

## A study on assessment of improvement of knowledge on Family Life Education among school going adolescent girls in a village in Krishna District after educational Intervention

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**Abstract:** Background: According to the World Health Organization (WHO), adolescents are individuals aged 10-19Yrs<sup>1</sup>, they are no longer children, not yet adults. Adolescents comprise 18% of the world's total population. Out of 1.2 billion adolescents, 88% live in developing countries and more than 50% of all adolescents live in Asia, India has the largest national population of adolescents 243 million, followed by China 207 million<sup>2</sup>, adolescents are an important resource of every country. Aims & Objectives: To know the extent of improvement of knowledge on Family Life Education among school going adolescent girls. Methodology: This was an interventional study conducted among 250 Adolescent girls aged 11-16yrs in Zilla parishad high school using Simple random technique Results & Conclusion: In the present study nearly 30% of rural mothers were illiterates, knowledge regarding the small family norm was improved from 84.40% to 97.20%, knowledge regarding one or more of the pubertal changes in girls significantly improved from 2.8% to 77.60% & Knowledge regarding menstrual hygienic practices was improved from 2.00% to 84.40% after educational intervention. In this study knowledge regarding risks associated with teenage pregnancy is improved from 56.80% to 82.00%.

**Keywords:** Adolescent girls, family life education

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### I. Introduction

*"The adolescent girl still neither remains a young plant gets neither light nor water. She remains the flower that could have blossomed but didn't....."*

*Kamala Bhasin from "Our Daughters. "*

According to the World Health Organization (WHO), adolescents are individuals aged 10-19Yrs<sup>1</sup>, they are no longer children, not yet adults. Adolescents comprise 18% of the world's total population. Out of 1.2 billion adolescents, 88% live in developing countries and more than 50% of all adolescents live in Asia, India has the largest national population of adolescents 243 million, followed by China 207 million<sup>2</sup>, adolescents are an important resource of every country.

In India by the age of 18 years, 54% adolescents are married, 25-35% of adolescent girls begin child bearing as early as 17 yrs and these adolescent pregnancies constitute 10 - 15% of total pregnancies<sup>3,4</sup>. In India, although abortion is legal, unsafe abortions account for 50% of all maternal deaths of girls between 15 and 19 years<sup>5</sup>. Early marriage, which is widely prevalent in Indian and African culture, is quite high in rural areas compared to urban areas and adolescent girls in these communities fall into fertility trap quite early. These situations predispose girls to teenage pregnancy that may have more immediate effect on their life than any other problem. Among adolescents, girls are particularly vulnerable, not only because they are more likely to be forced invariably for unprotected sex and are more susceptible biologically to STDs including HIV infection.

Education is the most important agent of social change and development. Family Life Education for adolescents about current needs associated with changing physical, cognitive, social, emotional, and sexual developments promotes them to fulfil their anticipatory or future family-related needs by preparing them for adult roles to meet responsibilities in marriage and parenting.

In many areas of the country especially in rural India adolescents are having least knowledge about their reproductive health. Parents merely talk any aspect related to reproductive health in front of children, example about menstrual hygiene, STD transmission, pregnancy, abortion, contraceptive measures etc., as they

consider it as irrelevant information for their children and in some other families the information is passed on wrongly, which puts the adolescents into the danger of falling into serious health related problems.

It is very important to provide education to the adolescent girls regarding all the aspects of nutrition, reproductive health, for which this study is conducted.

## II. Aim & Objective

To know the extent of improvement of knowledge on Family Life Education among school going adolescent girls in a village in Krishna District after Educational Intervention.

## III. Material And Methods

**Type of study:** This was an interventional study.

**Study period:** 1<sup>st</sup> July 2013 to 30<sup>th</sup> June 2014,

**Study area:** Zilla parishad high school. in Nidamanuru village

**Study Subjects:** Adolescent girls aged 11-16yrs,

**Sample size:** 250

**Sampling method:** Simple random technique

**Inclusion criteria:**

- a) High school girls aged 11-16yrs at Nidamanuru village,
- b) High school girls who were willing to participate in study and available at the time of data collection.

**Exclusion criteria:**

- a) High school girls age group of <11&>16yrs,
- b) Some of the high schools girls who are not available at the time of data collection.

**Pilot study:** was conducted among 50 adolescent girl students (20% of the sample size) from Zilla parishad high school, Nidamanuru.

**Data collection:** Data were collected from high school girls by personal interviewing using pre designed semi structured schedule which was field tested by a pilot study for quality control. In pre-test, a pre-designed semi structured, pretested schedule in local language was used for personal interview for each batch in school working hours. After pre-test, educational intervention has been conducted for 4 months, for each batch, every day one hour class was taken by using chalk & board, posters, charts, flip charts and video clips. After one month of intervention, post-test was conducted by using the same questionnaire which was used in pre-test.

**Statistical analysis:** Data was entered and analyzed by using Microsoft Excel.

**Statistical tests applied:** Descriptive statistics, percentages were applied in the study wherever required.

**Ethical considerations:** Approval was obtained from ethics committee of Siddhartha medical college Vijayawada, written permission was obtained from principal, SMC, VJA. Written permission taken from head master of ZILLA PARISHAD high school, Written informed consent was taken in local language & in English from study subject. Confidentiality was maintained regarding the answers from the personal interview of the study subjects.

**Results :**

**Table 1: Socio demographic profile of the study subjects (n=250)**

Variable	Frequency	Percentage (%)
Age(years)	11-12	20
	13-14	8
	15-16	190
Religion	Hindu	162
	Christian	63
	Muslim	25
Caste	OC	47
	SC	133
	BC	64
	ST	6
Mothers Educational Status	Illiterates	73
	primary	89
	secondary	80
	Intermediate	6
	Graduates	2
Socioeconomic status	Class I	1
	Class II	53
	Class III	70
	Class IV	106
	Class V	20

**Table 2: knowledge and improvement after intervention regarding family life education**

Variable		Pre test	Post test
Pubertal changes	Breast changes	8.80	6.40
	Pubertal hair growth	4.80	2.00
	Menstruation	2.80	3.60
	Acne	9.20	6.40
	Don't know	2.80	77.60
		71.60	4.00
Menstrual hygiene practices	Changing pads	34.80	6.00
	Cleaning genitalia area	2.00	6.40
	Both		
	Don't know	2.00	84.40
		61.20	3.20
Legal age for marriage	Correct	82.40	95.20
	In correct	17.60	4.80
Risk with unsafe sex		7.21	65.16
Risk with teenage pregnancy	Know	56.80	82.00
	Don't know	43.20	18.00
Contraception		62.00	97.60
Sex determination of baby is crime		67.60	79.60
Breast feeding		94.40	98.40
Vaccination		86.80	98.80
Small family norm	Know	84.40	97.20
	Don't know	15.60	2.80
Cancer vaccine		10.40	64.80

#### IV. Discussion:-

This study evaluated the effect of health education by health professionals on adolescent girls knowledge and attitudes towards family life, Remarkable improvement was seen in relation with knowledge of participants about family life related issues, pubertal changes, menstrual hygiene practices, teenage pregnancies, contraception, breastfeeding, immunisation, small family norm and cancer vaccine.

In the present study nearly 30% of rural mothers were illiterates. Majority i.e 42.61% of the study subjects belong to class IV modified B.J.Prasad socioeconomic status followed by class III (28.14%) followed by class II (21.43%). In a study by *Shobha P Shah et al<sup>6</sup>*, shows that, two-thirds of their mothers were illiterates and 75% were from below-poverty-line families In *K. Malleshappa et al<sup>7</sup>*, study 51.52% belonged to lower class, 32.31% middle class.

In the present study knowledge regarding the small family norm was improved from 84.40% to 97.20% with educational intervention. In other study done by *Pattanaik D et al<sup>8</sup>*, 214 (84.3%) girls were aware of the small family norm, in that only 8.8% knew the exact norm. A preferred family size is improved from 98% to 100% in study by *K. Malleshappa et al<sup>7</sup>*

It is found that in the present study knowledge regarding one or more of the pubertal changes in girls significantly improved from 2.8% to 77.60% after educational intervention. The above result is in accordance with an interventional study by *K. Malleshappa et al<sup>7</sup>* conducted in kuppam mandal on knowledge & attitude about reproductive health among adolescent girls, improvement of Knowledge regarding pubertal changes was statistically significant  $P < 0.05$  after interventional study.

In the *Shobha P Shah et al<sup>6</sup>*, study among adolescent tribal girls in rural Gujarat, it was found that 139 members didn't know cause for pubertal change.

Knowledge regarding menstrual hygienic practices was improved from 2.00% to 84.40% after educational intervention. In a study by *R. S.P.Rao et al<sup>9</sup>*, with a sample size of 791 adolescent girls udupi taluk, kuppam mandal, it is improved from 91.8% to 100% and In other study by *K. Malleshappa et al<sup>7</sup>*, among 656 adolescents in kuppam mandal this knowledge was increased from 92.5% to 98.9% and In a study by *Syed Emdadul Haque<sup>8</sup>* et al, among 416 adolescent girls this knowledge had been increased from 28.8% to 88.9% after intervention.

Knowledge regarding legal age for marriage for both boys and girls was improved from 82.40% to 95.20%. As per *DLHS-4*<sup>9</sup> report, in Andhra Pradesh,, mean age at marriage for girls (marriages that occurred during the reference period) was 19.8yrs, but according to NRHM guidelines age of marriage for women 21 yrs.

*NFHS-3*<sup>8</sup> report stated that 47% of the nation's 20–24-year-old women were married before the age of 18yrs. In an educational intervention study by *Priyanka Mukhopadhyay et al*<sup>11</sup>, among 121 adolescent girls, this knowledge was increased from 38.0% to 92.6 %. In a descriptive study by *Gupta Neeraj et al* on reproductive health issues awareness among rural adolescents, this knowledge was more than 50%, In a study by *Ruchi Saxena et al*<sup>13</sup>, it is increased from 28% to 88%.

In this study knowledge regarding risks associated with teenage pregnancy is improved from 56.80% to 82.00%, Which is in accordance with *Priyanka Mukhopadhyay et al*<sup>11</sup>, study, in this study this knowledge improved significantly from 52.9% in the pre test to 82.6% in the post test after intervention. In a study by *Parwej Saroj et al*<sup>14</sup> knowledge regarding this issue was increased from 39% to 79 % in conventional group and 31 to 67 % in peer group after intervention and In *Elkan E. Daniel et al*<sup>15</sup> study it was improved from 12% to 65% in Comparison group, 17% to 74% in intervention group.

In the present study out of 250 study subjects, 67.60% were aware of sex determination of the baby is crime in pre-test, after educational intervention 79.63% were aware of it in the post-test.

In the present study, knowledge regarding breast milk is best for baby is improved from 94.40% to 98.40% after educational intervention. As per *DLHS-4*<sup>9</sup> report, only 21.7 % Children aged 6-35 months exclusively breastfed for at least 6 months in Andhra Pradesh<sup>55</sup>. In a study by *Ruchi Saxena et al*<sup>13</sup>, knowledge regarding breast milk is best for baby was improved from 48% to 92%. In a cross-sectional study by *Kapil U, et al*<sup>16</sup>, 95% of students reported that breast milk is the best food for infants.

In the present study 86.80% girls were aware that vaccination should be done during childhood in pre-test, it was improved to 98.80% in the post – test.

As per *DLHS-4* report only 55.4 % children received full vaccination in Andhra Pradesh.

In the present study 62% girls were aware about contraception in the pre-test, which was improved significantly in the post-test to 97.60%. In a study by *K. Malleshappa et al*<sup>7</sup>, knowledge regarding this issue was improved from 33.7% to 97.4%. In *Ruchi Saxena et al*<sup>13</sup>, study only 16% of the study subjects were aware of contraception in the pre-test, it was increased to 88% in the post-test.

Knowledge about unsafe sex increased from 7.20% to 66.80%, the response of girls after educational intervention was significantly improved. In a cross-sectional study conducted by *Kundan Mittal et al*<sup>17</sup> it was observed that only 89 (11.3%) of the girls knew correctly about safe sexual intercourse. In study conducted by *Gouri Kumari Padhy et al*<sup>18</sup>, it was found that knowledge regarding high risk behavior improved from 19.44 % to 82.87%.

In the present study knowledge regarding cervical cancer vaccine was improved from 10.40% to 64.80% through educational intervention. *Executive Summary of Lancet on Sexual and Reproductive Health*<sup>19</sup>, stated that approximately 20% of women under 24yrs of age have been infected with the specific strains of human papilloma virus (HPV), an STI that cause almost all cervical cancers.

In a study conducted by *Poonam R Naik*<sup>20</sup>, 84.2% said that cervical cancer is preventable but only 30.8% of them were aware of the available vaccine. Low level of awareness (9%) about vaccine was also observed in a study done in Karachi by *Syed Faizan Ali et al*<sup>21</sup>.

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