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Arts

SEXUAL AND REPRODUCTIVE HEALTH NEEDS: A STUDY AMONG COLLEGE STUDENTS STAYING AT ADI-DRAVIDAR WELFARE HOSTEL IN TAMILNADU

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This paper assesses the college student staying at Adi Dravidar welfare Hostel. Existing knowledge and attitudes to words the sexual and Reproductive Health issues and family life education. Proportionate method of sampling technique was applied to choose 634 College students staying at Adi Dravidar Welfare Hostel in 15 selected district of TamilNadu during the academic year 2014-2015. The result shows that the respondents 98.1% had average knowledge about sexuality. Only 1.6% and 0.35% of them had good and poor level of sexuality respectively. The ANOVA results show statistical signification of the relationship between demographic variables and the respondent's knowledge about reproductive health. The higher percentage 85.2% of them average level of knowledge and 14.8% of them had knowledge in poor level. None of them were in good reproductive health. The reproductive health among students knowledge was in moderate level it might be due to setting of the descriptive study.

KEYWORDS: College students staying at Adi Dravidar welfare Hostel, Sexual, Reproductive Health needs.

The literacy of Adi Dravidars was below 73% of overall TamilNadu state literacy level is 81%. For the development of Adi Dravidars standard the Indian Government and State Government providing so many welfare schemes. These schemes are implemented through the Adi Dravidar's welfare Directorate. It has been benefited to them by implementing several welfare schemes for social, economical and education.

Especially in education for Adi Dravidar's welfare, a special attention has been provided to Adi Dravidars students. In order to perform their examination in excellent manner. The following schemes are motivated the schemes are provided to uplift the educational level of Adi Dravidar students.

- Orientation skill program for teachers to get modern methods with teaching technique.
- Special health care programme for students by providing Yoga training for teachers and students.
- State, Regional and District level Sports and competition with prizes, certificates are provided by the Government.

As for Adi Dravidar's students improvement and performance. special care are provided by providing a good hostel facilities for the students in various Cities, Town, and Pachayat. Special attention taken to the students in Hostel by the Adi Dravidar's welfare.

There are about 1320 hostels are operated under Adi Dravidar's welfare scheme with capacity of 98,000 students which include boys and girls.

According to the State Government

Sr/No.	Hostel	Boys Hostel	Girls Hostel	Total Hostel
1.	School Hostel	739	404	1143
2.	College Hostel	67	71	138
3.	ITI Hostel	15	2	17
4.	Polytechnic Hostel	2	1	3

Education for Adi Dravidar about develop and improve health should be a basic need for the beginning of learning process since from childhood and up to the adult life. Education and awareness of reproductive of health in girls are so important as it will affects their own health status, fertility and arrange a platform for health beyond reproductive years and affects the health into next generation.

METHODOLOGY

The socio-economic and demographic condition of female

students in the Adi Dravidar Welfare hostels in Tamil Nadu and to study their perception, attitude behaviour towards the sexual and reproductive health issues, a survey was conducted among the women college students staying at the ADW hostels. The simple random method was adopted to select the sample districts to conduct the survey. The hostels with boarders' strength of more than 150 students were considered for conducting the survey. Totally 15 districts fall in this category. It was decided to select one-fourth of the ADW hostels by simple random method from the 15 districts. Cuddalore, Villupuram, Thanjavur and Madurai districts were arbitrarily selected.

Proportionate sampling method was adopted to select the sample population for the survey. Totally 227 students were staying at Cuddalore ADW hostels, of that three-fourth of the inmates were selected (170) as sample population, however, 160 students' schedule showed the consistency and the same was considered for the analysis. The response rate was 94.12 percent.

The Department of ADW was running 2 UG hostels for Girls at Villupuram district. One at Villupuram town and another hostel located at Tindivanam town. Totally 213 students were accommodated in these two hostels and it was decided to select one-third of the total students as sample population (71). Totally 19 student's schedules were discarded due to inconsistency, finally 52 schedules were considered for the analysis. The response rate was 73.23 percent

In Thanjavur district totally 3 ADW hostels were functioning at three different taluks namely Thanjavur, Kumbakonam and Orathanadu and it lodged 226 girl students. It was also intended to cover three-fourth of the students for the survey (169), however, 158 students answered all the questions in the schedule without any discrepancy. The response rate at Thanjavur district was 93.49 percent.

In Madurai district at Chokkikulam premises, 2 UG&PG hostels and at Moondrumavadi 1 ITI hostel for Adi-Dravidar girls were functioning. Another ADW hostel was located at Melur. All together 356 students were accommodated in these 4 ADW hostels. Since these hostels were located at three different location it was decided to select three-fourth of the hostel inmates as sample population (267) to receive more response rate. However, 264 students completed the survey schedules properly. The response rate was 98.87percent.

Overall, among the 687 ADW hostel inmates were participated, 634 students were able to complete the task – provided all the information. The overall response rate at the study locations for the

survey was 92.28 percent. Hence the sample size fixed for the analysis for survey was 634.

STATISTICAL TOOLS

The SPSS was used to process the data collected from college students staying at adi-dravidar welfare hostel in TamilNadu in the study area. Both uni-variate and multivariate techniques were attempted in the data analysis. While processing the data, the important statistical tools used include Correlation wise distribution, Mean, SD and mean%, Frequency and percentage wise distribution, ANOVA^a Test, Coefficients^a Test, Multiple linear regression analysis, t test, graphs and diagrams, etc.

RESULT

Table No.1 Area wise Mean, SD and mean% to assess the sexual and reproductive health needs among students staying at Adi-Dravidar welfare hostel in Tamil Nadu

Table No.1 Area wise Mean, SD and mean% to assess the sexual and reproductive health needs among students staying at college hostel reveals that in overall, averagely, the mean percentage of 60% of them level of awareness given in our study which mean score was 465.96±26.41.

Area	Max.	Mean	SD	SE	Mean
Area		Mean	30) JE	
	score				%
Hostel environment	164	108.29	10.21	0.405	66
Puberty	177	136.15	17.09	0.679	77
Reproductive health	153	61.09	11.41	0.453	40
Family life education	55	33.41	5.85	0.23	61
Parental interaction	22	10.46	2.39	0.095	48
Sexuality	129	67.88	8.93	0.355	53
Self-esteem / assertiveness	80	48.67	6.71	0.27	61
Overall	780	465.96	26.41	1.05	60

In all the area, the highest percentage (77%) of them was in the area of Puberty which means score was 136.15 \pm 17.09. Whereas, the next highest percentage (66%) of them were assessed in hostel environment with the mean score was 108.29 \pm 10.21. Whereas each 61% of them had assessment done in the area of family life education (33.41 \pm 5.85) and self-esteem/assertiveness (48.67 \pm 6.71) respectively. However, 53% of them were had knowledge in the area of sexuality with the mean score 67.88 \pm 8.93. <50% of them had knowledge on parental interaction (48%, (10.46 \pm 2.39)) and Reproductive health (40%, (61.09 \pm 11.41) respectively.

It can be interpreted that, Average mean percentage (>60%) of the all the area's like hostel environment, Puberty, Family life education and self-esteem/assertiveness had level of awareness regarding the sexual and reproductive health needs among students staying at Adi-Dravidar welfare hostel.

Only three areas had mean percentage of <60% of the awareness such as reproductive health (40%) Parental interaction (48%) and sexuality (53%) regarding sexual and reproductive health needs among students staying at Adi-Dravidar welfare hostel.

It can be reveals that overall interpretation was averagely they know the level of knowledge regarding sexual and reproductive health needs among students staying at Adi-Dravidar welfare hostel. It might be due to the setting of the study.

Table No 2: Frequency and percentage wise distribution for level of reproductive health among college students staying at Adi-Dravidar welfare hostel in Tamil Nadu.



Level of Reproductive	Sco	ore
Health	f	%
Poor	94	14.8
Average	540	85.2
Good	-	-
Total	634	100

Table No 2 reveals that regarding level of knowledge on reproductive health, the higher percentage 85.2% of them had average level of knowledge in reproductive health and 14.8 % of them had knowledge in poor level. None of them were in good level.

Hence, it reveals that regarding level of productive health among students knowledge was in moderate level. It might be due to setting of the descriptive study.

Table No 3: Multiple regression for reproductive health and family background data

				Mode	el Sum	mary	b			
Mod	R	R	Adjus	Std.						Durbi
el				Error						n
		е		of the		F			Sig. F	-
			е	Estim	are	Chan	df1		Chan	Wats
				ate	Chan	ge			ge	on
					ge					
1	.281a	.079	016	2.441 08	.079	.833	11	107	.607	2.123

a. Predictors: (Constant), Health center functioning nearby your residence, Father's Occupation, Number of sisters, Studied at coeducated systems, Number of brothers total, Mothers Occupation recode, Family Income, Mother's Age, Mothers Education recode, Father's Educational Level recode, Father's Age

 $b. Dependent Variable: {\tt PARENTAL\,INTERACTION}$

	ANOVA°											
	Model	Sum of Squares df		Mean	_	Sig.						
				Square	「							
1	Regression	54.618	11	4.965	.833	.607 ^b						
	Residual	637.601	107	5.959								
	Total	692.218	118									

a. Dependent Variable: PARENTAL INTERACTION

b. Predictors: (Constant), Health center functioning nearby your residence, Father's Occupation, Number of sisters, Studied at coeducated systems, Number of brothers total, Mothers Occupation recode, Family Income, Mother's Age, Mothers Education recode, Father's Educational Level recode, Father's Age

Table No 3: Multiple linear regression is used to describe data and to explain the relationship between one dependent variable (parental interaction) and two or more independent variables (parents background variables). It reveals that Measures the proportion of variability in the response explained by the mode with R2 was 0.8% and the model not fitted with the ANOVA F=0.883,p=0.607 Whereas, No one variables got significant changes in the predictors value are related to changes in the response variables even our model was not fitted. Hence, accepted the null hypothesis $\boldsymbol{H}_{\scriptscriptstyle 0}$

	Coefficients ^a											
Model		Unstan	dardize	Standa	t	Sig.	95.	0%				
		d Coef	ficients	rdized			Confi	dence				
				Coeffic			Interv	al for B				
				ients								
		В	Std.	Beta			Lower	Upper				
			Error				Bound	Bound				
1	(Constant)	8.674	2.702		3.210	.002	3.317	14.030				
	Father's	.069	.066	.162	1.044	.299	062	.200				
	Age											

Mother's Age	071	.062	162	-1.14 6	.254	195	.052
Family Income	-2.06 2E-5	.000	037	367	.714	.000	.000
Father's Educational Level recode	135	.193	073	698	.487	518	.248
Mothers Education recode	.371	.285	.137	1.306	.194	193	.936
Father's Occupation	.299	.239	.130	1.253	.213	174	.773
Mothers Occupation recode	.125	.492	.026	.254	.800	851	1.101
Number of brothers total	.691	.479	.140	1.444	.152	258	1.640
Number of sisters	.230	.340	.072	.676	.501	445	.905
Studied at co- educated systems	423	.749	055	564	.574	-1.90 7	1.062
Health center functioning nearby your residence	122	.184	064	663	.509	486	.243
a. Dependent	Varial	ole: PA	RENTA	L INTE	RACTI	ON	

Table No. 4 Multiple regression for reproductive health and family background data

				Mode	l Sum	mary)			
Mod	R		Adjus							
el		Squa	ted R	Error	R					bin-
		re	Squa	of	Squa					Wats
			re	the	re	F			Sig. F	on
				Estim	Chan	Chan			Chan	
				ate	ge	ge	df1	df2	ge	
1	.289ª	.083	011	8.897 84	.083	.884	11	107	.558	2.035

a. Predictors: (Constant), Health center functioning nearby your residence, Father's Occupation, Number of sisters, Studied at coeducated systems, Number of brothers total, Mothers Occupation recode, Family Income, Mother's Age, Mothers Education recode, Father's Educational Level recode, Father's Age

b. Dependent Variable: SEXUALITY

ANOVA ^a									
	Model	Sum of	df	Mean	F	Sig.			
		Squares		Square					
1	Regression	770.032	11	70.003	.884	.558 ^b			
	Residual	8471.363	107	79.172					
ŀ	Total	9241.395	118						
a.	Dependent \	Variable: SI	XUALITY			•			

b. Predictors: (Constant), Health center functioning nearby your residence, Father's Occupation, Number of sisters, Studied at coeducated systems, Number of brothers total, Mothers Occupation recode, Family Income, Mother's Age, Mothers Education recode, Father's Educational Level recode, Father's Age

Table No 4: Multiple linear regression is used to describe data and to explain the relationship between one dependent variable (sexuality) and two or more independent variables (parents background variables). It reveals that Measures the proportion of variability in the response explained by the mode with R2 was 8% and the model not fitted with the ANOVA F=0.884, p=0.558. Whereas, No one variables got significant changes in the predictors value are related to changes in the response variables even our model was not fitted. Hence, accepted the null hypothesis H₀

	Coefficients ^a										
	Model	Unstandardiz		Standa	t	Sig.	95.	0%			
		ed		rdized			Confi	dence			
		Coefficients		Coeffic			Interv	al for B			
				ients							
		В	Std.	Beta			Lower	Upper			
			Error				Bound	Bound			
1	(Constant)	59.263	9.849		6.017	.000	39.739	78.788			

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Father's Age	.233	.241	.150	.967	.336	245	.711				
Mother's Age	008	.227	005	036	.971	458	.442				
Family Income	.000	.000	077	767	.445	001	.000				
Father's	294	.705	043	417	.678	-1.69	1.104				
Educational Level						1					
recode											
Mothers	1.876	1.037	.189	1.808	.073	180	3.932				
Education recode											
Father's	974	.871	116	-1.11	.266	-2.70	.751				
Occupation				9		0					
Mothers	.150	1.794	.009	.084	.933	-3.40	3.708				
Occuation recode						7					
Number of	398	1.745	022	228	.820	-3.85	3.062				
brothers total						8					
Number of sisters	.090	1.241	.008	.073	.942	-2.36	2.550				
						9					
Studied at co-	-5.13	2.729	182	-1.88	.062	-10.5	.272				
educated systems	9			3		49					
Health center	.808	.670	.115	1.206	.230	520	2.137				
functioning											
nearby your											
residence											
a. De	pende	nt Vari	able: S	EXUAL	ITY						

Reproductive health

Reproductive health is not just about sex. It is part of a holistic health program starting from early age teaching values and understanding the anatomy and physiology of their bodies. This education continues when they are young adults to have safe and acceptable access to methods of fertility regulation of their choice and the right to have access to appropriate healthcare services that enables women to go safely through pregnancy and childbirth as stated in the WHO definition.

Sexuality

Because sexuality is seen as a domain requiring adult maturity to experience and express, adolescent sexuality is portrayed even in ostensibly objective research as tentative, experimental, confused, inept, and innately dangerous. Indeed, a substantial research literature addresses adolescent sexuality as an expression of "risk-taking" requiring broad social efforts to suppress or control. The control of adolescent sexuality seems to be the point of much of the debate over the content of American sex education which is often skewed toward abstinence, pregnancy, and STI, with little or no mention of masturbation, sexual pleasure or orgasm.

Conclusion

It can be concluded that a significant proportional at students staying at Adi-Dravidar Hostel had average and poor knowledge about the Reproductive Health and sexuality. None of them in Good Knowledge it indicates that the students staying Hostel need more education regarding Reproductive Health and sexuality.

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Which will help them practices safe and come out of traditional belief misconstruction and restrictions regarding Reproductive Health and sexuality. It is recommended that increase and expand research should be carried out on Reproductive Health and sexuality among students staying at Adi-Dravidar Hostel and to improved coordination between Hostel Warden and Housekeeper and gross root level for better Reproductive Health practices.

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