

# **KNOWLEDGE ATTITUDES AND PRACTICES ON REPRODUCTIVE AND SEXUAL HEALTH AMONG OUT OF SCHOOL YOUTH IN RURAL INDIA**

## **Introduction**

Generally, youth (15-24 years) are less aware of the sexual as well as reproductive health concerns. Improving youth reproductive health is recognized as a key development priority, especially with increasingly larger numbers of youth today than ever before. While, the sexual and reproductive health needs of youth are not yet adequately addressed under many primary healths – care system and many youth do not have access to information and services to protect their health and make choice freely and responsibly (United Nations, 1999). Globally, an estimated 130 million youth are illiterate, 200 million live in poverty, and 10 million have HIV (United Nations, 2005). Hence, Sexual and reproductive health of young people has become a major health problem in recent decades. Hence, the need for providing services on reproductive and sex health issues cannot be ignored, particularly in the context of early marriages, pregnancies prevalent in the community, pre-marital sex, unsafe sex and looming threat of STD's especially HIV/AIDS. Currently, young people in most parts of the world, especially in rural Indians receive little accurate information about sexuality and protecting their health, leaving them vulnerable to coercion, abuse, unintended pregnancy, and sexually transmitted infections, including HIV. Sexuality and reproductive health (SRH) are among the most fundamental aspects of life. In India, traditional religious and family values, designed to protect young people, can restrict SRH education for youth. Indians commonly assume that young people do not need to know about SRH issues until they are married. This idea is rooted in traditional values and long-standing taboos surrounding sexuality that need to be examined in light of protecting health.

In India, young people receive very limited Sexual and Reproductive Health (SRH) education through the formal school system. Both national and sub national surveys have shown that young Indians lack basic information on SRH topics and often receive information from sources that may be misleading or inaccurate, leads serious health risks. Most

research and services are directed towards women when they are in their late twenties or older, women who have already completed child bearing. Young people typically are left out of family planning services. A variety of traditional, institutional, religion and political barriers and myths about sexuality have made it difficult to develop effective programmes that provide accurate reproductive health information to young, especially in rural areas. There is pressing need to conduct research focusing on youth especially in the rural areas since many girls and boys never enrolled or dropout and not exposed to systematic instructions in life skills and sexual and reproductive matters. Therefore, the present study shed a light on studying the knowledge, attitudes and practice of reproductive and sexual health matters in rural youth in relation to their background characteristics, which is crucial policy formulation. This study is based on primary data in rural areas of Andhra Pradesh, India.

## **Objectives**

The aim of the study was to assess the influence of background characteristics on the knowledge, attitudes and practices on reproductive and sexual health issue among out of school rural youth.

## **Methods**

The sample size of the study was 450 out of school youth in the age group of 15-24 years living in rural areas of three differentially developed regions. A semi-structured interview schedule was developed and pretested. It was used an instrument for data through personal interview by the researcher from the youth. Required data were collected during January 2012 to June 2012. Background variables such as Socio-Economic and Demographic etc. are the independent variables and Knowledge, Attitudes and Practices are the dependent variables in this study. Data processing and analysis was done using the SPSS version 11 for windows programme. Descriptive statistics and ANOVA with 95% confidence interval were used to show association between target variables.

## **Results**

### **Background characteristics**

An over whelming proportion (84.0 per cent) of youth were married and majority of them (45.5 per cent) belongs to 23 - 24 years age group. Seventy percent of rural youth belongs to nuclear families and remaining (30.2 percent) hailed from joint families, which indicates changes in the family structure in Indian society, especially in rural areas. Little over one-fifth (21.6 per cent) of youth were having secondary level and over two-fifths (44.0 per cent) of youth were having college level education. Three-fourths (74.0 per cent) of rural youth have studied in government institutions. In the present study, one-fifth (20.7 percent) were skilled workers, little over one-tenth (12.7 percent) were agricultural labourers and rest (10.9 percent) were shopkeepers. The findings show that three-fifths of youth were representing better income category in the study area. Nearly half (47.8 per cent) of rural youth were some extent religious and a notable proportion (39.8 per cent) of rural youth were not at all religious.

Majority (71.1 per cent) of rural youth were living with father & mother. Almost (98.4 per cent) all the youth opined that it was difficult or lacking communication on sexual and reproductive health matters with parents. Majority (62.9 per cent) of rural youth had never access to media. Little over one-fifth (22 per cent) have moderate health status, and another one-fourth (25 per cent) opined that they have good health status. Among rural youth who suffered health problem, nearly one-third (30 per cent) had sought treatment. Rural youth who had health problems, little over one-third (35.03 percent) sought treatment from government facility, nearly another one-fourth (24 per cent) taken treatment from qualified private facility. One-fourth of rural youth (24.67 percent) have discussed personal as well as sexual and reproductive health issues regularly and occasionally (24.22 percent) with their friends. Nearly One- fourth (24 per cent) of rural youth were having the habit of smoking, one-fifth (19 per cent) with alcoholism, one- fourth (24 per cent) were having the habit of chewing.

## **Knowledge**

The mean score of knowledge among rural youth on female reproductive system, awareness on changes during adolescence, on family planning, on STD and HIV/AIDS and on sexual issue are increasing with an increase in the present age. Similarly, Hindu's have scored well on all knowledge aspects than other religions. Literate rural youth have scored better on knowledge aspects than illiterates. Income of the youth's are positively and significantly associated with their level of knowledge on reproductive and sexual health matters.

## **Attitudes**

Lower mean score of attitudes on female reproduction is found in younger age youth than in older youth. The mean score of attitude is 4.46 for youth who are in 15-19 years, 5.00 for 20-21 years, 6.64 for those in 22-23 years and 6.89 for the youth in 24 years. Lower the present age of youth, lower the mean score of attitude on family planning matters. . The mean score of attitudes of STD and HIV/AIDS among rural youth by their present age is differing at significant levels. It is 5.33 for 15-19 years of age; 5.89 for 20-21 years; 6.04 for 22-23 years of age and 6.65 for 24 years of age. However, the mean scores of attitudes on reproductive health matters viz female reproductive system, family planning matters, STD and HIV/AIDS and Sexual matters by religion of the respondents are more or less similar. Youth who studied in government institutions have higher mean score (6.84) of attitudes on female reproductive system as compared to those who attended private institutions (6.31). Similarly, higher mean score (6.53) of attitudes on STD and HIV/AIDS is found among youth who studied in government institutions as compared to youth who attended private institution (6.15). Regarding income and attitudes on STD and HIV/AIDS, differentials in mean score is found. The mean scores of attitudes on female reproductive system are being 6.40; 6.08 and 5.91 for rural youth who have 'regular', 'occasional' and 'never' access to media.

## **Reproductive health practice**

The mean score of reproductive behavior is lower for lower age group youth as compared to older age youth. . Rural youth who are married have high mean score (5.52) of

reproductive behavior than who are unmarried (3.86). The mean score of healthy reproductive behavior is more or less similar among rural youth by their caste. The mean scores are in between 5.46 to 5.21. The mean score (4.58) of healthy reproductive behavior is lower among illiterate youth as compared to youth with an educational level of primary (5.26), secondary (5.28) and college education (5.74). The mean score of healthy reproductive behavior is higher (5.40) for youth who studied in government institutions as compared to youth studied in private institutions (5.19). . Rural youth who are having lower monthly income level (Rs  $\leq$  2000; and 2001-3000) have lower mean score of behavior (4.83 and 5.04) as compared to mean score behavior (5.57; 6.24) of rural youth who have higher income level (3001-4001 and 4001 respectively). The mean scores are in between 5.11 to 5.44. Higher mean score (5.50) of healthy reproductive behavior is observed for rural youth who are currently living with father alone as compared to youth who are living with mother alone (5.50) and with both parents(4.30). Based on the overall findings it can be concluded that most of the back ground characteristics of rural youth determines the healthy reproductive behavior in the present study.