

**THIS WORD FILE IS UNDER FORMATTING AND  
WILL BE REPLACED ONCE RECEIVED FINAL PDF**

**Assess The Knowledge Regarding Reproductive Health Among First Semester  
BSc Nursing Students in Selected College, Vaniyamkulam.**

**Rani.G.S<sup>1</sup>, Lt Col (Dr) Regina.P.F<sup>2</sup>, Aswani.B<sup>1</sup>,**

**Shasiya.S<sup>3</sup>, Shilpa.M<sup>3</sup>, Soncy Mariyam Sam<sup>3</sup>, Sreelakshmi V.M<sup>3</sup>, Thasleema. V.K<sup>3</sup>**

1. Assistant Professor, Dept. of Child Health Nursing, PK DAS Institute of Medical Sciences - Hospital and Medical College, Vaniyamkulam, Ottapalam, Kerala, India.
2. Associate Professor, Department of Obstetrical & Gynecological Nursing, PK DAS Institute of Medical Sciences - Hospital and Medical College, Vaniyamkulam, Ottapalam, Kerala, India.
3. Student P.K.Das College of Nursing, Po: Panayur, Vaniyamkulam, Palakkad Dist. Kerala. 679522. Dept. of Child Health Nursing.

**Author of correspondence:** Rani.G.S / Email: [ranigs12@gmail.com](mailto:ranigs12@gmail.com)

*International Journal of Obstetrics, Perinatal and Neonatal Nursing*

*Volume: 10 / Issue:2 / Year: 2024*

*Review Article*

*Received date: August 28, 2024*

*Accepted date: September 30, 2024*

*Published date: October 20, 2024*

**ABSTRACT**

*Late adolescence is considered as a period of transition from childhood to adulthood. This period of life between ages of 17 to 24 years. This phase holds significant importance as it marks the formative years of an individual's life, during which major physical, psychological, and behavioral transformations occur. It is a critical and impressionable period, laying the foundation for assuming greater responsibilities, including embracing healthy and responsible parenthood in the future. Adolescence represents potential human resources for society. Aim: To evaluate the understanding of reproductive health among first-semester BSc nursing students in a chosen*

college in Vaniyamkulam. Objectives: To evaluate the understanding of reproductive health among first-year BSc Nursing students and determine its association with selected demographic variables, a quantitative research approach was employed. The research method employed was descriptive, and purposive sampling was utilized to select 50 participants within the reproductive age range, including both males and females. Data collection was conducted through questionnaire distribution, and analysis involved both descriptive and inferential statistical techniques. Major findings of the study are such as 30% of respondents had very good knowledge regarding reproductive health, 54% of respondents had good knowledge regarding reproductive health, 14% of respondents had average knowledge regarding reproductive health and 2% of respondents had poor knowledge regarding reproductive health. As a general finding, the P value is 0.05; the Chi-square value of Age is 1.9305, Gender is 4.843, Religion is 2.983 and the Type of family is 0.4735. No correlation was found between the knowledge level regarding reproductive health and the chosen demographic variables among first-semester BSc Nursing students. As a conclusion it was found that first semester BSc Nursing students had good knowledge regarding reproductive health.

**Keywords:** Reproductive health, knowledge, demographic variables, Adolescence, statistical techniques.

## **INTRODUCTION**

Good reproductive health is important for general health and wellbeing. Learning about reproductive health should begin from school age. Although our high school and higher secondary syllabus is covering the reproductive system it is not properly delivered. This research was carried out among late adolescents aged between 18 to 21 years, which corresponds to the conventional college years. This demographic represents a distinct subgroup transitioning from youth to adulthood. Adolescence marks a stage of rapid physical and emotional development. It's during this phase that individuals achieve sexual maturity. However, it's been noted that adolescents often lack fundamental knowledge about their bodies and sexuality. A discussion about reproduction is considered as a taboo in our society. Nowadays the children are sandwiched between conservative Indian culture and glamorous western culture [1].

Adolescence is the period when so many changes occurring in their body related reproductive system. So it is essential to learn about reproductive health at this period. Adequate reproductive

health is the need of time. Discussions are still going on about who should (eg: teachers, parents etc) and to what extent educate adolescents about reproductive matters. With this background in mind, this study was planned with aim of assessing knowledge of first semester nursing students who are in late adolescence towards reproductive health.

WHO promotes adolescents reproductive health to meet thus challenges and provides technical support to member states in strengthening and improving health care system for providing adolescent friendly health care. For numerous adolescents requiring reproductive health services, including accurate information and treatment for infections, such services are either inaccessible or are delivered in a manner that causes adolescents to feel unwelcome and embarrassed. The World Health Organization advocates for adolescent-friendly health services to address these concerns, making it simpler for adolescents to access the necessary services [2,3].

## **BACKGROUND OF THE STUDY**

India is the first largest population in the world. Enhancing the reproductive health of adolescents is crucial for enhancing their quality of life. Despite adolescents constituting a significant portion of the population in developing regions, where many humanitarian crises arise, their sexual and reproductive health (SRH) needs remain largely unaddressed.

Reproductive health encompasses the various reproductive processes, functions, and systems throughout one's lifespan. Therefore, reproductive health education is crucial during adolescence. Schools should allocate ample time for students to learn about reproductive processes, hygienic practices, illness prevention, and care [4].

In 2000, approximately 29% of the population in developing nations were adolescents, with this figure rising to 32% in the least developed countries. Globally, both adolescent females and males are experiencing earlier onset of puberty, delaying marriage, and engaging in more premarital sexual activity. Annually, around 5 million adolescents aged 15 to 18 undergo unsafe abortions, leading to approximately 70,000 abortion-related deaths in this age group. The significance and necessity of addressing adolescent reproductive health in India are underscored by the country's burgeoning population and the persistence of relatively poor social indicators, despite experiencing economic growth [5-7].

## **OBJECTIVES**

- To evaluate the understanding of reproductive health among nursing students in a chosen college, Vaniyamkulam.
- To determine the correlation between knowledge of reproductive health among nursing students in a selected college and various socio-demographic factors.

## **REVIEW OF LITERATURE**

A qualitative investigation titled "Sexual and reproductive health of Syrian refugee adolescent girls" was conducted in Lebanon, utilizing focus group discussions within an urban environment. The findings underscored the necessity for refugee girls to acquire comprehensive knowledge on sexual and reproductive health (SRH) matters and interventions aimed at preventing sexual and gender-based violence, particularly considering the complexities of urban settings.

In another study, a cross-sectional survey was carried out among girls aged 15-19 years from various educational institutions in Haryana to assess their understanding of key reproductive and sex-related issues. A total of 788 girls participated in the study. The findings indicated that ongoing efforts to enhance awareness among adolescents have been successful in imparting knowledge concerning contraception, menstruation, and HIV/AIDS prevention. However, there were discrepancies in knowledge levels regarding menstruation, with mothers followed by peers being identified as significant sources of information [8].

Nevertheless, the study revealed shortcomings in effectively conveying messages regarding abortion, safe sex, and masturbation. These interconnected aspects are ultimately linked to high abortion rates and maternal mortality. Therefore, addressing these issues is imperative to ensure comprehensive reproductive health education and reduce adverse reproductive health outcomes. A study was conducted to assess the reproductive health knowledge, attitude and perception of school going adolescent girls of 16-18 years in urban and rural areas of south Kerala. Cross sectional random survey was conducted among 1059 adolescent girls of 16-18 years, from five urban and five rural schools in Thiruvananthapuram District of Kerala. The results of the study had shown that the basic knowledge and awareness of late adolescent girls towards reproductive health was not satisfactory both in urban and rural areas, but urban girls were far better than rural girls. This

study has also identified the fact that students were not discussing about their reproductive health doubts to teachers [9,10].

## **METHODOLOGY**

### **Research approach**

The research approach used for this study was quantitative research approach.

### **Research design**

The research design used for this study was Non experimental descriptive survey design

### **Research variables**

Research variables in this study was knowledge regarding reproductive health.

### **Demographic variables**

Demographic variables in this study were age, gender, type of family

**Setting:** The study was conducted in selected Nursing College, Vaniyamkulam, Ottappalam, Palakkad District

### **Sample size**

The sample size of the current study was 9 males and 41 females under reproductive age groups.

### **Sampling technique**

Sampling is the process of selecting a representative segment of population under study.

Sampling technique used in this study was Non probability sampling-purposive technique.

### **Development of description of tool**

#### **Self-administered questionnaire**

A Self administered question was used for this study to collect data. It consists of two sections.

**Section A:** Demographic variables of reproductive age groups.

**Section B:** Knowledge related questionnaire regarding reproductive health

## **RESULT ANALYSIS AND INTERPRETATION**

The findings are based on the descriptive and inferential statistical analysis tabulated as follows: -

SECTION 1- Demographic variables

SECTION 2- Level of knowledge

SECTION 3- Association of the level of knowledge on reproductive health among first semester BSc nursing students and selected demographic variables.

## SECTION 1: - Demographic variables

**TABLE 1: Frequency and percentage (%) distribution of first semester bsc nursing students according to demographic variables.**

N=50

SLNo	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE (%)
1.	Age <ul style="list-style-type: none"><li>• &lt;19</li><li>• &gt;19</li></ul>	31 19	62% 38%
2.	Gender <ul style="list-style-type: none"><li>• Male</li><li>• Female</li></ul>	9 41	18% 82%
3.	Religion <ul style="list-style-type: none"><li>• Hindu</li><li>• Christian</li><li>• Muslim</li><li>• Other</li></ul>	21 16 15 0	42% 30% 28% 0%
4.	Type of family <ul style="list-style-type: none"><li>• Nuclear</li><li>• Joint</li></ul>	45 5	90% 10%

### INFERENCE:

Table 1: Data reveals that among 50 students, 31(62%) were those have age less than 19 and 19(38%) students were those have age greater than 19, 41(82%) students were females and only 9 (18%) students were males. 21(42%) students follow Hindu religion, 16(30%) follows (28%) Christianity and 16 (28%) students were Muslims. 45 (90%) students belong to nuclear family and only 5(10%) students were from joint families.

## GRAPHICAL REPRESENTATION OF THE DISTRIBUTION OF DEMOGRAPHIC VARIABLES

Fig 1-Fig 4 shows the graphical representation of the distribution of demographic variables which include age, gender, religion and family.

Fig. 1: Diagram showing percentage distribution of first semester BSc nursing students according to their age.

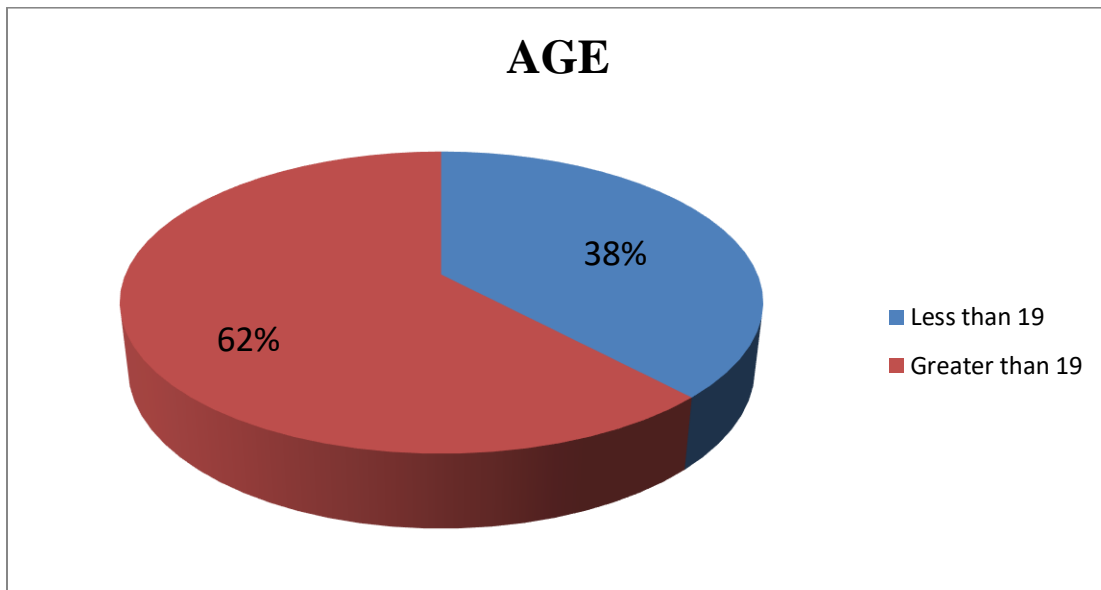


Fig.2: Diagram showing percentage distribution of first semester BSc nursing students according to their gender.

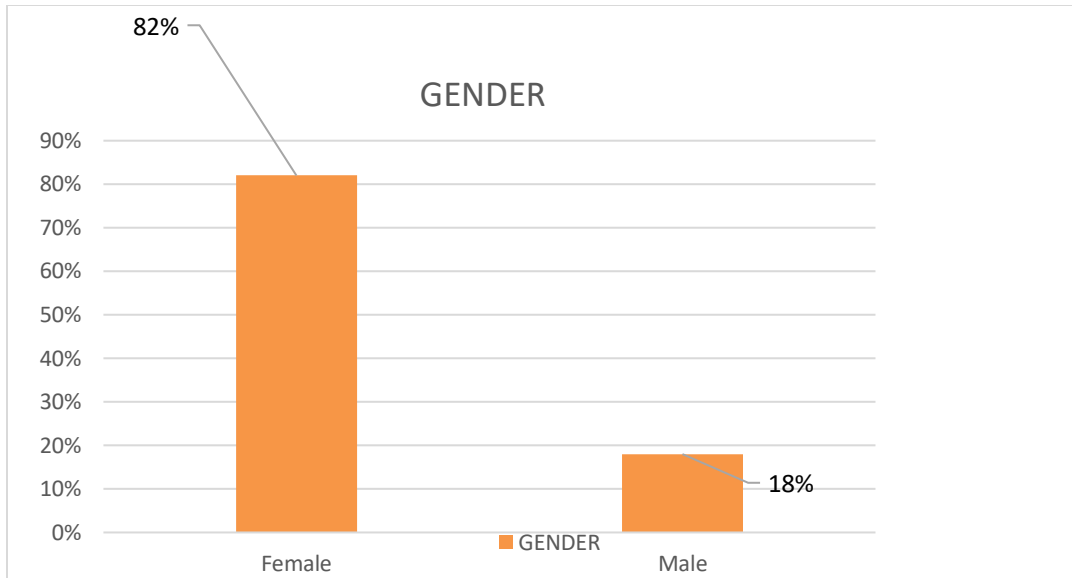


Fig3: Diagram showing percentage distribution of first semester BSc nursing students according to their religion

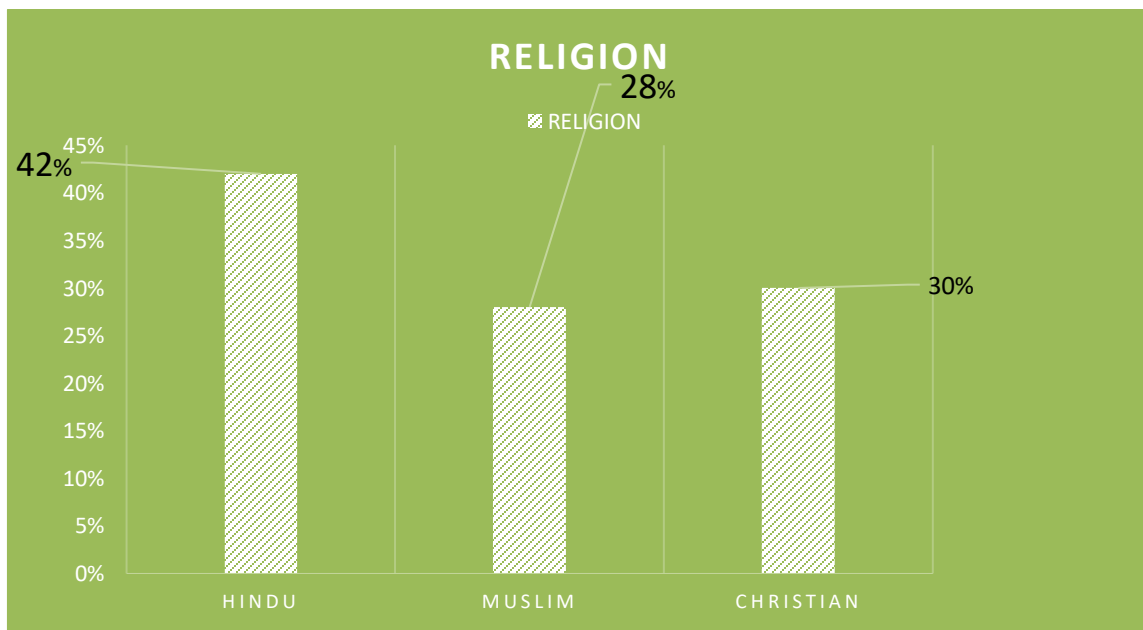
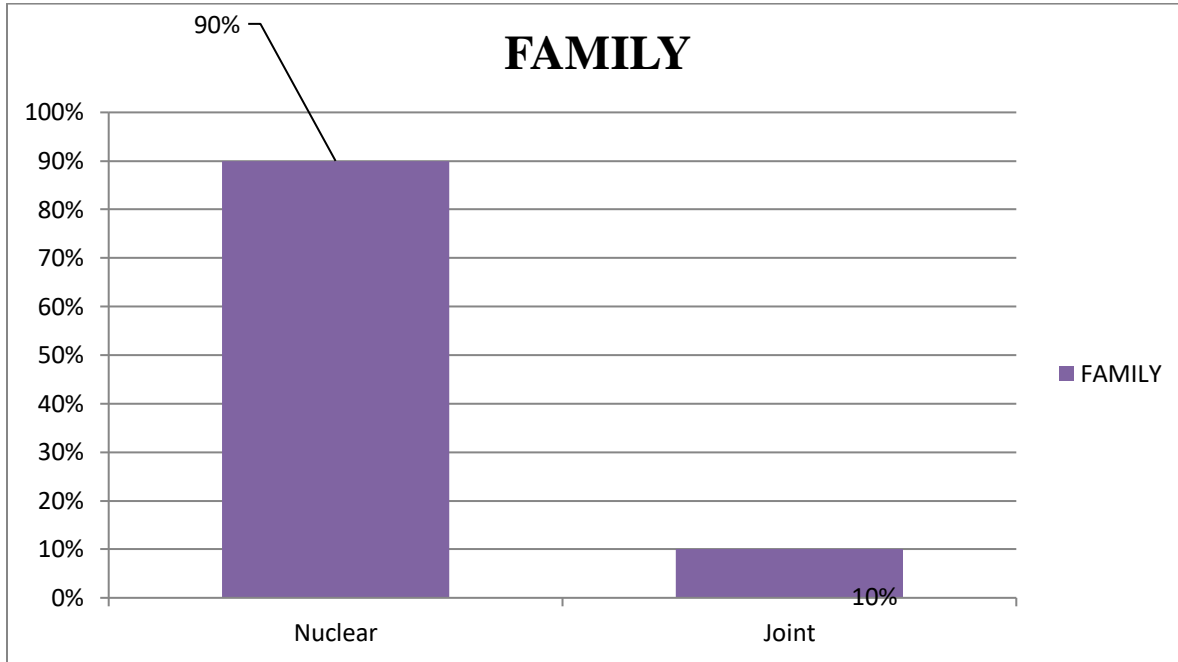




Fig.4: Diagram showing percentage distribution of first semester BSc nursing students according to their type of family



### SECTION 2- Level of knowledge

Table 2: Frequency and percentage distribution of sample according to the level of knowledge regarding reproductive health among first semester Bsc nursing students.

SL No.	LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE (%)
1.	Very good [16 – 20]	15	30%
2.	Good [11 – 15]	27	54%
3.	Average [6 -10]	7	14%
4.	Less than 6	1	2%

#### INFERENCE:

Table 2 Data reveals that 30% of the students had very good knowledge regarding reproductive health, 54% of students had good knowledge regarding reproductive health, 14% of students had average knowledge regarding reproductive health and 2% of students had poor knowledge regarding reproductive health

## GRAPHICAL REPRESENTATION OF THE LEVEL OF KNOWLEDGE

Fig 5 Graphical representation of the level of Knowledge

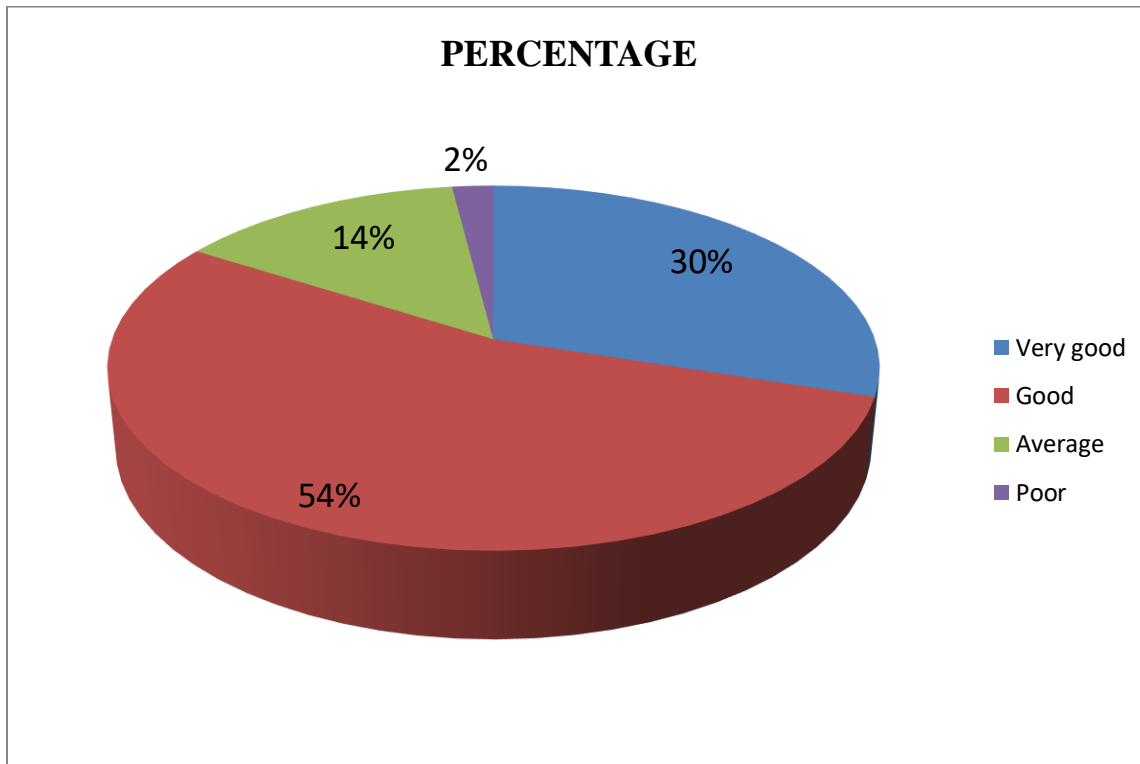


Fig. 5: Diagram showing the percentage distribution of first semester BSc Nursing students according to their level of knowledge.

### SECTION 3: - Association of the level of knowledge on reproductive health among first semester BSc nursing students and selected demographic variables.

Table 3: Association between the knowledge of reproductive health of selected demographic variables in first year BSc Nursing students.

Sno.	Demographic variables	Very Good	Good	Average	Poor	Chi-square value (p=0.05)

1.	Age: <19 (31) >19 (19)	9 6	17 10	5 2	0 1	df=3 TV=7.82 CV=1.9305 NS
2.	Gender: Female (41) Male (9)	12 3	23 4	5 2	1 0	df=3 TV=7.82 CV=4.843 NS
3.	Religion: Hindu (20) Muslim (15) Christian (15)	5 5 5	11 7 9	3 3 1	1 0 0	df=3 TV=12.59 CV=2.983 NS
4.	Type of family: Nuclear (45) Joint (5)	14 1	24 3	6 1	1 0	df=3 TV=7.82 CV=0.4735 NS

TV=Table value CV=Calculated value NS=Not Significant

**INFERENCE:** Table 3 displays the relationship between the knowledge level of first-semester BSc nursing students and various demographic factors. Regarding the association between age and knowledge level, the Chi-square value is 1.9305, which is not statistically significant at a P value of less than 0.05. Similarly, for the association between gender and knowledge level, the Chi-square value is 4.843, also found to be non-significant at a P value of less than 0.05. Association between Religion and level of knowledge, the Chi-square value is 2.983 which is non-significant at P value < 0.05. Association between type of family and level of knowledge, the Chi-square value is 0.4735 which is non-significant at P value < 0.05. Thus, no correlation exists between the reproductive health knowledge level of first-year BSc Nursing students and their chosen demographic variables.

## DISCUSSION

Among 50 samples 31(62%) were those have age less than 19 and 19(38%) students were those have age greater than 19, 41(82%) students were females and only 9 (18%) students were males. 21(42%) students follow Hindu religion, 16(30%) follows (28%) Christianity and 16 (28%)

students were Muslims. 45 (90%) students belong to nuclear family and only 5(10%) students were from joint families.

Study reveals that 30% of respondents had very good knowledge regarding reproductive health, 54% of respondents had good knowledge regarding reproductive health, 14% of respondents had average knowledge regarding reproductive health and 2% of respondents had poor knowledge regarding reproductive health.

Association between age and level of knowledge, the Chi-square value is 1.9305 which is non-significant at P value  $< 0.05$ . Association between Gender and level of knowledge, the Chi-square value is 4.843 which is non-significant at P value  $< 0.05$ . Association between Religion and level of knowledge, the Chi-square value is 2.983 which is non-significant at P value  $< 0.05$ . Association between type of family and level of knowledge, the Chi-square value is 0.4735 which is non-significant at P value  $< 0.05$ .

## **Conclusion**

Reproductive health encompasses the various processes, functions, and systems related to reproduction throughout one's lifespan. Therefore, it is crucial to provide reproductive health education during adolescence, ensuring that students receive adequate time in school to learn about reproductive processes, hygiene practices, illness prevention, and care. Understanding the significance of adolescent reproductive health in India requires considering the country's growing population and the continued presence of relatively poor social indicators despite economic growth. Through this study the researchers tried to assess the knowledge of first semester Bsc nursing students as they belongs to the adolescent group and just completed their higher secondary education.

## **Reference**

1. Korri R, Hess S, Froeschl G, Ivanova O. Sexual and reproductive health of Syrian refugee adolescent girls: a qualitative study using focus group discussions in an urban setting in Lebanon. *Reprod Health*. 2021 Jun 24;18(1):130. doi: 10.1186/s12978-021-01178-9. PMID: 34167553; PMCID: PMC8223310.

2. Mittal K, Goel MK. Knowledge Regarding Reproductive Health among Urban Adolescent Girls of Haryana. *Indian J Community Med.* 2010 Oct;35(4):529-30. doi: 10.4103/0970-0218.74374. PMID: 21278879; PMCID: PMC3026137.
3. Pattanaik D, Lobo J, Kapoor SK, Menon PS. Knowledge and attitudes of rural adolescent girls regarding reproductive health issues. *Natl Med J India.* 2000 May-Jun;13(3):124-8. PMID: 11558110.
4. Kothari CR. *Research methodology, methods and techniques.* 2nd ed. New Delhi: WishwaPrakasham. 1996
5. Marlow D.R. *Textbook of pediatric nursing .6th ed.* New Delhi: Elsevier publication. 2006.
6. Stycos JM. Actitudes de los estudiantes y docentes costarricenses frente al sexo y la educación demográfica [Attitudes of Costa Rican students and teachers on sex and population education]. *Perspect Int Planif Fam.* 1987;(Spec No):1-6. Spanish. PMID: 12269046.
7. Vlassoff C. The status of women in rural India: a village study. *Soc Action.* 1982 Oct-Dec;32(4):380-407. PMID: 12279418.
8. Caldwell JC, Caldwell P, Caldwell BK, Pieris I. The construction of adolescence in a changing world: implications for sexuality, reproduction, and marriage. *Stud Fam Plann.* 1998 Jun;29(2):137-53. PMID: 9664628.
9. Kumari R. Rural female adolescence: Indian scenario. *Soc Change.* 1995 Jun-Sep;25(2-3):177-88. PMID: 12158005.
10. Bhat GS, Nelivigi G, Barude V, Shastry A. Sexuality in Surgically Treated Carcinoma Penis Patients and Their Partners. *Indian J Surg.* 2018 Feb;80(1):19-23. doi: 10.1007/s12262-016-1543-5. Epub 2016 Aug 20. PMID: 29581680; PMCID: PMC5866796.