

CONTRACEPTIVE KNOWLEDGE AND PERCEPTION AMONG SCHOOL GOING ADOLESCENT GIRLS IN INDORE CITY

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ABSTRACT

The present study was undertaken to assess the knowledge and perception regarding contraceptives among the 1000 adolescent school going girls in Indore City.

MATERIAL AND METHOD

Based on a predesigned, pretested, and structured questionnaire contraception score was calculated for every girl. Effect of factors such as age, mother's education, type of family, and type of school on contraceptive score was calculated.

RESULTS

Majority of girls belonged to mid adolescent group i.e. 86.6%. 66% belonged to English-medium private school and only 34% from Hindi-medium government school. Majority of girls lived in nuclear family (58.7%). 53.7% girls had average contraceptive score, 35.1% had good score. Only 11.2% had poor score. Late adolescent had a good score as compared to early and mid-adolescent. Girls whose mothers were graduate and postgraduate scored better. Girls in English-medium private school scored better. Most important source of information was television (29.2%) followed by mother (15.3%).

KEYWORDS

Contraceptive, Knowledge, Perception, Adolescent Girls.

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INTRODUCTION

The term adolescent is derived from Latin word "adolescere" meaning "to grow to mature." WHO has defined adolescents as person between 10-19 years of age.^[1] They constitute about 18% of the world population, i.e. about 1.2 billion.^[2] About 88% of them live in the developing countries. India has the largest (243 million) number of adolescents comprising one fourth of the country's population.^[3] Adolescent pregnancies constitute 10-15% of total pregnancies in India. This is largely attributed to early marriage, a culture widely prevalent in Indian subcontinent.^[4] Promoting the healthy practices during adolescence is critical to the future of a country's health.^[5] Millennium Development Goals (MDGs) five and six are particularly relevant to young people's health.^[6] Providing equitable, comprehensive, Accessible Adolescent Reproductive and Sexual Health Services (ARSH) has been a mandate of Reproductive and Child Health (RCH) program under NRHM in India since 2006.^[7] Modernisation, increasing impact of media, decline of parental authority, and increasing gender equality has given rise to a culture that makes sexual activity more appealing and acceptable to adolescent without putting much weight or responsibility on sexual behaviour. They face significant risks and are vulnerable to unplanned pregnancy and STDs, a crucial step in order to avoid above

problems is to equip young people with proper sexual and reproductive health information (Such as reproductive biology, contraceptive methods, and how STDs are contracted, treated, and prevented and skills such as how to manage sexual relationships). Parents and teachers, however, avoid any mention to this information with children because it is still regarded as taboo subject in Indian society and secondly they themselves lack scientific knowledge about it against this background present study attempts to assess awareness among school going adolescents girls on reproductive health.

AIMS AND OBJECTIVES

To assess the knowledge of adolescent girls about contraception and to study factors, which influence level of awareness among these girls.

MATERIAL AND METHODS

A community-based cross-sectional study was carried out between September 2007-2009 in Dept. of Obstetrics and Gynaecology, MGMMC, Indore (M.P.). Two Hindi-medium government schools, i.e. Shaskiya Ahilya Ashram Avam Chandravati Kanya Uch Mahavidhyalay, no. 1 and Shaskiya Malav Kanya Uchcharat Madhyamik Vidhyalay and one English-medium private School, i.e. St. Raphael's Girls' Higher Secondary School were randomly selected for the study. All were exclusively girls' schools. After designing the study questionnaire, the approval of research and ethics committee of the hospital was sought and obtained. It was given to 1000 female students in three secondary schools in Indore city. The school authorities were approached and consent duly obtained. The proforma was kept confidential without disclosing their identity.

The investigator initially addressed all participants emphasised the objectives of the study and assured them of

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the strict confidentiality of their responses. They were also urged to avoid discussing the question among themselves while completing the questionnaire. It consisted of two sections. First section consisted of questions regarding general information of the students, i.e. age, religion, type of school, class in which students was studying, and mother's educational status. Second section consisted of question regarding contraceptives and STDs including HIV and source of information about above aspects. Each session consisted of 40 students and each session took about 1 hour. In the first forty minutes, students were asked to attempt the questionnaire. After collecting the questionnaire, a lecture was delivered addressing all the questions and then another. 10 min. were devoted to open discussion and doubts of students were cleared. According to responses of students, each student was given a score of poor, average, or good. Hence, contraceptive score and STD score for each students was obtained. Factors which influence these scores were evaluated.

RESULTS

Table 1 show the demographic profile of the study population. In this study, majority of girls belonged to the mid adolescent age group, i.e. 86.6%. Table 2 shows that 66% were from private English-medium school. 34% were from government Hindi-medium school. Table 3 reveals that 53.7% girls had average contraception score, 11.2 % had poor score, and only 35% had good score.

FACTORS AFFECTING CONTRACEPTION SCORE

Age

Table 4 shows in early adolescents most had average score (76%). In mid adolescents, most had average (52.7%) or good score (36%). In late adolescents, most had average (51.6%) or good (43.9%) score, only 4% had poor score.

Mother's Education

Table 5 shows girls whose mothers were illiterate or educated up to 5th had poor score in 30.17% and 10.4%, respectively. Good score in 16.3% and 15.1%, respectively. Girls whose mothers were graduate/postgraduate had good score in 39.8% and 46.5% respectively.

Type of Family

Table 6 shows that girls in nuclear family had better scores 38.3% had good scores as compared to 30.5% in joint family group.

Medium

Table 7 shows that in Hindi-medium majority of girls had average score (63.8%), 22.3% had good score, and 13.8% had poor score. In English-medium girls, majority had average score (48.4%), 41.6% had good score, and 9.8% had poor score. Table 8 shows most important source of information was television 29.2% followed by parents 15.3%, books 11.5%, and newspaper 10.7%. Friends and siblings constituted source of information 48.7% and 3.4% respectively. 21.2% opted for others option.

Age (Years)	Total	Percentage
Early Adolescent	43	4.3
Mid Adolescent	866	86.6

Late Adolescent	91	9.1
Grand Total	1000	100

Table 1: Age-Wise Distribution of Girls

Type of School	Total	Percentage
Hindi-medium government	340	34
English-medium private	660	66
Grand total	1000	100

Table 2

Contraception Score	Total	Percentage
Poor	112	11.2
Average	537	53.7
Good	351	35.1
Grand Total	1000	100

Table 3: Contraception Score

Age Group	Contraception		
	Poor	Average	Good
Early	10 (24%)	33 (76%)	0 (0%)
Mid	98 (11.3%)	457 (52.7%)	310 (36.0%)
Late	4 (4%)	47 (51.6%)	40 (43.9%)
Grand Total	112	537	351

Table 4: Age Versus Contraception Score

Mother's Education	Contraception Score			Grand Total
	Poor	Average	Good	
Illiterate	35 (30.1%)	62 (53.4%)	19 (16.3%)	116
Primary	9 (10.4%)	64 (74.4%)	13 (15.1%)	86
Middle	13 (13%)	60 (60%)	27 (27%)	100
Higher Secondary	5 (4%)	71 (56.8%)	49 (39.2%)	125
Graduate	25 (6.9%)	190 (53%)	143 (39.8%)	358
Postgraduate	25 (11.6%)	90 (41.8%)	100 (46.5%)	215
Grand Total	112	537	351	1000

Table 5: Mother's Education to Contraception Score

Type of Family	Contraception Score			Grand Total
	Poor	Average	Good	
Nuclear	63 (10.7%)	299 (50.9%)	225 (38.3%)	587
Joint	49 (11.8%)	238 (57.6%)	126 (30.5%)	413
Grand Total	112	537	351	1000

Table 6: Type of Family to Contraception Score

Medium	Contraception Score			Grand Total
	Poor	Average	Good	
Hindi	47 (13.8%)	217 (63.8%)	76 (22.3%)	340
English	65 (9.8%)	320 (48.4%)	275 (41.6%)	660
Grand Total	112	537	351	1000

Table 7: Medium-to-Contraception Score

Source of Information	Total	Percentage
Mother	153	15.3
Friends	87	8.7
Brother/Sister	34	3.4
Television	292	29.2
Newspaper	107	10.7
Books	115	11.5
Others	212	21.2
Grand Total	1000	100

Table 8: Source of Information

DISCUSSION

Knowledge about contraceptives study done in Kuppam Mandal has shown that adolescent girls in rural areas are still ignorant about contraceptives.⁽⁸⁾ Similar findings been observed in other Indian studies.^(9,10,11)

Patnaik D et al (2000) AIIMS, New Delhi, in their study found that all girls were aware that there is a law regarding legal age of marriage, but only (165) 65% of them knew the correct legal age. Early marriage was preferred by 19 (7.6%). Although, 214 (84.3%) girls were aware of the small family norm, only 19 (8.8%) knew the exact norm. Preference for son was reported by 233 (91.3%).⁽¹²⁾ Diane Kittredge in his study found that the adolescents who knew about it most >90% knew about the pill. The proportion of girls who knew about condom was low (35%).⁽¹³⁾ Mohammad Reza Mohammad et al (2006) found that almost three quarters (72%) of participants were aware of condoms, although more than half (53%) had never seen one. Respondents were more aware of condoms and OCPs (58%) than other methods like IUD (22%) and injectables (14%). 53% and 41% were aware of female and male sterilisation respectively. Thirteen percent of adolescents were not aware of any contraceptive methods.⁽¹⁴⁾ Neeru Gupta et al in their study on rural adolescents found that awareness of legal minimum age of marriage was present in more than half of adolescents. Attitude towards marriage beyond 21 yrs. in boys and 18 yrs. in girls was favourable. Mean no. of children desired was 2.2±1.4. More boys (23.7%) than girls (9.4%) wanted three or more children with male preference. Only 19.8% of adolescents were aware of at least one method of contraception.⁽¹⁵⁾

Source of Information

In our study, most important source of information came out to be television (29.2%) followed by parents 15.3%, books 11.5%, and newspaper 10.7%. Friends and siblings constituted source of information in 8.7% and 3.4%, respectively. 21.2% opted for others option.

Chhabra S in his prospective study of school girls showed that knowledge sources were mainly literature and movies (77.9%).⁽¹⁶⁾

Singh MM et al in his study found that major sources of information were television 73.1%, radio 37.1%, and parents (36.1%). Girls preferred to consult parents (49.2%) and doctors (44.6%) for help at times of having reproductive health problems.⁽¹⁷⁾

Diane Kittredge (2005) in his study found that most adolescents (70%) had heard of family planning practices mostly from TV and radio.⁽¹³⁾

CONCLUSION

It has been demonstrated that positive wellbeing during adolescence predicts better perceived general health and fewer risky health behaviours during young adulthood.⁽¹⁸⁾ Aligned with the goals of the positive youth development perspective, promoting, and nurturing positive wellbeing during the transition from childhood to adolescence may present a promising way to improve long-term health. Reproductive health education as a part of the curriculum can provide an effective means of improving knowledge and reducing reproductive health problems among them.

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