

Awareness regarding reproductive health among young adults at a higher secondary school in Lalitpur

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ABSTRACT

Background: Reproductive health is a crucial feature of healthy human development and of general health. It may be a reflection of a healthy childhood, is crucial during adolescence, and sets the stage for health in adulthood and beyond the reproductive years for both men and women. Awareness of reproductive health among young boys and girls affects their health status, fertility and sets stage for health beyond reproductive years and affects the health of the next generation.

Objectives: The objective of this study was to assess the awareness regarding reproductive health among young adults at a Higher Secondary school.

Methodology: A descriptive cross-sectional study was conducted in one of the government higher secondary schools located at Karyabinayak municipality Lalitpur, Nepal. A total of one hundred and thirty eight students were selected purposively for the study. Data was collected through self administered questionnaire and data analysis was done by using Statistical Package for Social Sciences (SPSS) version 20.

Results: Among 138 respondents, majority of the respondents (66.7%) had given the correct response regarding reproductive health. 76.8% knew that family planning is one of the components of reproductive health and 55.1% were aware of the legal age for marriage. Overall median percentage knowledge was 51.92 with range 17-78. Statistically significant association was found between level of knowledge and religion as well as respondents' mother's occupation ($P < 0.05$).

Conclusion: On the basis of the findings of this study, it can be concluded that a majority of respondents were satisfactorily aware about reproductive health in superficial way, but in general, they had poor to average level of awareness regarding reproductive health.

Key words: Awareness, Higher secondary school, Reproductive health, Young adult

INTRODUCTION

Reproductive rights are legal rights and the freedom related to reproduction and reproductive health. Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence¹.

Reproductive Health as defined at the International Conference on population development is 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 to its functions and processes. It covers a wide range of services such as family planning practices, prevention of sexually transmitted diseases including human immune virus (HIV)/acquired immune deficiency syndrome (AIDS) and prevention of unwanted pregnancy².

Reproductive health (RH) programs have acquired importance in Nepal in recent times with government plans emphasizing population and reproductive health issues. A wide range of issues fall under reproductive health including issues related to family planning, safe motherhood, maternal and child health, HIV and AIDS, sexually transmitted diseases and reproductive rights among others³.

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In Nepal the practice of early marriage is common and is deeply rooted in the Nepali culture. The legal minimum age of marriage in Nepal is 18 with the guardian's consent and 20 without the need for the guardian's consent. In reality, however, most women marry at younger ages. Early marriage and resulting early sexual debut can lead to a number of potentially adverse outcomes, including unplanned pregnancy and exposure to sexually transmitted infections⁴.

Reproductive rights is important as most maternal and newborn deaths can be prevented by improved access to well integrated reproductive health services, including antenatal care, skilled attendance during childbirth and immediately after birth, and emergency obstetric care for complications. Family planning and modern contraception offer choice and opportunity for women to make informed decisions and have more control over their lives enabling women to avoid pregnancy too early in life, when they are at much greater risk of complications, reduces maternal and child deaths, better spacing of births reduces child mortality and improves maternal health⁵.

The ninth five year plan and second long term health plan (1997-2017)⁶ has stressed developing special programs on population control and reproductive health of adolescents which was followed by development of National reproductive health status 1998. This national strategy introduced integrated reproductive health packages at all levels comprising of activities like advocating for reproductive health, reviewing and updating information, education and communication materials and training; strengthening management systems at all levels, conducting a reproductive health research, constructing and upgrading appropriate service delivery and training facilities, developing reproductive health programs for adolescents, supporting national experts and consultants, and promoting inspectoral and multi sectoral coordination⁶.

Currently the sexual and reproductive health education given in schools is very basic. Adults are also not aware of all the issues faced by adolescents. Sexual and reproductive health trends warrant serious and timely attention. Due to the sensitivity of the topic of premarital sexuality, youth receive inadequate education guidance and services on reproductive health⁷. All these facts reveal that reproductive health of graduate level students is a very sensitive and challenging issue. Early detection and early management of reproductive health problems cannot be possible unless there is awareness regarding reproductive health.

METHODS

A descriptive cross-sectional study was conducted to assess the awareness regarding reproductive health of higher secondary students. The study setting was AdarshaShaula Higher Secondary Co-education School of Karyabinayak Municipality Lalitpur. The study population comprised of higher secondary level students studying in science and management faculty. 138 respondents were selected using purposive sampling technique. The study was carried out from March to April 2017. Structured questionnaire was designed in simple understandable English language and data collection was done through self administered questionnaire. Research proposal was approved from the Institutional Review Committee of Kathmandu Medical College Teaching Hospital. A written informed consent was obtained from each respondent prior to data collection. The collected data was analyzed by using SPSS 20 version. Level of knowledge was categorized according to the percentage of correct responses: the respondents score more than 75% was good knowledge level, score 50 -75% was average knowledge level and less than 50 % was poor knowledge level.

RESULTS

Socio-demographic characteristics of the respondents are presented in table 1. A majority of the respondents, 58.7% were in between age of 18– 20 years with overall median percentage knowledge 51.92 and range 17-78 of knowledge score. More than half, 55.1% of the respondents were from management and 87% responding students were from government school. On the basis of religion majority of the respondents, 63.8% were Hindu.

Awareness regarding reproductive health, all of the respondents had heard about reproductive health. The most common sources of information on reproductive health were books and teachers. Only a few respondents got information from their family members. 66.7% of respondents had given correct response regarding definition of RH. Most of the respondents, 76.8% answered that family planning is one of the components of RH followed by safe motherhood 67.2%, child health 49.3%. Only 13.8% respondents were aware that Gender Based violence is also a component of RH. (Table 2)

Regarding safe motherhood, more than half of the respondents, 55.1% were aware about the legal age for marriage. More than half of respondents, 53.6% were aware of the meaning of conception correct meaning of safe period 27.5%. Majority (70.3%) of respondents

had awareness on appropriate age for first child birth and 54.3% of respondents were aware on proper birth spacing. More than two third of respondents, 70.3% had awareness on risks to mother's health due to teenage pregnancy. Similarly, 51.4% and 47.8% respondents had responded that preterm birth and low birth weight may be the consequences of teen pregnancy respectively. Most of respondents, 88.4% were aware on minimum required antenatal visit four times but only 37% respondents were aware about minimum postnatal visit three times. (Table 3)

Knowledge regarding family planning, majority of the respondents was aware on its advantages. Most of the respondents, 81.9% have heard that the condom is a temporary device of family planning. More than half of the respondents stated that emergency contraceptive pills can be taken as emergency contraception. However, only 26.1% of respondents answered that emergency contraception can be taken within 120 hours of unprotected sex. (Table 4)

Awareness regarding Sexually Transmitted Infections (STIs)/HIV, majority of respondents, 61.6% were aware that HIV/AIDS is a sexually transmitted infection, 34.1% knew about gonorrhea and 19.6% knew about syphilis. Only around one third (give percentage) of respondents were aware about the signs and symptoms of sexually transmitted infection. Majority of the respondents, 70.3% were aware that unsafe sexual intercourse is a main mode of transmission of HIV/AIDS. More than half (59.4%) of the respondents stated that HIV/AIDS can be prevented by using condom during the sexual intercourse. (Table 5)

Regarding awareness of abortion, only 33.3% respondents answered that abortion is the termination of pregnancy before 28 weeks of gestation. More than half of the respondents 53.6% were aware of the meaning of safe abortion and 89.1% respondents mentioned that abortion is legalized in Nepal. Among them, 60.16% of the respondents responded that abortion can be done within twelve weeks. Overall, majority of the respondents had poor to average level of awareness regarding reproductive health. (Table 6)

Table 1: Socio demographic characteristics of the respondents (n=138)

Variables	Frequency	Percentage
Age group		
15-17 years	57	41.3
18- 20 years	81	58.7
Marital status		
Unmarried	125	90.6
Married	13	9.4
Religion		
Hindu	88	63.8
Buddhist	30	21.7
Christian	17	12.3
Muslim	3	2.3

Table 2: Awareness of respondents regarding reproductive health (n=138)

Variables	Frequency	Percentage
Correct definition of reproductive health	92	66.7
Components of reproductive health*		
Family planning	106	76.8
Child health	68	49.3
Safe motherhood	92	67.2
STIs/HIV**	56	40.6
Adolescent reproductive health	55	39.9
Care of elderly women	38	27.5
Gender based violence	19	13.8

*Multiple responses

**sexually transmitted infections/Human immune virus

Table 3: Awareness of respondents regarding safe motherhood (n138)

Variables	Frequency	Percentage
Legal age for marriage with parental consent (18years)	54	39.1
Legal age for marriage (20yrs)	76	55.1
Correct meaning of conception	74	53.6
Correct meaning of safe period	38	27.5
Appropriate age of girls for first child birth (20-25years)	97	70.3
Proper birth spacing between two child birth (3-4years)	75	54.3
Minimum antenatal visit 4 times	62	44.9
Health risks related to teenage pregnancy		
Risks to mother's health	97	70.3
Pre term birth	71	51.4
Low birth weight	66	47.8
Need of postnatal visit		
Minimum PNC visit 3 times(n 124)	46	37

*Multiple responses

Table 4: Awareness of respondents regarding Family Planning (n = 138)

Variables	Frequency	Percentage
Advantages of family planning*		
Promote the overall health of mother and family	96	69.6
Limit the number of children	102	73.9
Prevent unwanted pregnancy	68	49.3
Increase birth spacing	87	63
Temporary devices of family planning*		
Condom	113	81.9
Oral contraceptive pills	97	70.3
Depo-Provera	57	41.3
Implant	56	40.6
Copper T	43	31.2
Methods of emergency contraception* (ECP)		
Emergency Contraceptive Pills	70	50.7
Copper T	15	10.9
Emergency contraceptive should be taken within 120 hours to protect from unwanted pregnancy	36	26.1

*Multiple responses

Table 5: Awareness of respondents regarding STIs/HIV/AIDS (n= 138)

Variables	Frequency	Percentage
Common types of STIs*		
HIV/AIDS	85	61.6
Syphilis	27	19.6
Gonorrhoea	47	34.1
Common Sign and symptoms of STIs*		
Discharge from the vagina/ penis	38	27.5
Burning micturition	64	46.4
Lower abdominal pain	51	37

Table 5 cont ...

Modes of transmission of HIV/AIDS*		
Unsafe sexual intercourse	97	70.3
Sharing infected needle and syringe	88	63.8
Infected blood transfusion to healthy person	87	63
Infected mother to child transmission	85	61.6
Prevention of HIV/AIDS*		
Use of condom	82	59.4
Avoid multiple sex partner	62	44.9
Strictly blood testing policy before transfusion	37	26.8

*Multiple responses

Table 6: Awareness of respondents regarding abortion (n=138)

Variables	Frequency	Percentage
Definition of abortion		
Termination of pregnancy before 28 weeks of gestation	46	33.3
Correct meaning of safe abortion	74	53.6
Legalization of abortion in Nepal	123	89.1
Conditions for abortion* (123)		
Within 12 weeks at any condition	74	60.16
Within 18 weeks at incase of rape or incest	30	24.39
At any condition if mother's health is at risk	49	39.8
In case of congenital anomaly	15	12.19
Overall Level of Awareness		
Good	2	1.4
Average	71	51.4
Poor	65	47.1

*Multiple responses

DISCUSSION

The National Adolescent Sexual and Reproductive Health Program addresses key issues related to adolescents and youth at the national level. The government of Nepal has already begun teaching sexual education in the school system and has established youth friendly services in order to meet the need of increased sexual and reproductive knowledge among the youth⁸. However, adolescents and youth are still unaware about the availability of services.

The findings of the current study revealed that awareness regarding meaning of reproductive health among adolescents and youth was found to be satisfactory. This is comparable with the findings of Bhattarai where majority of the respondents mentioned the correct meaning of reproductive rights and health⁹.

Regarding legal age for marriage, majority of the respondents were aware on legal age for marriage. Similar findings were observed in a study done in Jhapa¹⁰. In present study, majority of the respondents had awareness on appropriate age for first child birth (20-25 years). This finding was consistence with the result reported by Kafle where most of the respondents correctly said that ideal age for pregnancy is ≥ 20 years¹¹.

This study shows that majority (81.9%) of the respondents were aware about the condom as a temporary device of family planning and only one fourth of the respondents answered that emergency contraception should be taken within 120 hours of unprotected sex. Similar result was found in a study conducted by Upreti in Jhapa; where 81.05% were aware about the condom that can prevent adolescent pregnancy and only 21.05% had knowledge about an emergency contraception¹⁰.The National

Adolescent Sexual and Reproductive Health Program seeks to integrate concerns regarding adolescents and youth into several other programs that provide specific services, including safe motherhood, family planning, HIV/AIDS, and STI programs. A new HIV/AIDS National Strategy (2011-2015) has been developed and approved by the government. Additional policies for research, IEC, safe motherhood, and adolescent reproductive health have been developed, as have operational guidelines for reproductive health care at all levels⁸.

In response to awareness about STIs, majority of respondents were aware that HIV/AIDS is a sexually transmitted infection but a few of the respondents were aware about other STIs. Slightly different findings were observed in a study conducted by Patanwar & Sharma¹². This study found satisfactory awareness regarding mode of transmission and prevention of HIV/AIDS, among adolescents and youth. This finding has consistency with the result reported by Upreti¹⁰.

Awareness regarding abortion, 89.1% respondents mentioned that abortion is legalized in Nepal. Among them, 60.16% respondents were aware about abortion can be done within twelve weeks at any condition. Almost similar findings were revealed in a study done by Bhattarai where; 68.45% of respondents mentioned abortion is legalized in Nepal, 54.57% of respondents said that within 12 weeks for any condition women can decide for abortion⁹.

This study was carried out in only one school of Lalitpur with a small sample size and within a short period of time. So, the findings of the study may not represent the whole population. Further study can be done to identify the reproductive health service utilization and associated factors among adolescents.

CONCLUSION

This study revealed that majority of the students were satisfactorily aware about reproductive health in superficial way, but in general, they had poor to average level of awareness regarding reproductive health. Reproductive health being crucial for human development and general health, young boys and girls should have good awareness on this. Knowledge of young people on reproductive health may have direct effects not only on present population but also on future generations. Thus, education should be focused on all the components of reproductive health to enhance their knowledge.

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