Effectiveness of adolescent reproductive health education programme using nurse-led teacher delivered approach on the knowledge attitude of school teachers and school going adolescent girls regarding adolescent reproductive health in Kerala

Ms. Jassamma Abraham

ABSTRACT

Adolescence represents one of the most challenging stages between the ages of 10 to 19 years. It encompasses a number of physical, physiological, emotional and psychological changes. So they need to be educated to cope up with this rapid changing phase. Since most adolescents attend school, we can reach the majority of adolescents easily through the teachers in school. Teachers can play a more vital role in imparting knowledge and skills to young people. Thus, the study was undertaken with the primary aim of identifying the effectiveness of the adolescent reproductive health education programme (ARHEP) using a Nurse–Led Teacher Delivered Approach on the knowledge and attitude of school teachers and school going adolescent girls in Kerala. An experimental design with two group pre test and post tests was used. The samples consisted of 30 teachers and 300 adolescent girls each in the experimental group and control group from seven Girls’ High Schools of Pala Corporate Education Agency of Pala of Kottayam District, Kerala. About 66.7% of teachers in experimental group and 100% of teachers in control group were teaching in rural schools. The age distribution was almost equal in both the groups and equal number of teachers (93.3%) from both groups belonged to Christian religion. In case of adolescent girls, the groups were homogenous in most of the socio-demographic variables, except the locality of houses, school and presence of an elder sister (p<0.05). Independent ‘t’ test on existing knowledge and attitude showed that, both the groups were almost homogenous in terms of their knowledge and attitude (p<0.001).

Analysis on the effectiveness of ARHEP revealed a significant difference in mean knowledge scores of school teachers between the experimental group (E) and control group (C) at two weeks (E=37.7, C=31.3) and at three months (E=36.2, C=30.4) of intervention (p <0.001). A significant difference was found in mean attitude scores of school teachers between the experimental and control group at two weeks (E=55.0, C=40.5) and three months (E=53.3, C=40.1) after the ARHEP (p<0.001). Similarly, a significant difference in mean knowledge scores of adolescent girls regarding ARH was found between the experimental group (E) and control group (C) after two weeks (E=33.0, C=16.4) and at three months (E=30.1, C=16.2) of intervention (p <0.001). The mean attitude scores of adolescent girls in terms of favourable attitude also increased significantly in the experimental group than in the control group at two weeks (E=51.3, C=29.9) and at three months (E=46.6, C=30.1) of intervention (p <0.001).

A statistically significant positive correlation was found between the knowledge and attitude of school teachers and school going adolescent girls towards adolescent reproductive health (p<0.001). There was no significant association found between knowledge and attitude of school teachers regarding ARH and their selected socio-demographic variables (p>0.05). A significant association was found between the ages, education, and locality of the school, educational qualification of mother, educational qualification of father, occupation of the father and the knowledge of the adolescent girls regarding ARH (p<0.05). It also showed a
significant association between age, education, locality of school, educational qualification of mother and attitude of adolescent girls towards ARH ($p<0.05$). A significant effect of intervention was found on information of school teachers and adolescent girls regarding their involvement in ARHEP in the schools ($p<0.05$). Thus the intervention was effective in improving the knowledge and attitude of school teachers and school going adolescent girls regarding ARH ($p<0.001$)