

# Effectiveness of the Alternative Learning System using the Adolescent Reproductive Health Education Teaching Program as Implemented to Selected Out-of-School Youth in the Philippines: Implications to Health Teaching

Dr. Ronnell D. Dela Rosa

Manila Doctors College of Nursing, Pasay City, Philippines

---

**Abstract:** This study measured the effectiveness of the Adolescent Reproductive Health Education Program using Bloom's Taxonomy Domains of Learning and its implications to Health Teaching as implemented to selected out-of-school youth. The Adolescent Reproductive Health Education Program was designed by the Department of Education to address the various reproductive health concerns of the in-school and out-of-school youth population which aims to enhance the over-all wellness of the Filipino adolescents and to contribute better learning outcomes, reduced dropout rate, increased completion rate and improved quality of learning. The researchers utilized a quasi-experimental non equivalent design using purposive and convenience sampling technique. The respondents of the study were the out-of-school youth, aging 14-17 years old who are not enrolled to a formal education. The researchers conducted a written examination, pre-test and post-test among control group and experimental group using questionnaire made by the researchers based on the teaching module produced by The Center for Health Development – Metro Manila Health Promotion Cluster. The module was approved by the Department of Health and adopted by the Bureau of Alternative Learning System. The validation and reliability of the tool were checked. Overall, the study showed that most of the respondents consist of fourteen, fifteen, sixteen, and seventeen years old and the number of male respondents is greater than the number of female respondents, also the number of respondents with one or more children is higher compared to the respondents who do not have children. In addition, the mean score of the pre-test of the control group scored (11.2708) while the experimental group scored (13.8958). The experimental group got the higher mean score than the control group upon implementation of the adolescent reproductive health, the obtained knowledge of the respondents was affected by measuring knowledge through the pre-test and post-test. Moreover, the implementation of the program to the group has no effect on the difference between the post-test of both control and experimental group. The control group showed that there is no considerable difference between their level of knowledge based on the results of their pre-test and post-test. In the findings gathered in their pre-test and post-test, the level of knowledge of the control group is considerably similar. Further, the result of the pre-test and post-test of the experimental group showed that there is a considerable difference in their level of knowledge during the pre-test and post-test. An increase in the level of knowledge of the respondents by the experimental group was observed in the findings. The findings showed that there is a substantial variation in the outcomes of the post-tests of both the control and experimental group. The teaching done to the experimental group showed an advantage in gaining higher score in the post-test rather than the scores of the control group. Moreover, the health teaching should be conducted longer to further evaluate the knowledge of the out of school youth. The questionnaire should be revised and improved and should emphasize the four cores of Adolescent Reproductive Health

**Keywords:** Adolescent Reproductive Health, Teaching Program, Out of School Youth.

## I. INTRODUCTION

In recent years, policymakers and program managers in many Asian countries have turned increasing attention to youth—the special needs of adolescents and young adults in today’s world focusing on the special challenges of reaching young people with information and services. One reason for the current focus on youth is the large number of adolescents and young adults in many Asian societies.

In the Philippines, the trend for the past ten years show that for every 10 pupils who enroll in grade school, only 7 graduate. The same ratio is experienced among the high school students. Main reasons cited for dropping-out are mostly poverty related. While basic education is free, many poor families are unable to finance the ancillary school needs of their children. Deprived of completing high school education, the out-of-school youth are further marginalized from acquiring technical skills. As mandated by the law, technical education in the Philippines is a post secondary course. The continuing inability of many poor young people to complete basic education and/or undertake technical education, consign them to the vicious cycle of poverty. Unfortunately, not all adolescent in the Philippines get the opportunity to participate in school; some are forced to drop out because their families can no longer afford to send them, however, some are sent to various programs provided by the Philippine government. The Out-of-School Youth Program teaches the clients basic school subjects as well as life skills. The objective is for the youth to pass a basic equivalency exam, which would certify that the youth has acquired the knowledge and skills needed to graduate either at the elementary or high school level. These classes may be held in informal settings in the community. The program also provides outreach services to find and recruit individuals who are in need of services towards to reproductive health.

In the past decade, significant developments have been made to expand access to preschool and primary education. The necessary laws for the promotion and protection of education are also in place. These includes the Barangay (Village) Day Care Center Law, which calls for the establishment of educational and day care centers in every village; the Early Childhood Care and Development (ECCD) Act, which mandates all villages to have day care centers and early learning institutions for children; and, the Governance of Basic Education Act of 2001, which promotes school-based management and de-concentration of authority and decision making from the national and regional levels of the education bureaucracy to the division and school levels. While net enrolment in primary school is high at 85 percent as of school year 2007-08, this rate drastically declines to 62 per cent in high school in the same school year. Drop-out rates are doubled as children reach secondary school. Around 11.64 million out-of-school youth and others situated in impoverished urban cities and far-flung communities still need to be reached.

The aforementioned above was considered as reasons why in the year 2005, the Department of Education proposed the Memorandum Number 261 series 2005 entitled, “Operationalization of the United Nations Population Fund (UNFPA)-Assisted Project ‘Institutionalizing Adolescent Reproductive Health Through Life skills-Based Education’. The said project is specially designed to address the various reproductive health concerns of a significant sector of the in-school and out-of-school population, and it aims to enhance the over-all wellness of the Filipino adolescents i.e. the physical, mental, emotional, social and spiritual development and to contribute to better learning outcomes, reduced drop-out rate, increased completion rate, and improved quality of learning. Based on the memorandum above, the critical role of education in addressing these conditions and in developing capacities of young people to decide on positive life choices has been recognized. Several studies were conducted in other countries proving that life skills-based education of young people helped improved their knowledge and minimized engagement into risky sexual behaviour specifically those related to early unprotected sex, early pregnancies, and STDs.

On the other hand, the Philippine Nursing Law of 2002 or the Republic Act No. 9173 states that nurses shall be deemed to be practicing nursing within the meaning of the Act when he/she singly or in collaboration with another, initiates and performs nursing services to individuals, families and communities in any health care setting and be considered as an independent practitioners, that, nurses are primarily responsible for the promotion of health & prevention of illness by providing information dissemination like health teachings. In addition, the Presidential Decree No. 965 of July 20, 1976 or Family Planning and Responsible Parenthood Act states that responsible parenthood begins at home and at the same time it includes the capability of the parents to educate their children on reproductive health. Likewise, parenthood begins with responsibility that will help the children to learn and be learned in the various dilemmas in the community.

Furthermore, the researchers aimed to determine the Adolescent Reproductive Health Education Teaching Program would be effective to the selected out-of-school youth (OSY) in the National Capital Region by means of pre and post test examination, moreover, the inputs of the findings were utilized as measures for implication to health teaching.

## II. BODY OF ARTICLE

### Statement of the Problem:

The study determined the effectiveness of the Alternative Learning System using Adolescent Reproductive Health Education program as implemented to selected Out-of-School Youth in the Philippines and findings served as implications to health teaching. Specifically, the following research queries were answered.

1. What is the profile of the respondents according to their:
  - 1.1 Age,
  - 1.2 Sex and;
  - 1.3 Number of children?
2. What is the mean score of the pre-test of both control and experimental group?
3. What is the mean score of the post-test of both control and experimental group?
4. Is there a significant difference between the mean score of the pre-test and the post-test of the control group?
5. Is there a significant difference between the mean score of the pre-test and the post-test of the experimental group?
6. Is there a significant difference between the post-test of the control group and the experimental group?
7. What are the implications of the mentioned problems to health teaching?

### Hypothesis:

The following hypotheses were used as a basis of knowing whether the Adolescent Reproductive Health Education Program was effective through measuring the knowledge of the respondents. The following hypotheses were based from the problem of the study, and tested at the level of significance of 0.05.

The following research hypotheses were formulated:

1. There is no significant difference between the mean score of the pre-test and the post-test of the control group.
2. There is no significant difference between the mean score of the pre-test and the post-test of the experimental group.
3. There is no significant difference between the post-test of the control group and the experimental group.

### Relevance to the Present Study:

Sexual and reproductive health has been defined by the international community as a state of complete physical, mental, and social well being, and not just merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. It is an essential component of young people's ability to become well-adjusted, responsible and productive members of society.

Subsequent parts of the review of literature detailed the major issues involved in ensuring adolescents' rights and meeting their needs in relation to sexual and reproductive health. Examined gender inequality in relation to early marriage, premarital sexual activity and violence against women and girls (Silva, 2002), on the other hand, some of the review of literature revealed the looks at HIV/AIDS and its impact on the young. Other studies highlight efforts to influence adolescents' behaviour by giving them information about sexual and reproductive health. [Furthermore](#), Velas (2009) discussed the provision of "youth-friendly" reproductive health services. Likewise, Srindar (2010) stated examples of comprehensive programmes addressing adolescents' needs for information, services and skills training. Finally, [the](#) review of literature outlined necessary measures changes and benefits of investing in adolescents, including their sexual and reproductive health.

**International Journal of Novel Research in Healthcare and Nursing**

Vol. 2, Issue 2, pp: (53-69), Month: May - August 2015, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

By this, the researchers decided to conduct the study on measuring the effectiveness of the adolescent reproductive health program wherein the findings served as the implication of the health teaching strategies. Nurses are at most in the implementation of health program like this. It is their primary obligation to provide efficient health teachings to the individual, family and community. It will be a great hope that nurses help in the conduct of information dissemination like this and provide health program disease prevention among individuals especially to the adolescents.

**Methods and Procedure:**

This chapter includes the method of research used in the study, respondents, the sample and sampling technique, the research instrument and techniques, the validation of the survey questionnaire, the data gathering procedure, and the statistical treatment of the data. Thus, it determined the effectiveness of the adolescent reproductive health program to selected out of school youth with an end view of identifying inputs as implication to the health teaching

**Research Design:**

The researchers utilized a quantitative method of research, a research method that rely less on interviews, observations, small numbers of questions, focus groups and subjective reports and case studies but is more focused on the collection and analysis of numerical data and statistics. Quasi-experimental design non-equivalent group was used because this design met the following requirements: (a) a presence of a control group or the comparison group and experimental group or the treatment group; (b) a pre-test and post-test measures; and (c) an explicit model that projects over time the difference between the control group or the comparison group and experimental group or the treatment group, given no treatment effect (Polit and Beck, 2008). Hence, supporting an inference about what would happen in the absence of treatment or intervention in determining the effectiveness of the Adolescent Reproductive Health Education Program as implemented to selected out-of-school youth by measuring their level of knowledge and to be able to determine whether the said program is indeed useful. In relation to this, the researchers conducted a simple examination, a pre-test and a post-test among the control group and experimental group using a questionnaire made by the researchers based on the teaching module from the Center for Health Development (CHD) of the Department of Health (DOH) regarding the Adolescent Reproductive Health (ARH).

**Sample and Sampling Techniques:**

The study was conducted to selected out-of-school youth in the National Capital Region particularly in Pasay City in coordination with the Bureau of Alternative Learning System of the Department of Education. The extent of the respondents on the first pilot testing had 30 students while on the second pilot testing had 60 students and on the actual data gathering was 98 students, they were selected using a non-probability type, purposive sampling technique. According to Polit and Beck (2008), this type of sampling is based on the belief that the researchers' knowledge about the population can be used to hand-pick sample members. Subjects are chosen that the researcher believes are typical, or representative, of the accessible population. Moreover, Yap-Aizon (2009) mentioned that this type of non-probability sampling is used when the subjects of the study hold certain characteristics called in for the study.

The researchers aimed to measure the Effectiveness of the Reproductive Health Teaching Among Out-Of-School Youth in Pasay City, samples was selected based on the following characteristics: a.) adolescents under legal age of 14-17 years old; b.) not a secondary level graduate; c.) enrolled in the Alternative Learning System within Pasay city. Using the following sampling techniques, it would be a key point for the researchers to determine the Effectiveness of the Reproductive Health Teaching Among Out-Of-School Youth in Pasay City.

**Research Instrument and Technique:**

In lieu of the research design, the researchers utilized a modified a questionnaire with some revision that was based from the contents of the teaching module produced by the Center for Health Development – Metro Manila Health Promotion Cluster. Furthermore, the researchers used two sets of examinations which served as the pre-test and post-test. Each examination was composed of two parts. The first part included the demographic profile of the respondents such as the gender, age, and number of children. In addition, the second part of the examination included the questionnaire made by the researchers from the teaching module and this was used to determine the mean score of the pre-experimental and post experimental test. The sets of questions were answered through a multiple choice (A, B, C and D). According to Parkes

**International Journal of Novel Research in Healthcare and Nursing**

 Vol. 2, Issue 2, pp: (53-69), Month: May - August 2015, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

(2009), the multiple-choice test is an assessment tool that will measure the level of understanding in terms of knowledge. Such test usually consists of a number of items that pose a question to which students must select an answer from among a number of choices. Items can also be statements to which students must find the best completion. Multiple-choice items entail a recognized task that will help the students to identify correct response in the given problem. The questionnaire was written in Tagalog provided with an English translation and checked and approved by a Language Expert.

Written below is the adjectival description and interpretation to the statistical values based on the mean range of the mean scores.

Mean Range	Adjectival Description	Interpretation
25.01-30.00	Superior understanding with knowledge	Extremely effective
20.01-25.00	Above average understanding with knowledge	Highly effective
15.01-20.00	Average understanding with knowledge	Much effective
10.01-15.00	Some understanding with knowledge	Moderately effective
5.01-10.00	Minimal Knowledge	Slightly effective
0.01-5.00	No knowledge	Not effective

The validation of instrument was authorized and validated by expert professors who are both graduates of Master-of-Arts in Nursing Degree Major in Maternal and Child Nursing and an officer in-charge under the Department of Education's Head of Bureau of Alternative Learning System (BALS). Afterwards, the instrument had undergone a reliability test using PASW 19 to check its internal consistency through Cronbach's alpha analysis resulted to 0.976 and 0.999 findings as for the first and second pilot tests. Cronbach's alpha is a coefficient of reliability and is commonly used as a measure of the internal consistency or stability of a psychometric test score (includes the measurement of knowledge) for a sample of examinees.

**Interpretation:**

Cronbach's Alpha	Internal Consistency
$\alpha \geq .9$	Excellent
$.9 > \alpha \geq .8$	Good
$.8 > \alpha \geq .7$	Acceptable
$.7 > \alpha \geq .6$	Questionable
$.6 > \alpha \geq .5$	Poor
$.5 > \alpha$	Unacceptable

The validated instrument was used to the first and second pilot testing that was implemented in Padre Zamora Elementary School and Timoteo Paez Elementary School, Pasay City on the 2<sup>nd</sup> and 3<sup>rd</sup> week of June. Pilot tests were done within similar location, but with proper coordination with the officers from the Alternative Learning System, the researchers were provided with dissimilar set of students for each pilot-testing. Subsequently, the research instrument was distributed to the control and experimental groups. After the teaching was rendered to the experimental group, both groups were given the post-test.

**Data Gathering Procedure:**

The researchers asked the assistance from the Department of Education to speak to Dr. Carolina Guerrero, who is the Director IV and the head of Bureau of the Alternative Learning System of the said department. Dr. Guerrero provided the researchers a discussion on the contents of the Adolescent Reproductive Health (ARH) Education Program including its history, and how they conducted the pilot testing. With the approval of Dr. Guerrero, together with the other members of BALS, the researchers was endorsed to a branch of Alternative Learning System (ALS) Center wherein the teaching of the Adolescent Reproductive Health was done to the out-of-school youth located in Pasay city.

After coordinating with the concerned authorities through letters, the researchers proceeded to the Pasay branch of the Alternative Learning System Center where they learned about the peer facilitator training and the criterions in choosing the facilitators of the Adolescent Reproductive Health Program. This was followed by an interaction between the peer facilitators and the researchers. Afterwards, the researchers observed how the teaching was done and how the students are being evaluated every after their lesson. Selection of the respondents was done, as well as the selection of the subject to be taught to the corresponding respondents.



## International Journal of Novel Research in Healthcare and Nursing

Vol. 2, Issue 2, pp: (53-69), Month: May - August 2015, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

The researchers asked a copy the module of the Adolescent Reproductive Health that is being used by the peer facilitators to teach to the Out-of-School Youth. Considering the used of the module avidly, the research instrument was done and modified with questions deriving from the teaching module used by the peer-facilitators. Peer facilitators are the group of volunteer and trained individuals who gave the interventions by means of the ARHEP. Validators of the instrument were coordinated with the people who are experts in health through communication letters. After the validation of the instrument, revisions were done in accordance to the comments made by the validators. Likewise, pilot-testing was done to check its internal validity. Eventually, the actual data gathering took place at Pasay East Elementary School and this served as the research locale for the researchers. Two groups was formed and acted as the control and experimental,

Moreover, on the day of the actual data gathering, the respondents went to the research locale and met with the respondents and the peer facilitator respectively in a designated classroom to be given by the school administrators. After which, a pre- experimental test were given to both the control and the experimental groups, which may last for about forty (40) minutes. Then after the pre- experimental test, the ARH lecture commenced and all of its concepts were discussed to the experimental group, whereas the control group resumed to their usual discussions as is. Discussion lasted for about one hour and thirty minutes. Lastly, the post-experimental test were taken by the respondents, which lasted about 40 minutes which were both done in the control and the experimental group, to gather and evaluate what they have learned during the discussion.

### Statistical Treatment of Data:

The Statistical Treatment of Data posted information about the statistical tests that were used by the researchers to solve the questions stated in the statement of the problem using PASW 19 primarily. With this, the researchers utilized methods and tests such as Percentage and Frequency Distribution, Mean, Dependent t-test and Independent t-test.

### Percentage Frequency Distribution:

A percentage frequency distribution is a display of data that specifies the percentage of observations that exist for each data point or grouping of data points. This technique was used to determine the percentage of the respondents (both on control group and experimental group) when they are grouped according to their demographic data which is their gender and marital status.

Formula:

$$P = \left( \frac{f}{N} \times 100 \right) \%$$

Where:

**P** – refers to the computed percentage

**n** – refers to the frequency of the respondents with regards to their demographic data

**N** – refers to the total number of respondents

**100** - constant

### Mean:

Mean is the mathematical average of a set of numbers. The average is calculated by adding up two or more scores and dividing the total by the number of scores. In the study, this technique was utilized by the researchers in two ways: First, is to know what is the average score obtained by the respondents on their pre-experimental test and lastly, to know what is the average score obtained by the respondents on their post-experimental test.

### Dependent t-Test:

The researchers used dependent t-test to know if there is a significant difference between the pre-experimental test and post-experimental test of the respondents in the experimental group and control group.

**Decision Criteria:**

The result of the computation was based on the criterion that if the significant value is less than 0.05, the null hypothesis was rejected. This implies that if the null hypothesis was rejected then there is a significant difference between the pre-experimental test and post-experimental test of the respondents in the experimental group/control group.

**Independent *t*-test:**

The Independent samples *t*-test is applied when there are two independent samples -- in this case the post-experimental tests of the experimental and control group – and make comparison between two groups of individuals. This test was utilized by the researchers to know if there is a significant difference on the post experimental tests in comparing the data obtained from the experimental group and control group.

**Decision Criteria:**

The result of the computation was based on the criterion that if the significant value is less than 0.05, the null hypothesis will be rejected. This implies that if the null hypothesis was rejected then there is a significant difference on the post experimental tests of the experimental group and control group.

### III. PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter includes the presentation, analysis and interpretation of gathered data. The sequence of presentation follows the order by which the problems of the study as well as the hypotheses formulated are given. This chapter provides tabular and narrative presentation of the Effectiveness of the Adolescent Reproductive Health Education Program as Implemented to Selected Out-of School Youth as measures for the implications on health teaching.

**1. Profile of the Respondents:**
**1.1 Age:**

Table 1 illustrates the frequency and percentage of the respondents' profile in terms of age

**Table 1: Frequency and Percentage Distribution of the Respondents' Profile According to Age**

Age	Frequency ( <i>f</i> )	Percentage (%)
14 years old	32	33.3
15 years old	28	29.2
16 years old	26	27.1
17 years old	10	10.4
<b>Total</b>	<b>96</b>	<b>100</b>

The table shows that thirty two (32) or thirty three point three percent (33.3%) of the respondents are at the age of 14, while twenty eight (28) or twenty nine point two percent (29.2%) of the respondents are at the age of 15. Twenty six (26) or twenty seven point one percent (27.1%) of the respondents are at the age of 16, and ten (10) or ten point four percent (10.4%) of the respondents are at the age of 17. The data shows that as the age increases, the number of the respondents' decreases or age is inversely proportional to the number of respondents. According to Archambault (2009), youth live multiple changes contributing to their global experience in school. In the long run, many engaged and successful students will graduate while others, alienated and disengaged, will eventually dropout. This means as the age increases, behaviours changes contributing to decreased chance of continuation of attending school.

The said findings are an expected distribution of population of the respondents. According to Witmer (2012), fourteen-year-olds want to be liked and be part of a group and they love trying new things, sometimes many new things at once. Having that information assists the highest number of fourteen-year-old respondents. The lowest number of respondents is at the age of 17 because according to Witmer (2012), seventeen-year-olds have more control over what is going on in their lives and have gained some independence help keep the mood swings of younger years in check. At this instance, most seventeen-year-olds at that time has used their little independence affecting the data and placing it as the age with the lowest respondents. Over all, ages 14-17 is still in adolescence and the data shows that out of school youth are still into education to increase their knowledge for their better future.

**International Journal of Novel Research in Healthcare and Nursing**

Vol. 2, Issue 2, pp: (53-69), Month: May - August 2015, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

The researchers provided the out of school youth with information about Adolescent Reproductive Health considering their age for the researchers to be aware and to know the reaction of each age to the said topic. Knowing their different characteristics due to growth and development, the researchers conclude that out of school youth with the age group of 14-17 showed interest in learning making them appropriate for teaching ARH.

**1.2 Sex:**

Table 2 presents the frequency and percentage of the respondents’ profile in terms of Sex

**Table 2: Frequency and Percentage Distribution of the Respondents’ Profile According to Sex**

Sex	Frequency	Percentage
Male	61	63.5%
Female	35	36.5%
<b>Total</b>	<b>96</b>	<b>100%</b>

The above table 2 shows that sixty one (61) of the respondents were male while the female respondents were thirty five (35) or thirty six point five percent (36.5%). The table in this study shows that most of the population that is enrolled in the alternative learning system (ALS) is male students.

The said findings could mean that more males are enrolled in the Alternative Learning System (ALS) of the Department of Education (DepEd). There are more males that are enrolled in ALS because male individuals prefer alternative learning than female because male individual are more eager to learn a more practical way of living one’s life. Male respondents are more capable of learning the easiest and fastest ways to learn rather than learning the theories before the application may be made. This was supported by (Johnson 2012) he said that Males usually are good at deductive reasoning. They use a set of criteria and evaluate concepts based on those criteria. Boys and men tend to learn more efficiently when they have plenty of space and when they can move around during the learning process. Males usually prefer visual aids (such as graphs, diagrams and symbols) and are likely to manipulate these visual representations efficiently. The male learning style gravitates heavily toward non-verbal communication. Male individual wants to be unique from each other; they prefer to take the risk of learning the alternative learning rather than the conventional. While male is having a difficulty in focusing on theories and in the conventional way the female respondents can perform well especially when it comes to theories, vocabulary etc. according to research that was made by (Johnson 2012) the Corpus Collosum of the female brain is larger by 20% when it is compares to male that is why the female respondents perform more holistically than male.

Thus, most of the out-of-school youth males are enrolled in ALS because males needs more attention, time, and space in order to learn more. In addition, male respondents also prefer to learn in a more practical way in one’s life than in conventional way. And also, female respondents use their learning holistically and the female brain also uses emotion as a stimulant toward learning and incorporates multiple senses in the process. On average, girls tend to outperform boys academically, possibly due to the way learning is structured in the classroom, and boys may not outperform girls academically, but they often are much more confident about their academic abilities than girls.

**1.3 Number of Children:**

Table 3 shows the frequency and percentage of the respondents’ according to their number of children

**Table 3: Frequency and Percentage Distribution of the Respondents’ Profile According to Number of Children**

Number of Children	Frequency (f)	Percentage (%)
<b>No children</b>	69	72
<b>1 – 2</b>	27	28
<b>Total</b>	<b>96</b>	<b>100</b>

The above table shows that sixty nine (69) or seventy two percent (72%) of respondents doesn’t have children, while there are twenty seven (27) or twenty eight percent (28 %) of the respondents already have one (1) or two (2) children.

The said findings could mean that most of the respondents, enrolled in Alternative Learning System (ALS) of Department of Education (DepEd), don’t have any children. But still there are respondents who already have children; some have one (1) or two (2) children which is alarming because the age of the respondents only ranges from fourteen (14) to seventeen



(17) years old. This could mean that most of the students in ALS are teenagers who already have children. According to Castañeda (2012) that the teenage pregnancy cases in our country surged by seventy percent (70%) in only a decade with a pregnancy rate of fifty three (53) in every one thousand (1,000) women aged fifteen (15) to nineteen (19). In addition to that, according to Roelhkepartain (2012) that early marriage and pregnancy for adolescent girls before the age of 18 are related to increased health risks and also have little knowledge about the realities of life. On the other hand, according to Greenwood (2011), the rate of fatherhood for males ages from fifteen (15) to nineteen (19). He added that the negative effect of teenage fatherhood limits the future social, educational, and economic opportunities of their child.

Therefore, the researchers conclude that most of the enrollees in out-of-school youth already have children at an early age. The age bracket for both male and female youths who already have children ranges from fifteen (15) to nineteen (19) years old. In addition, the number of teenage pregnancy has climbed steadily every year over the period and will continuously increase if not given serious attention to. The main drivers for persistent growth in rate of teenage pregnancy are caused by ignorance and poverty. Furthermore, teen pregnancy and fatherhood concern, if not given focus, can derail and affect the country’s programs for development. And if not stopped, it will be harder for the government to resolve this problem.

**2. Mean Score of the Pre-Test:**

Table 4 shows the mean score, standard deviation, adjectival description and interpretation of the Pre-test of both Control and Experimental Group.

**Table 4: Mean Score of the Pre-test of both Control and Experimental Group**

Pre – test	Mean	Adjectival Description	Interpretation
Control Group	11.2708	Some understanding with knowledge	Moderately effective
Experimental Group	13.8958	Some understanding with knowledge	Moderately effective

**Legend:** 0.01-5.00 No knowledge, Not effective;

5.01-10.00 Minimal Knowledge Slightly effective;

10.01-15.00 Some understanding with knowledge, moderately effective;

15.01-20.00 Average understanding with knowledge; Much effective

20.01-25.00 Above average understanding with knowledge, Highly effective;

25.01-30.00 Superior understanding with knowledge, Extremely effective

Table 4 presents the mean score of the Pre-test of both Control and Experimental Group. The table above shows that the mean score during the pre-test of the control group resulted to a mean average score of 11.2708 while the mean score during the pre-test of the experimental group resulted to a mean average score of 13.8958. Both mean scores of the pre-tests have the adjectival description of “Some understanding with knowledge” that implies of that the respondents are moderately knowledgeable in terms of their understanding with regards to the concept of reproductive Health presented through the questionnaire given.

The said findings showed that during the pre-test both in control and experimental group, their average score did not reach at least 50% (fifty percent) of the total number of questions. This merely implies, as stated above, that the students does not have sufficient knowledge about the topic. There are many factors as stated by Interagency Youth Working Group (2010) why the out-of-school youth has vulnerable information about the said issue. These youth are those who do not attend school or who drop out prematurely that is why they miss many of the fundamentals of basic education. They also lose a valuable opportunity to learn about reproductive health in a stable classroom situation. Velas (2009) also added that out-of school youth faces higher risk having limited knowledge because most of them live in depressed communities where parents are more focused on how to earn a living rather than on giving their children counseling. Peers may also be their source of information, which may be a factor that leads them to such vulnerable misinformation from unreliable sources about Reproductive Health.

## International Journal of Novel Research in Healthcare and Nursing

Vol. 2, Issue 2, pp: (53-69), Month: May - August 2015, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

In summary, since the out of school youth does not have necessary information about the topic, as showed on the table above, they are in need of the intervention for them to improve their level of understanding in terms of their knowledge on reproductive health. From the result, the researchers may use this as a basis to further imply on interventions in order to increase and improve their knowledge about Reproductive Health. As to where the study is focused on, one of the best and important ways to intervene is by implementing the teaching plan of the Adolescent Reproductive Health Education Program.

### 3. Mean Score of the Post-test of both Control and Experimental Group:

Table 5 shows the mean score, standard deviation, adjectival description and interpretation of the Post-test of both Control and Experimental Group.

**Table 5: Mean Score of the Post-test of both Control and Experimental Group**

Post – test	Mean	Adjectival Description	Interpretation
Control Group	11.8125	Some Understanding with knowledge.	Moderately effective
Experimental Group	25.6667	Superior Understanding with knowledge	Extremely effective

**Legend:** 0.01 5.00 No knowledge, not effective;

5.01-10.00 Minimal Knowledge Slightly effective;

10.01-15.00 Some understanding with knowledge, moderately effective;

15.01-20.00 Average understanding with knowledge; Much effective

20.01-25.00 Above average understanding with knowledge, Highly effective;

25.01-30.00 Superior understanding with knowledge, Extremely effective

Table 5 presents the mean score of the Post-test of both Control and Experimental Group. The table above show that the groups differ in understanding. The control group which has resulted to a mean average score of eleven and eight thousand one hundred twenty five (11.8125) in the post-experimental which was described to have some understanding with knowledge while the experimental group has resulted to mean average score of twenty five and six thousand six hundred sixty seven (25.6667) which was defined as having superior understanding with knowledge. The standard deviation of the experimental group states that findings on their scores are more likely to be close to each other than that of the control group.

As shown in the table above, the highest scores were seen in the post experimental test of the experimental group. On the contrary, the lowest scores were seen in the post experimental test of the control group. The said findings are also true according to Piaget, thought of the adolescents became more logical and more idealistic than a child. In addition, according to Kurtus (2006), besides reading, listening to a teacher or professor lecture on a subject is a major source of knowledge for students. This means that the respondents were able to achieve more understanding about the Adolescent Reproductive Health base on the information given in the teachings done. Related to this, Giglio (2010) stated that there was no direct connection between the traditionally assumed measures of teacher effectiveness and student achievement over time.

In summary, the respondents are knowledgeable about the Adolescent reproductive Health based on the table above. However, those respondents who have been taught gained higher scores that those who have not. With this, we could state that the Adolescent Reproductive Health Teaching Program is highly effective among the out-of-school youths in terms of measuring their knowledge. Hence, teachings are essential for the out-of-school youth to provide more adequate information about the Adolescent Reproductive Health.

### 4. Differences between the mean score of the pre-test and the post-test of the control group:

Table 6 shows the mean, t-value, significant value, and decision on the hypothesis with an interpretation of the differences between the mean score of the pre-test and the post-test of the control group

**Table 6: Differences between the mean score of the pre-test and the post-test of the control group**

Control Group	Mean	t-value	Sig.	Decision on Ho	Interpretation
Pre-test	11.2708	-.757	.453	Accepted	Not Significant
Post-test	11.8125				

*At 0.05 Level of Significance*

Table 6 above illustrates the statistical values including mean, *t*-value and significant value, decision on the null hypothesis and interpretation of pre and post test of the control group. The mean score of the pre-test of the control group is resulted to 11.2708 while the mean score of the post-test resulted in 11.8125. The *t*-value revealed a -.757 which is highly insignificant with the significant value of .453. Based on the result, null hypothesis was accepted since the significance value is found out to be above the margin of error of 0.05 that this means that there is no significant difference in the pre test and post test of the control group. This implies that when it comes to the statistical findings, the results of pre test and post test of the control group doesn't differ the level of knowledge of the selected out of school youth. This is attributed also to the reason that there was no intervention given to the control group in which out school youths educational background from elementary schooling on reproductive health is still evident to the findings of the tests given to the control group. Likewise, the understanding of the out school youth in terms of their knowledge on reproductive health is still the same prior to the tests given to them however pre-test mean scores increases from 11.2708 to 11.8125 due to some familiarity with the composition of the questions given during the pre-test. This means that most of the out-school youth under the control group considered their understanding in terms of the like knowledge including their personal belief, values, traditions, familial environment including peer influence as pre-requisite of information and services prior to the assessment of their knowledge on reproductive health education program.

It was revealed from the Principles of Learning in EberlyCenter for Teaching Excellence under the Theory and Research Based (2010) that the student's prior knowledge can impede new learning objectives. Therefore, it needs a strong foundation of knowledge to correctly apply the new learning. In contrary, when knowledge is illogical and incoherent, students learning failed to retrieve it appropriately. Basically, the control group has knowledge gained in some concepts on reproductive health and through daily learning experiences. As students bring this knowledge to bear in the classrooms, it will therefore influence how they understand and interpret their learning. Likewise, Donker (2005) stated also that teachers are the resource of excellence; by passing on knowledge and values to contribute good education to prepare them for further education and working life. This justifies the importance of a facilitator or a teacher to correct them from what is being misled.

Therefore, the researchers concluded that there is no significant difference between the mean score of the pre-test and post-test in the control group. This results display that, the higher the level of knowledge of the out of school youths, the more effective the adolescent reproductive health education program based on the mean score of the pre-test and post test of the control group. Thus, the out of school youths have some knowledge on reproductive health based on their mean score results of the pre and post tests.

**5. Differences between the mean score of the pre-test and the post-test of the experimental group:**

Table 7 shows the differences between the mean scores, *t*-value, significance value, decision of the hypothesis and interpretation of the pre-test and the post-test of the experimental group

**Table 7: Differences between the mean score of the pre-test and the post-test of the Experimental Group**

Experimental Group	Mean	t-value	Sig.	Decision on Ho	Interpretation
Pre-test	13.8958	-16.163	.000	Rejected	Significant
Post-test	25.6667				

*At 0.05 Level of Significance*

Table 8 above illustrates the statistical values including mean, *t*-value and significant value, decision on the null hypothesis and interpretation of pre and post test of the experimental group. The mean score of the pre-test resulted to 13.8958 while the mean score of the post-test is 25.6667. The *t*-value is -16.163 which is significantly lower than the

significant value of .000. Based on the result, null hypothesis was rejected since the significance value is found out to be below the margin of error of 0.05. This poses that there is a significant difference in the pre test and post test of the experimental group.

The pre-test result of the experimental group is significantly lower than the post-test result from 13.8958 to 25.6667; this is attributed by the intervention given to the group using the ARHEP Program. Superior understanding of knowledge on reproductive health was notably seen after implementing the program. A low pre-test score of 13.8958 is noted as for the reason that the out of school youths' baseline was the one considered by the respondents in answering the questionnaire, possibly an understanding influenced by the media, or peer influences which can be a secondary source of the information on the reproductive health. Likewise, the mean score of the post test displayed a higher acquisition of knowledge because significant difference was noted, meaning an increased in the baseline knowledge and achievement of understanding about the program and teaching implemented by the peer facilitator have resulted in a higher understanding of the matter. Also, higher test scores means that the respondents took time to study/ understand the program and the knowledge they learned is specific and they must have learned certain facts that allows them to score higher on the examination as suggested by Rose (2010).

On the other hand, as based in the mean of the pre-test 13.8959 and the mean of the post-test 25.6667, we can say that the adolescent reproductive health teaching plan is very effective and may be used to increase the knowledge of the out-of school youth regarding their reproductive health and give them appropriate information because The respondents were able to achieve more understanding about the Adolescent Reproductive Health as given by the peer facilitator.

#### 6. Differences between the mean score of the pre-test and the post-test of the experimental group:

Table 8 shows the differences between the mean score of the post-test of the control and experimental group

**Table 8: Differences between the mean score of the post-test of the Control and Experimental Group**

Post test	Mean	t-value	Sig.	Decision on Ho	Interpretation
Control group	11.8125	-26.385	.000	Rejected	Significant
Experimental group	25.6667				

#### *At 0.5 Level of Significance*

Table 8 above illustrates the statistical values including mean, *t*-value and significant value, decision on the null hypothesis and interpretation of post test of the experimental group. The mean score of the post-test of the control group is 11.8125 with while the mean score of the post-test of the experimental group on 25.6667. The *t*-value revealed a -26.385 is significantly lower than the significant value of .000. Based on the result, null hypothesis was rejected at 0.05 level of significance which means that there is a significant difference in the post test of the control and experimental group. It was stated that students are individuals who accumulate knowledge with the help of teachers and the learning experience in school will serve as a bridge to overcome life's circumstances and events. Dave (2001) also supported the findings by stating that the classroom is a learning environment where interaction occurs among teachers, students and learning takes place. Learning environment needs to be constructivist in nature engaging learners in sense making or reasoning. This explains why there is a significance between the differences of the post-test of both of the groups since the experimental group was exposed to a learning environment through a lecture session and thus this affects the results of their post-test and it came out to be higher than the control group who wasn't exposed to such learning environment and learning interaction.

There is a significant finding between the differences of the post-test of the experimental group and the control group. This implies the fact that there the program is effective among the respondents as evidenced by the increase in knowledge by the experimental group in which the program was administered and implemented. This also implies that the program should be implemented to the adolescents to gain proper knowledge about Reproductive health thus this may lead to proper social interaction, proper decision making and better understanding of one's sexuality as a unit in the society.

#### 7. Implications of the mentioned problems to health teaching:

Based on the findings, the researchers were able to come with implications subsequent to the determination of the effectiveness of the Adolescent Reproductive Health Education Program Plan: Implications to Health Teaching. The

**International Journal of Novel Research in Healthcare and Nursing**

Vol. 2, Issue 2, pp: (53-69), Month: May - August 2015, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

different profiles of the respondents (age, gender, number of children), will give the researchers a good picture of what will be its implications to health teaching, with regards to the way the teaching plan must be revised, to provide a better learning outcomes from the out-of school youth. Age should be taken into consideration when formulating an appropriate teaching plan, especially when the receiver of the teaching is under the adolescent period, wherein they are the most curious out of all age groups. Aside from the heightened curiosity, there might be some behavioral sensitiveness among the most number of respondents while the teaching of Adolescent Reproductive Health (ARH) was going on, taking into consideration the contents of the said teaching plan.

Likewise, there is a need to be taken into consideration is the gender of the adolescents, the fact that some of them already have children makes them more relevant to the subject matter, which may imply that they do have their own ideas with regards to reproductive health, and that they may have already engaged in sexual behaviors, but it doesn't guarantee that they have an extensive level of knowledge about appropriate sexual practices, and that they get their information from reliable sources, both of which may later on predispose them to become sexually irresponsible (Strouse, 2001). Should these groups continues to not be adequately educated about the reproductive health, rates of unwanted pregnancy, sexually transmitted diseases and other reproductive health problems may not cease to rise. There might also be an increase in interest among some respondents (particularly the control group) consequently after the tests were done to them, because of the topic itself and may therefore develop an eagerness to also learn about the aforementioned topic. However, this may also encourage the adolescents in engaging in more sexual behaviours than before (Wight, 2001).

#### **IV. FINDINGS, CONCLUSION AND RECOMMENDATIONS**

This chapter presents the general summary of the study, the summary findings, conclusions and recommendations in response to achieving this study.

The researchers used a quantitative method of research. Quasi-experimental design non-equivalent group was used to determine the outcome of the Effectiveness of the Adolescent Reproductive Health Education Program as Implemented to Selected Out-of-School Youth. Findings served as the implications to health teaching with sample population of 96 respondents who were not enrolled in a formal school or even in a secondary level graduate with assistance of the Bureau of Alternative System in recruiting participants who were enrolled to the said program using purposive sampling technique. The researchers made used of Bloom's Taxonomy of Learning Domains as the foundation of this study and the collection of method through pre-experimental test and post-experimental test using the research instruments which are the questions made by the researchers based on the instrument of Bureau of Alternative Learning System (BALS). Based on the data analysis, it showed a significant difference on the mean scores of the pre-test and the post-test between the control group and experimental group.

The study aimed to determine the effectiveness of the adolescent reproductive health education teaching program as implemented to selected out-of-school youth and its Implications to Health Teaching. Furthermore, the study identified the profile of the respondents including age, gender and number of children. The mean score of the pretest and post-test of the control and experimental group were taken into consideration. Likewise, the significant difference of the pre-test and post test of the control and experimental group were further assessed. Inputs of the findings were served as implications of the study.

#### **V. SUMMARY OF THE FINDINGS**

This section provides the summary of the findings in statistical figures and narrative form that will be present accordingly based on the problems stated in the research. For this study, the researchers made use of different statistical tools and after applying tools, the following findings were made and presented.

##### **1. Profile of the respondents in terms of the following:**

###### ***1.1 Age***

It shows that thirty two (32) or thirty three point three percent (33.3%) of the respondents are at the age of 14, while twenty eight (28) or twenty nine point two percent (29.2%) of the respondents are at the age of 15. Twenty six (26) or twenty seven point one percent (27.1%) of the respondents are at the age of 16, and ten (10) or ten point four percent



(10.4%) of the respondents are at the age of 17. The data shows that as the age increases, the number of the respondent's decreases or age is inversely proportional to the number of respondents.

### **1.2 Gender:**

Majority of the respondents were males—showing sixty one (61) or sixty three point five percent (63.5%) of the total population—are enrolled in the Adolescent Reproductive Health Education Teaching Program than females who showed only thirty five (35) or thirty six point five percent (36.5%) of the total population.

### **1.3 Number of Children:**

Most of the respondents showed sixty five (65) or fifty six and three percent (56.3%) of respondents have one (1) or two (2) children, while thirty one (31) or forty three point eight percent (43.8%) of total respondents already have three (3) or more children.

## **2. Mean score of both the control group and the experimental group.**

In study, it was clearly indicated that the mean score during the pre-test of the control group is eleven point two thousand seven hundred eight (11.2708) while the mean score during the pre-test of the experimental group is thirteen point eight thousand nine hundred fifty eight (13.8958) which is described to have some understanding with knowledge.

## **3. Mean scores of both control group and experimental group.**

It was stated in the study that the control group which has an average score of eleven and eight thousand one hundred twenty five (11.8125) in the post-experimental which was described to have some understanding with knowledge while the experimental group has an average score of twenty five and six thousand six hundred sixty seven (25.6667) which was defined as having superior understanding with knowledge.

## **4. Significant difference between the mean score of the pre-test and the post-test of the control group.**

On the other hand, the average score gained by the control group of the study is eleven point two thousand seven hundred eight (11.2708) with the standard deviation of three point sixteen thousand seven hundred twenty five (3.16725) while the average score of their post-test resulted on eleven point eight thousand one hundred twenty five (11.8125) with the standard deviation of three point ninety three thousand nine hundred twenty (3.93920). The t-value revealed a negative point seven hundred seven (-.757) with the corresponding significant value of point four hundred fifty three (.453). This indicates that regardless of the score gained by the control group in their pre-test, there is no considerable effect in terms of the score they have achieved in their post-test.

## **5. Significant difference between the mean score of the pre-test and the post-test of the experimental group.**

In addition, the mean score of the pre-test of the experimental group is thirteen point eight thousand nine hundred fifty eight (13.8958) while the mean score of the post-test of the experimental group is twenty five point six thousand six hundred sixty seven (25.6667). The standard deviation of the pre-test of the experimental group is four point thirty five thousand two hundred seventy four (4.35274) while in the post-test is two point sixty six thousand forty five (2.66045). The t-value is negative sixteen point one hundred sixty three (-16.163). The significance is point zero (.000). The result showed that there was a substantial effect on the score of the experimental group's post-test with regards to their score in their pre-test.

## **6. Significant difference between the post-test of the control group and the experimental group.**

However, the control group had a mean score of eleven and eight thousand one hundred twenty five (11.8125) and a standard deviation of three point ninety three thousand nine hundred twenty (3.93920). The experimental group had a mean score of twenty five point six thousand six hundred sixty seven (25.6667) and a standard deviation of two point sixty six thousand forty five (2.66045). By comparing the values of the stated group using t-test it garnered a t-value of negative twenty six point three hundred eighty five (-26.385) with a level of significance at point zero one (.01). The results in the study shown that the scores on the post-test of the control group shown no sufficient effect on the scores of the post-test of the experimental group

### **7. Implications of the mentioned problems to health teaching**

Age, gender, and number of children were given emphasis, as well as the results of the pre-tests and the post-tests in determining the implications of the said problems to health teaching. Behavioral sensitiveness of the adolescents while learning the subject, and effects of the teaching plan itself is emphasized, in such way that subsequent to the implementation, students may have a more liberal attitude towards sex education.

## **VI. CONCLUSION**

Therefore, the Adolescent Reproductive Health Teaching Program is extremely effective and essential to the out of school youth. The researchers conclude that:

1. Most of the out of school youth respondents consist of mostly fourteen (14) years old followed by 15 years of age..
2. The number of male respondents is greater than the number of female respondents.
3. Most of the respondents have children and some of them have one or more children.
4. That the out of school youths' knowledge in the adolescent reproductive health education program is moderately effective based on the pre-test mean score of the control and experimental group
5. That the out of school youths' level of understanding in terms of knowledge in the adolescent reproductive health education program is moderately effective based on the post-test mean score of the control group and is extremely effective based on the post-test mean score of the experimental group
6. That, the higher the level of knowledge of the out of school youths, the more effective the adolescent reproductive health education program based on the mean score of the pretest and post test of the control group
7. That, the higher the level of knowledge of the out of school youth, the more effective the adolescent reproductive health education program based on the mean score of the pretest and post test of the experimental group
8. That, the post test score of the experimental group and control group resulted to superior understanding of knowledge wherein the higher the level of understanding in terms of the knowledge of the out of school youths, the more extremely effective the adolescent reproductive health education program
9. That, the adolescent reproductive health education program is extremely effective in terms of the understanding of the knowledge of the adolescent reproductive health education program

## **VII. RECOMMENDATIONS**

Based on the findings and conclusions formulated in this study, the following recommendations are suggested.

1. That the adolescent reproductive health education program must be encouraged among out-of-school youth or to attend and enrol in Alternative Learning System provided by the Department of Education
2. Health teaching should be conducted longer to further evaluate the knowledge of the students. The questionnaire should be revised and improved and should emphasize each of the four cores of Adolescent Reproductive Health. Broader range of questions will help to further evaluate the weak points of the Out-of-School Youth enrolled in the program.
3. Implications to health teachings should be considered in the revision or modification to be made in the teaching materials of the Adolescent Reproductive Health Education Program
4. Further studies must be conducted focusing on the skills and attitude of the Out-of-School Youth regarding the Adolescent Reproductive Health Education Program.
5. Evaluative study should be conducted to assess the effectiveness of the peer facilitators by strategizing instructional materials necessary for the program
6. Future researchers should conduct a study a replicate study considering the gender variable, number of participants and longitudinal effect of the program

**International Journal of Novel Research in Healthcare and Nursing**

 Vol. 2, Issue 2, pp: (53-69), Month: May - August 2015, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)
**REFERENCES**

- [1] Abaya, J.E.A. (2011), Section 16. Mandatory Age-Appropriate Reproductive Health and Sexuality Education Retrieved August 01, 2012 from: <http://www.likhaan.org/content/sec-16-mandatory-age-appropriate-reproductive-health-and-sexuality-education-0>
- [2] Adolescent Health Services: Information for Health Providers (2010), Health Providers Can Improve Adolescents' Health Care Experiences Retrieved August 20, 2012 from: [http://www.bocyp.org/ahc\\_health\\_providers\\_fact\\_sheet.Pdf](http://www.bocyp.org/ahc_health_providers_fact_sheet.Pdf).
- [3] Advocates for Youth (2000), Adolescent Sexual & Reproductive Health in Sub-Saharan Africa Retrieved August 21, 2012 from: <http://www.advocatesforyouth.org/publications/458?task=view>
- [4] Archambault, I., Janosz, M., Morizot, J. Pagani, L (2009) "Adolescent Behavioral, Affective, and
- [5] Cognitive Engagement in School: Relationship to Dropout", Journal of School Health. Retrieved from: [http://www.julienmorizot.com/pdf/Archambault\\_Janosz\\_Morizot\\_Pagani%202009-Adolescent\\_behavioral\\_affective\\_and\\_cognitive\\_engagement\\_in\\_school\\_and\\_dropout.pdf](http://www.julienmorizot.com/pdf/Archambault_Janosz_Morizot_Pagani%202009-Adolescent_behavioral_affective_and_cognitive_engagement_in_school_and_dropout.pdf)
- [6] Ambrose, S., Bridges, M., DiPietro, M., Lovett, M., Norman, M., Mayer, R. (2010) "How Learning Works: Seven Research-Based Principles for Smart Teaching (The Jossey-Bass Higher and Adult Education Series) Retrieved August 01, 2012 from [http://www.amazon.com/How-Learning-Works-Research-Based-Principles/dp/0470484101/ref=sr\\_1\\_1?ie=UTF8&s=books&qid=1273842407&sr=1-1](http://www.amazon.com/How-Learning-Works-Research-Based-Principles/dp/0470484101/ref=sr_1_1?ie=UTF8&s=books&qid=1273842407&sr=1-1)
- [7] Bai-Cheng, L. (2003), The Trouble of Teen Sex: The Construction of Adolescent Sexuality Through School-Based Sexuality Education. Sex Education: Sexuality, Society and Learning Volume 3, Issue 1 Retrieved from: <http://www.tandfonline.com/doi/abs/10.1080/1468181032000052162>
- [8] Caron, F., Godin, G., Otis, J., Lambert, L. (2004), Evaluation of a theoretically based AIDS/STD peer education program on postponing sexual intercourse and on condom use among adolescents attending high school. Oxford Journal, Volume 19, Issue 2. pp 185-197 Retrieved from: <http://her.oxfordjournals.org/content/19/2/185.short>
- [9] Chowdhury, S. (2010), Better Health for Women and Families: The World Bank's Reproductive Health Action Plan 2010–2015, The World Bank. Retrieved August 20, 2012 from: [http://siteresources.worldbank.org/INTPRH/Resources/376374-1261312056980/RHAP\\_Pub\\_8-23-10web.pdf](http://siteresources.worldbank.org/INTPRH/Resources/376374-1261312056980/RHAP_Pub_8-23-10web.pdf)
- [10] Cruz, I. (2012), Education, the RH bill, and Catholic Contraception, The Philippine Star. Retrieved August 20 2012 from: <http://www.philstar.com/Article.aspx?articleId=836101&publicationSubCategoryId=442>
- [11] Donker, P. (2005), The Importance of Teachers. Retrieved August 10, 2012 from: [http://www.teachersfirst.nl/Teaching/The\\_Importance\\_of\\_Teachers/tab\\_id/236/Default.aspx](http://www.teachersfirst.nl/Teaching/The_Importance_of_Teachers/tab_id/236/Default.aspx)
- [12] Flores, H. (2012), Congress urged to vote on Reproductive Health bill, The Philippine Star. Retrieved August 21, 2012 from: <http://www.philstar.com/Article.aspx?articleId=831002&publicationSubCategoryId=>
- [13] Fonte, J.A. (2011), Answering the call for adolescent RH education, Inquirer Opinion. Retrieved August 21, 2012 from: <http://opinion.inquirer.net/10277/answering-the-call-for-adolescent-rh-education>
- [14] Giglio, K. (2009), What Teacher Characteristics Affect Student Achievement? from RAND Corporation. Retrieved August 10, 2012 from: [http://www.rand.org/pubs/research\\_briefs/RB9526/index1.html](http://www.rand.org/pubs/research_briefs/RB9526/index1.html)
- [15] Goodenow, C., Netherland, J., Szalacha, L. (2002), AIDS-Related Risk Among Adolescent Males Who Have Sex With Males, Females, or Both: Evidence From a Statewide Survey, American Journal of Public Health, Volume 91, Issue 6; Retrieved August 19, 2012 from: <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.92.2.203>
- [16] Greenwood, M. (2011), "Teenage Fatherhood Found to Have Far-reaching Educational, Social Consequences" from Yale School of Public Health. Retrieved August 16, 2012 from [http://medicine.yale.edu/ysph/news/archive/2011/teen\\_fathers.aspx](http://medicine.yale.edu/ysph/news/archive/2011/teen_fathers.aspx).
- [17] Hindin, J., Fatusi, A. (2009), Adolescent Sexual and Reproductive Health in Developing Countries: An Overview of Trends and Interventions International Perspectives on Sexual and Reproductive Health. Retrieved August 20, 2012 from: <http://www.guttmacher.org/pubs/journals/3505809.html>.

**International Journal of Novel Research in Healthcare and Nursing**

 Vol. 2, Issue 2, pp: (53-69), Month: May - August 2015, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

- [18] Kennedy, E., Gray, N., Azzopardi, P., Creati, M. (2001), Adolescent fertility and family planning in East Asia and the Pacific: A Review of DHS Reports. Retrieved August 20, 2012 from: <http://www.reproductive-health-journal.com/content/8/1/11/>
- [19] Kirby, D., Laris, B., Roller, L. (2007), Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People throughout the World. *Journal of Adolescent Health*. Retrieved from: [http://www.jahonline.org/article/S1054-139X\(06\)00601-X/abstract](http://www.jahonline.org/article/S1054-139X(06)00601-X/abstract)
- [20] Kulkarni, A., Mueller, T., Gavin, L., Kulkarni, A. (2008), The Association Between Sex Education and Youth's Engagement in Sexual Intercourse, Age at First Intercourse, and Birth Control Use at First Sex. *Journal of Adolescent Health*. Volume 42, Issue 1, Pages 89-96, Retrieved August 10, 2012 from: [http://www.jahonline.org/article/S1054-139X\(07\)00325-4/abstract](http://www.jahonline.org/article/S1054-139X(07)00325-4/abstract)
- [21] Kurtus, R. (2006), Gaining Knowledge by Listening. Retrieved August 9, 2012 from [http://www.school-for-champions.com/knowledge/gaining\\_knowledge\\_by\\_listening.htm](http://www.school-for-champions.com/knowledge/gaining_knowledge_by_listening.htm)
- [22] Lagman, E. (2007), Adolescent Reproductive Health under House Bill No. 17 Retrieved August 20, 2012 from: <http://www.edcellagman.com.ph/speeches/reproductive-health/47-adolescent-reproductive-health-under-house-bill-no-17.html>
- [23] Lindberg, L., Santelli, J., Singh, S. (2007), Changes in Formal Sex Education: 1995–2002 Perspectives on Sexual and Reproductive Health. Volume 38, Issue 4, pp. 182–189, Retrieved from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1931-2393.2006.tb00277.x/abstract>
- [24] McCann-Erickson (2000), Sexual and Reproductive Health of Adolescents and Youths in the Philippines: A Review of Literature and Projects. World Health Organization. Retrieved August 20, 2012 from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1931-2393.2006.tb00277.x/abstract>
- [25] Malipot, I. (2010), All Systems Go For Sex Education in High School, *The Manila Bulletin*. Retrieved August 20, 2012 from: <http://www.mb.com.ph/articles/260182/all-systems-go-sex-ed-high-school>
- [26] Roehlkepartain, G. (2012), Adolescent Reproductive Health: The Challenge and Benefits of Delaying Sex Retrieved August 19, 2012 from: <http://www.wilsoncenter.org/event/adolescent-reproductive-health-the-challenge-and-benefits-delaying-sex>
- [27] Rotheram-Borus, MJ., O'Keefe, Z., Kracker, R., and Foo, H. (2000), Prevention of HIV Among Adolescents, *Prevention Science* Volume 1, Number 1, 15-30. Retrieved from: <http://www.springerlink.com/content/g032q30345733v63/>
- [28] Santelli, J., Ott, M., Lyon, M., Rogers, J., Summers, D., Schleifer, R. (2006), Abstinence and Abstinence-Only Education: A Review of U.S. Policies and Programs. *Journal of Adolescent Health* Volume 38, Issue 1, Pages 72–81 Retrieved from: <http://www.sciencedirect.com/science/article/pii/S1054139X05004672>
- [29] Silva, M. (2005), The Effectiveness of School-Based Sex Education Programs in the Promotion of Abstinent Behavior: A Meta-Analysis. *Health Education Research* Volume 17, Issue 4 pp. 471-481. Retrieve from: <http://her.oxfordjournals.org/content/17/4/471.short>
- [30] Sorbye, I., and Leigh, B. (2009), Somalia Reproductive Health: National Strategy & Action Plan 2010-2015. Retrieved August 19, 2012 from: [http://eeas.europa.eu/delegations/somalia/documents/more\\_info/reproductive\\_health\\_national\\_strategy\\_and\\_action\\_plan\\_2010\\_2015\\_en.pdf](http://eeas.europa.eu/delegations/somalia/documents/more_info/reproductive_health_national_strategy_and_action_plan_2010_2015_en.pdf)
- [31] Velas, M. (2009), Rising Teenage Pregnancy in the Philippines: Young People Need More Direct Counseling, *Pregnancy & Childbirth at Suite 101*. Retrieved August 20, 2012 from: <http://suite101.com/article/rising-teenage-pregnancy-in-the-philippines-a116197>
- [32] Warenus L., Faxelid A., Chishimba P., Musandu J., Ong'any A., Nissen E. (2006), Nurse-midwives' attitudes towards adolescent sexual and reproductive health needs in Kenya and Zambia, *Reproductive Health Matters*, Volume 14, Issue 27, pp. 19-28. Retrieved August 19, 2012 from: <http://www.ncbi.nlm.nih.gov/pubmed/16713886>
- [33] Whatley, M. (1992), *Goals For Sex-Equitable Sexuality Education*. Retrieved August 19, 2012 from *Sex Equity and Sexuality in Education*. Albany, NY: SUNY Press.
- [34] Witmer, D., (2012), Social and Emotional Development: Your 14 Year-Old Teen. Retrieved from: <http://parentingteens.about.com/od/agesandstages/a/Emotional-Development-Your-14-Year-Old-Teen.htm>.