

Role of Social Media in Promoting Sexual and Reproductive Health Education of Tribal Women in India: An Overview

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Abstract

Social media has created a positive impact on information dissemination in every aspect of life, including sexual and reproductive health. Reproductive health is a general term covering several dimensions, such as reproductive organs, safe sex, safe motherhood, gynecological problems, reproductive rights, STI/RTI, and HIV/AIDS. Sexual and reproductive health is not only about physical well-being, it also includes the right to healthy and respectful relationships, health services that are inclusive, safe, and appropriate, access to accurate information effective and affordable methods of contraception method, and access to services regarding sexual and reproductive health of women. The data was collected from secondary sources, including journals and articles. Social media provides a platform for women to easily access health information from experts. Social media, including Facebook, Instagram, YouTube, WhatsApp, etc, facilitate the creative display of information on sexual and reproductive health issues and correct misinformation, including taboos, stigma, and superstition. Our review finding suggested that social media promotes sexual and reproductive health education, increasing sexual knowledge and contraceptive use, and decreasing unwanted pregnancy, RTI/STI infections, and HIV/AIDS. The objective of the present study is to measure the role of social media in promoting the sexual and reproductive health of tribal women in India.

Keywords: Sexual and Reproductive Health, Menstruation, Reproductive Tract Infections, Tribes, Social media

Introduction

Health is an important aspect of human life because a person with good health can positively participate in the development of their family and society. Health is classified into two types: general health and reproductive health. General health is a more visible condition, openly shared, and discussed publically. Sexual and reproductive health is neither visible nor shared publicly (Reddy, 2008) ¹. Reproductive health is one of the most fundamental human rights and a vital indicator of human life. Sexual and reproductive health (SRH) are two of the numerous aspects of public health that were brought to light in 1994 at the International Conference on Population and Development (ICPD) in Egypt (Hamdanieh et al., 2021). ²According to the (WHO, 2006), sexual and reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity or

matters relating to the reproductive system and its functions. Therefore, reproductive health means that people can have a satisfying and safe sexual life, reproduce, and have the freedom to decide when and how often to indulge in physical intimacy. Unsafe sex is the second most important risk factor for disability and death in the world's poorest communities (Glazier et al., 2006).³In India, young women, mainly those who live in rural areas, are at high risk for negative sexual and reproductive health (SRH) outcomes, with those ages 15 to 24 years accounting for 41 percent of total maternal deaths in India. Early marriage, combined with a lack of SRH knowledge and information and limited agency to negotiate sexual encounters, contributes to early and unprotected sex for youth (Banerjee et al., 2015). ⁴Reproductive health is an important human right, and everyone has the right to their responsibility to ensure health service, care, and information (Lairenlakpam & Devi, 2015)⁵. It is a general term that covers several dimensions such as the anatomy of the human reproductive organs, safe sex relationships with

partners, safe motherhood, child survival, reproductive rights, and preventing unwanted pregnancy and unsafe abortion. People can access information and services regarding sexual and reproductive health and the ability to conduct satisfying and safe sex freely without violence, pressure, and fear of various reproductive health diseases or the procreation of children. Reproductive health is determined by various factors, including psychological factors, age of marriage, education, health awareness, knowledge about reproductive health diseases, relationships with partners, social, cultural, socio-economic, psychological, and also geographical factors. These factors increase adolescents' vulnerability to SRH risks (e.g., unsafe sex, sexual coercion, and early pregnancy) and pose barriers to their access to SRH information and services (Svanemyer et al., 2014)⁶. Recognizing the importance of protecting the sexual and reproductive health (SRH) and well-being of adolescents, India has implemented strategies including the Adolescent Reproductive and Sexual Health Strategy (ARSH) (2005-2013) and the Rashtriya Kishor Swasthya Karyakram. Both were designed to support and escalate the demand for essential adolescent health services (Saha et al., 2022)⁷. There are various reproductive health indicators such as maternal mortality, morbidity, fertility, unsafe abortion, unwanted pregnancy, anemia, infertility, neonatal and prenatal mortality, sexually transmitted diseases (STDs), contraception methods, reproductive tract infections, sexually transmitted infections, and HIV/AIDS etc. (WHO, 2014). Reproductive tract infections (RTIs) are diseases related to reproductive health with reflective social and health consequences for women as well as for men and children. Reproductive tract infection is one of the most ignored reproductive health problems worldwide (Priyadarsina, 2016)⁸. RTIs include sexually transmitted diseases (STDs) like the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), which increase the risk of cervical cancer, ectopic pregnancy, and miscarriage, as well as endogenous infections like bacterial and viral infections and iatrogenic infections, which are related to medical procedures such as unsafe abortion, unhygienic practices during

menstruation and poor delivery practices (Divya et al., 2003)⁹.

Education plays an important role in safe motherhood by minimizing early marriage and early pregnancies among adolescents as well as creating awareness about family planning, HIV/AIDS, RTIs, etc. It is a social problem as well as a reproductive health concern, as unsafe abortion creates risks for women that may lead to death. Reproductive health education plays a major role in enhancing knowledge and positive behaviour among women and empowering them to identify their rights and responsibilities (Satyabhama, 2019)¹⁰. Sexual and reproductive health education is necessary to promote child-rearing practices, good reproductive health hygiene, contraceptive use, awareness regarding reproductive health, and prevent HIV/AIDS and STI/RTI infections. Education significantly influences their decision-making about their reproductive health and contraceptive methods which results in population control (Monteiro, 2018).¹¹

Communication is a vital element in sexual and reproductive health. It motivates women to change from unhealthy behaviour and practice healthy behaviour all through. It helps and motivates women to learn, change unhealthy behaviour, and practice healthy behaviour all through. Social media has a stronger effect on contraceptive knowledge among people than attitude and behaviour. Communication through social media may therefore lead to the use of modern contraceptive methods among women, while a lack of it may hinder decision-making on contraception. Contraceptive communication programmes through the media provide a great opportunity to help promote a healthy nation by providing information to a large audience because of their wide reach and influence in society, generally among women of reproductive age (Badri, 2022)¹². Social media refers to internet-based channels and authorization users to interact resourcefully with both restricted and wide audiences. Social media platforms facilitate accessible information sharing and communication among users of different age groups. Popular social networking sites with different layouts and structures include Facebook, Instagram, Twitter, and TikTok¹³.

Now users are accessing social media like WhatsApp, Facebook, YouTube, Twitter, and

Instagram to connect with others without the determination of face-to-face gatherings. This social media platform has provided various opportunities for the user's betterment. Social media is also the most commonly used health information source across generations, and even more important than doctors. Additionally, the concept of women's involvement through social media has given new rise to reproductive health awareness, education, and empowerment for women. Various studies have known that social media is effective in enhancing health knowledge, whether related to sexual and reproductive health problems, cancer-related queries or treatments, pregnancy complications, or the use of contraceptive methods. Henceforth, based on all facts and findings, it can be claimed that if women users are accessing social media, their awareness regarding sexual and reproductive health is possible through it, and it can help them to prevent diseases like STDs, STIs, RTIs, and HIV/HIDs. Henceforth, it is relevant to explore the social media engagement of Indian women, which may act as a precedent for raising reproductive health awareness among them (Nibha, 2022)¹⁴. Participative internet use, which most individuals recognize as "social media," has transformed and converted patterns of communication, especially in adolescents. Social media enables the creative display of information while influencing, motivating, and engaging individuals on important health issues, particularly sexual and reproductive health.

Review of Literature

Sexual and reproductive health and rights (SRHR) have been ignored for too long in South Asian countries, including India. The discomfort attached to such conversations has affected the health and exploited the rights of many, especially those belonging to the more vulnerable genders. A report stated that 14 percent of all pregnancies under 20 were unplanned in India. Around 34 percent of adolescent married women reported being assaulted and abused physically or emotionally. A terrible 50 percent, of maternal deaths between the ages of 15 and 19 take place due to unsafe abortion practices (Chakraborty and Mishra, 2019)¹⁵. In his study, Alambusha (2009)¹⁶ studied the reproductive health-related problems among the tribal women, which were invisible because they lived in remote, forest,

and hilly areas and closed societies. Early tribal people were backward because of the lack of facilities and services, but now an increase in facilities like transportation, education, mass media, industrialization and urbanization has put the tribal communities in contact with the modern world. Tribal adolescents are mainly vulnerable because of the cultural acceptance of premarital sexual activities in tribes. This, coupled with a lack of information or knowledge about the results of unprotected sex and a lack of accessible health services, makes these adolescents vulnerable and prone to reproductive health-related diseases. Chandraker et al. (2009)¹⁷ highlighted that around 51 percent of mothers had not taken antenatal checkups and 94 percent of women delivered the baby at home, of which 57.4 percent gave birth by traditional methods and 47 percent were malnourished among women belonging to the Gond tribe of Chhattisgarh. The low socio-economic conditions, low literacy rate, and lack of awareness among them resulted in the poor health status of the mothers and children. Shah et al. (2013)¹⁸ found menstrual health and hygiene practices among the tribal adolescent girls in a rural region of Gujarat. He found that 90 percent of the girls were using old clothes and that 68% of the girl's first choice was the falalin cloth, because falalin cloth was culturally acceptable and it is more comfortable and inexpensive than a sanitary pad, whereas 32 percent of them use sanitary pads. There was limited knowledge about menstruation hygiene practices due to low levels of literacy and other socio-economic factors. A lack of knowledge about menstrual hygiene has led to the spread of reproductive tract infections. Saha et al. (2022)¹⁹ showed that overall, 8.7 percent, 11.4 percent, and 6.6 percent of adolescent girls had sufficient knowledge of sexual intercourse and pregnancy, contraceptive methods, and HIV/AIDS, respectively. Exposure to social media was associated with increased odds of knowledge of sexual intercourse and pregnancy, contraceptive methods, and HIV/AIDS. Around 28 percent had exposure to social media. Among various social media platforms, WhatsApp (26.2 percent) was the most used platform, followed by Facebook (9.5 percent) and Instagram (1.9 percent). In their study, Srinivasan and Llango (2013)²⁰ examined practices related to pregnancy among these tribal women, such

as their food habits and working conditions. Because tribes have their own culture and ethnicity, and they are usually geographically isolated. The government of India has named tribal communities as scheduled tribes in the Constitution and has provided a special provision for their welfare and development under the 6th Schedule of the Constitution. The study suggested that the tribal women face numerous problems such as anaemia, poor economic conditions, early marriage, poor living conditions, poor nutritional status, fertility level, infant and maternal mortality rates, and poor life expectancy rates, and all of these factors influence their pregnancy. The tribal women were engaged in agriculture and forestry activities, and the majority of women are uneducated and the accessibility of social media is limited. Tripathi (2013)²¹ found that in India, less than 30% of young men as compared to women were encouraged to indulge in safe casual sex. Their casual sex behavior was marked by the low use of condoms with casual partners. This results in the condition where young people in the age group of 15 to 24 suffer from sexually transmitted infections (STIs) and HIV/AIDS, which account for 35 percent of the total AIDS burden in India. Only 29 percent of these young people have heard about STIs. The awareness level about sexually transmitted infections was limited among the Indian youth, and only 20 percent of them were aware of sexually transmitted diseases. The use of contraception and access to sexual and reproductive health care and services among Indian youth were limited. A study by Juyal et al. (2014)²² showed that the majority of adolescent girls in India face health problems both general and related to reproductive morbidity, including gynaecological morbidity like reproductive tract infections. 65 percent of girls had dysmenorrhea, and 19 percent had a history of excessive vaginal discharge. According to Anand et al. (2015)²³, the determinants of menstrual hygienic practices and their effects on reproductive tract infections (RTI) among married women in India showed that 15 percent of women during their menstruation period used sanitary pads or clothes, and 1 percent of them did not use anything. Those who do not use sanitary pads or clothes have symptoms of RTIs. This study highlighted that the occurrence of reproductive tract infections is higher

among women who use any type of cloth in comparison with those who use sanitary pads. A study by Babu (2017)²⁴ found that 20 percent of women have a heavy burden of reproductive morbidity as an important component of pregnancy, reproductive tract infections (RTI), and sexually transmitted diseases. Due to the lack of awareness and knowledge among the tribal societies, they are engaged in extramarital sexual relationships, which leads to the spread of HIV/AIDS and STD infections among them. Knowledge and awareness about reproductive health and diseases like reproductive tract infections are important for individual well-being and to meet their reproductive goals safely. Sexually transmitted diseases (STDs) are the most widespread diseases in the aboriginal areas of India. The highest mortality rate found among the tribes is also considered an essential factor that influenced them to avoid the use of family planning methods such as contraception. The lack of understanding and interest in the adoption of family planning devices is the main problem among the aboriginal communities in India. Babu and Kumar (2020)²⁵ examined the socio-cultural dimensions and practices regarding the menstrual health of the tribal women in Kerala and found that 95.14 percent observed were taboos during the menstruation period among the tribal communities. Reproductive health knowledge among tribal communities is very poor among tribal women in India.

Objectives of the study

The objective of the present study is to measure the role of social media in promoting the reproductive health of tribal women in India.

Research Methodology

The nature of the present study is based on an evaluative method of research. The study is based on secondary sources to evaluate the current topic of research. Secondary data was collected from various journals, articles, newspapers, books, and different government publications.

Conclusion

One of the most fundamental human rights and a key component of human life is reproductive health. Social media has the potential to be a useful

tool for health communication, but the content it provides must be trustworthy and appealing, with messages catered to the different needs of teenagers. As demonstrated by our research, social media adds a new facet to healthcare and calls for further analysis to more accurately determine how much social media can be utilized to enhance health communication (Svanemyr et al., 2014). The dynamic capacity of social media to captivate and retain large audiences contributes to the tremendous potential for raising awareness and advancing women's sexual and reproductive health. Poor sexual and reproductive health (SRH) outcomes among adolescent girls in India have been associated with inadequate knowledge of SRH. Thus, this study will assist policymakers in future decision-making on strategic digital health investments and inform future programme design to consider multifaceted individual-level socio-demographic determinants for uniform and effective social media and digital media-led SRH sexual and reproductive health knowledge distribution. However, studies evaluating the impact of health programmes, including social media-based programmes, on sexual and reproductive health knowledge, attitudes, and behaviour are lacking in India particularly in rural areas. Therefore, due to lack of information, the findings from this study were revealing of the critical need to further explore how social media platforms can be used to promote sexual and reproductive health.

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