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## **Parental Involvement in Dealing with Reproductive Health Issues among Young Girls**

Sudha S. Rayanagoudar\* and Komala M

Dept. of Studies in Food Science and Nutrition, University of Mysore, Mysore, India

\*Corresponding Author: Sudha S. Rayanagoudar

### **Abstract**

Parents and family members are influential sources of knowledge, beliefs, attitudes, and values for children and youth. They are role model who shape young people's perception of gender roles and influence the choices that youth make about their own sexual behavior. In the present study, an attempt has been made to study the parental involvement in dealing with reproductive health issues among young girls of Gadag district. A total sample of 551 young girls who have attained menarche were selected at randomly. Out of them, 182 girls were from rural, 202 girls were from urban and 167 girls were from slum areas. The personal and socio-demographic data of the study sample were elicited by administering the pretested questionnaire. The parental involvement in dealing with reproductive health issues among young girls was obtained using pre tested questionnaire which includes questions related to menarche, hygienic conditions, marriage and sexuality, family planning etc. Frequency and percentage was calculated and  $\chi^2$  test was administered to see the significant association between variable groups. The findings of the study revealed that mothers were actively involved in dealing young girls with reproductive health issues especially about menarche and menstruation while fathers involvement in dealing with reproductive health issues was negligible in urban, rural and slum areas but urban fathers and mothers were little more involved than their counterparts. The involvement of parents in dealing with sex related issues was completely zero or nothing. However there was no significant difference between young girls of different areas with regard to their parents' involvement in dealing with reproductive health issues. On the whole parents' involvement is very poor in dealing with reproductive health issues among young girls living in different areas. Hence the parents who are the primary source for their offspring need to be educated to develop active role in dealing with reproductive health issues along with educating young girls on reproductive health issues.

**Key words:** Menarche, Pubertal changes, Parental involvement

### **Introduction**

Parents and family members are influential sources of knowledge, beliefs, attitudes, and values for children and youth (Barnett, 1997). Parents are potential catalysts to influence or change young people's behaviors, shape young people's perception of gender roles and influence the choices that youth make about their own sexual and reproductive health. In the Indian socio-cultural setting, due to lack of proper knowledge and social taboos attached regarding reproductive health issues, it has been difficult for parents and their grown up offspring to have open discussions about sexual and reproductive health topics. The society does not provide proper channels for appropriate education of young girls in this area. The young girls generally do not get any advice and guidance regarding various aspects like puberty menarche, reproductive health, HIV/AIDS from parents and teachers or any other group of professionals (Kotecha and Patel Sangeetha, 2008).

When young people do not get information at home, they seek answers elsewhere- from peers, the media or their observations of other adults (Cross, 1991). This can lead to misinformation and the persistence of damaging myths, making young people vulnerable to unwanted and unprotected sexual experiences. The result may be

unplanned pregnancy, sexually transmitted infections and low self esteem (Stock, et.al. 1997). In cultures where young people report wanting information from adult family members about sex and reproductive health, educating parents and other family members can help adults feel more confident in addressing the reproductive health questions and concerns of youth. It is believed that, home, as the initial focal point for investing in young people, is one of the many layers of environments for socialization. Providing avenues for child-parent connectedness, communication and monitoring, the home is expected to serve as a stabilizing factor in the lives of young people (Kelly Ladin and Jackson, 2008, and Kumi-Kyereme and Awusabo-Asare, 2007).

Encouraging positive child-parent connectedness, communication and monitoring is based on the assumption that such relationships between parents and children can lead to positive attitudes to life and lower levels of risk-taking behavior, especially in sexual and reproductive health (DiClemente, et.al, 2001; Beck, et.al. 1999; Sieverding, et.al,2005). On this backdrop the present study has been conducted to know the parental involvement in dealing with reproductive health issues among young girls.

### **Materials and Methods**

A cross sectional study was carried out among young girls of (10-24 years) rural, urban and slum areas of Gadag district, Karnataka state. A total of 551 young girls who have attained menarche were selected as sample at random. Out of them, 182 girls were from rural, 202 girls were from urban and 167 girls were from slum areas. The investigator visited school and colleges of urban, slum and rural areas to collect the data from young girls. The investigator also visited the households to collect data from school dropouts in slum, rural and urban areas. The socio-demographic data and the parental involvement in dealing with reproductive health issues among young girls was obtained using pre tested questionnaire. The reproductive health issues include questions related to menarche, hygienic conditions, marriage and sexuality, family planning etc. The collected data were analyzed with the help of SPSS package version 16.0. Frequency and percentage was calculated and  $\chi^2$  test was applied to see the significant association between variable groups.

### **RESULTS**

Table 1 reveals the area wise distribution of the young girls based on personal characteristics such as age, birth order, education and occupation. Of the total sample, 38.1 percent of young girls belonged to 14 to 18 years followed by 27.4 percent of young girls belonged to 10 to 14 years age group, 18.7 percent of them belonged to 18 to 21 years and 15.8 percent of them belong to 21 to 24 years age group. Majority of young girls of rural (39.0%), urban (40.6%) and slum (34.1%) areas were belonged to 14 to 18 years of age. There was no significant association between the young girls of different areas of living and age groups. With reference to birth order, 38.1 percent of young girls were first born, 31.0 percent of them were second born and 30.9 percent of them were third or later born. The more percentages of young girls of urban (35.6%), slum (37.7%) and rural (41.2%) areas were first born. There was no significant association between the young girls of different areas of living and birth order. With reference to education, majority of young girls (37.4%) were studying/studied up to high school followed by 23.4 percent of them educated up to primary school, 20.9 percent of young girls were studying/studied up to degree level, 16.2 percent of them were PUC & Diploma holder/students and 2.7 percent of them were not literates. The non literate young girls (16.7%) were from slum area. A highly significant association was found between area of living and educational level of the study sample ( $\chi^2 = 91.534$ ,  $P < 0.001$ ). Of the total sample, 81.1 percent of young girls were students studying at high schools and colleges while 0.5 percent of young girls were studying professional degree. 15.6 percent of young girls were not working as well as not studying and a least percent of young girls (2.7%) were working as labourers or in petty

business. A vast majority of the young girls from urban (92.1%) and rural area (94.5%) were students while a substantial percent of young girls (38.9%) from slum area were not working or studying. A highly significant association was found between occupational status and the area of living of the study samples ( $\chi^2 = 130.589$ ,  $P < 0.001$ ). On the whole, young girls of the present study belonged to 14 to 18 years of age group students studying in high school and colleges.

Table – 2 reveals the area wise distribution of young girls based on their father's information. A huge percent of young girls' fathers (34.7%) were of 41 to 45 years age followed by 28.5 percent of fathers were 46 to 50 years of age, 18 percent of fathers were 36 to 40 years of age and 11.4 percent of fathers were of 51 to 55 years of age. A very less percentage of fathers were 56 to 60 years (3.3%), above 60 years (2.7%) and below 35 years (1.5%) of age. Among all the classification of fathers age groups, majority were 41 to 45 years of age and 46 to 50 years of age group. 30 to 40 percent of fathers from different areas were in the age group of 41 to 45 years. A highly significant association was found between fathers' age and the area of living ( $\chi^2 = 33.320$ ,  $P < 0.001$ ). With reference to fathers' education, 25.2 percent of fathers were non literates followed by 24.5 percent of them were educated up to high school, 17.2 percent of fathers were educated up to PUC and diploma, 13.1 percent of fathers were educated up to degree and a less percentage of fathers (2.7%) were educated up to post graduate level. A high percentage of fathers of young girls of slum area (58.1%) were not literates. A highly significant association was found between fathers' educational groups and area of living ( $\chi^2 = 215.219$ ,  $P < 0.001$ ). With reference to fathers' occupational groups, equal percentages (31.8%) of fathers were involved in business and working as laborers'. 20.3 percent of fathers were involved in agriculture and 16.2 percent of them were employed in government and private sector as teachers, office personnel, factory workers. A high percentage of urban fathers were involved in business (51.5%) compared to their counterparts (rural=14.8% and slum=26.3%). A highly significant association was found between fathers' occupational groups and area of living ( $\chi^2 = 278.236$ ,  $P < 0.001$ ). With regards to monthly income, 47.9 percent of fathers were earning a monthly income of Rs. 5000/- & below while 33.6 percent of fathers have monthly income between the range of Rs. 5001 to Rs.10000/-, 10.9 percent of them earned monthly income above Rs. 15000/- and 7.6 percent of fathers earned monthly income of Rs. 10001 to Rs. 15000/-. By and large most of the fathers earned monthly income of Rs. 5000/- and below. More percentage of fathers with monthly income of above Rs. 15000 belonged to urban area (26.2%) compared to their counterparts (rural=3.8% and slum=0%). A highly significant association was found between fathers monthly income groups and area of living in the present study ( $\chi^2 = 166.314$ ,  $P < 0.001$ ).

Table – 3 reveals the area wise distribution of young girls based on their Mother's information. About 41.9 percent young girls' mothers were below 36 to 40 years of age followed by 26.1 percent of mothers were between 31 to 35 years of age, 17.1 percent mothers were between 41 to 45 years of age, 7.6 percent of mothers were between 46 to 50 years of age. A very less percentage of mothers (4.0% and 1.8%) were below 30 years of age and above 51 years of age respectively. A vast majority of young girls' mothers of urban (40.1%), rural (36.8%) and slum (49.7%) areas were in the age group of 36 to 45 years. A significant association was found between mothers' age groups and area of living ( $\chi^2 = 30.129$ ,  $P < 0.003$ ). With respect to mothers' education, a vast majority (32.3%) of mothers of young girls were non literate followed by 28.1 percent of mothers studied up to high school, 24.9 percent of mothers were educated up to primary education, 13.1 percent of mothers were educated up to graduate level and 8.3 percent of mothers were educated up to PUC. A high percentage of young girls' mothers of slum and rural areas (46.2% and 29.1%) were non literates. A highly significant association was found between mothers' educational groups and the area of living ( $\chi^2 = 195.502$ \*\*,  $P < 0.001$ ). With reference to mothers' occupation, 61.2 percent of mothers were housewives and remaining 38.2 percent of mothers were

working. Among working mothers, 22.9 percent of mothers were working as labourers, followed by 7.1 percent of them were in small scale business, 4.7 percent of them were in agriculture and 4.2 percent of them were government employees. A high percentage of young girls' mothers of rural (28.6%) and slum (40.1%) areas were working as labourers while a high percentage of young girls' mothers (7.1% and 4.2%) of urban areas were in small scale business and working as government employee's than their respective counterparts. A highly significant association was found between mothers' occupational groups and area of living ( $\chi^2 = 148.317^{**}$ ,  $P < 0.000$ ). With reference to mother' monthly income, of the working mothers, 31.9 percent of mothers' were earning the monthly income of Rs. 5000/- and below. A very less percentages mothers were earning the monthly income between Rs. 5001/- to 10,000/- (3.6%) and above Rs. 10,000/- (3.3%) respectively. More than fifty percent of mothers of rural (51.1%) and slum (52.1%) and more than 3/4<sup>th</sup> of mothers of urban (77.7%) areas were housewives and are referred as non earning members. Among working mothers, majority of mothers of rural (45.6%) and slum (46.1%) areas were earning the monthly income of Rs. 5000/- and below. On the other side, more percents of working mothers of urban area were earning the monthly income of above Rs. 10000/- (7.9%) and between Rs.5001 to 10000/- (6.4%). A highly significant association was found between mothers' occupation and area of living ( $\chi^2 = 100.356^{**}$ ,  $P < 0.001$ ).

Parental [Mothers' and Fathers'] involvement was dealt in detail with issues of reproductive health such as pubertal changes, menstruation, marriage and family planning. Table 4 depicts the mother's involvement in dealing with reproductive health issues of young girls. The results indicated that of the total, less than 1/4<sup>th</sup> of mothers had prepared their daughters about pubertal changes (18.5%) and hygienic practices at menarche (23.4%) before their daughters' attainment of menarche. Urban (19.8%) and slum (21.6 %) mothers' involvement was comparably more than rural (14.3%) mothers' involvement in preparing their daughters about puberty. However, there was no significant association observed between the mothers of different areas with regard to their involvement in dealing with pubertal changes before menarche. With respect to mothers' involvement in dealing with their young girls at menarche and menstruation period, majority of mothers emotionally supported their daughter (82.6%) and asked their daughters to take rest (88.9%) at the time of menarche. Only 46.5 percent of mothers prepared the sanitary pads/clothes to their daughters at the time of menarche. Majority of mothers also asked their daughters to follow social taboo during menarche (84.5%) and educated their daughters with regard to hygienic practices during menstruation (85.8%). 35 to 45 percent of mothers helped their daughters by bringing the sanitary pads from market (35.8%), cleaning sanitary clothes used during menstruation (42.6%), massage stomach/back/legs of their during severe menstruation pain (35.2%). Less than 16 percent of mothers brought educative materials on menstruation (15.6%), took their daughters to doctor for severe menstruation pain (13.4%) and served food to their daughters on bed during menstruation (11.3%). Nearly same percent of mothers of different areas were involved in dealing with all issues related to menarche and menstruation. But high percent of mothers from urban area (22.3% and 51.5%) than rural (5.5% and 36.3%) and slum (18.6% and 38.9%) areas were involved by bringing educative materials on menstruation and cleaning sanitary clothes used during menstruation respectively. A highly significant association was found between area of living and mothers' involvement with regards to bringing educative materials on menstruation ( $\chi^2 = 22.061^{**}$ ,  $P < 0.001$ ) and cleaning the cloth/ pad during menstruation ( $\chi^2 = 10.430^{***}$ ,  $P < 0.005$ ). With regard to mothers' involvement in dealing with marriage and family planning aspects, a very less percent (1% to 3%) of mothers had discussed about sex and its consequences (1.6%), family planning methods (2.5%) with their daughters and advised on marriage and family planning (2.5%) to their daughters. No significant association was found between area of living and mothers' involvement with regards to marriage and family planning aspects.

Table 5 depicts the fathers' involvement in dealing with reproductive health issues of young girls. The results indicated that 0.5 to 2.0 percent of urban fathers involved in dealing with young girls on reproductive health issues such as explained about pubertal changes and hygienic practices before their daughter's attained menarche, asked their daughters to take rest during menarche, helped in bringing sanitary napkins from market, massage during menstruation pain, discussed about marriage and family planning with their daughters. 1.1 percent of rural fathers involved by giving emotional support at the time of menarche and educated their daughter with regard to hygienic practices during menstruation while 0.6 percent of slum fathers involved in issues such as explained about hygienic practices before their daughter's attainment of menarche, emotionally supported their daughter at the time of menarche. However no significant association was found between area of living and fathers' involvement in dealing with reproductive health issues of young girls.

### **Discussion**

Adolescents are known to obtain the sexual and reproductive health information from variety of sources. Among them, parents especially mother is a major source and influential person on the girl's reproductive life. The present research established that mothers of young girls were actively involved in dealing with issues during menarche and menstruation period of their daughters while fathers of young girls were not involved in dealing with reproductive health issues. The study carried out by Kamrani, et.al. (2011) revealed that mothers were the primary source of information on topics relating to puberty and menstruation. Further, 39.5 percent of the respondents easily communicate with the mothers on reproductive health issues, whereas only 10 percent of the respondents found it easy to communicate with their fathers on reproductive health. In the present study, the discussion on sex related matter and family planning methods with mothers was very less (1.6% and 2.5%) respectively while discussion on sex and family planning methods with fathers was negligible (0.6% and 0.6%) respectively. The study by Kamrani, et.al. (2011) reported that only 6.3 percent of girls reported discussing on sex related issues often with their mothers. The reason for the barrier in discussing sensitive reproductive health topics with their parents is the feeling of embarrassment from both parents' and daughters' side. Similarly the present study was in accordance of the results of the study by Agarwal Sarita (2007) that most of the time only mothers were involved in the discussion related to reproductive health problem while fathers involvement was zero percent in English medium and Kannada medium schools. Further, in the present study only 18.5 percent of mothers involved in explaining the pubertal changes during menarche before the attainment of menarche by their daughters. The present study is in accordance with the findings of the study by Gupta Jaimala and Hitesh Gupta (2001) that mothers hardly dealt with the etiology and significance of menstruation, why girls menstruated, what causes menstrual bleeding, what is the process of menstruation and how it is related to reproduction. Usually after menarche, the girls were taught how to make/use pad and follow hygienic conditions. Further, mothers impose social restrictions on girls during menarche like moving out unnecessarily, avoiding male's company, restricting to sleep on mattress, insisting to wear fully covered dresses to prevent any exposure. The study by Paul, et.al. (2006) showed that only one third mothers had prepared their daughters for menarche and menstruation. They have discussed about menstrual cycle, menstrual hygiene, vaginal discharge etc. with their mothers. In the present study, the parental involvement on discussing about sex and family planning methods was negligible. Similarly a study conducted by Tesso, et.al. (2012) revealed that a less percentage of males and females reported to discuss on preventivemeasures for pregnancy like condom usage (6.2% of males and 3.5% of females) and about other family planning methods (8.2% of males and 10% of females).

## Conclusion

Parents play an important role in dealing with reproductive health issues of young girls. The mothers were actively involved in dealing young girls with reproductive health issues especially about menarche and menstruation while fathers involvement in dealing with reproductive health issues was negligible in urban, rural and slum areas but urban fathers and mothers were little more involved than their counterparts. The involvement of parents in dealing with sex related issues was completely zero or nothing. Hence the parents who are the primary source for their offspring need to be educated to develop active role in dealing with reproductive health issues along with educating young girls on reproductive health.

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**Table – 1: Area-wise Distribution of Sample based Personal Characteristics**

Personal Characteristics		Rural (n <sub>1</sub> =182)	Slum (n <sub>2</sub> =167)	Urban (n <sub>3</sub> =202)	Total (N=551)	$\chi^2$ Value Sig	
Age groups	10 to 14 years	No	41	50	60	151	6.966 NS (d.f.=6) P>0.324
		%	22.5	29.9	29.7	27.4	
	14 to 18 years	No	71	57	82	210	
		%	39.0	34.1	40.6	38.1	
	18 to 21 years	No	37	36	30	103	
		%	20.3	21.6	14.9	18.7	
	21 to 24 years	No	33	24	30	87	
		%	18.1	14.4	14.9	15.8	
Birth Order	First born	No	75	63	72	210	5.853 NS (d.f.=4) P>0.210
		%	41.2	37.7	35.6	38.1	
	Second born	No	45	59	67	171	
		%	24.7	35.3	33.2	31.0	
	Third or Later born	No	62	45	63	170	
		%	34.1	26.9	31.2	30.9	
Education	Not literate	No	0	15	0	15	91.534** (d.f.=8) P<0.001
		%	.0	9.0	.0	2.7	
	Middle School	No	39	38	52	129	
		%	21.4	22.8	25.7	23.4	
	High school	No	58	86	62	206	
		%	31.9	51.5	30.7	37.4	
	PUC Diploma	No	24	23	39	86	
		%	13.2	13.8	19.3	15.6	
	Degree	No	61	5	49	115	
		%	33.5	3.0	24.3	20.9	
Occupation	Not working	No	8	65	13	86	130.859** (d.f.=6) P<0.001
		%	4.4	38.9	6.4	15.6	
	Student	No	172	89	186	447	
		%	94.5	53.3	92.1	81.1	
	Lab our or Petty business	No	1	13	1	15	
		%	0.5	7.8	0.5	2.7	
	Professionals	No	1	0	2	3	
		%	0.5	0.0	1.0	0.5	

\*\* Highly Significant, NS- Non Significant

Table -2: Area-wise Distribution of sample based on Father's information

Study variables			Rural (n <sub>1</sub> =182)	Slum (n <sub>2</sub> =167)	Urban (n <sub>3</sub> =202)	Total (N=551)	$\chi^2$ Value Sig.
Father age groups	31 to 35 years	No	3	4	1	8	33.320** (d.f.=12) P<0.001
		%	1.6	2.4	.5	1.5	
	36 to 40 years	No	31	38	30	99	
		%	17.0	22.8	14.9	18.0	
	41 to 45 years	No	61	68	62	191	
		%	33.5	40.7	30.7	34.7	
	46 to 50 years	No	55	44	58	157	
		%	30.2	26.3	28.7	28.5	
	51 to 55 years	No	16	9	38	63	
		%	8.8	5.4	18.8	11.4	
	56 to 60 years	No	10	3	5	18	
		%	5.5	1.8	2.5	3.3	
	Above 60 years	No	6	1	8	15	
		%	3.3	.6	4.0	2.7	
Educational groups	Not literate	No	35	97	7	139	215.219** (d.f.=12) P<0.001
		%	19.2	58.1	3.5	25.2	
	Primary school	No	12	4	2	18	
		%	6.6	2.4	1.0	3.3	
	Middle School	No	36	26	15	77	
		%	19.8	15.6	7.4	14.0	
	High school	No	43	22	70	135	
		%	23.6	13.2	34.7	24.5	
	Diploma & PUC	No	35	14	46	95	
		%	19.2	8.4	22.8	17.2	
	Under Graduate	No	20	4	48	72	
		%	11.0	2.4	23.8	13.1	
	Post Graduate	No	1	0	14	15	
		%	.5	.0	6.9	2.7	
Father Occupational groups	Lab our	No	49	107	19	175	278.236** (d.f.=6) P<0.001
		%	26.9	64.1	9.4	31.8	
	Agriculture	No	90	0	22	112	
		%	49.5	.0	10.9	20.3	
	Business	No	27	44	104	175	
		%	14.8	26.3	51.5	31.8	
	Govt. and private employee	No	16	16	57	89	
		%	8.8	9.6	28.2	16.2	
Father Monthly Income Groups	5000 and Below	No	98	127	39	264	166.314** (d.f.=6) P<0.001
		%	53.8	76.0	19.3	47.9	
	5001 to 10000	No	69	36	80	185	
		%	37.9	21.6	39.6	33.6	
	10001 to 15000	No	8	4	30	42	
		%	4.4	2.4	14.9	7.6	
	above 15000	No	7	0	53	60	
		%	3.8	.0	26.2	10.9	

\*\* Highly Significant



**Table -3: Area-wise Distribution of Sample Based On Mother's Information**

Variable		Rural (n <sub>1</sub> =182)	Slum (n <sub>2</sub> =167)	Urban (n <sub>3</sub> =202)	Total (N=551)	$\chi^2$ Value Sig.	
Mother Age groups	30 years and below	No	7	10	5	22	
		%	3.8	6.0	2.5	4.0	
	31 to 35 years	No	56	45	43	144	
		%	30.8	26.9	21.3	26.1	
	36 to 40 years	No	67	83	81	231	
		%	36.8	49.7	40.1	41.9	
	41 to 45 years	No	28	20	46	94	
		%	15.4	12.0	22.8	17.1	
	46 to 50 years	No	16	4	22	42	
		%	8.8	2.4	10.9	7.6	
	51 to 55 years	No	5	4	1	10	
		%	2.7	2.4	.5	1.8	
Mother Educational groups	Not literate	No	66	103	9	178	
		%	36.3	61.7	4.5	32.3	
	Primary school	No	64	30	43	137	
		%	35.2	18.0	21.3	24.9	
	High school	No	38	27	90	155	
		%	20.9	16.2	44.6	28.1	
	PUC	No	11	7	28	46	
		%	6.0	4.2	13.9	8.3	
	Under Graduate	No	1.1	.0	14.4	5.6	
		%	11.0	2.4	23.8	13.1	
	Post Graduate	No	1	0	3	4	
		%	.5	.0	1.5	.7	
Mother Occupation	Lab our	No	52	67	7	126	
		%	28.6	40.1	3.5	22.9	
	Housewife	No	93	87	157	337	
		%	51.1	52.1	77.7	61.2	
	Agriculture	No	26	0	0	26	
		%	14.3	.0	.0	4.7	
	Business	No	10	10	19	39	
		%	5.5	6.0	9.4	7.1	
	Government employee	No	1	3	19	23	
		%	.5	1.8	9.4	4.2	
Mother Monthly income groups	Not earning member	No	93	87	157	337	
		%	51.1	52.1	77.7	61.2	
	5000 and below	No	83	77	16	176	
		%	45.6	46.1	7.9	31.9	
	5001 to 10000	No	4	3	13	20	
		%	2.2	1.8	6.4	3.6	
	Above 10000	No	2	0	16	18	
		%	1.1	.0	7.9	3.3	

\*\* Highly Significant, \* Significant

**Table-4: Mothers' Involvement in Dealing with Reproductive Health Issues of Young Girls**

Mother's Involvement		Rural (n <sub>1</sub> =182)	Slum (n <sub>2</sub> =167)	Urban (n <sub>3</sub> =202)	Total (N=551)	$\chi^2$ Value (d.f.=2) Sig.
Explained about pubertal changes before menarche	Yes	26(14.3)	36(21.6)	40(19.8)	102(18.5)	3.404 NS P>0.182
	No	156(85.7)	131(78.4)	162(80.2)	449(81.5)	
Explained about menarche and hygienic practices before menarche	Yes	44(24.2)	38(22.8)	47(23.3)	129(23.4)	0.102 NS P>0.950
	No	138(75.8)	129(77.2)	155(76.7)	422(76.6)	
Emotionally supported at the time of menarche	Yes	149(81.9)	137(82.0)	169(83.7)	455(82.6)	0.263 NS P>0.877
	No	33(18.1)	30(18.0)	33(16.3)	96(17.4)	
Prepared the pads/clothes at the time of menarche	Yes	82(45.1)	79(47.3)	95(47.0)	256(46.5)	0.219 NS P>0.896
	No	100(54.9)	88(52.7)	107(53.0)	295(53.5)	
Educated with regard to hygienic practices during menstruation	Yes	163(89.6)	143(85.6)	167(82.7)	473(85.8)	3.746 NS P>0.154
	No	19(10.4)	24(14.4)	35(17.3)	78(14.2)	
Asked me to take rest during menarche	Yes	164(90.1)	145(86.8)	181(89.6)	490(88.9)	1.101 NS P>0.577
	No	18(9.9)	22(13.2)	21(10.4)	16(11.1)	
Imposed social taboos during menarche	Yes	155(85.2)	135(80.8)	177(87.6)	467(84.8)	3.293 NS P>0.193
	No	27(14.8)	32(19.2)	25(12.4)	84(15.2)	
Bring the sanitary pads from market	Yes	59(32.4)	61(36.5)	77(38.1)	197(35.8)	1.417 NS P>0.492
	No	123(67.6)	106(63.5)	125(61.9)	354(64.2)	
Helps in cleaning sanitary clothes used during menstruation	Yes	66(36.3)	65(38.9)	104(51.5)	235(42.6)	10.430** P<0.005
	No	116(63.7)	102(61.1)	98(48.5)	316(57.4)	
Massage stomach/back/legs during severe menstruation pain	Yes	56(30.8)	57(34.1)	81(40.1)	194(35.2)	3.775 NS P>0.151
	No	126(69.2)	110(65.9)	121(59.9)	357(64.8)	
Brings educative materials on menstruation	Yes	10(5.5)	31(18.6)	45(22.3)	86(15.6)	22.061** P<0.001
	No	172(94.5)	136(81.4)	157(77.7)	465(84.4)	
Take me to doctor for severe menstruation pain	Yes	26(14.3)	18(10.)	30(14.9)	74(13.4)	1.476 NS P>0.478
	No	156(85.7)	149(89.2)	172(85.1)	477(86.6)	
Served food on the bed during menstruation	Yes	18(9.9)	13(7.8)	31(15.3)	62(11.3)	5.740 NS P>0.057
	No	164(90.1)	154(92.2)	171(84.7)	489(88.7)	
Discussed about sex and its consequences	Yes	3(1.6)	2(1.2)	4(2.0)	7(1.6)	0.349 NS P>0.840
	No	179(98.4)	165(98.8)	198(98.0)	542(98.4)	
Discussed about family planning methods	Yes	5(2.7)	4(2.4)	5(2.5)	14(2.5)	.049 NS P>0.976
	No	177(97.3)	163(97.6)	197(97.5)	537(97.5)	
Give advises on marriage and family planning	Yes	7(3.8)	3(1.8)	4(2.0)	14(2.5)	1.882 NS P>0.390
	No	175(96.2)	164(98.2)	198(98.0)	537(97.5)	

\*\* Highly Significant; NS -Non Significant; Figures in Parenthesis indicate Percentages

**Table-5: Fathers' Involvement in Dealing with Young Girls on Reproductive Health Issues**

Father's Involvement		Urban (n <sub>1</sub> =202)	Slum (n <sub>2</sub> =167)	Rural (n <sub>3</sub> =182)	Total (N=551)	$\chi^2$ Value (d.f.=2) Sig.
Explained about pubertal changes before menarche	Yes	1(0.5)	0(0.0)	0(0.0)	1(0.2)	1.731 NS P>0.421
	No	201(99.5)	167(100.0)	182(100.0)	550(99.8)	
Explained about menarche and hygienic practices before menarche	Yes	0(0.0)	1(0.6)	0(0.0)	1(0.2)	2.304 NS P>0.316
	No	202(100.0)	166(99.4)	182(100.0)	550(99.8)	
Emotionally supported/s at the time of menarche	Yes	3(1.5)	1(0.6)	2(1.1)	6(1.1)	.667 NS P>0.716
	No	199(98.5)	166(99.4)	180(98.9)	545(98.9)	
Asked to take rest during menarche	Yes	1(0.5)	0(0.0)	0(0.0)	1(0.2)	1.731 NS P>0.421
	No	201(99.5)	167(100.0)	182(100.0)	550(99.8)	
Bring the sanitary pads from market	Yes	2 (0.5)	0(0.0)	0(0.0)	2(0.4)	3.468 NS P>0.177
	No	200(99.0)	167(100.0)	182(100.0)	549(99.6)	
Massage stomach/ back/legs during severe pain in menstruation	Yes	2(0.5)	0(0.0)	0(0.0)	2(0.4)	3.468 NS P>0.177
	No	200(99.0)	167(100.0)	182(100.0)	549(99.6)	
Educated with regard to hygienic practices during menstruation	Yes	4(2.0)	0(0.0)	2(1.1)	6(1.1)	3.328 NS P>0.189
	No	198(98.0)	167(100.0)	180(98.9)	545(98.9)	
Discussed the family planning methods	Yes	1(0.5)	0(0.0)	0 (0.0)	1(0.2)	1.731 NS P>0.421
	No	201(99.5)	167(100.0)	182(100.0)	550(99.8)	
Give advises on marriage and family planning	Yes	1(0.5)	0(0.0)	0(0.0)	1(0.2)	1.731 NS P>0.421
	No	201(99.5)	167(100.0)	182(100.0)	550(99.8)	

NS -Non Significant; Figures in Parenthesis indicate Percentages