

Knowledge content of adolescents on reproductive health in Shillong, Meghalaya

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ABSTRACT

Reproductive Health is a crucial component of general health. It is a state in which people have the ability to undertake sexual activity safely. The present study attempts to assess the knowledge content of adolescents on reproductive health. A total of 300 samples were taken belonging to three different locations of Shillong town. Data were collected with the help of questionnaire. Analysis of data revealed that both male and female respondents displayed poor knowledge on some of the desirable aspects of reproductive health. However, a non-significant difference was seen between the genders regarding knowledge on reproductive health. But a significant difference was found between different age groups of both male and female. The present study demands that knowledge content of adolescents on reproductive health can be improved or raised by making them aware through dissemination of information on different issues related to reproductive health.

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The International Conference for Population and Development (ICPD) 1994 defined the term reproductive health is a state of complete physical, mental and social well being and not merely the absence of diseases or infirmity, all matters relating to the reproductive system and its functions and processes.

In India, adolescents reproductive health needs are poorly understood and ill served, while the needs of children or pregnant women are acknowledged in national programmes. Neither services nor researches have focused on the unique health and information needs of adolescents. Adolescent's ignorance about sexual and reproductive behaviour is compounded by reluctance among parents and teachers to impart relevant information (Watsa, 2004). Educating young people about reproductive health and teaching them skills in negotiating conflicts resolutions, critical thinking, decision making and communication improve their self confidence and ability to make choices, such as postponing sex until they are mature enough to protect themselves from Human Immuno Deficiency Virus (HIV), Sexually Transmitted Diseases (STD) and unwanted pregnancies (Singh, 2004). The present study attempts to assess the knowledge content of adolescents on reproductive health with the objectives to assess the knowledge content of adolescents on reproductive health, to study the gender difference if any in knowledge content on reproductive health and to study the age difference in knowledge content of adolescent boys and girls.

METHODOLOGY

Study was conducted in Shillong town of the state of Meghalaya. Three hundred samples from three co-

educational higher secondary schools were selected including boys and girls from VIII to XII standard. The age groups of 13 to 19 years were selected as samples for the present study. A questionnaire was constructed for collection of data from respondents. The questionnaire included two aspects (1) Background information (2) Thirty five statements pertaining to different aspects relevant to reproductive health. Data were collected at schools in class rooms. The approximate time required to complete the questionnaire was 30 minutes. The collected data were tabulated and analyzed statistically by calculating the frequency and percentage, mean, standard deviation and standard error and by applying z-test for significance.

RESULTS AND DISCUSSION

To assess the knowledge content of adolescents on reproductive health:

Distribution of respondents according to the knowledge content on reproductive health (Table 1) indicated that majority of male respondents (49.33%) and female respondents (60.7%) had good knowledge on reproductive health. This was attributed to the fact that the issues related to reproductive health have gained increasing importance over the last few decades. The media has played a vital role in making a vast change in the scenario at the school, college, family and social level. Children have free access to movies and programmes which are exclusively meant for adults. This was also supported by the findings of Singh, (1990) that more than 90 per cent of the students in each discipline had favorable attitude towards sex and sex education. Higher the levels of education higher were scores in knowledge section of

Table 1: Distribution of male and female respondents according to their knowledge content on reproductive health

Knowledge level	Male		Female	
	F	P	F	P
Good	74	49.33	91	60.70
Average	20	13.34	8	5.30
Poor	56	37.33	51	34.00
Total	150	100	150	100

F = Frequency P = percentage

sex and sex related aspects. However, 37.33 per cent male respondents and 34 per cent of female respondents have displayed poor knowledge on reproductive health.

Different desirable aspects of reproductive health:

The knowledge of male respondents pertaining to different desirable aspects of reproductive health (Table 2) shows that the highest percentage of male respondents (55.30%) had good knowledge on masturbation followed by the aspects of puberty (46%) sexual diseases (46%) and family planning (42%). Again, it was seen that 44.70 per cent of the male respondents had poor knowledge regarding facts on reproduction like, nocturnal emission, ejaculation, etc. This attributed to the fact that though sex education was provided but adolescents were confused regarding information they received which often leads to stress in understanding sexual development as reported by Hennik (2005). Some facts on adolescent's sexuality and fertility were presented in a seminar (Jejeebhoy, 1996) which supported that knowledge of sex

and reproduction were limited among college going girls (Sharma and Sharma, 1996)

The knowledge of female respondents pertaining to different desirable aspects on reproductive health (Table 3) shows that highest percentage (60.67%) had average knowledge on puberty followed by sexual diseases (53.34%). Moreover, 52.66 per cent showed good knowledge in family planning, followed by 50.70 per cent who had good knowledge in menstruation. This was due to the fact that as children grow up they become aware that they are entering a new phase in their lives. Due to sex education, adolescents accepted the physical changes as normal and natural. Since, it is a natural body phenomena there is really no reason to be secretive or embarrassed about it (Deka, 2001). Among all the four aspects a total of 29.30 per cent shows poor knowledge on menstruation. This is attributed to the fact that some adolescents' girls are generally ignorant of menstruation until it occurs, as some mothers hesitate to discuss this issue with their daughters.

Gender difference in knowledge content on reproductive health:

The results (Table 4) showed that a comparison of knowledge content of male and female respondents on reproductive health, was measured by 'Z' test and it was found that though higher percentage of girls possessed good level of knowledge as compared to boys but there was non-significant difference in knowledge content between the genders. This was indicative of the fact that

Table 2 : Distribution of male respondents according to the knowledge content pertaining to different desirable aspects of reproductive health

Knowledge on	Good		Average		Poor	
	F	P	F	P	F	P
Puberty	69	46.00	34	22.70	47	31.30
Facts on reproduction	62	41.30	21	14.00	67	44.70
Masturbation	83	55.30	67	44.70	0	0.00
Sexual diseases	69	46.00	22	14.70	59	39.30
Family planning	63	42.00	50	33.30	37	24.70

F = Frequency P = Percentage

Table 3 : Distribution of female respondents according to the knowledge content pertaining to different desirable aspects of reproductive health

Knowledge on	Good		Average		Poor	
	F	P	F	P	F	P
Puberty	34	22.66	91	60.67	25	16.67
Menstruation	76	50.70	30	20.00	44	29.30
Sexual diseases	43	28.66	80	53.34	27	18.00
Family planning	79	52.66	54	36.00	17	11.34

F = Frequency P = Percentage

Table 4 : Comparison of knowledge content of male and female respondents on reproductive health

Gender	Mean	SD	Z-value
Boys	25.87	5.40	NS
Girls	26.29	5.52	

NS: Non-significant

SD: Standard deviation

both boys and girls get equal exposure to knowledge on reproductive health through various media, school curriculum and through peer group.

adolescents. The present study, in spite of its several limitations, has a very important policy implication. The reproductive health services in the country focus mainly on adults and do not address the special needs of adolescents. Therefore, there is an urgent need to provide accurate, user friendly information on reproductive health to adolescents by organizing special education programme and efforts should be made by incorporating sex education programme as a part of the school curriculum, in order to improve the knowledge of adolescents.

Table 5 : Comparison of knowledge content on reproductive health of male and female respondents according to the age difference

Age group	Male			Female		
	Mean	SD	Z-value	Mean	SD	Z-value
13-15 years	23.96	5.73	1.87 ^{NS}	24.9	6.55	NS
16-17 years	25.92	4.89		25.9	5.04	
13-15 years	23.96	5.73	4.22 ^{**}	24.9	6.55	3.36 ^{**}
18-19 years	23.36	4.40		28.4	3.50	
16-17 years	25.92	4.89	2.18 [*]	25.9	5.04	2.23 [*]
18-19 years	28.36	4.40		28.4	3.50	

NS: Non-significant

* and ** Significance of values at P = 0.05 and 0.01, respectively

SD: Standard deviation

Age difference in knowledge content of adolescents on reproductive health:

Findings (Table 5) showed that the highest difference in knowledge content on reproductive health was seen between the age group of 13-15 years and 18-19 years which was statistically significant irrespective of gender difference followed by the age group of 16-17 years and 18 to 19 years which was also found to be significant and least difference was seen between 13-15 years and 16-17 years which was non-significant. This attributes to the fact that the higher the age group, the greater is the exposure to information on reproductive health. Even though there was a significant difference between the age groups of 16-17 years and 18-19 years, it was low in comparison to the previous age group of 13-15 and 18-19 years. This explained the fact that as the difference in age level increases the knowledge level between the various age group also varies with a greater discrepancy in knowledge content between the lowest and the upper most age group. The findings can be supported by Borah (2001) who had concluded that educational level and the age of the respondents played a positive role in terms of knowledge on reproductive health.

Conclusion:

Foregoing discussion highlights the glaring lack of information on sexual and reproductive health of

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