Chapter - V

Knowledge on reproductive and sexual health aspects
Chapter V

KNOWLEDGE ON REPRODUCTIVE AND SEXUAL HEALTH ASPECTS

Knowledge refers to the facts, feelings or experiences known by a person or group of people. Further, awareness, consciousness or familiarity gained by experience or learning is also known as knowledge. However, the knowledge on reproductive and sexual health concerns of the youth depend on their background characteristics and level of exposure to mass media. The study on the influence of background characteristics on knowledge of reproductive and sexual health aspects among rural youth will certainly help in planning as well policy making on reproductive health issues of youth. In this context, an attempt is made in the present study to examine the youth's knowledge on reproductive and sexual health concern in relation to their background factors.

The background aspects considered are present age, marital status, religion, caste, education, type of educational institution attended, occupation, income, religiosity, living arrangements and exposure to media. The mean score knowledge on reproductive and sexual health concerns of young people in relation to their background aspects are furnished hereunder.

Present age and knowledge

Age is a principal demographic aspect which plays a significant role in gaining knowledge on various issues. In general, Indian culture will not accept for providing information on reproductive and sexual health matters to the children as it felt that such information may lead to experimentation and promiscuity.
However, knowledge on family life as well as reproductive and sexual health concerns among youth will help to overcome their reproductive related problems.

Hence, an attempt is made to examine the present age of youth in relation to their knowledge on reproductive and sexual health concerns.

Table-5.1: Knowledge of youth on reproductive & sexual health matters by present age

<table>
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<tr>
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<th>Number</th>
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<th>Std. deviation</th>
<th>F-value</th>
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<th>Sig. level</th>
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80
It can be observed from table 5.1 that the mean score of knowledge among rural youth on female reproductive system is significantly differs (F-47.83, p<0.000). It is low at 4.74 for 15-18 years age group followed by 5.45 for 19-20 years, 6.44 for 21-22 years and 7.93 for 23-24 years age group. It can be concluded that the mean score of knowledge is increasing with an increase in the present age of rural youth. Further, it is evident from table-5.1 that the mean score of knowledge on changes during adolescence is significantly (F-35.14; p<0.000) differ by present age of the youth. It is 8.64 for the youth in 15-18 years age group followed by 9.48 for 19-20 years, 10.10 for 21-22 years and 10.81 for 23-24 years age group. The age of rural youth is positively related to their knowledge on changes during adolescence. Differences in mean score of knowledge on family planning are found by present age of youth. It is 4.43 for those who were in the age group of 15-18 years followed by 5.48 for 19-20 years, 5.18 for 21-22 years of age and 5.73 for 23-24 years age group. Thus, knowledge on family planning is increasing with an increase in the age of rural youth and significant (F-18.77; p<0.000).

The mean score of knowledge on STD and HIV/AIDS among the youth in different age group is also significant (F-5.60; p<0.001). It is 8.60 for the youth who were in 15-18 years of age group followed by 8.69 for 19-20 years, 8.70 for 21-22 years and 9.74 for 23-24 years age group. The results show that the knowledge on STD and HIV/AIDS is increasing with increase in the present age. These findings are also corroborated by the study of Hosenara Begum and Rina Das (2005) which found that among mid adolescents, the knowledge on STIs apart from HIV / AIDS was 22.6 percent in boys and 25.2 percent in girls. Also among late adolescents, it was little more i.e. 31.6 percent in boys and 34.7 percent in
girls. Similarly, mean score of knowledge on sexual aspects is also increasing with an increase in age. It is 3.58 for 15-18 years age group followed by 4.17 for 19-20 years, 4.77 for 21-22 years and 4.80 for 23-24 years age group. The difference in mean score of knowledge on sexual aspects in relation to age of youth is highly significant (F-14.71; P<0.000). There is positive relation between present age and knowledge on sexual aspects.

Based on the overall results, it can be concluded that the knowledge on reproductive and sexual health concerns is lowest among the younger age youth than the older age counterparts. The hypothesis that "the knowledge on reproductive health concerns will be lower among young age youth than the older age counterparts" is proved in the present study. This may due to fact that socio-cultural factors prevail in Indian society that allow for knowing information on reproductive health matters for older age youth. Similar findings are noticed in a study conducted by Neil Thalagala (2004) that less than 50 percent of 14-19 year olds have knowledge on matters related to reproduction such as production of sperms, conception, sex hormones and secondary sexual characteristics, nocturnal emissions fertility is very limited.

Religion and knowledge

From a historical perspective, religion has been in existence as long as civilization. For many centuries, it has been playing pivotal role in the functioning of society as well as in day to day life. Further, religion have its impact on human behavior through norms, customs, values, beliefs etc., Moreover, from the beginning of human life, religion have been affected by our spiritual nature and thus it governs the growth of human behavior. In general, the persons who are

82
from orthodox religion are less likely to have awareness on reproductive and sexual health aspects.

Table-5.2: Knowledge of youth on reproductive & sexual health matters by religion

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</table>

**p<0.00;  *p<0.05;  n.s= not significant

It can be observed from table 5.2 that significant (F-3.62; P<0.028) differences exist in the mean score of knowledge on female reproductive system of youth by their religious status. The mean score is high (6.67) for youth who belongs to Hindus followed by 6.55 mean score for Christians and 5.64 for Muslims. Similarly, there exists significant (F-10.74; p<0.000) difference in the mean score of knowledge on changes during adolescence by religion. High mean
score is noticed among Hindus (10.22) than Christians (9.64) and Muslims (8.93). However, it is important to note that the mean score of knowledge on family planning among youth by their religion is not significant. The mean scores of knowledge on family planning are in between 5.14 - 5.40 among religious groups. This can be attributed to effective implementation of family planning programmes by the government. However, the mean score of knowledge on STD and HIV/AIDS is significantly (F-9.09; P<0.000) vary among youth by their religion. Higher mean score (9.33) is noticed for Hindus followed by 7.55 mean score for Christians and 7.36 mean score for Muslims. Similarly, there is significant (F-3.43; p=0.033) differences in the mean score of knowledge on sexual aspects of youth by their religious category. The mean score of knowledge on sexual aspects for youth who belongs to Hindu and Christian religions are 4.59 and 4.27 respectively, while it is 3.95 for Muslim youth. The findings show that the youth who belongs to Hindu religion have higher mean score of knowledge on reproductive and sexual health matters followed by Christians and Muslims. Therefore, the mean score of knowledge on many reproductive health aspects of youth is significantly differ. Based on the above findings, it can be concluded that youth who belongs to Muslim community have less awareness on many reproductive and sexual health concerns. This can be attributed to more religious practices among Muslim youths in the study area.

Marital status and knowledge

In any society, marriage makes a social union or legal contract between people that creates kinship. It is an institution in which interpersonal relationship, especially initiation and sexual activities acknowledge in a variety of ways, depending on the culture or sub-culture in which it is found. Through marriage, a
person can get legal, social, emotional, economical, spiritual and religious rights. Moreover, marital life permits rights and duties regarding reproductive health matters. Further, Indian society strictly prohibits pre-marital sex. Therefore, communication will be more among married persons than un-married youth on reproductive health matters. Thus, marital status of youth plays a significant role in determining reproductive health concerns. Hence, to know the influence of marital status of rural youth on reproductive health issues, an attempt is made in this study.

Table-5.3: Knowledge of youth on reproductive & sexual health matters by marital status

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<th>Mean score of knowledge</th>
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<th>Sig. level</th>
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**p<0.00;  *p<0.05;  n.s= not significant**

It can be observed from table-5.3 that the mean score of knowledge on female reproductive system is significantly different (t=3.87; p<0.000). Higher mean score of knowledge (7.69) is found for married youth than unmarried counterparts (6.44). Similarly, there exists significant (t=8.32; p<0.000) difference in the mean score of knowledge on sexual aspects.
score of knowledge among youth on changes during adolescence by their marital status. Unmarried youth are having lower mean score (9.76) than the married youth (11.58). Again, with regard to knowledge on family planning, unmarried youth are having lower mean score (5.31) than the married youth (5.64). The knowledge of youth on family planning is differing significantly (t=1.90, p<0.054) by their marital status. Therefore, unmarried youth were less awareness on family planning matters. Further, the mean score of knowledge on STD and HIV/AIDS among youth by their marital status is significant (t=6.98, p<0.000). Unmarried youth had less awareness on STD and HIV/AIDS than married youth and their mean scores are 8.53 and 11.57 respectively. However, the mean score of knowledge on sexual aspects of rural youth by their marital status is almost similar, that is 4.56 for married and 4.50 for unmarried.

In nutshell, the findings reveal that unmarried rural youth were having less knowledge on reproductive and sexual health concerns than the married youth. This shows that married youth have more opportunity to gain knowledge in the matters of reproductive and sexual health than unmarried. The hypothesis is that “unmarried rural youth will have less knowledge on reproductive and sexual health than the married youth” is proved in the present study.

Caste and knowledge

Caste system is a peculiarity of Indian society. It is a system of stratification and attributed one, comes from hereditary which determines the social status. Further, caste is a well knit unit and it exerts control over the behavior of the members belong to it. In general, forward caste people have better chances of exposure on several life cycle issues including on reproductive and sexual health matters than backward caste, scheduled caste and tribes. This can be mainly due to high socio-cultural and economic status among forward caste.
Therefore, in this study an attempt is made to know the influence of caste on reproductive and sexual health concerns of rural youth.

It can be observed from table-5.4 that there is significant (F=9.51; p<0.000) difference in the mean score of knowledge on female reproductive system among youth by their caste. Forward caste youth have higher mean score (7.30) of knowledge on reproductive system followed by backward caste (6.83), scheduled caste (6.02) and scheduled tribe (5.76).

**Table-5.4: Knowledge of youth on reproductive & sexual health by caste**

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<tr>
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**p<0.00; *p<0.05; n.s= not significant**
The findings reveal that forward caste youth were more aware of reproductive health issues than backward caste as well as scheduled caste and tribes. Further, knowledge of rural youth on changes during adolescence by their caste is varying. Forward caste youth have higher mean score (10.28) of knowledge on changes during adolescence followed by youth of backward caste (10.19), scheduled caste (9.97) and scheduled tribes (9.42). Thus, the mean score of knowledge on changes during adolescence differ significantly (F-3.85; p<0.010). Thus, it can be concluded that forward caste rural youth were having more knowledge on changes during adolescence than the backward caste, scheduled caste and tribes.

Regarding the knowledge on family planning, youth who belongs to forward caste have higher mean score (5.79) of knowledge followed the youth of backward caste (5.30), scheduled caste (5.14) and scheduled tribe (4.68). Thus, there exists significant (F-13.65, p<0.000) difference in the mean score of knowledge on family planning among rural youth by their caste structure. The results show that youth from lower caste were having less knowledge on family planning matters. Similarly, the mean score of knowledge on STD and HIV/AIDS is varying among rural youth by their caste category. Higher mean score of knowledge (10.64) is observed for forward caste youth than the backward caste (9.09), scheduled caste (8.29) and tribes (7.82) and it is significant (F-14.68; p<0.000). The findings reveal that lower caste youth were having less knowledge on STD and HIV/AIDS. Differences in the mean score of knowledge on sexual aspects of youth by their category of caste are observed. As usual, forward caste youth were having higher mean score (5.05) of knowledge on sexual aspects followed by backward caste (4.61), scheduled caste (4.16) and tribes (3.91). Thus,
mean score of knowledge on sexual aspects of youth by their caste category is significant (F-15.24; p<0.000).

Based on the results it can be concluded that lower caste youth were having less awareness as compared to forward caste on reproductive and sexual health matters among the sample population. Higher awareness on reproductive and sexual health concerns among forward caste youth may be attributed to better socio-economic and cultural status and much exposure to outside the environment. In this context, the hypothesis that “caste is positively associated with the level of reproductive health knowledge” is proved in the present study.

**Education and knowledge**

In general, educational level of an individual provides an opportunity for betterment of life. Education is the process by which society deliberately transmits accumulated knowledge, skills and values from one generation to another. It is an act, experience that has a formative effect on mind, character or physical ability of an individual. Higher educational level provides more chances to gainful employment and more chances of exposure to outside environment. Moreover, it helps to enhance the knowledge of persons in many aspects including reproductive and sexual health matters. Therefore, education level is considered as an important determining aspect of the reproductive and sexual health concerns of youth. Table-5.5 reveals information on knowledge of youth on reproductive and sexual health by their educational level.

It can be noticed from the results that the educational level of youth significantly influences the knowledge on female reproductive system. Illiterate youth have lower mean score (5.68) of knowledge on female reproductive system followed by youth educated up to primary level (6.74), secondary level (6.84) and
college level (7.01). Thus, the variations in the mean score of knowledge of rural youth on female reproductive system by their educational level is significant (F=4.53; p<0.004). The findings reveal that rural youth with higher education were more aware of reproductive health matters as compared to illiterates. Regarding the knowledge of youth on changes during adolescence, illiterates have less mean score (9.79) of knowledge as compared to those with primary (9.83), secondary (9.93) and college education (10.76). Thus, the mean score of knowledge of youth on changes during adolescence by their level of education differs significantly (F=5.41; p<0.001). Based on the findings it can be concluded that the illiterate rural youth had less knowledge on changes during adolescence than the youth with primary, secondary and college education. It is also observed from table-5.5 that educational level of youth significantly influences the knowledge on family planning aspects. Rural youth who were illiterates have less mean score (4.86) on family planning awareness than youth with primary (5.28), secondary (5.42) and college level education (5.69). Thus, there is significant (F=5.82; p<0.000) variations can be observed in the mean score of knowledge of youth on awareness of family planning aspects by their educational level. Can be concluded from the above findings that the knowledge on family planning matters among youth is increasing with an increase in their educational level. Regarding knowledge on STD and HIV/AIDS, significant (F=17.49, p<0.000) variation is noticed in the mean scores of knowledge among youth by their level of education. Illiterate youth are having lower mean score (8.25) of knowledge as compared to those youth with primary (8.90) secondary (9.39) and college education (10.71). The findings reveal that lower the education level of youth, lower the knowledge and vice-versa. It can be also observed from 5.5 that illiterates have lower mean score (3.90) of knowledge on sexual aspects followed by youth with primary (4.18), secondary
(4.69) and college education (6.89). Thus, mean score of knowledge on sexual aspects differ significantly (F=7.85; p<0.000). Based on the result it can be concluded that youth who had less education were having least knowledge on sexual aspects and vice-versa. The hypothesis that “higher the level of education, higher will be the knowledge among youth” is proved in the present study.

Table 5.5: Knowledge of youth on reproductive & sexual health matters by educational level

<table>
<thead>
<tr>
<th>S.No</th>
<th>Educational level</th>
<th>Number</th>
<th>Mean score of knowledge</th>
<th>Std. deviation</th>
<th>F-value</th>
<th>p-value</th>
<th>Sig. level</th>
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<tr>
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**p<0.00; *p<0.05; n.s= not significant
Type of educational institution and knowledge

Types of educational institutions attitude by youth play a crucial role in moulding the behavior of an individual. They help in learning life skills apart from knowledge on subject matter. The chances of better socialization are more among youth who studied in Government educational institution because the students with different socio-economic and cultural status are studying in these institutions.

Table-5.6: Knowledge of youth on reproductive & sexual health matters by type of educational institution

<table>
<thead>
<tr>
<th>S.N o</th>
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<th>Number</th>
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<th>Std. deviation</th>
<th>t-value</th>
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<tr>
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<td>1.65</td>
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**p<0.00; *p<0.05; n.s= not significant

It can be observed from table-5.6 that the youth who studied in government institution have higher mean score (6.70) of knowledge on female reproductive system than the youth who attended in private institution (5.84). Thus, a significant (F-3.01; p<0.050) difference in the mean score of knowledge on female reproduction system is found among youth by their type of educational institution.
attended. Based on the results, it can be concluded that youth who studied in government institution were having more knowledge on female reproductive system than their counterparts. It is also noticed from table-5.6 that there is significant difference (F-27.84, p<0.000) in the mean scores of knowledge on changes during adolescence among youth by their type of institution studied. Rural youth who studied in private institution were having less knowledge on changes during adolescence (8.68) than the youth who studied in government institutions (9.97). This can be attributed to close mingling of pupil, more socialization and more chances of inter-personal communication on reproductive health aspects among youth who studies in government institutions.

Regarding the knowledge on family planning matters, there is significant no differences can be between youth who studied in private and government institutions. This may be due to the fact that family planning has been familiar topic with top priority in government policies and programmes. However, youth who attended government schools have higher mean score (8.83) of knowledge on STD and HIV/AIDS than youth who studied in private institutions (7.05). Thus, the mean score of knowledge on STD and HIV/AIDS is significantly (F-17.49; p<0.000) vary among youth by their type of educational institution attended. However, regarding the knowledge on sexual aspects, no significant (F-1.94; p<0.144) difference has been observed for youth who studied in government and private institution, being score of 4.74 and 4.55 respectively.

It can be inferred from the overall findings that youth who studied in government institution were having more knowledge on many aspects of reproductive health than the youth who attended private institutions. The hypothesis is that “rural youth who studied in government institutions will have higher knowledge on reproductive health matters” is accepted in the present study.
**Occupation and knowledge**

Occupation is an activity that serves as one’s regular source of earnings for livelihood. Individuals have different types of occupations based on their skills. In general those who engaged in non-agricultural occupations have more opportunity to expose outside environment and thereby have better reproductive health outlook. Hence, an attempt is made to know the influence of occupational status on reproductive and sexual health matters of rural youth.

Table-5.7 provides information on occupation of rural youth by their knowledge on female reproductive system. It is found that youth who were agricultural labourers have lower mean score (6.17) as compared to youth who were cultivators (6.39), non-agricultural laborers (6.63), shopkeepers (6.64) and skilled workers (7.21). Thus, the mean scores of knowledge on female reproductive health system is marginally vary without any significance (F-2.16, p<0.072). On the other hand, the mean scores of knowledge on changes during adolescence is significantly (F-3.89, p<0.004) differ by the occupational category. Lower mean score of knowledge is noticed among the youth of agricultural labourers (9.41) as compared to youth whose occupation was cultivation (9.81), non-agricultural labourers, shopkeepers (10.28) and skilled workers (10.42). Similarly, significant (F-2.76, p<0.027) variations is found in the mean scores of knowledge on family planning matters among youth by their level of occupation. Lower mean score of knowledge is found among youth who were agricultural labourers (4.94), followed by cultivators (5.19), Non-agricultural labourers (5.37), shopkeepers (5.47) and skilled workers (5.64). Regarding knowledge on STD and HIV/AIDS, lower mean score is noticed for agricultural labourers (4.36) followed by youth whose profession was cultivation (7.66), non-agriculture labourer (9.01), shopkeeper (9.59) and skilled worker (10.91).
Table 5.7: Knowledge of youth on reproductive & sexual health matters by occupation

<table>
<thead>
<tr>
<th>S.No</th>
<th>Occupation</th>
<th>Number</th>
<th>Mean score of knowledge</th>
<th>Std. deviation</th>
<th>F-value</th>
<th>p-value</th>
<th>Sig. level</th>
</tr>
</thead>
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<tr>
<td></td>
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</tbody>
</table>

**p<0.00; *p<0.05;  n.s= not significant

Result also indicate, that knowledge on STD and HIV/AIDS also differ significantly (F-8.24, p<0.000). However, knowledge on sexual aspects is marginally vary without any significant (F-1.49, p<0.20) by their occupational
category. The mean scores of knowledge on sexual aspects ranges in between 4.43 to 4.90 only. Thus, the occupational category has no influence on the knowledge on sexual aspects of rural youth. Based on the overall findings, it can be concluded that occupational category of youth influences on their knowledge on many reproductive and sexual health matters.

Income and knowledge

Income is an economic variable which influence the human behavior through decision making, purchasing power and provides chances to lead better way of life in the society. Persons who are economically well off will adopt new culture and will have more exposure to urban contacts. All these aspects, in turn directly or indirectly influence human behavior, including reproductive and sexual health. Therefore, in the present study income is considered as an important variable which influence the reproductive health concerns of youth.

It can be evident from table-5.8 that the mean score of knowledge on female reproductive system for rural youth is increasing with an increase in the level of income. The mean score of knowledge is low as 3.48 for youth whose income was Rs. 2000/-or below followed by 6.51 for those in the income group of Rs. 2001-3000, 6.97 for those in the income category of Rs. 3001-4000 and 7.24 mean score for youth with an income of Rs 4001 and above. Thus, mean score of knowledge on female reproductive system is significantly (F-19.44; p<0.000) vary among rural youth by their income.
Table 5.8: Knowledge of youth on reproductive & sexual health matters by income

<table>
<thead>
<tr>
<th>S.No</th>
<th>Monthly income (in rupees)</th>
<th>Knowledge on female reproductive system</th>
<th>Mean score of knowledge</th>
<th>Std. deviation</th>
<th>F-value</th>
<th>p-value</th>
<th>Sig. level</th>
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<td>2.66</td>
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Knowledge on changes during adolescence

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<th>Std. deviation</th>
<th>F-value</th>
<th>p-value</th>
<th>Sig. level</th>
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Knowledge on family planning

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<th>Std. deviation</th>
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<th>p-value</th>
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<td>1.35</td>
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<td>≥ 4,001</td>
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Knowledge on STD and HIV/AIDS

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<th>Knowledge on STD and HIV/AIDS</th>
<th>Mean score of knowledge</th>
<th>Std. deviation</th>
<th>F-value</th>
<th>p-value</th>
<th>Sig. level</th>
</tr>
</thead>
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Knowledge on sexual aspects

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<th>Std. deviation</th>
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</table>

**p<0.00;  *p<0.05; n.s= not significant

Table 5.8 also provides information regarding knowledge on changes during adolescence among youth by their income. It is observed that youth who were in lower income group were having lower knowledge on changes during adolescence. The mean score of knowledge is 9.00 for youth whose monthly income was Rs. ≤ 2000/- followed by 9.86 for those in the income group of Rs. 2001-3000, 10.18 for those in Rs. 3001-4000 income group and 10.48 for
the youth whose income was Rs. 4001 and above. Thus, there exists significant
(F-6.08, p<0.000) difference in the mean score of awareness on changes during
adolescence among rural youth by their income level. Therefore, with an increase
in income, the mean score of knowledge on changes during adolescence issues is
also increasing among rural youth. It is noticed from the results that the knowledge
on family planning issues is increasing with an increase in income. Lower mean
score (3.90) of knowledge on family planning matters is found for the youth
whose monthly income was Rs. ≤ 2000/- as against 5.35 mean score for those in
the income group of Rs. 2001-3001, 5.39 for those in Rs. 3001-4000 group and
5.60 mean score for those whose income was Rs. 4001 and above. Thus, there is
variation in the mean score of knowledge on family planning matters among rural
youth by their level of income and is significant (F-13.98; p<0.00).

Table-5.8 also includes knowledge on STD and HIV/AIDS among youth in
relation to their income. Lower mean score (5.45) of knowledge is found for youth
whose monthly income was Rs. ≤ 2000/- followed by 9.14 mean score for those
in Rs. 2001-3000 income group, 9.28 mean score for the youth in the income level
of Rs. 3001-4000 and 9.35 mean score for those whose income was Rs. 4001 and
above. Thus, the mean score of knowledge on STD and HIV/AIDS is significant
(F-7.52; p<0.000) among rural youth by their income level.

It can also be observed that lower the level of income, lower the knowledge
of rural youth on sexual aspects and vice-versa. The least score (3.55) is noticed on
the knowledge on sexual aspects for youth whose monthly income was Rs. ≤ 2000/-
followed by 4.34 for those in the income group of Rs. 2001-3000, 4.56 for those in
the income group of Rs. 3001-4000 and 5.04 for youth in the income group of Rs.
4001 and above. Thus, significant (F-7.52; p<0.000) differences is observed in the
mean scores of knowledge on sexual aspects among rural youth by their income level. In nutshell, it can be concluded that the knowledge of rural youth on reproductive and sexual health matters is significantly increasing with an increase in the level of income.

Religiosity and knowledge

Religion is one of the basic social aspects in moulding the characters, roles and behavior of its members. The term religiosity in the present study is used to measure the level of religious values, beliefs, customs etc., practiced by a person. However, now a day's religious role on individuals' behaviour has been changing, because of increase in scientific knowledge and thinking with positive attitudes. Even then it is still having its influence on human life, including reproductive and sexual health matters through the practice of taboos and cultures. Therefore religiosity is considered as an important factor in affecting the reproductive health concerns especially among rural youth.

It is evident from table-5.9 that youth who were highly religious are having lower mean score (5.84) of knowledge on female reproductive system followed by youth who opined 'some extent religious' and 'not at all religious' and their mean scores are 6.61 and 6.92 respectively. Thus, mean score of knowledge on female reproductive and system significantly (F-3.86; p<0.022) varies among the youth by their religiosity. The findings show that higher the religiosity, lower the knowledge on female reproductive system among rural youth.

Table-5.9 also provides the information on mean score of knowledge on changes during adolescence among rural youth in relation to their level of religiosity. It is notable that the mean score of knowledge among youth on changes
during adolescence is almost similar (10.01 and 10.14) among all the levels of religiosity. This can be attributed to better knowledge among the study population on changes that occur in adolescence. Similarly, there is no difference in the mean score of knowledge on family planning matters in relation to their religiosity level, being mean score of 5.42 and 5.09 for those who stated ‘not at all religious’ and ‘highly religious’ respectively. This can be attributed to effective family welfare programme propagated in various media channels and by the health personals.

Table-5.9: Knowledge of youth on reproductive & sexual health matters by level of religiosity

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<td>1.32</td>
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<td>1.55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not at all religious</td>
<td>179</td>
<td>4.74</td>
<td>1.77</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**p<0.00;  *p<0.05;  n.s= not significant**
Thus, level of religiosity of youth did not influence the knowledge on family planning aspects. However, significant differences can be observed in the mean score of knowledge on STD and HIV/AIDS among youth by their level of religiosity which is shown in table 5.9. Lower mean score is (7.84) noticed for those who were ‘highly religious’ than who stated ‘some extent religious’ and ‘not at all religious’ being the mean score of 8.88 and 10.02 respectively. Thus, significant (F-19.81; p<0.000) variation in the mean score of knowledge on STD and HIV/AIDS is noticed among youth by their level of religiosity. Similarly, the mean score of knowledge on sexual aspects among youth significantly differ among all three categories of religiosity. It is 4.04 for ‘highly religious’ youth followed by mean scores of 4.44 and 4.74 for youth who stated as ‘somewhat religious’ and ‘not at all religious’ respectively. The mean score of knowledge among youth on sexual aspects is also significant (F-4.52, P<0.011). The findings reveal that youth who were ‘highly religious’ have lower knowledge on sexual aspects. Based on the overall findings, it can be concluded that least knowledge is noticed for youth who were ‘highly religious’ than the youth who opined ‘somewhat religious’ and ‘not at all religious’ on many reproductive health matters. The hypothesis that “higher the level of religiosity, lower will be reproductive and sexual health knowledge among the youth” is supported by the above findings in the present study.

Living arrangements and knowledge

In India, generally most of the youth live with their father and mother. However, in some cases they live with one parent only, while in some other cases, they live with other family members or relatives. This may be due to various socio-cultural and familial reasons, most being dissolution of marital union,
divorce and death of a parent. Generally, youth living with parents will get security, pleasure and skills as well as knowledge on all aspects including reproductive and sexual health matters. Therefore, this variable is considered as an important aspect in the present study. Table-5.10 provides information on knowledge on reproductive and sexual health matters in relation to their living arrangements.

Table-5.10: Knowledge of youth on reproductive & sexual health matters by living arrangements

<table>
<thead>
<tr>
<th>S.No</th>
<th>Living arrangements</th>
<th>Number</th>
<th>Mean score of knowledge</th>
<th>Std. deviation</th>
<th>F-value</th>
<th>p-value</th>
<th>Sig-level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge on female reproductive system</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Father</td>
<td>50</td>
<td>8.14</td>
<td>2.35</td>
<td>21.43</td>
<td>0.000</td>
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</tr>
<tr>
<td>2</td>
<td>Mother</td>
<td>80</td>
<td>7.60</td>
<td>2.51</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Father &amp; mother</td>
<td>320</td>
<td>6.16</td>
<td>2.46</td>
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</tr>
<tr>
<td></td>
<td>Knowledge on changes during adolescence</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Father</td>
<td>50</td>
<td>10.56</td>
<td>1.25</td>
<td>5.25</td>
<td>0.006</td>
<td>**</td>
</tr>
<tr>
<td>2</td>
<td>Mother</td>
<td>80</td>
<td>10.44</td>
<td>1.57</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Father &amp; mother</td>
<td>320</td>
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<td>1.94</td>
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<td></td>
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<tr>
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<td>0.000</td>
<td>**</td>
</tr>
<tr>
<td>1</td>
<td>Father</td>
<td>50</td>
<td>5.88</td>
<td>1.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mother</td>
<td>80</td>
<td>5.86</td>
<td>1.47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Father &amp; mother</td>
<td>320</td>
<td>5.15</td>
<td>1.25</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Knowledge on STD and HIV/AIDS</td>
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<td></td>
<td>14.32</td>
<td>0.000</td>
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</tr>
<tr>
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<td>Father</td>
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</tr>
<tr>
<td>2</td>
<td>Mother</td>
<td>80</td>
<td>8.81</td>
<td>3.04</td>
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<td></td>
</tr>
<tr>
<td>3</td>
<td>Father &amp; mother</td>
<td>320</td>
<td>7.60</td>
<td>3.66</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knowledge on sexual aspects</td>
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<td></td>
<td></td>
<td>3.21</td>
<td>0.041</td>
<td>*</td>
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<tr>
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<td>1.27</td>
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<tr>
<td>2</td>
<td>Mother</td>
<td>80</td>
<td>4.74</td>
<td>1.86</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Father &amp; mother</td>
<td>320</td>
<td>4.39</td>
<td>1.56</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**p<0.00;  *p<0.05;  n.s= not significant

Differentials in the mean score of knowledge of youth on female reproductive system by their living arrangements are observed from the findings. Youth living with father alone have higher mean score of knowledge (8.14) than
those who live with mother alone (7.60) and with both father and mother (6.16). Thus, mean score of knowledge is significantly (F-21.3; \( p<0.000 \)) vary by their living arrangements. The findings reveal that youth who were currently living with father have higher knowledge on female reproductive system. This may attributed to more interpersonal communication between the father and the son.

Table-5.10 also furnishes information on knowledge on changes during adolescence in relation to their present living arrangements. It is observed that youth who were living with father alone have high mean score (10.56) of knowledge on changes during adolescence followed by youth who live with mother alone (10.44) and with both father & mother (9.88). Thus, there is significant (F-5.25; \( p<0.006 \)) variations has been observed in the mean score of knowledge of youth by their living arrangements. The findings reveal that youth who were living with father alone have higher knowledge on changes during adolescence.

It can be noticed from table-5.10 that knowledge on family planning issues among rural youth differ by their living arrangements. Higher mean score of (5.88) knowledge is noticed for youth who were living with father alone followed by those who were living with mother alone (5.86) and with both parents (5.15). Thus, their exists significant (F-13.51; \( p<0.000 \)) variation in the mean score of knowledge on family planning matters of youth in relation to their living arrangements. Therefore, it can be concluded that youth who were currently living with father alone have higher level of knowledge on family planning issues as compared to those living with mother alone and with both. With regard to data on living arrangements of the youth in relation to their knowledge on STD and HIV/AIDS, it is observed that youth who were living with father alone are having
higher mean score (10.71) of knowledge on STD and HIV/AIDS as compared to youth who were living with mother alone (8.81) and with both the parents (7.60). Thus, the mean score significantly (F-14.32, p<0.000) differ between the aspects of youth current living arrangements and their knowledge on STD and HIV/AIDS. The findings reveal that youth who were living with father alone have higher level of knowledge on STD and HIV/AIDS as against those living with mother alone and with both father and mother.

Table-5.10 also provides information on youth’s current living arrangements in relation to their knowledge on sexual aspects. Youth who were living with their father alone are having higher mean score (4.90) of knowledge on sexual aspects as compared to those who were living with mother alone (4.74) and with both parents (4.39). Therefore, significant (F-3.21; p<0.041) variations is found in the mean score of knowledge on sexual aspects of youth in relation to their living arrangements. The findings show that youth who were living with father alone have higher level of knowledge on sexual aspects than those who were living with mother alone and with both father and mother.

Based on overall findings, it can be concluded that the knowledge on reproductive and sexual health matters of rural youth significantly differ by their current living arrangements. It is observed that youth who were living with father alone were having higher level of knowledge on reproductive and sexual health matters as compared to those who were living with mother alone and with both father & mother. This can be attributed to the influence of different socio-cultural aspects. Apart from this, father plays dominant role in the family matters, including decision on reproductive health matter. Moreover, the Indian culture permits to
have discussion on reproductive and sexual health matters among male family members only.

**Exposure to media and knowledge**

Exposure to media is inescapable especially in the scenario of rapid electronic and mass media development. It is a part of learning to be an adult and a part of one's society. Media is the main source for education, information sharing and for almost all forms of entertainment. They have access virtually to any kind and degree of sexual contact and any thing else one could image. Initiation to regular communication with friends and relatives, youth may have electronic conservations with persons whose identities are completely unknown and whose motives may include sexual solicitation. Therefore, an attempt is made to study the influence of exposure to media on reproductive and sexual health matters. It can be observed from table-5.11 that youth who had 'regular exposure' to media have higher mean score (7.77) of knowledge on female reproductive system as compared to those who had 'occasional exposure' (7.40) and 'never exposure' (6.17) to media. Thus, the mean score of knowledge is vary significantly (F-13.50, p<0.000) among youth by their level of media exposure. Findings reveal that youth who had 'regular exposure' to media have more knowledge on female reproductive system than those who stated as having 'occasional exposure' and 'never exposure' to media. Table-5.11 also provides data on exposure to media and knowledge on changes during adolescence among youth in the study area. The mean score of knowledge is similar among all categories without any significant variation (F-1.05; p<0.349) among youth with regard to their exposure to media. Youth who had 'regular' media exposure are having higher mean score (10.22) as compared to youth who had 'occasional exposure' (10.15) and 'never exposure' to
media (9.96). It can be concluded that the mean score of knowledge among youth on changes during adolescence is more or less similar and also is not significant (F-1.05; p<0.349).

Table-5.11: Knowledge of youth on reproductive & sexual health matters by exposure to media

<table>
<thead>
<tr>
<th>S.No</th>
<th>Exposure media</th>
<th>Number</th>
<th>Mean score of knowledge</th>
<th>Std. deviation</th>
<th>F-value</th>
<th>p-value</th>
<th>Sig. level</th>
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<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
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<td>Regular</td>
<td>13</td>
<td>7.77</td>
<td>1.48</td>
<td>13.50</td>
<td>0.000</td>
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</tr>
<tr>
<td>2</td>
<td>Occasional</td>
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<td>7.40</td>
<td>2.68</td>
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<td></td>
</tr>
<tr>
<td>3</td>
<td>Never</td>
<td>283</td>
<td>6.17</td>
<td>2.44</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
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<td>Knowledge on changes during adolescence</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>Regular</td>
<td>13</td>
<td>10.22</td>
<td>2.15</td>
<td>1.05</td>
<td>0.349</td>
<td>n.s</td>
</tr>
<tr>
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<td>Occasional</td>
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<td>1.14</td>
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<td></td>
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</tr>
<tr>
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<td>Never</td>
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<td>9.96</td>
<td>1.66</td>
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<tr>
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<td>1.41</td>
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<tr>
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<td>1.26</td>
<td></td>
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<td>Knowledge on STD and HIV/AIDS</td>
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<td></td>
<td></td>
</tr>
<tr>
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<td>3.62</td>
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<tr>
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<td>Never</td>
<td>283</td>
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<td>4.15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Knowledge on sexual aspects</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>Regular</td>
<td>13</td>
<td>4.85</td>
<td>1.68</td>
<td>3.49</td>
<td>0.031</td>
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<td>2</td>
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<tr>
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<td>Never</td>
<td>283</td>
<td>4.36</td>
<td>1.63</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**p<0.00;  *p<0.05;  n.s= not significant

Table-5.11 also furnishes information on exposure to media and knowledge on family planning aspects among youth. It is noticed that youth with 'regular exposure' to media have higher mean score (6.36) of knowledge on family planning matters as against those who had 'occasional' (5.41) and 'never' media exposure (5.28). Significant (F-4.90; p<0.008) variation in the mean score of knowledge is found on family planning matters among youth in relation to their
level of media exposure. Thus, the findings reveal that youth who had ‘regular exposure’ to media have more knowledge on family planning matters than who had ‘occasional exposure’ and ‘never exposure’ to media.

It is evident from the findings that the mean score of knowledge on STI and HIV/AIDS is marginally varied (between 7.77 to 9.12) without any significant (F=0.95; p<0.387) difference among youth in relation to their level of media exposure. The hypothesis that “youth who have regular media exposure will have higher knowledge on reproductive health matters” is accepted.

Higher mean score (4.85) is noticed for rural youth who had ‘regular’ media exposure as compared to youth with ‘occasional exposure’ (4.76) and ‘never’ media exposure (4.36). Thus, there is significant (F=3.49; p<0.031) differences in the mean score of knowledge on sexual aspects among rural youth in relation to their level of media exposure. The findings reveal that youth who had ‘regular’ media exposure have more knowledge on sexual aspects than those who had ‘occasional’ media exposure and ‘never’ media exposure. Based on the overall findings, it can be concluded that youth who had ‘regular exposure’ to media have more knowledge on reproductive and sexual health matters than youth who had ‘occasional’ and ‘never’ exposure to media.

The hypothesis that “higher the socio-economic status, higher will be the level of knowledge on reproductive and sexual health matters” is proved in the present study. Based on the overall findings in this chapter, it can be concluded that most of the background characteristics of rural youth considered in the study have its influence on knowledge of many reproductive and sexual health matters.