Sex Education for Adolescents

Ms. AMEETA HANDA

ADOLESCENCE is a period of marked physical, social, emotional and cognitive changes. Its onset is indicated by the emergence of secondary sexual characteristics and the attainment of reproductive maturity. In addition to the basic needs of thirst and hunger, the sex need is very important and prominent during this period. The adolescent of today requires sex education, as it is a motivational instrument for creating awareness about sex and for developing correct and healthy attitudes towards sex.

Sex education involves the acknowledgement and understanding of the process of sexual development and interaction that starts at conception and affects the individual for the rest of his/her life. It enables individuals to recognise and be comfortable with their sexuality. The emergence of sex education in its various forms is a social recognition of the problems that the rapid change in society is creating. The primary goal of sex education is facing and accepting the facts of life and honestly communicating them to our children and adolescents, to help them cultivate a healthy sexual morality, acceptable to both society and themselves without causing any unnecessary conflict between individual expression and social norms.

Ms. Ameeta Handa is Principal, School of Nursing, Mool Chand Khairatiram Hospital. This study was conducted by her in partial fulfilment of requirements for M.N. [M.Sc.(N)] degree at RAK College of Nursing, New Delhi.

The Basic Elements

The concept of human sexuality includes three basic elements: (i) a capacity to enjoy and control sexual and reproductive behaviour, in accordance with a social and personal ethic; (ii) freedom from fear, shame, guilt, false beliefs and other psychological factors inhibiting sexual response and impairing sexual relationship; and (iii) freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive functions.

A good educational programme will include all three elements, emphasising what is required in a given situation.

Health practitioners are today being requested to contribute to sex education in terms of individual education of patients, aiding parents in the understanding of their roles, helping teachers in their work with children, and assisting children and adolescents to understand their developing sexuality.

Nursing has been described as a caring profession. Health teaching/education is listed as one of the components of caring. Nurses are thus resource persons to disseminate information on sexual matters in order to help children and adolescents to develop correct and healthy attitude towards sex and to enter into adult life with a wholesome attitude towards sex.

The Study

In the context of the above, the investigator undertook a study to identify the learning needs of High School students on human sexuality with a view to developing and evaluating the effectiveness of a Sex Education Programme in Public Schools of South Delhi, during the year 1993-94.

The objectives of the study were :

1. To identify the learning needs of High School students on the selected aspects of human sexuality: as measured by knowledge test; and as expressed by them.
2. To develop a Sex Education Programme on the basis of identified learning needs and determine its content validity against a criteria-rating scale.
3. To evaluate the effectiveness of the Sex Education Programme: as indicated by the knowledge gained after administration of the programme.

The framework of the study was based on Orem's Self-Care Deficit Theory (Supportive Educative Nursing System) and KAP (Knowledge of, Attitude to-

wards and Practice of a particular behaviour) model.

Methodology: A descriptive survey and evaluative research approach were selected to identify the learning needs of High School students on human sexuality and to develop and evaluate the effectiveness of a Sex Education Programme respectively.

The investigator adopted the knowledge-test as the base-measure 'K_1'. The Experimental Variable 'X' was the Sex Education Programme. The after-measure was the second administration of the same knowledge-test for the measure 'K_2'. Thus the design which was adopted for the study can be represented as: K_1 X K_2, i.e.., Pre-experimental One Group Pre-test Post-test Design.

Sample and Sampling Technique: The sample of the study consisted of 180 High School students studying in three Public Schools of South Delhi. The students were selected by startified random sampling technique. A total of 60 students were drawn from each of the three schools with 30 students each from Class IX and Class X. An equal number of students were selected from each sex, i.e.., 15 boys and 15 girls from each class in each school.

Data Collection Technique: A structured questionnaire was prepared to assess the learning needs of the students on human sexuality. The questionnaire comprised two parts. Part I consisted of three items on background data, viz. sex, educational status and source of maximum information on human sexuality. Part II consisted of 76 knowledge items and five expressed need items.

The knowledge items were categorised under the following learning need areas:

Unit I: The human reproductive system (male and female).

Unit II: Sexual growth and development during puberty: biological and psychological changes.

Unit III: Socio-cultural aspects of sex.

Unit IV: Variety of sexual expressions/behaviours.

Unit V: Sexual disorders and diseases.

At the end of the questionnaire, a miscellaneous item was placed to elicit the students' opinion on the need to impart sex education to young boys and girls.

Procedure of Data Collection: For the collection of data, formal administrative approval was obtained from the Director of Education, Delhi Administration, and then from the Principals of the three Public Schools selected for the study. The questionnaire was administered to the High School students, to collect the data on their learning needs on human sexuality. Based on the identified learning needs, a Sex Education Programme was developed and validated. The Programme was evaluated for its effectiveness, in terms of knowledge gained by the students after it was administered to the students.

The data were analysed by using descriptive and inferential statistics.

The Findings

The major findings of the study were:

1. *Source of Maximum Information on Human Sexuality:* The source of maximum information on human sexuality for the High School students was in the order of : friends (66.33%); mass media (29.44%); health professionals like Nurses and Doctors (3.89%); parents (2.22%); teachers (1.11%); and none from elderly relatives. (Arranged from maximum to minimum).

2. *Identification of Learning Needs:* The students' knowledge scores ranged between 16 and 56 (maximum possible knowledge score was 76). The mean knowledge score obtained by the students was 43.5 and the mean percentage knowledge score was 56.93. The students had knowledge-deficit in all the learning need areas, with respect to the set criteria. The priority learning need areas, as per the percentage of knowledge scores obtained, are listed in Table 1 (according to the highest to lowest knowledge-deficit):

The students had a high percentage of expressed need for learning in all the learning need areas. The priority learning need areas, as per the percentage of expressed need scores, are listed in Table 2 (according to the maximum to minimum expressed need):

3. *Validation of the Sex Education Programme against a Criteria-Rating Scale:* The Sex Education Programme developed for the

Table 1

Learning Need Areas	*Obtained Mean % Score*
Unit IV: Variety of sexual expressions/behaviours	50.49
Unit III: Socio-cultural aspects of sex	54.61
Unit V: Sexual disorders and diseases	56.14
Unit I: The human reproductive system (male and female)	60.39
Unit II: Sexual growth and development during puberty: biological and psychological changes	63.01

High School students was submitted to seven experts drawn from the fields of: School Psychology, Paediatrics, Venereology, Nursing and Education. They were asked to validate the content of the Programme against a criteria-rating scale. There was 100% consensus on the content. The Sex Education Programme was thus found to be valid.

4. *Evaluation of the Sex Education Programme:* The mean percentage of knowledge scores in the five learning need areas in the pre-test ranged between 50.49 and 63.01; and in the post-test ranged between 92.95 and 99.08. The modified gain worked out in the five learning need areas is arranged in Table 3, from the maximum modified gain score to the minimum:

For the entire test, the mean post-test knowledge score was found to be significantly higher than the mean pre-test knowledge score.

Table 2

Learning Need Areas	*Expressed Need (Mean % Score)*
Unit III: Socio-cultural aspects	54.61
Unit V: Sexual disorders and diseases	100
Unit IV: Variety of sexual expressions/ behaviours	100
Unit III: Socio-cultural aspects of sex	94.74
Unit I: The human reproductive system (male and female)	90.79
Unit II: Sexual growth and development during puberty: biological and psychological changes	88.16

$t\ (179) = 61.22,\ p < .01$

For all learning need areas, the mean post-test knowledge scores were found to be significantly higher than the mean pre-test knowledge scores.

Unit I: $t\ (179) = 36.11, p .01$
Unit II: $t\ (179) = 33.33, p .01$
Unit III: $t\ (179) = 30.77, p .01$
Unit IV: $t\ (179) = 46.67, p .01$
Unit V: $t\ (179) = 43.87, p .01$

Conclusions

The major conclusions drawn on the basis of the study findings, were:

1. High School students had knowledge-deficit on human sexuality, in all the learning need areas. The students had high expressed need scores in all learning need areas. All the students opined that young boys and girls should be imparted sex education.
2. The Sex Education Programme developed was found to be valid.
3. The Sex Education Programme was found to be effective in increasing the knowledge of the High School students on human sexuality.

Implications

The findings of the study have several implications for the following fields:

Nursing Practice: The Nursing Service Department can have a Sex Education Cell with a band of adequately prepared Nurses for developing and implementing sex education programmes for clients, families and the community at large.

Table 3

Learning Need Area	*Modified Gain Score*
Unit II: Sexual growth and development during puberty: biological and psychological changes	0.975
Unit I: The human reproductive system (male and female)	0.968
Univ V: Sexual disorders and diseases	0.938
Unit III: Socio-cultural aspects of sex	0.880
Unit IV: Variety of sexual expressions/ behaviours	0.858

Nursing Education: The Nursing curriculum should include more content on the different aspects of human sexuality and sex education. Nursing personnel working in various health care settings should be given inservice education to update their knowledge and abilities in identifying the learning needs of clients on human sexuality and planning for appropriate interventions.

Nursing Administration: Cost-effective production of sex educational materials by the Nursing staff should be encouraged. Necessary administrative support should be provided to conduct such activities.

Nursing Research: Nurses, who form an important cadre of health professionals, should take initiative to conduct research on the nature and severity of problem(s) related to human sexuality, in the changing Indian society.

General Education: There is a need to include sex education in the school curriculum. This will help promote healthy sexual practices among students and will also help to detect and prevent sexual problems in the early stages.

Teacher Training Programmes: There is a need to include sexual health in the teacher training programmes, so that they are equipped with adequate knowledge to guide their students in this field.

Public Education: Carefully-prepared sex education programmes, as part of mass education, will be useful in creating awareness among the general public about sexual issues of concern in the maintenance of healthy sexual lifestyles. Nurses are a vital source in educating the public through such programmes.

Recommendations

Recommendations based on the findings of the study:

1. Similar kind of studies can be conducted to develop Sex Education Programmes for other categories of students.
2. Similar kind of studies can be undertaken in different settings.
3. A comparative study can be carried out to ascertain the knowledge of human sexuality, among: students of Government, private and public schools, school teachers and school students; school girls and school boys.
4. A study can be conducted to find out the attitudes of parents, teachers, School Health Nurses and students towards sex education.
5. A study can be made to compare the effectiveness of teaching human sexuality through a sex education programme, with other methods of teaching.
6. A similar study can be undertaken with a Control Group Design.
7. An experimental study can be undertaken to validate and standardise the sex education programme used in the present study.
8. A study can be carried out to determine the cost-effectiveness of the 'sex education programme developed.
9. The sex education programme developed should be reviewed from time to time, in order to incorporate the current issues in the field of human sexuality.
10. A survey of various educational programmes with elements of sex education can be carried out to study the contents related to human sexuality and to suggest improvements, if any.

Recommendations based on the suggestions of the study subjects:

1. Sex education should permeate the entire school curriculum.

2. Sex educational programmes should be conducted by professionally trained personnel.

3. Sex education programmes should be culturally-oriented.

4. Mass media should be effectively utilised for conducting programmes on sex education.

5. There should be an independent department of Sexual Guidance and Counselling in each school, catering to the individual needs of the students.

References

1. Abdellah, F.G. and Levine, E. *Better Patient Care Through Nursing Research.* New York: The Macmillan Publishing Co., 1979.

2. Ahluwalia S.K. *et al.* Coping with barriers to education and treatment in human sexuality. *The Journal of Family Welfare,* 1981, *28* (1).

3. Avasthi, N.N. *et al.* A study on the sex knowledge of school going teenagers of Jhansi, U.P. *The Journal of Family Welfare,* 1987, *27*(9), 35-95.

4. Baldwin, J.I. *et al.* Changing AIDS and fertility behaviour: the effectiveness of Sexual Education. *Journal of Sex Education,* 1990, 27(2), 245-263. (Abstract)

5. Bheemaiah, M.S. *A Study to identify and analyse the Learning Needs of Tracheostomy Patients and their attending relatives with a view to Developing a Self Instructional Module for Home Management.* Unpublished Master of Nursing Thesis, University of Delhi, 1990.

6. Bibby, C. *Sex Education: A Guide for Parents, Teachers and Youth Leaders,* New York: Macmillan & Co. Ltd., 1957.

7. Cleland, J.A Critique of KAP Studies and Some Suggestions for their Improvement. *Studies in Family Planning,* 1973, *4*(2), 42-47.

8. Currali, S. and Mikus, R. Correlates of adolescent sexual behaviour. *Psychological Report,* 1990, *66*(6), 1179-1184. (Abstract).

9. Davis, S.M. and Harris, M.B. Adolescents' questions about sex. *Journal of Adolescent Health Care,* 1983, *4*(4), 225-229. (Abstract).

10. Ellstron, A.A. and Forsman, L. Sexually Transmitted Diseases : Knowledge and attitudes among young people. *Journal of Adolescent Health Care,* 1991, *12*(2), 72-75. (Abstract).

11. Friedman, H.L. Adolescents and sexuality. *Network: Family Health International,* 1993, *14*(2), 4-16.

12. Iverson, D.C. Reassessment of the Knowledge/Attitude/Behaviour Triad. *Health Education,* 1977, *8*(6), 31-34.

13. Kapp, L. *et al.* Teaching human sexuality in Junior High School: an interdisciplinary approach, *Journal of School Health,* 1980, *50*(2) 80-83. (Abstract).

14. Mace, D.R. *et al.* The teaching of Human Sexuality in Schools for Health Professionals. *Public Health Paper No. 57,* Geneva: World Health Organisation, 1974.

15. Maier, R.A. *Human Sexuality in Perspective.* Chicago: Nelson-Hall, 1984.

16. Prakash, B. *et al. AIDS Education for Student Youth: A Training Manual,* New Delhi: Department of Youth Affairs and Sports, 1993.

17. Shapino, I.S. Health education horizons and patient satisfaction. *American Journal of Public Health,* 1972, *62*(2), 219-232.

18. World Health Organisation. *World Health Organisation urges sex education in schools to prevent AIDS.* (Press Release, WHO/94, 1-2), Geneva: WHO, 1994.