



A Descriptive Study of Knowledge and Perception regarding Reproductive Health among Female Adults at selected colleges of Bihar

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Research Article

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Abstract

Introduction: A descriptive study to assess the knowledge and perception regarding reproductive health female adults at selected college of Bihar. The World Health Organisation define reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and to its function and processes.

Objectives: Objective of the study were to assess the knowledge and perception of female adults, and to find out the association between the knowledge and socio-demographic variable. Methodology: Qualitative non-experimental design and convenient sampling technique was adopted to 124 female adults. The knowledge of female adults regarding reproductive health was assessed by using self-structured questionnaire.

Results: The findings of the study result shows that majority of female belong to Hindu religion (90.3%), most of the female are in the age group of 17-19 years (52.4%), 71.8% females are from urban area, 54% females are living in nuclear family, majority are unmarried, majority of the females have source of information from other sources rather than mass media, social network, friends and teachers, 35.8% females belong to 3rd year. 90.3% females have good knowledge regarding reproductive health, 57.3% females have poor perception, 41.9% females have average perception and 0.8% good perception towards reproductive health. There is association between level of knowledge and religion.

Conclusion: The study reveals that majority of the females had good knowledge but poor perception regarding reproductive health. There is an association between level of knowledge regarding reproductive health and religion of female adults.

Keyword: Knowledge; Perception; Reproductive Health; Adolescents

Introduction

Reproductive health is a part of sexual and reproductive health that help in addressing the wellbeing of person in relation to reproductive process, function and system of all stages of life. WHO defines health as collective stages of complete well-being, including reproductive health in addition to others like physical, mental and social well-being [1].

Reproductive health is important for psychological well-being in addition to its physical necessities. It is very important for safe sexual reproduction that can be defined as the natural way of producing young ones, where two parental organisms are involved in a course of events that undergoes sexual reproduction. The reproductive health refers to the condition of male and female reproductive systems during all life stages. These systems are made up of organs and hormone producing glands including the pituitary gland in the brain. Ovaries in females and testicles in males are reproductive or gonads that maintain health of their respective systems. They also function as glands because they produce and release hormones.

Background of the Study

According to WHO, reproductive and sexual ill- health account for about 20% in women and 14% in men of the global burden of ill- health. It is closely related to other aspect of health. Love, affection and sexual intimacy, all play a role in healthy relationship. Reproductive health is a crucial aspect of general health; it is a reflection of health and well-beings [2].

A literature review showed that some of the college students have already engaged in vaginal sex and awareness of contraception among them is high. However, based on the study of Pastuszak (2016), it was revealed that the participants lack sexual and reproductive health knowledge and they were engaged in risky sexual behaviour [3]. Reproductive and sexual health issues are becoming more prominent and are growing as a global burden all over the world [4].

Need of the Study

According to the study conducted by UNICEF in 1999, 38% of girls were unaware of menstruation at the time of their first period [5]. Globally sexual and reproductive health issues is becoming increasingly prominent and arousing widespread international concern. It is estimated that 14 to 15 million young women between the age of 15 and 19 years give birth every year, whereas more than 40% of all new HIV infections are among young people between 15 and 24 years of age [6]. India was among the first countries

to initiate actions and plans to attain total reproductive health as social goal in 1951. These programmes were called “Family planning” and were periodically assessed over the past decades.

John Mark R Also conducted a descriptive study was conducted to assess the reproductive health awareness among college students of selected colleges in Olangappo city. The study was conducted among 100 respondents from there selected private colleges in Olangappo city using structured survey questionnaire. The result showed that 15.3% had excellent knowledge, 40% had good knowledge but remaining had unsatisfactory level of knowledge and study recommend to establish programme for increasing the knowledge and attitude of young female adults on reproductive health [7].

T. Radhakrishnan conducted a descriptive study was conducted to assess the knowledge on reproductive health among graduate student in northern Kerala. The data was collected from 1640 graduate students in the age group of 18-24 studying in the arts and science colleges in Kannur and Malappuram using self- administered structured questionnaire. The key finding of the study is that the level of knowledge on reproductive health issues among young adults in northern Kerala was poor, only 6.8% of young adults has sound knowledge. The study also recommends programmes for strengthening knowledge and attitude of young female adults on reproductive health. From the above data, it is evident that the knowledge level of young adults on reproductive health is considerably low which is indicative of the further need to assess the knowledge of young female adults regarding reproductive health [8].

Objectives

1. To assess the level of knowledge regarding reproductive health among female adults.
2. To assess the level of perception regarding reproductive health among female adults.
3. To find out the association between the level of knowledge and selected socio-demographic variables.

Assumptions

1. Female adults who have higher education will have good knowledge regarding reproductive health.
2. Female adults who reside in urban area will have more knowledge regarding reproductive health.
3. Female adults who are married will have good perception regarding reproductive health.
4. Female adults who are college students will have minimal knowledge regarding reproductive health.

Delimitations

Female college students both married and unmarried included in the study.

Research Methodology

Research Approach: Research approach involves the description of plan to investigate the phenomenon under study. In this study quantitative non-experimental descriptive study was used.

Tools used for Data Collection:

The questionnaire was divided into three sections:

- A. Socio-demographic Proforma.
- B. Structured Knowledge Questionnaire on reproductive health.
- C. Perception Questionnaire on reproductive health.

Section A - socio-demographic proforma included information on age, religion, residential area, socio-economic status, type of family, father's education, mother's education, marital status, if married then the age of marriage, age of pregnancy and abortion, if any and academic year, age of menarche.

Section B - The structured knowledge questionnaire consisted of 25 questions. For every right answer 1 mark is assigned, for every wrong answer 0 is assigned.

Validity of Research Tool

Validity concerns what an instrument measure and how well it does so. Validity identifies the degree of relation between the test and criteria of the study. In this study, to ensure the content, and face validity, the questionnaire was reviewed and refined based on the aims, objectives and research questions [9,10]. The tools were given to five Nursing Experts of AIIMS, Patna. Corrections were made as per the suggestions of the experts [11,12].

Data Collection Procedure

Data collection is the systematic, precise gathering of information relevant for research purpose. This study was conducted in selected college of Patna, Bihar, Magadha Mahila College. 124 female adults were selected through non probability convenient sampling technique [13,14]. A structured questionnaire was developed to collect socio-demographic data and assessed knowledge and attitude of adult female regarding reproductive health. The questionnaire was sent to the female adults through email address.

Ethical Clearance

Formal administration approval was obtained from the DRC, Ethical committee and also from the concerned authorities of college of Nursing, AIIMS, Patna to conduct the final study. The participants were enrolled in the study after online informed consent and they were assured about the confidentiality of the response [15,16].

Plan for Data Analysis

Plan for data analysis is the most important phase of research process which involves the computation of the certain majors along with searching for patterns of relationship that exist among data group [17].

In this study, data analysis was done by descriptive and inferential statistics. Descriptive statistics is used to describe the basic features of data and summarize the data for meaningful interpretation. It describes the main features of the data in quantitative form. Percentage, mean of central tendency and means of dispersion are used for analysis of the frequency of socio-demographic variables.

Inferential statistics is used for drawing inferences from the data with the help of Fisher Exact test and Pearson's correlation coefficient [18].

In this study, Fisher Exact test is used to find out the association between level of knowledge and socio-demographic variables. Pearson's correlation coefficient helped in assessing the correlation between level of knowledge and age of menarche [19,20].

Research Findings

The findings of the study reveals that among 124 females, majority of females belongs to Hindu religion (90.3%), 71.8% females are from Urban area, (52.4%) females are in the age group of 17-19 years, (51.6%) females comes in between income range from 30,000-40,000, 54% living in nuclear family, (41.1%) father are graduated, while (74.2%) mother are in school education, 100% females are unmarried, 41.1% females got information regarding reproductive health from sources other than mass media, social network, friends, teachers. (35.5%) females are in 3rd year.

Table 1 Reveal that among 124 females, majority of females belongs to Hindu religion (90.3%), (71.8%) females are from urban area, most of the females are in the age group of 17-19 years (52.4%), (41.1%) fathers are graduated while (74.2%) mothers are in school education, 100% females are unmarried.

Socio- demographic variable	Variables	Frequency (f)	Percentage (%)
1. Age	a) 17-19 years	65	52.40%
	b) 20-25 years	59	47.60%
2. Religion	a) Hindu	112	90.30%
	b) Muslim	12	9.70%
	c) Christian	0	0%
	d) Other	0	0%
3. Residential area	a) Rural	35	28.20%
	b) Urban	89	71.80%
4. Father's education	a) Illiterate	0	0%
	b) Schooling	33	26.60%
	c) Graduation	51	41.10%
	d) Post graduation	40	32.30%
5. Mother's education	a) Illiterate	7	5.60%
	b) Schooling	92	74.20%
	c) Graduation	0	0%
	d) Post graduation	25	20.20%
6. Marital status	a) Married	0	0%
	b) Unmarried	124	100%

Table 1: Frequency and Percentage of Socio-demographic Variables of Female Adults of Age Group 18-35 Years.

(n=124)

Level of Knowledge	Frequency (f)	Percentage (%)
Poor knowledge	1	0.8
Average knowledge	11	8.9
Good knowledge	112	90.3

Table 2 reveals that among 124 females participated in the study, 112 (90.3%) females have good knowledge, 11 (8.9%) females have average knowledge and 1 (0.8%) female have poor knowledge regarding reproductive health.

Table 2: Frequency and Percentage of Knowledge Score.

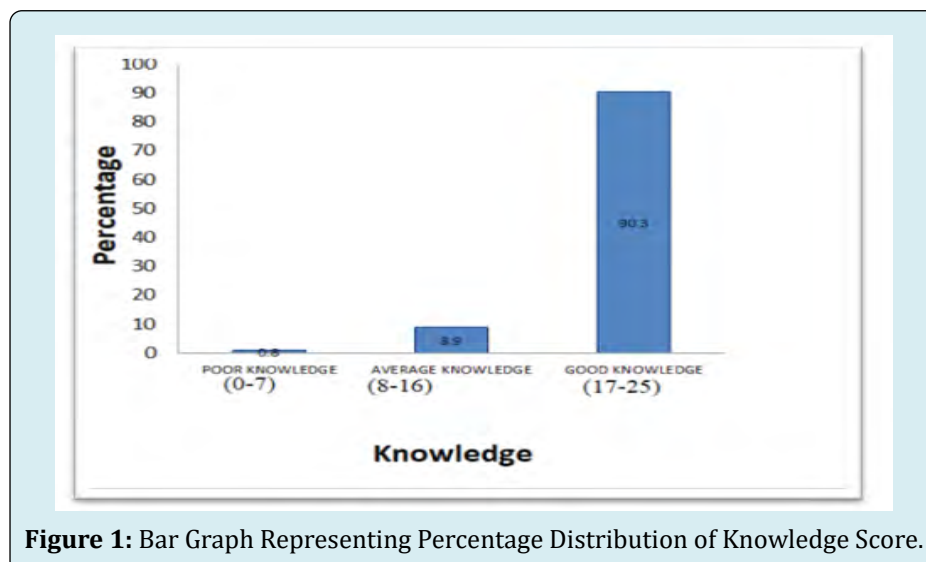


Figure 1 Depicts that majority of participants 90.3 %have good knowledge, 8.9% have average knowledge and 0.8% have poor knowledge.

Table 3 Reveals frequency and percentage of perception score. Among 124 female participants, 71(57.3%) females have poor perception, 52(41.9%) females have average perception and only 1(0.8%) female have good perception regarding reproductive health.

Perception	Frequency (f)	Percentage (%)
Poor perception	71	57.3
Average perception	52	41.9
Good perception	1	0.8

Table 3: Frequency and Percentage of Perception Score.

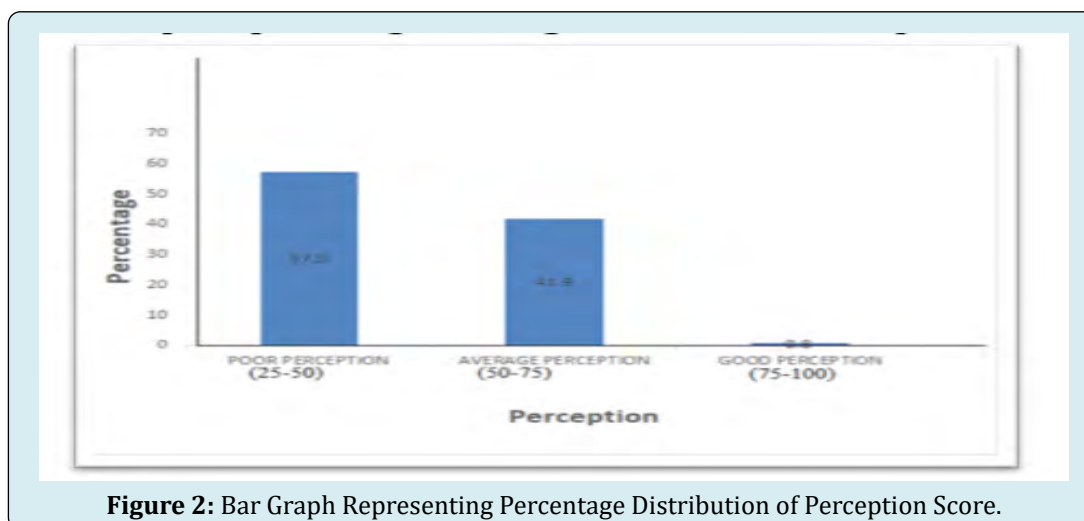


Figure 2 Depicts that majority of participants 57.3% have poor perception, 41.9% have average perception and 0.8% have good perception.

Table 4 Depicts that majority of females have good knowledge but poor perception regarding reproductive health as mean of knowledge score is 19.87 and mean of perception score is 1.44.

Variables	Mean	Standard deviation
Level of knowledge	19.87	3.058
Level of perception	1.44	0.514

Table 4: Mean and Standard Deviation of Knowledge and Perception Score.

Variables		Level of Knowledge			Fisher's Exact test	p value (0.05)
		Poor Knowledge	Average Knowledge	Good Knowledge		
Age	17-19 years	0	7	58	1.595	0.439
	20-25 years	1	4	54		
Religion	Hindu	0	8	104	9.529	0.007**
	Muslim	1	3	8		
	Christian	-	-	-		
	Other	-	-	-		
Residential area	Rural	0	5	30	2.225	0.491
	Urban	1	6	82		

Socio-economic status	>60000	0	1	3	8.453	0.664
	40000-50000	0	3	43		
	30000-40000	1	7	56		
	20000-30000	0	0	7		
	<10000	0	0	3		
Type of family	Joint	0	4	48	6.987	0.142
	Nuclear	1	5	61		
	Extended	0	2	3		
Father's education	Illiterate	-	-	-	3.545	0.46
	Schooling	0	5	28		
	Graduation	1	3	47		
	Post-graduation	0	3	37		
Mother's education	Illiterate	0	0	7	2.724	0.707
	Schooling	1	10	81		
	Graduation	-	-	-		
	Post-graduation	0	1	24		
Source of information regarding reproductive health	Mass media	0	1	12	6.506	0.328
	Social network	1	6	33		
	Peer/ Friends	0	0	20		
	Teachers	-	-	-		
	Any others	0	4	47		
Academic year	1 st year	0	3	39	3.62	0.416
	2 nd year	0	2	36		
	3 rd year	1	6	37		
	4 th year	-	-	-		

Note: Fisher's Exact test method is used. **Significance

Table 5: Association between the Knowledge and Selected Demographic Variables Regarding Reproductive Health of Female Adults of Age Group 18-35 Years.

Table 5 Represents that there is only association between level of knowledge and religion of the female participants as obtained by fisher's exact value 9.529 and (p value 0.007) at 0.05 level of significance.

Variables	r value	p value -0.05
Age of menarche	0.155	0.131
Level of knowledge		

Table 6: Correlation between Age of Menarche and the Level of Knowledge of Females of Age Group 18-35 Years.

Table 6 Depicts that there is no any significant correlation between level of knowledge and age of menarche of sample

as obtained by Pearson Correlation coefficient (r) 0.155 and (p value 0.131) at 0.05 level of significance.

Conclusion

The study reveals that majority of the females had good knowledge but poor perception regarding reproductive health. There is an association between the level of knowledge regarding reproductive health and religion of female adults.

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