



Awareness of reproductive health among the kurmi adolescent girls of Raipur city, Chhattisgarh, India

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Abstract:

Background- Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood and crucial during adolescence adulthood, sets and stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. **Objective-** To know the extent of awareness of reproductive health among Kurmi adolescent girls aged 16-19 years from Raipur City, Chhattisgarh. **Material and Methods-** A School based Study was conducted in various schools of Raipur city through predesigned multiple choice questionnaires. **Result-** The study revealed that majority of the girls scored well in the knowledge of safe sexual relation, right age of child bearing, mode of pregnancy preventions. The areas where girls scored low were meaning of Reproductive health, prior knowledge of menstruation, fertile period, contraception, symptoms and transmission of AIDS, RTIs and knowledge of STDs other than AIDS/HIV was poor. Attitude towards Sex education were positive and pre marital sexual relation were disagreed by majority of the girls. **Conclusion-** To conclude poor knowledge in girls about Reproductive Health was a serious concern as found in the present study. Therefore Health education should be incorporated in the curriculum which should be given through teaching, interpersonal communication, television, health camps and specialist.

Key words: Adolescent; Contraceptives; Pregnancy; Reproductive health; Sex education.

Introduction

An adolescent represents major potential human resources for the overall development of a nation. Reproductive health is an important component of a general health, it is a prerequisite for social and economic and imperative because human energy and creativity are the driving forces of the development. Adolescent Reproductive and Sexual Health (ARSH) has been identified as a key strategy in the Reproductive and Child Health (RCH-II) program under the National Rural Health Mission (NRHM).

Adolescence is a period of increased risk-taking and therefore susceptibility to behavioral problem at the time of puberty and new concern about reproductive health [1].

The status of girls and women in society and how they are treated or mistreated is a crucial determinant of their reproductive health. Educational

opportunities for girls and women powerfully affect their status and the control they have over their own lives and their health and fertility. The empowerment of women is therefore as essential element for health. (International Population Conference 1994). There are various study conducted to assess the knowledge level of adolescents towards reproductive system and organs and awareness regarding sex knowledge on adolescent girls (16- 20 years) found that awareness regarding HIV/AIDS among adolescent girls is very low, adolescent girls also back adequate knowledge about sexual matter and contraception which results in early pregnancy, increased risk of STD infections, maternal morbidity and mortality and unsafe abortions [2,3].

According to WHO, 250 million new cases of STD occur worldwide each year with a high rate in 16-19 yrs age group. Young people are at risk of HIV/AIDS because they are in the transition phase of their life. Hence these young people have the rights

to understand the changes they are going through and to develop skills of forming healthy and responsible relationship. Many diseases can occur by lack of awareness, myths; hence there is need for creating awareness about reproductive health among the vulnerable groups [4].

A preliminary survey of the previous studies, discussion and experience relating to reproductive health among adolescent girls revealed various NGOs and international agencies are working on reproductive health issues. The present study was thus undertaken with the objective to the study reproductive health knowledge of Kurmi adolescent girls of Raipur city, Chhattisgarh.

Materials and Methods

Chhattisgarh is a state in Central India. The state was formed on November 1, 2000 by partitioning 16 Chhattisgarhi-speaking southeastern districts of Madhya Pradesh. In 2011, Raipur had population of 40,62,160. Of which Kurmi caste population is 1.5 lakh (approx.) in Raipur. 500 randomly selected Kurmi, Other Backward Class (OBC) Girls of Raipur city, Chhattisgarh, India are the sample for present study. OBC is one of socially disadvantaged groups, as they still continue to lag behind the rest of the society due to their social and economic backwardness. In the specific census data it is not possible to quote the exact figure of their population. However estimate of OBC constituting 52% of the country's total population[5]. According to NFHS 1998-99 OBC constituting 39% of the country's population. The present study was carried out among selected 500 Kurmi girls (studying higher secondary vidyalaya) aged (16-19) of Raipur city. Sample school was selected by Purposive sampling method. After taking permission from the school authority, the class teachers of class were explained the purpose of the study and rapport was built up with the girl students and verbal consent was obtained from them. Briefing was done to the students regarding the questionnaire provided to them. The girls were administered a pre-designed questionnaire, which included multiple choice questions. This pre-designed, pre-tested questionnaire included topics relating to reproductive health awareness. Data were entered and analyzed using SPSS version 15.0.

Results and Discussion

1. Knowledge Regarding Reproductive health (RH): Table 1 reveals that very less girls (29.4 %) had

knowledge about correct scientific meaning of RH. Most of the girls (72%) had knowledge that both male and female are included under the RH followed by male (1.8%) and female (8.8%). It was observed that the (26%) of the girls had given the history of RH problems, where the vaginal discharge was the most common problem among the girls. In present study majority of the girls (98.9%) student disagreed pre marital sexual relation which was much higher than the figures reported by other researcher, in which (37.3%) student had disapproved premarital sexual relation [6]. Nearly similar finding were reported in a survey conducted by FPAI [7]. In present study most of the girls (65.5 %) were mentioned use of condoms is the means of safe sex. Similar findings were observed by the researcher [8]. Other researchers showed in their studies that students felt a mutually faithful single partner and use of condoms are means of safe sex [9,10]. In the present study (86.6%) girls had knowledge regarding meaning of physical relation. Most of the girls (59.2%) had pre knowledge of menstruation. These findings were higher than a study conducted by other authors [11,12]. Majority of the girls (73.8%) reported to have regular periods. This study shows that (41.2%) of the girls used sanitary pads as menstrual absorbent. This finding is higher than the study conducted by the other researchers [11,13,14].

2. Knowledge of Pregnancy and Contraception: Table 2 depicts the knowledge of pregnancy and contraception. In the present study most of the girls (62.7%) knew the meaning of pregnancy. In the present study reveals that knowledge regarding fertility period among girls was very low (19.4%). Nearly similar findings were reported in a survey conducted by IIPS [15]. In present study majority of the girls (78.6%) had knowledge about right age of child bearing. Most of the girls (65.2%) knew that the pregnancy can be prevent, which was higher than reported in a study done by researchers [16,17]. In the present study, it is seen that (64.5%) of the girls have heard about contraceptives, of which most of the girls (63.3 %) to have the knowledge at least two or more modes of contraception. Which was higher than the figures reported in a studies by the researchers [18,19].

3. Knowledge about AIDS: Table 3 reveals that the awareness regarding symptoms of AIDS (26.2%) girls believed as fatigue, (15.5%) as weakness, (15%) as fever, (9.9%) white patches on body while (33%) students knew at least two or more symptoms of AIDS. Regarding symptoms of AIDS, girls knowledge was very low. This is similar to the observations of a study carried out by other

researcher [20]. Table 3.1 reveals that knowledge of transmission of AIDS. The fact that unsafe sexual relation, through infected needles and from infected mother to her new born child are the most common modes of transmission of AIDS was known to girls (66%) followed by homosexual relation (1.1%), heterosexual relation (2.2%), unsafe sexual relation (23.4%) infected needles (4.2%), infected mother to child (2.8%). Low levels of knowledge about general aspects and transmission of HIV/AIDS have also been observed amongst secondary school students in Kolkata [21].

Table 3.2 shows that Electronic media (71.7% i.e Radio 12.1%, T.V 59.6%) were the most important source of information regarding AIDS, followed by print media (14.6% i.e Magazine 8.4%, Newspaper 6.2%) and interpersonal communication (24% i.e Friend 8.4%, Teacher 7.7%, Family member 7.9%). This observation shows the strength and effectiveness of electronic media as source of information and very poor effort by interpersonal communication. Teacher as a source of information was mentioned by very less students revealing probably very less activity of school AIDS education. Family as a source of information was mentioned by very less students revealing probably less knowledge amongst parents or stigma about the disease to talk with the children about HIV/AIDS. Likewise, a majority (62.7%) of senior secondary students belonging to a government school in Chandigarh reported that they derived most of the information from TV and radio which is nearly similar to our present study [22]. This is also comparable to the Delhi study where majority of the students had heard about HIV/AIDS from television and radio [23].

4. Knowledge of Reproductive Tract Infections (RTIs): Table 4 reveals that the knowledge of the girls about RTIs. In present study (17.2%) girls were aware at least two or more symptoms about RTIs followed by Itching over vulva (3.9%), Boils around vulva (7.5%), lower abdominal pain (8.5%), pain during intercourse (5.4%), bleeding during intercourse (1.6%) were the symptoms of RTIs. Most of the students (55.6%) stated as 'Don't know' about the symptoms of RTIs. Table 4.1 reveals, knowledge of Transmission of RTIs. The fact that due to Physical relation with infected partner, Use of dirty cloths during menstruation, Unclean delivery Place and abortion by unskilled person is the most common modes of transmission of RTIs was known to (28.3%) of the girls followed by physical relation with infected partner (16.7%), Use of dirty cloths during menstruation (8.2%), unclean delivery place

(7.7%), abortion by unskilled person (1.4%) while (38%) girls had no knowledge regarding modes of transmission of RTIs. Table 4.2 depict that Electronic media was the major source of information among the girls regarding symptoms of RTIs. Nearly similar findings were comparable with studies reported by the other researchers [22-26].

5. Knowledge of Sexually Transmitted Diseases (STDs): From Table 5 reveals that (84%) of the girls have heard about STDs. It is encouraging to note that (89.5%) of girls were aware of AIDS, whereas (2.6%) of the girls had a false notion that mosquito bite could transmit the disease of STDs. Removal of such misconceptions among girls is very important. Similar misconception has been reported in a study among first-year graduation and secondary school in district Bareilly [27,20]. The findings of present study indicated that knowledge about STDs other than HIV/AIDS was very poor among adolescent girls. This is of particular concern in developing countries like India, as STDs such as Chlamydia, Trichomoniasis, Syphilis and Gonorrhoea are second only to maternal morbidity and mortality as the cause of death, illness and 'years of healthy life lost' among women in their child bearing years.

6. Attitude towards Sex Education: While there is widespread consensus that adolescents need adequate (better quality) sex education, there is often controversy over what content is appropriate for dissemination at different ages, and who are to be targeted for optimal delivery of this information. Table 6 reveals that the majority of the girls (86.4%) thought that the sex education is necessary. These findings was much higher than the figures reported in a study where (46.1%) in total youth comment in favor of introducing sex education [6]. In present study (51.1%) of the student recommended the appropriate age for providing sex education to be more than 16 years. The issue has been widely discussed and appropriately agreed in the working paper series on reproductive health [28]. In present study reveals that majority of the students (96.1%) agreed female as an effective medium for sex education. Majority of the student (79%) expressed positive response for the introduction of sex education in the school. Similar findings were observed by Sathe [29].

Conclusion & Recommendations

On the basis of above discussions and observations, it was found that knowledge of sex and reproduction was limited among the girls. Following recommendation are suggested for better health care

of the girls: Health education should be incorporated in the curriculum which should be given through teaching, interpersonal communication, television, health camps and specialist. Mobiles are very common among adolescents. Broadcasting of health messages would be effective through mobiles. Reproductive health problems should be discussed among adolescents, specially for girls through organize health clubs, adolescents hub at school level and identify and solve their reproductive health problems through counseling with the help of specialist on time to time. Such Study should be promoted at school level with the help of Anthropologist and non government organization so that on the basis of the study result government can start school health programmes. Such educational intervention programs must be given due importance, which will help the adolescent girls to take care of their own health and protect themselves from the risk of Reproductive health problems.

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Table 1: Knowledge of Reproductive Health

Total girls	Knowledge of Reproductive Health					Attitudes Towards Pre marital Sexual Relation		
	Meaning of RH	RH related with				Present Status of RH problems among girls	Agreed	Disagreed
		Male	Female	Both	Not known			
500	139	9	44	360	87	130	5	478
%	29.4%	1.8%	8.8%	72%	17.4%	26%	1%	98.9%

* RH: Reproductive Health.

Table 1: Continued.....

Total girls	Knowledge of Safe sexual relation		Knowledge of Menstrual cycle		
	Meaning of physical relation	Meaning of safe sexual relation	Pre knowledge of menstruation cycle	Regularity menstruation cycle	Using sanitary pad
500	433	322	296	369	206
%	86.6%	65.5%	59.2%	73.8%	41.2%

Table 2: Knowledge of Pregnancy and Contraception.

Total girls	Knowledge regarding pregnancy				Ever heard about contraceptive		
	Meaning of pregnancy	Fertile period	Right age of child bearing	Pregnancy preventions	No	Yes	No response
500	313	97	393	326	159	289	52
%	62.7%	19.4%	78.6%	65.2%	35.4%	64.5%	10.4%

Table 2: Continued.....

Total girls	Knowledge of contraceptives methods							
	Female Sterilization	Male Sterilization	IUD	Cu-T	Tablets	Condom	Traditional method	At least Two or more methods
500	41	20	2	8	4	26	5	183
%	14.1%	6.9%	0.6%	2.7%	1.3%	8.9%	1.7%	63.3%

Table 3: Knowledge of symptoms of AIDS

Total girls	No Response	Total girls Responded	Fatigue	Weakness	Fever	White Patches on Body	At least two or more symptoms
500	88	412	108	64	62	41	137
%	18%	82%	26.2%	15.5%	15%	9.9%	33%

Table 3.1: Knowledge of Transmission of AIDS

Total girls	No Response	Total girls Responded	Homosexual Relationship	Heterosexual Relationship	Unsafe Sexual Relationship	Infected Needle	Infected Mother to child	Unsafe Sexual Relationship, Infected Needle and Infected Mother to child
500	48	452	5	10	106	19	13	299
%	10.6%	90.4%	1.1%	2.2%	23.4%	4.2%	2.8%	66%

Table: 3.2 Source of Information regarding AIDS

Total girls	No response	Total girls Responded	Electronic Media		Print Media		Interpersonal Communication		
			Radio	TV	Magazine	News paper	Friend	Teachers	Family Members
500	47	453	55	270	38	28	38	35	36
%	9.4%	90.6%	12.1%	59.6%	8.4%	6.2%	8.4%	7.7%	7.9%

TV: Television

Table 4: Knowledge of Symptoms of RTIs

Total girls	No response	Total girls Responded	Itching over vulva	Boils in Vulva	Lower Abdomen Pain	Pain During intercourse	Bleeding during intercourse	At least two or More symptoms	Don't Know
500	20	480	19	36	41	26	8	83	267
%	4%	96%	3.9%	7.5%	8.5%	5.4%	1.6%	17.2%	55.6%

Table 4.1: Knowledge of Transmission of RTIs

Total girls	No Response	Total girls Responded	Physical relation with infected partner	Use of dirty cloths during menstruation	Unclean delivery Place	Abortion by unskilled person	At least two or more modes of transmission	Don't know
500	75	425	71	35	33	6	120	160
2%	15%	85%	16.7%	8.2%	7.7%	1.4%	28.3%	38%

Table: 4.2 Source of Information regarding RTIs

Total girls	No response	Total girls Responded	Electronic Media		Print Media		Interpersonal Communication			At least two or more source of information
			Radio	TV	Magazine	News paper	Friend	Teachers	Family Members	
500	221	279	9	141	7	13	1	7	1	100
%	44.2%	55.8%	3.2%	50.5%	2.5%	4.6%	0.3%	2.5%	0.3%	35.7%

*TV: Television***Table 5: Knowledge of Sexually Transmitted Disease (STDs)**

Total girls	Ever heard about STDs		Diseases						
	No	Yes	AIDS/ HIV	Syphilis	Gonorrhea	Chlamydia	Trichomoniasis	Malaria	At least two or more disease
500	80	420	376	1	-	1	1	11	30
%	16%	84%	89.5%	0.20%	-	0.20%	0.20%	2.6%	7.1%

Table 6: Attitude towards Sex Education

Total girls	Necessity of Sex Education			Correct Age For Sex Education (In Years)						
	Yes	No	Don't Know	<12	13	14	15	16	>16	Don't Know
500	432	41	27	27	29	66	42	30	221	17
%	86.4%	8.2%	5.4%	5.4%	5.8%	15.2%	9.7%	6.9%	51.1%	3.4%

Table 6: Continued.....

Total girls	Sex Education in the School		Effective medium for sex education		
	Yes	No	Female	Male	Both
500	393	107	378	2	13
%	79%	21%	96.1%	0.5%	3.3%

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