



“A DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF KNOWLEDGE AMONG TEENAGERS REGARDING SEX EDUCATION IN SELECTED SCHOOL AT DEHRADUN UTTARAKHAND”

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ABSTRACT:- Teenagers age group comes in time of evolving series of immaturity of childhood to turn into maturity of adulthood. Adolescents are at high risk of developing sexual risk behavior.. There are many social and cultural factors affecting the sexual knowledge in adolescent. The objectives of the study were to assess the level of knowledge among teenagers regarding sex education and to find out the association between pre-test knowledge score with selected demographic variables .The methodology was used by non experimental descriptive research design was carried out with 100 samples that met the inclusion criteria were selected using the convenience sampling technique. The study was conducted in selected school of Dehradun.. The tools developed and utilized for the study was self-structured knowledge questionnaire on sex education. The data was probability and analyzed by descriptive and inferential statistics. The finding of the study reveals that out of 100 participants in which 59% of the teenagers had moderate knowledge, 27% of the teenagers had inadequate knowledge and 14% of the teenagers had adequate knowledge regarding sex education. The study concluded that Sex education should be compulsory in every school. Comprehensive sex education is important for young people to prepare themselves for any bodily changes and maintain their healthy and hygienic wellbeing.

KEYWORDS:- Descriptive study, Assess, Knowledge, Teenagers, Sex Education, Selected School

INTRODUCTION:-

Wikipedia Sex education is the information of issue related to human sexuality, including emotional relation and responsibility of human sexual activity, sexual anatomy changes in puberty and how to hold them, reproductive rights, birth control, safe sex and sexual abstinence. Sex education face all of these aspects are known as comprehensive sex education. Traditionally adolescents (teenagers) in many cultures were not given any awareness on sexual things, with the discussion of these issues being consider taboo.

WHO (2011) Sex education is defined as a broad program that aims to build a strong foundation for lifelong sexual health by acquiring information and attitudes, beliefs and values about one's identity, relationships, and intimacy. Sexual health is considered to be a state of physical, emotional, mental, and social well-being in relation to sexuality and not merely the absence of disease or infirmity. Psychological and sociocultural influences in the delivery of this education can increase the likelihood of effectiveness. Primarily, during adolescence (10–19 years) its provision is a crucial preventative tool, as it is the opportune time when young people experience developmental changes in their physiology and behavior as they enter adulthood.

Abdul Muzavir K.V.1, Akshayamol antony (2020) has conducted the study to assess the attitude of school teachers regarding sex education among school children in selected school in India. A non experimental descriptive study was used to carry out the study on assessment of attitude of teachers towards sex education among school children in a private school used to 100 sample. The teachers had favorable attitude toward sex education for school children. The study also showed that there is no association between attitude scores and selected demographic variables ($p < 0.05$).

Diana Santa Maria (2017) Nurses care for adolescents in a variety of settings, including communities, schools, and public health and acute care clinics, which affords them many opportunities to improve adolescents' sexual and reproductive health and reduce the rates of unplanned pregnancy and sexually transmitted infections. To ensure that adolescents have access to sexual and reproductive health care (which includes both preventive counseling and treatment) in all nursing practice sites, nurses need to gain the knowledge and hone the skills required to deliver evidence-based counseling and services to adolescents and parents. Collectively, nurses can use their unique combination of knowledge and skills to make a positive impact on adolescent sexual and reproductive outcomes. Nurses have the capacity and opportunity to disseminate information about sexual and reproductive health to adolescents and their parents in communities, schools, public health clinics, and acute care settings.

The aim of the study was to evaluate teenagers school girls and boys knowledge, perception and attitude towards STIs/HIV and safer sex practice and sex education and to explore their current sexual behavior in India. To extent, sex education refers to educational goals that are broader than simply biology, (comprehensive sexuality education 2011)

PROBLEM STATEMENT:-

“A descriptive study to assess the level of knowledge among teenagers regarding sex education in selected school at Dehradun, Uttarakhand”.

OBJECTIVES OF THE STUDY WERE:-

1. To assess the level of knowledge among teenagers regarding sex education.
2. To find out the association between pre- test knowledge score with selected demographic variables

RESEARCH HYPOTHESIS:-

H1:- There will be significant association between pre-test knowledge score with selected demographic variables at 0.05 level of significance.

NULL HYPOTHESIS:-

H0:- There will be no significant association between pre-test knowledge score with selected demographic variables at 0.05 level of significance.

RESEARCH METHODOLOGY:-

The research group consisted of 100 samples of teenagers from selected schools of Dehradun, Uttarakhand. The study was conducted at Rampur, Barotiwala, Sahaspur, Shankarpur, Dehradun Uttarakhand. The data were collected by using self-structured knowledge questionnaire. The research design used in this study were non experimental descriptive research design. In the present study non probability convenient sampling technique was used.

frequency and percentage distribution of sample by the characteristics are presented in table 1

N=100

S.N O.	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	AGE:-		
	A. 13-15YEARS	39	39%
	B. 16-18YEARS	61	61%
2.	GENDER:-		
	A. Male	59	59%
	B. Female	41	41%
3.	AREA OF RESIDENCE:-		
	A. Rural	84	84%
	B. Urban	16	16%
4.	TYPE OF FAMILY:-		
	A. Nuclear	30	30%
	B. Joint	64	64%
	C. Extended	6	6%
5.	STUDY IN WHICH CLASS:-		
	A. 9-10	41	41%
	B. 11-12	59	59%
6.	RELIGION:-		
	A. Hindu	73	73%
	B. Muslim	25	25%
	C. Christian	0	0%
	D. Sikh	2	2%
	E. Others	0	0%

7.	EDUCATION OF FATHER:-		
	A. Informal	12	12%
	B. Primary	22	22%
	C. Secondary	30	30%
	D. Graduate	31	31%
	E. Illiterate	5	5%
8.	EDUCATION OF MOTHER:-		
	A. Informal	14	14%
	B. Primary	18	18%
	C. Secondary	19	19%
	D. Graduate	19	19%
	E. Illiterate	30	30%
9.	OCCUPATION OF FATHER:-		
	A. Government	5	5%
	B. Private	44	44%
	C. Business	21	21%
	D. Labor	30	30%
	E. Any other	0	0%
10.	OCCUPATION OF MOTHER:-		
	A. Government	0	0%
	B. Private	9	9%
	C. Business	2	2%
	D. Housewife	89	89%
	E. Any other	0	0%
11.	SOCIO ECONOMIC STATUS:-		
	A. Above poverty line	85	85%
	B. Below poverty line	15	15%
12.	STREAM OF EDUCATION:-		
	A. Arts	0	0%
	B. Commerce	20	20%
	C. Science	37	37%
	D. School going children	43	43%

The data presented in table1 depicts that the majority of students 61(61%) are in 16-18 age group. Most of participants 59(59%) were male and most of the students 84(84%) were reside in rural area. majority of students 64(64%) were up bring in joint families. Majority of the students 59 (59%) were studies in class 11-12 In religion majority of participants 73(73%) were Hindu. Apart from it 31(31%) participant's father education were graduate and majority of participant mother's education 30(30%) were illiterate. Most of the student's father occupation 44(44%) were private and mother's occupation 89 (89%) were housewife and in case of income majority of participant's family 85(85%) above poverty line and lastly 83 (83%) were school going children.

frequency distribution of mean median and standard deviation (SD)knowledge score presented in table 2.

N=100		
S.NO.	CATEGORY	PRETEST
1.	Mean	11.28
2.	Median	12
3.	Standard Deviation	3.0181

The table 2 reveals that mean = 11.28, median = 12 and standard deviation = 3.0181 .

finding of the frequency and percentage distribution of knowledge among teenagers regarding sex education presented in table 3

N=100		
KnowledgeLevel	Pre test	
	Frequency	Percentage%
Inadequate knowledge (0-7)	27	27%
Moderate knowledge (8-15)	59	59%
Adequate knowledge (16-20)	14	14%

Table 3 reveals that out of 100 participants in which 59% of the teenagers had moderate knowledge, 27% of the teenagers had inadequate knowledge and 14% of the teenagers had adequate knowledge regarding sex education.

Association between knowledge and their demographic variables presented in table 4

N=100

DEMOGRAPHIC VARIABLE	CHI SQUARE		DF	SIGNIFICANT
	CALCULATED	TABULATED		
Age 13-15 16-18	0.004356	3.84	1	No Significant
Gender Male Female	0.002916	3.84	1	No Significant
Area Rural Urban	0.018496	3.84	1	No Significant
Type of family Nuclear Joint Extend	0.030576	5.99	2	No Significant
Study in which class 9-10 11-12	0.0961	3.84	1	No Significant
Religion Hindu Muslim Sikh Christian Others	0.03094	9.49	4	No Significant
Education of father Informal Primary Secondary Graduated Illiterate	0.047808	9.49	4	No Significant
Education of mother Informal Primary Secondary Graduated Illiterate	0.018624	9.49	4	No Significant
Occupation of father Government Private Business Labour Others	0.0691	9.49	4	No Significant

Occupation of mother Government Private Business Housewife Others	0.127792	9.49	4	No Significant
Socio- economic status Above poverty line Below poverty line	0.0441	3.84	1	No Significant
Stream of education Arts Commerce Sciences School going	0.020272	7.82	3	No Significant



Table no. 4 revealed the association of score with the demographic variable making use of chi square. This suggest majority variables shows no significance association,. Hence null hypothesis H0 was accepted.

CONCLUSION-:

On the basis of study result, the following conclusion the purpose of the present study was to find out the knowledge score to assess the level of knowledge and also to find out association between pre- test knowledge score with selected demographic variables .Most of the participants 14% have adequate knowledge majority of the participants were having 59% moderate knowledge and some participants 27% have inadequate knowledge and the above findings concluded that some certain interventions like teaching and awareness programme required to increase the knowledge of teenagers about the sex education.

RECOMMENDATIONS

Similar study can be conducted among the large population to generalized the findings. Further study can be conducted by using variables such as attitude, knowledge and participation.

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