

## Research Article

# Effectiveness of structured teaching programme on knowledge regarding sexual health among young adults

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## ABSTRACT

**Background:** Adulthood is the pinnacle of all stages of human growth and development. Sexuality plays the axial role in all the spheres of human life. Individual's health can be regarded on the reciprocal function of his sexuality and sexual practices. Abnormal sexuality results in deviation in physical, physiological, psychological and even economical disturbances. The main aim of the study was to evaluate the effectiveness of structured teaching programme on knowledge regarding sexual health among young adults.

**Methods:** Quasi experimental one group pre-test and post-test research design was used. Sixty young male adults were selected by using non probability convenient sampling. After the pretest structured teaching programme (STP) on sexual health was implemented among young male adults and on 15<sup>th</sup> day of STP post-test was done by using the same tools.

**Results:** During the pre-test majority (91.7%) of males had inadequate knowledge regarding sexual health. The mean knowledge score was significantly ( $p < 0.001$ ) increased from pretest ( $9.80 \pm 1.7$ ) to post test ( $24.10 \pm 2.19$ ) where the mean difference was 14.30. The demographic variables like age, education and marital status had significant ( $p < 0.05$ ) association with the post-test knowledge score.

**Conclusions:** Most of the male adults had inadequate knowledge and none had adequate knowledge regarding sexual health. The STP was highly effective in increasing the knowledge score among young males. Educational intervention programs must be given due importance, which will help the adult males to take care of their own health and protect themselves from the risk of STDs etc.

**Keywords:** Knowledge, Male adults, Sexual health, Structured teaching program

## INTRODUCTION

The public health field has recently mounted a sustained effort toward more positive approaches to sexuality. Semantically, "sexual health," once the province only of sexually transmitted infections (STIs), unintended pregnancies, and other undesirable consequences, has grown to encompass indicators of sexual well-being.<sup>1</sup> Adult is the pinnacle of all stages of human growth and development. More attention has been placed on sexual health by the World Health Organization (WHO) by

declaring that; "There exist fundamental rights for the individual, including freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive function".<sup>2</sup> Today there are more than one billion 10-19 year olds, 70% of whom live in developing nations.<sup>3,4</sup>

Sexually transmitted infections (STIs) rank among the five most important causes of healthy productive life loss in developing countries.<sup>5</sup> Historically knowledge about sexual health has been very low even in communities

where there is high prevalence of STIs. Sometimes STIs may be viewed as unavoidable or may even be viewed as an "initiation into adulthood". There may be lack of concern about STIs because they may be viewed as easily curable. Knowledge is an important prevention factor for STIs.<sup>6</sup>

Studies have failed to document the potential associations between sexual well-being and other more classic sexual health indicators such as condom, safety precautions etc. Such data may be especially important in the case of young people who tend to be at an elevated risk of unintended pregnancies and STIs compared to older adults. No studies to my knowledge have assessed "effectiveness of structured teaching programme on knowledge regarding sexual health among young adults." which can help and facilitate sexual satisfaction among young adults or whether more sexually satisfied people are more likely to protect themselves against pregnancy and disease.

The objectives of this study was to assess the level of knowledge regarding sexual health among selected young adults and to evaluate the effectiveness of structured teaching program on knowledge regarding sexual health among young adults.

## METHODS

Quasi experimental one group pre-test and post-test research design was used to study the effectiveness of structured teaching program among young male adults. Sixty young male were selected using non probability convenient sampling technique. Validity and reliability of the tool was tested, self-developed structured knowledge questionnaires was used to collect the information regarding sexual health among young adults during pre and post-test. After the pre-test structured teaching program was implemented among sampled young adults, post-test was done after fifteen days of the intervention. The male adults aged between 20-35 years and both married and unmarried were included in the study. Ethical permission & informed consent was taken from the study participants.

## RESULTS

Table 1 illustrates that majority (58.3%) of adults were in the age group of 25-30 years, two third (66.7%) of the study participants were Hindu religion, 40% were secondary educated, two third (66.7%) were unemployed, 43.3% were earning more than Rs. 5000, half (50%) of study participants were living in nuclear family, Almost three fourth (71.7%) were not using any type of family planning methods. Two third (66.7%) of the study participants reported that they were getting information through television and radio and 60% of the study participants were not married.

**Table 1: Frequency and percentage wise distribution of study participants according their demographic variables (N=60).**

Demographic variables		Frequency	Percentage
Age (years)	20-25	15	25
	25-30	35	58.3
	30-35	10	16.7
Religious	Hindu	40	66.7
	Muslim	10	16.7
	Christian	10	16.7
Education	Primary education	16	26.7
	Secondary education	24	40
	PUC & above	10	16.7
	Graduate & Post graduate	10	16.7
Occupation	Unemployed	40	66.7
	Unskilled	10	16.7
	Skilled	5	8.3
	Professional	5	8.3
Income	Nil	6	10
	<Rs.1000	5	8.3
	Rs.1000 -3000	12	20
	Rs.3000 -5000	11	18.3
	>Rs.5000	26	43.3
Type of family	Nuclear	30	50
	Joint	26	43.3
	Extended	4	6.7
Family planning	Used	17	28.3
	Not used	43	71.7
Sexual disease	Yes	10	16.7
	No	50	83.3
Source of information	TV/Radio	40	66.7
	Newspaper/ Magazine	7	11.7
	Peer groups/ Elders	5	8.3
	Physician/ Health workers	8	13.3
Marital status	Married	24	40
	Unmarried	36	60

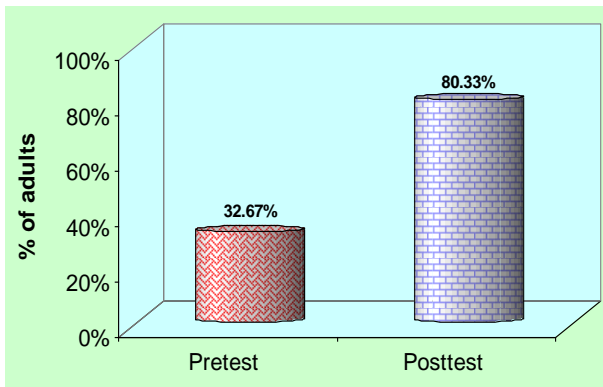
Table 2 illustrates that 91.7% male adults had inadequate knowledge of and none had adequate knowledge regarding sexual health.

Table 3 illustrates effectiveness of teaching program regarding sexual health among young adults. Paired 't' test was used to study the statistical significant difference between pre and post-test knowledge scores. All the domains of sexual health i.e. anatomy & physiology of human reproductive system, human sexuality, sexually transmitted disease and prevention of STD post-test knowledge scores was significantly increased from the

pre-test knowledge score at the significance level of  $p < 0.05$ .

**Table 2: Pre-test knowledge score of young adults regarding sexual health.**

Level of knowledge	Pre-test %
Inadequate knowledge	91.7
Moderately adequate knowledge	8.3
Adequate knowledge	0.0
Total	100



**Figure 1: Effectiveness of structured teaching programme**

Figure 1 shows the pre-test knowledge mean percentage regarding sexual health was 32.67% but after structured

teaching programme significantly increased to 80.33%. So it's indicating effectiveness of structured teaching programme.

**Table 3: Comparison of pre-test and post-test knowledge level among young male adults.**

Aspects of knowledge level	Pre-test		Post-test		Student paired t-test
	Mean	SD	Mean	SD	
Anatomy and physiology of human reproductive system	0.95	0.70	3.42	0.93	16.73 ***
Human sexuality	0.48	0.60	2.15	0.40	19.70 ***
Sexually transmitted diseases	3.58	1.31	7.47	1.26	19.11 ***
Prevention of STD	4.78	1.29	11.07	1.76	25.08 ***
Overall knowledge score	9.80	1.70	24.10	2.19	49.08 ***

(t value=2.00); df=59; Key: \*\*\* significant ( $P < 0.05$ ).

Table 4 illustrates that the demographic variables like age, education and marital status was significantly ( $p < 0.05$ ) associated with the post-test knowledge score.

**Table 4: Association between post-test level of knowledge and their demographic variables.**

Demographic variables		Post-test				Total	Pearson chi square test ( $\chi^2$ )
		Moderate		Adequate			
		n	%	n	%		
Age (years)	a. 20-25	6	40	9	60.	15	6.49 ***
	b. 25-30	6	17.1	29	82.9	35	
	c. 30-35	0	0.0	10	100	10	
Religious	a. Hindu	8	20	32	80	40	0.00 NS
	b. Muslim	2	20	8	80	10	
	c. Christian	2	20	8	80	10	
Education	b. Primary education	2	12.5	14	87.5	16	10.77 ***
	c. Secondary education	8	33.3	16	66.7%	24	
	d. PUC & above	0	0.0	10	100	10	
	e. Graduate & Post graduate	2	40.	8	100	10	
Occupation	a. Unemployed	7	17.5	33	82.5	40	6.40 NS
	b. Unskilled	2	20.0	8	80.0	10	
	c. Skilled	3	60.0	2	40	5	
	d. Professional	0	0.0	5	100	5	
Marital status	a. Married	1	4.2	23	95.8	24	6.26 ***
	b. Unmarried	11	30.6	25	69.4	36	

\*\*\* Significant ( $p < 0.05$ ).

## DISCUSSION

The study findings highlighted that most of the adults had inadequate knowledge regarding sexual health & were not aware of sexually transmitted disease. These findings consistent with Kalkute JR et al that the time of pretest only 7.3% of students were having "adequate" knowledge about sexual health.<sup>7</sup> Reshma P study findings concluded that overall sexual health awareness was very poor among adolescents with poor knowledge about contraception.<sup>8</sup> McManus A, Dhar L study findings also supported to these study findings that more than one third of students had no accurate understanding about the signs and symptoms of STIs other than HIV/AIDS. About 30% of respondents considered HIV/AIDS could be cured, 49% felt that condoms should not be available to youth, 41% were confused about whether the contraceptive pill could protect against HIV infection and 32% thought it should only be taken by married women.<sup>9</sup>

After administration of structured teaching programmed most of the adults got adequate knowledge regarding sexual health. The structured teaching programmed was highly effective.

Various studies have shown the effectiveness of intervention in increasing the knowledge of reproductive health.<sup>10-13</sup>

The mean knowledge score regarding sexual health among adults were significantly ( $p < 0.001$ ) increased in post-test comparatively from the pretest mean score. These findings were supported by Kirby D et al reported that research studies strongly indicate that these educative programs were far more likely to have a positive impact on behavior than a negative impact. Two-thirds (65%) of the studies found a significant positive impact on one or more of these sexual behaviors or outcomes, while only 7 percent found a significant negative impact. One-third (33 percent) of the programs had a positive impact on two or more behaviors or outcomes. Furthermore, some of these programs had positive impacts for two or three years or more. In general, the patterns of findings for all the studies were similar in both developing and developed countries. They were effective with both low and middle-income youth, in both rural and urban areas, with girls and boys, with different age groups, and in school, clinic, and community settings.<sup>14</sup>

Agha S et al reported that a single session school-based peer sexual health intervention resulted in the development of normative beliefs about abstinence that were sustained over a 6-month period.<sup>15</sup> Normative beliefs about condoms took longer to develop. More regular efforts may be required to sustain the approval of, and the intention to use, condoms. The intervention was successful in reducing multiple regular partnerships.<sup>15</sup> DeMaria LM et al reported that sex education materials should be reviewed and updated periodically to reflect progress being made on the issues and the handling of the

subject matter.<sup>16</sup> In each country, the curriculum should address the issue of respecting differences in sexual orientation, preference, and identity, and especially, an appropriate approach toward sexually-transmitted infection (STI) prevention education among males who have sex with males. Efforts to assess the programs' effectiveness should consider outcomes, such as biomarkers (STI incidence and prevalence and pregnancy), not just indicators of self-reported sexual knowledge and behavior.<sup>16</sup>

## CONCLUSION

Most of the male adults had inadequate knowledge of & none had adequate knowledge regarding sexual health. This study suggests that sexual health education can improve the knowledge of adult males especially in rural areas. Such educational intervention programs must be given due importance, which will help the adult males to take care of their own health and protect themselves from the risk of STDs etc.

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