



RESEARCH ARTICLE

IMPACT OF INTERVENTION PROGRAMME ON ATTITUDE AMONG ADOLESCENT GIRLS ON  
SEXUALITY EDUCATION

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ABSTRACT

Sexual health is an essential part of good overall health and well-being. Sexuality is a part of human life and human development. A good sexual health is significant across the life span and it is critical in adolescent health. When children grow up both physiological and psychological changes occurs in different stages of development of life. Imphal city of East and West district is selected as a study region. For intervention 5 schools from east region and 3 schools from west regions were selected randomly. The total sample for the study was 200 adolescent girls using simple random sampling. The questionnaire comprising of Socio-economic information and Attitude assessments consists of 62 statements with five point likert scale with response and score as strongly agree assigned '5', agree '4', undecided '3', disagree '2', and strongly disagree '1'. After obtaining pre test information intervention program administered to adolescent girls with audio-visual aids and teaching strategies for 3 months duration. Further, post test assessment was elicited. Majority of the study sample were in the age group of 15 years, studying in 8<sup>th</sup> Standard with one sibling, first ordinal position and 60-69% in academic performance. Majority were nuclear family, from urban area and income between Rs.20,001-30,000. Majority (49.0%) got menarche in the age group of 13-14 year, had regular menstrual cycle and had five days menstrual flow with problems as stomach ache and back ache. Finding indicates pretest mean attitude score found to be 48.8% as compared to post test 73.0%. The enhancement of attitude score from pre-test to post-test found to be 24.2%. The data subjected for statistical test reveals that the enhancement of knowledge found to be statistically significant ( $t = 55.20^*$ ,  $p < 0.05$ ).

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INTRODUCTION

Sexual health is important as an essential part of good overall health and well-being. Sexuality is a part of human life and human development. Good sexual health implies not only the absence of disease, but the ability to understand and weigh the risks, responsibilities, outcomes, and impacts of sexual actions, to be knowledgeable of and comfortable with one's body, and to be free from exploitation and coercion. Whereas good sexual health is significant across the life span, it is critical in adolescent health. It covers healthy sexual development, gender identity, interpersonal relationships, affection, sexual development, intimacy, and body image for all adolescents, including adolescents with disabilities, chronic health conditions, and other special needs. Adolescence signifies the onset of physical/sexual maturation and reproductive capacity. Adolescent have a need and a right to know about their bodies

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and to be educated and informed about their sexual health, yet they face many social, political, and community barriers to receiving and gaining access to the right information. Sex is often a challenging and difficult issue for adolescent, youths and adults to discuss. Early Sexuality Education should be given by the parents in their home to established correct concept of sex, so that parents can easily answer their children's question with understanding and clarity.

MATERIALS AND METHODS

Imphal city is selected as a study region for the present research. The Imphal region comprising of East district and West district. In east region 7 schools and 6 schools from west region were available. For intervention 5 schools from east region and 3 schools from west regions were selected randomly. Sample size comprising of 130 from east region and 70 from west region using simple random sampling. The total sample for the study was 200 adolescent girls. The preliminary questionnaire subjected for validation and administered for data collection in the selected regions. A questionnaire

comprising of two parts a) Socio-demographic information and b) Attitude assessments.

- Socio-economic information includes age, education, siblings, ordinal position, academic performance, type of family, residence, income and family size.
- Attitude assessment comprising of 62 statements the total statement split under 6 different aspect viz., Physical changes (14 statements), Relationship (10 statements) Personal skills (14 statements), Sexual behavior (6 statements), Sexual health (4 statements), Social and cultural (14 statements).

Statements measured with five score viz., strongly agree, agree, undecided, disagree and strongly disagree. For options score assigned for strongly agree as '5', agree '4', undecided '3', disagree '2', and strongly disagree as '1' with minimum score as 62 and maximum score as 310. The obtained total score converted to percentage response. The classification of attitude level made as Unfavorable ( $\leq 50\%$  Score), Moderate (51-75 % Score), Favorable ( $> 75\%$  Score).

### Intervention

After obtaining pre-test information from the respondents, intervention program administered to selected sample adolescent girls. The intervention programs were conducted with suitable audio-visual aids and appropriate teaching strategies with duration of 3 months scheduled on weekly once for two hour duration covering the following topics.

- Anatomy, Physiology & Puberty
- Body Images & Family
- Friendship & Values
- Decision making & Communication
- Looking for helps & Sexual Behavior
- Sexual health
- Society, Culture & Media

Audio-visual aids used were chart, poster, leaflet, pamphlet, and flashcard. Leaflet and pamphlet used in the research study were distributed to the student during the intervention programme. Storytelling, importance was also focused during intervention.

**Table 1. Classification of Respondents by Personal Characteristics**

Characteristics	Category	Respondents	
		Number	Percent
Age group	13 years	54	27.0
	14 years	58	29.0
	15 years	88	44.0
Education/class	8th Std	99	99.5
	9th Std	34	17.0
	10th Std	67	33.5
Number of Siblings	One	94	47.0
	Two	92	46.0
	Three	34	17.0
Number of female siblings	No	72	36.0
	One	94	47.0
	Two	34	17.0
Ordinal position	First	89	44.5
	Second	78	39.0
	Third	33	16.5
Academic performance (Marks)	< 50 %	34	17.0
	50-59 %	37	18.5
	60-69 %	69	34.5
	$\geq 70\%$	60	30.0
Total		200	100.0

The above table reveals that majority (44.0%) of the respondents were noticed in the age of 15 years followed by 14 years (29.0%) and 13 years (27.0%). Majority (99.5%) of the respondents were studying in 8<sup>th</sup> Standard as compared to 33.5% with 10<sup>th</sup> Standard and 17.0% with 9<sup>th</sup> Standard. Higher respondents (47.0%) had one sibling followed by two siblings (46.0%). Majority of the respondent (47.0%) had one female sibling as compared to two siblings (36.0%). Further, 44.5% of the respondents were first ordinal position as compared to 39.0% were second born. The results shows that 34.5 % of respondents secured 60-69% in the academic year followed by above 70 percent (30.0%) and remaining 35.5% scored less than 60% with academic performance.

**Table 2. Distribution of Respondents by Family Characteristics**

Characteristics	Category	Respondents	
		Number	Percent
Type of family	Nuclear	139	69.5
	Joint	56	28.0
	Extended	5	2.5
Place of Residence	Rural	76	38.0
	Semi-urban	25	12.5
	Urban	99	49.5
Family income/month	Below Rs.10,000	57	28.5
	Rs.10,001-20,000	51	25.5
	Rs.20,001-30,000	74	37.0
	Rs.30,001-40,000	18	9.0
Total		200	100.0

The above table reveals that higher respondents were identified from nuclear family (69.5%) as compared to Joint family (28.0%) and only 2.5% were from extended family. Majority of the respondents (49.5%) were from urban area, as against 38.0% from rural and semi-urban (12.5%) back ground. It was found that 37.0 percent of respondents belong to income between Rs.20,001-30,000 followed by below Rs.10,000 (28.5%) and Rs.10,001- 20,000 (25.5%).

**Table 3. Classification of Respondents by Menstrual history**

Menarche history	Category	Respondents	
		Number	Percent
Age at Menarche (years)	11-12	91	45.5
	13-14	98	49.0
	15-16	11	5.5
Menstrual cycle	Regular	148	74.0
	Irregular	52	26.0
Menstrual flow (days)	Three	31	15.5
	Four	35	17.5
	Five	92	46.0
	Six	42	21.0
Menstrual problems@	Stomach ache	130	65.0
	Back ache	59	29.5
	Body pain	19	9.5
	Vomiting	3	1.5
	Others	15	7.5

@ Multiple Response

Table 3 depicts classification of the respondents by menstrual history. Respondents with 49.0% attained menarche at the age of 13-14 year followed by 11-12 years (45.5%) and 15-16 years (5.5%). Majority of the respondents (74.0%) had regular menstrual cycle whereas remaining 26.0% had irregular menstrual cycle. When considered menstrual flow it was found that 46.0% had five days menstrual flow followed by 21.0% had six days. Further, 15.5% and 17.5% had three days and four days menstrual flow. The finding on menstrual problem

revealed that 65.5% of the respondent had stomach ache followed by back ache (29.5%), body pain 9.5% and others (7.5%).

**Table 4. Classification of Respondents by Anthropometric measurements**

N=200

Anthropometric measurements	Category	Respondents	
		Number	Percent
Body weight (kg)	40-45	137	68.5
	45-50	44	22.0
	50-55	13	6.5
	55-60	6	3.0
Body Height (cm)	145-150	128	64.0
	150-155	58	29.0
	155-160	14	7.0
Total		200	100.0

Table 4 reveals the classification of respondents by anthropometric measurement. The above table reveals that majority (68.5%) of the respondents belongs to 40-45 kg of body weight, followed by 22.0% with 45-50 kg and only 6.5% with 50-55 kg. Majority of the respondents (64.0%) were belongs to 145-150 cm of body height followed by 150-155 cm (29.0%) and 155-160 cm (7.0%).

**Table 5. Classification of Respondent Pre test Attitude level towards Sexuality education**

Attitude Level	Category	Respondents	
		Number	Percent
Unfavorable	≤ 50 % Score	117	58.5
Moderate	51-75 % Score	83	41.5
Favorable	> 75 % Score	0	0.0
Total		200	100.0

**Table 7. Over all Pre test and Post test Mean Attitude Scores towards Sexuality education**

N=200

Aspects	Max. Score	Respondents Attitude Scores				Paired 't' Test
		Mean	SD	Mean (%)	SD (%)	
Pre test	62	151.31	36.0	48.8	11.6	
Post test	62	226.40	28.2	73.0	9.1	55.20**
Enhancement	62	75.09	19.3	24.2	6.2	

\*\* Significant at 1% level,  $t(0.01, 199df) = 2.58$

**Table 8. Aspect wise Mean Pre test and Post test Attitude towards Sexuality education**

N = 200

No.	Attitude Aspects	Respondents Attitude (%)						Paired 't' Test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
I	Physical changes	48.7	11.2	72.1	9.7	23.4	6.3	52.53**
II	Relationship	48.3	14.6	75.7	9.3	27.4	9.3	41.67**
III	Personal skills	47.5	10.7	71.3	10.0	23.9	6.1	55.41**
IV	Sexual behavior	50.7	15.4	75.4	10.6	24.7	12.0	29.11**
V	Sexual health	44.9	14.4	71.3	11.1	26.4	11.6	32.18**
VI	Social and cultural	50.9	11.1	73.2	9.2	22.3	7.7	40.96**
	Combined	48.8	11.6	73.0	9.1	24.2	6.2	55.20**

\*\* Significant at 1% level,  $t(0.01, 199df) = 2.58$

Table 5 establish the classification of respondents pre-test Attitude towards Sexuality education. The results indicate that majority 58.5% of the respondents in the study sample found to be unfavorable Attitude level on Sexuality education as compared to 41.5% of respondents noticed with moderate attitude level on Sexuality education. It is seen from the result that none of the respondents had favorable attitude level on

Sexuality Education. Research finding is similar with the study conducted by Angadi (2011) Even though sex is still considered as a taboo subject in our Indian society and another reason is because parents themselves lack scientific knowledge about sex education.

**Table 6. Classification of Respondent Post test Attitude level towards Sexuality education**

Attitude Level	Category	Respondents	
		Number	Percent
Unfavorable	≤ 50 % Score	0	0.0
Moderate	51-75 % Score	107	53.5
Favorable	> 75 % Score	93	46.5
Total		200	100.0

The classification of respondents' post-test attitude levels towards sexuality education established in table-6. The results indicate that 53.5% of the respondents in the study sample found with moderate attitude level towards sexuality education and remaining 46.5% of the respondents found to be favorable attitude level towards sexuality education and none of the respondents had unfavorable attitude level on sexuality education. Research finding is similar with the study conducted by Srimonti Guha (2013) the finding of the study portrayed that fathers need to be more involved in discussing about various topics related to sexuality, mothers should be more willing to talk more with their sons about topics related to sexuality and there should be reduction in the gender bias. Table 7 depicts the overall pre test and post test mean attitude scores of respondent towards sexuality education. It is seen from the finding that the overall pre test mean attitude found to be 48.8 % as compared to post test mean attitude of 73.0% towards sexuality education. Further, the enhancement of attitude from pre test to post test found to be 24.2%.

The data subjected for statistical test reveals the enhancement of attitude from pre test to post test found to be highly significant ( $t=55.20^*$ ). Research finding is similar with the study conducted by Kamalpreet Kour Toor (2012) The results of the study also reveal that economic status of parents has no effect on their attitude towards sex education. The attitude of boys towards sex education is significantly more favorable as

**Table 9. Classification of Pre test and Post test Attitude level towards Sexuality education**

Attitude Level	Category	Classification of Respondents				$\chi^2$ Value
		Pre test		Post test		
		Number	Percent	Number	Percent	
Unfavorable	≤ 50 % Score	117	58.5	0	0.0	213.03**
Moderate	51-75 % Score	83	41.5	107	53.5	
Favorable	> 75 % Score	0	0.0	93	46.5	
Total		200	100.0	200	100.0	

\*\* Significant at 1% level,  $\chi^2$  (0.01, 2df) = 9.210

Compared to girls. RangappaManjula *et al.* (2012) study shows that there were substantial lacunae in the knowledge about reproductive health among the study group. After educational intervention, there was significant change in the knowledge. Students felt that sex education is necessary in school and should be introduced in the school syllabus. Aspect wise mean pre test and post test attitude of respondent towards sexuality education established in table-8. The overall enhancement attitude from pre-test to post- attitude towards sexuality education found to be 24.2%. Further the enhancement noticed highest in the aspect of Relationship 27.4% followed by Sexual Health (26.4%), Sexual Behavior (24.7%), Personal Skills (23.9%), Anatomy and Physiology (23.4%) and Social and Cultural (22.3%). Further the enhancement of attitude of respondent from pre test to post test on all the aspects under study found to be highly significant ( $p < 0.01$ ). Anita *et al.* (2014) study indicate that majority of the parents i.e. 419 (64%) were of the opinion that the doctors should routinely discuss this sensitive issue with the adolescents and 530 (81%) were of the opinion that sex education should be compulsory in the schools and should be started from the 8th standard. The studies have come in a finding that Majority of parents in urban area want their wards be given sex education. The study of Sarita Agarwal *et al.* (2007) reveals that adolescent's girls need extensive and supportive education program to improve their awareness and thus reproductive health status.

Table9 depicts classification of pre test and post test attitude levels towards sexuality education. The result indicate that pre-test attitude of the respondents in the study sample found to be unfavorable among 58.5% on Sexuality Education as compared to 41.5% found moderate attitude levels on sexuality education. It is interesting to note that 53.5 percent respondent had moderate attitude in the post-test followed by 46.5% noticed with favorable attitude on sexuality education. Further, the classification of pre test to posttest attitude level on sexuality education found to be highly significance ( $\chi^2 = 213.03^{**}$ ). The study conducted by Jacquelyn Tobey *et al.* (2011) where gender was found to be the most consisted factor upon sexual communication, with girls receiving significantly more sex talk than boys from their mother. Malleshappa *et al.* (2011) A reproductive health education intervention program improves the knowledge and attitude among rural adolescent girls regarding reproductive health. Hitendra Thakor and Pradeep Kumar (2000) in their study a positive attitudinal change was observed after the training, towards extra-marital sex. It also removed the myths associated with masturbation. All students were satisfied with the programme, however, two-third of boys considered the duration insufficient.

## Conclusion

The overall pre test attitude scores were found to be 48.8% as compared to post test 73.0%.

The enhanced attitude scores (24.2%) were found due to the positive influence of training modules used in the intervention programme.

However, 58.5% of respondents were found to be having unfavorable attitude in the pre test as compared to 46.5% with favorable attitude in the post test. The statistical test found to be significant ( $\chi^2 = 213.03^*$ ). It can be concluded that Camps with short duration trainings programmes need to be organized at school level to make the appraisal of sexuality education among adolescent girls for better health.

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