

“A Study to Evaluate the Effectiveness of Structured Teaching Programme Regarding Knowledge on Sex Education among the Adolescent in Selected Schools of Moradabad, U.P”

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Abstract:

Background and objective: Sex education which is sometimes called sexuality education or sex and relationships education is the process of acquiring information and forming attitude and beliefs about sex, sexual identity, relationships and intimacy. It is widely accepted that young people have a right to sex education, partly because it is a means by which they are helped to protect themselves against abuse, exploitations, and unintended pregnancies, STIs and HIV / AIDS.

Methods: The research approach used for this study was evaluative approach and pre-experimental two group's pre test, post test designs. The independent variable was structured teaching Programme and the dependent variable was knowledge of Adolescent regarding sex education. The setting of the study was Selected Schools in Moradabad. Non probability convenient sampling technique was used in this study. The sampling size was 60 Adolescents in selected schools of Moradabad.

Results:

In Adolescent pre-test, the majority of the Adolescent had inadequate knowledge 40(66.7%) & 20(33.3%) had inadequate knowledge regarding sex education. Mean while, post-test revealed the majority of Adolescent 55(91.7%) had adequate knowledge contrary to the less number of adolescent 5(8.3%).

The mean post test knowledge score 24.5 of adolescent was higher than the pre test knowledge score of 15.2. The obtained Mean difference 9.3 mean while the 't' value of 0.320 for df 59 was significant at 0.05 level. This indicated that the difference obtained in the mean pre test and mean post test knowledge score is true different and not by chance. Hence H1 is accepted. Therefore it is established that the structured teaching programme regarding sex education was effective in enhancing the knowledge of Adolescents.

Conclusion: The finding of the study support the need for conducting educational approach to promote the knowledge and positive attitude of adolescents on sex education. Educating students and providing them correct information can help them to prevent unwanted / unintended teenage pregnancies, STDs/AIDS, exploitation, abuse and to promote them, abstinence and safe use of effective contraceptives. The present study concluded that the level of knowledge among adolescents is inadequate, and the structured teaching programme is very much needed to promote the level of knowledge among the adolescents. The structured teaching programme was very effective on knowledge of the adolescents.

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I. Introduction

“SEX DRIVE DORMANT DURING INFANCY AND CHILDHOOD BLOOMS IN ADOLESCENTS, FLOWERS IN YOUTH AND WILTS IN OLD AGE.”

Children are the future pillars of the nation (Jawaharlal Nehru). They need to be cared from the time of conception. As per census children constitutes 66% of the total population and they are the 'vulnerable' group of the society.¹

India Ranks the second populous country in the world. India Houses a population of 1.27 billion people (2014), comprising approximately 1/6th of the world's population and every year around 20 million new lives are added. The population explosion is one of the biggest problems facing the country, with its inevitable consequences on all aspects of development especially in employment. Education, Housing, Healthcare, Sanitation and Environment.²

It is therefore important to control and stabilize the population. Family planning and birth control is one of the most desirable solutions for controlling population growth. Family planning is a direct and active approach to population control. This approach not only helps in fertility control, but also promotes and protects health, prevents or reduces mortality and morbidity of both mother and children. This is only by means of

education. It is possible to make realize the importance of small family. Forty two percent of world population was under 25 year age group. An extremely large number of young people will therefore be entering their reproductive year at that time. A study revealed that pregnancy in adolescents constitute between 10-20% of all pregnancies, in most developing countries. These are often at risk pregnancies. Many are undesired and occur in unmarried. Infant mortality among babies of teenage mother is about 60% higher than among the babies of older mother.³

The study revealed that one of every eight women aged 15-19 become pregnant each year. 85% of these pregnancies are unintended. Sexually transmitted diseases acquired by about 3 million teenagers annually. In Delhi and Lucknow study conducted through survey revealed that premarital sexuality and unmet contraceptive needs among school and college students.⁴

Teenagers are relatively poor users of both barrier and hormonal contraceptives. Moreover, Knowledge of emergency contraception is low among young people study showed that sexual health becomes a new health priority in early in early adolescents. The adverse consequences of unsafe sexual behavior such as pregnancies and sexually transmitted diseases including HIV or AIDS affect adolescents as well as adults.⁵

The introduction of comprehensive sex education in schools on a regular basis stills remains a subject that principled and the teachers think will bring in a raging controversy surrounding them. The schools and the existing education system in India seemed to be very much biased against conducting such workshop and programme with in the school premises.⁶

A study was conducted on school teachers' attitude towards population control in Mumbai. The sample size was 412 school teachers. The study concluded that a majority of the teachers responding were still unclear about the meaning of population education and felt they were unqualified to teach the subjects while they believed in its importance.⁷

The need for sex education has been felt for long time now, but its introduction in schools and colleges are still restrained. Lack of knowledge about sexual matters among adolescents leads pre- marital unprotected sexual indulgence, results in STIs, including HIV / AIDS, illegitimate teenage pregnancy, sexual abuse, violence and exploitation. Thus sex education is very important as sexuality is an integral part of one's personality. It should start right from pre- adolescent period to all age of both sexes.⁸

DR. PRINCE MORO, (1905) (AMERICA): The movement for sex education also times known as sexuality education began in United States in the late nineteenth and early twentieth century's. In 1905 Dr. Prince Moro established the American Society of sanitary and moral prophylaxis, focusing on private agencies outside of school, working with youth on sexually transmitted diseases prevention. In 1914, the National Education Association began to endorse sex education usually referred to as sex hygiene in the schools. In 1940's, Sex education continued to be taught primarily as a part of social hygiene classes and often existed in class called 'home making' 'character building' or 'moral or spiritual values'. The development of the sex information and education council of US in the early 1960's followed by the American Association of sex educators and a number of organizations transformed the teaching of sex education in the schools. Throughout the 1980's, and 1990's, local school boards waged protracted and divisive battles over the content of sex education.⁹ The need for sex education has been felt for a long time now, but its introduction in schools colleges is still restrained. Sex education is very important; it should start right from preadolescence period to all age of both sexes. Parents and school teachers must take efforts to impart sex education. Schools and colleges have an important role to play in their capability to impart effective sex education to adolescents.¹⁰

WEEK MAGAZINES, (2002), INDIA: A survey conducted on 2002 by the week magazine among unmarried young Indians showed that 69% of men admitted to pre marital sex, compound to 38% of women. Teenagers have the highest rates of sexually transmitted diseases (STD) of any age group with one in four young people contracting as STD the age of 21. STDs including HIV can damage teenagers health and reproductive ability, and there is still no cure for AIDS.¹¹

“Sex education is important because sexual phobia affect the physical emotional and academic growth of the child” argues Dr. Padmini Prasad noted gynecologist and sexologist. She spoke to Deccan herald about the need for sex education in schools and colleges.¹²

BACKGROUND OF THE STUDY:

Sex education which is sometimes called sexuality education or sex and relationships education is the process of acquiring information and forming attitude and beliefs about sex, sexual identity, relationships and intimacy. It is widely accepted that young people have a right to sex education, partly because it is a means by which they are helped to protect themselves against abuse, exploitations, and unintended pregnancies, STIs and HIV / AIDS. According to WHO, the sex education to children ideally should be imparted at the age of 12 years and above? According to survey result, the survey have been conducted by Vidya sagar Institute of Mental

Health and Neurological sciences, Delhi in the year of 2003, children had themselves expressed a need for sex education.

The Bihar government is fighting shy of introduction sex education in its schools. Instead, it has decided to give “adolescent’s education” to the parents of school going children. Former primary education minister Mr. Ram Chandra Purbay is opposed to the introduction of sex education of government schools in Bihar, “Our society is not is open one, its inclusion in the syllabus can also have an adverse effect” Purbey said. The recently concluded National Conference of Sexology addressed several issues, including sex education or the lack of it in schools and colleges. Schools have an important role to play in their capability to impart effective sex education to adolescents.

NEED FOR THE STUDY:

Sexuality is an integral part of one’s personality; it includes everything about maleness or femaleness. That is thinking and behavioral reaction to person. Sex is still a taboo subject in our society, because it is equated with just a physical act or child birth. But sexuality includes the process of growing up, puberty, adolescence, marital, post marital sexual relationship, conception, contraception, childbirth, menopause etc. Adolescents tend to discuss sexuality with friends and classmates. They gather information from friends, servants, neighbors throughout prints, electronic Medias etc. Often this information is wrong and unscientific. This often leads to anxiety, negative attitude, phobia and misconception etc.

Sex education should be provided to all, but priority is given to adolescent because:

1. They have a maximum sex drive.
2. They form a high risk group.
3. They are eager to get information because of the physical and psychological changes.
4. Their common sources of information (and misinformation) are their friends, blue films and pornographic literature etc.
5. They are easily influenced and therefore likely to go astray and land in problems of STD / HIV infection, sexual abuse etc.
6. They are growing to be the responsible citizens of tomorrow.

OBJECTIVES:

1. To assess the pre test knowledge score regarding sex education among the adolescent.
2. To determine the post test knowledge score regarding sex education among the adolescent.
3. To evaluate the effectiveness of Structured teaching programme on knowledge regarding sex education among the adolescent.
4. To find out the association between post test knowledge score with selected demographic variables.

HYPOTHESES OF THE STUDY:

H1: There will be significant difference between pre test and post test knowledge regarding sex education among Adolescent.

H2: There will be significant association between post test knowledge and selected demographic variables among Adolescent.

II. Research Methodology

Research methodology refers to controlled investigations of the ways of obtaining Organizing and analyzing data. Research methods are the steps, procedures and strategies for gathering and analyzing the data in a research investigation. This chapter deals with the methodological approach adopted to evaluate the Effectiveness of structured teaching programme regarding knowledge on sex education among the Adolescent in Selected Schools of Moradabad. It includes description of research approach, research design, study setting, sampling technique, development and description of tool, data collection technique and plan for data analysis.

RESEARCH APPROACH

The research approach adopted for this study is an Evaluative approach. The study explains the effect of independent variable on the dependent variable. The investigator felt that this type of approach is considered to be most suitable one for the study.

RESEARCH DESIGN

The research design refers to the researcher’s overall plan for obtaining answers to the research questions and for testing the research hypothesis. The research design spells out the strategies that the researcher adopted to develop information that is accurate, objective and interpretable.

The research designs provide an overall blue print to carry out the study for the present study the design was a pre- Experimental Design, which includes manipulation. No control and no Randomization.

SETTING OF THE STUDY

Setting is the general location and condition in which data collection takes Place in study. The present study was conducted in K.B convent in Moradabad, U.P.

TARGET POPULATION

The population of present study includes all adolescent in K.B convent in Moradabad, U.P.

SAMPLE

A sample is the Adolescents in studying in K.B convent in Moradabad, U.P.

SAMPLE SIZE

A total of 60 Adolescent was selected for pre test and post test.

SAMPLING TECHNIQUE

In this study the non-probability convenient sampling was used. The researcher selected the subjects conveniently from Adolescent in selected schools of Moradabad, U.P.

VARIABLES

Variables are the qualities, properties or characteristics of person, things or situation that change or vary. The variables are mainly included in this study are independent variable and dependent variable. Dependent variable explains effect of independent variable.

INDEPENDENT VARIABLE

An independent variable is the variable that stands alive is not dependent on any other. In this study independent variable refers to Structured Teaching Programme Regarding sex education.

DEPENDENT VARIABLE

Dependent variable is the variable that the researcher is interested in understanding, explaining or predicting. In this study the dependent variable refers to knowledge of Adolescent regarding sex education.

DEMOGRAPHIC VARIABLE

- Age
- Sex
- Religion
- Parents literacy status
- Parents occupation
- Type Family
- Type of Personality
- Socialization
- Influence of mass media

CRITERIA FOR THE SELECTION OF SAMPLE

INCLUSION CRITERIA

1. The entire Adolescent in selected schools of Moradabad.
2. Adolescent who are between the age group of 14-18 year's.
3. Both male and female adolescent are included.

EXCLUSION CRITERIA

1. Adolescent those who are not willing to participate.
2. Adolescent those who are not available at the time of data collection.

DEVELOPMENT OF THE TOOL

The investigator prepared the structured questionnaire to collect the socio demographic variables, to assess the knowledge of sex education among the Adolescent.

STEPS IN THE CONSTRUCTION OF THE TOOL

The investigator had involved the following steps in preparing the tool.

1. Related literature was reviewed in the preparation of the tool.
2. Guidance and consultation of the experts in the construction of tool And Modification of the tool was done as per the guidance.

DESCRIPTION OF THE TOOL

The tool was organized into two sections.

Section-1: Socio-demographic variables of the adolescent in selected schools of Moradabad.

Section-2: Consists of the Questionnaire with 30 items based on general knowledge on sex education, Anatomy and physiology of male and female reproductive organs, conception and contraception. The total score for the entire item is 30.

VALIDATION OF TOOL:

Validity refers to whether an instrument accurately measure what it is supposed to measure. When an instrument is valid, it truly reflects the concept, it is supposed to measure, and content validity of the instruments was assessed by obtaining from Nursing experts, as per the suggestion of the experts the investigator had made necessary modification in the tool with the permission of the guide.

RELIABILITY OF THE TOOL:

During pilot study the reliability of the tool was tested. The reliability of the measuring instrument is the degree of consistency with which it measures the attribute, it is supposed to measure. For this study, the reliability of the instrument was analyzed by using split half method, which measures the co-efficient of internal consistency. The reliability value of the tool is $r = 0.70$ which indicates good reliability.

PILOT STUDY

The pilot study is a small- scale version of trial run before the major study. It reveals the investigator about feasibility, weakness, practicability to carrying out the main study. It also helps to confirm the duration and to familiarize with questionnaire and scoring of the tools. The pilot study was conducted on 02.02.2015 by selecting 10 adolescent in selected schools of Moradabad. Non-probability convenient sampling method was used to select students for pre test & post test for pre-experimental method. Structured Teaching Programme regarding knowledge on sex education was provided for the adolescent in the experimental group, and the control group did not receive any intervention. The students who fulfilled the inclusion criteria for the study alone was selected and included in the study.

METHOD OF DATA COLLECTION

Written permission was obtained from the principal for conducting study and with the co-operation of the teaching staffs at adolescent in selected schools in Moradabad. The feasibility of conducting the study was ensured. Data collection was started from 04.02.2015. The investigator established a good report with the adolescent who are studying in selected schools in Moradabad and took written consent from each student to participate in this study. Samples were selected through non- probability convenient sampling method. The purpose of the questionnaire method was explained to the entire adolescent with self introduction. A separate place was selected for the questionnaire method and privacy was maintained. Subjects were made comfortable. During the period the students were very co- operative. Data is collected through structured questionnaire on socio-demographic data and regarding knowledge on sex education.

PLAN FOR DATA ANALYSIS

The collected data were statistically analyzed and tabulated by applying descriptive statistics such as mean and standard deviation, and inferential statistics such as independent ‘T’ test and chi-square test.

III. Result

This chapter deals with result of data collection from a sample of 60 adolescents regarding knowledge on sex education. Analysis is the process of categorizing, ordering, manipulating and summarizing the data to obtain answer to research questions. The purpose of analysis is to reduce data to intelligible and interpretable from the relation of research problems can be studied and tested. The chapter deals with the systematic presentation of the analyzed data followed by the interpretation of the data. The collected information was organized. Tabulated, analyzed and interpreted by using descriptive and inferential statistics. The finding were organized and presented in two parts with Tables and figures. The details of each section are presented below correlate with objectives.

The data were analyzed based on the objectives of the study.

1. To assess the pre test knowledge score regarding sex education among the adolescent.
2. To determine the post test knowledge score regarding sex education among the adolescent.
3. To evaluate the effectiveness of Structured teaching programme on knowledge regarding sex education among the adolescent.
4. To find out the association between post test knowledge score with selected demographic variables.

Presentation of data

The analyzed data has been organized and presented in the following section.

Section I

Data on Description of socio demographic characteristics of Adolescent.

Section II

Data on the level of knowledge regarding sex education among Adolescent in selected schools of Moradabad.

Section III

Data on effectiveness of planned teaching programme on sex education among Adolescent.

Section IV

Data on association between knowledge scores of sex education among Adolescent with their selected demographic variables.

SECTION I

DATA ON DISTRIBUTION OF DEMOGRAPHIC DATA

Distribution of Demographic variables among Adolescents in selected schools of Moradabad.

- Considering age, 83.3% of adolescents are in between 14-16 years, 11.7% of adolescents are in between 16-18 years.
- Considering Gender, 25% male and 75% female.
- On religion, 63.4% of them were Hindus and 20% of them were Muslims, 8.3% of them are Christian & 8.3% of them are Sikh.
- Parents Education status shows, 96.7% of them are literate, 3.3% of them are Illiterate.
- Regarding Parents occupation, 10% of them are Teacher, 28.3% of Farmers, 26.7% of them are doing Business and 15% of them are Health Professional & 10% of them are in other occupation.
- Considering Marital status 96.7% unmarried and 3.3% married.
- Regarding type of family, 65% of them were in Nuclear family and another 35% of them were Joint family.
- Considering type of personality, 38.3% of them were Introvert, 35% of them were Extrovert and 26.7% of them were Ambivert.
- Regarding Socialization 43.4% of them was reserved, 28.3% of them were Remote and 28.3% of them were in Free-moving.
- Regarding Mass Media, 30% of them were getting knowledge through Newspaper and Magazines, 26.7% of them were getting knowledge through Radio, T.V and Telephone, 16.6% of them were getting knowledge through Internet, 3.3% of them were getting knowledge through Cinemas, 10% of them were getting knowledge from the Peer group and 6.7% of them were getting knowledge through Parents & 6.7% of them were getting knowledge from the Health Professionals

SECTION II

DATA ON THE LEVEL OF KNOWLEDGE REGARDING SEX EDUCATION AMONG ADOLESCENTS.

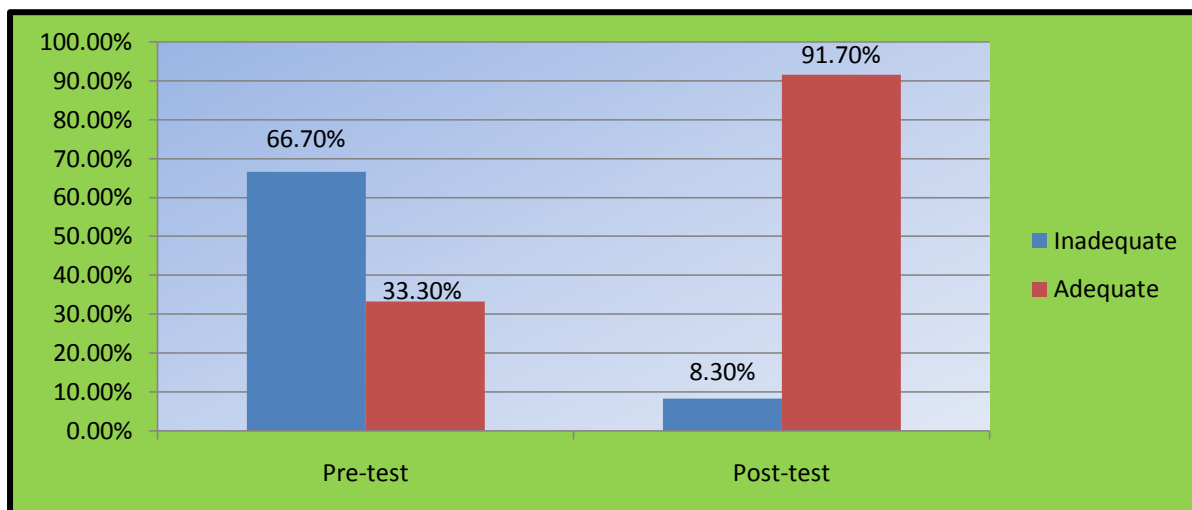
Frequency and percentage distribution of knowledge on sex education among Adolescent in selected schools of Moradabad, U.P.

S.NO	LEVEL OF KNOWLEDGE REGARDING SEX EDUCATION	PRE-TEST		POST-TEST	
		N	%	N	%
1.	INADEQUATE	40	66.7%	5	8.3%
2.	ADEQUATE	20	33.3%	55	91.7%

Table shows that among Adolescent pre-test, the majority of the Adolescent had inadequate knowledge 40(66.7%) & 20(33.3%) had adequate knowledge regarding sex education.

Mean while, post-test revealed the majority of Adolescent 55(91.7%) had adequate knowledge contrary to the less number of adolescent 5(8.3%).

It was thus inferred that, structured teaching programme on sex education had improved the level of knowledge among the adolescents.



BAR DIAGRAM SHOWING LEVEL OF KNOWLEDGE REGARDING SEX EDUCATION AMONG ADOLESCENTS

SECTION III

DATA ON EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON SEX EDUCATION AMONG ADOLESCENT.

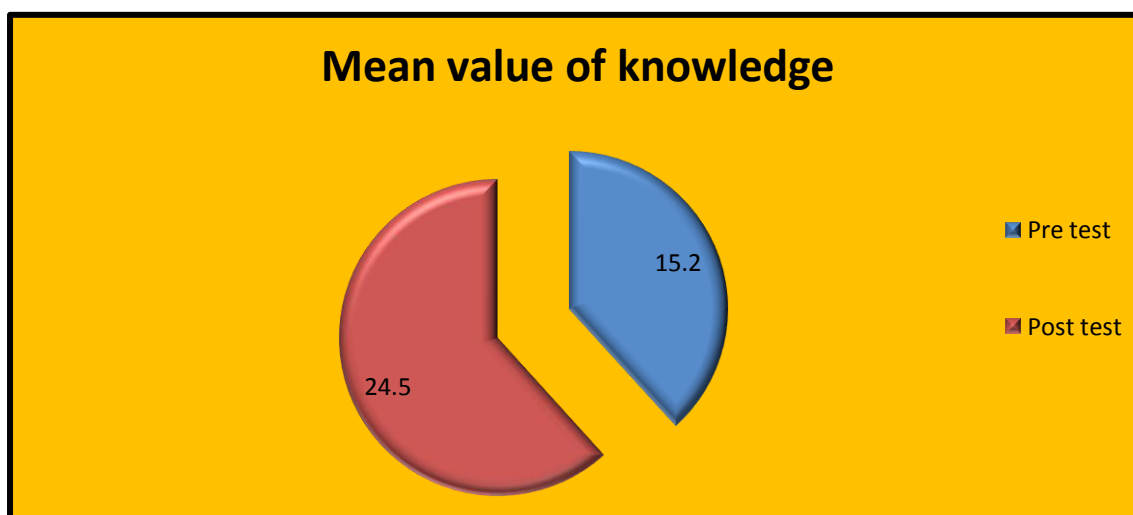
Mean, standard deviation, mean difference and paired ‘t’ value of pre-test and post-test knowledge score of sex education among adolescents.

S.NO	GROUP	MEAN	STANDARD DEVIATION	MEAN DIFFERENCE	‘T’ VALUE
1.	Experimental				
	a)	Pre-test	15.2	5	9.3
2.	b)	Post-test	24.5	4	

Significant at $p < 0.05$ level

Table reveals that the mean post test knowledge score 24.5 of adolescent was higher than the pre test knowledge score of 15.2. The obtained Mean difference 9.3 mean while the ‘t’ value of 0.320 for df 59 was significant at 0.05 level. This indicated that the difference obtained in the mean pre test and mean post test knowledge score is true different and not by chance. Hence H1 is accepted.

Therefore it is established that the structured teaching programme regarding sex education was effective in enhancing the knowledge of Adolescents.



PIE DIAGRAM SHOWING MEAN VALUE SCORE REGARDING SEX EDUCATION AMONG ADOLESCENTS

SECTION IV

DATA ON ASSOCIATION BETWEEN THE LEVEL KNOWLEDGE SCORE REGARDING OF STRUCTURED TEACHING PROGRAMME OF SEX EDUCATION AMONG ADOLESCENT WITH THEIR SELECTED DEMOGRAPHIC VARIABLES

Frequency, percentage and chi square value of knowledge score on sex education among Adolescent with their demographic variables

With regards to the age, among 14-18 years majority of adolescents have inadequate knowledge regarding sex education. Among age between 14-16 years the inadequate knowledge is 60% and adequate is 28%. Among age between 16-18 years inadequate knowledge is 6% and adequate is 5%. Regarding to Gender, males had 15% inadequate knowledge and 20% adequate knowledge and in females 60% inadequate knowledge and 13.3% adequate knowledge. Regarding Religion, Hindus had 46.7% inadequate knowledge and 16.7% adequate knowledge, Muslims had 10% inadequate knowledge and 10% adequate knowledge, Christian had 15% inadequate knowledge and 3.3% adequate knowledge and Sikh had 15% inadequate knowledge and 3.3% adequate knowledge. Regarding marital status Unmarried had 65% inadequate knowledge and 31.75% had adequate knowledge but married had 1.7% inadequate knowledge and 1.75% and adequate knowledge.

According to the Personality introvert had 26.7% inadequate knowledge and 11.7% had adequate knowledge, extrovert had 21.7% inadequate and 13.3% had adequate knowledge and ambivert had 18.3% had inadequate knowledge and 8.3% had adequate knowledge.

Regarding Family, Nuclear family had 18.3% adequate knowledge and 46.7% had inadequate knowledge, whereas Joint family had 15% adequate knowledge and 20% had inadequate knowledge. Regarding Socialization, Reserved had 13.3% adequate knowledge and 30% inadequate knowledge, whereas Remote had 8.3% adequate knowledge and 20% inadequate knowledge and free-moving had 11.7% adequate and 16.7% inadequate knowledge.

Regarding Mass Media, through Newspaper and magazine 6.7% adequate knowledge and 23.3% inadequate knowledge, through radio 5% adequate knowledge and 21.7% inadequate knowledge, through Net 3.3% adequate knowledge and 13.3% inadequate knowledge, through Cinema 1.7% adequate knowledge and 1.7% inadequate knowledge, through peer group 6.7% adequate knowledge and 3.3% inadequate knowledge, through parents 5% adequate knowledge and 1.7% inadequate knowledge, health professional 5% adequate knowledge and 1.7% inadequate knowledge.

IV. Discussion

The aim of this study is to assess the knowledge on sex education after structure teaching programme among adolescents in selected schools of Moradabad. In order to achieve the objectives of the study a pre- experimental design was adopted for this study.

60 samples were selected by non probability convenient sampling. The samples were assessed by the socio demographic data and knowledge on sex education by questionnaire method.

FINAL RESULT:

- **OBJECTIVE 1:** To assess the pre test knowledge score regarding sex education among the adolescent. In Adolescents pre-test, the majority of the Adolescents had inadequate knowledge 40 (66.7%) & 20 (33.3%) adequate knowledge regarding sex education. The mean pre test knowledge score is 15.2.

- **OBJECTIVE 2:** To determine the post test knowledge score regarding sex education among the adolescent.

In Adolescents post-test revealed the majority of Adolescent had adequate knowledge 55(91.7%) & 5(8.3%) inadequate knowledge regarding sex education. The mean Post test knowledge score is 24.5.

- **OBJECTIVE 3:** To evaluate the effectiveness of Structured teaching programme on knowledge regarding sex education among the adolescent.

The effectiveness of structured teaching programme reveals that the mean post test knowledge score 24.5 of adolescent was higher than the pre test knowledge score of 15.2. The obtained Mean difference 9.3 mean while the ‘t’ value of 0.320 for df 59 was significant at 0.05 level. This indicated that the difference obtained in the mean pre test and mean post test knowledge score is true different and not by chance. Therefore it is established that the structured teaching programme regarding sex education was effective in enhancing the knowledge of Adolescents.

- **OBJECTIVE 4:** To find out the association between post test knowledge score with selected demographic variables.

With regards to the age, among 14-18 years majority of adolescents have inadequate knowledge regarding sex education. Among age between 14-16 years the inadequate knowledge is 60% and adequate is 28%. Among age

between 16-18 years inadequate knowledge is 6% and adequate is 5%. Regarding to Gender, males had 15% inadequate knowledge and 20% adequate knowledge and in females 60% inadequate knowledge and 13.3% adequate knowledge. Regarding Religion, Hindus had 46.7% inadequate knowledge and 16.7% adequate knowledge, Muslims had 10% inadequate knowledge and 10% adequate knowledge, Christian had 15% inadequate knowledge and 3.3% adequate knowledge and Sikh had 15% inadequate knowledge and 3.3% adequate knowledge. Regarding marital status Unmarried had 65% inadequate knowledge and 31.75% had adequate knowledge but married had 1.7% inadequate knowledge and 1.75% and adequate knowledge. According to the Personality introvert had 26.7% inadequate knowledge and 11.7% had adequate knowledge, extrovert had 21.7% inadequate and 13.3% had adequate knowledge and ambivert had 18.3% had inadequate knowledge and 8.3% had adequate knowledge. Regarding Family, Nuclear family had 18.3% adequate knowledge and 46.7% had inadequate knowledge, whereas Joint family had 15% adequate knowledge and 20% had inadequate knowledge Regarding Socialization, Reserved had 13.3% adequate knowledge and 30% inadequate knowledge, whereas Remote had 8.3% adequate knowledge and 20% inadequate knowledge and free-moving had 11.7% adequate and 16.7% inadequate knowledge. Regarding Mass Media, through Newspaper and magazine 6.7% adequate knowledge and 23.3% inadequate knowledge, through radio 5% adequate knowledge and 21.7% inadequate knowledge, through Net 3.3% adequate knowledge and 13.3% inadequate knowledge, through Cinema 1.7% adequate knowledge and 1.7% inadequate knowledge, through peer group 6.7% adequate knowledge and 3.3% inadequate knowledge, through parents 5% adequate knowledge and 1.7% inadequate knowledge, health professional 5% adequate knowledge and 1.7% inadequate knowledge.

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