



A Descriptive Study to Assess the Knowledge Regarding Sex Education among Adolescent Girls of 1st Year B.Sc Nursing Students of SGT University Gurugram

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ABSTRACT

The goal of this study is to evaluate the sex education knowledge of teenage females who are first-year B.Sc. nursing students at SGT University in Gurugram. Adolescent females enrolled in the first year of the B.Sc. Nursing programme at SGT University, Budhera, Gurugram, participated in an experimental descriptive study to gauge their understanding of sex education. The study had a total of 60 students. Convenience sampling was used to choose the sample. It is a specific kind of non-probability sampling method. We discovered that, at the 0.05 level of significance, variables like age class and menarche were not statistically significant, whereas residence, religion, family type, and source of information notices pubertal changes had significant effects on knowledge of adolescent girls. Of the girls, 1.66 percent had good knowledge, 41.50 percent had moderate knowledge, and 56.44 percent had inadequate knowledge. We came to the conclusion that adolescent females' sex education and knowledge varied significantly. As a result, there was a substantial correlation between knowledge and the demographic factors among teenage girls enrolled in the first year of the B.Sc. Nursing programme at SGT University, Budhera, Gurugram.

KEY WORDS: sex, education, adolescent girls

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INTRODUCTION

Adolescence is the stage of human development which happens between childhood and full age. It is the time when a person is emotionally unavailable yet stills biologically an adult. Most children go through the physical stage of puberty during this time in life, which might begin as they become 13 years old. They are enthusiastic, passionate, and open to fresh concepts. Under the condition that they grow healthily, there exist forces that are advantageous to the country and are in charge of its future productivity [1].

Sex education, also known as sexuality education or sex relationships education, is the process of learning facts and developing attitudes and beliefs about sex, sexual identity, relationships, and intimacy, according to the Avert organisation. The aim of sex education is to improve young people's capacity so they can make strong decisions about their action and feel certain and confident about acting on these decisions in general. It also imparts knowledge on birth control or safe sex. So if implementing sex education, it was noted that sometimes people mistakenly believe sex education only refers to sexual behaviour, such as sexual intercourse, and not the full array of the topics that comprise sexuality. Parents who are well-educated themselves help children become more self-assured and have better control over their attitudes. Sex education cannot reduce the high risk of HIV and STD infection by intimate intercourse [2].

Preparation for topics relating to human sexuality, such as family members and emotional duties, human sexual anatomy, sexual practices, and reproduction, is achieved through sex education. Sex, Adolescence, reproductive rights, safer sex, primary screening and assisted sex. Sex education that includes all these elements is called comprehensive. Human or caregiver, official college programmes, and public health initiatives are common settings for sex education. Historically, Adolescents in many cultures are not provided with any data on sexual issues because discussing such issues is considered taboo. Traditionally, such guidance is left to the child's parents and sometimes it is deferred until just before the child's marriage. However, the introduction of "social hygiene" into North American university curricula and the establishment of a completely gender-based higher education were both results of the revolutionary school movement of the previous 19th century [2].

Despite starting school early, the majority of sexual information in the middle of the 20th century was learned on the side from friends and the media, and most of it was of dubious value. issues, particularly

during puberty, when interest in sexual things is at its highest. The growth in adolescent pregnancy rates, particularly in Western nations following the 1960s, together with this shortfall were part of each country's attempts to lower such pregnancy rates. Initially, a sex education program was launched in the face of fierce opposition from parents and religious groups [3].

According to the American Council on Sexual Information and Education (SIECUS), the American Council on Sexual Education and Information 93% of upper secondary education and 8% favor middle school students and 80% high school and high school students attending. Sex education lectures make it easy for them to act on and discuss sex with their children. In addition, 92% of adolescents said that they would like to both talk about sex with their parents and receive intensive sex education at school [4].

Sex education is the process of finding out the truth and establishing attitudes and attitudes about sex, sexuality, relationships, and intimacy. It aims to improve the skills of young people so that they can decide what to drive safely and feel competent and confident acting on those judgments. Young people are usually believed to have a right to sex education, in part due to it allows them to appropriately protect themselves against abuse, exploitation, unwanted pregnancy, STDs and HIV/ AIDS [5].

Sex education also helps to equip young people with skills to distinguish between true and false information, illness and the variety of moral, social, and sexuality-related viewpoints. Sexuality, encompassing many forms cultural attitudes. They often appreciate the opportunity to talk about issues on which people have strong opinions, such as abortion, premarital sex, lesbian and gay issues, contraception, birth control and pregnancy. Effective sex education also gives young people the opportunity to explore why people have sex and to reflect on how it relates to emotions, self-respect, feelings and decisions. It's important for them to understand how bullying, stereotyping, abuse, and exploitation can negatively affect relationships [6].

For many Indians, sex is worry and an embarrassment. It is a puzzle, a problem, uncomfortably accepted and uneasily explained. The reason perhaps lies in the stem views of our parents and their parents. These views die hard. The old ways keep us from expressing ourselves sexually; they make us feel guilty, ashamed. Sex is an important element of human life, and if it is distorted or abused it is likely to ruin the whole picture, but when it is used and understood intelligently it becomes an important element in the adolescents striving for a responsible living [7].

MATERIAL AND METHODS

A experimental descriptive study was conducted among adolescent girls in 1ST Year BSc. Nursing students of SGT University, Budhera, Gurugram to assess the knowledge regarding sex education. Total 60 students were included in this study. The sample was selected by convenience sampling method. It is the type of non-probability sampling technique.

Inclusion criteria

- Adolescent girls who are present in the 1st Year BSc Nursing.
- Adolescent girls who want to participate in the study.

Exclusion criteria

- Adolescent girls who were not present in 1st Year BSc Nursing, SGT University, Budhera, Gurugram.
- Adolescent girls who are not willing to participate.

Self-administered structured questionnaire was used to assess the knowledge of adolescent girls after assessing the knowledge, structure teaching with cw-aids teaching to create awareness regarding sex education All girls are cooperative. The questionnaires were divided in to two groups. Part-1: Socio demographic profile and part-2: Knowledge of questionnaire among adolescent girls regarding sex education by self-structured questionnaire Most of the questions were structured with 4 options. It consists of 30 questions regarding knowledge of sex education. The questions were multiple choice questions. Each question has four responses, with one correct answer. Students were to answer one option unless specified otherwise. The questions are written in English and translated into Hindi. Both Hindi and English questionnaires are used depending on the choice of the respondents. The study was conducted after obtaining written permission from the institute. The tools used in the study were validated by expiry of the tool was evaluated for appropriateness, adequacy, relevant completeness and comprehensiveness. Comments and suggestions were solicited and appropriate changes were made accordingly. The tool has been refined and perfected after establishing the validity. Reliability of the tool is done by Karl Person's Method. The data collection was done for 1 day i.e on 21-04-2019 in 1st Year BSc Nursing SGT University. Prior permission from authority was sought. A total of 60 samples were selected for this study. The objective and purposes of the study were explained and confidentiality was ensured. Informed consent was obtained in written form.

SCORING PROCEDURE

30 questions covering all the aspects of sex education by self-administered questionnaire. The score given to each correct answer is '1' and incorrect response is 0. Thus maximum score is 30. The knowledge is interrupted in percentage as following:-

Table 1: The score criteria in category and range of score

Category	Range of Score
Inadequate	>50%
Moderate	50-75%
Adequate	<75%

RESULTS

Table 2: Distribution of respondents according to age

Age in years	Frequency	Percentage
17 – 18 years	13	21.58%
18 – 19 years	47	78.02%
Total	60	100%

Table 2 shows that (21.58%) adolescent girls had age 17-18years and remaining (78.02%) were aged 18-19 years.

Table 3: Distribution of respondents by class

Class	Frequency	Percentage
General	29	48.14%
OBC	27	44.82%
SC/ST	4	6.64%
Total	60	100%

Table 3 shows that (48.14%) of adolescent girls were from class General, (44.82%) were from class OBC and remaining (6.64%) were from class SC/ST.

Table 4: Distribution of respondent by residence

Residence	Frequency	Percentage
Urban	52	86.32%
Rural	08	13.28%
Total	60	100%

Table 4 shows that (86.32%) of adolescent girls lives in urban areas and remaining (13.28%) lives in rural areas.

Table 5: Distribution of respondents by Religion

Religion	Frequency	Percentage
Hindu	59	97.94%
Muslim	00	00.00%
Sikh	01	01.66%
Christian	00	00.00%
Total	60	100%

Table 5 shows that (97.94%) of adolescent girls were Hindu, (1.66%) were Sikh, (00%) were Muslim and (00%) were Christian.

Table 6: Distribution of respondent by family type

Type of Family	Frequency	Percentage
Nuclear	34	56.44%
Joint	20	33.20%
Extended	06	09.66%
Total	60	100%

Table 6 showing distribution of adolescent girls according to family type. (56.44%) lives in a nuclear family, (33.20%) lives in joint family and (09.66%) lives in extended family.

Table7: Distribution of respondent by Knowledge Score

Type of knowledge	Frequency	Percentage
Good Knowledge	-	1.66%
Moderate Knowledge	-	41.50%
Inadequate knowledge	-	56.44%
Total	-	100%

Table 7 shows that frequency and percentage distribution of adolescent girls in terms of level of knowledge regarding sex education. Here (1.66%) girls were having good knowledge, (41.50%) were having moderate knowledge and (56.44%) were having inadequate knowledge.

Table. 8: Association of selected value of adolescent in terms of level of Knowledge

S.No.	Demographic Characteristics	Frequency	Chi Square	df	P value
1.	Age: • 17 – 18 • 18 - 19	13 47	7.28 ^{NS}	2	5.99
2.	Class BSc (Nursing) • General • OBC • SC/ST	29 27 04	15.23 ^{NS}	4	9.49
3.	Residence • Urban • Rural	52 08	0.76*	2	5.99
4.	Religion • Hindu • Muslim • Sikh • Christian	59 00 01 00	1.90*	6	12.59
5.	Family Type • Nuclear • Joint • Extended	34 20 06	5.42*	4	9.49
6.	Source of Information • Family Members • Mass Media • Health Professionals • No Information	58 00 01 01	1.77*	6	12.59
7.	Menarche • 10 – 12 year • 12 – 14 year • 14 – 16 year • 16 – 18 year	01 05 34 20	130.20 ^{NS}	6	12.59
8.	Pubertal Changes • 10 – 12 year • 12 – 14 year • 14 – 16 year • 16 – 18 year	00 29 26 05	6.47*	6	12.59

This data given in the table shows the manual chi square and P value of selected variable of adolescent girls. It conclude that residence, religion, family type, source of information notices pubertal changes has significant effects on knowledge of adolescent girls whereas variables such as age class and menarche where no statistically significant at 0.05 level of significance.

DISCUSSION

The objective of the study was to evaluate the knowledge of sex education of adolescent girls in the 1st Year BSc Nursing, SGT University, Budhera, Gurugram.

In this study the 21.58% adolescent girls had age 17-18years and remaining (78.02%) were aged 18-19 years and (97.94%) of adolescent girls were Hindu, (1.66%) were Sikh, (00%) were Muslim and (00%) were Christian. Different age groups are observed in different studies to assess reproductive health knowledge, such as Kothari P et al.[8] showing the majority of girls (60%) 15 age. Most of the participants are Hindu. This finding is corroborated by [9] where most girls (9%) are Hindu.

In this study (1.66%) girls were having good knowledge, (41.50%) were having moderate knowledge and (56.44%) were having inadequate knowledge. We found that the residence, religion, family type, family income, source of information notices pubertal changes has significant effects on knowledge of adolescent girls whereas variables such as age class and menarche were not statistically significant at 0.05 level of significance. A descriptive cross-sectional research was used to examine the knowledge, perception, and acceptability of improving teenage sexual and reproductive health education. Conducted in 5 secondary schools in the northern Ugandan region of Gulu [10, 11]. The study revealed that there was a significant association between practice and socio-demographic variables such as educational qualification, family type, family income and sources of getting knowledge.

Kalpna Nath in 2021 [12] study on the Knowledge and Attitude on Reproductive Health Among The girls from High college of Guwahati, Assam, have been studied, and it publicizes that most of the contributors had medium degree information of reproductive health (86.7%), in addition to 13.3% having negative degree information. None of the participants have a high level of skill in reproductive health. In this study, a score between 10 and 20 (between 25th and 75th percentile) was considered as a moderate level of knowledge, whereas a score below 7 (75th percentile) was seen as high.

According to the study's findings, there was an association between student characteristics including age and cast and their knowledge of reproductive health.

In contrast, a negative relationship was found between knowledge and religion, the type of source of information about reproductive health in the family and their attitudes towards reproductive health. A strong positive relationship was observed between the knowledge and age of the study participants, but no significant relationship was observed with a factor that could be assumed because of small sample size.

CONCLUSION

We concluded that there was a significant difference in sex education and knowledge of adolescent girls. Hence, demographic variables having significant association among adolescent girls of in 1st Year BSc Nursing, SGT University, Budhera, Gurugram.

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