Reproductive Health Knowledge Needs among Secondary School Students in Mid Nile Delta Region, Egypt

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Abstract:

Background: Adolescent are increasingly vulnerable to negative reproductive health outcomes, such as HIV/AIDS, STDs, violent and unwanted sex, limited access to contraceptives, and early or forced marriage. Little is known about youth educational needs relevant to reproductive health in Egypt. **Objectives**: The present study aims to assess the need for reproductive health information among secondary student. **Methods**: a cross sectional study was conducted from the beginning of October 2019 until the end of November 2019. It encompassed 942 secondary school students in Gharbia Governorate and used a predesigned questionnaire for data collection. **Results**: The suitable age of marriage was reported by 67.9% to be 20-30years. The majority of students were aware that tobacco smoking and addiction adversely affect reproductive health (74.5% and 84.1%, respectively). Only 18.3% had information about risks associated with early marriage. Shyness about issues related to reproductive health was reported by 33.5%, and only 15.2% reported continuous communication with parents about reproductive health. More than half of the participants (51.9%) stated that their main source of reproductive information was the internet. Among participants, 12% reported exposure to sexual harassment, and 25.6% reported having a friend or a relative suffering from sexual harassment. The high perception of need for information as reported by students was for the following topics: masturbation and its hazards (68.3%), issues related to male and female circumcision (64.7%), sexually transmitted infections and AIDS (60.4%), hazards of extramarital relations (56.9%), and safe motherhood (54.2%). **Conclusion**: secondary school students are in need of information about reproductive health. There is a need to implement appropriate programs to improve the reproductive health knowledge of secondary school students.

Keywords: Adolescent, Primary health care, Sexual health

Introduction:

Adolescence is a challenging phase of life, within which the individual comes to physical, sexual and social maturity. Sexuality and reproduction are considered among the most essential aspects of life, thus substantial efforts have been directed towards understanding and addressing the specific needs of this population. Nevertheless, in various parts of the world, reproductive health needs of adolescents are often poorly understood or neglected.(1) The response of different cultures to reproductive health needs of adolescents should be based on evidence in order to

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help them reach a level of maturity essential to make rational decisions. To be more specific, information and services should be made available to adolescents in order to understand their sexuality, and to protect them from unwanted pregnancies, sexually transmitted diseases, and subsequent risks of infertility. In the Islamic East Mediterranean region, cultural and political sensitivities disallow devoting proper attention to that matter in public policy discussions.[2]

Over the last decade, a number of non-governmental organizations (NGOs) have been formed in Egypt, including the Egyptian Youth Association for Population and Development, in four governorates and grew out of the ‘‘friends of the forum’’ of young people volunteering at the International Conference on Population and Development (ICPD) in Cairo in 1994. Despite their successes, many of these programs’ effectiveness was limited, and led to subsequent intense debates within the Egyptian society.[3] Under the influence of mass media and socioeconomic development, sexual attitudes and standards have been shifting among adolescents and young adults.[4-6]

Given the scarcity of published research on reproductive and sexual health behavior results of these programs or their effectiveness in our region, many adolescents in Egypt still lack sufficient information regarding their sexual and reproductive health. Therefore, this study was designed as a survey to assess adolescents’ knowledge and to recognize their specific needs to contribute to improve their reproductive and sexual health, and to assess the effect of gender on reproductive knowledge needs.

Methods:

A Cross-sectional descriptive study was conducted from the beginning of October 2019 till the end of November, 2019. This study was carried-out in Gharbia Governorate located in the mid-Nile Delta region, and accommodating almost 5 million people. The governorate is divided into eight administrative areas. Secondary schools are mostly located in the main capital city of each administrative area. Girls are mostly educated in separate schools from boys with only few exceptions.

The sample size was calculated to be 942 using Epi-Info software statistical package created by World Health organization and center for Disease

Control and Prevention, Atlanta, Georgia, USA, version 2002. The criteria used for sample size calculation were 97% confidence limit and expected 50% of participants would express need for reproductive health information, and a design effect of two. Two administrative areas were selected randomly. The list of secondary schools in the selected areas were obtained from the General Directorate of Education. One school for boys and another school for girls were randomly selected from each chosen area. A proportional sample size was allocated on the four schools by weight of total students in each.

Classrooms were selected randomly form each school based on the required sample size and all students in each selected class were included in the study sample. 960 sheets were distributed, however only 942 were responded to the survey, representing a response rate of 98.1%.

The study subjects were interviewed to fill a pre-designed questionnaire by authors of this paper, which included socio-demographic data, and individual-based information and opinion about need for information about reproductive health related topics. It included four parts, the first part for the sociodemographic data, the second part for knowledge related to reproductive health, the third part for the sources of information about issues related to reproductive health, and the fourth part for their needs for information about issues related to reproductive health. All questions were closed ended questions. Questions about needs of information were three options Likert scale including: do not have knowledge, partial knowledge, need more, and have enough knowledge.

Validity of the questionnaire was tested by five expert reviewers to revise. A pilot study was conducted on 25 participants (not included in the study's results) in order to evaluate the appropriateness of the study tools and to explore the potential hindrances. Reliability of the questionnaire was determined to be 0.726 using Cronbach's α test.

Anticipated problems in the process of data collection and steps taken to prevent them:

Society's culture and traditions formed a barrier preventing participants from freely answering reproductive health related questions. These barriers were

overcome by explaining how important answering these questions without embarrassment was to guarantee a better future for reproductive health in Egypt.

Low attendance rates in the selected male high schools also represented a major problem for collecting sufficient number of surveys. Being aware of this problem, we chose certain days when students were having their monthly assessment exams to conduct the survey.

Statistical analysis of data: Organization, tabulation, presentation and analysis of data were performed by using SPSS version 19 (Statistical Package for Social Studies version 19). Numerical data were presented as mean and standard deviation. Categorical data was presented as number and percentage. The chi square test was used to compare differences between subcategories. The level of significance was adopted at $p<0.05$.

Ethical considerations: The authors received written approval from Ministry of Education (MOE) to conduct the survey in schools under its authority. Participants were informed about the purpose and procedure of the study and benefits of sharing in it. Verbal consents were obtained from the guardians' of the participants in the study. Data were collected anonymously. Confidentiality and privacy were guaranteed during the whole period of the study.

Results:

- **Socio-Demographic characteristics of the respondents:**

The total number of participants was 942 of which 61% were males and 39 % were females. **(Table 1).**

- **Reproductive health knowledge:**

More than two thirds of the participants responded that the suitable age of marriage is between 20 and 30 years old with a statistical differences between the males and females where three quarter of males believes it is the suitable age in contrast to half of the females. When asked about if addiction represents a potential risk on reproductive health, nearly 80 % of males and females had answered yes with a statistical difference ($p<0.001$). When asked about having information of nutrition and reproductive health, fewer females than males answered yes (n=217, 37% vs. n=180, 50%, $p<0.001$). When asked if there is a relation between adolescent and reproductive health, one third of the participants answered correctly with a statistical difference between males and

females (n=147, 41% vs. n=188, 32%, p<0.001). On asking about the relation between masturbation and reproductive health, fewer males answered yes in contrary to females (n=147, 41% vs. n=44, 7.5%, p<0.001). Nearly 43% of the respondents did not have any information about the importance of the premarital counseling and almost 61% did not know the places that provide such information with a statistical difference on both **(Table 2)**.

- **Sources of reproductive health information:**

Fewer males than females were shy asking about reproductive health. Nearly 44% of the respondents never communicate with parents about reproductive health issues. The main sources of data were internet, media, friends, schoolbooks and relatives. Nearly 16% of females versus 5% of males were prone to sexual harassments and knew a friend or relative exposed to sexual harassment with a statistical difference for both (p <0.001) **(Table 3)**.

- **Needs for information about issues related to reproductive health:**

On asking the adolescent about their reproductive health needs, high perception of need for information was reported for the following topics: masturbation and its hazards (68.3%), issues related to male and female circumcision (64.7%), sexually transmitted infections and AIDS (60.4%), hazards of extramarital relations (56.9%) and safe motherhood (54.2%). **(Table 4)**.

Discussion:

This study shows alarmingly low levels of sexual and reproductive knowledge among adolescents. The majority of respondents lacked awareness about the importance of premarital counselling and its places, nutrition and reproductive health, risks associated with masturbation and the relation between adolescence and reproductive health. These findings compare with those reported elsewhere. [7-9]

The suitable age of marriage was reported by 67.9% to be 20-30 years although the Egyptian demographic health survey (DHS) (2015), reports that overall, 3 in 4 women and a similar proportion of men think that a girl should marry by age of 20. [10] Approximately, half of the male's participants responded that they never discuss sexual issues with their parents. This is different from young females where 43% sometimes discuss their sexual and reproductive health

issues with their parents. This is in agreement with Mattebo et al, (2015). [11] In the current study, Internet, media and friends were the sources from which adolescent mainly grown their knowledge of sexual issues. This finding conforms to similar results of studies conducted in Nepal and Iran on adolescent.[11,12] However, this result contrasts the findings of a study among adolescent males in Tehran in 2006 reporting that curriculum-based sexual education programs have been successful in providing accurate and age-appropriate information.[13]

The source of information is a crucial issue to guarantee that adolescents would get comprehensive and valid information. Incomplete and incorrect information might be more deleterious than no information. It is important that government consider adding sufficient basic information about reproductive health in the educational curriculum. The information must be included as early as possible in a gradual age adjusted manner according to needs of each age groups. The reproductive and sexual health needs of adolescents in Egypt are high, as evidenced the low level of knowledge of AIDS. Moreover, comprehensive AIDS prevalence knowledge was observed in 2.7% of females versus 4.7% in males in the Egyptian demographic health survey (DHS) issued in 2015, and these knowledge levels were less than that of 2008. [10]

There is evidence that meeting adolescents' sexual health needs with targeted education and preventive care services can aid to mitigate risky sexual behavior and its consequences on both developed and developing countries.[14, 15] This necessitates a comprehensive sexual and reproductive health program delivered via skilled, confident health professionals or teachers who adopt a positive attitude on the matter.

Conclusion: In Egypt, counselling and access to sexual and reproductive health information and services for adolescents are still inadequate. The increased awareness of the health needs, including sexual and reproductive health needs, of adolescents has not yet resulted in sufficient provision of necessary information and services. Adolescents continue to lack the education and service needed to enable them to deal in a positive and responsible way with their sexuality. Findings of the current study can assist program planners in Egypt to

design adequate strategies to match the needs of adolescent school students.

Ethical considerations: The research ethics committee (REC) of the Faculty of Medicine had approved this study. Administrative approval from the director of the primary health care unit was obtained. Informed consent was obtained from both participants and their guardians. The confidentiality of the data was maintained through anonymity, and the confidentiality of the results was assured.

Conflict of interest: The authors state that they have no competing interests.

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Table (1): Socio-Demographic characteristics of studied secondary school students

Characteristics	Males (n=357)		Females (n=585)		Total (n=942)		X^2	p
	n	%	N	%	n	%		
Residence:							6.887	0.009*
▪ Urban	239	66.9	438	74.9	677	71.9		
▪ Rural	118	33.1	147	25.1	265	28.1		
Fathers' educations							12.593	0.001*
▪ Illiterate	12	3.5	11	1.9	23	1.9		
▪ Primary	40	11.5	48	8.2	88	8.2		
▪ Secondary	107	30.8	143	24.4	250	24.4		
▪ University	188	54.2	383	65.5	571	61.3		
Mothers' educations:							15.731	0.001*
▪ Illiterate	27	7.8	17	2.9	44	4.7		
▪ Primary	35	10.1	51	8.7	86	9.2		
▪ Secondary	103	29.7	154	26.3	257	27.6		
▪ University	182	52.4	363	62.1	545	58.5		
Fathers' occupations:							68.314	0.001*
▪ Unemployed	6	1.8	11	1.9	17	1.9		
▪ Non skilled	11	3.4	35	6.0	46	5.1		
▪ Skilled manual	55	16.8	80	13.8	135	14.9		
▪ Employee	90	27.4	200	34.4	290	31.9		
▪ Professional	132	40.2	255	43.9	387	42.6		
▪ Not reported	34	10.4	0	0.0	34	3.7		
Mothers' occupations:							MCET	0.015*
▪ Non skilled	4	1.2	2	0.3	6	0.7		
▪ Skilled	0	0	9	1.5	9	1.0		
▪ Employee	41	12.3	86	14.7	127	13.8		
▪ Professional	97	29.2	192	32.8	289	31.5		
▪ Housewife	190	57.2	293	50.1	483	52.7		
▪ Student	0	0.0	3	0.5	3	0.3		
Family size:							27.12	0.001*
▪ 3	48	13.4	29	5.0	77	8.2		
▪ 4	74	20.7	95	16.2	169	17.9		
▪ 5	136	38.1	267	45.6	403	42.8		
▪ 6	71	19.9	137	23.4	208	22.1		
▪ 7+	28	7.8	57	9.7	85	9.0		
Sleeping in a separate bed	316	88.5	400	68.4	716	76.0	49.311	0.001*
Having hobbies	315	88.2	498	85.1	813	86.3	1.811	0.178
Practicing sports	319	89.4	209	35.7	528	56.1	258.85	0.001*

*statistically significant MCET: Minimum Cross Entropy Thresholding

Table (2): Distribution of studied secondary school students in relation to knowledge related to reproductive health

Items of knowledge	Males (n=357)		Females (n=585)		Total (n=942)		X^2	p
	n	%	n	%	n	%		
Suitable age for marriage:							MCET	0.001*
▪ <20	31	8.7	31	5.3	62	6.6		
▪ 20-	203	56.9	437	74.7	640	67.9		
▪ 25-	120	33.6	115	19.7	235	24.9		
▪ 30+	3	0.8	2	0.3	5	0.5		
Have information about risks associated with early marriage							1.459	0.482
▪ No	94	26.3	164	28.0	258	27.4		
▪ To some extend	191	53.5	321	54.9	512	54.4		
▪ Yes	72	20.2	100	17.1	172	18.3		
There is a relation between tobacco smoking and reproductive health							5.463	0.065
▪ No	40	11.2	40	6.8	80	8.5		
▪ To some extend	58	16.2	102	17.4	160	17.0		
▪ Yes	259	72.5	443	75.7	702	74.5		
Addiction represents a potential risk on reproductive health							10.18	0.006*
▪ No	35	9.8	27	4.6	62	6.6		
▪ To some extend	35	9.8	53	9.1	88	9.3		
▪ Yes	287	80.4	505	86.3	792	84.1		
Having information of nutrition and reproductive health							18.35	0.001*
▪ No	44	12.3	115	19.7	159	16.9		
▪ To some extend	133	37.3	253	43.2	253	43.2		
▪ Yes	180	50.4	217	37.1	217	37.1		
There is a relation between adolescent and reproductive health							28.68	0.001*
▪ No	104	29.1	273	46.7	377	40.0		
▪ To some extend	106	29.7	124	21.2	230	24.4		
▪ Yes	147	41.2	188	32.1	335	35.6		
Relation between masturbation and reproductive health							253.4	0.001*
▪ No	115	32.2	485	82.9	600	63.7		
▪ To some extend	95	26.6	56	9.6	151	16.0		
▪ Yes	147	41.2	44	7.5	191	20.3		
Have information on importance of premarital counseling and testing							16.00	0.001*
▪ No	128	35.9	280	47.9	408	43.3		
▪ To some extend	126	35.3	190	32.5	316	33.5		
▪ Yes	103	28.9	115	19.7	218	23.1		
Have information on places providing premarital counseling and testing							49.13	0.001*
▪ No	170	47.6	411	70.3	581	61.7		
▪ To some extend	113	31.7	114	19.5	227	24.1		
▪ Yes	74	20.7	60	10.3	134	14.2		

*Statistically Significant MCET: Minimum Cross Entropy Thresholding

Table (3): Distribution of studied secondary school students in relation to sources of information about issues related to reproductive health

Variables	Males (n=357)		Females (n=585)		Total (n=942)		X^2	P
	N	%	n	%	n	%		
Shy asking about reproductive health	92	25.8	224	38.3	316	33.5	15.59	0.001*
Communicate with parents about reproductive health issues							9.510	0.009*
▪ Never	178	49.9	234	40.0	412	43.7		
▪ Sometimes	135	37.8	252	43.1	387	41.1		
▪ Always	44	12.3	99	16.9	143	15.2		
Main sources about reproductive health:**								
▪ School books	91	25.5	170	29.1	261	27.7	1.410	0.235
▪ Relatives	51	14.3	207	35.4	258	27.4	49.627	0.001*
▪ Friends	173	48.5	93	15.9	266	28.2	116.00	0.001*
▪ Media	100	28.0	238	40.7	338	35.9	15.476	0.001*
▪ Internet	260	72.8	229	39.1	489	51.9	100.76	0.001*
Ever exposed to sexual harassment	18	5.0	95	16.2	113	12.0	26.331	0.001*
Know a friend or relative exposed to sexual harassment	67	18.8	174	29.4	241	25.6	14.029	0.001*

*Significant **More than one answer was given

Table (4): Distribution of studied secondary school students in relation to their needs for information about issues related to reproductive health

Variables	Males (n=357)		Females (n=585)		Total (n=942)		X^2	p
	n	%	n	%	n	%		
Structure and functions of male genital organs							103.18	0.001*
▪ Don't have knowledge	84	23.5	291	49.7	375	39.9		
▪ Partial knowledge and need more	141	39.5	224	38.3	265	38.7		
▪ Have enough	132	37.0	70	12.0	202	21.4		
Structure and functions of female genital organs							25.767	0.001*
▪ Don't have knowledge	147	41.2	149	25.5	296	31.5		
▪ Partial knowledge need more	125	35.0	271	46.3	396	42.0		
▪ Have enough	85	23.8	165	28.2	250	26.5		
Psychological and physical changes with puberty							24.296	0.001*
▪ Don't have knowledge	97	27.2	96	16.4	193	20.5		
▪ Partial knowledge need more	116	32.5	274	46.8	390	41.4		
▪ Have enough	144	40.3	215	36.8	359	38.1		
Personal hygiene to maintain reproductive health							13.494	0.001*
▪ Don't have knowledge	131	36.6	230	39.3	361	38.4		
▪ Partial knowledge need more	108	30.3	223	38.1	331	35.1		
▪ Have enough	118	33.1	132	22.6	250	26.5		
Masturbation and its hazards							172.28	0.001*
▪ Don't have knowledge	156	43.7	488	83.4	644	68.4		
▪ Partial knowledge need more	93	26.1	65	11.1	158	16.8		
▪ Have enough	108	30.3	32	5.5	140	14.9		
Issues related to male and female circumcision							14.584	0.001*
▪ Don't have knowledge	225	63.0	384	65.6	609	64.7		
▪ Partial knowledge need more	69	19.3	145	24.8	214	22.7		
▪ Have enough	63	17.7	56	9.6	119	12.6		
Hazards of extramarital sexual relations							26.301	0.001*
▪ Don't have knowledge	174	48.7	362	61.9	536	56.9		
▪ Partial knowledge need more	92	25.8	147	25.1	239	25.4		
▪ Have enough	91	25.5	76	13.0	167	17.7		
Sexually transmitted infections and AIDS							42.339	0.001*
▪ Don't have knowledge	179	50.2	390	66.7	569	60.4		
▪ Partial knowledge need more	95	26.6	143	24.4	238	25.3		
▪ Have enough	83	23.2	52	8.9	135	14.3		
Safe motherhood							29.525	0.001*
Don't have knowledge	206	57.7	304	52.0	510	54.2		
Partial knowledge need more	87	24.4	228	39.0	315	33.4		
Have enough	64	17.9	53	9.0	117	12.4		

*Significant

الملخص العربي

احتياجات معرفة الصحة الإنجابية لدى طلاب المدارس الثانوية في محافظة الغربية ، مصر

نجوى نشأت حجازي- ابراهيم الكباش- أسماء عمر عطا الله

الخلفية: المراهقون عرضة بشكل متزايد لنتائج الصحة الإنجابية السلبية. مثل فيروس نقص المناعة البشرية / الإيدز والأمراض المنقولة جنسيا ، والجنس العنيف وغير المرغوب فيه ، ومحدودية الوصول إلى وسائل منع الحمل ، والزواج المبكر أو القسري. لا يُعرف الكثير عن الاحتياجات التعليمية للشباب حول الصحة الإنجابية في مصر.**الأهداف:** تقييم الاحتياجات من معلومات الصحة الإنجابية بين الطلاب.**منهجيه البحث:** دراسة مقطعية شملت 942 من طلاب المدارس الثانوية في محافظة الغربية باستخدام استبيان محدد سلفا. **النتائج:** تم الإبلاغ عن سن الزواج المناسب بنسبة 67.9 ٪ ليكون 20-30 سنة. أدرك غالبية الطلاب أن تدخين التبغ وإدمانه يؤثران سلبًا على الصحة الإنجابية 74.5٪ و 84.1٪ على التوالي. 18.3٪ فقط لديهم معلومات حول المخاطر المرتبطة بالزواج المبكر. كانت نسبة الإرشاد قبل الزواج والأماكن التي تقدم هذه الخدمة معروفة بنسبة 23.1٪. و 14.2٪ على التوالي ، أبلغ 33.5٪ عن الخجل فيما يتعلق بالقضايا المتعلقة بالصحة الإنجابية و 15.2٪ فقط يتواصلون دائمًا مع أولياء الأمور بشأن الصحة الإنجابية ، وكان المصدر الرئيسي للمعلومات هو الإنترنت (51.9٪). أبلغ عن تعرضهم للتحرش الجنسي ، وأفاد 25.6٪ بأن لديهم صديق أو قريب يعاني من التحرش الجنسي ، وكان التصور المرتفع للحاجة إلى المعلومات كما أبلغ عنها الطلاب للمواضيع التالية: العادة السرية ومخاطرها (68.3٪) ، والقضايا المتعلقة بالذكور و ختان الإناث (64.7 ٪) ، والأمراض التي تنتقل عن طريق الاتصال الجنسي والإيدز (60.4 ٪) ، ومخاطر العلاقات خارج إطار الزواج (56.9 ٪) والأمومة المأمونة (54.2 ٪).**الاستنتاجات:** يحتاج طلاب المدارس الثانوية إلى معلومات حول الصحة الإنجابية. هناك حاجة إلى تنفيذ البرامج المناسبة لتحسين الصحة الإنجابية لطلاب المدارس.