CHAPTER VI

SUMMARY, CONCLUSIONS & RECOMMENDATIONS
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Summary of the study:

The present study was aimed to assess the Knowledge, Attitude and Practice on Sexual Health Education among the students and teachers of selected high schools in Guwahati, Assam. A cross sectional study method is used for this study.

The conceptual framework used in this research was based on the general system theory adopted from Ludwin Bertlanlly. The instrument used for collection of data was a structured questionnaire for students and teachers, consisting of 40 knowledge items, 20 attitude items, in 5 point Likert scale and 20 items of practice questionnaires.

A convenience sampling technique was used for selection of the schools in Guwahati. A Stratified Random sampling technique was used to select students from class VIII, IX, and X. The total number of students selected from each school was 60. Teachers were selected from the same schools who were present during data collection period. Hence, a total sample of 1000 students and 300 teachers were finally selected for the study.
Descriptive statistical and inferential statistics were used to summaries the data.

The major study findings are summarised below:

1. Only 9.8 percent of the high school students have adequate knowledge regarding Sexual Health Education, 29.4 percent have moderate and 60.8 percent have inadequate knowledge.

2. Majority of the students have shown undecided attitude towards Sexual Health Education.

3. In relation to the opinion of the students regarding Sexual Health practice 85% are found to follow unhealthy practice and only 15% are following healthy practice.

4. In matter of Knowledge regarding Sexual Health Education, majority of the teachers (80.33) have moderate knowledge and 16.67 percent have inadequate knowledge and only 3 percent have adequate knowledge.
5. Regarding the Attitude of the teachers regarding Sexual Health, the majority of the teachers (78.67%) have undecided attitude.

6. The practice level of the teachers, 48.67% are found to follow unhealthy practice while 51.33% are found to follow healthy practice.

7. The present finding shows that there are differences in terms of the Knowledge of the students on Sexual Health Education and all selected demographic factors i.e. between class VIII, IX and X, type of family, Socio-economic conditions of the parents i.e. education, occupation and income are not found to be significant.

8. The study revealed that the following demographic variable i.e. type of schools, sex of the students i.e. boys and girls and religion are found to be statistically significant.

9. The present findings shows that the difference between the Attitudes of the students on Sexual Health Education and following selected demographic factors i.e. sex of the students, type of family, Socio-economic conditions of the parent’s i.e. education, occupation and income are not found to be statistically significant.
10. It is observed that differences of Attitudes the students on Sexual Health Education and selected demographic factors i.e. type of schools, between class VIII, IX and X, religion is found to be statistically significant.

11. The present findings show that the difference in terms of the Practice level of the students on Sexual Health Education and selected demographic factors of the students i.e. types of schools, Socio-economic conditions of the parent's i.e. education, occupation and income are not found to be statistically significant.

12. The present findings also shows the difference in matter of Practice level of the students on Sexual Health Education and selected demographic factors i.e. classes of the students i.e. VIII, IX and X, sex of the students, religion, types of family are found to be statistically significant.

13. The present finding shows that difference of Knowledge on Sexual Health Education of the teachers and selected demographic factors i.e. sex of the teacher's i.e. male and female, educational qualification, experience of the teachers, personal habits are not found to be significant.
14. The study revealed that Knowledge on Sexual Health Education of the teachers and following demographic variables i.e. type of school, religion, marital status, type of family, monthly incomes, training of the teachers and natures of job are found to be statistically significant.

15. It can also be inferred that difference of Attitudes of the teachers on Sexual Health Education and selected demographic factors i.e. types of schools, medium of school, religion, type of family, experience, personal habits, training and natures of job of the teachers are not found to be statistically significant.

16. The study reveals that Attitude of the teachers on Sexual Health Education and following demographic variable i.e. sex of the teacher’s, marital status and educational qualifications of the teachers are found to be statistically significant.

17. The present findings shows that difference in matter of Practice of the teachers on Sexual Health Education and selected demographic factors i.e. educational qualification of teachers, experience in years and training of the teacher’s are not found to be significant.

18. The study reveals that Practice on following demographic variables of the teachers regarding Sexual Health Education i.e. type of school, sex, religion, marital status, type of family, monthly income, personal habits and nature of job of the teachers are found to be statistically significant.
CONCLUSIONS

The following conclusions can be drawn from the study: majority of the high school students and teachers do not have adequate knowledge regarding sexual health education. Secondly, majority of the high school students and teachers have undecided attitude regarding sexual health education. Thirdly, there is significant association in between knowledge, attitude and practice of the high school students and teachers with selected demographic variable.

The findings of the study revealed that there is a need of Sexual Health Education classes in the schools. Majority of the students had poor knowledge of Sexual Health and matters related to it. They had strong desire to learn about the Sexual Health Education through systemic channels, but they did not know where to get it. Undoubtedly, the strong need of this hour is high-quality accessible and adolescents-friendly services which meet their health needs in general and Sexual Health needs in particular. Such services need to be made available within the framework of quality care and need to involve training of Sexual health care providers who are not only technically skilled but are also non-judgmental in their attitude towards adolescents seeking Sexual Health related preventive and curative care.
Teachers as gatekeepers of knowledge, need knowledge to protect young people from such aspects as sexual exploitation, abuse, forced sexes which are all sexual risks that a youth has to face. Therefore, teachers need to be in a position to offer proper guidance in matters of sexuality to their pupils and that is from a knowledgeable point. The responsibility of the teachers that have no such training means that the issue may not to be handled competently and that they received less attention. There is need for specialized training on Sexual Health Education among teachers.
RECOMMENDATIONS

Based on the finding in the present study, the following recommendations are made for consideration and implementation by the concerned authority:

1. The Knowledge regarding Sexual Health Education should be increased using formal and informal education methods.
   a. Improving the Sexual Health Education component in the school curriculum
   b. Making self learning materials freely available
   c. Using peer education approach
   d. Training of teachers on life skills based teaching for Sexual Health Education and HIV/AIDS.

2. Improving life skills to face with day to day challenges in relation to Sexual Health Education including prevention of STIs and HIV/AIDS.

3. Using Mass Media more to interact with young people on Sexual Health Education through Radio and the Television.

4. Implement more innovative programmes to increase knowledge and skills to prevent sexual abuse as majority of girls have been abused especially by known people.
5. Share information with policy makers in the education system in order to improve the Sexual Reproductive Health component in the school system.

6. Involve Adolescents to improve status and utilization of Sexual Health Education information and services by sensitizing them regarding the issues concerns to adolescents like gender discrimination resulting in their vulnerability toward sexual infection, refusing to early marriage, gender equality in the society.

7. Government can take a lead to sensitize and train the health care providers to implement the youth friendly health services. Budgetary and resource allocation for capacity building is critical to enable this.

8. Non-Government organizations can implement advocacy Sexual Health Education activities to attain support from politicians, decision makers, religious leaders and community leaders for enhanced utilization of Sexual Health Education information and services.

9. As a part of awareness building component of Sexual Health Education programme make effort to create demand for adolescent, Sexual Health Education information and services to help increase Sexual Health Education services utilization.

10. Through many sources of information remain within the reach of privileged adolescents; the study reveals that their knowledge on Sexual Health Education is not sound enough. It led participants to
demand proper information about Sexual Health Education before marriage.

11. Pre-marital sexual practices a portion of urban privileged adolescents is at risk. There is a tendency among adolescents who are having pre-marital sex to inspire others to have sex with commercial sex workers. At the same time they have little knowledge about STDs and contraceptive methods. This is a cause for concern. The adolescent should be made aware of fatal consequences of unsafe sexual practices.

12. The study suggests the existence of pedophilia in the society, which implies that children are also at risk. To free our children from any harassment, abuse or rape, some awareness programme would be helpful.

13. For the current school based intervention programme: there is need for school based sex education in junior secondary schools. These programmes need to be improved to cover comprehensive topics including both knowledge and skills. At school lessons on sexual and reproductive health including STD, may be provided for pupil through class activities. Basic information for both sexes can be taught through class lesson to enhance knowledge, attitude and practices regarding STD prevention among school pupils. Organized talk about sex and reproductive health issues including STDs.
14. It may be suggested that there should be an evaluation of the teachers and students regularly on Knowledge, Attitude and Practice as a feedback after the training and awareness program on sexual health education.

15. Teaching of Sexual Health Education in school should be made compulsory and effective without further delay.

16. More information should be made available to educate people about what Sex Education is, this should be done through the use of Mass Media, religious organization, Workshops and Seminars for social organization.

17. Effort should be made to further enrich the pre-service training programme to teachers with sufficient contents in Sex Education.