



A Study on Health Seeking Behavior among College Students in Karnataka

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Abstract: Introduction: Adolescents' health is of growing concern undeniably due to the alarming increases of sexual and reproductive health problems. Reproductive healthcare is crucial and very much needed throughout the life span of every individual specially women and precisely during adolescence. **Objectives:** The Present study was aimed to assess adolescents' awareness on the reproductive health and utilization and health seeking behavior. **Methodology:** A quantitative survey was carried out using a self-administered structured questionnaire among 780 (391 boys and 389 girls) students from 80 Pre-university colleges of 4 Districts in Karnataka by stratified random sampling from schools (20 Pre-university Colleges each from 4 Districts). **Results:** Overall awareness among adolescents was good at 46.2 percent and moderate at 38.9 percent whereas 73.6% of them were found to have very poor utilization and health seeking behavior. **Conclusion:** Special attention and equal emphasis needs to be given towards reproductive health for both males and females.

Key Words: Reproductive health, Awareness, Adolescents.

Introduction

Adolescence is a period of transitional change with physical, emotional & psychological development. It is characterized by rapid physical maturation, intellectual growth and development of skills. It represents a critical period in a person's life as whatever socialization, learning and experiences they have, characteristics and response tendencies they inculcate and the problems they face go a long way in influencing their personal, social and occupational behavior throughout their later life. Despite being acknowledged, the special needs of adolescents are largely ignored due to the perpetual idea that discussing anything related to sex is taboo. Without any or little knowledge from unreliable sources adolescents are exploring themselves in this field which resulting in adolescent pregnancies, unsafe abortion, contracting STIs including HIV/AIDS causing further hinder in social and economic development of the nation. Adolescence (10-19) is an age of opportunity for children marked with a time of transition from childhood to adulthood wherein

young people experience substantial changes in their physiology after puberty, sexual maturation, curiosity and experimentation which make them vulnerable (WHO, 2012).

Reproductive health

Reproductive health is a crucial component of general health which can have a developmental and an inter-generational impact. Reproductive health covers all aspects of adolescent health. It is an umbrella concept, consisting of several distinct factors like Biological, social, cultural, economical and behavioural factors which play an important role in the determination of reproductive health. Reproductive health addresses the reproductive processes, functions and system at all stages of life. Therefore it is a right and of responsibility of every individual to have a satisfying and safe sex life and also to have the capability to reproduce and the freedom to decide (Sandana, 2002).

World Health Organization (WHO, 2012) defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters of reproductive system such as reproductive health, or sexual health/hygiene, addresses the reproductive processes, functions and system at all stages of life. Reproductive health implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. To maintain one's sexual and reproductive health, people need access to accurate information and a safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. And when they decide to have children, women must have access to services that can help them to have a fit pregnancy, safe delivery and healthy baby. Reproductive health should include freedom from risk of sexually transmitted diseases, the right to regulate one's own fertility with full knowledge of contraceptive choices, and the ability to control sexuality without being discriminated against because of age, marital status, income, or similar considerations. Reproductive health should be looked at through a lifecycle approach as it affects both men and women from infancy to old age. Reproductive health at any age intensely causes concern about health later in life. The lifecycle approach incorporates the challenges people face at different times in their lives such as family planning, services to prevent sexually transmitted diseases and early diagnosis and treatment of reproductive health illnesses. As such, services such as health and education systems need to be strengthened and availability of essential health supplies are essential to meet health needs (UNFPA, 1998).

Adolescent and Reproductive health

Adolescents have unique reproductive and sexual health needs. It is a period of growth and development from the onset of puberty to maturity (Bancroft and Reinisch, 1990). It is the most important period because of its immediate effects on attitude and behavior. Similarly, it is also characterized by a transitional period, period of change, age of problem, time of search for identity, and the threshold of adulthood. So, they begin to smoke, drinking, and engage in sex. This is also an age of problem because many adolescents lack the capacity of actualization. In order to lead healthy living, young people have to be responsible and have fulfilling lives and protect themselves from reproductive health problems. They need to be knowledgeable and need adequate information about the physical and psychological changes that take place during puberty, menstruation, pregnancy, and contraception and child birth. Beside that acquiring information on HIV/AIDS, STI's, sexual relationships, use of condoms etc helps them to avoid getting Sexually Transmitted Diseases.

Knowledge and attitudes can positively influence behavioral change in individuals. Proper understanding between the adolescents and their families is a must. The suddenness and the rapid pace, with which the changes take place in the body and mind of adolescents, generate a number of problems and special reproductive needs which adolescents find difficult to understand on their own. Reproductive health of adolescents is dependent on several complex and often independent factors including social-cultural influences (such as family, peers and communities), and access to health services, education and employment opportunities (Grover, 2003).

Adolescents mature and become sexually active but most of them are not aware of sexual and reproductive health and related risks. Neglect of these needs has a major implication for the future, since sexual behavior during adolescence has far reaching consequences for later life. More often than not, young people learn about sex from each other but sometimes, the information shared around is not accurate and can be harmful. Most of them face these risks with too little factual information, too little guidance about sexual responsibility, and too little access to health care. It is a right of young adolescents and it prepares them to make safe, informed and voluntary sexual and reproductive health decisions in their lives (Population Report, 1995).

Health Seeking Behaviour

Adolescents often lack basic reproductive health information and access to affordable confidential reproductive health services (PATH, 1998). Remaneses' (2007) study revealed that there is a need for the provision of medical services to address adolescents' reproductive health needs and support from all sectors of the Local Government Unit (LGU) is important. Public health policies and programs have focused on the sexual and reproductive needs of adolescents, particularly in the developing countries. This is a result of recognition that adolescents constitute large segments of developing countries' populations and that they are disproportionately affected by negative reproductive health outcomes and that services for adults are not responsive to the needs of adolescents (Erulkar, et.al, 2004). Acquiring knowledge, positive attitude towards health, early intervention for health related issues and utilization of health services may be helpful for these young people to acquire better healthy adult life. It presents a window of opportunity to set the stage for healthy and productive adulthood and to reduce the likelihood of problems in the years that lie ahead. Improving Adolescent Health is an emerging area. There is a need for developing platforms for adolescent-friendly health services. To solve the problems of youth, establishing youth friendly services is the major one in addressing the reproductive and sexual health need of youth UNFPA (1998).

Adolescents require obtaining the health services that they need to protect and improve their health and well-being, including sexual and reproductive health services. It defines 'adolescent-friendly health services' from the perspective of quality, and provides step-by-step guidance on developing quality standards for health service provision to adolescents. Drawing upon international experience, it is also tailored to national epidemiological, social, cultural and economic realities, and provides guidance on identifying what actions need to be taken to assess whether appropriate standards have been achieved. In this regard the present study is going to discuss the reproductive health knowledge and attitude acquired by adolescents. This study is aimed to assess the sexual reproductive health needs of the adolescents and explored their attitudes towards current services available. It is also going to be an effective process to be an implement programmes to enhance their skills and knowledge to care for their health and use effective health services.

Magnitude of the Problem Situation

Adolescence is characterized by significant physiological, psychological and social changes that put adolescents for high risk sexual and reproductive health (SRH) problems. Beside this adolescence is a period of sexual maturity that transforms a child into a biologically mature adult capable of sexual reproduction and the potential consequences of that sexual activity. It is also said to be a period of increased risk taking and therefore there is a susceptibility to behavioral problems at the time of puberty causing new concerns about reproductive health. Adolescents constitute about 19% of the total population, yet remain a largely neglected, difficult-to-measure, and hard-to-reach population, in which the needs of adolescent girls in particular are often ignored. Despite 35% of the world population being in the 10–24 age groups, the reproductive health (RH) needs of adolescents have neither been researched nor addressed adequately Ayalew (2008). Early and unprotected sexual activity and misconceptions about HIV/AIDS are prevalent among rural adolescents Nearly 20% of the 1.5 million girls are married under the age of 15 years and are already mothers. Twenty seven percent of married female adolescents have reported unmet needs for contraception. Over 35% of all reported HIV/AIDS infections in India occur amongst young people between the age of 15-24 years age PV Kotecha et.al (2009). In connection to various studies and programmes a majority of these studies which studies mention author and year were conducted based on the reproductive health concerns among females rather than males and not given much attention was given towards their needs too. In reproductive health concern the male's role is also an important component and is yet to be given much attention. There is a limitation of equal attention on male and female towards reproductive health concern. Per cent and not% make changes every where

In India it is estimated that there are almost 200 million adolescents in India (ages 15–24). It is expected that this age group will continue to grow, reaching over 214 million by 2020. However, despite adolescents being a huge segment of the population, policies and programs in India have focused very little effort on the adolescent group. The health of adolescents must be given high priority in Indian policy and program development and implementation. Unfortunately, the special needs of adolescents are rarely addressed by the educational, health, and family welfare programs in India. Adolescence is shrouded in myths and misconceptions about sexual health and sexuality. In Indian culture, talking about sex is taboo. Consequently, little information is provided to adolescents about sexual health. Instead, young people learn more about sexual and reproductive health from uninformed sources, which results in the perpetuation of myths and misconceptions about puberty, menstruation, secondary sex characteristics, physiological and body changes, masturbation, sexual intercourse, and STIs, SD Gupta (2003).

Despite all these issues still adolescent's health is yet to be proven as a very important component in general health. Investments in adolescent friendly reproductive and sexual health will help in delaying the age at marriage, reducing teenage pregnancy, meeting the unmet needs for

contraception, reducing the incidence of HIV/AIDS and STIs and contributing to reduction of maternal, prenatal, and neonatal mortality rates. Considering all these issues, there is a need to provide services which will initiate an Adolescent Friendly Clinic (AFC) and also promote adolescent health care, providing a special package of care and counseling, based on the needs of the adolescents. The concern about adolescent sexual and reproductive health (ASRH) has grown due to unprecedented increasing rates of sexual activity, early pregnancies and sexually transmitted infections (STI) including human immune deficiency virus (HIV) among adolescents Shivaram K (2011). Adolescent health programmes are fragmentary at present and there is no comprehensive programme addressing all the needs of adolescents. Access and availability of health care services are severely limited. Lack of accurate information, absence of proper guidance, parent's ignorance, lack of skills and insufficient services from health care delivery system are the major barriers. It emphasized the need to offer sexual health services and information to adolescents and to address reproductive health challenges across the lifespan. For adolescents to effectively transit into adulthood, they need to be provided with factual, affordable, accessible, confidential, non-judgmental and friendly sexual health information and services Kundan Mittal (2010).

Global and national health indicators highlight the need to have a greater focus on adolescents. Complications from pregnancy, childbirth, and unsafe abortion are a leading cause of death for young women aged 15 to 19. When girls give birth before age 18, there is also increased risk of death and disability to her newborn. Adolescents have one of the highest rates of unmet need for family planning. Young people are at high risk for contracting HIV with 40% of all new HIV infections occurring among 15 to 24 year olds. Sexual violence among adolescents, especially in humanitarian emergencies, also continues to pose significant risks to adolescents. Yet adolescents typically do not have access to high quality sexual and reproductive health information and services UNFPA (2012).

There is also a wide gap of reproductive health awareness in rural areas which is basically in terms of accessibility, affordability and availability of health services. Adolescent health education at school/college levels or in the education system itself is lacking. It has not been introduced in proper methodology or there is no effective policy as such in order to implement and promote these basic needs of young people. Therefore special attention is required in the assessment of reproductive health awareness and the implementation of health services to facilitate young people to have better health adulthood.

Objectives

To assess reproductive health awareness among adolescents

To study health seeking behavior and utilization of health services among adolescents

To assess correlation between health seeking behavior and utilization of health services and awareness among adolescents

Methods and materials

The study was carried out among selected Pre-university college students. The assessment was done in the rural and urban areas of 4 districts of Karnataka. A quantitative survey was carried out to select 780 (391 boys and 389 girls with Solvin's formula $n = \frac{N}{1+N(e)^2}$, 389 from rural and 391 urban areas and 259 each from Government, Private and 262 from Aided schools) students from I

and II PU colleges, they were selected for the study by Stratified Random Sampling from a total of 48 schools (12 schools each from 4 districts) by choosing a precision of 10% to avoid too many questionnaires and to find adequate relevance to the collected data.

A self-administered questionnaire was used to collect quantitative data on reproductive health aspects. The validity of the questionnaire was discussed with subject experts from the field of education and health profession and reliability was measured by Cronbach Alfa and which was found to be 0.823 which showed that the questionnaire was reliable.

The selected respondents were explained the purpose of the study. Participation in the study was voluntary. To ensure that they understood the questions, the students were led question by question while answering the questions in the study instrument. Informed consent was taken. Confidentiality was maintained with regard to the personal information shared and each respondent was assured confidentiality.

Collected data was analyzed using both descriptive and inferential statistical methods. Categorized data was summarized by frequency and percentages. Variables which measured on Likert scale were summarized by frequency, percentage, mean and standard deviation. To ascertain association between the parameters and also to compare the priorities between groups, t-test and Chi-square test were used. To co-relate between the parameters, Karl Pearson correlation co-efficient was used. Level of significance was 5%. P-value less than 5% (0.05) was considered as significant and P-value less than 1% (0.01) was considered as highly significant. Analysis was carried out using Microsoft-excel and SPSS (version 19).

Findings

The present study aimed at assessing reproductive health awareness and attitude among adolescents towards reproductive health. The personal data consists of characteristics which are divided into different categories like gender, age, religion, district, school sector, medium of education, religion rural and urban areas, etc. The eligible participants were selected respondents were between 14-19 years of age (391 boys and 389 girls) where 259(33.2%) each from Government and Aided and 262 (33.6%) from Private Pre University College students in rural and urban areas. Among them 484(62.24%) which comprised of 241(61.6%) boys and 243(62.4%) girls were selected from English medium and 296(37.76%) of adolescents comprised of 150(38.3%) boys and 146(37.5%) girls were selected from Kannada medium. samples selected belongs to nuclear families numbering 546(70%) and other 234(30%) of the samples selected belongings to joint families. A majority of the participant's had a family income of 50,000/- i.e., 293(37.5%). Study showed that 114(14.6%) of the adolescents parents were educated and a majority of the adolescents parents were farmers i.e.,339(43.46%). This socio-economic data shows that majority of the participants were coming from poor soc-economic background which may have greater impact on young people to have better quality of life.

Table no. 1.1.
Adolescent's Awareness on reproductive health

Variables	Male		Female		Total	
	Count	Column N %	Count	Column N %	Count	Column N %
Puberty	171	43.7	147	37.7	318	41
changes (physical, psychological and social)	262	67.1	282	72.2	544	69.7
Reproductive health system	213	54.7	235	60.4	448	57.4
Menstruation & Masturbation	157	40.1	188	48.3	345	44.2
Legal age for Marriage/healthy sexual Relationship	255	65.2	271	69.6	526	67.4
Pregnancy	169	43.2	157	40.3	326	41.7
Contraception	199	51	218	56	417	53.5
RTI Full form	139	35.5	206	52.9	345	44.2
HIV/AIDS	232	59.3	249	64	481	61.6
STI full form	160	40.9	167	42.9	327	41.9
Use of Condom	259	66.2	255	65.2	514	65.8

The study provided adolescents' awareness on reproductive health which was divided into different concepts. The study assessed aspects of reproductive health which were mainly puberty 41%, changes (physical, psychological and social) 69.7%, reproductive health system (male and female organs) 57.4%, menstruation and masturbation 44.2%, legal age for Marriage/healthy sexual relationship 67.4%, pregnancy 41.7%, contraception 53.5%, HIV/AIDS 61.6%, STI's 41.1%, RTI's (44.2%) and use of condom 65.8% etc. An average percentage of the adolescents had awareness on various aspects of reproductive health as per table no.1.1. Having accurate awareness of adolescent development is critically important because beliefs about youth influence perceptions and treatment of young people. Per cent and not % make changes every where

Table no 1.2.
Reproductive health awareness of male and female adolescents

Gender	87 – 108 Excellent		65 – 86 Good		43 – 64 Moderate		21 – 42 Poor		0 – 20 Very Poor		Chi-square	df	Sig.
	F	P	F	P	F	P	F	P	F	P			
Boys	22	5.7%	185	47.3%	147	37.5%	24	6.1%	14	3.5%	32.434	4	.000(*) HS
girls	50	12.8%	176	45.2	157	40.3%	7	1.8%	0	.0%			
Total	72	9.2%	361	46.2%	304	38.9%	31	3.9%	14	1.7%			

(p<0.01-Higly Significant-HS)

The study assessed on aspects of reproductive health with Likert 5 scales with scores of excellent 87 – 108, good 65 – 86, moderate 43 – 64, poor 21 – 42 and very poor 0 – 20. As per the results shown

in table.no1., a majority of adolescents 361(45.5%) among them 185(46.5%) boys and 176(45.2%) girls had good awareness, 304(38.9%) adolescents of which 147(37.5%) were boys and 157(40.3%) were girls had a moderate level of awareness, 71(9.2%) adolescents where boys were 22(5.7%) and a majority 50(12.8%) of girls had excellent awareness, 31(3.9%)adolescents had poor (boys 24 (6.1%) and girls 7(1.8%)), and 14(3.5%)of the adolescents among them 14(3.5%)boys and no girls had very poor awareness. The study shows that the overall awareness among male and female adolescents on reproductive health was significant at $p=0.000$ level.

Table no 1.3.
Over all awareness among adolescents towards reproductive health

Over all awareness	Gender	N	Max. possible score	Mean	Std. Deviation	t value	P
	Boys	391	108.00	65.57	14.630	-2.718	.007 HS
	Girls	389	108.00	68.40	13.925		
	Total	780	108.00	67.01	14.336		

($P<0.05$ -Highly Significant-HS)

1. H_0 – There is no more awareness on reproductive health among girls than boys
2. H_1 - There is more awareness on reproductive health among girls than boys

The present table shows that there was a significant difference between male and female adolescents at $p=.007$ level. Therefore study predicts that H_1 there is more awareness on reproductive health among girls than boys is accepted at $p<0.05$ level and H_0 there is no more awareness on reproductive health among girls than boys is rejected.

Table no 1.4. Utilization and health seeking behavior among adolescents towards reproductive health

Health Facilities	Boys		Girls		Total		Chi-square	df	Sig
	Count	Column N %	Count	Column N %	Count	Column N %			
Available	97	24.8%	85	21.8%	182	23.3%	6.517	2	.038
Visited	69	17.7%	107	27.5%	176	22.5%	16.011	2	.000

To maintain one's sexual and reproductive health, people need access to accurate information and safe, effective, affordable and acceptable health facilities of their choice. Table no. 4.6.1., describes the opinion of adolescents on availability of health organizations or centres. 182(23.3%) of the respondents among boys, who were majority 97(24.8%) and girls 85 (21.8%) said that health facilities were available which was significant at $p=038$ level and 176(22.5%) of whom 69(17.7%) were boys and a majority of girls 107(27.5%) had visited these facilities which was also a significant

p=000 level. It shows that a majority of them were not aware or not sure of availability and had not visited these health facilities.

Table no 1.5. Opinion of adolescents towards reproductive health service providers

Opinion	Boys		Girls		Total		Chi-square	df	Sig
	Count	Column N %	Count	Column N %	Count	Column N %			
Knowledgeable and well-qualified	55	14%	51	13.1%	106	13.5%	6.933	2	.031
Friendly and polite	94	24.0%	86	22.%	180	23.0%	9.036	2	.396
Interested in you and your problems	72	18.4%	71	18.2%	143	18.4%	2.288	2	.319
A good communicator	68	17.4%	61	15.6%	129	16.5%	3.68	2	.218
Respectful	88	22.5%	86	22.3%	174	22.5%	.421	2	.810
Concerned about your privacy	74	19.0%	78	20.3%	152	19.7%	.245	2	.158
Honest and direct	81	20.8%	75	19.3%	156	20.1%	1.852	2	.011
A good listener	78	20.1%	84	21.6%	162	20.8%	.293	2	.864
Able to help you	76	19.4%	96	24.7%	172	22.1%	3.046	2	.885

As per respondents opinion 106(13.5%) of them felt health professionals are knowledgeable and well-qualified where boys numbered 55(14%) and girls 51 (13.1%). 180 (23.0%) where 94(24%) boys and girls 86(22%) of them said that health professionals are usually friendly and polite. Around 143(18.4%) where boys numbered 72(18.4%) and girls 71(18.2%) said that health professionals are interested in adolescents and their problems. Health professionals are good communicator was felt by 129(16.5%) of the adolescents where boys numbered 68(17.4%) and girls 61(15.6%). 174 (22.5%) of the adolescents where boys numbered 88(22.5%) and girls 86(22.3%), said that health professionals are respectful, They are concerned about privacy felt by 152(19.7%) of the adolescents where boys numbered 74(19%) and girls 78(20.3%). 81(20.8%) of the boys and 75(19.3%) of the girls where 156(20.1%) of the adolescents had given their opinion that health professionals are honest and direct. Health professionals are good listener was said by 162(20.8%) of the adolescents where boys were 78(20.8%), and girls 84(21.6%). 172(22.1%) of the adolescents where boys were 76(19.4%) and girls 96(24.7%) said that health professionals are able to help adolescents.

Even though opinion on health professionals among male and female is almost the same still girls were more positive towards health professionals than boys. The results predict that very few of the adolescents have given positive opinion and others opinions were either no or don't know which can be a factor having greatest impact in consulting health professionals.

Table No.1.6 Reasons for not consulting health professionals by adolescents for reproductive health needs

Type of Reasons	Boys (154)		Girls(162)		Total (316)		Chi-square	df	Sig
	Count	Column N %	Count	Column N %	Count	Column N %			
Fear	65	41.4%	95	58.6%	161	50.3%	27.144	2	.000
Uncomfortable With Opposite Health Worker	73	46.2%	106	65.5%	179	56.3%	20.924	2	.000
Poor Quality Perception	48	30.3%	82	50.6%	130	40.9%	13.988	2	.001
Lack of Privacy	98	62.4%	72	44.4%	170	53.1%	41.795	2	.000
Confidentiality	86	54.7%	104	64.1%	190	59.4%	20.760	2	.000
Cumbersome Procedure	54	34.4%	73	45%	127	39.9%	6.294	2	.043
Long Waiting Time	30	19.5%	75	46.2%	105	33.2%	25.945	2	.000
Parental Consent	86	54.7%	69	42.6%	155	48.4%	4.608	2	.100
Operational Barrier	70	44.5%	62	38.2%	132	41.5%	2.089	2	.352
Lack of Information	71	45.2%	74	45.6%	145	45.6%	.145	2	.930
Feeling of Discomfort	86	55.8%	86	53.0%	172	54.1%	.750	2	..687

Data prescribed in Table No 4.6.4., among 316(40.51%) adolescents, boys 154(39.3%) and girls 162(41.6%) said that they don't visit to consult health professionals. The reason where 161 (50.3%) of the adolescents among them boys 65 (41.6%) and girls 95 (58.6%) said that they don't visit because of fear. Feel Uncomfortable with opposite health worker was said by 179 (56.3%) of the adolescents. 73(46.2%) boys 106(65.5%) girls. 130(40.9%) of the adolescents said that there is poor quality of perception among health providers among of them 48 (30.3%) boys and 82(50.6%) girls. Lack of privacy also makes them not to consult health professionals among 170(53.1%) adolescents where 98(62.4%) boys and 72(44.4%) girls. 86(54.7%) of the boys, 104(64.1%) of the girls, and 190(59.4%) of the adolescents said that lack of confidentiality prevented adolescent not to visit health professionals which is a majority among all other reasons in this study. 127(39.9%) of the adolescents among them 54(34.4%) boys and 73(45%) girls felt reluctant to consult health professionals because of cumbersome procedure. Adolescent 105(33.2%) where boys 30(19.5%) and girls 75(46.3%) felt that it takes too much time to consult health professionals. 86(54.7%) of the boys 69(42.6%) of the girls, totally 155(48.4%) of the adolescents said that they worry about parental consent before visiting health professionals. Operational Barrier is a cause for reluctance to consult health professionals by boys 70(44.5%), girls 62(38.2%) and totally 132(41.5%) of the adolescents. Adolescents 145(45.6%) among them boys 71(45.2%) and girls 74(45.6%) were not in favor of consulting health professionals because of lack of information. Feeling discomfort to consult health professionals expressed by 172(54.1%) of the adolescents among them 86(55.8%) boys and

86(53.1%) girls. The study points out that majority of the girls were not comfortable to consult health professionals especially because of confidentiality, lack of privacy, feeling discomfort etc and all other boys and girls gave their opinion of either no or don't know. It shows that a majority of the adolescents feel that health professionals are also not in favor of consulting health issues by adolescents.

Diagram No.2.1 Health seeking behavior among adolescents towards reproductive health

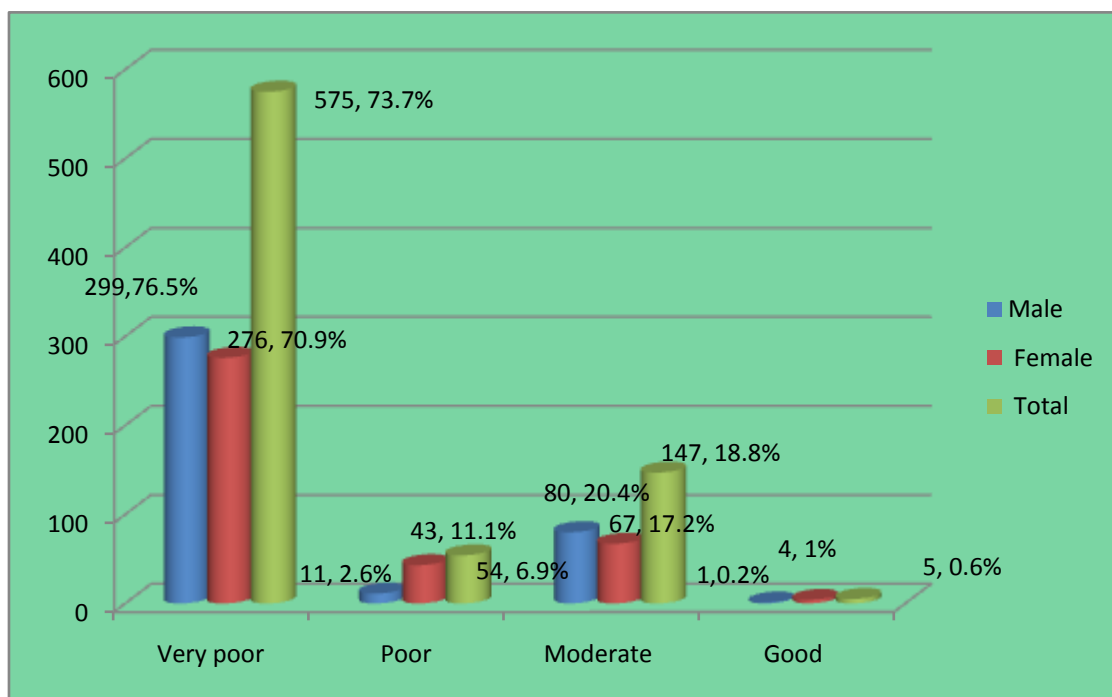


Diagram no.2.1., describes the opinion of utilization and health seeking behavior among adolescents. Utilization and health seeking behavior refers to awareness of health facilities, visits to these health facilities, consulting health professionals and their approach towards young people. Adolescents are quite explicit about what they want from health-care providers. They value their privacy and identity, and want to make decisions for themselves based on correct information. There were different elements which were assessed among adolescents to seek healthcare. These elements include: confidentiality, provision of required information and services, accepting adolescents as they are, considering and respecting adolescents' opinions, allowing adolescents to make their own decisions, ensuring that adolescents feel welcome and comfortable, being non-judgmental, and providing of services at a time that adolescents are able to come.

Majority of the adolescents, 575(72.7%) among them 299(76.5%) boys and 276(70.9%) girls had very poor, 147(18.8%) adolescents among them 80(20.4%) boys and 67(17.2%)girls had moderate level,54(6.9%) adolescents among them 11(2.6%) boys and 43(11.1%)girls had poor and 5(0.6%) adolescent among them 1(0.2%) boys and 4(1.0%) girls had good reproductive health service utilization and health seeking behavior.

Table. No.1.7. Correlation between awareness and Utilization and health seeking behavior among adolescents towards reproductive health

Utilization and health seeking behavior	P
.032 (**)	0.000 Significant

1. H_0 – There is no significant difference between awareness and utilisation of health services
2. H_1 . There is significant difference between awareness and utilisation of health services

The present study shows that there was a significant difference between awareness and utilization of health services among males and females at $p=.000$ level. Therefore the study predicts that H_1 There is significant difference between awareness and utilization of health services among males and female is accepted at $p<0.01$ level and H_0 significant difference between awareness and utilization of health services among males and female is rejected.

Discussion

Adolescence is considered to be a relatively healthy period of life as mortality during this period of life is lowest. However, adolescence is marked by rapid physical growth and psychosocial development and most adolescents face difficulties during this transition from childhood to adulthood

Findings of the present study describe the awareness on reproductive health among adolescents. In a study done at Vadodara district on adolescents, the results found that majority of the boys and girls had awareness on external visible pubertal changes and 81% of the boys and 77% of the girls had heard of HIV/AIDS. The present study finds the similar type of results where majority of the adolescents 69.7% had awareness on pubertal changes and 60.6% were aware of HIV/AIDS related aspects. Average percentage, a little more than half of the adolescent had awareness on reproductive health system, legal marriage age and sexual relationship. A similar kind of awareness was shown in studies conducted in West Bengal (Das et.al, 2007) among male and among girls at Kuppam Mandal (Malleshappa et al., 2011). As unmarried teenage pregnancies are becoming common, both male and female adolescents need to have knowledge about emergency contraception. They also need to know the correct method of use, adverse effects, availability, and cost of it. They should have a positive attitude on its use and recommend them to others for emergency contraception. As per present study 52.9% of the adolescents were aware of contraception methods and similar opinion was shown in the study conducted in Jamnagar (Anand, 2016) among boys and girls.

In studies conducted in Uganda, Adolescents were frequently reluctant to seek health services for sexual and reproductive health. Included among the many barriers were judgmental health workers, lack of supplies, equipment, materials and private workspace, and a lack of training for and in

understanding of adolescent reproductive needs. This has been evidenced in other studies in Burkina Faso, Ghana, Malawi and India where adolescents were highly unwilling to seek SRH services (Atuyambe et.al, 2015). The results of the present study also show that majority of the adolescents also had very poor opinion of health seeking and utilization health service. There are few studies on knowledge, attitude and practice of adolescents in relation to their RH in Ethiopia showing a significant discrepancy between knowledge about and the level of services utilization in particular and poor access to RH services in general (Abajobir et al.,2014). Lack of awareness will prevent adolescents from getting available Reproductive health services from health institutions. This points towards the direction for risk assessment and designing health education and promotion programs pertinent to increasing awareness about these issues.

Per cent and not% correct please

Significance of the Study

Adolescents confront a number of problems due to lack of adequate knowledge about their growing up process. The issues relating to their reproductive health in particular are of vital importance. Research is needed to identify the major sources of risk and protection for young adolescents in different settings, the particular ways in which these are gendered, and their effects on sexual, reproductive attitudes and behaviors. In India evaluations of programmes that have been implemented have not always been systematic or rigorous. To develop interventions, to promote responsible sexual behaviors and to design reproductive health services for adolescent males, we need a better understanding of the context of reproductive health in the lives of adolescent males. Among adolescents, girls are particularly vulnerable, not only because they are more likely to be coerced invariably for unprotected sex than boys, but also they are more susceptible biologically to STDs including HIV infection. Therefore assessment and promoting knowledge among both sexes is very important.

This assessment can be implemented through professional guidance such as Social Work Intervention, counselling, life skills etc. The present study will be trying to bring the need of awareness and positive attitude towards utilization of health services on Reproductive Health among young people for the state of Karnataka. It is going to generate crucial information about the attitude and awareness of adolescents regarding their reproductive health and other related issues that are covered in terms of perceived stress, identity, self-concept, attitude and emotional disturbances and also their opinion of parents, significant people and other health professionals.

Implications for Social Work Practice

The study highlights the relevance of sexual and reproductive health promotion and practice of social work, emphasizes the impact of reproductive health and rights of young people, and proposes a social work agenda that will embrace and promote sexual and reproductive health and rights. Social Workers have wider opportunities to enhance the knowledge and skills to promote reproductive health through School of Social Work, as Counselor, promoting health education through training teachers, peer group, parents, through research, innovative programmes, and supportive programmes planner in planning policies and also use of media to promote reproductive health information.

Adolescent sexual and reproductive health (ASRH) has been overlooked historically despite the high risks that countries face for its neglect. Some of the challenges faced by adolescents across the world include early pregnancy and parenthood, difficulties accessing contraception and safe abortion, and high rates of HIV and sexually transmitted infections. Various political, economic, and socio-cultural factors restrict the delivery of information and services; healthcare workers often act as a barrier to care by failing to provide young people with supportive, nonjudgmental, youth-appropriate services. In this regard study provide platform for Social Work to promote adolescent health education where reproductive health and issues can be protected.

Adolescent health is increasingly being recognized as an important component of a country's well-being and of providing health services provision. Like many other countries, India will need to increase efforts in this area, based on adequate information and evidence. There are several studies and much literature produced by many sectors and individuals interested and involved in adolescent health. However, while they contain useful information, it is scattered and fragmented. This review has managed to bring together some of that information, and the analyses carried out have provided an impetus for more work to be done towards improvement of adolescent health in terms of policies, strategies, activities and interventions

There are several gaps in current knowledge on adolescents' sexual and reproductive health in Malaysia. For example, there is little information about abortion, and such knowledge could be useful in making policies and designing intervention strategies. It could also highlight the impact of current policies. There is no information about sexual development, except concerning wet dreams and onset of menarche. Research is needed to identify the best approaches for adolescents' sexual and reproductive health education, and to evaluate the impact of such education. There is also a need to improve and standardize research methods to obtain reliable information. Non-threatening approaches should be used to gather information from and about adolescents. It is also recommended that all agencies should coordinate their research, so that important areas are covered and duplication is avoided.

Recommendations and Conclusion

The study was undertaken to understand the levels of awareness of reproductive health among adolescents and it was observed that knowledge was far from satisfactory. It also showed that those who lacked awareness about reproductive health may be more vulnerable to high risk behavior. There is an urgent need to promote awareness especially in school/colleges. This can be accomplished by communicating with and educating parents, teachers, family members and other influential persons who act as resource persons educating and spreading the correct knowledge. Information, education and communication (IEC) campaigns have to be strengthened to increase awareness on reproductive health aspects among adolescents as these are a vulnerable group. Health education programmes could be implemented through policies in order to provide accurate and right information for adolescents.

The findings of the study recommend that one of the key actions needed to improve reproductive health is the empowerment of adolescents especially through education programmes. This paper draws attention to the urgent need of the intervention strategies aimed at enhancing adolescents'

knowledge and to bring desirable changes in their attitude, thus to strengthen the quality of practices on reproductive health care. The study points towards the need for information on reproductive system, human reproduction, and related issues and reproductive health for the students especially through curriculum as it form the primary source of knowledge for them which is also easily accessible. This needs to be strengthened by capacity building of teachers to handle these topics and questions delicately. Adolescent friendly clinics and health services are very much effective to assess and provide compressive health care. This can reduce the negative opinion and improve health seeking behavior. Every school/college can implement these health services to enhance their health conditions.

To conclude this study seeks to assess knowledge that adolescent students possesses on reproductive health. The study was based on preference of adolescents, their knowledge on reproductive health and sources from which adolescents get that knowledge. The major discovery in this study was a moderate level of awareness and attitude on reproductive health among adolescents. This make adolescent more vulnerable to reproductive health problem, where most of them face psychological and emotional issues and poor access to health services. In helping adolescents knowledge on reproductive health should be provided in both formal and informal sectors, within a conducive environment that will allow privacy and confidentiality. Social worker and other health professionals should cooperate with other stakeholders within a community to understand adolescents as the most vulnerable group and help them through frequently visits in order to understand their need, make referral and advocating for their right. Over all the study was a useful exercise to gather insight into adolescent sexual and reproductive health in Karnataka, and will provide useful information for the strengthening of efforts to improve adolescent health in the country.

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