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RESEARCH ARTICLE

A DESCRIPTIVE STUDY TO ASSESS THE HEALTH SEEKING AWARENESS AND UTILIZATION OF ADOLESCENCE REPRODUCTIVE HEALTH SERVICES AMONG SCHOOL ADOLESCENTS IN RURAL COMMUNITY ”

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Abstract

Introduction: Reproductive health may be a vital area of concern in adolescent health. However traditional Indian society regards talks on such topics as taboos and discourages open discussions on reproductive health.

Objective: This study assess the health seeking awareness and utilization of reproductive health services and determines the association between health seeking awareness and utilization of adolescence reproductive health service with selected demographic variables.

Method: The descriptive study with non-experimental research design was used the analysis and interpretation was done using SPSS version 18 and excel 2010.

Result: More than half (54.65%) adolescence boys and girls knew correctly about male and female reproductive system and more than half (46.94%) adolescence knew incorrectly about STD, contraception, pregnancy and abortion. However only (5%) of adolescence had ever used reproductive health services and majority of 74.2% adolescence had never used these services. Reproductive health knowledge was significantly associated with father's qualification, father's occupation and source of information. Reproductive health services utilization was significantly associated with age, class, source of information.

Conclusion: This study clearly depicted that more than half adolescents were not utilizing the services. Lack of adolescent reproductive friendly clinics, fear/embarrassment and concealed service were reasons for not utilizing the service. Fear of social value and being embarrassed, misconception of adolescents about pregnancy, unsafe sex, shortage of supply, harmful traditional practices and lack of school based adolescent reproductive health services.

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Introduction:-

Reproductive health involves all of the reproductive processes, function and system at all stages of human life. As per World Health Organization (WHO) reproductive health are often explained as a “state of complete, physical, mental and social wellbeing and not merely the absence of reproductive disease or infirmity .Most of the people are unaware of the very fact that, our mind and our body are directly linked. Everything that our body does may be a results of commands being given by our brain⁽¹⁾ During this regard, fitness is extremely beneficial.

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Optimum workout helps to take care of a healthy body, externally and internally by regulating blood flow, increasing the oxygen-carrying capacity of blood, keeping the various parts also as organs active, eliminating toxin from the body also as by regulating various other biological phenomenon that happen within the human body⁽²⁾. Adolescence undergoes three primary developmental stages of adolescence and young adulthood –early adolescence, middle adolescence, and late adolescence/young adulthood. Early Adolescence occurs between ages 10-14. During this developmental period, adolescents experience the start stages of puberty. Both sexes experience significant physical growth and increased sexual interest. During the late adolescence stage, puberty is completed for males and females. Physical growth slows for females but continues for males. Adolescents within the late adolescence/young adulthood phase typically experience fewer physical developments and more cognitive developments. From all the stages of the adolescent's growth, the foremost intense is that the increase of sex and therefore the new and sometimes mysterious emotions and thoughts accompanying them. One important issue for both boys and girls at this stage is to manage to reconcile sexuality with the opposite sides of self perception which is developing without conflicts and stress. This is often not very easy in modern societies; where the roles of the sexes are changing all the time and a mixture of freedom and prudishness has spread it's vital for the adolescents be told on sexual activity, not only about contraception but also precocious recognition of the pregnancy so as to hunt advice. Like other human rights, the reproductive health of girls is additionally associated with multiple human rights viz. the proper to life, the proper to be torture free, the proper to health, the proper to privacy, the proper to education, and therefore the prohibition of discrimination. ^[4] Thus reproductive health is a crucial constituent of general health and central feature of overall human development. The health during childhood and through adolescence and adulthood sets the bottom for health beyond the reproductive years for both women and men and impacts the health of subsequent progeny. ^[5]

Need Of The Study

Adolescence is a period of transition through which children acquire not only new capacities for progress towards adulthood but it's also a time during which rapid physical growth, physiological and psychosocial changes, the event of secondary sexual characteristics and reproductive maturation⁽²⁷⁾ Unfortunately, adolescents are deprived from receiving adequate education, guidance and services that might help them to form smooth transition to adulthood. Additionally, the traditional Indian society doesn't allow open discussion on sexual and reproductive health issues, resulting in suppression of feelings which may cause increased mental stress and seeking advice from quacks and persons who don't have sufficient knowledge on the difficulty of health⁽²⁸⁾ Young people are distinct population group with particular needs and capacities. Sexuality and reproductive health are the foremost sensitive issues related to adolescence and youth. The limited knowledge about body functions, structures and their sexuality, make adolescents susceptible to reproductive illness. Moreover, the normal Indian society discourages open discussion on the reproductive health. Hence adolescence and youth may be a period of increased risk taking and thus susceptibility to problems at the time of puberty and new concerns about reproductive health. Majority of adolescents still don't have access to information and education on reproductive health issues. Reproductive health may be a vital area of concern in adolescent health. However traditional Indian society regards talks on such topics as taboos and discourages open discussions on reproductive health. Therefore adolescents remain largely neglected, difficult to live, and hard to succeed in population during which the requirements of adolescent girls especially are the foremost ignored. Reproductive health awareness is a crucial dimension to be integrated into existing sexual and reproductive health programs. Reproductive health awareness is an academic approach which is both relevant and sensitive to several communities' existing sexual and reproductive health needs and concerns. School approach has been found to achieve success in several instances for any behaviour -oriented education, as health and education influence one another. But, still there is a gap exist between the awareness and utilization of reproductive health services by the adolescents in rural communities. Hence researcher felt the need to conduct this study in the community to assess the present status of adolescents in regards to reproductive health.

Problem Statement

“A DESCRIPTIVE STUDY TO ASSESS THE HEALTH SEEKING AWARENESS AND UTILIZATION OF ADOLESCENCE REPRODUCTIVE HEALTH SERVICES AMONG SCHOOL ADOLESCENTS IN RURAL COMMUNITY ”

Objectives:-

1. To assess the health seeking awareness of reproductive health by the adolescence group.
2. To assess the utilization of adolescence reproductive health service by the adolescent group.
3. To find the association between health's seeking awareness and utilization of adolescence reproductive health service with selected demographic variables.

Methodology:-**Research approach**

Approach involves the description of plan to investigate the phenomena under study. The research approach chosen for the study was Quantitative Descriptive approach to assess the Health seeking awareness and utilization of adolescence reproductive health service among school adolescents in selected rural community.

Research Design

The research design refers to the plan for collecting and analysing the data, including specification for enhancing the internal and external validity of the study. Research design provides backbone structure to the study. In this research study, a non experimental research design was used.

Research settings

For this research the different private and Govt schools i.e. Trikuta Higher School Katra, Govt. Higher Secondary school Panthal, GHSS Agar Jitto School Reasi were physically selected for data collection but due to COVID – 19 guidelines for closure of schools data was collected in online mode i.e. Google form.

Population

Population is the set of people and entities to which the results of a research are to be generalized it refers to the adolescent students of the schools from class 8th to class 12th.

Target population

Target population consists of total number of people or object which meets the designated set of criteria. Target population was the students from the selected schools of Reasi district.

Sample and sampling techniques

In this research study, total enumeration technique was used to select the samples because school principal refused to share personal information of students due to privacy policy.

Sample size

Sample size was calculated by using Slovin's formula. i.e. $n = \frac{N}{1 + n(e)^2}$. The sample collected from 3 different schools, classes range 8th - 12th. Total 360 samples were taken.

Criteria for sample selection**Inclusion Criteria**

1. Students from class 8th to 12th from the selected school.
2. Students who were added in the Whatsapp classes group.

Exclusion criteria

1. Students who are not willing to participate.
2. Students who are not able to read English.

Variables**Demographic variables**

In this research study different demographic variables were used and they were age, class, gender, father qualification, mother's qualification, father's occupation, mother's occupation, family income, type of family, no. of family members, no. of siblings, sequence of birth in siblings, any older brother and sister, puberty age, current work status, smokers, alcoholic, source of information and communication channel.

Research variables

These are the qualities, attribute, properties or characteristics that are observed or measured in natural settings without manipulating and establishing cause-and-effect relationship. In this study research variable was health seeking awareness and utilization of reproductive health service among school adolescence.

Development of tool

In this present study modified form of core WHO questionnaire designed by John Cleland⁽²⁶⁾ tool was used. The tool consists of 3 sections.

Section 1 : This section of tool consist of demographic data include 19 question (age, class, gender, father qualification, mothers qualification, fathers occupation, mothers occupations, family income, type of family, no of family members, no of siblings, sequence of birth in siblings, any older brother and sister, puberty age, current work status, smokers, alcoholic) from Q 1 – Q19 , source of information include 3 question from Q20 – Q22 and communication channel include 6 question from Q23 – Q28 and rated on three point likert scale (frequent , rare , none).

Section 2 : This section of tool divided into three subparts which total consist of 21 questions , rated on three point likert scale (yes , no , don't want to answer) , which include health seeking awareness on reproductive and sexual health related questions.

A . Male and female reproductive system include 8 questions from Q29 – Q36

B. Knowledge regarding sexually transmitted disease, contraception, masturbation and sex related question include 7 questions from Q37 –Q43.

C . Knowledge regarding pregnancy and abortion include 5 questions from Q44- Q48.

Section 3: This section of tool consist of 14 question from Q49 – Q62 , rated on three point likert scale (yes , no , don't want to answer) which include perception and utilization of reproductive health services.

Validity of the tool

Tool was given to the expert for validation on 22 March 2021. The tool validity was determined by the 10 experts on the relevance of items. These expert were from the specialities of nursing profession (4), Paediatricians (3), Counsellor of AFHC (1), Block Medical Officer (1). The suggestions were in-cooperated after consultation with the research supervisor. Previously the tool had 67 questions out of 63 question were finalized and language of question no. 5, 17, 34 , 35, 39, 41 , 54 ,67 were modified, cancelled the question no. 4, 15, 21, 22, clubbed the question no. 20 and 21 , added Hindi meaning , make subtitle of section A i.e. source of information and communication channel than finalized the tool on 30th March , 2021 for assessing health seeking awareness and utilization of adolescence reproductive health service among school adolescents in selected rural community.

Reliability of the tool

Researchers collected sample of 12 adolescents who were present at that time in District Hospital Udhampur. Pilot study was done on the sample and the reliability of the tool was established by using Kuder Richardson formulas. The reliability was 0.92 hence, the tool was reliable.

Data collection procedure

Data are the observable and measurable facts that provide information about phenomenon under study. It is the most essential for a researcher to have appropriate method of data collection so that planned study variable can be adequately measured and accurate conclusion can be drawn.

The data collection was carried out from 1st – 20th April, 2021 with the selection of 350 students i.e. adolescence students in selected school of Reasi district.

The investigators obtained the permission to conduct the final study from principle of Trikuta Public Higher Secondary School, Katra, Govt. Higher Secondary school Panthal, and GHSS Agar Jitto School Reasi on 6th April, 2021. Investigator first introduce themselves to the respondent and explained the purpose of the study subjects to all the student by making introduction video and then the questionnaire in google form was send to the students on 7th April in their respective class whatsapp groups which are formed by their school / class teachers. Authentications done by the class teacher and screenshots send by the students to the research investigators.

Ethical consideration

1. Written permission was taken from Principal, SMVDCoN, Kakryal, Katra.
2. Written permission was taken from Project evaluation committee of SMVDCoN (SMVDCoN/PEC/2021/131).
3. Written permission was taken from the principal of selected schools of Reasi.
4. Confidentiality and anonymity of subject was maintained throughout the study.

Analysis And Interpretation Of Data

The analysis and interpretation was done using SPSS Version 18 and excel 2010 according to the objective laid down for the study. The data has been analysed by using descriptive and inferential statistics frequency and percentage

were used for analysing the health seeking awareness of reproductive health and utilization of adolescence reproductive health service in selected demographic variables

Inferential statistics i.e chi square was done to find out the association between health seeking awareness of reproductive health and utilization of adolescence reproductive health service with selected demographic variables.

Table 1:- Distribution of Subject According to Their Socio – Demographic Variable.

| | | N=360 | |
|------------------------|-----------------------------|----------------|--------------|
| SECTION - 1 | SOCIO DEMOGRAPHIC VARIABLES | Percentage (%) | Frequency(f) |
| Age | 13 years | 9% | 34 |
| | 14 years | 19% | 68 |
| | 15 years | 24% | 86 |
| | 16 years | 17% | 61 |
| | 17 years | 16% | 57 |
| | 18 years | 13% | 46 |
| | 19 years | 2% | 8 |
| Class | 8 th | 13% | 48 |
| | 9 th | 24% | 85 |
| | 10 th | 32% | 115 |
| | 11 th | 16% | 59 |
| | 12 th | 15% | 53 |
| Gender | Male | 48% | 171 |
| | Female | 53% | 189 |
| Father's Qualification | Not literate | 8% | 29 |
| | Primary | 25% | 89 |
| | 10 th | 36% | 130 |
| | 12 th | 22% | 79 |
| | Graduate | 7% | 24 |
| | Post Graduate | 3% | 9 |
| Mother's Qualification | Not literate | 14% | 49 |
| | Primary | 22% | 78 |
| | 10 th | 40% | 145 |
| | 12 th | 17% | 61 |
| | Graduate | 7% | 25 |
| | Post Graduate | 1% | 2 |
| Father's Occupation | Govt employee | 71% | 257 |
| | Private employee | 0% | 0 |
| | Self employee | 0% | 0 |
| | Labourer / MGNREGA | 29% | 103 |
| Mother's Occupation | Govt employee | 12% | 43 |
| | Private employee | 0% | 0 |
| | Self employee | 0% | 0 |
| | Housewife | 88% | 317 |
| Family Income | Less than 10,000 | 56% | 202 |
| | 10,001-15,000 | 16% | 57 |
| | 15,001-20,000 | 11% | 40 |
| | More than 20,001 | 17% | 61 |
| Type of Family | Joint Family | 47% | 170 |
| | Nuclear | 39% | 139 |
| | Extended | 4% | 13 |
| | Single parent | 11% | 38 |
| No of Family Members | Three | 4% | 13 |

| | | | |
|---|---------------------------|-----|-----|
| | Four | 33% | 118 |
| | Five | 32% | 115 |
| | More than Five | 32% | 114 |
| No of Sibling | One | 37% | 133 |
| | Two | 29% | 104 |
| | Three | 24% | 87 |
| | More than Three | 10% | 36 |
| Sequence of Birth in Sibling | 1 st | 31% | 110 |
| | 2 nd | 30% | 109 |
| | 3 rd | 17% | 61 |
| | Other | 22% | 80 |
| Do you have any older brother and sister? | No | 37% | 133 |
| | Yes | 63% | 227 |
| Define puberty Age? | Age between 5-8 year | 3% | 10 |
| | Age between 9-10 year | 8% | 29 |
| | Age between 10-19 year | 89% | 321 |
| Are you currently work for pay? | No | 89% | 322 |
| | Yes | 11% | 38 |
| Do you ever seen person drinking alcohol | No | 61% | 220 |
| | Yes | 39% | 140 |
| Have you ever tasted it? | No | 96% | 344 |
| | Yes | 4% | 16 |
| Do you ever seen person smoking | No | 42% | 150 |
| | Yes | 58% | 210 |
| Have you ever tried it? | No | 96% | 345 |
| | Yes | 4% | 15 |
| From where you take the source of information related to adolescence bodily | School Teachers | 56% | 202 |
| | Parents | 17% | 60 |
| | Brother and Sister | 3% | 9 |
| | Health care professionals | 7% | 24 |
| | Books/ Magazines | 6% | 20 |
| | Films/video/you tube | 3% | 11 |
| | Others | 9% | 34 |
| From where you take the source of information on the sexual and | School Teachers | 56% | 200 |
| | Parents | 8% | 30 |
| | Brother and Sister | 1% | 4 |
| | Health care professionals | 8% | 27 |
| | Books/ Magazines | 6% | 21 |
| | Films/video/you tube | 4% | 16 |
| | Others | 17% | 62 |
| From whom or where , would you prefer to receive more information on this | School Teachers | 59% | 213 |
| | Parents | 5% | 17 |
| | Brother and Sister | 2% | 8 |
| | Health care professionals | 10% | 37 |
| | Books/ Magazines | 5% | 17 |
| | Films/video/you tube | 6% | 23 |
| | Others | 13% | 45 |

Table1: Depicted the sociodemographic characteristics of the sample. A majority of the respondent, 86 (24%) were from age of 15 years. Most of them 115 (32%) were from class 10th. There were slightly more female 189 (53%) than male (48%). Maximum of them had father's and mother's qualification i.e. 130 (36%) and 145 (40%) were 10th. Finding reveals that majority of them had father's and mother's occupation i.e. 257 (71%) and 317 (88%) were govt. employee and housewife respectively. 202 (56%) of respondent had a family income less than 10,000. Most of the respondent 170 (47%) from joint family, 11% have single parents and among that 118 (36%) had four family

members. More than half 321 (89%) defined puberty as age between 10-19 years. The school, teachers were the main source of information for 202 (56%) respondent, followed by parents, health care professional and mass media. From whom or where, would you prefer to receive more information on this majority 59% responded to get it from school teachers. Few adolescents 11% are currently working for pay. Majority of the adolescents have never seen or tasted alcohol and smoking.

Objective 1:-

To assess the health seeking awareness of reproductive health by the adolescence group.

Figure 1:- Bargraph Showing Level Of Knowledge Score About Reproductive Health.

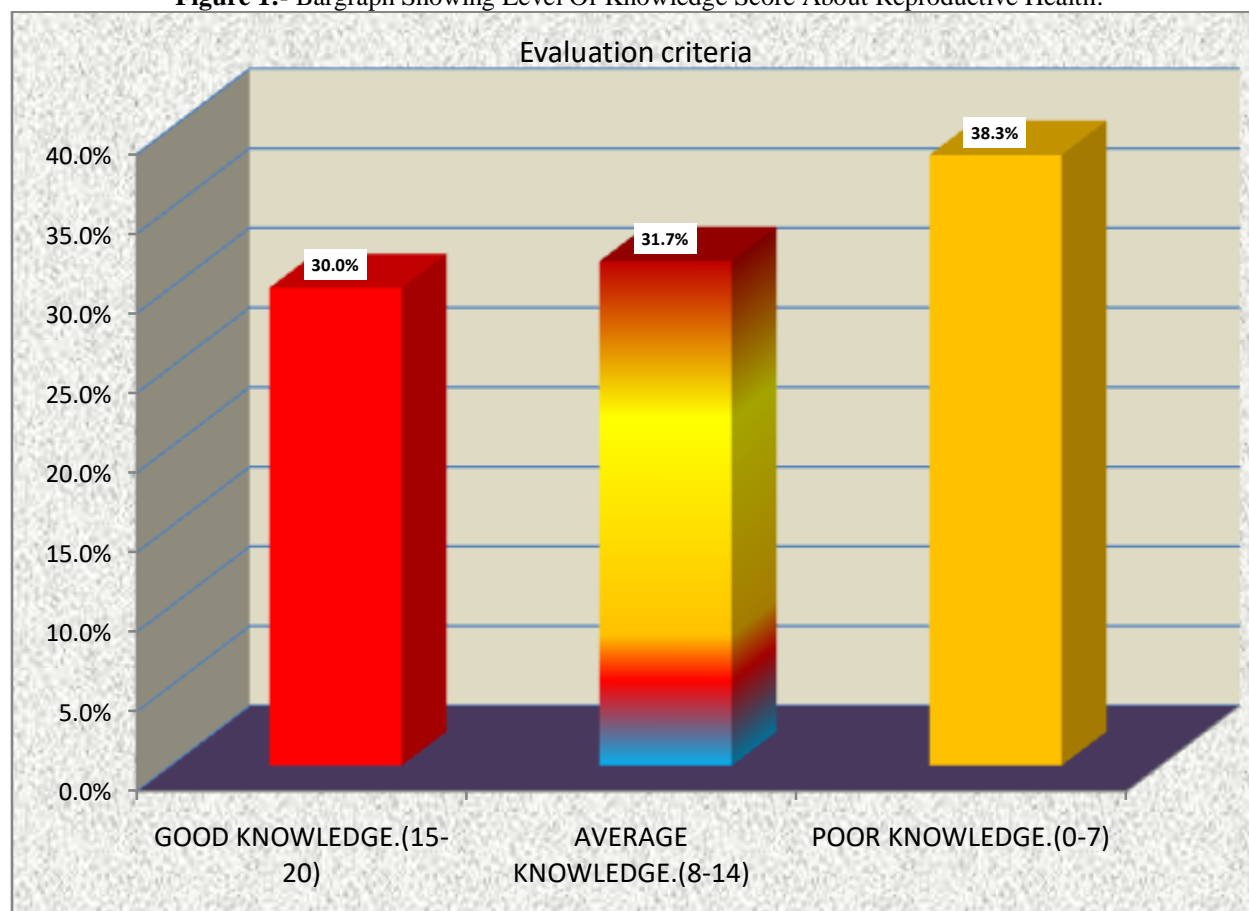
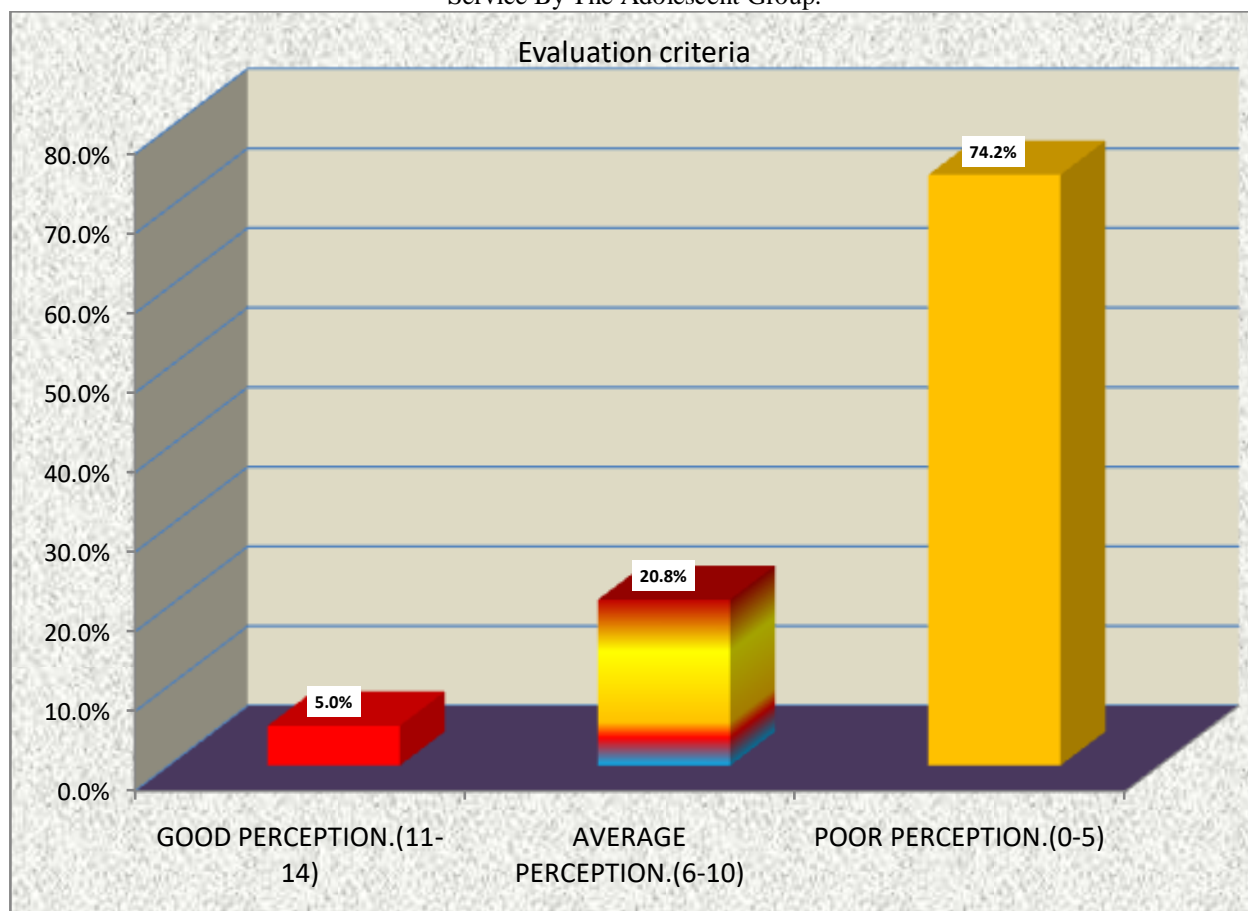


Figure 1 The above the level of knowledge scores of health seeking awareness of reproductive health by the adolescence group. Majority of adolescents 38.3% have poor knowledge about health seeking awareness of reproductive health, 31.7% have average knowledge and only 30 % of adolescents have good knowledge. More than half of the adolescent boys and girls knew correctly about the male and female reproductive system. More than half of the adolescent boys and girls knew incorrectly, regarding sexually transmitted diseases and contraception. Maximum adolescents responded that Talking or discussing about sex or reproduction is a sin. Majority of boys and girls have less knowledge regarding pregnancy and abortion. Majority of respondent are aware about secondary growth in male and male gonads whereas most responded that Girls are impure / dirty during their menses. More than half of respondents have less knowledge regarding sexually transmitted disease, contraception, masturbation and sex related question and knowledge regarding pregnancy and abortion.

Objective 2:-

To assess the utilization of adolescence reproductive health service by the adolescent group

Figure 2:- Bar Graph Showing Level Of Perception About The Utilization Of Adolescence Reproductive Health Service By The Adolescent Group.



Nearly 74.2% of adolescents perceive they were poorly utilizing the adolescence reproductive health services. Most adolescents perceive they are not aware about adolescent friendly health clinics, not aware about the contraceptive facility. Also reported that whenever they visited health facility no health care workers, nurses and doctor have discussed about reproductive health issue with them and not sure about the confidentiality of the information.

Objective 3:-

To find the association between health seeking awareness and utilization of adolescence reproductive health service with selected demographic variable.

This section deals with the findings related to the association with score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables.

Table No. 2:- Table Showing Health Seeking Awareness And Their Association With Selected Demographic Variable.

| Demographic Data | | Levels of knowledge (N=360) | | | Association with knowledge Score | | | | |
|------------------|----------|-----------------------------|---------|------|----------------------------------|---------|----|-------------|-----------------|
| Variables | Opts | Good | Average | Poor | Chi Test | P Value | df | Table Value | Result |
| Age | 13 years | 0 | 6 | 28 | 16.431 | 0.172 | 12 | 21.026 | Not Significant |
| | 14 years | 3 | 10 | 55 | | | | | |
| | 15 years | 1 | 17 | 68 | | | | | |
| | 16 years | 3 | 16 | 42 | | | | | |
| | 17 years | 6 | 11 | 40 | | | | | |

| | | | | | | | | | |
|------------------------------|--------------------|----|----|-----|--------|-------|----|--------|-----------------|
| | 18 years | 4 | 12 | 30 | | | | | |
| | 19 years | 1 | 3 | 4 | | | | | |
| Class | 8 th | 0 | 5 | 43 | 12.181 | 0.143 | 8 | 15.507 | Not Significant |
| | 9 th | 5 | 15 | 65 | | | | | |
| | 10 th | 4 | 27 | 84 | | | | | |
| | 11 th | 4 | 15 | 40 | | | | | |
| | 12 th | 5 | 13 | 35 | | | | | |
| Gender | Male | 8 | 28 | 135 | 4.180 | 0.124 | 2 | 5.991 | Not Significant |
| | Female | 10 | 47 | 132 | | | | | |
| Father's Qualification | Not literate | 4 | 10 | 15 | 28.691 | 0.001 | 10 | 18.307 | Significant |
| | Primary | 4 | 28 | 57 | | | | | |
| | 10th | 3 | 23 | 104 | | | | | |
| | 12th | 4 | 9 | 66 | | | | | |
| | Graduate | 1 | 4 | 19 | | | | | |
| | Post Graduate | 2 | 1 | 6 | | | | | |
| Mother's Qualification | Not literate | 4 | 14 | 31 | 9.602 | 0.476 | 10 | 18.307 | Not Significant |
| | Primary | 4 | 21 | 53 | | | | | |
| | 10th | 6 | 28 | 111 | | | | | |
| | 12th | 2 | 9 | 50 | | | | | |
| | Graduate | 2 | 3 | 20 | | | | | |
| | Post Graduate | 0 | 0 | 2 | | | | | |
| Father's Occupation | Govt employee | 12 | 45 | 200 | 6.577 | 0.037 | 2 | 5.991 | Significant |
| | Private employee | 0 | 0 | 0 | | | | | |
| | Self employee | 0 | 0 | 0 | | | | | |
| | Labourer / MGNREGA | 6 | 30 | 67 | | | | | |
| Mother's Occupation | Govt employee | 5 | 6 | 32 | 5.400 | 0.067 | 2 | 5.991 | Not Significant |
| | Private employee | 0 | 0 | 0 | | | | | |
| | Self employee | 0 | 0 | 0 | | | | | |
| | Housewife | 13 | 69 | 235 | | | | | |
| Family Income | Less than 10,000 | 12 | 53 | 137 | 12.715 | 0.048 | 6 | 12.592 | Significant |
| | 10,001-15,000 | 2 | 9 | 46 | | | | | |
| | 15,001-20,000 | 0 | 4 | 36 | | | | | |
| | More than 20,001 | 4 | 9 | 48 | | | | | |
| Type of Family | Joint Family | 10 | 46 | 114 | 10.070 | 0.122 | 6 | 12.592 | Not Significant |
| | Nuclear | 6 | 23 | 110 | | | | | |
| | Extended | 0 | 1 | 12 | | | | | |
| | Single parent | 2 | 5 | 31 | | | | | |
| No of Family Members | Three | 1 | 2 | 10 | 14.452 | 0.025 | 6 | 12.592 | Significant |
| | Four | 4 | 20 | 94 | | | | | |
| | Five | 12 | 26 | 77 | | | | | |
| | More than Five | 1 | 27 | 86 | | | | | |
| No of Sibling | One | 9 | 26 | 98 | 11.690 | 0.069 | 6 | 12.592 | Not Significant |
| | Two | 1 | 18 | 85 | | | | | |
| | Three | 6 | 18 | 63 | | | | | |
| | More than Three | 2 | 13 | 21 | | | | | |
| Sequence of Birth in Sibling | 1st | 6 | 22 | 82 | 1.230 | 0.975 | 6 | 12.592 | Not Significant |
| | 2nd | 5 | 20 | 84 | | | | | |
| | 3rd | 3 | 15 | 43 | | | | | |

| | | | | | | | | | |
|---|---------------------------|----|----|-----|--------|-------|----|--------|-----------------|
| | Other | 4 | 18 | 58 | | | | | |
| Do you have any older brother and sister ? | No | 6 | 32 | 95 | 1.368 | 0.505 | 2 | 5.991 | Not Significant |
| | Yes | 12 | 43 | 172 | | | | | |
| Define puberty Age ? | Age between 5-8 year | 0 | 6 | 4 | 18.084 | 0.001 | 4 | 9.488 | Significant |
| | Age between 9-10 year | 4 | 9 | 16 | | | | | |
| | Age between 10-19 year | 14 | 60 | 247 | | | | | |
| Are you currently work for pay ? | No | 14 | 58 | 250 | 19.208 | 0.000 | 2 | 5.991 | Significant |
| | Yes | 4 | 17 | 17 | | | | | |
| Do you ever seen person drinking alcohol | No | 11 | 44 | 165 | 0.242 | 0.886 | 2 | 5.991 | Not Significant |
| | Yes | 7 | 31 | 102 | | | | | |
| Have you ever tasted it ? | No | 17 | 69 | 258 | 3.010 | 0.222 | 2 | 5.991 | Not Significant |
| | Yes | 1 | 6 | 9 | | | | | |
| Do you ever seen person smoking | No | 10 | 34 | 106 | 2.268 | 0.322 | 2 | 5.991 | Not Significant |
| | Yes | 8 | 41 | 161 | | | | | |
| Have you ever tried it ? | No | 16 | 70 | 259 | 4.264 | 0.119 | 2 | 5.991 | Not Significant |
| | Yes | 2 | 5 | 8 | | | | | |
| From where you take the source of information related to adolescence bodily | School Teachers | 12 | 51 | 139 | 16.913 | 0.153 | 12 | 21.026 | Not Significant |
| | Parents | 3 | 9 | 48 | | | | | |
| | Brother and Sister | 1 | 1 | 7 | | | | | |
| | Health care professionals | 2 | 6 | 16 | | | | | |
| | Books/ Magazines | 0 | 0 | 20 | | | | | |
| | Films/video/you tube | 0 | 3 | 8 | | | | | |
| | Others | 0 | 5 | 29 | | | | | |
| From where you take the source of information on the sexual and | School Teachers | 11 | 49 | 140 | 31.329 | 0.002 | 12 | 21.026 | Significant |
| | Parents | 1 | 5 | 24 | | | | | |
| | Brother and Sister | 1 | 0 | 3 | | | | | |
| | Health care professionals | 1 | 12 | 14 | | | | | |
| | Books/ Magazines | 3 | 1 | 17 | | | | | |
| | Films/video/you tube | 0 | 3 | 13 | | | | | |
| | Others | 1 | 5 | 56 | | | | | |
| From whom or where , would you | School Teachers | 16 | 49 | 148 | 29.036 | 0.004 | 12 | 21.026 | Significant |
| | Parents | 0 | 1 | 16 | | | | | |

| | | | | | | | | | |
|--|---------------------------|---|----|----|--|--|--|--|--|
| prefer to receive more information on this | Brother and Sister | 1 | 1 | 6 | | | | | |
| | Health care professionals | 1 | 10 | 26 | | | | | |
| | Books/ Magazines | 0 | 7 | 10 | | | | | |
| | Films/video/you tube | 0 | 6 | 17 | | | | | |
| | Others | 0 | 1 | 44 | | | | | |

Table: 2 Shows that the association of the level of knowledge score of the health seeking awareness with selected demographic variables. There is significance association between the level of scores and other demographic variables. The calculated chi-square values were more than the table value at the 0.05 level of significance for (Father's Qualification, Father's Occupation ,Family Income, currently work for pay , From where you take the source of information on the sexual and From whom or where , would you prefer to receive more information on this)

There is no significance association between the level of scores and other demographic variables .The calculated chi-square values were less than the table value at the 0.05 level of significance (Age ,class ,Gender, Mother's Qualification ,Mother's Occupation, Type of Family, No of Sibling, Sequence of Birth in Sibling, any older brother and sister ?, ever seen person drinking alcohol , seen person smoking, and tried it, From where you take the source of information related to adolescence bodily.

Table 3:- Table Showing Utilization Of Adolescence Reproductive Health Service And Their Association With Selected Demographic Variable.

| Demographic Data | | Levels of perception (N=360) | | | Association with perception Score | | | | |
|------------------------|------------------|------------------------------|---------|------|-----------------------------------|---------|----|-------------|-----------------|
| Variables | Opts | Good | Average | Poor | Chi Test | P Value | df | Table Value | Result |
| Age | 13 years | 9 | 10 | 15 | 27.967 | 0.006 | 12 | 21.026 | significant |
| | 14 years | 27 | 20 | 21 | | | | | |
| | 15 years | 15 | 40 | 31 | | | | | |
| | 16 years | 14 | 15 | 32 | | | | | |
| | 17 years | 22 | 13 | 22 | | | | | |
| | 18 years | 20 | 12 | 14 | | | | | |
| | 19 years | 1 | 4 | 3 | | | | | |
| Class | 8 th | 11 | 19 | 18 | 31.016 | <0.001 | 8 | 15.507 | Significant |
| | 9 th | 25 | 19 | 41 | | | | | |
| | 10 th | 29 | 46 | 40 | | | | | |
| | 11 th | 16 | 12 | 31 | | | | | |
| | 12 th | 27 | 18 | 8 | | | | | |
| Gender | Male | 49 | 49 | 73 | 2.742 | 0.254 | 2 | 5.991 | Not Significant |
| | Female | 59 | 65 | 65 | | | | | |
| Father's Qualification | Not literate | 4 | 6 | 19 | 29.462 | 0.001 | 10 | 18.307 | Significant |
| | Primary | 24 | 25 | 40 | | | | | |
| | 10 th | 31 | 51 | 48 | | | | | |
| | 12 th | 31 | 23 | 25 | | | | | |
| | Graduate | 12 | 7 | 5 | | | | | |
| | Post Graduate | 6 | 2 | 1 | | | | | |
| Mother's Qualification | Not literate | 11 | 14 | 24 | 16.621 | 0.083 | 10 | 18.307 | Not Significant |
| | Primary | 19 | 21 | 38 | | | | | |
| | 10 th | 42 | 51 | 52 | | | | | |
| | 12 th | 22 | 22 | 17 | | | | | |

| | | | | | | | | | |
|--|------------------------|-----|-----|-----|--------|-------|---|--------|-----------------|
| | Graduate | 13 | 6 | 6 | | | | | |
| | Post Graduate | 1 | 0 | 1 | | | | | |
| Father's Occupation | Govt employee | 83 | 84 | 90 | 4.445 | 0.108 | 2 | 5.991 | Not Significant |
| | Private employee | 0 | 0 | 0 | | | | | |
| | Self employee | 0 | 0 | 0 | | | | | |
| | Labourer / MGNREGA | 25 | 30 | 48 | | | | | |
| Mother's Occupation | Govt employee | 18 | 14 | 11 | 4.374 | 0.112 | 2 | 5.991 | Not Significant |
| | Private employee | 0 | 0 | 0 | | | | | |
| | Self employee | 0 | 0 | 0 | | | | | |
| | Housewife | 90 | 100 | 127 | | | | | |
| Family Income | Less than 10,000 | 47 | 67 | 88 | 14.562 | 0.024 | 6 | 12.592 | Significant |
| | 10,001-15,000 | 19 | 21 | 17 | | | | | |
| | 15,001-20,000 | 16 | 8 | 16 | | | | | |
| | More than 20,001 | 26 | 18 | 17 | | | | | |
| Type of Family | Joint Family | 49 | 55 | 66 | 4.192 | 0.651 | 6 | 12.592 | Not Significant |
| | Nuclear | 45 | 43 | 51 | | | | | |
| | Extended | 6 | 2 | 5 | | | | | |
| | Single parent | 8 | 14 | 16 | | | | | |
| No of Family Members | Three | 6 | 3 | 4 | 12.752 | 0.047 | 6 | 12.592 | Significant |
| | Four | 29 | 49 | 40 | | | | | |
| | Five | 43 | 27 | 45 | | | | | |
| | More than Five | 30 | 35 | 49 | | | | | |
| No of Sibling | One | 33 | 43 | 57 | 8.142 | 0.228 | 6 | 12.592 | Not Significant |
| | Two | 33 | 39 | 32 | | | | | |
| | Three | 32 | 23 | 32 | | | | | |
| | More than Three | 10 | 9 | 17 | | | | | |
| Sequence of Birth in Sibling | 1st | 28 | 37 | 45 | 15.463 | 0.017 | 6 | 12.592 | Significant |
| | 2nd | 44 | 37 | 28 | | | | | |
| | 3rd | 18 | 19 | 24 | | | | | |
| | Other | 18 | 21 | 41 | | | | | |
| Do you have any older brother and sister ? | No | 39 | 51 | 43 | 4.986 | 0.083 | 2 | 5.991 | Not Significant |
| | Yes | 69 | 63 | 95 | | | | | |
| Define puberty Age ? | Age between 5-8 year | 2 | 4 | 4 | 8.827 | 0.066 | 4 | 9.488 | Not Significant |
| | Age between 9-10 year | 6 | 16 | 7 | | | | | |
| | Age between 10-19 year | 100 | 94 | 127 | | | | | |
| Are you currently work for pay ? | No | 101 | 101 | 120 | 2.890 | 0.236 | 2 | 5.991 | Not Significant |
| | Yes | 7 | 13 | 18 | | | | | |
| Do you ever seen person drinking alcohol | No | 60 | 61 | 99 | 10.734 | 0.005 | 2 | 5.991 | Significant |
| | Yes | 48 | 53 | 39 | | | | | |

| | | | | | | | | | |
|---|---------------------------|-----|-----|-----|--------|--------|----|--------|-----------------|
| Have you,t ? | No | 104 | 110 | 130 | 0.969 | 0.616 | 2 | 5.991 | Not Significant |
| | Yes | 4 | 4 | 8 | | | | | |
| Do you ever seen person smoking | No | 34 | 39 | 77 | 18.554 | <0.001 | 2 | 5.991 | Significant |
| | Yes | 74 | 75 | 61 | | | | | |
| Have you ever tried it ? | No | 104 | 109 | 132 | 0.083 | 0.959 | 2 | 5.991 | Not Significant |
| | Yes | 4 | 5 | 6 | | | | | |
| From where you take the source of information related to adolescence bodily | School Teachers | 70 | 74 | 58 | 35.228 | <0.001 | 12 | 21.026 | Significant |
| | Parents | 16 | 12 | 32 | | | | | |
| | Brother and Sister | 3 | 2 | 4 | | | | | |
| | Health care professionals | 4 | 10 | 10 | | | | | |
| | Books/ Magazines | 8 | 3 | 9 | | | | | |
| | Films/video/you tube | 3 | 6 | 2 | | | | | |
| | Others | 4 | 7 | 23 | | | | | |
| From where you take the source of information on the sexual and | School Teachers | 72 | 78 | 50 | 75.020 | <0.001 | 12 | 21.026 | Significant |
| | Parents | 5 | 3 | 22 | | | | | |
| | Brother and Sister | 2 | 0 | 2 | | | | | |
| | Health care professionals | 7 | 13 | 7 | | | | | |
| | Books/ Magazines | 9 | 4 | 8 | | | | | |
| | Films/video/you tube | 6 | 7 | 3 | | | | | |
| | Others | 7 | 9 | 46 | | | | | |
| From whom or where , would you prefer to receive more information on this | School Teachers | 71 | 68 | 74 | 51.622 | <0.001 | 12 | 21.026 | Significant |
| | Parents | 2 | 2 | 13 | | | | | |
| | Brother and Sister | 4 | 1 | 3 | | | | | |
| | Health care professionals | 14 | 17 | 6 | | | | | |
| | Books/ Magazines | 5 | 6 | 6 | | | | | |
| | Films/video/you tube | 11 | 8 | 4 | | | | | |
| | Others | 1 | 12 | 32 | | | | | |

This section deals with the findings related to the association between utilization and selected demographic variables. The chi-square test was used to determine the association between the utilization and selected demographic variables.

Table 3- Shows that the associations of the level of perception score of the utilization of adolescence reproductive health service health with selected demographic variables. There is significance association between the level of scores and other demographic variables. The calculated chi-square values were more than the table value at the 0.05 level of significance for (age, class, Father's Qualification, Family Income, Sequence of Birth in Sibling, ever seen person drinking alcohol, ever seen person smoking, From where you take the source of information related to adolescence bodily, From where you take the source of information on the sexual, From whom or where would you prefer to receive more information on this)

There is no significance association between the level of scores and other demographic variables. The calculated chi-square values were less than the table value at the 0.05 level of significance (Gender, Mother's Qualification, Father's Occupation, Mother's Occupation, Type of Family, No of Sibling, Do you have any older brother and sister, puberty Age, currently work for pay, ever tasted alcohol, ever tried smoking.)

Discussion:-

In this chapter the investigator interpretively discussed the result of the study. The finding of the present study has been discussed in accordance with the objectives. The study was conducted to assess the health seeking awareness about reproductive health and assess the utilization of adolescence reproductive health service by the adolescent group.

From this quantitative descriptive survey, it is clear that, a majority of the respondent were from age of 15 years. Most of them were from class 10th. More than half were female. Maximum parent's level of qualification was class 10th. Finding reveals that majority of the parents were working in Govt jobs followed by Mgnega and had a family income less than ten thousand. Most of the respondent lives in a joint family. Majority of them defined puberty age correctly.

P.V Kotecha⁽²⁾ conducted study on reproductive health awareness among rural school going adolescents of Vadodara district on 1440 (748 girls and 692 boys) students shows most common sources of information about human reproduction were television, schoolbooks, newspapers, teachers, and friends. In contrast in this study large proportion of boys and girls mentioned schoolteachers were the main source of information regarding reproductive health followed by parents, health care professional and mass media. More than half respondents prefer to receive more information on reproductive health from school teachers. Few of them are currently working for pay. Majority of the adolescents have never seen or tasted alcohol and smoking.

Most of the respondents have poor knowledge about health seeking awareness of reproductive health. More than half of the adolescent boys and girls knew correctly about the male and female reproductive system. More than half of the adolescent boys and girls knew incorrectly, regarding sexually transmitted diseases and contraception which in contrast by P.V Kotecha's² finding where More than half of the adolescent boys and girls knew correctly, the various modes of transmission of HIV/AIDS. Maximum adolescents responded that talking or discussing about sex or reproduction is a sin. Majority of boys and girls have less knowledge regarding pregnancy and abortion.

Majority of respondent are aware about secondary growth in male and male gonads. Whereas most responded that Girls are impure / dirty during their menses. Larger part of the respondents has less knowledge regarding sexually transmitted disease, contraception, masturbation and sex related question and knowledge regarding pregnancy and abortion.

Majority of the respondents perceive they were poorly utilizing the adolescence reproductive health services. Most adolescents perceive they are not aware about adolescent friendly health clinics, not aware about the contraceptive facility. Also reported that whenever they visited health facility no health care workers, nurses and doctor have discussed about reproductive health issue with them and not sure about the confidentiality of the information.

Age between 15-16 of class 9th and 10th have poor utilization of adolescence reproductive health service as compared to their counterparts. Adolescents with Father's Qualification up to 10th and family income less than ten thousand have poor utilization of services. In general first child in Sibling also make the conservative behaviour, adolescents mentioned they never seen person drinking alcohol, smoking which may be good in future behaviour development. Adolescents perceive that the source of information related to adolescence bodily changes, and information on the sexual health they would prefer to receive from their teachers

Working hours of the health institutions is one problem; since they work during school hour's students must miss the day's classes to get the service. When you go to health facilities you are treated with adults there is no privacy.

There is significance association between the level of scores and other demographic variables. for (Father's Qualification, Father's Occupation, Family Income, currently work for pay, From where you take the source of information on the sexual and From whom or where, would you prefer to receive more information on this)

There is significance association between the level of perception score of the utilization of adolescence reproductive health service health with selected demographic variables. for (age, class, Father's Qualification, Family Income, Sequence of Birth in Sibling, ever seen person drinking alcohol, ever seen person smoking, From where you take the source of information related to adolescence bodily, From where you take the source of information on the sexual, From whom or where would you prefer to receive more information on this.

Delimitation

1. The period allotted to the researchers was short to conduct the study.
2. Study can be replicated for larger study.

Recommendation:-

More adolescents friendly clinics by Government must be establish with specific days and convenient timing so that, students can establish good repo with counsellor and avail the adolescent's reproductive health services without any hesitatio

Conclusion:-

In conclusion health seeking awareness about reproductive health and utilization of reproductive health services by adolescents is low in general, as clearly depicted that more than half adolescents were not utilizing the services. Lack of adolescent reproductive friendly clinics, fear/embarrassment and concealed service were reasons for not utilizing the service. Fear of social value and being embarrassed, misconception of adolescents about pregnancy, unsafe sex, and shortage of supply, harmful traditional practices and lack of school based adolescent reproductive health services. Thus, intensified effort was needed to improve utilization of reproductive health among adolescents in rural setting. There should be health promotion activities in order to reach every segment of adolescent population. There should be adolescent friendly services for rural adolescent. Establishing and strengthening adolescent reproductive health club in and out of school play great role in changing behavior and increasing utilization of reproductive health.

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