

Visually Impaired Adolescent Girls Knowledge on Reproductive Health



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Abstract: A Participatory Action Research study was conducted on Development of Life skills programme for the promotion of reproductive health among visually impaired adolescent girls. A sample of 350 visually impaired adolescent girls was selected by Area and Non probability Purposive smapling. Data collection was done through interview and Focused group discussions. Results revealed that there is significant association between Reproductive Health knowledge and selected demographic variables like age, education of the child, father's education, mother's education, Father's income and size of family. It was concluded that Life skills programme can be implemented to visually impaired adolescent girls to enhance their skills in having a successful and healthy reproductive health.

Keywords: Visually Impaired Adolescent Girls, Reproductive Health, Knowledge.

Introduction: Approximately 85% of the world's young people live in developing countries where poverty levels remain high and resources are constrained most will become sexually active before their 20th birthday. In these group rates of early and unplanned pregnancies, unsafe abortions, maternal deaths and injuries, and sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) are very high. It is estimated that more than half of all new HIV infections are among young people, while between one quarter and one half of adolescent girls become mothers before they turn 18. Adolescent girls are two to five times more likely to die during pregnancy or childbirth than women in their twenties. Adolescence is simply a transition stage from childhood to adulthood. It is a stage which all young people go through to become biologically and sexually

mature. In girls it may start as early as 9 or 10 years and in boys it begins around 12 or 13 years. Adolescence is a time of rapid change in the body, emotions, attitudes, values, intellect and relationships.

Little attention has been paid to the illness experience of disabled people in literature. Nevertheless, the large majority of these people reach puberty and, hence, sexual maturity, Just like so-called normal adolescents. According to common sense, disabled people apparently do not experience this phase in their development, as physical changes would not correspond to psychosocial changes. In the context of adolescence, physiological changes, sexuality, family, society and visual impairment are constituent factors of the personal and professional growth process in the search for identity, autonomy and independence. As the development process of children is already complex within normal standards

to reach maturity, what will the experience of visually impaired adolescents be like ?

We will try to answer this question and decided to work with female visually impaired adolescents only. This choice was due to some reasons, such as: girls are more overprotected than boys; as children, women are stimulated to behave well and control their desires; women experience more difficulty to address sexuality-related issues.

Statement of the Problem: Development of life skills programme for the promotion of reproductive health among visually impaired adolescent girls.

Objectives of the Study:

1. To collect information on personal and family profile of the visually impaired adolescent girls.
2. To study the relationship between independent variables and Knowledge on Reproductive Health.

Methodology: The research approaches used in the study were Participatory Action Research, Evaluation type of research, and Problem solving research. The then state of Andhra Pradesh and the present states of Telangana and Andhra Pradesh is the locale of the study conducted. Among the 23 districts of former Andhra Pradesh six districts namely Rangareddy, Mahaboobnagar, Karimnagar, Visakhapatnam, Krishna and Guntur were selected for the study. From these six districts ten areas were selected for the study as they had residential Blind schools exclusively for Girl students. The sample was selected using Area sampling and Purposive sampling methods. A sample of 350 visually impaired adolescent girls was thought to be appropriate for the present study. The Independent variables were Age, Education of the respondent, Father’s Education, Mother’s education, Father’s occupation, Mother’s occupation, Monthly income of father, Monthly income of mother, Size of

family, Type of family. The dependent variables were Knowledge.

Findings of the Study

Demographic profile of the sample

Demographic variables also indicate the physical environment of the sample, which may has an influence on the knowledge attitude and practice of the sample. Hence an attempt was made to study these variables.

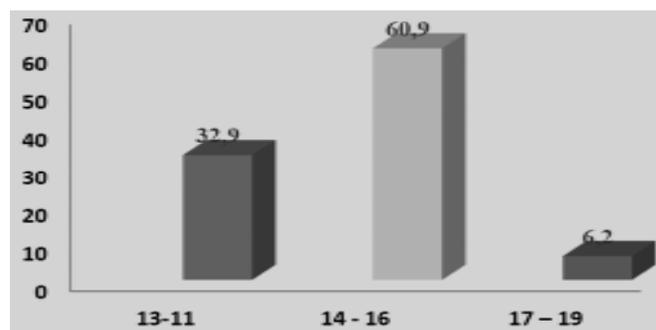


Figure 1: The Percentage Distribution of Visually Impaired Adolescent Girls their Age in years.

Table 1: Frequency and Percentage Distribution of adolescent girls based on education

n = 350

S.No	Variable	Categories	Fre	Per
1	Education of the Child	4 th - 6 th	130	37
		7 th - 9 th	220	63

Table no-1: Shows that around 63 percent were in 7th – 9th class and 37% percent in 4th -6th class.

With regard to mother’s education, about 45.7% were illiterate, 29.1% studied upto high school education, 13.1% percent had education upto primary school and 12% were educated upto technical or professional education. Influence was found to be weak on visually impaired adolescent girl’s reproductive health education since majority of mother were illiterate. Hence they require RH education the school.

The percentage distribution of the sample by their father's occupation in the study shows that 56% of father's were daily wage earners, 28.6% are self-employed, 0.3% were private employees 4.9% were Government employees and 4.3% were unemployees.

With regard to mother's occupation, 52.9% were daily wage earners, 35.7% were belonging to other kind of employment, 9.4% percent self-employed, 1.1% were private employees and only 0.9% were government employees.

With regard to father's income, Majority, 57.1% had less than Rs.5000/-, 28% had income between Rs.5001 to 10,000/-, 5.7% were between Rs.10, 000/- to 15,000/- , 4.9% were belonging to above Rs. 15, 000/- and 4.3% were unemployed.

The percentage distribution of the sample by their mother's income shows that majority 82.6% were getting Rs.5000/-, 14.0% were getting Rs.5001/- to 10,000/-, 2.9% were getting Rs.10,001/- to 15,000/- and 0.6% were getting income Rs.15,000/- above.

With regard to type of family 89.7% visually impaired adolescent girls belonged to nuclear family, whereas 10.3% belonged to joint family. Majority 73.1% were from size of family with 4-6 members, 13.7% were from 7-9 members, 11.7% were from family with more than 9 members.

Table - 2: Association between the Reproductive Health Knowledge scores of sample on Reproductive Health Knowledge and Age, Education of the child, Father's education, Mother's education, Father's occupation, Father's Income, Mother's Occupation, Mother's Income, Type of family, size of family. n = 350

x ² calculated				
S.No	Variable	df	value	P Value
1	Age	4	14.16	0.007
2	Education of the child	4	14.268	0.01

3	Father's education	6	15.024	0.02
4	Mother's Education	6	31.91	0.00
5	Father's Occupation	8	50.43	0.00
6	Father's Income	8	53.32	0.00
7	Mother's Occupation	6	50.152	0.00
8	Mother's Income	4	37.83	0.00
9	Type of Family	2	3.24	0.20
10	Size of Family	6	25.07	0.00

The table 2 indicates the result of association between reproductive health knowledge and selected demographic variables of VIAGs such as Age, Education of the child, Father's Education, Mother's Education, Father's Occupation, Father's Income, Mother's Occupation, Mother's Income, Type of Family and size of family.

The table shows that the demographic variables of Age, Education of the child, Father's Education, Mother's Education, Father's Occupation, Father's Income, Mother's Occupation, Mother's Income and size of family have significant association with the Reproductive Health knowledge of VIAGs results estimated that calculated x² Value of age (14.16), education of the child (14.26), mother's Income (37.83) which is greater than tabulated value of x² at degree of freedom 4; Father's education (15.02), Mother's education (31.91), mother's occupation (50.315), size of family (25.07) which is greater than tabulated value of x² at degree of freedom 6; father's occupation (50.43), father's Income (53.32) which is greater than tabulated value of x² at degree of freedom 8.

Hence research hypothesis was accepted i. e. there is significant association between Reproductive Health knowledge and selected demographic variables like age, education of the child, father's education, mother's education, Father's Income and size of family.

Significant association was not established for demographic variable type of family.

Conclusion: School-based life skills education appears capable of communicating key information and helping youth develop skills relevant to reducing HIV risk. However, the South African national program has yet to be fully implemented, and whether this initiative will result in sustained behavior modification among youth on a sufficient scale to affect the HIV/AIDS epidemic is uncertain.

Based on the findings of the study the following conditions were drawn.

❖ The present review, though limited in nature highlights that a significant proportion of youth has health impacting behaviours and conditions that affect their growth and development, that the problem is on the increase, many are interlinked and coexist, and likely to increase in the coming years.

❖ Some of the major health impacting behaviours and problems among the young people include undernutrition and over nutrition, common mental disorders including stress and anxiety, suicidal tendencies and increased suicidal death rates, increased consumption of tobacco, alcohol and other substance use, NCDs, high risk sexual behaviours including STIs and importantly, injuries mainly RTIs and violence. Many of these problems are closely linked to ongoing nutrition and epidemiological transition and are behaviour related with a life course perspective.

❖ There is a strong need for public health community to identify, prepare, integrate and implement activities that help to promote health and healthy lifestyles of young people and establish mechanisms for delivery of population-based interventions along with measuring its impact.

❖ There is a need to generate good quality and robust population data that can drive policies and programmes. Strategic investments in health, nutrition, education, employment and welfare are critical for healthy growth of young people and these programmes need to be monitored and evaluated for their efficacy and effectiveness using public health approaches.

Recommendations

The following recommendations are made based on present study.

1. Replication of the sample study on a large sample may help to draw conclusion that are more definite and generalize to a larger population.
2. A comparative study may be conducted on both sighted Girls and VIAGs from high schools and Blind VIA girls.
3. A case study may be carried out a Reproductive Health of VIAGirl.
4. Replication of LSRHE and the methodology of the present study may be carried out for effective LSRHE to VIAGs.

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