# Knowledge and Attitude of Premarital Counseling Among Hadhramout University Students in Mukalla City, Yemen during 2020-2021

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**Abstract:**

Premarital counseling is one of the health promotion activities and it is a type of therapy that helps couples prepare for marriage. Premarital counseling can help ensure that you and your partner have a strong, healthy relationship.

**Objectives:**

The purpose of this study is to assess the knowledge and attitude about premarital counseling among Hadhramout University Students. Also, to determine the factors for refusing premarital counseling (P.M.C).

**Methods:**

The study design was a cross-sectional descriptive study, which was carried out at the College of Nursing Hadramout University in the academic year 2020_2021 in Mukalla City, Yemen.

**Study population:**

The study population was obtained from 384 from 11025 students by group (1) of 4th-year students, College of Nursing Hadramout University in academic year 2020_2021 in Mukalla City –Yemen...

**Result:**

The study showed a majority of the participants believed that there was important to carry out PMC before marriage, The majority of the participant, accept the idea of PMC in general, agree with counseling program increases people's awareness of the program before marriage, have a positive attitude toward (PMC) and shown

males have higher Attitudes toward (PMC) than females.

**Conclusion:**

The present study showed that the males had more significant knowledge and attitude score than females about premarital counseling. Also, there are associations between knowledge and attitude of students about PMC and their socio-demographic characteristics including gender and hereditary disease of family.

**Keywords:** Attitude, knowledge, university students, premarital counseling.

## معارف ومواقف طلبة جامعة حضرموت في مدينة المكلا عن برنامج المشورة قبل الزواج عام 2020-2021

**د/ يحي خميس احمد المعلم**

استاذ مشارك– كليه التمريض

جامعه حضرموت – اليمن

**ملخص الدراسة:**

المشورة قبل الزواج هو أحد محفزات النشاط الصحي وهو نوع من انواع العلاج الدى يساعد المخطوبان للتحضير للزواج. ان المشورة قبل الزواج يساعد على تامين للشريكين علاقة صحية قوية.

**اهداف الدراسة:**

ان الهدف من هده الدراسة هو المساعدة على معرفه معارف ومواقف طلاب جامعه حضرموت اليمن اتجاه المشورة قبل الزواج كما انه يساعد على تحديد العوامل التي تؤدى الى العزوف عن اجراء المشورة قبل الزواج.

**طريقه البحث:**

استخدمت في هده الدراسة الطريقة الوصفية حيث تم اختيار 384 من مجموع 11025 طالب وطالبه من المستوى الرابع في كليات جامعه حضرموت– اليمن للعام الأكاديمي 2020–2021م.

**النتائج:**

الدراسة بينت ان معظم المشاركين يعتقدون في اهميه تطبيق المشورة الصحية قبل الزواج، كما بينت ان معظم المشاركين يقبلوا فكره المشورة قبل الزواج بشكل عام كما بينت الدراسة ان معظم المشاركين يوافقون على ضرورة عمل برامج مشوره للمجتمع ودلك لزيادة ورفع الادراك لدى المجتمع بأهميه اجراء المشورة الصحية قبل أي زواج كما ان الجميع لديهم موقف إيجابي اتجاه فكره المشورة قبل الزواج وقد كان عدد الذكور أكثر من عدد الاناث في اتخاد الموقف الإيجابي من فكره المشورة قبل الزواج.

**كلمات مفتاحيه:** مواقف، معارف، طلاب جامعه، المشورة قبل الزواج.

## Introduction:

Premarital counseling is one of the health promotion activities which is provided with in the domain of maternal and child health services programs (1). And it is the services offered to young couples on their way to marriage in order to guide, educate and prepare them for the establishment of a healthy family (2). Premarital counseling is a type of therapy that helps couples prepare for marriage. Premarital counseling can help ensure that you and your partner have a strong, healthy relationship giving you a better chance for a stable and satisfying marriage This kind of counseling can also help you identify weaknesses that could become problems during marriage (3).

Premarital counseling helps partners improve their ability to communicate, set realistic expectations for marriage and develop conflict-resolution skills. In addition, premarital counseling can help couples establish a positive attitude about seeking help down the road(4).

### Premarital counseling include Premarital Screening (PMS:

Premarital Screening (PMS) defined as conducting examination for soon-to-be married persons in order to identify if there is any genetic blood diseases and some infection diseases, to prevent the transmission of these diseases to the other marriage partner or the children in the future, and to give options and alternatives before marriage in the aim to plan for a healthy family (5).

PMS is composed of many tests, the main five tests are tests sexual transmitted disease (STDs) like HIV, hepatitis B, C, gonorrhea, syphilis, bacterial vaginosis and warts, which can be treated with proper medical care (6).

The second important test is blood group test which is important before marriage because of the rhesus iso immunization / blood group incompatibility that affects the fetus. The third important test is test for sickle cell gen, it is advisable for sickle cell patients not to marry a carrier of sickle cell gene because of the 50% chance of having a baby with the disease in each pregnancy. The forth important test is fertility tests, this is important because fertility issues can be addressed as early as possible without unnecessary biological, psychological, social and emotional trauma associated with barrenness. The last important test for possible genetic / chronic medical conditions as diabetes, hypertension, certain cancer, kidney diseases and test for thalassemia. early testing of these conditions allows couples to seek medical condition gets to its terminal stage (7).

Genetic counseling is a component of premarital counseling it provides services to help people to understanding the disorder about which they are concerned and the risk that it will occur in their families (8).

The positive effects of premarital counseling are not short lived. When surveyed the vast majority of married couples report that premarital counseling had helped their marriage. One comprehensive study of 1,235 couples found that 92 percent of couples reported premarital counseling helped during their first year of marriage. In a follow up four years later, 80 percent of these couples still reported premarital counseling has helped them in their marriage (9) (10). Researchers say the findings suggest that premarital counseling is a good investment for couples who are serious about prepping for a lifelong commitment(11).

## Methodology:

**Study Design:**

This is a cross-sectional descriptive study. It was conducted by group (1) of 4th-year students, at the Hadhramout University in the educational year 2020-2021 to Assess the knowledge and Attitude of Hadramout University students towards PMC in Mukalla City-Yemen.

**Study Setting**:

The study was conducted among students of Hadhramout university in Mukalla the Capital City of Hadhramout Governorate - Yemen during the study period from 1 January to 15 April 2021.

**Study Population:**

The Study population included all Students of Hadhramout university in Mukalla City, Yemen who were available in the educational year 2020-2021 during the study period that we recruited in this study.

The list of all students was obtained from the admission and Registration department of the presidency of Hadhramout university and the total number of students in the University was (11025) Students.

**Inclusion criteria:**

All Students of Hadhramout university in Mukalla City, Yemen who were available in educational year 2020-2021 during the study period that we recruited in this study.

**Exclusion criteria:**

− All Students of Hadhramout university in AL-Mhrah and Socotra

−The students who not available in education year 2020-2021 during the study period that we recruited in this study

**Sampling method:**

The sample was selected by two stage sampling method as the following:

First stage:

− Firstly we determined the number of colleges in Hadhramout University in Mukalla city. After excluding colleges outside Mukalla. It was found that there are eleven colleges are under this study, which are:

Administrative Sciences, Nursing, AT-Mukalla Education, Applied Sciences, Environmental Sciences and Marine Biology, 'Arts, Engineering & petroleum, Girls, law, Nursing Medicine and Health Sciences.

− Secondly we selected randomly 5 colleges from 11 colleges of Hadhramout University:

1- College of Medicine and Health Sciences.
2- College of law.
3- College of Engineering & petroleum.
4- College of Administrative Sciences.
5- College of Arts.

−Thirdly we determined the total number of available students in these 5 colleges it was (8082) students.

And total of all students in 11 college in Hadhramout University was (11025).

Second stage:

−Firstly sample size (422) of students was distributed proportionally among the chosen 5 colleges, according to the total number of students in each college as the following:

Percentage of students in each selected college in Hadhramout University

Percentage % = Number of students in each college /Total number of students in 5 colleges X 100

The sample size required in each of the 5 selected colleges in Hadhramout University:

Sample size = Percentage of students in each college /100 x sample size (422).

**Table 2.1: Distribution of sample size among the selected colleges:**

| College Name | No. of students | Percentage | Sample size |
|---|---|---|---|
| **Medicine and Health Sciences College** | **1708** | **21.3%** | **90** |
| **Law College** | **372** | **4.6%** | **19** |
| **Engineering & petroleum College** | **2512** | **31%** | **131** |
| **Administrative Sciences College** | **2227** | **27.5%** | **116** |
| **Arts College** | **1263** | **15.6%** | **66** |
| **Total** | **8082** | **100°/»** | **422** |

Note: From art college we select randomly 2 department (English &Press and informative), also from Administrative Sciences college we select randomly 2 department (Business administration & Financial and Banking.

   Secondly from each college, we chose the third level using a random sampling method (This level often has the largest number of students who are about to get married).

Third stage:
   The sample size in selected college has been distributed proportionally among each third level according to students present in class.

Data collection and tools:
   Data has been collected by using self-administered pre-tested questionnaire designed by nursing students fourth level group (1). The questionnaire were divided into three part as the following:

1- Personal data and socio-demographic characteristics of the participants, includes: (gender, age, college and department, social status, parent and couple's consanguinity, family histoty of hereditary diseases).
2- Question regarding students' knowledge about PMC.
3- Question regarding students attitude towards PMC.

Pilot study:
- The pre-tested questionnaire have been conducted among 20 participates who voluntarily randomly selected from Hadramout University students.
- The sample of participants used in this pre-tested was not included in this study.

- The questionnaire were pre-tested to determine question sequence, identification to difficult words and consistency of answers to the "check" questions. Therefore, necessary modifications were done based on pre-tested results. (Reliability Statistical was Cronbach's Alpha = .823).

**Statistical Analysis:**
− Data was coded, reviewed and entered by using statistical package for social science (SPSS) version 24 also by other computer programs like (Microsoft word and Excel.
− The data was analyzed by using descriptive statistical tools (frequencies, -Student's t-test was applied to compare the difference of mean scores of knowledge and attitude with sociodemographic characteristics of participants.

   P value was considered significant at level >0.05 The study result will present in tables.

Knowledge and attitude scores were assessed using a scoring system as the following:

Knowledge scale:
The knowledge scale consisted of 13 items. Each correct answer was given one score and zero score for a wrong or unknown answer.

The total knowledge score ranged:

from 0 to 13 and was classified as the following:
- High knowledge score: > mean + SD.
- Low knowledge score: <mean - SD.

**Attitude scale:**
The attitude scale consisted of 16 items; each item scored a value of 1 for positive attitude and 0 for negative attitude.

**Ethical considerations**:
− An Approval of the project was obtained from Hadhramout University, College of nursing and department of community nursing.
− A letter was obtained from College of nursing to the vice deans of each of the 5 selected faculties to facilitate our data collection.
− The objectives of the study were clarified to the participants and informed consent to participate in the study was obtained from all the participants.
− We assured them that information collected will be private and used only for scientific and research purposes.

## Result:

statistically significant difference between the results of both pilot studies. The Cronbach's alpha of the questionnaire was 0.823.

A total of 422 questionnaires were distributed and 415 returned, giving a response rate of 98 %, So we exclude 31 because some are incomplete data, and our sample size was 384 questionnaires. The demographic profile of study participants including frequencies for gender, age, college and department, marital status, hereditary diseases of the family, and the relationship between the parents is shown in Table1. The age of the participants ranged from 18 years to 41 years with mean age $\pm$ S.D of 22.43 + 2.197.

### Table 3.1: Demographic profile of study participants

| Variable | N % |
|---|---|
| **Age** | |
| **Less than 20 years** | **14 (3.6%)** |
| **20 years and more** | **370 (96.4%)** |
| **meant- SD)** | **22.43.2.197** |
| **Gender** | |
| **Male** | **208 (54.2%)** |
| **Female** | **176 (45.8%)** |
| **College names** | |
| **Medicine and health sciences** | **80 (20.8%)** |
| **Administration science** | **106 (27.6%)** |
| **Arts** | **60(15.6%)** |
| **Engineering and petroleum** | **120 (31.3%)** |
| **Law** | **18(4.7%)** |
| **Marital status of students** | |
| **Manied** | **23(6,0%)** |
| **Single** | **357( 93,0%)** |
| **Divorced** | **3(,8%)** |
| **Widow** | **1(.3%)** |
| **Relationship between the parents** | |
| **Cousins** | **77 (20.1%)** |
| **Sons of antes** | **34 (8.9%)** |
| **Sons of grandfather** | **35 (9.1%)** |
| **Hereditary diseases** | |
| **Yes** | **95 (24.7%)** |
| **No** | **204 (53.2%)** |
| **Dont know** | **85 (22.1%)** |

Descriptive statistics for each item in the questionnaire are given in table 2 and3. This study included a total of 384 participants. Male

students accounted for 208(54.2%) of the sample and the remaining 176 (45.8%) were females.

The majority 370 (96.4%) of them were in age group 20 years and greater and were single 357 (93.0%), married 23 (6.0%), divorced 3 (0.8%), widow 1 (0.3%). It was found that the parents' consanguinity were among 146 (38.1%) and 238(62.0%) that wasn't found that the parents' consanguinity. The vast majority of the participants 289 (75.3%) reported a negative family history of hereditary diseases.

**Table 3.2: Frequency of various responses to question of Knowledge participants toward Premarital Counseling:**

| Domain | Item no | Yes | No | Don't know |
|---|---|---|---|---|
| Knowledge | 1 | 193 (50.3%) | 164 (42.3%) | 27 (7.0%) |
| | 2 | 80 (20.8%) | 175 (45.6%) | 129(33.6%) |
| | 3 | 305 (79.4%) | 34 (8.9%) | 45(11.7%) |
| | 4 | 12 (3.1%) | 322 (83.9%) | 50 (13.0%) |
| | 5 | 29 (7.6%) | 343 (89.3%) | 12 (3.1%) |
| | 6 | 25 (6.5%) | 346 (90.1%) | 13 (3.4%) |
| | 7 | 359 (93.5%) | 14 (3.6%) | 11 (2.9%) |
| | 8 | 307 (79.9%) | 13 (3.4%) | 63 (18.4%) |
| | 9 | 299 (77.9%) | 14 (3.6%) | 71 (18.5%) |
| | 10 | 119 (31.0%) | 199 (51.8%) | 66 (17.2%) |
| | 11 | 279 (72.8%) | 21 (5.5%) | 83 (21.6%) |
| | 12 | 260 (67.7%) | 29 (7.6%) | 95 (24.7%) |
| | 13 | 296 (77.1%) | 17 (4.4%) | 71 (18.5) |

As shown in Table 2 that about half of the participants 193 (50.3%) have an idea about a premarital counseling program, and less than half 175(45.6%) have no idea about the availability of PMC in Yemen. The majority of participants 305 (79.4%) think that the best time for PMC is before engagement and few of them 12 (3.1%)

2think that the best time for PMC is after marriage. The majority of participants 359 (93.5%) think that both girls and boys should do the PMC program. On other hand, 29 (7.6%) think that just boy does the PMC program and 25(6.5%) think that just girl does the PMC program, The majority of participants 307 (79.9%) think that PMC is

good to find out genetic and infectious diseases that may cause a problem in the future. Furthermore, 299 (77.9%) of participants think that PMC has a role in reducing incurable genetic diseases.

About one half of participants 199 (51.8%) have no idea about what medical examination includes the PMC program. The majority of participants 279 (72.8%) think that PMC is good to find out STDs, In addition, 260 (67.7%) of participants think that PMC detected different blood groups and its affection on fetus, Finally, the majority of participants 296 (77.1%) know that treating children with genetic diseases financially and morally costly.

**Table 3.3: distribution of knowledge score among study population:**

| Score | Frequency | Percentage |
|---|---|---|
| High | 318 | 82.8% |
| low | 66 | 17.2% |
| Total | 38 | 100% |

Table 3 shows the knowledge scale of the participants about premarital counseling (PMC) which present (318) 82.8% of the participants have a high knowledge level. (66) 17.2% of them have a low knowledge level about PMC.

**Table 3.4: Frequency of various responses to question of Attitude participants toward Premarital Counseling:**

| Domain | Item no | Agree | Disagree | Natural |
|---|---|---|---|---|
| Attitude | 1 | 351 (91.4%) | 11 (2.9%) | 22 (5.7%) |
| | 2 | 259 (67.4%) | 51 (13.3%) | 74 (19.3%) |
| | 3 | 286 (74.5%) | 29 (7.6%) | 69 (18.0%) |
| | 4 | 151 (39.3%) | 143 (37.2%) | 90 (23.4%) |
| | 5 | 352 (91.7%) | 13 (7.4%) | 19 (4.9%) |
| | 6 | 199 (51.8%) | 84 (21.9%) | 101 (26.3%) |
| | 7 | 316 (82.3%) | 27 (7.0%) | 41 (10.7%) |
| | 8 | 304 (79.2%) | 21 (5.5%) | 59 (15.4%) |
| | 9 | 271 (70.6%) | 34 (8.9%) | 28 (7.3%) |
| | 10 | 322 (83.9%) | 34 (8.9%) | 28 (7.3%) |
| | 11 | 341 (88.8%) | 19 (4.9%) | 23 (6.0%) |
| | 12 | 325 (84.6%) | 23 (6.0%) | 35 (9.1%) |
| | 13 | 286 (74.5%) | 44 (11.5%) | 54 (14.1) |
| | 14 | 109 (28.4%) | 195 (50.8%) | 80 (20.8%) |
| | 15 | 110 (28.6%) | 142 (37.0%) | 132 (34.4%) |
| | 16 | 335 (87.2%) | 15 (3.9%) | 34 (8.9%) |

Table 4 shows that the vast majority of the participants 351 (91.4%) thought it is important to carry out PMC before marriage. A majority of participant 259 (67.4%) believes counseling and a medical examination is necessary for a complete marriage, 286(74.5%) of participants agree that The counseling program does not conflict with the rules of Islam, 151(39.3%) of participants accept of the marriage of relatives, a majority of them 352(91.7%) agree with counseling program increases people's awareness of the program before marriage. About half of them 199(51.8%) accept that the counseling program does not reveal personal secrets. The majority of participant 316(82.3%) accept the idea of PMC in general and 304(79.2%) is convinced of the usefulness of premarital counseling, despite beliefs and behaviors. The majority of them 271 (70.6%) will go to the center of PMC if know it. Also, 322(8.9%) accept personally conducting a medical examination before marriage. The majority 341 (88,8%) accept the counseling program to Protect children from disease, and 325(84.6%) accept that to make sure of the health of the person you will associate with, also, 286(74.5%) accept that program to ensure the ability to have children. About half of the participants 195(50.8%) don't accept their fear to examine because of unsatisfactory results of the examination for them. 142(37.0%) of participants disagree to continue their marriage If the results of the examination appear for him and his partner, one of them has a genetic disease, finally, a majority of participants 335(87.2%) accept that advice and medical examination before marriage is a proper procedure.

**Table 3.5: Distribution of Attitude score among study population:**

| Score | Frequency | Percentage |
|---|---|---|
| Positive | 354 | 92.2% |
| Negative | 30 | 7.8% |
| Total | 384 | 100% |

Table 5 shows that the vast majority of the participants 354(92.2%) had positive attitude toward (PMC) and 30 (7.8%) of them had a negative attitude.

**Table 3.6: Mean score with respect to demographics:**

| Variable | K.score 21,22 +4.18 Mean rank | P-value | A.score 23,17+4,87 Mean rank | P-value |
|---|---|---|---|---|
| **Gender** **Male** **Female** | 196,56 187,70 | 0.433 | 211,75 168.78 | 0.000 |
| **Age of student*** **Less than 19** **More than 20** | 223,14 191.34 | 0.290 | 222,93 190.83 | 0.285 |
| **Marital status**** **Married** **Single** **Divorced** **Widowed** | 159,28 193,97 260,50 226.00 | 0.337 | 178.93 192.06 247.67 303.00 | 0.552 |
| **Relationship between the parents **** **Cousins** **Sons of antes** **Sons of grandfather** **There are no** | 205.58 184.76 199.59 188.33 | 0.630 | 205.80 201.57 210.33 183.44 | 0.277 |
| **Hereditary diseases**** **Yes** **No** **Dont know** | 169.51 190.03 221.84 | 0.006 | 174.46 159.72 200.52 | 0.257 |

**P-value < 0.05 is statistically significant; *Mann-Whitney U, **Kruskal Wallis H test; Note: K-score = average knowledge score; A-score =average attitude score**

Inferential statistics, i.e., Mann-Whitney U and Kruskal Wallis H tests were applied to compare scores of each domain with various demographic factors.

The results of the test are shown in Table 6. By taking P-value <0.05 as statistically significant there was a difference between the mean Attitude score of males (211.75) and females (168.78). Males showed a higher Attitude than females. Similarly, mostly, a significantly higher difference was observed between mean knowledge and the score for students that don't know if their Family

has a hereditary disease 221.84, then there one has no hereditary disease 190.03 and there one has hereditary disease 169.51. No statistically significant difference in scores was observed among other demographic factors.

**Table 3.7: Correlation between Knowledge and Attitude**

| Variable | Rho | P-Value |
|---|---|---|
| Knowledge, Attitude | .413 | < 0.001 |

**Statistically significant as P-value < 0.05**

A correlation between different domains of questionnaire was also assessed.

A weak positive correlation was observed between knowledge and attitude (Table 7)

**Table 8: Categorization of study participants score on KA domains:**

| Variable | Knowledge | | Attitude | |
|---|---|---|---|---|
| Gender | High | Low | positive | Negative |
| Male | 167 | 41 | 186 | 22 |
| Female | 151 | 25 | 168 | 8 |
| Age | | | | |
| Less than 20 year | 12 | 2 | 12 | 2 |
| 20 year and more | 306 | 64 | 342 | 28 |
| Marital Status | | | | |
| Married | 22 | 1 | 22 | 1 |
| Single | 294 | 63 | 328 | 29 |
| Divorced | 1 | 2 | 3 | 0 |
| Widowed | 1 | 0 | 1 | 0 |
| relationship between parents | | | | |
| Cousins | 59 | 18 | 71 | 6 |
| Sons of antes | 28 | 6 | 30 | 4 |
| Sons of grandfather | 27 | 8 | 34 | 1 |
| There are no | 204 | 34 | 219 | 19 |
| Hereditary diseases | | | | |
| Yes | 84 | 11 | 90 | 5 |
| No | 170 | 34 | 187 | 17 |
| Dont know | 64 | 21 | 77 | 8 |

   Using chi-square test, for each domain scores of the study participants were categorized into 2 categories, High and Low in knowledge, Positive and negative in attitude. The results of this categorization are shown in (Table 8).

## Discussion:

Premarital counseling and examination are gaining an increased attention now days. It is one of the most important strategies for prevention of genetic disorders congenital anomalies, and several medical psychosocial marital problems.

The study aimed to evaluate the knowledge and attitude about premarital counseling of students among Hadhramout University Students. And determine the factor for not having advice before getting married.

The current study was done on a sample of students at Hadhramout university students who also will be the future couples and care providers (physicians & nurses) in our community.

This study included a total of 384 participants. Male students accounted for 208 (54.2%) of the sample and the remaining 176 (45.8%) were females. The students aged less than 20 years (12) represented (3.6%) and the student aged 20 years and more is (370) represented (96.4%) of the studied sample (Table 1)

As regard of the students 193 (50.3%) have an idea about a premarital counseling program, less than half 175(45.6%) have no idea about the availability of PMC in Yemen. also About one half of students 199 (51.8%) have no idea about what medical examination includes the PMC program and 119 (31.0%) of students have idea about what medical examination includes the PMC program. (Table 2)

Regarding the knowledge of students about centers providing premarital counseling (20.8%) of student mentioned that e availability of PMC in Yemen.

As regard the suitable time to provide premarital counseling (79.4%) of student was preferred premarital counseling before engagement, this results agree with the study from Iran (13) who found that the best time of PMC is before engagement.

The good knowledge of the students may be attributed to having sufficient basic information obtained from their social media also, there was a center of PMC in hadhramout governorate, also this results agree with the study of Siliman B, and Schumn (2000) (14) who found that good knowledge as regard of the term of PMC and its component was found among students in Sultan Qaboos University.

This study disagrees with Al-Kahtani NH, (2000) who mentioned that 28% of students referred their knowledge about premarital counseling

to student University. This study showed that 82.8% of the students have knowledge about PMC and 17.2% of students don't have knowledge about PMC. (Table 3)

As regard of the students 351 (91.4%) thought it is important to carry out PMC before marriage while 11(2.9%) thought it is not important to carry out PMC before marriage. Also the majority of students 341(88.8%) accept the counseling program to Protecting children from disease bout 19(4.9%) disagree with this issue. (Table 4)

This study revealed that (39.3%) of student agree to the consanguineous marriage. (Table 4)

Regarding to attitude of students toward do not acceptance to continuous relation after notifying about genetic disease her\his family (37.0%). (Table 4)

This study shows that the vast majority of the students 354(92.2%) had positive attitude toward (PMC) and 30 (7.8%) of them had a negative attitude. (Table 5)

    Showed in this study there was a difference between mean Attitude score of male (211.75) and female (168.78). Males showed higher Attitude than females Similarly, a significantly higher difference was observed between mean knowledge and score for students that don't know if his Family has hereditary disease 221.84 than there one has no hereditary disease 190.03 and there one has hereditary disease 169.51 No statistically significant difference in scores was observed among other demographic factors. (Table 6).

Also the present study revealed that A correlation between different domains of questionnaire was also assessed. A weak positive correlation was observed between knowledge and attitude. (Table 7)

This study showed High and Low in knowledge, Positive and negative in attitude. The results of this categorization it is very interesting to notice that male students had better knowledge scores as well as attitudes toward premarital counseling and examination. (Table 8)

It is very interesting to notice that male students had better knowledge scores as well as attitudes toward premarital counseling and examination, This is due to high percentage at the male educational level more than girls (Table 6), This result agree with the study of Soliman MH (1999) (16).

## Conclusion & Recommendations

The present study dealt with students of faculties affiliated to hadhramout University. Those students were strength of knowledge about premarital counseling related to definition, best time of PMC, Submit to PMC, definition of reproductive health and sexuality transmitted diseases. Detected different blood group. This study also, showed that majority of participant accept idea of PMC program and will do it.

The results of the present study revealed that of students scored high level of knowledge about premarital counseling The present study revealed that more participant expressed a positive attitude toward premarital counseling, while fewer of them had expressed a negative attitude.

Findings of the present study, showed that the males had more satisfactory knowledge and attitude score than females about premarital counseling. Also, there are association between knowledge and attitude of students about PMC and their socio-demographic characteristics including gender and hereditary disease of family.

There are statistically significant between students in different college in knowledge and attitude toward premarital counseling.

## Recommendations:

Based on the results obtained in this study especially after the field experience it has encountered, it may be possible to divide the has recommendations as follows:

1- Improve of the student's knowledge of hadhramout University student about premarital counseling, modify the current and available services and efforts for raising the community awareness about the important of its utilization.
2- Improve the student's knowledge of hadhramout University about premarital counseling and this has to be done through the possible channels of communications as (Television, Radio and social media), programs should be presented more frequently in a simple and clear way, emphasizing the importance and outlets of premarital counseling, periodic distribution of scientific pamphlets of handouts about the subject.
3- Increase awareness of adolescents and youth about family life education and premarital counseling, its importance and outlets of these services through inclusion it in secondary school and university curriculum.

4- Programs orientation of medical and nursing students and up to date information about premarital counseling.

5- Health education programs are needed to teach university students about premarital counseling and examination.

6- In services education of health personnel who provide these services in Medical Center Health (MCH) or hospitals and provide them with up to date knowledge about premarital counseling should be taken in consideration to improve these services.

7- Family planning centers and maternal and child health centers are concerned only with providing information and services for married couples where as these centers can provide information and education for youth population especially when they intended to get married.

8- Integrate premarital counseling in the curriculum of basic nursing education.

9- Recommended department of health affairs in hadhramout governorate to guide people compulsory doing premarital counseling before any new marriage and instruct them to bring health certificate from official department approved for this issues

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