

Assessment of knowledge of peer educators selected for the ARSH programme: A new initiative

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One third of the Indian population is being contributed by the adolescents (10-19 years). The adolescents are a vulnerable group to many social, physical, cultural and health implications. The government of India has started an integrated health programme named as, Adolescent Reproductive and Sexual Health (ARSH) Programme, to achieve the better adolescent's health in every aspect. This will be delivered through the peer educators selected from the community. The current cross sectional survey was done in Sonapat district of Haryana among the 144 peer educators selected for the ARSH Programme. The mean age of the study participants was 15.7 years. About one forth (23.6%) of them were students of under secondary classes and one third were 12th passed. All were residing in rural areas. Majority were aware about the harmful effect of habit forming substances (73%), the awareness about the RTI/STI was low (53.4%) and most common source of information school teachers followed by audiovisual sources. Small proportions were aware about unsafe sex, unsafe abortion and teenage pregnancy. Awareness level about the adolescent related issues was low. Need to sensitize the teachers and parents as well and incorporation of adolescent health issues in school health programme.

Keywords: adolescent health, ARSH, RTI/STI

Almost one third of the India's population is contributed by the adolescents (10-19 years) this age group is vulnerable to many serious social, physical, cultural and health implications because of substantial proportion of school dropout, early marriages, unfavourable work conditions. To achieve the better health outcome among the adolescent age group, India has launched the Adolescent Reproductive and Sexual Health (ARSH) programme under Reproductive Child Health-II (RCH-II). The services under ARSH programme will reach to the adolescent from CHC to the lowest outlet of health I.

This programme will provide the service through the peer educators which will be selected from the community, two from the every 1000 population (One boy and one girl). The fixed clinics will be held at PHC and CHC level to cater the adolescents with some issues and these will be referred by the peer educators. Under the ARSH programme, all the peer educators will be given training in communication skills, basic knowledge about RTI/STI and other adolescent health related issues. Based on this background this current study was designed to assess the knowledge level of the peer educators about the reproductive and sexual health and other issues related to adolescents well being.

Method

The present cross sectional survey was done in the district Sonapat of Haryana. It was done in January 2012 in district hospital of Sonapat. As it was part of service being provided to the community, ethical approval for the study was not required. A total of 144 peer educators were invited from the villages under the district hospital. We voluntarily invited equal number of boys and girls for the peer education, however, in some villages girls volunteers were short, and

hence boys were chosen. A self administrable questionnaire was prepared in English and translated in Hindi and administered in 5 boys and 5 girls who were not volunteered for the peer education. The appropriate corrections were done and corrected questionnaire was given to the peer educators on the day of training. The questionnaire covered the socio-demographic profile, knowledge about STI/RTI and other issues related to adolescents health like teenage pregnancy, unsafe sex, unsafe abortion, premarital sex etc. As the number of peer educators was predefined, the sample size was not calculated. The data was entered in Microsoft excel 2007 and descriptively analysed. We collected data for the 144 peer educators, so we did not apply any statistical test for the subgroup analysis.

Results

Table 1: Socio-demographic profile of the peer educators (N=144)

| Profile of the peer educators | N (%) |
|-------------------------------|---|
| Age | 15.7 Years (Mean age) |
| Sex | Male=77 (53.4%) Female=67 (46.4%) |
| Education | |
| <10th | 34 (23.6%) |
| 10th | 46 (32.0%) |
| <12th | 13 (9.0%) |
| 12th | 51 (35.4%) |
| Place of residence | all peer educators were from rural area |
| Occupation | all peer educators were student |
| Status | |
| Married | 2 (1.3%) |
| Unmarried | 142 (89.7%) |
| Caste | |
| General caste | 66 (45.8%) |
| Scheduled caste | 47 (32.6%) |
| Backward class | 31 (21.5%) |

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The mean age of the peer educators was 15.7 years. Male peer educators were 53%. Almost equal proportion of them were 10th (32%) and 12 passed (35%). All of the peer educators were residing in the villages and were in school. Out of 144 peer educators only two were married. Majorly were from the general castes (45.8%) followed by the scheduled caste (32.6%) and backward classes (21.5%)(Table 1).

Table 2: Distribution of the peer educators by knowledge about habit forming substances

| Knowledge about Habit forming substances | N (%) |
|--|-----------|
| Did the peer educator know the harms of smoking | 105 (73%) |
| Did the peer educator know the harms of drug abuse and alcohol | 96 (67%) |

Two third of the peer educators were aware about the harmful effects of the smoking. However, only 7 of the peer educators revealed that they had been smoking. Awareness about the drug abuse and alcohol was reported by 67% of the study participants (Table 2).

Table 3: Knowledge level of the peer educators about Sexually Transmitted Infections

| Knowledge about Sexually Transmitted Infections | N (%) |
|--|----------|
| Ever heard about STI/RTI (N=144) | 26 (18%) |
| Did they knew route of STI/RTI Spread(N=26) | 16 (61%) |
| Whether condom is effective for prevention of condom (N=144) | 70 (49%) |

The present study assessed the knowledge level of the peer educators about the sexually transmitted infections and their route of transmission. Awareness about the STI/RTI was reported very less. Only one fifth (18%) of them ever heard about the STI/RTI and among those who heard about it, 61% were also aware about the route of the STI/RTI. Although awareness about the STI/RTI was less however half of the peer educators knew that condom can prevent the infections caused due to unprotected sexual contacts (Table 3)

Table 4: Knowledge level of the peer educators about HIV/AIDS

| Knowledge about HIV/AIDS | N (%) |
|--|------------|
| Did the peer educators ever heard about HIV/AIDS | 77 (53.4%) |
| Source of information about HIV/AIDS (N=77) | |
| School (Teachers/camp) | 40 (51.9%) |
| Teacher | 5 (6.4%) |
| Friends | 6 (7.7%) |
| Television/Radio/Newspaper/books | 19 (24.6%) |
| Health personnel (ANM/Doctor) | 7 (9.0%) |
| Can HIV be prevented (N=77) | 70 (90%) |
| Route of transmission (N=77) | 55 (71.4%) |

Only 53.4% of the peer educators ever heard about the HIV/AIDS and among these 53.4%, about 90% knew that HIV can be prevented. How-ever 71.4% reported their awareness about the route of transmission. The most common reported source of information about the HIV/AIDS was school (teacher/school camps) followed by audio-visual media and the print media. Almost equal proportions of the participants were informed by the doctors (9.0%) and friend (7.7%). Out of forty Peer educators who reported school as their source of information for their awareness about the HIV/AIDS, only five got this awareness from their teachers (Table 4).

Table 5: Knowledge level of the peer educators about the issues related to adolescent health

| Adolescent health related issues | N (%) |
|----------------------------------|------------|
| Knowledge about safe sex | 38 (26.8%) |
| Changes in adolescent changes | 81 (56.8%) |

| | |
|-----------------------------------|------------|
| Consequences of premarital sex | 22 (15.2%) |
| Consequences of teenage pregnancy | 25 (17.3%) |
| Knowledge about unsafe abortion | 20 (13.8%) |
| Knowledge about balance diet | 100 (70%) |

Only one fourth of the participants admitted their awareness about the safer sexual practices. The consequences of premarital sex and teenage pregnancy were not well known to the peer educators (15.2% and 17.3% respectively) and 13.8% had knowledge about the unsafe abortion. The peer educators were asked whether they knew about the importance of balanced diet especially in adolescent age group (Table 6).

Table 6: Knowledge about the government programmes related to adolescents

| Health programme/Acts | N (%) |
|---|------------|
| Knowledge about govt. running programme exclusively for adolescents | 52 (36.1%) |
| Awareness about the MTP Act | 29 (20.0%) |

More than one third of them were aware about the programmes exclusively focused on adolescent's health. One fifth of peer educators knew about MTP act.

Discussion

The current survey assessed the important aspects of adolescent's health. The mean age of peer educators was 15.7 years which corresponds with the finding of the baseline survey of adolescent's reproductive health interventions in Bangladesh². Only one fourth of peer educators were educated till 8th. This finding is not correlated with Bangladesh survey in which 10.3% of adolescents were never went to the school. This may be explaining by the higher literacy rate of Haryana.

Knowledge about the STI/RTI in Bangladesh was reported more than 70% of the adolescent; however, in current study it was just 20%. More viewers to television in adolescent in Bangladesh (77.8%) as compared to Indian adolescents (24.6%) may be considered as an explanation for this difference².

In the present study school is found as the most common source of information. It show that school may work as good venue for giving such information to adolescent and it may lead to more spread of information through the school going school children to school dropout adolescents.

We assessed the knowledge of peer educators through the self administered questionnaire which help in getting the information on stigmatized issues like premarital sex, safe sex, HIV/AIDS etc. However further enquiries about these issues was not made which may help in getting the detailed information.

Conclusion and Recommendations

Knowledge level of the adolescents was low and hereby need for the regular training of the peer educators and field supervision of the activities done under ARSH programme. Some training sessions on adolescent health should be included in school health programme. There is sensitization of school teacher about adolescent's health, so that teachers and parents can coordinate in the proper building of an adolescent.

References

- <http://www.mohfw.nic.in/NRHM/ARSH.htm>. Accessed on 26.09.2012
<http://www.bangladesh-ccp.org/BaselineARH.pdf>. Accessed on 26.09.12