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Sexual health practice self-efficacy among the urban youth population

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Abstract

Purpose of the study

To study the sexual health practice self efficacy among the urban youths residing in Bangalore and currently residing in Bangalore and to know the family sexual health communication and openness of urban youth population

Research methodology

Research is quantitative in nature ,used "Sexual Health Practices Self-Efficacy Scale (SHPSES) " which consists of 20 items representing a variety of sexual health practices for data collection ,Crossectional research design was used ,Convenient sampling was sampling method and sample size is 240 ,120 male and 120 female of age between 18 to 24 years and samples were taken from urban youth population who were in residing and currently residing in Bangalore ,IBM SPSS 23.0 was used for analyse

Result

Results found :-

- There is no significant statistical difference in self efficacy of sexual health practice among urban male and female which means that male and female had no much difference in self efficacy scores for sexual health practice
- There is significant difference between family sexual health communication and self efficacy of sexual health. Urban youth population who had family sexual health communication had higher self efficacy score for sexual health practice
- There is significant difference between the openness to sexual talks and classes and self efficacy score of sexual health practices. Urban youth population who were open to sexual health talks and classes had high self efficacy score for sexual health practice

Conclusion

Sexual health practice self efficacy among the youths were moderate ,gender and self efficacy scores on sexual health practice had no significant difference. Youth who are open to sexual talks and classes and youths who had family sexual health communication had higher self efficacy scores

Key words – Sexual health ,Self efficiency ,Urban ,Youth

Introduction

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes(*Reproductive Health*, n.d.).

Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence(*Sexual Health*, n.d.).When sexual health is viewed holistically it is about well-being, not merely the absence of disease. Sexual health involves respect, safety and freedom from discrimination and violence. Sexual health depends on the fulfilment of certain human rights. Sexual health is relevant throughout the individual's lifespan, not only to those in the reproductive years, but also to both the young and the elderly. Sexual health is expressed through diverse sexualities and forms of sexual expression.(*Sexual Health*, n.d.).Sex and reproduction is taboo in Indian community ,whether it is rural or urban taboo remains the same even though the country has population of 1.3 billion. In order to lead healthy, responsible & fulfilling lives & protect themselves from reproductive health problems youngsters need to be knowledgeable about themselves and need adequate information about the physical& psychological changes that take place during puberty, menstruation, pregnancy & child birth.(Kumar et al., 2019)Some of the negative consequences if sexual health is not properly practiced are infections with human immunodeficiency virus (HIV), sexually transmitted infections (STIs) and reproductive tract infections (RTIs) and their adverse outcomes (such as cancer and infertility),unintended pregnancy and abortion, sexual dysfunction, sexual violence; and harmful practices (such as female genital mutilation, FGM)(*Sexual Health*, n.d.)

Evidence suggests adolescents in developing countries face a range of challenges when they choose to access sexual and reproductive health services(Mbadu Muanda et al., 2018)

Why I am doing this study is because in my literatures review reproductive health awareness was pitifully poor so I would like to check the self efficacy in practice of reproductive health among urban youths population and how is the family communication on the topic of sexual health with urban youth population and most of the researches was done on adolescents and most of the researches focused only on women and

adolescent girls and some of the researches focused on rural population. This study focuses on urban youth population and both male and female is included in the study

Sexual health is also one of the important aspect of our life ,most of the time due its taboo ,most of the youth are not getting the correct knowledge on sexual health. To the know the sexual health practice self efficiency level among urban youths in areas of reproductive health is my main objective of my study ,Through this study we can check the self efficiency of urban youths in practicing good sexual health it also assess the knowledge ,skills ,confidence and comfort in practicing the good sexual health and also it assesses the whether gender, sexual health family communication , openness to sexual talks and classes made difference on self efficacy scores of sexual health practice .Some of the operational definitions of the study are Sexual health - Sexual health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes(*Reproductive Health*, n.d.).Self efficacy - Self-efficacy refers to an individual's belief in his or her capacity to execute behaviours necessary to produce specific performance attainments. Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behaviour, and social environment(*Self-Efficacy Teaching Tip Sheet*, n.d.).Urban – An urban area is the region surrounding a city. Most inhabitants of urban areas have non-agricultural jobs. Urban areas are very developed, meaning there is a density of human structures such as houses, commercial buildings, roads, bridges, and railways.(*Urban Area | National Geographic Society*, n.d.) .Youth - The United Nations, for statistical purposes, defines 'youth', as those persons between the ages of 15 and 24 years, without prejudice to other definitions by Member States. (Nations, n.d.)

OBEJECTIVE

- To understand the profile of urban youth population residing in Bangalore and currently residing in Bangalore
- To know the self efficacy in practice of good sexual health among urban youths residing in Bangalore and currently residing in Bangalore
- To know the family sex health communication among urban youth population
- To know the openness to sexual talks and classes among urban youth population

Hypothesis 1

- There is no significant difference between male and female in self efficacy of sexual health practice
- There is significant difference between male and female in self efficacy of sexual health practice

Hypothesis 2

- There is no significant difference between family sexual health communication and self efficacy of sexual health practices

- There is significant difference between family sexual health communication and self efficacy of sexual health practices

Hypothesis 3

- There is no significant difference between the openness to sexual talks and classes and self efficacy score of sexual health practices
- There is significant difference between the openness to sexual talks and classes and self efficacy score of sexual health practices

Materials and methods

- Study setting and design

  Crossectional design is the study design of this study .Method of data collection is quantitative in nature. Study setting was with urban youth population who were residing and currently residing in Bangalore

Sampling

Universe of the study is Bangalore residing and currently Bangalore residing urban youth population. Population was urban youth population and sample Size was 240 samples 120 males and 120 females. Sampling Technique used was convenient sampling which is a non probability sampling based on the convenience of the researcher the ,Google form was sent to urban youth population who were residing in Bangalore and currently residing in Bangalore Exclusion Criteria of the study were less than 18 excluded, rural excluded ,married excluded, medical students/professional youths excluded. Inclusion Criteria of the sample for the study is 18 to 24 included, urban included, educated / English reading and comprehension ability included ,both male and female included ,Bangalore residing and currently Bangalore residing youth population included .

Tools of data collection

Google forms questionnaire was used which was a semi structured questionnaire .The Sexual Health Practices Self-Efficacy Scale (SHPSES) consists of 20 items representing a variety of sexual health practices. Respondents indicate their confidence in performing these practices (self-efficacy) on a scale from 1 (*not at all confident*) to 5 (*extremely confident*). SHPSES is appropriate for adolescents to older adults of all backgrounds. Sexual Relationships (5 items), Sexual Health Care (4 items), Sexual Assault (3 items),Safer Sex (4 items), Sexual Equality/Diversity (3 items), and Abstinence (1 item).Summative scoring of these scales will result in a final variable ranging from 20 indicating the least self-efficacy, to 100 indicating the most self-efficacy(Fisher et al., 2010). The tool was pretested before using for the main population of the study .Data was collected by sending Google forms to urban youth population who were

residing and currently in Bangalore .Before data collection pre-test was done on the population who were not included in the main study

Data analysis

IBM Spss software version 23.0 was used for data analysis . Normality was not there and outliers was there so non parametric independent t test Man-Whitney U test was used

Ethical form was submitted and it was reviewed and verified by the core professors of the university

Result – 18 to 24 years urban youth population of Bangalore and currently residing in Bangalore participated in the study. Both male and female were in equal number that is 120 female and 120 male which means both male and female were 50% each . 85.8%were students and 14.2% were working and 89.2% studied in private schools and 87.5%were studied in coeducation Majority of the respondents are students in the age group of 21 - 23 years there mean age was 21.6 and were studied in private coeducation schools ,58.3% members in the study were not exposed to sex education and 78.8% of youth member's family had no family communication on sexual health and 96.3% had friendship with opposite gender ,80.8% were singles and 19.2% were commited,85.4% were open to sexual talks and classes and 14.6% were not open to sexual talks and classes

Hypothesis 1

Mann –Whitney U test significance p score is 0.735 which is greater than 0.05 so accept the null hypothesis and both medians for both male and female was same so there is no significance difference between the gender and self efficacy of sexual health practice

Hypothesis 2

Significance p value is 0.025 which is less than 0.05 so reject the null hypothesis and accept the alternative hypothesis that is There is significant difference between family sexual health communication and self efficacy of sexual health. Mean rank score and median for yes is more which means that urban youth population who has family sexual health communication at home had high self efficacy score for sexual health practice

Hypothesis 3

Significance p value is 0.001 which is less than 0.05 so reject the null hypothesis and accept the alternative hypothesis that is there is significant difference between the openness to sexual talks and classes and self efficacy score of sexual health practices . Mean rank and median is high for yes which means youth population who are open to sexual talks and classes have high self efficacy scores

Table 1 – socio demographics details

		percentage
Age		
	18	5.4%
	19	7.5%
	20	8.8%
	21	22.5%
	22	24.6%
	23	23.3%
	24	7.9%
Gender		
male		50%
female		50%
Urban		100%
Residing in Bangalore and currently in Bangalore		100%
Occupation		
Student		85.8%
Working		14.2%
Schooling		
Government		89.2%
Private		10.8%
Studied in		
Coeducation		87.5%
Only boys		3.3%
Only girls		9.2%
Exposure to sex education		
Yes		41.7%
No		58.3%
family sexual health Communication		
Yes		21.3%
No		78.8%

Do you friends with opposite Gender	
Yes	96.3%
No	3.7%
Relationship status	
Single	80.8%
Committed	19.2%
Are you open sexual talks and Classes	
Yes	85.4%
No	14.6%
Are you aware about sexual health Practice	
Not aware	12.1%
Just aware	58.8%
Confidently aware	29.2%

Table 2 -Mann Whitney u test

Mann Whitney U Test			
		statistics	p
total score	Gender	7018	0.735
	Family sexual health communication	3834	0.025
	Are you open to sexual talks and classes	2282	0.001

Table 3 – Mean rank and Median

		N	Mean rank	Median
Total score	Gender	Male =120	118.98	68
		Female=120	122.02	67.5
	Family sexual health communication	Yes=51	139.82	72
		No =189	115.29	67
	Are you open to sexual talks and classes	Yes =205	126.87	68
		No=35	83.20	55

Discussion

The reproductive health decisions that they make today will affect the health and wellbeing of their upcoming generations and their community.(Kumar et al., 2019).Assessing the knowledge of adolescent girls regarding reproductive health, in the comparative study of knowledge regarding reproductive health among rural and urban adolescent girls in district Bareilly it was seen that urban girls have better knowledge as compared to rural girls.(Kumar et al., 2019)even in this study urban females were more in total score of self efficacy in sexual health practices than urban boys even though statistically there was no significant difference between gender and sexual health self efficacy among urban youth population In the study Knowledge and Attitude about Reproductive Health and Family Planning among Young Adults in Yemen

the level of knowledge about health services for reproductive health and family planning and its methods was low to moderate. (Masood & Alsonini, 2017) even in this most of the urban youth population have low to moderate self efficacy scores and most of the youth were not exposed to sex education in school which is really pathetic. Sexual and reproductive health communication between parents and high school adolescents in Vientiane Prefecture study showed that student-parent communication on SRH issues was low(Vongsavanh et al., 2020) even in this study there is no family communication in topic of sexual health practices among urban youth population 78.8% in this study had no family communication on topic of sexual health .In the study Sexual knowledge, attitude, behaviours and sources of influences in Urban college youth , youths had poor sexual knowledge (Dutt & Manjula, 2017) even in this study most of youth were just aware of sexual health practices but were not confidently aware and females were slightly more efficient than boys in sexual health practice in terms of total score. Overall efficacy of both male and female was moderate .Some of the strengths of this study is it is focused on urban youth population and both the gender are included and it assess how much self efficacy in the youth population in terms of sexual health practice .Some of the limitation of this study was urban youth population were hesitant to fill the form because of taboo in the country and participants couldn't not be much open because it was quantitative and in detail underlying factors hindering self efficacy of sexual health practice among youth population was not able to find, could have done a mixed method research ,even more participants could have been included in the study.

Conclusion

The results of the study reflects on various dimensions of the urban youth's self efficacy in the practice of good sexual health. By this study we can conclude that working on family sexual health communication and openness of youth population in sexual talks and classes could improve the sexual health self efficacy.This study results will support the health professionals to support the youth to maintain better reproductive health and improve family sexual health communication

Recommendation

- Work on individual family to remove the taboo of sex and increase the family communication in the topic sexual health so that sexual health self efficacy would be increased in youth
- Train the social workers in the area of sexual health so that they can reach different community and improve the self efficacy in area of sexual health practice
- Include sexual health practice classes in the syllabus of students in there schools/colleges so that there will be improvement in self efficacy in the area sexual health practice

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