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INFLUENCE OF AN EDUCATION PROGRAMME ON KNOWLEDGE ABOUT SELECTED ASPECTS OF SEXUAL HEALTH EDUCATION AMONG ADOLESCENT GIRLS



Indiramma . B. S.¹ and Amitha. V²

INTRODUCTION :

Adolescence is one of the important period in the lifespan. It is the bridge between childhood and adulthood where a childlike behavior turns into adult alike. It lasts from about age 10 or 11 until the late teens or early 20's and entails major, interrelated changes in all realms of development (Papalia, 2003). This period is a transition from childhood to adulthood. Adolescence begins with rapid changes in height, weight, body contour and sexual characteristics such as enlargement of breasts, growth of pubic hair and facial hair, and deepening of voice (Santrock, 2011). It is the period of important physiological and psychological changes. The biological changes results in rapid

ABSTRACT

Adolescence, which spans from 10 to 19 years has been described as a transition stage in which physiological, anatomical and psychological changes take place in an individual. This stage is also considered as the period of emotional turmoil. Many adolescents manage this transformation successfully while others experience major stress and find themselves engaging in behaviours that place their well-being at risk. Among adolescents, girls are particularly vulnerable than boys and are also more susceptible biologically to problems related to sexuality. They receive most of their information from peers or unauthorized sources which often lead to misinformation. Hence adolescent girls need structured formal learning environment to address the issues of sexuality in a better way, improve their knowledge about the sexuality related aspects and can move into adulthood in a healthy way. Schools provide one such environment for learning. Considering the importance of sexual health education a study was conducted to assess the influence of an Intervention Programme on knowledge about Sexual Health Education among young adolescent girls. For the purpose 94 adolescent girls (control-50, experimental-44) in the age group of 12-15 years were selected. Pre-test – Post-test randomized group design was adopted for the study. A self-structured questionnaire was used. The experimental group was given an intervention programme on Sexual Health Education. The intervention programme consisted of eight modules which comprised of various components of Sexual Health Education. The results were analysed by using number, percentage and chi square test. The results of pre-test and post-test analysis indicated a significant improvement in the knowledge of experimental group about Sexual Health Education. The study highlights the role of effective, structured and well-executed intervention programme in creating awareness about Sexual Health Education among adolescent girls. Such programmes at school setting will contribute to a great level in improving the health of adolescent girls and thereby help them to become healthier adults who can contribute to nation's economy and progress at large.

KEYWORDS :adolescents, girls, sexual Health Education, Intervention Programme

Short Profile

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growth spurt, changes in body proportion and form and attainment of sexual maturity. Sexual changes are different for boys and girls. These sexual changes bring about a major shift in behavior and emotions of adolescents. Associated with these are psychological and emotional problems as they are unable to cope with these changes. These changes might lead to problems if adolescents' do not perceive it in a right way. Adolescents are prone to risk behaviors due to many changes that take place during this period. Risk behaviors related to sexual health are in particular more risky for adolescent girls. Adolescents especially girls might feel shy to seek the

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information from the authenticated source about these changes as it a social taboo to talk about the sexual changes openly. Our society is closed and has double standards on questions of sexuality, which adolescents may find confusing and they try to get information from sources which are not authenticated. Information obtained from such sources might be incorrect and lead to damaging effects. Thus adolescent girls develop poor knowledge regarding sexual and reproductive health (Shubha and Kirti, 2012, Rupali and Sanjay, 2014). Young people experience a great deal of anxiety emerging out of lack of knowledge of sexuality, and form myths and misconceptions.

Most of the adolescents do not have the correct knowledge about the risky behaviors that occur during this period. Many adolescents are not emotionally prepared to handle risky experiences, especially in early adolescence. Girls are particularly vulnerable, not only because they are more likely to be coerced invariably for unprotected sex than boys, but they are more susceptible biologically to sexually transmitted diseases This signifies that adolescent girls need a proper guidance regarding health, psychological changes and sexual behaviors. So the adolescent girls need to be educated and given awareness in schools and home on Sexual Health Education. The sources of information should be authentic and correct in order to make adolescents aware about such changes

According to UNESCO the crucial and critical factor that could contribute in alleviating or preventing adolescent health problems lie in information, education, and communication. In Indian society, the educational institutions occupy an important place in creating awareness among adolescents about any such issues. Hence adapting school-based interventions to create awareness among adolescent's remains as an effective strategy to promote adolescent sexual health education. Research also indicates that there is a desire for more widespread implementation of school-based sex education, particularly amongst female respondents (Tami

et.al, 2011). Sexual Health Education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about sexuality. It is more effective when it is age-appropriate, fact-based , medically accurate and culturally competent.

Sexual Health Education helps young people to understand and deal with sexual abuse and preventing such crimes; helps to develop positive attitudes towards sexuality and seeking honest answers; helps in understanding their own bodies and their feelings which would help in developing self-confidence and self-esteem. This also helps the adolescents to develop meaningful intra and interpersonal relationships. Schools are an institution in society regularly attended by most adolescents. Therefore, teaching sex education in school is the most effective way of reaching the majority of young people. Moreover, because the vast majority of teenagers are enrolled in school for several years before they are sexually active, sex education in schools can successfully educate adolescents before they are at risk. Hence an attempt was made to educate a selected group of adolescent girls about Sexual Health by using a structured intervention programme.

METHODOLOGY

Aim–

To assess the influence of an Intervention Programme on knowledge about Sexual Health Education among young adolescent girls.

OBJECTIVES–

1.To study the knowledge of young adolescent girls on the selected aspects of Sexual Health Education- reproductive organs, secondary sexual characteristics, sexual maturation and menstruation

2.To assess the effectiveness of intervention programme on knowledge of young adolescent girls on the aspects of Sexual Health Education

Procedure: One hundred adolescent girls (control group=50, experimental group=50) who

were in the age bracket of 12-15 years were selected from two schools of Bangalore. Pre-test – Post-test randomized group design was adopted for the present study. A structured questionnaire was developed to study the knowledge about Sexual Health Education among adolescent girls. An Intervention Programme was also developed. The intervention programme consisted of eight modules which intended to educate the adolescent girls regarding various components of Sexual Health Education.

The Pre-test was conducted for both Experimental and Control group. The intervention programme was given to the experimental group. For the intervention programme 44 adolescent girls were selected from one school based on their willingness to participate in the study. The intervention programme was scheduled for eight sessions. The modules were planned and designed to educate adolescent girls about various aspects of Sexual Health Education. Audio- visual aids were also used to make the learning interesting. Post-test was conducted for both the groups after a week of intervention programme. The results of the study were analysed by using number, percentage and chi- square test.

RESULTS AND DISCUSSION:

Background information of the respondents: Majority (57%) of them were 13 years old, and were first born (47%). Most of the fathers

were educated up to SSLC (40%) and were self-employed (53%). Majority (87%) of the mothers were home makers. Majority (77%) of the respondents belonged to nuclear families..

The pre-test and post-test analysis of knowledge about the reproductive organs (Table 1) reveals an improvement in the post-test knowledge of experimental group related to the male reproductive organs- scortum (pre-test = 25, post-test = 43), urethra (pre-test = 4, post-test = 12), testes (pre-test = 31, post-test = 41), prostate gland (pre-test = 31, post-test = 46). However highly significant difference was observed with regard to scortum (chi square = 13.7080**).

Similar trend was observed with regard to female reproductive organs where the respondents’ knowledge is improved after attending the intervention programme which is evident from the pre-test and post-test scores. The knowledge about the female reproductive organs is improved in the experiment group – uterus (pre-test = 13, post-test = 34), ovary (pre-test = 39, post-test = 42), fallopian tubes (pre-test = 37, post-test = 42) and vagina (pre-test = 21, post-test = 44). Significant difference was found with regard to uterus (chi square = 4.4050*). The improvement in knowledge about the reproductive organs in the post-test clearly indicates the positive influence of intervention programme which was given through visual aids on human reproductive system.

Table 1: Comparison of Pre-test and Post-test knowledge about reproductive organs

Reproductive organs	Group	Pre test	Post test	Significance of Chi square
Scortum	Control	35	14	13.7080**
	Experimental	25	43	
Vagina	Control	31	32	3.7863 ^{NS}
	Experimental	21	44	
Bladder	Control	29	29	0.5623 ^{NS}
	Experimental	38	29	

Uterus	Control	22	23	4.4050*
	Experimental	13	34	
Urethra	Control	6	7	1.4179 ^{NS}
	Experimental	4	12	
Testes	Control	27	26	0.7619 ^{NS}
	Experimental	31	41	
Ovary	Control	36	36	0.0521 ^{NS}
	Experimental	39	42	
Prostate gland	Control	26	25	0.4624 ^{NS}
	Experimental	29	36	
Fallopian tubes	Control	30	29	0.2176 ^{NS}
	Experimental	37	42	

** Significant at 1% level *Significant at 5% level
NS Not significant

(pre-test = 28, post-test = 32) and widening of hips (pre-test = 31, post-test = 33). With regard to the secondary sexual characteristics of males a considerable improvement in the knowledge was observed in the post-test as the intervention programme included an individual activity memory game to improve the knowledge of the respondents on secondary sexual characteristics. However the improvement in scores was not found significant statistically. The comparison of pre-test and post-test scores of control and experimental groups indicate the enhancement in experimental group only which signifies the influence of intervention programme.

Table 2 depicts the knowledge about secondary sexual characteristics of control and experimental groups in pre-test and post-test. The results reveal an enhancement in the post-test scores related to the secondary sexual characteristics of males and females. With regard to secondary sexual characteristics of females the enhancement of scores is observed in the responses about breast development (pre-test = 36, post-test = 42), growth spurt (pre-test = 33, post-test = 40), growth of pubic and underarm hair (pre-test = 31, post-test = 41), menarche

Table 2: Comparison of Pre-test and Post-test knowledge about secondary sexual characteristics

Secondary Sexual Characteristics	Group	Pre test	Post test	Significance of Chi square
Breast development	Control	32	32	0.2093 ^{NS}
	Experimental	36	42	
Growth spurt	Control	32	31	0.4211 ^{NS}
	Experimental	33	40	
Change in voice	Control	20	19	0.1583 ^{NS}
	Experimental	24	27	
Growth of pubic and underarm hair	Control	35	34	0.1587 ^{NS}
	Experimental	37	41	
Facial hair	Control	20	19	0.5981 ^{NS}
	Experimental	26	34	
Menarche	Control	47	43	2.3647 ^{NS}
	Experimental	28	42	
Widening of hips	Control	37	37	0.0333 ^{NS}
	Experimental	31	33	
Broadening of shoulders	Control	19	19	0.0065 ^{NS}
	Experimental	30	31	

NS Not significant

Table 3: Comparison of Pre-test and Post-test Knowledge about sexual maturation

Sexual Maturation of Boys and Girls	Group	Pre test	Post test	Significance of Chi square
Girls	Control	22	23	2.5925 ^{NS}
	Experimental	20	40	
Boys	Control	11	10	5.5706*
	Experimental	11	36	

* Significant at 5% level NS Not significant
 The pre-test and post-test comparison of knowledge about sexual maturity (Table 3) indicates a significant improvement in the experimental group. The knowledge about sexual maturity among girls indicates an enhancement in the mean scores (pre-test = 20, post-test = 40). Similar trend was observed with knowledge of

sexual maturity of boys. The difference in the mean scores was found to be significance at 5% level (chi square = 5.5706*). This improvement in the knowledge is attributed to the intervention programme which included the activity like question box where their queries were answered without revealing the identity of the person asking the question.

Table 4: Comparison of Pre-test and Post-test knowledge about Menstruation

Menstruation	Group	Pre test	Post test	Significance of Chi square
Menstruation	Control	26	26	1.2679 ^{NS}
	Experimental	27	41	
Length of Menstrual cycle	Control	32	32	3.0008 ^{NS}
	Experimental	20	38	
Duration of Menstruation	Control	33	31	0.9307 ^{NS}
	Experimental	28	37	

NS Not significant

An enhancement in knowledge was seen in experimental group about menstruation after the intervention programme which included teaching aids such as model on menstrual cycle, chart on menstruation and video. The results revealed that the knowledge about menstruation (Table 4) was improved (pre-test = 27, post-test = 41). Though majority of the respondents gained correct knowledge about the length of menstrual cycle (pre-test = 20, post-test = 38) and duration of menstruation (pre-test = 28, post-test = 37). However statistically it was not significant.

SUMMARY AND CONCLUSION

Comparison of pre-test and post-test results indicated a significant enhancement in the knowledge of reproductive organs like scortum

(chi square = 13.7080*) and uterus (chi square = 4.4050*). However in the other reproductive organs also the post-test results indicated a considerable improvement in the knowledge of respondents. Further the results indicated that the knowledge about sexual maturation in boys was also increased significantly (chi square = 5.5706*) among the respondents from experimental group. With regard to menstruation, there was a considerable enhancement in post test scores among the experimental group. Thus based on the above results it can be concluded that a well-planned intervention programme could help the young adolescent girls to gain knowledge about various components of Sexual Health Education. The education regarding Sexual Health helps adolescent girls to understand the bodily changes during adolescence. This knowledge

helps them to navigate the common problems related to sexual health. Thus they can face the problems of adolescence effectively and move towards adulthood in a healthy way.



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