

**“KNOWLEDGE, ATTITUDE, AND PERCEPTION OF
ADOLESCENCE ABOUT SEX AND SEXUALITY”**

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CHAPTER 1

INTRODUCTION

INTRODUCTION

The World Health Organization (WHO) defines a "adolescent" as anyone between the ages of 10 and 19 and a "young person" as someone between the ages of 15 and 24. Adolescence was once thought to be a distinctly western phenomena. Today, it is widely acknowledged that everyone goes through adolescence as part of their developing process. The development of the personality is finished during adolescence, which is a time of physical, psychological, emotional, and social transition. During this time, the young person tries to forge their identity by exploring new areas, including the sexual realm. The period of life between childhood and adulthood is known as adolescence. It is a distinct period in human development and crucial for setting the groundwork for long-term health. Teenagers grow quickly in terms of their physical, cognitive, and emotional development.

Human sexuality refers to how individuals perceive and act sexually. This involves feelings and actions that are biological, psychological, physical, sensual, emotional, social, or spiritual. The biological and physical components of sexuality mostly have to do with how humans reproduce, particularly how they go through their sexual cycle. The pattern of a person's sexual attraction in the same or opposite sex is referred to as their sexual orientation. The relationships between people that are conveyed through intense emotions or bodily manifestations of love, trust, and care are included in the physical and emotional components of sexuality. In contrast to spirituality, which is concerned with a person's spiritual connection with other people, social elements are concerned with how human society affects one's sexuality. The cultural, political, legal, philosophical, moral, ethical, and religious facets of life both influence and are influenced by sexuality.

Teenage sexuality is a stage of human development during which teens experiment with and explore their sexual desires. As puberty begins, interest in sexuality increases, and it frequently plays a significant role in teenagers' lives. Flirting, masturbating, or engaging in sex with a partner are all examples of methods to display sexual interest. Similar to adult sexual interest, adolescent sexual interest can vary significantly and is influenced by social controls including age-of-consent laws, sex education, as well as more general sexuality education. In our current society the proper knowledge about

sex and sexuality is very much important. A phase of human development known as adolescent sexuality allows adolescents to experiment with and explore their sexual impulses. Interest in sexuality grows as puberty sets in, and it frequently has a big impact on youngsters' life. You can show your sexual interest through flirting, kissing, masturbating, or having intercourse with a partner, for example. Like adult sexual interest, teenage sexual interest is subject to wide variation and is influenced by social constraints such as age-of-consent laws, sex education, and more general sexuality education.

Developmental milestones of adolescents

A person's transition from childhood to maturity occurs during adolescence. A young person's life will undergo significant physical and psychological changes as a result. The myriad physical, sexual, cognitive, social, and emotional changes that take place during this time can cause excitement and fear in children as well as in their families. Fostering healthy growth will be easier if you know what to anticipate during different phases of puberty and early adulthood. Adolescence was described by Mr. Stanley Hall as a distinct and critical stage in human development. Nobody had previously given this time period much thought. Added Hall "The best decade of life is right now. No other age responds so well to all the best and most mature adult endeavour. No psychic soil, too, allows both good and evil seeds to take such a firm hold, flourish so fully, or produce fruit so soon or so reliably. The adolescent pass through different types of developmental milestones that is , physical development, sexual development, cognitive development, identity development, and social development. (*Developmental Milestones [Part 5: Adolescence],.*)

Physical development ; The Latin root of the word pubescence means "to get hairy." But the appearance of body hair is not the first sign of puberty. It is commonly known that puberty causes physiological changes. Sexual organs grow. Pubic hair is noticeable. Voices go deeper. However, growth spurts and weight gain come first. Breasts, broad hips, facial hair, and other secondary sex traits appear later. Girls normally start going through puberty roughly two years earlier than boys do, and apparent symptoms usually start to show around age ten. And studies indicate that the

time of puberty is moving earlier and earlier each decade. The age of menarche, or the start of the first period, is an easy way to gauge this. From as young as age, some girls' monthly cycle begins with inconsistent periods.

Sexual development ; By the age of 15, the vast majority of boys (over 90% depending on the data you look at) and a sizeable proportion of girls (about 70%) have had sexual experiences. According to the National Survey of Secondary Students and Sexual Health (2018), which included 6327 Australian students (3469 females), sexual experience increases with age:

Cognitive development ; The transition from concrete operational thought to formal operational processes, Piaget's last stage of cognitive development, causes a profound change in thinking. While younger children may grasp quantity conservation and identify objects based on size and shape, they are often more in the moment. For them, abstract ideas are too much. Hypotheticals and counterfactuals are absurd. But now that adolescence has arrived, our teens have a new capacity for thought. Thinking grows more complex as an adolescent. Orientation toward the future is more grounded. One can consider hypotheses. Making inferences makes sense. The mind develops the capacity to brainstorm seemingly limitless combinations of ideas, and it grows adept at keeping track of much of this process. Negotiations get more complex. Politics, economics, concerns of identity, and global issues become prominent, and our kids care a lot about these subjects. And much to the chagrin of many parents, the capacity for logical reasoning becomes a part of daily life. But it doesn't all happen at once! Early adolescent years gently introduce formal operations into our teens' skills, and by the time they become 18, they are still only 60–70% ready. They will not begin to function with an adult brain until they have reached neurological maturity.

Identity development ; Teenagers are developing their identities. They frequently are aware of it. They are capable of thinking about their own thinking (a process known as metacognition), and they are aware that one of their responsibilities as adolescents is to explore and answer the question of who they are. We all realise as adults that our sense of ourselves is never fully formed. We are still changing and growing. Our teenagers, however, are attempting to move past an identity crisis by late adolescence.

Social development ; Teenagers gravitate toward peers rather than their parents. Teenagers also encounter more conflict as they experiment with their identities and

personal preferences and as their neurological development progresses. This process is referred to as differentiation or individuation. They are developing their own identity, and occasionally they believe that conflict with and hostility toward their parents is the quickest way to get there. During the teen years, friendships deepen and take on greater significance as a result of shared interests, experiences, and needs. There is one more significant societal advancement. Dating. Teenagers who identify as heterosexual lean heavily, with only a tiny minority choosing to experiment with same-gender relationships. The percentage of opposite-sex friends and connections rises gradually through adolescence, regardless of orientation or experimentation, and romantically focused partnerships become prevalent after about age 15. (*Developmental Milestones [Part 5: Adolescence]*,)

Psychosocial stages and biological changes

A leading and influential theory of development was created by ego psychologist Erik Erikson. Erikson's theory mainly concentrate the psychosocial development of individuals. According to him , every person pass through eight stages of development, that is ;

Stage 1; Trust vs Mistrust

The most fundamental stage of life is represented by the first stage of Erikson's theory of psychosocial development, which takes place between birth and one year of age. Because a baby is completely dependent, the dependability and calibre of the child's caregivers are the foundation for building trust. At this point in development, the child is utterly dependent upon adult caregivers for everything they need to survive including food, love, warmth, safety, and nurturing. If a caregiver fails to provide adequate care and love, the child will come to feel that they cannot trust or depend upon the adults in their life.

Stage 2; Autonomy vs Shame and Doubt

Early childhood is the time period for the second stage of Erikson's theory of psychosocial development, which focuses on kids gaining more self-control. Children are just beginning to get a little independence at this stage of development. They are beginning to take simple behaviours on their own and acquire straightforward preferences. Parents and other adults who care for children can support children's feeling of autonomy by giving them the freedom to choose and take charge.

Stage 3; Initiative vs Guilt

Preschool years are when the third stage of psychosocial development occurs. Children start to exert their power and control over the world at this stage of their psychological development through controlling play and other social interactions. Children that succeed at this stage believe they are capable of leading others. People who lack these abilities experience remorse, self-doubt, and a lack of initiative.

Stage 4; Industry vs Inferiority

The fourth psychosocial stage occurs between the ages of five and eleven, during the early years of school. Children start to feel proud of their accomplishments and skills through social interactions.

Children must adjust to changing social and academic expectations. Failure causes emotions of inferiority, whereas success fosters a sense of competence.

Stage 5; Identity vs Confusion

The sometimes difficult teenage years are when the fifth psychological stage occurs. This stage is crucial for the formation of a sense of personal identity that will affect a person's behaviour and development for the rest of their life. Teenagers need to establish their individual identities and sense of self. Success fosters the capacity to be loyal to oneself, whereas failure fosters role uncertainty and a frail sense of identity. Children explore their independence and grow in self-awareness during adolescence. Through personal discovery, those who are properly encouraged and reinforced will leave this stage with a strong sense of self, as well as sentiments of independence and power. People who are still unsure about their views and desires will feel uncertain and uncertain about the future.

Stage 6; Intimacy vs Isolation

Young adults must develop close, enduring relationships with others. Success produces strong relationships, whilst failure produces isolation and loneliness. This era includes the early adult years when people are figuring out their personal relationships. Erikson thought it was essential for humans to form committed, deep relationships with other people. Successful people will establish stable, long-lasting partnerships at this stage.

Stage 7; Generativity vs Stagnation

Adults must produce or nurture things that will endure after they are gone, frequently by bearing children or bringing about a beneficial change for others. Success produces a sense of usefulness and accomplishment, whereas failure produces a limited sense of engagement with the outside world. We continue to create our lives as adults, putting a priority on our families and careers. Those who are successful throughout this stage will feel that by participating in their home and community that they are making a difference in the world. 2 Those who are unable to develop this talent will feel unproductive and disengaged from society.

Stage 8; Integrity vs Despair

The final psychological stage, which takes place in old age, is concerned with looking back on life. 2 People at this stage of development reflect on their lives and decide if they are content with them or whether they regret the things they did or did not do. The way in which Erikson's theory handled development over the lifetime, including old age, set it apart from many others. Older people need to reflect on their lives and experience a sense of fulfilment. At this point, success brings sentiments of wisdom, whereas failure brings feelings of regret, resentment, and hopelessness. People take stock at this point in their lives as they look back on their experiences. People who reflect on a life they feel was well-lived will feel content and be prepared to face death with calm. Instead of feeling worry that their life may end without having accomplished the things they feel they should have, those who look back with only regret experience fear.

The theory was important since it considered a person's growth not just during childhood but throughout their entire life. Additionally, it emphasised how crucial social connections are for influencing personality and growth at every stage of development. (*Erikson's Stages of Development, 2022b*)

Reproduction and Development Process

The information needed to create another human being is included in the male sperm and the female egg during the reproductive process. These cells unite to form the embryo as the egg is fertilised. Once the fertilised egg implants in the uterus, pregnancy starts. As the embryo develops, supporting and nourishing tissues encircle it. As the

embryo transforms into a foetus, eyes, limbs, and organs start to take shape. The foetus develops inside the uterus until labour and delivery bring an end to the pregnancy. All of the body's systems will have developed by that time, including the reproductive system that will one day aid in the birth of a new human.

Fertilization; A sperm and an egg mate to create a zygote. The female vagina and uterus allow some sperm from the male penis to swim up toward an oocyte (egg cell) floating in one of the uterine tubes during sexual activity. Gametes are the sperm and the egg. Half of the genetic material required for reproduction is present in each of them. These genetic details mix when a sperm cell enters and fertilises an egg. A 46-chromosome cell known as a zygote is created when the 23 chromosomes from the sperm pair with the 23 chromosomes in the egg. The zygote begins to split and grow. It splits as it moves toward the uterus to form a blastocyst, which will pierce the uterine wall.

Development Before and During Implantation: The Transformation of the Zygote into an Embryo; It takes a fertilised egg, or zygote, roughly five days to travel from the uterine tube to the uterus. The zygote divides as it moves, becoming a blastocyst with an inner mass of cells and an outer ring of protection. The blastocyst adheres to the uterine wall and eventually presses into the lining of the uterus. Its cells continue to differentiate during implantation. The embryonic disc develops on day 15 following conception from the cells that will make up the embryo. Various cells start to assemble supporting structures. On one side of the disc, the yolk sac will develop into a portion of the digestive system. The amnion, which surrounds the embryo as it develops, fills up on the other side. The placenta and umbilical cord, which will deliver nutrition and remove waste, are started by other cell groups. (*Body,*)

The embryo develops throughout the course of eight weeks, becoming a foetus by the end of week ten ; The embryonic phase officially begins 15 days after conception. The endoderm, mesoderm, and ectoderm are three layers that differentiate from the embryo's flat embryonic disc. The three tissues mentioned above give rise to all of the body's organs. They start to fold and curve, forming an oblong body. The embryo has a distinct head, tail, and beating heart by week 4. Legs, eyes, parts of the brain, and vertebrae develop throughout the following six weeks. All body systems are shown in their most basic forms. The embryo develops into a foetus by the end of week 10. (Note: Pregnancy is frequently assessed using the gestational age, which is the age of the foetus

as of the first day of the woman's last period, and the embryonic or foetal age, which is the actual age of the developing foetus. We're talking about the foetus' gestational age.)

Labor, a three-stage process, is the culmination of fetal development ; Beginning in week 10 of pregnancy, the foetus develops inside the uterus, fed by the umbilical cord's supply of blood that is rich in nutrients. The foetus receives oxygen and nutrition through the placenta, which also filters the blood of waste materials. Connective tissues, muscles, skin, and bones all develop. Body organ systems mature. Face features and limbs begin to take shape. Usually, labour starts to progress around week 36. Hormones cause the uterine walls to contract downward during the first stage, dilatation. The foetus' head bumps up against the cervix at the lower end of the uterus as a result of the contractions. The cervix opens up. Strong contractions drive the head and the rest of the body through the dilated cervix and out through the vagina and the vulva during the second stage, known as ejection. A child is born. To finish the placental stage, more contractions evacuate the placenta.

To be able to reproduce, humans must develop either male or female gonads and genitalia ; In the embryonic stage, reproductive structures start to take shape. Genitalia and gonads are present but undifferentiated by week 6. One chromosome that the sperm delivers determines whether they develop into males or females. An X chromosome from the female egg and either an X or a Y chromosome from the male sperm make up this pair. Beginning in week 7, the gonads transform into testes if the chromosomal pair is XY. Beginning in week 8, the gonads develop into ovaries if the chromosomal pair is XX. Around week 10, testosterone from the testes begins to develop the male genitalia. When testosterone is absent, feminine genitalia develop. At birth or soon after, all reproductive structures are present. They will reach adult size and become capable of reproducing after puberty, when sex hormone production increases.

Sex and sexuality

The term "sex" is frequently abbreviated to refer to sexual intercourse. The term "sexuality" refers to the full expression of our gender or our sexual orientation as a human .Sex and sexuality is very much important topic in the current society , being a human involves having a sexual orientation. Healthy relationships and personal wellbeing are facilitated by love, affection, and sexual intimacy. But in addition to the benefits of our human sexuality, there are also conditions, conflicting feelings, and

unforeseen repercussions that could harm our sexual well-being. Promoting sexual health and responsibility requires an open dialogue about sexuality concerns. Our sexual feelings, thoughts, attractions, and behaviours toward other people are all part of your sexuality. Other people can pique your interest in a physical, sexual, or emotional way, and all of those things are aspects of your sexuality. Your sexual orientation is a unique and deeply personal aspect of who you are.

The child's sexuality varies and develops over time. It's crucial for the child's healthy growth that they feel confident about their sexuality and sexual identity. Sex is only one aspect of sexuality furthermore, it concerns how the adolescent, recognises and expresses feelings of closeness, desire, and affection for others; feels about their developing body; makes healthy decisions and choices about their own body; and establishes and sustains respectful relationships. Most teenagers will at some point experiment with sexual behaviour; this need is common, natural, and strong during these years. Sex is not required in every teen relationship, though. Additionally, adolescents are developing emotionally and socially. They might seek ways to demonstrate their love and affection as well as romantic connection. Additionally, youngsters could be intrigued and desire to research how adults behave. Teenagers can exhibit sexual attraction to persons of the same sex, people of the opposite sex, or people who are bisexual. Teenagers occasionally don't display any sexual interest. Sexual attraction is different from sexual identity. Same-sex attracts young individuals who may or may not identify as homosexual, lesbian, or bisexual. They may consider themselves to be heterosexual or pansexual, oneself as male, female, both, or neither is gender identity, which is distinct from sexual attraction. The sexual orientation and relationship preferences of young people may or may not be influenced by their gender identification. *(Sexuality: Pre-teens and Teenagers, 2021b)*

Three Aspects of Sexuality

Gender identity, gender expression, gender roles, and sexual orientation make up its constituent parts of sexuality. Gender identity; A person's idea of their own gender is known as gender identity. A person's gender identification may be similar to or different from their ascribed sex. Most people's gender identities and the numerous biological factors of sex are consistent with one another. While usually the case, gender expression does not always correspond to gender identity. While a person may exhibit actions,

attitudes, and physical characteristics that are typical of a specific gender role, this may not always be a reflection of their gender identification.

Gender expression; The way a person portrays or expresses their gender in public is known as gender expression. This can involve actions and visible manifestations including attire, hair, makeup, body language, and voice in addition to behaviour. Pronouns and a person's chosen name are two more common methods to communicate gender.

Gender role; Society's expectations of how we should behave, speak, dress, groom, and conduct ourselves are known as gender roles. For instance, girls and women are frequently expected to behave politely, be accommodating, and be nurturing.

Sexual orientation; Sexual orientation refers to the people you are emotionally, romantically, and sexually drawn to. It's not the same as gender identity. Gender identification refers to who you ARE – male, female, genderqueer, etc. — rather than who you are attracted to.

The knowledge of sex and sexuality is very important. So the adolescent gets the information about the sex and sexuality from parents, teachers, peer groups, and social medias. The primary plat form of information is family. But in our society majority of the parents are not aware of sex and sexuality related knowledge. They believe that sex is a sacred one and follow the rules and regulation. And the attitude of sex and sexuality is different from every individual. Everyone have a different perception about sexuality.

Social and cultural aspects

Every society has struggled to find a way to balance the need to control sex with the need to allow it to be expressed appropriately, and every society has found a solution by using a combination of social norms, legal restrictions, and cultural taboos. Prohibitory laws put a stop to the forms of sexual competitiveness that are more damaging to society. Regulations that are permissive permit at least the bare minimum of instant pleasure needed for personal fulfilment. Furthermore, sex conduct is frequently expressly prohibited by laws where it appears to directly advance society's interests. The most significant factor in regards to sex was Christianity. Sexuality was singled out as coming almost totally within the purview of religion, whereas other

important areas of human existence, including as government, property rights, kinship, and economics, were influenced to varied degrees.

The idea of the good spiritual world in opposition to the carnal, materialistic world, and the conflict between the spirit and the flesh, which is an ascetic concept shared by many religions, gave rise to this development. Sex symbolises the flesh, making it the antithesis of the spirit. This dichotomous gnostic worldview, which held that sex in any form outside of marriage was an absolute evil and that sex within marriage was a sad necessity for purposes of propagation rather than pleasure, had a significant impact on Western Christianity beginning in the second century. The early Christians' strong antisexuality was partly a result of their apocalyptic outlook on life; they believed that the end of the world and the Last Judgment would soon be upon them (notice that neither God nor Christ has a wife and that marriage does not exist in heaven). There was no time to wean oneself off of the flesh gradually; a quick and drastic action was required. In fact, antisexuality became so strong that the church itself was finally moved to limit some of its most extreme manifestations. (*Human Sexual Activity | Definition, Types, Examples, & Facts, 2022*)

Religious concepts

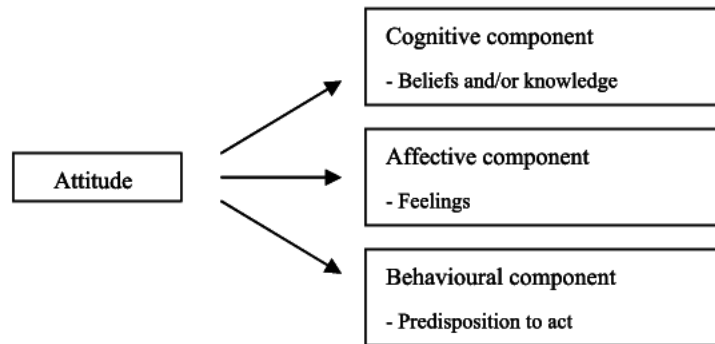
Majority of the religious views on human sexuality are guided by sacred texts, diverse ideas, and sometimes rules and regulations about the role sexuality plays in our world. Regarding the religious aspects of human sexuality, such as sex worship, sex deities, and some antiquated fertility myths, people have a wide range of opinions. Some Christians think all women ought to strive to Mary's level of sexual purity because she was the mother of Jesus Christ and was an innocent. Georges Bataille's work *El Erotismo*([link is external](#)) explores the "transgressions" of human cravings and contrasts them with what the Catholic Church would have us think about our erotic nature. (*Religious Beliefs and Human Sexuality, 2020*)

Indian children are spoiled as much as they can, frequently up until age 6 or 7. Particularly in rural places, a natural approach to sexuality and nudity predominates

before puberty. In order to fulfil their future domestic duties as mothers and fathers, daughters and sons get extensive preparation. In terms of love and sexual pleasure, women are often thought to be considerably more adept than men. Most boys and girls are separated throughout puberty. Pubescent girls aren't even permitted to enter homes with even one young man inside in some parts of India. Girls should normally avoid masturbation. But for boys, it's seen as a precursor to adult sex life. Although boys can freely masturbate together when they are younger, as they get older and more mature, they all stop. (*Chakraborty & Thakurata, 2016*)

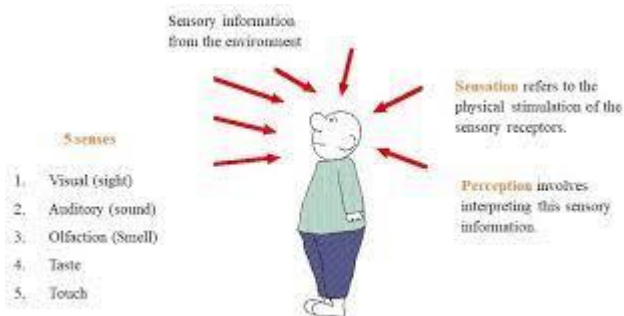
Misconceptions about sex and sexuality

Misconception means, a wrong or inaccurate idea or conception. In our society, there are so many misconceptions about sex and sexuality . The majority of people believe that LGBTQ people are not normal. Every individual is unique, and all forms of sexual orientation and gender identity are acceptable and deserving of respect. Then we heard about we can change our sexual orientation. The fact is that a person's sexual orientation cannot be altered. An individual can choose to have sex with someone of the same gender if they are heterosexual, or they can choose to have intercourse with someone of the opposite gender if they are homosexual. By a certain age, everyone is aware of their gender identity and sexual preference. But Some people can identify their sexual orientation and gender at a very young age. Some folks need more time to understand it. There is no certain moment at which someone becomes aware of their attraction to certain people or of the gender they identify with. Each person is unique, and that is acceptable. Because they hear and observe negative sentiments among their family, friends, and community, gay, lesbian, and transgender people may conceal or deny their sexual orientation and gender identity from others as well as from themselves. (*"Sexuality Myths and Facts,"*)



(The Concept “attitude” and Its Three Components,,)

Our assessment of a person, a concept, or an item is reflected in our attitude. Typically, attitudes are either positive or negative, or favourable or unfavourable. They can also be described as a conditioned way of reacting to social cues. Three elements to generate attitude that is, cognitive , affective , and behavioural . The adolescent's attitude about sex and sexuality always connects with their beliefs, feelings, and values. Knowledge refers to Knowing something with familiarity earned via experience or association is a fact or condition. Family is the primary social institution in society, so the adolescent gets more knowledge or information about sex and sexuality from parents. Then they approach their peer groups, teachers, and social media. Our sensory experience of the world is referred to as perception. Perception is dependent on the cognitive processes we employ to analyse information, such as using memory to identify a friend's face or detect a recognisable scent. We are able to recognise and react to environmental cues thanks to the perception process.



(Mcleod,)

The efficient registering of sensory input in the environment is known as sensory processing, or integration. To act in a meaningful and consistent manner, the brain must organise, process, and respond to sensory data. Every human being has five senses to comprehend their surroundings, namely, visual (sight), auditory (sound), olfactory (smell), taste, and touch. The adolescent understands sex and sexuality-related information through visual means, like watching social media or others' behaviour, etc., so this sensory information affects the adolescent's perception of sexuality. (*Mcleod,*)

Importance of sex education

Adolescence is a period of transition from childhood to adulthood. So, in this period they experience different types of changes in their body, in their mind and in the society. Sex education is the important topic in the current generation. This topic several times come debates in our society. In the early 90's, the main focus of sex education was very different, that is, it's connect with role of family members, and marriage. But now it's totally changed. In every school strictly focused the adolescent and educating them about sexually transmitted diseases, prevention of unwanted pregnancies etc. Sexually literate is very important to help the society to change their view point about sex education and to develop a meaningful perspective about sex education. In the current society the adolescent use different types of technologies like, TV, Internet, social media, mobile phone, et. In some tv shows and movies heavily portrayed the sex scenes, it's creates different impact on adolescent and their thinking. Without proper knowledge, sex can become more irresponsible. In the 21st century some parents' didn't discuss sex-related issues with their children so, the adolescent depend other social medias to understand this topic. So, the better sources of information are coming from teachers. Teachers can take initiatives to control the widespread use of technology and integrate sex education lessons to educate the adolescent. The Netflix show, like- 'Sex Education' is an example for the adolescent to understand what is sex, different angles of sex, how to reduces the sexually transmitted diseases among adolescent etc. (*The Importance of Sex Education, 2021*)

Sex education doesn't increase the engagement of a adolescent to sex but actually it provide proper knowledge about sex and sexuality. Studies shows that, sexually aware students are very much confident to say no to unprotected sex. Through sex education, the adolescent got an opportunity to understand the positive and negative side of sex.

And also learn sexually transmitted diseases , emotional effects of sex, adolescent unintended pregnancy. It teaches the adolescent how reduce the risk factors through the use of condoms, hormonal contraceptives and the pill. Sex education teaches the adolescent about the basics of puberty, body development and changes , and also teach a comprehensive idea about their bodies and how to say no to unwanted sexual activities. Sex education teaches the young generation about what is sexual violence and which factors leads to sexual violence etc. Majority of the adolescent are unaware of sexual violence , sexual exploitation and they are hesitate to tell their parents about these topic. So the best way to understand sex and sexuality is proper sex education .
(NCBI - WWW Error Blocked Diagnostic,)

The role of parents and teachers in providing sexuality education

Parents play an important role in delivering sexuality education to their children. Sexual socialization of adolescent firstly develops or begins at home. Every parents and their family members are responsible to guide their children's healthy sexuality development and progressive experience within the life cycle. The parents play an important role in a adolescent's sexuality education. The parents can provide support and comfort to their children to discuss about sexuality related issues. The parents can communicate with the school authorities regarding the school-based sexuality education program The main part of parent-adolescent relationship should be based on proper and healthy communication. If the communication didn't work properly the adolescent face with serious educational and health problems like, risk of teen pregnancy, child abandonment, poor health condition, emotional distress, social un-acceptance, economical issues , sexually transmitted infections – including HIV/ AIDS, early marriage etc. Parents didn't' wait for the adolescent's questions about sex and sexuality because, it is parent's responsibility to communicate. (*Sexuality Education for Parents,.*)

The teachers play an important role in impacting sex education knowledge to the adolescent. Teachers share knowledge about sexual health during studies and make them to ask questions, it help the adolescent to clear their concern related to this topic. Teenagers should be the focus of the discussion, so teachers and schools should ensure that they have given them enough information about sex education through a carefully designed curriculum. This will help them understand sex and any potential risks that

may accompany it. Sexuality shouldn't be portrayed by teachers as taboo, immoral, or based on incorrect assumptions.

Instead, they ought to have a thorough discussion about it as part of their obligation to equip students with the knowledge they'll need to avoid injury from sex. It is time to train teachers in sex education who have the necessary knowledge and experience, as well as counselling professionals who are qualified and who, in addition to having the necessary psychological tools and knowledge, also possess universal values that allow them to engage in open discussions about students' daily affairs in the classroom.

(Oluwaseyi, 2017)

CHAPTER 2

REVIEW OF LITERATURE

According to World Health Organization (WHO) sexual health means that in our world , or in our society each and every individual have the opportunity to have a safe sexual experiences free from violence and discrimination .This right must also apply to the adolescence. The main aim of this study is to increase the level of knowledge about STDs (Sexually Transmitted Diseases) among adolescence. The secondary objectives of this study is to analyse the factors associated with the adolescent's knowledge of STDs, and also the SRH – related networks, attitudes etc. (*Public Health in Practice,*) This study mainly focus on the behaviours, attitude and sexual knowledge about youth in India. According to this study , the literature related to the sexual knowledge, attitude towards sexual behaviour and sex are very less. The main objective of this study is to increase the sexual knowledge, behaviours and attitudes of youth. In Indian culture we can see that so many myths and misconceptions are there about sex and sexuality. But the adolescents also maintain their sexual relationships. In this study cover some areas related to the knowledge about pregnancy, reproduction, abortion, masturbation, sexually transmitted diseases, fertility etc. (*Manjula & Dutt, 2017c*)

According to this study the main objective is to find out the level of attitude and knowledge about sex, sexually transmitted infections (STIs) especially AIDS/HIV and also their prevention in adolescents. Lack of proper awareness are the increasing level of various sex related problems. In this study, still some of the members/ people have misconception regarding the cause of transmission of STI. According to this study, some of the adolescents had no idea about safe sex and sex. Majority of the adolescents think that the AIDs / HIV can be transmitted from one person to another person and it is done through unsafe sexual contact. adolescence is an important age period in the life span. They can express different types of characteristics. The specific characteristics of adolescents is lack of maturity, it's creates so many sexual risk behaviour such as the use of toxic substance , alcohol or drugs during sexual relations , increasing of sexually transmitted infections and unwanted pregnancies. Healthy sex education is one of the best ways to prevent sexual risk behaviours. Sex education refers to not only sexual structure , it involves, sexual relationships concerning human and moral problems, sexual psychology, sexual ethic , sexual law etc. so, it is a kind of long-term education for a person , and this is very much important in our life. (*Yu-feng, 2016*). Sex education is the primary and crucial preventative tool for adolescence. In this developmental age, the adolescence face so many developmental changes and they have so many

confusions of their changes , sex, gender inequality etc. (*Sathyannarayana Rao et al., 2015*)

The term adolescence comes from Latin word meaning ‘ to grow to maturity ‘ , According to WHO 10-19 years is called adolescents. Sex education is best way to prevent sexual harassment crime, gender and ethic discrimination etc. This study aims to analyse the role of sexual behaviour in the transmission of HIV/AIDS in adolescents in coastal areas. They did’ t have any proper knowledge about this topic. They face so many confusions and also they get different information from different people.. (*Rokhmah & Khoiron, 2015*) In that society, the adolescents can not freely approach their parents for guidance. Some sort of information they gets from books, film, or from friends. The process of acquiring information and forming beliefs and attitudes about sexual identity , sex , intimacy is also know as sex education or sex and relationship education. Healthy Communication about sexuality can provide positive effects for adolescence. (*Owolabi et al., 2016*)

The adolescence collect the information about sex and sexuality from their parents than from a class, health centre, friends or media. But they don’t know this is write or wrong. This adolescence age is a period of change from immaturity of childhood to maturity of adulthood. Early adolescence is considered as a most important critical stage of development. In the present society we can see that the importance of sex and sex education. Majority of the adolescence are not aware of sex and sexuality , this is the main problem in our society. The main purpose of this article is to determine the knowledge , attitude, and behaviour about sexuality among adolescents. (*Bleakley, 2017*)

The main aim of this study is to explore how the parent-adolescent communication and openness about adolescent sexuality , sexual behaviour , sexual knowledge etc. According to this study the healthy communication about adolescent sexuality related to less sexual knowledge, and less sexual behaviour. The role of parents to build proper knowledge about adolescent sexuality is very important. The adolescence first learning place is their family. (*Pop & Rusu, 2015*)

According to this study , the positive psychosexual development in adolescence age group is very important to lead a healthy sexual life. The evidence suggests that, a person’s sexual self-concept , attitudes toward sexual pleasure , also influenced by the

adolescent's psychosexual development. The positive understanding of psychosexual development is remains limited. The main goal of this study was to provide explanatory analysis of adolescents' perceptions of their sexual self, sexual practices, and their attitudes towards sexual pleasure etc. The adolescents' positive attitudes towards sexual pleasure decrease the engagement of undesired sexual and risky sexual behaviours. (*“[HTML] Adolescents' Perception of Their Sexual Self, Relational Capacities, Attitudes Towards Sexual Pleasure and Sexual Practices: A Descriptive Analysis,”*)

According to this study the parents do not discuss sex-related issues with their adolescent children due to lack of age-appropriate respectful vocabulary and skills. The healthy parent-adolescent communication improving the better outcomes of sexual and reproductive health. The parent-adolescent communication is the primary platform of information sharing and concerns about sex and sexuality. The parents did not aware of these topic, we can't educate our adolescent in a proper way. The promotion of healthy sexual behaviour is the primary goal of this study. (*Muhwezi et al., 2015*)

A human body physiologically, psychologically and biologically changing from birth to death. The main aim of this study is to understand the level of knowledge and level of awareness about reproductive and sexual health among the school-going adolescents of Kashmir. In this community the majority of the people are from Muslim community, so they have more religious and conservative knowledge about sex and sexuality. The literacy rates of males and females in the community is very low so, they didn't have any proper knowledge about sex and sexuality. The community give more importance to their religious norms and values. Even their school curriculum can't provide sex education to the students so we can see that the lack of knowledge about sex and sexuality. The parents think that, to educating their children especially daughters regarding sex and sexuality health is very shameful and bad. In this study we can see that the communities level of knowledge about sexuality. (*KEDDIE, 2016c*)

This study investigated the adolescents' conceptions of education and learning about sex and relationships. Education and learning is very much important in the adolescent period because to learn about sex and relationships is better through education. The proper education leads to correcting misconceptions, counteract prejudices related to sex and sexuality. Adolescence is a very important and crucial stage in the human developmental processes. In this period the individual face different physical,

hormonal , and psychological changes. And also say that in this period. (*El-Shaieb & Wurtele, 2019*)

The majority of sexually transmitted infections (STIs) and illnesses are spread through sexual interaction. Blood, semen, vaginal fluid, and other bodily fluids can carry the bacteria, viruses, or parasites that cause sexually transmitted diseases from one person to another. These infections can occasionally be spread nonsexually, such as when women give birth to their babies or when they receive blood transfusions or share needles. They might not be recognised until issues arise or a partner is diagnosed because of this. There are numerous indications and symptoms that an STD or STI may exhibit, including none at all. There are several warning signs and symptoms of a STI, including: pimples or sores in the mouth, rectal area, or on the genitalia scorching or agonising urinating voiding of the penis strange or unpleasant vaginal discharge extraordinary vaginal bleeding Sexual discomfort Lymph nodes that are painful and swollen, often in the groin but occasionally more widely distributed lower-back discomfort Fever Rash on the hands, feet, or trunk

After a few days, signs and symptoms may start to manifest. However, depending on the organism that is causing the STI, it can be years before you start experiencing any obvious issues. (*Sexually Transmitted Diseases (STDs) - Symptoms and Causes. (2021, September 21). Mayo Clinic.*)

Research reveals that television and other mass media are significant sources of sexual information for young people, and the United States has the highest rates of adolescent pregnancy and birth in the Western industrialised world. This study sought to ascertain whether a teen-led media literacy programme that focused on sexual depictions in the media would raise teenagers' understanding of sex media myths, lessen the appeal of sexualized portrayals, and lessen positive expectations for sexual behaviour. At 22 schools and community sites in Washington State (N = 532), a post-test-only quasi-experiment with control groups was carried out. Due to federal government financing constraints, the intervention—a 5-lesson media literacy curriculum—encouraged sexual abstinence among middle school pupils. 85% of teenagers who reviewed the programme positively thought it was superior to other sex education programmes. Students were less likely to think that teens overestimate their sexual activity, more likely to believe that they can put off having sex, less likely to anticipate social benefits

from having sex, more aware of sex myths, and less likely to think that sexual media imagery is desirable when compared to participants in the control group. The findings demonstrated that media literacy has potential as a component of a sex education curriculum by giving them a cognitive. (*Effects of a Peer-Led Media Literacy Curriculum on Adolescents' Knowledge and Attitudes Toward Sexual Behavior and Media Portrayals of Sex,*)

Puberty and the start of adolescence are two key developmental phases that last until the mid-20s. Think about the differences between a person's 12 and 24 year old selves. Both biologically and cognitively, as well as psychosocially and emotionally, a significant amount of growth occurs between those two ages. During this time, the teenager transitions into and then out of secondary school, or acquires a job. Peers and romantic partners also play a larger role in personal relationships and environments. (*NCBI - WWW Error Blocked Diagnostic,*)

Growth and development are ongoing processes that alter a person on a moment-by-moment basis. The process of developing sexuality begins as soon as a person is conceived and continues through infancy, childhood, adolescence, and maturity until death. There is no gender consciousness in infancy. As early as three years old, the youngster recognises its gender. Sexual self-awareness (gender roles, gender identity) develops during childhood. (*Kar et al., 2015*) . The six crucial competences for the healthy development of teenage sexuality: sexual literacy, gender-equal attitudes, respect for human rights and a knowledge of consent, critical reflection skills, coping skills, and interpersonal skills. Teenagers' feeling of sexual wellness in connection to both themselves (body image, self-efficacy, etc.) and others may be strengthened or hampered by these competences (e.g. mutually respectful relationships). (*Healthy Sexuality Development in Adolescence: Proposing a Competency-based Framework to Inform Programmes and Research,*)

The main difficulties of sexuality comes up frequently as people transition from infancy to adulthood. The physical changes that occur throughout puberty make the teenager aware of his or her sexuality while also giving the child a new social status, which is crucial when it comes to relationships with parents and peers. However, the 1989 UN Convention on the Rights of the Child recognises that children under the age of 18 have the same rights as adults. The Fourth World Conference on Women (Beijing, 1995) and

the International Conference on Population and Development (Cairo, 1994, and New York, 1998), both organised by the UN, both affirmed young people's rights to sexuality and reproduction. (*Adolescents Sexuality, 2017*)

Sexual partners can spread an organism through oral, anal, or vaginal sex, which is how sexually transmitted infections, also referred to as sexually transmitted illnesses, are spread. As many infections go untreated and result in potentially life-threatening consequences, STIs constitute a problem and a drain on healthcare systems. The most prevalent STDs' natural histories and modes of transmission, as well as disease prevention, assessment, diagnosis, and therapy, will be covered. (*“Sexually Transmitted Infections,”*)

CHAPTER – 111
RESEARCH METHODOLOGY

INTRODUCTION

Research is a creative and systematic work. It involves the collection of knowledge, analysis of information, generate new concepts, and addressing particular problem or concern using scientific methods. According to the American sociologist Earl Robert Babbie, ‘research is a systematic inquiry to describe, explain, predict, and control the observed phenomenon. It involves inductive and deductive methods’. The research topic is ‘ **knowledge , attitude and perception of adolescence about sex and sexuality**’. Adolescent age group is an important factor in our society. The leading characteristics of adolescence are , search for self, biological growth and development , increased decision-making, increased pressures, stress, and confusions etc. In our society we can see that there are some misconception about sex and sexuality. The lack of proper sex education is the main reason for this misconception. Adolescent is a confusing age group so, they did not know what is write and wrong. They have so many doubt and concern about sex and sexuality. So, they mainly approach social media platforms and friends to collect the information. This study would bring out the adolescence knowledge, attitude, and perception about sex and sexuality.

This chapter researcher explains the methodology commenced to conduct the study about the knowledge, attitude, and perception of adolescence about sex and sexuality. This chapter explains the research design, sampling design and data collection methods used for the study. The chapter begins by discussing the statement of the problem and significance of the study.

STATEMENT OF THE PROBLEM

In our society we can see that different types of people like different gender, caste, colour, behaviour, etc. Every individual is a social animal so they have different thinking pattern, different opinion and different approach etc. We are already heard about sex, sexuality, gender, sexually transmitted diseases, condom, transgender etc. But, majority of the people didn't have any proper knowledge about these things. Sex refers to physiological or physical differences between females and males. Sexuality refers to a person's capability or capacity for the sexual feelings and sexual attraction to a particular sex. Sexuality is typically divided into four categories; that is, *heterosexuality, homosexuality, bisexuality, and asexuality*. Heterosexuality means attraction to the opposite sex, homosexuality means the attraction to individuals of one's own sex, bisexuality; attraction to individuals of either sex, then asexuality means, no attraction to either sex. At the age of adolescence there are so many confusions about their sex, gender, sexuality, sexual behaviour etc. The proper awareness of our body, our sex, our feelings, emotions, is very important. Sex education is the best way to educate and help adolescence about the topics like sex, sexuality, STDs, gender, sexual health. The adolescents age group is very important. I observed no appropriate or effective communication on sex and sexuality among adolescents in the current scenario. They got wrong information from social media so, they understand that the word 'sex' means bad. Sexual orientation classes can educate the young individuals like adolescents, teenagers etc about sex, sexuality, sexual rights, in an appropriate and detailed manner. It helps to increase their awareness of their own body and also aware of other gender. Adolescent is a critical thinking age group, in this age period we can see that some hormones racing, changes in the body, behavioural changes etc. The proper knowledge building process can help the adolescents to understand the changes occur in their body and to build respect for their bodies and others. Lack of sex education leads to the increase of teen pregnancy rate, sexual violence, Sexually Transmitted Infections (STIs), etc. The unaware of this information creates so many problems and confusions among adolescents. First of all the sex and sexuality related information are start from the family but, now the current scenario there is no any healthy communication between parents and child, the main reason is that they did not give any importance to sex education, sexuality, sexual health and also they follow

some unwanted believes related to sex education, sexuality, sex etc. The main purpose of this research is to identify the knowledge , attitude , and perceptions of adolescence about sex and sexuality . With the increase in POCSO cases, teen pregnancies are on the rise in the Ernakulam district. According to the most recent data from the state crime records bureau, the Ernakulam district was responsible for over 10% of the 1,777 cases that were reported under the Protection of Children from Sexual Offenses (POCSO) Act in the state in the first five months of the year. (Tom, 2022). Josepuram is a rural area so in this research give importance to understand the adolescence's knowledge , attitude, and perception about sex and sexuality.

SIGNIFICANCE OF THE STUDY

Adolescence age group is very important in our society. Children who are entering adolescence are going through many changes, like physical, social, and intellectual. They face so many problems. Adolescence begins at puberty. The thinking pattern of adolescence is very different. They develop more complex thinking processes. In this period, we can see that, their ability to form their own new ideas or question. During this current scenario the positive outcomes of sexuality education include increased knowledge and improved attitudes, perception among adolescence toward sexual and reproductive health and behaviours.. The adolescence have the lack of proper awareness about sex and sexuality. As a research identified that to overcome these adolescence problems the external helps is not accessible at every time. The relevance of sex and sexuality is an important part of life and overall well-being.

OBJECTIVES OF THE STUDY

General objective;

- To understand the knowledge, attitude and perception of adolescence about sex and sexuality.

Specific objectives

- To understand the socio-demographic character of the respondents
- To understand the adolescent's awareness on sex and sexuality
- To understand the source of information and the significance of sex education

KNOWLEDGE

Operational Definition :

An individual's knowledge about sexuality is our sexual feelings, thoughts, attraction to other people, and behaviours are all part of our sexuality. And sex means male and female are the two categories that people are normally born into depending on the physical traits .

Theoretical Definition

According to WHO sexuality means, Sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction are all fundamental aspects of what it means to be human. In thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practises, roles, and relationships, sexuality is experienced and expressed. (*Sexual Health, 2019*)

ATTITUDE

Operational Definition;

An individual's attitude is their predisposition state of mind towards themselves, another person, a place, something, etc. A good and healthy attitude towards sex and sexuality can reduce the risk of unwanted encounters.

Theoretical Definition

A condition of total physical, mental, and social well-being in all areas pertaining to the reproductive system is what is meant by having a good sexual and reproductive health attitude. (*Sexual Health, 2019b*)

PERCEPTION

Operational definition

An individual's thoughts, feelings, and emotions of sex and sexuality, and also include the individuals understanding capacity.

Theoretical definition

It comprises biological, psychological, social, and cultural aspects of sexual identity and behaviour. Perceptions of sexuality are subjective experiences. (*Perception Regarding Sexuality, Contraceptive and Teenage,)*

RESEARCH DESIGN

Quantitative method was using by researcher for this study. The researcher used research design is descriptive research, because it helps to understand the relevance, objectives, and characteristics of the particular topic through questionnaire.

UNIVERSE

The population in the study is adolescents of josepuram area under Angamaly municipality

SAMPLING PROCEDURE

Researcher adopted simple random sampling to collect information regarding knowledge, attitude, and perception about sex and sexuality among 60 adolescents in Angamaly municipality

Inclusion and exclusion criteria

Inclusion criteria

1. Adolescence under the age group of 10-16
2. Adolescence from all gender
3. Adolescence comes under only Angamaly Municipality.

Exclusion criteria

1. Those adolescence who didn't comes under the age group of 10-16 are excluded
2. Adolescence from other district are excluded.

Tool of data collection

For the data collection , researcher use Questionnaire

Method of data collection

Researcher use Survey method to collect information regarding adolescent's knowledge , attitude, and perception about sex and sexuality.

Expected outcome of the research

- sex education programme may help to understand the importance of sex and sexuality
- Help the families, teachers and themselves to change the thinking pattern and convey the relevance of sex education to the next generation.
- The adolescence more aware of sexuality and sexual disease and maintain healthy life style.

LIMITATION

The researcher can't directly communicate with the adolescent because the students are busy with their model exams. As well as the teachers, who have a lot of work to do between their exams and other things.

CHAPTER -4

ANALYSIS AND INTERPRETATION

INTRODUCTION

Data analysis is the process of modifying, processing, and cleaning raw data in order to obtain useful, pertinent information that supports commercial decision-making. The process offers helpful insights and statistics, frequently presented in charts, graphics, tables, and graphs, which lessen the risks associated with decision-making. Researchers can use a wide range of diverse tools, including descriptive statistics, inferential analysis, and quantitative analysis, thanks to data analysis. Drawing conclusions from the information gathered after an analytical and/or experimental investigation is known as "interpreting data." In actuality, it is an investigation into the deeper significance of research findings. The two main components of the task of interpretation are: integrating the findings of one study with those of another in an effort to establish continuity in research as well as the development of some explanatory concepts. Relationships within the acquired data, with some overlap in the analysis, are the focus of interpretation. Additionally, interpretation encompasses outcomes from other studies, theories, and hypotheses in addition to the study's data. ¹ Thus, interpretation serves as a tool for better understanding the aspects that appear to explain what the researcher observed throughout the course of the study. It also offers a theoretical notion that can operate as a roadmap for additional research.

This chapter focuses on examining the collected data and drawing conclusions about its significance. In this chapter, the collected data and its outcome are mentioned based on the four objectives.

- To understand the knowledge, attitude and perception of adolescence about sex and sexuality.
- To assess the demographic character of the respondents
- To assess adolescent's awareness on sex and sexuality
- To understand the source of information and to understand the importance of sex education

Table 4.1

		Gender of Respondent			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	24	48.0	48.0	48.0
	Female	26	52.0	52.0	100.0
Total		50	100.0	100.0	

The numbers of respondents who are male are 48.0% and the percentage of the female is 52.0%. majority of the respondents (52.0%) are female.

Table 4.1

What is your age

		Frequency	Percent
Valid	14-16	50	100.0

The above figure showed that majority (100.0%) of the respondents are coming from 14-16 age category.

Table -4.3

Family type

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nuclear	26	52.0	52.0	52.0
	Joint	24	48.0	48.0	100.0
	Total	50	100.0	100.0	

The above table 4.3 shows the family types, that is nuclear family and joint family. In this figure 52.0% of respondents are coming from nuclear family and 48.0% of respondents are coming from joint family. According to this table, majority of the respondents are coming from nuclear family. It shows the rise of nuclear families in the society. There are several reasons why nuclear families are becoming more prevalent, including growing urbanisation, a lack of available housing in large cities, shifting views, a desire for greater privacy, the effects of westernisation, and so forth. Urban India has seen a steady increase in nuclear households over the last few decades. The following are some causes of this trend: the desire for an improved lifestyle, the desire for freedom, the desire to maintain harmony etc. in our current society the joint family is very much important. A child's development can be significantly impacted by growing up in a joint household. The majority of us have grown up hearing about and believing in the beauty of the joint family as a unit. Our films represent a shared family as one in which everyone shares meals, makes jokes, and supports one another in good times and bad. The joint family system has advantages and downsides, just like any other social structure. But many people still see the value of a blended family. The nuclear family system is still prevalent today, but the joint family system also exists.

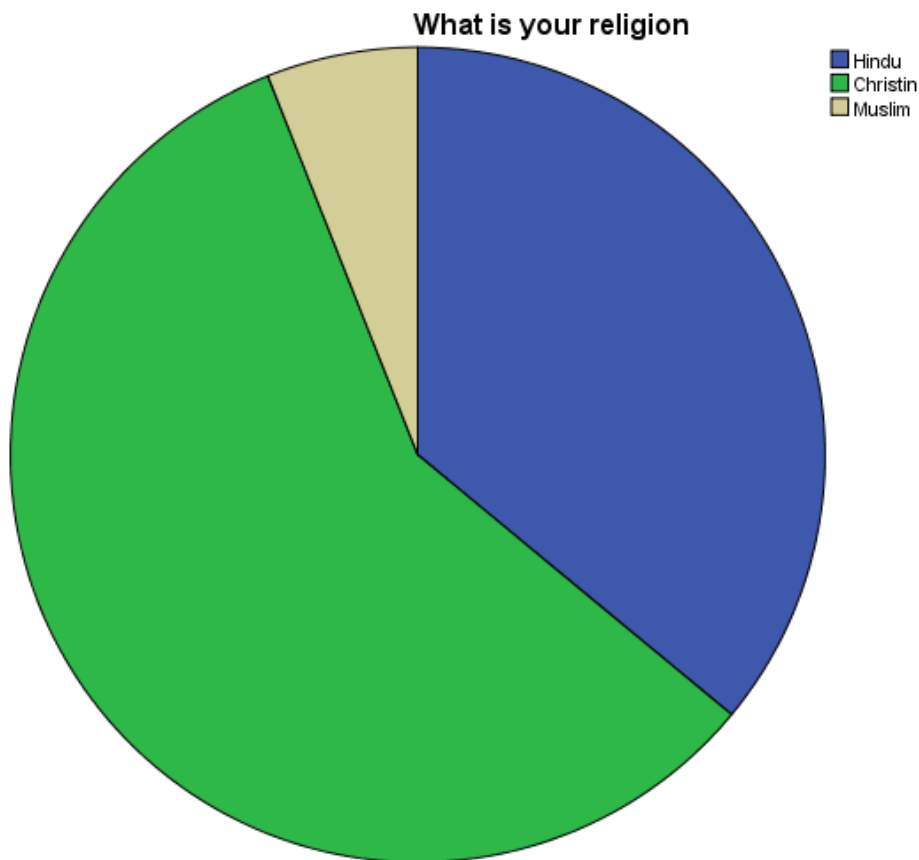
Table 4.4

What is your level of education

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 9 th	49	98.0	98.0	98.0
10 th	1	2.0	2.0	100.0
Total	50	100.0	100.0	

The above table 4.4 indicated the level of education from the respondents. According to this table 98.0% of respondents are coming from 9th standard and 2.0% of respondents are coming from 10th standard.

Figure 4.1



The above figure 4.1 shows the respondents religion. In this figure we can see that different types of religion like Hindu, Christian, and Muslim. In the pie chart, the green side representing Christian, blue side representing Hindu, and the ash colour representing the Muslim category. The respondents are from different religious group. So this religious diversity draws attention to the profound variations in religious practise and belief. Every respondent has different knowledge practice regarding the sex and sexuality. In Christianity, the sex and sexuality is considered as a sacred one. And in Hindu religion one of life's most exquisite and legal pleasures, but only within marriage, in the eyes of Hindus. In the religion of Islam, sexual activity is permitted and even encouraged, but they also make distinctions between male and female sexuality, marital and adulterous sexual activity, and heterosexuality and homosexuality.

Figure 4.2



The above figure 4.2 represents the respondent's father's occupation status. In this figure we can see that organised sector unorganized sector and other sector. The unorganised is a sector where the employment conditions are set and consistent, and the workers are guaranteed a job. Small, dispersed units that are primarily independent of the government make up the unorganised sector. The work schedule for the position is set and consistent. Majority of the adolescents are coming from small families

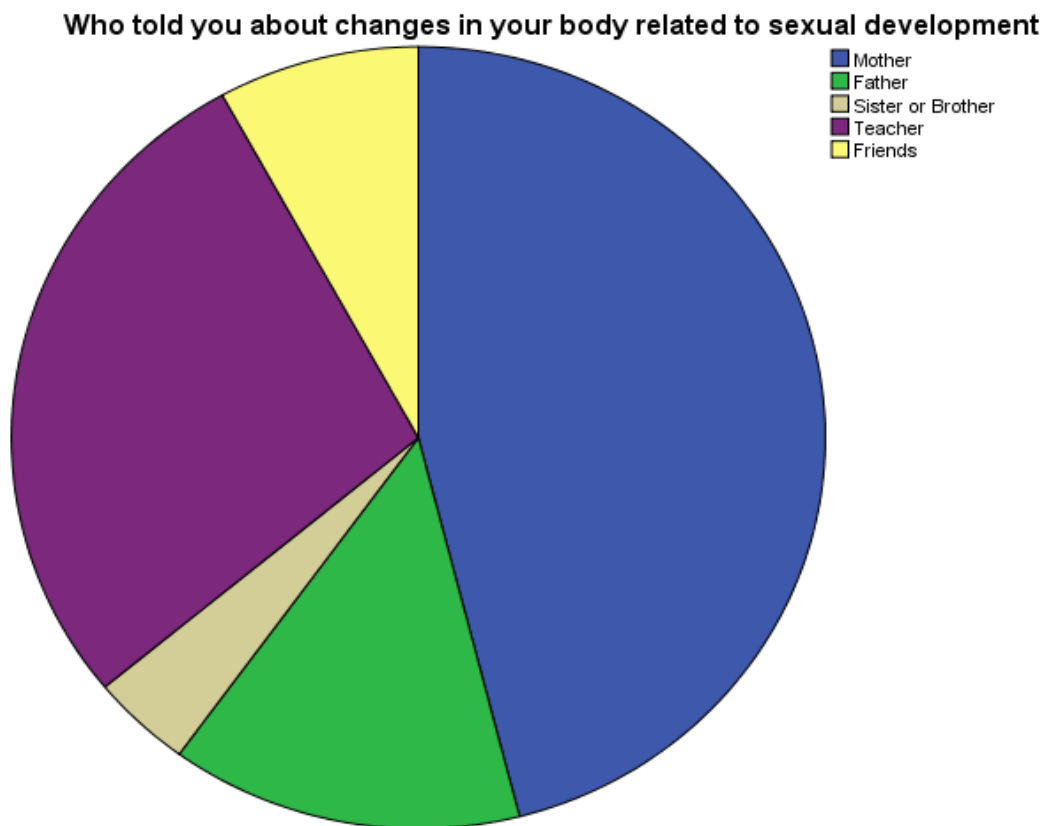
Table 4.5

Family size

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 3 to 4 members	23	46.0	46.0	46.0
5 to 8 members	26	52.0	52.0	98.0
9 to 12 members	1	2.0	2.0	100.0
Total	50	100.0	100.0	

The above table 4.5 shows the family size of the respondent. In this figure 46.0% of respondent's family coming under 3 to 4 members category. And 52.0% are include to 5 to 8 members category. According to this figure majority of the respondents have only 3 or 4 family members and it 'is a type of nuclear family. Nowadays the family members are decreasing in the society. The families are changing and they follow more family environment.

Figure 4.3



The above figure 4.3 represents the respondent's body changes related to sexual development. In this pie chart, the majority of the adolescents identify their body changes firstly noticed by the mother. which means the importance of mothers' information about the body changes of adolescent children has a great influence. There are differing opinions regarding the importance of the family, particularly the mother, in a girl's education, information transformation, and health practises in order for her to successfully exit the puberty stage. In this age period the relationships between adolescent is very important. Since the adolescent is going through significant bodily changes as well as mental ups and downs, adolescence may be a challenging time. Young folks are still figuring things out and aren't always sure where they fit. Peer pressure can also be a source of stress during adolescence.

Table 4.6

Do you have the opportunity to ask your parents questions about sexuality

		Frequency	Percent
Valid	yes	22	44.0
	No	28	56.0
	Total	50	100.0

Table 4.6 shows the adolescents' opportunity to communicate sex and sexuality-related concerns with their parents. According to this table, 44.0% of adolescents have the ability to approach their parents about sexuality-related concerns. But 56.0% of adolescents did not have the access to approach their parents about their sexuality-related concerns. According to this data majority of the adolescent did not have any healthy communication with their parents. Adolescence, which is marked by physical, psychological, and social changes, is the period between childhood and maturity. Adolescence is also a time to think about health promotion initiatives aimed at lowering the risk of adverse sexual and reproductive health (SRH) outcomes, like teen pregnancies and sexually transmitted illnesses. If the parent-adolescent healthy communication about sexuality did not happen properly, teenagers are at risk for unprotected sex, unintended pregnancies, STDs, and unsafe abortions.

Figure 4. 7

Who would you go to if you needed or wanted information or insight into sexuality

		Frequency	Percent
Valid	mother	16	32.0
	magazines	2	4.0
	internet	10	20.0
	friends	22	44.0
	Total	50	100.0

The above table 4.7 represents the respondent's source of information about sex and sexuality. In this study, 44.0% of respondents approached their friends to understand their sexuality-related concerns. Then 32.0% of respondents approached their mother to collect the information. Teenagers that are really devoted to their friends peer group. Teenage friendships frequently rest on shared values, acceptance, and personal similarities. The majority of same-sex friendships occur in the first few years of high school. Many youngsters also develop friendships with people of the opposing sex as they get older. Teenagers can form and keep friendships thanks to the internet and social media. The adolescent give more importance to their friends. They mostly communicate their sexuality concern with their friends group circle.. The peer influence and socialisation process has a great deal to do with the adolescent friend group; they have their own ideas, emotions, feelings, attitudes, etc. These behaviours make the peer group culture.

Table 4. 8

Do you think that a girl can get pregnant during her periods

		Frequency	Percent
Valid	yes	1	2.0
	No	18	36.0
	Don't know	31	62.0
	Total	50	100.0

The above table 4.4 represents the respondents' thinking level about a girl's pregnancy and period. In this data, 62.0% of respondents are unaware that a girl can become pregnant during her period. A girl can become pregnant while getting her period, yes. This could occur when: A girl has bleeding that she believes to be her menstruation but is actually ovulation-related blood. The monthly release of an egg from a girl's ovaries is known as ovulation. If she has sex, then that is the time when she is most likely to become pregnant. According to this data, the majority of the respondents did not have any proper knowledge about this topic. which means the lack of knowledge and improper communication are evident.

Table 4.9

Do you have any knowledge about Sexually Transmitted Disease (STDs)

		Frequency	Percent
Valid	yes	4	8.0
	No	46	92.0
	Total	50	100.0

The above table 4.4 represents the respondent's knowledge about sexually transmitted diseases (STDs). In this data, 92.0% of adolescents are unaware of sexually transmitted diseases. Sexually transmitted infections (STDs) are a serious health issue that primarily affects young people, both in developed and developing nations. In our society, healthy communication about STDs does not happen properly. Family is the primary social institution in the society. So, the adolescent gets more and more appropriate information from the family environment. This is very important and essential.

Table 4.10

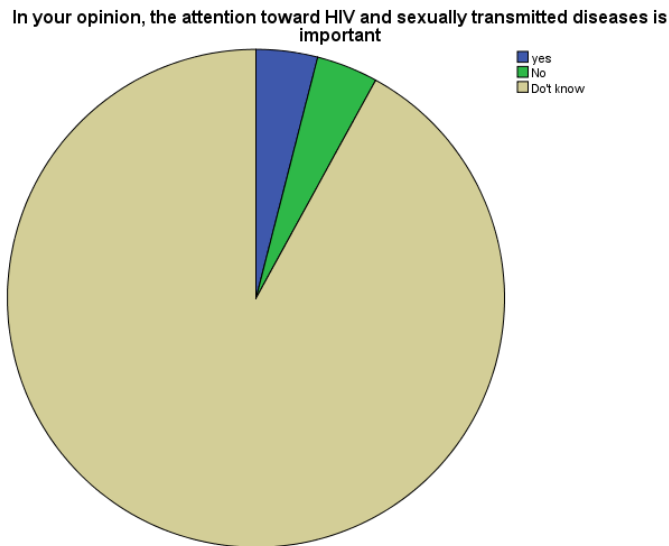
Do you Know About Human Immunodeficiency Virus (HIV)

		Frequency	Percent
Valid	yes	8	16.0
	No	41	82.0
	3	1	2.0
	Total	50	100.0

The above table 4.4 represent the respondent knowledge level of Human Immunodeficiency Virus. According to this data 82.0% of adolescent are unaware of HIV. Which means, the adolescent did not engage with any healthy communication related to HIV. So, the unaware of HIV increase the risk factors like using dangerous amounts of alcohol and/or drugs while participating in sexual activity, when injecting drugs, sharing contaminated needles, syringes, and other injecting supplies and drug solutions, medical operations that entail sterile cutting or piercing, hazardous injections, blood transfusions, and tissue transplants; unintentional needle stick injuries, including those among health professionals.

Table 4.4

In your Opinion, the Attention Toward HIV and Sexually Transmitted Diseases is Important



The above table 4.4 represent the respondent’s opinion about the importance of HIV and sexually transmitted diseases. According to this data 92.0% of adolescent did not know the importance of HIV and sexually transmitted diseases.

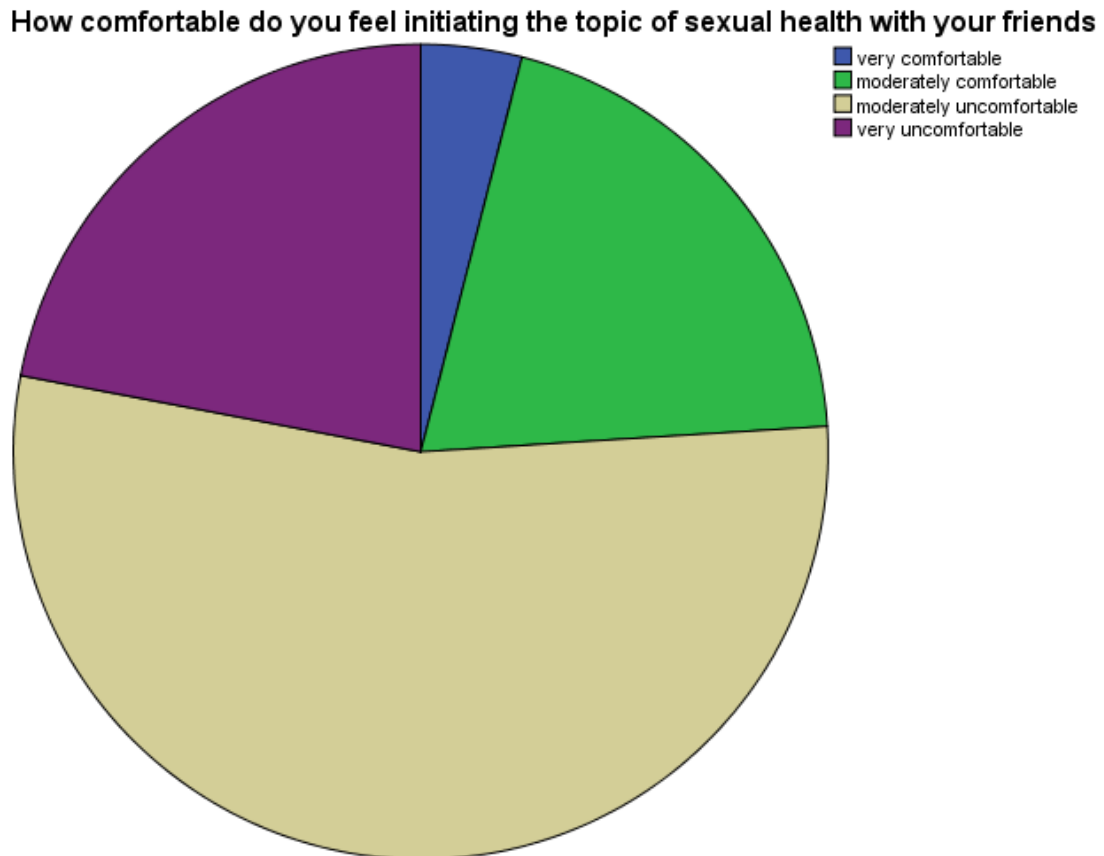
Table 4.11

Do you Heard About Transgender

		Frequency	Percent
Valid	yes	37	74.0
	No	13	26.0
	Total	50	100.0

The above table 4.4 represent the respondent’s knowledge about transgender. According to this data 74.0% of adolescents heard about the term transgender.

Figure 4.5



The above pie diagram figure 4.5 represent the adolescent's initiatives to communicate sexual health topic with their friends. According to this diagram majority of the respondents are moderately uncomfortable to communicate sexual health topic with their friends. Women's reproductive hygiene and health have traditionally been taboo subjects for debate. Women themselves don't want to talk about it since it is so stigmatised, even if doing so puts their own health and hygiene at danger. This stigma must be eliminated in order to support women's health, particularly reproductive health. The most crucial demographic that needs to be targeted are the teenage girls. Teenage girls in the community will be more sensitive to reproductive health issues and, more significantly, more willing to discuss them if they become aware of their own reproductive health and begin talking about it freely. Unfortunately, sexuality and reproductive health are not promoted or discussed in schools in India; as a result, children find it difficult and uncomfortable to talk about these topics.

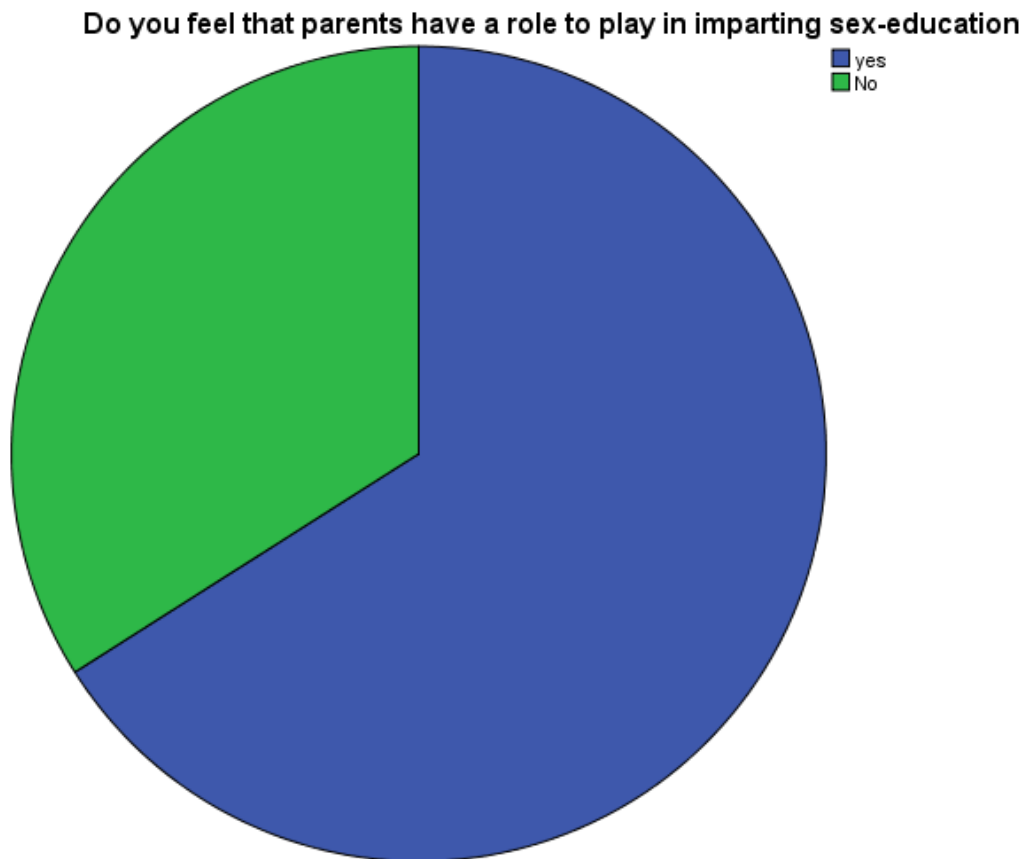
Table 4.12

Do you think sex education is important in the current scenario

		Frequency	Percent
Valid	yes	8	16.0
	No	3	6.0
	Don't Know	39	78.0
	Total	50	100.0

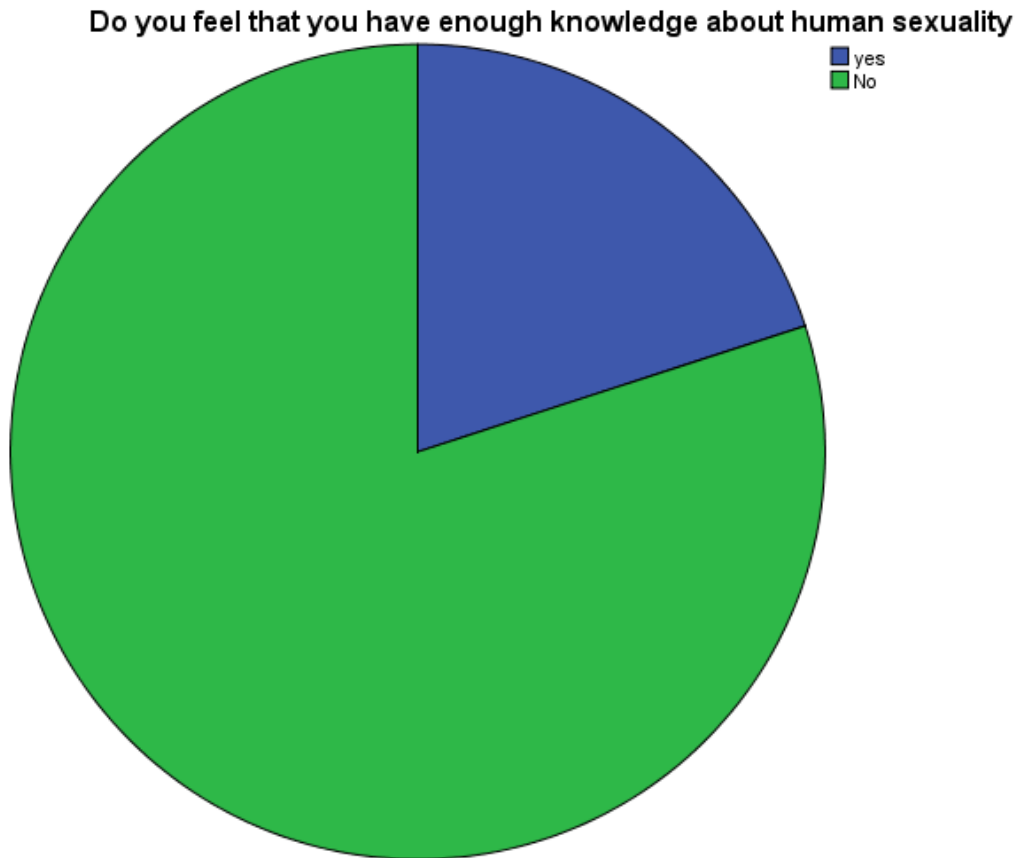
The above table 4.4 represent the importance of sex education in the current scenario. According to data 78.0% of respondent did not know the importance of sex education . Offering information about sex and sexuality is known as "sex education." Getting the knowledge you need to make wise choices regarding sex and sexuality is helpful. Additionally, it involves both teaching and learning about novel sex-related concepts. Our sexual health can be managed with the aid of sex education. The delivery of sex education must be overseen by qualified educators. Sex education is importance for adolescents. Teenagers are motivated to delay having sex by sexual education, Additionally, it aids in strengthening their sexually restrictive boundaries, it protects children against sexual assault and abuse, and lowering teen pregnancy rates and STI transmission..

Figure 4.5



The above pie diagram represent the respondent opinion about the role of parents to imparting sex-education. Majority of the adolescent responded that, the role of parents to provide sex education to the adolescent. The primary source of information coming from parents so, this is the important plat form for the adolescent to understand the real and essential information related sex and sexuality.

Figure 4.6



The above pie diagram represents the respondents' level of knowledge about human sexuality. The majority of the respondents are unaware of human sexuality. According to this data, the adolescents are aware of their knowledge level of sexuality. The adolescent have insight of their knowledge pattern. This insight is important to understand the importance of human sexuality.

Figure 4.12

Do you think that the knowledge imported on sexuality will be misused by the students

		Frequency	Percent
Valid	yes	23	46.0
	No	27	54.0
	Total	50	100.0

The above table 4.4 represents the adolescent thinking pattern, that is, if the students will misuse their sexuality. According to this data, 54.0% responded "no." The proper sex education can reduce the sexuality misuse.

Figure 4.13

Did you received any sex education

		Frequency	Percent
Valid	yes	14	28.0
	No	36	72.0
	Total	50	100.0

The above table represent that 72.0% of adolescent did not received any sex education. Positive outcomes of sexuality education include increased knowledge and improved attitudes among young people toward sexual and reproductive health and behaviours.

CHAPTER - V
FINDINGS
SUGGESTIONS
AND
CONCLUSION

Chapter v

Findings, Suggestions, & Conclusion

Introduction

The result of the responses on ‘ **knowledge , attitude and perception of adolescence about sex and sexuality**’ shows different concerns and approach of adolescent. The findings can be differentiated based on each objective of the study. The data collected from the 50 adolescent in the Angamaly Municipality.

Major findings

- Adolescent belongs to 14-16 age categories were
- Majority of the respondents are coming from nuclear family. It shows the rise of nuclear families in the society.
- The respondents are from different religious group. So this religious diversity draws attention to the profound variations in religious practise and belief.
- the majority of the adolescents identify their body changes firstly noticed by the mother. which means the importance of mothers' information about the body changes of adolescent children has a great influence.
- The 44.0% of adolescents have the ability to approach their parents about sexuality-related concerns. But 56.0% of adolescents did not have the access to approach their parents about their sexuality-related concerns.
- The 44.0% of respondents approached their friends to understand their sexuality-related concerns.
- 92.0% of adolescents are unaware of sexually transmitted diseases. Sexually transmitted infections (STDs)

