Effectiveness of an interventional package on knowledge of family life education among adolescent girls with parental deprivation.

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Abstract- The study was intended to assess the effectiveness of an interventional package on knowledge of family life education among adolescent girls with parental deprivation in a selected institution of Thiruvananthapuram. The objectives of the study were to assess the effectiveness of an interventional package on knowledge of family life education among adolescent girls with parental deprivation. The theoretical framework used in the study was Pender’s health promotion model. The research design used was quasi experimental design. The study participants include 62 adolescent girls with parental deprivation residing in Sree - Chithra Poor Home for the Destitute and Infirm Pazhavangadi, Thiruvananthapuram Kerala India. A semi structured questionnaire was used to assess the knowledge on family life education among adolescent girls. The data collected were analyzed using descriptive and inferential statistics. The study results showed that 85.5% of participants had poor knowledge and 14.5% had average knowledge on family life education in pre-test. In post-test, 83.3% had good knowledge and 16.1% had average knowledge on family life education. There is no association between socio demographic data and knowledge score. The study concludes that the interventional package was found effective in improving knowledge on family life education.

Keywords: family life education, knowledge on adolescent girls, parental deprivation.

INTRODUCTION.

Reproductive child health is a new concept which was implemented in India during 1996, aimed at the promotion and maintenance of the health of individuals in all aspects of life and thereby improving the health status of the country. Human life involves four stages of development – childhood, adolescence, youth and old age. Each stage is characterized by various physical, emotional and mental changes in the individual. Among these adolescence is a significant and at the same time fascinating period for an individual that extends from 10 – 19 years (WHO 1989). This period is the most crucial stage of life with peak intelligence and stamina, time for achievement, deciding professions, developing personality, emotional instability and wishing only good for others. But often this stage ends up in doing bad due to lack of control, lots of societal, parental and peer pressure. During this period, adolescent girls learn about the need to care for themselves. For that they need adequate information regarding hygienic measures, health promotion measures, but tends to receive insufficient attention both in developed and developing countries, the fact is that, the major role is by the family and parents to impart knowledge to the adolescent girls regarding the essential measures of health promotion and also for a healthy and happy future life. When the children are deprived of parental guidance, there occurs a lack of knowledge which can lead to unpleasant life moments and health hazards.

Parents are the enablers of child development. As a critical environmental variable, their impact on the child, physically and behaviourally is most profound. In homes it is through parents that the child is able to interact with the world and achieve the developmental tasks. Mother is the best friend and first teacher of every girl child. Family is the centre of love, affection, support and care for every child. When children are deprived of this support system, lots of stress, anxiety and knowledge deficits can occur for these children. So, children who face parental deprivation need special care, education and support. When a child is rejected or deprived of a warm family environment despite both parents being alive, this may cause life-long traumas, mental regression, feeling of worthlessness, unloved and loneliness. For people who experience such emotional trauma they will be more exposed to the risk of socializing with wrong kind of people, drug and alcohol addiction, prostitution and being kidnapped. In addition, these children have problems in developing a sense of belonging and often experience anger, aggression, poor social adaptability and criminal intentions. In addition to that, parental deprivation makes a whole absence of self-training which is very much essential for understanding one’s self and others. Which also influences the family life and their future. This indicates the need and guidance to prepare themselves for acquiring adult roles and responsibilities in marriage and parenting. Therefore, teenagers need advice and counselling for making healthy and happy future life.

The aim of anticipatory family life education is that, if adolescents were prepared for their future family roles, then their adult life experiences in those roles will become more successful by acquiring knowledge about marriage, intimate relationships, improving relationship skills, exploring personal attitudes, values regarding marriage, marital expectations and marital role. Lack of awareness regarding family life education can lead to negative outcomes in adolescent girls.

Statement of the Problem.
A study to assess the effectiveness of an interventional package on knowledge of family life education among adolescent girls with parental deprivation in a selected institution of Thiruvananthapuram.

Objectives.

- To assess the effectiveness of an interventional package on knowledge of family life education among adolescent girls with parental deprivation.

Operational Definitions.

Effectiveness: In the present study it implies a change in the knowledge of adolescent girls on family life education before and after the implementation of an interventional package.

Adolescent girls: Girls belonging to the age group of 13-19 years.

Parental deprivation: children who are deprived of their parents through abandonment, hospitalization, divorce, death or intervention of public agencies. In the present study it means children who are institutionalised and separated from their parents for various reasons.

Interventional package: In the present study it includes a planned, systemic educational program consisting of group teaching, poster exhibition and instructional module.

Family life education: Family life education for adolescents addresses two important kinds of needs: (1) their current normative needs associated with changing physical, sexual, cognitive, social, and emotional developments, and (2) their anticipatory or future family-related needs to prepare them for adult roles and responsibilities in marriage and parenting. In this study it is the awareness of adolescent girls regarding certain aspects of Family life education and it consists of,

- Adjusting with changes occurring during adolescent period.
- Menstrual hygiene and personal hygiene.
- Marriage and life.
- Prevention of genitourinary tract infections.
- Prevention of STDs and AIDs.

Hypothesis.

- H1: There is a significant change in knowledge score of adolescent girls before and after the administration of interventional package on knowledge of family life education.

Research Approach.

In view of nature of the problem selected and objectives to be accomplished, a quantitative approach was considered as appropriate for the present study.

Research Design.

The research design adopted for this study is one group pre-test – post-test design, which is a quasi-experimental design, since there is no control group. In this method a single group is selected and the dependent variable is measured before the introduction of interventional package (O₁), the intervention is then introduced (X). Then the dependent variable is again measured after the intervention has been introduced (O₂). The effects of intervention were judged by the difference between pretest and post test scores.

One group pre-test post-test design can be represented by;

\[ O₁ \times X \times O₂ \]

Where,

- O₁ = pre-test.
- X = intervention.
- O₂ = post-test.

Here, intervention X is the independent variable. O₁ and O₂ are the dependent variable. The extraneous variable includes the sociodemographic variables like age, previous knowledge of family life education, communication media available in institution, place in which feel more comfortable and management of emotional problems. The interventional package consists of group teaching, poster exhibition and instructional module.

Variables.

Variables are the qualities, quantities, properties, or characteristics of a person, things, or situation that change or vary. An independent variable is a presumed case stimulus or activity that is manipulated or varied by the researcher to create an effect on the dependent variables. A dependent variable is the presumed effect or outcome due to the effect of the independent variables, which the researcher wants to explain or predict.

Variables included in the present study are;

- Independent variable: Interventional package on family life education includes, group teaching, poster exhibition and instructional module.
- Dependent variable: change in knowledge regarding family life education after the administration of interventional package.

Study Setting.

The study was conducted at Sree - Chithra Poor Home for the Destitute and Infirm Pazhavangadi, Thiruvananthapuram. It is an institution governed by the Social Welfare Department of the Government of Kerala. Superintendent is the head of the institution and chairman is the collector who governs the activities of the institution. The institution is aided by the state government grants and supported by voluntary agencies and individual donations.

Study Population.

The study population consists of adolescent girls in the selected institution.

Sample.
All The adolescent girls in the age group of 13 – 19 years in the selected institution meeting inclusion criteria.

**Sample size.**
The sample size for present study includes all the adolescent girls in the age group of 13 – 19 years meeting the inclusion criteria accounts for about 62 residing in the selected institution.

**Reference:** The sample size was calculated based on a descriptive study in Chennai in 2008 to assess the “Effectiveness of family life education program on adolescent girls’ knowledge in a rural community of Vellore district, Tamil Nadu, South India. The study was conducted in a rural community of 21 villages served by the college of nursing community health programme area of Christian medical college, Vellore. The sample consist adolescent girls from 8 selected villages of rural area. The study results reveal that, there is a significant increase in the knowledge level of adolescent girls after the completion of education programme

Where,
\[
\mu_1 = \mu_2 = \text{Pre-test mean and Post-test mean},
\]
\[
\sigma = \sigma_1 + \sigma_2 / 2
\]
\[
\sigma_1 \text{ and } \sigma_2 = \text{SD of pre-test and post test scores.}
\]
Effect size (d) = \(
\mu_1 - \mu_2 / \sigma
\)
Effect size (d) = 0.451

\[
Z_{1-a/2} = 1.96 \text{ for } \alpha = 0.05.
\]
\[
Z_{1-\beta} = 0.842 \text{ for } \beta = 0.20.
\]
\[
n = \frac{(Z_{1-a/2} + Z_{1-\beta})^2}{d^2} \]
\[
= \frac{(1.96 + 0.842)^2}{(0.451)^2}
\]
\[
n = 40
\]

Anticipating 10% dropout rate final sample size is 45.
To avoid ethical issues, all the adolescent girls meeting the inclusion criteria were selected. The sample size for present study includes all the adolescent girls in the age group of 13 – 19 years meeting the inclusion criteria accounts for about 62 residing in the selected institution.

**Sampling technique.**
Samples were selected consecutively.

**Criteria for sample selection.**
Inclusion Criteria;
- Adolescent girls in the age of 13-19 years who are willing to participate.

Exclusion Criteria;
- Adolescent girls who are non-cooperative and hearing challenged.
- Adolescent girls who are not able to read and write.

**Validity of the tool.**
The tool was validated by 5 experts in the field of child health nursing. The final tool was prepared as per the valuable suggestions given by the experts.

**Reliability of the tool.**
The reliability was assessed by split half method (0.9). The reliability test score obtained shows there is a stability and consistency in the tool items. Hence the tool was considered highly reliable for proceeding the study.

**Development and description of tool.**
A search of literature was made for the purpose of developing appropriate tools for assessing knowledge on family life education among adolescent girls with parental deprivation. A self-structured questionnaire was developed to assess the knowledge on same with the help of selected literature from various textbooks and journals and internet and discussions with experts in the field of child health nursing.
The tool consists of two sections.
• Section A - Socio demographic data which consists of age, questions related to the previous knowledge on family life education, communication media available, comfortable place where she can spend time.

• Section B - Semi structured questionnaire to assess the awareness of adolescent girls regarding selected aspects of family life education. This section consists of 24 questions. It consists of 5 categories,

Category I: Related to physical and emotional changes during puberty.
Category II: Related to menstrual hygiene and personal hygiene.
Category III: Related to marriage and life.
Category IV: Related to genitourinary tract infections.
Category V: Related to Sexually transmitted diseases and AIDS.

Data analysis.

Results.

Section A: Distribution of participants on socio demographic data.

• In the present study, 30.6% of participants were in the age group of 13 to 14 years, 38.7% in between 15 to 16 years and 30.6% in between 17 to 18 years.

• 30.6% of the participants had previous knowledge on family life education and 69.4 % had no knowledge on family life education.

• 47.4% of participants acquired previous knowledge from institution, 5.3% from television and 47.4% from magazines.

• 51.6% of participants felt more comfortable with their friends, 22.6% with their school and 12.9% with their intimate friend and institution respectively.

• 35.5% of participants received help from peer group, 30.6% from siblings, 21% from close friend and 12.9 % from teachers when a problem situation arises.

Distribution of participants according to pre - test and post - test knowledge score.

• 85.5% of participants had poor knowledge on family life education and 14.5% had average knowledge in pre-test.

• In post-test, 83.3% had good knowledge and 16.1% had average knowledge on family life education.

Section B: Effectiveness of an interventional package based on pre-test and post-test knowledge score on family life education of adolescent girls.

• The mean pre-test score is 31.2 and post-test knowledge score is 82.3 with a standard deviation of 15.7 and 8.3 respectively.

• The obtained paired t test value is 28.334 and p < 0.001.

Hence, it is evident that there is statistically significant difference between pre-test and post-test knowledge scores after administration of the interventional package. The obtained t value (t = 28.334) was statistically significant (p < 0.001). Hence H1 is accepted. It was inferred that the interventional package had significant effect on improving the knowledge on family life education among adolescent girls with parental deprivation.

Section C: Association of knowledge score with socio demographic variables among adolescent girls.

• In the present study, there is no association found between socio demographic variables and knowledge on family life education.

Implications.

The findings of the present study enable the researcher to have vital concern in the field of nursing practice, nursing administration, nursing education and nursing research.

Nursing Practice.

• The study results highlighted the need to make the children aware and recognize their inadequate knowledge and practice on family life education for adolescent girls with parental deprivation by providing education, guidance, and counselling to them.

• The nurses working in schools, hospitals, public health centres and community have to realize their responsibility in providing information regarding importance of family life education among the vulnerable and needed populations.

• The community health nurse and school health nurse can conduct institution based, home based and school based instruction program regarding family life education.

Nursing Administration;

• The nurse administrator should conduct in-service education to disseminate the research findings through continuous nursing education to all to reach to the community.

Nursing Education.

• Nurse educators should utilize the findings to plan and conduct community level health education programs and awareness programs regarding family life education.

• Nursing students should be motivated to implement various awareness programs on different aspects of family life education programs.

• The research report can be kept in educational institutions for student reference.

Nursing Research.

• Disseminate the study findings through various journals, posters, presentations and other existing body of knowledge nationally and internationally.

• The study finding can be used as a reference to research scholars especially beginners.

• Similar study can be replicated in large samples in community setting.
Limitations.
- Generalization of the findings is limited, as the study is limited to a selected institution in Thiruvananthapuram district only.
- Study was conducted among adolescent girls in the age group of 13 to 19 years only.
- The study is confined to adolescent girls only. Excluded the adolescent boys when considering different aspects of family life education.

Recommendations.
- The study can be replicated on community settings with large samples; there by findings can be generalized to a large population of multiple institutions.
- A similar study can be replicated with two group pre-test post-test.
- The study can be conducted to make a comparison on knowledge score for institutionalised and non-institutionalised children.
- The health education booklet regarding family life education and its importance should be published and circulated in different settings, especially in infirm, foster homes and other institutions with children having parental deprivation.
- More awareness programs have to be included in the school curriculum.

CONCLUSION.
- The study has assessed effectiveness of an interventional package on family life education among adolescent girls with parental deprivation in a selected institute of Thiruvananthapuram.
- For the pre-test 62 samples were collected based on inclusion and exclusion criteria through consecutive sampling method. Socio-personal data of study participants was collected using a semi structured questionnaire. Knowledge related to family life education was assessed through semi structured questionnaire which was provided for a duration of 45 minutes, followed by group teaching.
- After pre-test, a 20 minutes teaching programme carried out by researcher for the adolescent girls to improve the knowledge regarding family life education with the assistance of an interventional package consisting of group teaching, exhibition and instructional module.
- The post-test conducted 1 week after the administration of interventional package.
- The present study found that the pre-test knowledge regarding family life education shows 85.5% of participants had poor knowledge and 14.5% had average knowledge.
- The post-test knowledge regarding family life education shows 83.3% had good knowledge and 16.1% had average knowledge on family life education.
- From the study it reveals that there is statistically significant difference between pre-test and post-test knowledge score after intervention. The obtained t value (t = 28.334) was statistically significant (p<0.001). Hence it is inferred that interventional package had significant effect on improving the level of knowledge regarding family life education.
- The findings may be utilized by the emerging researchers for their reference purpose. The study helps to expand the scientific body of professional knowledge upon which further research can be conducted.
- The nurse researcher should be aware of the existing healthcare system and the status of nursing profession. This would help to improve their clinical knowledge, skill and attitude.

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