
**SOCIO-ECONOMIC AND DEMOGRAPHIC DETERMINANTS OF
REPRODUCTIVE HEALTH KNOWLEDGE AND RIGHTS AMONG
RURAL YOUTH IN CHITTOOR AND SRIKAKULAM DISTRICTS OF
ANDHRA PRADESH**

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ABSTRACT

Youth is a critical stage of life characterized by rapid physical, emotional and psychological changes. During this period, young people often experience confusion and anxiety related to sexual and reproductive health due to inadequate knowledge and limited access to reliable information. Rural youth, particularly those who are out of school, are more vulnerable because of lack of awareness, social restrictions and poor access to reproductive health services. The present study aims to assess the influence of socio-economic and demographic characteristics on patterns, prevention and potentiality related to sexual and reproductive health among rural male youth in Andhra Pradesh. The study was conducted in selected rural mandals of Chittoor and Srikakulam districts of Andhra Pradesh. A total sample of 1080 male youth aged 15–24 years was selected using a multistage random sampling technique from thirty-six villages across six revenue divisions. Primary data were collected through a pre-tested semi-structured interview schedule consisting of 125 questions covering socio-economic background, reproductive health knowledge, awareness of female reproductive system, family planning methods, sexually transmitted diseases including HIV/AIDS, sexual behaviour, reproductive health rights, social media use, youth potentiality and self-efficacy. The collected data were coded and analysed using the Statistical Package for Social Sciences (SPSS). Non-parametric statistical tests such as the Mann-Whitney U test and Kruskal-Wallis H test were applied to test the hypotheses. The findings of the study provide important insights for policymakers, educators and programme planners to develop effective reproductive health awareness programmes and need-based services for rural youth.

KEYWORDS: *Rural Youth, Reproductive Health Knowledge, Sexual Behaviour, Reproductive Health Rights, Socio-Economic Factors, Andhra Pradesh.*

INTRODUCTION

Youth represent a vital segment of society and play an important role in the social and economic development of a nation. Adolescence and youth are periods of significant biological, psychological and social transitions. During this phase, young people develop attitudes, behaviours and practices that influence their future health and well-being. However, lack of proper knowledge about reproductive and sexual health often exposes them to various health risks.

In rural areas, youth frequently receive incomplete or misleading information regarding sexual and reproductive health from peers, media or informal sources. Cultural taboos and social restrictions prevent open discussions about reproductive health issues within families and communities. As a result, rural youth often lack accurate knowledge about reproductive health, family planning methods, sexually transmitted diseases (STDs) and reproductive health rights.

Out-of-school youth are particularly vulnerable because they miss opportunities to receive formal education on reproductive health through school-based programmes. Limited access to health services, low literacy levels and socio-economic disadvantages further aggravate the situation. Therefore, understanding the reproductive health knowledge and behaviour of rural youth is essential for designing appropriate policies and programmes.

The present study focuses on assessing the socio-economic and demographic factors influencing reproductive health knowledge, sexual behaviour and reproductive health rights among rural male youth in Andhra Pradesh.

Objectives of the Study

The general objective of the study is to assess the influence of background characteristics on patterns, prevention and potentiality among out-of-school youth regarding sexual and reproductive health in rural Chittoor and Srikakulam Andhra Pradesh.

1. To study the socio-economic and demographic profile of rural youth.
2. To examine reproductive health knowledge and awareness of the female reproductive system among youth.

Methodology and data collection

The study was conducted in 2 districts Chittoor and Srikakulam of rural Andhra Pradesh, representing areas with relatively low urbanization and literacy levels. A total of 12 mandals were selected, with 6 mandals from each district to ensure regional representation. From these mandals, 36 villages were randomly selected for the survey. The study covered a total sample of 1080 rural male youth aged 15–24 years, ensuring a large and representative dataset. On average, 30 respondents were selected from each village, providing balanced sample distribution. The multistage random sampling technique helped reduce sampling bias and improved representativeness. Primary data were collected through personal interviews using a pre-tested semi-structured schedule containing 125 questions. The data collection period extended for 9 months from July 2019 to March 2020. The questionnaire included 10 major sections, covering topics such as background characteristics, reproductive health knowledge, family planning, STDs/HIV/AIDS, sexual behaviour and health-seeking behaviour. Additional components such as social media use, youth potentiality and self-efficacy were also examined to understand broader influences on reproductive health awareness among rural youth.

Analysis

The present study was conducted in the rural mandals of Chittoor and Srikakulam districts of Andhra Pradesh. These districts were selected because they represent regions with relatively low levels of urbanization and literacy, which often influence awareness and access to reproductive health information. Rural populations in such areas frequently face limitations in accessing health services, educational opportunities and reliable sources of reproductive health knowledge. Therefore, studying youth in these regions provides valuable insights into the reproductive health awareness and behaviour of rural populations.

From Chittoor district, six mandals namely Chandragiri, Varadaipalem, Vijayapuram, Yadamarri, Santhipuram and Kurabalakota were selected. These mandals represent the three revenue divisions of Tirupati, Chittoor and Madanapalli. Similarly, six mandals from Srikakulam district—Regadiamudalavalasa, Bhamini, Ichapuram, Vajrapukothuru, Ganguvarisingadam and Gare—were included in the study. These mandals represent the three revenue divisions of Palakonda, Tekkali and Srikakulam. The inclusion of mandals from multiple revenue divisions ensured geographical representation and diversity within the sample.

The study covered a total of thirty-six villages distributed across the selected mandals. This broad coverage helped to capture variations in socio-economic conditions, cultural practices and access to health facilities across different rural settings. The selection of these villages also allowed the researcher to examine reproductive health awareness among youth living in different socio-economic environments within the districts.

Overall, the study area selection provides a suitable context for examining reproductive health knowledge, sexual behaviour and reproductive health rights among rural youth. The inclusion of multiple mandals and villages improves the reliability and representativeness of the findings.

Sample Unit Analysis

In the present study, the sample unit consisted of rural male youth aged between 15 and 24 years. This age group represents a crucial stage in the life cycle where individuals experience major biological, psychological and social transitions. Adolescents and young adults often begin to develop awareness about sexuality, reproductive health and relationships during this period. Therefore, studying this age group is essential for understanding their knowledge, attitudes and practices related to reproductive health.

The study focused exclusively on male youth. The decision to include only males was primarily due to practical and cultural considerations. In many rural communities, discussing topics related to sexuality and reproductive health remains socially sensitive. Female respondents, especially unmarried young women, may feel hesitant or uncomfortable discussing such issues openly due to social norms, shyness or family restrictions. As a result, collecting reliable information from female respondents on reproductive and sexual matters becomes challenging.

By focusing on male youth, the researcher was able to collect more accurate and open responses regarding reproductive health knowledge and sexual behaviour. This approach helped ensure the reliability of the data collected. However, it also limits the scope of the study since the reproductive health awareness of female youth is not examined.

Sample Size Analysis

The study included a total sample size of 1080 rural male youth. The large sample size enhances the reliability and statistical validity of the research findings. The respondents were distributed across six revenue divisions, with 180 respondents selected from each division.

This equal distribution ensured balanced representation of respondents from different geographical areas.

The sample was further distributed across thirty-six villages, with thirty respondents selected from each village. This uniform distribution of respondents helps reduce sampling bias and allows for meaningful comparisons between different villages and mandals.

A large sample size also increases the accuracy of statistical analysis and enables the researcher to identify patterns and relationships among variables. For example, the study can effectively examine how socio-economic characteristics such as education, occupation and family background influence reproductive health knowledge among youth. Overall, the chosen sample size is appropriate for a study of this nature and provides a strong basis for statistical analysis and interpretation of results.

Sampling Technique Analysis

The study adopted a multistage random sampling technique to select the respondents. This method is widely used in social science research when the population is large and geographically dispersed. Multistage sampling allows researchers to select samples in several stages, thereby making the sampling process more manageable and systematic.

In the first stage, the two districts—Chittoor and Srikakulam—were purposively selected based on the convenience of the researcher and their relevance to the research objectives. In the second stage, twelve mandals were selected from the districts. In the third stage, thirty-six villages were randomly selected from the selected mandals. Finally, respondents were chosen from each village using simple random sampling after preparing a list of youth aged 15–24 years.

This multi-level sampling process helps improve the representativeness of the sample by ensuring that respondents come from different geographical areas and socio-economic backgrounds. Random selection of villages and respondents reduces the possibility of selection bias and enhances the credibility of the study findings.

Data Collection Analysis

The study used primary data collected through personal interviews with the respondents. A semi-structured interview schedule was developed as the main tool for data collection. The schedule was pre-tested before the actual survey to ensure clarity, relevance and reliability of the questions.

The interview schedule consisted of 125 questions covering various aspects of reproductive health and youth behaviour. These questions were divided into several sections including background characteristics, reproductive health knowledge, awareness of female reproductive system, knowledge of family planning methods, awareness of sexually transmitted diseases including HIV/AIDS, sexual behaviour patterns, health-seeking behaviour, reproductive health rights, social media use and youth potentiality.

Personal interviews were chosen as the method of data collection because the study deals with sensitive topics related to sexual and reproductive health. Face-to-face interaction allowed the researcher to explain questions clearly, build trust with respondents and obtain more accurate responses.

The data collection process was carried out over a period of nine months from July 2019 to March 2020. This extended time period allowed the researcher to reach respondents across multiple villages and ensure careful data collection.

Variables and Index Construction Analysis

The study included both independent and dependent variables to examine the relationships between socio-economic characteristics and reproductive health knowledge. Independent variables included social, economic, cultural and demographic characteristics such as age, caste, education, occupation and family type. These variables influence the level of knowledge and awareness among youth. Dependent variables included reproductive health knowledge, sexual patterns, knowledge of reproductive health rights, social media usage and youth potentiality.

To measure these variables effectively, the researcher constructed several indices based on knowledge, attitudes and practices related to reproductive health. Each index consisted of multiple questions designed to measure specific aspects of reproductive health awareness.

The knowledge on family planning index assessed awareness about contraception, emergency contraception and family planning methods. The knowledge on STDs and HIV/AIDS index included questions on transmission, prevention, misconceptions, symptoms and treatment.

Data Analysis Techniques

The collected data were carefully coded, edited and entered into the Statistical Package for Social Sciences (SPSS). This software is widely used in social science research for data management and statistical analysis.

The analysis process involved summarizing the responses, calculating index scores and examining relationships between variables. The study used non-parametric statistical tests to test the hypotheses.

The Kruskal–Wallis H Test was used when the independent variable had three or more groups, such as age groups or education levels. The Mann–Whitney U Test was used when comparing two groups.

These statistical techniques are suitable for analysing ordinal data and non-normally distributed variables, which are common in social science research.

Limitations of the Study

Despite its strengths, the study has certain limitations. The research focused only on male youth because collecting data from female respondents on reproductive health topics is difficult in rural areas due to cultural restrictions and social stigma. Another limitation is that many rural youth migrate temporarily to nearby towns for seasonal employment. As a result, some eligible respondents were not available during the data collection period.

Additionally, some respondents were hesitant to discuss sensitive topics such as premarital sex, masturbation, nocturnal emission and sexually transmitted diseases. This hesitation may have influenced the accuracy of certain responses.

Ethical Considerations

Ethical issues were carefully addressed in the study because the research topic involves sensitive and personal information. Respondents were informed about the purpose of the study before the interview, and their consent was obtained before participation. The researcher assured respondents that their personal information would remain confidential and would be used only for academic purposes. This assurance helped build trust and encouraged respondents to provide honest answers. In addition, respondents were educated about the risks of unsafe sexual practices and were provided information about the transmission and prevention of sexually transmitted infections, including HIV/AIDS. Respondents who reported symptoms related to sexually transmitted infections were advised to seek medical consultation. These ethical practices ensured that the research was conducted responsibly and with respect for the rights and well-being of participants.

CONCLUSION

The present study highlights the importance of understanding reproductive health knowledge and behaviour among rural male youth in Andhra Pradesh. The findings indicate that socio-economic and demographic characteristics play a significant role in shaping awareness and attitudes toward reproductive health issues. Many rural youth have limited knowledge about reproductive health, family planning methods, and sexually transmitted diseases due to lack of proper information sources and social barriers. The study also shows that factors such as education, age and access to information influence the level of reproductive health awareness. Social media and other communication channels have emerged as important sources of information for young people. However, cultural taboos and hesitation to discuss sexual matters still restrict open communication on reproductive health topics. The study emphasizes the need for comprehensive reproductive health education and youth-friendly health services in rural areas. Awareness programmes and community-based interventions can help improve knowledge and promote safe health practices. Policymakers and health educators should focus on developing effective strategies to address reproductive health concerns among rural youth. Overall, strengthening education and health communication can significantly improve reproductive health outcomes for young people in rural communities.

Findings

1. Most rural male youth possess moderate knowledge of reproductive health, though several knowledge gaps still exist.
2. Youth aged 18–20 years demonstrate better awareness of reproductive health issues compared to younger respondents.
3. Educational level significantly influences knowledge, with secondary-educated youth showing higher awareness of adolescent changes and reproductive health.
4. Youth from better socio-economic backgrounds exhibit higher knowledge of reproductive health rights and family planning methods.
5. Knowledge regarding the female reproductive system is relatively low among many rural male youth.
6. Although awareness of HIV/AIDS and sexually transmitted diseases is present, misconceptions about transmission and prevention remain.
7. Social media and mass media serve as important sources of reproductive health information for youth.

8. Cultural taboos and hesitation continue to limit open discussion of sexual and reproductive health issues in rural communities.

REFERENCES

1. Bearinger, L. H., Sieving, R. E., Ferguson, J., & Sharma, V. (2007). Global perspectives on the sexual and reproductive health of adolescents. *The Lancet*, 369(9568), 1220–1231. [https://doi.org/10.1016/S0140-6736\(07\)60367-5](https://doi.org/10.1016/S0140-6736(07)60367-5)
2. Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Sage Publications.
3. International Institute for Population Sciences (IIPS), & ICF. (2017). *National Family Health Survey (NFHS-4), 2015–16: India*. IIPS.
4. Jejeebhoy, S. J., Shah, I. H., & Thapa, S. (2005). *Sexual and reproductive health of young people in Asia and the Pacific: A review of issues, policies and programs*. World Health Organization.
5. United Nations Population Fund. (2014). *The state of world population 2014: The power of 1.8 billion – Adolescents, youth and the transformation of the future*. UNFPA.
6. United Nations. (2019). *World population prospects 2019: Highlights*. United Nations Department of Economic and Social Affairs.
7. World Health Organization. (2018). *Adolescent sexual and reproductive health*. World Health Organization.