

A Study to Assess the Effectiveness of Planned Teaching Programme on Sex Education among GNM First Year Students in a Selected College of Nursing in Dehradun Uttarakhand

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ABSTRACT

Adolescent age group is a very susceptible group. These children are in phase of transformation from children to adulthood. Most adolescence manages this transformation but many of them are indulged in behaviors like sexual experimentation, exploration and promiscuity, and through which lands in the problem of unmarried motherhood, abortions, STDs/HIV infection, sexual abuse. India has the largest population of adolescents in the world (about 243 million), among them 69.5% getting married before 20 years of age, about 2.47% cases of HIV infected persons in the country and with sexually transmitted diseases. This study aimed to assess the effectiveness of planned teaching program on education in selected Nursing College of Dehradun in Uttarakhand.

The quantitative evaluative research approach was used. Setting: - Himalayan College of Nursing, Jolly grant, Dehradun, Sample:- consecutive sample of 44 General Nursing and Midwifery (GNM) students. Tool:-self structure questionnaire to assess the knowledge regarding sex education was prepared. Intervention: - planned teaching programme on sex education.

The finding of the study revealed that post- test knowledge score is significantly higher than pre- test knowledge score. The different between pre- test and post- test shows difference at the level of $p < 0.005$. There was no significant association between pre- test knowledge score and demographic variables.

KEYWORDS: *planned teaching program, effectiveness, GNM students, Sex education*

INTRODUCTION

Adolescence is a period of dynamic transition in which many inter related changes of body and social relationship takes place, the health and well being of adolescents is closely interwined with their physical, psychological and social development, but this is put at risk by teenage pregnancy and sexual hazards which are increasing at an alarming rate.¹

Adolescence is defined the period between the ages of 13 to 18 years. It is the stage of developmental transition, a bridge between children and adulthood. In India we have more than 200 million adolescence.²

Sex education is the process whereby information is given or imparted to a group of young ones and which

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knowledge and concept that will enable them make informed and responsible decisions about sexual behaviors at all stages of their lives.³

Sex education, which is sometime called sexuality education or sex and relationships education, is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, Relationships and intimacy. Sex education is also about their behavior, and feels confident and competent about acting on these choices. It is widely accepted that young people have a right to sex education. This is because it is a means by which they helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV and AIDS.⁴

Sexuality is a fundamental quality of human life and a phenomenon that plans the entire life cycle, Sexual curiosity problems in adolescence are commonly encountered. Many adults are at risk of infection from human immune deficiency virus (HIV) because of ignorance about reproductive health and human sexuality.⁵

Sex education, is the process of getting information and family ideas about sex, sexual identity relationship and intimacy. Sex education is also about developing young people's skill so that they feel confident about acting on these. It is generally accepted that young people have a right to sex education and India It is the most debated topic. This is because it is a mean by which they are helped to defined themselves against exploitation, abuse, unplanned pregnancy, sexually transmitted disease and HIV/AIDS, it is also argued that providing sex education helps to meet young people right to information about matters that affect them, their right to have their needs met and to help them enjoy their sexuality and the relationship that they form.⁶

Since, adolescent's characteristics predispose them to high risk sexual activities, therefore behavioral interventions are needed to reduce their risk. thus, the present study is an attempt in this directions.

Adolescent sexuality refers to sexual feelings, behavior and development in adolescents and is adolescents and is a stage of human sexuality; sexuality is often a vital aspect of teen agers lives.⁷

In human, mature sexual desire usually begins to appear with the onset of puberty. Sexual interest among adolescent as among adults, can vary greatly. Sexual activity in general is associated with various risk including unwanted pregnancy and STDs including HIV/AIDs. Partially, young adolescent are generally less equipped than adults to make sound

decisions and anticipate consequences of sexual behavior.⁸

Adolescents display sexual behaviors and development characteristics that place them at risk for sexually transmitted diseases. Because young people experiment sexually and because of the consequences of indiscriminate sexual activities on the youth, there is need to mount sex education programme that are geared towards enlightenment and appropriate education about sex and sexuality.³

The age of modernization and progress has virtually opened many opportunities and choice for the youth today. This makes the need for the and the importance of sex education among the youth necessary. The youth necessary. The young are unpredictable and have the risk taking streak in them which makes them vulnerable. As for as sex education for youth is concerned, one does see the obvious increase in unwanted teen pregnancies, teen miscarriages, abortions and the spread of STD.⁹

Material and methods

Design

Pre experimental research design was used One group pre- test- post- test design.

Variables:

Independent variable:

Planned teaching programme on sex education.

Dependent variables:

Level of knowledge among GNM 1st year students regarding sex education.

Setting:

Setting of the present study was in Himalaya College of Nursing, Dehradun.

Populations:

The populations for this study were GNM 1st year students.

Sampling Technique & sample Size:

Consecutively all 44 adolescent girls of GNM 1st students were taken as sample

Instrumental tool:-

Structured questionnaire was developed after reviewing the literature. Content validity was done by taking opinion and suggestions from the group of expert from the group of expert from the group of expert from nursing faculties of child health nursing, obstetrics & Gynecology departments. The tool was consisting of 35 multiple choice questionnaires regarding sex education to assess the knowledge of adolescent girls. The maximum score on mark for each correct answer. The arbitrary level of the knowledge score are:-

- Excellent (30-35)
- Very Good (25-29)
- Good (20-24)
- Average (15-19)
- Below Average (<15)

Description of tool:

Part A- Demographic Variables-

- It contains following variables-
- Age group
- Father education
- Mother education
- Type of family
- Previous knowledge of sex education.
- Source of information

Part B-

- Questionnaire related to-
- Reproductive organs
- menstruation process
- Fertilization, ovulation & implantation.
- Normal & abnormal sexual behavior.
- Teenage pregnancy.
- STDs & HIV.

Ethical permission

Permission to conduct the study was taken from the Principal of Himalayan college of nursing jolly grant Dehradun.

Procedure of data collection

A separate class room was allotted to the researcher for making the atmosphere conducive for interviewing the participants. Participants were fulfilling the inclusion criteria were enrolled in the study. Participants were informed about the purpose of the study, possible risks, benefits and confidentiality of their information before conducting interview. Written informed consent was obtained from the study participants. After making participants comfortable, they were interviewed by using various tools i.e. socio-demographic profile, and Self-Structured Questionnaire.

Data analysis

Analysis of data was done in accordance with the objectives laid down for the study using descriptive and inferential statistics in SPSS software version 20.0, Mann-Whitney for two groups and Kruskal-Wallis for more than two groups and spearman's correlation were used to analyze the data.

Discussion and Result:

The quantitative evaluative research approach was used. Setting: - Himalayan Collage of nursing, Jolly grant, Dehradun, Sample:- consecutive sample of 44 General Nursing and Midwifery (GNM) students. Tool:- self structured questionnaire to assess the

knowledge sex education was prepared. Intervention:- planned teaching programmer on sex education.

The steps of study process are the following:

1. Pre testing the knowledge.
2. Planned Teaching.
3. Post-testing the knowledge.
4. finding the association between pre test and demographic variables.

Major finding of the study: - (Results)

- Majority (84.09%, n=37) of the subjects were between 17 to 21 years.
- Majority of the subjects father (93.8%, n=41) were having the education background and more.
- Majority of the subjects mother (61.4%, n=27) were having the education background secondary and more.
- Majority of the subjects (84.09%, n=37) were from the nuclear family.
- Majority of the subjects (97.73%, n=43) were already having previous knowledge regarding sex education.
- Majority of the subjects (72.72%, n=32) had subject books as a source of information regarding sex education.
- the difference between pre test and post test knowledge score shows difference at the level of $p < 0.005$. Hence, it is interpreted that post test knowledge score is statically significantly higher than pre test knowledge score regarding sex education.
- Present study revealed that there is no association between pre test knowledge score and demographic variables.

Discussion

The Quasi-experimental study to assess the effectiveness of planned teaching programme among GNM 1st year students on sex education in Himalayan Collage of nursing, HIHT, Jolly grant of Dehradun in Uttarakhand. The study was conducted among 44 nursing students who are selected by consecutively sampling and the data was collected structured interview from 5th march 2012 to 13th march 2012.

The analysis of pre and post test knowledge score revealed a higher mean post test knowledge score among experimental group. The difference between post test and pre test show difference at level of $p < 0.05$. Hence the finding indicates, that post test knowledge score regarding sex education is significantly higher than pre test knowledge score.

Analysis of the data regarding first objective of the study i.e. to assess the knowledge regarding sex education among GNM 1ST year girls indicate that the mean pre test knowledge Score (22.52) and mean post test knowledge score (28.73)..

Analysis of the second objective of the study i.e. to access the effectiveness of the planned teaching programme on the sex education by comparing pre-test and post- test knowledge score. Study shows difference between post-test knowledge was higher than the Pre- test knowledge score. The difference was statistically significant at $p < 0.05$ level. Hence the findings indicate that the planned teaching regarding sex education was effective in increasing the knowledge of young adult girls.

CONCLUSION

Adolescent age group is a very susceptible group. These children are in phase of transition. In India,

2.47 million cases of HIV infected person in the country and with sexually transmission and 17.85% of female getting married before 18 year of age and 69.5% get married before 20 year of age. “The National AIDS Control Organization” stated “youngest people become sexually active during adolescent”. In the absence of right guidance and information at this stage, they are more likely to have multi-partner, unprotected sex with high risk behavior group. Their common source of information (misinformation) is their friends. Blue films and pornographic literature. They are easily influenced and therefore, likely to go astray and lands in the problem of unmarried motherhood, abortion, STDs/HIV infections, sexual abuse. This study aimed to assess the effectiveness of planned teaching program on sex education in selected college of Dehradun.

Table 1:- Showing frequency and percentage distributions of GNM 1st year students

n=44		
SAMPLE CHARACTERISTICS	FREQUENCY(F)	PERCENTAGE (%)
Age in year		
17-21	37	84.09%
22-26	7	15.91%
Father Education		
No formal Education and Primary	3	6.82%
Secondary and more	41	93.18%
Mother Education		
No formal Education and Primary	17	38.6%
Secondary and more	27	61.4%
Types of Family		
Nuclear	37	84.09%
Joint	7	15.91%
Previous Knowledge		
Yes	43	97.73%
No	1	2.27%
Sources of information*		
Teacher	22	50%
Parents	0	0%
Friends	12	27.27%
Subject books	32	72.73%
Mass media	2	4.55%

Table1: show that majority (84.09%) of the samples were in the age group of 17-21 year. According to father’s educational status majority (93.88%) were having education more than secondary level. According to Mother’s educational status majority (61.4%) were having education more than secondary level. Majority (97.73%) of the samples were from the nuclear family. Majority (72.73%) of the samples had information regarding sex education from subject’s books and none of the samples getting information from their parents.

Table -II:-Frequency and percentage of pre test and post knowledge scores.

Level of Knowledge	pre test		post test	
	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
Excellent (30-35)	1	2.27%	19	43.18%
Very good (25-29)	12	27.27%	22	50%

Good (20-24)	22	50%	3	6.82%
Average (15-19)	8	18.18%	0	0
Below average (<15)	1	2.27%	0	0

Table no. II: - Table shows that in pre test majority 50% of the participants had good knowledge, 18.18% had below average knowledge and only 2.27% had excellent knowledge.

In post test majority (50%) had very knowledge, 43.18% had excellent knowledge, 6.82% had good knowledge and no had average or below average knowledge.

Table III- Analysis of pre-test knowledge score and post-test knowledge score of General Nursing and Midwifery (GNM) 1st year students related to sex educations.

Knowledge Score	Mean	SD	Mean Difference	D f	Table Value of “t”	“t”
Pre test	22.52	3.238				
Post test	28.73	3.223	6.21	43	2.02	22.556*

Mean \pm SD of pre-test is 22.25 3.3238 and mean \pm SD of post-test is 28.73 28.73 mean difference between pre-test and post-test is 6.21.

Hence it is interpreted that post test knowledge score regarding sex education is significantly higher than the pre test knowledge score.

Table no. IV: - Showing the association between pre-test knowledge score with selected demographic variables.

Demographic variables	Mean	df	“t” value	Table value of “t”	Significance level
Age		42			
17-21	22.38		1.025	2.02	Not significant
22-26	23.29				
Father education		42			
No formal education-primary	22.0		0.219	2.02	Not significant
Higher secondary-above					
Mother education	22.56				
No formal education-primary		42	0.445	2.02	Not significant
Higher secondary-above	22.34				
Type of family					
Nuclear	22.70				
Joint		42	0.180	2.02	Not significant
	22.57				
	22.29				

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