



ORIGINAL RESEARCH PAPER

Gynaecology

AWARENESS OF REPRODUCTIVE HEALTH AMONG ADOLESCENT AND YOUNG ADULT FEMALES; COMPARATIVE STUDY IN URBAN AND RURAL AREA OF GHAZIABAD.

KEY WORDS:

Dr. Preeti Sharma

Assistant Professor, Dept.of obst.and gynecocology. MuzzafarNagar Medical College Muzzafarnagar.

ABSTRACT

In this paper it is to compare the knowledge of adolescent and young adult females of rural and urban areas regarding reproductive health in Ghaziabad UP. In the present study, poor knowledge about reproductive health in both groups is the main concern. Although, they believe that having sound knowledge about this matter will promote mother and child health and eventually family health. Involving families and communities will enhance the effectiveness of youth programs.

Study Type: Cross-Sectional descriptive Study.

Study Area: Rural and urban areas of Ghaziabad

Sample Size: $Z^2 \times P \times Q / E^2 = 4 \times 90 \times 10 / 25 = 144 = 145$

INTRODUCTION

"No longer a child, not yet a woman", is a line which captures the ethos of adolescence beautifully. This is a time of transition from childhood to becoming responsible adults. The changes are not only physical and sexual, but also emotional and mental. We, as health care providers, need to focus on these young people as investing in their health today will reap rich rewards tomorrow. WHO defines Adolescence as 10-19 years old, 'Youth' as 15- 24 years old and 'Young People' as 10-24 years old. The adolescence has been divided into two phases: 'early' (10-14 years) and 'late' (15-19 years). Reproductive health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity in all matters relating to reproductive system and its functions and process. It, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. "Healthy adolescence, the need of the hour". World interest in adolescent health issues has grown dramatically, beginning with the International Year of Youth in 1985 and the World Health Assembly in 1989, where discussions were focused on the health of youth. In last 10 years, the importance of information on sexuality and reproduction is being increasingly emphasized. Reproductive health encompasses all aspects of adolescent health. It consists of several distinctive yet related issues such as sex education; reproductive tract infections prevention; abortions; childbirth; contraception; cancer screening and maternal mortality. The effects of globalization, rising age of marriage, rapid urbanization and greater opportunities for socialization have heightened the risk of STIs, H.I.V. and unwanted the pregnancy. While adolescents have unmet needs for information on reproductive health and services, these are not addressed by parents, schools or the existing health care systems. Sex education should be a lifelong learning process based on the acquisition of knowledge and skills and development of positive values and attitude.

Menstrual hygiene is another important issue that every female has to deal with in her life. There is lack of information on the process of menstruation, the physical and psychological changes associated with puberty and proper requirements for managing menstruation. The taboos surrounding this issue in the society prevents females from articulating their needs and the problems of poor menstrual hygiene have been ignored or misunderstood. Good menstrual hygiene is crucial for the health, education, and dignity of girls and women as it is an important risk factor for RTI. This is an important sanitation issue which has long been in the closet and there was a long-standing need to openly discuss it. Hence, there is an urgent need to intervene in early adolescent period by imparting knowledge on reproductive health. The girl child, the women of tomorrow is a nation's asset. Give her an opportunity to develop as her development is the development of nation. To conclude, awareness regarding reproductive health during adolescence and youth will go a long way in improving health of future mothers and building an effective and sustainable nation.

Methodology

A Descriptive Cross-sectional study was carried out in rural and urban areas of Ghaziabad via systematic random sampling of adolescent and young adult unmarried girls. Girls were assessed in terms of socioeconomic features, Knowledge regarding various sexual and reproductive health (SRH) matters and issues was assessed by simply exploring whether the respondents had ever heard or discussed them. The list included themes such as bodily changes during puberty, relationships, the onset of menstrual cycles and the importance of hygiene maintenance particularly washing and re-use of cloth if not using a sanitary pad. HIV/AIDS and other sexually transmitted infections, their signs/symptoms, treatment, and prevention. Physiology of male and female reproduction, particularly pregnancy and how it is conceived. Confidentiality and anonymity was assured to all the interviewees. After explaining the purpose of study an informed verbal as well as written consent was taken from the respondents. None of the respondents refused the interview. Afterward, a self-administered structured questionnaire, created using help from the WHO questionnaire pattern, was distributed for data collection. SPSS version 20 was used for data entry. Pearson's Chi-square test was applied and P values were recalculated at 95% confidence interval to look for any significant variations between the two categories.

Results

The questionnaire was filled out by 75 urban and 70 rural females. The mean age of urban and rural respondents were 18 years and 20 years respectively. Most of them were students and belonged to upper- middle and lower-middle class.

Regarding the source of information on sexual and reproductive physiology, urban females would prefer mother (40%) and friends (30%) in the first place. Sisters and mother are 20% and 10% respectively, as the source of information in rural area. Doctors and health center staff (LHVs and midwives) are usually consulted particularly by 40% of the rural girls as compared to 7% in urban category, (statistically significant in both areas $\chi^2 = 13.13$, $p < .001$). The almost equal number of the respondents preferred Films and videos/TV (around 10%) in both the populations, whereas very few agreed on receiving information on SRH by their teacher (7%) in a rural setting as compared to an urban setting (13%). Books/Magazines and Newspapers could be another source of information (<1%) on SRH.

Source of Information	Urban (n=80)	Rural (n=60)	χ^2	P. Value
Mother	40%	30%	4.113	0.039
Sister	20%	13%	0.432	0.422
Friends	30%	40%	6.331	0.018
School Teacher	4%	2%	2.778	0.096
Doctor/ Health Care Staff	9%	29%	16.89	<0.001

Film/TV/ Videos	18%	14%	0.081	0.691
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The adolescents were asked to assess the accuracy of two statements on reproductive physiology, namely, that a woman can become pregnant at first intercourse and that pregnancy is most likely to occur in midcycle. Almost half of the rural respondents (49%) said yes to the first statement but only 25% had confidence in the accuracy of the second statement. An urban response was relatively poor, only 41% affirmed that there is a chance of pregnancy after first intercourse and even lesser (20%) knew that there is a high chance of pregnancy halfway between two menstrual cycles.

Special attention was given to matters pertaining to menstruation and menstrual hygiene. In the present study, the mean age of menarche was 12 years and 14 years for urban and rural respectively. 70% of urban and 30% of rural area girls had prior knowledge on menstruation (before attaining it). Number of rural girls (55%) knew about uterus as an organ for menstrual blood, as compared to urban (45%). This shows that majority of the girls, whether urban or rural, have some good know-how on menstruation. Majority of the urban respondents use only sanitary pad (70%) as absorbent during menstruation, whereas in rural areas majority uses both cloth and a sanitary pad (70%). Very few girls use either sanitary pad only (20% in rural) or cloth only (20% in rural and 10% in urban), as an absorbent.

Hand washing is practiced by 60% of urban and 35% of rural, both before and after changing the sanitary pad/cloth, whereas 55% urban and 45% rural wash their hands only after the changing of sanitary pad/cloth. Very few (1%) do not wash their hands.

More rural respondents have heard about HIV/AIDS (90%) but out of that only 10% know that AIDS is impossible to cure. Contrary to that, out of the 80% of urban girls who have heard about HIV/AIDS, 83% knew that it is impossible to cure. About other sexually transmitted infections, 50% rural respondents have heard about them, and 50% of those know their signs and symptoms. In contrast, out of 30% urban girls who have heard about STDs, 70% of them knew their signs and symptoms. Around 55% of both group respondents knew about some prevention method for AIDS/STIs

Regarding the use of health care facility for SRH issues, only 30% of urban respondents have sought some medical help, of which 80% was for some disorders involving menstrual cycle. As compared, almost 60% of the rural respondents visited some health facility, of which 70% were for disorders related to menstrual cycle, 7% for contraception, 10% for some sexually transmitted infections.

It is encouraging that many young people, living in a restrained rural environment have heard or discussed

Knowledge of Sexual & Reproductive Health Physiology And Issues				
Sexual Reproductive Health Physiology and Issues	Urban n=75	Rural n=70	x2	P.Value
Menstruation (before attaining)	60%	48%	0.664	0.281
Hygiene during Menstruation				
Use of Cloth after Washing Bath (once or twice)	35%	20%	0.59	0.332
Handwash (before & after both) (Only after)	28%	70%	3.671	0.043
	55%	40%	0.66	0.306
	49%	60%	0.111	0.654
Uterus as Organ for blood discharge	53%	70%	0.311	0.691
First Intercourse can result in Pregnancy	40%	49%	3.11	0.09

High Chance of Pregnancy at mid cycle	14%	19%	0.139	0.59
HIV/ AIDS	80%	80%	0.441	0.532
AIDS is incurable	79%	20%	11.621	<0.001
STDs	25%	40%	2.02	0.386
Signs and Symptoms of STDs	54%	49%	0.594	0.422
Prevention of STDs / AIDS	49%	51%	0.330	0.599

Use and perceptions of health services for sexual & reproductive Health issues

Use and Perceptions of Health Services	Urban (n=75)	Rural (n=70)	x2	P.Value
Visited Health Facility for SRH problem	25%	50%	6.774	0.004
Reasons of Visit Problem in Menstrual Cycle	80%	70%	3.022	0.066
Setup Government	20%	50%	12.121	<0.001
Private	80%	20%	0.628	0.399
Dai/ Faith Healer	-	30%	7	0.006

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