



KNOWLEDGE & PERCEPTION OF SEX EDUCATION AMONG THE COLLEGE STUDENTS

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ABSTRACT

Context:

Sex education has been one of the highly controversial issues in Indian society. Due to increasing incidences of HIV/AIDS and pregnancies of teenagers, there is a rising need to impart sex education.

However, introducing sex education at school level always received mixed response from various segments of Indian society.

Data and Methods:

We attempt to understand the expectations and experiences of youth regarding sex education in India by analysing the data among the students of Nursing College in Bareilly. We used descriptive methods to analyse the extent of access to Sex Education and socio demographic patterning among College student.

Results and Discussions:

We found substantial gap between the proportion of youth who perceived sex education to be important and those who actually received it, revealing considerable unmet need for sex education. Students who received sex education were relatively more aware about reproductive health issues than their counterparts. Majority among students, irrespective of their age and sex, favoured introduction of sex education at school level, preferably from standard 8th onwards. The challenge now is to develop a culturally-sensitive sex education curriculum acceptable to all sections of society.

Keywords:

Knowledge, perception, sex education, college students, India.

Introduction

Sex education is term which is used to educate students related to reproduction, reproductive health, reproductive rights, contraception and human sexual behaviour. It is a process of achieving knowledge and building up attitude related to sexual identity and intimacy.

Sex education is a guide of issues related to the human sexual anatomy, reproductive health, birth control, sexual activities, contraception and HIV/AIDS & STDs. Sex education covers all these views is known as comprehensive sex education.

Sex education is helpful to develop knowledge related to human sexual response throughout the life cycle, fertility and fertility control gender identity, sexual identity and sex differences in young people. Also helpful to analysis of personal sex history, assessment of personal impact on others and exploring sexual values clarification.

Youth can build up a positive experience of their sexuality by developing quality of their relationship and their potential to make them decision making over lifetime by the help of sex education.

In some respects, sex education is just like other subjects on the curriculum: it involves the transmission of information; it contributes to the development of personal autonomy; and it seeks to promote the interests of both the individual and the broader society.

In a study we conducted in India through Stanford University in 2006, we found that children had essentially superficial knowledge about HIV and AIDS. For years, they had been bombarded with mass media messages teaching them the right answers to some common questions. But when we asked them questions that were slightly different or deeper, they were unable to answer correctly. For example, when we asked whether they could get HIV from blood, they all knew that the answer was yes. But when we asked them "How do you get HIV from blood?", presenting them with options like looking at blood or touching blood, they did not know the right answer. We saw this pattern again and again in questions about HIV transmission, revealing a consistent lack of ability to make decisions about HIV/AIDS in novel situations.

Sex education, as most of us know it, is also not allowed in many regions of the world. This makes it challenging for HIV/AIDS education to enter schools, as it has traditionally been thought of as a component of sex education. In cases of more conservative societies where sex education is still allowed, educators have created a number of approaches to teach about HIV/AIDS despite cultural challenges. Some educators believe the best way to relieve a topic of its taboo status is to talk openly and directly about it, regardless of the resulting discomfort among participants. The assumption is that with plain discussion, individuals will become more comfortable or at least desensitized, and in time, the taboo will diminish or even cease to exist. However, this strategy is often ineffective or even illegal when the taboo is reified through law and custom. Advocates of addressing taboos “head-on”, by providing materials which themselves become taboo, often find themselves in a Sisyphean exercise — which also limits the materials’ ability to ever be used in the contexts in which they are most needed. In addition, changing cultural norms is a long-term goal at best, and universal education still needs to be provided in the interim. [1]

A majority of adults support sexuality education in junior high and high school with 93% of respondents supporting sexuality education in high school and 84% in junior high school. Poll findings suggest that more than any other variable, concern over teenage pregnancy, HIV/AIDS, and other STDs is transforming the debate over sexuality education in the United States to a consensus around public health. Seventy-two percent of all Americans agree that “preventing HIV/AIDS and sexually transmitted diseases are public health issues and should be left to scientists and experts, not to politicians.”[2]

A child should be brought up in a curriculum that he/she gets accurate information about sex from teachers, parents as well as from the society. It is a de-facto that children get to know about sex from unreliable sources and ill-informed classmates. Sex education should be made an integral part of school course curriculum and taken up seriously. Critics are however concerned that introducing sex education in school curriculum might bring in perverted ideas in the minds of children and lead them to an untoward thought process, but on the contrary they would get the right stuff, at the right time from the right source. So it is almost imperative that at the correct age, children should be provided with interactive sex education in school. [3]

Children are not allowed to be taught anything remotely related to religion. Yet, this definition of sexuality will be imposed on our children, even if this is not what many parents believe or want their children to learn,” he said.

Others suggested that children are also bullied over their religious beliefs. “Religious bullying is as much a problem, they should also have standards for teaching about religion,” another user wrote on the blog. [4]

Sex education ought to be accessible to people of all sexual orientations and gender identities. Unfortunately, most sex education programs were created with only heterosexual youth in mind. Such programs generally only use heterosexual couples in relationship scenarios and may not talk about the importance of condom use for preventing HIV (a relevant point for people of all sexual orientations, but an especially important point for gay and bisexual men). In 19 states, schools that provide sex education are required to teach that it is important for sexual activity to be between a married couple. That kind of curriculum can be isolating for LGBTQ youth, especially in places where there are few local LGBTQ role models and where marriage equality still feels like it’s a long ways away. Curricula that define sexual orientation and gender identity, provide inclusive relationship and STD-prevention examples, and recognize that there are appropriate contexts for sexual activity besides a heterosexual marriage are more likely to resonate with LGBTQ youth. [5]

This article draws on three studies of young lesbian, gay and bisexual (LGB) people’s views of sex and relationships education and sexual health, providing a perspective on the sexual cultures inhabited and experienced by young LGB people in the UK.

The term ‘sexual cultures’ is used to describe how people learn about, discuss and practice sex, as well as how they engage with sex in the wider society. As Wilson (2009, 298) notes, ‘Sexual culture is a group’s worldview regarding normative sexual behaviour and sexuality...to understand a group’s sexual culture is to examine the ways people speak about sex and sexuality, as well as the messages they report hearing from various institutions (e.g. family, school, religion)’. It has been argued that every culture makes ‘who’ and ‘how’ restrictions upon sexuality: as Weeks (2003, 21) describes, drawing on Plummer, ‘who restrictions’ are concerned with the gender of the partners... ‘How restrictions’ have to do with the organs that we use, the orifices we may enter, the manner of sexual involvement and sexual intercourse’. An exploration of LGB young people’s experiences of learning (or not) about sex through school sex education, and their views on sexuality and sexual health more broadly, sheds light on the degree to which their sexual cultures are informed by these external factors. A dominant (heterosexual) sexual culture permeating health and education contexts can influence the sexual cultures of LGB young people, and thus affect their sexual behaviours and take-up of health services, which this paper will go on to examine. [6]

Sexuality education is a key area of learning in Health and Physical Education in the New Zealand Curriculum. This means that it must be included in teaching programmes at both primary- and secondary-school levels, using the strands and achievement objectives outlined in the curriculum. Sexuality education in schools provides students with opportunities to develop:

- Knowledge, understandings, and skills relating to sexual development – physical, emotional, and social;
- Knowledge, understandings, and skills to enhance their sexual and reproductive health, for example,
- Knowledge about the process of conception and the skills to make decisions that maintain and enhance Their sexual health;

-Personal and interpersonal skills and related attitudes, including the skills needed to examine people’s attitudes, values, and beliefs and their rights and responsibilities attitudes of respect for themselves and other people attitudes of care and concern for themselves and other people effective communication skills problem-solving and decision-making skills; understandings and skills to enhance relationships, for example, in relation to friendship, love, families, and Parenting. [7]

More comprehensive sexuality education programs, on the other hand, are not only effective at preventing pregnancy and STIs among adolescents, but also helpful in guiding young people as they learn how to navigate relationships, negotiate with partners and become sexually healthy adults.

Adolescent health experts emphasize that access to complete and accurate sexual health information has repeatedly been recognized as a basic human right. Governments, health care providers and educators have an ethical obligation to provide such information to their citizens, patients and students. [8]

Become knowledgeable about sexuality education offered in schools, religious institutions, and other community agencies. Encourage schools to begin sexuality education in the fifth or sixth grade as a component of comprehensive school health education and to use curricula that provide effective and balanced approaches to puberty, abstinence, decision-making, contraception, and STD and HIV prevention strategies and information about access to services. Because nearly one third of school districts do not provide any information about contraception regardless of whether students are sexually active or at risk, 21 paediatricians should consider presenting material at the school. The American College of Obstetricians and Gynaecologists publishes the Adolescent Sexuality Kit: Guides for Professional Involvement. 33 This series addresses AIDS, date rape, contraceptive options, and other topics that may be useful to paediatricians who plan to provide sexuality education. Participate in community activities to monitor the effectiveness of prevention strategies and revise approaches to decrease the rate of untoward outcomes. Consider serving as a referral source for students who need comprehensive reproductive health services. [9]

Many parents must have been caught in that moment when their child asked them the question that baffles kids, "Where do babies come from?" Most parents try to dodge the question and believe that the schools would teach their kids what they need to know. Sex education in schools can demolish awkwardness while discussing sexual interest and while having open conversations about the topic. Proper sex education will assist the students to not just have a better understanding of their sexuality and that of the opposite gender but also help them explore their sexuality more comfortably.

Individuals that are well-informed about sex, sexual practices, child sexual abuse and sexually transmitted diseases are needed for the development of a society. Schools pave the path for students academically, socially and help them become a responsible citizen, and implementing sexual education for growing children and adolescents would create a generation of open-minded and well-informed citizens. It is poignant to discover that 34 percent of the persons infected with HIV are within the age group of 12 to 19. [10]

Aim

This study was carried out to identify the knowledge and perception of sex education among the students of Nursing in Jyoti College of Management, Science and Technology Bareilly.

Method and Materials

Descriptive research design was adapted with 120 students as sample, who are studying in Nursing College, Bareilly.

The conceptual framework selected for the study was reproductive and sexual health. A structured questionnaire and checklist were used to assess the level of knowledge and perception regarding sex education and perception among the students of nursing. Data was collected from the samples for a period of 6 weeks after conducting the pilot study.

Dependent variable:

Knowledge and perception of sex education are the dependent variables.

Attribute variable:

Age, gender, living environment/area, school education, department of study, Educational level of parents and family income, due to sources of information on knowledge and perception of sex education among the students are attribute variables.

Inclusion Criteria

Students who were willing to participate in the study, both male and female in the age group of 18-28 years selected from Nursing Department of JCMST for the study.

Exclusion Criteria

Those who are not able to understand Hindi and English were excluded.

Tool Development and Description

A structured questionnaire and a checklist were developed for assessing the knowledge and perception of sex education among the students of nursing college. The tool was prepared on the basis of the objectives of the study with the following steps:

- Review of literature provided adequate content for the tool preparation.
- Researcher's personal experience, consultation with experts and discussion with peer groups.
- Prior to structuring the questionnaire the investigator visited various courses of Nursing and collected relevant data necessary to construct the items for the knowledge and perception questionnaire.
- Prior to preparation of the checklist the investigator assessed the knowledge and perception on sex education among the students
- Development of Blue print.
- Construction of demographic variables, structured knowledge questionnaire and checklist to assess knowledge and perception of sex education among the students.
- Abstained Content Validity and Reliability of the tool.

Demographic Variables with Age, gender, living environment/area, school education, department of study, Educational level of parents and family income, due to sources of information on knowledge and perception of sex education among the students.

Part –II-

Questions assessing knowledge and perception about sex education (07 numbers Multiple Choice) in which the questions were regarding the knowledge and perception of sex education among the student. Scoring for the correct option is 1 and other options 0. The score ranges from 0- 7.

Ethical Consideration

Prior to data collection, written permission was obtained from the College Principal to conduct the study and consent from subjects. Confidentiality was maintained during data collection

Tool Validity and Reliability

Validity of the tool obtained from the experts, comprising of 6 nurse educators (Medical Surgical Nursing), 3 Professors (Medicine) and a Statistician. The reliability of the knowledge Questionnaire is established (0.81) by administering the tool for 10 adults who fulfilled sampling criteria, by split-half method using the Spearman Brown Prophecy formula

$$R=2r/1+r$$

Pilot Study

The pilot study was conducted among the students of nursing by using convenient sampling technique. Data analysis of the pilot study was done to ensure the effectiveness of the main study. The findings revealed that most of the subjects were having inadequate knowledge and unfavourable perception regarding sex education. Considering the results and opinion of experts, the investigator decided to carry out a detailed study.

Data Collection and Analysis

By considering all the ethical aspects the main study was conducted for one week. The investigator given self-introduction and explained the purpose of the study. The data is collected by using structured questionnaire and checklist to each of adult. A self-instructional module is developed to educate the students on knowledge and perception of sex education. It took about 25-30 minutes per sample to collect the data. The responses were recorded in the space provided in the questionnaire itself.

Collected data was analysed by using descriptive and inferential statistics. Frequencies and percentages were used for the analysis of demographic data, Chi square test was used to associate the demographic variables with the knowledge and perception of sex education Correlation Co-efficient 'r' was calculated to correlate the knowledge and perception .

Result and Discussion

In calculation (table1) of the demographic variables among 120 students 90% of them were under 18-20 years of age group, in which 49% of them were female, 50% of them belongs from rural area, 41.6% of parents of them were graduated, 56.6% family's monthly income of them were Rs. 20,000.

Table:1 Description of socio-demographic variables of the adults

| Socio-demographic Variables | | Frequency (120) | % |
|------------------------------|---------------------------|-----------------|-------|
| Age | 18-23 years | 108 | 90% |
| | 24-28 years | 12 | 10% |
| Gender | Male | 22 | 18.3% |
| | Female | 98 | 81.6% |
| Living Environment | Urban | 60 | 50 |
| | Rural | 60 | 50 |
| School Education | Urban | 68 | 56.6 |
| | Rural | 52 | 43.3 |
| Department of Study | Department of Nursing | 120 | 100 |
| | Department of Education | - | - |
| | Department of Paramedical | - | - |
| Educational Level of Parents | Graduate | 50 | 41.6 |
| | School education | 54 | 45 |
| | Non-educated | 16 | 13.3 |
| Family Monthly Income | 20000 | 68 | 56.6 |
| | 21000 to 40000 | 32 | 26.6 |
| | 40000 | 20 | 16.6 |

The (table 2) findings depicts that, of all 120 students 6 (6%) were having poor knowledge and perception, 68 (56%) were having average knowledge and perception and only 46 (38%) of them had good knowledge and perception.

Table:2 knowledge and perception of sex education among the college students

| Knowledge And Perception | | |
|--------------------------|-----|--------------------|
| Grading | | Frequency(120) & % |
| Poor | 2-0 | (06) 6% |
| Average | 4-3 | (68) 56% |
| Good | 7-5 | (46) 38% |

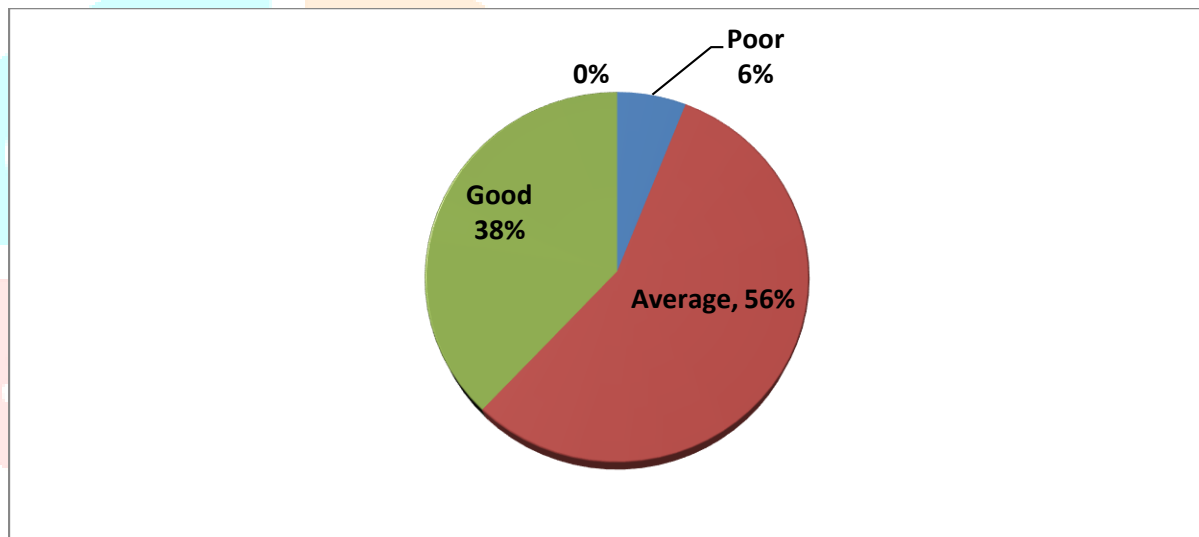


Figure.1 knowledge and perception of sex education among the students

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