Impact of Reproductive Health Education on Reproductive Health Practices of Rural Muslim Female Students

Nusrat Jahan

**Research Scholar
Ranchi University, Ranchi,
Jharkhand.**

The purpose of the present study is to find out the impact of reproductive health education on reproductive health practices among rural Muslim school students. A total sample of 75 students of class IX and X school studying is selected for study. Tools used were Reproductive Health Practice Scale. Data were treated by Mean, SD, and t-test. Two experimental groups I and II differs in terms of nature of interventions to which they are exposed. It was shown significance Impact of Reproductive Health Education on Reproductive Health Awareness and Knowledge.

Keywords: Reproductive, Health education, Health practices.

Introduction

Reproductive health education can be defined as an education process that promotes batter scientific knowledge, healthier attitude and practices in relation to reproductive health. Reproductive health has been defined as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity in all matters to the reproductive system and process (International Conference on Population and Development, 1994). The new reproductive health programme requires and ideological change in the culture of the programme, from a focus in the past on achieving method-specific contraceptive targets, often using coercive mans to providing client cantered, quality services. For achieving the demographic goal of reducing the rate of population growth at the macro-level, broader social and economic policies – especially those designed to improve education and enhance employment opportunities for women-must be promoted.

Review of literature

Iju Shakya(2013) conducted a study on topic "Reproductive Health Awareness Among Adolescent Girls in Rural Nepal". In transition phage of Adolescent girls from teenage to adulthood, lack of knowledge and awareness about reproductive organs, physiological changes, or sexuality can promote psychosocial stress. This is particularly so for girls, who also face gender discrimination. Adolescent girls and boys experience psychosocial stress. This is particularly true for girls given that the majority of them have no knowledge of menstruation. In most cases, their mothers are the only source of information. Most girls perceive menstruation as disgusting and as a curse. Adolescent girls are also at higher risk of psychosocial stress because of gender discrimination.

The 1998–99 NFHS-2 reported that the prevalence of anemia was the highest (56 percent) among adolescents (ages 15–19) compared with other groups of women of reproductive age. High fertility rates, high rates of teenage pregnancy, high risk of STI/HIV, and poor nutritional status are the main health problems among the adolescent population in India.

There are strong cultural pressures on parents, especially in the northern states, to marry their daughters early; in addition, few economic advantages accrue to parents in delaying their daughters'

marriages. As many as 6.2 percent and 43.4 percents of girls ages 10-14 and 15-19respectively were already married in 1981(higher in northern states) (Yeobong Lee, 2011).

Objectives

- To examine the difference between two experimental groups (Exposed to education without discussion and discussion) in their reproductive health awareness and attitude.

Hypotheses

- The educational materials presented with discussion produce better health awareness and knowledge than educational materials presented without discussion regarding reproductive health.

Method

Sample

Present study consisted 75 school students of class XI studying in different government school. All the students were from middle socio-economic status and their age range was 14-18 years. Experimental design was used to conduct the impact of educational materials on health awareness and knowledge. Hence, total sample was classified in to three groups based on control group, experimental group-I and experimental group- II. Each group contains 25 cases.

Table 1.

Sample Design

	Control Group	Experimental Group-I	Experimental Group- II	
Intervention	No	Yes without discussion	Yes with discussion	Total
Number of cases	25	25	25	75

This research study conducted of all Muslim adolescent pupils meeting the eligibility criteria, teenager student's of age group 12-16, was conducted in one-one school of Kanke and Ratu blocks, with a school students population of about 225 in selected students of mentioned study schools.

Tools

Personal Data Questionnaire

Relevant demographic and personal variable were recorded in an especially designed Personal Data Questionnaire. It consists of ten questions to abstain personal information from the subjects on such theme as name, age, address, gender, education, religion, cast, marital status, education, monthly income and occupation of parents.

Reproductive Health Practice Scale

It consisted of 24 items covering 4 themes: Conception and child birth (6 Items), safe motherhood (6 Items), fertility regulation method (6 Items) and STD & HIV/ AIDS (6 Items). Each items had three alternative responses: Always, never and sometimes. A score of 3, 2 and 1 was given for the alternative always, never and sometimes. The range of score was from 24-72. High score indicated better reproductive health behavior.

Reproductive Health Education Material

It consisted of colored photographs/drawing and message. There were 40 photographs (26 cm x 20 cm) for reproductive health scale covering 5 themes for each photographs/drawing there was specific message. These photographs and message depicted scientifically correct information and knowledge of reproductive health attitude and practice. The message were recorded in audio cassette and communicated to the sample through tape recorder. The colored photographs were shown to the subjects one by one and the message related to each photographs was given simultaneously

Procedure

A structured questionnaire was developed for this study with the help Professor (Late) Dr. M. K. Hassan & (Late) Dr. A. Khalique and our guide Dr. Meera Jayaswal, senior colleagues of the Ranchi University, Ranchi. The questionnaire used in this study was developed in local language Hindi.

After collection of the questionnaire, health education regarding "reproductive health" was imparted to the girls through lectures with the help of audio-visual aids. This was followed by question-answer session to clarify their doubts. After three months, the same questionnaire was again administered to the students (post-test) to assess the impact of health education. Information collected compiled and analyzed statistically using chi–square test and percentages.

Results & Discussion

Using *t*-test, comparison was made between the mean reproductive health practice scores of the control group and the experimental groups. The mean and standard deviation scores of reproductive health practice for the control group and the experimental group I along with *t*-ratios testing the significance of mean difference are reported in Table 2.

Table 2

Comparison between Control and Experimental Group I on Reproductive Health Practice: Mean Scores

Group	Before Intervention				After Intervention							
					1st Intervention				2nd Intervention			
	N	M	SD	*t*	N	M	SD	*t*	N	M	SD	*t*
Control Group	25	52.44	5.68	2.33*	25	57.81	6.12	0.83	25	62.22	5.67	7.38**
Experimental Group-I	25	53.40	5.68		25	58.61	5.53	NS	25	68.20	4.05	

Note. *=Significant at 0.05 level/**= Significant at 0.01 level/NS= Not Significant

Before intervention, no significant difference was found between the control and experimental group I on mean reproductive health practice scores. Even mean is less or all most same and standard deviation of both the groups were 5.68. In After 1st intervention the control group and experimental group did not seem to differ significantly. Statistically significant difference was found on 2nd intervention impact data, the mean scores being 62.22 and 68.20, for the control group and experimental group I respectively.

Table 3

Comparison between Control and Experimental Group II on Reproductive Health Practice: Mean Scores

Group	Before Intervention				After Intervention							
					1st Intervention				2nd Intervention			
	N	M	SD	t	N	M	SD	t	N	M	SD	t
Control Group	25	52.42	5.68	2.27*	25	57.80	6.12	0.46 NS	25	62.23	5.67	8.19**
Experimental Group-II	25	49.98	7.49		25	58.22	4.87		25	69.36	4.89	

Note. *=Significant at 0.05 level/**= Significant at 0.01 level/NS= Not Significant

Table 3 compares the control groups and experimental group II scores on mean reproductive health practice, using *t*-test. The comparisons have been made on base line data as- well-as on each of the two interventions impact data. There is a gap between mean scores of control and experimental group II on base line data. The calculated mean reproductive health practice score of control group is 52.42 and is 49.98 for experimental group II, which differs significantly at .05 level.

The experimental group II does not differ significantly from the control group after the 1st intervention. The mean reproductive health practice score of experimental group II is 58.22 and it is 57.80 in the case of control group. It is apparently visible in this case that the mean reproductive health practice score of experimental group II take a leap after experiencing 1st intervention as compared to its previous score; before intervention.

After 2nd intervention the experimental group II continued the similar trend as after 1st intervention and had mean reproductive health practice score, 69.36. The *t*-ratio after experiencing 2nd intervention is found to be 8.19; which is statistically significant at .01 level.

Conclusion

This study concluded that the impact of reproductive health education on reproductive health awareness and knowledge among rural Muslim school students.. From this small sample of school students. It has been shown that-

Two experimental groups I and II differs in terms of nature of interventions to which they are exposed. It was shown significance Impact of Reproductive Health Education on Reproductive Health Awareness and Knowledge.

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