



A Study to Assess the Knowledge and Attitude Regarding Reproductive Health among Adolescents at Selected School of Moradabad, U.P.

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ABSTRACT:

Introduction: Reproductive health is an essential aspect of general health which is an impression of health during adolescence as well as in adulthood. Most of the adolescents' reproductive practices are risky due to a lack of knowledge and awareness regarding Reproductive health and less access to reproductive health service which lead to increased prevalence of unwanted pregnancy, risky abortion and sexually transmitted infections among them

Objectives: This study aimed to assess the knowledge and attitude regarding Reproductive health among adolescents.

Methods: The quantitative research approach with descriptive survey design was used to assess the knowledge and attitude of 200 adolescent students of two schools of Moradabad district, U.P., by using the simple random sampling technique. The data were collected by using the Self-Administered Structured Questionnaire and Five-point Likert scale. The present, descriptive study was conducted in two schools of Moradabad district in Uttar Pradesh, India (from September 2022 to June 2023).

Results: Maximum 123 adolescent had knowledge score below median regarding reproductive health and remaining 77 adolescents had knowledge score above median score regarding reproductive health. Maximum 112 adolescent had attitude score median & it's below regarding reproductive health and remaining 88 adolescents had attitude score above median score regarding reproductive health

Conclusions: The knowledge regarding Reproductive health among adolescents was found significantly low. There was significant gap between knowledge and attitude of the adolescents regarding reproductive health. Great effort is needed in various ways to bridge the gap among adolescents regarding Reproductive health.

1. Introduction

The World Health Organization (WHO, 2017) identifies adolescence as the period of human growth and

development that falls between childhood and adulthood, from 10 to 19 years of age. This period of adolescence is further categorized into three stages, namely early adolescence (10 to 13 years), mid-adolescence (14 to 15



years), and late adolescence (16 to 19 years).^[1] Adolescence is the phase in human growth and development that falls between childhood and adulthood i.e., age from 10 to 19 years. Because of rapid urbanization, population growth, and without accounting for the basic healthcare amenities, health disparities tend to arise.^[2] According to UNICEF's report on 'The state of the world's children 2011', India has the largest population with 243 million adolescents which comprises of 20% of the population.^[3]

Reproductive health is an essential aspect of general health which is an impression of health during adolescence as well as in adulthood. The period of adolescence is considered to be a period of physical and psychological changes and development and preparation for safe motherhood. Adolescents' health influences not only their health but also the health of their future generation.^[4] Worldwide, around 11% of all pregnancies occur in adolescents within the age range of 15–19 years and about 95% of these pregnancies occur in under-developed and developing countries. Teenage Pregnancy is associated with adverse health impacts on mothers and newborns and is the leading cause of death in adolescent girls. The younger the girl, the higher are the chances of adverse health outcomes. Moreover, adolescents are at higher risk for unsafe abortion, young maternal mortality rate, violence, and Sexually Transmitted Infections (STIs) including HIV/AIDS and chlamydia.^[5]

In India, due to lack of awareness and limited access to health and knowledge services about sexual and reproductive health and lack of information about contraception and risk of sexual abuse, the prevalence of unwanted pregnancy, risky abortion and sexually transmitted infections including HIV/AIDS among the adolescents has increased.^[6] Adolescents have inadequate level of knowledge on reproductive health, even if they are studying in high school level wherein many of the components of reproductive health have been added in their syllabus. In Indian societies, parents and teachers hesitate to talk about reproductive health issues with their children. Training programmes and health education $q = (1 - p) = 0.143$

$n = 188.31$

After adding 10% drop-out rate, the total 200 of adolescents were enrolled in this study.

programmes are needed to implemented in which teachers as well as parent involvement is required.^[7]

Adolescent sexual and reproductive health (ASRH) has always been ignored despite the high risks that countries face as a result of ignoring it. Some of the Reproductive health challenges faced by adolescents across the world include early pregnancy and parenthood, difficulties accessing contraception services and safe abortion, and high rates of sexually transmitted infections (HIV/AIDS, gonorrhoea). Adolescent sexual and reproductive health (ASRH) comprises a major component of the global burden of sexual ill health.^[8] Adolescents need to be knowledgeable regarding the physical and psychological changes that take place during puberty, menstruation, pregnancy and child birth in order to lead a healthy, fulfilling lives and protect themselves from reproductive health problems.^[6,9]

2. Objectives

This study aimed to assess the knowledge and attitude regarding Reproductive health among adolescents.

3. Methods

The present, descriptive study was conducted on 200 adolescent students of two schools (Springfields College and Wilsonia Scholars Home) of Moradabad district in Uttar Pradesh from September 2022 to June 2023.

Sample size and sampling technique

The study sample consists of adolescent within age range of 13 to 17 years The Sample size was calculated by using the following formula:

$$n = \frac{Z^2 \cdot \alpha \cdot \left\{ \frac{1 - \bar{z}}{d} \right\} p q}{[10]}$$

n = Minimal required sample size

$$Z_{1 - \frac{\alpha}{2}} = 1.96$$

$p = 0.875$ (proportion of 17 to 19 years adolescents in total study sample) ^[10]

$N = 200$

Thus, minimum estimated sample size was 200 for the study. Data were collected by the simple random sampling technique.



Tool and method of data collection

The tool used in this study consists of three parts, Part A is a demographic profile, including age, gender, religion, occupational status of parents, educational status of parents, and source of information, and Part B consists of Self-Administered Structured Questionnaire to assess the knowledge of study samples regarding the Reproductive health. It consists of 39 questions concerning information regarding Anatomy and Physiology of Male and Female Reproductive System, Puberty and Pubertal changes, Menstruation and Menstrual Cycle, Menstrual Hygiene Practices, Pregnancy, Contraception, Family Planning and Safe Abortion. It was prepared with the inputs of guide and minimum of five experts from the field of obstetrical and gynecological nursing, medical surgical nursing, pediatrics nursing, and psychiatric nursing to enhance the validity of the instrument. Part C consists of Likert Scale to assess the adolescents' attitude towards various facts and myths regarding Reproductive health. The Data were collected through questionnaire method and the participants were provided 30 minutes to complete

Data analysis

The collected data were analyzed using MS excel and spreadsheet. The frequency percentage distribution was used to describe demographic variables, median was used to assess the knowledge and attitude towards Reproductive health.

Ethical consideration

Ethical approval was obtained from both the schools. All the respondents were explained about the purpose

4. Results

Major findings of the study:

1. Maximum (55%) of adolescent regarding reproductive health were in the age group of above 15-17 years and remaining 45% adolescent regarding reproductive health were in the age group of 13-14 years
2. Maximum (59%) of adolescent regarding reproductive health were male and remaining 41% adolescent regarding reproductive health were female
3. Majority (65%) of adolescent regarding reproductive health had belonged to

primary/secondary education. Followed by 29% of adolescent had belonged to higher secondary and above and remaining 6% of adolescent had belong no formal education of mother

4. Majority (79%) of adolescent regarding reproductive health had belonged to primary/secondary education. Followed by 20% of adolescent had belonged to higher secondary and above and remaining 1% of adolescent had belong no formal education of father
5. Maximum (55%) of adolescent regarding reproductive health occupation of father had self-employed, followed by 29% of adolescent's father had private employed, 9% had unemployed and remaining 7% of adolescent's father had government employed.
6. Maximum (49%) of adolescent regarding reproductive health occupation of mother had home maker, followed by 31% of adolescent's mother had private employed, 14% had self-employed and remaining 6% of adolescent's father had government employed.
7. Maximum (56%) of adolescent regarding reproductive health had belonged to nuclear family. Followed by 28% of adolescent had belonged to joint family. And remaining 16% of adolescent had belonged to extended family.
8. Majority (73.5%) of adolescent regarding reproductive health had belonged to rural area. And remaining 26.5% of adolescent had belonged to urban area.
9. Maximum (63%) of adolescent regarding reproductive health had belonged to Hindu family. And remaining 37% of adolescent had belonged to Muslim family.
10. Maximum (39%) of adolescent regarding reproductive health having information through health personnel. Followed by 28% of adolescent having information through teacher/school, 21% having information through social media and remaining 12% of adolescent having information regarding reproductive health through peer group/family.
11. Majority (62%) of adolescent regarding reproductive health having yes previous knowledge about reproductive health and



remaining 38% having no previous knowledge about reproductive health.

To assess the level of knowledge regarding reproductive health among adolescent

- Maximum 123 adolescent had knowledge score median & it's below regarding reproductive health and remaining 77 adolescents had knowledge score above median score regarding reproductive health prevention.

To assess the attitude regarding reproductive health among adolescents

- Maximum 112 adolescent had attitude score median & it's below regarding reproductive health and remaining 88 adolescents had attitude score above median score regarding reproductive health prevention

To find out the co-relation between knowledge & attitude regarding reproductive health

- In this present study, the resources used overall average to assess the correlation between knowledge & attitude score of adolescents regarding reproductive health

Correlation between knowledge & attitude score of adolescents regarding reproductive health with $r = +0.196$ at ($p \leq 0.05$) level of significance with degree of freedom 199. Hence, there was a weak positive correlation between knowledge and attitude scores. There was significant gap between knowledge and attitude of the adolescents regarding reproductive health. Great effort is needed in various ways to bridge the gap among adolescents regarding Reproductive health. Training programmes for school teachers by health care professionals and involving

parents in the health education programmes are some important steps that can be taken to improve knowledge regarding Reproductive health.

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Table No. 1: Frequency and percentage distribution of socio-demographic characteristics of adolescents regarding Reproductive health

n=200			
S. No.	Socio-demographic variables	Frequency (f)	Percentage (%)



1.	Age in years		
	a. 13-14years	90	45
	b. 15-17 years	110	55
2.	Gender		
	c. Male	118	59
	d. Female	82	41
3.	Types of family		
	a. Nuclear		56
	b. Joint	112	28
	c. Extended	56 32	16
4.	Area of residence		
	a. Rural	147	73.5
	b. Urban	53	26.5
5.	Religion		
	a. Hindu	126	63
	b. Muslim	74	37
	c. Christian	0	0
	d. Others	0	0
6.	Education of mother		
	a. No formal	12	6
	b. Primary/secondary	130	65
	c. Higher Secondary & above	58	29
7.	Education of father		
	a. No formal	02	1
	b. Primary/secondary	158	79
	c. Higher Secondary & above	40	20
8.	Occupation of father		
	a. Self employed	110	55
	b. Private employed	58	29
	c. Govt. employed	14	7
	d. Unemployed	18	9
9.	Occupation of mother		
	e. Home maker	98	49
	f. Self employed	28	14
	g. Govt. employed	12	6
	h. Private employed	62	31
10.	Source of information		
	a. Social media	42	21
	b. Teacher/school	56	28
	c. Health team	78	39
	d. Peer group/ family	24	12
11.	Do you have any previous knowledge about reproductive health		
	a. Yes	124	62
	b. No	76	38

**Section-II To assess the level of knowledge regarding reproductive health among adolescents****Table 2:** Frequency and percentage of knowledge scores regarding reproductive health among adolescents

Level of Knowledge	Frequency	Percentage
Adequate knowledge	77	38.5%
Inadequate knowledge	123	61.5%
Total	200	100%

Section-III To assess the attitude regarding reproductive health among adolescents**Table 3:** Frequency and percentage of attitude scores regarding reproductive health among adolescents

Level of attitude	Frequency	Percentage
Favorable attitude	88	44%
Unfavorable attitude	112	56%
Total	200	100%

Section-IV To find out the co-relation between knowledge & attitude regarding reproductive health**Table No. 4: Correlation between knowledge & attitude regarding reproductive health**

	Maximum Score	Knowledge & Attitude score		
		Mean	Mean (%)	SD (%)
Knowledge	39	15.3	45.1	4.56
Attitude	75	52.7	46.2	5.41
Correlation Coefficient (r)		+0.196		