

## Knowledge and Attitude on Reproductive Health Among Nursing, Pharmacy and MBA Students-a Study



### Sociology

**KEYWORDS :** Knowledge, attitude, reproductive health, students.

**Dr. K. Rajasekhar**

Associate Professor, Department of Population Studies and Social Work, Sri Venkateswara University

**R. Mahendranath Chowdary**

Research Scholar, Department of Population Studies and Social Work, Sri Venkateswara University, Tirupati-517502, A.P

### ABSTRACT

*Youth/adolescents reproductive health needs are poorly understood and ill served and are rarely considered as a distinct group with special needs. Whatever knowledge they have, is incomplete and many a time confusing. Limited education on reproductive health and inhibited attitude towards sex related issues accentuate this ignorance. The aim and objective of the present study is to understand the level of knowledge and attitude among professional students of nursing, pharmacy and MBA students. The study covered 160 professional students selected from nursing, pharmacy and MBA professional courses. The present study's findings revealed that knowledge and attitude levels of different groups regarding adolescent's reproductive health were differ and comparable. Most of the sample still lack awareness about various aspects of physiological and psychological development and particularly the level of awareness about reproductive and sexual health issues. The results suggested that providing self instructional material on various aspects of reproductive health education will tackle the problems of disseminating appropriate health and reproductive health information within the norms accepted by the society.*

### INTRODUCTION:

According to World Health Organization, those between the ages of 10 and 24 are young people. This age group is composed of two overlapping sub-groups: "adolescents" (aged 10-19) and "youth" (aged 15-24). More than half of the world population is under 25 years of age and over the 80 percent (1.5 billion) are in the age group of 10-24 years, and most of them live in developing countries. However, their reproductive health needs are poorly understood and ill served. Youth/adolescents are rarely considered as a distinct group with special needs. There is lack of attention in almost every dimension of their reproductive health. Youth/adolescents are found poorly informed regarding their own physical well being, their health needs and own bodies. Whatever knowledge they have, is incomplete and many a time confusing. Limited education on reproductive health and inhibited attitude towards sex related issues accentuate this ignorance. Thus, the Cairo conference (1994) rightly acknowledged that particular attention needs to be given to the reproductive health needs of youth/adolescents as a group, as previously their need for reproductive health services had largely been ignored. Hence the Cairo programme of action attempted to shift the focus away from demography and targets, towards reproductive health. Reproductive health includes the ability to have a satisfying and safe sex life and the freedom to have children if, when, and how often one decides.

Age of youth/adolescence is age of identity formation. It is a stage where moral, sexual and occupational contexts develop. It is a stage where value clarifications take place and gender perspectives develop. The reference groups' context, the aspiration level and dependence on peer support develops. It is a stage where fears, apprehensions, anxieties and misgivings develop. It is also a stage when context of friendship and relationship undergo change and conflicts and pressures emerge and may make youth/adolescents vulnerable to abuse, exploitation and dangers. Youth behaviour during adolescence could range from exploring sexual relationships to alcohol, tobacco and other substance abuse. Peer pressure may lead them to practice unprotected sex, dropout from school or suffer from eating disorders or start living dangerously. A large number of youths have set orientations to sexual behaviour. They are not comfortable with their sexuality and are not able to manage it responsibly. They do not understand that sexuality does not necessarily mean sexual intercourse. It refers to the sexual make up of an individual including feelings, values, perceptions and attitudes and provides a clear understanding of sexual options and their consequences. It therefore involves the right to be informed of, and have access to safe, effective, affordable, and acceptable family planning methods and access to appropriate health-care which will ensure safe pregnancy and childbirth and healthy infants.

A number of studies have been conducted on needs assessment of youth/adolescents in term of awareness and attitude; however studies focusing on different cultural settings are a few in numbers. These studies have related that the level of awareness about adolescent reproductive health issues is low (SCERT Bihar 2000, Rao 2000 and Grewal 2000). Their attitudes towards reproductive health issues have not been positive. This has resulted among youth/adolescents holding undesirable perceptions and behaviour about sex related issues (Savara and Sridhar 1994). Some studies reported urban and male as better aware (Grewal 2000). However, some studies revealed female students as better aware and having positive attitude towards adolescent/ youth reproductive health issues (Rao 2000).

There is a great diversity of challenges faced by young people in regard to their reproductive health, and the issues of critical importance to them vary greatly depending on their cultural and geographical backgrounds. These issues include forced early marriage, lack of opportunities, unwanted pregnancy, early childbearing, the spread of HIV/AIDS and other sexually transmissible infections (STIs), and female genital mutilation. For all young people, however, the need for accurate information, non-judgmental counseling and affordable and accessible services are paramount in overcoming these challenges and helping them to avoid unwanted pregnancies, care for their sexual health and take advantages of education and other opportunities. However, adolescent girls are at greater risk since in most societies behavioural patterns are more restricted for them and they may also be the victims of societal discrimination, violence or sexual abuse or just be married off early, thus exposing them to other risks, because the socio-cultural and health consequences of unprotected youths' sexual behaviour can be severe. Youths are not category but heterogeneous groups and are often neglected as their special needs are not understood by families and societies.

Reproductive health issues related to youths involve management of ignorance and vulnerability of youths so that they grow into confident adults and are able to lead fulfilling and satisfying lives. In our country, culture of silence and value of obedience, illiteracy, lack of access to information and guilt approach to sexuality have proved restrictive in proper and smooth transition of many youth/adolescents into adulthood. A number of research studies have provided sufficient empirical evidence about reproductive health needs of youth/adolescents. It has been reported that Pre-marital sexual activities are on the increase among adolescents. Early marriages, teen age pregnancies, unwanted and frequent pregnancies and many a times opting for unsafe illegal abortions due to compelling circumstances can put youths in life threatening situations leading to

mortality or disability. Coupled with it are increase in sexually transmitted diseases and HIV/AIDS. In addition a large number of youth/adolescents have poor food and nutrition awareness. They are also not generally aware about types of contraceptives available and face inability in using them properly or feel hesitant in purchasing them. Such a situation warrants focused action for promoting healthy lifestyle among youths that will empower them to take decisions to their advantage and cope effectively with their pressures.

Therefore fundamental issues of reproductive health education for youth/adolescents are necessary/ essential to understand; a) Physical and emotional changes during adolescence) Understanding reproductive system, c) Knowledge about choices and use of contraceptives, d) Pregnancy and mother-child survival, e) Prevention of STD and HIV/AIDS, f) Safe abortion, g) Prevention of vulnerability and abuse, h) Reproductive rights and decision-making.

**NEED OF THE STUDY**

India is mainly rural country cursed with illiteracy, poverty and over population. Due to ignorance and illiteracy they practiced early marriages of their children at adolescent age. This ignorance remains us over populated. Though there are a number of methodological problems that limit the usefulness of the findings, yet the study provides broad trends regarding the level of awareness and attitude of students related to various adolescent reproductive health issues.

Government from time to time chalks out effective welfare programmes to give thrust and dynamism to the changing life style of the youth. But yet today the required level of development has not been achieved due to their illiteracy, ignorance and isolation. However the research efforts have been made in this area are insufficient in term of generalization as adolescents

themselves are not homogeneous. Their needs and requirements are different in-different cultural settings as male or female, and in different age groups. To plan any intervention based on their needs and requirements identification of these groups in terms of awareness and attitude and their needs are important particularly in different cultural settings. More and more baseline studies should be conducted to know youth/adolescents very closely. So, the aim of the present study is to understand the level of knowledge and attitude among professional students of nursing, pharmacy and MBA students.

**METHODOLOGY**

The objective of the study is to know the awareness level of the students about adolescent reproductive health and their attitude regarding various issues of adolescent reproductive health and their needs and requirements.

Sample: The present paper is based on primary data. Students studying in professional courses viz. Pharmacy, Nursing and MBA was the sampling unit of this study. Tirupathi town in Chittoor District of Andhra Pradesh was purposely selected for the study, the reason is Tirupathi is a famous pilgrim centre and having well established educational institutions. The study covered 160 professional students selected on random bases form Nursing, Pharmacy and MBA professional courses. The data for the study have been collected through a questionnaire. The questionnaire contained questions relating to personal details, awareness about physical changes, conception and pregnancy, HIV/AIDS its mode of transmission and prevention, myths and misconceptions on HIV/AIDS, attitude towards introduction of adolescence education and strategies for its introduction in schools/colleges. Percentages were calculated for the background characteristics and ANOVA were employed to find out the significance level.

**Table-1: Background Characteristics of respondents**

S.NO	Characteristics	Number	percent	S.NO	Characteristics	Number	percent
1.	Age of the respondents			4.	Type of family		
	Below 20	73	45.6		Joint	34	21.1
	21-22	52	32.5		Nuclear	126	78.9
	23+	35	21.9		Total	160	100.0
	Total	160	100.0	5.	Place of residence		
2.	Gender				Rural	115	71.9
	Male	57	35.6		Urban	45	28.1
	Female	103	64.4		Total	160	100.0
	Total	160	100.0	6.	Caste		
3.	Professional course				Scheduled caste	24	15.0
	Pharmacy	55	34.4		Scheduled tribe	18	11.3
	Nursing	54	33.8		Backward caste	67	41.9
	M.B.A	51	31.8		Forward caste	51	31.8
	Total	160	100.0		Total	160	100.0

In the study area, majority of the sample are below the age of twenty years (46percent) and another one-third are in between 21-22 years. Rest is twenty-three years and above. Among the sample, an overwhelming are girls (64percent) and with regards to their educational study/qualification all are professional course students viz, Pharmacy (34percent), Nursing (34percent), and M.B.A (32percent).It is quite interesting to note that among the sample, eight out of every ten are came from nuclear families and seven out of every ten are rural residence holders. This clearly indicates that the domination of the nuclear families in the rural society and disappearance of joint-family system. Backward community students are majority in the sample (42percent).

**Table- 2: Reproductive Health Concerns of respondents**

Awareness level of students relating to adolescent reproductive health on physical changes					
Professional course	Number	Mean score	Std. deviation	F-value	Sig.level
Pharmacy	55	16.65	0.93	39.997	0.000
Nursing	54	16.70	1.60		
MBA	51	14.04	2.41		
Total	160	15.85	2.11		
Awareness level of students relating to Adolescent Reproductive Health issues					

Pharmacy	55	11.20	0.76	38.700	0.000
Nursing	54	11.43	0.98		
MBA	51	9.16	2.22		
Total	160	10.64	1.75		
Awareness about HIV/AIDS and its mode of transmission					
Pharmacy	55	9.98	0.14	58.835	0.000
Nursing	54	9.13	1.15		
MBA	51	7.74	1.47		
Total	160	8.99	1.40		
Awareness on ways and means of prevention of HIV/AIDS					
Pharmacy	55	9.42	0.79	24.242	0.000
Nursing	54	8.76	0.97		
MBA	51	7.78	1.72		
Total	160	8.68	1.38		
Awareness on myths and misconceptions on HIV/AIDS					
Pharmacy	55	13.20	1.19	15.544	0.000
Nursing	54	12.37	1.41		
MBA	51	11.50	2.00		
Total	160	12.38	1.69		
Opinion on Introducing of adolescence education in schools					
Pharmacy	55	6.80	0.89	8.512	0.000
Nursing	54	5.96	1.10		
MBA	51	6.30	1.20		
Total	160	6.36	1.16		
Attitude towards strategies for introducing adolescence education in schools					
Pharmacy	55	9.21	0.63	6.909	0.001
Nursing	54	8.65	1.15		
MBA	51	8.38	1.62		
Total	160	8.76	1.23		

It can be observed from table-2 that awareness level of students on physical changes during adolescences/youth by professional course is significantly varied. The higher mean score (16.70) of knowledge is found in Nursing course students followed by Pharmacy students (16.65) and MBA course students (14.04). Therefore, the awareness level of students on physical changes during adolescence period is significantly differ (F-value 33.997, Sig.level at0.000)

It is noticed that differential in the awareness level of professional course students on adolescents reproductive health issues. Higher level of knowledge (11.20) is found in Nursing course students followed by Pharmacy students (11.20) and MBA students (9.16). The awareness level of provisional course students on reproductive health issues significantly differ (F-value 38.700, Sig. level 0.000)

Knowledge about HIV/AIDS and its mode of transmission is different among professional course students. High level of knowledge is found in Pharmacy course students (Mean score 9.98) followed by Nursing students (9.13) and MBA students (7.74). The level of awareness on HIV/AIDS and its Mode of transmission is significantly different (F-value 58.835, Sig. level at 0.000) by professional course of students.

The awareness level on ways and means of HIV/AIDS prevention by Professional course of students is quiet differing. MBA course students are having low of knowledge (Mean score 7.78) followed by Nursing students (8.76) and Pharmacy students (9.42). It is found that the awareness level on ways and means of HIV/AIDS prevention is significantly varied by Professional course of students (F-value 24.242, Sig.level at 0.000).

Awareness on myths and misconception on HIV/AIDS are tested among professional course students. Higher level of awareness is found among Pharmacy course students (Mean score

13.20) followed by Nursing students (12.37) and MBA students (11.50). It is found that the awareness level of professional course students on myths and misconception on HIV/AIDS is significantly varied (F-value 15.544, Sig.level at0.000).

Opinion on Introducing of adolescence education in schools/colleges is asked among the professional course students. The opinion is different by professional course students. Higher level of opinion is found among Pharmacy students (Mean score 6.80) followed MBA course students (6.30) and Nursing students (5.96).

Finally attitude towards strategies for introduction adolescence education in schools/colleges are asked among professional course students. The attitude is significantly different by their course of students. Higher level of attitude are founded in Pharmacy students (Mean score 9.21) followed by Nursing course students (8.65) and MBA students (8.38).

### CONCLUSION

Adolescence/youthfulness is the most critical stage in the life of an individual. It is a distinct phase of rapid physical, psychological and social behavioral changes in boys and girls. The youth/adolescents caught unaware of these changes may lead to serious mat adjustments and various kinds of complexities, confusion, tension unrest and become problematic to the family and to the society at large. During this period, the social needs of the individual also undergo modification. Their social circle extends from family to peers and other social groups, they crave for recognition, to be cared for or heard. They take interest in social affairs and give their opinions. Sexual urge arises during adolescence. It is therefore imperative to provide to the adolescents during the period, adequate and authentic information about physical growth, psychological development and changes in reproductive system so that they are enabled to imbibe responsible social attitudes and values towards sex and family life. The study has highlighted that student's lack awareness about various aspects of physiological and psychological development.

The present study findings revealed that knowledge and attitude levels of different groups regarding youth/adolescent's reproductive health issues were differ and comparable. Most of the sample still lack awareness about various aspects of physiological and psychological development and particularly the level of awareness about reproductive and sexual health issues was low among Pharmacy and M.B.A students. In the study area, an overwhelming majority of students from all the three courses desired that education in adolescent reproductive/sex health should be given in schools/colleges. The results suggested that providing self instructional material on various aspects of reproductive health education will tackle the problems of disseminating appropriate health and reproductive health information within the norms accepted by the society.

### SUGGESTIONS/RECOMMENDATIONS

1. To provide accurate information, non-judgmental counseling and affordable and accessible services to students to overcome reproductive health challenges.
2. Help the students/youth to avoid unwanted pregnancies, care for their sexual health and take advantages of education and other opportunities.
3. Strong will and need to have data base of the needs and problems of adolescents/youths/students in their different socio cultural settings. Besides survey, in-depth analysis of adolescent/youths' needs is very essential.
4. Encourage/provide quality sexual health education to students, because it may either delayed the onset of sexual activity or reduced unplanned pregnancy or reduced the number of sexual partners.
5. Through parents and schools/colleges should interact/impart about adolescent reproductive health issues/ adolescence education with/to students.
6. To develop and provide effective reproductive and sexual health services to youths/students, these services can play an important role in both health promotion and prevention.
7. To integrate adolescent reproductive health content to syl-

- labi and textbooks of school/college students.
8. To use peer educators/counselors to provide messages and correct information on sexual health and family planning to youth/students.
  9. Through Rapid Needs Assessment Studies (RNAS) conduct a National level Needs Assessment in Reproductive Health issues of students.
  10. Through providing self instructional material to students/youths on various aspects of reproductive health educa-

tion will tackle the problems of disseminating appropriate health and reproductive health information within the norms accepted by the society.

Note: Adolescence and youth is generally defined in reference to a period of years. WHO has defined 'adolescence' is being between the ages of 10-19 years, 'youth' is being between 15-24 years and 'young people' include both the groups and cover the age group 10-24 years.

## REFERENCE

- 1 Barua,A and K.Kurz (2001). Reproductive health-seeking by married adolescent girls in Maharashtra, India. *Reproductive Health Matters*, 9, (17) | 2. Machel, JZ (2001).Unsafe sexual behaviour among schoolgirls in Mozambique. *Reproductive Health Matters*, 9, (17) | 3. Government of India (2000). National Population Policy 2000. Ministry of Health and Family welfare, New Delhi. | 4. Grewal, A. (2000): A Study of the Impact of Population Education on Adolescence and their Perceptions about Future Family Life Education, Regional College of Education, Bhopal. | 5. Lyndem, B (1998): Need Assessment Study on adolescent Boys and Girls of selected Urban and Rural Areas, East Khasi Hills Districts. Meghalaya. Shillong. North Eastern Hill University. | 6. National Council of Educational Research and Training (1993). National Seminar on Adolescence Education, NCERT. New Delhi. | 7. Rao Sudhc, V, and D'Souza Lancy (2000): A needs Assessment study in Adolescence Education in Mysore District' Regional Institute of Education. Mysore. | 8. Savara. Meera and C.R. Sridhar (1994): "Sexual Behaviour amongst different Occupational Groups in Maharashtra, India and the Implications for AIDS Education". *The India Journal of Social Work*. LV (4) (PP-617-632). | 9. SCERT, Bihar (200G): Needs Assessment of School-going Adolescents in Bihar. Parna. Population Educational Cell, Bihar. | 10. United Nation (1994). Programme of Action, adopted at the International Conference on Population and Development, Cairo. |