

*Original Research Article*

# Assessing the Knowledge and Perception of the University of Lahore Students Regarding Sex Education

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## Abstract

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Sex education is one in all the foremost controversial issue of the school, college programme. It involves students in extracurricular activities such as debate, in which their voices are quieter than usual. Parents and instructors have to speak about these challenges with the youth. Teenagers and adolescents are more interested in learning about such topics, and they strive to learn about them on their own from the available sources. However, such issues can now be found in music, television shows, internet, radio, and periodicals. They are easily accessible to the youth (Phillips and Fine 2016). The primary goal of the study is to determine the knowledge and perception of the university of Lahore students regarding the sex education. For the purpose of collecting data, a close ended questionnaire was used and the consent form was attached with the questionnaire. We ensure the participant that their information will be secret and confidential and not shared with anyone. We give 20 min to all participants to fill the questionnaire. Then the questionnaire will be collected and put for analysis. We also use the online data collection method. In which we made a link and sent it to the participants for filling it up. Knowledge of the participants regarding the sex education shows that 7.5% of the people have good knowledge, 91% have moderate knowledge and 1% people had poor knowledge. Likewise, 6.2% of the people have good perception, 29% have moderate perception and 64% people have poor perception. The results show that the image of sex education needs to be change for the youth and to make an improvement to meet the reproductive and sexual needs among the youth. Most of the students involve in the sexual activities through the smart phone. There needs to make a restriction in watching the adult content that spread all over the internet and they become sexually aware of all the dirty things that is not supposed to be known by them at that age. So, the appropriate sexual education programs should be conducted for the teenagers or adult students in the college or university level. HIV ratio is also increasing day by day due to the unsafe sexual activities.

**Keywords:** Knowledge, Perception, Sex education, UOL students

## INTRODUCTION

Adolescence is the most important and no doubt the most critical part of life. Most of the body's secondary characteristics are developed in this age. Most of the changes like physical, emotional, behavioral, and psychological changes take place within the age. Adolescent is the active age of growth and development. According to WHO the adolescent age in the present era is from 10-19.

According to Petersen, (2011), the word adolescent means to grow towards maturity, physically and/or behaviorally. It is a period widely regarded as a bridge between childhood and adulthood. Adolescence is a time of anxiety in which youth is moving mentally, emotionally, socially and physically from childhood to adulthood. (Leland and Petersen, 2011).

According to Park BO, (2018) the students had a

dating experience and that the first involvement in sex occurred as early in age. This is shocking but this happened in our society now a days. More over the use of the smart phone in the collage, university level is a fast medium to involve in to sexual activities without discrimination. According to Kim, 2018 said that about 74% of the high school students involve in the sexual activities through the smart phone. In the survey it was found, that youth is using the mobile phone for watching the adult content that spread all over the internet and are sexually aware of all the dirty things that is not supposed to be known by them at that age. So, the appropriate sexual education programs should be conducted for the teenagers or adult students in the college or university level. So that they will not engage in the activities that should not be done by them. The students not only using the mobile phones for accessing the improper content in the internet, but they also make their own crooked content in it, just to get the social admiration. In addition, the youth and teenagers themselves are unaware of the sex and its possible consequences they spread the false orientation in the society about the sexuality. Therefore, proper training programs are required to stop the spread of such sexual content in the society which they do not even understand the danger and possible consequences associated to it. (Kim, 2018)

Girls and women facing more serious issues due to the limitations and subjection to their sexuality and reproductive functions imposed by culture and patriarchy. world wide 45% of unplanned pregnancies are at the age of 20. 34% of adult marriages (in the age of 18-20) are due to the physical, sexual, or emotional abuse, and 50% of maternal death accrue due to the unsafe abortion in the age of 15-19. Therefore, reproductive or sexual health programs should be conducted to provide the youth or adult awareness. HIV ratio is also increasing day by day due to the unsafe sexual activities. (Apte, 2019)

According to UNICEF there are 243 million adolescents. Almost 50% of the population consists of females. Adolescent is the age in which the behavioral changes occur and also sexual changes occur at the age of puberty. National family health survey revealed that there are 2.7% of adolescents having their first sexual experience at their very early age (at the age of 15). This is due to the family pressure to marriage, sexual abuse and, peer pressure. Unplanned pregnancies can be averted, and the dangers of unsafe abortions and STDs can be avoided if young students are aware of the consequences associated and contraception options. Over the last decade, there has been an increase in reproductive health problems. The majority of teenagers still lack access to sexual and reproductive health and rights information and education, and they also do not know how to prevent and cure the sexually transmitted diseases. We have to conduct the education programs in which give the adult information how to prevent or cure the diseases they got from sexual intercourse

(Sivagurunathan, 2018)

According to Puri MC and Busza J, (2014), the study conducted in the north Asia indicated that, Sex before marriage is highly taboo in Nepalese society, although studies reveal that during the last decade or two, young individuals have begun to participate in premarital sex. The study done in Kathmandu including male college students, Premarital sex was seen unproblematic by 39% of those respondents. This includes intercourse with sex workers with its attending consequences. In another research of college students, 47 percent of males and 28 percent of girls with dreams of becoming professionals in the future like, Dr, Nurses, astronaut etc. their dreams were shattered. When they had premarital sexual relations, According to Simhada, 2018, the research conducted in Nepal, The number of persons who have been infected with the Human Immunodeficiency Virus (HIV) has risen. due to increased exposure to sexual activity for young people. (HIV) infections and unintended pregnancies are on the rise. (Regmi & Simkhada, 2018)

In Pakistan, a survey was conducted to examine men's current attitudes regarding sexual behaviors. A staggering number of respondents admitted to masturbating, 31.4% and can cause felt it bodily illnesses, and there was a significant revelation (76 %) of it being associated with guilt and frustration (sexual). Moreover, according to a research, In 2012, 2.2 million abortions were performed in Pakistan, with a national abortion rate of 50 per 1000 women. The Joint United Nations Program on HIV/AIDS (UNAIDS) claims that (UNAIDS), 130,000 persons in Pakistan were suffering with human immunodeficiency virus (HIV) in 2016, Rehan,2003 said while another research indicated that people living with STIs have very little awareness of their illnesses. (Rehan, 2003)

World Scouts Bureau (2017), Most of the young people have a lot of false information about sexuality and sexual health, and they are still mired in misconceptions that range from benign to potentially hazardous, such as those about sexuality health. Partially accurate information, inaccurate knowledge, or culturally ingrained myths can all lead to disaster. Adolescents are prone to making risky decisions for themselves. As a result, it's critical to have a place where young people may discuss myths openly so that they can learn more about them. In many countries, sexuality remains a problem that requires immediate attention. Although there has been an improvement in sexual and reproductive health among youth in recent years, not all claims to practice preventative sexual behavior and not practicing preventive sexual behavior can have major public health effects. (Ramiro, Reis, Matos, Diniz, & Simões, 2011).

According to Allen (2007) Programs that focus on the negative impacts of sexual activity fail to address students' requirements for information about happiness, desire, and sexual activity practice, and do not provide

young people with the agency they need to make informed decisions about sexual health. Despite policies aimed at adolescents that promote positive behaviour toward sexual health and well-being, many sex and relationship education programmers still focus on the negative implications of sexual engagement, such as illness prevention and pregnancy. Adolescents have a normative and societal ideal of being nonsexual, which creates a conflict between admitting their sexual behaviour and the potential negative effects of such conduct. (Allen, 2007)

There are no specific programs for sex education, such as, methodologies, laws and regulations, and so on, educational services should be provided in various socioeconomic and cultural settings are unknown. As a result, The goal of this research was to find out how much people knew and how they felt about the sex education among teenagers and adolescents. (Friedman, 2016)

## **AIMS OF THE STUDY**

The primary goal of this study is to determine the knowledge and perception of the university of Lahore students regarding the sex education.

### **Problem Statement**

One of the major issues that the researcher found for this study is the less knowledge of the youth regarding the sex education. Due to the poor knowledge of the sexual health, these problems have been increased in the past few years. Both girls and boys are facing serious complications of the sex due to the limitations and subjection to their sexuality, as a result of some cultural limitations or not discussing anything sexuality.

### **Purpose of the study**

The study's goal was to assess people's knowledge of the university of Lahore students regarding the sexual education, and termed the proper education and teaching on how they cope with it.

## **Conceptual and Operational definition**

### **Operational Definition**

#### **Knowledge**

Marking key for the questions/statements below:

5= Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1= Strongly Disagree

On many areas of sex education, the following statements require your input.

The rating turned out to be calculated based on the rating of 11 questions. Total marks of all questions are 55. In terms of percentage  $\geq 72\%$  ( $\geq 40$  out of 55) will be considered as a positive attitude. 50% to 72% (20-39 out of 40) will consider Moderate attitude and  $< 50\%$  (20 out of 55) considered as Negative attitude.

### **Perception**

Marking key for the questions/statements below:

5= Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1= Strongly Disagree

The following statements need your opinion on various aspects of sex education.

The rating turned out to be calculated based on the rating of 8 questions. Total marks of all questions are 40. In terms of percentage  $\geq 75\%$  ( $\geq 30$  out of 40) will be considered as a positive attitude. 50%- 74% (20-29 out of 40) will consider Moderate attitude and  $< 50\%$  (20 out of 40) considered as Negative attitude.

## **Conceptual Definition**

### **Knowledge**

Knowledge is a complex mix of experience, values and information which may be context based as well as expert insight that provides a basis for evaluating and incorporating new information and experience. It may originate subsequently from the minds of knowers and it can be applied. (Nickols, 2000)

### **Perception**

According to Joseph Reitz, "Perception" covers "all those processes through which a person gets information about his environment—seeing, hearing, feeling, tasting, and smelling. ( Joseph Reitz, 2015)

## **Significance of the Study**

After the research study is completed the participants knowledge and perception will be determined regarding the sex education and change their perception toward the sexual education. After completion of the research study, the results will influence the organization and policy makers to enact policy to help the youth in the understanding of sexual education and inculcate it into the curriculum of learning. the research study will serve as a paradigm for researcher's own understanding about the sexual knowledge and its impacts on the youth of the

university level. Hence the researcher will be able to improve herself on the awareness and recommended general awareness campaign using religions leaders, educational system, and mass media campaign.

## LITERATURE REVIEW

According to FAWE, 2017, the role model was discovered as a critical component in improving one's perception of a certain activity. This is because role models are the professionals who serve as mentors and guides to others who are less experienced. Experiences at home and at the universities appeared to shape perception. (Jones & Womble, 2017)

youth development As evidence that a positive strategy can lead to long-term change in the behavior and, as a result, a decrease in teen age Pregnancy and STDs are two of the most common sexually transmitted diseases. Future research in sexual education programs recommended by young people that highlights the negotiation skills in sexual relationships and connection with the youth is called for in the most recent systematic review of adolescent pregnancy and sexual transmitted disease prevention programs. As a result, most research stresses the need of sex education in beginning of the university life and identifies young people as a significant target population for prevention. There are various compelling reasons to investigate sex education and its use in the teenage or adolescent population. The subject of how to teach students about sex and sexuality in poor nations or the rising countries. (Blank, 2016)

It is not enough to have information and attitudes to change one's conduct. . As a result, effective programs are those that show beneficial behavioral changes, such as delayed beginning of sex, fewer partners, and higher condom usage. Abstinence-only programs are no more effective in convincing students to refrain from sex than complete or basic health promotion programs, according to systematic studies, including one with a large federally financed study of four prevention programs. Adolescents who engaged in abstinence-only programs exhibited significant gaps in their awareness about STIs, according to the Trenholm research. Many comprehensive programs that promote both abstinence and condom usage, on the other hand, have had significant favorable effects on postponing sex, lowering sex frequency or number of partners, or boosting condom usage. However, a current research found that students who engaged in a theory-based, abstinence-only programme postponed sex for up to 24 months longer than those who did not, the syllabus employed did not include all of the needed elements of the federal laws mentioned above. Furthermore, it urged teenagers to postpone sex until they were ready, with no mention of marriage. It also provided for the removal of information regarding condom usage if it came up in conversation, as well as the

prohibition of insulting statements about contraception. The comparative programs yielded some favorable results as well, but none of them had a beneficial impact on condom usage. (Jemmott et al., 2010)

When compared to research evaluating more complete techniques, the number of studies evaluating abstinence-only teaching is less. "There do not presently exist any abstinence-only programs with solid proof that they just delay sex or decrease teen pregnancy," according to a recent evaluation of abstinence-only programs. Cost, a social environment in which research on sexuality is controversial, and a lack of more extensive studies of abstinence-only education, as well as university base education programs in overall, are all frequently cited reasons for the lack of more detailed investigations of abstinence-only education, as well as university education programs in general. Moreover, a prospective study of an abstinence programme showed promising advantages for postponing sexual performance in the short term (e.g. 3 months after the intervention), but these effects vanished by 6 months. Another research indicated those youths who signed virginity promises agreements to be abstinent until marriage had delayed sexual development but reported using condoms less frequently after their first intercourse. Pledgers were more likely than non-pledgers to replace oral or anal sex for vaginal sex, and had higher STD rates. (Kirby, 2012)

Most, but not all, sex education curriculum can successfully reduce youth sexual risk behavior, according to evidence from intervention efficacy studies amassed over the last 20 years. There have been no current national studies to analyze the impact of sex education on adolescents' sexual behaviors. (Kirby, 2001). It's likely that changes in when and how sexual education is delivered (e.g., increasing prevalence of sex education, delivering sex education at a younger age, and making evidence-based curriculum available) would have a bigger influence on the population. (Kirby, 2015)

The basic purpose to provide the sexual education programs is to (a) help the adolescents peoples or the youth to get the plentiful and accurate sexual knowledge to adopt the positive attitude from their own sexual health and their sexual needs and get a good mindset about the taking care of their own sexual health. (b) help them develop knowledge to enable them in making sensible decisions about their sexual life now and in the long term, and (c) give knowledge associated with human reproduction, contraceptive methods, intimate activity, pregnancy, sexual illness, and sexually transmitted diseases and abortion. These will help to reduce the high incidence of adolescent pregnancy, sexually transmitted illnesses, and certain other sexually transmitted occurrences. (Haffner, 2018 & Baird, 2015)

Treatments must be tailored to the typical youth population visiting public or private schools and report on certain indicators of abstinence, such as a postponement in the initiation of sexual activity, a decrease in the rate of

sexual activity, and a decrease in the number of sexual partners. Research on treatments for intellectually challenged, criminal activities, school dropouts, emotionally unstable, or institutionalized teenagers were omitted from this study since they deal with a distinct population with different needs and personalities. For the same reasons, community programs that drew participants from the clinical outside or population were removed. (Guyatt et al., 2017)

Because there is no specific protocol for sex education, such as content, methodologies, laws and regulations, and so on, education programs and how these programs should be provided in various socioeconomic and cultural settings are unclear. As a result, the purpose of this study was to determine the knowledge, attitude, and perception of sexual education within university going adolescents. (Edstrum, 2019)

The disparity between what the national sexual health education strategy was supposed to achieve and the high prevalence of dangerous activities between many youths in reality makes it critical for lawmakers to analyze current programs and recognize risky behavioral traits between young people in order to modify future policies. The association between SRH (sexual and reproductive health) knowledge and sexual risk behaviors among Asian students is still unknown. The study's main goal was to figure out how university students' understanding of sexual and reproductive health affects their behavior when they experience sex, as well as what kinds of reproductive health consequences they could face. The research that attempted to investigate the relationship among one's reporting experience of getting school-based sexual education programs and his or her knowledge level on SRH (sexual and reproductive health) in order to gain understanding on the success of school-based sexual education programs in Asia thus far. (Li et al., 2017)

In terms of understanding, researchers have observed teenage misunderstandings about HIV informal spread and prevention efforts during the last few decades. The majority of data on youth HIV/AIDS beliefs and perceptions were collected in the late 1980s and early 1990s, when the HIV/AIDS outbreak was widely reported in the media. The pupils, for example, learned a lot about HIV/AIDS spread via newspapers and media. With little HIV/AIDS coverage in the media over the last century and more overt sexuality themes displayed on television, in addition, there are a slew of possible mediators among having HIV awareness or good preventive mindsets and participating in healthy sex practices. Nevertheless and, many behavioral choice theoretical approaches include components of knowledge and attitudes, such as personalizing experience, attitude and self-efficacy, attitude toward behavior and awareness of control, knowledge and motivation, and received hypersensitivity to implications and benefits of protective behavior. (Brown et al., 2015)

## **METHODS**

### **Study Design**

This study used a quantitative descriptive cross-sectional study method to identify the knowledge and perception of the university students regarding sex education.

### **Settings**

This study will be conducted by the students of University of Lahore.

### **Data Analysis**

The Statistical Package for Social Sciences (SPSS) version 21 will be used to evaluate the data collected. The students' knowledge and perceptions of sex education will be assessed by using an independent t test.

### **Target population**

Study population is the population from which we need to collect the information relevant from the research and our study population is the students of the University of Lahore. This population is chosen because students have misconceptions about sex education so we need to enhance their knowledge about sex education.

### **Sample Size**

The sample size is calculated through the Cochran Formula Equation 1, which comes out 385. As the level of confidence is 95%, so Z on Z-score table is 1.96, at margin of error of 05% (0.05), p is the (estimated) proportion of the population which has the attributes in question and q is the remaining portion (1-p)

$$n = Z^2 \frac{p q}{e^2}$$
$$n = (1.96)^2 (0.5) (0.5) / (0.05)^2$$
$$n = 385$$

### **Sample Selection**

### **Inclusion Criteria**

The study used several inclusion criteria: Those participants who are willing and sign the consent, will be included in the study. All unmarried students (Bachelor/Spinster)

## Exclusion Criteria

Following students were excluded from the study:

Those participants who refuse to take part in the research and are not showing any willingness and feel shy to give the personal data are excluded from the study.

Students from the master level or all the married students will be excluded from the study.

## Data Collection Procedure

For the purpose to collect the data from the students of the university of Lahore. A close ended questionnaire will be used and the consent form will be attached with the questionnaire. We allow the participant to sign the consent first before reading the questionnaire then put their personal data in that. We ensure the participant that their information will be secret and confidential and not shared with anyone. We give 20 min to all participants to fill the questionnaire. Then the questionnaire will be collected and put for analysis. We also use the online data collection method. In which we made a link of the Google form and added my questions on that and sent the link to the participants to fill it.

## Analyze Data

The Statistical Package for Social Sciences (SPSS) version 21 will be used to evaluate the data collected. The students' knowledge and perceptions of sex education will be assessed by using an independent t test.

## Study Timeline

The study will take approx. 5 months to complete i.e. from September 2021- January-2022. The data will be collected within 1 month.

## Ethical Considerations

Ethical clearance letter from institutional department of the university of Lahore taken before carrying out research work. The study will be conducted by the students of the University of Lahore. All these participants who sign the consent are allowed to take part in the study. All information about participants will be confidential. Self-respect of all the participants will be kept intact and each participant will be given the right to withdraw himself from the research process any time he wants. No participant will be forced to take part in the study.

## RESULTS

Data was collected from the University of Lahore students on the 'Knowledge and perception of the UOL students about sex education. The cross sectional study interviewed 385 students from the University of Lahore. The response rate of the survey was 100%, the age range was 18 years to 30 years old adolescents. The members who participated in age also participated in the gender, academic year and other social variables. The analysis of the data consisted of three parts. The first one includes demographic data and the 2nd one includes a knowledge questionnaire and 3<sup>rd</sup> includes a perception questionnaire. There were 385 participants in the study, 14 participants were under 18 years old, 381 were between 18 to 24 years 27 in between 25 to 29 and only 2 participants were above 30 years old. 104 participants were males and 281 were females. 52 participants were from 1<sup>st</sup> year, 90 from 2<sup>nd</sup> year, 73 from 3<sup>rd</sup> year, 144 from 4<sup>th</sup> year and 26 were from 5<sup>th</sup> year. The religion of 277 participants had Muslim and 108 had Christian. 214 students were day scholars and 171 were hospitalized. Table 2 indicate the knowledge questions and the basic information of the students regarding the sex education among the university students. Question number 1-7 shows the basic knowledge an information about the sexual education. From the question 8-11 shows the previous information of the students regarding sex education. Every question response was scored "strongly agree", "agree", "neutral", "disagree", and "strongly disagree". The mean number of the knowledge questions is 31%. Table 3 displays the perception of the students. Mean number of total perception questions is 19%.

Figure 1. This figure shows that the estimated percentage of the knowledge questions were >72%, according to my graph 7.5% of the people have good knowledge, 91% have moderate knowledge and 1% people had poor knowledge.

This figure shows that the estimated percentage of the perception questions were >70%, according to my graph 6.2% of the people have good perception, 29% have moderate perception and 64% people have poor perception.

## DISCUSSION

Most, but not all, sex education curriculum can successfully reduce youth sexual risk behavior, according to evidence from intervention efficacy studies amassed over the last 20 years. There have been no current national studies to analyze the impact of sex education on adolescents' sexual behaviors. (Kirby, 2001). It's likely that changes in when and how sexual education is delivered (e.g., increasing prevalence of sex education, delivering sex education at a younger age, and making

**Table 1.** Demographics of study subjects

	<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Age</b>	>18 years	14	3.6
	18-24 years	311	80.8
	25-29 years	57	14.8
	< 30 years	2	0.5
	<b>Total</b>	<b>385</b>	<b>100</b>
<b>Gender</b>	Male	104	27
	Female	281	73
	<b>Total</b>	<b>385</b>	<b>100</b>
<b>Academic year</b>	1 <sup>st</sup> year	52	13
	2 <sup>nd</sup> year	90	23
	3 <sup>rd</sup> year	73	19
	4 <sup>th</sup> year	144	37
	5 <sup>th</sup> year	26	6
	<b>Total</b>	<b>385</b>	<b>100</b>
<b>Religion</b>	Muslim	277	71
	Christian	108	28
	<b>Total</b>	<b>385</b>	<b>100</b>
<b>Type of student</b>	Day scholar	214	55
	Hostalize	171	44
	<b>Total</b>	<b>385</b>	<b>100</b>

**Table 2.** Frequency and percentage of knowledge of students regarding the sex education

<b>Sr#</b>	<b>Questions</b>	<b>Strongly agree F (%)</b>	<b>Agree F (%)</b>	<b>Neutral F (%)</b>	<b>Disagree F (%)</b>	<b>Strongly disagree F (%)</b>
1	Sex education is not different from teaching how to engage in sexual intercourse.	53 (13.8%)	163 (42.3%)	67 (17.4%)	68 (17.7%)	34 (8.8%)
2	Teaching sex education will encourage sexual immorality among youth.	66 (17.1%)	128 (33.2%)	75 (19.5%)	71 (18.4%)	45 (11.7%)
3	School based sex education would increase the rate of premarital pregnancy.	61 (15.8%)	98 (25.5%)	85 (22.1%)	99 (25.7%)	42 (11.9%)
4	Teaching sex education should be a shared responsibility between home, church and school.	94 (24.4%)	153 (39.7%)	75 (19.5%)	21 (5.5%)	42 (10.9%)
5	Students are already have adequate and accurate.	20 (5.2%)	129 (33.5%)	119 (30.9%)	82 (21.3%)	35 (9.1%)
6	No need for school-based sex education programs.	30 (7.8%)	66 (17.1%)	78 (20.3%)	124 (32.2%)	87 (22.6%)
7	School based Sex education should start as soon as a Child enters school.	29 (7.5%)	146 (37.9%)	57 (14.8%)	100 (26.0%)	53 (13.8%)
8	HIV/AIDS education should be taught as part of a Comprehensive sex education program.	118 (30.6%)	161 (41.8%)	58 (15.1%)	30 (7.8%)	18 (4.7%)
9	The main function of school sex education is to equip the children with correct information and address Misinformation that students have.	66 (16.9%)	184 (47.8%)	86 (22.3%)	37 (9.6%)	13 (3.4%)
10	Sex education is dirty and should not be taught at School or anywhere else.	32 (8.3%)	70 (18.2%)	60 (15.6%)	108 (28.1%)	115 (29.9%)
11	Sex education should be taught in single- sex/girls only or boys only and not mixed- sex classes girls and boys together.	50 (13.0%)	126 (32.7%)	69 (17.9%)	70 (18.2%)	70 (18.2%)

**Table 3.** Frequency and percentage of knowledge of students regarding the sex education

Questions	Strongly agree F (%)	Agree F (%)	Neutral F (%)	Disagree F (%)	Strongly disagree F (%)
1. I think sex education is giving accurate information on how best to deal with issue of sex.	77 (20.0%)	229 (59.5%)	35 (9.1%)	17 (4.4%)	27 (7.0%)
2. I think sex education in helping the youth	72 (18.7%)	221 (57.4%)	47 (12.2%)	18 (4.7%)	27 (7.0%)
3. I think sex education in helping the youth acquire responsible sexual behavior.	89 (23.1%)	186 (48.3%)	69 (17.9%)	19 (4.9%)	22 (5.7%)
4. I think your religion/the church in helping you deal with issues of sex and sexuality.	61 (15.8%)	169 (43.9%)	105 (27.3%)	35 (9.1%)	15 (3.9%)
5. I think parents are sex educators.	51 (13.2%)	172 (44.7%)	102 (26.5%)	42 (10.9%)	17 (4.4%)
6. I think the current HIV/AIDS education in attending to students' questions sex and sexuality.	51 (13.2%)	182 (47.3%)	97 (25.2%)	52 (13.5%)	3 (0.8%)
7. I think biology, religious education, social education and ethics and other subjects in addressing students' sex -related issues.	46 (11.9%)	202 (52.5%)	96 (24.9%)	25 (6.5%)	16 (4.2%)
8. Sex education should be taught in single- sex/girls only or boys only and not mixed- sex classes	58 (15.1%)	162 (42.1%)	63 (16.4%)	70 (18.2%)	32 (8.3%)

**Table 4.** Overall knowledge of the participants

	Frequency	Percentage
Good knowledge of the participants	29	7.5
Moderate knowledge of the participants	352	91.4
Poor knowledge of the participants	4	1.0



**Figure 1.** Knowledge of participant

**Table 4.** Overall Perception of the participants

	Frequency	Percentage
Good perception of the participants	24	6.2
Moderate perception of the participants	113	29.4
Poor perception of the participants	248	64.4



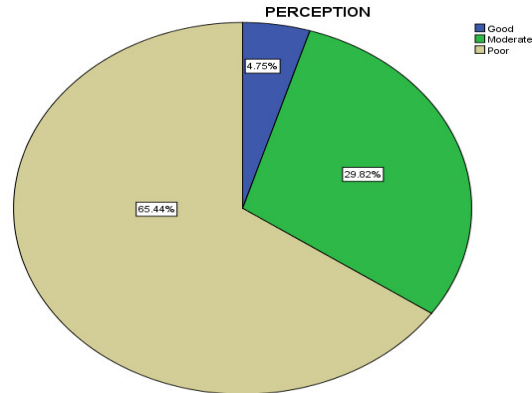


Figure 2. Perception of the participants

evidence-based curriculum available) would have a bigger influence on the population. (Kirby, 2015) my study results suggest that people of Pakistan have adequate knowledge about the sex education, according to my questionnaire" Students already have adequate and accurate". 33% of the were agreed on that most of the students or adolescents from 18-29 years have adequate knowledge about the sexual education.

Nearly half of the people who took part in this study said they had never received sexuality education in school previously. Sexuality education was mostly provided to the other half of the population throughout their middle school and college years. (2017, Cheng et al.) My findings show that respondents had limited access to SRH information in general, with just half having ever received sexuality education in school. according to my questionnaire response, in table no 2 question no 6" No need for school-based sex education programs". 32% of the respondents disagreed about it. It means they want that sex education programs should be held at the school level, it will enhance the knowledge of the new generation at the early age.

There were both male and female respondents that completed the survey successfully. This was an accurate reflection of gender distribution, with female students outnumbering male students. (MoEST 2003). My results also suggest that the female population is more participated and involved in the sex educational activities as compare to the males, according to my statistics 73% females and 27% of males were respond to my questions.

The responders varied in age from 13 to 18, with three of them being 19, 20, and 21 years old. This distribution is appropriate because it reflects the usual age of secondary school children who are going through adolescence and a variety of changes, particularly in their sexuality, that occur throughout puberty (WHO, 1999). The students' different ages were beneficial to the study since they represented variances in attitudes about sex education. The responses I got through the survey is that

the ratio of age range from 18-24 years was 80%. Statistical evidence indicates that the attitude of the young adults was different than that of the other adolescents (>30 years).

House, Bates, Markham, & Lesesne (2010) found some evidence that a positive adolescent development strategy can result in long-term behavioral change and, as a result, a reduction in teen pregnancy and sexually transmitted infections (STIs). Future research into sex education programme developed from suggestions made by young people that emphasize diplomatic skills in sexual relations is called for in the most recent systematic review of randomized controlled trials of adolescent pregnancy and sexual transmitted infections prevention programme (DiCenso, Guyatt, Willan, & Griffith, 2002). As a result, the majority of studies highlights the need of sex education beginning in elementary school and identifies young people as a key target population for prevention. There are a number of compelling reasons to investigate sex education and its application in the teenage population. In developing countries, the ideal technique to teach people about sex and sexuality remains an issue.

## CONCLUSION

The results show that most of the adolescents don't have a adequate knowledge about sex education, so the image of sex education needs to be change for the youth and to make an improvement to meet the reproductive and sexual needs among the youth. Most of the students involve in the sexual activities through the smart phone. There needs to make a restriction in watching the adult content that spread all over the internet and they become sexually aware of all the dirty things that is not supposed to be known by them at that age. So, the appropriate sexual education programs should be conducted for the teenagers or adult students in the college or university level. HIV ratio is also increasing day by day due to the

unsafe sexual activities, Therefore, reproductive or sexual health programs should be conducted to provide the youth or adult awareness. Most of the adolescents do not know how to prevent and cure the sexually transmitted diseases. So, we have to conduct the education programs in which give the adult information how to prevent or cure the diseases they got from sexual intercourse.

## LIMITATIONS AND RECOMMENDATIONS

### Limitations

There were several limitations of this study. Firstly, the sample size of my research was big, it took 2 to 3 weeks to fill it. This is my first time conducting the research study. I faced lots of problems during conducting the data from the study. people refused to fill the questionnaire data and they said they do not have enough time to answer the questions. Some students were bullied due to my topic name. During the online filling of survey form, students said they filled it later but they forgot to fill it up. And mostly students ignored the link.

### Recommendations

The Study recommend that, the result will influence the organization and the policy makers to enact policy to help the youth in the understanding of sexual education and add it into the curriculum of learning.

Teachers should in a less biological, dogmatic, and mechanical approach to sex education. Friendship development, assertive training, negotiating decision making, self-awareness, self-esteem, creative and critical thinking, and other life skills should all be included to make day-to-day living easier. This approach will empower young people to have a positive attitude toward their sexuality and to make informed decisions.

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