

## Knowledge and Attitude Regarding High Risk Sexual Behaviours among Adolescent of a Community Based Higher Secondary School, Jhapa

Ms.Kamala Uprety<sup>(1)</sup>, Ms. Bhagawati Kalikotay<sup>(2)</sup>

<sup>1</sup> Associate Professor, Maharajgunj Nursing Campus, Institute of Medicine, Tribhuvan University, Kathmandu Nepal.

<sup>2</sup>.Lecturer, Maharajgunj Nursing Campus, Institute of Medicine, Tribhuvan University, Kathmandu Nepal.  
Corresponding Author: Ms. Bhagawaty Kalikotay

---

**Abstract:** Adolescence is a transitional phase of childhood development. This group faces different type of physical social and emotional problems due to physical, psychosocial and hormonal changes. They may adopt harmful behaviours like early involvement in sexual behaviours. High risk sexual behaviours have adverse impact on the health, development and well-being of adolescence.

**Objective:** The aim of this study was to find out the knowledge and attitude regarding high risk sexual behaviours among adolescence of a higher secondary school in Jhapa.

**Design:** Descriptive cross-sectional research design was used.

**Setting:** The study was conducted in Shree Aadarsha Vidya Mandir higher secondary school which is situated in Kankai municipality Jhapa.

**Population:** Study population was students of class 11 and 12 between 15- 19 year of age from humanities, management and education streams.

**Sampling:** A total of 102 adolescence students were selected by using census method. Data was collected through self administered structured questionnaire and 5 point Likert scale after obtaining approval from concern authority.

**Results:** This study found that more than half of the respondents had knowledge about meaning of high risk behaviours. Main contributing factors for high risk sexual behaviours were reported as curiosity about sex and peer influence respectively. Three fourth of the respondent mentioned that unwanted pregnancy, sexual transmitted infections and sexual violence were major impact of high risk sexual behaviour. For the prevention of impacts, more than fifty percent of the respondents mentioned that appropriate sex education, by using condom, having safe partners respectively. Regarding the attitude, majority of the respondents had positive attitude towards awareness regarding high risk sexual behaviours.

**Recommendation:** Designed sex education programme for adolescence should be implemented as well as included in curriculum for enhance knowledge and attitude regarding high risk sexual behaviors among adolescent.

**Keywords:** Knowledge, Attitude, High risk Behaviour

---

Date of Submission: 11-12-2019

Date of Acceptance: 26-12-2019

---

### I. Introduction

An adolescent is an individual between 10 and 19 years of age. Around 1.2 billion people, or 1 in 6 of the world's population, are adolescents aged 10 -19 years. Estimated 1.2 million adolescents died in 2015, over 3000 every day, mostly from preventable or treatable causes. Most of the adolescents are healthy, but there is still high risk of premature death, illness, and injury among adolescents. Some of the risk behaviours like alcohol or tobacco use, lack of physical activities, unprotected sex or exposure to violence can jeopardize not only their current health, but also their health as adults. Promoting healthy behaviours among adolescents during adolescence, and taking steps to protect young people from health risks are critical for the prevention of health problems in adulthood, and for countries' future health and ability to develop and thrive<sup>(1)</sup>.

According to the National Multiple Indicator Cluster Survey (2014), about 22% (6.38 million) of total populations (government projection for 2016) are adolescents aged 10-19 years. The legal age of marriage in Nepal is 20 years. Despite that, 48.5% of women were married by the age of 18 and 15.5% were married by the age of 15<sup>(2)</sup>.

High risk behaviors are those that can have adverse effects on the overall development and well-being of adolescent and youth, or that might prevent them from future successes and development. This includes self-injuries behaviors violence and suicide, substance use, risky sexual behavior, behaviors related to obesity and unhealthy dieting, immediate physical injury (like fighting), as well as behaviors with cumulative negative effects (like substance use) (Bosch & Guzman, 2007)<sup>3</sup>.

In U.S, many high school students (10-24 years) engaged in health risk k behaviour. National Youth Risk Behavior Surveillance (YRBS) reported that nearly half (46.8%) of students had involved in sexual intercourse, among them (15%) had multiple sex partners and, only (59.1%) currently sexually active students used condom during their last sexual intercourse<sup>(4)</sup>.

A prospective cross-sectional survey conducted amongst 500 students of the K.P.B. Hinduja College of Commerce, Mumbai to determine the knowledge and awareness of college students regarding sex and related matters showed less than satisfactory knowledge regarding various aspects of sex and, especially, contraception. Eighty-four (84%) males and 72% females disagree that virginity should be preserved till marriage. Eighty seven percent (87%) males and 82% females disagree that sex education in secondary schools will cause a rise in premarital intercourse<sup>(5)</sup>.

A systemic review to assess knowledge, attitude and behavior on STIs/HIV/AIDS in the context of young peoples of Nepal indicate that the overall knowledge regarding STIs and HIV/AIDS is high although the level of knowledge seems to differ according to education, gender, and area of residence. Knowledge about condoms was also very high but practice of correct and consistent use in premarital and extramarital sexual relations with non-regular partners seems to be lower. The overall sexual behavior among young people is unsafe<sup>6</sup>.

Peer plays a vital role in changing personality, attitude and behavior that may lead to unprotected sexual behavior and unintended pregnancy. It is reported that a person having close unmarried friend with sexual experience is eight times more likely to become involved in premarital sex than those with friends with no sexual experience<sup>(7)</sup>.

In the context of Nepal, most young people used to involve in early sexual activity; (10%) and (60%) by age 15 and 18 respectively. Four percent of young men reported to having multiple sex partners which put them at risk for STIs, HIV and unintended pregnancy and only (45%) used condom during their last sexual intercourse<sup>(8)</sup>.

A Study on prevalence of premarital sexual behaviour among male college students of Kathmandu reported that despite the religious and cultural restrictions, about two- fifths of survey respondents (39%) mentioned that they have involved in premarital sexual activities. Similarly, study also has reported that substantial proportions of students indulge in sexual activities as well as risky sexual behaviour like sex with commercial sex workers, multiple sex partners, and no use of condom<sup>(7)</sup>.

In Nepal, basic sex education is incorporated in the subject of Health, Population and Environment, but the provision of effective sex education is lacking (9)). The current curriculum does not address reproductive health issues. Major gaps are seen on receiving information, skills and services on sexual and reproductive health issues<sup>(10)</sup>. The topics dealing with sexuality are not being covered resulting ignorance, myth and misconception on sexuality. This ultimately leads to unhealthy sexual practices leading STIs, unintended pregnancy and unsafe abortions. Teachers are excluding sex education and family planning topics. Additionally, they themselves perceive unqualified for teaching reproductive health<sup>(11)</sup>.

### **Significance of the Study:**

Adolescence people mature earlier but marry later. So many of them start sex at younger age and may have multiple partners including sex workers. Pre-marital sex and live-in relationship among adolescence are increasing at an alarming rate. The adolescence generation is becoming a prey of this social evil and facing the remote consequences of such high risk behaviors which are increase in the incidence of sexually transmitted diseases (STDs) (including HIV), unsafe and illegal abortion<sup>(12)</sup>.

WHO estimates that 10.3 million youth aged 15-24 years are living with HIV/AIDS worldwide. Each year about 4 million of young people age less than 20 years is diagnosed with STIs, Herpes, HPV, Chlamydia, and Gonorrhoea and HIV<sup>(13)</sup>.

In U.S, many high school students (10-24 years) engaged in health risk behavior. National Youth Risk Behavior Surveillance (YRBS) reported that nearly half (46.8%) of students had involved in sexual intercourse, among them (15%) had multiple sex partners and, (59.1%) currently sexually active students used condom during their last sexual intercourse<sup>(4)</sup>.

In context of Nepal, most young people used to involve in early sexual activity; (10%) and (60%) by age 15 and 18 respectively, (4%) of young men reported to having multiple sex partners which put them at risk for STIs, HIV and unintended pregnancy and only (45%) used condom during their last sexual intercourse<sup>(8)</sup>.

Students of higher learning institutions are assets of the society and change agents in filling the gap in the past and on whom the future generation is based. It is also clear that this group is on the way of transforming to adulthood; filled with ambition; and building their future academic and social career. Neglecting their sexual and reproductive health can lead to high social and economic costs, both immediately and in the years ahead. One of the most important commitments a country can make for future economic, social, and political progress and stability, therefore, is to address the sexual and reproductive health needs of this population group. In Nepal, there is limited research done in this field and it is much needed in our country. In a transitional phase of adolescence period, they may adopt harmful behavior as they have limited access to the information about knowledge of high risk behaviours. So the researcher is interested to conduct this research with an objective to find out the knowledge and attitude regarding high risk sexual behaviors among adolescence.

#### **Aim of the Study:**

The aim of this study was:

- To find out the knowledge regarding high risk sexual behaviours among adolescent of a community based higher secondary school in Jhapa Nepal.
- To find out the attitude regarding high risk sexual behaviours among adolescent of a community based higher secondary school in Jhapa Nepal.

## **II. Subjects and Methods**

### **Design**

Descriptive cross-sectional research design was used.

### **Setting**

The study was conducted in Shree Aadarsha Vidya Mandir higher secondary school which is situated in Kankai municipality Jhapa Nepal.

### **Population**

Study population was students of class 11 and 12 between 15- 19 year of age from humanities, management and education streams.

### **Sampling and Sample Size**

A total of 102 adolescence students were selected by using census method.

### **Data Collection Tools**

Semi-structured self administered questionnaire and 5 point Likert scale on the basis of research objective, were developed to collect necessary information in English version. Semi-structured self administered questionnaire included: questions related to Socio-demographic data and questions related to knowledge about High Risk sexual Behavior. Likewise 5 point Likert scale was used to measure attitude. All together 5 statements included and scoring was done by giving 5 point for strongly agree in positive statements and then 4, 3, 2 and 1 to agree, undecided, disagree and strongly disagree respectively.

### **Validity and Pretesting**

#### **Data Collection Procedure**

Prior to data collection formal approval was taken from school authority and permission was obtained from the co-ordinator of the respective class to collect data. Research topic and the purposes of the study were explained to the respondents and informed consent was obtained from them prior to data collection. Anonymity and confidentiality of the respondents was maintained by asking respondents not to write their names in the questionnaire, by keeping code numbers, by not disclosing and using only for study purpose. Nobody was forced to participate in the study. Self- administered questionnaire was distributed to the respondents in the presence of teacher. Time to fill up questionnaire was near about 30-40 minutes. The filled up questionnaire were collected by researcher herself just after respondents completed the task of filling the questionnaire. Data collection was done on 25 May 2018 to 30 May 2018.

#### **Data Analysis Procedure**

Collected data was checked for its completeness and accuracy daily. After finishing the data collection all the data were rechecked, edited, classified and coded. The data were tabulated and analyzed by using simple descriptive statistics. Findings were analyzed in SPSS 16 version and presented in table in order to facilitate their interpretation.

III. Results

Table (1): Socio-demographic Information's of Respondents  
n=102

Variables	Number	Percentage
<b>Age(in completed years)</b>		
16	32	31.4
17	30	29.4
18	27	26.5
19	13	12.7
<b>Sex</b>		
Male	58	56.9
Female	44	43.1
<b>Involvement in Part-time Job</b>		
Yes	7	6.9
No	95	93.1
<b>Type of Job (n=7)</b>		
Teaching	4	57.1
Service	3	42.9
<b>Economic Status of the Family</b>		
Sufficient for 6 months	16	15.7
Sufficient for 6-12 months	23	22.5
Sufficient for 12 months and surplus	63	61.8

Table ( 2):Knowledge on High Risk Sexual Behaviours

n=102

Variables	Number	Percentage	
<b>Meaning of High Risk Behaviors*</b>			
Behaviors that place a person at increased risk of suffering a particular condition, illness or injury	74	72.5	
Self injuries like violence and suicide	65	63.72	
Behaviors that cause immediate physical injury(i.e. fighting)	60	58.82	
Behaviors like substance abuse and risky sexual behavior	55	53.92	
Behaviors related to obesity and unhealthy dieting	23	22.5	
<b>Meaning of High Risk Sexual Behaviors*</b>			
Sexual intercourse with multiple sex partners	73	71.6	
Premarital sexual exposure	60	58.8	
Sexual intercourse without condom	53	52	
Sexual intercourse with persons infected from STDs	53	52	
<b>Contributing Factors of High Risk Sexual Behaviors*</b>			
Curiosity about sex	94	92.2	
Peer influence	72	70.6	
Disturbed family environment	Past exposure	14	13.7
		13	12.7
<b>Impacts of High Risk Sexual Behaviors*</b>			
Unwanted pregnancy	81	79.4	
Sexually transmitted infections (STIs)	79	77.5	
HIV/AIDS	74	72.5	
Violence, rape, assaults	48	47.1	
Anxiety and depression	40	39.2	
Social isolation	41	40.2	
<b>Prevention of High Risk Sexual Behaviors*</b>			
Appropriate sex education	60	58.8	
Using condoms during sexual intercourse	57	55.9	
Having only safe sex partners	55	53.9	
Avoiding multiple sex partners	53	52	
Not involving in sex before 18 years	36	35.3	

\*Multiple Responses

**Table (3): Respondents’ Knowledge about Safer Sex**

Variables	Number	Percentage
<b>Heard about Safer Sex (n=102)</b>		
Yes	82	80.4
No	20	19.6
<b>If yes,</b>		
<b>Meaning of Safer Sex (n=82)</b>		
Sexual activity at appropriate age that minimizes the risk of spreading sexually transmitted disease, especially by the use of condoms#	50	60.97
Sex only with those who look apparently healthy	10	12.19
Sexual relation with more than one person without condom	9	10.97
Not exposing with anybody	13	15.85
<b>Most Appropriate Contraceptive for Safer Sex (n=82)</b>		
Condoms#	69	84.2
Pills	12	14.6
Vaginal tablets	1	1.2

#Correct Response

**Table (4): Respondent’s Attitude towards High Risk Sexual Behaviours**

S.N.	Statements	Responses				
		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1.	Sexual contact before 18 years of age is right.	1(1)	7 (6.9)	18 (17.64)	30 (29.4)	46 (45.09)
2.	Sexual contact with more than one partner can transmit STDs.	32 (31.4)	46(45.1)	11 (10.8)	11(10.8)	2(2)
3.	Use of condom is an important alternative of safer sex.	38 (37.3)	60(58.8)	3 (2.9)	3(2.9)	0
4.	Sexual contact is not always necessary to maintain intimacy and closeness between boyfriend and girlfriend.	41 (40.2)	22(21.6)	24 (23.5)	8(7.8)	7(6.9)
5.	Premarital sex is necessary for better sexual life.	10 (9.80)	12(11.76)	41 (40.19)	25(24.5)	14 (13.7)

#### IV. Discussion

Regarding the high risk sexual behaviour, the finding showed that out of 102 respondents almost all of them (92.2%) were responded ‘curiosity’ to be the major contributing factor. The result, however, has no consistency with the study conducted by Rwenge<sup>(16)</sup> in which more than half of the respondents (53%) reported that the main reason for initiating sexual activity was curiosity. In response to the knowledge on safer sex, majority of the respondents (80.4%) viewed that they had heard about the safer sex. Furthermore, while dealing with the meaning of safer sex, out of 82 respondents, about two-third of them (60.97%) answered it correctly. This result is in contrast with the study conducted by Vinitha, et al.<sup>(17)</sup> in India, which revealed that only a few of the respondents (9.5 %) had knowledge or had heard about safe sex and nearly the same percentage of the respondents knew the correct meaning of it. Likewise, this study found that a very high majority of the respondents (84.2%) gave correct answer of appropriate contraceptive for safer sex i.e. condoms. Nearly similar result was found on the study conducted by Gadkari et al.<sup>(18)</sup> in which more than two-third of respondents (70%) stated that condom was the appropriate contraceptive for safer sex.

Regarding the impacts of high risk sexual behaviours, majority of the respondent’s (79.4%) stated unwanted pregnancy followed by (77.5%) STIs and (72.5%) HIV/AIDs. Nearly similar result was found in the study conducted by Folasayo et al.<sup>(19)</sup> in Malaysia which revealed that (59.6%) answered HIV/AIDs to be the major impact followed by unwanted pregnancy (51.7%) and other STIs (49.2%) respectively. In case of prevention of the impacts, (58.8%) of respondents stated that prevention is possible through appropriate sex education followed by using condoms during sexual intercourse (55.9%), having only safe partners (53.9%) and avoiding multiple sex partners (52%) respectively. These findings are almost similar to the findings of the study done in Malaysia by Anwar et al.<sup>(20)</sup> where two third of the respondents (68.2%) had answered that by avoiding sexual contact with prostitute and more than half of the respondents (53.7%) answered that by using condoms during sex.

In dealing with attitude, in the statement “Sexual contact before 18 years is right”, was strongly disagreed by nearly half of the respondents (45.09%). This finding is in line with the result reported by

Mohammadi et al. <sup>(21)</sup> which concluded that more than half of the respondents (56%) completely agreed on the statement “Unmarried young men and women should not have sex”.

Likewise, majority of the respondents (76.1%) agreed with the statement “Sexual contact with more than one

partner can transmit STDs.” This result nearly correlates with a study conducted by Swenson et al. <sup>(22)</sup> in which high majority of the respondents (85%) had agreed that, “having sex with more than one partner can increase a person’s chance of being infected with HIV.”

Concerning with the statement “Sexual contact is not always necessary to maintain intimacy and closeness between boyfriend and girlfriend”, (40.2%) of the respondents agreed. In contrast to this result, Shrestha <sup>(23)</sup> reported that (35.7%) agreed on the statement “Sex is the closest form of communication between two people.”

## V. Conclusion and Recommendation

From this study it can be concluded that more than half of the respondents had knowledge about meaning of high risk sexual behaviours. Main contributing factors for high risk sexual behaviours were reported as curiosity about sex and peer influence respectively. Three fourth of the respondent mentioned that unwanted pregnancy, sexual transmitted infections and sexual violence were major impact of high risk sexual behaviour. For the prevention of impacts, more than fifty percent of the respondents mentioned that appropriate sex education, by using condom, having safe partners respectively. Regarding the attitude, majority of the respondents had positive attitude towards awareness regarding high risk sexual behaviours. Designed sex education programme for adolescence should be implemented as well as included in curriculum for enhance knowledge and attitude regarding high risk sexual behaviors among adolescent.

## Acknowledgement

The researchers acknowledged all Adolescent who participate in this study as well as Principle and all Staff of Shree Aadarsha Vidya Mandir higher secondary school for cooperate during data collection.

## References

- [1]. World Health Organization & United Nation Children Education Fund (2012): Progress for Children: A report card on adolescents. Socio-demographic profile of adolescents: [Internet]. [Cited 2014 November 20]. Available from: [http://www.unicef.org/publications/files/Progress\\_for\\_Children\\_-\\_No.\\_10\\_EN\\_04232012.pdf002v](http://www.unicef.org/publications/files/Progress_for_Children_-_No._10_EN_04232012.pdf002v)
- [2]. National Multiple Indicator Survey (2014): Nepal Population Report .
- [3]. Bosch K.R. and Guzman M.R. (2007): Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwr.html/ss6304a.htm> on May 20, 2017.
- [4]. Center for Disease Control and Prevention (2013). Youth risk behavior surveillance, Department of health and human service, U.S.
- [5]. Mutha, et al. (2013): A knowledge, attitudes and practices survey regarding sex, contraception and sexually transmitted diseases among commerce college students in Mumbai. *Journal of clinical and diagnostic research: JCDR*, 8(8), HC14.
- [6]. Upreti, D., Regmi, P., Pant, P., & Simkhada, P. (2009): Young people’s knowledge, attitude, and behaviour on STI/HIV/AIDS in the context of Nepal: A systematic review. *Kathmandu University Medical Journal*, 7(4), 383-391. Upreti, S., Poudel, I. S., Bhattarai, S., Ghimire, A., Singh, N., Poudel, M., ...& Pokharel, P. K. (2014). Knowledge on health effects and practices of smoking among the smokers in the Eastern Terai Region of Nepal. *Journal of Chitwan Medical College*, 4(1), 22-25.  
Gadkari RP, Somani G, Nayak CS, Giri AS. A study for sexual health awareness in adolescent population (13-18 years) attending dermatology OPD. *Indian J Sex Transm Dis*. 2012 Jul;33(2):148-9. doi: 10.4103/0253-7184.102140. PubMed PMID: 23188948; PubMed Central PMCID: PMC3505300.[PubMed].  
Gadkari RP, Somani G, Nayak CS, Giri AS. A study for sexual health awareness in adolescent population (13-18 years) attending dermatology OPD. *Indian J Sex Transm Dis*. 2012 Jul;33(2):148-9. doi: 10.4103/0253-7184.102140. PubMed PMID: 23188948; PubMed Central PMCID: PMC3505300.[PubMed].
- [7]. Adhikari, R., & Tamang, J. (2009): Premarital sexual behavior among male college students of Kathmandu, Nepal. *Journal of BMC public health*, 9(1), 241.
- [8]. National Demographic Health Survey (2011): Annual Report Ministry of Health and Population, Population division, Government of Nepal.
- [9]. Pokharel, S., Kulczycki, A., & Shakya, S. (2006). School-based sex education in Western Nepal: uncomfortable for both teachers and students. *Reproductive health matters*, 14(28), 156-161.
- [10]. Regmi, P. R. (2010). There are too many naked pictures found in papers and on the net: factors encouraging premarital sex among young people of Nepal. *Health Science Journal*.
- [11]. WHO (2007): Adolescent health fact sheet of Nepal. Adolescent health and development (ADH) unit, Department of family and community health, Regional office for South East Asia, India.
- [12]. Guttmacher institute (2009): U.S Teenage pregnancy statistics national and state trends and trends by race and ethnicity. U.S department of health and human service.
- [13]. Naswa S. and Marfatia Y.S (2010): Adolescent HIV/AIDS: Issues and challenges. *Indian journal of sexually transmitted diseases*. Retrieved from: <http://www.ijstd.org/text.asp?2010/31/1/1/1/68993> on May 20, 2017.
- [14]. Rwege, M. (2000): Sexual risk behaviors among young people in Bamenda, Cameroon. *International Family Planning Perspectives*, 26(3):118–123 and 130.
- [15]. Vinitha, CT., Singh, Sandan., & Rajendran, Ak. (2007): Level of Reproductive health awareness and factors affecting it in a rural community of south India . *Journal of Health and population perspective and issues*: 30 (1) 24-44.
- [16]. Gadkari, RP., Somani, G., Nayak, CS. & Giri, AS. (2012): A study for sexual health awareness in adolescent population (13-18 years) attending dermatology OPD . *Indian Journal of sexual Transmission of diseases* July ;33(2):148-149.

- [17]. Folasayo, AT., Oluwasegun, AJ., Samsudin, S., Saudi, SNS., Osman, M., & Hamat, RA. (2016): Assessing the Knowledge Level, Attitudes, Risky Behaviors and Preventive Practices on Sexually Transmitted Diseases among University Students as Future Healthcare Providers in the Central Zone of Malaysia: A Cross-Sectional Study. *International journal of environmental research and public health*, 14(2), 159.
- [18]. Anwar, M., Ahmadi, K., Sulaiman, .SAS. & Khan, TM.(2010): Awareness of school students on sexually transmitted infections and their sexual behaviours: in Pulau Pinang ,Malasia published in BMC, Public Health 10(1) : 47.
- [19]. Mohammadi, MR. et al. (2006): Reproductive knowledge, attitudes and behavior among adolescent males in Tehran, Iran. *International Family Planning Perspectives*, 32(1):35–44.
- [20]. Swenson, RR., Rizzo, CJ., Brown, LK., Venable, PA., & Carey, MP. (2010): HIV knowledge and its contribution to sexual health behaviors of low-income African American adolescents. *J Natl Med Assoc.* 102(12):1173-82.
- [21]. Shrestha, N.M. (2010): Alcohol and drug abuse in Nepal. *British Journal of Addiction*, 87: 1241-1248. Doi: 10.1111/j.1360-0443.1992.tb02733.x

Ms.Kamala Uprety. " Knowledge and Attitude Regarding High Risk Sexual Behaviours among Adolescent of a Community Based Higher Secondary School, Jhapa." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, vol. 8, no. 06, 2019, pp. 31-37.