“A COMPARATIVE STUDY TO ASSESS THE EFFECTIVENESS OF INDIVIDUAL VERSUS GROUP PRE-MARITAL COUNSELLING AMONG ADOLESCENT GIRLS AT SELECTED COLLEGES IN TIRUPATI, AP”.

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Abstract:

A comparative study was conducted to compare the effectiveness of individual versus group premarital counselling among adolescent girls. To find out the association between post-test scores of pre-marital counselling among adolescent girls with their selected socio-demographic variables. Methodology: Pre-experimental approach, one group pre-test and post-test design was done on 60 students, who were selected by simple random sampling technique at Seicom Degree College, Tirupati. Data were collected by using structured questionnaire includes socio-demographic variables, knowledge of students about premarital counselling. Results: Level of knowledge on pre-marital counselling among group adolescent girls mean score 1.46 ± 0.73 in pre-test and mean score 2.43 ± 0.72 in post-test. Level of knowledge on pre-marital counselling among individual adolescent girls mean score 1.4 ± 0.67 in pre-test and mean score 2.63 ± 0.614 in post-test. There is a significant relationship between knowledge of individual adolescent girls with monthly income and residence (at p<0.05 level), type of family (at p<0.01 level), among group adolescent girls with religion, residence and type of family (at p<0.05 level) and remaining socio-demographic variables were not shown any significant association with the knowledge on premarital counselling. Conclusion: The study concluded that adolescent girls knowledge has improved in post-test than the pre-test. Recommendations: The study further recommended to conduct a similar study between both boys and girls.

Keywords: premarital counselling, adolescent girls, selected colleges.

INTRODUCTION:

Adolescents need to be equipped with knowledge and understanding of the age of a good marriage, in accordance with the physical and mental development. The ideal age of marriage for women is over 20 years, while for men over 25 years. Marriage at an early age may increase the risk of maternal mortality, one of the reasons is that too young age during pregnancy. Based on the phenomenon, the implementation of prenuptial counseling through information and consultation services is expected to increase adolescent understanding of maturation age marriage.

Premarital screening and adequate counselling are essential for changing attitudes toward consanguineous marriage particularly in places where consanguineous and “tribal” marriages are common, resulting in a high incidence of genetic disorders. In contrast to premarital screening for hereditary disorders, premarital screening for HIV and hepatitis viruses is still highly controversial, both in terms of ethics and in terms of cost effectiveness. Although making PMHC obligatory in India may appear to
be a very exciting and promising proposal, its implementation still has various ethical issues that need to be addressed such as PMHC be free of charge or the cost minimal in the health institutes and the assurance of total confidentiality.

Adolescent Reproductive and Sexual Health programme (ARSH) focusses on reorganizing the existing public health system in order to meet service needs of adolescents. Steps are being taken to ensure improved service delivery for adolescents during routine sub-centre clinics and also to ensure service availability on fixed days and timings at the Primary Health Centre, Community Health Centre and District Hospital levels. Core package of services includes promotive, preventive, curative and counselling services being made available for all adolescents-married and unmarried, girls and boys through adolescent friendly health clinics. ARSH programme envisages creating an enabling environment for adolescents to seek health care services through a spectrum of programmatic approaches (Facility based health services-adolescent friendly health clinics, counselling-dedicated ARSH and ICTC counselling, community-based interventions-outreach activities and capacity building for service providers).

NEED FOR THE STUDY:

Approximately 12 million girls aged 15–19 years and at least 7,77,000 girls under 15 years give birth each year in developing regions. At least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world. Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally. Worldwide, it is estimated that 357.4 million cases of the four most common curable STIs occur annually: chlamydia (130.9 million cases), gonorrhoea (78.3 million), syphilis (5.6 million) and trichomoniasis (142.6 million).

According to the first national study of the incidence of abortion and unintended pregnancy in India, an estimated 15.6 million abortions were performed in the country in 2015. This translates to an abortion rate of 47 per 1,000 women aged 15–49, which is similar to the abortion rate in neighbouring South Asian countries. Worldwide, it is estimated that 357.4 million cases of the four most common curable STIs occur annually: chlamydia (130.9 million cases), gonorrhoea (78.3 million), syphilis (5.6 million) and trichomoniasis (142.6 million). The annual epidemiological report by the European Center for Disease Control (ECDC) reports that, in the year 2016, 403,807 cases of chlamydia infection were reported in Europe, primarily among women aged 15–25 years, 2,043 cases of lymphogranuloma venereum (LGV), especially in men who have sex with men (MSM) older than 25 years, 75,349 episodes of gonorrhoea, which mainly affected MSM aged 20–34 years and women aged 15–19 years, and 29,365 cases of syphilis mostly in MSM older than 25 years. In Spain, the reported STI incidence during 2017 for chlamydia was 24,55 cases per 100,000 people/year, gonorrhoea 18,74 cases per 100,000 people/year and syphilis 10,61 cases per 100,000 people/year, comparable to those described in Europe.

MATERIALS AND METHODS:

RESEARCH APPROACH:

Experimental approach was adopted

RESEARCH DESIGN:

Pre-Experimental approach was adopted

VARIABLES OF THE STUDY:

Independent variables: Socio-demographic variables like age, educational status of the mother, educational status of the father, religion, family income per month, residence, type of family, occupational status of the mother, occupational status of the father

Dependent variable: Knowledge regarding premarital counselling.

STUDY SETTING:

The investigator has took permission from S.V.University Dean, collected the list of colleges in Tirupati, there are 40 arts colleges in Tirupati. The investigator have selected Seicom Jr and degree college for conducting the study by using lottery method. Study conducted at Seicom Jr and degree college, Tirupati in Chittoor district Andhra Pradesh.

Population:

The population chosen for this study was adolescent girls studying in SEICOM Jr and Degree college, Tirupati.

Sample:

The study sample was adolescent girls who are studying in arts groups like BA, B. Com in SEICOM Jr and Degree college, Tirupati.

Sample size:

Sample size consisted of 60 students. 30 individual students and 30 students in group.

Sampling technique:

Depending upon the availability, convenient sampling technique was adopted for selection of sample.
CRITERIA FOR SAMPLE SELECTION:

Inclusive criteria:
- Age in between 16-19 years
- Are willing to participate in the study
- Are available at the time of data collection

Exclusive criteria:
- Age is above or below the 16-19 years.
- B.COM. Telegu medium students

DEVELOPMENT AND DESCRIPTION OF THE TOOL:

Data collection tools are procedures or instruments used by the researcher to observe or measure the key variables in research problem.

Tool was developed, based on the review of relevant literature, textbooks, journals, websites, under the guidance of experts, to assess the effectiveness of individual versus group pre-marital counselling among adolescent girls in selected college, Tirupati.

It comprises of two sections:

Section- I:

It includes socio-demographic variables like age, educational status of the mother, educational status of the father, religion, family income per month, residence, type of family, occupational status of the mother, occupational status of the father.

Section- II:

It includes 30 multiple choice questions on knowledge regarding pre-marital counselling among adolescent girls.

Scoring key:

Scoring key prepared for:

Section- I: By coding the demographic variables.

Section- II: Consists of 30 multiple-choice questions on knowledge regarding pre-marital counselling among adolescent girls. Right answer carries ‘1’ mark and wrong answer carries ‘0’ mark.

Total scores were categorized as follows:

The scores are categorized as follows:
- Adequate knowledge > 75%
- Moderate knowledge 51-75%
- Inadequate knowledge < 50%

CONTENT VALIDITY:

To ensure the content validity, the tool was given to 10 experts it includes 2 experts in the field of Community Medicine, 8 experts in the field of Community Health Nursing. Necessary modifications were done. Thus, the tool was put to the test in the pilot study.

RELIABILITY OF THE TOOL:

The reliability of a measures denotes the consistency of measures obtained in the use of a particular instrument and indicates the extent of random error in the measurement method. It is concerned with how consistently and accurately the measurement technique measures the concept of interest. It is also concerned with the consistency, accuracy, precision, stability and equivalence.

To establish reliability of the tool, Cronbach’s alpha reliability was used. The tool was administered to 10 adolescent girls, and the score obtained for knowledge regarding pre-marital counselling was $r = 0.79$. Hence the tool was considered reliable for proceeding with the pilot study.
PILOT STUDY:

Pilot study was conducted at SDHR Jr college from 22-04-2021 to 24-04-2021 to assess the feasibility of the study and to plan for statistical analysis of the data. Formal permission was obtained from the principal, Tirupati for conducting the study.

Ten adolescent girls were selected for the pilot study by using convenient sampling technique. Rapport was established with self-introduction and brief description of the study, consent was obtained. Subjects were made to sit comfortably; the questionnaire was administered. Doubts were clarified and counselling given.

Statistical analysis was done by descriptive and inferential statistics. The findings of the study revealed that the tool was reliable and feasible to conduct the study.

PROCEDURE FOR DATA COLLECTION:

A formal written permission was obtained from principal of Seicom Jr and degree college, Tirupati. Consent was taken from them by explaining the purpose of the study. The structured questionnaire was given to assess the level of knowledge regarding pre-marital counselling among adolescent girls for 25 minutes/ each sample daily for 30 individual adolescent girls / week. And 25 minutes/ 30 group adolescent girls for both pre and post-test from 1/05/2021 to 28/05/2021. Total duration of data collection was 4weeks.

RESULTS:

Regarding knowledge majority (70%) of individual adolescent girls had inadequate knowledge, 20 per cent had moderate knowledge and remaining (10%) had adequate knowledge regarding pre-marital counselling in pre-test.

Regarding knowledge regarding pre-marital counselling among individual adolescent girl’s majority (70%) had adequate knowledge, 23 per cent had moderate knowledge and remaining (7%) had inadequate knowledge in post-test.

Pre-test assessment of knowledge regarding pre-marital counselling among group adolescent girls, majority (66.7%) were had inadequate knowledge, 20 per cent were had moderate knowledge and remaining (13.3%) were had adequate knowledge.

Post-test assessment of knowledge regarding pre-marital counselling among group adolescent girls majority (56.7%) had adequate knowledge in post-test, 30 per cent had moderate knowledge and remaining (13.3%) had inadequate knowledge.
Level of knowledge on pre-marital counselling among individual and group adolescent girls. The mean value of individual adolescent girls was 2.63 and standard deviation was 0.614 in post-test and group adolescent girls, mean was 2.43 and standard deviation was 0.72 in post-test. The individual counselling was effective than group counselling with the t-value at 2.0484.

There is a significant relationship between knowledge of individual adolescent girls with annual family income and residence at p< 0.05 level and type of family at p <0.01 level and remaining socio-demographic variables were not shown any significant association with the knowledge on premarital counselling.

There is a significant relationship between knowledge of group adolescent girls with religion, residence and type of family at p<0.05 level and remaining socio-demographic variables were not shown any significant association with the knowledge on premarital counselling.

DISCUSSION:

The first objective of the study is to assess the knowledge of individual adolescent girls regarding premarital counselling by pre-test. The present study results showed that majority adolescent girls (70%) have inadequate knowledge, 20 per cent have moderate knowledge and only 10 per cent have adequate knowledge regarding pre-marital counselling.

The second objective of the study was to evaluate the effectiveness of individual pre-marital counselling by post-test. The results revealed that majority (70%) had adequate knowledge, 23 per cent had moderate knowledge, only 7 per cent had inadequate knowledge by post-test.

The third objective of the present study is to assess the knowledge of group adolescent girls regarding premarital counselling by pre-test. Pre-test assessment of knowledge regarding pre-marital counseling among group adolescent girls had shown that majority (66.7%) were had inadequate knowledge, 20 per cent were had moderate knowledge and only 13.3 per cent were had adequate knowledge.

The fourth objective of the study was to evaluate the effectiveness of group pre-marital counselling among adolescent girls by post-test. The results revealed that majority (56.7%) had adequate knowledge, 30 per cent had moderate knowledge and only 13.3 per cent had inadequate knowledge in post-test and t-value (1.70) was not significant.

The fifth objective of the study was to compare the effectiveness of individual versus group premarital counselling among adolescent girls. By comparing the individual and group premarital counselling, the results revealed that level of knowledge on pre-marital counselling among individual adolescent girl’s mean value was 2.63 and standard deviation was 0.614 in post-test and group adolescent girl’s mean value was 2.43 and standard deviation was 0.72 in post-test. Which means individual counselling was more effective than group premarital counselling.

The sixth objective of the study was to find out the association between post-test scores of pre-marital counselling among adolescent girls with their selected socio-demographic variables. There was significant association between some of socio-demographic variables and post-test scores of individual adolescent girls regarding pre-marital counselling, annual family income and residence were significant (at p< 0.05 level) and type of family were significant (at p<0.01 level). And the remaining socio-demographic variables were not shown any significant association with the knowledge on premarital counselling.

There was significant association between some of socio-demographic variables and post-test scores of group adolescent girls regarding pre-marital counselling, religion, residence and type of family (at p<0.05 level). And the remaining socio-demographic variables were not shown any significant association with the knowledge on premarital counselling.

CONCLUSION:

The present study revealed that both the individual and groups had inadequate knowledge on premarital counselling on pre-test and found to have increased in their knowledge level on post-test. Hence it is concluded that educational programmes need to be conducted and more counselling sessions should be conducted for adolescent girls in order to improve their knowledge.
RECOMMENDATIONS:

- Similar study can be conducted with large population
- Comparative study can be conducted between both boys and girls
- Video assisted teachings, seminars and conferences can be adopted to impart the knowledge with adolescents.
- A study can be conducted to assess the knowledge, attitude and practice of premarital counseling among adolescent girls.

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