

Knowledge and Perception Regarding Adolescent Sexual and Reproductive Health Services among Adolescents Attending a Tertiary Level Hospital

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Abstract

Introduction: Adolescence is the transitional phase of growth and development between childhood and adulthood with ages ranging from 10 to 19 years. Adolescent sexual and reproductive health (ASRH) services are the centers where adolescents can get access to their queries regarding health of both physical as well as psychological aspect. The objective of the study was to find out the knowledge and perception regarding ASRH services among adolescents attending a tertiary level hospital.

Methods: A descriptive study was carried out among 112 adolescents attending adolescent clinic using a pretested structured interview schedule. Non probability purposive sampling technique was used. The data were analyzed using SPSS version 16 through descriptive statistical method and Inferential statistical methods.

Results: The study revealed majority (58.0%) of respondents had moderate level of knowledge regarding ASRH (Mean value 68.89 ± 14.59 S. D). Respondent's had high perception towards programmatic domain. Almost all (97.3%) of the respondents had positive perception towards ASRH services. There was no statistical significance between the level of knowledge and perception, level of knowledge and sociodemographic variables at 95% confidence level.

Conclusions: The study concludes that adolescents have moderate level of knowledge regarding ASRH. Adolescents have an overall positive perception towards the ASRH services but they have negative perception towards the facility of ASRH services in comparison to programmatic domain.

Introduction

Adolescence is a phase of life marked by vulnerability to risky sexual behavior, unwanted pregnancy, unsafe abortion, sexually transmitted diseases (STD) and human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS).¹ Adolescent sexual and reproductive health (ASRH) is one of the vital components of adolescent health. ASRH involves providing age-appropriate services including family planning treatment and knowledge regarding sexually transmitted infections.²

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The concern about adolescent sexual and reproductive health has grown due to an unprecedented increase in the rates of sexual activity, early pregnancies and sexually transmitted infections including HIV among adolescents which in turn negatively affect their health, productivity, and quality of life.³

A study published in the past regarding the sexual and reproductive health knowledge among the youths of Kathmandu, Nepal reported feelings of shame as the major barrier to accessing sexual reproductive health (SRH) services and around half (53.6%) described fear of society and family members.⁴ This study showed that gap exists between youth SRH knowledge and practices will leave them vulnerable to sexual ill health and majority of youth do not have detailed knowledge about some of the key areas of sexual and reproductive health.

Besides all the studies and surveys regarding ASRH, the need of rigorous and continuous study is still needed to address the knowledge and perceptions of ASRH. In spite of different multisectoral collaborations and government efforts, awareness regarding ASRH among adolescents is low and very few studies have been carried out on it, in the context of Nepal. Thus, this study had been conceptualised to find out awareness and perception regarding ASRH services among adolescents in Kathmandu, Nepal.

Methods

A descriptive analytical study design was used to find out the knowledge and perception regarding ASRH services among adolescents attending a tertiary level hospital in Kathmandu, Nepal. Paropakar Maternity and Women’s Hospital, Thapathali, Kathmandu, Nepal, popularly known as Prasuti Griha was the research setting. It is one of the central hospitals where ASRH service is available and adolescents regularly visit this center. Around 120 adolescents regularly visit this center every month. The study population were adolescents attending Paropakar Maternity and Women’s Hospital ASRH OPD. Purposive sampling technique was used for the study. The sample size was 112 which belonged to adolescents’ age group and was calculated by using Cochran’s formula.⁵ A structured interview schedule was developed according to the objectives of the study. The interview schedule was divided into three parts:

Part I: Questions related to demographic information of the respondents.

Part II: Questions related to knowledge regarding ASRH.

Part III: Questions related to perception of ASRH services.

In this study knowledge refers to theoretical understandings and practical uses of ASRH. The knowledge items were scored and categorized as:¹¹

Level of Knowledge

Level of Knowledge	Score
Low	< 50%
Moderate	50 - 75%
High	> 75%

Perception was assessed by the 5-point Likert scale. It was categorized as strongly disagree scores 1, disagree scores 2, neutral scores 3, agree scores 4, strongly agree scores 5.¹⁰ It was scored by calculating transformation of score in percentage and categorized as:¹²

Level of perception

Level of perception	Score
Negative	< 50%
Positive perception	> 50%

The content validity of the tool was maintained by seeking opinion from research advisor and consulting with research committee of NAIHS- CON. Reliability test was done by using Cronbach’s alpha tool. Pretesting was done in 10% (N = 11) of the study population having similar characteristics as that of the study population in the same setting.

Data was collected after getting research proposal approval from the research committee of NAIHS- CON and Institutional Review Committee (IRC) of NAIHS and Paropakar Maternity and Women’s Hospital. Written permission was taken from the hospital authority by submitting the request letter of NAIHS- CON. Objectives of the research study were clearly explained and informed written consent was obtained from each respondent. Privacy was maintained by interviewing the individual in separate place and confidentiality was maintained by assuring the respondent that the information provided by them will be used only for the study purpose. Collected data were analyzed using the Statistical Package for Social Science (SPSS) version 16 by using descriptive statistical method such as frequency, percentage, mean, median, interquartile range and standard deviation. Inferential statistical methods such as Chi-square test, Fisher’s exact test were used for analysis. Statistical significance was considered at 95% confidence level. The data were taken from primary source. Findings were presented in various tables.

Results

Descriptive statistics namely frequency, percentages, mean, median and standard deviation were used. Chi square test was used to find the association of the selected socio demographic variables and knowledge of ASRH.

Table 1. Respondents’ Level of Knowledge regarding ASRH
N = 112

Level of Knowledge	Range	Number	Percentage
Low	< 50%	9	8
Moderate	50 - 75%	65	58
High	75% Above	38	34

Table 1 shows that, majority (58.0%) of respondent's had moderate level of knowledge regarding ASRH with mean value 68.89 ± 14.59 S.D.

Table 2. Respondents' Knowledge regarding ASRH Services Sites
N = 112

*ASRH Services Sites	Number	Percentage
# Hospital	104	92.9
# Health care centers	78	69.6
# NGOS	25	22.3
Adolescent and youth club	45	40.2
Medical shops	26	23.2

*Multiple response # correct answer

Table 2 shows that almost all (92.9%) of respondents answered correctly that hospital is the place where ASRH services can be obtained.

Table 3. Domain Wise Score of ASRH Services
N = 112

Level of perception	Mean	Std. Deviation
Programmatic	3.94	0.55
Facility	3.77	0.72

Table 5 shows that respondents had high perception towards programmatic domain of ASRH services with Mean value 3.94 \pm 0.55 S.D.

Table 4. Overall Perception of ASRH Services
N = 112

Perception overall	Frequency	Percentage
Negative	3	2.7
Positive	109	97.3

Table 6 shows that, almost all (97.3%) of the respondents have positive perception towards ASRH services.

Table 5. Association between Level of Knowledge and Perception
N = 112

	Negative n (%)	Positive n (%)	p-value
Low to average	3 (4.1)	71 (95.9)	0.55
High	0	38 (100)	

* Fisher's exact test $p < 0.05$ was considered statistically significant. Table 5 shows that there is no statistically significant association between level of knowledge and perception at 95% confidence level (P value = 0.913).

Discussion

The present study shows that majority (58.0%) of respondents had moderate level of knowledge regarding ASRH with a mean value 68.89 ± 14.59 S.D. A similar type of descriptive study conducted in Kathmandu among 200 adolescents showed that nearly half (49.5%) of them had moderate level of knowledge.⁶ The findings are consistent with the present study. Although the study sites were different, both the studies have similar results and this could overall reflect the knowledge status of our country.

The present study signifies that almost (97.3%) all of the respondents had positive perception towards ASRH services. A similar study done in Botswana among 110 conveniently selected adolescents depicts that overall (96.4%) participants of the study had a positive perception of ASRH services.⁷ The result is consistent with the present study. Although the studies have been conducted in different countries, this could overall depict the youth response of the world rather than any particular country.

The present study reveals that there was no significant association between level of knowledge and perception (P value = 0.55). A similar descriptive study done on knowledge and attitude towards sexual and reproductive health rights and associated factors among adolescents of northwest Ethiopia revealed adolescents who were knowledgeable about SRH issues were 2.33 times (AOR = 2.33; CI 1.36, 7.07) more likely to have favorable feelings towards SRH services compared with students who were not knowledgeable.⁸ The result of this study is in contrast with the present study. This difference could represent the different attitudes of the youths of two different countries.

This present study depicts that there was no significant association between education status and level of knowledge (P value = 0.094). Similarly, there was no significant association between family type (P value = 0.481), education status of mother (P value = 0.063), education status of father (P value = 0.216), monthly family income (P value = 0.649) with the level of knowledge. A similar descriptive study was conducted in Wuhan, China among female college students showed that level of knowledge was statistically significant (P value < 0.001) between different socio-demographic variables.⁹ This finding is contrast with the present study. As the studies were conducted in two different countries with different numbers of study population, such discrepancies of results could be explained.

This study is a novel type of study regarding ASRH conducted in our country. However, this study does have some limitations. It is relatively a small study with relatively lesser number of studies, conducted in a single centre. Although the researcher wanted to include both male and female participants, there were only female adolescents attending ASRH clinics. So researcher could not include both male and female in this study. Although this study has shown that the general perception of youths towards ASRH is quite positive in our country, the generalization of this results may not be feasible. It is recommended that larger, multi centric

studies should be conducted in the future to research further into this topic.

Conclusions

The study concludes that Nepalese adolescents have moderate level of knowledge regarding ASRH services. Education status of adolescent, family type, education status of parents and family income doesn't tend to affect the level of knowledge. Adolescents have overall positive perceptions towards the ASRH services but they have negative perception towards facility of ASRH services in comparison to programmatic domain. Adolescent's perception regarding ASRH services is negatively related with the level of knowledge.

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