

# Knowledge and Attitude of School Girls about Reproductive Health

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## Research Article

**Abstract:** Increased awareness about reproductive health amongst young girls is expected given the rate of growth of print and electronic media in India. Does availability of modern communication make us wise or we are just literate? Adolescent girls constitute about 22 % of the population. These would be mothers should know about reproductive health. This study was carried out during seminars for their reproductive health education. A pretest was carried out before seminars for family education. During time span of 2003 to 2012 many schools were visited in Marathwada region and this study is sample of 980 girls. A standard questionnaire was given to them before seminars and their knowledge and attitude evaluated. Many girls were well aware of these issues and at the end of seminars they were empowered with more knowledge.

**Key words:** reproductive health, family education, adolescent gynaecology.

## Introduction

Women are the backbone of the society and home makers are among the most underappreciated and overworked members of the society. They are at the core of successful husbands, well-rounded children and happy families. They form the foundation of healthy families by the choices they make for their families. Their ability to multi-task and juggle home, family and social responsibilities is commendable. Adolescent girls constitute 22 % of population of India. These would be mothers should know basics of menstrual hygiene and contraception. To test their knowledge and attitude, many seminars were conducted at personal level as well as through adolescent health education committee, FOGSI (Federation of obstetric and gynaecological societies of India). Of all the developmental changes occurring in puberty, menarche must be noteworthy. The onset of the first menstrual period is a qualitative event of major significance in a woman's life. Girls are excited but scared to discuss such events or problems related to such events. Also, increased media presence in their lives exposes them to many social ills including unsafe and premarital sex. Reproductive tract infections along with unwanted pregnancy pose real threat. So as to empower

school girls with knowledge, many seminars were conducted throughout India, this activity was a byproduct of current study to assess knowledge and attitude of school girls about reproductive health.

## Materials and methods

During period of 2003 to 2012, to start with, adolescent health education in schools was a new topic. So as to improve access to healthcare, the concept of school visits was conceived and after many days FOGSI too had a separate committee for Adolescent health education which organized events in schools to impart health education. School girls from poor strata as well as affluent convent students also participated in study. Testimonial school certificate and photographs are attached. Of the many such seminars, we collected data from 980 girls. All these girls were from 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> standard. A questionnaire was given to them beforehand

## Questionnaire

1. Name – (Optional)
2. Age –
3. Name of school –
4. Family Structure – Joint / Nuclear
5. Atmosphere at home – Liberal /Orthodox /Normal
6. Relationship with parents – Very disciplined /Modest /friendly
7. Knowledge about menstrual hygiene –
8. What is Whisper? Choose correct option
  - a) Chocolate
  - b) Sanitary Napkin
  - c) Soap
  - d) Nail paint
9. What is Mala D?
  - a) Ice-cream
  - b) Condom
  - c) Pen
  - d) Contraceptive pill
10. Is HIV AIDS curable? Yes or No

After answering these forms, seminars were conducted for the school girls.

The seminars were conducted with following aims -

1. Educate about personal hygiene and balanced diet.

2. Increase awareness about reproductive tract infections.
3. Increase awareness about HIV / AIDS.
4. Educate about contraception.

The seminars were conducted with the help of flip charts, posters, power point presentations. At the end of session, many girls talked to the providers regarding their personal health issues too and a two way dialogue ensued smoothly!

## Results

A total of 980 girls filled in the questionnaire. We analyzed data and found following results.

Family structure – in rural area, 64 % respondents hailed from joint family & 36 % from nuclear (no seniors- either grandparents or uncle/aunt at home).

In urban area – 85% were having nuclear families while just 15% had joint family.

Atmosphere at home- respondents from rural area said it was liberal in 3 % cases ,orthodox in 87% and fairly normal in 10%.In the urban group, liberal atmosphere was found in 15% homes ,orthodox in 30% and fairly normal in 55% homes. While analyzing relationship with parents, we found in the rural area it was very disciplined in 83% cases, modest in 10% cases and friendly in 7%.Similarly in the urban group, it was much disciplined in 37% cases, modest in 42 % and friendly in 21%. Knowledge about menstrual hygiene was a key factor and in the rural area just 52 % had this up to expectation while in the urban group 84 % correctly knew about it. Awareness about contraception was found in 45 % girls in the rural area while about 73 % girls in the urban area knew it. Only 42% girls from rural area responded correctly about non curability of HIV AIDS as compared to huge 88% from the urban group.

## Discussion

There are about 1.21 billion adolescents in the world while India has 240 million adolescents. A nation depends on young individuals for its growth and development. Healthy adults contribute much to growth of country. Many of the problems in this age group are behavior related rather than naturally occurring or infectious .In India, about 75% pregnancies are unplanned and 50% are unwanted. As compared to other studies where as in Gujrat, much knowledge about menstruation to young girls was rendered by mother herself, in our study, because school girls were from rural area too, their mothers didn't have proper knowledge which should have been imparted to growing daughters. In this crucial role, mothers have to be friendlier with daughters. While orthodox families create feelings of negativity towards menstruation in young girls, a tender loving approach is most important to empower girls. Awareness about

contraception was good in the urban group. Reasons could be media exposure, peer groups and overall increased literacy and liberal thinking atmosphere. Unmarried teenage pregnancies reporting to clinicians for ANC care when married and for medical termination of pregnancy (MTP), when unmarried, is a common occurrence in our country. Rural area has more number of unmarried girls requesting for MTP even beyond 20 weeks i.e. legal limit of gestational age for termination. Both, the risk of pregnancy and infections, cripple women socially, physically and mentally. Promoting A- abstinence, B- being faithful and C- use of condom, is of paramount importance. In the present study, awareness about non curability of HIV AIDS was low in the rural area as compared to the urban area. Not having scientific information is the main risk factor for HIV, as it is said that knowledge is the best vaccine against HIV AIDS. Fifty percent of those infected with HIV/AIDS in the world are in the age group of 15 to 25 years. In India, youth in this age group account for 35% of all HIV infections in our country. Therefore youth are a vulnerable group. The educational and economic consequences of poor health during childhood and adolescence have become increasingly clear, with a resurgence of evidence leading researchers to reconsider the potentially significant contribution of early-life health to population welfare both within and across generations. Meaningful relationships between early-life health and educational attainment raise important questions about how health may influence educational success in young adulthood and beyond, as well as for whom its influence is strongest.

## Conclusion

To conclude, a study was conducted while seminars for adult health education were being conducted. Information regarding menstrual hygiene was fairly good amongst urban girls. Contraceptive awareness as well as HIV AIDS awareness was good in Urban group. There is a need for universal coverage of all schools for important adolescent health education.

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