



ISSN: 2395-7476
IJHS 2017; 3(2): 236-238
© 2017 IJHS
www.homesciencejournal.com
Received: 06-03-2017
Accepted: 07-04-2017

Dr. C Kalapriya
Lecturer in Home Science,
D.K.W. Degree College, Nellore,
Andhra Pradesh, India

Knowledge, attitude and practice regarding reproductive health among adolescent girls in Nellore district

Dr. C Kalapriya

Abstract

The transitional period of physical and psychological development from childhood to adulthood occurs during adolescence period. Adolescence is very complex and important period of every individuals life. The total years of adolescence are from 13-18 years, this period is linked to teenage years. Menstrual cycle starts at the age of 13-15 years which marks the onset of puberty. The onset of menstruation represents a landmark event in pubertal development of the adolescent girl. Menstruation has often been dealt with secrecy in many cultures. Keeping in mind the important role of reproductive health it was therefore decided to conduct a study to explore the level of knowledge, their attitude and practices regarding reproductive health issues among the adolescent girls in Nellore district. The sample of the study included 120 adolescent girls studying science and arts subject in Junior and Senior Intermediate. Four tools, were used to collect the data. First tool was used to collect general information, second to find the knowledge, third to assess the attitude and fourth to find the practices of girls during menstruation. Analysis of the data revealed that Knowledge, Attitude and Practice on reproductive health among adolescent girls were found to be less. Among them KAP of reproductive health of science students were more when compared to arts students.

Keywords: Reproductive health, menstruation, adolescent, knowledge, attitude and practice (KAP)

Introduction

The transitional period of physical and psychological development from childhood to adulthood occurs during adolescence period. Adolescence is very complex and important period of every individual's life. The total years of adolescence are from 13-18 years, this period is linked to teenage years. The physical and psychological change for a adolescence girl is preparation for safe motherhood. During this phase of growth the onset of menstruation is one of the most important changes that occurs among girls during adolescent years. Menstruation is the cyclical shedding of the inner lining of the uterus, the endometrium under the control of hormones of the hypothalamopituitary axis. Menstrual cycle starts at the age of 13-15 years which marks the onset of puberty. The onset of menstruation represents a landmark event in pubertal development of the adolescent girl. Menstruation, and the menstrual cycle are characterized by variability in volume, pattern and regularity, which at the earlier stages of the development of the adolescent can create emotional discomfort particularly to the poorly informed girl. Studies have shown that although most girls viewed themselves as being prepared for menarche, having 'discussed this with their mothers', obvious misconceptions on the true physiological process and characteristics of menstruation and the menstrual cycle is evident from these studies Juyal, Kandpal, Semwal, Negi, 2012^[1, 6] Most of the school and college going girls are not aware of the fundamental facts about menstruation and puberty and very little attention is paid to the reproductive health of the girls. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and processes (UN, 1994)^[8]. In 1994, the Government of India signed the Cario program of action and assumed the responsibility of providing reproductive and sexual health to all people. Kamath, Ghosh, Iena, chandraskaran 2013^[2]. Studies have shown that the rural adolescent girls lack knowledge about menstruation and hygiene and proper diet. They are likely to suffer from Reproductive Tract Infections. Mahajan and Sharma 2004 found that the Attitude of parents and society in discussing the related issues are barriers to the right

Correspondence
Dr. C Kalapriya
Lecturer in Home Science,
D.K.W. Degree College, Nellore,
Andhra Pradesh, India

kind of information. Menstruation is thus considered to be a matter of embarrassment in most cultures. The reason might be due to socio-cultural barriers in which they grow up. These lapses create lack of knowledge on the reproductive health and create various health problems for the adolescent girls. Menstruation has often been dealt with secrecy in many cultures. Such perceptions coupled with poor and inadequate sanitary facilities have often kept girls from attending schools especially during periods of menstruation. The consequence of this is that many girls grow up with low self-esteem and disempowered from poor educational attainments. In India menstruation is surrounded with a long list of do's and don'ts with women. Menstruation becomes a central issue in her life. The importance of this phenomenon is not only the physiological but also social and religious significant is attached to it. Restrictions such as prohibition from religious activities, attending functions, cooking etc limits the daily activities and routines of women which is widely practiced in India. Most girls are ignorant about the physiology of menstruation and therefore the first experience of menstruation is of fear, shame and disgust. A fear is deep-rooted in adolescent girls that they will sin if they break these taboos. Due to these reasons girl's attitude and expectations about menstruation have become negative and this may result in poor menstrual hygiene which is associated with high prevalence of Reproductive Tract Infections (RTI's). The need of the hour for girls is to have the information, education and an enabling environment to cope with menstruation issues. Keeping in mind the important role of reproductive health it was therefore decided to conduct a study to explore the level of knowledge, their attitude and practices regarding reproductive health issues among the adolescent girls in Nellore district.

Objectives

1. To find out the basic Knowledge on reproductive health among adolescent girls.
2. To find out the Attitude on reproductive health among adolescent girls.
3. To find out the Practices on reproductive health among adolescent girls.
4. To find out the Association between group of study and knowledge, Attitude and Practices regarding reproductive health of adolescent girl.

Methodology

A total sample of 120 adolescent girls in the age group of 15-16 years (60 adolescent girls) and 16-17 years (60 adolescent girls) who are studying in Junior and Senior Intermediate at Government College in the Nellore District constituted the sample of the study. The sample were randomly selected and administered with four tools. The first tool was General Information Schedule which included class, age and group of study. The second tool was knowledge questionnaire, it was used to assess the knowledge of girls on menstruation, personal hygiene, diet, exercise and on sexually transmitted diseases. The Third tool was used to know the Attitude of Girls on reproductive health issues. The fourth tool was used to find out the practices followed by girls on reproductive health issues. The Data was administered for statistical analysis using SPSS version and the results were analysed.

Results and Discussion

Table -1 shows the socio demographic profile of adolescent girls according to their class, age and group of study. It is

clear from the table that there were 60 Junior Intermediate girl students in the age group of 16 years studying in arts and science subjects. 60 Senior Intermediate girl students in the age group of 17 years were studying in arts and science subjects.

Table 1: Shows the Socio Demographic Profile of Adolescent Girls

S. No	Variable	Number	Percentage
1.	Class		
	Junior Intermediate	60	100
2.	Age		
	16 Years	60	100
3.	Group		
	Science Group	60	100
	Arts Group	60	100

Table – 2 shows the knowledge of Adolescent Girls on Reproductive Health. From the table it is clear that among 120 girls a majority of 58 (48.3) percent were having poor knowledge on reproductive health. A total of 50 (41.7) percent were having moderate knowledge and a very less of 12 (10.0) were having good knowledge on reproductive health issues. The reason for this might be due to lack of proper education on reproductive health. Talking with parents or teachers is usually taboo. Peer groups often are ill informed themselves and tend to give misleading and distressing information, which further mystifies the issue.

Table 2: Shows The Knowledge of Adolescent Girls on Reproductive Health.

S. No	Level of knowledge	Number	Percent
1.	Poor knowledge	58	48.3
2.	Moderate knowledge	50	41.7
3.	Good knowledge	12	10.0
	Total	120	100

Table -3 shows the Attitude of Girls regarding reproductive health. It is evident from the table that among 120 girls 58 (48.3) percent had negative attitude, a sample of 55 (45.8) were having moderate attitude and remaining very less 7 (5.8) percent had positive attitude towards the reproductive health.

Table 3: Shows the Attitude of Girls regarding reproductive health.

S. No	Level of attitude	Number	Percent
1.	Negative attitude	58	48.3
2.	Moderate attitude	55	45.8
3.	Positive attitude	07	5.8
	Total	120	100

Table – 4 Shows the Practice of Girls regarding reproductive health. It is clear from the table that among 120 girls 69 (57.5) percent were having bad practices. 44 (36.7) were having moderate practices and a least of 7 (5.8) were having good practices.

Table 4: Shows the Practice of Girls regarding reproductive health

S. No	Level of Practice	Number	Percent
1.	Bad practice	69	57.5
2.	Moderate Practice	44	36.7
3.	Good Practice	07	5.8
	Total	120	100

Table -5 shows the T-test values for Knowledge, Attitude and Practice according to the group of study among Adolescent girls. The results from the table reveal that the knowledge of

science students had high mean value 13.27 when compared to arts students mean value 10.98 regarding reproductive health. The t- value was found to be 3.514 which is significant at 0.001 level. The Attitude of science students mean value was 12.28 when compared to arts students 11.02 mean value.

The t- value was 2.361 which is less significant at 0.02 level. The practices were found to be good among science students with mean value 11.78 when compared to arts students mean value 10.48. The t-value was 2.344 which is less significant difference.

Table 5: shows the T-test values for Knowledge, Attitude and Practice according to the group of study among Adolescent girls.

	Science group		Arts group		t – value
	Mean	S.D	Mean	S.D	
Knowledge	13.27	4.186	10.98	2.925	3.514 P < 0.001**
Attitude	12.28	3.756	11.02	1.780	2.361 P < 0.02*
Practice	11.78	3.94	10.48	1.712	2.344 P < 0.02*

Conclusions

1. Knowledge on Reproductive health among adolescent girls were found to be less.
2. With regard to attitude and Practices of reproductive health they were found to be less.
3. Knowledge, attitude and practice of reproductive health of science students were found to be more when compared to art students. It may be concluded from the findings that with the intervention of reproductive health and life skills education the Knowledge, attitude and practice levels of reproductive health can be enhanced for these girls. So, it is suggested that education and skill development on reproductive health issues should be taught at school and college level by teachers and parents.

10. Thakre *et al.* Menstrual Hygiene: Knowledge and Practice among Adolescent School Girls of Saoner, Nagpur District Journal of Clinical and Diagnostic Research. 2011; 5(5):1027-1033.
11. Mahajan P, Sharma N. Awareness level of Adolescent Girls Regarding HIV/ AIDS (A comparative study of rural and urban areas of Jammu). J Hum Ecol. 2004; 17(4):313-314.

References

1. Juyal R, Kandpal SD, Semwal J, Negi KS. Practice of menstrual hygiene among adolescent girls in a district of Uttarakhand. Indian Journal of Community Health. 2012; 24(2):124-128(28).
2. Kamath R, Ghosh D, Lena A, Chandrasekaran, V. A Study on Knowledge and Practices Regarding Menstrual Hygiene among Rural and Urban Adolescent Girls in Udupi Taluk, Manipal, India. Global Journal of Medicine and Public Health. 2013; 2(4).
3. Dongre AR, Deshmukh PR, Garg BS. The Effect of Community-Based Health Education Intervention on Management of Menstrual Hygiene among Rural Indian Adolescent Girls. World Health & population. 2007; 9(3):48-54(32).
4. Nemade D, Anjenaya S, Gujar R. Impact of Health Education on Knowledge and Practices about Menstruation among Adolescents.
5. Patle R, Kubde S. Comparative study on menstrual hygiene in rural and urban adolescent girls. International Journal of Medical Science and Public Health. 2014; 3(2):129-132.
6. Ruchi Juyal, Kandpal SD, Jayanti Semwal, Negi KS. Practices of Menstrual Hygiene among Adolescent Girls in a District of Uttarakhand. Indian Journal of Community Health. 2012; 24(2).
7. Sharma, P, Malhotra C, Taneja DK, Saha R. Problems related to menstruation amongst adolescent girls. Indian J Pediatr. 2008; 75(2):125.
8. UN Report. International conference on population and development Cairo WHO/UNFPA/UNICEF. 1989. The Reproductive Health of Adolescents - A Strategy for Action. A Joint WHO/UNFPA/UNICEF Statement. Geneva: WHO, 1994.
9. Sharma S *et al.* Health Awareness of Rural Adolescent Girls: An Intervention Study J Soc Sci. 2009; 21(2):99-104.