Study about Reproductive Health awareness among Rural College going Girls in Varanasi district, Uttar Pradesh, India

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Abstract

Aim of the present study was to assess the awareness of rural college going girls regarding reproductive health issues. A cross- sectional study was conducted, in which 360 rural college going girls selected by simple random sampling technique. The sample was drawn from two college namely Sardar Ballabh Bhai Patel Degree College, Bacchaon (Kashividyapeeth Block) and Deen Dayal Uppadhyaya Degree college (Sewapuri Block) of Varanasi District, Uttar Pradesh. The Participants were at graduation level of different subjects. A pre-structured and pre- tested questionnaire was administered to collect data after taking permission from principal with the consent of participants. The questions concerning views and awareness of participants i.e. age of marriage for boys and girls, preferred age for marriage, interval between two children, number of children, son preferences, suitable age at the first conception, sources of reproductive health information, views about to providing sex education in educational institution with level of education and attitude of respondents parents towards reproductive health education matters were asked. Girls were between the age group of 17 to 23 year with mean age 18.89 year. Majority of participants (88.9%) want to marry after the age of 18. Early marriage (marriage before 18) was preferred by 04(1.1%). Though 305 (84.7%) girls were aware of the small family norms. More than half (57.2%) girls want to conceive between 22-25 year. Main source of sexual and reproductive health related facts was family members and friend followed by electronic media. Most respondents reported the conservative and non-supportive attitude of parents on sexual and reproductive health related topics. Results highlight that limited source of information contribute to poor awareness on reproductive health matters, even among young girls attending higher education.

Keywords: Reproductive health, young girl, early marriage, family members, electronic media.

Introduction

Youth are the foremost human capital for the development of any country, it depends on energy and creativity of a healthy young-adult population. Reproductive health (RH) ,can be defined as not merely the absence of disease but the physical, mental, and social wellbeing[1]. Limited access to reproductive health information, inhibit access to preventive and curative services. The reproductive health of women indicates a rising alarm, predominantly in low-income countries where prevalence of HIV infections is higher among women in comparison to men[2].

Indian youth forms one of the most vulnerable groups, the future of the nation on the other hand they are exploited and confused group. Sexual drive in youth is at the highest, which makes them more prone to different reproductive health problems[3]. In the sexual and reproductive health arena, limited agency is evident from young women's lack of voice in decisions on when and whom to marry and on engaging in safe sex. The study of youth reports that one quarter of married young women (compared to 11 per cent of young married men) played no role in the determining the timing of their marriage or the selection of their mate[4]. Genuinely one –fifth of all pregnancies (21 per cent of all pregnancies that result in a live birth) were mistimed or unwanted, and there is no proof that this percentage had declined[5].

The situation of young people in India has undoubtedly progressed when we look in past : they are healthier and better educated than ever before still even so many complications exist that inhibit young people from making life choices and from adopting open notions of masculinity and feminity. Reproductive and sexual health is an important component of the overall health of all of the adult population, but is particularly forceful for the youth population. Even though there is need for information on sex and sexual and reproductive health but youth, particularly unmarried youth, face many social barriers to obtaining accurate and complete information on these subjects.

Keeping in mind the above facts the aim of the present study is to assess the knowledge and attitude of rural college going girls on reproductive health issues.

Material and Methods

Data were collected from a cross-sectional study done at two colleges namely Sardar Ballabh Bhai Patel, Bacchaon and Deen Dayal Uppadhyaya Degree college of Sewapuri Block, of Varanasi District.

A brief statement of the study objectives was explained before data collection. Students were also assured that their participation would be voluntary and that they would be free to leave the study at any time if they wished. Written consent was taken. The interview was taken at college in free hours, lunch time or as per convenience of participants. In total, 360 rural college going girls were selected for an interviewed by simple random sampling after the purposive selection of college. The interviewer used a pre- structured, in-depth questionnaire, consisting of pre-coded questions.

The questions concerning RH were on the following topics: includes views of participants age for marriage for boys and girls, preferred age for marriage, interval between two children, number of children, son preferences, suitable age at the first conception, sources of reproductive health information, views about to providing sex education in educational institution with level of education and attitude of respondents parents towards reproductive health education matters.

Result and Discussion

General information of respondents: A total 360 respondents were included in this study, were between the age group 17 to 23 year mean age 18.89% (SD$\pm$1.08). Out of total 38.3% were up to age off 18 while rest 61.7% was above 18 years. The study population was mainly Hindu (91.7%) only 8.3 % college girls were Muslim. Out of 360 respondents majority were belonging to other backward class (OBC), general and Schedule caste were 18.9% and 18.3% respectively. The study was done on college going girls who were in graduation of which 23.9% were studying in I year, 53.15 were in II year and 23.1% were in III year at the time of data collection.

Marital status of respondents shows that 17.2% were married and 82.8 percent were unmarried. Mean age of marriage was 18.32 year with SD$\pm$1.33, range between 16- 23 years. It was also found that 22.6% college going girls were got married before 18 years. Early marriage leads to early child bearing as social pressure often forces girls and young women to prove their fertility soon after marriage. As a result they bear children early even before they are physically and economically ready to be mothers. Out of 360 married girls only 1 has a child, participants age at the time of first pregnancy was 18 years. Her age at marriage was 16 year she belongs to Schedule caste with present age 19 years.

Reproductive health: Reproductive health aspects include respondents views about age at marriage for boys and girls,

preferred age for marriage, interval between two children, number of children, son preferences, suitable age at the first conception, sources of reproductive health information, views about to providing sex education in educational institution with level of education, attitude of respondent's parents towards reproductive health education matters and their views on increasing premarital sexual activity.

Age At marriage: Undoubtly the age at marriage for women has increased, the reality is that almost half of all women aged 20-24 were married by 18 in 2006 (International Institute for Population Science and Macro International, 2007). Views of girls regarding age at marriage were asked only 1.1% preferred marriage before the legal age while majority 88.9 % would like to get married between 18-21 year rest 10% were looking to get married after 21 year. On the other hand respondents were also asked for marriage of boys 90.8 % told that 21-25 years , 6.4 % were preferred boys marriage before 21(table-1)

Age at First Child: Girls were asked for their preferences for interval between marriage and first child. Majority of respondents (71.9 per cent) were looking for at least 4 year gap between the marriage and first child 12.6 per cent said 3 year for the same. Only 2.2 per cent said that the gap should be 1 year.11.4 % girl who would like 5 year interval between marriage and first child (table-2).

Spacing between Pregnancies: From the survey, 50.6% rural college going girls expressed a desire for four year spacing between two children. There were 51.7 % girls who felt that more than 3 years spacing while rest 48.3% for up to or less than 3 years for the same (table-2).

Family size preference: The felt need for limiting the number of children was also high as 84.7% girls want to have two children, 9.3% for 3 children and 8% for 4 children while only 5.3% were wishing to have only one child (table-2).

Suitable age for conception: College going girls were asked for suitable age for the first conception 57.2 % respondents told that between 22-25 years, while 35.8% told suitable for conception age up to 21 year. While only 7.0% prefer for above 25 year. Breaking the cycle of adolescent pregnancy requires commitment from nations, communities and individuals in both developed and developing countries (table 2).

Source of knowledge: Among 87.2 % respondents Family members, neighbors, friends and relatives provide knowledge about different aspects of reproductive health. The absence of these sources is associated with lack of knowledge, leaving these girls to turn to electronic media (30.2% from T.V., radio and film) and 25.2% from print media (i.e. newspapers, magazines, and books). This shows that communication between person to person is more effective than any other (table-3).

Table-1
Distribution of college going girls on the basis of their views about age at marriage for male and female

Age at marriage	Marriage age					
	Male		Age	Female		
	N	%			N	%
< 21	23	6.4	<18		04	1.1
21-25	327	90.8	18-21		320	88.9
>25	10	2.8	>21		36	10.0
Total	360	100.0	Total		360	100.0
Average age $\pm$ SD	22.13$\pm$ 2.01		18.99 $\pm$ 1.69			
Range (year)	(18 to 31)		(13 to 26)			

Table–2
Distribution of participants on the basis of their views regarding interval between age at marriage and first conception, spacing between two children, family size and suitable age for marriage.

Interval (Year)	N	Percentage	
1	08	2.2	Average first conception interval $\pm$ SD=3.88 $\pm$ 0.71 Range =(1 to 5 year)
2	07	1.9	
3	45	12.6	
4	259	71.9	
5	41	11.4	
Closed Interval (in Year)			
2	25	6.9	Average first conception interval $\pm$ SD=3.46 $\pm$ 0.65
3	149	41.4	
4	182	50.6	
5	03	0.8	
6	01	0.3	
Number of desired children			
1	19	5.3	
2	305	84.7	
3	33	9.2	
4	3	0.8	
Suitable age (year) for first conception			Average suitable age for first conception + SD =22.96 + 2.43 Range=(18-30 year).
$\leq$ 21	129	35.8	
22-25	206	57.2	
>25	25	7.0	

Tale no 4 depicts that 37.5% told that college was the main source of their knowledge for the different aspects of reproductive health, among 36.9 per cent main source were family members,25.6 per cent get through television, 23.9 per cent for magazine (table 4). Views regarding for providing sex education in school or institution, majority (98.3 %) respondents believed that sex education should be provided in educational institution out of which 34.7 % said that at intermediate level 29.5 % for graduation level, 24 % at high school level, 7.6 % at junior high school level, 4.2 % at primary level. Only 1.7 believed that sex education should not be provided through school (table-5).

Present study shows that 43.6% participants can't say about the attitude of their parents for proving knowledge about sexual and reproductive health because participant till now did not discussed about reproductive health related quarries so they are unable to express their views, 25.6 % respondents parents were little cooperative on these matter 22.2% reported that their parents were very conservative on the matters like sex education, 4.2% reported that their parents were very strict and only 4.4% parent were very liberal to discuss reproductive health education matters (table 6). 36.1% participants reported that late marriage is a major factor responsible for the increased premarital sexual activity, 32.2 % due to extension of luxurious culture 23.6% said that loss of moral values, 22.8 % believed that less control of family , 31.7 percent said that availability of new methods to prevent from pregnancies are the major causes (table-7) . This can be stated that late marriage is one of the important accountable factor for the pre-marital sexual activity among youth.

Table-3
Distribution of respondents regarding source of knowledge about reproductive health

Sources of knowledge	Yes		No		Total	
	N	%	N	%	N	%
Family members/neighbors /friends/relatives.	242	87.2	36	12.9	278	100.0
Electronic media: T.V., Radio, film	84	30.2	194	69.8	278	100.0
Print media: newspapers /magazines/books.	70	25.2	208	74.8	278	100.0

Table-4
Distribution of college going girls on the basis of their views about main source of their knowledge about sex education

Source of sex education	N(360)	Percentage
Family members	133	36.9
School/ college	135	37.5
Magazine	86	23.9
Television	92	25.6
Social institution/club	41	11.4
friends, relatives, neighbors	32	8.9
Total	360	100.0

Table-5
Views of college going girls about to providing sex education in educational institution with level of education

Views regarding to provide sex education	N(360)	Percentage
Yes	354	98.3
No	06	1.7
Total	360	100.0
Level of Education		
At primary level	15	4.2
At junior high school	27	7.6
At high school	85	24.0
At Intermediate	123	34.7
At graduation	104	29.5
Total	354	100.0

Table-6
Distribution of respondents about attitude of parents for providing the knowledge regarding sex education

Attitude of Parents	N	Percentage
Very conservative	80	22.2
Little cooperative	92	25.6
Very strict	15	4.2
Very liberal	16	4.4
Can't sa	157	43.6
Total	360	100.0

Table-7
Views of college going girls regarding increased of premarital sexual activity (cohabitation)

Reason	Yes		No		Total	
	N	%	N	%	N	%
Late marriage	130	36.1	230	63.9	360	100.0
Extension of luxurious culture	116	32.2	244	67.8	360	100.0
Loss of moral values	85	23.6	275	76.4	360	100.0
Less control of family	82	22.8	278	77.2	360	100.0
Availability of new methods to prevent pregnancy.	114	31.7	246	68.3	360	100.0

Discussion: This study to elicit the knowledge and attitude of rural college going girls in a rural area about socially relevant and reproductive health issues. Access of reproductive health information and services to young girls is still so far from their reach. Despite the fact that young people form the one- third part of the total population. In India Child Marriage Act (CMA) specifies the Minimum age of marriage as 18 years for women and 21 for men. In spite of the impressive rise in age at marriage, the proportion of girls marrying before the specified minimum age is large[6]. In the study marital status of respondents shows that 17.2% were married and 82.8 percent were unmarried. Mean age of marriage was 18.32 year with SD+1.33, range between 16- 23 years. It was also found that 22.6% college going girls were got married before 18 years. When views of respondents were asked about age at marriage for girls, 88.9% would like to marry between 18-21 year.

Majority of participants (71.9%) believed that fourth year after the marriage is the best year to have one's first child and more than half (57.2%) believed that being between 22- 25 of age is best for first conception. While in a study done by Gelany and Moussa[7] found that 53.2% female studying in Egyptian University believed that the first year after marriage is best year to have first child.

Adolescent girls are aware about small family norms and health benefits of spacing and limited number of children. Closed interval (gap between two children) is major determinant of maternal and child health. Result shows that 83.1% girls want at least 3 years of spacing. In India contraceptive use is increasing still there is unmet need for contraception, particularly among the young girls.

A married women in India, still has, on average more than four live births during her entire reproductive life. India's National Population Policy 2000[8] also calls for promoting, vigorously, the small family norms and to promote delayed marriage for girls, not earlier than 18 years of age and preferably after 20 years of age so as to achieve a stable population. In this study 90 % participants want two or fewer children rest 10% wish to have 3 or more children. NFHS-3[9] data also shows the preference of Indian youth (15-24year) desire small family size, two children are most preferred by both male female.

Main source of knowledge about reproductive health issues is family members after that electronic and print media. 37.5% girls get knowledge on these aspects from college or school. NFHS-3 (2005-06)[9] result depicts the agreement of youth to taught the issues like family life education, reproductive health, HIV/AIDS included in school curriculum. In the study 88.9% girls thought that Reproductive health education should be given at high school, intermediate and graduation level.

Lack of safe and supportive family environment pose major hurdles in the achievement of good sexual and reproductive health and the recognition of rights of youth population. Parents of rural areas are not found as a very reliable to provide as a source of information for young people. A study done with over 400 mothers and fathers of youth of age group 15-24 in six states of India. Reasons cited by parents that prevents from discussion on sexual matters was i.e. such kind of discussion went against cultural norms and today young people become aware of these matters on their own. On both parts parents and their children perceived that such discussion would lead children to engage in sexual activity[10].

Evidences shows that 5 percent young women aged 15-24 had engaged in pre- marital sexual activity. If sexual relation takes place, they are often unsafe and for many young women unwanted or forced (IIPS, 2006-07). The study pointed out that late marriage, extension of luxurious culture, loss of moral values and less control of family are the main reasons for premarital sexual activity. While marriage marks the onset of sexual activity among the large majority of young women, there are growing evidence of premarital onset of sexual activity in adolescence. A study by Moni et.al.(2013)[11] shows that lack of parental control, family problem, lack of knowledge on sexual and reproductive health and lack of engaging in any productive activity are the significant predictors for unmarried adolescent pregnancy.

The main obstacles faced by young girls in acquiring knowledge are lack of awareness and support of parents, socio-economic factors and non-availability of services, similar result shows by Nair et. al.[12].

Conclusion

This study suggests that quality education is the key to improve the reproductive health of college going girls. Education, control over resources and skill development will help rural girls in decision making in their life. Increasing the age at marriage alone is not sufficient to improve the reproductive health of women. However education and information are not enough. Adolescent and youth must be provided with age appropriate comprehensive reproductive health education to develop the awareness and skills they need to protect their health throughout their lives. Good quality reproductive health services must also be readily available for adolescent to make informed choices and be healthy.

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