

PERCEPTIONS OF UNMARRIED YOUNG WOMEN REGARDING FAMILY SIZE, SEXUALLY TRANSMITTED DISEASES AT RESIDENTIAL REGIONAL INSTITUTES IN NORTHEASTERN INDIA

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Abstract. This study sought to assess the knowledge and attitudes of young unmarried women regarding family size and sexually transmitted diseases, including HIV, in three residential regional institutes of northeastern India. The data is expected to help in reinforcing various methods of Information, Education and Communication (IEC) implementation. A representative sample of 574 female students, 16-25 years of age, were interviewed by a pretested questionnaire to assess their knowledge of the determinants of family size and sexually transmitted diseases. Of the participants, 48.43% stated that the suitable age for marriage is >18 years old for women. More than half the respondents stated that the interval between child birth should be 3-5 years. Most of the respondents (96.17%) were of the opinion that both parents are responsible for determining the number of children. Knowledge of STDs and HIV was found in 91.8% and 74.04% of respondents, respectively.

INTRODUCTION

Family size denotes the total number of children a woman has borne at a point in time (Bhende and Kanitkar, 1985). Family size depends on numerous factors, such as age, duration of marriage, literacy, preference of number of children, etc. The completed family size, which is the total number of children borne by a woman during child bearing age, is dependent on the fertility rate. India has a target free approach for family planning, with the implementation of reproductive and child health strategies towards the reduction of family size and population control. Community participation in planning and prioritization is an important aspect of this program (Ojha and Das, 1999). To implement these policies, population awareness is mandatory. Awareness is especially important in young unmarried college-aged women, especially in regards to STDs and HIV prevention.

Residential college hostels are meeting

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points for young girls and have become the seat of peer education and influence. Girls from different socio-cultural and ethnic backgrounds come into close contact with each other. With this in mind, we studied the knowledge and attitudes regarding family size and awareness of reproductive hazards at three regional residential women's institutes in the northeastern region of India. It was expected their original cultural beliefs and the social interactions among the women would influence their knowledge and attitudes towards reproductive life and family planning.

MATERIALS AND METHODS

Three regional residential institutes were selected at random, one from the state of Mizoram and the other two from the state of Assam. A total number of 574 young women students (16 to 25 years age) participated in the survey. A pretested questionnaire was administered to each of the participants after receiving permission from the institutional heads and with informed consent from the participants. An assessment was made for their knowledge and attitudes regarding age of marriage, intervals between child birth, determinants of the

number of children a couple should have, and knowledge and sources of knowledge regarding sexually transmitted diseases and their spread. Participants not found on first visit were revisited with the help of the monitors/wardens of the hostels.

RESULTS

Age at marriage

Regarding age at marriage, 48.43% stated the suitable age for marriage is >18 years, 28.92% felt the most suitable age was <18 years, while 21.25% felt that 18 years old was the most suitable (Table 1).

Interval between child birth

More than half the participants (51.74%) felt that the interval between child births should be 3-5 years, 34.49% felt it should be 2-3 years, 10.45% felt it should be >5 years, and 1.57% felt it should be 1-2 years. Those who did not respond to this question were 1.74% (Table 2).

Decision regarding the number of children a couple should have

Most of the respondents (96.17%) were of the opinion that both the parents should determine the number of children, while 1.05% preferred either the father or the mother to select the number of children. Those who did not express an opinion on this question were 1.74% (Table 3).

Knowledge about sexually transmitted diseases and HIV

Of the participants, 91.8% and 74.04% had a knowledge of STDs and HIV and its spread, respectively, while 1.05% and 15.3% had no knowledge of STDs and HIV, respectively, and 7.14% and 10.63% of the participants did not respond to the questions about STDs and HIV, respectively (Table 4).

Source of knowledge

About 24% of respondents stated their knowledge came from mass media, such as newspapers, magazines, radio, and television. Of the participants, 2.79%, 10.28%, and 12.02% stated friends/relatives, community health workers, and health personnel, respectively, as their source of knowledge (Table 5).

Table 1
Attitudes of the participants regarding the age at marriage.

Preferred age at marriage	Number	(%)
18 years	122	21.25
>18 years	278	48.43
<18 years	166	28.92
Non-committal	8	1.39

Table 2
Attitudes regarding the time interval between child births.

Preferred interval	Number	(%)
1-2 years	9	1.57
2-3 years	198	34.49
3-5 years	297	51.74
>5 years	60	10.45
Non-committal	10	1.74

Table 3
Attitudes regarding determining the number of children a couple has.

Preference	Number	(%)
Both parents	552	96.17
Father alone	6	1.05
Mother alone	6	1.05
Non-committal	10	1.74

DISCUSSION

Our study reveals a high percentage of knowledge regarding family size and sexually transmitted diseases. This may be due to the literacy of the participants since all of them had at least intermediate levels of education and interactions with other educated women in the residential institution. It was observed that students coming from different strata of society and various states assembled together. Exposure to media, and interaction with peers helped to develop a growing sense of responsibility for acquiring knowledge and awareness.

Table 4
Knowledge of the participants regarding STDs and HIV/AIDS.

	STDs		HIV/AIDS	
	Number	%	Number	%
Have knowledge	527	91.8	425	74.04
Have no knowledge	6	1.05	88	15.3
Non-responders	41	7.14	61	10.63

Table 5
Sources of knowledge of HIV and its spread.

Source	Number	(%)
K1 only	16	2.79
K2 only	59	10.28
K3 only	69	12.02
K4 only	40	6.97
K1+K2	4	0.70
K1+K3	14	2.44
K1+K4	18	3.14
K2+K3	11	1.92
K2+K4	19	3.31
K3+K4	135	23.52
K1+K2+K3	5	0.87
K1+K2+K4	6	1.05
K1+K3+K4	58	10.10
K2+K3+K4	42	7.32
K1+K2+K3+K4	57	9.93
Non-committal	21	3.66
Total	553	100

K1 = Friends/relatives; K2 = Community health worker/health personnel; K3 = Radio/TV; K4 = Newspaper/magazine; K5 = Other sources

Majority of participants were for an older age at marriage. This indicates an awareness of the benefits of a small family. Previous studies showed higher age at marriage is associated with higher education levels. This may have influenced their attitude. The Indian scenario reveals that lower fertility rates are possible if marriage is postponed to a later age. Studies have shown an increase in the female age at marriage in India from a level of 15.6 years to above 19 years, resulting in a decline of 27-29% in the birth rate within a 30-year period (Agarwal, 1965). Our observations reveal that

these perceptions are an encouraging sign of community awareness. It is rightly stated that the diffusion of ideas and practices plays an important role in promoting a transition to lower fertility in developing countries (Boulay and Valente, 1999).

With increased literacy, both members of a couple are now playing a role in determining family size. This is reflected in our study. More than 96% of the participants were of the opinion that the number of children in a family should be decided by both the parents. This attitude was also seen in Nigerian males (Obionu, 1998).

The evaluation of knowledge regarding sexually transmitted diseases is important to most intervention studies of IEC, as these are the main weapons in checking the spread of STDs and HIV/AIDS. In our study we observed awareness of 92% and 74.04% for STDs and HIV/AIDs, respectively. Similar observations have been found in young people in Bamenda, Cameroon (Rwenge, 2000). Since the north-eastern region has a large threat for HIV, the IEC activities by the government and non-government organizations may have been of benefit to the young generation. Similar observations have been noted at a large hospital in Delhi (Katuria and Sood, 1995). Socially mobile women are much more aware of the adverse consequences of STDs and HIV/AIDS. A recent study in Bangladesh among rural women supports this view (Khan *et al*, 1997).

Illiteracy is a barrier for acquiring knowledge; as observed in a rural community in the Ahmednagar district of Gujrat, India, is a common phenomenon in developing countries (Goyal, 1995). Our respondents had all reached high school level of education. A number of factors influence the acquisition of knowledge and the change of behavior in young people. Health education, interaction with community health workers, and education via mass media are some of the important sources of knowledge and stimuli for behavioral change in young people. Present study revealed that even though these girls are hailing from different backgrounds, peer interactions and associated factors in the residential hostel played a positive role in the spread of knowledge.

Conclusion

A decline in fertility rate and success in the prevention of HIV/AIDS and other STDs depend on the awareness and practice of safe methods. The results of our study, in spite of revealing a high degree of awareness, showed a knowledge gap prevalent among the participants. An in-depth study with a large sample size would better reflect awareness of family planning. Literacy, interpersonal communication, and IEC activities by the government and non-government organizations have improved the levels of awareness among the general population. However, this falls short of expected levels. Interaction of different peer groups in residential hostels helps to spread awareness to society in this region. An integrated effort is needed to bridge the knowledge gap and maintain a sustainable awareness of family planning and reproductive life hazards in this region.

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