ISSN: 0975-833X

Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 11, Issue, 07, pp.5314-5318, July, 2019

DOI: https://doi.org/10.24941/ijcr.35954.07.2019

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

RESEARCH ARTICLE

A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING SEXUAL HEALTH AMONG URBAN AND RURAL ADOLESCENTS OF SELECTED HIGHER SECONDARY SCHOOLS IN VADODARA

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ARTICLE INFO

Article History:
Received 20th April, 2019
Received in revised form
24th May, 2019
Accepted 18th June, 2019
Published online 25th July, 2019

Key Words:

Knowledge, Attitude, Sexual Health, Higher Secondary Schools.

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ABSTRACT

Background: Sexuality is an integral part of human life. It carries the awesome potential to create new life. It can foster intimacy and bonding as well as shared pleasure in our relationships. It fulfils a number of personal and social needs, and we value the sexual part of our being for the pleasures and benefits it affords us. Yet when exercised irresponsibly it can also have negative aspects such as sexually transmitted diseases--including HIV/AIDS--unintended pregnancy, and coercive or violent behavior. **Methods and Materials**: Comparative descriptive research design including 200 adolescent higher secondary students of rural and urban schools in Vadodara were selected as samples using purposive sampling technique and data was collected by self-structured knowledge questionnaire to assess the knowledge and likert scale to assess attitude was administered. **Results:** The collected data were tabulated and analyzed by using descriptive and inferential statistics. Among socio demographic variables, gender and religion found non-significant and type of family, sources of health information and family composition were found significant. Hence there is no-significant association between knowledge and selected socio-demographic variables H_1 is rejected. **Conclusion:** According to the study 95% had average knowledge & 5% had inadequate knowledge and no one had adequate knowledge regarding sexual health and 48.33% had positive attitude and 51.67% have negative attitude regarding sexual health. There was significant difference in knowledge and attitude score regarding sexual health among urban and rural adolescents.

***Citation: Ms. Monalisa Patel, Mr. Naineesh Patel, Ms. Neha Patel, Ms. Nehal Patel, Ms. Palak Patel and Mr. Rajesh Joseph*, 2019.** "A comparative study to assess the knowledge and attitude regarding sexual health among urban and rural adolescents of selected higher secondary schools in Vadodara", *International Journal of Current Research*, 11, (07), 5314-5318.

INTRODUCTION

Sexuality is an integral part of human life. It carries the awesome potential to create new life. It can foster intimacy and bonding as well as shared pleasure in our relationships. It fulfils a number of personal and social needs, and we value the sexual part of our being for the pleasures and benefits it affords us. Yet when exercised irresponsibly it can also have negative aspects such as sexually transmitted diseases--including HIV/AIDS--unintended pregnancy, and coercive or violent behavior. To enjoy the important benefits of sexuality, while avoiding negative consequences, some of which may have long term or even life time implications, it is necessary for individuals to be sexually healthy, to behave responsibly, and to have a supportive environment--to protect their own sexual health, as well as that of others (Satcher, 2001). According to the World Health Organization sexual health is a "state of physical, emotional, mental and social well□being related to sexuality…and it requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences." As adolescents and young adults wade through the quagmire of sexual identity, the adolescent with cancer (compared with noncancerous peers) may encounter additional obstacles during this journey: 1) accessing sexual□health knowledge, 2) difficulties in interpersonal relationships, and 3) potential body image concerns. Adolescents and young adults with cancer may have a relatively limited sexual knowledge, which may impair the development of a healthy sexual identity. Not only will some adolescents with cancer obtain relevant sexual information differently (e.g. because of reduced contact at school, and with peers in general), but may also be confronted with information regarding their sexual health that cognitively (e.g. due to developmental age or impairments due to cancer□related treatments) they are not prepared to face. These are 2 major factors that contribute to the challenge of

acquiring adequate knowledge regarding sexual health for the adolescent with cancer (World Health Organization, 2010).

Need For The Study: It is important that young people are provided with the facts and information they are seeking. This will enable them to make an informed decision based on a clear understanding of the matters, be it testing for sexually transmitted infections or contraceptive fitting, one□to□one counselling, or group discussions on sexuality. Walking into a clinic for the first time is a huge step for a young person, and they may lack the confidence to manage the situation. The process is an important part of personal development and, approached correctly, can be a positive experience and immensely empowering. Learning about a young person's needs helps to model consent by providing a series of simple decisions from the start of the consultation, such as the time of the appointment and the treatment available. Consent is closely linked to choice and control, and giving the young person choices establishes a feeling of being in control from the outset. Asking questions is a simple way of establishing understanding and informed consent. Finally, it is vital to reinforce that all discussions are confidential. Providers must always obtain consent from the young person to break that confidentiality.

As with any minority population, the optimal provision of health care and prevention services to sexual and gender minorities requires providers to be sensitive to historical stigmatization, to be informed about continued barriers to care and the differential prevalence of specific risk factors and health conditions in these populations, and to become aware of the cultural aspects of their interactions. We present current evidence on the issues most relevant to sexual and gender minority health. Other research pioneers have made important strides in conducting well-designed, population-based studies and practitioners have developed useful guidelines and programs that should inform best practices in today's society.
More work is needed to improve data, resources, and public policy on sexual and gender minority health. Advocacy for better prevention, care and treatment, and the elimination of health disparities among population needs to be supported by well-designed studies. Accordingly, it is essential that large national data sets that measure the health status; include measures of sexual attraction, identity, and behaviour and that more information is gathered on how to ask questions that best measure these constructs. Furthermore, it is important to learn how to collect this information confidentially, to ensure the safety and privacy of respondents. As larger data sets become available, new resources to support innovative ways to study sexual and gender minority populations will be essential. It will be particularly important to understand the issues for people who may have multiple identities, such as who are from racial or ethnic minority groups or who have disabilities.

Research Design: Comparative descriptive research design

Variables

Research variable: In this study, Research variable refers to the knowledge and attitude of higher secondary school adolescents in both rural and urban area regarding sexual health.

Demographic variable: Demographic variables are Gender, religion, type of family, sources of health information, type of school.

Setting of the study: The study was conducted at selected schools in both urban and rural areas of Vadodara. Schools include Parivar Vidhyalaya, Shree Swami Vivekanand Vidhyalaya, Jeevan Sadhna High School, and Vidhyakunj High School.

Population

Target population: Adolescents

Accessible populations: adolescents available on the day of data collection.

Sample: The sample size will be 200. Adolescent Higher secondary students of rural and urban school in Vadodara.

Criteria for samle selection

Inclusion Criteria

- Students who are willing to participate.
- Students present during the time of data collection.

Exclusion Criteria

- Who are already exposed to sexual education.
- Who are not knowing the language Gujarati or English.

Sampling Techniques: The samples were selected for this study by adopting Purposive sampling technique. Samples were selected based on inclusion and exclusion criteria.

Description of tools: The tool used for the study was divided as follows:

Section I: Socio demographic data. It includes Gender, religion, type of family, sources of health information, type of school.

Section II: Self designed Knowledge Questionnaire. It consists of 25 multiple choice questions and every right answer will be given the score of 1 and for the wrong answer 0. Minimum score is 0 and maximum score is 25.

Scoring interpretation

Inadequate knowledge < 8. Moderately adequate knowledge – 9 – 17. Adequate knowledge – 18 – 25

Section III: Likert scale to assess the attitude, A 5 point likert scale will be used to assess the attitude of adolescents regarding sexual health

Scoring interpretation

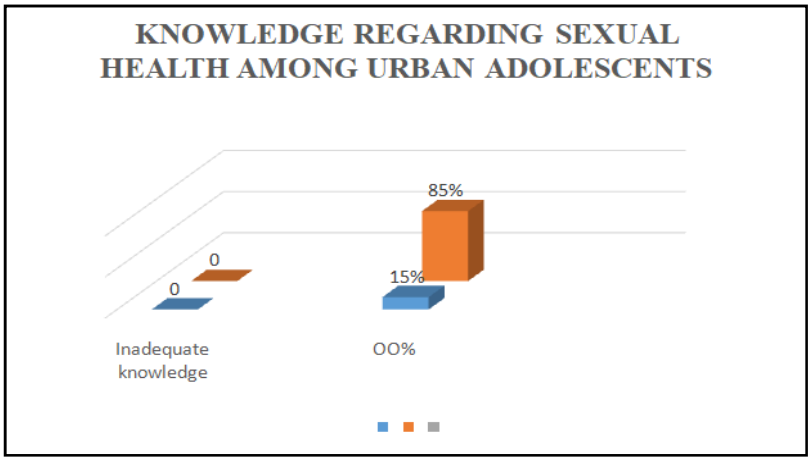
Range = 20 - 100
Negative attitude = 20 – 60
Positive attitude = 61 – 100

Reliability: The prepared tool was submitted with the problem statement, objectives and criteria for evaluation of experts based on the suggestions given by the experts, modifications and rearrangements were made. The tool consist structured knowledge questionnaires regarding sexual health. Testing of the tool was carried out among 20 adolescents from selected urban and rural area those are jeevansadhna and vidhyakunj high school data was collected from the participants.

Section-2. Knowledge regarding sexual health among rural and urban adolescent

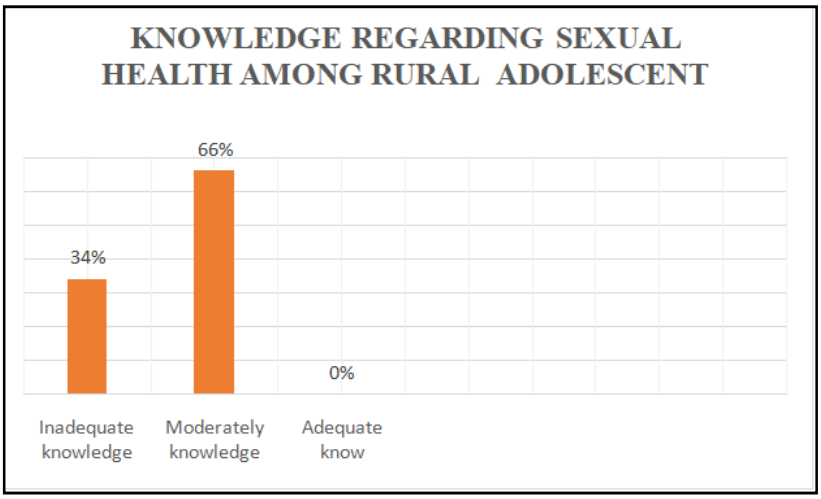
GRADE	URBAN	PERCENTAGE
Inadequate knowledge	00	0%
Moderately knowledge	15	15%
Adequate knowledge	85	85%
TOTAL	100	100%

Knowledge regarding sexual health among urban adolescents



Knowledge regarding sexual health among rural adolescents

GRADE	RURAL	PERCENTAGE
Inadequate knowledge	34	34%
Moderately knowledge	66	66%
Adequate knowledge	0	0%
TOTAL	100	100%



Section-3. Attitude regarding sexual health among rural and urban adolescents

Attitude regarding sexual health among rural adolescents

SAMPLES	RURAL	PERCENTAGE
Positive Attitude	89	89%
Negative Attitude	11	11%
Total	100	100%

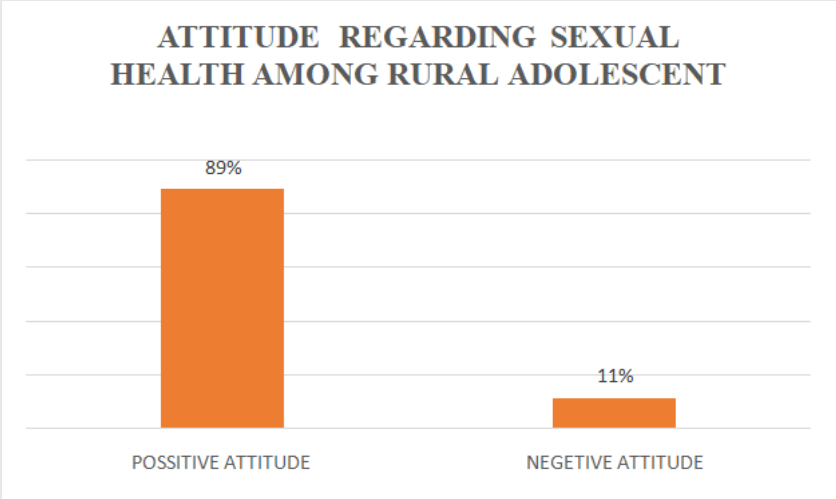
The reliability of tool was computed by using split half technique: Karl Pearson and Spearman Brown prophecy formula for knowledge questionnaire and Cranach alpha for attitude scale. The reliability value obtained was 0.70, so the tool: self-structured knowledge questionnaires and attitude scale was found reliable.

Data collection procedure: A formal prior permission was obtained from the selected higher secondary schools in vadodara, Data was collected after getting informed consent from the adolescences by explaining the purpose to the study. The investigate was introduced to the participants. The tool was administered and after 20 minutes the questionnaire was collected.

RESULTS

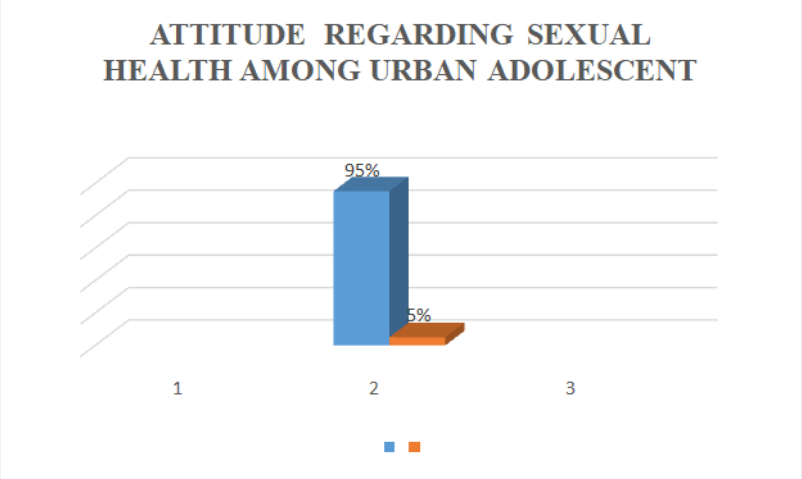
Tab-6 show15% sample were having moderately adequate knowledge, and 00% sample were having inadequate knowledge and 85% sample were having adequate knowledge. Tab-7 show 66% sample were having moderately adequate knowledge, and 34% sample were having inadequate knowledge and 00% sample were having adequate knowledge.

at 0.05 level of significance. Hence there is no-significant association between knowledge and selected socio-demographic variables H_1 is rejected. The association between knowledge and selected socio demographic variables was done with chi square formula the obtain x^2 values 12.942 with df-6 is less than the table value at 0.05 level of significant so it is found non-significant. The other demographic variables such as gender, religion, types of family, sources of knowledge and family composition about sexual health are found non-



Attitude regarding sexual health among urban adolescents

Samples	Urban	Percentage
Positive Attitude	95	95%
Negative Attitude	5	5%
Total	100	100%



Tab-8 show 11 samples (11%) had negative attitude towards sexual health and 89 samples (89%) had positive attitude towards sexual health. Tab-2 show 05 samples (05%) had negative attitude towards sexual health and 95 samples (95%) had positive attitude towards sexual health. IA – Inadequate Knowledge, MAK – Moderately Adequate Knowledge, AK – Adequate Knowledge

Inferences: The above table shows that among socio demographic variables gender and religion found non-significant and type of family, sources of health information and family composition were found significant the obtained x^2 value 1.147 for gender with df-1 is less than table value 12.942

significant. As there is no significant associated between knowledge and selected demographic variables,H_1 is rejected.

DISCUSSION

This chapter deals with the discussions in accordance with the objectives of the study. The statement of the problem was "A comparative study to assess the knowledge and attitude regarding sexual health among urban and rural adolescents of selected higher secondary schools in Vadodara."

Section 4. Association between knowledge of adolescents with selected socio demographic variables

SR.N0	Variables	IA >8	MAK 9-17	AK 18-25	Total	X^2	Df	Significance
1.	**GENDER**							
	Male	19	45	41	105	1.147	2	NS
	Female	14	37	44	95			
	TOTAL	33	82	85	200			
2.	**RELIGION**							
	Hindu	24	66	63	153	12.942	6	NS
	Muslim	05	07	07	19			
	Christian	04	09	07	20			
	Others	00	00	08	08			
	TOTAL	33	82	85	200			
3.	**TYPE OF FAMILY**							
	Joint Family	18	48	47	113	20.284	6	S
	Nuclear Family	07	26	37	70			
	Extended Family	07	07	00	14			
	Divided Family	01	01	01	03			
	TOTAL	33	82	85	200			
4.	**SOURCES OF HEALTH INFORMATION**							
	Mass media	15	46	50	111	16.783	6	S
	Teachers	05	10	21	36			
	Parents &peer group	08	20	14	42			
	Others	05	06	00	11			
	TOTAL	33	82	85	200			
5.	**FAMILY COMPOSITION**							
	Live with both parents	23	67	79	169	21.471	6	S
	Live with one parent	04	13	03	20			
	Live with relatives	05	02	03	10			
	Others	01	00	00	01			
	TOTAL	33	82	85	200			

IA – Inadequate Knowledge, MAK – Moderately Adequate Knowledge, AK – Adequate Knowledge

Conclusion

The present study assess the knowledge and attitude regarding Sexual Health among urban and rural adolescents of selected higher secondary school in Vadodara and found that the majority of population had average knowledge regarding sexual health. According to the study 95% had average knowledge & 5% had inadequate knowledge and no one had adequate knowledge regarding sexual health and 48.33% had positive attitude and 51.67% have negative attitude regarding sexual health. There was significant difference in knowledge and attitude score attitude regarding sexual health among urban and rural adolescents.

Conflicts of interest

- The authors declare that there is no conflict of interest statement.

Source of funding

- Fund for this research is researchers own.

Ethical clearence

- Eticalclearence this dissertation was obtained for the ethical committiessvieec of sumandeepvidyapeeth.

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