



Assessment of Knowledge, Attitude and Practices of Teacher Regarding Reproductive Health of Male Adolescents

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Abstract

Background: Adolescents have many doubts and questions about their sexuality, giving rise to anxiety and confusion. The present study was conducted to assess knowledge, attitude and practices of teacher regarding reproductive health of adolescent. **Methods:** 184 male teachers of school were administered a questionnaire regarding pubertal changes, night fall, genital hygiene, STDs, HIV/AIDS, sex education etc. Response was recorded. **Results:** Age group 21-30 years had 24, 31-40 years had 56, 41-50 years had 68 and >50 years had 36 Male Adolescents. 100 had Rural and 84 had urban background. Qualification was graduation in 60, post-graduation in 94 and M. Philin 30 subjects. There was increase in knowledge and attitude about reproductive health of adolescent after intervention. The difference was non- significant ($P > 0.05$). Before intervention sexual knowledge was seen in 154 and after intervention in 170, physical was 148 and 172 and psychosocial was 136 and 178 before and after intervention respectively. **Conclusion:** Teachers had sufficient knowledge, attitude and practices regarding reproductive health of adolescent.

Keywords: Attitude, Knowledge, Reproductive Health.

INTRODUCTION

Adolescents constitute about 22% of the population of India. It is a transition phase from childhood to adulthood. The transition is not only just physical but significant cognitive changes also take place. Most of the adolescents go through this period with little or no knowledge of the body's impending physical, physiological and psychological changes.^[1] As they are ill prepared to deal with these changes, they try to assemble information from peers and unauthentic sources. Demands

of culture, gender, globalization and poverty push millions of adolescents prematurely into adult roles exposing them to serious risks, which makes them vulnerable to drug abuse, premarital sex, STDs, HIV/AIDS, depression etc.^[2]

Adolescents have many doubts and questions about their sexuality, giving rise to anxiety and confusion. Also our current education system has limited contribution in providing this knowledge to the adolescents, and this leads to many misbeliefs and indulgence into unsafe

or risky sexual activities by this group of individuals.^[3] Thus, sexually transmitted diseases (STDs), unwanted pregnancies, substance abuse, and unsafe abortions are important problems in adolescents.^[4] Girls are more vulnerable in this group because of marked unawareness and biological susceptibility to STDs. Adequate reproductive health education is the need of time. Debates are still going on about who should (eg, teachers, parents, etc.) and to what extent educate adolescents about sexual matters.^[5] The present study was conducted to assess knowledge, attitude and practices of teacher regarding reproductive health of adolescent.

MATERIALS AND METHODS

The present study was conducted among 184 male teachers of school. All were enrolled after obtaining their written consent.

Data such as name, age, etc. was recorded. A questionnaire was prepared and distributed among all which contain information regarding reproductive health of adolescent. Pubertal changes, night fall, genital hygiene, STDs, HIV/AIDS, sex education etc. were topic of discussion. Response of each question was recorded and entered in MS excel sheet. A session on reproductive health of one hour duration was taught. Scoring before intervention and after intervention was recorded. Results thus obtained were subjected to statistical analysis P value less than 0.05 was considered significant.

RESULTS

Table 1: Distribution of subjects

Age group (Years)	Number	P value
21-30 years	24	0.04
31-40 years	56	
41-50 years	68	
>50 years	36	

[Table 1] shows that age group 21-30 years had 24, 31-40 years had 56, 41-50 years had 68 and >50 years had 36 subjects. The difference was significant ($P < 0.05$).

[Table 2, Figure 1] shows that 100 had Rural and 84 had urban background. Qualification was graduation in 60, post-graduation in 94 and M. Philin30 subjects. The difference was significant ($P < 0.05$).

Table 2: Demographic characteristics

Parameters	Variables	Number	P value
Social background	Rural	100	0.72
	Urban	84	
Qualification	Graduation	60	0.05
	Post-graduation	94	
	M. Phil	30	



Figure 1: Demographic characteristics

Table 3: Assessment of questionnaire

Questionnaire	Before intervention	After intervention	P value
Pubertal changes	154	180	0.12
Night fall	184	184	
Genital hygiene	142	170	
STDs	112	152	
HIV/AIDS	135	173	
Sex education	156	178	

[Table 3] shows that there was increase in knowledge and attitude about reproductive health of adolescent after intervention. The difference was non-significant ($P > 0.05$).

Table 4: Assessment of knowledge of teachers about problems of adolescents

Questionnaire	Before intervention	After intervention	P value
Sexual	154	170	0.05
Physical	148	172	
Psychosocial	136	178	

Table 4 shows teacher knowledge regarding problems of adolescent. Before intervention sexual knowledge was seen in 154 and after intervention in 170, physical was 148 and 172 and psychosocial was 136 and 178 before and after intervention respectively. The difference was significant ($P < 0.05$).

DISCUSSION

School education has been described as a social vaccine and it can serve as a powerful preventive tool. As a large proportion of young people are in schools, schools provide an effective route for communicating with them. School-based programmes for smoking prevention have been widely developed and evaluated. After parents, it is the teachers who spend most of the time and have maximum opportunity to communicate and

educate adolescents. A lot of programs are going on for girls but not the same for boys.^[6] Boys have become the new disadvantaged as a result of efforts to eradicate female disadvantage in the education system. Boys have a greater exposure to the external environment than girls. While discussing their problems it was found that male students expressed a preference for male teachers because of the perceived shared experiences, interests and ways of thinking. Boys felt that men have a

better comprehension of their play and were better able to relate.^[7] The present study was conducted to assess knowledge, attitude and practices of teacher regarding reproductive health of adolescent.

In present study, age group 21-30 years had 24, 31-40 years had 56, 41-50 yearshad 68 and >50 years had 36 subjects. Kaushal et al,^[8] included 155 teachers. Maximum 74 (47.7%) teachers were aware of psychosocial problems of adolescents as compared to the physical and sexual problems. Only 11 (7.1%) teachers had adequate knowledge about changes occurring during adolescence. Majority 125 (80.6%) of teachers had no knowledge regarding height and weight gained during adolescence and more than 2/3rd [110 (71%)] of teachers were unaware of daily calorie and protein requirements. Only 28 (18.1%) had adequate knowledge about drug abuse. After intervention significant favourable changes were observed in their knowledge, attitude and practices regarding most of above mentioned topics.

We found that 100 had Rural and 84 had urban background. Qualification was graduation in 60, post-graduation in 94 and M. Phil in 30 subjects. Deshmukh et al,^[9] included 300 adolescent students of 8th, 9th, and 10th standards. Girls were found to have less knowledge compared to boys. Higher the standard the student was in, more the level of knowledge; 10th standard students had more knowledge compared to 9th and 8th standard students. Parents need to have adequate communication with their adolescents regarding sex-related topics as parents were found to be among the least common source of information, while teachers were the most common source of information regarding the topic.

We found that there was increase in knowledge and attitude about reproductive health of adolescent after intervention. We found that before intervention sexual knowledge was seen in 154 and after intervention in 170, physical was 148 and 172 and psychosocial was 136 and 178 before and after intervention respectively. A similar study conducted by Gupta et al,^[10] in 8 schools in Rajouri district of Jammu and Kashmir on 100 teachers revealed that only 4% and 9% knew gonorrhoea and syphilis to be STDs although almost all of them knew AIDS to be an STD. Chitra,^[11] in Darjeeling revealed that 75.9% to 94.4% of teachers had correct knowledge regarding routes of transmission of HIV. Toor et al,^[12] on 50 teachers in 3 schools of Ludhiana district of Punjab which concluded that the teachers dominantly show positive attitude towards sex education but they require special training in discussing sexuality with students.

Another study done by Gupta et al¹³, in Rajouri district of Jammu and Kashmir observed that the awareness of teachers on transmission of AIDS was reasonably good. Multiple sexual partners were felt to be important for transmission by 78% of the respondents. Blood transfusion (69%) and transmission from infected mother to foetus (52%) were also known to the respondents.

CONCLUSION

Authors found that teachers had sufficient knowledge, attitude and practices regarding reproductive health of adolescent.

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