



SCERT, KERALA & FAROOK TRAINING COLLEGE, KOZHIKODE

Young Scholars' Enrichment Programme

**Awareness on Reproductive Health Education among
Prospective Teachers at Elementary Level in
Malappuram District**

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Study Report submitted Under the Young Scholars Enrichment
Programme Jointly conducted by SCERT, Kerala &
Farook Training College, Kozhikode

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I, **Dr. Jayaprakash K**, do hereby certify that this study report entitled **AWARENESS ON REPRODUCTIVE HEALTH EDUCATION AMONG PROSPECTIVE TEACHERS AT ELEMENTARY LEVEL IN MALAPPURAM DISTRICT** is a record of bonafide study and research carried out by **Nourin Sharaf. K.** of M.Ed. Programme (2022 – 2024) under the supervision and guidance of **Mrs. Rajitha K V.**, Assistant Professor, Farook Training College, Kozhikode, as the part of **Young Scholars' Enrichment Programme** jointly conducted by **SCERT, Kerala & Farook Training College, Kozhikode**

Trivandrum

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INTRODUCTION

- *Need and significance of the study*
- *Statement of the problem*
- *Definition of key terms*
- *Variable of the study*
- *Objectives of the study*
- *Hypothesis*
- *Methodology*
- *Tool for data collection*
- *Scope and limitation*
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INTRODUCTION

Reproductive health education plays a crucial role in equipping individuals with the knowledge and skills required to lead healthy, safe and responsible lives and make informed about their sexual and reproductive health. The concept of reproductive health education encompasses complete physical, mental and social well-being relation to sexuality. (WHO, 2004). It is not restricted to just the absence of disease or fertility but rather a more general term that encompasses a person's happiness and a fulfilling personal life. Men and women have the right to be informed and have access to safe, effective, affordable and acceptable methods of their choice for the regulation of fertility which are not against the law and the right of access to appropriate health care services for safe pregnancy and child birth and provide couples with the best chance of having a healthy infant.

According to UNFPA (2014) comprehensive reproductive health education focuses on providing individuals with knowledge, skills, attitudes and values related to their sexual and reproductive well-being, which is why reproductive health education is essential. It covers a wide range of topics and information that pertain to sexual development, relationships, reproductive rights, contraception, sexually transmitted infections (STIs), pregnancy, child birth, and reproductive choice.

Reproductive health is not restricted to any abnormality related to the reproductive system. But it is a part of reproductive health, which aims to improve personal relationships and awareness. The importance of understanding one's body, consent, respectful relationships and making independent decisions about

reproductive choices is emphasised in reproductive health education. It is aimed at remove myths and misconceptions, decreasing stigma and providing information on reproductive health. Education in this area aims to reduce the incidence of unintentional pregnancies, STIs and other reproductive health harms. It also seeks to human rights, general welfare and advance gender equality. IPPF describes the major goal of reproductive health education is to achieve three objectives. 1) To ensure the rural residents have access to quality maternal and reproductive health services 2) To empower individuals to make informed decisions regarding their sexual and reproductive health, promote a healthy behaviour, prevent risky sexual practices and foster positive attitudes towards sexuality and relationships. 3) To Increase the institutional and human capacity of local governments, health centers, communities and men and women involved in reproductive health (2016).

The inclusion of Reproductive Health Education (RHE) in school curriculum is crucial. It assists students in the decision-making process regarding several issues related to reproductive health. The implementation of RHE in schools has always been supported by the international community, which protects the rights of the adolescent population. The Sustainable Development Goals Agenda recognize the significance of RHE to guarantee that all learners acquire the required knowledge and skills in this field. The effort to end all forms of violence against girls and women everywhere would be supported by this. The academic literature has not fully explored the situation of implementing it in schools in developing countries like India. It seems that RHE in schools across India is currently disorganized.

According the findings of the research studies, most parents are reluctant to discuss reproductive health-related issues with their children. Even though the information obtained from mass media and society is easily accessible but it is not always accurate or reliable when it comes to these matters. Teachers have the advantage of spending a significant amount of time with students, making it easier for them to incorporate RHE into their teaching activity. Therefore, schools become the ideal and reliable setting to provide RHE for the younger population. It is crucial to educate children on reproductive health in this society we live in today. Reproductive health education can be delivered through formal channels, such as school curricula as well as through informal platforms like community organizations, healthcare providers and digital platforms. It is important that reproductive health education is age-appropriate, inclusive and culturally sensitive, taking into account the diverse needs and perspectives of individuals.

Educating children about reproductive health is essential and teachers play a vital role in delivering age-appropriate information. However, teaching reproductive health can be challenging due to its comprehensive and interdisciplinary nature. Understanding teachers' concerns and expectations is crucial for successfully implementing RHE sessions in the classroom. In fact, teaching RHE in early childhood is increasingly important due to the changing times and its potential impact on children's lives as they enter adolescence. Unfortunately, some communities still consider RHE, including sex education, a taboo topic, deeming it unsuitable for young children. However, this stance can lead to misinformation and vulnerability among children, potentially resulting in unintended consequences like

teenage pregnancy, sexually transmitted diseases and other issues. By recognizing the importance of RHE, we can empower children with accurate knowledge and preparing them for healthy and informed lives

Primary school teachers are instrumental in laying the foundation for healthy attitudes and behaviours, empowering students to make informed decisions about their reproductive health and well-being. The purpose of this research is to educate children against these types of sexual assaults which are increasing day by day against young children and also to enable teachers to make children aware in such situations. Therefore, it is necessary to give awareness about Reproductive health education for children from the elementary level. Understanding their own bodies and creating a positive body image can be achieved through sex education for children. Talking about sexuality with children is also a way to establish an open communication pattern. The importance of early communication, honesty, and openness between parents and children cannot be overstated, especially during their adolescent years. When communication between children and parents is normal, they will feel more comfortable talking with their parents about other things, including depression and relationships. Talking about sexuality opens the door to communication and acceptance of the topic or issues. Parents can prevent stuttering when children require answers about sex when they are teenagers by starting sexual communication with them as early as possible. Parents are more likely to provide the children with accurate sexual information than their friends or other sources. Starting communication and discussion early can be done through experience.

Need and Significance of the Study

Overall health and well-being cannot exist without sexual and reproductive health. Controlling one's body and making informed choices about sex is part of their right. Sexual and reproductive health is about having rights to healthy and respectful relationships, access to inclusive and safe health services, accurate information and testing, treatment and timely support and affordable contraception. Accessing these resources is necessary for everyone to ensure their sexual and reproductive health is taken care is more than just physical well-being, it is also about having the freedom to make the right choices for our self. Sexual and reproductive health is essential to one's well-being throughout their life. To lead a healthy life, we need equality, respect, safety and freedom from stigma and discrimination.

Gender-based violence on social media and in many instances of rape and murder is a result of lack of adequate Reproductive health awareness. Awareness on reproductive health education is crucial for this type of ignorant society. The school is a vital organisation in maintaining the continuity of community life and passing on traditions, experiences, values and customs from one generation to the next. For developing the whole personality of the child and for catering to his social, constructive, artistic and other urges and impulses, school has to undertake various programs of instruction and activities. The school is responsible for what has been neglected at home in the child's overall development. The school must teach Reproductive health education and family life education in a way that meets the needs of younger individuals, just as it must teach as other subjects. Teachers who

are knowledgeable about scientific answers to their children's questions about human reproduction and its related areas. The school should serve that purpose. Their questions should be answered honestly, truthfully, calmly and objectively without any emotional block. But the success or failure of the school Reproductive health education program depends on the teacher who needs to be properly trained, sufficiently experienced, carefully selected and properly prepared. Being enlightened means being able to easily converse with young boys and girls.

Sexual and reproductive health includes the right to healthy and respectful relationships, access to inclusive and secure health services, accurate information and testing, timely treatment and support. Everyone should have access to those resources to make sure they have sexual and reproductive health. Sexual and reproductive health is a vital aspect of overall well-being throughout a person's life. It is important for both boys and girls have a clear understanding about Reproductive health education before puberty. Its ignorance may lead to dangerous results. Good sexual and reproductive health is not only about physical well-being but also about having the right to make choices. It is also about understanding the risks and keeping ourselves safe and healthy. Everyone should have access to the resources they need to make informed decisions about their sexual and reproductive health. In this age where children are addicted to social media, they jump into many pitfalls and commit suicide and teachers need to make children aware of such things along with academic matters, so this study has potential.

Reproductive health education is impacted by both attitude and knowledge factors, which must be addressed to ensure comprehensive and effective education.

Attitudinal barriers such as stigma, shame, socio-cultural norms, gender, power dynamics, religious and moral beliefs can hinder the delivery and uptake of education. Knowledge gaps also exist, including inaccurate information on anatomy, puberty, consent and contraception as well as widespread misconceptions and myths. To address these gaps age-appropriate knowledge, cultural sensitivity and teacher confidence are essential. Moreover, parental knowledge and communication styles, youth-friendly services and digital literacy play a crucial role in shaping education outcomes. By tackling these interconnected attitude and knowledge gaps a teacher can provide effective Reproductive health education.

Nowadays puberty stage in children is very early. Earlier it was between 12 and 15 years but today our lifestyle and food habit cause puberty in early age. it is between 8 and 11 years. Therefore, the role of teachers in creating awareness among children about reproductive health education and sex education is very important for children who reach the puberty stage at such a young age. It is the responsibility of the teachers to scientifically tell the children about the sudden changes in themselves, otherwise the children may get wrong information from many sources and become vulnerable and victimized. In the primary stages the teacher should be aware and transact their knowledge to children. Related to reproductive health education. Thus, the present study aims to find out the awareness on Reproductive Health Education among prospective teachers at primary level.

Statement of the Problem

Reproductive health education aims to foster a supportive and inclusive environment where students feel comfortable discussing reproductive health issues and to address misconceptions and myths surrounding the topic. By empowering prospective teachers to become resource persons for reproductive health education, the program seeks to promote holistic well-being among students, reduce adolescent health issues, and support the development of comprehensive school health programs.

The study is entitled ‘AWARENESS ON REPRODUCTIVE HEALTH EDUCATION AMONG PROSPECTIVE TEACHERS AT ELEMENTARY LEVEL IN MALAPPURAM DISTRICT’.

Definition of Key Terms

Awareness

“Awareness is knowledge of something- (Oxford advanced learner’s dictionary)

In the present study the term used to refer knowledge or perception about reproductive health education among prospective teachers. Awareness refers to the state of being informed and knowledgeable about a particular topic, issue or situation. It involves having a clear understanding and recognition of something which enables individuals to make informed decisions and take appropriate actions.

Reproductive Health Education

"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes." (WHO, 2004)

Reproductive health education is a comprehensive and inclusive learning process that empowers individuals to make informed decisions about their sexual and reproductive health, fostering a positive and respectful approach to human sexuality, relationships and gender.

Prospective Teachers at Elementary Level

In this study prospective teachers at elementary level means, Student teachers who were in their second year of Diploma in Elementary Education

Variable of the Study

Reproductive Health Education is the variable of the study

Objectives of the Study

1. To find out the extent of Awareness on reproductive health education among prospective teachers at the elementary level in Malappuram district.
2. To compare the awareness on reproductive health education among prospective teachers at elementary level for the subgroup based on gender.

Hypothesis

There exists no significant difference in the mean scores of Awareness on reproductive health education among prospective teachers at elementary level for the subgroup based on gender.

Methodology

Design

The study adopted a survey method to understand the extent of Awareness on Reproductive Health Education among prospective teachers in Malappuram district.

Sample

The population for the study consist of prospective teachers in Malappuram district. The sample used for the study was 300 prospective teachers selected from various Teacher Training Institutes in Malappuram District.

Tools Used for Data collection

An Awareness test developed by the investigator with the help of supervising teacher (Sharaf & Rajitha, 2023) used to find out Awareness on Reproductive Health Education among prospective teachers at elementary level.

Data Collection Procedure

The data required for the study was collected from 300 prospective teachers who are studying in various Teacher Training Institutes in Malappuram district of Kerala state. After getting permission from the Head of the institutions the investigator visited each Teacher Training Institutions and administered the

awareness test by providing necessary instructions to second year D.El.Ed students to fill the responses. The investigator also informed the students about the purpose of the study and ensured the confidentiality of their responses. The filled responses sheets were collected and those responses sheets which are complete in all aspects were scored according to the scoring procedure for data analysis..

Statistical Techniques Used

To analyse the collected data, the following statistical technique were used:

Descriptive statistics

One sample t-test

t-test

Scope and Limitation of the Study

The present study is intended to find out the Awareness on Reproductive health education among prospective teachers at elementary level in Malappuram district. The study was conducted on a representative sample of 300 students drawn from various Teacher Trainer Institutions of Malappuram district. The sample was selected by using stratified sampling technique giving due representation to gender. The study aims to find out the awareness on reproductive health education of prospective teachers. For the purpose of the study, the investigator developed an awareness test on reproductive health education. The researcher considers that despite the study being carried out in the Malappuram area, the findings can be applied to the entire Kerala state. This study helps to recognize the gap between

knowledge and attitude and reframe the curriculum by adding the importance of Reproductive health education in the classrooms. The investigator believes that the results of the study will be helpful to teachers and curriculum developers to provide appropriate awareness for student.

Even though many precautions were taken to make the study an accurate as possible there is certain limitation also. Such as the study was limited to Malappuram district and the study was limited to prospective teachers of D.El.Ed second year students only. Another delimitation of the study is that, while selecting the categorical variables only gender was considered other variables were not considered.

Organization of the Report

Chapter I: This chapter presents a brief introduction to the problem, need and significance of the study, statement of the problem, definition of key terms, objectives, hypothesis, methodology, scope and limitations of the study and organization of the report.

Chapter II: This contain theoretical overview of related studies on awareness on reproductive health education and related studies on students and teachers .

Chapter III: This chapter includes methods that follow on the study and detailing about data collection. Which include variable selected, objectives of the study, research method, tools and techniques, selection of samples, data collection procedure, statistical techniques used for analysis and consolidation of the data used for the study.

Chapter IV: This chapter includes details of statistical analysis of the data, Discussion of the results and tenability of hypothesis are given.

Chapter V: This chapter contains major findings, conclusion, educational implication and suggestion for further studies.

CHAPTER II

REVIEW OF RELATED LITERATURE

- *Theoretical overview*
- *Concept of reproductive health education*
- *History of reproductive health education*
- *Review of related literature*
- *Conclusion*

Reviewing related literature increases the credibility and authenticity of research by demonstrating that the research is grounded in established theories and research findings. However in order to understand current knowledge on a specific research topic or problem, it is crucial to review related literature, which is a crucial step in any academic research. This chapter is divided into two parts. The first part discusses the theoretical overview of the topic and the second part analyses the related literature review.

Theoretical Overview

In this section theoretical overview of Awareness on reproductive health education is described under Meaning of reproductive health education, concept of reproductive health education and history of reproductive health education.

Reproductive health education refers to the comprehensive education of adolescence, young adults, and couples about reproductive health and sexuality (Bandura, 1986) The main aim of reproductive health education is to provide information that helps people make informed decisions about their sexual and reproductive health (Rosenstock, 1974). Reproductive health education covers a wide range of topics including anatomy and physiology, puberty, contraception, sexually transmitted infections, gender roles and relationships. It also addresses issues related to pregnancy, childbirth and parenting. Theoretical frameworks that guide reproductive health education include social cognitive theory, health belief model and the theory of planned behaviour. These theoretical frameworks provide a basis for understanding the complex factors that influence individuals' sexual and reproductive behaviours. Social cognitive theory suggests that individuals learn from

observing others and that self-efficacy or one's belief in their ability to successfully engage in behaviour and plays a crucial role in reproductive health decision-making. The health belief model posits that people's beliefs about the perceived susceptibility to and severity of a health condition influence their behaviour. The theory of planned behaviour suggests that an individual's attitude toward a behaviour, their perceptions of social norms and their perceived ability to control the behaviour influence reproductive health decisions.

Theoretical framework, strategies for delivering reproductive health education include lectures, group discussions, peer education, media campaigns and internet-based interventions. These strategies aim to provide clear and accurate information while also creating a safe and supportive environment for individuals to ask questions and explore their beliefs and values .Reproductive health education has been shown to have numerous benefit, including reducing unintended pregnancies, improving contraceptive use, reducing sexually transmitted infection, and enhancing overall reproductive health outcomes. It is an essential component of comprehensive sexual education and a critical tool for promoting gender equality and reproductive rights.

Concept of Reproductive Health Education

Reproductive health education is an aspect of health education that focuses specifically on sexual and reproductive health. It aims to provide accurate, science-based information and resources to individuals of all ages about sexual development, fertility, contraception, sexually transmitted infections (STIs) and pregnancy. The concept of reproductive health education recognizes the importance of educating

individuals about their sexual health, including their rights, choices, and responsibilities. It emphasizes the need for comprehensive sexuality education that covers not only the physical aspects of sexual health but also social, emotional and cultural factors that influence sexual behaviour and attitude. (Kirby et al., 2007))

The goals of reproductive health education include promoting healthy sexual behaviour, reducing the risk of unintended pregnancies and STIs, improving access to contraception and other reproductive health service, and fostering positive attitudes towards sexuality. Reproductive health education is crucial in promoting individual and public health and reducing health disparities among different populations. By providing accurate and comprehensive sexual health education, individuals can make informed decisions about their sexual health, thus leading to healthier lives and communities.

History of Reproductive Health Education

Reproductive health education has a long and complex history dating back to ancient civilizations that recognized the importance of reproductive health and fertility for the survival of their societies. Here are some key milestones in the history of reproductive health education: Ancient civilizations such as the Greeks and Romans developed theories about fertility and contraception as well as practices like midwifery and abortion. Ancient civilizations such as the Greeks and Romans had some understanding of human anatomy and reproduction but this knowledge was often limited and influenced by prevailing cultural and religious beliefs. The Catholic Church's stance on reproduction which regarded it as a purely procreative act, it was established in the Middle Ages and influenced Western attitudes toward

sexuality and reproduction for centuries. In the middle ages reproductive health information was primarily passed down through oral tradition and folk remedies. Medical texts focused on treating infertility rather than preventing pregnancy. In the 19th and early 20th centuries medical advances led to the development of new forms of contraception and birth control advocacy groups like the American Birth Control League (later Planned Parenthood) emerged. In the mid-20th century advancements in reproductive technology such as the birth control pill and in vitro fertilization, revolutionized the way people thought about and approached reproduction (Edwards & Steptoe, 1980)

According to ACRJ in the 1970s the field of sex education began to gain recognition with the introduction of comprehensive sex education programs that emphasized information about contraception, sexually transmitted infections and healthy relationships. The 1980s and 90s saw increased government funding for reproductive health research and services as well as greater public Awareness on sexually transmitted infections (STIs) such as HIV/AIDS. In the late 20th and early 21st centuries the concept of reproductive justice emerged which advocates for equitable access to reproductive healthcare and education for all people regardless of race, gender or socioeconomic status. Overall the history of reproductive health education has been shaped by scientific, cultural and political factors, and has evolved over time to address changing attitudes and needs surrounding reproduction and sexual health. Reproductive health education has a long and varied history which continues to evolve today. Today, reproductive health education remains a complex and sometimes controversial topic. Some people advocate for

comprehensive sex education that covers topics such as consent, healthy relationships and LGBTQ+ issues while others promote abstinence-only education or believe that sex education should be the responsibility of parents rather than schools. The history of reproductive health education shows that societies have always sought to understand and control human reproduction and that access to accurate information and healthcare is crucial for individuals to make informed decisions about their bodies

The theoretical basis for Reproductive health education components such as sex education, sexually transmitted disease (STD) education, and population control can be grounded in various theories and models. 1) Social Cognitive Theory (SCT): This theory posits that learning is a result of observing, imitating, and reinforcing behaviours. In reproductive health education, SCT can be applied by using positive role models, demonstrating healthy behaviours, and providing opportunities for practice and reinforcement. 2) Theory of Planned Behaviour (TPB): TPB suggests that behaviour change is a result of attitudes, subjective norms, and perceived behavioural control. In reproductive health education, TPB can be applied by addressing attitudes towards healthy behaviours, influencing social norms, and enhancing self-efficacy. 3) Health Belief Model (HBM): HBM proposes that behaviour change is a result of perceived susceptibility, severity, benefits, and barriers. In reproductive health education, HBM can be applied by addressing perceived risks, benefits, and barriers to healthy behaviours. 4) Gender and Power Theory: This theory highlights the importance of addressing gender roles, power dynamics, and social norms in reproductive health education.

Review of Related Literature

Maslowski et al. (2023) examined the state of reproductive health education in schools across the UK and assessed whether there are gaps in the provision of information. The result found that sex education is a mandatory part of the curriculum in UK. The results also highlighted the issues such as inconsistencies in the curriculum delivery, the need for greater emphasis on the emotional and relational aspects of sexual health, and the lack of inclusivity in the education materials. The authors suggested that there is a need for greater standardization and regulation of the curriculum in all four UK nations to ensure that all students receive comprehensive reproductive health education. They also argued for more emphasis on the emotional and relational aspects of sexual health and the need for inclusivity in educational materials

Guo et al. (2023) analysed the effects of school-based sexuality curriculum on sexual and reproductive health in freshman at Shandong University in China. This study aimed to evaluate the effects of a school-based sexuality curriculum on sexual and reproductive health among freshman students at Shandong University in China. The study was conducted on a sample of 1,008 students, half of whom received the sexuality curriculum while the other half acted as the control group. The results showed that the students who received the sexuality curriculum had a significantly greater knowledge of sexual and reproductive health compared to the control group. The results also indicated that students who received the sexuality curriculum displayed more favourable attitudes towards sexuality education and contraceptive use. The study also identified some challenges in implementing the

sexuality curriculum. A significant proportion of the students in the intervention group felt uncomfortable in discussing sexual topics with their peers and teachers, reflecting a cultural taboo around the topic. The teachers were found to have inadequate training and resources to implement the curriculum effectively. The findings of the study highlighted the potential benefits of school-based sexuality curriculums in promoting sexual and reproductive health among students.

Nizar and Selvaraj (2023) conducted a study on reproductive health awareness among higher secondary school students of Kozhikode District in Kerala. The study examined the reproductive health Awareness on higher secondary school students in Kozhikode district, Kerala, and explored the factors that influence their knowledge and attitudes towards reproductive health. The study was conducted among 400 higher secondary school students from Kozhikode district, Kerala. Data was collected by using structured questionnaire, which was distributed among the students. The results indicated that the majority of the students had a high level of awareness when it comes to reproductive health. It also highlighted the importance of educating students about sex education and the ways it can help in reducing the rate of STDs and unwanted pregnancies. It further emphasized the knowledge about contraception methods, especially the use of condoms, should be an essential component of sex education. Higher Secondary school students was the sample selected for the study. The findings of the study indicated that the awareness on reproductive health education is essential for students to understand the importance of reproductive health. The results provided insights into the need for further education and awareness programs to reduce unwanted pregnancies and STDs.

Paul and Varghese (2023) provided a comprehensive analysis of the level of sexual and reproductive health awareness among adolescents of Kerala. The data was collected through a cross-sectional survey of 500 adolescents aged between 15 and 19 years from various colleges and schools in Kerala. Both open-ended and closed-ended questionnaires were used as a tool for data collection. The study found that most of the respondents were aware of the existence of contraceptives but their knowledge about the different types of contraceptives was limited. Moreover the adolescents had inadequate knowledge about sexually transmitted infections (STIs) and their prevention. In addition the respondents exhibited conservative attitudes towards premarital sex, abortion, and sexual practices outside marriage and this was reflected in their limited knowledge about reproductive rights. The authors suggested that there is a need for sexual and reproductive health education programs that provide adolescents with accurate and comprehensive information about STIs, contraception, and reproductive rights.

Ramalepa et al. (2022) analysed the Challenges of ethical integration of reproductive health education in schools of Tshwane District, South Africa. The study provided a comprehensive analysis of the challenges faced in integrating ethical reproductive health education into schools in South Africa, specifically in the Tshwane District. It explored the various factors that contribute to these challenges, including cultural and societal beliefs, limited resources, inadequate teacher training support and the stigma surrounding conversations around reproductive health. It also raises important questions about how to integrate ethical considerations into these conversations particularly around issues such as consent and gender equity. The

researcher briefly explained the potential approaches such as community engagement and teacher training programs. The study could benefit from a deeper exploration of what schools and other stakeholders can do to facilitate more effective integration of reproductive health education.

Eidu et al. (2022) aimed to assess the association between sexual and reproductive health education and ever use of contraception among women living in urban slums in Accra, Ghana. The study utilized a cross-sectional design and a sample of 1545 women aged 15-49 years was recruited. The findings of the study showed that 67.90 percent of the participants had ever used contraception, with the majority using injectable (38.70 percent) and pills (33.90 percent). The study also found that women who had received sexual and reproductive health education were 1.77 times more likely to have ever used contraception compared to those who had not received such education. Findings of the study did not assess the quality of the sexual and reproductive health education provided or the level of exposure to such education. The study provided evidence that sexual and reproductive health education is associated with higher use of contraception among women in urban slums in Accra.

Lee and Yeo (2022) conducted a study on sexual and reproductive health knowledge among primary school students in Malaysia. The study was conducted on a sample of 1,153 students between the ages of 10 and 12 from 20 primary schools in Kuala Lumpur, Malaysia. The findings of the study showed that less than half of the students (46.30 percent) had adequate knowledge about sexual and reproductive health. The majority of students were unaware of important topics such as menstrual

health (59.80 percent), contraception (66.10 percent) and sexually transmitted infections (67.70 percent). A small percentage of students (16.20 percent) reported receiving sexual and reproductive health education from their parents. The study suggested that there is a need for primary school educators and parents to play a greater role in providing comprehensive sexual and reproductive health education to young students in Malaysia.

Goli et al. (2022) conducted a qualitative study on experiences of teachers, educators, and school counsellors about the sexual and reproductive health of educable intellectually disabled adolescent girls. The study was conducted in Iran and eight participants were involved in the study, including teachers, educators and school counsellors. The findings of the study revealed that educators and school counsellors had a strong sense of responsibility for the sexual and reproductive health of educable intellectually disabled adolescent girls. They perceived these girls as being vulnerable to sexual abuse due to their intellectual and cognitive impairments. The participants identified several challenges in addressing the sexual and reproductive health of these girls, including limited resources, lack of awareness and understanding about the needs of these girls and cultural and societal taboos associated with discussing sexuality and reproductive health among these girls. The study also found that addressing the sexual and reproductive health of educable intellectually disabled adolescent girls required a multidisciplinary approach. This included the involvement of parents, healthcare professionals, and policymakers, alongside teachers, educators and school counsellors. They stressed the need for comprehensive sexuality education that takes into account the specific needs of

these girls and ensures their participation in decision-making processes related to their sexual and reproductive health.

Vincent and Kumar (2022) reviewed the school-based interventions for promoting sexual and reproductive health of adolescents in India. The review focused on studies published between 2010 and 2020 and included a total of 16 studies that met the inclusion criteria. The findings of the review revealed that school-based interventions can be effective in promoting the SRH of adolescents in India. The interventions included various components such as reproductive health education, counselling, peer education and the provision of contraceptives. The review showed that these interventions resulted in improved knowledge, attitudes and behaviours related to SRH among adolescents. The review also highlighted the importance of involving parents and community members in these interventions to address cultural and social norms surrounding SRH. The review also emphasized the need for gender-sensitive interventions to address the unique needs and experiences of boys and girls. The study suggested that school-based interventions can serve as an essential platform for promoting the SRH of adolescents in India.

Kumar et al. (2022) aimed to assess the awareness, perception and practices related to sex education among adolescents in central Kerala. A cross-sectional survey was conducted among 386 participants aged 13 to 19 years. The findings showed that the majority of participants had heard of sex education and considered it to be important. The sources of information on sex education were primarily social media and friends. However, there were misconceptions and gaps in knowledge related to sexual health and reproductive rights. Furthermore, the study found that

the majority of participants had not received formal sex education and those who had received it found it inadequate.

Eryilmaz et al. (2021) analysed the importance of Sexual Health Education At Home And At School. The study highlighted the crucial role of sexual health education in preventing sexually transmitted infections, unplanned pregnancies and promoting positive sexual behaviour among adolescences. It also emphasized that parents play a crucial role in providing sexual health education at home. They could also encourage safe sexual behaviour and explain topics such as puberty, contraception and sexually transmitted infections. The study highlighted that schools also have a significant role to play in providing comprehensive sexual health education. A well-designed sexual health education curriculum can help students make informed decisions, reduce risky behaviours and promote healthy sexual behaviour. Schools can also provide education on informed contraceptive and communication skills.

Walker et al. (2020) conducted a systematic review of qualitative study on Teacher's perspective of sexual and reproductive health education in primary and secondary schools. The study aimed to synthesise teachers' perspectives on providing SRH education and their opinions about the support required to provide high-quality SRH education in primary and secondary schools. The major findings are the Teachers generally support sexual health education but face challenges, including lack of training, resources, and support. Cultural and religious beliefs as well as societal attitudes influence teachers' comfort and willingness to teach sexual health topics.

Kumalasari et al. (2019) analysed the influence of reproductive health education to knowledge and perceived behaviour sexual adolescent control. The study evaluated the impact of reproductive health education on the knowledge and perceived behaviour of sexual adolescent control among high school students in Indonesia. The study used a pre-test and post-test quasi-experimental design, and a total sample of 152 students participated in the study. The findings of the study revealed that reproductive health education had a significant positive impact on the knowledge and perceived behaviour of sexual adolescent control among the students. The students showed a significant increase in their knowledge of reproductive health and sexual adolescent control after participating in the education program.

Vanusha et al. (2018) evaluated the current level of awareness about reproductive health among school-going adolescent girls and to assess the effectiveness of a tool designed to improve their knowledge about reproductive health. The study followed a quantitative research design, using a pre and post-intervention survey. The sample was selected from a government school in Bangladesh with a sample size of 115 adolescent girls aged 13-19 years. The study found that the level of awareness about reproductive health among adolescent girls was low before the intervention. The participants had limited knowledge about the menstrual cycle, contraception, sexually transmitted infections and pregnancy. After the intervention, there was a significant improvement in the participants' knowledge about reproductive health. The study highlights the need for reproductive health

education programs to improve adolescent girls' knowledge about reproductive health.

O'Sullivan et al. (2018) conducted a study on the topic Sexual and reproductive health education attitudes and experience in India: how much support is there for comprehensive sex education? The study aimed to investigate the attitudes and experiences regarding sexual and reproductive health education (SRHE) in India, particularly focusing on the support for comprehensive sex education (CSE). The study used an online survey, and a total sample of 1,002 Indian adults participated in the study. The result of the study showed that the majority of the participants (84.6%) believed that SRHE should be a part of the school curriculum. However, there was a lack of support for CSE, with only 18% of the participants supporting the inclusion of information about sexual practices, contraception, and abortion in the curriculum. The study also found that the level of support for CSE was higher among younger participants and those with higher levels of education. The study also highlighted the influence of cultural and religious norms on attitudes towards SRHE and CSE.

Borkar et al. (2016) examined the attitude of adolescent school students towards reproductive health education. The study was conducted on a sample of 200 students from a single school in Lahore, Pakistan. The findings of the study showed that the majority of the students had a positive attitude towards reproductive health education. They believed that it was essential to learn about reproductive health to make informed decisions about their sexual health. The study also revealed that some students had negative attitudes towards sex education, primarily due to cultural

and religious beliefs. The findings of the research paper suggest that there is a need to promote reproductive health education in schools, to address the knowledge gaps and misconceptions that exist concerning sex education among students..

Dunor (2015) examined the impact of school based reproductive health education programmes and teenage pregnancy in Mtwara region, Tanzania. The study focused on female students in secondary schools, aged 15 to 19 years. Data was collected through surveys and interviews with 176 female students, 14 teachers, and 12 parents. The study found that there was a significant reduction in the number of teenage pregnancies among the female students who had participated in the school-based reproductive health education program. The study also found that the reproductive health education program had positive impacts on the attitudes of students towards sexual health issues and their ability to make informed decisions.

Pakasi and Kartikawati (2013) provided valuable insights on the topic between needs and taboos: sexuality and reproductive health education for high school students. The study highlighted the challenges and taboos associated with providing CSE, particularly in conservative contexts, and argues that it is crucial to address these issues in order to promote healthy sexual behaviour and prevent sexually transmitted infections (STIs) and unintended pregnancies. The major findings of the study highlighted the importance of involvement of parents, teachers and other stakeholders in the development and implementation of CSE programs.

Thirunavukarasu and Simkiss (2013) analyzed the Developments in reproductive health education in India. The study effectively analyzed the strategies utilized in the reproductive health education programs and initiatives in the country.

It highlighted the role of the government in implementing and monitoring programs for reproductive health education and the improvement of access to reproductive health services. The article covers various challenges in the implementation of reproductive health education programs, such as lack of resources, inadequate teacher training, cultural taboos and patriarchal attitudes. The study acknowledged the positive outcomes of the programs such as increased awareness, empowerment and the initiation of dialogue around reproductive health. The major findings of the study highlighted the need for comprehensive and inclusive reproductive health education that addresses the unique needs of Indian adolescents. The authors also emphasize the importance of involving parents, teachers and healthcare providers in reproductive health education.

Conclusion

Investigator reviewed 19 studies related to reproductive health education has been taken from various books, journals and research papers. Among these most of the studies on reproductive health education has been conducted in foreign countries and only 4 studies were found out in Kerala. Need for the research on this variable in Kerala context is highly evident from this. In this context, the researchers have developed an awareness test to study the awareness on reproductive health education among prospective teachers at elementary level in Malappuram district. It is hoped that the present investigation would help policy makers and government officials to make decisions regarding the inclusion of Awareness on reproductive health education among prospective teachers.

CHAPTER II

METHODOLOGY

- *Variable*
- *Objectives*
- *Hypothesis*
- *Method*
- *Sample*
- *Tool Used*
- *Data Collection Procedure*
- *Statistical techniques used for analysis*
- *Conclusion*

The methodology of the study is described under the following major heading.

- Variable
- Objectives
- Hypothesis
- Method
- Sample Used
- Tools Used
- Data Collection Procedure
- Statistical Techniques Used
- Conclusion

Variable

The variable selected for the study is “Awareness on Reproductive Health Education”.

Objectives

1. To find out the extent of Awareness on Reproductive Health Education among prospective teachers at elementary level in Malappuram district
2. To compare the Awareness on Reproductive Health Education among prospective teachers at elementary level for the subgroup based on gender

Hypothesis

There exists no significant difference in the mean scores of Awareness on Reproductive Health Education among prospective teachers at elementary level for the subgroup based on gender.

Method

The method adopted for the study is survey method.

Sample

The study was carried out on a sample of 300 second year prospective teachers (D.El.Ed. Students) selected from various Teacher Training Institutes including Government, Aided and Unaided institutions of Malappuram district. While selecting the sample, the investigator gave due representation gender. Stratified sampling technique was used in selecting the sample. Details of sample are given in Table 1.

Table 1

Details of Sample

| Category | Subgroups | Number of Students |
|----------|-----------|--------------------|
| Gender | Male | 44 |
| | Female | 256 |
| Total | | 300 |

Tool Used

The required data were collected by using the tool "Awareness Test on Reproductive Health Education" developed by the investigator with the help of the supervising teacher (Sharaf & Rajitha, 2023). Awareness Test on Reproductive health education consists of 30 questions under three components such as Sex education, Sexually transmitted diseases and Population control.

Planning of the Awareness Test

The study proposed to find out the Awareness on Reproductive Health Education among prospective teachers at elementary level in Malappuram district and decided to collect data by using Awareness test. In the handbook for Educating on Adolescent Reproductive and Sexual Health describes about the 10 components included in the Reproductive health education, they are Anatomy and Physiology, Sexual Health, Contraception and Family Planning, Pregnancy and Childbirth, Gender and Sexual Diversity, Communication and Consent, Sexually Transmitted Infection (STI) Prevention and Management, Nutrition and Lifestyle, Emotional and Mental Well-being, Accessing Reproductive Healthcare. These components empower individuals to make informed decisions about their reproductive health and well-being. (1998)

From above mentioned 10 components, for the convenience the investigator selected Accessing reproductive health and well-being, communication consent, anatomy and physiology, gender and sexual diversity, nutrition and lifestyle, Emotional and mental wellbeing as under the component of Sex education. Then

sexually transmitted infections, prevention and management as the component of sexually transmitted diseases, contraception and family planning, pregnancy, childbirth as the component of population control. Thus here the investigator selecting sex education, Sexually transmitted diseases and Population control as the components of Awareness test.

1) Sex education

Sex education in an early age promotes healthy relationships and provides children with the knowledge necessary to form relationships based on mutual respect and understanding. And Sex education teaches children about consent and empowers them to make informed choices about their bodies and sexuality. This can lead to improved mental health outcomes later in life. As a prospective teacher, the teacher has some following responsibility to give Awareness on reproductive health education. Prospective teachers play a crucial role in sex education in elementary education by creating a safe and supportive environment for students to discuss sensitive topics, providing age-appropriate information on human anatomy, puberty, relationships, addressing diverse needs and experiences, including cultural and individual differences, encouraging responsibility and respect for oneself and others and serving as role models for healthy relationships and communication. By effectively fulfilling this role, prospective teachers can positively impact students' understanding and attitudes towards sexuality, relationships, and overall well-being.

2) Sexually transmitted diseases

Sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs), are an important topic in reproductive health education Providing

children with information about STIs and how they can be avoided is essential to reducing the risk of contracting sexually transmitted infections later in life. This helps them to prevent from sexually transmitted disease. Learning about STDs, including how they spread, how they're diagnosed and treated, and the signs and symptoms of the most common STDs, can help protect people. The best strategy for preventing the spread of sexually transmitted infections (STIs) is by educating the young.

3) Population control

It means awareness about population control empowers children to make informed decisions about personal relationships, contraception, and sexual activity. Awareness on population control in primary classes is essential in creating a sustainable future. Educating children at a young age can result in the development of a mature and responsible population, which is imperative to reach a state of sustainable socio-economic development.

Preparation of the Awareness Test

An awareness test was developed by the investigator with the help of supervising teacher. It was decided to include 30 items related to Reproductive health education in 'Awareness Test on Reproductive Health Education. The investigator also decided to include multiple choice test items including three variables with four options in the Awareness Test on Reproductive health education'. As the test procedure has to be done, the investigator drafts Awareness Test with 30

items which including 3 components. Each components of the study were addressed with equal number of questions .The question given in Annexure I and II.

Details regarding items under each components of test on Reproductive health education are given in Table 2.

Table 2

Components of Test on Reproductive Health Education

| Components | Item Number |
|-------------------------------|----------------------------|
| Sex education | 1,4,7,10,13,16,19,22,25,28 |
| Sexually transmitted diseases | 2,6,8,11,14,17,20,23,26,29 |
| population control | 3,5,9,12,15,18,21,24,27,30 |
| . | |

Data collection procedure

The data required for the study was collected from 300 prospective teachers who are studying in various Teacher Training Institutes in Malappuram district of Kerala state. After getting permission from the Head of the institutions the investigator visited each Teacher Training Institutions and administered the awareness test by providing necessary instructions to second year D.El.Ed students to fill the responses. The investigator also informed the students about the purpose of the study and ensured the confidentiality of their responses. The filled responses sheets were collected and those responses sheets which are complete in all aspects were scored according to the scoring procedure for data analysis..

Scoring and consolidation

The Awareness Test consists of 30 objective type questions arranged in easy, average, and difficulty levels. The response sheets were scored according to the scoring scheme prepared. The correct answer scored '1' mark, and the wrong answer scored '0' marks. Thus the maximum score obtainable on the test is 30 and minimum is zero. The scores on all the items are added to get the total score of awareness on Reproductive health education.

Statistical Techniques Used

The investigator used one sample t test and t test to analyse the awareness on reproductive health education for the items in each category.

Conclusion

Methodology is the design of the study. Methodology shows the overall views of sample, tool, and statistical techniques used etc. in the study. Research design is an important element which ensures the effectiveness of the study. In this chapter the investigator prepared a research design, defined the population and sample, prepared an Awareness test, use of statistical techniques which were selected, etc. Each element is important to do an effective study and these elements are verified, corrected, and restated under the supervision of the Guide.

CHAPTER IV

ANALYSIS AND INTERPRETATION

- *Objectives*
- *Hypothesis*
- *Preliminary analysis*
- *Major analysis*
- *Conclusion*

This chapter deals with the analysis and interpretation of the data are collected. The present study was intended to find out the awareness of Reproductive Health Education among prospective teachers.

Objectives

- To find out the extent of awareness on reproductive health education among prospective teachers at the elementary level in Malappuram district
- To compare the awareness on reproductive health education among prospective teachers at elementary level for the subgroup based on gender

Hypothesis

- There exists no significant difference in the mean scores of awareness on reproductive health education among prospective teachers at elementary level for the subgroup based on gender.

The analysis chapter is presented under the following headings:

- Preliminary Analysis
- Major Analysis

Preliminary analysis

A preliminary analysis of the variables of the present study was done to know whether the awareness on reproductive health education among prospective teachers at elementary level is normally distributed or not, important descriptive

statistical constants like mean, median, mode, standard deviation, skewness and kurtosis were computed for the total sample. This analysis was taken up with a view that the findings will help to make a more valid interpretation of the statistical indices of the study. The result of descriptive statistics for the distribution of scores of Awareness on reproductive health education among prospective teachers for the total sample are calculated and presented in table 3.

Table 3

Descriptive statistics of the scores of Awareness on Reproductive Health Education among Prospective Teachers for the total sample

| Variable | N | Mean | Median | Mode | SD | Skewness | Kurtosis |
|--------------------------------------------------------|-----|-------|--------|-------|------|----------|----------|
| Awareness on reproductive health education | 300 | 18.59 | 19.00 | 18.00 | 3.57 | .129 | .025 |

Table 3 shows that the values of mean, median and mode for a total sample of prospective teachers at elementary level are 18.59, 19, and 18 which is approximately equal. The standard deviation of scores of Awareness on Reproductive health education among prospective teachers is 3.57.

The coefficient of skewness is .129 suggesting that the distribution is slightly positively skewed. The measure of kurtosis is .025 that is, the curve is almost perfectly Mesokurtic. Mean, Median and Mode are approximately equal for the total sample. Thus, it can be concluded that the distribution of the scores of Awareness on Reproductive health education is approximately normal. The graphical

representation of descriptive statistics for the total sample of variable Awareness on Reproductive health education is given in Figure 1.

Figure 1

Graphical Distribution of Score of Reproductive health education awareness test.

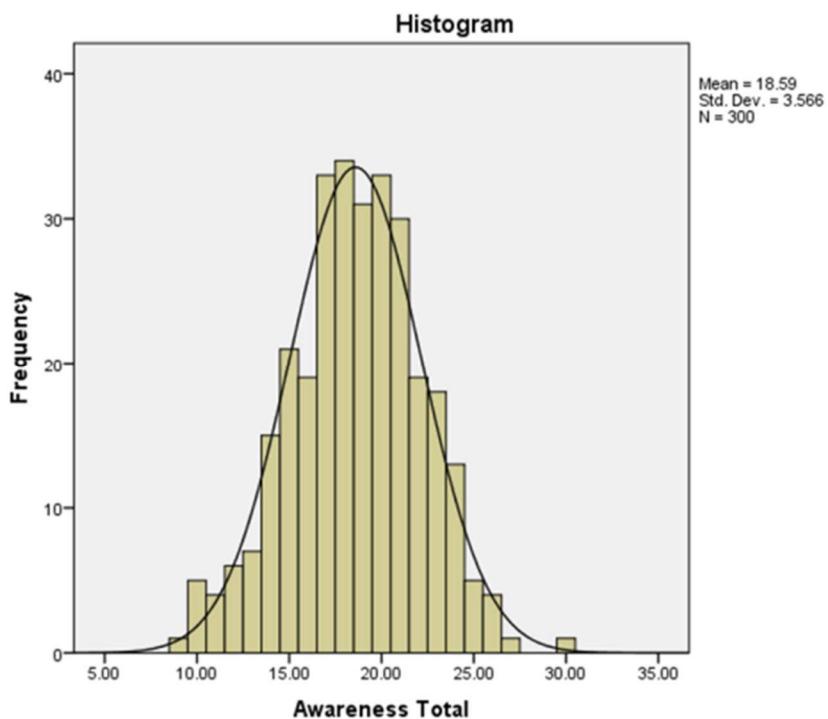


Figure 1 shows the graphical distribution for scores for Awareness on Reproductive health education among prospective teachers in Malappuram district. This histogram provides a visual representation of the distribution of Awareness Total scores for a sample of 300 participants, showing both the raw frequency data and how it compares to a theoretical normal distribution. Reproductive health education scores were approximately normal distributed as assessed by its histogram.

Table 4

Descriptive statistics of the scores of Awareness on Reproductive Health Education among Prospective Teachers in Sex Education

| Variable | N | Mean | Median | Mode | SD | Skewness | Kurtosis |
|---------------|-----|------|--------|------|------|----------|----------|
| Sex education | 300 | 7.13 | 7.00 | 7.00 | 1.47 | .565 | .359 |

Table 4 shows that the values of mean, median and mode for a total sample of prospective teachers at elementary level in sex education are 7.13, 7, and 7 which is approximately equal. The standard deviation of scores of Awareness on Reproductive health education among prospective teachers is 1.47

The coefficient of skewness is .565 suggesting that the distribution is positively skewed. The measure of kurtosis is .359 that is, the curve is leptokurtic. Mean, Median and Mode are approximately equal for the total sample. Thus, it can be concluded that the distribution of the scores of Awareness on Reproductive health education in sex education is approximately normal.

Table 5

Descriptive statistics of the scores of Awareness on Reproductive Health Education among Prospective Teachers in Sexually Transmitted Diseases

| Variable | N | Mean | Median | Mode | SD | Skewness | Kurtosis |
|-------------------------------|-----|------|--------|------|------|----------|----------|
| Sexually Transmitted Diseases | 300 | 5.97 | 6.00 | 6.00 | 1.40 | .137 | .143 |

Table 5 shows that the values of mean, median, and mode for a total sample of prospective teachers at elementary level in sexually transmitted diseases are 5.97,6 and 6 which is approximately equal. The standard deviation of scores of Awareness on Reproductive health education among prospective teachers in sexually transmitted diseases is 1.40.

The coefficient of skewness is .137 suggesting that the distribution is slightly positively skewed. The measure of kurtosis is .143 that is, the curve is slightly leptokurtic. Mean, Median and Mode are approximately equal for the total sample. Thus, it can be concluded that the distribution of the scores of Awareness on Reproductive health education in sexually transmitted diseases is approximately normal.

Table 6

Descriptive statistics of the scores of Awareness on Reproductive Health Education among Prospective Teachers in Population Control

| Variable | N | Mean | Median | Mode | SD | Skewness | Kurtosis |
|--------------------|-----|------|--------|------|------|----------|----------|
| Population Control | 300 | 5.49 | 5.00 | 5.00 | 1.67 | .193 | .286 |

Table 6 shows that the values of mean, median, and mode for a total sample of prospective teachers at elementary level in Population control are 5.49, 5, and 5 which is approximately equal. The standard deviation of scores of Awareness on Reproductive health education among prospective teachers in population control is 1.67.

The coefficient of skewness is .193 suggesting that the distribution is slightly positively skewed. The measure of kurtosis is .286 that is, the curve is slightly leptokurtic. Mean, Median and Mode are approximately equal for the total sample. Thus, it can be concluded that the distribution of the scores of Awareness on Reproductive health education in population control is approximately normal.

Major Analysis

The first objective of the study is to find out the extent of Awareness on reproductive health education among prospective teachers at elementary level in Malappuram district. In order to realise the objective, one sample t-test was used.

Table 7

Details of one sample t-test for the scores of total sample of awareness on reproductive health education

| Variable | N | Mean | Std. Deviation | Test value | t-value |
|--------------------------------------------|-----|-------|----------------|------------|---------|
| Awareness on reproductive health education | 300 | 18.59 | 3.57 | 15 | 17.44 |
| | 300 | 18.59 | 3.57 | 22.5 | 18.99 |

**Significant at 0.01 level

Table 7 depict that the mean score and standard deviation obtained for the scores of Awareness on Reproductive on health education among prospective teacher at elementary level in Malappuram district is 18.59 and 3.57 respectively. In order to know the extent of awareness on reproductive health education among prospective teacher at elementary level, the mean score of awareness on reproductive health education were compare with the mid value on the test of

awareness on reproductive health education and the value obtainable at 75 percentage on the test of awareness on reproductive health education. The maximum score obtainable on awareness test on reproductive health education is 30 and minimum score obtainable on awareness test on reproductive health education is 0.

One sample t-test was carried out to know whether there exist difference in mean score of awareness on reproductive health education among prospective teachers at elementary level and test values (mid value=15 and value of 75 percentage =22.5). The t value for awareness on reproductive health education among prospective teachers at elementary level is 17.44, when compared with mid value of test of awareness on reproductive health education the obtained t value indicates that the mean score on awareness on reproductive health education among prospective teachers at elementary level is significantly differ with mid value and it is significant at 0.01 level. [$t = 17.44, P < 0.01$] When mean score on awareness on reproductive health education compared with the value on 75 percentage on test of awareness on reproductive health education, obtained t value is 18.59 and it is significant at 0.01 level.[$t = 18.59 < 0.01$]. In short, the obtained mean value is greater than the mid value of awareness test on reproductive health education and less than the value at 75 percentage on awareness test on reproductive health education. Hence it can be concluded that awareness' on reproductive health education among prospective teachers at elementary level is above average.

Table 8*Details of one sample t-test for the scores of Awareness on Sex Education*

| Variable | N | Mean | Std. Deviation | Test value | t-value |
|---------------|-----|------|----------------|------------|---------|
| Sex education | 300 | 7.13 | 1.47 | 5 | 25.08 |
| | 300 | 7.13 | 1.47 | 7.5 | 4.40 |

**Significant at 0.01 level

Table 8 depict that the mean score and standard deviation obtained for the scores of awareness on sex education in reproductive health education among prospective teacher at elementary level in Malappuram district is 7.13 and 1.47 respectively.

One sample t-test was carried out to know whether there exist any difference in mean score of awareness on Sex education and test values (mid value=5 and value of 75 percentage =7.5). The t value for the awareness on Sex education is 25.08, when compared with mid value of test of awareness on reproductive health education as test value. The obtained t value is indicates that the mean score of awareness on Sex education in reproductive health education among prospective teachers at elementary level is significantly differ with the mid value and it is significant at 0.01 level [$t = 25.08$ $P < 0.01$]. When mean score of awareness on sex education compared with the value on 75 percentage on test of awareness on reproductive health education, obtained t value is 4.40 and it is significant at 0.01 level. In short, the obtained mean value is greater than the mid value of awareness test on reproductive health education and less than the value at 75 percentages on

awareness on reproductive health education for the component sex education. Hence it can be concluded that awareness on sex education in reproductive health education among prospective teachers at elementary level is above average.

Table 9

Details of one sample t-test for the scores of Awareness on Sexually transmitted diseases

| Variable | N | Mean | Std. Deviation | Test value | t-value |
|-------------------------------|-----|------|----------------|------------|---------|
| Sexually Transmitted Diseases | 300 | 5.97 | 1.40 | 5 | 11.99 |
| | 300 | 5.97 | 1.40 | 7.5 | 18.92 |

**Significant at 0.01 level

Table 9 depict that the mean score and standard deviation obtained for the scores of Awareness on Sexually transmitted diseases in Reproductive health education among prospective teacher at elementary level in Malappuram district is 5.97 and 1.40 respectively.

One sample t-test was carried out to know whether there exist any difference in mean score of awareness on Sexually transmitted diseases and test values (mid value=5 and value of 75 percentage =7.5). The t value for the awareness on sexually transmitted diseases is 11.9, when compared with mid value of test of Awareness on Reproductive health education as test value. The obtained t value indicate that the mean score of awareness on sexually transmitted diseases in reproductive health education among prospective teachers at elementary level is significantly differ with

the mid value and it is significant at 0.01 level [$t = 11.99, P < 0.01$]. When mean score of awareness on sexually transmitted diseases compared with the value on 75 percentage on test of Awareness on Reproductive health education, obtained t value is 18.92 and it is significant at 0.01 level. In short, the obtained mean value is greater than the value of Awareness test on Reproductive health education for the component sexually transmitted diseases and less than the value at 75 percentages awareness on reproductive health education for the component sexually transmitted diseases.

Hence it can be concluded that awareness on sexually transmitted diseases in reproductive health education among prospective teachers at elementary level is above average.

Table 10

Details of one sample t-test for the scores of Awareness on Population control

| Variable | N | Mean | Std. Deviation | Test value | t-value |
|------------|-----|------|----------------|------------|---------|
| Population | 300 | 5.49 | 1.67 | 5 | 5.13 |
| Control | 300 | 5.49 | 1.67 | 7.5 | 20.87 |

**Significant at 0.01 level

Table 10 depict that the mean score and standard deviation obtained for the scores of Awareness on Population control in Reproductive health education among prospective teacher at elementary level in Malappuram district is 18.59 and 3.57 respectively.

One sample t-test was carried out to know whether there exist difference in mean score of Awareness on population control and test values (mid value=5 and value of 75 percentage =7.5). The t value for the awareness on population control is 5.13, when compared with mid value of test of awareness on reproductive health education as test value. The obtained t value indicates that the mean score of awareness on population control in reproductive health education among prospective teachers at elementary level is significantly differ with the mid value and it is significant at 0.01 level [$t = 5.13$, $P<0.01$]. When mean score of awareness on population control is compared with the value on 75 percentage on test of awareness on reproductive health education, obtained t value is 20.87 and it is significant at 0.01 level. In short, the obtained mean value is greater than the mid value of awareness on reproductive health education for the component population control and less than the value at 75 percentage on awareness test on reproductive health education for the component population control.

Hence it can be concluded that awareness on population control in reproductive health education among prospective teachers at elementary level is above average.

The comparison of awareness on reproductive health education among perspective teachers for the sub group based on Gender.

The second objective of the study is to compare the awareness on reproductive health education among prospective teachers at elementary level for the subgroup based on gender. A test of significance of the difference between mean of large independent sample (t-test) was used to find out whether there exists any

significant difference in the mean scores of Awareness on Reproductive Health education among prospective teachers for sub group based on gender. The data and the result of the t-test for the scores of Awareness on Reproductive Health Education and its component among prospective teachers for the sub group based in gender are given in Table 11

Table 11

Summary of Analysis of awareness on Reproductive health education among prospective teachers for the subgroup based on Gender

| Variable | Gender | N | Mean | Std. Deviation | t-value |
|--------------------------------------------|--------|-----|---------|----------------|---------|
| Awareness on Reproductive health education | Male | 44 | 18.6136 | 3.55172 | 0.048 |
| | Female | 256 | 18.5859 | 3.57558 | |
| Sex Education | Male | 44 | 7.2273 | 1.39540 | 0.491 |
| | Female | 256 | 7.1094 | 1.48316 | |
| Sexually Transmitted Diseases | Male | 44 | 5.9545 | 1.39692 | 0.079 |
| | Female | 256 | 5.9727 | 1.40421 | |
| Population Control | Male | 44 | 5.4318 | 1.79661 | 0.265 |
| | Female | 256 | 5.5039 | 1.64495 | |

Table 11 shows that the t value obtained for male and female prospective teachers at elementary level for the variable awareness on reproductive health education is 0.048 which is less than the tabled value (1.96) required for significant at 0.05 level. It means that there is no significant difference in awareness on

reproductive health education between male and female prospective teachers at elementary level.

Table shows that the t value obtained for male and female prospective teachers at elementary level for the variable Awareness on sex education is 0.491 which is less than the tabled value (1.96) required for significant at 0.05 level. It means that there is no significant difference in awareness on reproductive health education between male and female prospective teachers at elementary level.

Table shows that the t value obtained for male and female prospective teachers at elementary level for the variable Awareness on sexually transmitted diseases is 0.079 which is less than the tabled value (1.96) required for significant at 0.05 level. It means that there is no significant difference in awareness on reproductive health education between male and female prospective teachers at elementary level.

Table shows that the t value obtained for male and female prospective teachers at elementary level for the variable Awareness on population control is 0.265 is less than the tabled value (1.96) required for significant at 0.05 level. It means that there is no significant difference in awareness on reproductive health education between male and female prospective teachers at elementary level.

Conclusion and Interpretation

The result shows that awareness on reproductive health education among prospective teacher at elementary level is above average. The result of mean difference analysis indicates that there is no significant difference in the Awareness

on Reproductive Health education and its components sex education, sexuality transmitted diseases and population control among prospective teachers for the subgroups based on gender.

SUMMARY, FINDING, CONCLUSION AND RECOMMENDATIONS FOR FURTHER STUDY

- *Study in retrospect*
- *Major findings*
- *Tenability of hypothesis*
- *Educational implication*
- *Suggestion for further research*

This chapter is the concluding part of the research report, which explains briefly the entire process of the present research work. The various stages of the study such as the study in retrospect, major findings emerged from the study, conclusions arrived and educational implications of findings and suggestions for further research are described.

Study in Retrospect

This section conducts a retrospective study of the title, variable, objectives, hypotheses, methodology, tools and statistical technique used for the study.

Restatement of the problem

The study entitled as:

**“AWARENESS ON REPRODUCTIVE HEALTH EDUCATION
AMONG PROSPECTIVE TEACHERS AT ELEMENTARY LEVEL IN
MALAPPURAM DISTRICT”**

Variable

The variable selected for the study is “Awareness on Reproductive Health Education”

Objectives

- To find out the extent of awareness on reproductive health education among prospective teachers at the elementary level in Malappuram district.

- To compare the awareness on reproductive health education among prospective teachers at elementary level for the subgroup based on gender.

Hypothesis

- There exists no significant difference in the mean scores of awareness on reproductive health education among prospective teachers at elementary level for the subgroup based on gender.

Methodology

The study adopted survey method in order to find out the Awareness on Reproductive Health Education among Prospective Teachers at Elementary level in Malappuram District.

Sample

The population for the study consisted prospective teachers from various teacher training institutions in Malappuram district. The sample for the study comprises 300 second year prospective Teachers from teacher training institutions. The investigator selected the sample from 1 government, 1 Aided and 4 unaided Teacher training institutions in Malappuram district.

Tool

An 'Awareness Test on Reproductive Health Education ' (Nourin sharaf and Rajitha K V, 2023) was used to find out the Awareness on Reproductive Health Education among Prospective Teachers at elementary level in Malappuram District .

The awareness test consists of 30 multiple choice questions relate to Sex education, Sexually transmitted Diseases and Population control.

Statistical Techniques Used

The statistical techniques used for the analysis of data are

- Descriptive Statistics
- One sample t-test
- T-test

Major Findings

The analysis of the data led the Investigator to the following findings

- The study reveals that, the mean scores of awareness on reproductive health Education among prospective teachers at elementary level for the total sample is 18.59.
- The mean scores of awareness on reproductive health education among prospective teachers at elementary level for the subsample based on Gender, Male and Female are 18.61 and 18.58 respectively.
- The mean scores of awareness on sex education among prospective teachers at elementary level is above average. Awareness on sex education among prospective teachers at elementary level is above average.
- The mean scores of awareness on sexually transmitted diseases among prospective teachers at elementary level is 5.97. Awareness on sexually

transmitted diseases among prospective teachers at elementary level is above average.

- The mean scores of awareness on population control among prospective teachers at elementary level is 5.49. Awareness on population control among prospective teachers at elementary level is above average.
- The result of mean difference analysis indicates that there is no significant difference between male and female in awareness on reproductive health education among prospective teachers.

The result shows that awareness on reproductive health education among prospective teacher at elementary level is above average. The result of mean difference analysis indicates that there is no significant difference in the awareness on reproductive health education and its components sex education, sexuality transmitted diseases and population control among prospective teachers for the subgroups based on gender.

Tenability of the Hypothesis

The tenability of Hypothesis is examined in the result of the above findings.

The hypothesis states that *there exists no significant difference in the mean scores of awareness on reproductive health education among prospective teachers at elementary level for the subgroup based on gender.* The result showed that there is no significant difference in the mean scores of awareness on reproductive health education among prospective teachers at elementary level for the subgroup based on gender. *Thus, the hypothesis is Accepted.*

Conclusion

Based on the analysis the investigator reached the following conclusions.

The results of analysis revealed that the awareness on reproductive health education among prospective teachers at elementary level in Malappuram district is above average. The result of mean difference analysis indicated that there is no significant difference exists in the mean scores of awareness on reproductive health education for the subgroups based on gender. Further analysis of mean scores on awareness on reproductive health education among prospective teachers at elementary level depicted that the female teachers and male teachers have equal awareness on reproductive health education at elementary level in Malappuram district. These findings suggest that prospective teachers in this region possess a foundational understanding of reproductive health education. If the prospective teachers have proper understanding, it can be conveyed to the children in a good way.

Educational Implication

This study provided valuable insights into the awareness on reproductive health education among prospective elementary teachers at elementary level in Malappuram district. The findings of the study indicate that the awareness on reproductive health education among prospective teachers at elementary level in Malappuram district is inadequate. Based on these findings, the investigator offers practical recommendations to improve the awareness and understanding of reproductive health education among prospective teachers at elementary level with

the goal of enhancing their effectiveness in addressing the reproductive health awareness on their students.

Curriculum of D. El .Ed can be framed in such a way to integrate awareness on sex education, sexually transmitted diseases and population control as a compulsory part of their educational program irrespective of the subject. The prospective teachers can be given opportunity to participate in various training programmes and seminars conducted by the Ministry of Education, Central and State governments and various organizations. Teachers can initiate debates on importance of reproductive health education, exploitation toward children, abuse against girls which helps to strengthens the educational process.

Suggestion for Further Research

The findings of the study and limitations encountered in the present study helped the investigator to suggest the following areas for further research.

- The study can be replicated on a wider sample
- The same study can be replicated in prospective teachers of B. Ed colleges
- Foster a safe and supportive environment for prospective teachers to ask questions and share concerns
- Train prospective teachers to become peer educators for promoting reproductive health awareness among their colleagues.
- Include detailed lessons on sexual health, sexually transmitted diseases, population control, and reproductive rights.

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APPENDICES

Appendix I
FAROOK COLLEGE
TEST OF AWARENESS ON REPRODUCTIVE HEALTH EDUCATION

Rajitha K V
Assistant Professor

Nourin Sharaf. K

M.Ed Student

Name of the Trainee :
Name of the College :
Gender :

କାର୍ତ୍ତିକାଏଶ୍ୱରାଚାରୀ

അംഗ നാഡിക്കുന്ന പൊലുജ്ജൻ പ്രസ്തുതിപാഠ ആരോഗ്യ വിഭാഗാസവും വിനായകരുതാണ്. എല്ലാ പൊലുജ്ജൻക്കും എ.ബി, സി, ഡി എന്നിങ്ങനെ നാല് പാർഷ്വനുകൾ നൽകിയിരിക്കുന്നു. ഫിലിപ്പുകു ദാനംജനക് ✓ റോക്ക് നൽകുക.

1. പ്രയോഗിപാലന ആര്ക്കോയ വില്പനയാസം വില്പനവാദാദിവ്യുടെ നിർക്കുന്നതു വരു കൂട്ടിക്കിട്ടുന്നാവുന്ന ഫോം എന്തെന്ത്?

എ) എക്സിൽ വിനായിൽ പെട്ടവരുടെ സംശയങ്ങൾക്കാൽ പരിക്ഷേപണ്ടു
ബി) കുട്ടിക്കൂട്ട് രഖാനിക്കാധി ദുരുപാദ്യാദം പെട്ടുന്നത് കിട്ടിപ്പറിയാൻ കഴിയുന്നു.
സി) ക്രാഡുപ്പാധിയിൽ അംഗീകാര വാദങ്ങൾ ഉന്നിപ്പിക്കാൻ സാധിക്കുന്നു.
ഡി) മുകളിൽ പറഞ്ഞതു.

എ) കോമ്മെറ്റേറുക്കുറിപ്പും സ്പിക്കർക്കണ്ണ ഉറീക്കരുത്തുകളും കുറിപ്പും കുറ്റികൾ സ്ഥായവാഹാലാക്കുന്നു.

ബി) രേഖാചിത്ര കോമ്മെറ്റേറും പിക്കിപ്പുകളും കുറിപ്പ് കുറ്റികൾ അർബുദങ്ങളാക്കുന്നു.

ടി) ആഡ്വോസ്യ കാര്യങ്ങളിൽ മുഖ്യ കേസ്റ്റിക്കർക്കാൻ കാശണമാവുന്നു

ഡി) ഉക്കുറികൾ കൊടുത്തിരിക്കുന്നവയും.

Appendices

3. ഇന്ത്യൻവാസിക്ക് കുറയ്ക്കുന്നതിനുള്ള ഏറ്റവും പലപ്രദേശങ്ങൾ ഏത്?

എ) മുണ്ടുവും

ബി) കുടുംബാസ്ത്രങ്ങൾ കുറയ്ക്കുന്നതം

സി) വിവാഹപ്രായം ഉയർത്തൽ

ധി) ഗർഭ നിശ്ചയം മാർഗ്ഗങ്ങളുടെ ഉപയോഗം

4. കുറാവുള്ള കാലാലട്ടത്തിൽ പ്രത്യേകിപാദനപരശായി പെൺകുട്ടികളിൽ സംഭവിക്കുന്ന ശാരീരിക മാറ്റങ്ങൾക്ക് കാരണമാവുന്ന ഫോർമേണിൽ ഏത്?

എ) ഇംഗ്ലീഷ്ടാനും പ്രാജ്ഞസ്ട്രാനും

ബി) അദ്ദേഹിൽ

സി) ഓക്സിഡോസിൽ

ധി) ടെഡ്സ്റ്റാസ്റ്റിക്രാൻി

5. ഭേദഗീയ തലത്തിൽ ഒരു സാമൂഹിക ലക്ഷ്യമെന്ന നിലയിൽ സമ്പൂർണ്ണ പ്രത്യേകിപാദന ആരോഗ്യ നേട്ടത്തിനുള്ള പരിപാടി ഏത്?

എ) കുടുംബ സംരക്ഷണം

ബി) കുടുംബാസ്ത്രങ്ങൾ

സി) കുടുംബ സംഘടന

ധി) പ്രത്യേകിപാദന സംരക്ഷണം

6. എയ്യ്‌സ് താഴെ കൊടുത്തിരിക്കുന്നവയിൽ ഏത് വിഭാഗത്തിൽ പെടുന്നു?

എ) മഹാഭാരി

ബി) സാംക്രാന്തിക ഭോഗം

സി) എൻഡോമീറ്റ്

ധി) മുകളിൽ കൊടുത്തിരിക്കുന്നതിൽ ഏല്ലാം

7. വിദ്യാഭ്യാസത്തിൽ കുട്ടികൾക്ക് ഏത് പ്രായം മുതലാണ് പ്രത്യേകിപാദന ആരോഗ്യ വിദ്യാഭ്യാസം തുടങ്ങേണ്ടത്?

എ) പതിനേണ്വാ അതിനു മുകളിലോ

ബി) പ്രീ പ്രൈഡൻ തലം മുതൽ

സി) പ്രായപുർത്തിയാവുന്നതു മുതൽ

ധി) പതിനേണ്വ് വയസ്സുാ അതിനു മുകളിലോ

8. എന്താണ് ലൈംഗിക ഭോഗങ്ങൾ?

എ) മുൻഭാഗത്തിൽ നിന്നും പകരുന്ന ഭോഗങ്ങൾ

ബി) സുരക്ഷിതമല്ലാത്ത ലൈംഗിക ബന്ധങ്ങളിലും പകരുന്ന ഭോഗങ്ങൾ

സി) പാരമ്പര്യ ഭോഗങ്ങൾ

ധി) വായുവിലും പകരുന്ന ഭോഗങ്ങൾ

Appendices

9. ഇന്നസംഖ്യാവർധനവ് ഒപ്പം ആരോഗ്യ രംഗത്ത് ഇനങ്ങൾക്കുണ്ടായെങ്കാവുന്ന പ്രശ്നം എന്നായിരിക്കും?

- എ) രോഗങ്ങളുടെ വ്യാപനം
- ബി) താഴെ സ്ഥലങ്ങളുടെ ദാർശനം
- സി) ഒരുന്നുകളുടെ ലഭ്യതകുറവ്
- ധി) ചികിത്സാ സൗകര്യങ്ങളുടെ കുറവ്

10. പെൻകുട്ടികളിലെ പ്രത്യുൽപാദന അവയവം പ്രവർത്തന സഖ്യാധാരത്തിൽ ധക്ഷണം താഴെ കൊടുത്തിരിക്കുന്നവയിൽ എത്ര?

- എ) സമുദ്രത്തിൽ നിന്നും ഉൾവലിയുന്നു
- ബി) ശ്വേതത്തിൽ വ്യതിയാനം സംബന്ധിക്കുന്നു
- സി) ആർത്തവ ചക്രം ആരംഭിക്കുന്നു
- ധി) അച്ചിത രോഗവളർച്ച ഉണ്ടാവുന്നു

11. താഴെ തന്നിരിക്കുന്നവയിൽ ലൈംഗിക രോഗം അല്ലാത്തത് എത്ര?

- എ) ഇന്നിറ്റൽ ഹെർഷസ്
- ബി) ദൈക്കോ ഷോണിയസിസ്
- സി) ഹൈപ്പറ്റോസിസ് ബി
- ധി) എം

12. കുടുംബാസ്പദത്വം പാലത്തി നാട്ടിനു പുഞ്ചരാഗത്തിൽ എങ്ങനെ സഹായിക്കുന്നു?

- എ) ഇന്നസംഖ്യ വർദ്ധിപ്പിക്കുന്നു
- ബി) ഇന്നസംഖ്യ നിയന്ത്രിക്കുന്നതിനു
- സി) ഭ്രാംഗപദ്ധതി പ്രോത്സാഹിപ്പിക്കുന്നു
- ധി) ലിംഗനിർണ്ണയം പ്രോത്സാഹിപ്പിക്കുന്നു

13. പ്രത്യുൽപാദന ആരോഗ്യത്തെക്കുറിച്ചുള്ള ശരിയായ ധാരണയില്ലായെങ്കിൽ ഒപ്പം ഉണ്ടാവുന്ന ആരോഗ്യ പ്രശ്നം എത്ര?

- എ) ലൈംഗികചായി പകരുന്ന രോഗങ്ങൾ
- ബി) അലർജ്ജി
- സി) അണുബന്ധം
- ധി) ഒപ്പുത്തിൽ പഴുപ്പ്

14. എത്രു പ്രായക്കാർഡിലാണ് ലൈംഗികചായി പകരുന്ന രോഗം കുടുതലായി കാണപ്പെടുന്നത്?

- എ) 24 വയസ്സുവരെയുള്ള കൗശാരകാർഡും ധൂവാക്കളിലും
- ബി) 30 ഒത്തൽ 40 വരെ പ്രായമുള്ള ആളുകളിൽ
- സി) 60 വയസ്സും അതിൽ കുടുതലുമുള്ള ആളുകളിൽ
- ധി) ഒക്കളിൽ കൊടുത്തിരിക്കുന്നവയെല്ലാം

15. ഇന്നസംഖ്യ വർധനവിന്റെ പ്രധാനകാരണം?

- എ) ഇനങ്ങളിലെ നിരക്ഷരത

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ബി) കുറഞ്ഞ മരണനിരക്കും കുടിയ ഇനന്ന നിരക്കും

സി) ആയുർ വൈദ്യുതിയിലെ വർധനവ്

ധി) മുകളിൽ കൊടുത്തിരിക്കുന്നവയെല്ലാം

16. പ്രായപുർത്തിയാക്കുമ്പോൾ ആൺകുട്ടികളുടെ ശാറ്റങ്ങൾക്ക് കാരണമാവുന്ന ഫോർമേണ്ട് എത്ര?

എ) പ്രോലാക്ടിൻ

ബി) അബ്രൈനലിൻ

സി) ഇംസ്ട്രൈൻ

ധി) ടെണ്ടുല്ലിഡോൺ

17. പുരീണ്ടുമായി സുവശേഷടുത്താവുന്ന ലൈംഗിക ഭരാനം ഇവയിൽ എത്ര?

എ) പെർഷൻ (എച്ച് എസ് റി)

ബി) പെപ്പറ്ററ്റിൻ ബി

സി) സിപ്പിലൻ

ധി) ഗൊണോറിയ

18. ഇനസംവ്യാവർഖനവ് തടയാൻ ഇന്ത്യയിൽ സ്വീകരിക്കുന്ന പ്രധാന ശാർഗ്ഗം എത്ര?

എ) വിവാഹപ്രായം ഉയർത്തൽ

ബി) ഭൂമാഹത്യ

സി) ഗർഭനിരോധന ശാർഗ്ഗങ്ങൾ

ധി) കുടുംബാസ്വത്രണം

19. വിദ്യാലയങ്ങളിൽ കുട്ടികൾക്ക് പ്രത്യുൽപാദന ആരോഗ്യ വിദ്യാഭ്യാസം എങ്ങനെയാണ് നൽകുന്നത്?

എ) പാദ്യപദ്ധതിയിൽ ഉൾപ്പെടുത്തിക്കൊണ്ട്

ബി) പാദപദ്ധത്തക്കയിൽ ഉൾപ്പെടുത്തിക്കൊണ്ട്

സി) കൗൺസിലിംഗ് വഴി

ധി) മുകളിൽ കൊടുത്തിരിക്കുന്നവയെല്ലാം

20. എയ്‌സ് കണക്കാടിക്കാൻ ഉപയോഗിക്കുന്ന സാക്ഷതികവിദ്യ എത്രാണ്?

എ) ഭനാർത്തതണ്ണേ ബ്ലോക്ക് ആൻഡ് എഫിസ

ബി) ഇംഗ്രേസ് ബ്ലോക്ക് ആൻഡ് എഫിസ

സി) വൈഡ്യൂസ് ബ്ലോക്ക് ആൻഡ് എഫിസ

ധി) സൗഖ്യതണ്ണേ ബ്ലോക്ക് ആൻഡ് എഫിസ

21. ഇനസംവ്യാ നിയന്ത്രണ നടപടികളുടെ ഭാഗമായുള്ള പരിപാടി എത്ര?

എ) ഗർഭ നിരോധന ശാർഗ്ഗങ്ങളെക്കുറിച്ച് വിദ്യാഭ്യാസം നൽകുക

ബി) പ്രത്യുൽപാദന ആരോഗ്യത്തെക്കുറിച്ചുള്ള വിദ്യാഭ്യാസം നൽകുക

സി) ചെറിയ കുടുംബങ്ങളെ പ്രോത്സാഹിപ്പിക്കുന്ന നയങ്ങൾ കൊണ്ടുവരിക

ധി) മുകളിൽ കൊടുത്തിരിക്കുന്നവയെല്ലാം

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22. വിദ്യാലയങ്ങളിൽ പ്രത്യേകിപ്പാദന ആരോഗ്യ വിദ്യാഭ്യാസത്തിന്റെ പ്രധാന ആവശ്യകത എന്ത്?

- എ) കൂട്ടികളിൽ ലൈംഗിക ആരോഗ്യത്തകുറിച്ചുള്ള ശരിയായ അവബോധം സ്വീച്ചിക്കുക
- ബി) പോഷകഹാരങ്ങളെ കുറിച്ചുള്ള അവബോധം സ്വീച്ചിക്കുക
- സി) കൂട്ടികൾ തക്കിലുള്ള ലിംഗ വിവേചനം ഇല്ലാതാക്കുക
- ഡി) ചുപ്പണങ്ങളെ തിരിച്ചിരിയുന്നതിനും പ്രതികർക്കുന്നതിനും

23. ലൈംഗിക രോഗങ്ങൾ പിടിപെട്ടു കഴിഞ്ഞാൽ ശരീരം കാണിക്കുന്ന പ്രാരംഭ ലക്ഷണം എത്ര?

- എ) മുടികൊഴിച്ചിൽ
- ബി) എല്ലു തെയ്മാനം
- സി) വിളർച്ച
- ഡി) ലൈംഗിക അവധിവങ്ങളിൽ സ്വാഖാൻ കാണാശേണ്ടുന്നു

24. ഇന്നസംവ്യാാ നിയന്ത്രണത്തിന്റെ ആവശ്യകതയെക്കുറിച്ച് കൂട്ടികളെ എത്ര രീതിയിലാണ് ബോധവൽക്കരിക്കണം?

- എ) പാദ്യപദ്ധതിയുടെ ഭാഗമാക്കിക്കാണ്
- ബി) ചെറു നാടകങ്ങളുടെ അവതരണത്തിലും
- സി) ബോധവൽക്കരണ കൂസുകളിലും
- ഡി) മുകളിൽ കൊടുത്തിരിക്കുന്നവയെല്ലാം

25.പ്രത്യേകിപ്പാദന ആരോഗ്യ വിദ്യാഭ്യാസത്തിന്റെ ആവശ്യകതയെക്കുറിച്ച് രക്ഷിതാക്കലെ അധ്യാപകർ എങ്ങനെയാണ് ബോധവാനാരാക്കുന്നത്?

- എ) കൗൺസിലിങ്ചിലും
- ബി) ഗ്രൂപ്പ് ലൈംഗിക്കളിലും
- സി) പിടിപ്പി ശീറ്റിൽലും
- ഡി) അധ്യാപകർ ബോധവാനാരാക്കുന്ന ആവശ്യില്ല

26. ലൈംഗിക രോഗങ്ങൾ തടയാൻ സഹായിക്കുന്ന പ്രധാനമാർഗ്ഗം എത്ര?

- എ) സ്പർശനം തടയുന്നതിലും
- ബി) ലൈംഗിക രോഗികളുടെ രക്തം സ്പീകർക്കുന്നത് തടയുന്നതിലും
- സി) ഗർഭ നിഃരാധാന ഉറയുടെ ഉപയോഗത്തിലും
- ഡി) ബോധവൽക്കരണ കൂസുകളിലും

27. ഇന്നസംവ്യാാ നിയന്ത്രണത്തകുറിച്ച് ഇന്നങ്ങളെ ബോധവൽക്കരിക്കാൻ സർക്കാർ കൈകൊള്ളുന്ന പ്രധാന ചാർത്തം ഇവയിൽ എത്ര?

- എ) പരസ്യങ്ങളിലും വിദ്യാഭ്യാസപരമായ ശ്രേണിലും
- ബി) ബോധവൽക്കരണ കൂസുകൾ
- സി) ഗ്രൂപ്പ് കൗൺസിലിംഗ്
- ഡി) തരുവുന്നടക്കങ്ങൾ

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28. വിദ്യാലയങ്ങളിൽ പ്രത്യേകിപ്പാദന ആരോഗ്യവുമായി ബന്ധപ്പെട്ട അവഭേദം കൂസുകൾ നടപ്പിലാവാത്തത് എന്തുകൊണ്ട്?

- എ) മാതാപിതാക്കളുടെ തെറ്റായ ധാരണ കൊണ്ട്
- ബി) ഇന്നത്തെ വിദ്യാഭ്യാസ സ്വന്വദായത്തിന്റെ പരിശീൽനി
- സി) അധ്യാപകർ തയ്യാറാവാത്തത് കൊണ്ട്
- ധി) ഇവയെല്ലാം

29. ലൈംഗികരോഗങ്ങൾ പകരുന്ന സാഹചര്യങ്ങളിൽ പെടാത്തത് ഇവയിൽ എത്ര?

- എ) ലൈംഗികരോഗം ബാധിച്ച രോഗിയുടെ രക്തം സ്റ്റീക്സികുന്നതിലും
- ബി) സുരക്ഷിതമല്ലാത്ത ലൈംഗിക ബന്ധത്തിലും
- സി) ലൈംഗിക രോഗിയുടെ സ്വഭാവങ്ങളിലും
- ധി) ലൈംഗികരോഗമുള്ള വ്യക്തിയെ സ്പർശിക്കുന്നതിലും

30. ജൂനസംഖ്യാ നിയന്ത്രണത്തിനായി ഇന്ത്യയിൽ പ്രചരിച്ച ഒരുഭാവാക്യം എത്ര?

- എ) എം സാത്ത് സാത്ത് ഹോ
- ബി) എം ഡോ എംബാരേ ഡോ
- സി) ജൂയ് ജൂവാൻ ജൂയ് കിസാൻ
- ധി) സാത്യഭേദ ജൂയഭേദ

Appendix II
FAROOK COLLEGE
TEST OF AWARENESS ON REPRODUCTIVE HEALTH EDUCATION

Rajitha K V
Assistant Professor

Nourin Sharaf. K
M.Ed Student

Name of the Trainee :
Name of the College :
Gender :

INSTRUCTIONS

The following questions are related to reproductive health education. For each question, four options are given as A.B. C.D. Mark ✓ for the appropriate answers.

1. What are the benefits to children of providing reproductive health education through schools?
 - a) Learning to respect the opposite sex
 - b) Child sexual abuse is detectable.
 - c) Physical changes during adolescence are understandable.
 - d) All of the above
2. What are the benefits to children of having accurate awareness about sexually transmitted diseases?
 - a) Children become aware of diseases and the precautions that need to be taken
 - b) Children are becoming aware of sexually transmitted diseases and treatments
 - c) This leads to focusing on health matters
 - d) All of the above
3. What is the most effective way to reduce the population growth rate?
 - a) Abortion/ Feticide
 - b) Organizing family planning classes
 - c) Raising the marriage age
 - d) Using contraceptive methods

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4. Which hormone is responsible for the physical changes that occur in girls during puberty?
 - a) Estrogen and Progesterone
 - b) Adrenaline
 - c) Oxytocin
 - d) Testosterone
5. What is the program for achieving comprehensive reproductive health goals at the national level as a social objective?
 - a) Family welfare
 - b) Family planning
 - c) Family organization
 - d) Reproductive health/ protection
6. AIDS falls under which of the following categories?
 - a) Pestilence
 - b) Infectious disease
 - c) Pandemic
 - d) All of the above
7. At what age should reproductive health education begin for children in school?
 - a) 15 years and above
 - b) From the pre-primary level
 - c) From the age of maturity
 - d) Above 18 years
8. What are sexually transmitted diseases?
 - a) Diseases transmitted from animals
 - b) Diseases transmitted through unprotected sex
 - c) Hereditary diseases
 - d) Air borne diseases
9. What will be the health problems people may face due to population growth?
 - a) Spread of diseases

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- b) b) Scarcity of accommodation
- c) Non-availability of medicines
- d) Lack of medical facilities

10. Which of the following indicates that the reproductive organs in girls have become functional?

- a) Withdrawing from society
- b) Change in voice
- c) Onset of menstruation
- d) Excessive hair growth

11. Which of the following is not a sexually transmitted disease?

- a) Genital herpes
- b) Tycho moniasis
- c) Hepatitis B
- d) Elephantiasis

12. How does the family planning program help in the progress of the country?

- a) Increases population
- b) For controlling population
- c) Promote feticide
- d) Encourages gender determination

13. Which disease problem is caused by the lack of proper understanding of reproductive health?

- a) Sexually transmitted diseases
- b) Allergy
- c) Infection
- d) Pus in urine

14. In which age group are sexually transmitted diseases most commonly seen?

- a) A) Adolescents and young adults up to 24 years of age
- b) In people aged 30 to 40 years
- c) In people aged 60 years and above

d) All of the above

15. What is the main cause of population growth?

- a) Illiteracy among the people
- b) Low death rate and high birth rate
- c) Increase in life expectancy
- d) All of the above

16. Which hormone causes changes in boys during puberty?

- a) Prolactin
- b) Adrenaline
- c) Estrogen
- d) Testosterone

17. Which of these sexually transmitted diseases is completely curable?

- a) Herpes HSV
- b) Hepatitis B
- c) Syphilis
- d) Gonorrhea

18. What is the main method adopted in India to control population growth?

- a) Raising the age of marriage
- b) Feticide
- c) Contraceptive methods
- d) Family planning

19. How should reproductive health education be imparted to children in schools?

- a) By incorporating into the curriculum
- b) By inclusion in the textbook
- c) Through counselling
- d) All of the above

20. Which technology is used to diagnose AIDS?

- a) Northern blot and ELISA
- b) Immune blot and ELISA

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- c) Western blot and ELISA
- d) Southern Blot and ELISA

21. Which program is part of population control measures?

- a) Provide education on contraceptive methods
- b) Provide education on reproductive health
- c) Bring in policies that encourage small families
- d) All of the above

22. What is the primary necessity of reproductive health education in schools?

- a) Creating proper awareness about sexual health among children
- b) Creating awareness about nutrition
- c) Eliminating gender discrimination among children
- d) Recognizing and responding to abuse

23. What is the early symptom that the body shows after contracting sexually transmitted diseases?

- a) Hair loss
- b) Bone thinning
- c) Weight loss
- d) Sores on sexual organs

24. How should children be made aware of the necessity of population control?

- a) By making it part of the curriculum
- b) Through the presentation of short plays
- c) Through awareness classes
- d) All of the above

25. How should teachers make parents aware of the necessity of reproductive health education?

- a) Through counseling
- b) Through group guidance
- c) Through PTA meetings
- d) Teachers don't need to make them aware

Appendices

26. Which is the main way to prevent sexually transmitted diseases?

- By avoiding contact
- By preventing blood transfusions from infected individuals
- By using contraceptive methods
- Through awareness classes

27. Which is the main method the government uses to make people aware of population control?

- Through advertisements and educational efforts
- Awareness classes
- Group counselling
- Street plays

28. Why is the implementation of awareness classes related to reproductive health in schools not feasible?

- Due to parents' misconceptions
- Limitations of the current education system
- Because teachers are
- All of the above

29. Which of the following is not a way to contract sexually transmitted diseases?

- Receiving blood from an infected person
- Engaging in unprotected sex
- Through the secretions of the sexually transmitted patient
- By touching an infected person

30. What is the popular slogan for population control in India?

- Ham Saath Saath Hai
- Hum Do Hamare Do
- Jai Jawan Jai Kisan
- Satyamev Jayate