



Impact of Reproductive Health Training for Parents and Students in Tianjin City

This evaluation assessed the impact of offering adolescent sexual and reproductive health (ASRH) training to parents at the same time that their children, students in Tianjin middle schools, were participating in ASRH and life-planning skills (LPS) training.

Methods

According to a preproject survey of middle school parents in Tianjin, the great majority supported ASRH training for young people and were willing to participate in training themselves. Encouraged by these findings, Tianjin project staff carried out ASRH training for parents simultaneously with student LPS training in schools in six districts. Training for parents included three components: knowledge of ASRH, discussion about attitudes toward ASRH and communication about ASRH, and communication skills. The training was carried out in 23 schools in 2002 and extended to 128 schools in 2003. During this time, 18,842 students and 800 parents participated.

Researchers administered parent and student questionnaire surveys before and after offering both student LPS and parent training in ASRH at one school (the intervention school) and only student LPS training at two other schools (the control schools). The baseline survey occurred and training started in March at the beginning of the 2003 spring semester. The intervention lasted for one semester, ending by early July, and the endline survey took place in September. Researchers also held separate focus groups with parents and students in the intervention school.

Findings

Parents

Most parents in the intervention group had some ASRH knowledge before the training, and what they lacked most was communication skills. After the training, parents said they did not feel more confident in their ability to engage in parent-child communication, either with respect to their skill or their knowledge. Nevertheless, more parents reported communicating with their children about contraception, pregnancy, HIV prevention, and relationships. The control group also showed an increase in communication regarding contraception, but the change was not significant. Mothers in the intervention group reported significant increases in the amount of communication with their children, whereas no significant change was reported by control group parents.



Students reported little positive change in parent-child communication on sex-related topics. However, qualitative (focus group) information from students reflected some positive change in both the quantity and quality of interactions.

Parents in the intervention group experienced greater improvements in knowledge than did parents in the control groups, especially with regard to general information about adolescent reproductive health and the effect of consistent and correct condom use on HIV transmission. There was no change in knowledge of other information about HIV transmission. Overall, knowledge improved most among parents with senior high school and college education. On the endline survey, parents in the intervention group reported feeling more confident about their knowledge.

Parents' attitudes toward premarital sex and toward children's curiosity or need for information about sexuality did not change significantly. The most significant changes were observed in tolerance of dating.

A strong majority of both parents and students in both groups feel the best/preferred source of sexual and reproductive health information for youth is school education, an opinion that was strengthened at endline in the intervention groups, possibly due to satisfaction with the intervention.

Students

At baseline, knowledge, attitudes, and self-esteem scores did not differ between the intervention (student and parent training) and control (student training only) group students. At endline, the differences between scores for the two groups were statistically significant because the control group did not improve as expected. The expectation was that LPS training for students would have a positive impact on students in both intervention and control groups, and perhaps a greater impact when coupled with parent training for the intervention group.

It is difficult to assess the reasons the impact of the LPS intervention in the control schools was insignificant. The training program may not have been implemented in the same way as in the intervention school, or the training style and contents may have differed. Because changes in knowledge among students in the control groups were, unexpectedly, insignificant, the researchers could not attribute an increase in student knowledge in the intervention group to the addition of parent training.

Conclusions

The parent training in school had a positive impact on parent knowledge of ASRH issues and on parent-child communication about sensitive topics such as contraception and pregnancy. However, the impact of parent training was limited and was not often clearly observed. In addition, conclusions cannot be drawn about the impact of combined parent and student training on student knowledge, attitudes, and skills.

For more information

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"To tell children about sexual and reproductive health knowledge is to respect their right; it should not be kept as a secret. Children should have the knowledge and know how to apply it in practice."

—Parent participating in an ASRH training and evaluation focus group

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