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Dr. Bandana Sharma
Professor, GSVM medical
College, Kanpur, Uttar
Pradesh, India

Dr. Pavika Lal
Associate Professor, OBGY,
MD, DNB, FICOG, GSVM
Medical College Kanpur, Uttar
Pradesh India

Dr. Pratima Verma
Associate Professor, MD,
DNB, OBGY, GSVM Medical
College Kanpur, Uttar Pradesh
India

Dr. Garima Gupta
Associate professor, OBGY,
MD, DNB, GSVM Medical
College Kanpur, Uttar Pradesh
India

Dr. Shaifali Bharti
Junior resident, GSVM medical
College, Kanpur, Uttar
Pradesh, India

Corresponding Author:
Dr. Shaifali Bharti
Junior resident, GSVM medical
College, Kanpur, Uttar
Pradesh, India

Assessment of knowledge, attitude and perception regarding sex education among adolescent girls in urban and suburban areas of Kanpur

Dr. Bandana Sharma, Dr. Pavika Lal, Dr. Pratima Verma, Dr. Garima Gupta and Dr. Shaifali Bharti

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Abstract

Background: 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 as defined by the WHO. Sex education can help adolescents navigate some of these challenges, arming them with education and information that builds respect for their bodies and others.

Material and Methods: A cross-sectional, KAP study was conducted from October 2020 to October 2022 enrolling 1700 adolescent girls from urban and suburban areas of Kanpur. Data were collected using preformed questionnaire prepared in both Hindi and English language and used according to the familiarity of students.

Results: In our study girls residing in urban areas had good knowledge positive attitude and right perception regarding sex education. 64.8% and 49.52% girls knew that sex education is helpful in preventing from HIV/STDs in urban and suburban areas respectively. 58.5% girls in suburban areas said that sex education is immoral. 48.82% girls in urban and 70.5% girls in suburban areas were used to feel shy while talking about sex education.

Conclusion: In present world only the half population have adequate understanding about sex education. This showed the importance of delivering sex education classes in adolescent kids on regular basis. Sex education should be merged in syllabus of all primary schools. Parents should need to be friendly with their children so that they can also teach their children at home about sex education.

Keywords: Sex education, adolescents, knowledge, perception

Introduction

Puberty is a confusing age – with hormones racing, changes in the body and an inherently more nuanced view on life. 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 as defined by the WHO ^[1]. 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 adulthood². Sex education can help adolescents navigate some of these challenges, arming them with education and information that builds respect for their bodies and others.

India has rich cultural roots that talk about different sexuality and desires. But post-colonization society stigmatized the concept of sexuality. Urban to rural alike, the attitude toward sex or sexuality is often orthodox. Even having a conversation is considered indecent. Educating teens about safe sex practices and sexual wellness is unheard of. Elders of society often preach about specific cultural values and how western media is a terribly influencing on our youths. They might even go to the extent of urging teens to practice abstinence from sexual desires.

Sex education should be essential to a child's education and upbringing. Sex education is a program that educates young individuals. The goal is to give accurate information and not confuse young people. In most cases, it includes detail about:

- Puberty
- Reproductive/Sexual Health
- Sexual orientation and gender identity

- Contraceptives and safe sex practices
- Prevention of sexual violence

The intent is to increase awareness of one's body and other genders. American college of obstetrics and gynecology also give emphasis on comprehensive sexual education. Studies have demonstrated that comprehensive sexuality education programs reduce the rates of sexual activity, sexual risk behaviors (Eg. number of partners and unprotected intercourse), sexually transmitted infections, and adolescent pregnancy. One key component of an effective program is encouraging community-centered efforts. In addition to counseling and service provision to individual adolescent patients, obstetrician–gynecologists can serve parents and communities by supporting and assisting sexuality education.

Material and Methods

A cross-sectional, KAP study was conducted in urban and suburban areas of Kanpur between October 2020 to October 2022. Study was conducted in schools and colleges of Kanpur.

Methodology

A written informed consent was taken from parents of all girls followed by distribution of pre-tested questionnaire. Total 1700 girls participated in our study out of which 850 were from urban and 850 were from suburban areas.

Results

A total of 1700 adolescent girls participated in our study. Out of which 850 were from urban and 850 were from suburban areas of Kanpur.

Table 1: Association of different socio-demographic factors with knowledge score

	Knowledge Score	Chi-square	p value
Age group			
Early adolescence	3.87±0.37	247	<0.001
Late adolescence	3.91±0.28		
Religion			
Hindu	3.92±0.26	116.59	<0.001
Muslim	3.46±0.50		
Family type			
Nuclear	3.99±0.11	272.06	>0.05
Joint	3.64±0.48		
Education of adolescent			
Upto 10 th	3.87±0.33	119.7	<0.001
10-12 th	4.0±0.0		

Table 2: Association of different socio-demographic factors with attitude score

	Attitude Score	Chi-square	p value
Age group			
Early adolescence	3.60±1.17	124.79	<0.001
Late adolescence	3.98±0.86		
Religion			
Hindu	3.92±0.83	113.87	<0.001
Muslim	3.15±1.84		
Family type			
Nuclear	4.01±0.07	120.77	<0.001
Joint	3.50±1.76		
Education of adolescent			
Upto 10 th	3.79±0.93	117.90	<0.001
10-12 th	4.59±1.22		

Table 3: Association of different socio-demographic factors with perception score

	Perception score	Chi-square	p value
Age group			
Early adolescence	5.92±0.53	262.6	<0.01
Late adolescence	6.0±0.39		
Religion			
Hindu	6.05±0.22	273.57	<0.001
Muslim	5.14±0.97		
Family type			
Nuclear	6.01±0.07	112.09	<0.001
Joint	5.90±0.80		
Education of adolescent			
Upto 10 th	5.94±0.92	124.8	<0.001
10-12 th	6.33±0.47		

Table [1, 2, 3] showed that mean KAP score was more in late adolescent age group, Which signified that they had good knowledge, positive attitude and right perception towards provision of sex education. Muslims had less mean

KAP score because they have cultural restrictions regarding sex education, which lead to wrong perception. Girls living in nuclear families had positive attitude and right perception as compared to girls living in joint families.

Table 4: Knowledge regarding sex education

	Urban	Sub urban	Chi-square	p- value
Sex education will help in				
Prevent STDs/AIDS	110(10.1%)	98(11.52%)	22.79	0.00045
Make future life easy	217(25.52%)	250(29.41%)		
Remove myths	122(14.3%)	180(21.17%)		
All of the above	401(47.17%)	322(37.8%)		
Do you know about STDs				
Yes	498(58.5%)	321(37.7%)	73.81	0.0001
No	352(41.4%)	529(62.23%)		
Sex education reduces the transmission of STDs/HIV				
Yes	551(64.8%)	421(49.52%)	39.97	0.00001
No	299(35.1%)	429(50.47%)		
HIV is STD or not				
Yes	548(64.4%)	400(47.01%)	51.52	0.0001
No	302(35.52%)	450(52.9%)		
Condom prevent from STDs				
Yes	437(51.4%)	328(38.5%)	27.72	0.00001
No	413(48.58%)	522(61.4%)		
Are you aware that genital ulcer is sign of STI				
Yes	340(40%)	247(29.05%)	22.02	0.00001
No	510(60%)	603(70.9%)		
Do you know STI will lead to sterility				
Yes	457(53.76%)	333(39.7%)	35.77	0.00001
No	393(46.2%)	517(60.8%)		
OCPs prevent from STI/AIDS				
Yes	601(70.7%)	572(67.29%)	2.3	0.12
No	249(29.29%)	278(32.7%)		

Table 4 showed that 58.5% girls in urban whereas 37.7% girls in suburban areas had knowledge about STDs. 64.8% and 49.52% girls knew that sex education is helpful in preventing from HIV/STDs in urban and suburban areas respectively. 51.4% girls in urban and 38.5% girls in suburban areas had knowledge that condoms can prevent from HIV/STIs.

Table 5: Attitude towards sex education

	Urban	Sub urban	Chi- square	p-value
Sex education should be taught at primary level				
Yes	712(83.7%)	532(62.5%)	97.09	0.00001
No	138(16.23%)	318(37.4%)		
Sex education is an important subject matter for adolescent girls				
Yes	802(94.3%)	541(63.64%)	241.53	0.00001
No	48(5.6%)	309(36.35%)		
Sex education is immoral				
Yes	672(79.01%)	498(58.5%)	83	0.00001
No	178(20.9%)	352(41.4%)		
Sex education should be taught at home				
Yes	553(65.01%)	338(39.76%)	108	0.000001
No	297(34.94%)	512(60.2%)		
Do you feel shy while talking about sex education				
Yes	415(48.82%)	600(70.5%)	82.68	0.00001
No	435(51.17%)	250(29.41%)		
Classes on sex education encourage the premarital sex in adolescents				
Yes	314(36.94%)	539(63.41%)	119.11	0.00001
No	536(63.05%)	311(36.5%)		

Table 5 showed that majority of girls in both urban and suburban areas were in favour of that sex education should be taught at primary level and both groups considered that sex education is an important subject matter. 58.5% girls in suburban areas said that sex education is immoral. 48.82% girls in urban and 70.5% girls in suburban areas were used

to feel shy while talking about sex education. 63.41% girls in suburban areas, considered that classes on sex education will lead to premarital sex.

Table 6: perception regarding sex education

	Urban	Sub urban	Chi-square	p-value
Sex education decreases the transmission of HIV/STDs				
Yes	612(72%)	422(49.6%)	89.112	0.0001
No	238(28%)	428(50.3%)		
Sex education will lead to early sex debut				
Yes	376(44.2%)	524(61.64%)	51.71	0.00001
No	474(55.7%)	326(38.3%)		
Sex education play an important role in maintaining healthy life				
Yes	624(73.4%)	520(61.1%)	28.90	0.00001
No	226(26.5%)	330(38.8%)		
Condoms are more helpful towards preventing STDs				
Yes	724(85.1%)	556(65.41%)	89.25	0.00001
No	126(14.8%)	294(34.5%)		
Have you ever suffer from any type of vaginal discharge				
Yes	623(73.29%)	650(76.4%)	2.2	0.13
No	227(26.7%)	200(23.5%)		
Taken treatment for that				
Yes	229(26.09%)	150(17.6%)	21.19	0.00001
No	621(73%)	700(82.3%)		

Table 6 showed that girls, who were residing in suburban areas had wrong perception regarding sex education in compare to girls in urban areas.

Discussion

Overall, sexual and reproductive health awareness among the urban population was high in compare to suburban population. Though the knowledge, attitude and perception was low in suburban population. Therefore, there is need to provide teenagers girls in suburban population with more knowledge about sex education.

This study tried to assess the knowledge, attitude and perception regarding the sex education among adolescent girls in urban and suburban areas of Kanpur. Regarding the need of sex education among adolescent girls it showed that both urban (83.7%) as well as in suburban (62.5%) girls were in favour of sex education. A similar study conducted by Jaideep K *et al.*, in Chandigarh, found that 95% of students were in favour of mainstreaming of sex education [3]. Another study by Benzaken T *et al.*, shows that 90% students were in favour of sex education [4]. A study done by Dorle AS *et al.*, from Karnataka found only 48% students were in favour of sex education and it was lower than our study [5].

To find out importance of sex education 72% girls in urban and 49.6% girls in suburban areas said that sex education can prevent from AIDS and STDs. A study done by Muller TE *et al.*, reported that majority of adolescents said, sex education reduces the risk of potentially negative outcome from sexual behavior such as fear and stigma of menstruation, unwanted and unplanned pregnancies and infections with STIs including HIV [6].

Conclusion

In 2019, UNICEF reported that approximately 1.7 million [1.1 million-2.4 million] adolescents between the ages of 10 and 19 are living with HIV worldwide, with about 5% of all people living with HIV and about 10% of new adult HIV infections among adolescents [7]. There is also a higher rate of teenage pregnancies across the country. To prevent all these, sex education is the best way. In certain countries due to the government rules and legislative measures against sexual education, the adolescents are not aware and does not have adequate knowledge about healthy sexual behaviour [8]. And though many countries have implemented sex education, the topic or the subject does not have any clear methods regarding the way of approach, content or depth of the subject [9] and along with social taboo and cultural disparity it has lost its significance [10] which may lead to poor knowledge about sexual health to the adolescents across the country.

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