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Enhancement of health-related quality of life through gender sensitization among school going adolescent girls

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Abstract: *The aim of the present study is to enhance the health-related quality of life of adolescent school girls by gender sensitization. The present study was a interventional, cross-sectional, questionnaire study conducted among adolescent school going girls. A total of 538 adolescent girls were surveyed in pre-test. All the girls of class 7th to 10th class from 5 schools were included in the study, among all, those who had given informed consent were included in the study to make up the total sample size. Mean General health scores {(15.35±0.38)} after 3 months of work shop was significantly (p=0.01*) higher among study participants as compared to pre-test scores {(10.93±1.63)}. There was a drastic improvement in in the knowledge among study participants from pre-survey to post survey after 3 months of workshop. In pre- test a weak positive significant correlation was observed between gender related knowledge and emotional role functioning. From above it has been concluded that through gender sensitization there has been a significant improvement in Health-related quality of life among school going adolescent girls in Government schools.*

Key words: *Health, Quality, Gender, Sensitization, Adolescents.*

1. INTRODUCTION :

Gender sensitization is defined as the education of gender sensitivity and also encourages behavior modification by raising awareness about gender equality apprehensions. In other words, it is the process by which people are made aware of gender equality and the need to remove gender discrimination. It includes challenging and understanding the prevailing gender roles, biases and stereotypes that are rampant in society. The aim of Gender sensitization is to make a more just and equal society free from gender-based discrimination.[1]

The goal of gender sensitization is to address various issues such as gender equality and inspire participants to follow solutions.[2] Gender sensitization can be achieved by conducting various sensitization campaigns, programs, workshops, training centres, etc. In regards to domain of Social Sciences and Humanities, sensitization can be seen as an awareness-informed tendency or disposition with a aim of changing behavior so that it is sensitive to certain issues. It may be seen as "the awareness informed tendency to behave in a way which is sensitive to issues related to gender equality and gender justice.[1]

There is an inter-relationship between gender sensitization and empowerment.[2] Theories related to Gender sensitization claim that by modifying the behavior of parents and teachers (etc.) towards children can have a causal effect on gender equality. It is about changing behavior and introducing empathy into the opinions that we hold about ourself and the other genders.[3] It helps people in "recognizing their views and personal attitudes and questioning the 'realities' they thought they know.[4]

There are various means by which Gender sensitization can be achieved which include education, awareness-raising campaigns and training.[5] It can be introduced into school curricula, community programs and workplace policies.

The ultimate aim is to form a culture where people are aware of gender concerns and dynamically work towards gender equality.[6]

Globally, investments and greater attention should be made towards adolescent girls' education, safety and health. These investments should be based on the understanding that adolescence is a time of rapid social, cognitive and physical development and therefore, modifying risks and increasing protective factors during this stage of life is very important to ensure prosperity and long-term well-being in adulthood for ourself, their families, and whole community.[7,8]

One of an important factor which can be associated with Gender sensitization is Health related quality of life (HRQoL). It is a multidimensional measure which is based on an individual's happiness or satisfaction in various life domains that are affected by health.[9] Studies examining impact of gender on HRQoL have shown that female children and adolescents has reported lower HRQoL as compared to their male counterparts.[10-12]Various studies were conducted to assess relationship between HRQoL, BMI, obesity and weight,[13-14]but the impact of gender sensitization on change in HRQoL is less researched, therefore the aim of the present study is to enhance the health related quality of life of adolescent school girls by gender sensitization.

2. MATERIALS AND METHODS :

The present study was a interventional, cross-sectional, questionnaire study conducted among adolescent school going girls. The study was conducted in December 2022 among randomly selected five Government secondary school in Ajmer city and was conducted among adolescent girls of 7th to 10th class with age group of 14 years to 16 years.

Before the survey, permission was availed from the school and a pre-survey was conducted with written informed consent was taken from every student. Those girls present at the time of survey and given their inform consent to be included in the study. A total of 538 adolescent girls were surveyed in pre-test. All the girls of class 7th to 10th class from 5 schools were included in the study, among all, those who had given informed consent were included in the study to make up the total sample size. And after pre-test a work shop was conducted to educate adolescent girls about the gender sensitization. At pre-survey Health-related quality of life of study participants was recorded. After 3 months of workshop a post-test was conducted and change in Health-related quality of life (HRQoL) was determined. In post-test an attrition of 35 girls was there, due to the absence at the day of survey. Total sample size in post-test was 503.

Before the study, a pilot survey was conducted, before the main survey on 10 % of the total study participants to test the validity and reliability of questionnaire. Reliability of the Questionnaire was determined by using Test-Retest and the values of measured Kappa (k) =0.81 Weighted Kappa (k_w) = 0.87. Internal consistency of questionnaires was measured by applying Cronbach's-Alpha (α) and the value of α=0.90 was measured. Those questions with less validity and reliability were removed. For better understanding, whole questionnaire was translated into Hindi language.

The questionnaire consists of 3 parts. First part consists of demographic details of the study participants which includes age of study participants which belonged to 14 to 16 years. Religion, caste was also enquired, and was not mandatory to be filled by study participants. Other demographic details were people in family, monthly income of family, Type of household, Toilet at home. 2nd part consist of questions regarding the knowledge of study participants towards Gender, which consist of 35 questions. The questionnaire had 6 sections that is, gender related knowledge, gender and patriarchy, health system, educational processes and institutions, gender misconceptions, understanding gender and sex. Answer to first 5 sections were divided into "yes" and "no". And in section 6, participant has to choose an option between Gender and sex. 3rd part of questionnaire had questions to assess Health related quality of life (HRQOL). The questionnaire used to assess HRQOL was SF-36 which has 6 subscales, which were, General health perceptions consists of 6 questions, Limitation of activities consists of 10 questions, Physical health problem consists of 4 questions, Emotional health problems which has 3 questions, social activity subscale of questionnaire consists of 2 questions. Pain subscale consists of 2 questions and energy and emotions scale has 9 questions. To each question, in all domains of SF-36 questionnaire there are 3 options. To each option, 1, 2, 3 points was given with 1 refers to poor Health related quality of life and 3 refers to good Health related quality of life. The total of each domain score, by adding the individual scores of each question and each domain was further divided into poor and good based on total scores of each question. Total score of Health-related Quality of life was assessed by adding the individual score of each domain and divided into 3 categories with good=36-60=3, moderate=61-84=2, poor85-108=1.

Statistical analysis

Descriptive analysis was applied to determine demographic details, Knowledge regarding Gender, change in knowledge pre and post survey among study participants. T-test was used assess the change in mean health related quality of life (HRQoL) at pre and post survey. Pearson's correlation was applied to assess Correlation of Gender related knowledge domains score and Health Related Quality of Life Domains score at pre and Post test (3 months). Level of significance was kept at 5%.

3. RESULTS :

Response rate in the present study was 98%. Table 1 shows that, majority of study participants study participants {202 (40%)} were belonged to age of 16 years. Most of them were from general category {57 (57%)}. Most of the study participants {66 (68%)} were having 4 family members.

Table 2 shows that study participants majority of study participants {420 (78%)} in pre-survey thinks that gender does not show social differences between male and female while after 3 months of work shop most of them {342 (68%)} were agreed with the statement. About 455 (66%) of study participants does not agree with the statement that Patriarchy is father or male domination in pre-survey while this percentage decreases to 181 (36%) in post survey. Both in pre and post survey majority of study participants {328 (61%)} and {437 (87%)} agreed with the statement that Health should be given equal importance for both males and females and also 317(59%) in pre survey and 448 (89%) in post-survey agreed with the statement that mental health among females is very important. About 113 (21%) of adolescent girls does not think that study curriculum shows gender inequality while in post-survey this percentage increases to 362 (72%). In the 5th subscale that is about gender misconceptions, majority of girls {437(85%)} agreed with the statement in the pre-survey that boys are harsh while girls are delicate. As compared to this only 226 (45%) were agreed to this statement in post survey. In regards to understanding of gender and sex, most of the study participants {388(72%)} thinks that female give birth to child while males can't is part of gender and not the sex while after 3 months of workshop this percentage decreases to 156 (31%). In both pre and post-survey, majority of study participants {339(63%)} and {453 (90%)} thinks that females cooks better food than males comes under gender.

Table 3 shows the mean General health scores {(15.35±0.38)} after 3 months of work shop was significantly (p=0.01*) higher among study participants as compared to pre-test scores {(10.93±1.63)}. Mean Emotional health problems scores {(5.32±1.18)} was significantly (p=0.05) lower among study participants as compared to post-test scores ({5.68±1.23}) after 3 months of work shop. There was a significant (p=0.00) increase in mean social activity scores ({6.89±1.60}) 3 months in post-test, after work shop. Overall mean Health related quality of life (HRQOL) score {(70.01±4.82)} was significantly (p=0.01) higher at post-test that is 3 months after workshop as compared to pre-test scores {(59.24±4.61)}. Table 4 shows mean knowledge and practice score at pre-test and post-test after 3 months of work shop. It has been observed that Mean knowledge and practice scores had significantly (p=0.00) and (p=0.03) improved to (41.65±0.56) and (45.88±1.05) in post-test after 3 months of workshop.

Table 4 shows that there was a drastic improvement in in the knowledge among study participants from pre-survey to post survey after 3 months of workshop. Knowledge regarding gender and patriarchy was good among 41 (8%) of study participants in pre survey which has increased to 203 (40%) study participants in post survey. Overall knowledge regarding Gender was poor in pre-survey among 316 (59%) study participants which has decreased to 46 (8%) of study participants.

Table 5 shows Correlation of Gender related knowledge domains score and Health Related Quality of Life Domains score at pre-test (Day 1) and post-test at (3 months). In pre- test a weak positive significant correlation was observed between gender related knowledge and emotional role functioning. However, gender related knowledge evidenced a moderate positive significant correlation with physical functioning and total health related quality of life score. Health system score showed a weak positive significant correlation with emotional role function, social role functioning and total health related quality of life score. In post-test after 3 months gender related knowledge showed strong positive significant correlation with physical functioning, emotional role functioning, social role functioning and total health related quality of life score. Health system score showed a strong positive significant correlation with emotional role function, social role functioning and total health related quality of life score.

4. Discussion :

The purpose of the study is to assess the effect of gender sensitization on Health-related quality of life (HRQoL). A workshop was conducted to improve the knowledge of adolescent school going girls in regards to gender and health

related quality of life (HRQoL) was measured before and after 3 months of workshop. Till now not many interventional studies were conducted to record the impact. In the present study, it was assessed that there was a significant ($p \leq 0.05$) improvement in HRQoL in post-test (3 months) as compared to pre-test. This may be due to the fact that by fostering gender equitable approaches, adolescents have the potential to alter their gender attitudes and perceptions of gender norms. It is hypothesized that changing gender attitudes and perceptions of gender norms among adolescent girls can improve the health-related quality of life (HRQoL) in the short and long term.[15] In the present study there was a significant association between Gender related knowledge domains score and Health Related Quality of Life Domains score in a study by Bolton K[16], it was coated in a systematic review conducted among health professionals in which, thirty-seven percent of studies showed a significant improvement in gender-related knowledge after the training.[15-17]

In the present study, knowledge regarding gender has been improved after training among school going adolescent girls. As compared to this in a study by Michel G et al in which Children generally showed better HRQOL than adolescents ($P < 0.001$). While boys and girls had similar HRQOL at young age, girls' HRQOL declined more than boys' ($P < 0.001$) with increasing age, depending on the HRQOL scale.[18] It was also been coated that studies suggest that female adolescents have a poorer perception of their own health and report a higher presence and frequency of somatic symptoms than boys.[19]

5. Recommendation :

Still a lot of research is needed in this field as knowledge of gender or gender sensitization is needed in order to improve social well-being and Health related quality of life at early age.

6. Conclusion and Summary :

The study was conducted to improve or enhance the health-related quality of life among school going adolescent girls by gender sensitization was conducted, for this an interventional study was conducted in Government secondary school in Ajmer city and was conducted among adolescent girls of 7th to 10th class with age group of 14 years to 16 years. A questionnaire study was done on 1st day and then training was conducted and then change in HRQoL was recorded before training and after 3 months. The results showed that improvement in HRQoL was recorded after 3 months. From above it has been concluded that through gender sensitization there has been a significant improvement in Health-related quality of life among school going adolescent girls in Government schools. Knowledge regarding gender was very poor in pre-survey. There was a significant association between domains of Gender and Health related quality of life domains scores.

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Table 1: Demographic details of study participants.

Demographic variables		**Pre-test (day 1)**	**Post-test (3 months after work shop)**
SAMPLE SIZE		538	503
AGE (in years)	**14**	194 (36%)	186 (37%)
	15	129 (24%)	115 (23%)
	16	215 (40%)	202 (40%)
	Total	**538 (100%)**	**503 (100%)**
RELIGION	Hindu	339 (63%)	317 (63%)
	Muslim	54 (10%)	50 (10%)
	Christian	11 (2%)	10 (2%)
	Sikh	54 (10%)	50 (10%)
	Jain	54 (10%)	50 (10%)
	Others	11 (2%)	10 (2%)
	Don’t wanna tell	15 (3%)	16 (3%)
	Total	**538 (100%)**	**503 (100%)**
CASTE	**General**	307 (57%)	287 (57%)
	OBC	124 (23%)	116 (23%)
	SC	65 (12%)	60 (12%)
	ST	27 (5%)	25 (5%)
	Don’t know	5 (1%)	5 (1%)
	Don’t want to tell	10 (2%)	10 (2%)
	Total	**538 (100%)**	**503 (100%)**
PEOPLE IN FAMILY	3	97 (18%)	91 (18%)
	4	366 (68%)	342 (68%)
	5	53 (10%)	50 (10%)
	6	22 (4%)	20 (4%)
	Total	**538 (100%)**	**503 (100%)**
MONTHLY INCOME	Less than 20k	167 (31%)	151 (30%)
	20-30k	75 (14%)	86 (17%)
	30k- 40k	59 (11%)	65 (12%)
	More than 40k	38 (7 %)	40 (8%)
	Don’t know	140 (26%)	116 (23%)
	Don’t wanna tell	59 (11%)	45 (11%)
	Total	**538 (100%)**	**503 (100%)**
TYPE OF HOUSEHOLD	Pucca	495 (92%)	463 (92%)
	Semi-pucca	38 (7%)	34 (7%)
	Kuccha	5 (1%)	5 (1%)
	Total	**538 (100%)**	**503 (100%)**
TOILET AT HOME	**Yes**	516 (96%)	483 (96%)
	No	22 (4%)	20 (4%)
	Total	**538 (100%)**	**503 (100%)**

Table 2: Knowledge regarding Gender among study participants

		Pre-test (day 1)			Post-test (3 months after work shop)		
		Yes N (%)	No N (%)	Total N (%)	Yes N (%)	No N (%)	Total N (%)
1	**KNOWLEDGE REGARDING GENDER**						
1.1	Gender shows social differences between male and female.	118 (22)	420 (78)	**538 (100%)**	342 (68)	161 (32)	**503 (100%)**
1.2	Sex shows biologic difference between male and female	81 (15)	457 (85)	**538 (100%)**	286 (57)	217 (43)	**503 (100%)**
1.3	Type of dressing shows gender differences	172 (32)	366 (68)	**538 (100%)**	347 (69)	156 (31)	**503 (100%)**
1.4	Voice and reproductive organs show Gender differences	210 (39)	328 (61)	**538 (100%)**	86 (17)	417 (83)	**503 (100%)**
1.5	Due to Gender, females face social discrimination	221 (41)	317 (59)	**538 (100%)**	362 (72)	141 (28)	**503 (100%)**
2	**GENDER AND PATRIARCHY**						
2.1	The meaning of Patriarchy is father or male domination	183 (34)	455 (66)	**538 (100%)**	322 (64)	181 (36)	**503 (100%)**
2.2	Under Patriarchy, males are considered superior than females	226 (42)	312 (58)	**538 (100%)**	317 (63)	186 (37)	**503 (100%)**
2.3	Females are allowed to take decision related to family planning and number of children.	172 (32)	366 (68)	**538 (100%)**	342 (68)	161 (32)	**503 (100%)**
2.4	Females has no right on property	280 (52)	258 (48)	**538 (100%)**	156 (31)	347 (69)	**503 (100%)**
2.5	Gender and socialization give more strength to Patriarchy	226 (42)	312 (58)	**538 (100%)**	367 (73)	136 (27)	**503 (100%)**
3	**HEALTH SYSTEM**						
3.1	Health should be given equal importance for both males and females.	328 (61)	210 (39)	**538 (100%)**	437 (87)	66 (13)	**503 (100%)**
3.2	Mental health among females should be given utmost importance in society.	317 (59)	221 (41)	**538 (100%)**	448 (89)	55 (11)	**503 (100%)**
3.3	Male understand the problems of females related to menstruation	124 (23)	414 (77)	**538 (100%)**	206 (41)	297 (59)	**503 (100%)**
3.4	Food and Nutrition should be same for both males and females.	226 (42)	312 (58)	**538 (100%)**	377 (75)	126 (25)	**503 (100%)**
3.5	Females can visit Health facilities alone	172 (32)	366 (68)	**538 (100%)**	282 (56)	221 (44)	**503 (100%)**
4	**EDUCATIONAL PROCESSES AND INSTITUTIONS**						
4.1	Study curriculum shows Gender inequality	113 (21)	425 (79)	**538 (100%)**	362 (72)	141 (28)	**503 (100%)**
4.2	There is lack of girl schools in country.	350 (65)	188 (35)	**538 (100%)**	412 (82)	91 (18)	**503 (100%)**
4.3	Girls cannot complete their education due various pressure.	285 (53)	253 (47)	**538 (100%)**	428 (85)	75 (15)	**503 (100%)**

4.4	Girls often Hesitates to come to school during Menstrual period.	473 (88)	55 (12)	**538 (100%)**	307 (61)	196 (39)	**503 (100%)**
4.5	Girls were not sent schools continuously as compared to boys.	220 (41)	318 (59)	**538 (100%)**	126 (25)	377 (75)	**503 (100%)**
5	**GENDER MISCONCEPTIONS)following sentences are the Gender related misconceptions)**						
5.1	Male are considered as heir of the family	301 (56)	237 (44)	**538 (100%)**	201 (33)	337 (67)	**503 (100%)**
5.2	Boys are harsh while girls are delicate	437 (85)	101 (15)	**538 (100%)**	226 (45)	277 (55)	**503 (100%)**
5.3	if a girl is cheerful, but laughing out loudly is considered inappropriate.	393 (73)	145 (27)	**538 (100%)**	191 (38)	312 (62)	**503 (100%)**
5.4	If a girl speaks in front of many people is considered inappropriate.	366 (68)	172 (32)	**538 (100%)**	161 (32)	342 (68)	**503 (100%)**
5.5	If a girl speaks less, considered a good character.	221 (42)	307 (57)	**538 (100%)**	166 (33)	337 (67)	**503 (100%)**
6	**UNDERSTANDING GENDER AND SEX (Choose Gender and sex related sentences from below)**	**Gender N (%)**	**Sex N (%)**	**Total N (%)**	**Gender N (%)**	**Sex N (%)**	**Total N (%)**
6.1	Females give birth to child while males can't	388 (72)	150 (28)	**538 (100%)**	156 (31)	347 (69)	**503 (100%)**
6.2	Males as compared to females are better in handling issues related to investment and rupees.	237 (44)	301 (56)	**538 (100%)**	443 (88)	60 (12)	**503 (100%)**
6.3	Females do breast feeding to child.	296 (55)	242 (45)	**538 (100%)**	463 (92)	40 (8)	**503 (100%)**
6.4	When a woman is pregnant, she does not have menstrual cycle.	274 (51)	264 (49)	**538 (100%)**	453 (90)	50 (10)	**503 (100%)**
6.5	Females are more emotional than males	280 (52)	258 (48)	**538 (100%)**	423 (84)	80 (16)	**503 (100%)**
6.6	Females cooks better food than males	339 (63)	199 (47)	**538 (100%)**	453 (90)	50 (10)	**503 (100%)**
6.7	Males are responsible for the sex of unborn child	242 (45)	296 (55)	**538 (100%)**	91 (18)	412 (82)	**503 (100%)**
6.8	Females naturally takes better care of a child than males.	226 (42)	312 (58)	**538 (100%)**	463 (92)	40 (8)	**503 (100%)**
6.9	Hair of females are longer than males	199 (37)	339 (63)	**538 (100%)**	448 (89)	55 (11)	**503 (100%)**
7.0	Females needs to go to Beauty parlour	301 (56)	237 (44)	**538 (100%)**	458 (91)	45 (9)	**503 (100%)**

TABLE 3: Difference between mean Health related quality of life (HRQOL) and its sub-scales scores pre-test and post-test (3 months later).

	MEAN±SD	t-value	p	MEAN±SD	t-value	p
GENERAL HEALTH	10.93±1.63	1.889	1.21	15.35±0.38	0.561	**0.01***
LIMITATION OF ACTIVITIES	16.22±2.64	3.560	0.59	23.68±2.63	2.906	0.71
PHYSICAL HEALTH PROBLEMS	6.12±1.30	4.021	1.45	7.05±1.56	1.738	0.43
EMOTIONAL HEALTH PROBLEMS	5.32±1.18	0.259	**0.05***	5.68±1.23	2.673	1.23
SOCIAL ACTIVITIES	3.34±1.06	3.100	0.23	6.89±1.60	0.943	**0.00****
PAIN	3.37±1.03	0.387	0.44	4.46±0.746	2.902	0.11
ENERGY AND EMOTIONS	13.95±2.32	1.009	1.76	19.0±2.27	0.543	1.90
HEALTH RELATED QUALITY OF LIFE	59.24±4.61	1.788	0.08	70.01±4.82	5.882	**0.01***

$p \leq 0.05$

TABLE 4: Change in knowledge regarding Gender in pre- and post-survey.

	Pre-survey				Post-survey			
	Good N (%)	Fair N (%)	Poor N (%)	Total N (%)	Good N (%)	Fair N (%)	Poor N (%)	Total N (%)
KNOWLEDGE REGARDING GENDER	87 (16)	146 (27)	305 (57)	538 (100)	266 (43)	113(22)	124 (35)	503 (100)
GENDER AND PATRIARCHY	41 (8)	98 (18)	399 (74)	538 (100)	203 (40)	98 (19)	202 (41)	503 (100)
HEALTH SYSTEM	102 (19)	153 (28)	283 (53)	538 (100)	354 (70)	101 (20)	48 (10)	503 (100)
EDUCATIONAL PROCESSES AND INSTITUTIONS	39 (7)	71 (14)	428 (79)	538 (100)	219 (44)	209 (42)	75 (14)	503 (100)
GENDER MISCONCEPTIONS	46 (9)	81 (15)	411 (76)	538 (100)	210 (42)	231 (46)	62 (12)	503 (100)
UNDERSTANDING GENDER AND SEX	32 (6)	65 (12)	441 (82)	538 (100)	198 (39)	201 (40)	104 (21)	503 (100)
OVERALL, KNOWLEDGE REGARDING GENDER	93 (17)	129 (24)	316 (59)	538 (100)	256 (51)	207 (41)	46 (8)	503 (100)

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Table 5 Correlation of Gender related knowledge domains score and Health Related Quality of Life Domains score at pre- and Post-test (3 months)

		Pre-survey									Post-survey (3 months)								
		Vitality	PF*	BP*	GHP*	PRF*	ERF*	SRF*	MH*	Total* (HRQOL)	Vitality	PF*	BP*	GHP*	PRF*	ERF*	SRF*	MH*	Total* (HRQOL)
Knowledge regarding gender	Correlation coefficient	0.33	0.48	0.36	0.38	0.33	0.11	0.22	0.67	0.43	0.22	0.76	0.26	0.25	0.22	0.89	0.88	0.79	0.88
	p-value	0.88	0.03*	0.38	0.88	0.88	0.01*	0.02*	0.77	0.03*	0.66	0.02*	0.26	0.55	0.55	0.01*	0.03*	0.09	0.01*
Gender and patriarchy	Correlation coefficient	0.83	0.68	0.68	0.88	0.86	0.21	0.22	0.77	0.13	0.62	0.66	0.66	0.55	0.55	0.99	0.88	0.23	0.98
	p-value	0.38	0.88	0.33	0.08	0.38	0.98	0.88	0.07	0.78	0.26	0.66	0.22	0.05	0.25	0.99	0.99	0.18	0.99
Health system	Correlation coefficient	0.38	0.83	0.33	0.33	0.38	0.28	0.28	0.66	0.18	0.26	0.62	0.22	0.22	0.23	0.81	0.89	0.65	0.85
	p-value	0.38	0.33	0.36	0.86	0.38	0.01*	0.02*	0.76	0.03*	0.26	0.22	0.26	0.33	0.23	0.02*	0.02*	0.87	0.02*
Educational processes and institutions	Correlation coefficient	0.38	0.68	0.83	0.83	0.88	0.27	0.27	0.76	0.17	0.31	0.11	0.53	0.32	0.33	0.89	0.88	0.89	0.88
	p-value	0.86	0.88	0.33	0.33	0.38	0.04*	0.01*	0.66	0.04*	0.11	0.11	0.33	0.22	0.23	0.04*	0.01*	0.09	0.04*
Gender misconceptions	Correlation coefficient	0.88	0.86	0.83	0.86	0.38	0.14	0.21	0.76	0.34	0.11	0.11	0.53	0.33	0.23	0.84	0.89	0.23	0.84
	p-value	0.88	0.38	0.88	0.38	0.38	0.03*	0.02*	0.67	0.03*	0.11	0.31	0.55	0.23	0.23	0.03*	0.02*	0.18	0.01*
Understanding gender and sex	Correlation coefficient	0.88	0.33	0.38	0.83	0.86	0.16	0.26	0.76	0.36	0.11	0.33	0.35	0.32	0.33	0.88	0.89	0.65	0.89
	p-value	0.33	0.38	0.33	0.88	0.38	0.02*	0.02*	0.77	0.01*	0.33	0.31	0.33	0.55	0.25	0.09*	0.04*	0.88	0.04*
Total	Correlation coefficient	0.33	0.88	0.36	0.38	0.33	0.27	0.27	0.67	0.17	0.33	0.88	0.35	0.25	0.22	0.83	0.88	0.89	0.88
	p-value	0.88	0.33	0.38	0.88	0.88	0.05*	0.05*	0.77	0.05*	0.55	0.03*	0.35	0.55	0.55	0.05*	0.05*	0.09	0.05*

p≤0.05, PF*- Physical Functioning, BP*- Bodily Pain, GHP*- General Health perceptions, PRF*- Physical role functioning, ERF*- Emotional role functioning, SRF*- Social role functioning, MH*- Mental Health, (HRQOL)*- Health Related Quality of Life.