

Original Article

The effectiveness of self instructional module (SIM) on the level of adolescents' knowledge and attitude towards sexual behaviour

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Abstract

In the worldwide, one in every five people is an adolescent. Out of the 1.2 billion adolescents worldwide, about 85% live in developing countries and the remainder in the industrialized world. In India there are 15 million adolescents comprising 21% of the India's total population. The health related experiences, attitudes and behaviors of these youth are intimately linked with their social, educational and economic aspirations and options to have a strong impact on the future of Indian society. The unique sexual developmental and reproductive health needs of Indian adolescents are poorly understood and undeserved. Majority of young people are sexually experienced by the age of 20 and premarital sex is common among 15-19 year-olds. Adolescents lack information about sexuality. The aim of this study was to find out the effectiveness of Self Instructional Module (SIM) in improving the knowledge and attitude of adolescents towards sexual behavior.

Keywords: Effectiveness, sexual behaviour; self instructional module, adolescents.

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1. Introduction

There are many ways of looking at the human body. We can admire it as the noblest of God's creation, despise it as the prison of the soul, worship it as the temple of love, fear it as the source of temptation, or study it as a scientific object. Only this much is certain: Whatever we see in it will reflect our own attitudes and

intentions. Sexual health is influenced by a complex web of factors ranging from sexual behaviour and attitude and social factors, to biological risk and genetic predisposition. Sexual health is influenced by mental health, acute and chronic illnesses, and violence. Addressing sexual health at the individual, family, community or health system level requires integrated interventions by trained health providers and a

Table1: Frequency, cumulative frequency, and frequency percentage of pre- and post-test knowledge scores.

N = 60 Knowledge Score	Pre-test			Post-test		
	Frequency	Cumulative frequency	Cumulative Percentage	Frequency	Cumulative frequency	Cumulative Percentage
05-10	13	13	21.66	-	-	-
11-15	39	52	86.67	1	1	1.66
16-20	8	60	100	26	27	45
21-25	-	-	-	23	60	100

Table 2: Frequency, cumulative frequency, and frequency percentage of pre- and post-test attitude scores

N = 60 Attitude Score	Pre-test			Post-test		
	Frequency	Cumulative frequency	Cumulative Percentage	Frequency	Cumulative frequency	Cumulative Percentage
46-50	3	3	5	-	-	-
51-55	11	14	23.33	1	1	1.7
56-60	22	36	60	17	17	30
61-65	16	52	86.67	21	39	65
66-70	7	59	98.33	14	53	88.3
71-75	1	60	100	6	59	98.3
76-80	-	-	-	1	60	100

Hypothesis: Both the hypothesis tested at 0.05 level of significance.

H₁- The mean post-test knowledge score of adolescents completing the SIM will be significantly higher than the mean pre-test knowledge score.

H₂-The mean post-test attitude score of adolescents completing the SIM will be significantly higher than the mean pre-test attitude score.

The data in table 2 shows that the mean post test knowledge scores ($X_2 = 20.41$) is apparently higher than the mean pre test score ($X_1 = 12.58$). It indicates that there is an increase in post test knowledge scores and it may be due to the effectiveness of SIM.

functioning referral system [4]. Human sexuality has intricate meaning for both individuals and societies. It is a complex mixture of biological response, psychological meaning and societal/cultural overlays. It is only in recent years that sexuality has been studied in a scientific way by sociologists who seek to report and analyze current sexual behaviour.

2. Materials and Methods

Pilot study

The reliability of the instrument was established by administering the tool to six adolescents. The coefficient of internal consistency was computed for the structured knowledge and attitude questionnaire using split half technique. The reliability of the test was found out using Karl Pearson's product moment correlation formula. The reliability coefficient obtained was 0.93 which indicated that the tool was reliable. The purpose of the pilot study was to find the feasibility of the study, and finalise the plan for analysis. The pilot study was conducted in a selected college at Mangalore

from 2-7-2008 to 9-7-2008. The study was conducted on 10 college students after obtaining permission from the concerned authority. It was conducted in a similar way as the final data collection. The purpose of the study was explained to them and informed consent was obtained. Confidentiality was assured to all the subjects. On the first day, the pre-test was conducted after which the SIM was administered. The subjects took 30 minutes to complete the questionnaire. The post-test was conducted on the 7th day using the same questionnaire. The data collected was analysed using descriptive and inferential statistics. The pilot study results showed that the mean post-test knowledge and attitude scores were higher than the mean pre-test knowledge and attitude scores. Tool was found feasible and no modifications were made.

Table 3: Mean median, standard deviation and mean % of pre and post test knowledge scores of adolescents.

Area	Mean	Median	Standard Deviation	Mean %
Pre test	12.58	13	2.714	52.41
Post test	20.41	21	1.464	85.04
Maximum score =24				

The data in table 3 shows that the mean post test attitude score ($X_2 = 63.91$) is apparently higher than the mean pre test score ($X_1 = 59.91$). It indicates that there is an increase in post test attitude scores and it may be due to the effectiveness of SIM.

In view of accomplishing the objectives, a evaluative research approach was selected to find the success of Self Instructional Module in increasing the knowledge & modifying the attitude of adolescents' towards sexual behaviour. The research design adopted for this study is one group pre-test, post-test design 60 adolescents' were selected for the study. Convenience sampling technique was used to select the sample. The tool developed for the

study consisted of closed-ended questionnaire on knowledge and attitude of adolescents' towards sexual behavior. The reliability of the test was found out using Karl Pearson's product moment correlation formula. The reliability coefficient obtained was 0.93 which indicated that the tool was reliable. The pre-test was carried out to assess the knowledge & attitude of adolescents' towards sexual behaviour. Then subjects were exposed to self instructional module. The post test was conducted on 8th day following the pre-test. The data was analysed in terms of both descriptive and inferential statistics. Demographic Performa was analysed by frequency and percentage. Effectiveness of self instructional module was analyzed by paired t- test. The association between pre-test knowledge score and selected demographic variables was analyzed by chi-square test. The permission of ethical committee was taken before conducting the study.

3. Results and Discussion

The data in table depicts the Frequency, cumulative frequency, and frequency percentage of pre- and post-test knowledge scores

Section I: Sample characteristics Age distribution of the sample showed that 43.3% were in the age group of 15-17 years and 56.7% were in the age group of 17-19 years. Among the respondents, 48.3% were male and 51.7% were female.

Part II: Knowledge and attitude scores of adolescents towards sexual behaviour:

Data collected prior to the administration of SIM reflected that most of the adolescents lacked in knowledge and had unfavourable attitude towards sexual behaviour. The pre-test score showed that majority of the subjects had moderate knowledge regarding sex education (86.6%; range of score: 9-16) and 6.6% each had good (range of score: 17-24) and poor (range of score: 1-8) knowledge. The mean pre-test score was 12.58.

The post-test score showed that almost all the subjects had good knowledge (98.3%, range of score: 17-24). The remaining 1.6% had moderate knowledge on sex education (range of score: 9-16). None of the subjects had poor knowledge in the post-test. The mean pre-test score was 43.70.

In pre-test, most of the adolescents (55%) had unfavourable attitude towards sexual behaviour (range of score: 51-60); 36.66% adolescents had a favourable attitude (range of score: 61-70); 5% had very unfavourable attitude (range of score: < 50) and only 3.33% had most favourable attitude (> 70). The mean pre-test score was 59.21.

In post-test, there was a marked increase in attitude of the subjects regarding sexual behaviour. More than half of the adolescents (56.66%) scored had favourable attitude (range of score: 61-70); 28.33% had unfavourable attitude (range of score: 51-60) and 15% had most favourable attitude (range of score: > 70). This shows that the SIM was effective in improving the attitude of the subjects towards sexual behaviour.

Table 4: Mean median, standard deviation and mean % of pre and post test attitude scores of adolescents

Area	Mean	Median	Standard	Mean %
			Deviation	
Pre test	59.21	59	5.227	59.21
Post test	63.91	63	5.133	63.91
Maximum score =100				

Part-III: Association between knowledge scores and selected variables:

The chi square computed between pre-test knowledge scores and selected variables showed that there was no significant association

between the knowledge score and selected variables, i.e., age ($\chi^2=0.045$), sex ($\chi^2=1.635$), place of residence ($\chi^2=0.106$), family income ($\chi^2=0.621$) and previous exposure to sex education ($\chi^2=0.887$) at 0.05 level of significance.

The findings of the study revealed a significance increase in the post-test knowledge scores after the administration of SIM. Therefore, it is confirmed that SIM is an effective teaching strategy. These findings are consistent with the findings from other studies. The authors have reported that SIM was effective in improving the knowledge.

Conflict of interest- None

References

- [1] Haeberle EJ. The sex atlas. Available from: URL:[http://www.hu-berlin.de/sexology/ATLAS EN/index.html](http://www.hu-berlin.de/sexology/ATLAS_EN/index.html).
- [2] Hockenberry MJ. Wong’s nursing care of infants and children. 7th edition. St. Louis: Mosby; 2005.
- [3] Behrman RE, Kleigman EM. Nelson’s textbook of paediatrics. 15th edition. Philadelphia: Saunders; 2004.
- [4] Special programme of research, development and research training in human reproduction. Available from: URL:<http://www.who.int/reproductive-health/adolescent/index.html>.
- [5] Sex and personhood. Available from: URL:<http://www.ams.edu/LJohns/HSCL/hsc l1.htm#1.6.1>
- [6] Sexual behaviour, information for students. Available from: URL:[www.stdservices.on.net/std/social_aspects/human sexuality](http://www.stdservices.on.net/std/social_aspects/human_sexuality)
- [7] Munro A. Psychiatry for social workers. programme Press Publishers; 1969.