



EFFECTIVENESS OF TEACHING METHODS IN ENHANCING THE KNOWLEDGE REGARDING REPRODUCTIVE HEALTH OF EARLY MARRIED WOMEN OF SLUM

Home Science

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ABSTRACT

Background: The incidences of child marriage are more associated with the socio economical factors. Though it is more prevalent in rural area but the migrants are coming from the villages to the cities and tend to live in the slums which are cheaper, lack basic amenities, unhygienic and prone to numerous ill health. Child brides face serious reproductive health outcomes due to low knowledge of reproductive matter. Hence, by providing the information regarding menstruation, family planning and RTI/ STI and reproductive right the risks of reproductive health may be reduced. **Objective:** To know the effectiveness of the teaching methods to improve the knowledge of reproductive health. **Material And Method:** Longitudinal, non-experimental pre and post test study was conducted among 115 young women of slum who were married before 18 years. Purposive random sampling was applied to select the study subjects. Interview schedule was used to collect the data for the study. The information of reproductive health was provided by didactic lecture, participatory and individual methods. Paired 't' test was used to evaluate the effectiveness of the teaching methods. **Result:** The overall baseline knowledge regarding reproductive health of the participants was increased by the intervention. It was observed that there is a significant value change ($p < 0.001$) in knowledge of reproductive health. **Conclusion:** It can be concluded that the if the scientific information will be provided to the women it will enhance the knowledge as well as the healthy practices of reproductive health of women.

KEYWORDS

Reproductive health, child brides, urban slum, teaching methods.

INTRODUCTION:

Most of the child brides, one in three of the world, is living in the India. Over half of the Indian child brides are living in five states i.e Uttar Pradesh, Bihar, West Bengal, Maharashtra and Madhya Pradesh. Among all these five states Uttar Pradesh becomes the home of child brides with the largest population (36 million) of child brides (UNICEF, 2019) that have cases of child marriage higher than the national average. (Census, 2011).

The slum population is being increased day by day because of migrated people come to cities for earning their daily bread and butter. Because of their low wages people tend to live at the place which are cheaper, lack basic amenities and prone to several ill health. (Rizvi *et al.*, 2013). However, child marriage has long term negative consequences for both boys and girls but the adverse effects of child marriage on girls are more serious as previous researches associated child marriage with the adverse reproductive health outcomes and social outcomes (Raj A. *et al.*, 2010). Various study indicated that the women who were married earlier (before 18 years) were more prone to reproductive health issues like; less contraceptive use, early pregnancy, STI including HIV/ AIDS, domestic violence that results risky pregnancy and maternal and child death due to less knowledge regarding their reproductive health. (Clark *et al.*, (2006); Santhya *et al.* (2003); Maharjan *et al.*, (2019) and Godha D. *et al.*, (2013). It is the right of every woman to be informed and empowered to protect themselves from sexually transmitted infections (STIs) and when they decide to plan for having baby, women must have access to services that can help them to have a fit pregnancy, safe delivery and healthy baby. Every woman has the right to make their own choices about their sexual and reproductive health. (UNFPA, 2019).

Reproductive health depends on economic status, education, employment and the living conditions. So, the women empowerment through education is necessary for her good sexual and reproductive health. (Jain R. *et al.*, 2016). It is suggested that together with reducing the number of child marriage it also becomes necessary to educate the early married women who are already married. (Maharjan *et al.*, 2019). Regular health education regarding menstruation, menstrual hygiene, family planning methods, reproductive tract infections to women improves the maternal and child health. (Jain R. *et al.*, 2016).

Information Education and Communication (IEC) is an approach which attempts to change or reinforce a set of behaviour in a target listener regarding specific problem in a predefined period of time, in this case reproductive health of women. It combines many strategies,

approaches and method that make able individuals, families, groups, organizations and communities to play active role in achieving, protecting and sustaining their own health. It is the process of learning that may empower women to make decisions, modify specific behaviours and change social conditions. (Hawaibam B., 2015). There is no study in urban slums of Lucknow that assessing effect of IEC program on the knowledge of early married women. Therefore, the objective of the study is to assess the effect of the teaching methods on the knowledge regarding reproductive health among early married women of urban slum.

Research Methodology

Study Design And Study Setting:

A longitudinal, pre-test and post-test non experimental design was conducted by the respondents to know the effectiveness of the teaching methods regarding reproductive health of women. Present study was conducted in urban slums of Lucknow.

Study Subject:

The present study was the pilot study. Total 115 early married women belonging to the age 15 -24 years who were living in the slums of the Lucknow were selected for the study.

Inclusion Criteria:

Young women who were married before 18 years and living in the slums more than six months and who were not willing to participate in the IEC program or not co-operative during data collection.

Exclusion Criteria:

Women who were living in the slum less than six months who were not willing to participate in the IEC program or not co-operative during data collection.

Sampling:

The study subjects were selected from the NGO named Family Planning Association working for the reproductive health of the women belonging to the reproductive age. Firstly, the NGO was contacted to collect the data for our study. The data for the study was collected by the help of peer educators of the NGO, who were working in the slum areas of Lucknow.

Purposive random sampling was applied to select the study subject. An informed consent was taken by the each and every study subjects. For keeping the confidentiality, the code of the study subjects was used at the place of name in questionnaire.

Study Tools:

The data was collected by using interview method. The pretested and pre designed schedule was used to collect the data of preliminary phase. For getting an idea for the type of questions for the schedule different research papers (Jose *et al.*, (2019); Thapa P. *et al.*, (2018)) were considered. The questions related to four domains of reproductive health i.e., menstruation, family planning, RTI/ STI and reproductive right were included in the questionnaire. For scoring the knowledge 1 was assigned for right answer and 0 for wrong answer to each question. Score of the knowledge regarding menstruation, family planning, RTI/ STI and reproductive right were added separately and for calculating total scores of reproductive health, the total scores of the all the domains were added together.

After collecting the data of preliminary phase, the popular methods and teaching tools, used by the NGOs were analysed. By considering preference of study subjects to get the information of reproductive health, cost effectiveness and effectiveness of the study tools, three teaching methods; didactic (one way) lecture by help of set of flash cards, participatory method by help of games (snake & ladder and card game) and individual method by distributing the flip book among the participants, were developed. The teaching tools were developed by the researcher itself for providing the information of reproductive health among study subjects. For developing the tools, the information was collected from the various literatures i.e. flip chart on School AIDS Education Program (UNICEF), Stepping in to adolescence (Mamta-health institute for mother and child); Margadarshika (FPAI); flip book by NRHM (SIFPSA).

The IEC programme was organized at five centres situated at the local, nearby place of the participants so that they can participate easily at decided time. Four meetings with the participants were scheduled at every centre. The sets of flash cards consist of stories related to menstruation, family planning, RTI/ STI and reproductive right (figure: 1) was used to deliver one way lecture by the researcher. At the end of the lecture the topic was discussed with the participants and doubts were solved. Snake & ladder (figure: 2) was like traditional snake & ladder in which the information of reproductive health was given. In card game named; repro health (figure: 2), the information regarding reproductive health was provided by the 72 cards. These two games were based on does and don't for having safe and healthy reproductive health. The flip book of 12 pages consists of the information in brief distributed to study subject at the end of the program (figure: 3).

After intervention the data was collected using the same schedule interview, used in preliminary phase of the study. SPSS version 20 was used to analyse the data. The data was coded and tabulated. Paired 't' test was applied to evaluate the change after giving the intervention to the study subjects.



Figure: 1. Set of flash cards used in intervention

Figure: 1. (a) Flash cards on menstruation; Figure: 1. (b) Flash cards on family planning;

Figure: 1. (c) Flash cards on RTI/ STI; Figure: 1. (d), Flash cards on reproductive right



(a)



(d)

Figure 2. Participatory method

Figure 2. (a) Snake & ladder; Figure 2. (b) Repro health card game



(a)

(b)

Figure 3. Individual method

Figure 3. (a) Front page of flip book; Figure 3. (b) Last page of flip book

RESULT:

Comparison of the pre- and post- intervention knowledge score of reproductive health, menstruation, family planning RTI/ STI and reproductive right.

Table: 1 Comparison Of Mean Of Knowledge Score Of RH, Menstruation, Family Planning RTI/ STI And Reproductive Right Before Intervention And After Intervention

	Pre- intervention		Post – intervention		Significance of change
	Mean	SD	Mean	SD	t value
Reproductive health	25.41	7.670	42.51	5.009	-47.267***
Menstruation	11.17	2.692	16.77	1.579	-31.509***
Family planning	4.61	2.806	6.38	1.958	-17.409***
RTI/ STD	3.73	2.049	8.05	1.382	-39.992***
Reproductive right	6.01	4.297	11.30	2.878	-28.908***

***Sig at 1% level of significance

Table: 1 depicts the paired t test results. It was observed that after intervention the scores ranged from 80.74±21.757 (knowledge of RH)

to 88.00 ± 9.998 (total evaluation). It was observed that there is a significant value change ($p < 0.001$). Thus, the null hypothesis there is no change in mean score of knowledge of reproductive health before intervention and after intervention, is rejected.

It was stated that null hypothesis that there is no change in mean score of knowledge of menstruation before intervention and after intervention is rejected as the p value was < 0.001 . It was found that after intervention the scores ranged from 11.17 ± 2.692 to 16.77 ± 1.579 in knowledge of menstruation.

Similarly, there are a significant value change is seen in knowledge of family planning as $p < 0.001$. The null hypothesis, there is no change in mean score of knowledge of family planning before intervention and after intervention, is rejected. The scores of family planning knowledge ranged from 4.61 ± 2.806 to 6.38 ± 1.958 .

It was noticed that null hypothesis there is no change in mean score of knowledge of RTI/ STI before intervention and after intervention, is rejected because after intervention in the score of knowledge regarding RTI/ STI, a significant value change is seen ($p < 0.001$). Knowledge of RTI/ STI was changed from 3.73 ± 2.049 to 8.05 ± 1.382 .

After intervention a significant value changed in knowledge of reproductive right as the $p < 0.001$. Thus, the null hypothesis, there is no change in mean score of KAP of RR before intervention and after intervention, is rejected. The knowledge of reproductive right was increased from 6.01 ± 4.297 to 11.30 ± 2.878 .

DISCUSSION:

No similar study was conducted like our study. **Gedeon J. et al., (2016)** conducted a study to evaluate the impact of an intensive three-day workshop dedicated to improving knowledge of STIs among peer educators through didactic, experiential, and skill-building exercises, the results of the study indicated that both individual and aggregate STI knowledge increased from baseline knowledge. Similarly, a study done by **Institute of Health Management, (2018)** also noticed positive impact of the SRH programme on married girls as it risen the healthy reproductive health practices among the participants. **Sancheti et al., 2014** also found that audio-visual health education intervention is helpful to improve the baseline knowledge and attitude of school going adolescents about reproductive health.

CONCLUSION:

In our study it can be concluded that if the scientific information regarding reproductive health will be provided to the early married women the knowledge of reproductive health will be improved. The initiatives should be taken by the NGOs who are working in the particular field. It is found that innovative teaching materials can attract the study population. If the reproductive knowledge will be provided to the women through multi channels in cost effective and interesting way of communication. It would be more effective. Participatory methods are very effective to motivate women in improving the knowledge of reproductive health.

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