



REPRODUCTIVE HEALTH KNOWLEDGE, ATTITUDE AND PRACTICE OF ADOLESCENT GIRLS IN HYDERABAD AND SECUNDERABAD CITIES

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ABSTRACT

The study “Assessment of Reproductive Health Knowledge, Attitude, and Practice of the adolescent girls” was carried out on 300 adolescent girls of 16 to 19 year age group in Hyderabad and Secunderabad cities of present Telangana state in India. The objectives of the study were; to assess the knowledge, attitude, and practice of adolescent girls on reproductive health and to study the association between independent variables and knowledge, attitude and practice of adolescent girls on reproductive health. The study results allow to conclude that there was significant positive relationship between knowledge and attitude ($r=0.352 < 0.01, p=0.000$), between knowledge and practice ($r=0.313 < 0.01, p=0.000$) and between attitude and practice ($r=0.177 < 0.01, p=0.002$). The knowledge influences attitude and practice of the adolescent girls, which leads to sustainable learning. The adolescents need to be equipped with correct knowledge, skills in reproductive health and share them with their peers and mothers to practice to improve their health.

Key words: Reproductive Health, Knowledge, Attitude, Practice, Adolescent Girls

Introduction

Reproductive health is the corner stone of women's health and is the right of women. This was an acknowledgement of the reality that major disease burdens suffered by women are related to reproductive function. Maternal mortality is terribly high in strife-torn areas of the world. Reproductive health education and sexual health promotion are intended to decrease the hazards of negative results from sexual behavior such as unwanted or unplanned pregnancies and infection through sexually transmitted diseases. It also enhances the value of

relations and increases teenager's capability to take appropriate decisions relating to their relation with people of the opposite gender. The general objective of reproductive health education is to eradicate the lack of knowledge and wrong ideas about sex by creating right attitude among the adolescents. Commonly, schools and colleges are considered as the main hub for creating awareness on sex education.

Methodology

An Experimental study with 2 groups, pre-test and post-test design was selected to determine the effectiveness of Reproductive health and education programme. The randomized controlled experiment is the most powerful research design available for testing hypotheses of cause – effect relationship between variables and groups. This design was selected for this study since it yields the highest quality evidences regarding the effect of specific educational intervention.

Sample Selection

The sample was selected by random sampling technique and it comprised of adolescent girls between the age of 16 to 19 years from 6 junior colleges in Secunderabad and Hyderabad cities.

Variables

The researcher after a review of literature and discussion held with the experts conversant with the topics selected the variables for inclusion in the present study; independent variables such as Age, Religion, Education of parents Occupations of parents, Monthly family income, Type of family and Size of family. Dependent variables such as knowledge, Attitude and Practice on RH education

Development of Tools

The tools developed were tested for their reliability and content validity. The feasibility was tested by the pilot study and required modifications were made based on the results of the pilot study. The tools developed were;

Reproductive Health Knowledge Scale

The questions to assess the knowledge of Adolescent Girls on Reproductive Health. This scale included 45 multiple choice questions to assess the knowledge on the following: Reproductive System of Male and Female, Changes during adolescence, Menstruation and

Premenstrual discomforts, Pregnancy, Abortion, Risk Behaviours of adolescents, Contraceptives, Sexually Transmitted Infections, and HIV/AIDS. Each item had four options to choose the correct answer. The right answer was given a score of '1' and wrong answer 'zero'. Maximum score was 45, minimum score was 1. The scores were further categorized as Low Knowledge (0-14), Moderate knowledge (15-29), High knowledge 30 and above. Scoring key was developed.

Reproductive Health Attitude Scale

An attitude is a tendency to respond positively or negatively towards a certain idea, object, person or situation. It influences a person's choice of action, responses to challenges and difficult situations of life, rewards and incentives. It is said to have three components: Affective component which involves a person's feelings and emotions, behavioural or conative component involves the way one acts or behaves, and cognitive component involves a person's belief or knowledge about an attitude object.

The respondents responding to a Likert items specify their level of agreement or disagreement on a symmetric agree-disagree scale for a series of statements. Thus the range reveals their intensity of their feelings towards a given item in the questionnaire. The present study contained 55 statements of positive and Negative answers on a five points scale. They were SA = Strongly Agree, A= Agree, UC= Uncertain, D= Disagree, SD= Strongly Disagree. The positive answers were scored as 5,4,3,2,1 and the Negative answers were scored as 1,2,3,4,5. There were 32 Positive statements and 23 Negative statements. The maximum score for positive answers were 160 and the minimum 32. The maximum scores for the Negative answers were 115 and the minimum was 23.

Questionnaire on Reproductive Health Practice

There were ten questions related to practices regarding menstruation and menstrual hygiene, premenstrual discomfort, and remedial measures taken, personal hygiene during menstruation, type of sanitary napkins used and the mode of disposal of sanitary napkins. Each item had four choices and one correct answer. The answers were scored as Correct answer =1 Wrong answer= 0.

Administration of tools for data collection

The investigator collected the information from the adolescent girls personally during the administration of the questionnaire. A brief explanation on the study and the tool was

given to the participants. Assurance of confidentiality of Data collected was ensured to the participants and the institution. It was administered to 300 students from 6 colleges in Secunderabad and Hyderabad cities in May- June 2015. The data collected was classified, coded and analyzed using relevant inferential and descriptive statistical techniques.

Results and Discussion

The results were interpreted and discussed and compared with the objectives and hypotheses of the study.

1. Personal and family profile of the sample

- The age of the sample :49.3% (148) were 16years ,39.3% (118) were 17 years ,9.1% (27) were 18 years ,2.3% (7) were 19 years of age
- Around43.3% (130) were Hindus,20% (60) were Muslims, and 36.7%(110) were Christians.
- The Education of the mothers was as follows: 24% (72) were illiterate, 23% (69) studied up to primary, 27 % (80) upto secondary, and 26% (79) were of collegiate.
- Education of the Fathers was: 15% (44) were illiterate, 29% (87) studied up to primary, 24 % (73) up to secondary, and 32% (96) were of collegiate.
- The occupation of mothers was: 13 % (39) were Daily wage earners , 7% (21) were having business, 13% (40) were employees, and 6% (200) were in the category of any others.
- The occupations of the Fathers were: 24% (72) were daily wage earners, 23% (70) were having business, 34% (103), were employees and 18% (55) were with doing other occupations.
- A majority of the families had a moderate income. 23% (68) of them were living as a joint family; a majority of them 71% (212) was living in nuclear families, 4% (12) of them in extended family and 3% (8) of them in other types of families.
- Regarding the size of the family a majority had up to 4 members in the family.

2. The Reproductive Health knowledge, Attitude and Practice of Adolescent girls

The Null hypothesis, the knowledge, attitude, and practice of adolescent girls on reproductive health and life skills is poor was formulated to test KAP on RH. The knowledge scale consisted of 45 items. The maximum score was 45 and the minimum score was one; the

attitudinal scale consisted 55 items with a minimum score of 55 and maximum score of 175. The practice scale had 10 items, with a minimum score of one and maximum score of 10. Several studies indicated that the knowledge helps in acquisition of skills for practice and changes the attitude of learners in favor of practice.

Table 1: Mean, Standard Deviation and N for the Dependent Variables

Dependent Variables	Mean	Std. Deviation	N
Reproductive Health Knowledge	21.21	6.946	300
Attitude Scale	167.53	41.481	300
Practice	4.77	1.705	300

The table 1 shows the mean scores and standard Deviation, which indicates that the sample mean scores for RH knowledge and practice, was moderate. The RH attitudinal mean scores were high with a standard Deviation of 41.48. That is the sample possessed a favorable attitude towards RH Education.

Table 2: Cross Table for Knowledge of the Sample

Sl. No.	Knowledge	Number of persons	Percentage (%)
1	0-14 – Low	54	18
2	15-29 – Moderate	211	70
3	30 and above – High	35	12
Total		300	100

The table 2 shows the descriptive statistics in the form of cross tables indicated that 18% (34) of the sample had low knowledge, 70% (211) had moderate knowledge, and 12% (35) had high knowledge.

Table 3: Cross Table for Attitude of the Sample

Sl. No.	Attitude	Number of persons	Percentage (%)
1	Below 100 – Low	21	7
2	100-199 – Moderate	245	82
3	200 and above - High	34	12
Total		300	100

The cross table3 for attitude indicated that 7% (21) had low attitude , 82% (245) and moderate attitude and 12% (34) had high attitude.

Table 4: Cross Table for Practice of the Sample

Sl. No.	Practice	Number of persons	Percentage (%)
1	0-3 – Low	61	21
2	4-7 - Moderate	227	75
3	8 and above - High	12	4
Total		300	100

The cross table4 for practice revealed that 21% (61) had low practice , 75% (227) had moderate practice and 4% (12) had high practice.

Salwa Tawflik Abd Al Azeem et al (March-2011) conducted a study on “promotion of knowledge and attitude towards pre-marital care; an interventional study among medical students in Fayoum University. The aim of this study was to assess and improve knowledge and attitude of 200 medical students in Fayoum University towards pre-marital care services, through health education intervention program The results reflected the importance of health education as a cornerstone element in improving knowledge and attitude towards premarital care. There is a need of continuous health education programs for students to increase their awareness and attitude.

3.Relationship between RH Knowledge, Attitude and Practice

It was hypothesized that there would be no relationship between Knowledge, Attitude, and Practice (KAP) of adolescent girls on RH. Inferential statistics i.e. Pearson’s product Moment ‘r’ was used.

Table 5: Multiple Correlations between RH Knowledge, Attitude and Practice

		Knowledge	Attitude	Practice
Knowledge	Pearson Correlation	1	.352**	.313**
	Sig. (2-tailed)		.000	.000
	N	300	300	300
Attitude	Pearson Correlation	.352**	1	.177**
	Sig. (2-tailed)	.000		.002

	N	300	300	300
Practice	Pearson Correlation	.313**	.177**	1
	Sig. (2-tailed)	.000	.002	
	N	300	300	300

The results (table 2) indicated a positive relationship between knowledge and Attitude ($r=0.352 < 0.01$, $P=0.000$) and between knowledge and practice ($r = 0.313 < 0.01$, $p= 0.000$). Significant positive relationship was observed between attitude and practice ($r= 0.177 < 0.01$, $p= 0.002$). This relationship indicates that with the increase of scores in one scale, the scores on the other scales also increase and vice versa. The relationships are significant at 0.01 levels indicating that it is true for 99% of cases. The results are not in accordance with the null hypothesis, and null hypothesis is rejected.

Nair M.K., Leena et.al., (2013) conducted a study on ARSH: 1(Adolescent Reproductive Sexual Health): Reproductive and sexual health problems of adolescents and young adults: a cross sectional community survey on knowledge, attitude, and practice. The objective of the study was to understand the problems faced and the difficulties in knowledge, attitude and practice of young people across the age group of 10-24 years on reproductive and sexual health issues and to get their suggestions regarding adolescent care services. This study showed an overall inadequacy in reproductive health knowledge in all age groups, but increasing knowledge gain and better attitude and practices on reproductive and sexual health as the age increases. The suggestions made by the group regarding need for ARSH and counseling services with privacy and confidentiality ensured, are useful for planning ARSH services under National Rural Health Mission.

4. Association between Independent variables and KAP of adolescent girls on RHLS.

Kavitha (2012) conducted a descriptive study on “Reproductive health and hygiene among adolescents” in two coeducational institutions at Coimbatore district. With the adoption of convenience sampling, data were collected from 144 adolescent girls of 13-19 years of age. A structured interview schedule was administered to collect the data. With regard to knowledge and source of information, the findings indicate that 67.36 percent of the girls had knowledge prior to their first menstruation, while 32.63 percent of them did not know about it prior to their first experience. 56.25 percent of them have received information from their mothers, 18.75 percent got information from their friends, and 6.94 percent got from their relatives or neighbors.

Table 6: Correlation between Age and Knowledge, Attitude and Practice

		Age	Knowledge	Attitude	Practice
Age	Pearson Correlation	1	-.153*	-.185**	-.063
	Sig. (2-tailed)		.008	.001	.274
	N	300	300	300	300

*. Correlation is significant at the 0.05 level (2-tailed)

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

It was hypothesized that there is no association between independent variables and knowledge, Attitude, practice (KAP) of adolescent girls on Reproductive Health. Inferential statistical technique i.e. Pearson's product moment 'r' was used to find the relationship. Significant relationship was seen between age and knowledge ($r= 0.153, \leq 0.05$ $p= 0.008$) between age and attitude ($r= 0.185, \leq 0.01$ $p= 0.001$). The adolescent girls as they grow learn the skills related to reproductive health practice. Learning right skills, with scientific knowledge is important to overcome myths and learn facts. Unlearning false practices is also important, which needs positive attitude towards the knowledge and skills.

Conclusion

The study results allows to conclude that there was significant positive relationship between knowledge and attitude ($r=0.352 < 0.01, p=0.000$), between knowledge and practice ($r=0.313 < 0.01, p=0.000$) and between attitude and practice ($r=0.177 < 0.01, p=0.002$). The knowledge influences attitude and practice of the adolescent girls, which leads to sustainable learning.. The independent variables relationship with the KAP of the sample on RHLS was also studied. There was significant association found between the age and RH knowledge and age and RH attitude. But no significant association was observed between age and RH practice. The adolescents need to be equipped with correct knowledge, skills in reproductive health and share them with their peers and mothers to practice to improve their health.

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