KNOWLEDGE, ATTITUDE AND PRACTICE OF SEXUAL AND REPRODUCTIVE HEALTH AMONG ADVANCED LEARNERS OF SOCIAL WORK

A Dissertation submitted to the University of Kerala in partial fulfilment of requirements for the Masters of Social Work Degree Examination

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CERTIFICATION OF APPROVAL

This is to certify that this dissertation entitled "Knowledge, Attitude and Practice (K.A.P.) of Sexual and Reproductive Health among Advanced Learners of Social Work" is a record of genuine work done by Ms Avani L S, fourth semester Master of Social Work student of this college under my supervision and guidance and that it is hereby approved for submission.

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DECLARATION

I, Avani L S, do here by declare that the Dissertation titled "Knowledge, Attitude and Practice (K.A.P.) of Sexual and Reproductive Health among Advanced Learners of Social Work" is based on the original work carried out by me and submitted to the University of Kerala during the year 2021-2023 towards partial fulfilment of the requirements for the Master of Social Work Degree Examination. It has not been submitted for the award of any degree, diploma, fellowship or other similar title of recognition before.

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ABSTRACT

This cross-sectional study investigates the ***Knowledge, Attitude, and Practice (K.A.P.) of sexual and reproductive health among advanced learners of social work***. Sexual and reproductive health challenges, including unwanted pregnancies and sexually transmitted infections, underscore the importance of social workers' competence in this field. The study aimed to assess the knowledge, attitude, and practice of advanced social work students in addressing these issues. The study sample comprised 81 Master of Social Work (M.S.W.) students from various colleges in Trivandrum district. Data were collected using a self-prepared questionnaire covering demographics, knowledge about sexual and reproductive health, attitudes towards sex education, and self-reported practices. Descriptive and inferential statistics were employed for analysis. Findings revealed that the majority of respondents were aged 21-34 years, with a higher representation of females and unmarried individuals. Peers and media were key sources of sex education. Respondents exhibited adequate knowledge about menstruation, puberty changes, and contraceptives. Positive attitudes towards sex education were evident, emphasizing the importance of comprehensive sex education and its inclusion in the curriculum. However, challenges arose in discussing sexual health publicly and with parents. While the respondents demonstrated knowledge and positive attitudes, certain gaps in their practical applications of sexual and reproductive health concepts were identified. Most reported abstinence from sexual intercourse and limited engagement in masturbation or sexual enhancement practices. Collaboration with healthcare providers and continuous training in counselling techniques were recommended to enhance their practical skills. In conclusion, this study sheds light on the multidimensional aspects of sexual and reproductive health awareness among advanced social work learners. It underscores the need for comprehensive education, practical training, and collaboration to equip future social work professionals with the skills to effectively address sexual and reproductive health challenges and contribute to healthier, empowered communities.

Keywords: sexual and reproductive health, advanced learners, social work, knowledge, attitude, practice, comprehensive sex education, adolescent health, reproductive rights, healthcare services.

CHAPTER I: INTRODUCTION

CHAPTER I: INTRODUCTION

1.1 OVERVIEW OF THE CHAPTER

The chapter provides a general introduction to the topic being presented in the study. The chapter includes the background of the study, explores the related concepts, elaborates on the statement of the problem, the significance of the study and also provides a layout of the Chapters.

1.2 SIGNIFICANCE OF THE STUDY

Sexual and reproductive health (RH) is of primary importance as it encompasses essential aspects of human health, rights, and development. SRH education and access to services are critical for individuals to make informed decisions about their bodies, relationships, and reproductive choices. By promoting safe and consensual sexual behaviour, preventing sexually transmitted diseases, and ensuring access to contraception, SRH plays an important role in protecting people's physical and mental health. Furthermore, SRH is closely linked to gender equality, as it empowers women and girls to exercise control over their bodies, promotes reproductive rights, and challenges gender norms. Discrimination. Furthermore, SRH integration contributes to sustainable development by increasing productivity at the individual level by reducing poverty, improving education, and improving overall social and economic well-being. By recognizing the importance of SRH and investing in holistic approaches, we can promote healthier individuals, more equitable societies, and sustainable progress for all people.

The study into the Knowledge, Attitude, and Practice (K.A.P.) of sexual and reproductive health (SRH) among advanced learners of social work in Kerala holds significant relevance and importance. SRH constitutes a vital aspect of human well-being, encompassing informed decision-making, access to services, and protection from health risks. This study's significance lies in its potential to reshape social work education and practice by equipping Master of Social Work (MSW) students with accurate SRH knowledge, thereby fostering gender equality, promoting inclusivity,

challenging societal norms, and contributing to research and policy. By comprehending and enhancing the K.A.P. of SRH among these advanced learners, this research can have a positive impact on individuals, communities, and society as a whole in Kerala. It stands to empower future social workers with the appropriate knowledge and skills to address sexual health issues effectively, particularly among youth, thereby paving the way for a healthier, more informed, and equitable future in terms of sexual and reproductive health outcomes. Moreover, the study's findings have the potential to influence curriculum development, ensuring that upcoming social work practitioners are adequately equipped to address the intricate and sensitive SRH needs of diverse communities. Also, by shedding light on attitudes towards SRH and identifying potential biases, the research contributes to challenging stereotypes and empowering women and marginalized groups. In essence, the study's implications extend to improved service delivery, addressing societal taboos, contributing to the field of research, and ultimately fostering a more informed, empowered, and inclusive approach to sexual and reproductive health in Kerala's social work sector.

1.3 BACKGROUND OF THE STUDY

Children as they advance into adolescence are likely to face a range of health and social challenges in their inadequacies. For instance, initiation of sexual activity while they lack adequate knowledge and skills for protection places adolescents at a higher risk of unwanted pregnancy, unsafe abortion, and sexually transmitted infections including HIV/AIDS (WHO, 2023). Pregnancy during adolescence is associated with a higher risk of health problems like anaemia, sexually transmitted infections (STIs), unsafe abortion, postpartum haemorrhage, and mental disorders (such as depression). Adolescents who get into unplanned pregnancy also bear negative social consequences and often have to leave school limiting their opportunities for higher studies, productive employment and leading to long-term economic implications.

Understanding the knowledge, attitude, and practice of this subject among advanced learners of Social Work is essential as they are future professionals who will be working with diverse populations, including those with specific sexual and reproductive health needs. Advanced learners of Social Work are individuals who have already acquired foundational knowledge in social work principles, theories, and practices. They have progressed in their education and are likely to possess a deeper understanding of social

issues and their implications on individuals' lives. Thus, investigating their knowledge, attitude, and practice related to sexual and reproductive health can provide valuable insights into the preparedness of these learners to address the challenges and complexities of this field. By evaluating the knowledge part, the study seeks to assess the learners' comprehension of important ideas in sexual and reproductive health, such as contraception, STDs, pregnancy, and abortion. It aims to spot any knowledge gaps or misconceptions that may exist among this group of advanced learners since they may affect their ability to give correct and comprehensive data to their future clients. The attitude component of the study aims to explore the learners' personal beliefs, values, and attitudes towards sexual and reproductive health. Understanding their attitudes is crucial as it can impact their interactions with clients, their approach to sensitive topics, and their ability to provide non-judgmental and client-centered care. Positive attitudes towards sexual and reproductive health are essential for fostering an inclusive and supportive environment for individuals seeking assistance in this area.

As future social work professionals, they must prioritize their own well-being and practice self-care. By addressing their own reproductive and sexual health needs, they can lead by example and demonstrate the importance of self-care to their adolescent clients. Additionally, being competent leaders in the field of social work requires social work students to have a comprehensive understanding of sexual and reproductive health issues faced by adolescents. By equipping themselves with accurate knowledge, they can effectively address the challenges and concerns of their adolescent clients, ranging from sexuality education to STI prevention and healthy relationships. Furthermore, social work students have a responsibility to deliver accurate and adequate knowledge to their adolescent clients. By being well-informed about sexual and reproductive health, they can provide appropriate guidance and support, helping adolescents make informed decisions about their own health and well-being. They can assist in creating safe spaces for discussions around sexuality, promoting healthy behaviours, and empowering adolescents to take control of their sexual and reproductive health.

Sex Education

Sex education is a broad term that refers to the process of imparting knowledge and understanding about human sexuality, reproductive health, and relationships. It encompasses a range of topics, including anatomy, puberty, sexual development,

contraception, sexually transmitted infections (STIs), consent, healthy relationships, sexual orientation, gender identity, and responsible sexual behaviour. Sex education involves teaching young people how to talk about and make decisions about sex and their sexual health as well as providing knowledge on body development, sex, sexuality, and relationships.

Sex education should be offered to pupils at all grade levels, with content tailored to their developmental stage, developmental needs, and cultural context. Information on puberty and reproduction, abstinence, birth control, condoms, partnerships, avoidance of sexual assault, body image, gender identity, and sexual orientation should all be included. It ought to be taught by qualified instructors. Sex education should respect young people's need for access to full and accurate knowledge while also taking into account the best practices for preventing unwanted pregnancy and STDs. Sexual development should be viewed as a typical, natural aspect of human development in sex education.

Sexual and Reproductive Health

Sexual and reproductive health is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system. It implies that people can have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so (UNFPA, 2022). To maintain one's sexual and reproductive health, people need access to accurate information and the safe, effective, affordable, and acceptable contraception method of their choice.

Sexual and reproductive health (SRH) is an essential component of general well-being and a fundamental human right. It covers a wide range of topics, including sexual behaviour, contraception, STIs, and reproductive rights, besides access to high-quality medical treatment. For people to make informed decisions and preserve their sexual and reproductive well-being, adequate knowledge, supportive attitudes, and suitable practices surrounding SRH are crucial.

The term "sexual and reproductive health" can be defined as a person's right to a healthy body and the right to autonomy, education, and healthcare to freely decide with whom to have sex and how to avoid sexually transmitted diseases or unwanted pregnancy. Sexual health is an integral part of overall health and well-being, ensuring that everyone

can have enjoyable and safe sexual experiences, free from coercion, discrimination, or health risks. Access to sexual and reproductive health services enables everyone to exercise this right. It can take the form of medical care related to the reproductive system, for example, to treat sexually transmitted diseases, or to facilitate reproductive autonomy with the provision of care, contraception, and abortion.

SRH as a necessity for Well-being

Sexual and reproductive health (SRH) is a fundamental aspect of the overall health and well-being of individuals and communities. It refers to a state of physical, mental, and social well-being in all areas related to the reproductive system, functions, and processes. The need for sexual and reproductive health arises from several important reasons. It ensures the physical health of individuals throughout their life cycle. This includes access to information, education, and services promoting safe and responsible sexual behaviour, prevention and management of sexually transmitted infections (STIs), family planning, and Comprehensive health care during pregnancy and delivery. It helps prevent complications, promotes healthy outcomes, and addresses issues related to fertility, menstruation, and menopause.

SRH includes preventive health care measures such as periodic health check-ups, screenings, and vaccinations. Early detection and treatment of reproductive health problems, including cancer (eg, cervix, breast, prostate), can significantly improve outcomes and save lives. Access to contraception and family planning services also helps prevent unwanted pregnancies and reduce the risks associated with unsafe abortion. Promoting sexual and reproductive health goes hand in hand with promoting gender equality. It is about empowering people, especially women, and girls, with knowledge, choices, and rights regarding their bodies and sexuality. Ensuring access to education, contraception, and health services helps break down barriers and promote equal opportunities for all genders. Meeting the sexual and reproductive health needs of adolescents is important. Young people go through significant physical and emotional changes during puberty and need accurate information about their bodies, relationships, and responsible sexual behaviour. Comprehensive sex education can help prevent early pregnancy, reduce the transmission of sexually transmitted diseases, and promote healthy relationships.

SRH and Mental Health

Sexual and reproductive health is also about mental and emotional health. It deals with things like gender identity, sexuality, and reproductive rights. Making sure everyone is treated fairly, respected, and accepted in all areas of sexual and reproductive health helps with mental and emotional well-being. It also has a big impact on public health and population health. It helps to promote healthy behaviours, stop STIs from spreading, reduce infant and maternal mortality, and tackle the problems caused by population growth and getting older. Sexual and reproductive health education plays an important role in promoting the well-being and rights of individuals, particularly in the areas of sexual health, reproductive rights, and gender equality.

Comprehensive sexual and reproductive health education provides people with accurate, age-appropriate information about their bodies, sexual development, and reproductive health. This knowledge allows individuals to make informed decisions about their own bodies, relationships, and sexual behaviour. In addition, education about safe sex practices, including condom use and regular STI screening, helps reduce the spread of sexually transmitted diseases. By promoting safer sex behaviours, sexual health education can significantly contribute to reducing the incidence of sexually transmitted diseases, including HIV/AIDS.

Sexual and reproductive health education promotes the development of healthy relationships based on respect, consent, and communication. It helps individuals understand the importance of consent and boundaries and prevents violence or abuse of a close partner. When it comes to deciding whether to establish a family, people may make educated decisions when they have access to correct information on contraception, family planning, and reproductive rights. They get a better understanding of various forms of contraception, fertility awareness, and possibilities for pregnancy prevention or termination. By educating people about fertility, contraception, and the value of family planning, comprehensive sexual education can help lower the incidence of unwanted pregnancies. Individuals can make decisions that are in line with their personal and reproductive objectives by being informed about their alternatives. Education on sexual and reproductive health is essential for advancing gender equality. It can promote equal rights and opportunities for everyone, regardless

of gender identity or sexual orientation, while challenging negative gender norms, stereotypes, and prejudice.

De-stigmatising Reproductive and Sexual Health

The societal stigmas and misunderstandings that surround sexual and reproductive health issues can be busted through education. Reproductive and Sexual health education assists in eradicating stigma, prejudice, and shame related to issues like menstruation, sexual orientation, and gender identity by disseminating factual information. Overall health and well-being are correlated with sexual and reproductive health. People's general health outcomes and quality of life can be enhanced by educating people about the value of frequent health check-ups, screenings, and early diagnosis of reproductive health disorders. Education on sexual and reproductive health is essential for creating healthy relationships, avoiding sexually transmitted diseases, supporting responsible reproductive choices, promoting gender equality, eradicating stigmas, and enhancing overall health outcomes. By providing individuals with knowledge and skills, sexual and reproductive health education empowers them to make informed choices and lead healthier lives.

Social Work and Sexual and Reproductive Health

Learners of Social Work, especially trainees of Master of Social Work (MSW) programs enrol themselves in a specialized program designed to provide them with the knowledge and skills needed to address social issues and foster social change. Such an engagement not only equips them for their future life but also puts these learners to play a key role in advocating and implementing effective sex education programs in their communities and especially with adolescents they engage with.

Sex education and MSW (Master of Social Work) are closely related as both fields aim to promote individual and community well-being in terms of sexuality and reproductive health. MSW professionals may engage in sexual and reproductive health education through individual and community counselling, advocacy, and support. Besides,

psychosocial aspects of sexuality can be addressed, including treating trauma, promoting healthy relationships, promoting consent, and combating stigma and discrimination related to sexual orientation and gender identity. In addition, MSW practitioners will work with educators, health care providers, and policymakers to develop comprehensive, evidence-based, comprehensive sexuality education programs that address the diverse needs and needs of target populations, experience can be accommodated.

Additionally, MSW professionals work in schools, community organizations, and health facilities to provide education and counselling on sexual and reproductive health issues. They can help individuals make informed decisions about contraception, family planning, sexually transmitted diseases, and reproductive rights. As future Social Work practitioners, these learners may address social determinants of sexual health such as poverty, access to healthcare, and structural inequalities by advocating for policy change and developing programs that promote sexual health equity can also do. By integrating their knowledge and skills in social work with sexual health and education, MSW professionals can contribute to building a more informed, healthier society.

Role of Social Workers in RSH

Social workers play a significant role in promoting and addressing SRH issues within communities. As advanced learners of social work, they are equipped with the knowledge and skills to advocate for comprehensive SRH education, policies, and services. Understanding the local knowledge, attitudes, and practices concerning SRH is crucial for developing effective strategies in addressing SRH-related challenges and enhancing the quality of SRH education and services within the domain of social work practice.

Social workers play an important role in sexual and reproductive health (SRH) by meeting the needs and promoting the welfare of individuals, families, and communities regarding sexual and reproductive rights. They offer a range of services, support, and advocacy to ensure access to comprehensive information. Social workers provide education and counselling on various aspects of SRH, including contraception, family planning, sexually transmitted infections (STIs), safe sex, pregnancy, and abortion.

They work with individuals and groups to facilitate informed decision-making and promote responsible sexual behaviour.

Social workers advocate for reproductive rights, including the right to safe and legal abortion, contraception, and comprehensive sex education. They seek to reduce stigma and discrimination related to reproductive health issues and to promote policies that protect reproductive rights. Social workers provide vital support to victims of sexual assault and abuse. They provide counselling, crisis intervention, and referrals to medical and legal services. They play a key role in empowering survivors to heal, seek justice, and regain control of their lives. It also helps individuals and couples make informed family planning decisions by navigating available contraceptive and fertility options. They provide support and guidance in pregnancy planning, prenatal care, and the adoption process.

Social workers are involved in HIV/AIDS prevention activities such as education, testing, and counselling. They work to reduce HIV transmission and support people living with HIV/AIDS, their families, and communities affected by the disease. They also focus on promoting healthy sexual development in young people through age-appropriate education, counselling, and support. These address issues such as consent, healthy relationships, prevention of sexually transmitted diseases, and use of contraception to help young people make informed decisions about their sexual health. Social workers play an important role in the development and implementation of SRH programs and initiatives at the local level. They work with health care providers, government agencies, and non-profits to improve access to SRH services, develop effective prevention strategies, and address the specific needs of marginalized populations - commercial sex workers and migrants. Social workers seek to address health disparities and inequalities in SRH by advocating for equal access to health care, especially for marginalized and underserved populations. They work to overcome obstacles such as poverty, discrimination, and limited resources that affect SRH outcomes.

Sex education aims to provide individuals with accurate and age-appropriate information about their bodies, sexual and reproductive health, and the societal and personal aspects of sexuality. It promotes a comprehensive understanding of human sexuality that goes beyond the physical aspects and also addresses emotional, social,

and ethical considerations. Sex education can come in a variety of ways, such as through school-based programs, community initiatives, health care providers, parents or caregivers, and online resources. The content and approach of sex education may vary depending on cultural norms, local laws, and the target audience. The primary goal of sex education is to empower individuals to make informed choices, develop healthy attitudes about sexuality, and foster respectful and consensual relationships.

Relevance of Reproductive and Sexual Health and Education in Kerala

There are several reasons why sex education is of utmost importance in Kerala. First, although Kerala has made great strides in education and health care, there is still a lack of awareness albeit openness and understanding of the importance of sexual and reproductive health. Comprehensive sex education can fill this knowledge gap and provide accurate information on topics such as contraception, sexually transmitted infections (STIs), consent, and safe sex. By imparting this knowledge, sex education can help prevent the spread of sexually transmitted diseases, reduce unintended pregnancies, and promote overall sexual well-being.

Next, Kerala boasts of a high literacy rate and a strong focus on education. However, there are cultural taboos and prejudices to discussing sex and sexuality. By incorporating sex education into the curriculum, schools can create a safe and supportive environment for students to learn and engage about such important issues. This helps break down social barriers and enables open discussion about sexual health, gender identity, and relationships. Sex education not only enables individuals to make informed decisions about their bodies and relationships but also promotes a culture of respect, mutual consent, and healthy sexual behaviour in Kerala society.

1.4 STATEMENT OF THE PROBLEM

Although sexual and reproductive health plays an important role in the well-being of individuals, especially adolescents, there still exists a lot of stigma about sexual health. This prevents an open discussion or positions with regard to the same and this in turn prevents comprehensive knowledge from percolating to the target group at the most significant time of individual development. Apparently the curriculum inherent to social work provides ample opportunity for critical analysis and discussion on

reproductive and sexual health. Hence, one may safely assume that social workers, on account of their training and field practice, are better exposed to handling and applying such pertinent topics than their counterparts in humanities and life sciences. However, limited research has been conducted on this topic. This knowledge gap impedes the development of effective social work interventions, educational programs, and policies that address the specific needs of the populations, especially adolescents, whom they deal with. It is therefore essential to study advanced learners' sexual and reproductive health awareness levels, as well as their attitudes toward sexual and reproductive health including beliefs, perceptions, and values, to tailor effective interventions and create a supportive environment for those seeking assistance.

In addition, examining the actual sexual and reproductive health practices of these learners can provide insight into the quality of care they are bound to provide to those vulnerable populations with varied sexual and reproductive health requirements, in their care. By addressing this issue, the study will help to improve the education and training of advanced learners in social work, ultimately leading to improved sexual and reproductive health results for the varied populations they serve. The purpose of the present study is therefore, to explore the knowledge, attitudes, and practices of advanced learners of social work (M.S.W.s) regarding sexual and reproductive health.

1.5 AIM OF THE STUDY

The present study aims to explore the knowledge, attitudes, and practices (KAP) of sexual and reproductive health among advanced learners of social work. By examining these factors, we can gain valuable insights into the existing gaps, strengths, and areas for improvement within the social work education system and prepare future professionals to address SRH challenges more effectively. KAP (Knowledge, Attitudes, and Practices) surveys although quantitative in paradigm (predefined questions formatted in standardized questionnaires) open access to both quantitative and qualitative information.

KAP research uncovers barriers to action you want to take, as well as misconceptions and misperceptions that can be potential barriers to behaviour change. Note that the KAP survey is essentially a collection of 'opinions' and is based on 'declarations' (i.e. statements). In other words, although KAP research reveals what is being said, there

can be a large gap between what is said and what is done! KAP (Knowledge, Attitudes, and Practices) research on sex education is a valuable research tool used to understand levels of knowledge, attitudes, and behaviours regarding sex education in specific populations. Research usually begins with a clear research objective and target audience. The researchers then created a comprehensive questionnaire covering various aspects of sex education, including, Reproductive Health, Contraception, Sexually Transmitted Diseases, Consent, and Healthy Relationships.

This study aims in general to investigate the knowledge, attitude, and practice of sexual and reproductive health among advanced learners of social work. The study intends to gain a thorough understanding of the advanced learners in social workers' awareness and knowledge concerning sexual and reproductive health. This will be done by examining their understanding of fundamental concepts, e.g. safe sexual practices, contraception methods, STIs, and RSH as a basic human right. By evaluating their knowledge, we can identify any gaps or misconceptions that may exist among this group and provide insights for targeted educational interventions. The study goes on to further examine the attitudes of advanced learners in Social Work concerning sexual and reproductive health by making an assessment of their beliefs, values, and perceptions on allied topics - gender equality, sexual diversity, reproductive autonomy, and access to healthcare services. This makes it possible to evaluate the extent of their support for and promotion of sex and women's health rights, as well as identify any barriers or inherent prejudices. Finally, the study aims at examining the practice of advanced learners in Social Work concerning sexual and reproductive health. This involves assessing their behaviours, actions, and interventions regarding sexual and reproductive health issues. This makes it possible to ascertain how well they apply knowledge and attitudes in practical situations, as well as which areas for improvement or additional training.

The study also elicits the challenges, opportunities and suggestions in the changing context in the transaction of the reproductive and sexual health education programs. By gaining insights into the changing scenario, we can inform the development and implementation of sex education initiatives that are responsive to the needs and preferences of advanced learners of social work, as well as the broader population with whom they engage.

1.6 CHAPTERIZATION

The study is on the KAP needs of advanced social work trainees with regard to reproductive and sexual health has been laid out in the following format:

Chapter 1 - Introduction - providing a brief introduction to the concepts and a statement of the problem

Chapter 2 - Review of Literature - a very brief extract of various studies pertaining to interventions in areas allied to sexual and reproductive health (RSH) with special emphasis on adolescents and higher education

Chapter 3 - Methodology

Chapter 4 - Analysis - an elaboration of the inferences based on the objectives of the study

Chapter 5 - Conclusion - an abstracting of the findings, suggestions based on these finding and a conclusion

CHAPTER II: REVIEW OF LITERATURE

CHAPTER II: REVIEW OF LITERATURE

2.1 OVERVIEW OF THE CHAPTER

The analysis of prior and current studies that are relevant to the research at hand, as well as the identification of research gaps in those earlier studies, are two key tasks that have to be undertaken while conducting research. It aids in gaining a comprehensive understanding of the issue and raises the standard of empirical investigation. This chapter is written to establish the requirement of the current study by reviewing previous studies based on similar themes.

2.2 THEMES

2.2.1 KNOWLEDGE OF SEX EDUCATION

Adolescent's perspective on their sexual knowledge and the role of school in addressing emotions in sex education

Seiler et al. analysed 198 teenagers from two school types in Austria, focusing on their understanding of sexual issues and the value of sex education in the classroom. Results showed that secondary school students had a higher level of sexual knowledge than polytechnic students. However, they were less knowledgeable about emotional aspects, such as masturbation and sexual contact types. The study suggests that instructors should be more interesting and useful in sex education, using various teaching techniques to support the interaction between fact and emotion.

Adolescent's reference of source of sex education

Adolescent's preference of source of sex education by CL Somers, AT Surmann stated that the primary purposes of this study were to examine what adolescents' identify as their preferred sources of sexual education (eg, peers, family, school, media, professionals, etc.) about various topics, and whether patterns varied for each gender, race, grade, and economic group. Participants were 672 adolescents of both genders, three race/ethnicities, and varied economics and geography. Overall, parents were clearly the preferred source of sex education by this diverse sample of adolescents. Next

preferred were school and peers. Media, siblings, and self were not generally endorsed as preferred sources of sex education. Slight variations by demographic groups were observed. Implications for parental education about and comfort in discussing important issues are discussed. The implications of misinformation from such sources as media and peers are also discussed.

Study on menstrual hygiene management among female students in Bhutan

The study aimed to explore the knowledge, attitudes, and practices of female college students in Bhutan from August to September 2018. A cross-sectional KAP survey was conducted, revealing a low comprehensive knowledge of menstruation (35.5%) among participants. Half of the participants reported their mother as the source of information, and 35.1% agreed that women should not enter a shrine during menstruation. About 4% of median monthly pocket money was spent on absorbents, and 96.9% of absorbents were wrapped before disposal. Half of the participants reported daily activities being affected due to menstruation, and 24.2% missed college due to dysmenorrhea. One-fifth of the participants reported unavailability of water in college, 80.1% of the participants reported absence of soap for hand washing, and 24.1% described no bins for disposal. Door locks were missing in 33.7% of hostel toilets. The findings suggest that improved public health knowledge, psychosocial/medical support, and WASH infrastructure with freely available menstrual products could lead to more effective MHM practices among female college students.

The study on knowledge, attitudes and practices (KAP): puberty and menstrual hygiene

The study on Knowledge, Attitudes and Practices (KAP): Puberty and Menstrual Hygiene by Jisha V. G. Rupashree and T. Somasundaram aims to understand the awareness level of menstrual health and hygiene among adolescent girls. The study collected 187 responses using questionnaires and statistical tools. The findings suggest that early adolescent girls attain menarche at an early age, highlighting the need for education on health and hygiene practices. The study also addresses the feminist view on menstruation, which affects women, girls, non-binary, and transgender people worldwide.

Assessing the knowledge and attitudes to sexual and reproductive health education among young adults in Kerala

The study assessed the knowledge and attitudes of sexual and reproductive health education among young adults in Kerala, India. The majority of participants were female (74%), and there was a significant difference between men and women's attitudes towards sexual abstinence. The majority of participants believed unsafe sexual practices were a major health issue for the younger generation. There was also a significant difference in opinions towards multiple sexual partners, with 85% of females believing it is better to have sex with one partner. Over 80% of students had good knowledge about reproduction, while 69% held good knowledge about sexually transmitted diseases. Female students had comparatively better knowledge than male students. The majority of students advocated for sexual education being included in the curriculum, and the study recommends school-based sexual health education in India.

2.2.2 ATTITUDE AND PRACTICE OF SEXUAL AND REPRODUCTIVE HEALTH

Predictors of health care practitioners' normative attitudes and practices towards sexual and reproductive health and rights: a cross-sectional study

Tumwine et al. examined the role of healthcare practitioners' individual characteristics and work environment in predicting normative attitudes and practices towards sexual and reproductive health and rights (SRHR). Self-rated knowledge was the strongest predictor, but adjusted for other characteristics, normative SRHR attitudes and active knowledge-seeking behaviour independently predicted SRHR practices. The importance of religion or culture was not correlated with measured SRHR attitudes and practices. The study suggests that healthcare practitioners' cultural and religious beliefs, often seen as barriers to implementing full coverage of SRHR services, can be modified by active knowledge-seeking behaviour and accumulated working experience with SRHR over time.

The effects of attitudes on teenage premarital pregnancy and its resolution by Robert D. Plotnick

The study by Robert D. Plotnick examines the impact of attitudes and personality variables on teenage premarital pregnancy and its resolution. A sample of non-Hispanic white adolescents is analysed using the nested logit method. Results show that self-esteem, locus of control, attitudes towards women's family roles, school, educational aspirations, and religiosity are associated with premarital pregnancy and its resolution. These factors are crucial for adolescent sexual and marriage behaviour, as they influence family background characteristics.

Beliefs about menstruation: a study from rural Pondicherry

A study conducted in rural Pondicherry found that 65.4% of illiterates and 62.1% of literates believed menstruating blood was dirty. There was a significant difference ($p < 0.01$) between literates and illiterates regarding myths about placing broom sticks, neem leaves, and footwear around girls to prevent evil spirits and having a purifying bath after menstruation. Most respondents (97.8% illiterates and 90.2% literates) believed that daily activities should be prohibited, with 100% believing that women should not enter temples during menstruation. The study highlights the need for creating awareness among literates and addressing misconceptions about menstruation.

Association between age at first sexual intercourse and knowledge, attitudes and practices regarding reproductive health and unplanned pregnancy: a cross-sectional study

A cross-sectional study in China found that age at first sexual intercourse (AFSI) is decreasing among adolescents in developed nations. This has been associated with multiple sexual partners, infrequent condom use, unplanned pregnancy, unsafe abortion, and sexually transmitted diseases. The study involved 78,400 self-administered anonymous questionnaires distributed to college students in seven cities. Approximately 10,164 students reported being sexually active during college, with an

average AFSI of 20.14 years. The unplanned pregnancy rate among participants was 34.03%. Factors associated with unplanned pregnancy included AFSI, contraceptive methods used for first sexual acts, and whether contraceptive methods were used for every sexual act. The study suggests that comprehensive reproductive health education should be provided before and during college, including appropriate sexual morality and sex education, considering gender traits and needs.

Gender differences in masturbation and the relation of masturbation experience in preadolescence and/or early adolescence to sexual behaviour and sexual adjustment in young adulthood

The study compared male and female masturbation practices among university students to determine if the long-standing gender difference in masturbation was still evident in the 1980s. Despite efforts to encourage women to take greater responsibility for their bodies and sexuality, women continue to masturbate less than men. The study also examined whether having masturbation experience during preadolescence and/or early adolescence was related to intercourse experience, sexual satisfaction, sexual arousal, or sexual difficulties in relationships in young adulthood. No linkage was observed, suggesting that early masturbation experience is neither beneficial nor harmful to sexual adjustment in young adulthood.

Oral and anal sex practices among high school youth in Addis Ababa, Ethiopia"

This study aimed to describe oral and anal sex practices among high school youth in Addis Ababa, Ethiopia. A cross-sectional study was conducted, with a total sample size of 3840. Results showed that 5.4% of high school youth reported having oral sex, while 4.3% had anal sex. Multiple partnerships were common, and consistent condom use was reported by 12.2% of those practicing oral sex and 26.1% of anal sex. Reasons for oral and anal sex included preventing pregnancy, preserving virginity, and reducing HIV and STI transmission. The study found that oral sex practice was strongly associated with perception of best friend’s engagement, having illiterate mothers, and favourable attitude towards anal sex.

2.2.3 SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases and condoms: high school students' knowledge, attitudes and behaviours

A survey of 199 Canadian high school students found that 93% of boys, 80% of girls, 88% of sexually active students, and 87% of non-sexually active students agreed that it is their responsibility to carry condoms during sexual activity. However, men and sexually active students expressed unfavourable opinions about condoms, such as interference with spontaneity and limit sensation. Students who were not sexually active tended to associate using condoms with bad behaviour. Most students purchased condoms from lavatory vending machines, with sexual partners being the most influential factor in their decision to engage in sexual intercourse. Concerns about STDs, friends, and family also influenced students' decisions. Most students, particularly females and sexually active students, were monogamous and avoided high-risk groupings.

KAP Study of Reproductive Health and Sexually Transmitted Diseases among High School Girls

The study "KAP Study of Reproductive Health and Sexually Transmitted Diseases among High School Girls" by Dr. Amitesh Kumar, Dr. Vikash Chandra, Dr. Ratnesh Kumar, and Dr. Hemkant Jha aimed to assess reproductive health and sexually transmitted diseases among high school girls. The study was conducted in urban field practice areas of DMCH, with 500 students included. The majority of participants were 14-16 years old, with 83% coming from joint families. The majority of the girls had heard about HIV, with 32% of them knowing it was incurable. The majority of the girls knew that HIV was transmitted through sexual contact, infected needles and blades, blood transfusion, and from mother to foetus. The study's findings highlight the importance of addressing sexual and reproductive health among adolescent girls in various development goals.

Knowledge of adolescents regarding sexually transmitted infections and pregnancy

Rebeca et al. conducted a study on adolescents' knowledge of sexually transmitted infections and pregnancy, focusing on their education on STIs, AIDS, and pregnancy.

The study involved 22 high school students aged 16-19 and used semi-structured interviews. The findings highlighted the importance of preventive educational measures for adolescents, as their vulnerability is worsened by lack of information. Adopting health promotion and protection measures in schools is crucial to reinforce self-care and promote health.

2.2.4 SEXUAL AND REPRODUCTIVE HEALTH

Sexual and reproductive health needs of HIV-positive women in Botswana a study of healthcare worker's views

The study "Sexual and reproductive health needs of HIV-positive women in Botswana: a study of healthcare worker's views" found that Botswana's HIV prevalence is 31.8% in the 15-49 years antenatal population. HIV presents challenges in sexuality, childbearing, and partner relationships. To promote the best sexual and reproductive health for HIV-positive women, it is crucial to understand how healthcare professionals (HCWs) are trained to address concerns like partner abuse, fertility wishes, and contraception. The majority of participants were nurses (43%), health educators (27%), and lay counsellors (19%), with a median age of 35. The low SRH knowledge scores and discriminatory attitudes highlight the need for increased training for all HCWs who provide care for HIV-positive women.

Impact of an integrated adolescent reproductive health program in Brazil

The study "Impact of an Integrated Adolescent Reproductive Health Program in Brazil" evaluates the impact of an integrated school- and health-clinic-based initiative in Bahia, Brazil, from 1997-99. The initiative aimed to encourage responsible sexual and health-seeking behaviours among public secondary school students. The results showed that the initiative expanded access to sexual and reproductive health information and influenced adolescents' plans to use public health clinics in the future. However, there were no changes in usage of public clinics or sexual or contraceptive behaviour. The study also found that clinic-based therapies were more likely to be used by female, older, and more pregnant teenagers than the target demographic.

Youth participation in HIV and sexual and reproductive health decision-making, policies, programmes: perspectives from the field

The study "Youth participation in HIV and sexual and reproductive health decision-making, policies, and programs: perspectives from the field" by Meheret Ogbazghi Melles & Chelsea L. Ricker aims to present the current state of evidence and experience of youth participation approaches in HIV and sexual and reproductive health decision-making, policies, and programs. The study focuses on the perceived worth and influence of young people's engagement on policy or decision-making bodies. The study aims to conduct in-depth interviews with young advocates and conduct a global survey of young people who identify as involved in HIV and SRH. The study emphasizes the need for significant investments in research and evaluation to identify gaps, make recommendations, and assess the effects of meaningful young participation.

Evaluating men's involvement as a strategy in sexual and reproductive health promotion

The article "Evaluating men's involvement as a strategy in sexual and reproductive health promotion" by Peter Sternberg and John Hubley highlights the recognition of men as appropriate targets for promoting sexual and reproductive health. This recognition stems from the realization that change would be difficult or impossible without engaging with males. However, the notion of men's active participation in health promotion has faced criticism for its effectiveness and implications for women and children. The research analyses assessments of initiatives targeting heterosexual men to learn from their involvement. It found 24 studies that met inclusion criteria, covering topics such as HIV/STI prevention, unintended pregnancies, safe motherhood, fatherhood, and ending violence against women. Twenty-four intervention studies met assessment criteria, and two additional studies were added for future evaluation.

Sexual and reproductive health and HIV in border districts affected by migration and poverty in Tanzania

Obel, Larsson, and Sodemann focuses on HIV knowledge, attitudes, practices, and service delivery in border districts affected by migration and poverty in Tanzania. The target sample consists of 15-49-year-olds living close to the border. The research found that the border community had more transactional sex, concurrent engagements, and

fewer sexual partners compared to the national population. HIV knowledge was on level with the general public, but there was limited access to SRH services in border regions. To reduce HIV transmission and improve SRH, efforts should focus on service delivery gaps rather than education and information activities. Multi-sectorial efforts should address gender imbalances and poverty alleviation to reduce unsafe transactional sex.

Health and education provider collaboration to deliver adolescent sexual and reproductive health in Sri Lanka

The article highlights the importance of a multidisciplinary and inter-sectoral approach to addressing adolescent sexual and reproductive health (ASRH) determinants in Sri Lanka. The study aimed to understand the experiences, needs, knowledge, attitudes, and practices of primary health care and education professionals in the district of Kalutara. The findings revealed gaps in knowledge, attitudes, and services regarding contraception and policies governing practice. Issues with roles, training, and confidence impacted students' access to medical care. Solutions for improvement include inter-professional education and training, supported by suitable policies, supervision, and job descriptions.

Challenges in Accessing Sexual and Reproductive Health Services among People with Physical Disabilities in Macedonia

The study "Challenges in Accessing Sexual and Reproductive Health Services among People with Physical Disabilities in Macedonia" by Robert Velichkovski and Fimka Tozija aims to define the challenges faced by people with physical disabilities in Macedonia when accessing sexual and reproductive health services. The study involved 510 persons with physical disabilities aged 15-49 years, and collected data using pre-designed and pre-tested structured questionnaires. The findings showed a significant difference in the first sexual intercourse between PWPD and those without disabilities, with 85% of respondents knowing about HIV, while 15% did not. PWPD faced difficulties such as lack of knowledge about sexual and reproductive health, physical accessibility issues, inadequate services, limited education, and low professional skills

from health providers. The study highlights the need for improved services and education for people with physical disabilities in Macedonia.

Assessment of the quality of sexual and reproductive health services delivered to adolescents at Ujala clinics: A qualitative study in Rajasthan

The study "Assessment of the quality of sexual and reproductive health services delivered to adolescents at Ujala clinics: A qualitative study in Rajasthan, India" by Radhika Dayal and Mukta Gundi focuses on the Adolescent Friendly Health Clinic (AFHCs) in Rajasthan, India. The AFHCs aim to increase accessibility and utilization of sexual-reproductive health services for adolescents and youth. However, low quality care provided by counsellors calls for attention. The researchers conducted a qualitative study, observing service delivery using mystery clients and in-depth interviews with counsellors in four AFHCs. The study identified several gaps in the quality of service delivery at AFHCs, highlighting various intricacies related to the quality of services. The study calls for efforts to improve counsellors' competencies, facilities to ensure privacy, comfort, confidentiality, referrals to improve the appropriate package of services, and an overall environment to ensure equity and non-discrimination for all adolescents. The findings highlight the barriers faced by service providers and adolescents at AFHCs and emphasize the need for regular monitoring and evaluation to strengthen the facility-based intervention of the RKSK programme.

Utilisation of the available adolescent sexual and reproductive health services/facilities by Mochudi secondary school adolescents

The study by Kayenda Bruce Ngomi aimed to determine the awareness of adolescent sexual and reproductive health services in Mochudi and the factors affecting their use. A self-administered questionnaire was used to collect data, and the results showed that most Mochudi secondary school adolescents are aware of the presence of these facilities. However, the majority do not use them due to shyness, inaccessibility, lack of privacy, unfriendly staff, long waiting times, or being not sexually active. This feedback suggests that the service delivery system in Mochudi is inappropriate for adolescent sexual and reproductive health.

Sexual and reproductive health of adolescents and young people in the Gambia: a systematic review

The study "Sexual and reproductive health of adolescents and young people in the Gambia: a systematic review" found that the population, comprising 32% of the national population, lacks access to quality information and services on sexual and reproductive health. The review examined indicators of sexual and reproductive health for adolescents and young people in the Gambia, including prevalence of sexual and reproductive infections (STIs), modern contraception, accessibility and availability of sexual and reproductive health services, and satisfaction levels with these services. Contraceptive prevalence rates ranged from 7% to 9%, with reasons for low prevalence including limited knowledge, access to information, provider attitudes, stigma, shame, lack of money, and cultural and religious misconceptions. The review found limited information on STI prevalence among adolescents and young people, with only a single published study reporting a prevalence rate of 8.4%. Inadequate counselling and complaints related to the physical environment process were significant factors associated with satisfaction with sexual and reproductive health services among adolescents and young people.

2.2.5 KAP STUDY OF SEX EDUCATION

Adolescents Sexual and Reproductive Health: A Survey of Knowledge, Attitudes and Practices in the Tamale Metropolis, Ghana

The study "Adolescents Sexual and Reproductive Health: A Survey of Knowledge, Attitudes and Practices in the Tamale Metropolis, Ghana" by Abdul-Wahab, Inusah, Nungbaso, Asumah Mubarick, Nukpezah, Ruth Nimota, and Dzantor, Edem Kojo (2021) aimed to evaluate adolescents' sexual and reproductive health knowledge, attitudes, and practices in the Tamale Metropolis, Ghana's Northern Region. The study analysed data on socio demographic variables, knowledge, attitudes, and practices related to sexual and reproductive health using an electronic questionnaire. Results showed that adolescents aged 10 to 15 were 2.33 times more likely to have a positive attitude towards issues related to sexual and reproductive health (SRH) than those aged

16 to 19. Senior high school adolescents had a 1.4 greater probability of practicing SRH well than junior high school adolescents. Poor practices, attitudes, and knowledge were prevalent. The study highlights the need for public health education to promote sexual and reproductive health among adolescents in the Tamale Metropolis.

Knowledge on Attitude towards, and Practice of Sexual and Reproductive Health among Older Adolescent Girls in Bangladesh: An Institution-Based Cross-Sectional Study

The study "Knowledge on Attitude towards and Practice of Sexual and Reproductive Health among Older Adolescent Girls in Bangladesh: An Institution-Based Cross-Sectional Study" by Zakaria et al. (2020) aims to explore the knowledge, attitudes, and practices (KAP) of sexual and reproductive health among college-going older adolescent girls in Chittagong district, Bangladesh. The study involved 792 older adolescent girls aged 16-17 years in four colleges. A self-administered questionnaire was used to gather data. The SRH-related KAP was summarised using descriptive statistics and multiple linear regression analysis. The older adolescent girls had unsatisfactory levels of knowledge on puberty, family planning, maternal health, and HIV/AIDS. Overall, the survey revealed greater than average levels of knowledge and practice of sexual and reproductive health, as well as better attitudes towards these issues. However, factors like participating in science group studies, residing in urban areas, regularly interacting with SRH, and reading or viewing SRH-related information on media can increase knowledge gain, a positive outlook, and frequent practices.

Association between sexual and reproductive health knowledge, attitude and practice of partners and the occurrence of unintended pregnancy

The article explores the relationship between sexual and reproductive health knowledge, attitude, and practice of partners and the occurrence of unintended pregnancies. The research involved 1,275 couples with unintended pregnancies, with men being more knowledgeable and engaged in active contraceptive practices. The study found that male contraceptive intention was better than females', and positive contraceptive practice increased with male education. The risk of negative contraceptive practices was higher when women had good contraceptive knowledge but

not men, and negative contraceptive practices were more likely in partners with negative views but positive men.

Sexual and reproductive health of young people with disability in Ethiopia: a study on knowledge, attitude and practice: a cross-sectional study

The study titled "Sexual and reproductive health of young people with disability in Ethiopia: a study on knowledge, attitude and practice: a cross-sectional study" aimed to evaluate the knowledge, attitude, and practice (KAP) of 426 YPWD in Addis Abeba, Ethiopia. The study found that 64.6% of YPWD were aware of sexual and reproductive health (SRH) services, with 62.2% citing radio and television as primary sources of information. 77.9% of respondents had never discussed SRH issues with their parents. Despite 96.7% knowing about HIV, 88% had little awareness about prevention strategies. Only 21.6% of YPWD felt they were at risk of contracting HIV, indicating a low level of perception of this risk. The study highlights the need for initiatives and programs to increase SRH-related awareness and assist YPWD in acquiring the necessary knowledge, skills, and attitudes for a healthy reproductive life.

Reproductive Health in Afghanistan: Results of a Knowledge, Attitudes and Practices Survey among Afghan Women in Kabul

A study conducted in Kabul, Afghanistan, found that a majority of Afghan women had attended at least one antenatal consultation during their last pregnancy. The majority of mothers, between 13 and 19, had low levels of C-sections and deliveries were inside the house. Contraceptive use was 23% common, and 24% of women were aware of STIs but unaware of how to avoid them effectively. Women's education was significantly connected to family planning use, institutional delivery, skilled birth attendance, and prenatal care attendance. The reproductive health indicators were poor, even among Kabul-based women. Addressing the socio-cultural aspects of their situation and addressing women's education is crucial for meeting their reproductive health needs. A long-standing commitment from agencies and donors is needed, with education being a cornerstone of the reconstruction process in Afghanistan.

Knowledge, attitudes and practices (KAP) regarding sexuality, sexual behaviours and contraceptives among college/university students in Karachi, Pakistan

The study aimed to assess knowledge, attitudes, and practices regarding sexuality, high-risk sexual behaviours, and contraceptives among college/university students in Karachi, Pakistan. It was a cross-sectional observational study conducted in government and private colleges/universities from 2005-2006. A total of 957 students were interviewed, with 542 (56.6%) males and 415 (43.4%) females. The results showed that medical students were less likely to watch adult films to acquire sex-related knowledge and go out on dates, and they were less likely to consider contraception as against religious teachings.

Association between age at first sexual intercourse and knowledge, attitudes and practices regarding reproductive health and unplanned pregnancy: a cross-sectional study

Shu et al. found that age at first sexual intercourse (AFSI) is decreasing among adolescents in developed nations. Early sexual debut has been linked to various issues, including unintended pregnancies, unsafe abortions, sexually transmitted diseases, and HIV infection. A cross-sectional study of 78,400 Chinese college students found that the average AFSI was 20.14 years, with a 34.03% unintended pregnancy rate. The study found that most participants believed it was important to acquire knowledge on contraception and reproductive health, but few actually did. Factors linked to unexpected pregnancy included AFSI, contraceptive techniques used for the first sexual act, and whether contraceptive methods were used for every sexual act. Comprehensive reproductive health education should be provided before and during college, including appropriate sexual morality and sex education, considering gender traits and needs in sex education.

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

The study "Knowledge, Attitude, and Practice Study of Adolescent Girls about Safe Sexual Practices" by Anju Dogra, Vinay Menia, and Kanik Pandita aimed to evaluate

adolescent girls' knowledge and attitude towards sexual practices, STDs, and HIV. The study included 1000 girls from Jammu, who were aware of adolescence signs and wanted sex education to be included in the curriculum. Most girls wanted it to be started at 13-15 years of age, with emergency contraceptives only known to 28%. STD awareness was present in 34.6% of girls, and 95.6% had heard about HIV/AIDS. Only 32.1% knew about the abbreviation of AIDS. The study emphasizes the importance of sexual health education in schools and colleges, promoting preventions and precautionary measures for a healthy nation.

Survey of knowledge, attitude, and practice regarding reproductive health among urban men in China: a descriptive study

A study conducted in Yiling District, Yichang, China, aimed to assess male knowledge, attitudes, and practices regarding reproductive health among urban men in China. The study involved 3933 men aged 18-59 years, who completed a questionnaire on subject characteristics, reproductive health knowledge, and subjective symptoms of the reproductive system. The majority of the participants were skilled labourers, with 78.5% having at least one reproductive disease. Over half of the respondents were aware of sexual physiology and safe sex, and 70% visited a doctor when they had a reproductive disorder. However, only 41.9% believed human immunodeficiency virus/acquired immunodeficiency syndrome could be transmitted through breastfeeding, and 64.6% incorrectly thought they could avoid contracting STDs by cleaning their genitals after intercourse. Additionally, 45% of those with a reproductive system disorder refused to discuss it with friends or family members. The results suggest that this cohort of Chinese men had a certain degree of KAP about reproductive health, but some aspects require further public health education in the general population. It is necessary to disseminate accurate knowledge of STD risk in China based on socio demographic characteristics.

Knowledge, Attitude, and Practice towards Reproductive Health Issue of Adolescents in Rural area, Indonesia: A Cross-sectional Study

The study "Knowledge, Attitude, and Practice towards Reproductive Health Issues of Adolescents in Rural Areas, Indonesia: A Cross-sectional Study" investigates the

knowledge, attitudes, and practices (KAP) of adolescents in rural areas of Indonesia. The research involved 121 high school students from Mekong 1 High School in Meranti district, Riau province, who completed a questionnaire. The study found that the median knowledge of adolescents was low, but they had a positive attitude and mostly had good practice. There were no differences in knowledge and attitude based on class or gender, but there was a difference in practice between genders. The workshop significantly improved their knowledge level, with five of the 121 students having sex before. The findings suggest that addressing reproductive health issues in rural areas can improve the lives of adolescents and improve their overall well-being.

Effectiveness of peer-led intervention on KAP related to sexual reproductive and mental health issues among adolescents in low resource settings India

The study titled "Effectiveness of peer-led intervention on KAP related to sexual reproductive and mental health issues among adolescents in low resource settings India: a comparative study among Participants and Non-Participants in the Intervention" aims to understand the effectiveness of peer-led intervention on knowledge, attitude, and practices related to sexual reproductive and mental health issues in adolescents. The study involved a cross-sectional survey of 400 adolescents from four districts in India, focusing on the health-seeking behaviour of adolescents in low resource settings. The results showed that participants from Karnataka and Maharashtra had better knowledge in emergency contraception, HIV awareness, use of contraceptives, and consumption of IFA's than non-participants. Both participants and non-participants showed positive behaviour in help-seeking in case of psychological challenges. The study found that the peer-led approach was an effective strategy for learning, sharing, and monitoring adolescent sexual reproductive and mental health.

2.2.6 SEXUAL AND REPRODUCTIVE BEHAVIOUR

Researching sexual and reproductive behaviour: a peer ethnographic approach

The study examines the effectiveness of peer-led intervention on sexual reproductive and mental health issues among adolescents in low resource settings, India. A cross-sectional survey of 400 adolescents from four districts revealed that participants from

Karnataka and Maharashtra had better knowledge in emergency contraception, HIV awareness, contraceptive use, and IFA consumption. Both participants and non-participants showed positive behaviour in help-seeking for psychological challenges. The study found that the peer-led approach was an effective strategy for learning, sharing, and monitoring adolescent sexual reproductive and mental health.

2.3 RESEARCH GAP ANALYSIS

A lack of research on sexual and reproductive health (SRH) knowledge, attitudes, and practices among advanced social work students lies in the limited research on how SRH knowledge, attitudes, and practices are shaped specifically in social work contexts. Social work education. Although existing research has examined the awareness of SRH among various populations, including health professionals and the general public, there is little literature that focuses on the unique perspectives of advanced social work students. This study seeks to bridge this gap by delving into the nuanced interaction between social work education and understanding of SRH, illuminating potential differences between knowledge acquisition, attitude development and practical application in social work practice. In addition, this study seeks to discover the potential impact of advanced SRH education on the future roles of advanced social work professionals as advocates, facilitators and facilitators of comprehensive SRH support for diverse individuals and communities. To address this research gap, the study contributes to a deeper understanding of how social work education can effectively shape attitudes and practices related to SRH, ultimately leading to better outcomes for vulnerable populations and the promotion of informed SRH in the field of social work

CHAPTER III: METHODOLOGY

CHAPTER III: METHODOLOGY

3.1 OVERVIEW OF THE CHAPTER

A well-defined research methodology is an essential and most central component of any research. It provides the blueprint to any research study. The present study on the knowledge-attitude-practice of advanced learners in social work with regard to reproductive and sexual health being a descriptive study is undertaken from a quantitative paradigm. The study ontologically positions itself in positivism and deductive in its approach, and hence uses survey approach and collects data using a self-developed questionnaire. The present chapter describes the methodology which elaborates on the universe, the unit, the sample for the study, the research design applied, method and tools used for data collection and the statistical techniques used for data analysis.

3.2 TITLE OF THE STUDY

Knowledge, Attitude and Practice (K.A.P.) of Sexual and Reproductive Health among Advanced Learners of Social Work

3.3 OBJECTIVES

General Objective

To understand the knowledge, attitude and practice (K.A.P.) with regard to sexual and reproductive health among advanced learners of social work and the prospects for comprehensive sex education.

Specific Objectives

- To assess the (a) knowledge (b) attitude and (c) practice with regard to sexual and reproductive health among advanced learners of social work
- To understand the prospects for comprehensive sex education in the changing scenario

3.4 HYPOTHESIS

- As MSW student's knowledge on sexual and reproductive health improves, their attitude score improves. This can readily increase their attitude in a favourable manner while engaging in the fields related to sex education so as to carry out efficient teaching and interactions to alter the prejudices.

- Age progression without corresponding knowledge in sexual and reproductive health would negatively impact the sexual practices.

3.5 VARIABLES

- Knowledge
- Attitude
- Practice
- Sexual and reproductive health

3.6 DEFINITION OF CONCEPTS

Conceptual Definition

Knowledge: According to John Dewey, knowledge arises from an active adaptation of the human organism to its environment.

Attitude: According to Allport (1935) defined an attitude as a mental and neural state of readiness, organised through experience, exerting a directive or dynamic influence upon an individual's response to all objects and situations with which it is related.

Practice: The act of doing something regularly or repeatedly to improve your skill at doing it (Cambridge online dictionary, 2021)

Sexual and reproductive health: Sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system (UNFPA, 2022).

Operational Definition

Knowledge: In the study the word knowledge indicates MSW student's comprehensive understanding of matters allied to sexual and reproductive health such as physiology, hygiene, reproduction, contraception, STIs, menstruation, sexual behaviours and preferences.

Attitude: In the study the word attitude indicates a measure of the favourable disposition towards healthy sexual and reproductive practices and covers cultural, religious and societal influences.

Practice: In this study practice means the sexual and reproductive health practices expressed by MSW students such as the behaviours including engagement in sexual hygiene, safe sex, responsible sex, use of contraceptives, and accessing SRH services.

Reproductive and Sexual Health

Reproductive and Sexual Health for the purpose of the study encompasses the various dimensions given below:

a. Knowledge - refers to a comprehensive understanding about physiology, hygiene, reproduction, contraception, STIs, etc. and its implications to the personal well-being

b. Attitude - the extent of favour and openness for sexual hygiene, safe sex practice and responsible sex (concern for partner) on account of proper knowledge

c. Practice - refers to behaviours conducive to sexual hygiene, safe and responsible sex

Advanced Learners of Social Work

For the purpose of the study advanced learners refers to learners at the post-graduate level undertaking studies in Social Work, i.e. trainees undertaking M.S.W. program.

3.7 RESEARCH DESIGN

The study, being based in the quantitative paradigm, is positivist in its ontology. Being deductive in its approach it subscribes to undertaking a survey among advanced learners using a questionnaire to understand their knowledge, attitudes and practices (KAP). The purpose of using survey design is based on the nature of research being carried out focusing on a large number of respondents at a point of time, as in a snapshot. Hence,

the study adopted a cross-sectional design will help to collect data from a large number of respondents within a short period.

3.8 UNIVERSE AND UNIT OF STUDY

Universe: All advanced learners of social work (M.S.W. students) from three colleges based in Trivandrum district, become the universe of the study.

Unit: An advanced learner of social work (M.S.W. student) in colleges based in Trivandrum district constitutes the unit of study

3.9 SAMPLE

The sample consisted on MSW Students from 3 colleges in Trivandrum

Sample size: 81 MSW Students from 3 colleges in Trivandrum

Sampling Method

Samples were organised using simple random sampling.

3.10 DATA COLLECTION

The data was collected from 3 MSW Colleges in Trivandrum district. The socio-demographic details and knowledge, attitude and practice of sexual and reproductive health was collected using a self-prepared questionnaire. Data was collected using Google forms.

3.11 PRE-TEST

Researchers conducted a pre-test among ten respondents in order to test the effectiveness of the tool. After conducting a pre-test, the researcher modified certain items regarding puberty, safe sex practice, and premarital pregnancy in the tool, based on the recommendations.

3.12 DATA ANALYSIS

The data was analysed using descriptive statistics to find out the frequencies. Pearson's Coefficient was used to measure the extent of relationship among the variables. The

data analysis was carried out using the statistical package of social sciences (SPSS) 22 version.

3.13 ETHICAL CONSIDERATION

The study was reviewed at different stages - synopsis, tool construction by an independent panel. Data was collected after obtaining informed consent from the participants, with the participants being informed about their right to withdraw from the study at any point in time. The respondents were assured that the data collected would be used strictly for academic purposes alone. The confidentiality of information and the participant details was to be maintained by the researcher. During the final stages the draft findings were presented to an independent panel.

3.14 REFLEXIVITY

The researcher in herself was a trainee (advanced learner) of social work with specific indirect interest in the subject chosen. The author herself was quite convinced of the superiority of the social work curriculum and in the ability of the trainee to acquire as well as impart understanding, modifying attitudes and practising sexual and reproductive health and self-care.

3.15 ASSUMPTIONS AND LIMITATIONS

Assumptions

- Researcher assume that the respondents would have genuinely responded to the questionnaire.
- The researcher assumed that since the data was collected ensuring anonymity, permitting the respondents to provide genuine responses.

Limitations

- The research was conducted in a short period of time.
- Limited number of participants was available for the study.
- The study was limited to Trivandrum district of Kerala.
- Data was collected online and it can also include casual responses.

3.16 SCOPE

The researcher was convinced that both qualitative or mixed method studies can be undertaken on the same topic in order to understand K-A-P towards reproductive and sexual health in-depth.

3.17 SUMMARY OF THE CHAPTER

The methodology chapter described the way in which the research was conducted. It is based in the quantitative paradigm and positivist in its ontology. The study on sexual and reproductive health aims to understand the KAP aspects among social work trainees towards reproductive and sexual health. The chapter also mentions the hypotheses framed for clarifying the objectives framed. It also described the method and design followed in the study and the inclusion and exclusion criteria of the study. The way in which data was collected and analysed and the tools and functions used to collect and analyse data was also mentioned in the chapter. The chapter also included scope, assumptions and limitations with regard to the study undertaken.

CHAPTER IV: DATA ANALYSIS AND INTERPRETATION

CHAPTER IV: DATA ANALYSIS AND INTERPRETATION

4.1 OVERVIEW OF THE CHAPTER

The data analysis chapter presents the results of analysis done using the data collected from respondents. The data analysed using descriptive statistics for frequencies, Pearson correlation for finding relationships. The data thus derived is presented as diagrams and tables in this chapter.

The chapter is divided into following sections,

4.2 SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS

The demographic profile of the respondents describes personal and job variables of the respondent. It includes age, sex, marital status, religion, and ordinal position, education status of parents followed and years of experience of the respondent.

Age of the Respondents

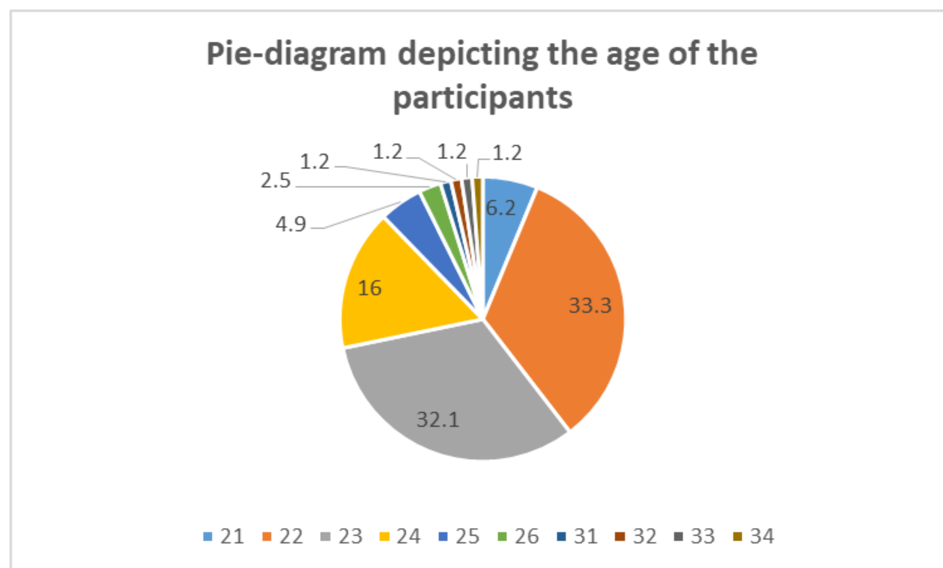

Fig. 1.1 Pie-diagram depicting the age of the participants

Two third of the sample studied fell in the age group 22-24 years (22 and 23 years) respectively; while the others were either below 22 years or above 23 years of age.

Hence, the population was predominantly in the 22-23 year range. 8% of the sample might be considered 'mature learners' as they fell in the above 24-year age category.

Sex of the respondents

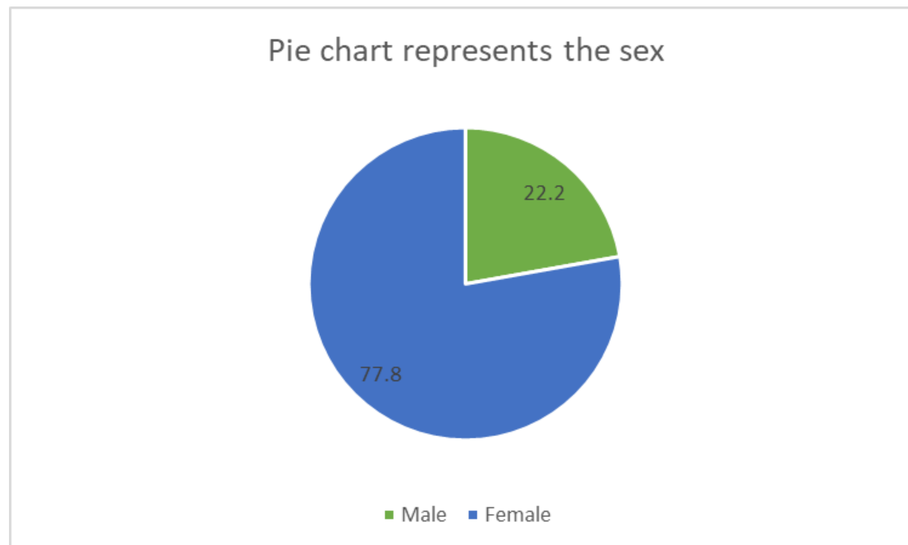

Fig: 1.2 Pie-diagram depicting the sex of the participants

The pie diagram in Fig. 1.2 shows that 77.5% of participants were females. Given that more than three-fourths of the respondents were female students, it is imperative that the women's opinions would influence the outcomes. This is quite characteristic of the studies on Kerala, wherein predominantly more women engage in higher education with passage in time. The GER among the students from all categories in Kerala is estimated at 43.2, with the female ratio accounting for 52.3 compared to the male ratio being 34.5 (AISHE Report, 2023). Only Chandigarh (77) and Puducherry (61.1), both UTs rank above Kerala in female GER.

Religion of the respondents

The pie diagram in Fig: 1.3 depicting the religion of the participants shows that almost half (45.7%) of participants belong to Hinduism Hindu category, while 34.6% are from Christians category, and 14.8% of participants were from Islam. 4.9 responses are from others. The Census 2011 reports Hinduism as the majority religion in Kerala with 54.73 % followed by Islam as the second most popular religion in Kerala with approximately

26.56 % following it and Christianity at 18.38 %. Comparing this to the representation of these religions in the population, it is indicative that the minority religions - Islam and Christianity - have a lower stake in higher education

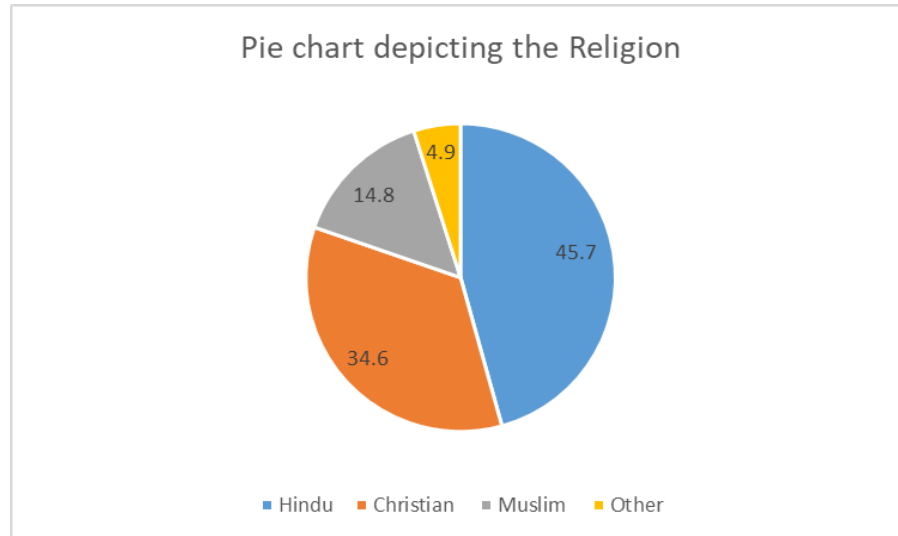

Fig: 1.3 Pie-diagram depicting the religion of the respondents

Marital Status of the respondents

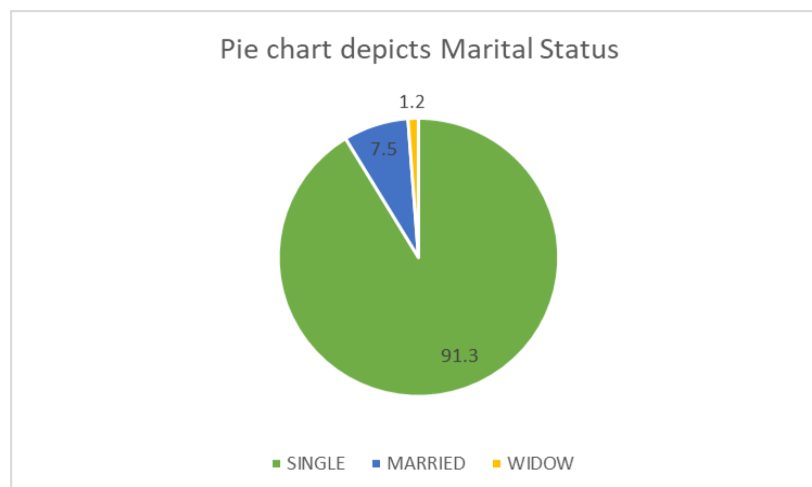

Fig: 1.4 Pie-diagram depicting the marital status of the respondents

According to the data regarding the marital status section of the participants, 91.3% were single, 7.5% married, and 1.2% divorced respondents. Worldwide, people and cultures have different marriage statuses and sexual views. Although it might be

difficult to produce detailed graphs that account for all locations and demographics. Cultural, religious, and societal norms significantly influence attitudes towards sexuality. In some regions, conservative beliefs and traditional values may prioritise monogamous, heterosexual relationships. However, societal attitudes have become more inclusive and accepting, with people recognizing the importance of consent, sexual health, and individual autonomy.

Ordinal Position of the respondents

Ordinal position	Percentage
First born	39.5
Second Born	43.2
Third born	4.9
Only one	12.3

Table: 1.1: Table depicting the Ordinal position of the respondents

According to Table 1.1, two fifths of the respondents are identified as first and second born. A smaller percentage of respondents (4.9%) identified themselves as third-born children. This implies that only 4.9% of the participants reported being the third child in their families. Lastly, there were respondents (12.3%) who reported being the only child in their families. This means that about 12.3% of the participants stated that they did not have any siblings...

Educational Status of the parents

Respondents' Father's educational status

A third of the fathers of the learners taking to social work had graduation and post-graduation combined.

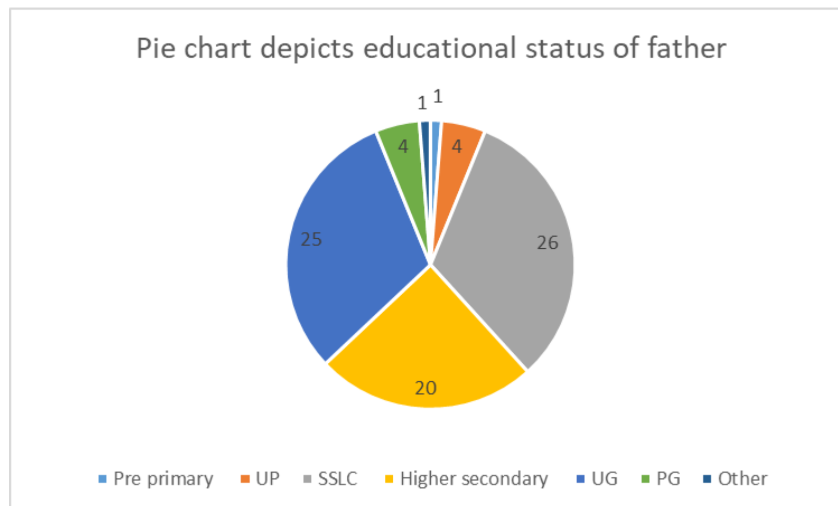

Fig: 1.5 Pie-diagram depicting the respondent's father's educational status

Figure 1.5 provides an overview of the participants' father's educational status. It shows the distribution of qualifications among the fathers of the respondents in the study. Based on the data, it is observed that a significant portion of fathers have attained a higher level of education. These results are in line with the global trend of increasing access and educational attainment over time. As educational opportunities expand, more people are able to pursue higher levels of education, leading to an overall improvement in parents' educational attainment. It highlights the positive impact of progress in education and emphasises the importance of ongoing efforts to advance education at all levels. By investing in inclusive and equitable education systems, societies can foster greater opportunities for individuals and their families, leading to better socioeconomic outcomes and development general development.

Respondents' Mothers' educational status

Almost half of the mothers had secondary or higher secondary education combined or graduation and post-graduation combined, this showed higher levels of literacy among the women of Kerala - in comparison to the fathers, the mothers demonstrated a higher level of participation in higher education.

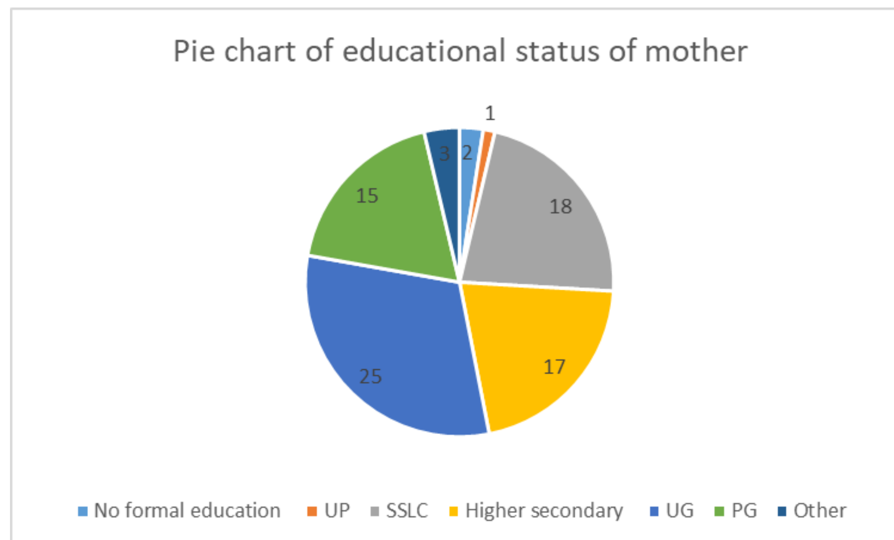

Fig: 1.6 Pie-diagram depicting the respondent's mother's educational status

Discussion

There is clearly a substantial difference between the educational status of the respondents' fathers and mothers, with the women in Kerala being more educated. Apparently, the goal of universal education as set out in the Constitution seems elusive even after seven decades. The original period of 10 years to achieve this goal was extended to 16 years after the government failed to meet its target. The Education Commission in its report in 1966 regretted this failure and pushed the date further to 1985. In 1986, the National Policy on Education extended the date by another 10 years. In 1993, the department of education, in its report 'Education for All', set the date at 2001. Despite the government's apparent failure in meeting its goals, a preliminary review of the 2001 Census data reveals that the last decade has seen a phenomenal rise in literacy rates in India, especially for women [Ramachandran and Saihjee, 2002].

According to the 2011 Census of India, the literacy rate in Kerala was 94.00%, one of the highest in India. The literacy rate for males was 96.02%, and for females, it was 91.98%. Kerala is known for its emphasis on education, and the state has made significant progress in terms of female education and gender parity in education. The female literacy rate in Kerala is relatively high compared to other states in India. This has resulted in increased participation of women in higher education, including

graduation and post-graduation programs. This perhaps explains the difference in educational status between the parents of the respondents gender-wise.

4.3 KNOWLEDGE WITH REGARD TO SEXUAL AND REPRODUCTIVE HEALTH AMONG ADVANCED LEARNERS OF SOCIAL WORK

The second objective looks into the knowledge of advanced learners of social work regarding RSH. Their knowledge is examined based on the source of RSH, knowledge about menstrual hygiene, changes happening during puberty, contraception, STIs, etc.

Source of Sex education

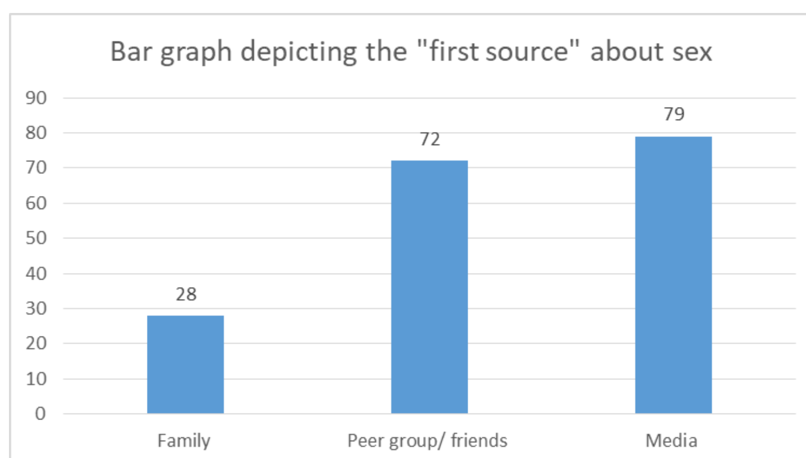

Fig: 2.1 Bar-chart showing the source of sex education

Data on the sources of sexual education were collected which provided important information about respondents' preferences. In the study more than three quarter relied on friends or peer groups and media for information. Additionally, 78.8% reported the media as their source of sex education

In the study "*Adolescents' preferences for source of sex education* "by Cheryl L. Somers and Amy T. Surmann, the primary purposes of this study were to examine what adolescents' identify as their preferred sources of sexual education (e.g., peers, family, school, media, professionals, etc.) about various topics, and whether patterns varied for each gender, race, grade, and economic group(Somers, C. L., & Surmann, A. T. (2004). Adolescents' preferences for source of sex education. *Child Study Journal*, *34*(1), 47-60). Participants were 672 adolescents of both genders, three race/ethnicities, and

varied economics and geography. Overall, parents were clearly the preferred source of sex education by this diverse sample of adolescents. Next preferred were school and peers. Media, siblings, and self were not generally endorsed as preferred sources of sex education. Slight variations by demographic groups were observed that parents were clearly the preferred source of sex education. Next preferred were school and peers. Implications for parental education about and comfort in discussing important issues are discussed. The implications of misinformation from such sources as media and peers are also discussed. These findings align with this study that have consistently shown a decreased reliance on parents as a source of sex education and an increased reliance on peers and media. This document notes that comprehensive sex education programs addressing information gaps, providing accurate and reliable information through a variety of means such as parents, schools, peers or media need to be implemented. The findings highlight the importance of understanding the impact of different sources on the outcomes of sex education and of adapting interventions to ensure that young people have access to accurate and inclusive information.

Awareness about menstruation and familiarity with menstrual hygiene products

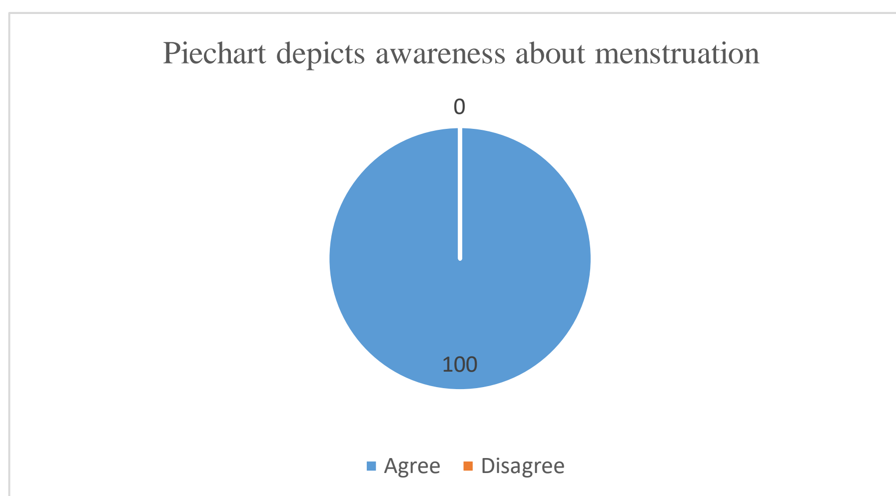

Fig: 2.2 Pie-diagram showing the extent of awareness regarding menstruation

According to the figures from Fig.2.2, all 81 participants in the study have a knowledge of menstruation.

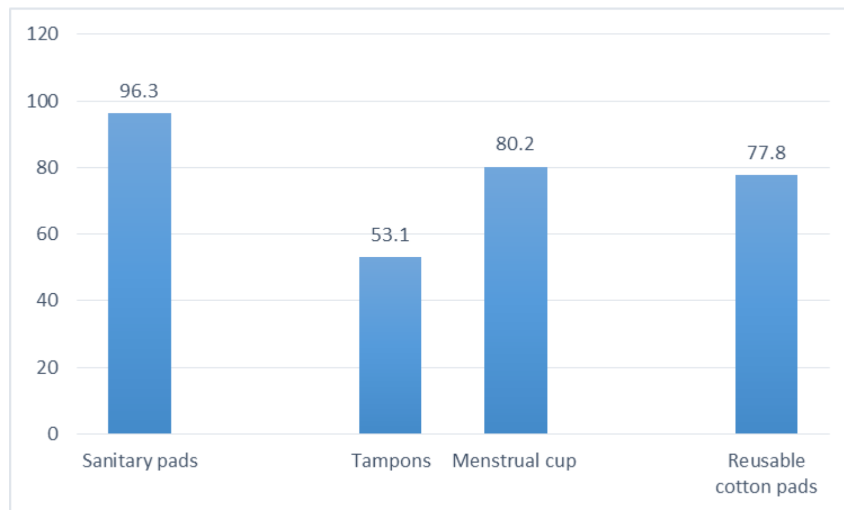

Fig: 2.3 bar graph showing the familiarity with menstrual hygiene products

The bar graph showing the familiarity of 81 respondents with different menstrual hygiene products, it shows that 96.3% of respondents were familiar with sanitary pads, suggesting that earlier sex education initiatives may have contributed to this high level of familiarity. This is consistent with the findings of a *"Study on menstrual hygiene management among female students in Bhutan"*, which emphasised the importance of comprehensive education to raise awareness about menstrual hygiene products (Tshomo, T., Gurung, M. S., Shah, S., Gil-Cuesta, J., Maes, P., Wangdi, R., & Tobden, J. (2021). Menstrual hygiene management—knowledge, attitudes, and practices among female college students in Bhutan. *Frontiers in Reproductive Health*, *3*, 703978.)

In addition, more than half of respondents (53.1%) were familiar with tampons, indicating their level of education or awareness of the product. This finding suggests that respondents received specific attention or access to information about menstrual cups. In addition, a significant majority (80.2%) were familiar with menstrual cups, indicating a remarkable level of familiarity and 77.8% aware of reusable pads. This is likely due to discussions about sustainable menstrual practices and the growing popularity of eco-friendly alternatives. When comparing the data with the study on menstrual hygiene management among female students in Bhutan, there are similarities in highlighting the importance of education and awareness about different menstrual hygiene products. Both studies emphasise the importance of holistic education to ensure

individuals are informed about a variety of options that meet their individual needs and preferences.

Knowledge about changes occurring in puberty

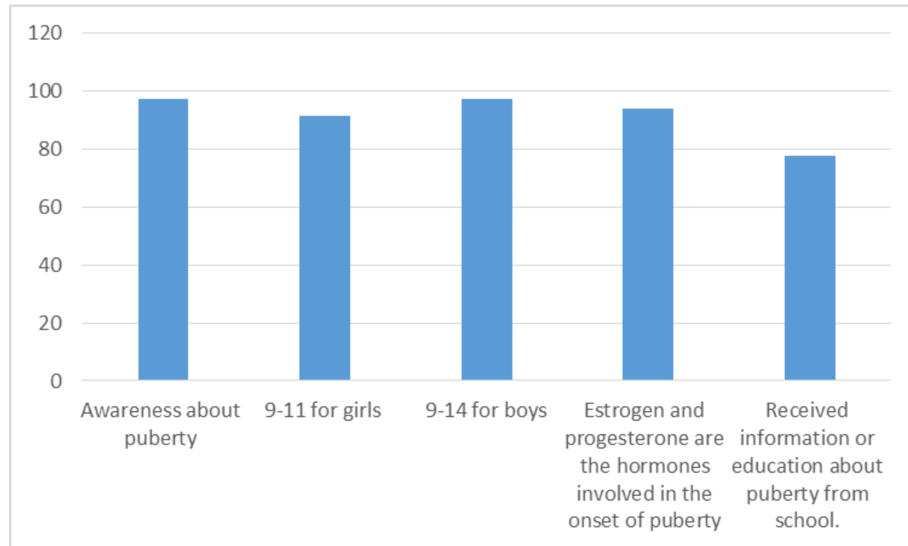

Fig: 2.4 Pie-diagram showing the knowledge about changes occurring in puberty

Figure 2.4, which illustrates the respondent's knowledge about puberty, indicates that a vast majority (97.5%) of the respondents are aware about the changes occurring in puberty. This suggests a strong understanding among students regarding the physical and emotional changes that take place during puberty and 91.4% of respondents agreed that girls usually hit puberty between the ages of 9 and 11. Similarly, 97.5% agreed that boys usually hit puberty between the ages of 9 and 14. These results are consistent with the "*Empirical Analysis on Knowledge, Attitudes and Practices (KAP): Puberty and Menstrual Hygiene* by Jisha V. G. R. Rupashree, T. Somasundaram" suggesting that individuals generally have a good understanding of the physical changes that accompany puberty increase and suggest that there is general consensus among respondents regarding the onset of puberty in both sexes. (VG, J., Rupashree, R., & Somasundaram, T. (2021). Empirical analysis on knowledge, attitudes and practices (KAP): puberty and menstrual hygiene. *Journal of International Women's Studies*, *22*(6), 113-128.) Furthermore, a clear majority (93.8%) of respondents correctly identified oestrogen and progesterone as hormones involved in the onset of puberty. This demonstrates a solid understanding of the hormonal changes that occur during this stage of development. 77.8% answered that they received information and education

about puberty at school. This suggests that a significant proportion of the respondents had received information about puberty through formal education.

Knowledge about Contraceptives

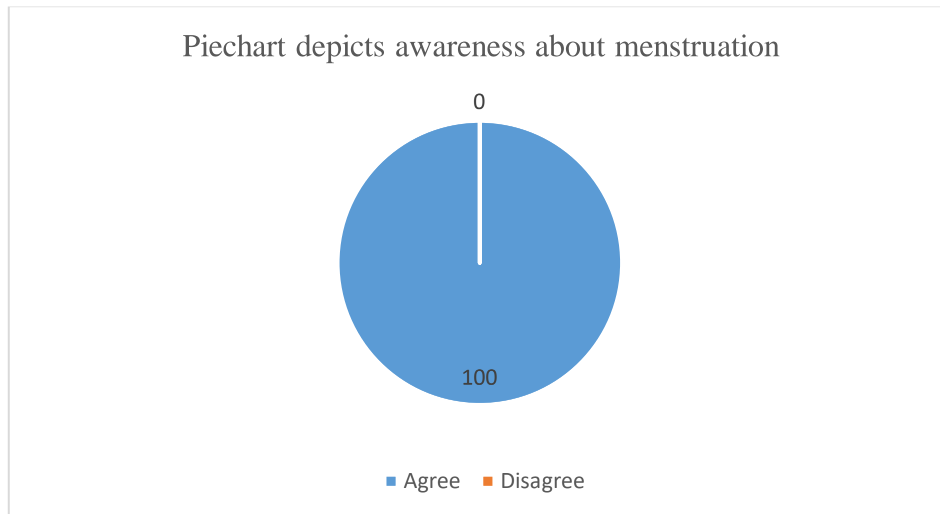

Fig: 2.5 Pie-diagram showing the knowledge about contraceptives

Figure 2.5 shows that 97.5% of the MSW students are aware about contraceptives. Knowledge was defined as the state of awareness of contraceptive methods, any specific types and the source of contraceptives.

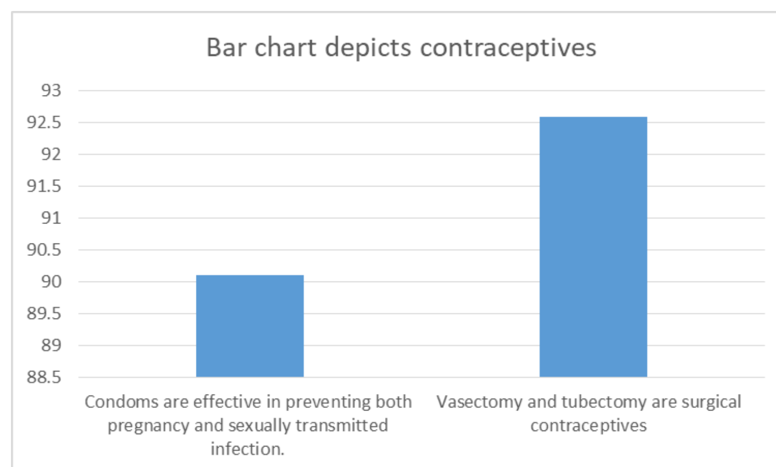

Fig: 2.6 Bar-chart depicts the knowledge about contraceptives

The bar chart represents the respondent's knowledge about contraceptive methods. According to the data 90.1% of the participants recognized condoms as an

effective method to prevent both pregnancy and other sexually transmitted diseases and 75% of respondents correctly identified vasectomy and tubectomy as surgical methods of contraception.

Knowledge about sexually transmitted disease

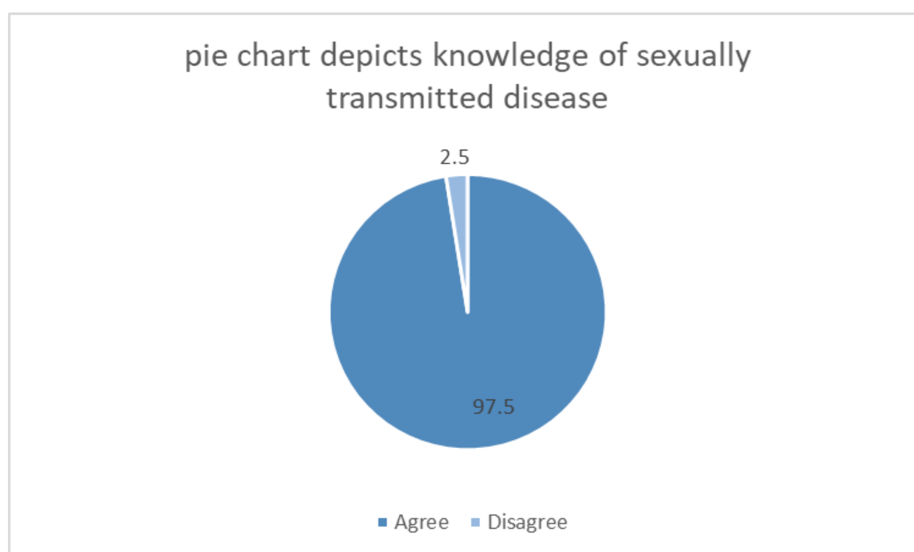

Fig: 2.7 Pie-diagram showing the knowledge about sexually transmitted disease

This figure 2.6 shows that respondents have a relatively understanding about contraception in relation to sexually transmitted diseases (STDs). Specifically, 97.5% of respondents claimed that they had knowledge about contraceptive methods.

Knowledge about STDs	Percentage
HIV/AIDS, Chlamydia, Gonorrhea, Hepatitis B, Trichomoniasis are the sexually transmitted	96.3
HIV is transmitted through saliva	86.4
Sex education is helpful in preventing sexually transmitted diseases	96.3

Table 2.1 represents the knowledge of sexually transmitted disease

The table 2.1 indicates a high level of awareness about sexually transmitted infections (STIs). The majority of 96.3% knew HIV/AIDS, chlamydia, gonorrhoea, hepatitis B, 1 sexually transmitted. This level of awareness is consistent with the results of the *Centers for Disease Control and Prevention's (CDC) Sexually Transmitted Diseases*

Surveillance Study in 2018. The study reported that the general population is generally well-informed about the transmission of STIs. (Workowski, K. A., & Bachmann, L. H. (2022). Centers for Disease Control and Prevention's sexually transmitted diseases infection guidelines. *Clinical Infectious Diseases*, *74*(Supplement_2), S89-S94.)

Regarding HIV transmission through saliva, research shows that 86.4% of respondents know that HIV is not transmitted through saliva. This finding shows that there is still a part of the population that lacks an accurate understanding of HIV transmission routes. The CDC study did not specifically address this claim, so direct comparisons cannot be made. However, it highlights the need for ongoing education and awareness campaigns to ensure accurate information reaches the public. Regarding the belief in the effectiveness of sex education in preventing sexually transmitted diseases, the survey found that 96.3% of respondents agreed that sex education is helpful. This is consistent with the findings of the CDC, which emphasises the importance of comprehensive sex education to prevent the spread of sexually transmitted diseases. CDC recommends comprehensive sex education programs that not only include abstinence but also provide accurate information about contraception and safe sex practices.

Level of knowledge of SRH with respect to sex

SEX	LEVEL OF KNOWLEDGE	
	Average	High
Male	11.1%	88.9%
Female	4.8%	95.2%

Table 2.2 depicting level of knowledge of SRH with respect to sex

Table 2.2 indicates the knowledge of respondents, a significant proportion of both male and female students possess a high level of knowledge. Both male and female students

demonstrated equally a high level of knowledge regarding aspects of sexual and reproductive health.

The data shows that both male and female students have a significant level of knowledge about sexual and reproductive health, gender equality in education and awareness. This indicates a shift away from traditional gender-based disparities in understanding sensitive topics, promoting equal access to information and knowledge on sexual and reproductive health. The equality in knowledge levels could be attributed to a more inclusive and comprehensive approach to education, ensuring equal quality and depth of information for both genders. Additionally, the data suggests a broader societal transformation, leading to increased awareness among all students, regardless of their gender. The equal distribution of knowledge suggests a more informed youth population, better equipped to make responsible decisions about sexual and reproductive health. This could lead to reduced stigmatization, improved communication, and healthier relationships among peers.

Level of knowledge of SRH with respect to religion

RELIGION	Level of knowledge	
	Average	High
Hindu	2.7%	97.3%
Christian	14.3%	85.7%
Islam	0.0%	100.0%

Table: 2.3 depicting the level of knowledge of SRH with respect to religion

Table 2.3 indicates, a vast majority of Hindu and Islamic respondents demonstrate a high level of knowledge about SRH except Christianity. Religiosity (strength of beliefs and religious service attendance) was significantly related to attitudes toward premarital sexual intercourse. Religiosity and religious affiliation were significant in distinguishing between contraceptive methods used by sexually active students.

(Pluhar, E., Frongillo, E. A., Stycos, J. M., & Dempster-McClain, D. (1998). Understanding the relationship between religion and the sexual attitudes and behaviors of college students. *Journal of sex education and therapy*, *23*(4), 288-296.)

Level of knowledge of SRH with respect to marital status

Marital status	Level of knowledge	
	Average	High
Single	6.8%	93.2%
Married	0.0%	100.0%
Divorced	0.0%	100.0%

Table: 2.4 depicting ***level of knowledge of SRH with respect to marital status***

Table 2.4, according to this data single, married and divorced possess a high level of knowledge. Thus, it reveals that marital status would not be directly affected by one's level of knowledge. There is no significant difference between the married and the unmarried regarding the knowledge level about SRH. It reveals that marital status does not directly impact one's knowledge level in sexual and reproductive health (SRH). Single, married, or divorced individuals all have a high level of knowledge about SRH matters. This contradicts common assumptions that marital status might influence or predict one's understanding of SRH. The lack of significant differences in knowledge between married and unmarried individuals suggests that factors beyond marital status play a more influential role in shaping one's comprehension of SRH. This highlights the need for a comprehensive exploration of determinants of SRH knowledge, considering factors like education, access to information, cultural background, and socio-economic status. The absence of a substantial distinction in knowledge levels between married and unmarried groups may suggest effective information dissemination and education programs that transcend marital status.

4.4 ATTITUDE WITH REGARD TO SEXUAL AND REPRODUCTIVE HEALTH AMONG ADVANCED LEARNERS OF SOCIAL WORK

The third objective looks into the attitude of advanced learners of social work regarding RSH. Their attitude is examined based on the importance of sex education, discussion about RSH, Sex education as a part of school curriculum, realisation of government, premarital pregnancy, menstrual cycle beliefs etc…

Opinion on the importance of sex education

Figure 3.1 represents the respondents' attitudes towards sex education. According to the study, the majority of respondents agree that sex education is important. This finding is consistent with research conducted on "*in*, where a similar emphasis was observed on the importance of sex education (Jose, J. (2017). Relationship of Academic Stress on Mental Health and Study Habit among B. Com Students in Christ College Irinjalakuda. *ACADEMICIA: An International Multidisciplinary Research Journal*, *7*(6), 5-16.).

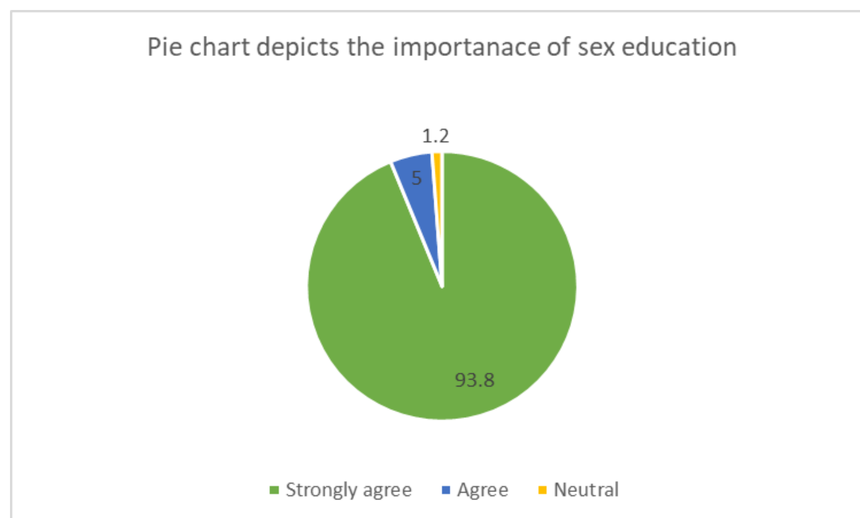

Fig: 3.1 Pie chart depicting the opinion on the importance of sex education

In both studies, the majority of respondents expressed a positive attitude towards sex education, emphasising its importance in providing valuable knowledge and awareness. The high percentage of respondents who completely agree indicates a consensus among participants that sex education is necessary for comprehensive understanding and informed decision making. The findings from both studies reinforce the importance of sex education, with the majority of respondents in both studies acknowledging its importance. These highlight the need for comprehensive sex education programs that

provide accurate information, promote healthy attitudes, and empower individuals to make informed sexual health choices sex.

Opinion of sex education should be taught at home by parents

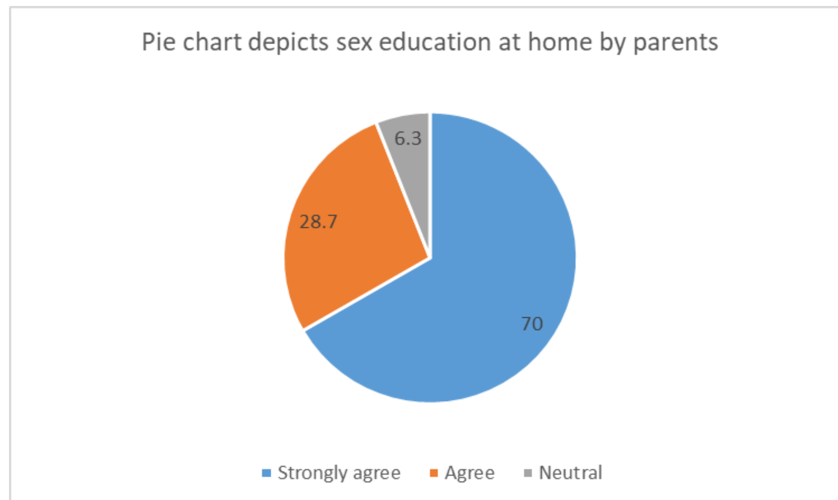

Fig: 3.2, Pie chart depicting sex education at home by parents

Figure 3.2 shows respondent's attitudes towards sex education at home by parents. According to the data, the majority of respondents agree with this statement, indicating a positive attitude towards including sex education at home by parents. Comparing these data with a study that assessed the "*Assessing the knowledge and attitudes to sexual and reproductive health education among young adults in Kerala, India by Neha Maria Augustine"*, some similarities can be seen. Both studies emphasise the importance of sex education and show that a significant percentage of respondents support it. (Augustine, N. M. (2023). Assessing the knowledge and attitudes to sexual and reproductive health education among young adults in Kerala, India. *Public Health Institute Journal*, 6-6.).

Inclusion of sexual and reproductive health education in school curriculum

Figure 3.3 represents the respondents' attitudes towards including sexual and reproductive health education in the school curriculum. In this study, the majority of respondents have a positive attitude towards including sexual and reproductive health education in school curriculum.

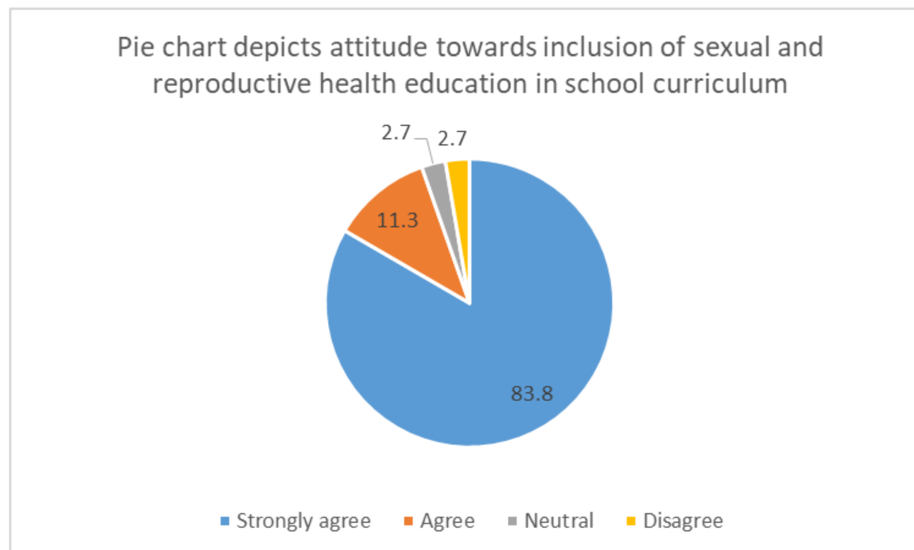

Fig: 3.3, Pie chart depicting sexual and reproductive health education as a part of school curriculum

A significant majority of respondents exhibit a favourable stance when it comes to integrating sexual and reproductive health education into the school curriculum. This prevailing support underscores the recognition of the benefits this education brings to students. By addressing vital topics like sexual health, relationships, and responsible decision-making, this approach equips young individuals with essential knowledge for their well-being. This positive attitude highlights a collective understanding of the importance of preparing students to navigate the challenges of adulthood and fostering a healthier society.

Recognition of government towards the need of sex education

In Figure 3.4, the attitude of the government towards sex education is depicted based on the responses of the study participants. According to the data, less than three fourth of the respondents agree that the government recognizes the importance of sex education.

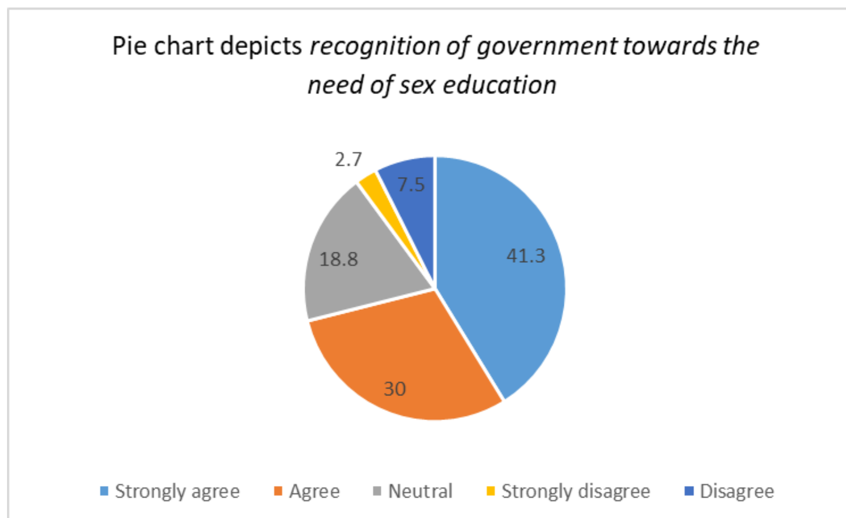

Fig: 3.4, Pie chart depicting recognition of government towards the need of sex education

Sex education is a subject that has long been notably absent from the majority of schools in India. When the Kerala government took steps to introduce the Adolescent Education Programme (AEP) recommended by UNICEF in Thiruvananthapuram schools, the initiative faced significant opposition and was ultimately put on hold. Various student groups, organizations, as well as certain teachers and parents, raised strong objections to the implementation of the Adolescent Education Programme (AEP) within the educational system. Developed by the State Council of Educational Research and Training (SCERT), the curriculum module openly addressed different facets of teenage sexuality and provided guidance on practicing safe sex. Divided into three sections—sex and adolescence, HIV, and human skills—the accompanying handbook came under scrutiny for its portrayal of the HIV component. Critics alleged that the HIV section challenged established norms of modesty and seemingly endorsed behaviours such as premarital sex, which is generally considered socially unacceptable in Kerala. Worth noting is the absence of compulsory sex education programs in Kerala.

Attitude towards discussing of sex education in public

Figure 3.5, the majority of respondents in the study disagree with discussing of sex education in public, indicating a significant proportion of the participants hold negative attitudes towards discussing sex education in public.

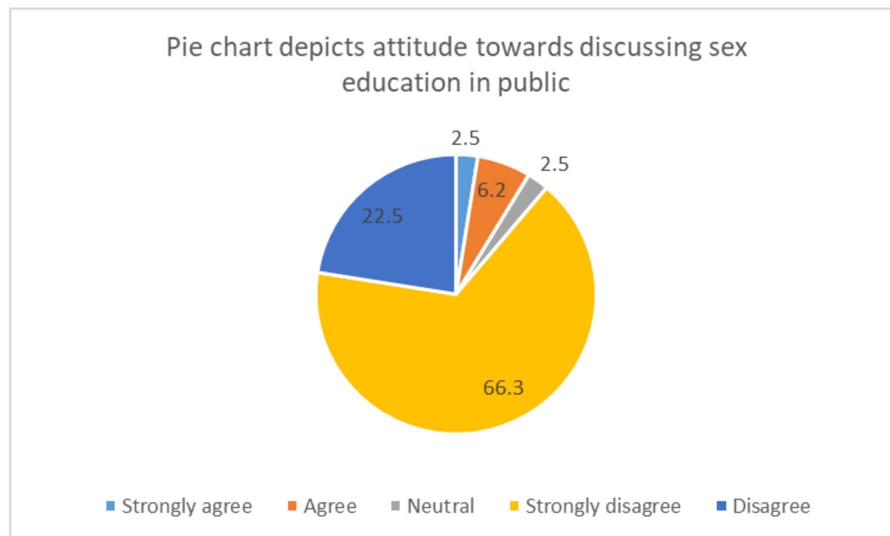

Fig: 3.5, Pie chart depicts the attitude of discussing of sex education in public

It is important to note that there are also conservative elements in society who may be reticent or opposed to discussing sex education in public. Some individuals and groups, influenced by cultural or religious beliefs, may consider the topic taboo or inappropriate for public discussion. They may argue that sex education should be limited to more private and controlled settings such as schools or families. In general, public views on discussing sex education in public in Kerala can vary depending on factors such as age, education level, socio-cultural background, and personal beliefs.

Attitude towards discussing sex education with friends

In Figure 3.6, the data represents the attitudes of respondents towards discussing sex education with their friends. The study reveals that more than three fourth of the participants agree with the statement, indicating a high level of comfort and openness in discussing this topic with their friends. It emphasising a positive attitude towards discussing sexual and reproductive health education with friends. It indicates that many respondents are in favour of talking with their friends about sexual and reproductive health education. This demonstrates the potential benefit of peer dialogues in raising public awareness and knowledge of these crucial issues.

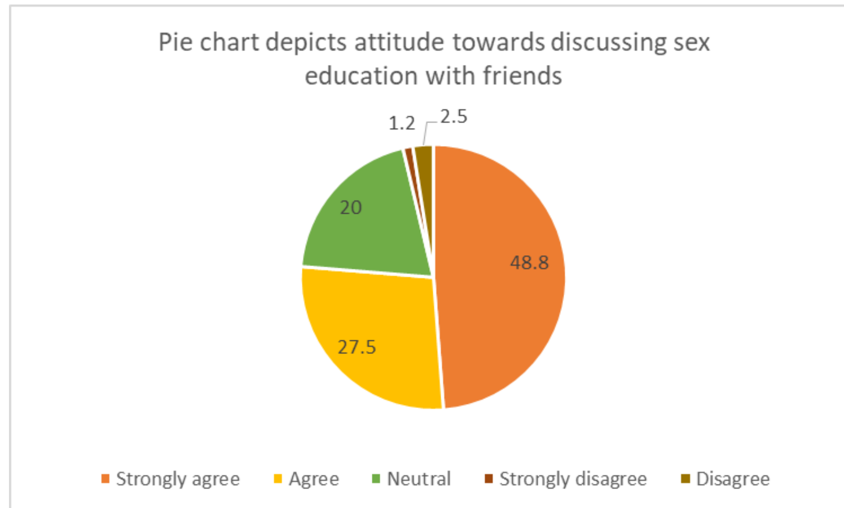

Fig 3.6, Pie chart depicting attitude towards discussing sex education with friends

Discussion of sexual and reproductive health education with parents

Figure 3.7, which illustrates the attitudes of respondents towards discussing sex education with parents. The data shows that 11.3% of the respondents strongly agree with discussing sexual and reproductive health education with parents, while a larger percentage, 28.7% agree with this statement.

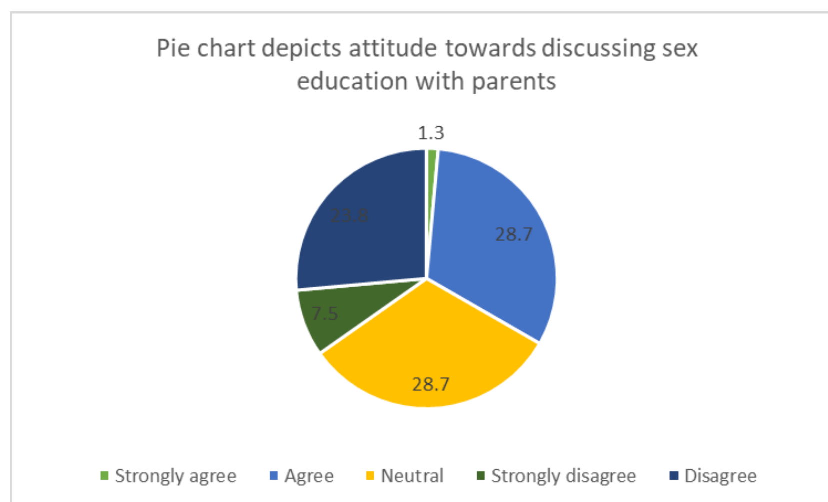

Fig: 3.7, Pie chart depicting the discussion of sex education with parents

These figures indicate that a significant portion of the respondents support the idea of having open and honest conversations about sexual and reproductive health within the family. Additionally, the data reveals that 28.7% of the respondents hold a neutral

opinion on discussing sexual and reproductive health education with parents. This neutral stance suggests that there is some uncertainty or lack of a strong preference among this group regarding this topic. On the other hand, 23.8% of the respondents disagree with discussing sexual and reproductive health education with parents, while 7.5% strongly disagree. These percentages indicate a notable proportion of individuals who are opposed to or uncomfortable with engaging in such conversations with parents.

When comparing it with the study "Parents` Perception of Sex Education on the Development of Adolescent Secondary School Girl In Gbarantoru Community Bayelsa State" stated that majority of respondents know about sex education, more than one fourth of the respondents taught their children and wards, more than half of the respondents stated that their children might have learnt through associations in school. This study also revealed that more than half of the respondents educated their ward about sex education with more than three fourth of them agreeing to encourage the teaching of sex education in school. Based on these findings, recommendations were made. In conclusion, most parents have good knowledge, positive attitude towards sex education and parents perception is that, adolescent girls should be taught sex education both at school and at home to enable them make informed decisions in terms of sexual behaviour that would promote school girls health and future well-being.

Attitude towards Premarital pregnancy

Figure 3.8, indicates the attitudes of respondents towards premarital pregnancy. In this study, 20% of respondents strongly disagree, 16.2% disagree, and 32.5% had a neutral opinion regarding premarital pregnancy. On the other hand, 22.5% agree, and 8.8% strongly agree with the statement. This suggests a conservative or traditional view on this topic within a segment of the population. These diverse perspectives reflect the varied societal attitudes, where different factors such as cultural norms, religious beliefs, and individual values contribute to the overall viewpoint on premarital pregnancy.

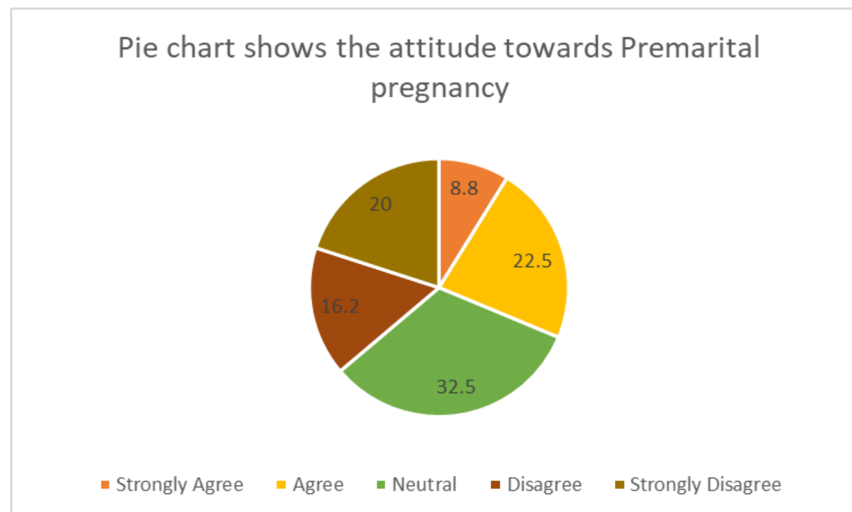

Fig: 3.8, Pie chart depicts attitude towards Premarital pregnancy

In the article "*The effects of attitudes on Teenage Premarital Pregnancy and its Resolution by Robert D.* `" stated that a sample of non-Hispanic white adolescents is drawn from the National Longitudinal Survey of Youth and analysed using the nested logit method. The estimates show that self-esteem, locus of control, attitudes toward women's family roles, attitudes toward school, educational aspirations, and religiosity are associated with premarital pregnancy and its resolution in directions predicted by theory. The effects of self-esteem, attitudes toward school, attitudes toward women's family roles, and educational expectations are substantively important. Attitudes and related personality variables are important paths through which family background characteristics influence adolescent sexual and marriage. (Plotnick, R. D. (1992). The effects of attitudes on teenage premarital pregnancy and its resolution. *American Sociological Review*, 800-811.).

Menstrual cycle beliefs in households

Figure 3.9 reflects the attitudes of households towards the concept of the menstrual cycle, more than half of the respondents disagreed with the statement and it shows there are no menstrual cycle beliefs still practised in their household.

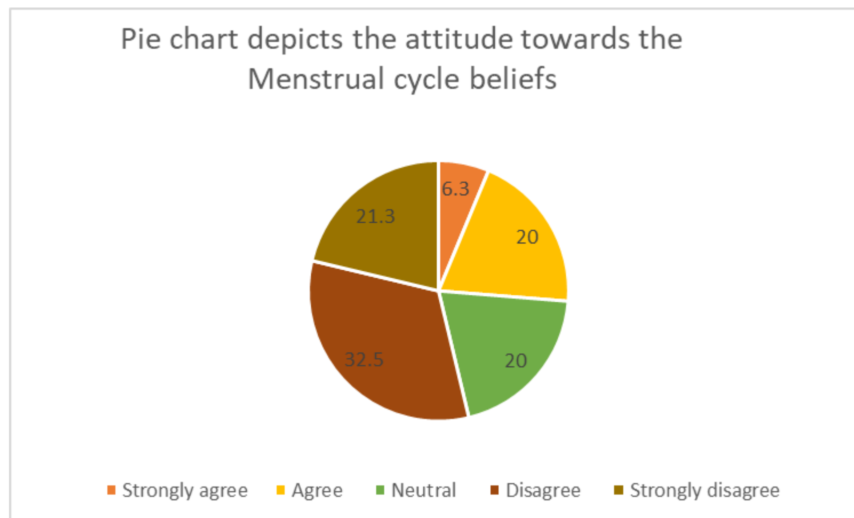

Fig: 3.9, depicts menstrual cycle beliefs in households

But when we compare it with the study "*Beliefs about menstruation: a study from rural Pondicherry* by Rajkumar Patil, Lokesh Agarwal, M Iqbal Khan, Sanjeev Kumar Gupta, Vedapriya DR , M Raghavia , Anuj Mittal it states that, nearly two third of the respondents believed that menstruating blood is dirty. Regarding myths, "Placing broom stick, neem leaves & footwear around the girl prevents intrusion of evil spirits" and "woman after menstruation must have a purifying bath. Almost all believe that women should not enter a temple during menstruation. Most of the people lack awareness; they still believe in old sayings. Literates are also having myths indicating that there is a strong need for creating awareness among literates also. Females had more misconceptions as compared to males. (Patil, R., Agarwal, L., Khan, M. I., Gupta, S. K., Vedapriya, D. R., Raghavia, M., & Mittal, A. (2011). Beliefs about menstruation: a study from rural Pondicherry. *Indian Journal of Medical Specialties*, *2*(1), 23-26.).

Abortion is a choice in unwanted pregnancy

Figure 3. 10 indicate that in the study, a significant percentage of respondents agreed with the statement that abortion is a choice in unwanted pregnancy. However, it is important to note that attitudes towards abortion can vary from person to person, even within different communities.

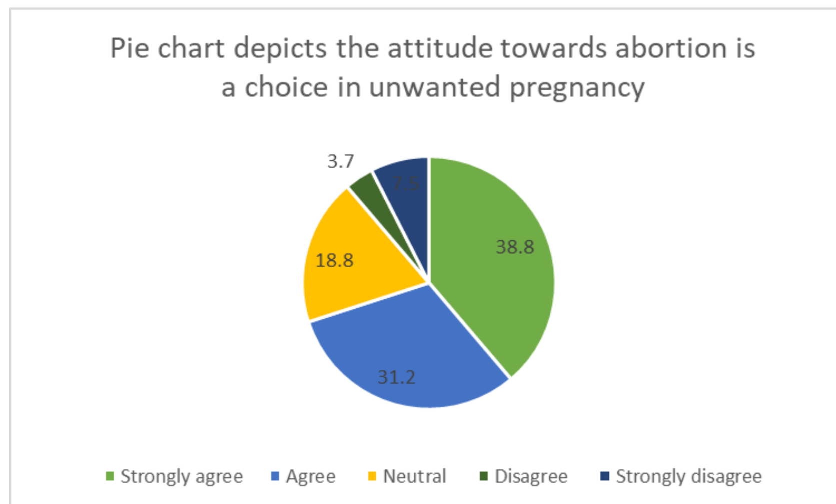

Fig: 3.10 depicts the attitude towards abortion is a choice in unwanted pregnancy

The Medical Termination of Pregnancy (MTP) Act, 1971, governs India's abortion legal status. It permits termination of pregnancy under certain circumstances, such as risk to life, rape, or foetal abnormalities. The Act has been amended to allow abortions up to 24 weeks, with exceptions for exceptional circumstances and consent from guardians or court orders for women under 18. Consult with medical professionals and follow legal guidelines when considering an abortion in India.

Sexual explicitness in movie are today quite high

Figure 2.4 indicates that a significant percentage of respondents have a positive attitude towards sexual explicitness in movies. According to the study, more than half of the respondents agree that sexual explicitness in movie are today quite high. The increasing acceptance of sexual content in movies can be attributed to a variety of factors, including changing social norms, increased exposure to explicit material via digital platforms, and changing attitudes for sex and censorship.

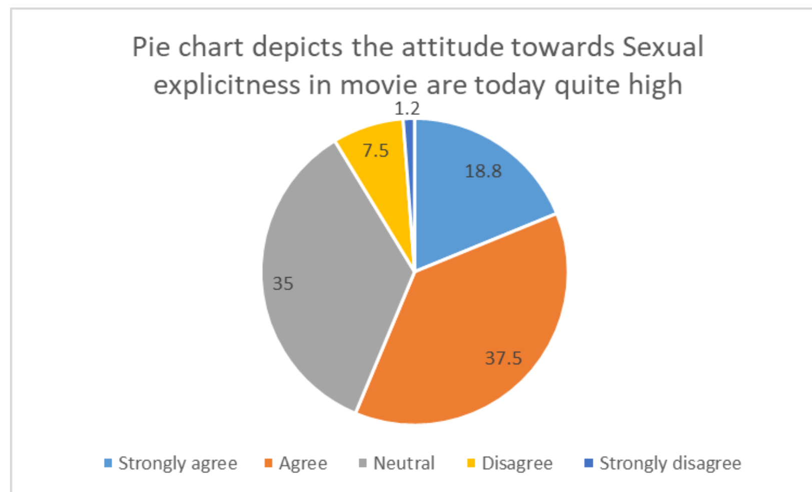

Fig: 3.11 Pie chart depicts the attitude towards sexual explicitness in movie

However, it is important to note that opinions on this matter can vary greatly between individuals and there may be differing views based on cultural, religious or personal values. It is important that filmmakers, industry professionals, and regulators take into account the diversity of audiences' attitudes toward sexual representation in films. While a significant portion of survey respondents appear to have positive or neutral views, balancing artistic freedom, audience preferences, and the need to ensure responsible content creation is important. Finding that balance may involve age-based ratings, content disclaimers, and respecting cultural sensitivities to create a viewing experience that is comprehensive and fully informed news for different audiences.

Type of attitude towards SRH with regards to sex

SEX	TYPE OF ATTITUDE	
	Positive	Negative
Male	94.4%	5.6%
Female	96.8%	3.2%

Table: 3.1 Type of attitude towards SRH with regards to sex

Table 3.1 indicates the attitude of male and female respondents towards sexual and reproductive health, a significant number of respondents, both male and female, have a positive attitude towards sexual and reproductive health. It reveals a growing awareness and acceptance of sexual and reproductive health among both male and female respondents. This positive sentiment suggests a shift in societal attitudes towards discussing and prioritizing these topics, a departure from traditional norms and taboos. The alignment of attitudes between genders highlights the importance of inclusivity and shared responsibility in fostering a comprehensive understanding of sexual and reproductive health. Education, awareness campaigns, and advocacy initiatives have contributed to this positive shift, with the convergence of male and female perspectives highlighting the potential for collaborative efforts to create a healthier and more informed population.

Type of attitude towards SHR with regards to religion

SEX	TYPE OF ATTITUDE	
	Positive	Negative
Hindu	94.4%	5.6%
Christian	96.8%	3.2%
Islam	96.8%	3.7%

Table 3.2 Type of attitude towards SHR with regards to religion

The data presented in table 3.2 highlights the attitudes towards sex education among different religious groups. According to the data, there is a positive attitude towards sex education among respondents from various religious backgrounds.

According to the study "Understanding the relationship between religion and the sexual attitudes and behaviors of college students. *Journal of sex education and therapy*, *23*". Religious affiliation, attitudes toward premarital sexual intercourse, and student

perceptions of the influence of religion on their sexual behaviors were significantly related to a student's probability of engaging in sexual intercourse. Religiosity (strength of beliefs and religious service attendance) was significantly related to attitudes toward premarital sexual intercourse. Religiosity and religious affiliation were significant in distinguishing between contraceptive methods used by sexually active students.

4.5 PRACTICES WITH REGARD TO SEXUAL AND REPRODUCTIVE HEALTH AMONG ADVANCED LEARNERS OF SOCIAL WORK

The fourth objective looks into the practices of advanced learners of social work regarding RSH. Their practices include sexual intercourse,

Sexual Intercourse

Figure 4.1 indicates, less than three fourth of the respondents did not participate in sexual intercourse. It could imply various reasons, such as personal choices, abstinence, lack of opportunity, or cultural and societal factors.

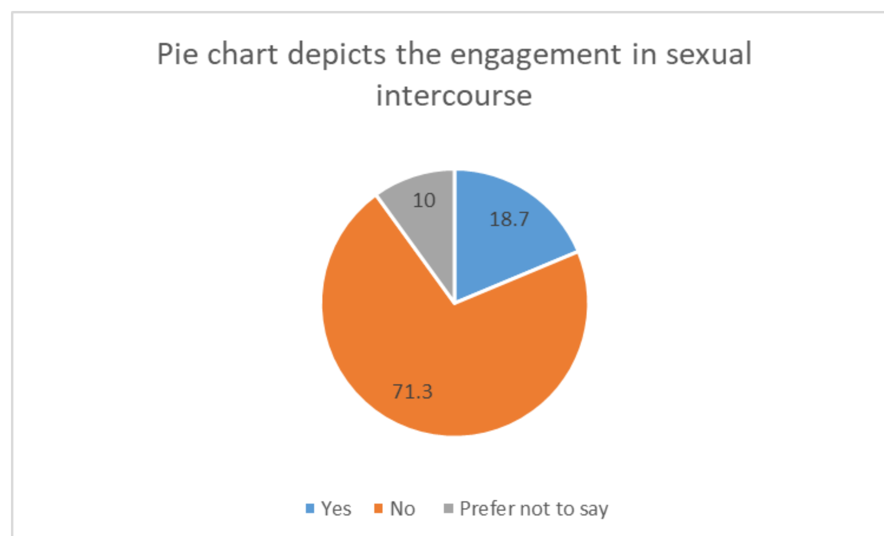

Fig: 4.1 Pie chart depicting the engagement in sexual intercourse

Comparing it with the study "*Association between age at first sexual intercourse and knowledge, attitudes and practices regarding reproductive health and unplanned pregnancy: a cross-sectional study*" stated that 10,164 students said they were sexually active, and the majority said they had their first sexual encounters while they were still

in college. The average Age at first sexual intercourse (AFSI) was 20.14 years, with a standard deviation (SD) of 2.98 years. The average AFSI varied by gender, being 19.97 years for men and 20.41 years for women. The majority of participants thought it was important to acquire knowledge on contraception and reproductive health, but few actually did. Different participants had different views on premarital sex. AFSI, contraceptive techniques used for the first sexual act, and whether contraceptive methods were used for every sexual act were found to be factors linked with unexpected pregnancy. (Shu, C., Fu, A., Lu, J., Yin, M., Chen, Y., Qin, T., & Yin, P. (2016). Association between age at first sexual intercourse and knowledge, attitudes and practices regarding reproductive health and unplanned pregnancy: a cross-sectional study. *Public health*, *135*, 104-113.)

Usage of sexual devices

The figure shows the vast majority of participants were not using sexual devices, it suggests that a significant portion of the sample population is not utilizing these devices for sexual pleasure or enhancement.

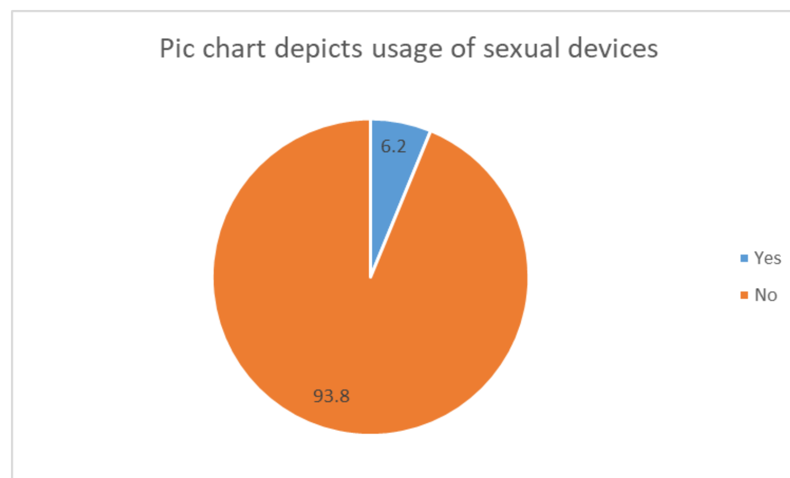

Fig: 4.2 Pie chart depicting the usage of sexual devices

It is important to note that attitudes towards sexual devices can vary among individuals and may be influenced by factors such as personal beliefs, cultural background, and social norms. While sexual devices are becoming more widely accepted and available globally, their usage may still face some degree of stigma in certain communities or regions. The college period is a key time for Chinese students in terms of becoming sexually active. As such, comprehensive and informative reproductive health education

should be provided before and during the college period. Furthermore, reproductive health education should include appropriate sexual morality education and comprehensive sex education.

Engagement in Masturbation

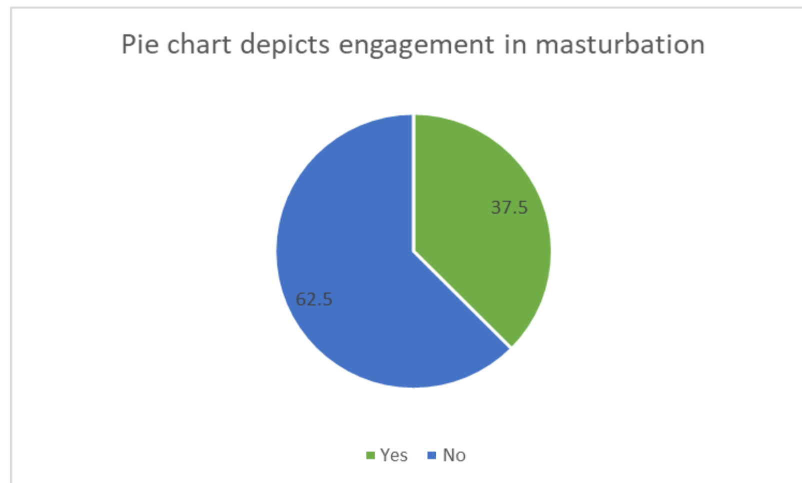

Fig: 4.3 Pie chart depicting the engagement in masturbation

The figure 4.3 engagement in masturbation, the results show that the majority of respondents, reported not being engaged in masturbation. The findings show that the majority of the respondents in this survey made the decision not to masturbate, which may be a consequence of their own choices, convictions, exposure to cultural or religious influences, or other factors. Masturbation-related attitudes and behaviours can be significantly influenced by societal and cultural influences.

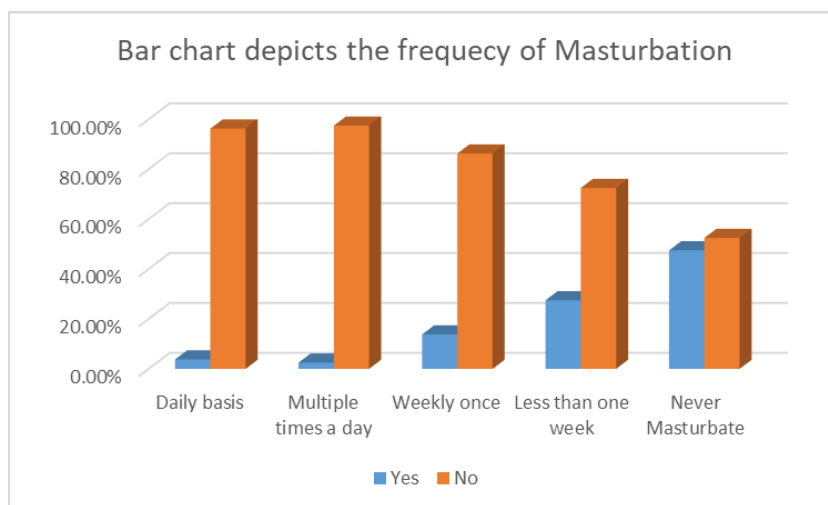

Fig 4.4 Bar chart depicting the frequency of masturbation

The data provided in the bar chart reveals interesting insights about the respondents' masturbation habits. Firstly, it shows that a vast majority of respondents do not engage in daily masturbation. (97.5%) of the respondents do not engage in multiple sessions of masturbation in a day, the majority (86.3%) of respondents reported that they do not masturbate at least once a week. This indicates that a significant proportion of the participants do not engage in weekly masturbation, the majority (72.5%) of respondents reported that they do not masturbate for less than one week.

This implies that a significant proportion of the participants do not engage in masturbation with a frequency of less than once a week. Conversely, a minority (27.5%) of respondents reported that they do masturbate with a frequency of less than one week. Finally, when considering overall engagement in masturbation, the data reveals that slightly more than half (52.5%) of the respondents reported not engaging in masturbation. This means that the majority of the participants do not participate in this activity. Conversely, less than half of the respondents reported being engaged in masturbation.

When comparing it with the study "*Gender differences in masturbation and the relation of masturbation experience in preadolescence and/or early adolescence to sexual behaviour and sexual adjustment in young adulthood"*. A comparison of male and female masturbation practices was undertaken in a sample of university students to determine if the long-standing finding that young adult men in this country masturbate more than young adult women was still evident in the 1980s. Despite the efforts in the past quarter century to encourage women in our society to take greater responsibility for their own bodies and their own sexuality and to engage in more sexual self-exploration and self-stimulation, results show that women continue to masturbate much less than men. Twice as many men as women had ever masturbated and the men who masturbated did so three times more frequently during early adolescence and young adulthood than the women who masturbated during these same age periods.(Leitenberg, H., Detzer, M. J., & Srebnik, D. (1993). Gender differences in masturbation and the relation of masturbation experience in preadolescence and/or early adolescence to sexual behaviour and sexual adjustment in young adulthood. *Archives of Sexual Behaviour*, *22*, 87-98.)

Willingness to use contraceptives during sexual intercourse

Figure 4.5 shows the respondents willingness to use contraceptives during sexual intercourse. More specifically, the data shows significant respondents' supported willingness to use contraceptives during sexual intercourse.

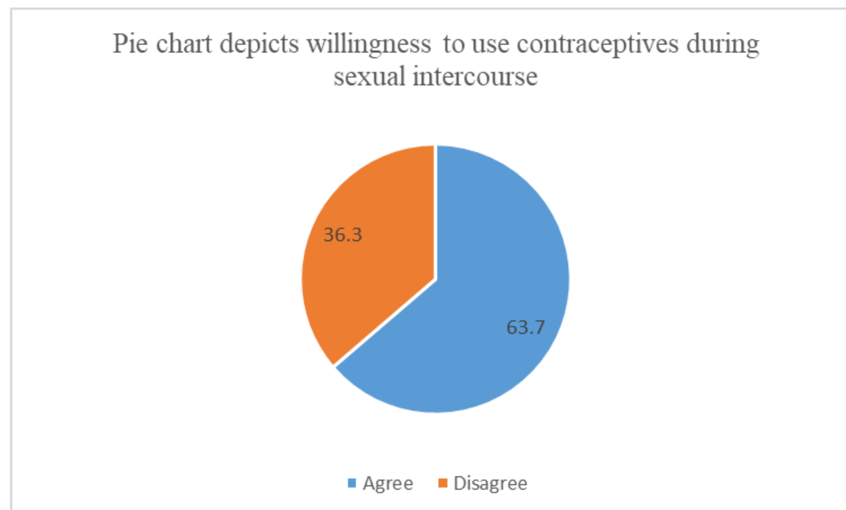

Fig 4.5 Pie chart depicting willingness to use contraceptives during sexual intercourse

This data shows more than half of the respondents reported willingness to use contraceptives during sexual intercourse, indicating a positive trend towards family planning and birth control. The interpretation of this data suggests that there is a recognition among a significant proportion of the respondents about the importance of contraception in preventing unintended pregnancies and controlling family size.

Participation in oral sex and anal sex

Based on the given data, it can be interpreted that a large majority of respondents did not engage in oral sex. This data suggests that oral sex is not a prevalent activity among the population being studied. The majority of individuals surveyed or considered in the data did not engage in oral sex, while a smaller portion did.

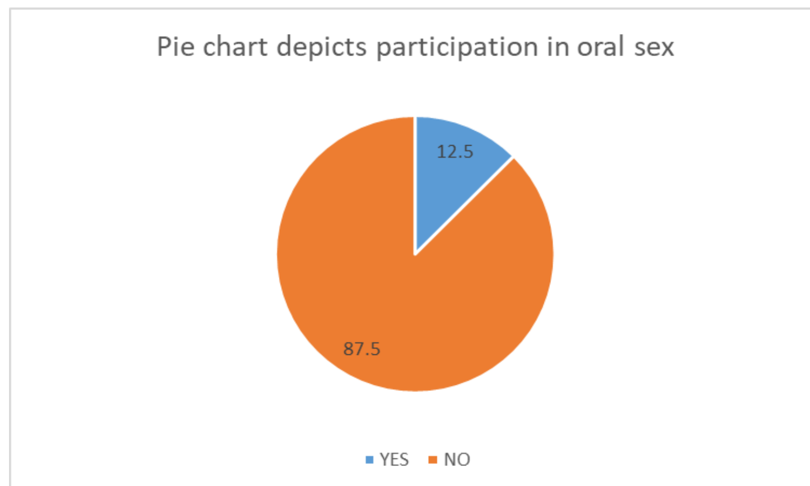

Figure 4.6 Participation in oral sex

In the article "*Oral and anal sex practices among high school youth in Addis Ababa, Ethiopia*" Understanding the full range of sexual behaviours of young people is crucial in developing appropriate interventions to prevent and control sexually transmitted infections including HIV. However, such information is meager in developing countries. The objective of this study was to describe oral and anal sex practices and identify associated factors among high school youth. Pregnancy prevention, virginity preservation, and a decrease in the spread of STIs and HIV were among the justifications for oral and anal sex. Oral sex practice was strongly and significantly associated with perception of best friend's engagement in oral sex and having illiterate mothers. Similarly, anal sex practice was strongly and significantly associated with a favourable attitude towards anal sex, and perceived best friend's engagement in anal sex.

Based on the given data, it can be interpreted that a significant majority of the respondents did not engage in anal sex. This data indicates that anal sex is not a widely practiced activity among the population being studied.

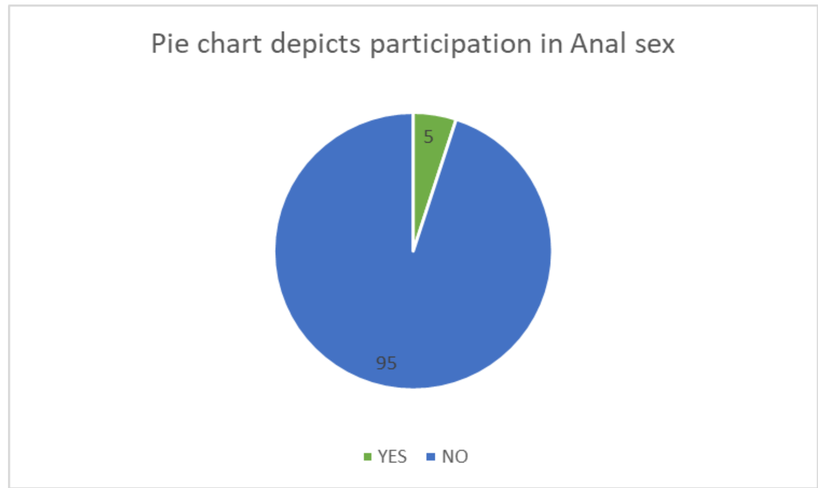

Figure 4.7 Participation in anal sex

The article "*Prevalence and Correlates of Heterosexual Anal and Oral Sex in Adolescents and Adults in the United States*" stated that one third of both men and women had ever engaged in oral sex, whereas one-third had ever engaged in anal intercourse. The usage of condoms during final oral or anal intercourse was comparatively rare. Having ever had anal intercourse was linked to white ethnicity, being between the ages of 20 and 44, and having a non-monogamous sex partner in separate models for men and women. In both men and women, having ever provided oral sex was associated with being of the white race, being between the ages of 20 and 44, being married, and having more lifetime sex partners.

Sexual intercourse with same gender

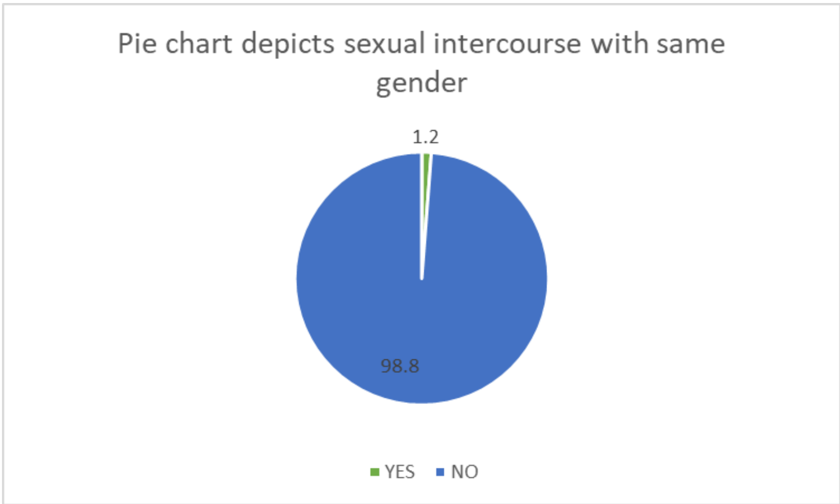

Figure 4.8 Sexual inter course with same gender

Figure 4.6 indicates that a vast majority of the respondents were not engaging in sexual intercourse with individuals of the same gender. Same-sex sexual activity is defined as sexual relations between people of the same sex. It includes sexual behaviours or activities that can be physically intimate, such kissing, touching, oral sex, anal intercourse, or other types of sexual stimulation. For those who are attracted to other persons of the same sex, having sexual relations with them is a natural manifestation of their sexual orientation. Being gay, lesbian, or bisexual is only one example of the wide range of sexual orientations that are considered to be normal and acceptable by society. It is important to remember that various nations and cultures have varied laws and social norms regarding same-sex sexual behaviour. While some regions have legalised same-sex relationships and given LGBTQ+ people legal protections, other regions may still have laws that criminalise or stigmatise homosexuality. It is crucial to respect and acknowledge each person's rights and dignity, regardless of their sexual orientation.

In the "*review of literature project 1995- 2003- Sexual and Reproductive health of adolescents and youth in Philippians*" stated that, the majority of sexually active young Filipinos stick to one sexual partner, data show that an estimated 34% have multiple sex partners. This represents about 1.6 million of the country's 15 to 27 year old population. More than half of males engaging in PMS reported having more than one partner. The comparative levels for females was only 9%" (YAFS III 2002) (World Health Organization. (2005). Sexual and reproductive health of adolescents and youths in Philippines: a review of literature and projects, 1995-2003.)

4.6 TESTING OF HYPOTHESIS

Relation between knowledge and attitude towards SRH

		sum of knowledge	Sum of attitude
Sum of knowledge	Pearson Correlation	1	.212*
	Sig. (1-tailed)		.029
	N	81	81
Sum of attitude	Pearson Correlation	.212*	1

	Sig. (1-tailed)	.029	
	N	81	81

Table 5.1 Table shows relationship between knowledge and attitude

There is a relationship between the knowledge and attitude towards SRH. As people's knowledge on sexual and reproductive health improves, their attitude towards sexual and reproductive health progresses

This indicates that there is a positive correlation between the sexual and reproductive health (SRH) knowledge and attitudes of an individual. In other words, as a student receives more information and education about sexual and reproductive health issues, their opinions and feelings about these issues become more positive or encouraging. This interpretation indicates that education and awareness play a decisive role in shaping people's opinions and beliefs about sexual and reproductive health. When people better understand topics such as contraception, sexually transmitted infections, pregnancy and family planning, they are likely to develop more open, accepting and responsible attitudes towards these issues. The relationship described in the statement is consistent with the idea that information enables people to make informed decisions about their sexual and reproductive health. With accurate information, people are more likely to use safe practices, seek appropriate health care, and effectively communicate these concerns with their partners, health care providers, and peers.

CHAPTER V: FINDINGS, SUGGESTIONS, CONCLUSION

CHAPTER 5: FINDINGS, SUGGESTIONS AND CONCLUSION

5.1 OVERVIEW OF THE CHAPTER

The study titled *Knowledge, Attitude and Practice (K.A.P.) of Sexual and Reproductive Health among Advanced Learners of Social Work* aims to understand the knowledge, attitude and practice (K.A.P.) with regard to sexual and reproductive health among advanced learners of social work and the prospects for comprehensive sex education. The study adopted a cross-sectional design and collected data from 81 advanced learners of social work (M.S.W. students) from various colleges based in Trivandrum district using a self-prepared questionnaire. This chapter is aimed to summarise the major findings of the study. The chapter also tries to put forward suggestions, recommendations and implications according to the findings and to provide the summary of whole research.

5.2 SUMMARY OF MAJOR FINDINGS

5.2.1 SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS.

- Majority of the respondents of the study were from the age group of 21-34 years.
- The presence of female respondents were higher in the sample in comparison with males.
- There were more respondents who were 'unmarried' than the 'married' and 'divorced' in the sample selected
- There were more respondents from Hindu and Christian religions compared to Islam and other categories.
- As for the ordinal position, a majority of respondents were either first-born or second-born, rather than third-born or being the only child.

5.2.2 KNOWLEDGE WITH REGARD TO SEXUAL AND REPRODUCTIVE HEALTH

Level of knowledge of the respondents

- The source of sex education for almost three-quarters of the respondents was from peers and the media.
- Majority of the respondents are aware about menstruation.
- Majority of respondents were familiar with sanitary pads being the most cited menstrual hygiene product, rather than tampons, reusable pads and menstrual cups.
- A majority of the respondents were aware about changes occurring during puberty.
- Majority of the respondents also had adequate knowledge about contraceptives.
- The level of knowledge regarding contraceptive methods was relatively high among the respondents.
- The respondents have a relatively demonstrated high level of knowledge about condoms in preventing sexually transmitted diseases.

Relation with sex and level of knowledge of the respondents

- Both male and female students demonstrated equally a high level of knowledge regarding aspects of sexual and reproductive health

Religious status and level of knowledge about SRH

- A vast majority of Hindu and Islamic respondents demonstrate a high level of knowledge about SHG except Christianity.
- Religiosity (strength of beliefs and religious service attendance) was significantly related to attitudes toward premarital sexual intercourse. Religiosity and religious affiliation were significant in distinguishing between contraceptive methods used by sexually active students.

Relation between marital status and level of knowledge about SRH

- There is no significant difference between the married and the unmarried regarding the knowledge level about SRH.

5.2.3 ATTITUDE WITH REGARD TO SEXUAL AND REPRODUCTIVE HEALTH AMONG ADVANCED LEARNERS OF SOCIAL WORK

Type of attitude towards sexual and reproductive health

- Majority of respondents showcased a positive attitude towards sex education.
- Significant percentage of respondents indicated a positive attitude towards sex education should be taught at home by parents.
- Respondents have positive attitudes towards including sexual and reproductive health education in the school curriculum.
- More than half of the respondents agree that the government recognizes the importance of sex education.
- Majority of respondents have negative attitude of discussing of sex education in public.
- Majority of respondents have a positive attitude towards discussing sexual and reproductive health education with their friends.
- Notable proportion of individuals who are opposed to or uncomfortable with discussing sexual and reproductive health education with parents.
- Very few of respondents have a positive attitude towards premarital pregnancy.
- More than half of respondents disagreed that menstrual cycle beliefs are still followed in households.
- Significant percentage of respondents support the view that abortion is an option in the case of unwanted pregnancy.

Relations with type of attitude and sex of the respondent

- Significant number of respondents, both male and female, have a positive attitude towards sexual and reproductive health.
- A significant change in society's perception and increasing recognition of the importance of reproductive health and sexuality.

Religious status and attitude towards sex education

- Except for Christians in the sample the respondents from other religions exhibited a positive attitude towards sex education.

Relationship with knowledge and attitude of SRH

There is a relationship between the knowledge and attitude towards SRH. As people's knowledge on sexual and reproductive health improves, their attitude towards sexual and reproductive health progresses. It suggests a positive correlation between an individual's knowledge of sexual and reproductive health (SRH) and their attitude towards SRH.

5.2.4 PRACTICES WITH REGARD TO SEXUAL AND REPRODUCTIVE HEALTH

- Majority of the respondents reported not engaging in sexual intercourse.
- A significant portion of the respondents is not using the devices for sexual pleasure or enhancement.
- Majority of the respondents are not engaged in masturbation, which may be a consequence of their own choices, convictions, exposure to cultural or religious influences, or other factors.
- Half of the respondents using contraceptives showcased their level of awareness and adoption of contraceptive methods.
- Large majority of respondents were not engaged in oral sex, anal sex and sex with the same gender.

5.3 SUGGESTION

- There is a need for further training and practical exposure in addressing sexual and reproductive health issues within the social work context.
- Starting point for interventions and further research in this area, ultimately contributing to the overall well-being and empowerment of individuals seeking social work support in matters of sexual and reproductive health.
- Integrate comprehensive sexual and reproductive health education into the curriculum of social work programs. Provide advanced learners of social work with training on effective counselling techniques and communication skills to address sexual and reproductive health issues. This training should focus on fostering non-judgmental attitudes, active listening, and empathy to create a safe and supportive environment for clients seeking assistance.

- Provide advanced learners of social work with training on effective counselling techniques and communication skills to address sexual and reproductive health issues. This training should focus on fostering non-judgmental attitudes, active listening, and empathy to create a safe and supportive environment for clients seeking assistance.
- Foster collaborations between social work education institutions and healthcare providers to facilitate access to sexual and reproductive health services for advanced learners. This can include establishing partnerships with clinics, organizing workshops, and providing opportunities for learners to gain practical experience in reproductive health settings.
- Encourage future research to explore the experiences and perspectives of advanced learners of social work regarding sexual and reproductive health. This can help identify additional gaps and challenges and inform the development of targeted interventions.
- Present a promising basis for new initiatives aimed at educating and empowering young people to make informed decisions about their sexual and reproductive health.

5.4 SOCIAL WORK IMPLICATIONS

The study on knowledge, attitude, and practice of sexual and reproductive health among advanced learners of social work holds significant implications for the field of social work. This study seeks to understand the awareness, beliefs, and behaviours of social work students in relation to sexual and reproductive health, shedding light on potential areas of intervention and education within the field.

- ➢ Development and integration of comprehensive sexuality education within social work curriculum. Social work educators can tailor their teaching approaches to ensure that advanced learners gain accurate, up-to-date knowledge about sexual and reproductive health, thereby preparing them to address related issues effectively when working with clients.
- ➢ Uncover prevailing stigmas, biases, and misconceptions surrounding sexual and reproductive health. Social work programs can incorporate modules that challenge these biases and promote open, non-judgmental discussions, helping

advanced learners to develop a more inclusive and respectful approach when working with diverse populations.

- The attitudes and beliefs of advanced social work students, educators can tailor interventions that emphasize the importance of informed decision-making regarding sexual and reproductive health. This can empower future social workers to guide clients in making well-informed choices about their sexual and reproductive well-being.
- Inform advocacy efforts and policy initiatives related to sexual and reproductive health. Advanced social work learners can be encouraged to engage in advocacy work, championing policies that promote access to comprehensive sexual and reproductive health services and support.
- Reveal gaps in how advanced learners perceive and approach sexual and reproductive health issues among clients. Social work education can emphasize client-centered approaches that prioritize the unique needs, values, and preferences of individuals and communities, fostering a more sensitive and effective practice.
- Understanding advanced learners' attitudes towards sexual and reproductive health can inform the integration of trauma-informed care principles into social work training. This enables social workers to provide support and interventions that acknowledge potential traumas and sensitivities related to sexual and reproductive experiences.
- Highlight the importance of collaboration between social workers and professionals from other disciplines in addressing sexual and reproductive health issues comprehensively. Advanced social work students can be encouraged to engage in interdisciplinary dialogues and partnerships to provide holistic support to clients.
- Social work programs can emphasize the importance of understanding diverse cultural perspectives and tailoring interventions that respect cultural norms while promoting health and well-being.

5.5 CONCLUSION

In conclusion, the study on the Knowledge, Attitude, and Practice (K.A.P.) of Sexual and Reproductive Health among Advanced Learners of Social Work provides valuable

insights into the understanding and behaviours of this specific group regarding sexual and reproductive health. The findings of the study indicate that advanced learners of social work generally possess a good level of knowledge about sexual and reproductive health, as evidenced by their accurate responses to knowledge-based questions. Their positive attitudes towards promoting sexual and reproductive health are also evident, as they expressed a strong belief in the importance of comprehensive education and access to reproductive healthcare services. The study also highlights certain gaps in the participants' practice related to sexual and reproductive health. Although they have the knowledge and positive attitudes, there is room for improvement in translating this knowledge into effective interventions and support for individuals in need. And the study underscores the importance of ongoing education and professional development for advanced learners of social work in the area of sexual and reproductive health. By bridging the gap between knowledge, attitude, and practice, social workers can play a crucial role in promoting healthy sexual behaviours, addressing reproductive health concerns, and ensuring the overall well-being of individuals and communities they serve.

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ANNEXURE

SOCIO- DEMOGRAPHIC DETAILS:

1. Name
2. Age
3. Sex
    - Male
    - Female
    - Other

4. Religion
    - Hindu
    - Christian
    - Islam

5. Educational Status
    - MSW First Year
    - MSW Second Year

6. Marital Status
    - Single
    - Married
    - Divorced
    - Separated
    - Widowed
    - Other

7. Name of College
    - Loyola College Of Social Sciences, TVM
    - University campus Kariyavattom
    - Vigyaan College
    - National College

FAMILY DETAILS

8. What is your ordinal position in your family?
    - First born
    - Second born
    - Third born
    - Fourth born
    - Only child
    - Other

9. Occupation of Father
10. Occupation of Mother
11. Educational Status of Father
    - No formal education
    - Pre primary
    - UP
    - SSLC
    - Higher secondary
    - UG
    - PG
    - Other

12. Educational Status of Mother * *Mark only one oval.*
    - No formal education
    - Pre primary
    - UP
    - SSLC
    - Higher secondary
    - UG
    - PG
    - Other:

To assess the knowledge level of MSW Students about sex education

13. Parents are my primary resource of sex education
    - Agree
    - Disagree
14. Friends are my primary resource of sex education.
    - Agree
    - Disagree
15. I got information regarding sex education from media.
    - Agree
    - Disagree
16. I am aware about Menstruation.
    - Agree
    - Disagree
17. I am familiar with sanitary pads.
    - Agree
    - Disagree
18. I am familiar with Tampons.
    - Agree
    - Disagree
19. I am familiar with menstrual cup.
    - Agree
    - Disagree
20. I am familiar with reusable cotton pads.
    - Agree
    - Disagree
21. I know about the changes occurring in puberty.
    - Agree
    - Disagree
22. Typically puberty begins for girls around the age of 9-11.
    - Agree
    - Disagree

23. Typically puberty begins for boys around the age of 9-14.
    - Agree
    - Disagree
24. In my knowledge, oestrogen and progesterone are the hormones involved in the onset of puberty.
    - Agree
    - Disagree
25. I received information or education about puberty when I was in school.
    - Agree
    - Disagree
26. I know about contraceptives.
    - Agree
    - Disagree
27. Condoms are effective in preventing both pregnancy and sexually transmitted infection.
    - Agree
    - Disagree
28. Vasectomy and Tubectomy are surgical contraceptives.
    - Agree
    - Disagree
29. Sex education is helpful towards preventing teenage pregnancy among youth.
    - Agree
    - Disagree
30. Currently, school students cannot receive an adequate sex education from their teachers.
    - Agree
    - Disagree
31. I know about the sexually transmitted disease or STD's.
    - Agree
    - Disagree

32. HIV/AIDS, Chlamydia, Gonorrhoea, Hepatitis B, Trichomoniasis are the sexually transmitted disease
    - Agree
    - Disagree
33. I think HIV is transmitted through saliva.
    - Agree
    - Disagree
34. Sex education is helpful in preventing sexually transmitted disease.
    - Agree
    - Disagree

To assess the attitude of MSW Students towards Sex education

35. Sex education is important.
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree
36. Sex education should begin in primary class.
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree
37. Sex education should begin in secondary class.
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree
38. Sex education should begin in higher secondary class.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

39. Sex education should be taught at home by parents.
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree
40. Sex education should be included in school curriculum.
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree
41. Sex education is a personal topic not to be discussed in public.
    - Strongly Agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree
42. I am glad that government realized the need of sex education.
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree
43. I support premarital pregnancy.
    - Strongly Agree
    - Agree

- Neutral
- Disagree
- Strongly Disagree

44. I discuss about physical, mental and social issues related to reproductive health with my friends.
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree
45. I discuss about physical, mental and social issues related to reproductive health with my parents.
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree
46. Some menstrual cycle beliefs are still practiced in my household.
    - Strongly agree
    - Agree
    - Neutral
    - Strongly disagree
    - Disagree
47. In cases of unwanted pregnancy abortion is a choice.
    - Strongly agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree
48. The level of sexual explicitness in movies are today is quite high.
    - Strongly agree
    - Agree

- Neutral
- Disagree
- Strongly Disagree

To understand the sexual practices of MSW students

49. I had sexual intercourse.
    - Yes
    - No
    - Prefer not to say
50. I use new method of sexual devices.
    - Yes
    - No
51. I keep my genital area clean.
    - Yes
    - No
52. I always practice safe sex.
    - Yes
    - No
53. I provide awareness to others regarding sex education.
    - Yes
    - No
54. I try to determine information regarding contraception.
    - Yes
    - No
55. I engage in masturbation.
    - Yes
    - No
56. I engage in masturbation in daily basis.
    - Yes
    - No
57. I masturbate multiple times a day.

- Yes
- No

58. I masturbate once in a week.
    - Yes
    - No
59. I masturbate less than once a week.
    - Yes
    - No
60. I never masturbate.
    - Yes
    - No
61. I will use contraceptives during sexual intercourse.
    - Yes
    - No
62. I have had anal intercourse.
    - Yes
    - No
63. I have had oral intercourse.
    - Yes
    - No
64. I have had intercourse with same gender.
    - Yes
    - No