

Knowledge, Attitude, and Practice Study of Adolescent Girls about Safe Sexual Practices

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Abstract

Introduction: Reproductive health of adolescent girls is crucial in determining the health of future generations. Sexually transmitted diseases (STDs) are a major public health problem not only in India but also all over the world. The World Health Organization estimates that 150–300 million new cases of curable STDs occur annually worldwide.

Objective: The aim of this study was to evaluate the adolescent girls' knowledge and attitude toward sexual practices and STDs and HIV.

Materials and Methods: A cross-sectional study was conducted in the city of Jammu from July 2019 to September 2019. The study included adolescent girls who have attended the Outpatient Department in SMGS Hospital for varied complaints and college-going adolescent girls from different colleges of Jammu region. A total of 1000 girls were included in the study.

Results: About girls were aware of all the signs of adolescence. Majority (81%) had the idea about various aspects of sex education. Most (88%) of the girls wanted sex education to be included in the curriculum and 52% wanted it to be started at 13–15 years of age. Emergency contraceptives were known only to 28%. STD awareness was present in only 34.6% of girls. About 95.6% had heard about HIV/AIDS, but only 32.1% knew about abbreviation of AIDS. Only 54% were aware of the right legal age of marriage for girls.

Conclusion: Adolescents should be given education on sexual health in schools and colleges without disturbing the sociocultural norms of the society. Preventions and precautionary measures regarding sexual health should be taught to the young generation to have a healthy nation.

Key words: Adolescents, Awareness, Contraceptives, HIV, Sex education, Sexually transmitted diseases

INTRODUCTION

The World Health Organization defines adolescents as young people aged between 10 and 19 years.^[1] Among the total population of adolescents, 1.3 billion are in developing countries and more than 500 million of them are adolescent females. The adolescent age group represents about one-fifth of the population in India.^[2] About 10.3% of female population belong to the age group of 15–19 years in India and incidence of teenage pregnancy varies from 3.2% to 18.6%.^[3]

In developing countries for many girls, mere the onset of puberty leads to many changes such as child marriage, early pregnancy, heightened vulnerability to school leaving, sexual exploitation, HIV, coercion, and violence. As compared to older women, adolescent girls are less likely to access sexual and reproductive health care.^[4] Improvement of reproductive health education and the social status of women are an important tool for further progress in fertility reduction.^[5]

Young people aged between 15 and 24 years account for 41% of new HIV infections worldwide.^[6] About 5.2 million HIV-infected individuals are present in India, which is the world's second largest. About 35% of reported HIV infection in India occurs among young people between 15 and 24 years of age which indicate that young people are highly vulnerable. The epidemic is becoming more "feminized" with more

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women becoming infected. The present challenge is to keep the young population free from HIV.^[7] Higher risk-taking behavior acquired during adolescence has long-term health consequences. Lack of appropriate information on. Sexually transmitted diseases (STDs), HIV/AIDS, contraception, conception and issues related to adolescent sexuality, and a lack of preventive services, with limited access to service compounds the matter considerably.^[8]

School systems are ambivalent about imparting education on sexual health in India. Teachers are often too embarrassed and uncomfortable to effectively instruct their students, even when sexual and reproductive health education exist in the school curriculum.

Information about knowledge and attitude is necessary to better understand the dynamics of the STD and to plan preventive measures.

Aims and Objectives

The aim of this study was to evaluate the adolescent girls' knowledge and attitude toward sexual practices and STDs and HIV.

MATERIALS AND METHODS

It was a cross-sectional study carried out in Jammu city over a period of 3 months from July to September 2019.

Inclusion Criteria

The following criteria were included in the study:

1. All adolescents girls who have attended the Outpatient Department in SMGS Hospital for varied problems
2. College-going adolescent girls from different colleges of Jammu region.

Exclusion Criteria

Married adolescent girls were excluded from the study.

A total of 1000 girls were included in the study. A questionnaire was prepared regarding various aspects of reproductive health and all the girls were asked to answer the questionnaire. The data were analyzed and results were tabulated.

RESULTS

Table 1 shows that most of the participants (86%) belonged to the age group of 14–16 years. Almost 81% of participants came from the nuclear family. About 42% of mothers were educated up to secondary school and about 37% of mothers were graduated and only 6% were postgraduate.

Table 2 shows that about 68% of girls were aware of physical signs of adolescence. About 82% had awareness of

adolescent health. About 86% had the idea regarding cancer risk and STD association with early sexual activity and multiple sexual partners. About 54% were aware of the right legal age of marriage. About 28% had a sexual relationship and 4% of them had relationship with multiple partners. About 88% were aware that there is a risk of abortion with sexual relationship. About 0.2% of girls admit that they got pregnant. About 28% were aware of emergency contraception. About 2% admit that they have used contraception and 42% knew about condom as a method of contraception.

Table 3 shows the knowledge of adolescents regarding STDs and HIV/AIDS. About 95.6% (956) of the girls had heard about HIV, but only 32.1% knew the abbreviation of AIDS. A total of 66.5% (656) of girls knew that HIV is incurable. Regarding modes of transmission of HIV/AIDS, majority knew that it is transmitted by sexual contact 790 (79%), followed by infected needles and blades 380 (38%), blood transfusion 260 (26%), and only 110 (11%) knew that it can be transmitted from mother to fetus. About 346 (34.6%) aware that there are other STDs apart from HIV, but very few knew about its signs and symptoms. Only 125 (12.5%) knew that the treatment of both the partners is must for treating STDs.

Table 1: Sociodemographic characteristics of participants

Variables	n (%)
Age (years)	
11–13	60 (6)
14–16	860 (86)
17–19	80 (8)
Type of family	
Nuclear	810 (81)
Joint	190 (19)
Mother's literacy status	
Primary	150 (15)
Secondary	420 (42)
Graduate	370 (37)
Postgraduate	60 (6)

Table 2: Distribution of participants according to reproductive health awareness

Health awareness	n (%)
Awareness of physical signs of adolescence	680 (68)
Awareness of the need for adolescent health (nutrition, exercise, sleep, and hygiene)	820 (82)
Early sexual activity and associated cancer risk	860 (86)
Awareness of the right legal age of marriage	540 (54)
Had sexual relation	28 (2.8)
Had multiple sexual partners	4 (0.4)
Aware of abortion risk	880 (88)
Have you ever been pregnant	2 (0.2)
Awareness of emergency contraceptives	280 (28)
Ever use contraception	20 (2)
Do you know condom as a method of contraception	420 (42)
Think to consult doctors for their reproductive health problem	980 (98)

Table 4 shows the attitude of adolescents toward sex education. Majority of the girls (81%) were aware of all the aspects of sex education, namely, study of physiology, safe sex, and reproductive health problem. Most of the girls (88%) wanted sex education to be included in the curriculum and majority, i.e., 52% wanted it to be started between 13 and 15 years. Most of girls, i.e., 73% had received sex education, media being the major source (63%) followed by friends (26%). About 42% think that doctor is the right person to discuss

reproductive health problems followed by parents (30%) and friends (25%).

DISCUSSION

Our country has a full range of Western-type media which appeals our new generation promoting message of liberation, self-development, and taking them away from traditional ways of life. Unfortunately, these messages implicitly and explicitly encourage sexual freedom without much weight on responsibility for sexual behavior finally resulting in various problems in their life.

Majority of the girls in our study were in the age group of 14–16 years (86%). Most of the girls came from the nuclear family (81%). About 42% of mothers were educated up to secondary school and about 37% of mothers were graduated and only 6% were postgraduate.

In our study, 82% of the girls were aware of the physical signs of adolescence and 82% were aware of the need for adolescence health and these rates are comparable with the study done by Agarwal *et al.*,^[9] in which 78% of subjects knew about physical signs of adolescence and 88% were aware of the need for adolescent health. About 86% of the subjects in our study had idea regarding risk of cancer and its association with early sexual activity. Similar rates were observed by Agarwal *et al.*^[9] in their study (94%). Regarding awareness of the right legal age of marriage, only 54% were aware of the right age of marriage in our study. Similar findings were reported by Agarwal *et al.*,^[9] 46% of subjects in their study had idea about the right legal age of marriage. About 2.8% (28) of girls in our study had premarital sexual relation and 0.4% (4) had more than one sexual partner. While in the study by Agarwal *et al.*,^[9] 6% of English medium girls and 0.7% of Hindi medium girls had premarital sexual relationship and none had more than one sexual partner. As per the study by Grunbaum *et al.*,^[10] 47% of high school students had sexual intercourse and 14% of high school students had four or more sex partners, thus showing the rates are higher in Western countries. However, data from Bangladesh in the study done by Sharma^[11] revealed a very high incidence of premarital sex. More males (61%) as compared to females (24%) had premarital sexual activity among adolescent.

Many girls knew that pregnancy can be prevented with the use of contraceptives. Condom was most widely known contraception among adolescents (42%) while emergency contraceptives were least known (28%) and these rates are comparable with the study by Agarwal *et al.*,^[9] 80% of the subjects had idea about contraceptives and 19% knew about emergency contraceptives. Similar findings were observed by Gopal *et al.*^[12] Sexual exposure among young girls who are unmarried is occasional and unplanned so they are in more need of emergency contraceptives.

Table 3: Distribution of participants according to their knowledge of STDs/HIV

Variables	n (%)
Ever heard of HIV/AIDS	
Yes	956 (95.6)
No	44 (4.4)
Abbreviation of AIDS	
Knew	321 (32.1)
Did not know	679 (67.9)
HIV is incurable	
Yes	665 (66.5)
No	335 (33.5)
Modes of transmission of HIV	
Sexual contact	790 (79)
Infected needles/blades	380 (38)
Blood transfusion	260 (26)
Mother to fetus	110 (11)
STD awareness	
Yes	346 (34.6)
No	654 (65.4)
Ulcers in the genital area is a sign of STDs	
Yes	174 (17.4)
No	826 (82.6)
Vaginal discharge could be a sign of STDs	
Yes	350 (35)
No	650 (65)
Treatment of both the partners is must for STDs	
Yes	125 (12.5)
No	234 (23.4)
Did not know	641 (64.1)

STDs: Sexually transmitted diseases

Table 4: Attitude toward sex education

Variables	n (%)
Awareness of sex education	810 (81)
Wanted sex education to be included in the curriculum	880 (88)
Received sex education	730 (73)
Source of sex education	
Parents	30 (3)
Media	630 (63)
Friends	260 (26)
Teachers	80 (8)
Right age for sex education	
13–15 years	520 (52)
16–18 years	480 (48)
Who is the right person to discuss about reproductive health	
Parents	300 (30)
Teachers	30 (3)
Friends	250 (25)
Doctors	420 (42)

In our study, majority (95.6%) of the subjects had heard about HIV/AIDS and only 32.1% knew about the abbreviation of AIDS. In the study carried out by Ahmed and Kusuma,^[13] 94.06% had heard of HIV/AIDS and 40.86% knew the full form of AIDS. Similar findings were reported by Lal *et al.*^[14] and Gopal *et al.*,^[12] in their study, all the students had heard of HIV/AIDS, 51.4% knew the full form of AIDS. In our study, 66.5% of adolescent girls considered that HIV/AIDS could not be cured and in a study by Ahmed and Kusuma,^[13] 62.06% knew this. Regarding modes of transmission in our study, majority knew that it is by sexual contact 79%, followed by infected needles and blades 38%, through blood transfusion 26%, and only 11% knew that it can be transmitted from mother to fetus. Similar findings were reported by Ahmed and Kusuma^[13] and Lal *et al.*^[14] in their study. About 34.6% of girls were aware of STDs in our study while 87% of girls had STD awareness in a study by Agarwal *et al.*^[9] About 86% was reported by Gopal *et al.*^[12] In another study conducted by Das and Desai,^[15] they found that 54.9% of girls had heard about STD, but 65.7% did not know about any feature of STD.

Regarding the source of sex education and information about HIV and STDs, it was from mass media mainly 63%, followed by friends 26% and teachers 8% and least was from parents. Ahmed and Kusuma^[13] and Lal *et al.*^[14] also found the similar findings. This reveals that Information, Education, and Communication activities through mass media are very effective. Girls are getting least information from the teachers who otherwise should play a major role in educating the students. Even parents and siblings are playing a minimal role in providing the information; it means that such types of talks are not encouraged at home. Many (88%) students want sex education to be included in the curriculum. Since 2006, Government of India has launched adolescent reproductive and sexual health services to provide equitable, comprehensive, and accessible services such as counseling on nutrition and sexual problems, immunization, awareness of contraceptives, reproductive tract infections, and HIV/AIDS, behavioral risk factors, and services for pregnancy/abortion.^[16] However, the benefits of these services are yet to be realized by the beneficiaries. School education must directly address stigmatizing attitudes about sex education and HIV/AIDS and fills in the gap regarding sex education and HIV/AIDS.

CONCLUSION

Sexual health is an important area of concern in adolescent health and is intimately connected with the Reproductive and

Child Health, population control, and HIV/AIDS prevention. However, it is also a sensitive issue due to sociocultural taboo of discussion about sexuality and reproduction in the Indian society. Adolescents should be given education on sexual health in schools and colleges without disturbing the sociocultural norms of the society. Preventions and precautionary measures regarding sexual health should be taught to the young generation to have a healthy nation.

Ethical Approval

The study is approved by the Institutional Ethics Committee.

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