

“Knowledge On Sexual Health Among Adolescent Girls Of Selected Higher Secondary Schools Of Changsari, Assam”

Samaddar Shyamasree, Borah Jyotika, Bisimlu Chiba, Nath Priti,
Nath Priyanka, Boruah Samprity, Boruah Jublee, Seena Nabam, Remi Gamoh,
Ankita Konwar, Amir Hamja,
Obstetrics And Gynaecological Nursing, Arya Nursing College, Assam, India.

Abstract

Background: sexual health is a large term. When we see or hear the word “sexual health” it is common to focus on the word sex, but sexual health is so much more than the act of “sex”. There are many types of health including physical health, mental health, financial health, environmental health etc. Plus, all these types of health can impact each other. For instance, if one trying to prevent pregnancy and are able to access the birth control they need (physical health) this may help to create a more positive mood (emotional health) which may also positively impact the sense of sexual confidence and sexual self-esteem (sexual health).

Methodology: descriptive research design is adopted to assess the knowledge on sexual health among adolescent girls of selected higher secondary schools of changsari, assam. The study sample were selected by using convenient sampling technique. The sample consists of 100 participants. A self- structured questionnaire was developed for the purpose of the data collection. Collected data were analyzed using inferential statistics like frequency table, percentage, mean, standard deviation and chi-square test.

Result: the study shows that majority 67% of the adolescent girls had moderate knowledge on sexual health, 21% of the adolescent girls had adequate knowledge on sexual health and 12% of the adolescent girls had inadequate knowledge on sexual health. The findings in the knowledge score showed that there was statistically significant association between knowledge score on sexual health among adolescent girls of selected higher secondary schools with their demographic variables i.e., residing, source of knowledge on sexual health and stream.

Key Word: sexual health, knowledge on sexual health, sexual health among adolescent girls

Date of submission: 01-06-2024

Date of acceptance: 11-06-2024

I. Introduction

The term ‘sexuality’ is often linked only with romance and genital activity; however, sexuality is intrinsic and influences every aspect of a person’s life. The product of many factors, it impinges on a person’s choice of career as well as sexual partner, friends as well as interests, and both self-perception and how that person is viewed by others. Sexuality enervates, motivates, defines, and also grows and changes with the individual person. Gender identity, sexual roles and choice of sex partners are all parts of that ongoing process. The term “sexuality” refers to a person’s perceptions, thoughts, feelings and behaviors related to sexual identity and sexual interaction with others. Expression of sexuality are not limited to sexual intercourse or coitus but include the manner in which people project themselves as sexual beings and the way they respond to others as sexual beings. Sexuality encompasses far more than just the gender of a person or sexual activity. It involves physical emotional and cultural factors and in an intrinsic part of each human being. Sexuality begins at conception, with sex determination, grows in infancy and childhood as the infant learn to relate to the people and the world around him or her, and continues until death.¹

According to WHO, “Sexual health is integration of the somatic emotional, intellectual, and social aspect of sexual beings in ways that enhance personality, communication, and love. Every person has a right to receive information and to consider accepting sexual relationship for pleasure as well as procreation”.¹

Sexual health is promoted when a person enjoys and controls sexual behavior and reproduction according to personal and social values; feels free from psychological distress such as fear, shame or guilt, that may contribute to sexual dysfunction; and enjoys psychological health, in that sexual or reproductive functions are not impaired.¹

Sexual health is fundamental to the physical and emotional health and to the social and economic development of communities and countries.²

Adult sexuality has been broadly classified as procreative and non-procreative. Procreative expressions of sexuality are associated with reproduction or child bearing. In women, these expressions cease with menopause. Non procreative sexuality refers to behaviors involving sexual satisfaction that are noted in persons of all ages, whether or not they involve sexual relationship with others. Sexuality is influenced by a person’s life long attitudes and reflects individual perceptions and behaviors related to sexual identity.¹

Although reproductive development and function are determined genetically, reproductive patterns are influenced by perceptions of maleness and femaleness and by social and cultural norms. The manner in which adolescents handle sexual issues is contingent upon their development as individuals and their response to external pressures occurring throughout their development. The attitudes of adolescents towards their sexuality, and the decisions they make about the expressions of their sexual needs are reflective not only of sexual development but of all the many aspects of their past and presently emerging selves.¹

The subject of adolescent sexuality is taboo in most societies. Since 2007 sexual health education program has been banned in six states including Maharashtra and Karnataka. This may lead to misconceptions about sexual health knowledge and practices among young people. Misconceptions can lead to mental and physical health impact such as anxiety, neurosis, teenage pregnancy and risk of sexually transmitted diseases (STDs) including HIV. Unfortunately, need for sexual health education is not perceived and fulfilled in India.²

II. Methods And Materials:

Research Approach

In the present study, the research approach is a Quantitative research approach.

Research Design

Descriptive research design, which belongs to non-experimental research design is used.

Descriptive study is the second broad class of non-experimental studies help to observe to, a starting point for hypothesis generation or theory development.

Study setting

In this study the setting is selected higher secondary schools of changsari, assam.

Sampling technique

In this present study, convenient sampling technique is adopted to select subjects.

Sample and sample size

Sample: sample is defined as representative unit of a target population.²¹

In this present study the samples are the adolescent girls of selected higher secondary school of changsari, assam.

Sample size: in the present study sample size is 100 adolescent girls from selected higher secondary schools of changsari, assam.

The period of data collection was 11 october 2023. The collected data were compiled for data analysis and interpretation. The steps involve in data collection procedure are as follows:

Step 1: A written permission was obtained from the Principal of the selected higher secondary schools of Changsari, Assam prior to the data collection for the present study. The data collection was done in the following steps.

Step 2: Informed consent were taken before administration of research tool.

Step 3: Explanation of the procedure prior to the data collection.

Step 4: Questionnaires were distributed among the subjects along with pen for ticking the correct answer.

Step 5: After an hour the questionnaires were collected back.

Problem statement: A study to assess the knowledge on sexual health among adolescent girls of selected higher secondary schools of Changsari, Assam.

Research Approach: Quantitative research approach.

Research Design: Descriptive research design.

Setting of the study: Selected higher secondary schools of Changsari, Assam.

Target Population: Adolescent girls of higher secondary schools of Changsari, Assam.

Accessible Population: Adolescent girls aged between 16-19 years

Sampling Technique: Convenient sampling technique

Sampling Size (N=100)

Data Collection Tools: Self-Administered Knowledge Questionnaire

Data Analysis: Inferential Statistics.

Findings and Communication.

Inclusion Criteria

1. Adolescent girls of age between 16-19years.
2. Adolescent girls those who are willing to participate in the study.
3. Adolescent girls those who can read and understand Assamese or English language.

Exclusion Criteria

1. Adolescent girls those who are absent at the time of data collection.
2. Adolescent girls those who are physically and psychologically ill.

Development Of Tool

Based on the objectives of the study, structured demographic variables, self-structured questionnaires were developed to assess the knowledge regarding sexual health among the adolescent girls of selected higher secondary schools of Changsari, Assam.²¹

Data Analysis:

The obtained data collected was grouped and analyzed using inferential statistics under the following section. Plan for data analysis was done according to objectives and hypothesis.

SECTION I: Frequency and percentage distribution of the participants with their demographic variables.

SECTION II: Frequency and percentage distribution of the participants’ knowledge score on sexual health.

SECTION III: Association between knowledge score of the participants on sexual health with their demographic variables.

III. Result

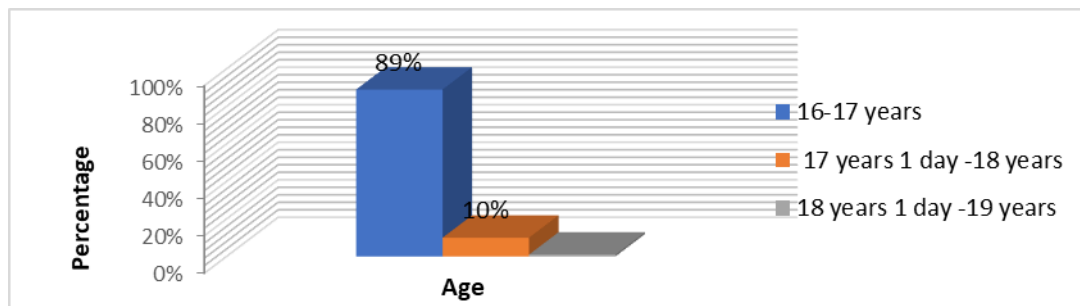
The findings of the present study reveal that majority 67 % of the participants had moderate knowledge followed by 21% had adequate knowledge and 12 % had inadequate knowledge on sexual health.

A study was conducted to assess the knowledge and attitude on sexual health among secondary school students in Morogoro Municipality by Kaale. G. Study revealed that 79.8% of the respondents had knowledge on sexually transmitted infections, 86.5% were aware of methods of controlling early pregnancies; 83.9% have never used protective gears during sexual intercourse, and 54.7% did not understand a menstruation cycle.²⁹

SECTION I: Frequency and percentage distribution of the participants with their demographic variables.

Table I: Frequency and percentage distribution of the participants according to their age.

n=100		
AGE IN YEARS	FREQUENCY	PERCENTAGE
16-17 years	89	89%
17 years 1 day-18 years	10	10%
18 years 1 day – 19 years	1	1%



n= 100

FIGURE I: Bar diagram showing frequency and percentage distribution of the participants’ according to their age.

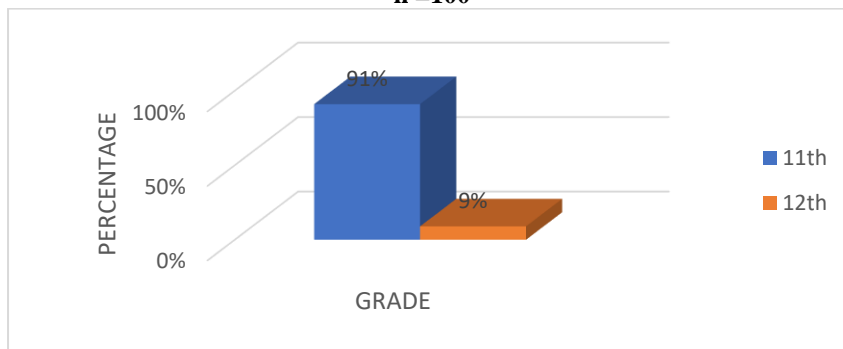
The data presented in table I and figure I shows that out of 100 participants 89% are at the age group of 16-17 years, 10% are at the age group of 17 years 1 day -18 years, and 1% are at the age group of 18 years 1day -19 years.

Table II: Frequency and percentage distribution of the participants’ according to their religion.
n= 100

RELIGION	FREQUENCY	PERCENTAGE
Hinduism	69	69%
Islam	31	31%
Christianity	0	0%
Any other	0	0%

The data presented in table II shows that out of 100 participants 69% belongs to Hindu religion, 31% belongs to Islam religion

FIGURE III: Bar diagram showing frequency and percentage distribution of the participants’ according to their grade.
n =100



The data presented in figure III shows that out of 100 participants 91% are at 11th grade and 9% are at 12th grade.

Table IV: Frequency and percentage distribution of the participants’ according to their residing.
n= 100

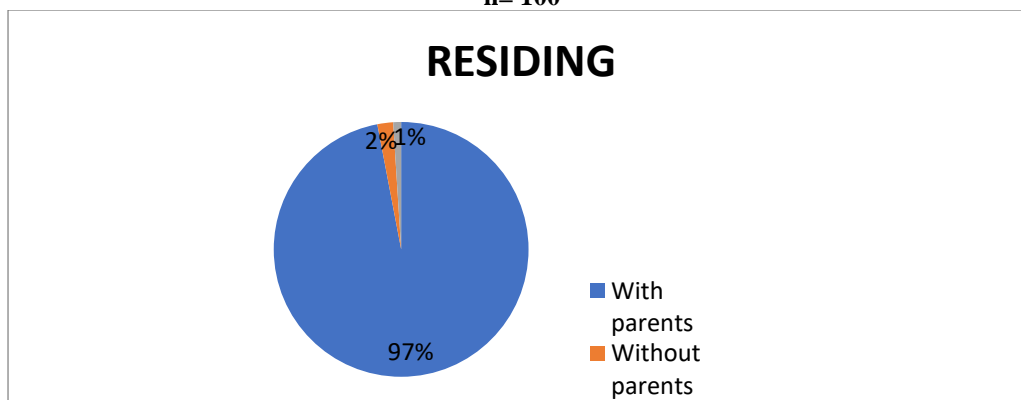


FIGURE IV: Pie diagram showing frequency and percentage distribution of the participants’ according to their residing.

The data presented in figure IV shows that out of 100 participants 97% are staying with parents, 2% are staying without parents, 1% is staying in hostel.

Table V: Frequency and percentage distribution of the participants’ according to their source of knowledge.
n =100

SOURCE OF KNOWLEDGE	FREQUENCY	PERCENTAGE
Social media	30	30%
Family members	40	40%
Friends	24	24%
Others	6	6%

The data presented in table V and figure V shows that out of 100 participants 30% acquired knowledge on sexual health from social media, 40% acquired knowledge on sexual health from family members, 24% acquired knowledge on sexual health from friends and 6 % acquired knowledge on sexual health from others.

Table VI: Frequency and percentage distribution of the participants’ according to their stream.
n = 100

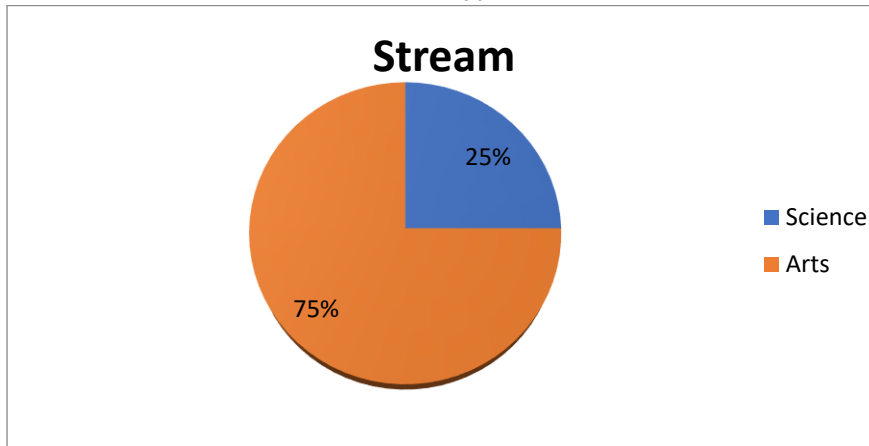


FIGURE VI: Pie diagram showing frequency and percentage distribution of the participants’ according to their stream.

The data presented in figure VI shows that out of 100 participants 25% belongs to Science stream and 75% belongs to Arts stream.

SECTION II:

Frequency and percentage distribution of the participants’ knowledge score on sexual health.

Table VII: Frequency and percentage distribution of the participants with their knowledge score on sexual health.
n = 100

LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE
Inadequate <11.34	12	12%
Moderate 11.34 - 20.78	67	67%
Adequate >20.78	21	21%

Table VII reveals the frequency and percentage distribution of the participants with their knowledge score on sexual health. It is evident from the result that maximum 67% of the participants had moderate knowledge followed by 21% had adequate knowledge and 12% had inadequate knowledge on sexual health.
n = 100

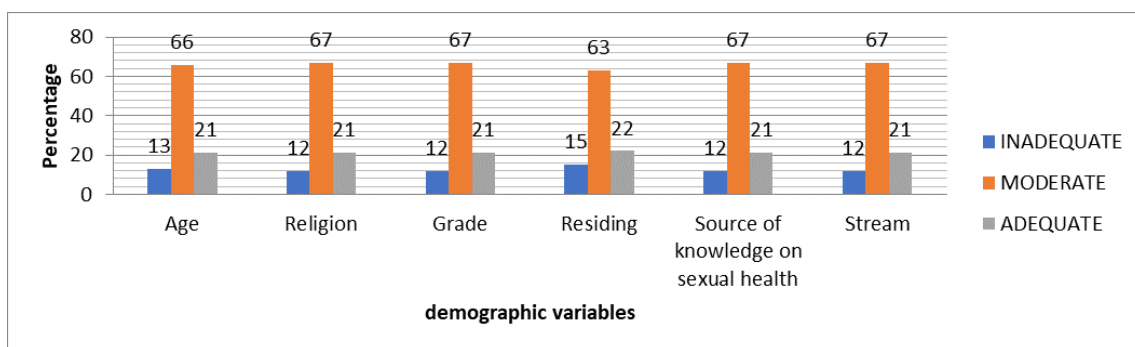


FIGURE VII: Bar diagram showing frequency and percentage distribution of the participants’ knowledge score on sexual health with their demographic variables.

SECTION III: Association between knowledge score of the participants on sexual health with their demographic variables.

Table VIII: Chi-square test showing association between knowledge with age, religion, grade, residing, source of knowledge, stream among adolescent girls of selected higher secondary schools.

n =100

SL. NO.	VARIABLES	CHI-SQUARE TEST χ^2	TABULATED VALUE	Df	ASSOCIATION
1	AGE A. 16 years-17years B. 17years 1day-18years C. 18years 1day-19years	4.52	9.49	4	NS
2	RELIGION A. Hinduism B. Islam C. Christian D. Any other	2.29	12.59	6	NS
3	GRADE A. 11 th B. 12 th	3.79	5.99	2	NS
4	RESIDING A. With parents B. Without parents C. Hostel D. Any other	23.92	12.59	6	S*
5	SOURCE OF KNOWLEDGE ON SEXUAL HEALTH A. Social media B. Family members C. Friends D. Others	22.09	12.59	6	S*
6	STREAM A. Science B. Arts C. Commerce	27.74	9.49	4	S*

At 0.05 level of significance.

df: Degree of freedom.

NS: Non-significant.

S*: Significant

The above tables shows that the value of Chi-square in age ($\chi^2=4.52$), religion ($\chi^2=2.29$) and grade ($\chi^2=3.79$) are less than tabulated value (9.49, 12.59 and 5.99 respectively), so there is no significant association between age, religion and grade of the adolescent girls with their knowledge score.

The calculated value of Chi-square in residing ($\chi^2=23.92$), source of knowledge on sexual health ($\chi^2=22.09$) and stream ($\chi^2=27.74$) is higher than the tabulated value (12.59, 12.59 and 9.49 respectively), so there is a significant association between the residing, source of knowledge on sexual health and stream with knowledge score of adolescent girls of Changsari, Assam.

So, the researcher accepts the research hypothesis and concludes that there is a significant association between the knowledge score on sexual health among adolescent girls of selected higher secondary schools with their selected demographic variables i.e., residing, source of knowledge on sexual health and stream.

IV. Summary

A study was conducted to assess the knowledge on sexual health among the adolescent girls of selected higher secondary schools of Changsari, Assam. In the present study, 100 participants were selected using convenient sampling technique. The research approach adapted in the present study was quantitative research approach. The study conducted with a viewed to assess the knowledge on sexual health among the adolescent girls of selected higher secondary schools of Changsari, Assam, to find the association between the knowledge score on sexual health among adolescent girls of selected higher secondary schools with their demographic variables and to develop informational booklet on sexual health. A self-structure knowledge questionnaire was used to assess the knowledge of the participants on sexual health. The data was interpreted by using inferential statistical method.

From the findings of the present study, it was concluded that majority i.e., 67% of the participants had moderate knowledge followed by 21% had adequate knowledge and 12% had inadequate knowledge on sexual health. The findings of the study also showed that there was no statistically significant association between

knowledge with age, religion, gender of adolescent girls of higher secondary schools of Changsari Assam. There was statistically significant association between knowledge with residing, source of knowledge on sexual health and stream of adolescent girls of higher schools of Changsari Assam.

V. Limitations

1. Adolescent girls aged between 16-19 years of Changsari, Assam.
2. No board generalization could be made due to small size of sample and limited area setting
3. The sampling technique -convenient sampling technique might give representative sample.

VI. Recommendation

Keeping in view the findings of the present study the following recommendations were suggested.

- The finding of the present study serves as a basis for the student and professionals to conduct further study on sexual health.
- A similar study can be done on a larger scale for better generalization.
- An experimental study can be conducted to see the effectiveness of a structured teaching programme on sexual health.

Reference

- [1] Basavanthappa Bt. Textbook Of Midwifery & Reproductive Health Nursing. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2006. 73-74.
- [2] Kalkute J R Et Al. A Study To Assess The Knowledge About Sexual Health Among Male Students Of Junior Colleges Of An Urban Area. Med J Dy Patil Univ. 2015; 8(1): 5-11.
- [3] National Institute Of Health(.Gov) <https://www.ncbi.nlm.nih.gov>
- [4] News-Medical.Net. <https://www.news-medical.net/Health/History-Of-Sexual-Health.aspx>
- [5] Bergstrom A S Et Al. Knowledge About Sexual Health And Reproductive Health Among School Enrolled Adolescents In Tololar, Nicaragua, A Cross-Sectional Study. Journal Of Public Health International. 2018; 1(2): 27-38.
- [6] Boey K W, N H. Assessing Sexual Knowledge And Sexual Attitudes Of Nursing Students: Implications For Primary Health Care. International Journal Of Public Health Research. 2020;10(1)
- [7] Bhagawati P. Awareness And Attitude Towards Reproductive And Sexual Health Rights And Practices Among College Students: An Empirical Study. Indian Journal Of Science And Technology. 2020; 13(25): 2502-2508.
- [8] Mukhopadhyay S Et Al. Knowledge And Practices About Sexual Health And Its Socioeconomic Coorelates Among Adolescent Girls In Sikkim, India. Sage Journals. 2021-21(1).
- [9] American Academy Of Pediatrics. Aap. Org. November 9, 2022. <https://www.aap.org/en/patient-care/adolescent-sexual-health/>
- [10] World Health Organization. Who. Int. <https://www.int/southeastasia/activities/adolescent-sexual-reproductive-health>
- [11] Mehta B Et Al. Adolescent Reproductive And Sexual Health In India: The Need To Focus. Journal Of Young Medical Researchers. 2013; 1(1).
- [12] Finlay J E Et Al. Sexual And Reproductive Health Knowledge Among Adolescents In Eight Sites Across Sub-Saharan Africa. Tropical Medicine And International Health. 2019; 25(1):44-53.
- [13] Phongluxa K Et Al. Factors Influencing Sexual And Reproductive Health Among Adolescents In Lao Pdr. Glob Health Action. 2020; 13(Sup2):1791426.
- [14] Janighorban M Et Al. Barriers To Vulnerable Adolescent Girls' Access To Sexual And Reproductive Health. BMC Public Health .2022; 22, 2212.
- [15] Mohmad I Et Al. The Level Of Knowledge And Awareness About Sex And Reproductive Health Among Adolescents In Kashmir. Journal Of Psychosexual Health.2021;3(3):126.
- [16] Saha R Et Al. Association Between Exposure To Social Media And Knowledge Of Sexual And Reproductive Health Among Adolescent Girls: Evidence From The Udaya Survey In Bihar And Uttar Pradesh, India. Reproductive Health.2022; 19:178.
- [17] Baruah A Et Al. Awareness About Sexually Transmitted Diseases Among Adolescents In Urban Slums Of Jorhat District. International Journal Of Medical Science And Public Health.2016; 5(11).
- [18] Nath K. A Descriptive Study To Assess The Knowledge And Attitude On Reproductive Health Among High School Girls In A Selected High School Of Guwahati, Assam. Acta Scientific Women's Health. 2021; 3(9): 23-29.
- [19] Walter E. Cambridge Advanced Learner's Dictionary. 4th Ed. Cambridge University Press;2013.
- [20] Hornby A.S. Oxford Advanced Learner's Dictionary. 7th Ed. Oxford University Press; 2005.
- [21] Sharma S K. Nursing Research And Statistics. 3rd Ed. Elsevier India Private Limited; 2018. Pp:116-117.
- [22] Alquaiz A M Et Al. Determinants Of Sexual Health Knowledge In Adolescent Girls In Schools Of Riyadh-Saudi Arabia: A Cross Sectional Study. National Library Of Medicine. 2013; 13-19.
- [23] Tiang K P Et Al. Knowledge And Perception Of Sexual Health Among Medical Undergraduate Students Of Melaka Manipal Medical College (Mmmc), Malaysia. Open Journal Of Epidemiology. 2016; 06(04): 233-243
- [24] Royal J Et Al. A Descriptive Study To Assess The Knowledge And Attitude Regarding Sexual Health Among Adolescents In Selected School Of New Delhi. International Journal Of Nursing & Midwifery Research. 2018; 5(3):7-10.
- [25] Mukherjee A Et Al. Knowledge And Attitudes Toward Sexual Health And Common Sexual Practices Among College Students- A Survey From Vellore, Tamil Nadu, India. National Library Of Medicine. 2019; 41(4):348-356.