

ABSTRACT

The behaviour and life styles learnt or adopted during adolescence will influence health throughout life.

The aim of this study was to evaluate the effectiveness of an educational intervention on SRH teaching directed at schoolteachers. This study was conducted in the district of Kalutara in Western province of Sri Lanka.

Primary target group for the educational intervention was all eligible "Health and Physical Education" teachers numbering 61 who were from Kalutara and Horana educational zones in the Kalutara district, which were the intervention and comparable control areas respectively.

Secondary target group for the study was grade nine school children in the schools from which "Health and Physical Education" teachers were selected. Multi-stage cluster sampling method was used to select 914 grade nine students.

A quasi-experimental study design was adopted with the pre and post test assessment and the changes in the intervention group were compared with that of a control group. Study was carried out in five phases.

During the first phase of the study focus group discussions, informal interviews with experts, perusal of relevant documents in SRH education were carried out.

In the second phase pre-intervention assessment on selected aspects of SRH was carried out by using self-administered questionnaires for "Health and Physical Education" teachers and grade nine school children separately. Basic facilities available in schools for SRH teaching were assessed by using a format prepared by the Principal Investigator.

In phase III SWOT analysis of the information gathered in phase I and II was carried out to determine the priority areas, which was used in planning and implementing the educational intervention on SRH teaching. The study revealed that numerous factors affected SRH education in schools. The ill prepared teacher was found to be the main barrier for SRH education.

In phase IV an educational intervention was delivered through a four day workshop for "Health and Physical Education" teachers in the intervention group. After the intervention "Health and Physical Education" teachers in the intervention and control groups were requested to teach SRH lessons to the grade nine school children in their respective schools according to the school curriculum. Four weeks were allocated to complete the teaching-learning sessions on SRH in schools.

One week after the educational intervention, post-intervention assessment was carried out to evaluate the effectiveness of the intervention on the "Health and Physical Education" teachers' performances in SRH teaching. Teaching skills were assessed by the master teachers using a validated checklist. Post intervention teaching skills on SRH teaching among "Health and Physical Education" teachers were compared between intervention group and control group.

Post-intervention assessment was carried out among grade nine school children to evaluate the effectiveness of the intervention by comparing pre and post intervention knowledge and attitudes in relation to SRH. A second post test was carried out six weeks later to assess the sustainability of the intervention.

"Health and Physical Education" teachers in intervention group had statistically significant higher mean score for knowledge on pregnancy and related issues ($p=0.02$); and Sexually Transmitted Infections ($p=0.02$) than in control group in post intervention assessment. But there was no statistically significant improvement in attitudes towards SRH after the educational intervention. Intervention group exhibited statistically significant higher mean scores on SRH teaching skills than the control group (83.0-intervention group and 58.8 -control group; $p=0.002$). There was statistically significant improvement in post intervention knowledge and attitudes in SRH among grade nine students of the intervention group ($p < 0.05$).

The educational intervention on SRH teaching directed at school teachers implemented in the present study was effective in improving SRH teaching skills. It also improved some aspects of SRH knowledge among "Health and Physical Education" teachers. This study has demonstrated that grade nine school children acquired new knowledge and change attitudes in relation to SRH when exposed to student-centred properly planned teaching sessions conducted by well trained "Health and Physical Education" teachers.

This study revealed that the 14% of knowledge improvement of grade nine students was attributed to the educational intervention carried out in this study.

The study recommends that the programme managers utilize the opportunity offered at the annual seminars for "Health and Physical Education" teachers on SRH at district level to plan and incorporate the learner-centred educational intervention utilized in this study, which is low cost and have advantages of participatory approach.

Development of appropriate teaching-learning materials and allocation of adequate time too are recommended for implementation of effective SRH education programme in schools.