
Reproductive Health Awareness of College Students of Selected Private Colleges in Olongapo City

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ABSTRACT

This descriptive study examines the reproductive health awareness of 100 randomly selected college students in selected private colleges in Olongapo City. The survey covered six basic and common reproductive health issues: maternal and child health, family planning, promotion of breastfeeding, adolescent reproductive health, prevention and management of abortion, prevention and management of reproductive tract infections. The data were subjected using weighted mean, and Pearson r . The following information was generated: student-respondents were aware of the six basic and common reproductive health issues. On the sources of students' information, which included socio-economic conditions, status of women, social and gender issues, culture and psycho-social issues, the respondents perceived all of these factors as important. The correlational analysis also revealed a moderate to strong relationship values in all six health issues. The sources of students' information significantly affected the levels of awareness in the different issues about reproductive health. Moreover, the sources of reproductive health information come from the following according as ranked by the respondents: parents, nurse/ doctor, television, friends, and the internet.

Keywords: adolescents, awareness, family planning, reproductive health, sexuality, private colleges

1. Introduction

One of the most controversial issues confronting the Filipino youth today is about sexuality and reproductive health. Research shows that a high percentage of both male and female adolescents still value virginity, and disclosed disagreement with premarital sex (De Jose, 2013). However, according to a study in a government university in the Philippines, students reported having had early sexual experience and a high number of them had it unplanned (Labague et al., 2012). Conversely, on a study done by Ubalde et al. (2012) showed that the level of awareness about the topical aspect of reproductive health was very high in four selected schools in Metro Manila. Furthermore, the elements crucial to reproductive health, which is enumerated by Ubalde, et al., (2012) covers at least 10 major aspects. Under the Reproductive Health Law (R.A. 10354), the elements cover 12 aspects. The researcher considered the first six since these aspects are the priority ones and stipulated under the law.

A literature review showed that some of the college students have already engaged in vaginal sex (Hoopes et al., 2016) and awareness of contraception among them is high (Bankole & Onasote, 2016). However, based on the study of Pastuszak and colleagues (2016), it was revealed that the participants lack sexual and reproductive health knowledge and they engaged in risky sexual behavior.

The use of contraception is basically a burden to the female counterpart. Most of the reviewed literature focused on women especially in contraception awareness (Bankole & Onasote, 2016; Cao et al., 2015; Mackin et al., 2015; Melaku et al., 2014; Ziemer & Hoffman, 2012; Mishra & Mukhopadhyay, 2012).

Furthermore, in terms of sources of reproductive health information, Bankole & Onasote (2016) identified friends, television and magazines/ newspapers, but the most preferred were physicians/ health workers (Sundstrom et al., 2015), parents (Sundstrom et al., 2015; Melaku et al., 2014; Nwalo & Anasi, 2010), and university lectures/ lecturers. Other sources include online sexual health information (Magee et al., 2012).

When it comes to other reproductive health issues, respondents on a study by Pastuszak et al., (2016) showed that the young males had low engagement and lack in knowledge of testicular health practices. On the side of the female, Gollakota et al. (2015) conveyed that the college students of a certain Indian district had limited knowledge of cancer screening.

While in the concept of infectious diseases that can be contracted (e.g., HIV/AIDS or STIs), related literature indicated varying degrees of awareness both in male and female sides. Gollakota et al. (2015) stated that most (college) girls knew about HIV infection and also their knowledge of symptoms and prevention of STIs was limited. Sundstrom et al., (2015) also bared that most of their participants had heard about HPV vaccine (for HIV) and the majority had received at least one shot of vaccination. Labrague et al. (2013) exposed that respondents in their study were found to have some misconceptions regarding HIV/AIDS and STIs. While Rodriquez et al. (2015) also imparted that men lacked information on HIV prevention strategies and Magee et al. (2012), exposed that participants reported that fear about becoming infected with STIs/ HIV is a common motivator of online searches.

Finally, in terms of predictors of awareness towards reproductive health, a number has been noted by different researches: De Jose (2013) recognized four factors – attitude towards sex, monthly family income, gender and sexual preferences as significant predictors of sexual behaviour. On the other hand, Ziemer and Hoffman (2012) identified women’s self-efficacy, social environment and perceptions of the vaccine predicted vaccine intentions and behaviors. Further, age, media exposure and economic status emerged as significant correlates of treatment-seeking practices (Mishra & Mukhopadhyay, 2012).

In addition, the following are still considered the best predictors of awareness in reproductive health: higher perceived benefit and lower racial pride (Bynum, Brandt, Annang, Friedman, Tanner & Sharpe, 2011); sexual health knowledge and positive attitudes towards sexual minorities (Chi et al., 2013); risk factors for male students having permissive attitudes toward practice of premarital sexual activities, being less religious and a younger age group (Rahman et al., 2012); external incentives, developmental process and internal control (Chang, Hayter & Lin, 2014) and barriers to sexuality education were perceived from 5 aspects: feasibility, acceptability, accountability, strategies and community unawareness (Khalaf et al., 2014).

The current study produced baseline information about the reproductive health awareness of college students in Olongapo City. The paper hopes to provide vital information regarding some reproductive health issues that college students had or might already experience and answer some confidential matters that pertain to adolescent sexuality. At the same time, the researcher also anticipates a more flexible attitude in terms of policy-making and program implementation of different schools and school administrators which involves this sensitive issue.

1.1 Objective of the Study

The primary objective of this study is to assess the reproductive health awareness of college students in selected private colleges in Olongapo City. Specifically it aims to evaluate the level if college students in terms if the following reproductive health issues: family planning, prevention of abortion and management of post-abortive complications, maternal and child health, promotion of breastfeeding, adolescent and youth health and prevention and management of reproductive tract infection. Furthermore, it determines the relationship between the sources of students’ information and the level of awareness on reproductive health issues.

2. Methods

2.1. Research Design

This study used the descriptive research method with the survey questionnaire as the main instrument for gathering data.

2.2. Respondents

The researcher utilized 100 respondents in this study from three selected private colleges in Olongapo City using a simple random sampling technique. The respondents were bona fide college students (regardless of the age and civil status), currently enrolled and studying within the semester in three selected private colleges in Olongapo City.

2.3. Instrument

The researcher developed a survey questionnaire. It was then submitted for critiquing by several professors and panel of examiners for content validity. Their comments were considered in revising and finalizing the construction of the questionnaire. To furthermore test the clarity of the questionnaire, it was first tested among high school students who were not included as subject respondents in the study. Finally, the questionnaire was also subjected to Cronbach's alpha test for reliability which yields a 0.85 index.

2.4. Statistical Treatment

In this study, Pearson-r, frequency count, and weighted mean were utilized. All of the data gathered were tallied, tabulated, classified, analyzed, and interpreted. SPSS 16 for Windows was used for the computation of data. The weighted values assigned to the awareness of college students were patterned after Likert Scaling.

3. Result and Discussion

Table 1.1 Awareness on Family Planning

Statements	Mean	Verbal Interpretation
1) An Individual should have basic concepts of Natural Planning and how to use them.		
a) Abstinence	3.22	Moderately Aware
b) Sympto – Thermal	2.54	Least Aware
c) Lactational Amenorrhea	2.57	Moderately Aware
d) Calendar/ Rhythm Method	3.60	Aware
e) Billings/ Mucus Method	2.77	Moderately Aware
2) An individual should have basic concepts of Artificial Planning and how to use them.		
a) Condom (Male/ Female)	3.97	Aware
b) Pills	3.67	Aware
c) DMPA (Injectable)	3.23	Moderately Aware
d) Bilateral Ligatation (BTL)	3.11	Moderately Aware
e) Vasectomy	3.05	Moderately Aware
3) One must know the possible side effects of Natural and Artificial Family Planning Methods	3.82	Aware
4) An individual should know the advantages and disadvantages of using Natural and Artificial Family Planning Methods	3.99	Aware
5) An individual should know the Health Care Facilities where one can obtain information about Family Planning Method (Hospital, Clinic, Health Centers)	4.16	Very Much Aware
6) An individual has the right to seek information about family planning to a health practitioner. (like a doctor, nurse, or midwife)	4.13	Aware
7) A couple must practice proper family planning as prescribed by the professional and should refrain from experimentation.	3.77	Aware
8) An individual must be counseled by a health professional and not from the advice of friends.	3.82	Aware

9) A couple should seek medical advice from a professional before using a family planning method of choice.	3.88	Aware
10) Couples must talk to each other before choosing the family planning method of choice.	4.18	Very Much Aware
Overall Mean	3.53	Aware

Legend: 1.00-1.79= Not aware at all; 1.80-2.59= Least Aware; 2.50-3.39= Moderately Aware; 3.40-4.19= Aware; 4.20-5.00=Very Much Aware

Table 1.1 shows the mean distribution of the respondents' awareness on family planning. It reveals that an individual should have basic concepts of natural planning and should know how to use them, that is, an individual is said to be least aware of sympto-thermal with a mean of 2.54. Related to this, Verma, Bhalani, Pandya, Chah, Ramanuj, & Singh, (2011) found out that the most common method under the artificial family planning method most known by adolescent girls of Bhavnagar (Gujarat) in India were oral pills, followed by condom, IUDs and permanent methods. It can also be seen from the table that a couple is also very much aware that they must talk to each other before choosing the family planning method of choice having a mean of 4.18. In general, respondents are aware of the family planning with a mean of 3.53 and this is similar to the result of the study of Bankole & Onasote, (2016) where the respondents' awareness of contraception was high.

Table 1.2 Awareness on Prevention Of Abortion and Its Management

Statements	Mean	Verbal Interpretation
1) An individual should have a basic knowledge of how life begins and how abortion happens.	3.98	Aware
2) An individual should know some common causes of abortion. (Ex. Drugs, injury, alcohol, and others.)	4.00	Aware
3) The signs and symptoms to be recognized by individual suffering from abortion. (example profuse bleeding)	3.50	Aware
4) Basic first aid/ emergency measures for the individual suffering from a possible abortion	3.33	Moderately Aware
5) Ways on how to manage or prevent complications after an abortion.	3.11	Moderately Aware
6) The proper health care facility where an individual should go in case she might be at risk of having an abortion.	3.24	Moderately Aware
7) An individual should have a proper counseling after an abortive outcome.	3.32	Moderately Aware
8) An individual should watch for post-abortive complications such as infection.	3.48	Aware
9) An individual should undergo a family planning seminar to prevent further unwanted pregnancy.	3.87	Aware
10) Couples have the right to be well informed with the possible outcome of an abortion.	3.81	Aware
Overall Mean	3.56	Aware

Legend: 1.00-1.79= Not aware at all; 1.80-2.59= Least Aware; 2.50-3.39= Moderately Aware; 3.40-4.19= Aware; 4.20-5.00=Very Much Aware

Table 1.2 shows the mean distribution of the respondent's awareness in the prevention of abortion and management of post-abortive complications. It can be seen from the table that respondents are aware on item 2 which got the highest mean of 4.0 while item 5 got the lowest mean of 3.11. In general, respondents are aware of the prevention of abortion and management of post-abortive complications with a mean of 3.56. The results are similar to the study conducted by Cadmus and Owoaje (2011) in Nigeria, when they found out that the majority of the respondent had a good knowledge of the complications of abortion.

Table 1.3 Awareness on Maternal and Child Health

Statements	Mean	Verbal Interpretation
1) A pregnant individual must have Prenatal Visits to the nearest Health Facility.	4.22	Very Much Aware
2) A pregnant Individual must have Tetanus Toxoid Immunization to lessen the risk of tetanus infection.	3.62	Aware
3) A pregnant individual should receive micronutrient supplements such as Vitamin A and Iron Supplement	3.84	Aware
4) A new-born child must undergo a series of immunization such as BCG, OPV, DPT, Hepa B,	3.94	Aware

and Measles.		
5) A New-born child must undergo New-born Screening one (1) week after birth.	3.82	Aware
6) Teen pregnancy could lead to some birth complications due to physical immaturity of the pelvis.	3.89	Aware
7) A pregnant woman must give birth to a birthing center or health facility.	4.18	Very Much Aware
8) A new-born child should be breastfed and not bottle fed by the mother after giving birth.	4.29	Very Much Aware
9) A woman must have a postpartum check-up 24 hours after delivery of the baby.	3.64	Aware
10) Postpartum medications should be taken strictly for the designated amount of time.	3.55	Aware
Overall Mean	3.90	Aware

Legend: 1.00-1.79= Not aware at all; 1.80-2.59= Least Aware; 2.50-3.39= Moderately Aware; 3.40-4.19= Aware; 4.20-5.00=Very Much Aware

Table 1.3 shows the mean distribution of the respondent's awareness of maternal and child health. It can be seen from the table that respondents are very much aware of item 8 with a mean of 4.29, which registered the highest score while item 10 got the lowest mean of 3.55. In general, respondents are aware of the maternal and child health with a mean of 3.90. The result is related to the study of Olayinka et al. (2014) in a community in Nigeria, which majority of the respondents have heard of maternal health services but only a few actually knew the primary services rendered at maternal health services.

Table 1.4 Awareness in the Promotion of Breastfeeding

Statements	Mean	Verbal Interpretation
1) Exclusive breastfeeding is recommended for the first six months of the infants' lives.	4.15	Very Much Aware
2) An individual should know the benefits of breastfeeding for both the mother and the infant and to the household and community.	4.14	Aware
3) After six months of exclusive breastfeeding, complementary feeding is recommended.	3.86	Aware
4) An individual should know the proper ways of how to breastfeed an infant. (Ex. Positioning, timing, proper care of the breast, and others)	3.81	Aware
5) Some Laws regulates and protects infant and young child feeding. (EO 51, RA 7600, RA 8976)	3.38	Aware
6) A breastfeeding mother should feed her baby as per demand every day.	3.96	Aware
7) Breastfeeding promotes bonding between the mother and her newborn child.	4.03	Aware
8) Breastfeeding helps the mother's uterus go back to pre-pregnant state faster.	3.31	Moderately Aware
9) Breastfeeding is more economical and cost-effective for the mother and the family.	3.86	Aware
10) Breastfeeding is also a form of contraception, especially in the first 6 months of exclusive breastfeeding.	3.46	Aware
Overall Mean	3.80	Aware

Legend: 1.00-1.79= Not aware at all; 1.80-2.59= Least Aware; 2.50-3.39= Moderately Aware; 3.40-4.19= Aware; 4.20-5.00=Very Much Aware

Table 1.4 shows the mean distribution of the respondent's awareness on the promotion of breastfeeding. It can be gleaned from the table that respondents are very much aware of item number 1, which states that breastfeeding is recommended and got the highest mean of 4.15. On the other hand, respondents are moderately aware of item 8 with the lowest mean of 3.31. In general, respondents are aware of the promotion of breastfeeding with a mean of 3.80. The same result was observed in the study made by Saied, Mohamed, Suliman, & Al Anazi, (2013) where they found out that the majority of the study participants have a good knowledge regarding breast feeding's health benefits for both the baby and the mother.

Table 1.5 Awareness on Adolescent and Youth Health

Statements	Mean	Verbal Interpretation
1) Common illnesses during the adolescent period and ways to manage it.	3.75	Aware
2) The concept of substance abuse (Shabu, marijuana, cocaine, and others), and how to avoid them.	3.96	Aware
3) Ways on how to manage/ prevent accidents and injuries, which is the common cause of death among youth.	3.96	Aware

4)	The basic concept of Family Planning and responsible sexual behavior.	3.97	Aware
5)	Recommended nutrition and proper diet for the adolescent and youth.	3.95	Aware
6)	Smoking and drinking liquor is very much prevalent among the age group of adolescents.	3.99	Aware
7)	An adolescent should have a dental check-up with a dentist and ask for professional advice.	3.92	Aware
8)	Concept about Reproductive Tract Infections (HIV, Syphilis, Gonorrhoea and others) and ways on how to avoid it.	3.81	Aware
9)	Ways on how to cope up with sexuality (secondary sex characteristics)	3.53	Aware
10)	Ways on how to promote a healthy lifestyle including sound reproductive health practices and accident prevention	3.89	Aware
Overall Mean		3.87	Aware

Legend: 1.00-1.79= Not aware at all; 1.80-2.59= Least Aware; 2.50-3.39= Moderately Aware; 3.40-4.19= Aware; 4.20-5.00=Very Much Aware

Table 1.5 shows the mean distribution of awareness on adolescent and youth health. In particular, item 6 which states that smoking and drinking liquor is very much prevalent among the age group of adolescents got the highest mean score of 3.99. Item 9 (ways on how to cope up with sexuality) arrived at the lowest mean of 3.53. In general, respondents are aware on adolescent and youth health with an overall mean of 3.87. This mean result of the study is much lower compared to the study conducted by Ubalde et al., (2012) where the result showed a mean score of 4.19 where the level of awareness among respondents in relation to the adolescent period was described as very aware.

Table 1.6 Awareness on Prevention and Management of RTI, HIV/AIDS

Statements	Mean	Verbal Interpretation
1) The most common types of Reproductive Tract Infections among men and women. (Gonorrhoea, Syphilis, Chlamydia, Hepa B)	3.56	Aware
2) The primary cause(s) of Reproductive Tract Infections and how is it contracted. (Bacteria, Viruses, or Fungi)	3.57	Aware
3) The ways/ means on how the infection is being transmitted from one host to another.	3.66	Aware
4) The signs and symptoms that an infected individual might experience in the course of infection.	3.58	Aware
5) Ways/ Means in the preventing reproductive tract infection of an individual.	3.53	Aware
6) The incubation period of a reproductive tract infection and its course to the body system.	3.39	Aware
7) The different methods of how to diagnose a reproductive tract infection. (ex. Cervical smear, gram staining, and others)	3.37	Aware
8) One possible complication of a reproductive tract infection is infertility.	3.32	Moderately Aware
9) The reproductive tract infection such as STIs (Gonorrhoea, syphilis, Chlamydia, and Trichomonas) can be treated.	3.33	Moderately Aware
10) An infected individual should help/ participate in case finding, especially if s/he has more than one sex partner.	3.53	Aware
Overall Mean		3.48

Legend: 1.00-1.79= Not aware at all; 1.80-2.59= Least Aware; 2.50-3.39= Moderately Aware; 3.40-4.19= Aware; 4.20-5.00=Very Much Aware

Table 1.6 shows the mean distribution of the respondent's awareness in the prevention and management of reproductive tract infections known as HIV or AIDS, and STI. It can be observed from the table that the respondents are aware of item 3 which states that the respondents are aware on how the infection is being transmitted from one host to another, which got the highest mean of 3.66. On the other hand, they are moderately aware of item 8 that one possible complication of a reproductive tract infection is infertility, which reached the lowest mean of 3.32. In general, they are aware of the prevention and management of reproductive tract infection, HIV or AIDS and STI with a mean of 3.48. This is in contrast with the findings of Patanwar & Sharma, (2013) wherein it was indicated that knowledge about STDs other than HIV/AIDS was very poor among adolescent girls, in Raipur City, India.

Table 2.1 Students' Information about Reproductive Health

Statements	Mean	Verbal Interpretation
1) Socioeconomic Conditions		
a) Education plays a role in information dissemination about Reproductive health.	4.27	Most Important
b) Employment plays a role in information dissemination about Reproductive health.	3.85	Important
c) Poverty plays a role in information dissemination about Reproductive health.	3.91	Important
d) Nutrition plays a role in information dissemination about Reproductive health.	4.09	Important
e) Living Conditions/ Environment plays a role in information dissemination about Reproductive health.	4.09	Important
f) Family Environment plays a role in information dissemination about Reproductive health.	4.21	Most Important
2) Status of Women affects them to attain information about Reproductive Health	3.90	Important
3) Social and Gender Issues affects individuals in obtaining the right details on Reproductive Health	3.85	Important
4) Culture plays a role in getting information about Reproductive Health.	3.93	Important
5) Psycho-Social issues affect individuals in taking in information about Reproductive Health.	3.89	Important
Overall Mean	4.00	Important

Legend: 1.00-1.79= Not important at all; 1.80-2.59= Least Important; 2.50-3.39= Moderately Important; 3.40-4.19= Important; 4.20-5.00= Most Important

Table 2.1 shows the sources of students' information about reproductive health. It can be gleaned from the table that in socio-economic conditions, the respondents, under item 1a, considered education as the most important factor to disseminate information about reproductive health with the highest mean of 4.27, together with the family environment as equally important with a mean rating of 4.21. On the other hand, they perceived employment being a tool for information dissemination (statement 1b) and social and gender issues as a means of obtaining the right details about reproductive health in item 3 as equally important with the lowest means of 3.85. The study of Regmi, Simkhada, & Van Teijlingen, (2008) supports the present findings of the study when they revealed that the factors affecting the students' information about reproductive health were important.

Table 3.1 Correlation Matrix on Reproductive Health Issues

Reproductive Health Issues		Socio-Eco.	Interpretation	Status of Women	Interpretation	Social & Gender Issues	Interpretation
Family Planning	Pearson-r Sig. (2-tailed)	0.569 0.000	Significant	0.455 0.000	Significant	0.443 0.000	Significant
Prevention of Abortion	Pearson-r Sig. (2-tailed)	0.566 0.000	Significant	0.500 0.000	Significant	0.495 0.000	Significant
Maternal and Child Health	Pearson-r Sig. (2-tailed)	0.639 0.000	Significant	0.563 0.000	Significant	0.510 0.000	Significant
Promotion of Breastfeeding	Pearson-r Sig. (2-tailed)	0.591 0.000	Significant	0.577 0.000	Significant	0.465 0.000	Significant
Adolescence and Youth Health	Pearson-r Sig. (2-tailed)	0.683 0.000	Significant	0.555 0.000	Significant	0.532 0.000	Significant
Prevention and Management of RTI	Pearson-r Sig. (2-tailed)	0.621 0.000	Significant	0.547 0.000	Significant	0.468 0.000	Significant

Reproductive Health Issues		Cultural	Interpretation	Psycho-Social	Interpretation
Family Planning	Pearson-r Sig. (2-tailed)	0.502 0.000	Significant	0.453 0.000	Significant

Prevention of Abortion	Pearson-r Sig. (2-tailed)	0.496 0.000	Significant	0.462 0.000	Significant
Maternal and Child Health	Pearson-r Sig. (2-tailed)	0.562 0.000	Significant	0.486 0.000	Significant
Promotion of Breastfeeding	Pearson-r Sig. (2-tailed)	0.485 0.000	Significant	0.481 0.000	Significant
Adolescence and Youth Health	Pearson-r Sig. (2-tailed)	0.578 0.000	Significant	0.556 0.000	Significant
Prevention and Management of RTI	Pearson-r Sig. (2-tailed)	0.489 0.000	Significant	0.569 0.000	Significant

*Correlation is significant at the 0.05 level (2-tailed)

As shown in table 3.1, the probability value of 0.000, which is applicable to all the factors, is significant at 0.05 alpha level of significance. This is translated to a positive moderate to strong relationship between the variables. The results imply that as the respondents rated the sources of information to be important and the more information they got from these sources, the more it increased their level of awareness of the reproductive health issues. A study conducted by Chi, Hawk, Winter & Meeus, (2013) helps support the current findings when they found out a positive correlation between sexual health knowledge and positive attitudes in sexual minorities. Furthermore, a study done by Motsomi, Makanjee Basera & Nyasulu (2016) explored the social, cultural and religious barriers to communicating sexual and reproductive health issues and concluded that there are still barriers in terms of parent-adolescent engagement on issues related to risks associated with sexual behaviors and erroneous reproductive health issues

Table 4.1 The Effect of Students' information on the Awareness on Reproductive Health Issues

	R	R square	Change statistics			p- value	Interpretation
			F Change	Df1	Df2		
Sources of Student's Information	0.69	0.48	14.25	6	93	0.00	Significant

It can be seen from table 4.1 that there is a positive correlation between awareness and sources of students' information since $r = 0.69$ is interpreted as a moderate positive correlation, which means the higher the level of awareness, the more important for them were the sources of information which made them more informed about the issues. A study done by Vinita, Singh & Rajendran (2007) provided information on the level of awareness and the different factors affecting awareness on reproductive health issues and the result showed also a significant association.

Table 5.1 Ranking of Sources on Reproductive Health Information

Sources of Reproductive Health Information	Mean	Rank
Parents	2.33	1
Nurse/ Doctor	2.70	2
Television	2.86	3
Friends	2.95	4
Internet	3.11	5

Table 5.1 indicates the sources of reproductive health information. The following were ranked accordingly with the highest to lowest: Parents, Nurse/ Doctor, Television, Friends and Internet. This only means that the family still comes in first when it comes to sexuality concerns. Bankole & Onasote (2016) cited friends, television and magazines/ newspapers but the most preferred were physicians/ health workers (Sundstrom, Carr, DeMaria, Korte, Modesitt & Pierce, 2015), parents (Sundstrom et al., 2015; Melaku, et al., 2014; Nwalo & Anasi, 2010), and university lectures/ lecturers.

4. Conclusion

This study examined the level of awareness of college students about reproductive health issues. It is an alarming concern that has been proliferating for the past decades and the government is trying its best to provide necessary measures and policies that will help alleviate the dire situation of the youth today. As seen from the results of the study, one can gauge up some important data that are deemed helpful.

Student respondents are “aware” of the different reproductive health issues like family planning, abortion, and managing post-abortive complications, maternal and child health, breastfeeding, adolescent and youth health, and prevention of infections.

The students’ information from sources such as socioeconomic conditions, status of women, social and gender issues, culture and psychosocial issues about reproductive health were generally considered as "Important" and were all found to be significantly related to the level of awareness in reproductive health issues of the respondents.

Finally, the current study found out some remarkable results, which can be a focus of further discussion. Nonetheless, the most vital part of this study falls into the idea that students’ information needs to be met to raise awareness of the issues and concepts of reproductive health. Educators, health practitioners, and the like need to work hand in hand to disseminate important facts, timely and religiously, so as to guide the youth of the next generation.

5. Recommendations

Based on the results of the research conducted and the conclusions made through data gathering, the researcher recommends that the school and other educational agencies to:

1. Increase the level of awareness on family planning, especially on sympto-thermal, concepts on DMPA, BTL, and vasectomy;
2. Establish a program on reproductive health that would help establish a more intensive information drive since sources of information were found to be important, and if possible, integrate reproductive health in the curriculum;
3. Have a separate seminar workshop for teachers/ instructors in terms of teaching or facilitating reproductive health awareness;
4. Improve parent-student communications through targeted family life education activities among students and parents;
5. Have the school nurses to be proactive in information dissemination, especially about awareness in Family Planning and Prevention and Management of RTIs (Reproductive Tract Infections), HIV/AIDS and STIs (Sexually Transmitted Infections); and
6. It is highly recommended to have a follow-up research with the inclusion of other variables like sexual behaviors of adolescents and the remaining 6 aspects or elements of reproductive health as stipulated in the Reproductive Health law.

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