



Awareness of Reproductive Health among Rural Adolescent Girls (A Comparative Study of School Going Girls and Dropout Girls of Jammu)

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ABSTRACT 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 and adulthood, sets and stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. The extent and severity of the problems that adolescents encounter during this phase of their life include many reproductive health issues. Hence the present study was undertaken to know awareness of Reproductive Health among school going and school dropout adolescent girls of Jammu City. The results of the study revealed that majority of both school going girls and school drop out girls scored well in the identification of reproductive system. The areas where both school going girls and school dropout girls scored low were-Female reproductive organs, conceivable age and reproductive age of men, Unsafe abortion, legal and illegal abortion and its harmful effects, Clinical symptoms and biological symptoms of AIDS and the relationship between AIDS/HIV/STD's. Knowledge of teenage pregnancy and mode of pregnancy was lower in school going girls than dropout girls. The difference in the knowledge level of reproductive system, teenage pregnancy STD's, HIV in the two groups were insignificant but the knowledge level related to mode of pregnancy AIDS/HIV in the two settings was significant. The Results of the study revealed that the School Dropout Girls had more scientific information, than the School Going Girls. It was due to the fact that teachers hesitated to discuss such topics in the school.

INTRODUCTION

Adolescents represent a major potential human resources for the over all development of a nation. Reproductive health is an important component of general health, it is a prerequisite for social and economic and imperative because human energy and creativity are the driving forces of development.

Adolescence is a period of increased risk-taking and therefore susceptibility to behavioral problems at the time of puberty and new concerns about reproductive health (UNFPA 1998).

Majority of adolescents still does not have access to information and education on sexuality, reproduction and sexual and reproductive health and rights, nor do they have access to preventive and curative service. Providing adolescents with access to seek information education and services is thus the main challenge for future programmes

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).

In some countries, complications of unsafe abortion are leading cause of death among teenage women. A study in Nigeria found that 72 percent of all deaths among women under age 19 year due to consequences of unsafe abortion. Moreover, young women who survive unsafe abortion may suffer complication leading to infertility (Shane 1997).

Mahajan and Sharma (2004) conducted a study to assess the knowledge level of adolescents towards reproductive system and reproductive organs. The study was conducted on 400 adolescent girls (200 adolescent girls were taken from rural areas and 200 adolescent) girls were taken from urban areas of Jammu. Urban adolescent girls had comparatively better knowledge regarding these issues than rural adolescent girls.

Bhan et al. (2004), in a study on awareness regarding sex knowledge on adolescent girls (16-20 year) found that awareness regarding HIV/AIDS among adolescent girls is very low.

Adolescent girls also lack adequate knowledge about sexual matters and contraception, which results in early pregnancy, increased risk of STD infections, maternal morbidity and mortality and unsafe abortions.

A preliminary survey of the previous studies, discussion and experience relating to reproductive health among adolescent girls revealed various NGO's and International agencies, are working on reproductive health issues, but still, there is meager development in the reproductive field. The present study was thus undertaken with the objective to study the reproductive knowledge among rural adolescent girls (12-17 yrs) in Jammu region.

RESEARCH METHODOLOGY

The present investigation was carried out to study reproductive knowledge among rural school going and drop out adolescent girls (12-17 yrs), in Jammu region. The data was collected in the month of April-May 2006. The study was conducted in village Poni-Chakh and Ramgarh areas of Jammu District. Poni-Chakh is about 18 kms and Ramgarh is about 45 Kms from the heart of Jammu City. Majority of the people in both villages are employed in agriculture and working as laborers.

The sample comprised of 100 rural adolescent girls in the age group of 12-17yrs. A sample of 50 adolescent girls was selected from Poni-chak village and 50 adolescent girls were from Ramgarh village. From each village 25 adolescent school going and 25 adolescent dropout girls were selected purposively and finally a sample of 100 respondents was prepared. An interview schedule was used for data collection. It

included questions related to reproductive health:

- a) Reproductive Anatomy.
- b) Teenage Pregnancy
- c) Unsafe Abortions.
- d) Knowledge regarding AIDS/ STD/HIV.

To analyze the data, collected information was classified in the light of objectives set forth for the study. The classified data was coded, tabulated and was analyzed by using appropriate statistical (t-test) test.

RESULT AND DISCUSSION

Majority of the school going girls (80%) were studying in 10-12th class. Most of the school dropout girls (58%) had education up to 7th to 9th standard and rest of the school dropout girls (42%) had education up to 10th to 12th class.

It is clear from Table 1 that school dropout girls had more knowledge of reproductive system as compared to school going girls but this difference in the knowledge level related to reproductive system was not significant. Knowledge of reproductive system focused on (a) Identification of reproductive organs (b) Knowledge of female reproductive organs (c) Knowledge of male reproductive organs (d) conceivable age of women (e) Reproductive age of men.

Percentage scores obtained by respondents had variations for different aspects of reproductive system. The highly scored aspect of reproductive system was identification of reproductive organs. (68%) of school going girls and (74%) school dropout girls could identify the reproductive system.

The areas where both School going girls and Dropout girls scored low were: - Knowledge of

Table 1: Knowledge of reproductive system

<i>Respondents</i>	<i>Reproductive system % Avg. Score</i>					<i>Total average scores</i>	<i>Mean scores</i>	<i>Standard deviation</i>	<i>t-value</i>
	<i>Identifi- cation of reproduc- tive system</i>	<i>Knowledge of female reproduc- tive organs</i>	<i>Knowledge of male reproduc- tive organs</i>	<i>Concei- vable age of women</i>	<i>Repro- ductive age of men</i>				
School going girls	68%	20%	24%	34%	34%	36	1.8	1.56	0.98
Dropout girls	74%	30%	16%	38%	46%	40.8	2	1.3	

df = 98; Tabulated value of t at 5% = 1.99, at 1% = 1.66

female reproductive organs, School going girls (20%) and school Dropout girls (30%).

Knowledge of male reproductive organs, School going girls (24%) and school Dropout girls (16%). Knowledge about conceivable age of women, School going girls (34%) and school Dropout girls (38%).

Knowledge about reproductive age of men, School going girls (34%) and school Dropout girls (46%). Some of school going girls stated "In Schools both students and teachers hesitate and feel shy to discuss such topics in the class because of Co-education in the school". Chohan et al. (1998), in study on adolescent's perception related to the reproductive system found that there was more awareness among the school going participants than among dropouts.

Table 2 depicts that the knowledge of teenage pregnancy was more among school Dropout girls as compared to School going girls but this difference in the knowledge level related to teenage pregnancy was not significant. Knowledge of teenage pregnancy focused on (a) Meaning of pregnancy (b) Mode of Pregnancy (c) Right age of child bearing (d) Adverse effects of early pregnancy.

Wide variations were seen in the scores of school going and dropout girls. Majority of school dropout girls (80%) knew the meaning of Pregnancy. Majority of school dropout girls

(82%) and (54%) school going girls knew, how a female gets pregnant. Majority of an equal percentage of school dropout girls (60%) and school going (60%) had knowledge about right age of child bearing. Majority of dropout girls (74%) and school going girls (56%) were aware of about the adverse effects of early pregnancy.

The areas where school-going girls scored low were:

Meaning of pregnancy (28%).

Respondents of both school going and dropout girls believed that there should be no physical relation before marriage. Some of the Respondents stated, "It is against our society." Few of the respondents also stated "early pregnancy leads to nutritional deficiency, weight loss of mother and sometimes leads to death of mother. Few respondents stated that it leads to adverse effects on baby like small for date, premature birth and still birth".

It is clear from Table 3 that school dropout girls had more knowledge of unsafe abortion as compared to school going respondents. There is a significant difference in the knowledge level of these two groups was significant. Knowledge of unsafe abortion focused on (a) Meaning of abortion (b) Meaning of unsafe abortion (c) Legal Abortion (d) Illegal abortion (e) Harmful effects of unsafe abortion.

Table 2: Knowledge of teenage pregnancy

Respondents	Knowledge regarding teenage pregnancy				Total average scores	Mean scores	Standard deviation	t - value
	% Average scores							
	Meaning	Mode of Pregnancy	Right age of child bearing	Adverse effects of early pregnancy				
School going girls	28%	54%	60%	56%	49.5	1.98	1.29	1.54
Dropout girls	80%	82%	60%	74%	74	2.98	0.95	

df = 98; Tabulated value of t at 5% = 1.99, at 1% = 1.66

Table 3: Knowledge of unsafe abortion

Respondents	Knowledge regarding unsafe abortion					Total average scores	Mean scores	Standard deviation	t - value
	% Average scores								
	Abortion	Unsafe abortion	Legal abortion	Illegal abortion	Harmful effects				
School going girls	8%	5%	16%	16%	3%	9.6	0.96	0.44	5.23*
Dropout girls	17%	18%	30%	36%	11%	22.4	2.32	1.80	

df = 98; Tabulated value of t at 5% = 1.99, at 1% = 1.66

The areas where both school going and school dropout girls scored low were:

Meaning of abortion, for school going girls (8%) and school dropout girls (17%).

Meaning of unsafe abortion, for school going girls (5%) and school dropout girls (18%). Illegal abortion, for school going girls (16%) and school dropout girls (36%).

Harmful effects of unsafe abortion, for school going girls (3%) and school dropout girls (11%).

Few of the respondents of both school going girls and school dropout girls stated that abortion should be legal when "*foetus is at risk, mother's life at risk or the complication during next pregnancy*".

The Table 4 reveals that the knowledge of school going and school dropout about AIDS among the girls. There is significant difference in the knowledge level related to AIDS in these two groups. Knowledge of AIDS focused on (a) Abbreviation of the term AIDS (b) Transmission of AIDS (c) Protection from AIDS (d) clinical symptoms (e) Biological symptoms. Majority of school dropout girls (96%) and school going girls (76%) knew the full form of AIDS.

Majority of both of school dropout girls and school going girls (94%) knew the transmission of AIDS. Majority of school dropout girls (90%) and school going girls (86%) knew the protection from AIDS.

Majority of school dropout (90%) and school going girls (84%) had knowledge of biological symptoms.

The areas where both school dropout girls and school going girls scored low were clinical symptoms of AIDS.

The results of the study are at par with the study conducted by Aggarwal and Kumar 1997. The result indicated high level of knowledge of AIDS, but misconception of transmission and prevention were also present. Rural girls had significantly more knowledge as well as misconceptions regarding AIDS than urban girls.

Table 5 reveals that there is no significant difference in the knowledge level regarding STD of school going and school dropout girls were found. Knowledge about STD included (a) Abbreviation of the term STD (b) Mode of transmission (c) Protection from STD (d) relation with AIDS (e) Biological symptoms. Not much variation is seen in the scores of school going and dropout girls.

Most of the school going knew about the mode of transmission (56%) and protection from STD (70%).

The areas where both school going and school dropout girls lacked knowledge were: - Abbreviation of STD (46%) and (28%). Relation with AIDS (6%)

Table 4: Knowledge of adolescent girls about AIDS

Respondents	Knowledge of students about AIDS % Average scores					Total average scores	Mean scores	Standard deviation	t - value
	Abbrevia- tion	Trans- mission	Protec- tion	Clinical symptoms	Biologi- cal symp- toms				
School going girls	76%	94%	86%	24%	84%	72.8	3.54	1.34	2.22*
Dropout girls	96%	94%	90%	14%	90%	76.8	3.86	0.85	

Table 5: Knowledge of adolescent girls about STD

Respondents	Knowledge of students about STD % Average scores					Total average scores	Mean scores	Standard deviation	t - value
	Abbrevia- tion	Trans- mission	Protec- tion	Relation with AIDS	Biologi- cal symp- toms				
School going girls	46%	56%	70%	6%	28%	41.2	2.04	1.47	1
Dropout girls	28%	28%	28%	6%	26%	23.2	1.22	1.79	

df = 98; Tabulated values of t at 5% = 1.99 at 1% = 1.66

Biological symptoms of STD (28%) and (26%) respectively.

Few respondents stated that a person becomes *overweight* and *pale* if he is infected with STD. Some respondents also stated that STD could be tested through *Urine test* and *X-Ray*. The low scores for STDs showed that confusions existed in the minds of the students regarding STD.

The results of the study are at par with the study conducted by Mahajan and Sharma (2004). The results indicated that the knowledge about STD and their method of prevention was poor.

Table 6 reveals that there is no significant difference in the knowledge level related to HIV in the two settings. Knowledge of AIDS focused on (a) Abbreviation of the term AIDS (b) Transmission of AIDS (c) Protection from AIDS (d) Relation with AIDS (e) Biological symptoms.

Majority of school going girls (62%) knew the meaning of the HIV.

Majority of school going girls (72%) and school dropout girls (82%) knew that it could be transmitted by infected blood and by having a sex with multiple partners.

The message, that “*transmission of infected blood having sex with multiple partners has been filtered in the minds of adolescent girls. But they are confused about the various routes of transmission. Though the correct routes were identified many incorrect ones, like transmission by shaking hands, by kissing were also mentioned*”.

Majority of school going girls (86%) and school dropout girls (84%) knew the protection from HIV.

The areas in which both school going and school dropout girls scored low knowledge were:

Relation of AIDS, (34%) and (8%)

Biological symptoms of HIV, (38%) and (28%).

Same results were found from the study conducted by Bhan et al. (2004). The results of the study revealed that knowledge regarding HIV/AIDS among rural adolescent girls was very low.

The results of the study are at par with the study conducted by Aggarwal and Kumar (1997). The result indicated high level of knowledge of AIDS, but misconception of transmission and prevention were also present. Rural girls had significantly more knowledge as well as misconceptions regarding AIDS than urban girls.

CONCLUSION

Majority of both school going girls and school drop out girls scored well in identification of reproductive system.

The areas where both School going girls and School Dropout girls scored low were: -

Female reproductive organs, conceivable age and reproductive age of men.

Knowledge of teenage pregnancy and mode of pregnancy (in school going girls).

Unsafe abortion, legal and illegal abortion and its harmful effects.

Clinical symptoms and biological symptoms of AIDS and the relationship between AIDS/HIV/STD's.

The difference in the knowledge level of reproductive system, teenage pregnancy (in school dropout girls), STD's, HIV in the two groups were insignificant but the knowledge level related to mode of pregnancy AIDS/HIV in the two settings was significant. The Results of the study revealed that there existed difference among School going and Dropout girls in respect that the School Dropout Girls had more scientific information, where as the School Going Girls had various misconceptions about it. It was due to the fact that teachers hesitated to discuss such topics in the school.

Table 6: Knowledge of adolescent girls about HIV

Respondents	Knowledge of students about HIV					Total average scores	Mean scores	Standard deviation	t - value
	% Average scores								
	Abbrevia- tion	Trans- mission	Protec- tion	Relation with AIDS	Biologi- cal symp- toms				
School going girls	62%	72%	86%	34%	38%	58.4	2.92	1.09	1.42
Dropout girls	46%	82%	84%	8%	28%	49.5	2.46	0.82	

df = 98; Tabulated values of t at 5% = 1.99 at 1% = 1.66

Sexuality is a natural and intrinsic part of an individual's personality and needs to be nurtured and developed like all other facts of life. This fact is completely ignored by parents and teachers in our society, because they themselves do not feel comfortable in discussing their issues with the youngsters, and moreover they are not much knowledgeable on this subject. They have inhibition about discussing and expressing themselves on sex-related issues. They rather discourage the children from any form of sexual expression and encourage them to hide their sexuality. In the Indian socio-cultural setting sex is a taboo, and hence the society does not provide them with channels for being appropriately educated in this area. The adolescents generally do not get any advice and guidance regarding, various aspects like puberty, menarche, reproductive health, HIV/AIDS from their parents and teachers or any other groups of professionals. Creating awareness about HIV/AIDS still remains a challenging task especially in removing the misconceptions that are prevalent

It can thus be concluded that instead of laying emphasis only on selected issues concerning reproductive health, a wholesome approach encompassing all the aspects is the need of the hour. A positive attitude in bringing about social justice appears to be the key to bring about the

fundamental shift in values. Teachers and parents should encourage their students to ask questions related to reproductive health issues. Seminars, symposiums and group discussions regarding these issues should be organized in the vocational skills training institutes as well in order to make school dropout aware about the same. Awareness campaigns should be organized often.

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