

IMPROVING THE SYSTEM OF DEVELOPING KNOWLEDGE OF REPRODUCTIVE HEALTH OF STUDENTS OF HIGHER EDUCATION INSTITUTIONS

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ABSTRACT

In general, the social development of young people is influenced in many ways by their peers. Peer education is a proven and effective approach to strengthening reproductive health, especially HIV / AIDS education, among young people. This study was conducted to assess the effectiveness of peer-to-peer educational interventions in addressing sexual and reproductive health-related knowledge and concerns among young people in the northwestern Nigerian states of Kaduna and Kano.

Keywords: reproductive health-related knowledge, education, sexually transmitted diseases, innovative pedagogy, chronic disease, peer knowledge.

INTRODUCTION

This study examined training modules for high school teachers and pedagogical students to increase knowledge and motivation on sexual and reproductive health (SRH) in their schools. An intervention study was conducted from 2013 to 2016 with 128 lower secondary school teachers and 100 pedagogical students. The pilot intervention was designed with 5 lessons providing knowledge on SRH and one lesson on interactive training skills. Pre-and post-tests were designed to measure the improvement in knowledge and attitude of the participants. After intervention, the rate of participants with at least 25/30 correct answers for the test on SHR knowledge has increased significantly, accounting for 91.2% among intervention group while remains at 4.8% among control group ($P < 0.001$). Sex education education is necessary and supported to support the sexual development and overall sexual health of young people. Data are available to the general public on adolescent pregnancy, sexually transmitted diseases, including human immunodeficiency virus (HIV) infections, as well as guidelines on sex education among young people in the United States. Continues to emphasize its support by. In order to support the implementation of national sex education standards, current efforts are aimed at better preparing teachers for sex education. **METHODS** The Future of Sex Education initiative has called in a team of experts to develop standards for teacher training for sex education. The National Teacher-Preparation Standards for Sexuality Education represent an unprecedented unified effort to enable prospective health education teachers to become competent in teaching methodology, theory, practice of pedagogy, content, and skills, specific to sexuality education. Higher education will play a key role in ensuring the success of these standards. An effective innovative pedagogy for sexual health education is required to meet the demands of technology savvy digital natives. This study investigates the extent to which game-based learning (GBL) and gamification could improve the sexual health education of adolescent students. We conducted a randomized control trial of GBL and gamification experimental conditions. We made a comparison with traditional teaching as a control condition in order to

establish differences between the three teaching conditions. The sexual health education topics were delivered in a masked fashion, 40-min a week for five weeks. Awareness, intention, and motivation: Participants were asked to answer a prepared questionnaire about awareness on SRH importance; intention and motivation to teach and integrate SHR in their lessons. The scale used as a measure of awareness on SRH importance included two items: (1) the importance of learning SRH for children and (2) the importance of teaching SRH. Learners answered each statement using a three-point scale ranging from „agree“, „not sure“ and „disagree“. The scale used as a measure of intention and motivation included two items. One assessed the teacher's confidence in teaching, integrating SRH knowledge into future lectures using a three point scale ranging from „not confidence“, „not sure“ and „confidence“ and another related to their intention to teach, integrate and organize extra-curricular activities on SRH in the future using a two point scale including „yes“, and „no“. These scales were approved by Reproductive Health Education and Family Planning Center, Hanoi National University of Education. Participants also are required to design their lectures at the end of the training program. Knowledge of sexual and reproductive health and rights (SRHR) by health care, police, legal and social work professionals has been shown to be insufficient. This lack of competence is likely to affect the quality of services. The aim of this study was to describe SRHR indicators in educational programmes in health care, police, legal and social work higher education in Sweden. A text-based analysis was conducted of written material from all educational programmes in law, midwifery, nursing, occupational therapy, physiotherapy, police work, psychology, social work and undergraduate medicine (93 educational programmes at 27 universities and university colleges). Representation of different SRHR indicators varied, but most were poorly covered in the educational programmes. Existing educational programmes lack comprehensiveness in their coverage of SRHR and are unequal both within and between the professions and universities. This situation creates the risk of inequalities in SRHR competence and suggests that needs within this field may be unmet. There is an urgent need therefore to enhance the presence of SRHR in health care, social work and law enforcement education in Sweden. Concern for Sexual and Reproductive Health and Rights (SRHR) is essential for sustainable health development because of their links to gender equality and well-being, their impact on health through the lifespan, and for their role in shaping future economic development and environmental sustainability. In high income countries such as Sweden, aspects of SRHR have proved to be important health determinants, not least because they have strong a connection to non-communicable health issues such as mental ill health and chronic disease. To ensure SRHR for all, it is important to involve a range of actors, sectors and policies to address SRHR via cross-sectoral work . Student attitudes towards SRHR are strongly influenced by culture and affect how learners regard their professional role in regard to the promotion of SRHR. To have a positive effect on health outcomes for the individual and the population, it is important that the curriculum is well designed, making it possible to achieve the competencies needed for work related to SRHR. However, to date, insufficient research has been conducted in Sweden on the level and direction of health, police, legal and social work education programs under the SRHR. Research is needed to determine the extent to which SRHR is present for these different occupations and which specific aspects of SRHR should be

included or excluded from higher education. The study protocol consisted of the following steps. Development of SRHR indicators via a narrative literature review, the formation of a reference group and consensus agreement on indicators to be included, by both the research team and the reference group. Data collection via documentation on each profession, programme descriptions and course syllabi from each included programme. The pilot testing of indicators via a manual search of indicators in documentation from one educational programme for each profession, from different universities. The manual search for indicators was performed using representational interpretation. Identifiable indicators and the indirect presence of indicators (for example when synonyms for various indicators were used) were counted for each document. The presentation of pilot results to the project reference group by e-mail for feedback, to enable the revision of the chosen indicators and to ensure a fuller understanding of indirect indicators. Respondents in the study area had a low level of knowledge on reproductive health issues. A total of 1587 participants completed a self-administered questionnaire anonymously on-site and the trained investigators conducted quality check afterwards. Sixty participants among them completed the test–retest assessment with 2 weeks interval. The reliability was determined by internal consistency, split-half reliability and test–retest reliability. The construct validity was assessed by confirmatory factor analysis.

RESULTS

The 58-question reproductive health literacy questionnaire for Chinese unmarried youth demonstrated high internal consistency (Cronbach's $\alpha = 0.919$), split-half reliability (Guttman splitting coefficient = 0.846) and test–retest reliability (correlation coefficient = 0.720). The confirmatory factor analysis showed that the construct of the questionnaire fitted well with the hypothetical model. The reproductive health literacy scores in unmarried girls aged 15–24 were higher than boys ($P < 0.05$) and college students who lived in rural areas when they were middle and high school obtained lower score than those living in cities and suburbs ($P < 0.01$). The Reproductive Health Literacy Survey for Chinese Singles has shown good reliability and validity, which can be used as an effective assessment tool to assess reproductive health literacy among Chinese youth. Despite growing research into evaluation structures for adolescent health literacy in the general population, there is currently a research scarcity in health literacy assessment tools for youth sexual and reproductive health. This is the first time the WHO health literacy framework has been used to construct and evaluate reproductive health literacy among Chinese youth. In this study, we described the questionnaire's development process, reliability and validity, and utilisation among 1587 unmarried youth in Shanghai, China. Our findings indicated that the 58-item questionnaire we developed is effective to assess the reproductive health literacy in Chinese unmarried youth aged 15–24, which includes four aspects of literacy ability (accessing, understanding, appraising, and applying) to three health domains (reproductive health determinants, behavioural risk factors, and health service utilisation). The development of this tool can not only measure the reproductive health literacy level, but also be used for long-term monitoring, as well as facilitating effect evaluation of intervention. This questionnaire may also help to develop target interventions to improve reproductive health literacy of Chinese young people. The article discusses the theory of health

research: the study of the concept, the current state of student reproductive development, its impact on social reproduction, the impact of disease on reproductive health. Sociological research on reproductive studies of students of Gulistan State University was conducted. Industry research has helped to monitor the reproductive culture of young people, which has led to the development of a number of proposals and recommendations on various social benefits that can be provided for higher education. Nicaragua has the highest prevalence of teenage pregnancies in Latin America. Knowledge regarding sexual and reproductive health plays an integral part in sexual behavior. Decrease rates of infertility. The Centers for Disease Control and Prevention (CDC) estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Slow the transmission of HIV through testing and treatment.⁵ People living with HIV who receive antiretroviral therapy are 92% less likely to transmit HIV to others. There are many problems with adolescent health in Indonesia, especially reproductive health problems. If not enough attention is paid to the reproductive health of adolescents, this can lead to other problems related to adolescent health. In addition to parents, school staff also play an important role in addressing this health problem, as educators are closer to adolescents than their parents. Teachers and friends can be a resource by providing information on reproductive health for teens. Therefore, the level of knowledge of school teachers and peers about the reproductive health of adolescents is important. This study aims to determine the impact of teaching adolescent reproductive health on teacher and peer knowledge.

CONCLUSION

This study found a significant difference in the knowledge of teachers and peer educators before and after training using the lecture method, discussion, and counseling practices on reproductive health. Peer educators are encouraged to share their knowledge and help their peers choose the right solution for themselves, and teachers can act as mentors and mentors for peers. Hopefully, increasing adolescents' knowledge of reproductive health will prevent dangerous sexual behaviors in adolescents as a result of this study.

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