

## Original Article

## ASSESSMENT OF KNOWLEDGE AND ATTITUDE ON FAMILY LIFE OF ADOLESCENT GIRLS

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Inamdar M, Inamdar S, Khan YZ. Assessment of Knowledge and Attitude on Family Life of Adolescent Girls. Natl J Community Med 2014; 5(4);364-9.

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## ABSTRACT

**Background:** At adolescence, health behaviors are formed and life courses are charted. Limited knowledge about family life leaves adolescent girls vulnerable to increased risks from sexual exploitation, pregnancy, and violence.**Methods:** A qualitative cross sectional study of girls aged between 12 and 18 years, from schools and slums.**Results:** The knowledge about Child marriage Act (OR=52.2, CI=141.1, 19.31) and legal rights of women (OR=26.13, CI=75.80, 9.005) was significantly higher (P< 0.001) among school going girls. The age of onset of puberty and prior knowledge of menstruation was better known by non-school going adolescents (p<0.001). Out of the total 1000 adolescent girls, only 391 had heard about STDs (p<0.001) and 201 had heard about reproductive health (p<0.001). The difference is statistically significant regarding number of children required per family (OR=1.92, CI=3.459, 1.065), mechanism of pregnancy (OR=2.59, CI=4.659, 1.440) and the fact that sex education is not a danger for our culture (OR=2.296, CI=4.187, 1.259). Only 13.6% girls received sex education (p<0.001, OR=2.71, CI=4.911, 1.496). They agreed with the fact that son is not essential for family (p<0.001).**Conclusion:** With awareness and understanding about their bodies, emotional and physical capacities, and the legal aspects of family formation, adolescent girls will have a positive and stable family life and a better quality of life.**Key words:** Adolescent girls, knowledge, family life

## INTRODUCTION

Family life, reproductive health and population education are interrelated. <sup>1</sup> During the second decade of life, health behaviors are formed, and life courses are charted. <sup>2,3</sup> Limited knowledge about sexuality and relationships and their implications leave adolescents vulnerable to increased risks from sexual exploitation, pregnancy and violence. <sup>1</sup> Many girls are under pressure to marry and their social movements are restricted to maintain their reputation, honor and eligibility for marriage. Pregnancy often quickly follows marriage, increasing threats to girl's biological, social and economic wellbeing. <sup>2</sup>

Worldwide Fifteen million adolescents give birth each year. Among the 10-24 year old, 60% of all new HIV infections occur in developing countries. <sup>1</sup>

National Family Health Survey data revealed that over 50% of girls marry below the age of 18 years. <sup>3</sup> In the world summit (2005) the reproductive rights of adolescent girls were discussed, and in 2008 a new target was added in MDG 5 of universal access to reproductive health. <sup>4,5</sup>

This study is planned as the first step towards empowering adolescent girls to enable them to make responsible choices in all aspects of family

life. The objective of the study is to assess knowledge, attitude and beliefs regarding family life in adolescent girls.

## METHODS

The study was conducted in senior secondary schools- (both rural and urban), and the slum areas. Schools were selected on convenience basis. The study was restricted to girls between 12-18 years. Adolescent girls studying in standards 9<sup>th</sup> to 12<sup>th</sup> were selected. The study was qualitative-cross sectional. A pre-designed questionnaire was used both in Hindi as well as in English. The questionnaire contained questions related to preliminary information about the candidate but excluded any personal details like names, so as to ensure confidentiality.

The rest of the questions were divided into four categories- Related to puberty, reproductive health, family life and legal issues. Before commencement of the study, written and informed consent of the principals of the schools covered and parents of the non-school going girls interviewed was taken.

The girls were explained the purpose of the study and then were given one hour to fill up the questionnaire. For the girls of the non-school going category, it was basically interview based, with the responses of the girls being entered by the investigator. A total of 1000 girls were recruited for the study. Of these, 500 were school going and 500 girls were non-school going. Statistical analysis was done by chi-square test and Fisher's exact test.

## RESULTS

Amongst the two groups, most of the girls were Hindus (71.7%), followed by Sikhs (10.56%). Of the public school going girls, the mothers of 52.02% were graduates and 16.30% had passed senior school. In the government school group, 37.22% mothers were graduates and 17.83% had passed senior school. In contrast, in the non-school going group, 91% mothers were illiterate. In the public school group, 64.50% of the fathers had a skilled occupation as compared to 55.19% in the government school group. In the non-school going group, all the fathers were unskilled. Sixty five percent families of the public school group were nuclear as compared to 52.84% in the government school group and 22.2% in non-school going group.

Statistically significant difference is found in case of age of onset (OR= 0.1917, CI=0.3649, 0.2741), secondary sexual characters of boys (OR=3.83, CI=7.775, 1.887) and secondary sexual characters of girls (OR= 2.69, CI=6.180, 1.170). The age of onset and prior knowledge of menstruation was very well known among non-school going adolescents (P<0.001). There are imposed restrictions on menstruating adolescents and women in India. These restrictions are mostly religious and related to kitchen work. Such restrictions were not justified by 52% adolescent girls (P<0.001, significant).

The knowledge regarding reproductive health was poor among girls. Knowledge about syphilis and gonorrhoea was even all the more poor. The difference was found statistically significant (P<0.001) for most of the questions asked. The knowledge was better among school going girls as the Odds ratio with Confidence interval at 95% is more than one. The one disparity found was that most of the non-school going girls had not heard about HIV/AIDS (OR= 2.41, CI=3.06, 1.894) but when asked about curability of AIDS they could answer it (OR=0.91, CI=1.766, 0.4687).

The analysis of responses regarding family life knowledge among adolescent girls shows that more than 41% girls are aware. The difference is statistically significant (P<0.001) among school going and non-school going girls regarding number of children required per family (OR=1.92, CI= 3.459, 1.065), mechanism of pregnancy (OR= 2.59, CI= 4.659, 1.440) and sex education not a danger for our culture (OR= 2.296, CI= 4.187, 1.259). The statistical measure shows significance (P=0.0159) for appropriate age for childbirth. The responses regarding planned pregnancy and family life education imparting in schools are given correctly by more than 55% girls. The overall knowledge is better for school going girls but non-school going girls are responding equally and more in case of - planned pregnancy, family life education in schools and target age group for sex education as being 10-14 yrs. The possibility of pregnancy among unmarried girl is mentioned by 71.5% of girls. The difference between two groups is statistically significant with Odds Ratio= 1.66 and Confidence Interval at 95% as 3.149, 0.8752. Regarding preferences for consultation regarding family life education, the majority (61.8%, 36.2%) of school going were in favor of consulting trained counselors or parents.

**Table 1: Knowledge regarding puberty among adolescent girls**

Positive Responses of Knowledge	Schools n=500 (%)	Non-School Going n=500 (%)	Total (n=1000) (%)	P value	OR (CI at 95%)
Age of onset of puberty (girls)	104 (20.8)	289 (57.8)	393 (39.3)	P<0.001	0.1917 (0.3649, 0.2741)
Pubertal changes	360 (72)	349 (69.8)	709 (70.9)	P= 0.586	1.559 (2.922, 0.8316)
Secondary sexual characters (girls)	114 (22.8)	49 (9.8)	163 (16.3)	P<0.001	2.69 (6.180, 1.170)
Secondary sexual characters (boys)	196 (39.2)	72 (14.4)	268 (26.8)	P<0.001	3.83 (7.775, 1.887)
Pre-menstruation awareness	307 (61.4)	389 (77.8)	696 (69.6)	P<0.001	0.454 (0.8598, 0.2398)
Source of information about menstruation (close female relative)	363 (72.6)	356 (71.2)	719 (71.9)	P= 0.243	1.07 (2.019, 0.5671)
Menstruation as a natural process	356 (71.2)	352 (70.4)	708 (70.8)	P= 0.077	1.04 (1.948, 0.5551)
Attitude-Opinion for restrictions during menstrual period	229 (45.8)	295 (59)	524 (52.4)	P<0.001	0.59 (1.051, 0.3315)

**Table-2: Knowledge regarding Reproductive health among adolescent girls**

Positive Response	School going n=500 (%)	Non-school going n=500 (%)	Total n=1000 (%)	P value	OR (CI at 95%)
Heard about STDs	247 (49.4)	144 (28.8)	391 (39.1)	P<0.001	2.41 (3.06, 1.894)
HIV is-(causative factors)	271 (54.2)	24 ( 4.8)	305 (30.5)	P<0.001	23.47 (65.55, 8.401)
Mode of transmission of AIDS	185 (37)	51 (10.2)	236 (23.6)	P<0.001	5.17 (11.46, 2.353)
Curability of AIDS	125 (25)	112 (22.4)	237 (47.4)	P=0.5292	0.91 (1.766, 0.4687)
Preventive measures against AIDS	193 (38.6)	58 (11.6)	251 (25.1)	P<0.001	4.79 (10.18, 2.253)
Heard about reproductive health	187 (37.4)	14 (2.8)	201 (20.1)	P<0.001	20.74 (75.53, 5.694)
Reproductive diseases	125 (25)	7 (1.4)	137 (13.7)	P<0.001	23.48 (139.2, 3.959)

**Table 3: Knowledge and attitude regarding family life among adolescent girls**

Positive responses	School going n=500 (%)	Non-School going n=500 (%)	Total n=1000 (%)	P value	OR (CI at 95%)
Appropriate age for child birth	289 (57.8)	251 (50.2)	540 (54)	P= 0.0159	1.36 (1.811, 1.021)
Required No. of children per family	244 (48.8)	166 (33.2)	410 (41)	P<0.001	1.92 (3.459, 1.065)
How pregnancy occurs	305 (61)	188 (37.6)	493 (49.3)	P<0.001	2.59 (4.659, 1.440)
Planned pregnancy	273 (54.6)	289 (57.8)	562 (56.2)	P= 0.3078	0.88 (1.564, 0.6392)
Possibility of pregnancy among unmarried girls	383 (76.6)	332 (66.4)	715 (71.5)	P<0.001	1.66 (3.149, 0.8752)
Imparting family life education in schools	313 (62.6)	319 (63.8)	632 (63.2)	P= 0.6940	0.94 (1.923, 0.5887)
Sex education: a danger to our culture (no)	355 (71)	258 (51.6)	613 (61.3)	P<0.001	2.296 (4.187, 1.259)
Target age group for sex education (10-14 Yrs.)	328 (65.6)	392 (78.4)	720 (72)	P<0.001	0.525 (3.816, 0.9506)
Target age group for sex education (14-18 Yrs.)	172 (34.4)	108 (21.6)	280 (28)	P<0.001	1.90 (3.636, 1.007)
Received sex education	136 (27.2)	0 (0)	136 (13.6)	P<0.001	186.81 (306.9, 113.7)
Tried to get family life education	201 (40.2)	42 (8.4)	243 (24.3)	P<0.001	7.33 (16.90, 3.177)
Feel normal talking about sex	103 (20.6)	12 (2.4)	115 (11.5)	P<0.001	10.55 (54.11, 2.058)
Normal family attitude towards sex education	178 (35.6)	57 (11.4)	235 (23.5)	P<0.001	4.296 (9.326, 1.97)
Essentiality of a son in the family (no)	278 (55.6)	158 (31.6)	436 (43.6)	P<0.001	2.71 (4.911, 1.496)
Pregnancy in an unmarried girl (no)	463 (92)	481 (96.2)	944 (94.4)	P= 0.0133	0.494 (7.480, 0.5478)

**Table 4: Knowledge related to laws and legal rights among adolescent girls**

Positive Response	School going adolescents n=500 (%)	Non-school going adolescents n=500 (%)	Total n=1000 (%)	P Value	OR (CI at 95%)
Age of marriage(girls)	179 (35.8)	115 (23)	294 (29.4)	P<0.001	1.87 (3.540, 0.9877)
Age of marriage (boys)	269 (53.8)	123 (24.6)	392 (39.2)	P<0.001	3.56 (6.598, 1.921)
Child marriage Act	378 (75.6)	28 (5.6)	406 (40.6)	P<0.001	52.2 (141.1, 19.31)
Dowry Act	379 (75.8)	212 (42.4)	591 (59.1)	P<0.001	4.25(7.918, 2.281)
Legal rights of women	273 (54.6)	22 (4.4)	295 (29.5)	P<0.001	26.13 (75.80, 9.005)
Women's commission	210 (42)	2 (0.4)	212 (21.2)	P<0.001	180.31 (4543, 7.17)
Polygamy	38 (7.6)	84 (16.8)	122 (24.4)	P<0.001	0.407 (1.035, 0.1601)
Equal wages for women	500 (100)	500 (100)	1000 (100)	P=1	1
Divorce granted	178 (35.6)	234 (46.8)	412 (41.2)	P<0.001	0.62 (1.112, 0.3457)

Regarding family planning methods, only 12% of school going group and 2.8% of non-school going knew about all the correct methods. Awareness about condoms, followed by oral pills was highest. Very few girls knew about injectable forms and permanent methods. Their sources of information about family planning methods are T.V., magazines, papers, friends and others on decreasing order. The attitude related with family life of adolescent girls is not upto the mark. Only 24% girls tried to get family life education and only 11.5% girls feel normal talking about sex. Majority of girls feel shy, hesitant or afraid. Their family attitude towards sex is normal in only among 23.5% girls. The majority families are conservative. Only 13.6% girls received sex education. All these parameters are better in case of school going girls with OR more than 1 and CI lower range more than 1 ( $P < 0.001$ ). Only 43.6% girls agree with the fact that a son is not essential for the family ( $P < 0.001$ ). 40.6% girls are aware about the child marriage Act, but there is a big difference of awareness ( $P < 0.001$ ) among the two groups. The knowledge of dowry Act is among 59% but only 42.4% non-school girls are aware. ( $P < 0.001$ ).

Age of marriage, legal rights of women, women commission and polygamy all are not well known to them and the measurement shows significant difference statistically with better performance of school going group. The association with schooling is very high in case of legal rights (OR= 26.13, CI= 75.80, 9.005) and women commission (OR=180.31, CI= 4543, 7.17). For polygamy there is negative association with OR= 0.407 and CI at 95%= 1.035, 0.1601. It is dramatically shown that  $P=1$ , when assessed for equal wages for women. (OR= 1) The correct response came from 41.2% girls for the question; "divorce granted with whose request". It is a statistically significant difference with better performance by non-school going girls (OR= 0.62, CI=1.112, 0.3457).

## DISCUSSION

In this study 69% of adolescents had knowledge regarding pubertal changes and menstruation (Table 1). Similar findings have been seen in studies conducted by Akhter et al (>40% urban, >50% rural) and Shubha Dube et al (60% urban, 44% rural).<sup>6,7</sup>

In our study the knowledge about the age of puberty is poor (39.3%), however it is relatively better known to non-school going adolescents. In a

study in a town of Andhra 95.2% school going girls were aware of correct age of menstruation, however a study conducted by Negussie Taffa found that 74.9% correctly knew about the age at menarche.<sup>8,9</sup>

In the current study, twenty percent adolescent girls have not even heard of reproductive health. (Table 2). The same findings are seen in an Egyptian and Jordan youth survey.<sup>10,11</sup> Only 39.1% girls are aware about STD's. There is a significant difference between the two groups regarding this. Such poor knowledge has also been shown by Akhter et al.<sup>6</sup> The findings of a cross sectional survey among out-of-school youth done by Negussie Taffa showed that awareness about STDs is good. However, in another work done by Negussie Taffa, Rahel et al, only 27.7% respondents were able to name three commonly known STDs.<sup>9,12</sup> Such differences might be because of the impact of awareness programs in some areas. In this study 35.5% adolescent girls have heard about HIV/AIDS but the figures for various studies are 27%, 67.5%, 90% and 94.4%.<sup>6, 13, 11, 9</sup> These differences in response may be because of selected age group, their level of education and mixed respondents ( male and female). Findings similar to ours are mentioned in a WHO article.<sup>14</sup> Only 23.6% girls are aware of the mode of transmission of these diseases. Similar findings were observed by F. Sahfii and Negussie Taffa.<sup>15,9</sup> Knowledge regarding family life is only among 41% in this study. Students of sixth grade of low socio-economic strata also show poor knowledge in another study.<sup>16</sup> When asked about the required no. of children, 41% subjects could tell "two children" ( Table-3). Similar statements are given by subjects in Tehran university survey (45%), Swedish young population (43.5) and rural adolescent girls of India (59.2%).<sup>15,18,17</sup> However awareness was higher among girls of Ludhiana (80%) and Kuppam Mandal (98.1%).<sup>19,8</sup> The desired number of children was mentioned to be 4 to 5 in a survey conducted in Kenya.<sup>20</sup> In our study, 49% girls are not aware about how pregnancy occurs. Similar findings were found in studies on Mexican and Malaysian females.<sup>1,21</sup> Sixty three percent adolescent girls suggested that sex education should be imparted in schools. Approximately similar finding (57%) was observed in a study of Ireland, while in a study by F. Sahfii, 38% students felt that it should be taught by teachers.<sup>1,15</sup> As mentioned in a WHO book, where they have collected information from 600 young people of 54 countries, data from 34 case studies in developing



countries revealed that young people wanted much more explicit focus on sexuality in the school curriculum, preferably provided by health providers.<sup>1</sup> The target age group of 10-14yrs. for sex education was answered by 72% girls. In another study also students suggested that the sex education program should be initiated during puberty and should be continued.<sup>15</sup> Sex education can be a danger to our culture as stated by around half of the non-school girls.<sup>18,19</sup> Likewise 54% of Ethiopian rural girls felt that it is culturally shameful to discuss about sex.<sup>9</sup> More than 50% girls expressed their view about essentiality of son but this figure is more than 90% in other studies. They have asked about their preferences in these studies. Only 23.5% girls mentioned normal family attitude towards sex education, while it is 20.7% and 50% in other studies.<sup>9,22</sup> A nationwide survey in Cairo found that 5% of girls received information on puberty in school while in this study sex education is received by 13.6%.<sup>10</sup> The legal age of marriage for girls and boys is known to 35.8% & 53.8% school going girls respectively. The corresponding figures in other studies are 81.3% (for girls), 70% (for boys) and 65% (for girls) respectively.<sup>19,18</sup> Seventy percent of girls are not aware of legal rights of women. Approximately similar percentages were found among Dhaka women.<sup>6</sup>

## CONCLUSION

With the increase in awareness and understanding about their bodies, emotional and physical capacities and the legal aspects of family formation, adolescent girls will have a positive and stable family life. They are more likely to succeed in school, have a better quality of life and relationships and contribute to the economy and productivity.

It is recommended that community should provide safe and supportive environment. Adolescent girls should be empowered with knowledge and attitudes related to family life.

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