Assessing Reproductive Health Information Among Adolescents in a Mid Western City
Bipasha Biswas, Rebecca Define, Samia van Hattem, Proscovia Nabunya
School of Social Work, Saint Louis University, Missouri

Introduction
Sexually Transmitted Infections (STIs) remain a public health challenge in the United States, with 50% of new infections occurring among young adolescents (1). In the St Louis Metropolitan area, Chlamydia and Gonorrhea disproportionately affect adolescents between the ages of 15-19 (2).

This study reports the results of a sexuality and reproductive health intervention targeted to reduce pregnancies and STIs among adolescents, and increase communication of medically accurate sexuality information.

A peer delivered comprehensive reproductive health education curriculum was conducted over 56-contact-hours to school based adolescents from the St. Louis metropolitan area.

Participants (n=248) completed a 21-item Reproductive Health Information (RHI) Scale assessing knowledge, behaviors, and attitudes before and after the curriculum was administered.

Methods
The study used secondary data from baseline and post assessment information

Participants were both male and female, age range 11 – 18 years. Majority (85%) were African American participants.

Measures included the Reproductive Health Information Scale with good internal consistency reliability (0.76) measuring knowledge, attitudes, skills and self-reported behaviors pertaining to sexuality, reproduction, contraception and STIs.

Other self reported measures assessed communication patterns, sexual behavior, pregnancy and contraception and help seeking behavior pertaining to HIV and STIs.

Bivariate and multivariate analyses were conducted to reveal significant predictors of the RHI Scale.

Results
Adolescent boys and girls in this sample reported being sexually active at an average age of 13 years. Sexuality and reproductive health knowledge was measured by the RHI Scale. The overall RHI score was low at pre test (mean 13.01) with female (mean 12.76) and African American (mean 12.48) participants scoring significantly lower. Such within group differences were eliminated at post assessment (t=18.19, p<0.0001).

Pretest and posttest RHI Score by gender and ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>AA Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre RHI Scale</td>
<td>12.76</td>
<td>13.98</td>
<td>12.48</td>
</tr>
<tr>
<td>Post RHI Scale</td>
<td>17.04</td>
<td>17.02</td>
<td>17.02</td>
</tr>
</tbody>
</table>

Discussion

Adolescents use their peers as the main source of sexuality and reproductive health information as parents are not preferred sources of information concerning sexual health or even problems at school.

Females from ethnic minority groups have low sexual and reproductive health knowledge compared to their white counterparts.

Ordinary Least Squares Regression analysis revealed significant models accounting for 15.5% and 8.5% of the change in the dependent variable (RHI scale score) at pre and post assessments respectively.

Limitations
School-based adolescents self selected to participate in this study and being underage required parental permission to participate.

Conclusion
The intervention was effective in increasing knowledge about reproductive health information. For young adolescents, communication with peers and friends was consistently identified as a significant source of obtaining sexuality and reproductive health related information.

Ongoing information and training needs to be made available to reinforce accurate information.

Longitudinal research is needed to assess the retention of knowledge and behavior change over time.

The findings of low reproductive health knowledge combined with self-reported sexual activity and communication with peers about reproductive health information raises concerns about the quality and credibility of the reproductive health education currently provided to Saint Louis adolescents.

References

Acknowledgements
We thank Planned Parenthood of the St. Louis region for conducting the study and providing data for this secondary analysis.