

HEALTH EDUCATION FOR THE SECONDERY SCHOOL GIRLS IN ZAGAZIG CITY ABOUT REPRODUCTIVE HEALTH

SUMMARY

Adolescents comprise 20% of the world's total population. Out of 1.2 billion adolescents worldwide, about 85% live in developing countries. Among adolescents, girls are particularly vulnerable, not only because they are more likely to be coerced invariably for unprotected sex than boys, but they are more susceptible biologically to sexually transmitted diseases (STDs), including HIV infection. Inequality between the sexes makes girls more vulnerable to violence and sexual abuse. Their long-term economic potential is reduced still further by early childbearing (**Parwej, 2005**).

Thus, in order to lead healthy, responsible and fulfilling lives, and protect themselves from reproductive health problems, young people need to be knowledgeable about themselves and the people they relate to, and need sound information about the physical, psychological and social changes that take place through childhood and adolescence (**Gupta, 2004**).

The aim of this study is to conduct health education for the secondary school girls in Zagazig city about reproductive health.

This will be accomplished through the following specific objectives:-

- 1- To assess knowledge of adolescent girls toward reproductive health.
- 2- To plan and develop the health education intervention.
- 3- To implement and evaluate the impact of the health education intervention.

Research hypothesis:

The student's awareness regarding reproductive health will increase after conducting the health education intervention.

Sampling:

The sample included 288 students from secondary school girls at Zagazig city. The sample was divided into two groups; intervention and control group were chosen randomly from each school, each of them include 144 girl students.

Tools of data collection:

A structured questionnaire sheet was designed by the researcher, based on literature review, it was constructed in

simple Arabic language for the students to suit their level of understanding, covers the following parts:

A.Socio-demographic characteristics of the students such as; residence, father and mother education, father and mother occupation, mass media apparatus at home and preferred programs (**Appendix 1**).

B.Knowledge assessment (pre/ immediate and post test) sheet regarding reproductive health issues which include 8 items; Puberty, Premarital care, Marriage, Fertilization, Family planning, Sexually transmitted disease, Female genital mutilation and Feminine hygiene (**Appendix 2**).

A pilot study was conducted on 30 students to evaluate the content of the tools and clarity as well as to estimate the time need on data collection.

Health Education Program:

The first step in conducting this program was to set the objectives and to cover the lack of knowledge detected in the pre test.

The main objective of this program was to:

Increase student's awareness regarding reproductive health issues.

Health education program was carried out in 4 phases:

1- Assessment (pre-test):

Assessment of the students knowledge regarding reproductive health issues, and their ability to participate in the health education program in order to determine the baseline of knowledge that the program was to built up in relation to reproductive health.

2- Planning:

Designing and setting the program contents, according to needs (as revealed by pre test result scores). The researcher prepared place, materials and timetables to implement the program.

3- Implementation:

The education program was done using:

1-Lectures.

2- Group discussions.

3- Handout (booklet); was developed by the researcher, including illustrative pictures. It was given to the intervention group to be used in the educational sessions.

- The theoretical part of the program was divided into 8 sessions to complete the program content for each class. Each session took an hour including answering questions, and discussing the lecture with the students, two times a week for each class.

4- Evaluation:

The evaluation was conducted on 2 consecutive times using the pre-post interview questionnaire format. Evaluation was done immediately after the program implementation to assure understanding of the students and successfulness of the program. And after 3 months from the program implementation to determine the degree of acquisition and retention span of knowledge and if any change of behavior occurred.

The results of the study can be summarized as following:

1. More than half of the sample were belonged to East region school, and came from urban area.
2. More than half of fathers and (45.8%) of mothers had university degree and most of mothers were housewives (82.3%).
3. More than half of intervention group (56.3%) compared to (49.3%) among control group had all kinds of mass media apparatus, and 43.8% & 36.1% prefer educational programs.
4. No statistically significant difference were found at the total score of students' knowledge about all reproductive health issues at the pre-program phase between intervention and control group.
5. A statistically significant difference were noted at the total score of students' knowledge about all reproductive health

issues immediately after program implementation and post 3 months between intervention and control group.

6. A statistically significant difference was found between satisfactory level of students' knowledge and residence regarding STDs, and feminine hygiene among intervention and control group.

7. A statistically significant difference was found between satisfactory level of students' knowledge and mother education regarding premarital care, marriage, fertilization and family planning among intervention group and marriage, fertilization and feminine hygiene among control group.

8. A statistically significant difference is found between satisfactory level of students' knowledge and their mothers' occupation regarding marriage, fertilization and feminine hygiene among intervention group, and puberty among control group.

9. No statistically significant difference is found between satisfactory level of students' knowledge and mass media among intervention group, while there was statistically significant difference between satisfactory level of students' knowledge and mass media regarding marriage, family planning, and feminine hygiene.

10. A statistically significant difference is found between satisfactory level of students' knowledge and preferred programs regarding premarital care and marriage among intervention group and marriage and fertilization among control group.

The study recommended health education program should be:

A. Schools:

- 1.Co-operation between the ministry of education and ministry of health and population to establish a curriculum regarding reproductive health.
- 2.Increase the percentage of teaching hours for the topics that concerning reproductive health.
- 3.Refreshing training courses for the teachers regularly using different types of interactive approaches about reproductive health, to increase their competence to teach such matters, and to deliver appropriate information friendly and non-threaten ways.
- 4.Further reading resources, computer facilities and relevant resources should be available at school library to enhance knowledge regarding reproductive health.

5. Invite religious leaders and medical professionals to answer questions posed by students about reproductive health.

B. Parents and family:

1. Emphasizing parents' role to increase the awareness of their daughters to resist peer pressure and provide them a positive beliefs and attitudes regarding reproductive health.

2. Participation of parents with school to discuss the importance of adolescent's knowledge regarding reproductive health.

C. Community:

1. Mass media programs through televisions and radio and publishing materials related to reproductive health should be available through the community.

2. Providing training for health workers to be nonjudgmental and empathetic, making health facilities user-friendly and obtaining the support of community leaders for the provision of health services to adolescents.

3. Further researches for both adolescent boys and girls to evaluate the level of knowledge, beliefs and attitudes regarding all reproductive health issues.