

EFFECT OF TRAINING ON MARATHI MEDIUM SECONDARY SCHOOL TEACHERS' KNOWLEDGE AND ATTITUDE TOWARDS ADOLESCENT HEALTH IN AN URBAN AREA



PUBLIC HEALTH

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ABSTRACT

This study assessed the effect of two days training on teachers' knowledge of and attitude towards adolescent health in all Marathi medium secondary schools in a randomly selected municipal ward. All the 104 teachers took part in the training. Their knowledge of and attitude towards adolescent health were assessed pre and post training. The result shows significant increase (from 32.93% to 83.53%, $p < 0.001$) in percentage of those who had good knowledge in adolescent health at post - training assessment compared with pre - training assessment. Also, the percentage of teachers having positive attitude towards teaching of adolescent health at secondary school level, increased from 36.54% to 92.31% ($p < 0.001$). Thus, training helped teachers to increase their knowledge and have positive attitude towards teaching this topic at secondary school level. The study suggests, periodic training for teachers in this subject is essential, to promote health of adolescents.

INTRODUCTION

The term 'Adolescence' has been defined as including those aged between 10 and 19 years.¹ This term derived from Latin word 'Adolescere' meaning to grow, to mature. This phase of life is characterised by rapid physical growth along with emotional, psychological and spiritual changes.² Adolescents must be given opportunity to develop to their full potential as healthy individuals.¹ They are not only in large numbers but are the citizens and workers of tomorrow.² Adolescents face many health problems like high rate of risky sexual activities, unwanted pregnancies, abortions, STIs/HIV/AIDS and school drop-outs.⁸ They are exposed to tobacco and drug abuse.² High rate of morbidity and mortality has always been associated with pregnancy and child birth in adolescent girls.¹ Thus the problems of adolescents are multi-dimensional and require holistic approach to solve them, which includes nutrition, education, health care, counseling and guidance.^{2,3}

Teachers can play vital and unique role in moulding the personality as well as promoting and maintaining the health of adolescents.^{7, 8, 9} They are well respected leaders and viewed as role models by students and their families. They are among the most important influences in the lives of adolescents and can provide valuable insight into the health issues important to this age group.^{4, 5} They can be given periodic training in adolescent health that allows them to provide timely health interventions that are essential for better performance by students in school. Along with the routine teaching activities the observations made, care taken and guidance rendered by the teachers will not only enhance academic performance but also influence the quality of life, improves self respect and confidence of adolescents.^{6, 7} Much of the success of school based health programmes is based on the commitment and positive attitude of teachers towards health needs of students.⁶ That's why training and it's evaluation in adolescent health for teachers is must to update knowledge and have positive attitude towards teaching this subject at secondary school level.

MATERIALS AND METHODS

The study was carried out among all teachers in all Marathi medium secondary schools in a randomly selected ward of a municipal corporation in Mumbai metropolitan region. The curriculum for training was designed in Marathi language after reviewing standard books and training manuals on adolescents health which includes human reproductive organs, concept of adolescent and puberty, teenage pregnancy, abortion, STIs/HIV/AIDS, contraceptives etc. Based on curriculum knowledge and attitude questionnaire was designed in Marathi. Proforma for recording demographic data was also prepared.

All 104 teachers took part in the study. Pretested proforma and questionnaire for recording base-line data was administered to the participants. Half an hour was given to fill the pre-training questionnaire. The training was conducted for two days which consisted of lectures, group discussions, presentations, role play and exercises. At the end of the training same questionnaire was administered to record post-training data. The data was analysed using chi-square test and interpreted.

RESULTS AND DISCUSSION

Of the 104 teachers, 55.77% were males and 44.23% were females. 40.38% were in the age group of 40 to 58 years. 91.35% were married. 47.12% were graduates with diploma or degree in education. (Table-I)

The percentage of correct answers of whole group in pre-test was 32.93%. It is increased to 83.53% in post-test assessment which is statistically significant ($p < 0.001$). All the teachers were having some amount of base-line knowledge of this subject. In case of knowledge of adolescence at pre-training assessment, 09.62% had correct knowledge, while at post-training, it was significantly raised to 68.27% ($p < 0.001$). With respect to knowledge of puberty, a significant increase in percentage of those who had correct knowledge was observed at post-training when compared with pre-training assessment from 30.77% to 65.38% ($p < 0.001$). The respondents' correct knowledge of menarche shows increase at post-training assessment from 12.50% to 88.46% ($p < 0.001$). As regards correct knowledge of human reproductive organs, there was a significant increase in the percentage obtained at post-training assessment over what obtained at pre-training assessment (from 27.88% to 92.69%, $p < 0.001$). With respect to their knowledge of STIs/HIV/AIDS, there was significant increase in percentage of those who had good knowledge at post-training over that of pre-training assessment from 43.27% to 84.62% ($p < 0.001$).

From the assessment of their general knowledge of adolescent health issues, the percentage of those who had good knowledge of it show significant increase at post-training assessment in comparison with that of pre-training assessment from 47.12% to 92.31% ($p < 0.001$). As regards their knowledge of various contraceptive methods, an increase in the percentage was obtained at post-training assessment compared with pre-training assessment from 28.85% to 89.42% ($p < 0.001$). As far as the knowledge of legal age of marriage for boys and girls is concerned, an increase in the percentage was obtained at post training assessment compared with pre-training assessment from 63.46% to 97.12% ($p < 0.001$). (Table-II)

Attitudinal disposition of the teachers towards teaching of adolescent health topic in Marathi medium secondary schools is concern, at pre-training assessment, the percentage of teachers

who were favourably disposed to it was 36.54%, while at post-training, it was significantly increased to 92.31% (p<0.001). (Table-III)

Almost similar results were observed by Caleb A.et al⁸ in their study in rural schools at Ile-Ife, Nigeria. Cohall AT et al⁵, in their study observed, teachers felt that schools were important places to promote dialogue about health and accept the importance of playing a broader role in the lives of youth beyond education. To enhance the prospect of health promoting interactions between teachers and students, attention must be paid to develop overall skill and comfort level of teachers with respect to adoles-

cent health concerns. Veena S. Algur et al⁷, observed very poor knowledge and response of teachers about the observation of health problems of adolescents at school. There is utter need to focus more on this aspect as one of the important component of child development. Refresher courses on adolescent health have to be conducted for teachers. More effective IEC activities are essential with the coordination of Education Department, Parents, NGOs and Health Department. More Importance should be given to this subject in the curriculum of diploma and degree in education which is basic qualification for the job as teacher.

Table – I Demographic Characteristics of the Respondents (n=104)

Characteristics		No	%
Age in Years	20 -29	23	22.12
	30 -39	39	37.50
	40 to 58	42	40.38
Sex	Male	58	55.77
	Female	46	44.23
Marital Status	Single	02	01.92
	Married	95	91.35
	Widow / Divorced / Separated / Widower	07	06.73
Qualification	Secondary School Certificate or Higher Secondary Certificate + Diploma in Education	41	39.42
	Graduation + Diploma in Education or Bachelor of Education	49	47.12
	Post Graduation + Diploma in Education or Bachelor in Education or Master in Education	14	13.46

Table – II Knowledge of concept of Adolescence and Adolescent Health Issues (n = 104)

Variables	Response	Pre – Test N (%)	Post – Test N (%)	p Value
Knowledge of Adolescence	Correct answer (good knowledge)	10 (09.62)	71(68.27)	P < 0.001
	Incorrect answer (poor knowledge)	94(90.38)	33(31.73)	
Knowledge of Puberty	Correct answer (good knowledge)	32(30.77)	68(65.38)	P < 0.001
	Incorrect answer (poor knowledge)	72(69.23)	36(34.62)	
Knowledge of Menarche	Correct answer (good knowledge)	13(12.50)	92(88.46)	P < 0.001
	Incorrect answer (poor knowledge)	91(87.50)	12(11.54)	
Knowledge of Human Reproductive Organs	Correct answer (good knowledge)	29(27.88)	86(92.69)	P < 0.001
	Incorrect answer (poor knowledge)	75(72.12)	18(07.31)	
Knowledge of STIs/HIV/AIDS	Correct answer (good knowledge)	45(43.27)	88(84.62)	P < 0.001
	Incorrect answer (poor knowledge)	59(56.73)	16(15.38)	
General Knowledge of Adolescent Health Issues	Correct answer (good knowledge)	49(47.12)	96(92.31)	P < 0.001
	Incorrect answer (poor knowledge)	55(52.88)	08(07.69)	
Knowledge of Contraceptive Methods	Correct answer (good knowledge)	30(28.85)	93(89.42)	P < 0.001
	Incorrect answer (poor knowledge)	74(71.15)	11(10.58)	
Knowledge of Legal age of Marriage	Correct answer (good knowledge)	66(63.46)	101(97.12)	P < 0.001
	Incorrect answer (poor knowledge)	38(36.54)	03(02.88)	

Table – III Attitude of Teachers towards teaching of Adolescent Health Topic in Secondary Schools (n = 104)

Variable	Response	Pre – test N (%)	Post – Test N (%)	p Value
Do you support teaching of Adolescent Health Topic in Schools	Yes	38(36.54)	96(92.31)	p < 0.001
	No	66(63.46)	08(07.69)	

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