

A study to assess the knowledge of adolescents regarding reproductive health with a view to prepare an information booklet in selected high school at Udupi

Rajini Poojari *

Institute of Nursing Science, Srinivas University, Mukka, Mangalore.

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Abstract

Descriptive research designs with descriptive survey approach were used to evaluate the knowledge regarding reproductive health among adolescents in selected school, Udupi district. In the view of nature of the problem and accomplish the objectives of the study, a structured self-administered knowledge questionnaire was prepared to assess the knowledge of adolescents of a selected school and later the informational booklet was given. Reliability of the tool was tested and validity was ensured in consultation with guides and experts in field of Nursing and Medicine. The study was conducted in Vidyaniketan Public School, Udupi. 100 Adolescents were selected by purposive sampling technique. Structured knowledge questionnaire was used to collect the data. Collected data was analyzed by using descriptive and inferential statistics.

Results: The present study revealed that the mean obtained for Overall knowledge scores of adolescents 66 (66%) adolescents had poor knowledge level, 28 (28%) adolescents had moderate knowledge, 6 (6%) adolescents had good knowledge and none of them had excellent knowledge on reproductive health. Area-wise analysis of Knowledge of adolescents regarding reproductive health shows that overall knowledge mean was 15.46 and means percentage was 40.4 with standard deviation of 2.801. The variables such as age, educational status, religion, type of family, and educational status of mother, income of the family, age at menarche and source of information does not show any significant association. Hence, the hypothesis H1 is rejected.

Interpretation and conclusion: The study revealed that majority of adolescents had lack of knowledge regarding reproductive health. Hence there is a need to improve knowledge of the regarding reproductive health banking through informational booklet. There was no statistically significant association found between knowledge score of adolescents and demographic variables.

Keywords: Knowledge; Informational booklet; Adolescents; Reproductive health

1. Introduction

The word adolescence is derived from Latin verb “adolescere”, which means to grow into maturity. Adolescence is a period of transition from childhood to adulthood. There are the formative years when maximum amounts of physical, psychological and behavioral changes take place. According to the World Health Organization (WHO) Expert Committee; adolescence is defined as the period between 10 and 19 years, the second decade of life. Adolescents account for almost one third of India's population. They are prone to suffer from reproductive and sexual health, nutritional, mental and behavioral problems. Health services which cater exclusively to the needs of adolescents are scanty and concentrated in urban areas. Adolescent Friendly Health Services (AFHS) which provide a broad range of preventive, promotive and curative services under one roof can help to ensure improved availability, accessibility and utilization of health services.

* Corresponding author: Rajini Poojari

AFHS is being initiated by governmental, private and non- governmental organizations.¹ An adolescent belongs to a vital age group not only because they are “enterent population” to parenthood but also because they are on the threshold between childhood and adulthood. As they attempt to cross this threshold, they face various physiological, psychological and developmental changes.² Adolescence, the traditional period between childhood and adulthood, begins with puberty. Menstruation can be a first indication of puberty. Adolescent sexual and reproductive health refers to the physical and emotional wellbeing of adolescents and includes their ability to remain free from unwanted pregnancy, unsafe abortion, STIs (including HIV/AIDS), and all forms of sexual violence and coercion.³ It is necessary to maintain healthy traditions, customs and healthy practices in the community and prevent harmful practices. Organization of education is essential as an agent of change after adequate training to bring about change regarding social customs, traditions and health seeking behavior etc. Yesterday’s girl is today’s adolescent and tomorrow’s mother.⁴ Though menstruation is a natural and normal physiological process for all healthy girls and women, it has been shrouded in myth and mystery in many societies. The silence and secrecy of menstruation, does not allow an open discussion on the subject.⁵

2. Material and methods

2.1. Research Approach

Research approach is a basic procedure for conducting the research study. In the present study a descriptive survey research approach was used to assess the knowledge among adolescents regarding reproductive health.

2.2. Research Design

Descriptive research design has been adopted for the present study.

2.3. Setting of the Study

The present study was conducted in Vidyaniketan Public School, Kapu, Udupi district, which is at 13 km away from college and has also geographical proximity, feasibility and availability of the samples.

2.4. Population

Target population is the aggregate of cases about which the researcher would like to make generalizations. In the present study the target population comprises of 100 Adolescents girls who were in the age group between 12 to 15 years studying in selected school, Udupi district.

2.5. Sample and Sample Size

In the present study the sample comprises of 100 students adolescent girls who fulfilled the inclusion criteria for the study.

2.6. Sampling Technique

Non probability samples are selected based on the judgment of the researcher to achieve objectives of the study at hand. Purposive sampling entails using the most purposively available people as the study participants

2.7. Data collection Technique

Methods of data collection include development of tool, testing of validity and reliability and data collection procedure. The instruments selected in research should be as far as possible the vehicles that would best obtain data for drawing conclusion which are pertinent for the study. A structured knowledge questionnaire on reproductive health was used for data collection.

3. Results and discussion

Analysis is the categorizing, ordering, manipulating and summarizing of data collected to obtain answers to the research’s question. The interpretation of tabulated data can bring light to the real meaning and effectiveness of the findings.

3.1. Presentation of data

To begin with, the data was entered in a master sheet for tabulation and statistical processing. The data is analyzed and interpreted using descriptive and inferential statistics. The data is presented under the following headings.

- Section I

This section deals with the demographic characteristics of the sample.

- Section II

This section deals with the knowledge scores of the participants on reproductive health

- **Part A:** Overall knowledge scores of adolescents regarding reproductive health.
- **Part B:** Area wise knowledge scores of subjects according to their knowledge level.

- Section III

This section deals with the findings related to association between knowledge and selected demographic variables of the study.

3.1.1. Section I

Demographic characteristics of the respondents

Table 1 Distribution of Adolescents based on their demographic characteristics N=100

S.N.	Demographic variables	Options	Frequency	Percentage
1	Age in years	12 years	19	19%
		13 years	31	31%
		14 years	21	21%
		15 years	29	29%
2	Educational status	VII	19	19%
		VIII	31	31%
		IX	21	21%
		X	29	29%
3	Religion	Hindu	79	79%
		Muslim	13	13%
		Christian	6	6%
		Others	2	2%
4	Type of family	Nuclear	97	97%
		Joint	3	3%
		Extended	-	-
5	Educational status of mother	No formal education	16	16%
		Primary education	18	18%
		Secondary education	11	11%
		High secondary education	37	37%
		Graduation	12	12%
		Post-graduation	6	6%
6	Income of the family	Below Rs 5000/-	17	17%
		Rs 5001-10000/-	34	34%
		Rs 10001-15000	33	33%

		Above Rs 15001/-	16	16%
7	Age at menarche	11 years	11	11%
		12 years	28	28%
		13 years	45	45%
		14 years	16	16%
8	Source of information	Family members	73	73%
		Friends	12	12%
		Newspaper/ magazine	9	9%
		TV/Computer	6	6%

3.1.2. Section II

This section deals with the knowledge scores of the participants on reproductive health.

- Part A: Overall knowledge scores of adolescents regarding reproductive health.

Table 2 Distribution of the samples on reproductive health N=100

SL.NO	Overall knowledge of adolescents	Frequency (f)	Percentage (%)
1	Poor knowledge	66	66%
2	Moderate knowledge	28	28%
3	Good knowledge	06	06%
4	Excellent knowledge	00	00
Total		100	100%

According to Table-1, majority 66 (66%) adolescents had poor knowledge level, 28 (28%) adolescents had moderate knowledge, 6 (6%) adolescents had good knowledge and none of them had excellent knowledge on reproductive health.

- Part B Area wise knowledge scores of subjects according to their knowledge level.

Table 3 Area-wise analysis of Knowledge of adolescents regarding reproductive health N=100

Sl. No	Area	Maximum possible Score	Mean	Mean percentage	Standard deviation (sd)
1	Parts of female reproductive System	07	2.60	37	0.577
2	Menstrual hygiene	28	10.53	37.6	0.504
3	Sexually Transmitted diseases	05	2.33	46.6	0.938
Total		40	15.46	40.4	2.801

The table 3 shows area-wise analysis of Knowledge of adolescents regarding reproductive health shows that overall knowledge mean was 15.46 and mean percentage was 40.4 with standard deviation of 2.801.

3.1.3. Section III

This section deals with the findings related to association between knowledge and selected demographic variables of the study.

Table 4 Distribution of the samples on association between selected demographic variables and knowledge scores N=100

SL.NO	Demographic value	Chi- square value	Df	P- value	Significance
1	Age in years	2.611	1	0.106	NS
2	Educational status	0.303	1	0.582	NS
3	Religion	0.549	1	0.459	NS
4	Type of family	0.923	1	0.337	NS
5	Educational status of mother	0.451	1	0.502	NS
6	Income of the family	1.065	1	0.302	NS
7	Age at menarche	0.854	1	0.456	NS
8	Source of information	0.306	1	0.512	NS

To see the association between the pretest level of knowledge score with selected demographic variables, hypothesis is formulated and tested by using chi-square test.

H1: There will be a significant association between the knowledge scores of adolescents and their selected demographic variables. The table 4 showed association of knowledge score with selected demographic variables. The variables such as age, educational status, religion, type of family, educational status of mother, income of the family, age at menarche and source of information does not show any significant association. Hence, the research hypothesis H₁ is rejected and null hypothesis is accepted.

4. Conclusion

This chapter deals with the conclusion, implications, recommendations and limitations of the study “A study to assess the knowledge of adolescents regarding reproductive health with a view to prepare an information booklet in selected high school at Udupi.”

The following conclusions can be drawn on the basis of the findings

- Age in years: In the present study it was found that the majority of subjects 31 (31%) were 13 years, then 29 (29%) were 15 years, 21 (21%) were age 14 years and 19 (19%) were 12 years.
- Educational status: In the present study it was found that the majority of subjects 31 (31%) were studying in VIII standard, then 29 (29%) were studying in X standard, 21 (21%) were studying in IX standard and 19 (19%) were studying in VII standard.
- Religion: In the present study it was found that the majority of subjects 79 (79%) were Hindu, then 13 (13%) were Christian, 6 (6%) were Muslim and 2 (2%) were other religion.
- Type of family: In the present study it was found that the majority of subjects 97 (97%) were from nuclear family, then 3 (3%) were from joint family and none of them were from extended family.
- Educational Status of mother: In the present study it was found that the majority of subjects 37 (37%) had higher secondary education, then 18 (18%) had primary education, 16 (16%) had no formal education, 12 (12%) had graduation, 11 (11%) had secondary education and 6 (6%) had post-graduation education.
- Family income: In the present study it was found that the majority of subjects 34 (34%) family income was Rs 5001-10000, 33 (33%) family income was Rs 10001-15000, 17 (17%) family income was below Rs 5000 and 16 (16%) family income was above Rs 15001-10000.
- Age at menarche: In the present study it was found that the majority of subjects 45 (45%) attended menarche at 13 years, 28 (28%) attended menarche at 12 years, 16 (16%) attended menarche at 14 years and 11 (11%) attended menarche at 11 years,
- Source of information: In the present study it was found that the majority of subjects 73 (73%) got information

through family members, 12 (12%) got information through friends, 9 (9%) got information through newspaper/magazine and 6 (6%) got information through TV/ computer.

Overall knowledge scores of adolescents regarding reproductive health

In the present study it was found that the majority of subjects 66 (66%) adolescents had poor knowledge level, 28 (28%) adolescents had moderate knowledge, 6 (6%) adolescents had good knowledge and none of them had excellent knowledge on reproductive health.

Area-wise analysis of knowledge scores of adolescents regarding reproductive health

Area-wise analyses of Knowledge of adolescents regarding reproductive health shows that overall knowledge mean was 15.46 and mean percentage was 40.4 with standard deviation of 2.801.

Association between knowledge scores and selected demographic variables

The variables such as age, educational status, religion, type of family, educational status of mother, income of the family, age at menarche and source of information does not show any significant association. Hence, the hypothesis H₁ is rejected.

Compliance with ethical standards

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Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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