Impact of Reproductive Health Education on Reproductive Health Behaviour and Attitude of Rural Muslim Female Students

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The purpose of the present study is to find out the impact of reproductive health education on reproductive health behaviour and attitude among rural Muslim school students. A total sample of 120 students of class IX and X school studying is selected for study. Tools used were Reproductive Health Awareness and Knowledge 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, Reproductive health behaviour and attitude .

Introduction

Reproductive health education can be characterized as an educational cycle that advances hitter logical information, healthier mentality and practices corresponding to reproductive health. Reproductive health has been characterized as a condition of complete physical, mental and social prosperity and not only the nonappearance of sickness or illness in all issues to the reproductive framework and cycle (International Conference on Population and Development, 1994). The new reproductive health program requires and philosophical change in the way of life of the program, from a spotlight in the past on accomplishing technique explicit preventative targets, frequently utilizing coercive intends to giving customer jogged, quality administrations. For accomplishing the segment objective of diminishing the pace of populace development at the large scale level, more extensive social and financial approaches – particularly those intended to improve education and upgrade business open doors for ladies must be advanced.

Review of literature

Rosaly(2006) Women's unequal access to resources, including health care, has well known in India, in which stark gender disparities are a reality. While disparities in life expectancy may be narrowing, unequal sex ratio and higher female infant and child mortality rates in large parts of the country continue to reflect the general devaluation of women.

Women remain at a considerable disadvantage. In many areas in the quality of that life both within the home and outside it. For one, female literacy and school enrollment rates lag far beyond the males in most states; enrollment ratios for females are lower and gender disparities in school enrolment are wider in India than in almost every other region of the developing world.

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.

Objectives

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

Hypotheses

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

Method

Sample

Present study consisted 120 school students of class X and 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 40 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	40	40	40	120

This research study conducted of all Muslim adolescent pupils meeting the eligibility criteria, teenager student's of age group 14-18, was conducted in one-one school of Kanke and Ratu blocks, with a school students population of about 300 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 Behaviour and Attitude Scale

This is Likert type scale. It consisted of 97 items covering 5 themes: Reproductive system (16 Items), safe motherhood (16 Items) , fertility regulation method (16 Items), and STD & HIV/ AIDS (34 Items). Each item had 5 alternative response: strongly agree, agree, uncertain, disagree and strongly disagree. Score of 5, 4, 3, 2, 1 was give for the response alternative to positive items. The scoring was reversed for the response alternative negative items. The rang of score was from 97-485. High score indicated positive attitude regarding reproductive health.

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 bhaviour and attitude scores of the control group and the experimental groups. The mean and standard deviation scores of reproductive health behaviour and attitude 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 Attitude: 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	40	300.52	40.25	1.10 NS	40	336.32	37.28	5.508*	40	353.96	36.43	5.013*
Experimental Group-I	40	307.01	27.88		40	364.98	24.76		40	378.96	22.67	

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 behaviour and attitude scores. Even mean is less and but in standard deviation of both the groups were differ. 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 353.96 and 378.96, for the control group and experimental group I respectively. Hence it was clearly shown the impact of reproductive health education on reproductive health behaviour and attitude.

Table 3

Comparison between Control and Experimental Group II on Reproductive Health Behaviour and Attitude: 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	40	301.52	40.25	2.995	40	337.32	37.28	1.439*	40	354.96	36.43	2.703
Experimental Group-II	40	320.55	36.99		40	343.36	30.82		40	368.49	22.95	

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 difference is observed between mean scores of control and experimental groups II before intervention. The mean reproductive health attitude score for the control and the experimental group II are 301.52 and 320.55 respectively.

The same tendency is observed in reproductive health attitude scores after 1st intervention between control and experimental group II; the mean scores for both the groups are 337.32 and 343.36 respectively. The calculated *t*-ratio is 1.439 which is less than the tabulated value of *t* at 5% and is greater than at 1%.

On 2nd intervention the difference in reproductive health attitude scores are showing the growth at almost similar pace as compared to the previous comparison. The derived value of mean for control data is 354.96 and 368.49 for experimental group II. But it is quite visible that the impact after each intervention is positively reflects in the calculated value of mean in experimental group II.

Conclusion

This study concluded that the impact of reproductive health education on reproductive health behaviour and attitude 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 with and without discussion to which they are exposed. It was shown significance Impact of Reproductive Health Education on Reproductive Health behaviour and attitude.

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