

Knowledge of Reproductive Health Issues among the School-going Teenagers of Rural Bengal

Gita Ganguly Mukherjee, Amit Kr. Chakraborty, Saktipada Pradhan, Runa Bal, Aniruddha Kar

Human Reproduction Research Centre (I.C.M.R) Department of Obstetrics and Gynaecology, R. G. Kar Medical College & Hospital, Calcutta, 1. Belgatchia Road, Calcutta – 700 004.

Summary

The concept of Reproductive Health Care is now globally acknowledged. The knowledge of various reproductive health issues is essential to ensure a happy, healthy and productive life. The present study was conducted to show a profile of the level of knowledge of Reproductive Health issues among the school-going teenagers (13-19 years age-group) of rural Bengal. It reflected that among 240 adolescents (males-124 & females-116) interviewed, most lacked adequate and accurate knowledge of the various issues of Reproductive Health. Their knowledge of the legal age of marriage and preference for marital age were satisfactory. The female teens had less knowledge than the males ones. Moreover, the health check-up at schools were almost nonexistent.

Introduction

With the changing global conditions and emerging new concepts, 'Adolescent Health' is gaining greater significance to form an essential component of the 'Reproductive Health' (ICPD, Cairo, September, 1994). Reproductive Health is defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters related to the reproductive system and its function and processes'. Adolescence comprising of the age-group between 13-19 years is a very vital period of turmoil – the transition time of life from childhood to adulthood, with the features of somatic, sexual and emotional changes. There may be physical maturation, concerns of sexual development, psychosocial changes, concerns of sexual health, identity crisis etc. 'Adolescents Health' covers all these aspects. Although, comprising only one decade of life span (10-

19 years), it is a prelude to the ultimate life-the individual will be destined to live. Thus, this period of life requires special attention from the family, community and society as a whole.

Adolescents comprises about 22.5% (males – 23% and females – 22%) of the Indian population (where as 74% of population are rural). These teenaged rural students being neglected for a long time, are more vulnerable to the 'reproductive health issues'. They are always in a confusion or dilemma to deal with the changing world, sexual feelings and behaviour, love, age-appropriate sex roles, pregnancy and reproductive tract infections (RTIs) etc. The unmarried rural co-education High School students of our study are such a section of the society who are considered to be the young parents of tomorrow.

Material and Methods

A community based survey was conducted in the months of July-August of 1996 in the district of 24 Parganas (North) in the state of West Bengal. It included 240 students (males - 124 and females - 116) of 13-19 years age group of Class - VIII to Class-XII of three rural Co-education High Schools and madrasa of 2 selected Block PHC areas. Stratified cluster sampling procedure was adopted for selection of schools and students.

Questionnaires were prepared on different issues of reproductive health and were translated into the local language, Bengali. The students were then interviewed. To ensure their accurate and spontaneous answers, they were advised not to write their names or make any identification mark on the forms. Only volunteered responses of the adolescents were received, recorded and categorised for data analysis and evaluation of their knowledge and perception of health problems, school health check-up, immunisations, legal age of marriage for boys and girls, pregnancy, family planning, STDs menstrual problems etc, with proper stress on sex variation were noted. Forms were completely structured and multiple responses were possible.

Observations and Results with analysis

Table I: The total no. of adolescents interviewed was 240, with 124 males and 116 females. The mean age at interview was 16.2 years for males and 15.5 years for females with an average of 15.9 years.

Table - 1: Number and age of adolescents interviewed

Age (Years)	Male (n)	Mean Age (Years)	Female (n)	Mean Age (Years)	Total (N)	Mean Age (Years)
13	4		3		7	
14	16		19		35	
15	20		53		73	
16	31	16.2	18	15.5	49	15.9
17	29		9		38	
18	11		11		22	
19	13		3		16	
Total	124		116		240	

Table - II: The knowledge of various issues of reproductive health, that is, immunisation, legal age of marriage, how pregnancy occurs, family planning, STDs, AIDS, etc. were assessed.

Table - II: Knowledge of various reproductive health issues (No. and % saying Yes)

Knowledge of Reproductive Health Issues	Male n (%)	Female n (%)	Total N (%)
(a) Immunisation	65 (52.4)	48 (41.4)	113 (47.1)
(b) Legal age of marriage for:			
(1) Boys	67 (54.0)	60 (51.7)	127 (52.9)
(2) Girls	87 (70.1)	91 (78.4)	178 (74.2)
(c) How pregnancy occurs	48 (38.7)	30 (25.9)	78 (32.5)
(d) Desire to 2-children norm	104 (83.9)	98 (84.4)	202 (84.2)
(e) Family Planning	64 (51.6)	29 (25.0)	93 (38.8)
(f) STDs	54 (43.5)	29 (25.0)	83 (34.6)
(g) AIDS	79 (63.7)	61 (52.6)	140 (58.2)
(h) Preferred age at marriage	26.1 yrs	21.4 yrs	
Total	124	116	240

Table - II shows that the knowledge of the teenagers on legal age of marriage and AIDS is encouraging, whereas in other issues their knowledge is poor or limited. It is also notable to reflect that the female teenagers possess comparatively less knowledge than their male counterparts.

Table - III: The knowledge and character of menstruation among female teenagers was assessed. It is seen that most of them (87.1%) attained menarche with the mean age of 13.2 years. Only 25.7% experienced any menstrual problem, mostly with irregular bleeding (42.3%).

Table - III: History of menstruation among female teenagers

Total no. of Female Teenagers interviewed : 116

Informations	No. (n)	%
Attained menarche:		
- Yes	101	87.1
- No	12	10.3
- No response	3	2.6
Mean age at menarche:	13.2 years	
Experience of Menstrual problems:		
- Yes	29	25.7
- No	77	68.3
- No response	6	6.0
Types of menstrual problems:		
- Abdominal / Back pain	6	23.0
- Heavy bleeding	3	11.7
- Scanty bleeding	5	11.5
- Irregular bleeding	11	42.3
- No response	5	11.5

Table – IV: Any health problem experienced recently and treatment (% Saying Yes)

Information	Male N (%)	Female n (%)	Total n (%)
Experience of any general health problem in last 6 months	74 (59.7)	45 (38.8)	119 (49.6)
Any sex-related problem	1 (1.3)	26 (25.7)	27 (11.3)
Total	124	116	240
Medical check up at Schools within 1 year	-	7 (15.2)	7 (2.9)
Place of Treatment:			
- Stay at home	5 (4.0)	7 (6.0)	12 (5.0)
- Hospital	15 (12.1)	16 (13.8)	31 (12.9)
- PHC / CHC	44 (35.5)	38 (32.8)	82 (34.2)
- Any doctor	5 (4.0)	19 (16.4)	24 (10.0)
- Allopathy doctor	37 (29.8)	22 (18.9)	59 (24.6)
- Homeopathy doctor	16 (12.9)	9 (7.8)	25 (10.4)
- Ayurvedic doctor	-	2 (1.7)	2 (0.8)
- Others	2 (1.6)	1 (0.8)	3 (1.3)
Person who accompanied:			
- Never went	-	1 (0.8)	1 (0.4)
- Went alone	26 (20.7)	8 (6.9)	34 (14.2)
- Father	53 (42.7)	31 (26.7)	84 (35.0)
- Mother	22 (17.4)	49 (42.2)	71 (29.6)
- Any family member	20 (16.1)	22 (19.0)	42 (17.5)
- Health worker	1 (0.8)	5 (4.3)	6 (2.5)
- Others	2 (1.6)	-	2 (0.8)

Table – IV: Any health related problems faced in the preceding 6 months were assessed. Whether they had any treatment for those problems, place of treatment and who accompanied them were also enquired.

Table IV shows general health problems are common (67.2%) and mostly treated at PHC / CHC / Hospital and commonly accompanied by their parents (64.6%). Health workers accompanied them very rarely. 27 (11.3%) adolescents experienced sex-related problems out of which 26 were females. Medical check-up at schools within last 1 year is almost non-existent.

Table – V: Knowledge of STDS and AIDS in adolescents (% Saying Yes)

Types of Variables	Male (%)	Female (%)	Total (%)
Knowledge about STDs	- Yes 54 (43.5)	29 (25.0)	83 (34.6)
	- No 46 (37.1)	66 (56.9)	112 (46.6)
	- No response 24 (19.4)	21 (18.1)	45 (18.8)
If yes, what is it	- Transmitted sexually 12 (22.2)	1 (3.4)	13 (15.7)
	- AIDS 6 (11.1)	5 (17.2)	11 (13.2)
	- Wrong information 16(29.6)	7 (24.1)	33 (27.7)
	- No response 20 (37.0)	16 (55.2)	36 (43.4)
Knowledge about AIDS	- Yes 79 (63.7)	61 (52.6)	140 (58.3)
	- No 29 (23.4)	48 (41.4)	77 (32.0)
	- No response 16 (13.0)	7 (6.0)	23 (9.8)

If yes, what is it?	- Dangerous Disease	7 (8.9)	4 (6.4)	11 (7.9)
	- STD	25 (31.6)	10 (16.4)	35 (25.0)
	- Multiple sexpartners	3 (3.7)	1 (1.6)	4 (2.9)
	- Infectious disease	8 (10.1)	3 (5.0)	11 (7.9)
How it spreads	- No response	36 (45.6)	43 (70.5)	79 (56.4)
	- Sexual intercourse	37 (46.8)	20 (32.8)	57 (40.7)
	- Syringes	7 (8.9)	1 (1.6)	8 (5.7)
	- Needles	2 (2.5)	-	2 (1.4)
	- Multiple sex partners	2 (2.5)	2 (3.2)	4 (2.9)
	- From prostitute	-	1 (1.6)	1 (0.7)
	- Infected blood	4 (5.0)	-	4 (2.9)
	- No response	37 (46.8)	39 (64.0)	76 (54.3)
	- Limit to one partner	5 (6.3)	-	5 (3.6)
	- Use sterilized needle	11 (13.9)	-	11 (7.9)
What precaution should be taken to control AIDS	- Control sexual relation	22 (27.8)	10 (26.4)	32 (22.9)
	- Minimum control with women	1 (1.3)	-	1 (0.7)
	- Safe sex	4 (5.0)	-	4 (2.9)
	- don't know	5 (6.3)	5 (8.2)	10 (7.1)
	- No response	41 (51.9)	47 (77.0)	88 (62.9)

Table – V: Knowledge of STD & AIDS in adolescents were enquired. It is seen that they have no clear conception of STD & AIDS and mostly they have given wrong information or gave no response. Only 22.9% adolescents have mentioned control of sexual relation as precautionary measure for prevention of AIDS. In this context, males had more knowledge than the females.

Table – VI: Source of information about reproductive health issues (No. and % saying Yes)

Source of Information	Male n (%)	Female n (%)	Total N (%)
Radio	20 (31.3)	5 (17.2)	25 (26.9)
Television	8 (12.5)	3 (10.3)	11 (11.8)
Newspapers	1 (1.6)	1 (3.4)	2 (2.2)
Relatives	2 (3.1)	2 (6.9)	4 (4.3)
Friends	0 (0.0)	1 (3.4)	1 (1.1)
Advertisements	18 (28.1)	2 (6.9)	20 (22.0)
School	5 (7.8)	2 (6.9)	7 (7.5)
Hospital	9 (14.1)	4 (13.8)	13 (13.9)
No response	18 (28.1)	11 (37.9)	29 (31.2)
Total	124	116	240

Table – VI: This table shows the source of information of the Reproductive health issues among the rural high school students are mass media like Radio / Television / News papers. The role of schools and hospitals are negligible in this area.

Discussion

The present study brings out certain facts about

the knowledge, perceptions and attitude of reproductive health issues in the teen-aged school students. This survey report reveals that the teenagers (13-19 years) who were interviewed are lacking exact and accurate knowledge and information about various issues of reproductive health. Of them, females knew lesser than males in most cases. Only their knowledge on legal age of marriage and their preference for marital age is encouraging. The data also indicates that the health check-up at schools were almost non-existent, although about half of the students interviewed faced health problems within a year prior to the time of interview. The health workers very rarely helped the adolescents in their health problems. The limited level of their knowledge is mostly from mass media (Radio· Television/ Newspapers). The role of schools and hospitals are very limited. So, this study reflects the real picture and wide prevalence of ignorance of reproductive health issues among the school-going

teenagers of rural Bengal, especially, the female teens who are the future mothers of the society. This study, thus makes us realise the importance of 'Adolescent health care' needs and necessity of sex education in schools.

Acknowledgements

Indian Council of Medical Research, New Delhi and District Inspectors of secondary schools, 24 Parganas (North), West Bengal.

References

1. United Nations International Conference in Population and Development (ICPD), Program of Action of the conference, "Cairo", Sept. 12, 1994.