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Reproductive health and life skills needs of adolescent girls in twin cities

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Abstract
Today the adolescents are growing in an environment in which social and human relationships are less stronger with increased access to social media and networks. The teenagers are finding it difficult and more challenging to balance formal education, career development, personal and family life. The environment in which young people are making decisions related to sexual and reproductive health is also rapidly changing. The family structure, roles and responsibilities of parents and other members within the family has undergone lot of change. This change has decreased the quality of time shared by parents and their adolescent children creating a need for education in the areas of Reproductive health and Life skills to adolescents by an external agency. With this background a study was conducted to assess the reproductive health and life skills education needs of adolescent girls and to study the association between RHLS educational needs and independent variables. The sample (300 adolescent girls aged between 16 to 19 years) were drawn from six colleges in twin cities; Hyderabad and Secunderabad in Telangana State. The RHLSE needs of the learners were identified by the experts, mothers and learners. Who differed significantly in their identification of RHLS educational needs on five (5) out of twelve (12) domains. The need based educational intervention programmes are more successful as the learners participation levels are higher and leads to sustainability

Keywords: Reproductive health, life skills, adolescent girls, educational intervention programmes

1. Introduction

Adolescence can be one of life's most complex stages, when young people take on new responsibilities and experiment with independence. When engaged, adolescents thrive and contribute to communities and families. When encouraged, they can pave a brighter future for themselves and their future families. A growing body of evidence highlights the need to pay more attention to very young adolescents' sexual and reproductive health and rights. Programs help girls and boys form positive gender norms, navigate the transition through puberty, and access to sexuality education and services to ensure safe and healthy growth and development at this critical time of life (Save the Children, 2014) [14].

Today the adolescents are growing in an environment in which social and human relationships are less stronger with increased access to social media and networks. The teenagers are finding it difficult and more challenging to balance formal education, career development, personal and family life. Another important aspect of educating and the empowering today's youth is teaching them life skills. They are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of life. For health promotion life skill education is based on the teaching of generic and includes the practice of skills in relation to major health and social problems.

The environment in which young people are making decisions related to sexual and reproductive health is also rapidly changing. The family structure, roles and responsibilities of parents and other members within the family has undergone lot of change. This change has decreased the quality of time shared by parents and their adolescent children creating a need for education in the areas of Reproductive health and Life skills to adolescents by an external agency. With this background a study was conducted to assess the reproductive health and life skills needs of adolescent girls and to study the association between RHLS needs and independent variables.

2. Methodology
The study is an evaluation type of research conducted to assess the perceived educational needs of adolescent girls on Reproductive Health and Life Skills (RHLS) by the adolescent girls themselves and by their mothers and experts. Based on the results of the study an educational intervention programme was planned as part of a research project.

2.1 Sample selection
A study on ‘ Assessment of Reproductive Health and Life Skills needs of adolescent girls was carried during May – June 2015 on 300 adolescent girls aged between 16 to 19 years. The sample was drawn from six colleges in twin cities; Hyderabad and Secunderabad in Telengana State, India. For development of RHLS needs identification scale a sub sample of 30 adolescent girls and 30 mothers were selected using lottery method. A 30 experts conversant with the topic were selected from the field of Gynaecology (6), Nursing (6), Human Development and Family Studies (6), Psychology (6) and social work (6). Thus the sample for RHLSN identification scale was 90 comprising of 30 learners, 30 mothers and 30 experts.

2.2 Variables studied
The dependent variables were Reproductive Health and Life skills Needs
The independent variables selected for the study are: age, religion, education-level of parents, occupation of parents, monthly income of the family, the type of family and size of family.

2.3 Tools for data collection
A General Information Questionnaire was developed and used, which consisted the questions related to the personal and family profile which are Age, Religion, Family size, and monthly family income, Education of the Father, Education of the Mother, Occupation of the Father and Occupation of the Mother.

2.4 Reproductive Health and Life skills Educational Needs Identification Scale
The experts from were interviewed to ascertain what in their opinion is the content of Reproductive Health and Life Skills Education (RHLSE) ought to be. Based on the expert opinion, 50 topics were identified, and grouped under 12 broad areas. A five point scale was chosen for RHLSE need identification scale. The scale was developed in English and administered to 30 experts, 30 learners, and 30 mothers. All the three groups were able to read, understand the topics listed on the scale. The researcher explained the topics to some of the learners and mothers, whom she thought may have difficulty in understanding. Only the English version of the RHLSE needs identification scale was used as some of the learners and mothers were not Telugu speaking (Urdu, Marathi, and Hindi speaking).In the five point scale the topics contained in this section had 12 units and the units had 50 items in serial order. Unit I -Adolescence and Puberty from 1-5 items, Unit II - Reproductive System from 6-7 items, Unit III - Puberty from 8-15 items, Unit-IV – Sexuality and Behaviour from 16-21 items, Unit V – Conception from 22-23 items, Unit VI- Pregnancy from 24-26 items, Unit VII- Abortion from 27-28 items, Unit VIII-Reproductive Rights from 29-31 items, Unit IX- Sexually Transmitted Infections, from 32-33 items, Unit-X -10 core Skills from 34-43items, Unit XI- Relationship from,44-47 and Unit XII- Responsible Parenthood, from 48-50.The score for five points scale was as, Highly Relevant=5, Moderately Relevant=4, Relevant = 3, Less Relevant = 2, Not relevant = 1. The maximum score was 250 and the minimum score was 50. For the preparation of Reproductive Health and Life skills Educational manual the items that scored highest were included.

2.5 Reliability of RHLSE Need identification scale
The reliability of the RHLSE Needs Identification Scale, ‘Test-Retest’ method was used. Repetition of a test is the simplest method used to establish reliability of a scale. The scale was administered to 90 respondents, comprising of 30 experts, 30 mothers, and 30 adolescent girls. The test was repeated on the same group after a month. The correlation computed between the first and the second set of scores and a reliability coefficient of 0.92 was obtained, which shows that there was highest correlation between the first and second tests.

2.6 Data Collection
Before the collection of the Data, the investigator had taken due permission from the Principals of the 6 colleges after a detailed explanation of the study and its aims, outcome and its benefits to the Students of the adolescents of that age.

3. Results and Discussion
The data collected was coded, tabulated, analysed, interpreted and discussed as under:

3.1 The RHLSE needs of adolescent girls
The Reproductive Health and Life skills Educational Needs of Adolescent girls were perceived by the learners themselves, their mothers and experts. The topics which were rated as highly relevant were included in RHLSE manual developed for educational intervention.

Table 1: RHLSE needs scores of experts, learners and Mothers (N=30x3)

Sl. No.	Classification	Number of persons	Percentage (%)
1	High- 200 and above	64	71.1
2	Moderate- 150 to 199	25	27.8
3	Low- below 150	1	1.1
	Total	90	100

The table 1 indicates the RHLSE needs scores of the sample(experts, mothers, and learners) categorized as low, medium, and high; which shows that majority (71.11%) of the sample scored high and a 27.8 percent scored moderate level of scores, which may be due to the experience of mothers and knowledge of experts.

3.2 Difference between Experts, Learners and Mothers in Identification of RHLSE needs.
An attempt was made to study the difference between the experts, learners, and mothers in identification of RHLSE needs and presented in table 2.

Table 2: Difference between Experts, Learners and Mothers in Identification of RHLSE needs

RHLSE Areas		Sum of Squares	df	Mean Square	F	Sig.
Total score of all domains	Between Groups	5258.689	2	2629.344	3.963*	.023
	Within Groups	57728.433	87	663.545		
	Total	62987.122	89			
Adolescence and puberty	Between Groups	112.022	2	56.011	5.446**	.006
	Within Groups	894.700	87	10.284		
	Total	1006.722	89			
Reproductive system	Between Groups	2.289	2	1.144	.303	.739
	Within Groups	328.600	87	3.777		
	Total	330.889	89			
Puberty	Between Groups	300.867	2	150.433	4.655*	.012
	Within Groups	2811.533	87	32.316		
	Total	3112.400	89			
Sexuality and behaviour	Between Groups	6.156	2	3.078	.142	.868
	Within Groups	1883.633	87	21.651		
	Total	1889.789	89			
Conception	Between Groups	6.756	2	3.378	.676	.511
	Within Groups	434.800	87	4.998		
	Total	441.556	89			
Pregnancy	Between Groups	39.467	2	19.733	2.722	.071
	Within Groups	630.633	87	7.249		
	Total	670.100	89			
Abortion	Between Groups	3.289	2	1.644	.371	.691
	Within Groups	386.000	87	4.437		
	Total	389.289	89			
Reproductive rights	Between Groups	30.822	2	15.411	2.228	.114
	Within Groups	601.800	87	6.917		
	Total	632.622	89			
Sexually transmitted infections	Between Groups	7.267	2	3.633	1.394	.254
	Within Groups	226.733	87	2.606		
	Total	234.000	89			
Life-skills	Between Groups	399.800	2	199.900	5.791**	.004
	Within Groups	3003.100	87	34.518		
	Total	3402.900	89			
Relationship	Between Groups	124.089	2	62.044	7.605**	.001
	Within Groups	709.733	87	8.158		
	Total	833.822	89			
Responsible parenthood	Between Groups	102.067	2	51.033	6.205**	.003
	Within Groups	715.533	87	8.225		
	Total	817.600	89			

Note: *p is significant at 0.05 level, **p is significant at 0.01 level

The table 2, shows that the three groups differed significantly at 0.05 level (f=3.963) on RHLSE need identification total score of all domains. Further difference between groups was found at 0.01 level for four topics namely; Adolescence and puberty (F= 5.446), life skills (F=5.791), Relationship (F=7.605) and Responsible parenthood (F=6.205). Significant difference was also found between groups on the topic - puberty (F=4.655) at 0.05 levels, which indicates that out of 12 topics there was no difference between groups for seven topics.

A study conducted by Joshi et.al., (2006) [2] on a sample of 300 urban school going adolescents between 11-14 years were chosen at random and assessed using four tools namely, self-administered questionnaire : provision of adolescent friendly services; medical screening and focus group discussions the study indicated that a comprehensive package of health and life skill education, medical screening with a focus on reproductive health by trained physicians, increased parental involvement supported by AFC for counseling, referral and follow up are essential to improve help seeking behavior of adolescents. However, newer outreach innovative interventions may be needed to create a sustained demand for services.

3.3 Association between independent variables and RHLS educational needs of the adolescent girls

The Reproductive Health and life skills needs, knowledge, Attitudes and practice may be influenced by the variables related to the personal and family life of the adolescent girls. Which include; age, religion, education, occupation of parents, family monthly income, size and type of family The data on the independent variables which influence the dependent variables will be more useful in planning intervention programmes. That is to utilize the most contributing variables to improve the KAP of the sample or to overcome the variable which is affecting the acquisition of KAP of the sample on RHLS.

It was hypothesized that there is no association between independent variables and RH and LS Educational needs of the sample. Inferential statistics like Pearson's product Moment r and multiple linear regressions was used to see the association and significant predictions of the variables. The results showed no significant relationship between most of the variables.

A study conducted on impact of socio economic background on perception of Family life Education needs (Sarada, 1998) showed that marital status seemed to play a significant role

in the perception of the family life education needs of learners. Unmarried adolescent girls may not be able to perceive their family life education needs clearly as they have not actually experienced family life. Hence, it is necessary to consider the perceptions of married women in this regard for planning family life education programmes for adolescent girls, who are on the threshold of marriage and motherhood and would use this knowledge in the immediate future for achieving better family life.

Table 3: Association between Independent Variables and RH LS educational needs of the Adolescent Girls (N=300)

Variables		Knowledge	Age	Religion	Life skill	Attitude	Practice	RHLS
Pearson Correlation	Knowledge	1.000	-.153	-.331	.547	.352	.313	.106
	Age	-.153	1.000	.221	-.047	-.185	-.063	-.077
	Religion	-.331	.221	1.000	-.134	-.178	-.048	-.080
	Life skill	.547	-.047	-.134	1.000	.356	.425	.196
	Attitude	.352	-.185	-.178	.356	1.000	.177	.419
	Practice	.313	-.063	-.048	.425	.177	1.000	.022
	RHLS	.106	-.077	-.080	.196	.419	.022	1.000
Sig. (1-tailed)	Knowledge	.	.004	.000	.000	.000	.000	.033
	Age	.004	.	.000	.211	.001	.137	.093
	Religion	.000	.000	.	.010	.001	.206	.083
	Life skill	.000	.211	.010	.	.000	.000	.000
	Attitude	.000	.001	.001	.000	.	.001	.000
	Practice	.000	.137	.206	.000	.001	.	.350
	RHLS	.033	.093	.083	.000	.000	.350	.

Today, 88 per cent of adolescents live in developing countries. 3 Adolescent populations are growing fastest in Sub-Saharan Africa and the least developed countries overall. These are the very places where the risk associated with pregnancy and childbirth is highest. 4 There is an urgent need to increase investment in comprehensive programmes, including sexual and reproductive health care for adolescent girls in these countries. Doing so would yield multiple benefits, enabling girls to stay healthy, avoid unintended pregnancies, finish an education, engage in productive work, and choose to have fewer and healthier babies, when they are ready. The choices that girls have and the actions they take during these seminal years have far-reaching consequences within their societies, economies and environments, which ultimately affect all of us around the world (CGD, 2009) [1].

4. Conclusion

The RHLSE needs of the learners were identified by the experts, mothers and learners. Who differed significantly in their identification of RHLS educational needs on five (5) out of twelve (12) domains. There was no association found between the independent variables and the RHLS needs of the sample. A need based Reproductive Health and Life skills education will prepare the adolescents to lead a more productive and peace-oriented life, giving their best to the society; facing the day-to-day stress and demands with more mature and helpful ways. All the time and energy, money and resources that are invested in the adolescents and their holistic well-being are not just helping those individuals in our society but it is a very significant contribution to the total welfare of our society.

5. References

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