Effectiveness of Planned Teaching Program (PTP) on Knowledge of Sex Education among Adolescent Girls

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Abstract

Adolescent is the second decade of life, marking the transistion from childhood to adulthood. These are the formative years when maximum amount of physical, psychological and behavioral changes takes place. A study was undertaken to evaluate the effectiveness of PTP on knowledge of sex education among adolescent girls was the main objective of the present study.

Objectives.

- To assess the knowledge of adolescent girls on selected aspects of sex.
- · To prepare and conduct planned teaching program on selected aspects of sex education among adolescent girls.
- To evaluate the effectiveness of planned teaching program.
- To find out the association between pretest knowledge scores and selected demographic variables.

Methods: The research approach for the study was that of an evaluative one with one group pretest post-test design. The sample size considered for the study was 65 adolescent girls. The sampling technique used for the study was simple random sampling which is a type of probability sampling. The tool used for gathering relevant data was a structured questionnaire on knowledge of sex education.

Results: The results revealed that, majority of the girls 25 (38.46%) belonged to a age group of 17 years while minimum 5 (7.69%) belonged to a age group of 19 years. Majority girls 34 (52.30%) belonged to PUC II year. Majority of girls 51(78.46%) belonged to Hindu religion and majority girls mothers educational status 27 (41.53%) was secondary school where majority of girls father educational status 21(41.53%) was graduation. Most of the mothers 42 (64.6%) were working and majority of the girls 36 (55.38%) and 37 (56.92%) belonged to nuclear family and rural area. Majority of girls 61(93.4%) were unmarried and 27 (41.53%) gained information from internet and 28 (43.07%) family income was 4001 to 6000.

In pretest majority of the girls 40 (61.53%) had average knowledge, 14 (21.53%) had good knowledge, and 11(16.92%) had poor knowledge, whereas in post-test 62 (95.38%) of girls had good knowledge and 3 (4.61%) had average knowledge. The calculated paired 't' value (t = 26.38) is greater than tabulated 't' value (t = 1.960).

Conclusion: There was evident increase in the knowledge scores in all the areas included in the study after administration of PTP. Thus, it was proved that PTP was effective teaching method for creating awareness on importance of sex education and STI, STD and HIV/ AIDS transmission and focusing the reproductive health hazards like preventing sexual violence among youths.

Keywords: Knowledge of sex, adolescent girls, awareness, planned teaching program, improved knowledge post-teaching.

INTRODUCTION

Adolescent is the second decade of life, marking the transaction from childhood to adulthood. These are the formative years when maximum amount of physical, psychological and behavioral changes takes place. This is the time for them to prepare for undertaking greater responsibilities, a time of exploration and time to ensure healthy all round development. It is important for health care professionals to understand adolescent girls knowledge about sex education in planning for teaching them about this life event.¹

Many research studies have raveled that adolescent girls generally lack adequate knowledge about their reproductive organs, menstrual hygiene, sexual and reproductive health. So by enriching the knowledge of girls we as a health professional can reduce the sex related hazards.²

Design: One group pretest, post-test design (pre-experimental).

Methods: The present study was done on 65 adolescent girls studying in PUCI and II year at KLES Lingraj Pre-University

College, Belgaum. The study was conducted KLES Lingraj Pre-University College, Belgaum.

Tool description: A structured knowledge questionnaire consisting of 48 items on sex education. Each correct answer were scored 'I' and incorrect answer is scored 'O'.

Analysis: It was done using descriptive and inferential analysis.

RESULTS

The data presented in Table 1 and Graph 1 indicates that majority of the girls 25 (38.46%) belonged to a age group of 17 years while minimum 5 (7.69%) belong to age group of 19 years. Majority 34 (52.30%) belonged to PUC II year. Majority of (girls 51) (78.46) belonged to Hindu religion, majority mothers educational status 27 (41.53) was secondary school. Where majority of girls father educational status 21 (41.53) was

Table 1: Frequency and percentage distribution of adolescent girls according to sample characteristics

n = 65

S.	Variables	Frequency	Percentage
No.		(f)	(%)
1	A •		
1.	Age in years	1.0	27.60
	16 17	18 25	27.69 38.46
	= '		
	18	17	26.15
2	19	05	7.69
2.	Education status	2.1	47.60
	PUC I Year	31	47.69
	PUC II Year	34	52.30
3.	Religion		
	Hindu	51	78.46
	Muslim	11	16.92
	Christian	03	4.61
4.	Educational status of the mo		
	Postgraduation/above	02	3.07
	Graduation	06	9.23
	Higher secondary	15	23.07
	Secondary	27	41.53
	Primary	10	15.38
	No formal education	05	7.69
5.	Educational status of the fat	her	
	Postgraduation/above	08	12.30
	Graduation	21	32.30
	Higher secondary	16	24.61
	Secondary	13	20.00
	Primary	04	6.15
	No formal education	03	4.61
6.	Occupational status of moth	er	
	Working women	23	35.38
	Nonworking women	42	64.60
7.	Type of family		
	Nuclear	36	55.38
	Joint	29	44.61
8.	Residential		
	Rural	28	43.07
	Urban	37	56.92
9.	Marital status of the girl		
	Married	04	6.15
	Unmarried	61	93.84

Contd...

S. No.	Variables	Frequency (f)	Percentage (%)	
10.	Source of information Newspaper and magazine TV and telephone Internet Cinema	02 21 27 11	3.07 32.30 41.53 16.92	
11.	Peer group and social circle Family income per month Less than 2000 2001 to 4000 4001 to 6000 6001 to 8000 8001 and above	04 07 08 28 13	6.15 10.76 12.30 43.07 20.00 13.84	

graduation. Most of the mothers 42 (64.6) were working and majority of the girls 36 (55.38) and 37 (56.92) belonged to nuclear family and rural area. Majority of girls 61 (93.4) were unmarried and 27 (41.53) gained information from Internet and 28 (43.07) family income was 4001 to 6000.

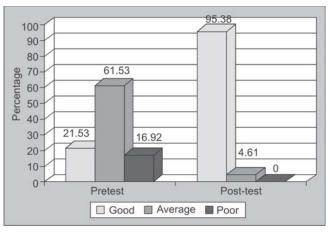
Table 2 and Graph 2 reveals that in pretest majority of the girls 40 (61.53) had average knowledge, 14 (21.53) had good knowledge, and 11 (16.92) had poor knowledge, whereas in post-test 62 (95.38) of girls had good knowledge and 3 (4.61) had average knowledge.

Table 3 and Graph 3 reveals that knowledge gain in, anatomy and physiology of female reproductive system was 46.35%, which was maximum, gain in knowledge about menstruation and menstrual hygiene was 33.98%, contraception was 41.54%, high-risk sexual behavior 25.64%, importance of nutrition was 24.87%, and STIs/STD was 6.73%, which is minimum.

Table 2: Frequency and percentage (%) distribution of knowledge scores of adolescent girls regarding sex education.

n = 65

Scores	Pretest		Post-	-test
	Frequency	%	Frequency	%
Good (25-32)	14	21.53	62	95.38
Average (16-24)	40	61.53	03	4.61
Poor (1-15)	11	16.92	-	0



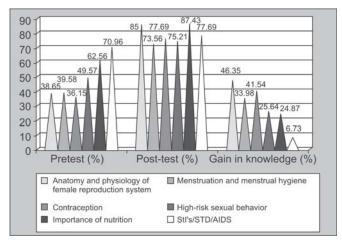
Graph 1: Distribution of knowledge scores of adolescent girls in sex education

Contd...

Table 3: Pretest and post-test percentage of knowledge scores of adolescent girls in different items on sex education

n = 65

Items on	Total scores	Pretest (x)	Post-test (y)	Gain in knowledge
1. Anatomy and physiology of female reproductive system	643	38.65	85	46.35
2. Menstruation and menstrual hygiene	809	39.59	73.53	33.98
 3. Sexual and reproductive health includes; Contraception, High-risk sexual behavior, Importance of nutrition. 	148 730 585	36.15 49.59 62.56	77.69 75.21 87.43	41.54 25.64 24.87
4. STIs/STD/HIV/AIDS.	721	70.96	77.69	6.73



Graph 2: Pretest and post-test knowledge scores adolescent girls in different items on sex education

14 12.49
12 10 8
6 4 1.55 1.96
2 0 Mean difference (d) Standard error difference (SED)

Graph 3: Mean difference, standard error difference and paired 't' value of knowledge scores of adolescent girls regarding sex education

Table 4 : Mean difference, standard error difference (SED) and paired 't' values of knowledge score n of adolescent girls n = 65

Mean difference	Standard error difference (SED)	Calculated paired 't' value	Tabulated value
12.49	1.55	26.38	1.960

Table 4 reveals that the calculated paired 't' value (t = 26.38) is greater than tabulated 't' value (t = 1.960).

DISCUSSION

This study was conducted to assess the knowledge of adolescent girls studying in PUC I and II year at KLES Lingraj Pre-University College, Belgaum with regards to 'sex education". To achieve the set objectives a total of 65 subjects were studied. The findings of the study are discussed under following headings:

Sample Characteristics

In the present study, majority of adolescent girls 51 (78.46%) belonged to Hindu religion. The findings of the study contradict with those of the survey conducted on collegiate girls in Pakistan

(Khan et al). Dr Khan A et al. revealed that there were only 15 (15%) belonged to Hindu religion whereas 85 (85%) were from muslim religion.

Majority of girls parents educational status, i.e. 27 (41.53%) mothers studied upto secondary school and 21 (32.30%) fathers studied upto graduation. These findings were supported by a study conducted by Akwin M Kathmandu noted that maximum number of girls mothers 70.20% belonged to secondary school and fathers studied upto graduation.³

Majority of adolescent girls 36 (55.38%) belonged to nuclear family. The contradict study conducted by Dr Rahid SF's study revealed that maximum number of girls 42 (71.02%) belonged to joint family. ^{3,6}

Maximum number of adolescent girls 37 (50.92%) belonged to urban area. The study supports that maximum 88 (50.98%) number of girls were from urban area. ^{4,7}

Maximum number of girls 27 (41.53%) gained information regarding sex education through Internet. The study supported Handa A among 500 medical students 74.5% students gained information through Internet.^{5,8}

Knowledge on Sex Education among Adolescent Girls

In the present study, the pretest knowledge scores of adolescent girls revealed that 14 (21.53%) had good knowledge, 40 (61.53%) had average knowledge and 11 (16.92%) had poor knowledge.

The finding of study were similar to the findings of study conducted by Itti, the pretest knowledge scores of adolescent girls revealed that 12 (13.95%) had good knowledge, 57 (66.28%) had average knowledge and 17 (19.77%) had poor knowledge, whereas in the post-test 100% of the adolescent girls had good knowledge.⁹

Effectiveness of Planned teaching Program on Prevention of Hypothermia in Newborns among Mothers

In the present study, overall knowledge improvement was found after planned teaching program and the paired 't' = 26.38 at p < 0.05 level significance proved that the selected hypothesis $H_{\rm l}$ was accepted.

A similar study conducted by Reginold D on sex education among 40 BEd students at Hassan,which showed that there was significant gain in post-test knowledge in all the areas and the paired "t" test value, t=19.46 at p<0.05 level of significance. This distinctly proved that PTP on sex education was an effective method in increasing the girls knowledge. 1,10

SUMMARY

In summary major findings are as follows:

In the present study majority of adolescent girls 51(78.46%) belonged to Hindu religion.

Majority of girls parents educational status, i.e. 27(41.53%) mothers studied upto secondary school and 21(32.30%) fathers studied upto graduation. Majority of adolescent girls 36(55.38%) belonged to nuclear family. Maximum number of girls 27(41.53%) gained information regarding sex education through Internet. The pretest knowledge scores of adolescent girls revealed that 14(21.53%) had good knowledge, 40(61.53%) had average knowledge and 11(16.92%) had poor knowledge. overall knowledge improvement was found after planned teaching program and the paired 't' = 26.38 at p < 0.05 level significance proved that the selected hypothesis H_1 was accepted.

CONCLUSION

Based on the analysis of findings of the study, the following inference was drawn. There was evident increase in the knowledge scores in all the areas included in the study after administration of PTP. Thus it was proved that PTP was effective teaching method for creating awareness on importance of sex education and STI, STD and HIV/AIDS transmission and focusing the reproductive health hazards like preventing sexual violence among youths.

RECOMMENDATIONS

- A similar study can be undertaken for a larger sample for a longer period of time thus broad generalization will be possible.
- A similar study can be replicated in different settings.
- A similar study can be conducted on attitudes of girls towards sex education.
- A comparative study can be done between PUC and degree girls.
- A descriptive study can be conducted on attitudes of parents regarding sex education.
- An experimental study can be undertaken using a control group and experimental group with randomized sampling.
- A follow-up study can be done to determine the effectiveness of planned teaching program.

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REFERENCES

- Abraham L, Kumar KA. Sexual experiences and their correlates among college students. International Family Planning Perspectives. India 1999;25(3):139-46.
- 2. Wolf MS, Baker DW.Opinion on sex education.Indian Journal of Medicine 2007;32(1):18-25.
- Bhat N, Mahajan P, Sondhi M. Awareness regarding sex knowledge among adolescent girls. Indian Journal of Anthropologist 2004;6(2):101-03.
- Abbye A, Kuteyi E. Menstrual knowledge and practices among secondary school girls. Research Health Journal 2000:120(1);23-26.
- 5. Yancey, et al. Condom use among college students. African Adolescent Medicine 2002;11(2):55-62.
- Trikha S. Abortion Scenario of Adolescents. Indian Journal of Community Medicine 2001;26(1):48-54.
- Singh SK, Schensul JJ. Current diet and nutritional status. Nutritional Journal (cited 2008 Nov 23). Available at: URL:http://www.nutrmedica.com.
- 8. Ahmed M, Gaash B. Awareness of HIV/AIDS. Indian Journal of Medicine 2002;27(1):12-17.
- Itti JG. A study to evaluate the effectiveness of planned teaching programme on selected aspects of reproduction health among rural adolescent girls studying in composite junior college of Hirebagewadi; KLES Institute of Nursing Sciences, Belgaum 2003: Unpublished study.
- Reginold MD. Effectiveness of structured teaching programme on knowledge and attitude of adolescent girls regarding reproductive health. Community Health Nursing Programme 1997;18(2):110-21.

