

Knowledge, attitude, practice on sexual health education among college students

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By

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CERTIFICATE

This is to certify that the dissertation entitled, “Knowledge, Attitude and Practice on Sexual Health Education among College Students”, is a bonafide record submitted by Ms. Sruthy M V Reg.no. SM20PSY019, of St. Teresa’s College, Ernakulam under my supervision and guidance and that it has not been submitted to any other university or institution for the award of any degree or diploma, fellowship, title or recognition before.

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DECLARATION

I, **Sruthy M V** do hereby declare that the work represented in the dissertation embodies the results of the original research work done by me in St. Teresa's College, Ernakulam under the supervision and guidance of Ms. Anjitha Venugopal Assistant Professor, Department of Psychology, St. Teresa's College, Ernakulam, it has not been submitted by me to any other university or institution for the award of any degree, diploma, fellowship, title or recognition before.

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ABSTRACT

Sexual health is demonstrated by the free and appropriate displays of sexual capacities that promote personal and social wellness while enriching individual and social lives. The importance of sexual health in our lives cannot be overstated. The extent to which we may discuss about sexuality is influenced by our social fabric and cultural background. Puberty, menopause, marriage, and childbirth are all key phases in sexual development that require proper teaching in schools and colleges. It may also be beneficial to discuss the physical and emotional changes that occur during the young adult years. They require assistance in coping with emotions and experiences related to sexual attraction and orientation. The topic of whether this is the responsibility of the family or the school is frequently debated, as is the age at which sex education should begin. This paper focuses on finding the relationship between the variables, knowledge, attitude and practice on sexual health education among college students and also whether there is any difference in the variables among the male and female college students. The sample consisted of 250 college students age ranging from 18 – 25 years and studying in various Arts and Science streams colleges in Kerala state. The measures used in the study were Knowledge related questionnaire for the Students, Attitude Assessment on Sexual Health Education for Students Regarding Sexual Health Education and Questionnaires for the Students regarding practices of Sexual Health Education. Correlation analysis and t- test were the statistical techniques used for the analysis of the data. The major findings are that a significant positive relationship between knowledge and health practices in college students. Female college students were found to have better knowledge on sexual health education when compared to male college students. Male and female college students were found to have almost similar way of attitude and similar interests on health practice towards sexual health education.

Key words : Sexual health education, knowledge, attitude and practice

CHAPTER I

INTRODUCTION

Knowledge, Attitude and Practice on Sexual Health Education among College Students

“When God was not ashamed of creating sex, why should be afraid of talking?”

(Sigmund Freud)

Education is the process by which human potential is realised. It causes individuals' behaviour patterns to shift in order to better adapt to various life conditions. Young adulthood is a distinct developmental period that occurs between the ages of 18 and 25, during which the young adult participates in self-exploration and identity creation through crucial developmental tasks. There are now differing definitions and age range inclusions for young adulthood across various organizations, causing uncertainty during programme development, healthcare service delivery, and research. Because young adults have lower rates of healthcare consumption and worse health outcomes related to avoidable causes of morbidity and mortality than the surrounding age groups, young adulthood should be classified separately from adolescence and adulthood. Injuries, mental health concerns, substance abuse, and sexual/reproductive health conditions are all common among young adults. Because of their higher risk-taking proclivity and the consequences that come with it, they are more likely to engage in risky activity. Injuries, mental health concerns, substance abuse, and sexual/reproductive health conditions are all common among young adults. Young adults are particularly vulnerable since they are more likely to engage in risky conduct and suffer negative health consequences as a result.

WHO defines 'Adolescents' as individuals in the 10-19 years age group and 'Youth' as the 15-24 year age group. While 'Young People' covers the age range 10-24 years. "Health is a condition of complete physical, mental, and social well-being, not only the absence of disease or disability," according to WHO (World Health Organization).

The practise of enabling people to have more control over their bodies and minds while also improving their health is known as health promotion. (According to the World Health Organization). Sex is defined as “the collection of biological features that characterise humans as males and females.” (World Sexology Association). Sexuality is a key human characteristic that comprises sexual and gender identity, sexual orientation, eroticism, emotional attachment, love, and reproduction. It manifests itself in ideas, dreams, desires, beliefs, attitude, values, activities, practises, roles, and interpersonal interactions.

The interplay of biological, psychological, socioeconomic, cultural, ethical, religious, and spiritual variables leads to sexuality. (World Sexology Association)

Sexual health refers to the ongoing physical, psychological, and sociocultural well-being associated with sexuality. Sexual health is demonstrated by the free and appropriate displays of sexual capacities that promote personal and social wellness while enriching individual and social lives. It isn't just the absence of disease, infirmity, and dysfunction. To achieve sexual health, all people's sexual rights must be recognised and protected. (World Sexology Association).

Today, sexual and reproductive health are often included in the same sentence, but this was not always the case. For a long time, maternal and child health (MCH) has been the primary focus of development and policy. The term sexuality has made its way onto development policy agendas thanks to the influence of the women's movement, the fight for gay and lesbian rights, and, more recently, the HIV/AIDS epidemic. Although there are disagreements concerning their relationship, it is obvious that reproductive health cannot be discussed without addressing the question of sexuality. One result of this acceptance of sexuality in reproductive health courses is that it has remained merely a link. The terms sexuality and reproduction are frequently confused, resulting in the former being absorbed by

the latter. Sexual Health courses and interventions are still part of the Reproductive Health framework. The reproductive age group is targeted in research and treatments, implying a substantial influence of fertility control and population stabilisation. Because of its links to diseases including HIV/AIDS, reproductive tract infections, and other sexually transmitted diseases, sexuality is seen to be worth examining. The sexual and reproductive right comprises a wide spectrum of civil, political, economic, social, and cultural rights that are recognised worldwide and nationally. In general, they enshrined two essential principles: that all people have the right to sexual and reproductive health care, and that they have the responsibility to protect that right the ability to make their own sexual and reproductive decisions

The importance of sexual health in our lives cannot be overstated. The extent to which we may discuss about sexuality is influenced by our social fabric and cultural background. Puberty, menopause, marriage, and childbirth are all key phases in sexual development that require proper teaching in schools and colleges. It may also be beneficial to discuss the physical and emotional changes that occur during the young adult years. They require assistance in coping with emotions and experiences related to sexual attraction and orientation. Cultural values, attitudes, practises, and accepted social standards all influence emotional shifts. The topic of whether this is the responsibility of the family or the school is frequently debated, as is the age at which sex education should begin. (1980, Anthony Maieckal).

Sheila Thadani believes that providing early and proper sexual health education helps humanity avoid exploitation. Ignorance and false information can do more harm to developing minds than honest and open discussions on topics that teach children to make responsible decisions.

According to Mahlar (1985), young people are frequently caught between an obsessive preoccupation with sex and a changeable wall of silence from other sources of knowledge on the subject. As a result, it emphasises the core truth that comprehensive sexual health education has been neglected.

Many countries prohibit talk of sex, and those who grow up in such settings are more closed, secretive, and inhibited when it comes to sex education. It is more challenging for parents to communicate with their children about it. Reinisch (1980) emphasises that changing parents' perspectives on sexual subjects is tough, and he encourages them to talk sex with their children. In many communities, parents are still not considered reliable sources of information about sex education. In the midst of a fierce debate over teaching sex education to teenagers, one would question why a society that is otherwise so positive rejects a topic that needs to be openly and unabashedly acknowledged. It may be claimed that man has learned the truths of sex without any formal schooling since the dawn of human evolution. However, specific sex education for teenagers is required. They could teach themselves like their forebears did. However, there are numerous reasons why it should be taught or rather formally introduced in schools and colleges at the appropriate age. Education can never be harmful to anyone, especially when delivered wisely and on time. It can only extend one's outlook, be self-defeating, and contribute significantly to the person's personality. Women have been able to leave the confines of their families and attend school and colleges in the second half of the twentieth century. Young people may act rashly without knowing the facts or understanding the implications, putting themselves in potentially dangerous and difficult circumstances. Unwanted pregnancies, unnecessary abortions, the possibility of venereal diseases, and the threat of AIDS are all good reasons to shield our children from the resulting trauma, which can leave lifetime scars if inflicted at a young age. The sudden onset of puberty catches an unprepared child off guard. He or she may be

perplexed as to how to emerge unscathed. Whether or not he or she will be able to adjust and eventually become stable. Even if a little help is offered, he or she may be able to swim out of the storm healthy, despite the tide being against him or her, and then enjoy his journey.

Adulthood is a time of heightened risk-taking, making it more vulnerable to behavioural issues and new reproductive health risks. In comparison to their male counterparts, female young adults experience disproportionate health risks following puberty, the most serious of which being too early pregnancy and frequent childbearing. Male young adults, on the other hand, frequently lack a feeling of shared responsibility and respect for reproductive choices in sexual and reproductive affairs. This contributes to the perpetuation of customs in many developing countries that encourage early marriage followed by the first and subsequent births. Even when these impacts fade, a lack of understanding about sexual affairs and contraceptive methods, as well as the difficulties in acquiring contraceptives, leads to persistent early pregnancy among young adults.

Young adults health and well-being are inextricably linked to their physical, psychological, and social development, but this is jeopardised by sexual and reproductive health risks, which are on the rise in various parts of the world. Changes in population growth and the rise of social media, as well as an earlier onset of menarche and a later marriage age, are all leading to an increase in unprotected sexual intercourse before marriage. This, along with the risk of early marriage, leads to an excessive number of undesired pregnancies and births, as well as unsafe abortions and increased awareness of sexually transmitted illnesses, such as HIV infection, which leads to AIDS. With more than half of the world's population under 25, 4 out of 5 young people in underdeveloped nations lacking access to prevention and care are in desperate need of help. A young person generally lacks true information about self-development, especially during the fast physical changes that occur at puberty's commencement. Young people are intrigued about the changes that occur during their

development, but there is no reliable source of information about sexual changes. As a result, the current study focuses primarily on three characteristics related to sexual health education: knowledge, attitude, and practice. The problem under inquiry is so described in order to focus on these and have a better grasp of the study.

Need and significance of the study

College students frequently move away from their parents and toward independence. The period between the ages of 18 and 25, known as “emerging adulthood,” is defined as a period in which people do not feel like adolescents but also do not feel entirely adult; throughout this time, people are exploring and creating their adult identities, and they are in a state of flux. Acceptance of personal responsibility, especially responsibility for one’s sexual health and decision-making, characterises this life stage. When compared to the general population, college-aged kids are at a higher risk of unfavourable sexual health consequences. According to the CDC, the increased prevalence of unfavourable sexual health outcomes among adolescents and young adults could be due to a variety of factors, including discomfort with facilities and services designed for adults. Thus, research of the knowledge, attitude, and practise of sexual health education among college students in Kerala will be beneficial. Evidence and data are used to plan Sexual Health Education based on the need in places where sexual health and related sexual matters are missing.

CHAPTER II
REVIEW OF LITERATURE

Sex education, also known as sexual education, sexuality education, or sex ed, is the teaching of topics concerning human sexuality, such as emotional relations and responsibilities, human sexual anatomy, sexual activity, sexual reproduction, age of consent, reproductive health, reproductive rights, sexual health, safe sex, and birth control. Sex education is high-quality instruction and learning on a wide range of sex and sexuality subjects. It examines people's attitudes and ideas about those issues, as well as the skills necessary to navigate interactions with oneself, partners, and community members, as well as manage one's own sexual health. Sex can occur in schools, at home, in the community, or online. Sex education provides people with the knowledge and skills they need to make the optimal sex and relationship decisions for themselves.

The Sex Information and Education Council of the United States (SIECUS) has launched a programme to assess content, of education and AIDS education curricula, following De Mauro's study of state sexuality and AIDS education curriculum in 1990. There are now 23 states that mandate education and 33 that mandate AIDS education. 33 states have recommended education curricula, while 42 have AIDS education curricula. The goal of this study was to see if the information on human sexuality was comprehensive, accurate, and up to date, and if it was presented in a positive or prohibitive and judgemental manner. There appear to be numerous challenges in implementing comprehensive programmes that can prepare students for healthy, sexual adult lives and AIDS prevention. Das L.K. (1991) conducted a study in Assam with the goal of determining sexual health knowledge among senior high school students. Randomly selected schools received the self-structured questionnaire. According to the findings of the survey, the majority of students are knowledgeable about marriage, pregnancy, and childbearing, but they are less knowledgeable about sexual health. For broader generality, the researcher suggests that a comparable study be performed in a variety of institutions with a high sample size. Ameeta Handa (1995) did

research in New Delhi. To determine the learning needs of High School students on human sexuality and to construct and evaluate the success of a sex education curriculum, a descriptive survey and an evaluation research approach were chosen. The study included 180 high school students from three public schools in South Delhi as participants. Students were chosen using a stratified random sampling method. A total of 60 pupils were chosen from each of the three institutions, with 30 students from each class having an equal number of male and female students. The study found that friends, mass media and health professionals were the most reliable sources of information on human sexuality for high school students. A study was undertaken by the Human Reproductive Research Centre (HRRC) and the Indian Council of Medical Research (1996) in Delhi to identify gaps in reproductive and sexual issues awareness. The research was conducted in 22 rural co-educational higher secondary institutions across 14 states. A total of 8453 school-aged teenagers aged 10 to 19 years were questioned using self-administered questionnaires that were kept secret. The study's findings revealed significant gaps in knowledge on all aspects of reproductive health. A growing awareness of sexual health services for young girls and boys need evolving information and instruction. Alwar Richa (1997) did her research in a slum near the Maulana Azad Medical College Campus in Delhi. All adolescent girls between the ages of 10 and 19 who lived in the neighbourhood were included in the study. The research was split into two parts. During the first phase, a brief demographic survey was done to count all girls aged 10 to 19 years old. There were 230 adolescent girls in total. Srinivasa (1977) conducted a research in Pondicherry of 497 girls aged 10 to 19 years old from four out of eight girl's schools on aspects of knowledge, attitude, and practise relevant to menarche. The responders were given a standardised questionnaire that had been pre-tested. 181 of the 497 students interviewed had reached menarche, whereas 215 had not yet reached menarche. The bulk of the respondents were Hindus, with the rest belonging to other religions. The results revealed that the

respondent's reaction to blood flow at the onset of menstruation differed. Sabherwal, V.B. (1997) did a research in Delhi on sexual health education among students aged 18 to 21 years. The study's goal was to find out what people thought about incorporating sexual health education into educational institutions. Sexual health education should be incorporated in educational institutions, according to 98.5 percent of students. Gupta S.D. and Nutan Jain (1998) conducted a study in Jaipur to measure the reproductive and sexual health knowledge of adolescents aged 10 to 19 years from three Rajasthan districts. A total of 2325 people were surveyed, including adolescents, parents, and teachers. The state's teenagers had very little and spotty awareness of sexual and reproductive health, according to the report. Puberty, menstruation, pregnancy, contraception, rape, and abortion were all topics that the majority of the teenagers had heard about. Night emission, safe sex, impotency, homosexuality, and genital cleanliness were all discussed by more than half of the teens. H.K. Agarwal, R.S. Rao, and colleagues (1999) conducted a study on sexual education awareness among senior secondary school students on knowledge, attitudes, and attitudes about HIV/AIDS among senior secondary school pupils and trainee teachers. They believe that sexual health education is important as a result. HIV/AIDS awareness was higher in private and English-medium schools. The media, teachers, and health staff were discovered to be their primary sources of information. After a discussion and programme distribution, the student gained more knowledge. However, in India, due to a lack of interpersonal techniques in the educational system, student knowledge is inadequate and misconceptions still remain. The "International Institution for Population Sciences" in Mumbai, India, conducted a study (2000). The study's goal was to learn about parents' attitudes regarding providing sexual health education to their children in schools. According to reports, adolescents do not receive adequate sexual health education. Parents, on the other hand, believed that schools were the best place to teach their children about sexuality. In India, O. Agarwal, A. K. Sharma, and P. Chhaba (2000) did a

study on sexuality among Medical College students. The findings supported the need for Indian medical students to gain a better understanding of various elements of sex. Due to a lack of information, attitude, and sexual behaviour among Indian teenagers, these students advocated for the inclusion of sexual health education at the school level. Patel P, Pallavi et al. (2000) conducted a study on adolescent females in Ahmedabad slums to measure knowledge, awareness, belief, and practise on sexuality and reproductive health. Data was collected using both quantitative (Social Mapping, Body Mapping, Focus Group Discussions, and in-depth interviews) and qualitative (Household Listing and Pre-coded Questionnaire) methods. According to the data, adolescents are unaware of scientific facts about puberty, menstruation, pregnancy, STDs, and HIV/AIDS. CHETNA wants to offer education programmes on life skills and other valuable themes using participative methodologies, keeping in mind the need to learn about reproduction and sexual health among teenagers. According to the study, gender biases in the community have a negative impact on girls' overall development. The boys appear to have a set of gender roles that must be changed by a systematic intervention involving gender sensitization.

A study was conducted at Delhi Najafgarh by Kaur Vijendra (2001). "A research to measure the knowledge and attitude of unmarried young adults about desirable sex behaviour," the study's goal stated. With a one-group pre- and post-test design, a descriptive survey and an evaluative research approach were used. Unmarried young adults' knowledge of desirable sex conduct was assessed using a structured knowledge questionnaire. Their attitude toward desirable sex conduct was assessed using an attitude scale. The study's main finding was that there was a knowledge gap and a negative attitude among the participants. The post-test result was much higher than the pre-test score. Printing materials in the form of guidelines were helpful in expanding knowledge and building a positive attitude about desirable sex behaviour among youngsters, according to the gain knowledge and attitude

score. A study titled “An Awareness Study about AIDS and Safe Blood among Higher Secondary Girl Students” was undertaken by Singh R, Singh V, and colleagues in 2004. According to the findings, all four groups of female students lacked knowledge on various elements of AIDS and safe blood donation. Reproductive and sexual health education was studied by Beckwith Jessica (2005). The sample consists of 552 high school students from Romania, with the findings revealing a widespread lack of accurate and adequate reproductive and sexual health education. Age, sex, monthly income, and age of first sexual experience are all statistically significant variables in this study. Female sex at a younger age, lower monthly income, and a younger age of first sexual experience all lead to a lower quality of reproductive and sexual health in terms of information and availability. In 2005, Taghizade Mehrzad of South Delhi did a study on adolescent girls’ attitudes and knowledge about HIV/AIDS prevention. The study’s goal was to examine knowledge and attitude, as well as to determine the relationship between knowledge and several parameters such as age, income, parental literacy, family types, parent occupation, and information sources. A total of 100 adolescent girls between the ages of 17 and 19 were chosen for the study. A multiple-choice questionnaire with 26 questions about the enormity of the AIDS crisis and a five-point likert scale attitude scale with 25 statements covered a wide range of topics. The study reveals that adolescent girls have a lack of awareness about HIV/AIDS prevention and have a negative attitude toward the disease. The researcher believes that sexual health education programmes for adolescent girls Should be included in school/college curricula in order to boost awareness and foster a positive attitude toward HIV/AIDS prevention. T. Thekkekkara et al (2006) conducted a study on factors associated with teenage pregnancy, including age, parity distribution, educational qualification, marital status, and health seeking behaviour. The study found that the average age at marriage among teenagers is 16.5 years, with a mean pregnancy interval of 1.1 year. Unmarried teenagers made up 3% of the total. The study also

discovered that the greater the woman's educational qualification, the older she was when she married, and the same was true for the age of her first pregnancy. Thus, focusing on girls' education would be a successful method for postponing girls' marriage and, as a result, preventing adolescent pregnancy. In a nationally representative secondary school-based sample of 1670 boys and 1675 girls, Jaffer Y.A. and Afifi M. conducted a study in Muscat Omani (2006) to examine the knowledge, attitudes, and practises of Omani adolescents with regard to reproductive health. The adolescents were asked about puberty, marriage, birth spacing, AIDS, and sexually transmitted infections through a self-administered questionnaire. Only half of the samples are aware of the sex shifts. Girls were much more likely than boys to marry later in life. The sample's average number of children desired was 4.9.

Approximately two-thirds of the teens were enthusiastic about modern contraceptive methods and intended to use them in the future. Fertility period knowledge was as lacking as AIDS and transmitted infection understanding. A study on the effectiveness of sexual education by schools or family doctors on Hong Kong Chinese adolescents was undertaken by William C. Wong et al (2006). The study's goal is to assess the overall effectiveness of the Sexual Health Education currently delivered to Hong Kong teenagers in schools or by doctors. The poll was conducted among students aged 15 to 18 from 21 secondary schools. The findings give the greatest evidence yet that school-based sex education programmes can change kids' sexual behaviour, lowering risk. Padmavathi, Ratnakumari S. (2006) conducted research in Hyderabad and Srinagar. The study's goal was to find out what undergraduate students knew and thought about reproductive health and AIDS. A total of 200 students were chosen from degree colleges in the two cities, with 100 guys and 100 girls. Data was collected using self-structure questionnaires. The findings demonstrated that the students had a good understanding of reproductive health and AIDS. There were some misconceptions about HIV transmission sources. The pupils were discovered to have a favourable attitude toward AIDS

patients. The student's understanding was less influenced by their degree/discipline. Boys were discovered to be more knowledgeable than girls. The data show that the students had various levels of sexual health knowledge. Knowledge about reproductive health and self-care should be disseminated in a systematic and thoughtful manner. This is especially essential given the fact that young adults are the most vulnerable demographic when it comes to STD and AIDS transmission. Alexandra Me Manus and Dhar Lipi (2007) conducted a study in south Delhi to analyse adolescents' girls' knowledge, perceptions, and attitudes concerning STD/HIV, safer sex, and sexual health education. The goal was to look into teenage urban school girls' perceptions, knowledge, and attitudes concerning sexually transmitted infections (STIs), HIV/AIDS, safer sex practises, and sex health education. 251 senior high school females completed the self-administered questionnaire. According to the data, one-third of the students in this survey had no accurate knowledge of the signs and symptoms of STIs other than HIV/AIDS. Though contentious, gender-based sex education regarding STIs, safe sex options, and contraception in schools in India is critical. Hemalatha B.S. (2008) did research on "Women's knowledge of reproductive tract illnesses in a designated area in Raichur." Karnataka was the location of the research. The study's participants were adolescent girls. There were 200 samples taken. The sample that was available during the data collection period was chosen. The structured questionnaire was created to investigate people's understanding of reproductive tract illnesses. The majority of the respondents knew the structure and physiology of the female reproductive system, as well as its infection, according to the researcher. Religion, wealth, and abortion all influence knowledge. There was no correlation between the adolescent's knowledge of reproductive tract infection and variables such as age, education, or information sources. In the Obstetrics and Gynecology Department, North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), Shillong, a retrospective study on teen pregnancy,

perinatal outcome, and low birth weight was undertaken in 2008-2009. The information came from hospital records. The study only included primigravida with a single tone pregnancy. The study group comprised of young women aged 15 to 19, who had reached 28 weeks of pregnancy and were admitted to the hospital for delivery during the study period. The study found that there were 1176 deliveries throughout the study period, with 11 percent of them being teenage pregnancies. Teenage moms had greater rates of anaemia, as well as poor perinatal outcomes such as low birth weight and preterm babies, according to the study. According to the findings, they have a poor educational level and are mostly from a lower socioeconomic class. For a better obstetric and perinatal outcome, teenagers must be aware of undesired pregnancy prevention and various antenatal care initiatives. Tobin E.A. (2010) conducted research in Nigeria's Delta state. The research looked at secondary school students' knowledge, attitudes, and practises regarding AIDS. A cross sectional study was conducted on 358 senior secondary students who were chosen using a multistage sampling process. Data was collected using a semi-structured questionnaire. According to the findings, a sexual health programme that focuses on a positive change in adolescent attitudes toward risky sexual activities is needed. Gogoi Maitrayee (2010) conducted a study to measure girls' reproductive health knowledge and attitudes in the urban and rural areas of Assam's Dibrugarh District. The schools in rural and urban areas were chosen using a straightforward random selection method. The 130 students were chosen using a stratified random sample procedure from classes VII, IX, and X at the schools. The investigator came to the conclusion that a study of boys, parents, and teachers was needed to examine knowledge, attitude, and practise in order to promote and implement sexual health awareness. Malleshappa et al (2011) Andhra Pradesh did a study. The goal of this study is to see how effective a reproductive health education intervention programme is at improving the knowledge of adolescent females aged 14 to 16 in the Kuppam mandal of Chittoor, Andhra Pradesh. A total

of 656 girls between the ages of 14 and 19 were randomly recruited from three high schools in Kuppam Mandal, Andhra Pradesh. The girls were educated using a reproductive health education package produced in collaboration with parents, teachers, and adolescents. Before and after the teaching session, a 50-item structured questionnaire was used to assess all participants' reproductive health knowledge. Following intervention, there was a considerable improvement in understanding of STD transmission and prevention. A reproductive health education intervention improves rural teenage girls' reproductive health knowledge and attitudes. Intervention. A reproductive health education intervention improves rural teenage girls' reproductive health knowledge and attitudes. Regassa Nigatu et al. (2011), Hawassa Addis Ababa University research. The study's major goal was to analyse higher education students' attitudes and practises towards HIV/AIDS prevention. Data was acquired utilising a quantitative survey questionnaire in a multistage sampling technique on 606 students from this university. The report made several recommendations, the most important of which were to focus on more practical and viable preventive measures, increasing HIV testing and antiretroviral treatment programmes, and effective implementation of in-campus HIV policy.

CHAPTER III
METHODOLOGY

Aim

To study knowledge, attitude and practice on sexual health education among college students.

Statement of the problem

The current study focuses on “Knowledge, Attitude and Practice on Sexual Health Education among college students”.

Objectives

1. To assess the relationship between knowledge, attitude and practice on sexual health education.
2. To assess the knowledge of the college students regarding Sexual Health Education.
3. To assess the attitude of the college students towards Sexual Health Education.
4. To determine the Sexual Health Practice of the college students.

hypothesis

H₀ : There will be no significant relationship between knowledge, attitude and health practices among college students.

H₀ : There will be no significant difference in the level of knowledge among male and female college students.

H₀ : There will be no significant difference in the level of attitude among male and female college students.

H₀ : There will be no significant difference in the level of health practices among male and female college students.

Research design

A correlational research design investigates relationships between variables without the researcher controlling or manipulating any of them. A correlation reflects the strength and/or direction of the relationship between two (or more) variables. The direction of a correlation can be either positive or negative.

Operational definition

Sexual health: The World Health Organization (WHO) defines sexual health as ‘a state of physical, emotional, mental and social well-being in relation to sexuality’ and further specifies that sexual health is a ‘positive and respectful approach to sexuality and sexual relationships.

Sexual knowledge : Sexual knowledge is a collection of information and refers to the knowledge and awareness of the individual about sex and sexuality (including physiological aspects, reproduction, performance, and individual sexual behavior).

Sexual attitude : Sexual attitude is values and beliefs about sexuality. Manifested in a person’s individual sexual behavior, these attitudes are based on family and cultural views about sexuality, on sex education (both formal and informal), and on prior sexual experiences.

Sexual practice: Human sexual practice is the manner in which humans experience and express their sexuality.

Sample

A total of 250 college students which consisting of 125 males and 125 females who were studying form different arts and science streams colleges in Kerala.

Population

A total of 250 college students (125 males and 125 females) between the age of 18 to 25 from various Arts and Science streams colleges in Kerala state participated.

Sampling design

Convenience random sampling was used. Convenience sampling is a type of nonprobability sampling in which people are sampled simply because they are “convenient” sources of data for researchers.

Inclusion criteria

The study includes ongoing college students between the age of 18 to 25 from various Arts and Science streams colleges in Kerala.

Exclusion criteria

The study excludes school ongoing students.

Tests/tools used for data collection

The tools used are

Part 1- Knowledge related questionnaire for the students developed by Dutta & Anupama

This part of the questionnaire is prepared to assess the knowledge of the college students regarding Sexual Health Education. The content of knowledge regarding Sexual Health Education is divided into five areas it consists of 20 multiple choice questions and the five contain areas were as follows:

- Psychosocial and Psychosexual
- Growth and development during Puberty changed.

- Human Reproductive Health.
- Awareness about Sexually Transmitted Diseases
- Awareness about Sexual Disorders.

The resulting Knowledge Score is range as follows:

Inadequate Knowledge score: 0-50%

Moderate Knowledge score: 50-75%

Adequate Knowledge score: 75-100

Part 2 – Attitude Assessment on Sexual Health Education for Students Regarding Sexual Health Education developed by Dutta and Anupama

This part of the questionnaire was prepared to measure the attitude, opinions and comments of the students regarding Sexual Health Education. It contains 10 separate items.

Here 5 point Likert scale is used. It is scale as strongly agree-4 point, agree-3 point, undecided-2 point, disagree-1 point, strongly disagree-0 point.

Part 3 – Questionnaires for the Students regarding practices of sexual health education developed by Dutta and Anupama

This part consisting of 10 item of questionnaire was prepared for the students to see their Practices regarding sexual health.

Scoring of Practice level as follows:

Unhealthy Practice: 0-50%

Healthy Practice: 50-100%

It's Construct Validity score was 0.86 and reliability range was ($\alpha=0.75$ to 0.86)

Procedure

Questionnaires with socio demographic data sheet were distributed via google form method to each participant. They were instructed to fill out the necessary details in the socio demographic data sheet; reassurance was given to the participants regarding confidentiality of their data. Instructions for answering questionnaires were given.

Data analysis techniques

The data is analysed using IBM SPSS statistics 26

Normality test : A normality test was used to determine whether sample data has been drawn from a normally distributed population (within some tolerance).

Correlation analysis : Correlation analysis in research is a statistical method used to measure the strength of the linear relationship between two variables and compute their association. Simply put – correlation analysis calculates the level of change in one variable due to the change in the other. In this study, correlation analysis was used to determine if there is any significant relationship between knowledge, attitude and practice of sexual health education among college students.

t- test : A t-test is a type of inferential statistic used to determine if there is a significant difference between the means of two groups, which may be related in certain features. In this study, t test was used to determine if there are significant differences between male and female college students with respect to knowledge, attitude and practice on sexual health education.

CHAPTER IV
RESULTS AND DISCUSSION

One of the most important aspects of any research project is data analysis and interpretation. The process of making sense of numerical data that has been obtained, examined, and presented is known as analysis and interpretation. If the data is not adequately evaluated and understood when it is collected, it has no relevance on its own. It's fair to say that research is divided into two stages: data collecting and data analysis. The term "interpretation" refers to a critical review of the analysis' results in light of all the data's constraints.

The act of converting data with the goal of extracting usable information and valid conclusions is known as data analysis. The process of systematically examining anything is known as analysis. The practise of systematically using statistical tools and logical procedures to describe, display, condense, summarise, and assess data, as well as draw inductive inferences, is known as analysis. According to C.R Kothari (1990), the term analysis refers to the computation of particular measures as well as the search for patterns of association between data – groupings.

This chapter examines and discusses the data gathered during the data collection process. Four hypotheses were constructed and the acquired data was examined using various statistical methods. Descriptive statistics, correlation, and the Student's t-test were utilised in the statistical analysis.

Preliminary Analysis

Preliminary analysis entails the fundamental descriptive statistics like mean, median, mode, standard deviation, skewness and kurtosis of the collected data. Preliminary analysis helps the investigator to identify the statistical test has to be done it determines the normality of the data. On the basis of preliminary analysis, selection of parametric and non-parametric tests is carried out.

Table 1, shows details about mean median mode, SD deviation, skewness and kurtosis of each variable

| <i>Variables</i> | <i>Mean</i> | <i>Median</i> | <i>Mode</i> | <i>St. Deviation</i> | <i>Skewness</i> | <i>Kurtosis</i> |
|-------------------------|-------------|---------------|-------------|----------------------|-----------------|-----------------|
| <i>Knowledge</i> | 16.884 | 17.000 | 19.000 | 2.697 | -1.355 | 2.826 |
| <i>Attitude</i> | 25.424 | 24.500 | 23.000 | 5.330 | 0.904 | 1.209 |
| <i>Health Practices</i> | 6.336 | 6.000 | 6.000 | 1.317 | -0.161 | 1.049 |

Table 1 shows the descriptive statistics of scores of the variables. The mean and standard deviation scores obtained for the variables Knowledge, Attitude and Health practices are 16.884, 2.697, 25.424, 5.330, 6.336 and 1.317 respectively. Here the skewness and kurtosis values of knowledge, attitude and health practices are -1.355, 0.904, -0.161, 2.826, 1.209 and 1.049 respectively. From the table of preliminary analysis, it can be said that the data obtained from the sample is normally distributed it means that the variables under study are not much deviated from normality. Hence the data collected is viable for parametric statistical analysis.

Table 2

The correlation coefficient between knowledge, attitude and health practices among College Students.

| <i>Variables</i> | | <i>Knowledge</i> | <i>Attitude</i> | <i>Health Practices</i> |
|-------------------------|--------------------|------------------|-----------------|-------------------------|
| <i>Knowledge</i> | <i>N</i> | - | | |
| | <i>Pearson's r</i> | - | | |
| | <i>p-value</i> | - | | |
| <i>Attitude</i> | <i>N</i> | 250 | - | |
| | <i>Pearson's r</i> | .000 | - | |
| | <i>p-value</i> | .995 | - | |
| <i>Health Practices</i> | <i>N</i> | 250 | 250 | - |
| | <i>Pearson's r</i> | .199** | 0.281** | - |
| | <i>p-value</i> | .002 | .000 | - |

** Correlation is significant at the 0.01 level (2-tailed)

The table 2 shows that the correlation coefficient between knowledge, attitude and health practices among college students. There is a significant positive relationship between knowledge and health practices. This indicates that when knowledge increases health practices are also increases. This may be due to the more informed about sex and the risks it carries will help an individual to more prepared them to make good choices on sexual health practices. The results also show a significant positive relationship between attitude and health practices. That is, when attitude increases health practices are also increases or vice versa. Parents, peers, the media, and teachers all influence our sexual attitudes. Our sexual attitudes are influenced by where we were born, who our parents and family are, our culture, religion, and societal

situations. Thus, an increase in a positive attitude towards sex education can result in an increase in healthy sexual practices among college students.

From the table we can see that, there is no significant correlation between knowledge and attitude which indicates that knowledge and attitude on sexual health education has no significant relationship among college students. Kaur Vijendra did a study in Delhi Najafgarh (2001). The study's purpose was to "evaluate the knowledge and attitude of unmarried young people on optimal sex behaviour." The study's key finding was that the participants had a knowledge gap and a negative attitude. The post-test score was significantly higher than the pre-test result. According to the gain knowledge and attitude score, printing materials in the form of guidelines were effective in extending information and developing a good attitude regarding ideal sex behaviour among young people.

Thus, the hypothesis stated there will be no significant relationship between knowledge and health practices and attitude and health practices on sexual health education among college students is rejected and the hypothesis stated that there will be no significant relationship between knowledge and attitude is accepted.

Table 3**Mean, standard deviation and t-value obtained by male and female students in Knowledge**

| Variable | Male Students (N=125) | | Female Students (N=125) | | t-value | Sig |
|------------------|----------------------------------|-------------|------------------------------------|-------------|----------------|------------|
| | <i>Mean</i> | <i>S. D</i> | <i>Mean</i> | <i>S. D</i> | | |
| Knowledge | 16.081 | 2.933 | 17.661 | 2.194 | 4.834 | 0.009 |

**Significant at 0.01 level

The table 3 shows difference in the level of knowledge among male and female college students. Here a significant difference has obtained at the level of 0.01 between male and female college students in the level of knowledge regarding sexual health education. The results shows that mean value in female students is higher than that of male college students which indicates that, female students are much better than male students in the level of knowledge on sexual health education. Sexual knowledge is a collection of information and refers to the knowledge and awareness of the individual about sex and sexuality including physiological aspects, reproduction, performance and individual sexual behavior. Here, the findings point out that female college students have more knowledge about sexual health education, this may be due to the fact that they had obtained adequate knowledge from mothers and teachers about sexual health from the time they attained their puberty. This will help them to educated about things that related to sexual health. Lack of sexual education reinforces

existing taboos and leads to sex by trial and error, possible impotence or lack of satisfaction, guilt complexes and, where contraceptive advice is lacking, unwanted pregnancies and abortion because of ignorance. Sexual repression may lead to sexual violence and deviancy. Here from the result, we had obtained that male college students have low knowledge about sexual health education when compared to female college students. This may be due to an inadequate knowledge that getting from peer groups and also negative mass media influences among them. Between 2013 and 2014, researchers at Baylor College of Medicine in Houston, Texas, performed a study of boys aged 18 to 25 who visited adolescent health clinics in five big cities across the southwestern United States to assess their sexual and genital health knowledge and needs. The survey looked at demographics and their knowledge of sexual-reproductive health, sexual behaviour, STI risk beliefs, and physical and testicular health. The findings demonstrated that regardless of race, young guys participate in high-risk sexual conduct and lack knowledge and accountability within their own sexual-reproductive health awareness, based on responses from 264 young males with an average age of 20.8 years.

Therefore, the hypothesis there will be no significant difference in the level of knowledge among male and female college students is rejected.

Table 4

Mean, standard deviation and t-value obtained by male and female students in attitude

| <i>Variable</i> | <i>Male Students (N=125)</i> | | <i>Female Students (N=125)</i> | | <i>t-value</i> | <i>Sig</i> |
|-----------------|----------------------------------|-------------|------------------------------------|-------------|----------------|------------|
| | <i>Mean</i> | <i>S. D</i> | <i>Mean</i> | <i>S. D</i> | | |
| <i>Attitude</i> | 25.927 | 5.321 | 24.937 | 5.315 | 1.471 | 0.971 |

No significant difference

The table 4 shows the difference in the level of attitude among male and female college students. There is no significant difference between male and female students in the level of attitude towards sexual health education. This indicates that both the male and female college students have most similar way of attitude towards sexual health education. Here, the obtained value is 1.471 which is below than 1.96 so that here, we can say that there will be no significant difference in the level of attitude among male and female college students. From the results, we can see that the mean value for male (25.927) is greater than mean value for female (24.937) which indicates that the male college students are much better than female college students in the level of attitude towards sexual health education. But there is no proper gender difference between male and female college students on the level of attitude towards sexual health education. This may be because, when compared to old generation the new generation is very free to think and talk about sex. Today we can see a reduction in sexual taboos among young adults when compared to the older adults. Sharma, et al (2020) conducted a study on “Sexual Attitude, it’s Bearing to Sexual Knowledge and Strength of Religious Faith”. The findings point out that Students who had a liberal attitude towards sex also had better knowledge and a strong religious faith.

Therefore, the hypothesis there will be no significant difference in the level of attitude among male and female college students is accepted.

Table 5

Mean, standard deviation and t-value obtained by male and female students in health practices

| Variable | Male Students (N=125) | | Female Students (N=125) | | t-value | Sig |
|-------------------------|----------------------------------|-------------|------------------------------------|-------------|----------------|------------|
| | <i>Mean</i> | <i>S. D</i> | <i>Mean</i> | <i>S. D</i> | | |
| Health Practices | 6.431 | 1.174 | 6.244 | 1.440 | 1.122 | 0.252 |

No significance differences

The table 5, shows difference between male and female college students in the level of health practices on sexual health. There is no significant difference between male and female college students in the level of health practices. This indicates that both the male and female college students show most similar pattern of interests in health practices regarding sexual health. The obtained t- value is 1.122 which is below than 1.96 so that here, we can say that there will be no significant difference in the level of health practices between male and female college students. When considering the mean value, the male college students has obtained slight more mean value (6.431) than female college students (6.244). This indicates that male students are slightly better than female students in order to practice healthy sexual practices. But there is not observed accurate gender differences between male and female college students on the level of health practices regarding on sexual health. This may be due to both the male and female students are much more aware about the positive aspects of healthy sexual practices. They do aware about the fact that healthy sexual practices are

provide better satisfaction to one's own sexual urges or sexual drives. Studies have shown that sex is extremely beneficial to our health. Sex activates a variety of neurotransmitters that impact not only our brains but several other organs in our bodies.

Therefore, the hypothesis there will be no significant difference in the level of health practices among male and female college students is accepted.

CHAPTER V

CONCLUSION

In the present study the investigator has made an attempt to explore the major objective of studying whether there is any difference in the variables Knowledge, attitude and practice on sexual health education among college students and also whether any relationship exists between the variables. The participants were selected from various Arts and Science streams colleges in Kerala state. The sample size of the study was 250. 125 male college students and 125 female college students of age, ranging from 18 – 25 years, and studying in UG and PG were included. Random sampling was used to collect data. Details such as name, age, gender, religion was also collected. The data obtained from the respondents were scored, analysed and discussed to draw a meaningful inference.

Major findings of the study

The following were the major findings of the study:

- A significant positive relationship between knowledge and health practices in college students.
- A significant positive relationship between attitude and health practices in college students.
- No significant correlation between knowledge and attitude in college students.
- A significant difference has obtained between male and female college students in the level of knowledge regarding sexual health education.
- Female college students were found to have better knowledge on sexual health education when compared to male college students.
- No significant difference between male and female students in the level of attitude towards sexual health education.
- Male and female college students were found to have almost similar way of attitude towards sexual health education.

- No significant difference between male and female college students in the level of health practices.
- Male and female college students were found to have almost similar pattern of interests in health practices regarding sexual health.

Limitations of the study

- The current mood of the participants may influence the results. That is, the student with irritable mood or any kind of personal problems might have influenced the results.
- The researcher had no control over the motivational level, fatigue level or the comprehension ability of the tool. The psychological state is an important limitation as lack of motivation, fatigue, poor comprehension ability affects attention and lower interest. This affects the responses obtained.
- The length of the questionnaire would have led to boredom and a lack of interest in the students would have affected the findings of the study.
- The sample was chosen only from Kerala state. If sample was chosen from other states too, it would have yielded results that would have been more generalizable

Suggestions for further research

Further studies could be conducted to understand the importance of sexual health education for physical and mental health of people in our society. More importantly, we also look ahead to future researchers that might help address the gaps in the current study on the differences among male and female college students in knowledge, attitude and practice on sexual health education.

Further studies could be suggested to focus on improving methodological limitations of the existing research and intervention- based advances that might be fruitful to pursue to further our understanding of this important topic.

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APPENDICES

Sociodemographic Sheet

Name :

Age :

Gender :

Religion :

APPENDIX A

KNOWLEDGE RELATED QUESTIONNAIRE FOR THE STUDENTS

Knowledge related questionnaire for the students

Instruction: -Place (?) tick mark in the appropriate items.

1) is normal for teenager to have interest in opposite sex.

A) True

b) False

c) Not Sure

2) Falling in love is an expression of emotion and feeling between boys and girls

A) True

b) False

c) Not ure

3) Boys and girls who study and play together tends to be

a) To have more positive feelings towards each other..

b)To develop negative emotional attitude

c) None of the above

4) Fantasy and day dreaming is a

a) Normal behavior

b) Abnormal behavior

c) Do not know

5) When puberty is reached

- a) Psychological and behavioural changes
- b) Appearance of axillaries and pubic hair
- c) All the above

6) Secondary sex characteristics refer to bodily changes which occur

- a) In girls only
- b) In boys only
- c) In both boys and girls

7) Puberty is due to the hormonal changes

- A) True
- B) False
- C) Not Sure

8) Menstruation is a

- a) Disease of the blood
- b) Infection in the uterus
- C) Is a normal body function

9) A girls can become Pregnant

- a) At any time
- b) After she attain menstruation
- C) Not Known

10) The female sex cell is called

a) Ovum

b) Sperm

c) Semen

11) The male sex cell is called

a) Semen

b) Ovum

) Sperms

12) Fertilization refers to the union of male sex cell and female sex cell

a) True

b) False

c) Not Sure

13) Syphilis is a disease that only affects

a) Male

b) Female

d) Male and Female

14) Sexually transmitted diseases can spread by

a) Sharing drinking cups

b) Having sexual contact

C) Using common toilet

15) AIDS is a disorder which stands for

- a) Acquired infection disease of sexuaity
- b) Acquired immune deficiency syndrome
- C) Acquired infection develop from sex

16) Using condom is very safe to

- a) Prevent pregnancy only
- b) Prevent STD/AIDS
- C) All the above

17) Night discharge of semen in boys is

- a) Normal
- b) Abnormal
- C) Serious illness

18) Masturbation is a

- a) Normal behaviour
- b) Abnormal behaviour
- o) Shameful behaviour

19) Lack of menstrual Hygiene can causes

- a) Genital itching
- b) Anaemia
- C) Diarrhoea

20)Abnormal sexual act is defined as:

- a) Forceful sexual act
- b) Sexual act with small children
- C) All the ab

APPENDIX B**ATTITUDE ASSESSMENT ON SEXUAL HEALTH EDUCATION FOR STUDENTS****REGARDING SEXUAL HEALTH EDUCATION****Attitude Assessment on Sexual Health Education for Students Regarding****Sexual Health Education**

Instruction: -Please read each of the following statements and tick mark in the appropriate space provided in the right side.

1) Premarital sexual relationship is socially accepted in our country.

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

2) Pornography has exploited the young girls and boys feelings towards sexual relationship.

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

3) Girls should not be allowed to mix up with boys after puberty

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

4) Teenage pregnancy can be risky to both mother and the baby during pregnancy and at birth.

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

5) The desire for sexual intimacy between boys and girls is a normal experience.

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

6) Knowledge about contraceptive to teenage boys and girls will prevent teenage pregnancy.

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

7) Using audio-visual adds will help the student to understand better about the reproductive organ and the function relating to sexual health.

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

8) There is a legal law which regulate the age for sexual act

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

9) Condoms advertisements in the T.V medias is justified

- Strongly agree

- Agree
- Undecided
- Disagree
- Strongly disagree

10) Homosexuality and Lesbianism is an unhealthy sexual behavior.

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

APPENDIX C**QUESTIONNAIRE FOR THE STUDENTS REGARDING PRACTICES OF****SEXUAL HEALTH EDUCATION****Questionnaires for the Students regarding practices of sexual health
education**

Instruction: - Please read each of the following statements and tick mark

- 1) Have you ever watched pornography?
 - Yes
 - No

- 2) Do you place obscene picture in your bed room?
 - Yes
 - No

- 3) Does holding hands and touching each other gives a sexual pleasure?
 - Yes
 - No

- 4) Do the boys get disturb when you find voice has changed?
 - Yes
 - No

- 5) Do you take bath during menstruation?
 - Yes
 - No

- 6) Have the teachers who impart knowledge about sexual health education in your school has formal training of the subject?
 - Yes
 - No

- 7) Do you know unprotected sex may cause pregnancy?

- Yes
- No

8) DO you practice sexual intercourse?

- Yes
- No

9) Do you practice Masturbation?

- Yes
- No

10) Do you know that condom can prevent pregnancy/STD/AIDS?

- Yes
- No