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Knowledge on Sexual and Reproductive Health Education among School Going Adolescent Boys in Rural Area

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Abstract: adolescents lack access to age- and sex-appropriate health information, which is vital for young people to make informed decisions about their reproductive and sexual health. The present study was conducted with an objective to study the effectiveness of the interventionabout sexual and reproductive health education on knowledge, attitude, and menstrual practices of school-going adolescent boys. It was an interventional study consisting of a pre-test, intervention session, and post-test conducted among 100 school-going adolescent boys in ZPH School in Tiruchanoor rural area of Tirupati. There was a statistically significant increase in knowledgescores, it is evident from the above table that majority of the (57%) respondents having low to moderate knowledge. The overall knowledge regarding reproductive health awareness was poor in 21(43%)(32 %), average in 12(25%) and good in 16 (32%) of the respondents. The level of awareness improved significantly with increase in class of respondent ($P < 0.05$).. Age and sex-appropriate health education programs can facilitate the development of healthy reproductive and sexual behaviour patterns among adolescents through the enhancement of knowledge and development of right attitude.

Keywords: Adolescent boys, Knowledge, Education, Intervention, Reproductive health.

Introduction:

World Health Organization (WHO) defines adolescence as the period of life between 10 and 19 years of age. The adolescent experiences not only physical growth and change but also emotional, psychological, social, and mental change and growth (WHO, 2014). Physiological changes lead to sexual maturity and usually occur during the first several years of this period. Adolescence represents a window of opportunity to prepare for a healthy adult life. The world's adolescent population -1200 million persons, 10-19 years of age, or about 19% of the total population-faces a series of serious challenges not only affecting their growth and development but also their livelihood as adults. Yet adolescents remain a largely neglected, difficult-to-measure, and hard-to-reach population, in which the needs of adolescent girls in particularly often ignored. Adolescence is a period of increased risk taking and therefore susceptibility to behavioural problems at the time of puberty and new concerns about reproductive health.

Today, 1.2 billion adolescents stand at the crossroads between childhood and the adult world (UNICFE, 2011). India has the largest population of adolescents in the world, with adolescent girls forming 22% of the country's female population (UNICEF, 2011).Most young people lack access to age- and sex-appropriate health information, skills, and services. Moreover, discussion on

reproductive and sexual health matters within and between generations is shadowed by numerous cultural taboos. The ignorance and myths surrounding these issues makes adolescents vulnerable to the consequences of inappropriate sexual behaviours. however, age- and sex-appropriate education can assist young people to make informed decisions about the reproductive sexual health (Kumarasamy N, Solomon S, Flanigan TP, Hemalatha R, Thyagarajan SP, Mayer KH, *et al, 2003).* Worldwide, a variety of programs has tried to address the reproductive and sexual health needs of adolescents.Background the present study undertaken to assess the effect of a pre-structured intervention program on knowledge, attitude, and practices regarding reproductive and sexual health of adolescent boys.

Methodology:

One school was selected by purposive sampling method. Participants from 9^{th} to 10^{th} standard from the ZP High SchoolTiruchanoor, Tirupati rural and who had attained the stage of adolescent boys 13 years to15 years were included in the study. The boys inclusion criteria assemble in a common hall where they were explained the purpose of the study. Those who were not willing to participate were excluded from the study. A list was prepared of boys satisfying the inclusion and exclusion criteria, and 100 participants selected by systemic random sampling for this study.
The self-prepared questionnaire used for data collection, this questionnaire was translated into local language (Telugu), and back to English andthe participants were free to choose between the two questionnaires. The questionnaire consisted of four parts: the first part consisted of socio-demographic data, the second and third parts assessed the knowledge and attitude of participants, consisting of 12 questions and 6 questions, respectively. The fourth part had ten questions checking the participants' menstrual practices.

The pre-test followed by adolescent health education program, which divided, into six sessions conducted over 6 weeks. The communication method used was didactic type using PowerPoint presentations and video shows using the laptop. These sessions broadly covered the topics on physical, psychological and social changes taking place during adolescence, the reproductive anatomy and physiology in both males and females and changes occurring during puberty, seeking medical help. In addition, myths and misconceptions, human reproduction covering the topics of contraception, legal age of marriage etc.

Conducted a post -test after a gap of one week later to assess the knowledge on reproductive health. Data entered in MS-Excel and analysed using SPSS .The knowledge, attitude, and menstrual practice scores before and after the intervention depicted in the table. Significance level <0.05 was considered statistically significant.

Results and Discussions

In this study demographic variable are age, religion, educational status, occupation, income, family type and others.

1) Socio demographic data
2) Self-constructed questionnaire assess the knowledge
3) Checklist to assess the impact

Table 1- Frequency and percentage distribution of the demographic characters of the respondents

Sl.no.	Demographic variables		Frequency	Percentage (%)
1	Age in years	13 -15	69	69.0
		Above 15	31	31.0
2	Religion	Hindu	40	40.0
		Muslim	22	22.0
		Cristian	34	34.0
		Others	04	04.0
3	Educational Status	9^{th} Class	48	48.0
		10^{th} class	52	52.0
4	Type of Family	Joint	23	23.0
		Nuclear	72	72.0
		Single parent	5	5.0
5	Father Education	Illiterate	23	23.0
		Primary	32	32.0
		Secondary	34	34.0
		Degree & above	12	12.0
6	Mother education	Illiterate	08	08.0
		Primary	32	32.0
		Secondary	38	38.0
		Degree & above	12	12.0
7	Family income per month	< 15000	13	13.0
		15000- 30000	40	40.0
		30000>	47	47.0
8	Occupation of the father	Private Employee	28	28.0
		Government Employee	16	16.0
		Business	22	22.0
		Home maker	34	34.0
9	Occupation of the mother	Private Employee	33	33.0
		Government Employee	25	25.0
		Farmer	32	32.0
		Business	10	10.0

Primary Source :(n=100)

The above table clearly describes about the socio-demographic variables on education, religion, and caste of the respondents.

Table-2: Distribution of the level of knowledge regarding sexual and Reproductive Health awareness among the respondents.

Level of knowledge	Frequency n=100	Percentage (%)
Low	26	26.0
Moderate	42	42.0
High	32	32.0
Total	100	100%

Primary Source (n=100)

The above table shows that level of knowledge on sexual and reproductive health aspects of the respondents. It is evident from the above table that majority of the (42%) respondents having low to moderate knowledge. The overall knowledge regarding reproductive health awareness was poor in 26 (26 %), average in 32(32%) and good in42 (42%) of the respondents. The level of awareness improved significantly with increase in class of respondent ($P < 0.05$).

Table-3: Pre and post- test scores of respondents on overall Knowledge on sexual and Reproductive health

Knowledge Variables	Pre and Post – test scores(n=100)		Values
	Pre-test Scores	Post-test Scores	P Value
Awareness on sexual and reproductive aspects	40	61	<0.000
STIs and HIV/AIDS	36	60	<0.001
Personal hygiene and health issues (Physical and Psychological	19	29	<0.055
Methods of contraception	20	32	<0.015

The above table shows that the knowledge about overall sexual and reproductive health of respondents improved significantly after the intervention (<0.005 level).

Conclusion:

The pre-test knowledge and attitude of the participants regarding reproductive and sexual health were poor for majority of the participants, and the intervention program resulted in substantial improvement in the same. Adolescent health education should be an inevitable part of the school curriculum and be taken up by trained teachers, counsellors, or health-care personnel. Age-appropriate scientific material on adolescent health, books, and videos that are preferably in regional

languages should be made available in the library so that they are not misguided by any unreliable sources of information. Age- and sex-appropriate health education programs can facilitate the development of healthy reproductive and sexual behaviour patterns among adolescent boys through enhancement of knowledge and development of right attitude.

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