International Journal of Current Advanced Research
ISSN: O: 2319-6475, ISSN: P: 2319-6505, Impact Factor: 6.614
Available Online at www.journalijcar.org
Volume 7; Issue 10(B); October 2018; Page No.15787-15792
DOI: http://dx.doi.org/10.24327/ijcar.2018.15792.2894

Research Article

COMPARISON OF PARENTAL ATTITUDE TOWARDS SEX EDUCATION OF THEIR ADOLESCENT CHILDREN IN URBAN AND RURALAREAS OF SIKKIM

Barkha Devi*., HisheyLamu Bhutia., Cheden Sherpa., Bechung Lepcha., Sharmila Dangal., Sustika Rai., Babina Khanal., Songmit Lepcha., Durga Devi Sapkota., SangayChamoo Dukpa., Samikcha Giri., Samitla Subba., MalatiHangma Subba., Sundika Macchiya and NikkilaBhutia

Sikkim Manipal College of Nursing, Sikkim Manipal University, India

A R T I C L E I N F O

Article History:

Received 4th July, 2018
Received in revised form 25th August, 2018
Accepted 23rd September, 2018
Published online 28th October, 2018

Key words:

Sex Education, Parents, adolescent children, urban area, rural area, sexuality, Attitude.

A B S T R A C T

Background: Adolescence is a highly dynamic period characterized by rapid growth and development. Adolescents have limited knowledge about sexual and reproduction health, and know little about the natural processes of puberty, sexual health, pregnancy or reproduction. In India, due to varied cultural and religious beliefs, parents generally are not interested to talk about sex-education though they are the first socializing agent of the children. So it is pertinent to investigate the attitudes of parents towards sex education of their adolescent children.

Methodology: Descriptive comparative research design was adopted and 120 parents (60 from each area) were selected through purposive sampling technique to study the attitude of parents towards sex education of their adolescent children who fall in the age group of 10-19 years, from randomly selected urban and rural areas of Sikkim. Parents were interviewed using structured attitude scale for which validity and reliability was ensured initially.

Results: The findings revealed that in urban area, mothers (80%) and fathers(43%) seldom provided sex education, while the percentage of parents who provided sex education was even lower in rural area (mothers 82% and fathers 88%). The reason identified was hesitation and parent's belief that child will learn by their own. Data also revealed that in urban area 87% of mother and 83% father are unaware of services provided to adolescent children for sexual health and similarly in rural area 87%of mothers and fathers are unaware of it. The attitude regarding sex education was found to be unfavorable with score of 81.70% in rural and 71.70% among parents in urban area ($t=0.24$, $P>0.05$). The results also revealed agender difference in parental attitude towards sex education, however residency was not a determinant of attitude towards sex education ($t = 3.17$, $P<0.05$) among parentsof urban and rural ($t= 2.433$,$P<0.05$) areas. However, there was a difference in parental attitude with regards to their age, marital status, occupation, history of receiving sex education, awareness of services provided to adolescent children for sexual and reproductive health, appropriate age to begin sexuality education for children from parents for rural parents($P<0.05$).

Conclusion: The study has provided an empirical basis, and not societal opinion about the attitude of Sikkimese parents towards sex education. As in many areas of research, the area of sex education is particularly important to national progress. As an aspect of development, denying its relevance in society will be counterproductive. Education of all sorts should be beneficial to the individual who is being educated and should in many ways bring a positive impact to the community and the society at large.

INTRODUCTION

Sexuality is a central dimension of human functioning that includes a broad range of behaviors, attitudes, values, and beliefs. The construct of sexuality can be defined as follows: "a core dimension of being human, which includes the individual and social capabilities and conditions for eroticism, emotional attachment/love, sex, gender, and reproduction. It is anchored in thoughts, fantasies, desires, beliefs, and values and is expressed through identity, attitudes, values, roles, behaviors, and relationships. Sexuality is a result of the interplay of biological, psychological, socioeconomic, cultural, ethical and religious/spiritual factors"[1]

Traditionally, children are brought up with strict discipline and fear and are punished for questioning their parents, especially the girl's .Consequently, young people are afraid to ask questions relating to sexual issues as they would be seen as "disrespectful" and "disobedient-" sexual issues are seen as topics for adult discussions only.[2]This situation is hardly surprising because in many traditional societies, sex is rightly associated with the origin of life. And since life was regarded as sacred, its sexual origins tended to be regarded with a

Corresponding author:* **Barkha Devi
Sikkim Manipal College of Nursing, Sikkim Manipal University, India

certain awe and reverence. It was not something for the levity of youth. For this reason, sex education in some primitive societies could not be considered culturally and socially permissible and acceptable to the extent which stops the youth from "sexual democracy" and permissiveness.[3]
In many circumstances, however, sex education is often constrained to urban settlements because of strict resistance to the programmes in rural communities. Even in urban areas sex education is hardly given a priority among educators.[4]Research conducted in both non-western and western settings indicates that comprehensive sexuality education delays the age of sexual initiation and reduces the incidence of unplanned premarital pregnancies and sexually transmitted infections among youth.[5]A study by Kirby, Laris, and Rolleri indicated that sexuality education programs have produced a delay in the onset of sexual activity.[6]

Human sexual behavior in India has been influenced by different attitudes and opinions over time. [7] Considering the Indian scenario, most of the schools offer no sex education since it remains to be a highly controversial issue especially with respect to the right age at which the children should receive such kind of information and also the methods in which such information is passed to them.[8] India pioneered the use and application of sex education through art and literature although it has not been formally applied by the government in the academic curriculum of a majority of educational institutions and has also been objected by the parents of teenagers in the past.[9] Attempts by state governments to introduce sex education as a compulsory part of the curriculum have often been met with harsh criticism by political parties, who claim that sex education "is against Indian culture" and would mislead children.[10]

A study done by Libby[11] on Parental Attitude toward High School Sex Education Programs indicated that majority of parents approved sex education although, contradictions were noted. Parents wanted sex education to be taught in the context of God, marriage and parenthood. Whereas Savara and Sridhar found that parents and teachers avoid mention of sex in their day to day relation because it is still considered as a taboo and they lack scientific bases. It was also found that only16.30% parents and teachers act as a source of information regarding sex education.[12]

Studies confirmed that many parents were reported not to support sex education mainly for fear that children may want to indulge in sex after receiving sex education and also because of the belief that sex education is for adults. Another factor may be the relative inexperience of some of these parents since they did not discuss such issues with their own parents. These parents are therefore incapacitated when it comes to the skills and confidence to play a direct role in this matters.[13]

Parents, the most consistent influence in children's lives, are in unique position to influence young people's health and personal development, and their transition to sexual life. Parents are the first socializing agent of the children. The family stills play a significant role in the lives of young people. Family environment plays a key role in the timing of sexual and reproductive health transitions in adolescents.[14]

Objectives for the study

1. Assess the parental attitude towards sex education of their adolescent children in urban and rural area
2. Compare the difference in attitude of mothers and fathers towards sex education of their adolescent children in urban and rural area
3. Identify association between parental attitude towards sex education of their adolescent children with the parents personal variables in urban and rural area.

Hypothesis

- **H_1**: There is a significant difference between attitude of mothers and fathers towards sex education of their adolescent children residing in urban and rural area at 0.05 level of significance.
- **H_2**: There is significant association between parental attitude towards sex education of their adolescent children with the personal variables in urban and rural area

Operational Definition

Attitude: Positive or negative feelings that an individual holds about objects, persons or ideas. They are generally regarded as enduring though modifiable by experience and/or persuasion and as predispositions to action. The needs and the goals of society and the beliefs and attitudes of adults influence the education. In this study, it refers to the opinion of the parents towards sex education continuing as measured by structured attitude scale.

METHODOLOGY

Non experimental survey approach with descriptive comparative research design was used to quantify the parental attitude towards sex education of their adolescent children residing in urban and rural areasand compare the difference in parental attitude towards sex education of their adolescent children in urban andrural areas of Sikkim. The research was conducted among 120 parents whose adolescent children fall in the age group of 10-19years. 60 mothers and 60 fathers of adolescent children were selected throughNon probability purposivesampling technique, to study their attitude towards sex education from urban and rural area of Sikkim. Parents who are residing in a selected urban and rural area of Sikkim, whose children are in the age group 10 to 19 years and who can understand and speak English, Hindi or Nepali were included in the study and were explained about the study and its related purposes and their informed consents were obtained. Mentally challenged parents staying with their adolescent children and parents not willing to participate in the study were excluded from the study.

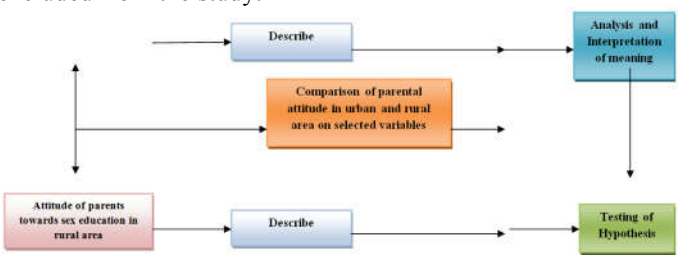

Figure 1 Schematic representation of descriptive comparative research design

Instrument: The formal permission was sought from the Ward councilor and Panchayat of selected urban and rural area of Sikkim. The data was collected through structured attitude scale on parental attitude towards sex education of their

adolescent children. Ethical consideration was taken from concerned authority that is Institutional Review Committee of Sikkim Manipal University. Written consent was taken from the respondents prior to interview. The finding was presented for both descriptive and inferential statistics. The study was carried out by using a five point attitude scale with 30 items which reflect the parent's opinion in terms of attitude towards sex education of their adolescent children. There is no right or wrong answer. Maximum score was 150 and minimum score is 30was based on socio-demographic variables, parent's personal profile and attitude scale on sex education. The tool was translated into Nepali and Hindi language and back translation was done in English language to establish its validity, which was again tested independently by a panel of experts.Reliability of questionnaire was tested by Cronbach's alpha method (r= 0.7).Pilot study was done to see the feasibility of the project.

RESULTS

Section I: Findings related to distribution of parentsof adolescent children in urban and rural area in terms of their socio-demographic

Table 1: Association between parental attitudes towards sex education of adolescent children in urban and rural areawith demographic variables.

N= 120

Sl.No	Demographic variables	Parents attitude score					
		Rural, n=60			Urban, n=60		
		df	χ^2	P-value	df	χ^2	P-value
1	Age(in years)						
1.1	<40years	1	10	P<0.05	1	0	P>0.05
1.2	≥40years						
2	Gender						
2.1	Male	1	0	P>0.05	1	0	P>0.05
2.2	Female						
3	Marital status						
3.1	Married	1	30	P<0.05	1	0.4	P>0.05
3.2	Unmarried						
4	Education						
4.1	Above high school	3	2.28	P>0.05	3	2.956	P>0.05
4.2	certificate						
4.3	Middle school certificate						
4.4	Primary school certificate						
	No formal education						
5	Occupation						
5.1	Professional	3	7.18	P<0.05	3	5.072	P<0.05
5.2	Non professional						
5.3	Self employed						
5.4	Unemployed						
6	No of children						
6.1	<2	1	2.04	P>0.05	1	0.0564	P>0.05
6.2	>2						
7	Type of family						
7.1	Nuclear	1	2.3	P>0.05	1	0.0165	P>0.05
7.2	Joint						
8	Family income(monthly)						
8.1	<10,000	1	0.288	P>0.05	1	2.5084	P>0.05
8.2	≥10,000						
9	Appropriate age to begin sexuality education						
9.1	7-9yrs	4	12.78	P<0.05	4	3.449	P>0.05
9.2	10-12yrs						
9.3	13-15yrs						
9.4	16-18yrs						
9.5	19 and above						
10	Receive any sex education in your pre -pubertal age						
10.1	Yes	1	0.1	P>0.05	1	6.549	P<0.05
10.2	No						
11	Provide sex education to your children						
11.1	Yes	1	4	P<0.05	1	0.626	P>0.05
11.2	No						
12	Aware of any services provided to adolescent children for sexual and						
12.1	reproductive health?	1	2.47	P>0.05	1	4.75	P<0.05
12.2	Yes						
	No						

The data presented in table 1 reveals that the major influential factor for attitude towards sex education were parental occupation, history of receiving sex education in pre -pubertal age for rural parents, awareness of services provided to adolescent children for sexual and reproductive health in urban area and age, marital status, occupation, appropriate age to begin sexuality education for children from parents and receive sex education in pre -pubertal age for rural area.

Section II: Findings related to assessment of parents attitude towards sex education of their adolescent children in urban and rural area in terms of

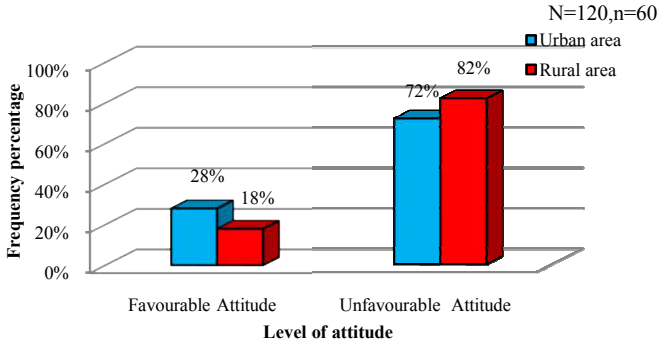

Figure 2 Level of attitude towards sex education among parents in urban and rural area

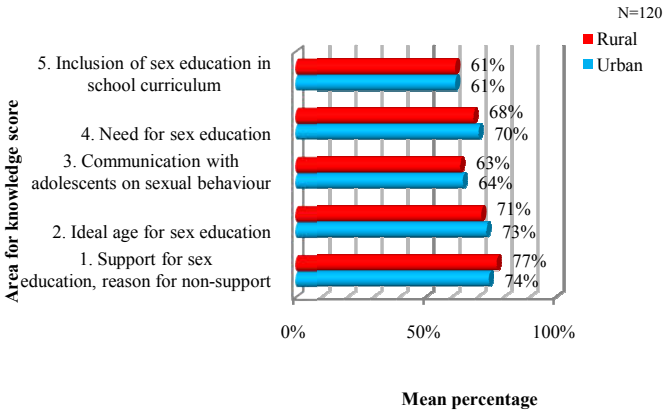

Figure 3 Distribution of parent's in terms of their area wise attitude score towards sex education in urban and rural area

The data presented in figure 2 and 3 shows that the attitude regarding sex education was found to be unfavorable with score of 81.70 % in rural and 71.70 % among parents in urban area.

Section III: Findings related to difference in parents attitude towards sex education of their adolescent children in urban and rural area in terms of

- Area of attitude towards sex education
- Level of attitude
- Overall parents attitude score
- Gender

Table 2 Difference in different dimensions of attitude score of parents towards sex education

N=120

Area of attitude towards sex education	Parents attitude score				*'t'* test
	Urban, n=60		Rural, n=60		
	Mean ± SD	Mean%	Mean ±SD	Mean %	
Support for sex education, reason for non-support	3.7± 1.2	74.3%	3.69 ±1.05	76.9%	13 (P>0.05)
Ideal age for sex education	3.64± 1.22	73%	3.54± 1.21	70.8%	**7.02(P<0.05)***
Communication with adolescents on sexual behavior	3.19± 1.37	64%	1.03± 1.21	63.06%	1.92(P>0.005)
Need for sex education	3.49 ± 1.3	70%	3.35±1.18	68.2%	**5.626(P<0.05)***
Inclusion of sex education in school curriculum	5.03± 1.16	61%	3.05± 1.11	61.3%	0.63(P>0.05)

df* (118)=1.98

In table 2, it was found that parents residing in both urban and rural area scored higher in all different dimensions of sex education. The unpaired t-test shows that there is a significant difference in attitude towards Ideal age for sex education (P<0.05) and need for sex education (P<0.05) between parents who reside in rural areas and those who dwell in urban areas.

Table 3 Difference in overall attitude score of parents towards sex education in urban and rural area

N=120

Area	Attitude score	Mean	Mean Difference	SD	*'t'* value
Urban	6240	104	2	15.99	0.2479
Rural	6138	102		10.76	

df (118=1.98), P>0.05

The table above (table 3) shows that there is no significant difference found in attitude towards sex education between parents who reside in urban areas and those who dwell in rural areas (t=0.24,P>0.05). Thus residency is not considered as a determinant of sex education in case of attitude is concern.

Table 4 Compare the difference in attitude of mothers and fathers towards sex education of their adolescent children in urban and rural area

N=120

Distribution of parents in terms of area (n=6)	Attitude towards sex education				*'t'* test
	Mother ,n=30		Father ,n=30		
	Mean ± SD	Mean%	Mean ± SD	Mean%	
Urban area (n=60)	3.47± 1.28	35.03%	3.43± 1.32	34.3%	3.17(P<0.05)
Rural area (n=60)	3.42 ± 1.22	34.16%	3.77± 6.58	36.61%	2.433(P<0.05)

df (118) 1.98,P>0.05

The table above **(**table 4) shows that there is a significant difference found between mother's attitude towards sex education of their adolescent children and fathers' attitude towards sex education of their adolescent children (t=3.17,P<0.05) who dwell in urban areas. Consistent to this, there was significant difference noted between mothers' attitude towards sex education of their adolescent children and fathers' attitude towards sex education of their adolescent childrenas evidenced by (t =2.433, P< 0.05) who dwell in rural areas. This indicates thatparental gender works as a determinant of attitude towards sex educationbetween parents who reside in urban areas and dwell in rural area.

DISCUSSION

The study showed that in rural area half of parents believed that 13-15 yrs was the appropriate aged to begin sexuality education and many even thought that 10-12yrs was appropriate whereas, in urban area majority of the parents believed that 10-12yrs was the appropriate age to begin sexuality education and many even though 13-15yrs was appropriate. In urban area maximum parents did not receive sex education (73.33% mother and 86.66% father). In rural area majority of parents both mother and father did not receive sex education. In urban area all the mother receive sex education from their mother and majority of father receive sex education from both the parents. Whereas in rural area, majority of the mother receive from their father and the entire father receive sex education from their mother. In urban area majority of father and mother agreed that they do not provide sex education to their children, and they state that child will learn about sex education by their own. In rural area majority of mother do not provide sex education to their children, but majority of father agreed that they provide sex education to their children. And they state that hesitation is the reason for not providing sex education. Majority of parents from both urban and rural area are not aware of services provided to adolescent for sexual and reproductive health.

The findings is consistent with the findings of the study conducted by A. Martina[15] on the parental attitude towards adolescent sexual behavior in akoko-edo and astako- west local government areas, edo state, Nigeria were they reported that majority of parents (41.6%) do not know about the services provided to adolescent for sexual and reproductive health. Okanlawon and Ojinni[16] report that few parents, who have interest in discussing sexual matter with their children, still find it difficult and intimidating to talk about these sensitive issues.

Putting all the factors in statistical analysis, we found that majority (urban 72%, rural 82%) of parents have an unfavorable attitude towards sex education in both the area.A study conducted by Payal Mahajan and Neeru Sharma[17] on Parents attitude towards imparting sex education to their adolescent girls also supports the findings. Majority (89%) of the rural parents of the adolescent girls do not feel necessary to impart sex education to their children and 75% of the rural parents believed that not much information should be imparted and only negligible percent (3%) of them in favor of imparting full knowledge to their children.

The study showed that majority of the parent scored in support for sex education and reason for non-support (76.90%-rural area, 74.30%-urban area), ideal age for sex education (73%-urban area, 70.80%-rural area), in urban and rural area. The minimum score was in inclusion of sex education (61%-urban, 61.30%-rural area).The study showed that the total parental score of urban area is 6240 with 69.33%, and in rural area is 6138 with 68.2%.In urban area, majority of mother provided sex education than that of father. Present study found that

gender of parent was a significant predictor of parental practices, with mothers talking more with children about sex education than did fathers. Study conducted by Kingsley Naroko, KobinaImpraimAdentwi, Maxwell Asumeng, Linda Dede Ahulu[18] on parental attitude towards sex education at lower primary in Ghana too supports the findings. The result of this study shows there are no gender difference in parental attitude towards sex education, as well as no residency difference about sex education. However, there was a difference in parental attitude in connection to their educational level.

There is an association between parental attitude with occupation, receive any sex education in your pre -pubertal age for rural parents and are you aware of any services provided to adolescent children for sexual and reproductive health for urban parents and age of parents, marital status, occupation, appropriate age to begin sexuality education for children from parents and receive any sex education in your pre -pubertal age for rural parents. In contrast that Wenli Liu, Carolyn P. Edwards[19] in their study showed that both parental knowledge and parental attitudes were significant predictors of education practices. Parents who were more knowledgeable and who had more positive attitudes also talked more with their children about sexuality. These findings accord with other literature, such as Nolin and Petersen's[20] conclusion that fathers play a less significant role as sexuality educator than do mothers and that gender differences in parent-child communication about sexuality may result from a sexual double standard.

Implications

Community Health Nursing: As a community health nurse, one can conduct awareness programmes, mass health education programmes on sex education on community .One can also educate the parents of the community. In school health programme, the community health nurse can suggest school teachers regarding the importance of sex education. The teacher is in a position to facilitate the enrichment of the positive traits and alleviate the effect of negative ones, myths and misconceptions through aids.. They should not have the apprehension that teaching sex-education will tarnish their image.

Administrators & Policy Makers: This study will also be helpful for administration of schools such as in making provision for health environment in school for teaching and learning. They can provide various facilities, which would help in increasing teachers' effectiveness in the field of sex-education. Administration should bring awareness among teachers about the responsibility towards students, society and nations as a whole. The study is equally helpful for policy makers, as it will help farming the points to be included in teacher training packages. This facilitates the teachers to have an idea of the content and determine its methodology

CONCLUSION

There were substantial lacunae in the attitude of parents about reproductive and sexual health. Parents felt that sex education is necessary and should be introduced in the school curriculum. Parental gender works as a function of sex education between parents who reside in urban areas and do not work as a function of sex education for parents those who dwell in rural area. The most common preference for getting sex education was from doctor followed by teacher/ school. Majority of parents had unfavourable attitude towards sex education. Sex education and sexuality is unaccepted in many communities and also among some parents, parents feel shy to talk about sex education, some parents hesitate to reply about sex education. Research conducted in both non-western and western settings indicates that comprehensive sexuality education delays the age of sexual initiation and reduces the incidence of unplanned premarital pregnancies and sexually transmitted infections among youth.

Acknowledgment

The researcher thanks all the participants of the study for their kind cooperation.

Declarations

Funding: *No funding sources*

Conflict of interest*:* The Authors do not have a competing interest to declare.

Consent: Written informed consent was obtained from the patients.

References

1. Pan American Health Organization, Regional Office of the World Health Organization. (2000). Promotion of sexual health: Recommendations for action. Washington, DC: PAHO. Retrieved March 23, 2002 from heep://www.paho.org/English/HCP/HCA/PromotionSexualHealth.pdf.
2. Brocato, Vanessa, &Dwamena-Aboagye, A. (2007). Violence against Women & HIV/AIDS. Yvette Amissah, *et al*. Achimota (Eds.): The Ark Foundation Ghana.
3. Stella Esuabanai. Perception of Parents towards Sex Education on Primary School Pupils in Calabar Education Zone of Cross River State, Nigeria. *International Journal of Scientific Research in Education*, May 2017, Vol. 10(2), 176-190.
4. Osei, A. Within the School wall: The role of discipline, sexuality and the curriculum. New York 2009: Rutledge.
5. World Health Organization. (2007). Sexual and reproductive health of adolescents and youths in Malaysia: A review of literature and projects 2005. Geneva: WHO
6. Kirby, D., Laris, B. A., &Rolleri, L. A. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40 (3), 206-217.
7. Kane TT, De Buysscher R, Thomas TT. Sexual activity, family life education and contraceptive practice among young adults in Banjul, Gambia, Stud Fam plann 1993; 24(1):50-61.
8. Runganga AO, Aggleton P. Migration, the family and the transformation of a sexual culture. Sexualities 1998; 1(1): 63-81.
9. Helitzer-Allen D.Aninvestigaton of area-based communication networks of adolescent girls in rural Malawi for HIV/AIDS prevention messages, Report in Brief. Washington, DC: Int Center Res Women, 1993.
10. Svodziwa M, Kurete F, Ndlovu L. Parental knowledge, attitudes and perceptions towards adolescent sexual

reproductive health in Bulawayo. *International journal of humanities social sciences and education* (IJHSSE). April 2016. Vol 3(4). PP 62-71

11. Elizabeth G, Akapama, Parental perception of the teaching of sex education to adolescent in secondary school in cross river stat, Nigeria, *Journal of research and method in education*(JOSR). Mar-April 2013. Vol1(3). PP 31-36
12. Moore Susan, Rosenthal Doreen, adolescents perceptions of friends and parents attitude to sex and sexual risk-taking; *journal of community and applied social psychology*; Vol I , September 1991
13. Sule Ha *Et al*, Impact of sex education in Kogi State, Nigeria, Journal of education and practice in year 2015, Vol. VI (No. 3)
14. Sheron P, Rani M , Kumar Y, Knowledge and attitude regarding pubertal changes among pre-adolescent boys: An international study in rural area in India, VOL No. 5(5) October 2016, Page no.: 2-5
15. Olarinmoye Esther O Asekun, Parental attitude and practice of sex education of children in Nigeria, *International journal of child health human development* 2011, Vol. 4 (3), Page no. 301-307.
16. Okanlawon IO, Attitude of parents in IBAdan north local government areaQYO state towards sexuality education for adolescent. *International journal of applied psychology and human performance*. 2009; 5:916-31.
17. Mahajan Payal, Sharma Neeru. Perceived parental relationships and awareness level of adolescents regarding menarche. J. Hum. Ecol 2004;16(3): [4screens]. Available from: http://www.krepublishers.com/02-Journals/JHE/JHE-16-0-000-000-2004Web/JHE-16-3-151-226-2004-Abst-PDF/JHE-16-3-215-218-2004-1199-Mahajan-P/JHE-16-3-215-218-2004-Mahajan-P.pdf
18. Nyarko K, Parental attitude towards sex education at the lower primary in Ghana, *International journal of elementary education*, 10th April 2014. Vol. III (2), Page no. 21-29.
19. Liu W., Edwards C., Chinese parents knowledge, attitude and practices about sexuality education for adolescents in the family.
20. Mary J N, Karen K P. gender differences in parent child communication about sexuality. *Journal of adolescent research*.1992.

How to cite this article:

Barkha Devi *et al* (2018) 'Comparison of Parental Attitude towards Sex Education of Their Adolescent Children in Urban and Ruralareas of Sikkim', *International Journal of Current Advanced Research,* 07(10), pp.15787-15792.
DOI: http://dx.doi.org/10.24327/ijcar.2018.15792.2894

****