

Original Research Article

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A Comparative Study to Assess the Effectiveness of Child - Child Approach versus Teacher - Child Approach as a Teaching Learning Method Regarding Sex Education among Adolescent Girls in Selected Schools of District Mohali, Punjab, India

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A B S T R A C T

Sex education is that education, which is imparted to child for providing knowledge regarding sex. Sex education is related to the establishment of healthy attitude among adolescents that may lead to a healthy social life. The aim of study is to assess the effectiveness of child - child approach versus teacher - child approach as a teaching learning method regarding sex education among adolescent girls. A quantitative approach with comparative research design was adopted. By systematic random sampling technique, 120 adolescent girls were selected from two different schools Mohali, 60 adolescent girls for child-child approach method and 60 for teacher- child approach method. Structured knowledge questionnaire was used to collect the data from adolescent girls in selected schools of Mohali. Analysis of data was done using descriptive and inferential statistics. The study finding shows that the knowledge score of child – child approach adolescent girls had good knowledge score i.e. (83.3%) as compare to knowledge score of teacher – child approach adolescent girls had average knowledge score i.e. (80.0%). The study shows that child-child approach method was more effective than teacher – child approach method.

Keywords

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Introduction

Adolescence is a period of transition from childhood to adulthood. One fifth of the world's population is represented by them. Development of knowledge and attitude takes place during this period, which can have lifelong effects on the individual, family and society. (Bhatia and Chandra, 2008) Changes in

the pattern of thinking, attitude, relationships, moral standards and abilities takes place in this period. (<http://www.odh.ohio.gov>.) Therefore, accurate and adequate reproductive health knowledge at this age is crucial for developing proper practices and behavior regarding reproductive health for the future. In reality, adolescents are poorly informed about their own bodies and health. Moreover, the

information available to them is most often incomplete, inadequate, and confusing (Barkat and Majid, 2003). But Sex education is not taught as a subject in India. There are some social and religious reasons too behind this fact. Along these reason we have such customs and traditions, which create some impediments in the way of providing sex education to adolescents. Due to these basic reasons, the adolescents do not come to know about education related to sex. Lack of sex education lead to increase pre-marital sexual activity, pregnancy among unmarried girls apart from the increasing incidence of abortion & STDs. Among adolescents, girls are particularly vulnerable, not only because they are more likely to prone for unprotected sex with boys, but also they are more susceptible biologically to STDs including HIV infection. In order to lead healthy, responsible & fulfilling lives & protect themselves from reproductive health problems & need adequate information about the physical, psychological changes that take place during puberty, menstruation, pregnancy & child birth.

Effective school health education is a sustainable way to promote health practices (Ecker *et al.*, 2009). So, Health Education Bureau of India also launched an intensive school health education project in 1989, where one of the approach considered for health education was child-to-child program. In a child-to-child program, child can be an excellent health messenger and health volunteer in their own community. School children can learn easily to cultivate good habits and to mould themselves. Feeling this need the researcher would like to develop reproductive health education which will enable adolescent girls to develop skill, competencies and ability to deal with varied aspects of adolescence.

The main objectives of this study, to assess the knowledge of adolescent girls regarding sex education before imparting the teaching learning activities. To develop and administer teaching through child - child approach method and teacher - child approach method regarding sex education. To assess the knowledge of adolescent girls regarding

sex education after imparting the teaching learning activities. To compare the post test knowledge score of adolescent girls who receive teaching through child - child approach method and teacher - child approach method. And also to associate the findings with selected socio- demographic variables.

Hypothesis

H₁: The child – child approach method will be more effective than teacher - child approach method as a teaching learning method.

H₂: There will be significant association between the pre test post -test mean difference of knowledge score of child – child and teacher – child and selected socio demographic variables.

Materials and Methods

In present study, quantitative research and comparative research design approach was used under study. The study was conducted in selected schools of district Mohali. The target population of study consisted of adolescent girls in selected schools of district Mohali, Punjab. By systematic random sampling technique, 120 adolescent girls were selected from two different schools Mohali, 60 adolescent girls for child- child approach method and 60 for teacher- child approach method. Structured knowledge questionnaire was used to collect the data from adolescent girls in selected schools of Mohali. A study was conducted in the month of March 2016 Formal written permission was obtained from the Principals of selected schools of Mohali after discussing the purpose and objectives of the study. Analysis and interpretation of data was done according to objectives of the study by using descriptive and inferential statistics.

Results and Discussion

Demographical variable

According to age in both groups, majority 48(80%), 34 (56.7%) of adolescent girls belongs to 15 years,

8(13.3%), 19(31.7%) of adolescent girls in both groups belongs to 16 years, in minority 4(6.7%), 7(11.7%) of adolescent girls in both groups belongs to 17 years and there was no sample of 18 years of age available in both groups.

According to type of family in both the groups, majority 39(65%), 45 (75%) of adolescent girls belongs to nuclear family whereas 21(35.0%), 15 (25%) belonged to joint family in both groups.

According to educational status of the mother in child- child approach group, majority 39 (65%) were graduate, followed by 15 (25%) were higher secondary education, 5 (8.3%) were matriculation and minority 1(1.7%) were primary education. Whereas in teacher- child approach group, majority 24 (40%) had no formal education, 17 (28.3%) had primary education, 11(18.3%) had matriculation education, 6 (10%) had higher secondary and rest 2 (3.3%) were graduate and above.

According to educational status of the father in child- child approach group, majority 45(75%) were graduate, followed by 5(8.3%) were higher secondary education, 3 (5%) were primary education and minority 1 (1.7%) were matriculation education. Whereas in teacher – child approach group, majority 21 (35%) had higher secondary education, followed by 15 (25%) had no formal education, 13 (21.7%) had primary education and rest 2 (3.3%) were graduate & above. According to place of residence in both groups, majority 59(98.3%), 41 (68.3%) of adolescent girls belongs to urban place of residence and the remaining 1(1.7%), 19(31.7%) were belongs to rural place of residence in both group.

According to previous knowledge regarding sex education in both groups, majority 48(80%), 56 (93.3%) of adolescent girls were having previous knowledge and remaining 12(20%), 4 (6.7%) were having no previous knowledge regarding sex education in both groups.

According to source of information in child- child approach group, majority 34 (70.8%) of adolescent

girls gained knowledge from teachers respectively. 12 (25%) of adolescent girls gained knowledge from family members/ relatives and minority 2 (4.2%) adolescent girls gained knowledge from friends/peer groups and there was no role of health workers, mass media. Whereas in teacher - child approach group, majority 44 (78.6%) of adolescent girls gained knowledge form family members/ relatives, 9(16.1%) of adolescent girls gained knowledge from teachers, 2 (3.6%) adolescent girls gained knowledge from friends/ peer groups and minority 1(1.8%) adolescent girls gained knowledge from health worker.

Table.1 depicts the frequency and percentage distribution of adolescent girls based on socio-demographic variables such as age, religion, type of family, educational status of the mother, educational status of the father, place of residence, previous knowledge and source of information.

According to age in both groups, majority 48(80%), 34(56.7%) of adolescent girls belongs to 15 years, 8(13.3%), 19(31.7%) of adolescent girls in both groups belongs to 16 years, in minority 4(6.7%), 7(11.7%) of adolescent girls in both groups belongs to 17 years and there was no sample of 18 years of age available in both groups.

According to type of family in both the groups, majority 39 (65%), 45 (75%) of adolescent girls belongs to nuclear family whereas 21 (35.0%), 15 (25%) belonged to joint family in both groups.

According to educational status of the mother in child- child approach group, majority 39 (65%) were graduate, followed by 15 (25%) were higher secondary education, 5 (8.3%) were matriculation and minority 1(1.7%) were primary education.

Whereas in teacher- child approach group, majority 24 (40%) had no formal education, 17(28.3%) had primary education, 11(18.3%) had matriculation education, 6 (10%) had higher secondary and rest 2(3.3%) were graduate and above. According to educational status of the father in child- child

approach group, majority 45(75%) were graduate, followed by 5(8.3%) were higher secondary education, 3 (5%) were primary education and minority 1 (1.7%) were matriculation education. Whereas in teacher – child approach group, majority 21 (35%) had higher secondary education, followed by 15 (25%) had no formal education, 13 (21.7%) had primary education and rest 2 (3.3%) were graduate & above.

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Table 2 depicts the pre-test knowledge score on sex education of both the child- child approach and teacher – child approach group. Majority of the

adolescent girls in both the groups had average knowledge score (88.3%, 83.3%). And (11.7%, 16.7%) had poor knowledge score and there was no sample had good knowledge score. It was concluding that adolescent girls in both the group had same level of knowledge. Table 3 depicts the post-test knowledge score on sex education of both the group child – child approach and teacher- child approach. Majority of adolescent girls in child- child approach group had good knowledge score i.e. 83.3% whereas knowledge score of adolescent girls in teacher – child approach group had average knowledge score i.e. 80.0%. Chi square test was used. The obtained value (48.187) shows that $p=.000^*$ was significant.

Table 4 depicts the comparison of post-test knowledge score between the two approaches. The unpaired - t test was used to assess the post-test mean knowledge score of both the group.

The post-test mean knowledge score of adolescent girls in child- child approach was 18.9667 ± 2.36476 whereas the post-test mean knowledge score of adolescent girls in teacher – child approach was 15.1833 ± 1.56759 . Thus comparing both the approaches, the result revealed that child- child approach method was more effective than teacher – child approach method. Hence, the research hypothesis (H_1) is accepted.

Findings related to association between the post-test knowledge scores and selected socio-demographic variables

In study findings, there was statistically significant association between age and level of knowledge score of adolescent girls.

There was statistically significant association between educational status of the mother and level of knowledge score of adolescent girls.

Table.1 Frequency and percentage distribution of adolescent girls according to their socio demographic variables

N= 120

Sr.No.	Socio demographic variables	Child – child approach (n ₁ =60)		Teacher – child approach (n ₂ =60)	
		f ₁	%	f ₂	%
1.	Age (in years)				
	15	48	80	34	56.7
	16	8	13.3	19	31.7
	17	4	6.7	7	11.7
	18	0	0	0	0
2.	Type of family				
	Nuclear	0	0	24	40
	Joint	1	1.7	17	28.3
3.	Educational status of the mother				
	No formal education	0	0	24	40
	Primary	1	1.7	17	28.3
	Matriculation	5	8.3	11	18.3
	Higher secondary	15	25	6	10
	Graduation and above	39	65	2	3.3
4.	Educational status of the father				
	No formal education	6	10	15	25
	Primary	3	5	13	21.7
	Matriculation	1	1.7	9	15
	Higher secondary	5	8.3	21	35
	Graduation and above	45	75	2	3.3
5.	Place of residence				
	Urban	59	98.3	41	68.3
	Rural	1	1.7	19	31.7
6.	Previous knowledge				
	Yes	12		25	44
	No	34		70.8	9
7.	Source of information				
	Family members/ relatives	12	25	44	78.6
	Teachers	34	70.8	9	16.1
	Friends/ peer group	2	4.2	2	3.6
	Health workers	0	0	1	1.8
	Mass media	0	0	0	0

Table.2 Pre-test knowledge score on sex education of both the child- child approach and teacher – child approach.

N= 120

Groups	Level of knowledge						X ²	df	p- value
	Poor (1-8)		Average (9-16)		Good (17-26)				
	F	%	F	%	f	%			
Child- child approach Group- A	7	11.7	53	88.3	0	0	.617	1	.432 ^{NS}
Teacher-child approach Group-B	10	16.7	50	83.3	0	0			
Median(range)	9 (6- 15)								

NS – Non significant

Significant p< 0.05 level

Table.3 Post-test knowledge score on sex education of both the child- child approach and teacher – child approach.

N= 120

Groups	Level of knowledge						X ²	Df	p- value
	Poor (1-8)		Average (9-16)		Good (17-26)				
	F	%	F	%	f	%			
Child-child approach Group- A	0	0	10	16.7	50	83.3	48.187	1	.000*
Teacher- child approach Group-B	0	0	48	80	12	20			
Median (range)	11(12-23)								

Significant p< 0.05 level

Table.4 Comparison of post test knowledge score between child- child approach and teacher – child approach.

N= 120

Groups	N	Mean	SD	t-value	p –value
Child- child approach Group- A	60	18.9667	2.36476	10.329	.000*
Teacher- child approach Group-B	60	15.1833	1.56759		

Significant p< 0.05 level

There was statistically significant association educational status of the father and level of knowledge score of adolescent girls

There was statistically significant association between place of residence and level of knowledge score of adolescent girls.

There was statistically significant association between previous knowledge and level of knowledge score of adolescent girls.

There was statistically significant association between source of information and level of knowledge score of adolescent girls.

There was statistically significant association between age, educational status of the mother, educational status of the father, place of residence, previous knowledge, source of information.

The conclusion drawn from the present study was the post- test knowledge score of child – child approach adolescent girls had good knowledge score as compare to the post- test knowledge score of

teacher – child approach adolescent girls had average knowledge score. Thus it was concluded that the child – child approach was more effective than teacher- child approach method and there was association between the level of knowledge with selected socio demographic variables.

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