KNOWLEDGE OF REPRODUCTIVE PHYSIOLOGY AND CONTRACEPTIVES IN UNWED SCHOOL GIRLS

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SUMMARY

In several countries the highest abortion rates now occur among women in their late teens. These high rates are associated with a high propertion of unmarried girls coming quite late for termination of pregnancy. In our rural medical institution also this problem was seen. So a study about knowledge of menstruation, reproductive physiology and birth control methods with its source was done by interviewing one thousand girls of rural (500) and urban (500) schools around Sevagram. Many girls had no knowledge (75.1%). This figure was bigger in rural school girls as compared to city schools girls (87.6% and 62.6%). Those who did have knowledge, the source was mainly literature (books etc.) and movies (77.93%). This problem of children bearing children is not simple. Health education and sex education is needed, but changed attitudes should not be ignored. This can only be comprehended and solved in the context of the society not on individual level.

In several countries the highest abortion rates now occur among women in their late teens. These high rates are associated with high proportion of unmarried girls (Tietze and Leurit 1981). This reflects inadequate sex education and lack of easily accessible and acceptable services needed. In addition their failure to seek abortion in the early weeks of pregnancy may be due to one or more of variety of causes including failure of recognition of symptoms of pregnancy, reluctance to confide in parents or others or ignorance of availability of services.

In our rural medical institute of Central India, in last 10 years we have had 2592 cases for medical termination of pregnancy (MTP). 29.32% subjects were unwed women. 73.94% of MTP in these girls were in second trimester, most of them between 18 to 20 weeks of pregnancy (Table I). Seeing this sad state of affairs we decided to do the present study.

Material and Methods

Present study was done by Family Welfare Department of Mahatma Gandhi

Family Welfare Department, M.G.I.M.S., Wardha.

Accepted for publication 25/5/1990.

TABLE - I
MTP IN LAST 10 YEARS AT MGIMS, SEVAGRAM

Year	Total MTP	Married	Married 1st	Married 2nd	Unwed all MTP	Unwed Teen age	Unwed All 1st	Unwed MTP 2nd	Unwed 1st	Unwed 2nd
78-79	223	168	81	87	55	39	10	45	5	34
79-80	237	182	97	85	55	37	9	46	4	33
80-81	272	222	121	101	50	37	8	42	5	32
81-82	243	174	98	76	69	55	10	59	9	46
82-83	247	172	103	69	75	54	25	50	22	32
83-84	280	196	132	64	84	59	24	60	13	46
84-85	283	173	114	59	110	79	38	72	14	65
85-86	278	190	121	69	88	68	25	63	15	53
86-87	254	168	104	64	86	54	27	59	15	39
87-88	275	187	128	59	88	60	22	66	15	45
Total	2592	1832	1099	733	760	542	198	562	117	425
%		70.67	59.98	40%	29.32	71.31	29.05	73.94	21.58	78.42

Institute of Medical Sciences Sevagram of Eastern Maharashtra India. This A Type Teaching Post Partum Programme is attached to department of Obstetrics and Gynaecology. A questionnaire was made and school girls (1000) of 8th, 9th and 10th Standard of schools of rural area (500) (Sevagram and others around it) and Urban area (500) (Nagpur and Wardha) were interviewed by the co-author using local language. The age group, standard and socio-economic status is shown in Table II.

Observations

Out of all the girls interviewed 74.6% had attained menarche. Most of the girls interviewed were between 13 to 16 years of age (92.3%). Number of girls in rural and urban schools of each standard was

TABLE - II
AGE, STANDARD AND SOCIOECONOMIC STATUS

		Age			Standard			Socioeconomic		
		13-14	15-16	17-18	8th	9th	10th	Poor	Middle	Above
Rural	No.	206	239	55	206	155	139	290	190	20
	%	41.2	47.8	11	41.2	31	27.8	58	38	4
Rural	No.	227	251	22	220	135	145	190	270	40
	%	45.4	50.2	4.4	44	27	29	38	54	8
Total	No.	433	490	77	426	290	284	480	460	60
	%	43.3	49	7.7	42.6	29	28.4	48	46	6

comparable. Most of the girls of both categories belonged to poor or middle economic class (Table II). Only 19.5% girls had knowledge of menstruation. Most of them knew nothing nor were interested in knowing. The source of knowledge was mainly books, magazines or movies (Table III A and B), As far as conception and contraceptives then conception (45.6% and 29.8% respectively and the source of knowledge was mostly movie, television, posters, books, magazines etc. (Table IV A and B). When urban and rural girls were compared (37.35% and 12.5% respectively) more girls of urban schools knew about menstruation, reproduction and contraception. More girls above 14 (5.08%, 14.8%, 28.57% in three groups) were knowledgable and similarly more girls of 9th and 10th standard were knowledgable (4.69%, 15.17%, 20.77%). From the group who had attained menarche more girls had knowledge about reproduction (Table V). Socioeconomic status did neither affect their knowledge nor source of knowledge.

Discussion

We are facing the problem of 'Children bearing Children' Physicians, public health workers, educators, social service workers and society at large should take cognizance of the small advances we have made to check this. The bulk of second trimester terminations in these young girls seems to be rude introduction of teen agers to Family Planning and Welfare. We found that very few girls below 15 knew about menstruation, child birth etc. The problem is more in rural school girls. Surprisingly, more girls knew about contraceptives as compared to knowledge of conception. This seems to because of the present stress of media on advertisements about contraceptives by posters, television, movies, magazines etc. This should be a feed back for future planning. As the exposure to outside world increased their number increased. This is seen by the difference as the standard changed. Punia and Kour (1986) in their study of college girls found that students coming from urban schools had fairly higher knowledge of birth control and reproductive physiology (21.8%) as compared to students coming from rural schools (5.5%). Source was friends (80%) radio, (78%), literature (75%), films 75%, advertisements 62%.

In west adolescents have free access to contraceptives with their knowledge but here the situation is very different. In our previous study (Chhabra 1986) it was found that 28% girls undergoing MTP had no knowledge of pregnancy when they came to hospital. 88% had no knowledge of results of sexual intimacies. Surprisingly, many girls in the present study who were not knowing about the reproductive physiology were not interested in gaining knowledge because they felt that it will be a tension on their head or it will come in their way of education or even thought that it was dangerous to have this knowledge.

It seems simple health education and sex education is not capable of fulfilling the needs of this big problem. There is no simple, facile, individualistic solution. It can be comprehended and solved in the context of the society, not on individual level. One should also remember the past history that public health field has never been popular since it has tended to highlight the failure of the system.

Summary and Conclusion

One thousand (500 rural, 500 urban)

TABLE - III

KNOWLEDGE OF MENARCHE, CHILD BIRTH, CONCEPTION, AND CONTRACTION AND REASONS OF DISINTEREST (IN %)

A - Knowledge

	Menstruation			Child Birth			Conception			Contraception		
	Yes	No.	Not.Int.	Yes	No.	Not.Int.	Yes	No.	Not.Int.	Yes	No.	Not.Int.
Rural	7	93	90.96	--	100	99.6	17	83	84	26	74	99.08
Urban	32	68	41.17	9.6	90.4	47.12	42.6	57.4	30.66	65.2	34.8	36.78
Total	19.5	80.5	66.07	4.8	95.2	73.36	29.8	70.2	57.33	45.6	54.4	68.29

B - Reasons of Disinterest

	Menstruation			Child Birth			Conception			Contraception		
	No.Ans.	Shy	Fear	No.Ans	Shy	Fear	No.Ans.	Shy	Fear	No.Ans.	Shy	Fear
Rural	98.58	1.41	--	80.32	19.68	--	85.67	14.33	--	98.09	1.90	--
Urban	52.85	41.15	5	33.34	58.67	7.98	34.09	19.31	46.59	67.19	17.19	15.62
Total	75.72	21.28	2.5	56.83	39.17	3.99	59.88	16.82	23.29	82.64	9.54	7.82

Not.Int. : Not Interested
No. Ans. : No Answer

TABLE - IV

SOURCE OF KNOWLEDGE AND REASONS FOR WANTING TO GAIN KNOWLEDGE (IN %)

A - Source

	Menstruation		Child Birth		Conception		Contraception	
	Books etc.	Movie, TV etc.	Books etc.	Movie, TV etc.	Books etc.	Movie, TV etc.	Books etc.	Movie, TV etc.
Rural	40	60	--	--	47.05	52.95	73.85	26.15
Urban	54.38	45.62	37.50	62.50	60	40	36	54
Total	47.19	52.81	18.75	31.25	53.52	46.47	54.93	40.07

B - Reasons

	Menstruation			Child Birth			Conception			Contraception		
	Gen. Know	Inq.	No.Ans.	Gen. Know	Inq.	No.Ans.	Gen. Know	Inq.	No.Ans.	Gen. Know	Inq.	No.Ans.
Rural	23.80	33.33	42.87	--	--	--	21.21	29.28	54.54	--	--	100
Urban	62.50	23	14.50	49.80	11.71	38.49	70.85	14.07	15.08	45.45	36.36	18.18
Total	43.15	28.16	28.68	24.09	5.85	19.25	46.03	21.67	34.81	22.72	18.18	59.09

Gen.Know : General Knowledge
Inq. : Inquisitiveness
No. Ans. : No Answer

TABLE - V

EFFECT OF AGE STANDARD AND MENARCHE

	Age						Standard						Menarche			
	13–14		15–16		17–18		8		9		10		Attained		Not Attained	
	Yes	No.	Yes	No.	Yes	No.	Yes	No.	Yes	No.	Yes	No.	Yes	No.	Yes	No.
Menstruation	4.15	95.85	28.77	71.23	46.75	53.25	3.05	96.95	26.20	73.80	37.32	62.68	26.30	73.87	--	--
Child birth	2.07	97.93	5.71	94.29	14.28	85.72	1.17	98.03	5.51	94.49	9.50	90.50	6.43	93.97	--	--
Conception	2.77	97.23	32.44	67.56	85.71	14.29	10.32	89.68	33.44	66.56	55.28	44.72	39.94	60.06	--	--
Contraception	32.56	67.44	50.40	49.60	88.32	11.68	24.62	75.33	56.89	43.11	65.50	34.50	61.12	38.88	27.95	72.05

school girls of 8th, 9th and 10th Standard of schools of rural (Sevagram and surrounding villages) and urban area (Wardha and Nagpur) were interviewed in their schools about their knowledge of menstruation, reproductive physiology and birth control methods. We also attempted to find their source of knowledge. Many refused to discuss this subject. Many had no knowledge. This problem was more in rural school girls. The source of knowledge was mainly literature, movie etc. More girls had knowledge amongst the group who had attained menarche. This big problem can only be comprehended and solved in the context of the society not on individual level. There is no simple, facile, individualistic solution.

Acknowledgements

We are grateful to the Principles, teachers and school girls of all the schools included in this study for their co-operation without which this work would not have been possible.

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