth and adolescents face a lot of difficulties and obstacles. These difficulties faced by youth and adolescents are different from those faced by adults. During adolescence the young move towards physical, psychological and social maturity. Youth is a epoch of health but now the risk of sexually transmit infections (STI's) are at increased rate. These sexually transmitted infections, unintended pregnancies and other health related consequences can largely affect their future as well as the future of their families.

Youth and adolescents are at risk to various health issues. There are many and variety of reasons for this. Our youth and

adolescents have less knowledge about sexually transmitted infections; some factors may be biological, economic and social ones. They are less informed about their abilities and sexual matters, as compared to adult ones.

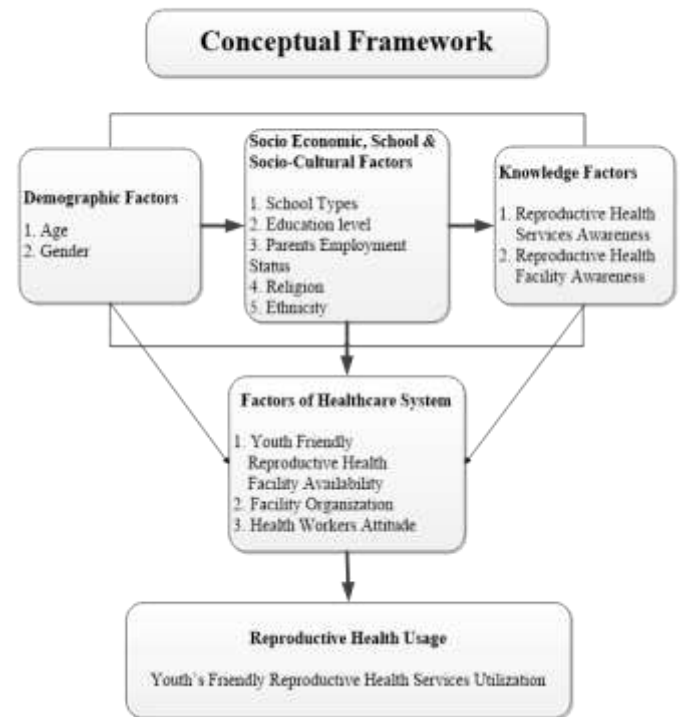
Youth and adolescents should be armed with basic skills and attitude in order to cope with individual and social needs [18]. They always have lack of knowledge about basic reproductive health. They do not feel comfortable to discuss sexuality with their parents or other adults. Also, the knowledge providers like teachers, elders and religious leaders hesitate in providing such knowledge to young ones because they think that this will boost the sexual activity of youth and adolescents. Our social set up is also somehow responsible for this situation. Youth and adolescents are living treasures of our country. They are the future of our country. They have right to have the basic sexual and reproductive health knowledge in order to defend themselves from sexually transmitted infections, early pregnancies and such issues which can affect their future badly.

When a child enters into this stage, they don't know most of the information that required them for their adulthood. Sometimes it occurs that they ignore or bypass the necessary information which leads to emergence of problems. To solve all those problems, institutions needed to create awareness about the problems attached with this transformation period among the mentioned age group. To address such problems, most of the developed nations have set up institutions with the responsibility to solve the emerging problem attached with this specific age. The current study will address this issue with special reference to Pakistan. Like world population, the population of Pakistan is also increasing with the same rate. The population had already crossed the figure of 186 million (Population Clock, 2014). Among them is the large portion of young population which account for 62.8 percent which are under the age of 25. While, the population below age of 19 is estimated to be 32.2 percent (World Population, 2014). This is age of the youth is the second stage of the life in which a person enters into its critical age of transformation. Similar is the case in Pakistan. The increasing crime rates in Pakistan showed involvement of the youth in most of the cases. Rape and homicide cases are mostly committed by the mentioned adolescents.

To handle youth, the government, like everywhere, had created institutions to raise awareness among them regarding the shift in their age which is directly related to crimes committed. Most of the crimes are committed because of the lack of proper information. The issues particularly related to health are one main concern of the government. Diseases like AIDS and HIV are two of the major diseases which are become the main headache for the whole world. These are the diseases which are sexually transmitted one and that's not curable until now. Pakistan is one of the nation's facing challenge of such incurable diseases. This showed that most of the affected are under the age of 25. The lack of information was one of the main reasons the youth committed such acts and became affected of the mentioned diseases. The situation in Pakistan is somewhat different from the rest of the world. The issues related to the health of adolescent are neglected by considering it a health free group. The government spending is one of the general examples which

showed the lack of their interests in issues related to health. On real, the youth and adolescent are facing several problems related to their health which need proper attention. The reports also mentioned that most of the problems related to health are established during adolescent period. These problems when not cured lead to several diseases. Due to such issues and problems, the individual feel insurrection and indifference in the society. During this age, youth gain mental and physical energy. Their attention is more focused on their own issues and utilities. Most of the time, they take some wrong benefits from their available energies which lead to the unintended results in the form of regencies, sexually transmitted infections and other consequences related to reproductive health. Such unintended repercussions became a headache for their relatives and family members. Such consequences sometimes proved disastrous for their future as it act like their base for their future takeoff.

Figure 1.1: Operational Framework of the study (Obonyo,2011 adopted from Andersen & Newman, 2005)



Objectives

1. To examine the perception of adolescent about reproductive health
2. To examine what knowledge, they have regarding the reproductive health
3. To get an insight of practices regarding reproductive health among adolescent girls (urban and rural).
4. To assess the knowledge about sexual matters, pregnancy, contraceptive practice, reproductive hygiene and sexually transmitted diseases /AIDs.

Research Questions

1. Which statistic, financial and socio-social elements decide youth use of youth well-disposed reproductive health administrations?

2. Do information factors impact usage of youth amicable reproductive health administrations?
3. What are the health framework factors that impact the usage of youth benevolent reproductive health administrations?

Significance of the study

This examination is the wellspring of familiarity with right of reproductive health and sexual instruction of youth and young people. Through this examination the young and youths can shield themselves from the issues caused by holes in reproductive health and sexual instruction. This investigation is required to advance the reproductive health and sexual training for youth and young people of Pakistan. This examination can likewise change the false observations about reproductive health and sexual training, to some degree.

Literature Review

Vulnerability is one of the main factors the youth at this age is facing. They are more vulnerable to the mentioned diseases due to several reasons. They feel shy to expose the issue with outside sources as they are new to them. Once they are affected by the disease, they can't disclose it and can't cure it properly. Economic, biological, psychological and social reasons are contributed why they can't disclose and cure the adopted disease. Adolescent is the phase of social, cognitive, physical and moral maturing. They need first-hand knowledge of information regarding their social and individual necessities.

International Conference on Population and Development (ICPD) 1994 distinguished and prescribed that, youth, sexual and reproductive health issues are tended to during the endorsement of responsible and healthy reproductive and sexual conduct, counting intentional restraint and the stipulation of proper administrations and guiding particularly appropriate for that age gathering (WHO, 2002a).

Nations were urged to guarantee that projects and states of mind of health-mind suppliers don't confine adolescence admittance to and use of the administrations and in sequence they require. These administrations must protect the privilege of young people to security, privacy, regard and educated permission, as regarding social esteems and religious convictions and the rights, obligations and responsibilities of guardians (ICPD, 1994).

In pursuit of reproductive health agenda which was deliberated in ICPD, 1994, the government received the National Reproductive Health Strategy (NRHS) for Kenya 1997-2010 whose procedure distinguished reproductive health need territories as: family arranging and neglected wants; protected parenthood and kid endurance activities; endorsement of pre-adult and adolescence health; sexual orientation and reproductive rights; administration of STIs/HIV/AIDs; administration of fruitlessness; and other reproductive health matters. Inside the context of the Strategy, standards for reproductive health specialist organizations were discharged in 1997 and implementation designs were produced to direct reproductive health needs in the nation. Ministry of Health in Kenya formally affirmed the nation's first National Reproductive Health Policy (NRHP) was formally endorsed by the Kenya's Ministry of Health to

give a structure to impartial, productive and compelling conveyance of value reproductive health administrations to the populace particularly those measured powerless, for example, the adolescent. The point of the approach is to direct arranging, standardization, performance, and check and assessment of reproductive health mind gave by different partners. It concentrates on: secure parenthood, motherly and neonatal health, family arranging, and immature/adolescence sexual and reproductive health and sex matters.

However, regardless of these activities, reproductive health benefit utilization among the young still faces a great deal of difficulties identified with the delicate idea of pre-adult sex and sexuality and poor evaluation policy structures hence underutilization. The Ministry of Public Health and Sanitation (MOPHS) and Ministry of Medical Services (MOMS) began an audit to the procedure through an examination on reproductive health communication (MOPHS and MOMS, 2010-2012).

The health mind administrations given to youth in schools fundamentally concentrate on administrations, for example, discipline corporeal surroundings and cleanliness, dietary position, vaccination and conduct of ordinary adolescence ailments. Reproductive health wants obtain slight notice (Kenya National School Health Policy, 2009). The population of youth and adolescents in world in this time is at its largest number of the history. The youth and adolescents of the developing country are living with the weak reproductive health status. According to the annual report of UNFPA, "More than one billion individuals are flanked by the ages of 10 and 19, the biggest number of youths ever. not whole of them are deprived; one out of four lives in extraordinary destitution on under \$1 a day. In creating nations, somewhere in the range of 82 million young ladies now between the ages of 10 and 17 will wed previous to their eighteenth anniversary celebration, upsetting their learning, constraining their chances and expanding the threat of too soon childbearing (Youniss et al., 2002). Neglected requirement for relatives arranging amongst youths is two times as elevated as amongst the grown-up populace, in spite of certain dangers: young ladies matured 15 to 19 are twice as probable as ladies in their twenties to kick the bucket in labor, and of the 14 million adolescents who conceive an offspring every year, many face genuine pregnancy-related ailments and no less than 5 million experience hazardous abortion [19]. Youth and adolescents are becoming more vulnerable to the dangers of certain diseases. They need to have knowledge about it. Youth and adolescents are at risk especially to the sexually transmitted infections. According to a report, "not whole of all new HIV diseases, along with at slightest third of the 333 million new cases of curable sexually transmitted infections are amongst individuals aged 15 to 24 [20]. Currently Pakistan has low level of HIVs and sexually transmitted infections, however Pakistan is considered to be at risk. There are many reasons for this. These reasons and risks are identified by the report of Pakistan population assessment as, "in considering HIV/AIDs, a few financial, statistic and conduct factors make Pakistan a high hazard nation, despite the fact that at show it is a low commonness one. In spite of the fact that Pakistan has low level of HIV infections, however nation is considered to be at high

potential dangers for various reasons. Among these are the far reaching social refusal of practices that spread HIV; low proficiency rate and a poor education environment; unavoidable destitution; sexual orientation issues; and a youthful population. Specifically, there are vast concentrations, in the significant urban communities, of people with conduct that make them to a great degree helpless against quick increase of HIV and recognized sexually broadcasted infections, for example, Chlamydia, syphilis and gonorrhea. These individuals slot in male and female business sex specialists, numerous men who have intercourse with gentleman, hijras or transvestites, infusing drug clients and very portable occupational gathering, for example, truckers [21].

Family planning is one of the main goals of ICPD program of action. It is clearly mentioned in the report as, "All countries should strive to make accessible through the primarily health care system, reproductive health of all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primarily health care should, inter alia, include: family planning counseling, information, education, communication and services; education and services for pre-natal care; safe delivery and post natal care; prevention and appropriate treatment of infertility; abortion including prevention of abortion and management of consequences of abortion; treatment of reproductive tract infection; sexually transmitted diseases and other reproductive health conditions; and information, education and counseling, as appropriate on human sexuality, reproductive health and responsible parenthood" [22]. Viable reproductive and health administrations for youth young people ought to be available in the nation. Family arranging, safe abortion, cervical tumor screening, conveyance via prepared and talented birth chaperon, sexually transmitted infections directing, prevention, and treatment are probably the most essential viable reproductive health administrations for youth and teenagers. World health organization throws light on this issue as, "without a doubt, better and more reproductive health services interventions are already well defined and they include: family planning, safe abortions (with in countries 'legal system), cervical cancer screening, delivery by trained and skilled birth attendants, emergency obstetric interventions and sexually transmitted infections counseling, prevention and treatment." [23].

Regardless of the effect of immaturity on human development, it has been sidelined as an examination and strategy subject in the creating nations. Puberty is the intense developmental occasion of change of maturity, generally simultaneous to the moment decade of existence. What occur among the age of 10 and 19, regardless of whether for good quality or sick, forms how young ladies and young men experience their exists as a ladies and men, in the reproductive field, as well as in social and economic domain too. However, regardless of its effect on human development, pre-adulthood has been sidelined as an exploration and arrangement subject in the creating nations. Accordingly, we know minimal about youthful people groups' living in these social orders [24]. Recently reproductive health and sexual education of youth and adolescents received attention in

Pakistan. Pakistan voluntary health and nutrition association (PVHNA) is the organization throwing light on this issue. PVHNA has organized a research to analyze the present situation. The research explored the perception of youth and adolescents about the reproductive health and sexual education. The research was conducted in the four cities of Pakistan, in the different provinces Karachi, Quetta, Swabi and Gujranwala. So this research also compared the regional trends about the reproductive health and sexual education. The revise was essential to know the height of information of youth and adolescents. It also revealed the attitude of youth and adolescents regarding reproductive health and sexual education. This study also shows the level of sexual abuse in the society [25].

While exploring the reproductive and sexual education, a larger part of young ladies (80%) and young men (90%) detailed that they had known about and talked about the real changes amid pubescence. It can be concluded that only the extremely youngsters in the specimen did not think about the progressions. The discoveries identified with the wellspring of provisioning reproductive health and sexual education. At another occasion, respondents were gotten some information about the source they discovered most useful and accommodating in giving learning identified with sex, about portion of the young ladies expressed that learning on sex might be mainly successfully given by mother, father or gatekeeper. As contrast with young ladies, only 30% of young men expressed guardians or gatekeeper as the most enlightening source and 41% perceived them as slightest educational [26].

In the book "the developing person through the life span" by Kathleen Stassen Berger, talks about the sex education as, "adolescents are often put off by sex learning route that are simply "organ recitals" or, on the other hand that appear to have small bearing on their genuine sexual problems and weights. In acknowledgment of these substances, another type of sex instruction is blending that endeavors to consider young people designs, especially the trouble numerous teenagers have in making mature personal choices, in daring connections between the immediate lure and excitation of sexual behavior and possible long term consequences of it, and broader view of human values and relationships [27]. Berger says that sex education should be delivered before the starting of sexual activities. She also says that the religious values should also be considered providing such education and involvement of the parents is important. She says, "Ideally, sex education began before student become sexually active, but not so long before the instruction seems irrelevant similarly, these programs need to take into account students' religious values and enlist the parents' and involvement since both factors are key to fostering healthy sexual behavior." (Berger, 2003). This has been mentioned in a research paper by pre-adult wellbeing mindfulness arrange give an account of learning, state of mind and routine with regards to proliferation wellbeing markers, which a very little research has been done about the attitude and behavior of adolescents towards sexual related matters in Pakistan. According to world population foundation, "In Pakistan, there are an estimated 29,326,000 adolescents representing 23% of total population. Very little research has been under taken to look

at the knowledge, attitudes and behaviors of adolescents in Pakistan, particularly into matter related to adolescent's reproductive health and sexual education. Most of the aspects of reproductive health are associated with many myths that lead to negative health care practices leaving the adolescents more exposed to health risks. It is very clear that adolescents need information, but it is equally important that any interventions that aim to address their gaps in knowledge must first look closely at precisely what those gaps are and how they affect the life of adolescents." [28].

ICPD program of action defines reproductive health as, "reproductive health is the state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes [29]. Reproductive health therefore implies that people are able to have satisfying and safe sex life and that they have the capability to reproduce and freedom to decide if when and how often to do so." (WHO; 1999:14). The health of youth and adolescents is very important. Reproductive health of youth and adolescents is the important component of their health. According to Durant, "plainly, a vital component of the health of teenagers includes their reproductive lives including sexual information and action, youngster bearing, sexually transmitted illnesses, and physical changes related with adolescence. Since pubescence and going with changes and concerns happen to a great extent amid youth, young people's understanding of these procedures and their "reactions" is fundamental to their health and prosperity, both physically and physiologically (Roth, Brooks-Gunn, Murray, and Foster, 1998). Not at all like different parts of health, demonstrated concern about the reproductive health of teenagers is across the board in Pakistan, impelled generally by the identification of juvenile young lady as a vital target amass in the 1994 ICPD in Cairo. The risk of AIDS (however generally low in Pakistan) and other sexually transmitted maladies (especially hepatitis C) had expanded attention to youngsters also [30].

The health of youth and teenagers is essential. Reproductive health of youth and young people is the vital segment of their health. As per Durant, "obviously, an imperative segment of the health of young people includes their reproductive lives including sexual learning and movement, kid bearing, sexually transmitted sicknesses, and physical changes related with pubescence. Since pubescence and going with changes and concerns happen to a great extent amid puberty, young people's comprehension of these procedures and their "reactions" is fundamental to their health and prosperity, both physically and physiologically (Roth, Brooks-Gunn, Murray, and Foster, 1998). Not at all like different parts of health, showed worry about the reproductive health of teenagers is far reaching in Pakistan, prodded to a great extent by the distinguishing proof of immature young lady as an essential target amass in the 1994 ICPD in Cairo. The danger of AIDS (however moderately low in Pakistan) and other sexually transmitted ailments (especially hepatitis C) had expanded thoughtfulness regarding youngsters also (Durrant, 2000).

The number of inhabitants in youth and teenagers in world in this time is at its biggest number of the history. The young and teenagers of the creating nation are living with the feeble reproductive health status. As per the yearly report of

UNFPA, "More than one billion individuals are between the ages of 10 and 19, the biggest number of teenagers ever. Half of them are poor; one out of four lives in extraordinary destitution on under \$1 a day. In creating nations, nearly 82 million young ladies now between the ages of 10 and 17 will wed before their eighteenth birthday celebration, disturbing their instruction, restricting their chances and expanding the threat of too soon childbearing (Youniss et al., 2002). Neglected requirement for family arranging among youths is twice as high as among the grown-up populace, regardless of irrefutable dangers: young ladies matured 15 to 19 are twice as likely as ladies in their twenties to pass on in labor, and of the 14 million adolescents who conceive an offspring every year, many face genuine pregnancy-related diseases and no less than 5 million experience risky abortion (Mohammad, Hafeez, and Nishtar, 2007). Youth and young people are ending up more powerless against the perils of specific maladies. They need learning about it. Youth and young people are in danger particularly to the sexually transmitted diseases. As indicated by a report, "half of all new HIV contaminations, alongside no less than third of the 333 million new instances of treatable sexually transmitted diseases are among individuals matured 15 to 24 (Blum and Nelson-Mari, 2004).

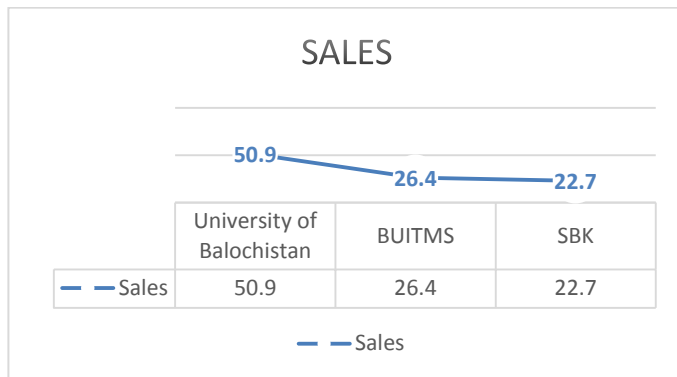
As of now Pakistan has low level of HIVs and sexually transmitted contaminations, however Pakistan is thought to be in danger. There are many explanations behind this. These reasons and dangers are distinguished by the report of Pakistan populace appraisal as, "in thinking about HIV/AIDs, a few financial, statistic and conduct factors make Pakistan a high hazard nation, despite the fact that at show it is a low predominance one. In spite of the fact that Pakistan has low level of HIV diseases, however nation is thought to be at high potential dangers for various reasons. Among these are the across the board social disavowal of practices that spread HIV; low proficiency rate and a poor instruction condition; unavoidable destitution; sex issues; and a youthful populace. Specifically, there are huge focuses, in the significant urban areas, of people with conduct that make them greatly helpless against quick increase of HIV and traditional sexually transmitted contaminations, numerous men who engage in sexual relations with men, hijras or transvestites, infusing drug clients and profoundly portable word related gathering, for example, truckers (Rizvi and Nishtar, 2008).

Research Methodology

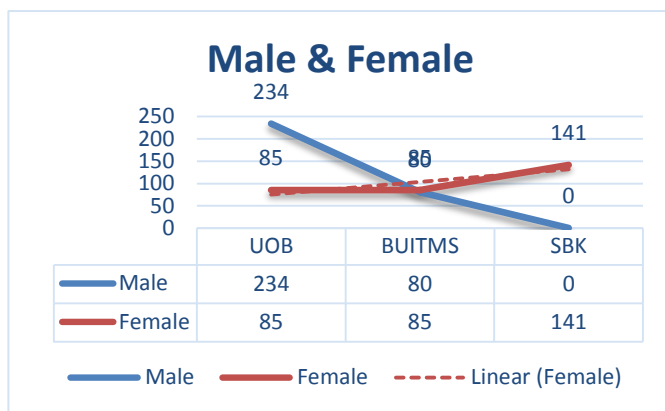
The present research is quantities in nature. The universe of the study is three public sector universities of Balochistan, Sardar Bahdur Khan Women University, Balochistan University of Information Technology Engineering and Management Sciences and University of Balochistan Quetta. Target population were you aged between 18-30 years who were selected through stratified sampling. Sample Size of the study was 625 respondents which were drawn through Taro Yamani formula. Data were collected through a questionnaire and further analyzed through SPSS.

Table 4.1 shows data about the ethnic distribution of the respondents. Data shows that there were 319 respondents from University of Balochistan out of which 234 were male while 85 were female. There were 78 Pashtoon male 78

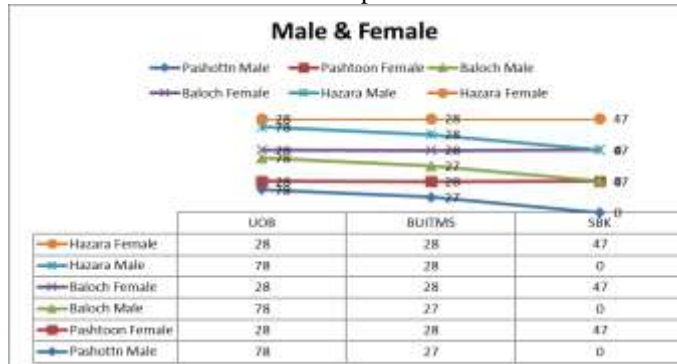
Baloch male and 78 Hazara male whereas the Pashtoon female were 28 Baloch females were also 28 and there were Hazara female were 28. The total number of the respondents from BUITMS were 165 out of which 80 were male and 85 were female.



There were 27 Pashtoon male from BUITMS 27 Baloch male and Hazar male were also 27.



The number of the female respondents from BUITMS were 85 out of which Pashtoon female respondents were 28 while Baloch female were also 28. There were 28 Hazara female from BUITMS. The total number of the respondents from SBK were 141 as SBK is a women university so there were no male respondents. The number of the Pashtoon female respondents were 47 while Baloch female were also 47. There were 47 Hazara female respondents from SBK.



Relationship between knowledge about reproductive health facility and youth responsibility

H0: There is no relationship between knowledge about

reproductive health facility and youth responsibility.

H1: There is relationship between knowledge about reproductive health facility and youth responsibility.

Table 1: Pearson's Correlation

	Youth Responsibility
Pearson's Correlation	0.106**
Sig. (2-tailed)	0.008
Knowledge of Reproductive Health facility - (N)	625

*P<.01=P<.001=**P<.0001-***

Table 1 shows that the correlation between Youth Responsibility and knowledge of reproductive health facility (r=.106** p<.001).

Data shows that there is positive correlation between youth responsibility and knowledge of reproductive health facility and its p-value is grater then .001 that shows that correlation is not significant. The data moreover shows that Youth Responsibility was not inversely correlated with knowledge of reproductive health facility. By proposition, change in Youth Responsibility was probably going to correspondingly effect knowledge of reproductive health facility. In addition, there will be more knowledge of reproductive health facility if youth shows more responsibility.

Relationship between knowledge about Health issues and youth

H0: there is no relationship between knowledge about health issues and Sexual relationships.

H1: there is relationship between knowledge about health issues and Sexual relationships

Table 2: Pearson's Correlation

	Sexual relationships
Pearson's Correlation	.098*
Sig. (2-tailed)	0.014
Knowledge about health issues (N)	625

*P<.01=P<.001=**P<.0001-***

Table shows that the correlation between Sexual relationships and knowledge about health issues (r=.098* p<.001). Data shows that there is weak positive correlation between Sexual relationships and knowledge about health issues and its p-value is grater then .001 that shows that correlation is not significant. The data moreover shows that Sexual relationships were not inversely correlated with knowledge about health issues. By proposition, change in Sexual relationships was probably going to correspondingly affect knowledge about health issues. In addition, there will be more knowledge about health issues if youth shows more knowledge about Sexual relationships.

Chi-Square Analysis

Table 3: Relationship of socio-demographic variables and Attitude of the youth toward YFRHS

Variable	Chi-Square	d.f.	P – value
Respondents age	318.482	3	0.001
respondents Marital status	.002	1	0.001
Area of residence	348.942	1	0.001

There is relationship of the age of respondents and Attitude of the youth toward YFRHS.

H0: There is no association between the age of respondents and Attitude of the youth toward YFRHS.

H1:

There is an association between the age of respondents and Attitude of the youth toward YFRHS.

Significance level: 0.05

Test statistics: $\chi^2_{test} = \sum_{i=1}^r \sum_{j=1}^c \frac{(o_v - e_v)^2}{e_v}$

Variable	Chi-square	d.f.	P-value
Respondents age	318.482	3	0.001

Interpretation:

In order to see association between age of the respondents and Attitude of the youth toward YFRHS chi square test were applied. In fact, the chi square value is = 318.482 with P –Value = .001 that is considered to be less than that of significance level =0.05, so researcher rejected null hypothesis which is there is no relationship between age of the respondents and Attitude of the youth toward YFRHS. Hypothesis of the study is accepted and significant association between age of the respondents and Attitude of the youth toward YFRHS. Significant association indicates that respondents with low age were having positive attitude toward YFRHS as compared to the respondents with more age.

There is relationship between marital status of the respondent and attitude of the youth toward YFRHS

H0: There is no association between the marital status of the respondent and attitude of the youth toward YFRHS

H1: There is an association between the marital status of the respondent and attitude of the youth toward YFRHS.

Significance level: 0.05

Test statistics: $\chi^2_{test} = \sum_{i=1}^r \sum_{j=1}^c \frac{(o_v - e_v)^2}{e_v}$

Variable	Chi-square	d.f.	P-value
Marital status	0.002	1	0.001

Interpretation:

In order to see association between marital status of the respondents and Attitude of the youth toward YFRHS chi square test were applied. In fact the chi square value is = .002 with P –Value = .001 that is considered to be greater than that of significance level =0.05, so researcher accepted null hypothesis which is there is no relationship between marital status of the respondents and attitude of the youth toward YFRHS. Hypothesis of the study is rejected and significant

association between marital status of the respondents and attitude of the youth toward YFRHS. Data indicates that marital status of the respondents was having no association with attitude toward YFRHS.

There is relationship between area of residence and attitude of the youth toward YFRHS

H0: There is no association between the Area of residence of the respondent and attitude of the youth toward YFRHS

H1: There is an association between the Area of residence of the respondent and attitude of the youth toward YFRHS.

Significance level: 0.05

Test statistics: $\chi^2_{test} = \sum_{i=1}^r \sum_{j=1}^c \frac{(o_v - e_v)^2}{e_v}$

Variable	Chi-square	d.f.	P-value
Residence area	348.942	1	0.001

Interpretation:

In order to see association between area of residence of the respondents and attitude of the youth toward YFRHS chi square test were applied. In fact the chi square value is = 348.942 with P –Value = .001 that is considered to be less than that of significance level =0.05, so researcher rejected null hypothesis which is there is no relationship between area of residence of the respondents and Attitude of the youth toward YFRHS. Hypothesis of the study is accepted and significant association between area of residence of the respondents and attitude of the youth toward YFRHS. Significant association indicates that respondents urban were having positive attitude toward YFRHS as compared to the respondents of rural area.

Conclusion

In countries like Pakistan, there is a dire need to spread awareness about reproductive health among the youth. The continual issues related to adolescent are on the rise which is becoming the main challenge for the state government. It is a harsh reality too that despite this fact, the state of Pakistan didn't take a decision or clear policy to mitigate this problem. On the part of adolescents, they are not well aware of the knowledge regarding the reproductive health. This study is mainly conducted to know the nature, concepts regarding reproductive health, perception and the gap in the education regarding reproductive health of the adolescents. To know this much information, all techniques of anthropology had been deployed. They include: rapport building, in-depth interviews, participant observations, key informants and informal group discussion. The findings of the study show that change in Sexual relationships was probably going to correspondingly affect knowledge about health issues. In addition, there will be more knowledge about health issues if youth shows more knowledge about Sexual relationships. Hypothesis of the study is accepted and significant association between age of the respondents and Attitude of the youth toward YFRHS. Significant association indicates that respondents with low age were having positive attitude toward YFRHS as compared to the respondents with

more age. The findings of the data show that Youth Responsibility was not inversely correlated with knowledge of reproductive health facility.

By proposition, change in Youth Responsibility was probably going to correspondingly effect knowledge of reproductive health facility. In addition, there will be more knowledge of reproductive health facility if youth shows more responsibility. The data moreover shows that Sexual relationships were not inversely correlated with knowledge about health issues. By proposition, change in Sexual relationships was probably going to correspondingly affect knowledge about health issues. In addition, there will be more knowledge about health issues if youth shows more knowledge about Sexual relationships. . Hypothesis of the study is rejected and significant association between marital status of the respondents and attitude of the youth toward YFRHS. Data indicates that marital status of the respondents was having no association with attitude toward YFRHS.

Recommendations

Adolescents are more to the risk of dangerous diseases in all over the world. This risk is even higher for the adolescents in the countries living in the under-developed nations like Africa, South Asia and certain Southern American states. But over all, this is a harsh reality that no state, other than a few, had paid much attention to this growing issue. And as results, the health related problems of adolescents are becoming the major headache for them. In some cases, this problem leads to the eruption of other issues with whom they are interlinked to. Therefore there is a dire need for all the related stakeholders to take necessary action in this regard.

Following are the recommendations made on the bases of the data collected by using all the possible techniques of research in data collection in the said locale. One of the major stakeholders in this regard is the adolescent kids itself. This issue is revolving around them and they are responsible for it to some extent. Both male and female has the responsibility to discuss any kind of matter they face with their parents. It was discovered during data collection stage that most of the adolescents considered themselves a responsible and a primary agent in this regard. Parent is one of the major responsible factors in this regard. They are the immediate mentors of their kids. They need to understand the situation and try to teach their kids about transformation they will undergo during puberty. They shall teach children to inform parent regarding.

Teacher are also considered as father of the students. Students especially the adolescents spent most of the time in educational institutions after their home. The spiritual fathers bear this responsibility to guide their students about ethics and health related lessens especially reproductive health one. In the village under observation, the Moalim has an important role in this regard. He can be a good tool to spread awareness among the youth regarding issues related to health. Most of the adolescents often visit the local or Muhalla mosque at after noon time to recite holy Quran. During this time, the religious teacher has the responsibility to teach their students

about health-related issues.

REFERENCES

1. Chen, D., et al., *Attitudes Toward Fertility and Reproductive Health Among Transgender and Gender-Nonconforming Adolescents*. Journal of Adolescent Health, 2018.
2. Goldstone, J.A., E.P. Kaufmann, and M.D. Toft, *Political Demography: How population changes are reshaping international security and national politics*. 2012: Oxford University Press.
3. Bronk, K.C., *Purpose in life: A critical component of optimal youth development*. 2013: Springer Science & Business Media.
4. Lawlis, S.M., et al., *Health Concerns of Transgender and Gender Nonconforming Youth and Their Parents Upon Presentation to a Transgender Clinic*. Journal of Adolescent Health, 2017. **61**(5): p. 642-648.
5. Prasad, S.P., *A study on physical fitness of hilly and non hilly college students*. 2015.
6. Abu-Asab, M., H. Amri, and M.S. Micozzi, *Avicenna's medicine: a new translation of the 11th-century canon with practical applications for integrative health care*. 2013: Simon and Schuster.
7. Fisher, C.F., *From incentives to ayudas: Historical, social and political context of development projects with small-scale coffee farmers in rural Nicaragua*. 2012: City University of New York.
8. Hansen, K., *Grounds for play: The nautanki theatre of north India*. 1991: Univ of California Press.
9. Bond, S., *Integrated service delivery for young people: A literature review*. 2010.
10. Engebretsen, E.L., *Love in a big city: Sexuality, kinship, and citizenship amongst lala ('lesbian') women in Beijing*. 2008: London School of Economics and Political Science (United Kingdom).
11. Andrasfay, T., *Reproductive Health-Care Utilization of Young Adults Insured as Dependents*. Journal of Adolescent Health, 2018.
12. Maguire, E.M., *Wrestling love: Reading race, sex, and religion in Morrison's novels, 1986-2008*. 2012, State University of New York at Binghamton.
13. Bloom, D.E., *7 billion and counting*. Science, 2011. **333**(6042): p. 562-569.
14. Marcell, A.V., et al., *Sexual and Reproductive Health Care Receipt Among Young Males Aged 15-24*. Journal of Adolescent Health, 2018. **62**(4): p. 382-389.
15. Farid-ul-Hasnain, S., E. Johansson, and G. Krantz, *What do young adults know about the HIV/AIDS epidemic? Findings from a population based study in Karachi, Pakistan*. BMC infectious diseases, 2009. **9**(1): p. 38.
16. Kolbe, L.J., L. Kann, and J.L. Collins, *Overview of the youth risk behavior surveillance system*. Public health reports, 1993. **108**(Suppl 1): p. 2.
17. Kroger, J., *Identity development: Adolescence through adulthood*. 2007: Sage.

18. Colley, H., *Engagement mentoring for 'disaffected' youth: A new model of mentoring for social inclusion*. British educational research journal, 2003. **29**(4): p. 521-542.
19. Mohammad, K.B., A. Hafeez, and S. Nishtar, *Public sector health financing in Pakistan: a retrospective study*. Journal-Pakistan Medical Association, 2007. **57**(6): p. 311.
20. Blum, R.W. and K. Nelson-Mmari, *The health of young people in a global context*. Journal of Adolescent Health, 2004. **35**(5): p. 402-418.
21. Rizvi, N. and S. Nishtar, *Pakistan's health policy: appropriateness and relevance to women's health needs*. Health policy, 2008. **88**(2): p. 269-281.
22. fAmIly PIAnnIng, I.I., *Adding It Up*. 2009.
23. Speizer, I.S., R.J. Magnani, and C.E. Colvin, *The effectiveness of adolescent reproductive health interventions in developing countries: a review of the evidence*. Journal of Adolescent Health, 2003. **33**(5): p. 324-348.
24. Murphy, E. and D. Carr, *Powerful Partners*. Adolescent Girls, Education and Delayed Child Bearing. Population Reference Bereave, Washington, DC Removed February, 2007. **15**: p. 2010.
25. Ali, T.S., et al., *Understanding of puberty and related health problems among female adolescents in Karachi, Pakistan*. Journal-Pakistan Medical Association, 2006. **56**(2): p. 68.
26. Jejeebhoy, S.J., *Adolescent sexual and reproductive behavior: a review of the evidence from India*. Social science & medicine, 1998. **46**(10): p. 1275-1290.
27. Berger, K.S., *The developing person through childhood and adolescence*. 2003: Macmillan.
28. Smedley, B.D. and S.L. Syme, *Promoting health: Intervention strategies from social and behavioral research*. American Journal of Health Promotion, 2001. **15**(3): p. 149-166.
29. Mengesha, Z.B., et al., *Talking about sexual and reproductive health through interpreters: the experiences of health care professionals consulting refugee and migrant women*. Sexual & Reproductive Healthcare, 2018.
30. Durrant, V., *Adolescent girls and boys in Pakistan: Opportunities and constraints in the transition to adulthood*. 2000: Population Council Islamabad.
31. Roth, J., et al., *Promoting healthy adolescents: Synthesis of youth development program evaluations*. Journal of research on Adolescence, 1998. **8**(4): p. 423-459.
32. Youniss, J., et al., *Youth civic engagement in the twenty-first century*. Journal of research on adolescence, 2002. **12**(1): p. 121-148.
33. Savolainen, R., *Approaches to socio-cultural barriers to information seeking*. Library & information science research, 2016. **38**(1): p. 52-59.
34. Sabelli, M., *Information behaviour among young women in vulnerable contexts and social inclusion: the role of social mediators*. Information research, 2012. **17**(4).