

## Educational Counselling -approach in providing reproductive health- education to the Adolescent girls in a selected school

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**Abstract:** An Experimental Study on Assessing the Effectiveness of Reproductive health-educational counselling among adolescent girls in selected school was done the adolescent girls, studying in 9<sup>th</sup> standard as samples were equally distributed as 100 in each arm i.e., the experimental and control groups .Intervention was carried for three days using educational counselling methods. The statistical analysis of t test and Chi-square test were used as per the objectives. The results revealed the effectiveness of the educational counselling on Reproductive health increase in terms of statistical significant increase towards their enhanced knowledge and attitude with  $p$  values= <0.001

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### I. Introduction

Adolescence, the second decade in human life ,i.e., from10-19 years (WHO, 2000) is a period in which an individual is no longer a child. But she/he is not yet an adult, but having a time of both opportunity and risks towards their reproductive health. Guidance and Counselling at this stage is essential because the adolescent has to make wise choices, adjustments and solve many problems. Counselling offered at this stage will greatly reduce the need for help later and a person who has had such guidance should be able to face any reproductive health related problems with a positive attitude.

### SIGNIFICANCE AND NEED FOR THE STUDY

Surveys carried out at an international level by International Institute of Population Studies (IIPS, 2000)have revealed the following reports as the needs and problems of adolescents such as: they high level of ignorance of how their body systems work; wanted more information on reproductive health; wanted opportunities to talk about their sexuality and fertility; none reported on having sexual intercourse to their parents; Only one third of mothers had talked to their daughters about menstruation; No other adults were wanted for consultation; they talk to friends who are equally uninformed. Parents often obstruct rather than facilitate informed choice (Bhuiya

,Bangladesh, 2000).Adolescents commonly report that discussions with parents about sex or reproduction are considered as taboos. Educational systems also tend to be ambivalent about sex education .Teachers often find that discussing on this topic leads to an harassing and shameful situation .As a result the young adolescents tend to rely on peers and mass media for such information on sex, reproduction and Sexually transmitted infections, HIV/AIDS. The Fourth International Conference on Women (Beijing, in 1995 ), while spelling out the strategies for empowering women gave recognition to the gender equality and made sure that the action to protect the rights of women has to begin with the girl child. Therefore the investigator felt that educational counselling on reproductive health is essential to develop right knowledge and attitude among young women through a structured program.

**The objectives of the study** were to assess the existing knowledge and attitude levels of adolescent girls on reproductive health; to evaluate the effectiveness of structured teaching program on reproductive health using educational counselling approach and to determine the association between changes and selective demographic variables of adolescent girls.

### II. Methodology

**Aim:** This study was aimed to determine the adequacy of knowledge and attitude of adolescent girls before and after Reproductive health Educational counselling in a selective school.

#### Research Design:

An experimental design was used in this study

**Setting:** The study was conducted in a private Higher secondary School belonged to an American Arcot Mission then established in 1895 at Ranipet and now managed by the CSI Vellore Diocese. Currently around 2000 girls students are studying in this residential school where 75% are day-scholars

**Population:** The population was the adolescent girls studying in a Girls' Higher Secondary school.

**Sample:** The total number of studying in 9<sup>th</sup> standard belong to A,B and C Sections who met the criteria of sample selection.

**Sample size:** The sample size was 200,adolescent girls studying in 9<sup>th</sup> standard.

**Inclusion criteria:** Adolescent girls who were in the age group of 13-19 yrs, attained puberty up to the age of 19 years, belong to both rural and urban communities and studying in the same school from 13 years as regular students.

**Exclusion criteria.** Adolescent girls who could not give full attendance for three days of intervention exclusive of pre-test and post- test days; unwilling to participate in this study and who could not comprehend the questions in English/Tamil

**Sampling technique:** The computer Assisted Randomization technique was used to select the sample for this study. The sample of 136 adolescent girls who met the criteria were explained about the pre-test after developing a rapport and consent. After the pre-test ,the names of all 136 students were written in alphabetic order. The names were then numbered as 1 and 2 from 1 to 136 to divide as equal groups as experimental and control groups by using **computer assisted randomization technique**. All the 1s were in experimental group and all the 2s in the control group for the equal allocation of samples.

**Instrument:** A validated self- made Questionnaire on Effectiveness of Reproductive health-Educational Counselling on knowledge and attitude among adolescent girls in a selected school. This had 20+10+15 questions, totally 45 in Part II as the knowledge aspect and 15 questions in Part III, as the attitude aspect totally 60 questions. Part-I of this questionnaire had few demographic variables pertaining to the participants of the study. Part-II on Knowledge on Reproductive system, Responsible sexual behaviour and STDs, HIV/AIDS. Part-III on Attitude of adolescent girls towards Reproductive Health.

**Validity of the tool:** Similar instrument used in the community set up of CMC was adapted to structure this instrument with their permission. Further the medical experts in the field of Infectious Diseases Training and Research Centre (IDTRC) of CMC, Heads of Medicine Units and the Nursing experts from CON,CMC, Vellore had scrutinized the content of the questionnaire. It was further validated by the pilot study findings among 50 samples for its feasibility by removing the difficult ,complicated and confusing questions with the guidance of the above experts.

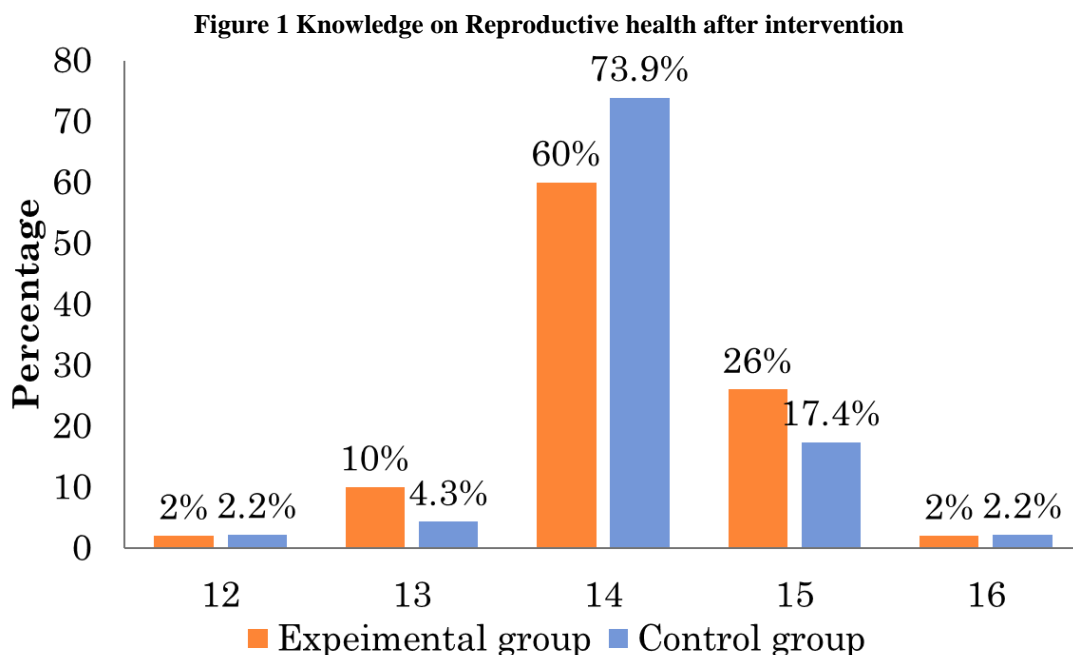
**Scoring procedure:** The 45 multiple choice questions gave the responses on knowledge aspect of Reproductive Health were scored as 1mark for right answer and 0 for the wrong answer. The total right answers for knowledge were graded in three levels such as 76-100% Adequate,50-75 % Moderately adequate and 0-49 % as Inadequate level.

The 15 questions measuring their attitude towards Reproductive Health was scored using a Five Likert scale on agreeing levels of given statements. It was from strongly agree, agree, uncertain, disagree and strongly disagree. The maximum score was 65.The positive responses were scored from 1-5and the negative responses were scored in reverse manner. The 'strongly agree' and 'agree' were identified as Favourable attitude ; 'strongly disagree' and 'disagree' were identified as Unfavourable attitude and the 'uncertain' was identified as still 'uncertain' since there was no change occurred in the attitude.,

**Data collection procedure:** After obtaining the consensus from the school management authorities and assent from the participants the experimental group received Reproductive health education on three major topics using innovative educational counselling methods ; This included brain storming ,lectures, individual discussions, casual talks, group discussions, body mapping, group exercises, group activities, case study presentations, role play, questioning, through secret mailbox, listening through individual counselling and group counselling. The visual aids were the charts, posters, flash cards, slides, photo albums, models and pamphlets. The Placebo topics as Personal hygiene, Environmental hygiene and Study habits were conducted for the control group as per time table for Structured Teaching Schedule of the study.

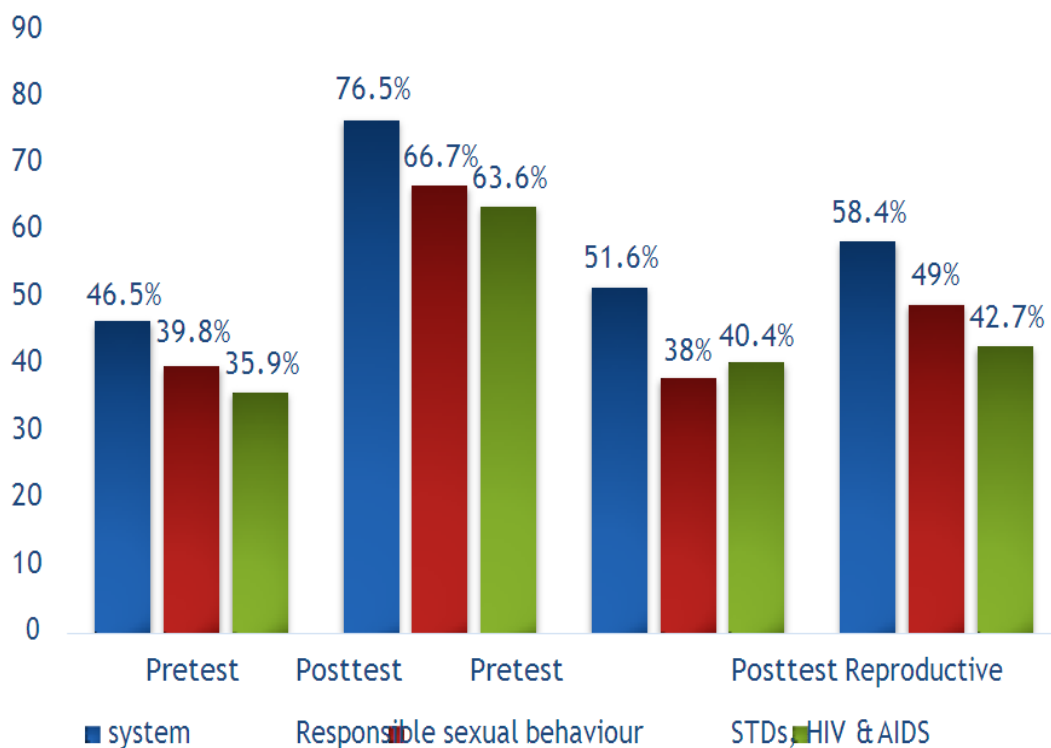
**Data Analysis:** After conducting post test the data was analysed using t-test and chi square for the significant changes as effectiveness of educational counselling approach in giving Reproductive health education to the adolescent girls and its association with their demographic variables .

**The findings** of the study revealed that the majority of the respondents in both the experimental and control groups were in the age of 14 years. There was no significant difference between two groups among many Demographic factors such as religion as Hindus, parents' education up to high school level and mothers' occupation as home maker, father' occupation as coolie as < Rs.500-2000/-family income and type of family as nuclear family .These findings helped to identify the homogeneity among the study samples.



The increase in their knowledge on reproductive health after intervention was found to be statistically significant in the experimental group( $P < 0.001$ ).

**Figure2: Overall Mean knowledge in specific domains of pre & post test score in Experimental & control group**



The comparison of difference in specific aspects of knowledge such as on Reproductive system, Responsible sexual behaviour and Sexually transmitted diseases, HIV/AIDS between two groups was tested after intervention .The result had shown an increase that was statistically significant  $p < 0.001$ .

**Table1: Comparison of attitude scores between experimental and control groups**

Attitude	Pre-test			Post- test		
	Experimental Mean (SD)	Control Mean (SD)	P value	Experimental Mean (SD)	Control Mean (SD)	P value
Strongly Agree and Agree (Favourable)	7.2 (2.6)	7.1 (2.5)	0.77	9.1 (2.5)	7.7 (2.3)	<0.001
Uncertain	5.6 (3.1)	5.6 (2.8)	0.96	2.5 (2.1)	4.7 (3.1)	<0.001
Strongly disagree and Disagree (unfavourable)	2.3 (1.8)	2.9 (1.8)	0.95	3.4 (1.6)	2.7 (2.1)	0.07

The comparison of difference in specific levels of attitude such as favourable/positive attitude and unfavourable /negative attitude towards reproductive health was tested between the two groups after intervention. The result had shown an increase that was statistically significant difference,  $p < 0.001$ .

**Table 2: Changes in correct responses towards favourable attitude on reproductive health**

ATTITUDE TOWARDS REPRO. HEALTH	EXPERIMENTAL GROUP			CONTROL GROUP		
	Pre Test	Post test	P value	Pre Test	Post test	P value
CHANGE IN THE CORRECT NEGATIVE RESPONSE	1.30 (0.9)	2.0 (0.9)	<0.001	1.48 (1.1)	1.50 (1.1)	0.91

There was no significant association found between demographic variables of the respondents such as family pattern, religion, father’s education and occupation, mother’s education and occupation and their level of knowledge and attitude on Reproductive health

The 1st objective of the study had found that majority of participants were of 14 yrs old .The pre-interventional knowledge and attitude with regard to their reproductive health were not having significant difference- between the Experimental and control groups. These findings are supported by the study conducted by Barnett (1997) which indicates that selecting youngest adolescents ranging from 11-14 yrs for girls is highly suitable to provide educational counselling on Reproductive health; This age group helps them to develop life skills - of effective strategies for safe guarding their sexual health and wellbeing; This is also recommended that combining age groups appropriate to sexual health information with activities help to develop communication and negotiation skills, specially the young people who are not already sexually active to delay the sexual activity (WHO/ UNFPA/ UNICEF ,1999)

The 2nd objective of the study had shown the increased level of knowledge was from 64% to 7%; and from 43% to 58% in experimental & control group respectively. This finding is supported by a study conducted by Teevari and Taneja (2000),120 students from four different schools in the age group of 16-18 yrs ; In two institutions the post test score was 100% and in two other ranged from 85% to 90%. Who suggested that Efforts of Youth Friendly Services could help in providing an developing adolescents’ skills for their challenges against their difficulties and obstacles faced. (Path outlook1998;Webb1998): The specialised approaches used in teaching programs helped adolescents to meet specific, biological, psychological &health need whenever needed

The 3rd Objective had analysed and revealed that there was no significant association between selective demographic variables of adolescent girls such as Religion, age, parents’ education, occupation, living area with their knowledge and attitude on Reproductive health thru educational counselling approach.

The overall OUTCOME of the study had shown the significant increase in knowledge on each aspect of Reproductive Health and attitude- with  $P.value < 0.001$  .There was no association in the changes in Knowledge &Attitude and selective demographic variables; The innovative approach of educational counselling had elicited the participants spirit of inquiry around 39questions in different sessions where their doubts clarified and fears removed each day by utilizing their secret mail-box.

Limitations of the study: 1.The .Data collection total period in school was only 5 days where the participants were permitted to attend 4hrs of health education in two groups in a day .This counted for12hrs of health education and 2 hrs for their pre and post- test. All these events took place in their routine school timetable

. 2.The participants were from residential school where day scholars also participated by which there could be slight contamination which was unavoidable due to peer group influence. 3.The parents were unwilling for students attending 3 days sessions, therefore gradual dropouts was identified. Though the study was designed for 136(68 in each arm) samples the eligible samples considered for analysis 96.

### **III. Recommendations**

This study brought the recommendations of conducting similar study as a multi-centric study covering different types of schools; this study can be extended to the parents of adolescent girls & teachers' knowledge & attitude towards Reproductive Health. And Skill based interventions could be done through skill training programs to measure their healthy practices related to Reproductive health and a Follow up study can be done after 1 yr

,2yrs & at the time of these study participants leaving the school.

### **Suggestions**

This study suggests that School based Educational counselling /empowering health education can be provided on regular basis. An Innovative approach-Empowering skills Training program can be provided to the adolescent girls where their self esteem ,communication, goal setting, problem solving, decision making skills can be developed towards their optimal reproductive health.

### **IV. Conclusion**

Educational counselling at Adolescent stage is essential because one has to make wise choices, adjustments and solve many problems to face any problems with a positive attitude. Sexual abuses, sexual violences, adolescent pregnancies and sexually transmitted diseases are increasing in the current adolescent population. Reproductive health education assures freedom from the risk of sexual diseases, the right to regulate one's own fertility and ability to control sexuality.

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