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Original Article

Assessing Perceptions and Attitudes towards Sexual and Reproductive Health Issues among Adolescent Girls in Urban and Rural Areas of Jaipur, Rajasthan

Varsha Upadhyay[1], Mainka Godara[2], Barkha Blossam Francis[3], Harendra Sharma[4], Ayank Tatawat[5], Akhil Raj[6], Mukesh Kumar Bagriya[7], Ajay Pareek[8]

[1]PhD Scholar, Assistant Professor, Obstetric Nursing, Mahatma Gandhi Nursing College, Jaipur (Rajasthan)
[2]M.Sc. Nursing, Assistant Professor, Medical Surgical Nursing, Metro College Of Nursing, Greater Noida
[3]M.Sc. Nursing, Assistant Professor, Medical Surgical Nursing, Vijaya Raje College of Nursing, Jodhpur
[4]PhD Scholar, Assistant Professor, Child Health Nursing, RR College of Nursing, Jaipur
[5]M.Sc. Nursing, IMT &NE (Swasthya Kalyan) College of Nursing, Jaipur
[6]M.Sc. Nursing, Assistant Professor, Child Health Nursing, Krishnaben Mukeshbhai Jani College of Nursing, Jeshingpara-Amreli
[7]M.Sc. Nursing, Associate Professor, cum Vice-Principal Child Health Nursing, Rajasthan College of Nursing, Sikar, Rajasthan
[8]M.Sc. Nursing, Assistant Professor, Rajasthan College of Nursing, Sikar, Rajasthan

Corresponding Author : Varsha Upadhyay, PhD Scholar, Assistant Professor, Obstetric Nursing, Mahatma Gandhi Nursing College, Jaipur (Rajasthan)

Abstract

Introduction : Adolescents with intellectual disabilities are probably twice as many people without intellectual disabilities to be sexually abused by family members, caregivers, close relatives, and others in the community. Sex education and training are essential components of children's and teenagers' education and human rights, as well as a source of worry for parents and society. While the parents are thought to be the most accessible choice as sexual educators, they often do not fulfill this role.

Methodology : A researcher used Descriptive research design Non-Experimental Quantitative Research Approach.400 adolescent girls of urban and rural area of Jaipur. Adolescent girl who had been present at urban and rural area had been selected with the aid of Non-Probability Purposive Sampling Techniques.

Results : The study revealed majority of respondents had good perception towards SRHIs (sexual and reproductive health issues). The study also revealed majority of respondents had more favorable attitude towards SRHIs (sexual and reproductive health issues). There was no statistical significance between the level of perception and attitude, and socio-demographic variables at 95% confidence level.

Conclusions : Good perception finds out of adolescent's girl's regarding selected sexual & reproductive health issues. Favorable Attitude of adolescent's girl's regarding selected sexual & reproductive health issues. Find out the positive correlation between perception and attitude among adolescents' girls. Find out the significant association of perception & Attitude with selected demographic variables among adolescents' girls of urban and rural areas.

Keywords : Assess Perception, Attitude, Sexual and Reproductive Health, and Adolescents Girl.

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Introduction

Despite the fact that choosing a contraceptive method is often a decision made by couples, little is known about how men and women differ in their perceptions of the characteristics of various method types, and in the importance that they attach to those characteristics when choosing a contraceptive method.

An oral contraceptive (OC) option for adolescents are provides. Clarification for those desiring a birth control method is necessary and the benefits of decreased acne and Dysmenorrhea with low dose OCs should be stressed along with the importance of compliance. A community effort is suggested to communicate the sexual and contraceptive alternatives, including abstinence and outer course (sexual stimulation to orgasm without intercourse). Attention is given to concerns associated with teenage sexual activity, prevention of adolescent pregnancy, contraceptive options for the adolescent patient, adolescent attitudes toward birth control OCs, management of the adolescent OC user, manipulation of steroid components of OCs to respond to adolescent concerns, and other hormonal contraceptive options such as mini pills or abstinence.

This article reports on factors influencing condom use among out-of-school adolescents in rural southwest Uganda. Despite an abundance of negative discourses and myths about condoms in the community, these adolescents believe condoms protect them from sexually transmitted infections, HIV, and premarital pregnancies. Girls want partners to use condoms, but most lack the confidence to insist. Girls aged 13 to 14 reported the least difficulty asking for condoms; older girls attributed this to coming-of-age in the era of AIDS when condom use is the norm. Boys under 16 years want to use condoms, but lack confidence in application skills.

Adolescent pregnancy and its consequences continue as major sources of morbidity in the United States. A teenager who becomes a parent is at a significant disadvantage in becoming a contributing adult, both psychosocially and economically. The physician who cares for adolescents has the responsibility of helping parenting teens to find needed support so that they will be able to overcome this significant hurdle. Attention from public agencies has focused on increasing condom use as one approach to adolescent pregnancy prevention. The major advantage of using condoms is that they also prevent transmission of sexually transmitted diseases.

Thirty-nine girls' ages 12 to 17 years from Rhode Island participated in a 2-phase prospective study. In phase I, 22 girls assessed a sexual health questionnaire in focus groups. In phase II, 17 girls with I Phones used Girl Talk for 2 weeks and answered the revised sexual health questionnaire and interview questions before and after use. Girl Talk can potentially connect teenage girls to more information about sexual health vs. traditional methods, and participants recommended the application as a valuable resource to learn about comprehensive sexual health.

Adolescence is a period of emotional, mental, and physical change. To increase health seeking behaviors, reduce risky sexual behavior, and improve sexual and reproductive health (SRH) knowledge, adolescents require support and access to SRH services. Providing evidence-informed SRH knowledge to adolescents in low- and middle-income countries (LMICs) can be a challenge as they face unique barriers such as lack of confidentiality, fear of refusal, and stigma from cultural norms.

The word adolescence, derived from the Latin word "adolescere" meaning "to grow up" is a critical developmental period. During adolescence, major biological as well as psychological developments take place. Development of sexuality is an important bio-psycho-social development, which takes an adult shape during adolescence age. During adolescence, an individual's thought, perception as well as response gets colored sexually. Puberty is an important landmark of sexuality.

Development that occurs in the adolescence. The myriad of changes that occurs in adolescents puts them under enormous stress, which may have adverse physical, as well as psychological consequences. Understanding adolescent sexuality has important clinical, legal, social, cultural, as well as educational implications.

Objectives of the study

1. Evaluate the perceptions of adolescent girls regarding specific sexual and reproductive health issues.
2. Examine the attitudes of adolescent girls towards selected sexual and reproductive health issues.
3. Investigate the correlation between perception and attitude among adolescent girls.
4. Analyze the relationship between perception and demographic variables among adolescent girls in urban and rural areas.
5. Examine the relationship between attitude and demographic variables among adolescent girls in urban and rural areas.

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Methodology

Research Approach : Non-experimental Quantitative Research Approach.

Research Design : Descriptive Research Design

Setting of the Study : Urban and Rural areas of Jaipur city Rajasthan.

Population : Adolescents Girl's in a selected Urban and Rural areas of Jaipur city Rajasthan

Sample and Sample Size : 400Adolescents Girl's

Sampling Technique : Non-Probability Purposive Sampling Techniques

Tools :

The following tools are intended to use for data collection;

Part I : Demographic data

Part II : Questions related to perception of Sexual and Reproductive Health Issues (SRHS)

Part III : Structured attitude scale by using 5-point rating scale

Results

The study revealed majority of respondents had good perception towards SRHIs (sexual and reproductive health issues). The study also revealed majority of respondents had more favorable attitude towards SRHIs (sexual and reproductive health issues). There was no statistical significance between the level of perception and attitude, and socio-demographic variables at 95% confidence level.

Description of the tool :

The tool consists of three parts:

Section-A : Socio Demographic Data -General information

Section-B : Modified Perceptions of SRHIs (sexual and reproductive health issues) 3-point Likert scale. It consists of 7 items. Each answer was given a score of one to three. The maximum score for the structured questionnaire was 21.

Section-C : Modified Attitude Questionnaire - Five-point likert scale was used for the study. It consists of 9 items. Each answer was given a score of one to five. The maximum score for the structured questionnaire was 45.

Table 1 : Socio-demographic Profile of Adolescent girl's

N=400

S.No.	Variables	URBAN		RURAL		TOTAL	
		f (200)	%	f (200)	%	f (400)	%
1.	**Age in years**						
	14 Yrs	18	9.0	33	16.5	51	12.8
	15 Yrs	14	7.0	37	18.5	51	12.8
	16 Yrs	79	39.5	99	49.5	178	44.5
	17 Yrs	89	44.5	31	15.5	120	30.0
2.	**Religion**						
	Hindu	91	45.5	114	57.0	205	51.3
	Muslim	40	20.0	45	22.5	85	21.3
	Christian	69	34.5	41	20.5	110	27.5
3.	**Education of mother**						
	Illiterate	30	15.0	41	20.5	71	17.8
	Up to VIII standard	125	62.5	121	60.5	246	61.5
	VIII to XII Standard	31	15.5	21	10.5	52	13.0
	Above XII Standard	14	7.0	17	8.5	31	7.8
4.	**Occupation of mother**						
	House wife	99	49.5	135	67.5	234	58.5
	Self-employed	6	3.0	3	1.5	9	2.3

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	Private employee	71	35.5	43	21.5	114	28.5
	Govt. employee	24	12.0	19	9.5	43	10.8
5.	**Education of father**						
	Illiterate	22	11.0	35	17.5	57	14.3
	Up to VIII standard	28	14.0	60	30.0	88	22.0
	VIII to XII Standard	70	35.0	73	36.5	143	35.8
	Above XII Standard	80	40.0	32	16.0	112	28.0
6.	**Occupation of father**						
	Unemployed			84	42.0	84	21.0
	Agriculture, self employed, Business, laborer	103	51.5	38	19.0	141	35.3
	Private employee	26	13.0	78	39.0	104	26.0
	Govt. employee	71	35.5			71	17.8
7.	**Type of family**						
	Nuclear	189	94.5	35	17.5	224	56.0
	Joint	4	2.0	162	81.0	166	41.5
	Extended/any other	7	3.5	3	1.5	10	2.5
8.	**Age of Attaining Menarche (in years)**						
	Less than 11	20	10.0	14	7.0	34	8.5
	11-13	108	54.0	87	43.5	195	48.8
	More than 13 year	72	36.0	99	49.5	171	42.8
9.	**Source of information on sexual health**						
	Media, Books, magazine, newspaper, television, etc	26	13.0	59	29.5	85	21.3
	Friends & family	155	77.5	127	63.5	282	70.5
	Health professional (doctors, nurses, etc.)	19	9.5	14	7.0	33	8.3

Table 2 : Mean Perception score of adolescent girls regarding sexual & reproductive health issues

N=400

S.No.	Group	f	Mean	SD	Median	Minimum	Maximum
1.	Urban	200	15.3750	.8233	16.0000	12.00	17.0
2.	Rural	200	12.9500	1.6828	13.000	11.00	16.0
	Overall (N=400)	**14.1625**	**1.7956**	**15.0000**	**11.00**	**17.00**	

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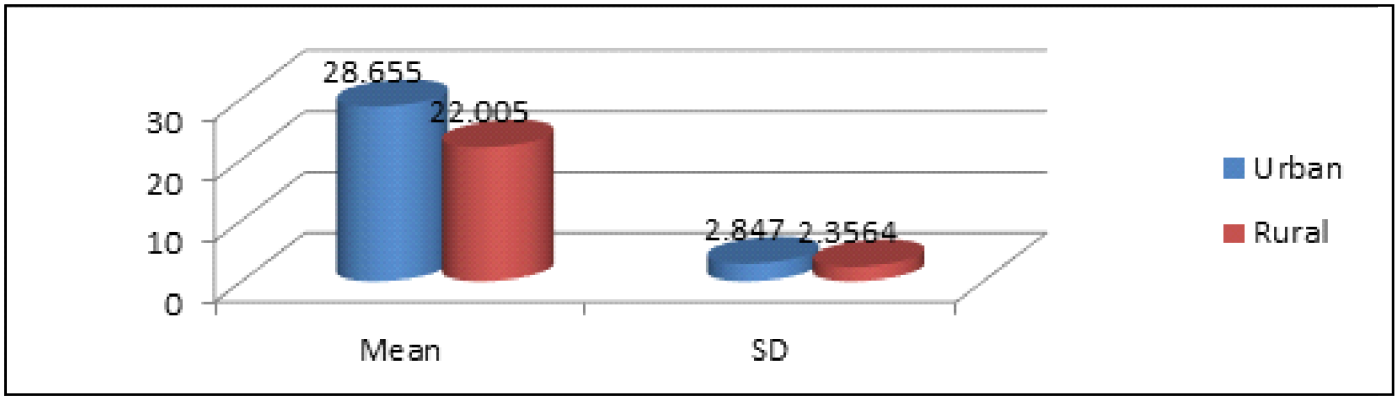
Table 3 : Level of Perception of adolescent girl's regarding sexual & reproductive health issues

N=400

S.No.	Group	Level of Perception	
		More favorable (f) >Median	Less favorable (f) < Median
1.	Urban (f=200)	176	24
2.	Rural (f=200)	25	175



Bar diagram showing the mean attitude score and standard deviation of adolescent girls in urban and rural area

Table 4: Level of Attitude of adolescent girl's regarding sexual & reproductive health issues

N=400

S.No.	Group	Level of Attitude	
		More favorable (f)	Less favorable (f)
1.	Urban (F=200)	196	4
2.	Rural (F=200)	41	163

Table 5: Relationship between perception and attitude of adolescent girl's regarding sexual & reproductive health issues

N=400

Group	Mean Perception score +/-SD	Mean attitude score +/-SD	Correlation of coefficient	p value
Adolescent Girl's (N=400)	14.1625 +/_ 1.7956	25.330 +/_ 4.230	.561	.000

It is evident that relationship between perception and attitude of adolescent girl's was highly significant.

Table 6: Comparison of perception of adolescent girl's between urban and rural areas

N=400

S.No.	Group	F	Mean +/-SD	Unpaired 't' test	d f	p value
1.	Urban	200	15.3750 +/_ 0.8233	18.3066	398	0.000
2.	Rural	200	12.9500 +/_ 1.6828			S

S - Significant at p<.05

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Table 7: Comparison of attitude of adolescent girl's between urban and rural areas

N=400

S.No.	Group	F	Mean +/-SD	Unpaired 't' test	d f	p value
1.	Urban	200	28.655 +/_ 2.847	25.4462	398	0.000
2.	Rural	200	22.0050 +/_ 2.3564			S

S - Significant at p<.05

To find out the association of perception level with selected demographic variables among adolescent girl's.

The Chi- Square value computed for the age in years, religion, education of father, occupation of father, types of family and Age of Attaining Menarche (in years) were found statistically highly significant which indicates that there is association between of level of perception with demographic variables of adolescent girl's and demographic variables of education of mother, occupation of mother and Source of information on sexual health were found statistically not significant.

To find out the association of attitude level with selected demographic variables among adolescent girl's.

the association of level of attitude with demographic variables of adolescent girl's Chi- Square value computed for the age in years, religion, education of mother, education of father, occupation of father, types of family and age of Attaining Menarche (in years) were found statistically highly significant which indicates that there is association between of level of attitude with demographic variables of adolescent girl's and demographic variables of occupation of mother and Source of information on sexual health were found statistically not significant.

Discussion

The study was Descriptive-comparative research design. In nature and focused on A Descriptive survey to assess the perception and attitude regarding selected sexual and reproductive health issues among adolescent's girls in urban and rural areas of Jaipur city. A purposive Sampling Techniques technique was used to select sample of 400 adolescent's girls.Comparison of mean attitude score of adolescent girls in urban (28.655 +/_ 2.847) and adolescent girls in rural area mean (22.0050 +/_ 2.3564). unpaired't' test score revealed a calculated values of 25.4462 at df 398 which was found significantly different in both the group. The result evident highly significantly different attitude of adolescent girls in urban and rural area at p < .05 level of significant. Researchers were found statistically highly significant which indicates that there is association between of level of perception with demographic variables of adolescent girls.

Conclusions

The unpaired't' test score revealed a calculated values of 25.4462 at df 398 which was found significantly different in both the group. The result evident highly significantly different attitude of adolescent girls in urban and rural area at p < .05 level of significant. Unpaired 't' test score revealed a calculated values of 18.3066 at df 398 which was found significantly different in both the group. The result evident highly significantly different perception of adolescent girls in urban and rural area at p < .05 level of significant. So null hypothesis H01 is rejected and automatically research hypothesis H1 is accepted. So, we can say statistically there is a significant difference between the urban and rural area of adolescent girls in regard to selected sexual and reproductive health issues.

The relationship between perception and attitude of adolescent girls regarding sexual & reproductive health issues mean perception score was 14.1625 +/_ 1.7956 & mean attitude score was 25.330 +/_ 4.230. The Correlation of coefficient between perception and attitude was .561 and p value was .000. It is evident that relationship between perception and attitude of adolescent girls was highly significant. So null hypothesis H02 is rejected and automatically research hypothesis H2 is accepted. So, we can say statistically there is a significant correlation between perception and attitude of adolescent girls of urban and rural areas regarding selected sexual and reproductive health issues at 0.05 level of significance.

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Recommendations

- The study can be replicated on large samples to validate and generalize results.
- A further study can be done in different areas and at different setting.
- A comparative study can be done between adults on perception and attitude regarding selected sexual and reproductive health issues.

Ethical approval : The institutional ethical committee approved the study.

Financial support and sponsorship : Nil

Conflicts of interests : The authors declare that they have no conflict of interest with regard to the content of the report.

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