

A Study on Assessment of Knowledge of Reproductive Health Education among the Students of Jammu Region, J&K State

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ABSTRACT

Adolescence is a life's essential transition phase starting around 10, 11 or 12 years and concludes between the age of 18-21 years. Deficiency of reproductive health information and sexual experimentations in this stage of storm and stress expose adolescents to grave health pressure. Adolescents must have access to logical Reproductive Health information to increase healthy attitude towards Reproductive Health issues. The aim of writing this paper was to assess the the knowledge of adolescent students studying in Jammu region of Jammu and Kashmir state towards Reproductive Health Education and to be familiar with reproductive health issues among adolescents. The present study was carried out on 400 Adolescent Higher Secondary School students of Jammu region using a well designed pre-tested questionnaire. The results of our study showed that students had constructive attitude towards Reproductive Health Education as majority (boys = 86.0%, girls=84.5%) of respondents recommended Reproductive Health Education in school curriculum. Further, 40.0% boys and 35.5% girl respondents were of the opinion that lecture by expert is a preferred method of imparting Reproductive Health Education, 32.0% boys and 28.5% girl students under study favored to communicate with Doctors/Health Workers followed by parents brothers/sisters (23.0%) in case of girls and friends (23.5%) in case of boys concerning Reproductive Health issues. Further, the study revealed that girl students (51.5%) favored to get married under 24 years as they were of the belief that it is the prime of life, and can give birth without much troubles whereas majority of boys understudy (65.5%) told that they prefer to get married above 24 years as they desire to complete education first and find a appropriate job in order to feed family unit. Majority of the respondents (58.5%) believed that youth living in urban areas possesses more knowledge about reproductive health than youth living in rural areas. Further, majority of the students possesses good knowledge about HIV/AIDS and STDs. It is concluded from our study that there is a requirement of providing proper scientific information to teenagers concerning reproductive health by incorporating Reproductive Health Education in school syllabus and lectures by experts in order to advance their awareness and consequently reproductive health condition.

Keywords-- Adolescent, Attitude, Reproductive Health Education, Jammu Region, Statistics

I. INTRODUCTION

Growth is an important process of living organisms which occur in every phase of life beginning from the zygote formation till older stages of life. Each stage has specific characteristics that makes it inimitable. Major life stages include pregnancy, babyhood, toddler years, childhood, puberty, older adolescence, maturity and older ages of life. The important growth phase of life is Adolescence when a person becomes physically, mentally, sexually and emotionally mature as it is the transition phase existing between puberty stage and adulthood. Sexual maturity and adolescence are different aspects and cannot be mixed. Puberty is attained by adolescent when sexual glands become functional and are properly developed in both males and females. Although, in later stages of adolescence stage person grows physically, mentally and physiologically. WHO defines adolescence as growth period from 10-19 years and this changing phase of growth from infancy to adult is under constant conversion and mayhem. This adolescence stage is mainly divided in three main phase's viz., early adolescence which begins at 10-14 years, 15-16 years middle adolescence and late adolescence from 17-21years. It is the most noticeable phase which is accompanied by body changes especially weight, height, change of voice, body hair and development of sexual characters; In this phase not only body characteristics flourish but person becomes socially reliable to his/ her peers, development of self-esteem, tries to live independent and is not able to accept any sort of authority either in personal and professional life like authority of schools or family (Nughaishmi, 1994). In Census 2001, it was revealed that around 20% of global population comprise of adolescent boys whereas 1/5th of entire females present in world comprise of adolescent girls. It is the age when the person is under continuous physiological stress mostly at time of exam, pressure of

parents to excel in school, problems related to health, sex and genetics. The study has been carried by Mission Australia who found that almost 40% of 15-19 years old are highly concerned to overcome with stress. Teen age is the most difficult time full of problems, difficulties, struggles and mostly confusion like fighting with parents, studies and peer pressure. Sometimes person feels that no one is there to understand their problems or to confide them. It is seen in various studies, adolescent's sexual health is a great issue like sexually transmitted diseases, infection and unwanted pregnancies. Its occurrence is more in Asia in women of 15-19 years compared to men of same age (Uddin, 1999). In early ages parents felt it uncomfortable and mostly excruciating to talk openly to their kids about reproductive health education or sex related instruction and found it most lethal way to corrupt young adolescents which in turn was avoided to teach in schools as well. Young people were deprived of common information about the sex related health issues but then global movement developed which ensured universal access to CSE which scaled up the sex related information and reproductive health. Further, high risk behaviour change among adolescents was due to mass media and it was made imperative not only to teach reproductive health education but its teaching in the schools was also made indispensable. UNESCO and UNFPA, 1998 reported that young people especially young women faces enormous challenges and it becomes mandatory for them to teach about sex related problems so as to make them experienced about the different changes that will happen to them. Sex education increases the capacity of adults to understand the biological, physiological, sociocultural and reproductive dimensions. Thus, getting education on the sex related issues and reproductive health is the most effective solution to address various issues that are related to young people and is expected to increase in number to 281m by 2050. As reported by Sharma, 2000 that each factor be it biological, social, cultural and economic behaviour is responsible for the development of reproductive health. Further, study was carried out by Rosen, Murray and Moreland, 2004 whose records added that sexual and reproductive health education can help to prepare young people for safe sexual activity, productive, increased contraceptive use, least chances of HIV/AIDS, sexually transmitted diseases, unintended pregnancies, gender based violence and low child marriages. Adolescents need to know the risk of reproductive health problems mostly premarital sexual behaviour which results in HIV/AIDS and drug abuse (Hindin et al., 2013). In teenage, there is high risk of teenage pregnancies, unethical activities like indulgence in smoking activities, alcohol consumption etc. Never the less it's imperious that each adolescent should know the basic principles of life, responsibilities towards their parents, marriage etc. They should know more about reproductive health issues so as to develop scientific attitude towards each upcoming issues. In a recent study conducted by Syed Sabahat et al.,

(2019), it was reported that providing right scientific information to adolescents concerning reproductive health of teenagers by incorporating Reproductive Health Education in school curriculum will improve their awareness and consequently reproductive health status. The present work is the attempt to access the attitude of adolescent students towards the awareness of reproductive health in Jammu region of Jammu and Kashmir state so as to know various issues related to it.

II. METHODOLOGY

In this paper, we conduct a descriptive survey study on Adolescent Students studying in various higher secondary education institutions in Jammu region of Jammu and Kashmir state. A well designed validated questionnaire was utilized to collect the data from 400 adolescents students (200 boys and 200 girls from Jammu region) using stratified random sampling method. In the present study, students from 11th and 12th standard from different fields (Arts, commerce and science) were included for this study. The data collected was analyzed using standard statistical tools with the help of statistical software SPSS (Version 21). In present study, p-value less than 0.05 and less than 0.01 was considered as significant at 5% level of significance and at 1% level of significance.

III. RESULTS AND DISCUSSION

It has been observed from our study that out of 400 students understudy, we chose 200 (50.0%) girls and 200 (50.0%) boys. Majority of the respondents (71.25%) were in age group of 17 to 18 years and overall respondents average age was 17.18 years. Table 1 reveals that majority of the students (86.5 % boys and 83.5 % girls) student preferred two children, followed by preference of more than two children (11.0% boys and 14.5% girls) and only 2.5% boys student and 2.0% girls understudy favored only one child. The respondents in majority (79.5% boys 74.5% girls) were of the belief that it is not any grave issue to have friendship with opposite sex within the religious and cultural limits at this age of life. The boys (46.5%) were of the view that men want more sex than women folk whereas 34.5% girls differ this. The majority of the respondents understudy (boys 53.0% and girls 48.0%) were of the belief that family planning should not be made necessary. The results of our study are in agreement with earlier studies (e.g., Srinivasa et al., 1993; Durge and Varadpande; 1996; Mukherjee et al., 2001) which reported that the majority of the adolescents understudy were in favour of small family size. The results on the statement to have more than two children in the family our results slightly contradicts the earlier study (Rajnish et al., 2015), the cause is conflict in the Jammu and Kashmir state which results in daily killings. Statistically, gender and opinion of students is not associated ($P > 0.05$) except in statement 3 i.e., In

general men need more sex than women folk ($p < 0.01$).

Table 1: Attitude of Adolescent students toward family size and family planning (n=400).

S.No.	Statement	Response	Boys (%)	Girls (%)	Chisquare	P-value
1.	Perfect Family Size	One Child	5(2.5)	4 (2.0)	1.178	>0.05
		Two Child	173(86.5)	167 (83.5)		
		More than two Child	22 (11.0)	29 (14.5)		
2.	To have a friendship with opposite sex at this age of life within the limits is no issue?	Yes	159 (79.5)	149 (74.5)	1.412	>0.05
		No	41 (20.5)	51 (25.5)		
3.	In general men need more sex than women folk	Yes	93 (46.5)	70 (35.0)	9.717	<0.01
		No	71(35.5)	69 (34.5)		
		No Idea	36(18.0)	61 (30.5)		
4.	Do you agree that family planning be made compulsory?	Yes	71 (35.5)	77 (38.5)	1.058	>0.05
		No	106 (53.0)	96 (48.0)		
		No Idea	23 (11.5)	27 (13.5)		

The data presented in Table 2, shows that girl respondents in majority think that the preferred method of impacting reproductive health education is lecture by expert (35.5%), followed by class teacher (22.5%), followed by Radio/T.V./Print Media, followed by group conversation (10.5%), followed by followed by internet (9.5%) and followed by pamphlet distribution (18.0%), followed by followed by internet (11.5%) and followed by T.V./Radio/Print Media (7.0%). Further, majority of the male respondents think that the desired method of impacting reproductive health education is lecture by expert (40.0%), followed by class teacher (27.5%),

followed by internet (12.5%), followed by group discussion (8.5%), followed by T.V./Radio/Print Media (7.5%), and followed by pamphlet distribution (4.0%). The lecture by expert was first option as a preferred way of impacting RHE for both boys and girls which suggests that respondents favoured scientific method towards Reproductive Health of adolescents. The results of our study are in accord with the previous study (Bhasin and Aggarwal, 1999). Statistically, gender and opinion of students is not associated ($P > 0.05$).

Table 2: Preferred method of impacting reproductive health education among adolescents

S.No.	Preferred Method of Impact RHE	Girls (%)	Boys (%)	Chisquare	P-value
1.	By Teacher	45 (22.5)	55(27.5)	6.628	>0.05
2.	Lecture by expert	71 (35.5)	80 (40.0)		
3.	Radio/T.V./Print Media	26 (13.0)	15 (7.5)		
4.	Internet	23 (9.5)	25 (12.5)		
5.	Group discussion	21(10.5)	17 (8.5)		
6.	Pamphlet Distribution in class	14 (7.0)	8(4.0)		

The data shown in Table 3, reveals that majority of the respondents (84.5% girls and 86.0% boys) propose Reproductive health education in syllabus whereas very few (8.0% girls and 7.5% boys) respondents were against it. The Matric level (girls 59.0%, boys 57.5%) was the

favoured stage of schooling to launch RHE, higher secondary stage of schooling by 31.0% girls and 30.0% boys students, 4.5% girls and 6.0% boys preferred middle class stage schooling. Statistically, gender and belief of students is not associated ($P > 0.05$).

Table 3: Attitude of Adolescent students toward reproductive health education (RHE)

S.No.	Question asked	Response	Girls (%)	Boys (%)	Chisquare	P-value
1.	Do you propose RHE in school curriculum?	Yes	169 (84.5)	172 (86.0)	0.202	>0.05
		No	16 (8.0)	15 (7.5)		
		No Idea	15 (7.5)	13 (6.5)		
2.	At what stage of schooling RHE should be introduced in curriculum?	Middle	9 (4.5)	12 (6.0)	1.105	>0.05
		Matric	118(59.0)	115 (57.5)		
		Higher Secondary	62 (31.0)	60 (30.0)		
		No Idea	11 (5.5)	15 (7.5)		

The data shown in Table 4, reveals that majority of girl respondents 32.0% were of the opinion that Doctors/Health Workers, followed by 23.0% who thought that Brothers/Sisters, followed by 15.5% who believed that Parents, followed by 14.0% who said that Friends, followed by 8.0% who believed that Teachers and 7.5% who believed that Elders prove helpful in dealing with reproductive health issues. Further, it was observed that among boys students 28.5% believed that Doctors/Health Workers, followed by 23.5% who said that Friends, followed by 18.0% who

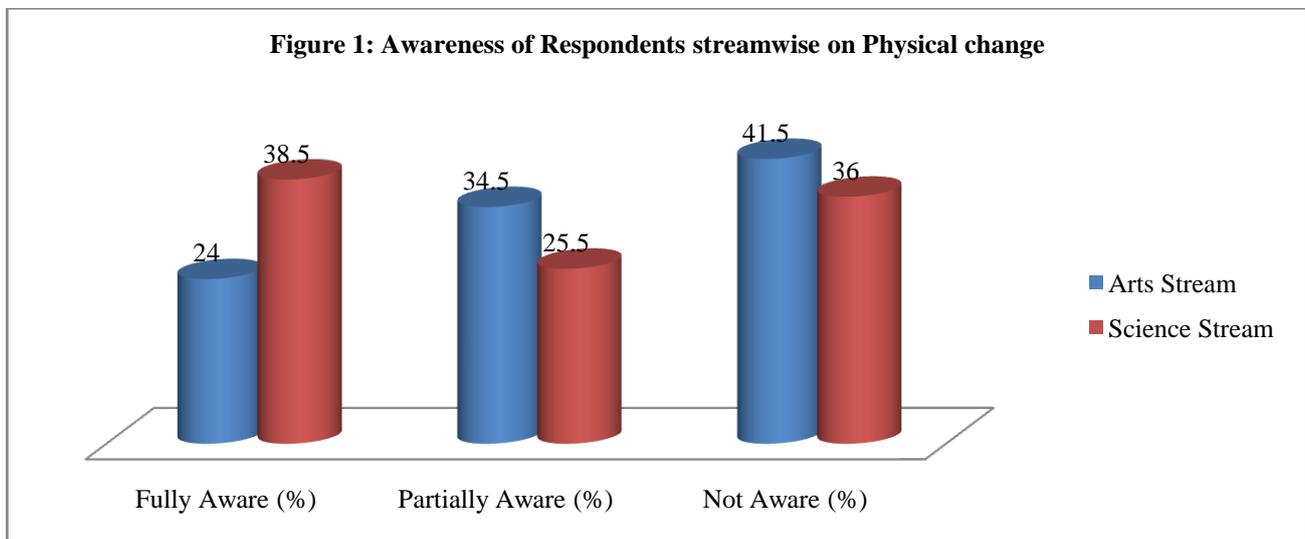
believed that Brothers/Sisters, followed by 12.5% who believed that Parents, followed by 10.0% who believed that Elders, and followed by 7.5% who believed that Teachers prove supportive in dealing with reproductive health issues. The results of our study coincides with the previous studies (e.g., Verma et al., 1994; Thakor and Kumar, 1998; Aggarwal, Sharma and Chhabra, 2000) who reported that majority of the respondents were of the opinion that there is a need of RHE in school curriculum. Statistically, gender and opinion of respondents is not associated ($P>0.05$).

Table 4: Communication pattern concerning reproductive health issues among students

S.No.	Communication on Reproductive Health Issues with	Girls (%) (n=200)	Boys (%) (n=200)	Chisquare	P-value
1.	Parents	31 (15.5)	25 (12.5)	7.827	>0.05
2.	Elders	15 (7.5)	20 (10.0)		
3.	Brothers/Sisters	46 (23.0)	36 (18.0)		
4.	Friends	28 (14.0)	47 (23.5)		
5.	Teachers	16 (8.0)	15 (7.5)		
6.	Doctors/Health Workers	64 (32.0)	57 (28.5)		

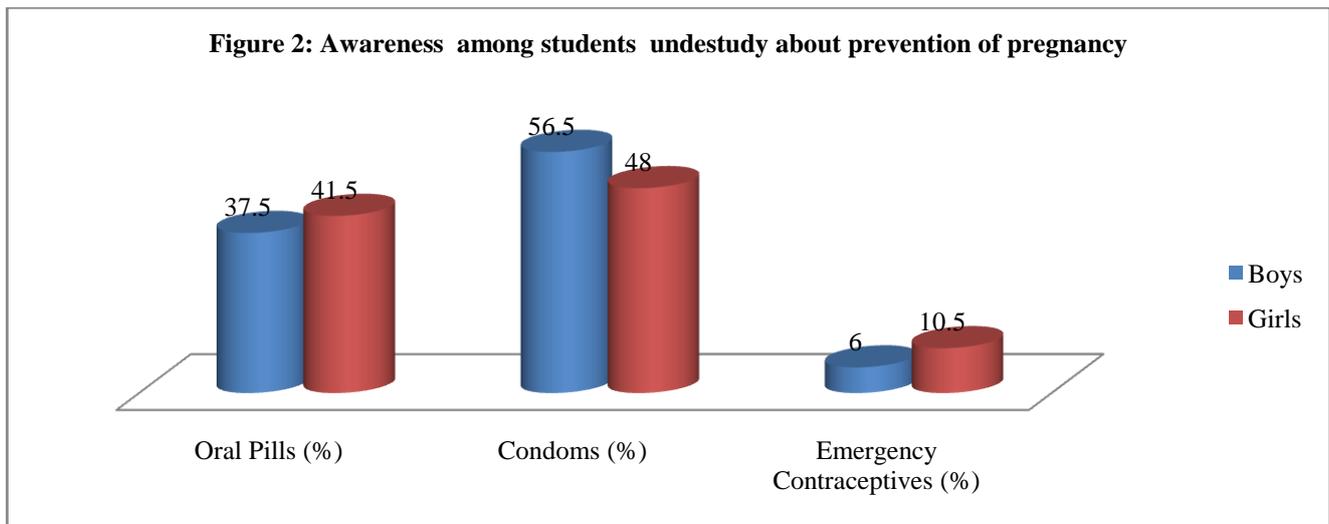
The data presented in Figure 1, showed that majority of the science stream students (38.5%) were fully aware of physical change and majority of students from arts stream (41.5%) were not aware of physical

changes during this period of life as they consider it a natural process. Further, in this study a large number of respondents were aware of the different means of spread of HIV/AIDS among adolescents.



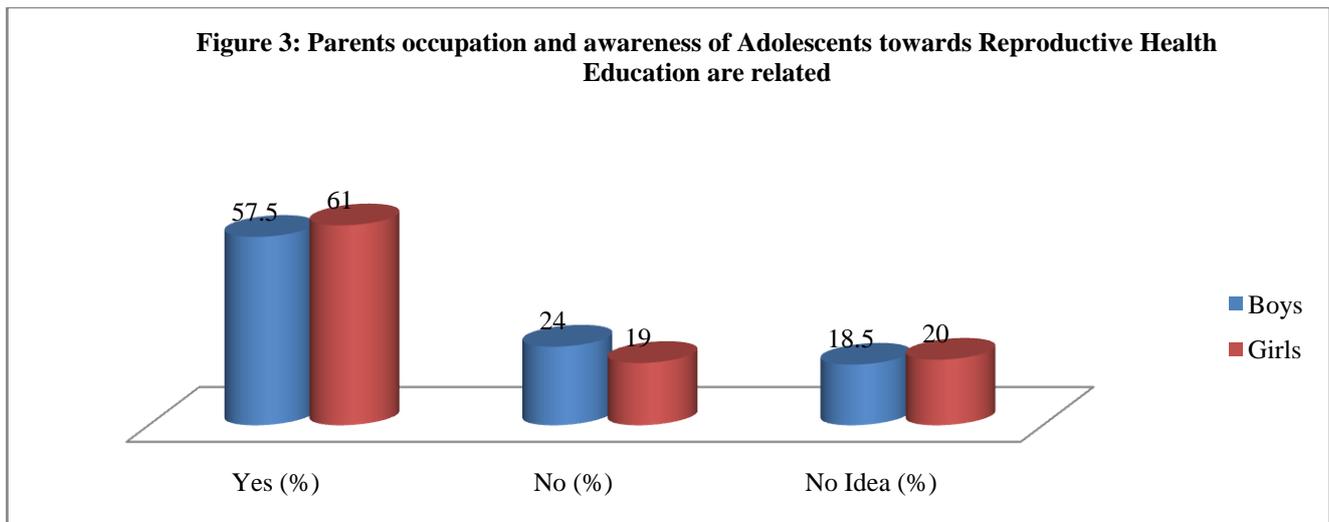
The data shown in Figure 2, reveals that majority of the respondents (boys=56.5%, girls=48.0%) knew that pregnancy is avoidable by using Condoms, followed by respondents (boys=37.5%, girls=41.5%) who

think that pregnancy is barred using oral pills and only small percentage (6.0% boys, 10.5% girls) respondents were aware of emergency contraception's.



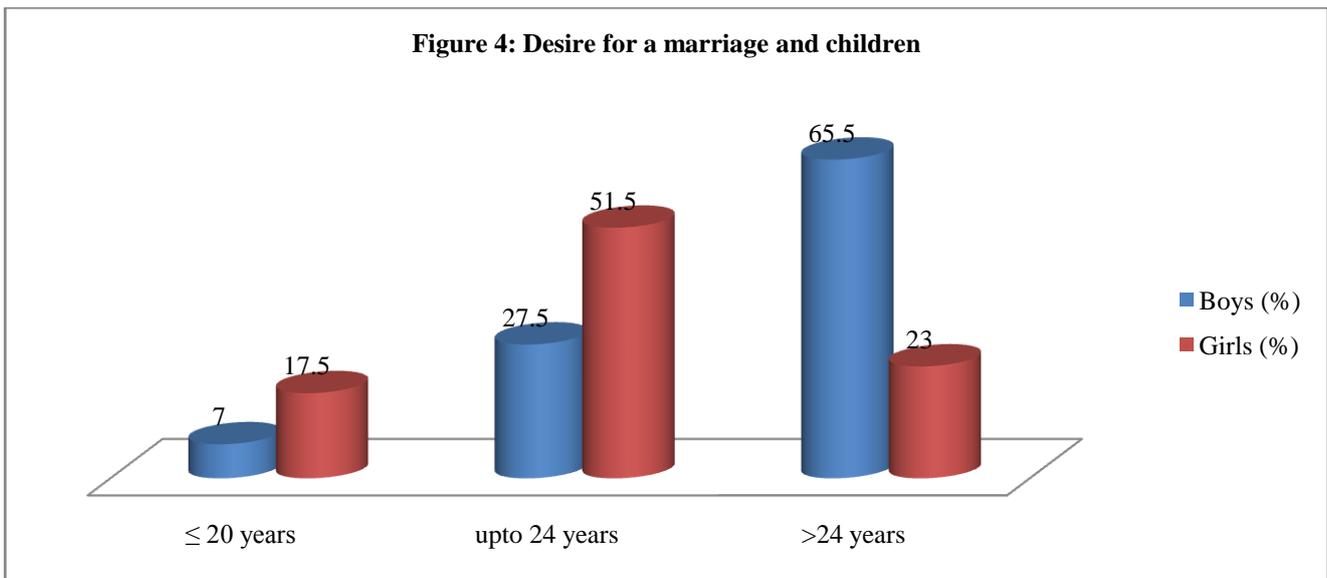
The data shown in Figure 3, reveals that majority of the respondents (boys=57.5% and girls=61.0% students under study thought that profession of parents and understanding of adolescents towards reproductive health is associated, 24.0% boys and 19% girls understudy were of the opinion that that profession

of parents and reproductive health are not linked and 10.5% boys and 20.0% girls understudy were reported that they have no idea about the relationship between profession of parents and reproductive health among adolescents.



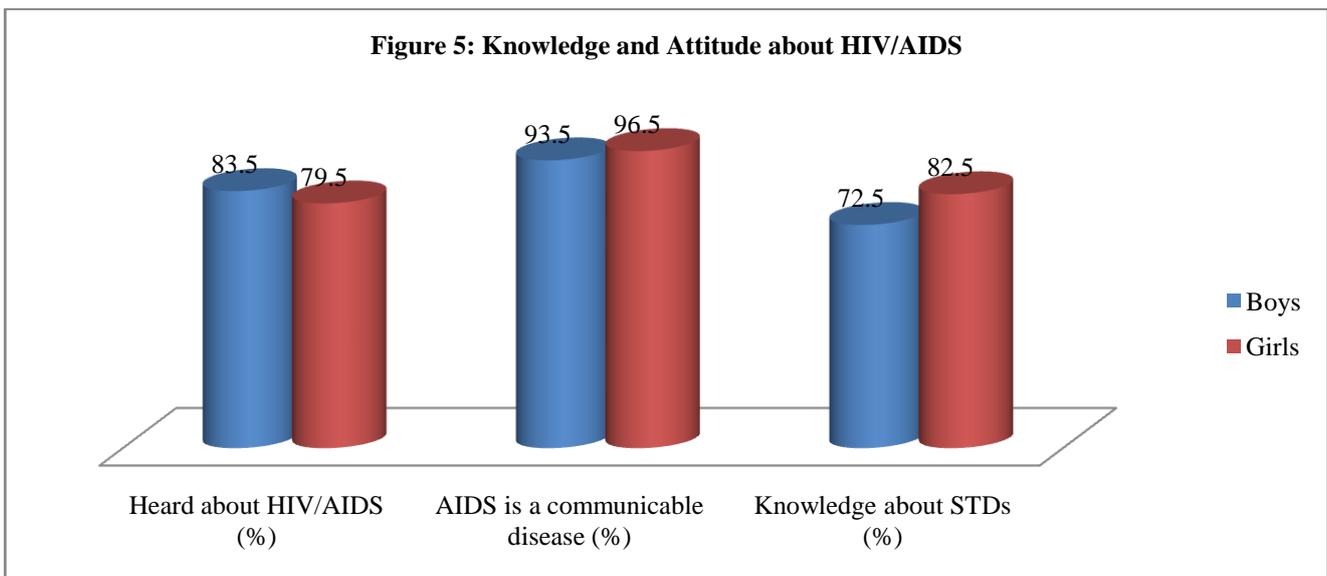
The data presented in Figure 4, shows that majority of the girls (51.5%) understudy told that they favored to get married below 24 years as they were of the view that it is the prime of life, and can give birth without much troubles. They told that at this age, girl is a matured adult and will be able to manage home well. The study, further showed that majority of boys (65.5%) reported

that they favored to get married above 24 years of age as they want to completed education first and find a appropriate job in order to nourish family. A small percentage of students (7% boys and 17.5% girls) were of the opinion that marriage should be below twenty years of age.



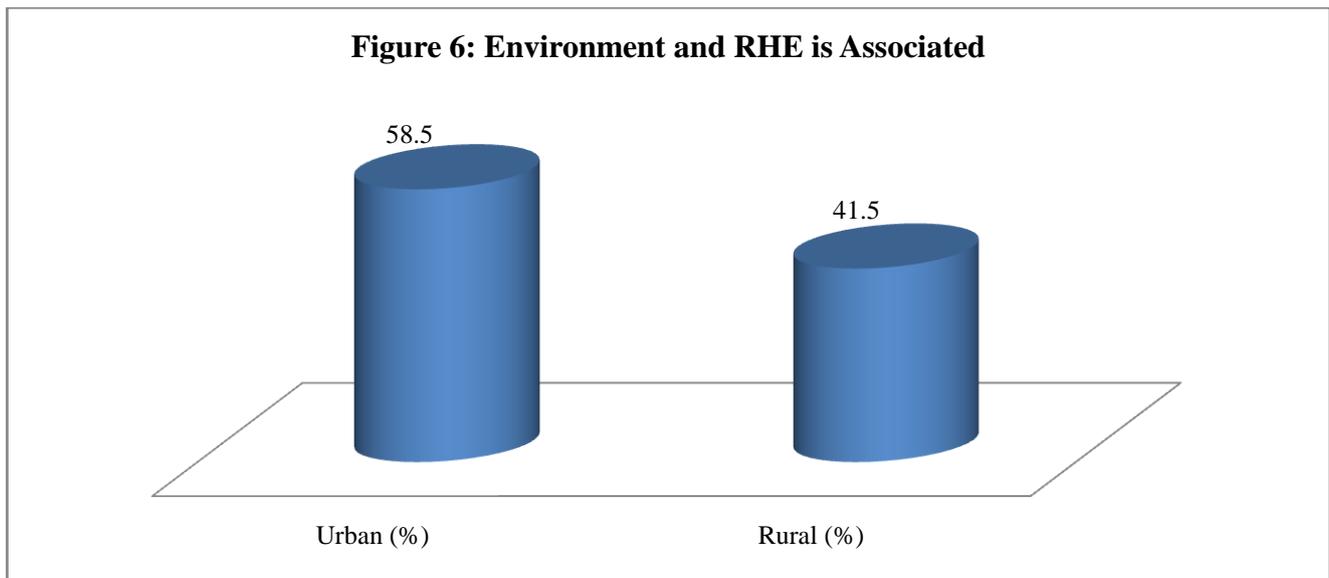
The data shown in Figure 5, shows that majority of the respondents reported that they have heard about HIV/AIDS (boys=83.5% and girls=79.5%), the majority of the respondents (boys=93.5% and girls=96.5%)

believed that HIV/AIDS is a communicable disease and majority of the respondents (boys=72.5% and girls=82.5%) respondent have knowledge about STDs.



The data presented in Figure 6, shows that majority of the respondents (58.5%) believed that youth living in urban areas possesses more knowledge about

reproductive health than youth living in rural areas. The results are in agreement with the earlier study (Malleappa et al., 2011).



IV. CONCLUSION

The results of our present study showed that student's understudy had good positive approach towards reproductive health issues like perfect family size, family planning. The media at present working as western media appeals youth, promoting messages of liberation, self improvement, marinating them from conventional ways of life. These messages, unfortunately promote sexual freedom without much influence on accountability for sexual activities thus creating a lot of harms in life. Every religion guides adolescent about reproductive health and teaches plainly about menstruation, hygiene during menstruation, carry out of circumcision on male for hygiene and wellbeing. Usually, parents not have much knowledge regarding reproductive health, feel disgrace and taboo to explain them. The results of our study are in partial agreement with the previous study (Syed Sabahat et al., 2019). The results of our study showed that majority of the respondents suggested to include Reproductive Health Education in school curriculum and lectures by experts as preferred method for imparting RHE among adolescents. The students in majority had good knowledge about HIV/AIDS, believed in majority that youth from urban areas are more knowledgeable than youth from rural areas regarding to reproductive health and majority of the adolescent students under study favored to communicate with Doctor / Health Worker concerning Reproductive Health Issues. Science stream students (38.5%) understudy were fully aware of physical change and from arts stream students (41.5%) understudy were not aware of physical changes in this period of life and consider it a natural development. In this study all the students under study (100%) professed that sexual link was right only after marriage of adolescents. The religious guidance, parents, teachers and scholars can help adolescent to understand about reproductive health system. It is concluded that it is

important to provide correct scientific information concerning reproductive health to teenagers by incorporating reproductive health education in school curriculum and by developing proper communication strategies viz., peer teaching and lectures by experts.

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