

EXPLORING THE ASSOCIATION BETWEEN SEXUAL AND REPRODUCTIVE HEALTH AWARENESS, ATTITUDE AND SEXUAL PRACTICES AMONG COLLEGE STUDENTS: A CASE STUDY FROM DISTRICT KASUR

Dr Nadir Hayat

Primary and secondary healthcare department,
Govt of the Punjab Lahore Pakistan)

Noor Ul Ann Ijaz

PhD Scholar, Department of Gender Studies
University of the Punjab
Email: noorijaz061@gmail.com

Dr. Ghazanfar Hussain

PhD, Gender Studies
University of the Punjab
Email: ghazanafarhussain@gmail.com)

Dr. Kashif Siddique

Assistant Professor
Department of Gender Studies,
Bahauddin Zakariya University Multan,
Kashif.siddique@bzu.edu.pk (corresponding author)

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Abstract

This study examines the association between sexual and reproductive health literacy awareness and sexual practices among unmarried male Youth (15-24 years of age) from District Kasur, Pakistan. Data was randomly collected from the Youth (N=457) attending public sector educational institutes/government colleges. A self-administered questionnaire containing questions on sexual and reproductive health awareness and sexual practices was used for data collection. The descriptive analysis was carried out using SPSS software, and correlation analysis was used to explore the association between sexual and reproductive health awareness and sexual practices. The majority of the respondents in the samples (85%) had no sexual activity, and the rest were involved in premarital sex activity (15%). A significant number of respondents who were sex (67%) had sex without a condom, and only one-third (33%) of these respondents reported using condoms. The respondents, in general, have poor awareness regarding symptoms of a sexually transmitted disease and family planning methods except condoms. There was a significant positive relationship between sexual health and reproductive awareness, attitudes and sexual health practices. The results are suggested to be useful references for the youth while improving sexual and reproductive health services through better public health interventions.

Keywords: Sexual and reproductive health literacy, Sexual practices, contraceptives, youth

Introduction

The global health community has repeatedly reaffirmed that sexual, reproductive, and reproductive rights (SRHR) are fundamental to health and underpin human well-being (UNFPA, 2024). The experiences and behaviours of youth during adolescence affect their current health and lay the groundwork for their health in adulthood. (CDCP, 2020). Childhood and adolescent experiences and behaviours significantly impact long-term health and well-being (Braveman & Barclay, 2009; Wethington, 2005), including sexual health-related outcomes (Wickrama et al., 2012); this renders adolescence a crucial phase for health interventions. Furthermore, sexual risk behaviour during the teenage years plays a role in unintended pregnancies and increases the risk of HIV and other sexually transmitted infections. (CDCP, 2020).

The global population of youth (15 to 24 years) is 1.3 billion (Legg, 2024). Sexual and reproductive health (SRH) is essential to youth development and the promotion of human dignity (Iqbal et al., 2017). Sexual and reproductive health rights (SRHR) play a crucial role in adolescents' development, and promoting awareness of SRHR among young people helps safeguard these rights (Khan et al., 2023). Adolescents worldwide face several hurdles in observing their SRH needs (Khan et al., 2023). Insufficient access to health information and resources, as well as inequitable gender norms, significantly contribute to a lack of awareness about basic human rights, puberty, and sexuality (Khan et al., 2023).

In low-income countries, reproductive rights promotion has seen significant success (Khan et al., 2023). Different nations have integrated into their policies and legislation the fundamental rights of adolescents, including dignity, access to health information and services, freedom of expression, anonymity, the right to make decisions regarding marriage and childbearing, self-protection, and freedom from coercion, discrimination and violence. (Mattebo et al., 2015; Moghadm, 1996). This can greatly impact young people's health and financial well-being,

along with sustainable development and efforts to alleviate poverty (Cortez et al., 2014). WHO estimated that nearly one million people become infected every day with any of four curable sexually transmitted infections (STIs): chlamydia, gonorrhoea, syphilis, and trichomonas; although these STIs have a high global incidence, they are still overlooked in research (Unemo et al., 2017).

Whereas the dissemination of STIs among Youth constitutes a problem of great socioeconomic significance. This demographic requires greater awareness regarding the transmission, prevention, and ramifications of sexually transmitted diseases (Flesia et al., 2020). A significant proportion of adolescents engage in unprotected sexual activity, and this life stage is when most individuals experience their first sexual encounter (Cederbaum et al., 2017). In young adult males, the occurrence of sexual dysfunction can happen with varying percentages (Mitchell et al., 2016; Richters et al., 2003). Recently, online pornography has emerged as a risk factor for young people in forming distorted views of sexual and gender roles, as well as fostering a desire to dominate women (Bischmann et al., 2017). Adolescents who have participated in unprotected anal intercourse (whether homosexual or heterosexual) were found to be at a significantly higher risk of having an STD, including HIV, compared to those who either abstain from sex or have sexual relations with females (Catherine, 2013). For STDs and HIV, adolescents who have multiple sexual partners are at a higher risk for infection (Sathiyasusuman, 2015). Actually, the majority of the studies have examined this factor. Finally, all concluded that as the number of sexual partner's increases, the risk of acquiring a STD, including HIV also increases (Awuoche, 2024). Adolescents are significantly more likely to use contraceptives if they possess knowledge and have a positive attitude towards contraceptive use (Guzzo, & Hayford, 2018). The historical emphasis in adolescent health has been on those risk factors that make individuals more susceptible to health and social issues like HIV/STI transmission or teenage pregnancy.

Correspondingly, interventions have aimed to reduce risk and risky behaviours that result in adverse outcomes (Mmari & Nelson, 2005). The cultural vulnerability of youth is apparent in the tradition that they are not expected to engage in premarital sexual activities. Parents and other socializing agents often limit their access to sexual and reproductive health information, education, and services as well (UNFPA, 2005). Changes for the youth include increased heterosexual interaction in educational and professional settings, postponing marriage, and increased availability and variety of information on topics related to love, sex, music, dress, and entertainment as a result of internet exposure (UNFPA, 2005). Since the constituents of culture are not ascribed, they are dynamic and changing with a change in social atmosphere (Alegría, 2010). Young people's Attitudes regarding various phenomena, including sex and sexual practices, are subject to rapid and gradual change at the individual or group level as a result of exposure to new knowledge and attitudes (UN, 2005).

Further, socialization plays an important role in an individual's decision-making. Family members and society provide a child with his or her initial exposure to the culture of his or her society (Macionis, 2000). If a child's parents or guardians do not talk about sexual and reproductive health issues or do not offer accurate information and a healthy environment, the child will develop negative attitudes (Malango, 2022).

Furthermore, in South Asia, Adolescents are poorly informed about sexual life, physiological changes in their bodies and matters related to sexuality and health. So, the details they possess about their sexual and reproductive health are frequently lacking and muddled. Their ignorance is exacerbated by various factors, including low levels of education, restricted access to sex education, and attitudes that discourage conversations about sex (Lee et al., 2003). Talks with parents about sex, reproduction, and related topics are seen as off-limits (Ismail et al., 2016), and sex before marriage is considered a sin in many South Asian countries. Even young

Individuals who are single have obstacles when trying to obtain knowledge on sexual and reproductive health, which results in misconceptions and encourages risky sexual behaviour, unintended pregnancies, and STIs like HIV (Lema, et al., 2008). Moreover, there are a lot of unmarried young people who have personal barriers to contraceptive use. For example, they fear their parents, have difficulty purchasing contraceptives, difficulty negotiating condom use with their partner, and have misconceptions about contraceptive use (Salvago & Cheetham, 2003; Shaw, 2009; Teye-Kwadjo et al., 2018; Utomo & Mc Donald, 2009; Zeglin & Lazebnik, 2023).

Moreover, in the socio-cultural context of Pakistani, traditionally, men have been portrayed in society as powerful, courageous, heterosexual, hypersexualized, and defiant of danger and suffering (Della & Miele, 2015), and it is not only because of social and cultural context, it is actually because of the addiction of pornography. Numerous studies have emphasized how these images affect men's physical and sexual health (Sloan et al., 2015). Adolescents constitute 23% of the total population of Pakistan; young people frequently face barriers in accessing sexual and reproductive health information and services, which has cascading impacts on their lives and opportunities (UNFPA, 2024). As seen by the patterns of gender inequality, violence, early marriage, low contraceptive use and literacy rates, and unintended pregnancies, they have limited access to SRHR information and services (Iqbal et al., 2017).

Due to Islamic dogma in Pakistan, the subject of sexual and reproductive health among young people who are not married is still regarded as socially taboo and is associated with strong ideology and moral values, which restricts candid conversation (Ramkisson et al., 2010). There are also many misunderstandings, particularly among lower- and middle-income groups, that SRHR knowledge and services are inappropriate for young, single people under the age of 18. In Pakistan, almost 63% of the population faces difficulty in knowing and accessing the SRHR (Khan et al., 2023). Due to their low level of

political participation, lack of access to healthcare funding, and ignorance of SRH information, Pakistan's rural population is routinely disregarded (Ali et al., 2011; Mahmood & Nayab, 2000; Rizvi et al., 2014).

For both sexes, the current state of juvenile sexual and reproductive health is distinct. Girls and boys are treated differently from birth onwards all around the world. This gender disparity, however, increases as kids approach puberty. Due to sociocultural causes, girls face new limitations while boys enjoy new privileges (Mensch, et al., 1998). Teenage guys are particularly vulnerable because of their mobility. In Pakistan, females are routinely denied independence and the ability to take autonomous action. Boys, on the other hand, are given freedom, autonomy, opportunity, and power (including authority over girls' sexual and reproductive lives). Adolescents' sexual and reproductive health concerns have recently drawn attention in Pakistan (Khan, 2000).

Furthermore, The Gender gap in Pakistani society can be a result of females being taught the value of marriage or of a family member infrequently discussing contraceptives. It is not always the case, although that boys and girls who have heard about contraception are proficient in their usage. Only 5% of both boys and girls reported using contraceptives, namely tablets and condoms (Khan, 2000; Yehadji, 2015). Young people knew very little about HIV/AIDS. The majority of young people have heard about AIDS in general, most likely as a result of widespread awareness initiatives, although there are still misconceptions. For Instance, many think that sharing restrooms, kissing, holding hands, and touching can spread HIV/AIDS (Cowgill, 2008). Discussing sexuality is considered taboo or immoral in Pakistan, so many people even healthcare providers, lack the language necessary to discuss topics pertaining to sexual and reproductive health (Mustafa et al., 2015). Adolescents who are sexually active and single frequently worry about how they will obtain reproductive health care if necessary. Adolescent services frequently propagate false information and myths (Nazrul, 2024). In Pakistan,

Bangladesh, Nepal, and Myanmar, schools do not offer coordinated sex education. State Governments in India came under fire for including sex education in the curriculum. Sex education "is against Indian culture" and will mislead children, according to political parties (Mueller, 2008). However, In Sri Lanka, children between the ages of 17 and 19 learn about sex by reading the biology textbooks' part on reproduction. As a result, adolescents' understanding of family planning seems to be lacking. In these developing countries, family planning knowledge, attitudes, and practices have been **influenced by cultural, social, and religious aspects of a community (Mueller, 2008).**

Theoretically, after adjusting for sociodemographic variables, teenage sexual activities are influenced by their knowledge and attitudes (Baranowski et al., 2006). Despite Earlier puberty, getting higher education, trying to get a suitable job, selecting a perfect life 2partner, and settling economically in life are among the reasons that youth face while making decisions about delaying marriage, and they experience a longer period of living as single. This situation may make them more vulnerable to engaging in premarital sex. Additionally, premarital sex is triggered by several reasons in scenarios that are changing globally (Ghaffari 2020). Daily exposure to sexually explicit content from entertainment, the internet, the media, and even peer experiences makes young people more likely to engage in sexually deviant behavior.

SRH needs of youth have increased over the last few years due to the easily accessible sexual content, but are largely unmet. It is obvious that if young people have limited access to sexual and reproductive health awareness, they will not be able to cater for their sexual and reproductive health needs from the health system. Lack of involvement of youth in health programs and public health interventions, limited avenues of discussion within the family due to a conservative or restrictive environment, lack of SRH-related curriculum in educational institutes and different socio-cultural and religious factors

make their position more marginalized. So, the contemporary research intended to measure the sexual and reproductive health awareness and attitude of unmarried male Youth towards SRH. Furthermore, the study examined the association between sexual and reproductive health awareness with their attitude and sexual practices.

Methods and Material

Considering the study's purpose, it was important to use quantitative research. Correlation was employed as a research design in this study to measure the relationship between sexual and reproductive health awareness with attitudes and sexual practices among youth. The study population was comprised of youth aged 15 to 24, further divided into two groups, i.e., youth aged 15-19 and youth aged 20-24. The data was collected from 500 randomly selected students in district Kasur's public sector colleges. Further, awareness about sexual and reproductive health was measured through the self-constructed questionnaire on a five-point Likert scale: 1) disagree, 2) strongly disagree) undecided, 4) agree) strongly agree. Attitudes and practices towards sexual and reproductive health were also

measured with the help of a self-constructed five-point scale. The collected data was analyzed using SPSS, and correlation was performed between the variables.

Results and Discussion

The data analysis is based on descriptive and inferential statistics. Descriptive analysis showed that a larger portion of youth was confronting sexual and reproductive health issues. However, the relationship is estimated through the correlation coefficient, which guided the researcher with respect to the quality and strength of the relationship between the study variables. The valid response rate of the current study was 457. In the sample, a significant no. of the respondents (45%) was in the age category of 15-19 years, while more than half of the respondents (55%) were in the 20-24 years age group. The Majority of sample respondents (63%) were members of an extended family, which consists of all family members, including blood relatives, living with their married and unmarried children. Most of those respondents (54%) came from rural areas. While 95% of the sample's respondents were Muslim, the remaining 5% were Christian.

Basic sociodemographic characteristics of the sample (N=457)

Variables	<i>F</i>	%
Age		
15-19 years	204	45
20-24 years	253	55
Type of Family		
Nuclear	248	54
Extended	209	46
Place of Residence		
Urban	171	37
Rural	286	63
Religion		
Muslim	433	95

Christian	24	5
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Literature has revealed that SRH needs of youth have been focused over the last few years in Pakistan, but least improvements have been made in this field. Due to multiple socio-cultural and religious factors, young awareness with SRH attitude and sexual practices. There was $n = 457, p < 0.01$) and attitude towards SRH with Sexual practices ($r = .532, n = 457, p < 0.01$). People have limited access to sexual and reproductive health awareness, and they are

a strong positive relationship ($r = .728, n = 457, p < 0.01$) between SRH awareness and attitude towards SRH among unmarried male youth. There was also a strong positive relation of SRH awareness with Sexual practices ($r = .643, n = 457, p < 0.01$). They are unable to cater for their sexual and reproductive health needs from the healthcare system. Table 1.3 illustrates the relationship of SRH

Correlation between Sexual and Reproductive Health (SRH) Awareness, Attitude and Sexual Practices among unmarried male youth

	SRH Awareness	SRH Attitude	Sexual Practices
SRH Awareness	1		
SRH Attitude	.728**	1	
Sexual Practices	.643**	.532**	1

**Correlation is significant at the 0.01 level (2-tailed)

Discussion

Humans have multiple stages of physical and psychological development. In these stages, adolescence is considered the most transitional and crucial stage characterized by adventures, curiosity and taking individuals towards premature sex (Aleke et al., 2021; Liang et al., 2019). Premarital sexual activity is a common sexual experimentation among adolescents (Wong & O'Connor, 2012; Yip et al., 2013), which usually involves behaviours such as multiple sexual partners (Kazaura & Masatu, 2009; Teferra et al., 2015), inconsistent or non-condom use (UNAIDS, 2015). The results of this research revealed that unmarried male youth generally did not practice premarital sex. However, there was a very substantial percentage

(26.9 %) of unmarried male youth who revealed that they had safe sex. A very low percentage (19.6%) of unmarried male youth. The results of this study are also in line with other studies that showed a greater proportion of young people without spouses who would like to wait until marriage to have sex. Most unmarried people believe that a relationship without sex is desirable, but many of them are sexually active (Shaw, 2009). Another research showed that boys (7.9%) and girls (9.6%) aged 15–19 years had sexual intercourse with persons who were neither their husbands nor lived with them (NDHS, 2019).

Strict moral standards, religious beliefs, and socio-cultural influences were seen as limitations on sexual activity that were socially and

culturally unacceptable in traditional Muslim civilizations. Mature adults were unable to have an open conversation about sexuality because of these limitations and penalties, which fostered a culture of silence (Ajayi et al., 2019; Mbachu et al., 2020). However, young people's increased exposure to social media and the internet, as well as their subsequent adoption of foreign lifestyles, have opened the door for greater acceptance of sexual behaviours that were once seen to be rude or socially inappropriate (Ajaegbu, 2015; Olumide & Ojengbede, 2016). Previous studies also revealed that sexual risk behaviours of unmarried youth are influenced by their sexual and reproductive health knowledge because sexual and reproductive health knowledge can raise awareness towards safe sexual practices (Anwar et al., 2009; Lindberg et al., 2000). There were several respondents (4.6%) who revealed that they had experienced sexually transmitted infections after having sex. Moreover, it was revealed that unmarried youth need appropriate sexual and reproductive health knowledge about unintended pregnancy, abortion, and sexually transmitted infections (STI), including HIV/AIDS. In a similar vein, young people have been seen having sex without the necessary education, which exposes them to unknown risks and Sexually Transmitted Diseases (STDs) like lupus, syphilis, candidiasis, chlamydia, AIDS, and others (Ezeugwu & Ede, 2016). Teenage Pregnancy rates and the prevalence of premarital sex among young people in the twenty-first century have become topics of discussion (Ogbueghu, 2017).

Moreover, findings about the knowledge on contraceptive methods, especially condom use, reveal that unmarried male youth who knew condom use and its benefits regarding pregnancy risk, sexually transmitted infections, and HIV are more likely to practice premarital sex over never had sex than those who have limited knowledge. However, there was only 5% of the respondents in the sample who had used condom. Multiple factors like parental fear, personal or partner approval to use, access issues, and situational factors were identified as low use of contraceptives (condoms) during the last sexual

activity. The Results also showed that there is no correlation between the intention of unmarried male youth to utilize contraceptive techniques and their sexual behaviour. One of the intriguing results of the study was the dual standard about premarital sex, which states that premarital sex is more acceptable for men than for women. At the same time, the results of several studies showed that young men and women had different expectations and standards; they also managed their sexual attitudes and behaviours (Christine, 2006; Utomo & Mc Donald, 2009). A sexual double standard has made premarital sex acceptable for young men but not for young women, according to a study on sexual norms in Asian nations (Ford et al., 2007). Therefore, the attitudes of unmarried youngsters towards their sexual health and habits have been impacted by this condition.

In reference to the respondents' education, one study found that education is essential for imparting knowledge about sexual and reproductive health to young people and also tendencies to mold favourable attitudes towards safe sex (Khan, 2009). According to a study done in Sub-Saharan Africa, young men with secondary or higher education were more likely than those with lower education levels to engage in safe sexual practices (Bankole et al., 2009). Similarly, as the respondents were enrolled in intermediate-level educational programs at different public sector colleges, their knowledge about SRH-related components, like the use of contraceptives and STI prevention may be enhanced with the enhancement in their level of education.

The Results of the study also indicated that unmarried male youngsters in rural regions are more likely than their urban counterparts to have sex before marriage. This result is in line with a study done in India that found that the percentage of unmarried male youth engaging in premarital sex was higher in rural areas than in urban ones because of a lack of knowledge about sexual and reproductive health (Krishnan, 2021). Moreover, most young adults from rural areas belong to poor segments of society, and their low economic conditions make it compulsory for them to share

their lives. They have less entertainment and extracurricular activities. However, this study's results showed that urban young adults practice safe sex at a higher rate than their friends in rural areas. This is consistent with studies in some countries that found urban people had a higher preventive knowledge of HIV/AIDS and were more likely to practice safe sex than rural people. Rural residents, compared to urban residents, were more likely to have incomplete knowledge or inappropriate HIV-related attitudes and behaviour: incomplete knowledge about HIV, unfavorable youth education on condom use, first sex before 15 years old, multiple sex partnerships among men, and not having known any source of condoms (Yehadji, 2015). It was also explained that youth living in urban areas commonly have better educational institutes for education and easier access to sexual and reproductive health than those living in rural areas (Hong & Chhea, 2009; Chanthavong, 2009).

In terms of a powerful source for the provision of sexual reproductive health information to youth, this study revealed that mass media has an impact on unmarried male youth's sexual practices. It should be mentioned that unmarried youth's knowledge and attitudes on premarital sex practices are developed through exposure to pornographic content in the media and conversations about sexual elements of life with peer groups. According to earlier research, in certain nations, the mass media played crucial roles in disseminating knowledge on sexual and reproductive health. Raising awareness and Encouraging attitudes toward safe sex practices would be necessary to impact sexual and reproductive health knowledge positively (Bankole et al., 2009; Chanthavong, 2009).

Although knowledge and attitudes are basic components of personal health practices, both play an important role in personal health

development into practices, and there is a significant relationship among each other. Right information and attitudes about sexual and reproductive health isn't enough to make one's sexual behavior safe (Anwar et al., 2009; Mohammadi et al., 2006). This study explored the association between sexual and reproductive health awareness, attitude and sexual practices among unmarried male youth. It revealed that there was a strong association between SRH awareness, attitudes and sexual practices. It meant that the respondents who had better SRH awareness had a better attitude towards sexual and reproductive health, and their sexual practices were on the safer side.

Conclusion

Considering the above discussion, the results of this study indicate the important roles of sexual and reproductive health awareness and attitude towards promoting safe sex and safe sexual practices. Furthermore, the efforts concentrated on updating youth's sexual and reproductive health awareness and shaping their attitudes towards safe sex practices should be made on a large scale, and it should overcome premarital sexual misconceptions and practices among youth, which may lead them to negative health outcomes such as undesirable pregnancy, abortion and STI including HIV/AIDS. This study explored the association between sexual and reproductive health awareness, sexual practices and attitude among unmarried male youth and the impacts of knowledge and attitudes on sexual practices and found a significant association among these variables. Interventions should be designed to address the issues related to the youth's SRH needs, and SRH-related services must be available at all public sector healthcare hospitals for youth.

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