

DOI: 10.21767/2471-9749.100043

Awareness of Reproductive Health amongst Rural School Dropout Girls

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Abstract

Introduction: In schools adolescents get opportunities to share personal perceptions, doubts with peers, teachers, not possible if they do not go to school. Lack of awareness, information about reproductive health might lead to problems during adolescence, future life.

Objectives: To know awareness of reproductive health, among rural school dropout girls.

Materials and methods: Present study was carried out in 772 rural adolescent school dropout girls, neither going to school, nor on fixed job, nor married from 53 villages near medical institute. Because of resource crunch, study visits were clubbed with nurse midwives' visits to villages for community based maternal care. After consent information was collected by interviews in privacy, mostly at girls homes with pre-tested questionnaire, in local language by social worker.

Results: Of 772, girls 760 had gone to schools, stopped, (drop outs), 12 had never gone. In 16.70% of 772 reason was financial, 20.33% said that school was far off, 20.20% were not allowed to go because they were girls, 25.51% had other reasons. 17.05% of 760 discontinued because had failed in examination, could not study, Only 58.03% of 772 girls had heard of menstruation pre menarche. Meaning of menarche was known to 41.96%. Care to be taken during menstruation was known only to 15.96% pre menarche. When menstruation occurred reaction was fear in 26.55%, anxiety in 22.40%, shyness 18.31%, irritability 13.86%. However 18.91% had no reaction, with no difference whether they knew or not. Whatever little bit girls knew, 18.97% were told by mothers. 18.97% friends, 14.73% doctors in meets/programs. Over all 58.03% had heard about contraception. Ninety (20.08)% girls had some knowledge of oral contraceptive pills, 18.97% had heard about condom. Knowledge about HIV AIDS was in 58.3%, 27.00% b from radio, 26.78% television, 23.88% by doctors. Only 38.61% knew that HIV was sexually transmitted disease. Knowledge about sexual relationship was only in seven girls.

Conclusion: A wholesome approach for community based awareness encompassing basics in reproductive health is essential, more so because some rural girls never go to school many stop going early in their life due to various reasons.

Keywords: Reproductive health; Contraceptives; Menstruation; HIV;

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Citation: Chhabra S, Annapurna (2018) Awareness of Reproductive Health amongst Rural School Dropout Girls. J Contracept Stud Vol.3 No.2:10

Received: March 15, 2018; **Accepted:** March 20, 2018; **Published:** March 27, 2018

Background

Adolescence is a period of physical, mental development and acquiring new capacities. It is the time of vulnerability to risky behavior, which can have life-long consequences, especially

on health, education and career. School is the place where adolescents get opportunities to share many personal doubts, perceptions with peers, have discussions with school friends and teachers; which is not possible if they do not go to school or go but stop going early in life. It is essential that there is some system

for creating awareness in such girls [1]. Earlier a study in schools near the institute had revealed, low knowledge of menstruation, pregnancy and prevention of pregnancy [2-4]. So school based family life education was started. However it was realized that those who did not go to school or went but dropped might not be knowing anything. So it was decided to find out knowledge of reproductive health among school dropout young rural girls.

Objectives

To know awareness of reproductive health, among rural school dropout girls.

Materials and Methods

Present study was carried out in 53 villages near the medical institute in Wardha district of Maharashtra India where community based maternal child health services were being provided through nurse midwives. Households where there were adolescent girls (10-19 years old), not studying, either had never gone or had gone to school but stopped, were selected. The girls were not on a fixed job and were not married. Minimum 10 girls, randomly selected, available in each village were interviewed. A total of 772 adolescents became the study subjects. The information was collected by one to one personal interviews with pre-tested questionnaire, in local language, usually at the girls house. Informed consent was taken from all the adolescents before interviewing them. No one was given questionnaire to fill. Answers were recorded on the questionnaire by the social worker assigned the job. Adequate time was given to each adolescent to answer the questions asked. The data thus collected was analyzed.

Results

Overall of 772, girls 760 (98.44%) had gone to schools and stopped (drop outs) but 12 (1.56%) had never gone to schools (**Table 1**). In 129 (16.70 %) out of 772 the main reason for not going to schools was financial, 157(20.33%) out of 772 girls said that school was far off, 156 (20.20%) out of 772 said that they were not allowed to go because they were girls, 133 (17.05%) out of 760 discontinued because they had failed in examination and could not study, and 197 (25.51%) had other reasons (**Table 2**).

Only 448(58.03) out of 772 girls had heard of menstruation pre menarche. Meaning of menarche was known to 324 (41.96%) 772, Precautions or care to be taken during menstruation were known only to 53 (15.96%) girls pre menarche (**Table 3**). When menstruation occurred the reaction was fear in 205 (26.55%) out of 772, anxiety in 173 (22.40%) out of 772, 141 (18.31%) felt shy, irritability in 107 (13.86%), however 146 (18.91%) had no reaction whether they knew or not (**Table 4**). Whatever little bit girls knew, 85 (18.97%) were told by their mothers. Friends were the source in 85 (18.97%) and 66 (14.73%) were told by doctors in some meets or programs (**Table 5**). Over all 448 (58.03%) girls had heard about contraception, and 324 (41.96%) did not know anything. Ninety (20.08%) girls had knowledge of oral contraceptive pills, (said mala D) 85 (18.97%) had heard about condom. Knowledge about HIV AIDS was also in 448 (58.3%) Out of 772 girls 324 did not know anything, 121 (27.00%) girls had heard about HIV AIDS from radio, 120 (26.78%) television, 107 (23.88%) by doctors in some meets talks. Only few 173 (38.61%) knew that HIV was sexually transmitted disease. Knowledge about sexual relationship was present only in 07 (0.09%) girls.

Table 1 School drops out, Reasons for School Dropout/Not going to School.

Age	Education	Drop out	Not gone at all	Poverty No%	Distance of school	Failed in studies	Girl child	Other	Total
10-14	Illiterate	--	09		03	--	03	03 4.56	09
	1-4	57	--	23 17.82	14 8.91	--	15 9.61	05 2.53	57
	5-8	71	--	11 8.52	03 1.91	04 3.00	04 2.56	49 24.87	71
15-19	Illiterate	--	03					03 1.52	03
	1-4	95	--	06 4.65	02 1.27	--	07 4.48	80 40.60	95
	5-8	147	--	09 6.97	13 8.28	06 4.51	84 53.84	35 17.76	147
	9-10	242	--	51 39.53	80 50.95	80 60.15	23 14.74	08 4.06	242
	11-12	148		29 22.48	45 28.66	43 32.33	23 14.74	08 4.06	148
	Total	760	12	129 100.0	157 100.0	133 100.0	156 100.0	197 100.0	772

Table 2 Age, Education Information About Menstruation.

Age	Education	Knowledge No%	No Knowledge No%	Fear No%	Anxiety No%	Shyness No%	Irritability No%	No reaction No%	Total
10-14	Illiterate	00 0.00	09 2.77	09 4.39	00		00	00	09
	1-4	10 2.23	60 18.51	36 17.56	24 13.87	25 17.73	38 35.51	21 14.38	144
	1-4	00 0.00	50 15.43	36 17.07	42 24.27	42 29.78	16 14.95	12 8.21	148
	5-8	42 9.37	32 9.87	34 16.58	00	00	00	25 17.12	059
15-19	Illiterate	00 0.00	03 0.92	00		00	00	03 2.54	03
	1-4	143 31.91	50 15.43	60 29.26	70 40.46	40 28.36	25 23.36	47 32.19	242
	5-8	119 26.56	80 24.69	30 14.63	37 21.38	34 24.11	28 26.16	38 26.02	160
	9-10	134 29.91	40 12.34	205 100.00	173 100.00	141 100.00	107 100.00	146 100.00	772
Total	448 100.00	324 100.00							

Table 3 Age, Education and Source of Knowledge.

Age	Education	Cu-T	Mal-D	Mala-D	Condom	Any other	No knowledge	Total
10-14	Illiterate	--	--	--		05	03 0.92	08
	1-4	--		10 10.63	--	--	10 3.08	20
	5-8	10 11.76	10 11.11	--	--	--	23 7.09	43
	9-10			15 15.95	20 23.52	10 10.63	20 6.17	65
15-19	Illiterate	--	--	--	--	--	04 1.23	04
	1-4	18 21.17	30 33.33	20 21.27	23 27.05	30 31.91	121 37.34	242
	5-8	28 32.94	26 28.88	22 23.40	24 28.23	27 28.72	79 24.38	206
	9-10	29 34.11	24 26.66	27 28.72	18 21.17	22 23.40	64 19.75	184
	Total	85 100.00	90 100.00	94 100.00	85 100.00	94 100.00	324	772

Table 4 Age, Education and Knowledge About Contraception.

Age	Education	Cu-T	Mal-D	Mala-D	Condom	Any other	No knowledge	Total
10-14	Illiterate	--	--	--		05	03 0.92	08
	1-4	--		10 10.63	--	--	10 3.08	20
	5-8	10 11.76	10 11.11	--	--	--	23 7.09	43
	9-10			15 15.95	20 23.52	10 10.63	20 6.17	65
15-19	Illiterate	--	--	--	--	--	04 1.23	04
	1-4	18 21.17	30 33.33	20 21.27	23 27.05	30 31.91	121 37.34	242
	5-8	28 32.94	26 28.88	22 23.40	24 28.23	27 28.72	79 24.38	206
	9-10	29 34.11	24 26.66	27 28.72	18 21.17	22 23.40	64 19.75	184
	Total	85 100.00	90 100.00	94 100.00	85 100.00	94 100.00	324	772

Table 5 Age, Education and Source of Knowledge About HIV AIDS.

Age	Education	School	Television	Doctor	Radio	No knowledge	Total
10-14	Illiterate	--		03 2.80	03 2.47	03 0.92	09
	1-4	--	--	--	--	40 12.34	40
	5-8	10 10.00	10 8.33	20 18.69	10 8.26	24 7.40	74
15-19	Illiterate	--	--	--	--	03 0.92	03
	1-4	38 38.00	30 25.00	25 23.36	42 34.71	55 16.97	190
	5-8	28 28.00	46 38.33	32 29.90	34 28.09	102 31.48	242
	9-10	24 24.00	34 28.33	27 25.23	32 26.44	97 29.93	204
	Total	100 100.00	120 100.00	107 100.0	121 100.00	324 100.0	772

Discussion

Adolescence is the phase of turbulence where there are many physical, psychological, and emotional changes. Adolescence is a period of risk taking also. Therefore adolescence are susceptible to behavioral problems as they attend puberty with concerns about reproductive health [5]. If the adolescents go to school, it not only helps them in education but also getting opportunities of sharing their turbulent thoughts with peers and teachers too. So adolescent girls who do not go to school are likely to lack knowledge, more often because parents usually do not discuss such issues, Sexuality, a natural and intrinsic part of an individual's personality which needed to be nurtured and developed like all other facts of life is completely ignored by parents and teachers, because they themselves do not feel comfortable discussing these issues with the girls. Parents do not discuss sex related matters. Rather than providing information parents discourage the girls from any form of sexual expression and encourage them to hide their sexuality. In the Indian socio-cultural milieu in most of the families discussion about sex is a taboo, and hence the society

does not provide girls with channels for being appropriately educated about this aspect of their health [6]. The adolescents generally do not get any advice and guidance regarding, various aspects of reproductive health like puberty, menarche, menstruation, contraception and over all reproduction. Only 448 (58.03%) girls knew about menstruation as part of their body's physiology and HIV/AIDS from various channels Chohan et al. [7], in a study about adolescents perception related to the reproductive system found that there was more awareness among the school going participants than among dropouts In the present study 133 (17.05%) out of 760 discontinued because they had failed and could not study. It is essential that there is a system of counseling and help for slow learners. Further 156 (20.20%) girls said that they were not allowed to go because they were girls, gender inequality at the beginning of their life, even for going to school. In 129 (16.70%) the main reason for not going to school was financial. There needs a to be system that resources do not come in the way of girls education as it should be their right. In the present study, some knowledge of HIV, AIDS was found in 176 (22.79%), probably because of media as

there are always advertisements, 121 (27.00%) had heard from radio, 120 (26.78%) had seen on television. In a study in India when 340 girls were asked, 33% girls replied that they had heard about contraception. More than half of the adolescent boys and girls knew correctly about various modes of transmission of HIV/AIDS. It was also revealed that, nearly 70% of adolescents were ready to use Adolescent Friendly Clinic (AFC) to learn. They were also willing to take help from teachers but teachers were not equipped with knowledge nor were they comfortable discussing these issues with their students [6]. In a community-based door-to-door survey conducted by interviewing 251 unmarried rural girls between the ages of 10 and 19 years in a village by Nair et al. [8] it was found that 50% had attained menarche and 45.7% of the girls who had attained menarche and 29% of pre-pubertal girls had prior knowledge about menstruation. Two-thirds of the study subjects had knowledge of menstruation in the study by Jain et al. [9] in which 61.25% and 63.75% of the adolescent girls were aware of the physical changes and sexual changes (mainly menstruation) respectively. Similarly, a study conducted by Ahuja and Tewari [10], revealed awareness in 28%. In another survey conducted by the Indian Council of Medical Research Delhi, awareness about menstrual changes was found to be 66.1% [11]. These variations could be due to the socio-economic, geographic, cultural or literacy status differences.

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Conclusion

For awareness in young girls it is essential to have community based programs while school programs need to continue for creating awareness about family life.