ISSN: 0975-8585

Research Journal of Pharmaceutical, Biological and Chemical Sciences

A Study To Assess The Knowledge Of Adolescent Boys Regarding Masturbation At Selected High School In Bangalore City, Karnataka, India.

Mohini H[1]*, and Azaruddin Gondegar[2].

[1]Professor, Government College of Nursing, Bangalore medical college and research institute, Bangalore, Karantaka, India.
[2]Nursing Officer, Taluka Hospital Gokak, Karnataka, India.

ABSTRACT

Adolescence is a period of transition between childhood and adulthood, a time of rapid physical, cognitive, social and emotional maturation as the boy prepares for manhood and the girl prepares for womanhood. During adolescence the child's psychosocial development passes through the Freud's genital period from approximately 11 to 16 years. Masturbation becomes almost universal at puberty in response to normal surges in sex hormones and sexual drive. This study attempts to assess the knowledge of adolescent boys regarding masturbation among adolescent boys studying in 10th standard at Government high school Fort, Bangalore. A descriptive research design was used to conduct the study. Subjects were 60 adolescent boys studying in 10th standard at Government high school Fort, Bangalore, who were selected through simple random sampling technique. A Structured knowledge questionnaire was used to collect the data regarding knowledge on masturbation. Results show that the highest mean knowledge was found in the aspect of anatomy and physiology of male reproductive system i.e.,77.5%. Majority (48.3%) of the respondents had moderate knowledge and 43.3% had inadequate knowledge. The overall mean% for knowledge score is 53.15 with SD% 5.68 for knowledge. The study concluded that adolescent boys have inadequate knowledge to Moderate knowledge regarding masturbation and educational programmes should be organized to impart the knowledge regarding masturbation.

Keywords: Knowledge of adolescent boys, Masturbation.

https://doi.org/10.33887/rjpbcs/2020.11.4.15

Corresponding author

ISSN: 0975-8585

INTRODUCTION

Adolescence is a period of transition between childhood and adulthood, a time of rapid physical, cognitive, social and emotional maturation as the boy prepares for manhood and the girl prepares for womanhood. Adolescence which literally means "to grow to maturity," is generally regarded as the psychological social, and maturational process initiated by the pubertal changes. It involves three distinctive sub phases: early adolescence, middle adolescence, the late adolescence (1). During adolescence the child's psychosexual development passes through the Freud's genital period from approximately 11 to 16 years. Puberty and adolescence are periods during which there is a great surge for genital sexual development. The secondary sexual characteristics appear. Masturbation and sexual fantasies are common during this period (2). Masturbation is the central concern in early adolescence, especially in boys, who almost universally engage in the practice to some extent during the teen years. Masturbation is the self-stimulation of the sex organs, most often the point of orgasm. Masturbation becomes almost universal at puberty in response to normal surges in sex hormones and sexual drive. Most studies reveal that approximately 94% of teenage males and almost 70% teenage girls masturbate (3). Adolescent sexuality continues to be unexplored, particularly in the provision of health care. Little attention has been paid to meet the unmet needs of young people (10-24years of age) despite their numbering more than 238 million in India. There is yet little recognition that more than 50% of the world's population is below the age of 15, 80% of whom live in the developing countries (4). Adolescents who have learned to feel guilty about masturbating from their parents but who have experienced pleasurable release following the act can be in conflict. This conflict may be expressed in physical symptoms severe weakness and fatigue or numerous aches and pains.[2]One of the studies revealed that 62.2% of students are admitted knowing about masturbation. About 43% believed that one would get venereal diseases because of masturbation nearly 17% of respondents felt it was a perversion, over one third (33.3%) felt it was destructive and worried about the effects of masturbation. Almost of the respondents (49.4) felt that the size and shape of the penis changed because of masturbation. About 47% felt masturbation caused fatigue and weakness. Nearly 42% respondents reported feeling guilty after indulging in masturbation (5). A survey was conducted by Family Planning Association of Sri Lankan to reveal sexual myths and taboos prevail among youth which covered 1233 unmarried men and 1233 unmarried women 16-24 years of age, found that the majority of Sri Lankan youth had misconceptions and fears about normal processes such as menstruation, nocturnal emissions, and masturbation. 69% of the males had experienced nocturnal emissions; 60% thought these emissions weakened the body and 64% thought they caused weight loss. 66% of males and 5% of females indicated they masturbated; nearly 70% of males and 85% of females thought this practice resulted in physical, mental, and sexual problems. 23% believed masturbation caused mental deterioration. Results of this survey demonstrated an urgent need for Sri Lankan youth to receive accurate information about sexuality and reproductive health, optimally through the schools (6). There are only countable studies in masturbation in India, though the masturbatory behavior among teenager is 70-95%. So, there is a growing need to know about adolescent behavior regarding masturbation and this study tries to give information regarding healthy prospects about masturbation.

MATERIALS AND METHODS

A non-experimental research approach and descriptive design was used to assess the knowledge of adolescent boys regarding masturbation studying in selected high school, Bangalore. The study was conducted in the Fort Government High School, Bangalore-02. The sample size was 60 adolescent boys studying in 10th standard between the age group of 15-16 years and were selected by using simple random sampling who are willing to participate in the study.

Description of the tool: The data was collected by using structured knowledge questionnaire. It consisted of 2 sections. Section I: Consists of questions on demographic variables like Age, Religion, Type of family, Dietary pattern of the family, Father's educational status, Mother's educational status, Father's Occupation, Mother's Occupation, Income of the family per month, Number of siblings and Source of information regarding masturbation. Section II: Consists of 40 Structured Questionnaire on Knowledge of Masturbation.

Content validity: The tool was validated by experts who included experts from Child Health Nursing, sexologist, Psychiatrist and Statistician.

ISSN: 0975-8585

Reliability: The reliability of the tool was computed using Spilt Half Karl Pearson's correlation formula and was found 0.85 and validity co-efficient was 0.92.

Procedure for data collection: The study was conducted between 01-09-2010 to 30-09-2010 at Fort Government High School, Bangalore after obtaining formal permission. Data was collected from 60 participants by administrating structured knowledge questionnaire after obtaining consent from them.

RESULTS

Findings related to demographic characteristics showed that majority (70%) of the respondents were in the age group of 15 years. Majority (50%) of the respondents were belongs to Hindu religion. Majority (61.66%) of the respondents belong to nuclear type of family. Majority (71.66%) of the respondents had mixed type of dietary pattern. Majority (33.33%) of the respondents' fathers had secondary education. Majority (28.33%) of the respondents' mothers had secondary education and no formal education. Majority (50%) of the respondents' fathers were private employees. Majority (46.66%) of the respondents 'mothers were house wives. Most of the respondents (48.3%) belonged to the income group of Rs. 3,000-6,000 per month. Majority (50%) of the respondents have two siblings. Majority (46.66%) of the respondent's source of information was T.V/radio.

The overall Knowledge level on masturbation Table-1 and figure 1 shows that majority 48.33percent respondents had moderate knowledge, 43.33 percent respondents had inadequate knowledge and remaining 8.33 percent respondents had adequate knowledge. The Aspect wise Mean percent Knowledge Scores on masturbation among respondents shows (Table 2 & figure 2) that the highest 77.5 mean percent knowledge score was obtained in Anatomy and physiology of male reproductive system, followed by 72 mean percent knowledge score in benefits of masturbation, 72 mean percent of knowledge score obtained in precaution, 55.2 mean percent of knowledge score obtained in General information on masturbation, 36 mean percent of knowledge score obtained in excessive masturbation and 30.71 of mean percent knowledge score was found in the aspect of myths about masturbation and 22.5 mean percent knowledge score in management .However, the overall mean percent knowledge score was found to be 53.15 percent and standard deviation as 5.68 among the respondents.

Among demographic variables (Table 3) analyzed in the study, religion, fathers' educational status, number of siblings and source of information had significant association with knowledge level.

Table 1: Overall Knowledge level on masturbation, n=60

Knowledge Level	Category	Respondents	
		Number	Percent
Inadequate	≤ 50 % Score	26	43.33
Moderate	51-75 % Score	29	48.33
Adequate	> 75 % Score	5	8.33
Total		60	100.0

Table 2: Aspect wise Mean percent Knowledge Scores on masturbation among respondents, n=60

No.	Knowledge Aspects	Statements	Max. score	Range score	Knowledge score			
					Mean	Mean (%)	SD	SD (%)
I	Anatomy & Physiology of male reproductive system	10	10	5-10	7.75	77.5	1.32	13.2
II	General information regarding masturbation	8	8	0-8	4.41	55.2	1.72	21.5
III	Benefits of masturbation	4	4	0-4	2.88	72	1.20	30

ISSN: 0975-8585

IV	Precautions	3	3	0-3	2.16	72	0.99	33
V	Excessive masturbation & its ill effects	6	6	0-6	2.16	36	1.65	27.5
VI	Myths related to masturbation	7	6	0-6	2.15	30.71	1.81	25.85
VII	Management of masturbation addiction	2	2	0-2	0.45	22.5	0.74	37
	Combined	60	36	9-36	21.26	53.15	5.68	14.2

Table 3: Association of knowledge scores with selected demographic variables on masturbation, n=60

Demographic Variables	Category	Sample	Respondents Knowledge						χ2 value	P Value
			Inadequate		Moderate		Adequate			
			N	%	N	%	N	%		
Age Group	15 years	42	18	42.85	19	42.23	5	11.90	2.42NS	< 0.05 (df 2)
	16 years	18	8	44.44	10	55.55	00	00		
Religion	Hindu	30	4	13.33	26	86.66	00	00	93.27**	>0.01 (df 4)
	Muslim	25	22	88.0	3	12.0	00	00		
	Christian	5	00	00	00	00	5	100		
	Others	00	00	00	00	00	00	00		
Type of family	Nuclear	37	17	45.94	15	40.54	5	13.51	4.47NS	< 0.05 (df 2)
	Joint	23	9	39.13	14	60.86	00	00		
	Extended	00	00	00	00	00	00	00		
Dietary pattern	Vegetarian	17	7	41.17	10	58.82	00	00	4.15NS	<0.05 (df 4)
	Mixed	43	19	44.18	19	44.18	5	11.62		
Father's educational status	No	10	4	40	5	50.0	1	10	24.86**	> 0.01 (df 8)
	Primary	5	1	20	2	40	2	40		
	Secondary	20	5	25	15	75	00	00		
	PUC, degree	17	14	82.35	2	11.76	1	5.88		
	PG	8	2	25	5	62.5	1	12.5		
Mothers educational status	No formal education	17	8	47.05	9	529.4	00	00	8.25 NS	<0.05 (df 8)
	Primary	10	3	30	5	50	2	20		
	Secondary	17	6	35.29	9	52.94	2	11.76		
	PUC,Degree	10	7	70	2	20	1	10		
	PG	6	2	33.33	4	66.66	00	00		
Father's occupational status	Coolie	12	4	33.33	6	50.	2	16.66	4.66 NS	< 0.05 (df 6)
	Government employee	8	5	62.5	3	37.5	00	00		
	Private employee	30	11	36.66	16	53.33	3	10		
	Self employee	10	6	60	4	40	00	00		
Mother's occupational status	Coolie	15	7	46.66	8	53.33	00	00	5.04NS	<0.05 (df 6)
	Government employee	5	1	20	4	80	00	00		
	Private employee	12	6	50	5	41.66	1	8.33		
	House wife	28	12	42.85	12	42.85	4	14.28		
Income of the family per month (in rupees)	3000-6000	29	12	41.37	14	48.27	3	10.34	7.97NS	<0.05 (df 6)
	6001-9000	16	9	56.25	5	31.25	2	12.5		
	9001-12000	8	1	12.5	7	87.5	00	00		
	>12000	7	4	57.14	3	42.85	00	00		

ISSN: 0975-8585

No. of siblings	One	14	7	50	4	28.57	3	21.42	21.50**	>0.01 (df 4)
	Two	30	8	26.66	22	73.33	00	00		
	More than 2	16	11	68.75	3	18.75	2	12.5		
Source of information	T.V./Radio	28	13	46.42	14	50	1	3.57	18.21**	>0.01 (df 6)
	Newspaper/magazine	12	6	50	6	50	00	00		
	Friends/ family members	16	7	43.75	5	31.25	4	25		
	Health personnel	4	00	00	4	100	00	00		
Combined		60	26	43.33	29	48.33	5	8.33		

** Significant at 1% Level, NS: Non-significant

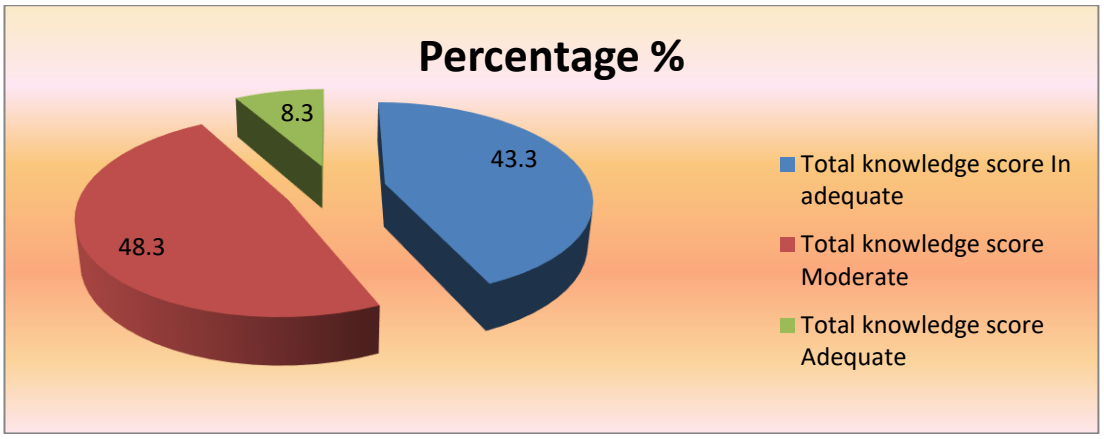

Figure 1: Overall knowledge score of the respondents.

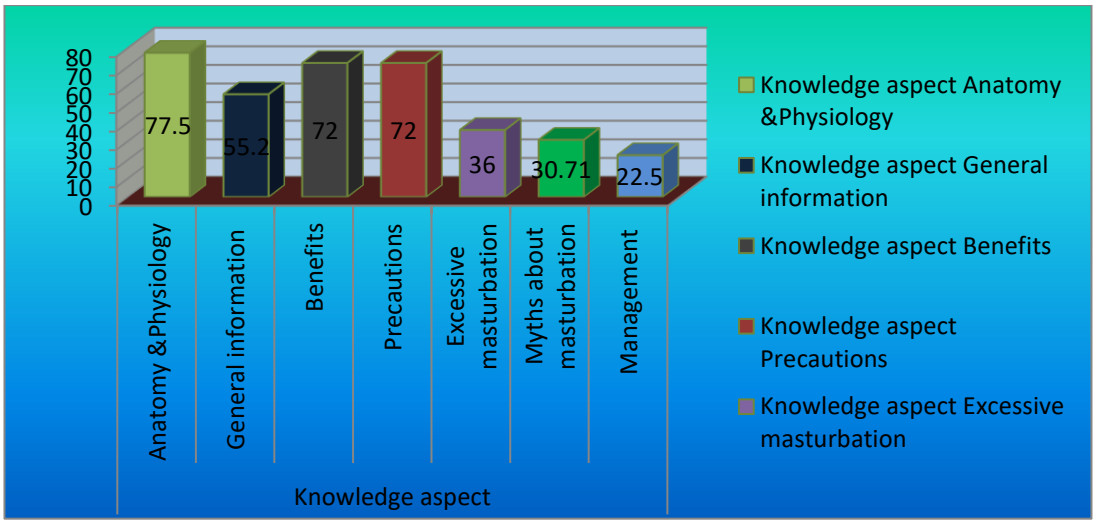

Figure 2: Shows the Aspect wise knowledge score of the respondents

DISCUSSION

The present study is focused on to assess the knowledge of adolescent boys regarding Masturbation in selected High school, Bangalore.

The demographic profile of adolescent boys of this study is supported by a study conducted by Dr. Vaibhav Ramanuj (2010) on Knowledge & needs about various aspects related to adolescent sexual health, A cross sectional study conducted in M.K. Higher Secondary School, Ahmedabad in the year 2010 (7). Total 187 adolescent between the age group of 14-16 were selected for the study. 100% of respondents were between

the age group of 15 and 16 years (8). This study is at par with the study conducted by Anand G. Sathe and Shanta Sathe on knowledge, behavior and attitudes about sexuality amongst adolescents in Pune a situational analysis. Total 1465 respondents participated in study. 43.8% of the respondents got information regarding masturbation through T.V/radio (9). The knowledge of adolescent boys regarding masturbation of this study is supported by a study conducted by Anand G. Sathe and shanta sathe on knowledge, behavior and attitudes about sexuality amongst adolescents in Pune: a situational analysis. Total 560 respondents participated in study. Data was collected by using structured questionnaire. Among these 62.3% of the respondents had moderate knowledge regarding masturbation. about 43% of the respondents have myths and misconception about masturbation. [8] The overall mean knowledge score is 53.15% with SD 5.68%. The highest mean knowledge was found in the aspect of anatomy and physiology of male reproductive system i.e.,77.5 % (SD= 1.32) and the lowest mean was found in the aspect of management of masturbation addiction i.e., 22.5 % (SD= 0.74). This study is in par with the study conducted by Mervat Al-Ginedy, Nasr M. El-Sayed and Ahmed A. Darwish (1998) assess the knowledge and attitude of teenage students in relation to sexual issues (10). A total of 1186 students (620 males and 566 females) aged 13-20 years were interviewed. The knowledge scoring was rated as zero, 1% to <50% (low score), 50% to <75% (moderate score) and 75% or above (high score). With regard to knowledge of masturbation, the majority in both sexes scored zero (52% for males and 94% for females). The majority of males (62%) thought it was sinful whereas only 3% of females considered it so. The majority of females (94%) and 25% of males said that they did not know. The study reflects the general lack of knowledge of Egyptian adolescents regarding sexuality. The association between knowledge with selected demographic variables of this study is supported by the exploratory study conducted by Mervat Al-Ginedy, Nasr M. El-Sayed and Ahmed A. Darwish (1998), to assess the knowledge and attitude of teenage students in relation to sexual issues as A total of 1186 students (620 males and 566 females) aged 13-20 years were interviewed (10). The knowledge scoring was rated as zero, 1% to <50% (low score), 50% to <75% (moderate score) and 75% or above (high score). With regard to knowledge of masturbation, the majority in both sexes scored zero (52% for males and 94% for females). The majority of males (62%) thought it was sinful whereas only 3% of females considered it so. There was significant association of knowledge score with source of information $\chi 2$ value 20.21 (df 6,0.01). The study reflects the general lack of knowledge of Egyptian adolescents regarding sexuality. It suggested an informal programme should be designed to raise adolescent students' awareness of sexuality and improve their knowledge and correct their misconceptions about the issue (11). As many shows' inadequate knowledge on masturbation among adolescents there is a need to stress on the sex education for them either in formal or informal method. The study concluded that adolescent boys have inadequate knowledge to Moderate knowledge regarding masturbation and educational programmers should be organized to impart the knowledge regarding masturbation.

REFERENCES

[1] Wong W. Essential of Pediatric Nursing.7th ed. New Delhi: Elsevier publications; 2005.p. 494.

[2] Marlow DR. Text book of Pediatric Nursing. 6th ed. New Delhi: Elsevier publications; 1988.p.1127-49.

[3] Gale. Infancy through Adolescence. Encyclopedia of children's health [serial online]

[4] Watsa MC. Adolescent sexuality-An unexplored territory in Mumbai.

[5] Sathe AG, Shanta S. Knowledge, behavior and attitudes about sexuality amongst adolescents in Pune.

[6] Network. 1989 Spring Survey reveals sexual myths and taboos prevail among Sri Lankan youth. 1989sep;10(3):14-5.

[7] Ramanuj, V. B. ; Bala, D. V. Knowledge and needs about various aspects related to adolescent health in school going adolescents. Healthline, Journal of Indian Association of Preventive and Social Medicine 2010 Vol.1 No.1 pp.8-13

[8] Shroff H, Thompson JK. Body image and eating disturbance in India: media and interpersonal influences. Int J Eat Disord. 2004 Mar;35(2):198-203.

[9] Silveira JA, Taddei JA, Guerra PH, Nobre MR. Effectiveness of school-based nutrition education interventions to prevent and reduce excessive weight gain in children and adolescents: a systematic review. J Pediatr (Rio J). 2011 Sep;87(5):382-92.

[10] Al Ginedy, Mervat, El Sayed, Nasr M. & Darwish, Ahmed A. (1998). Knowledge and attitudes of teenage students in relation to sexual issues. EMHJ - Eastern Mediterranean Health Journal, 4 (1), 76-80, 1998

[11] Neumark-Sztainer D, Wall M, Larson NI, Eisenberg ME, Loth K. Dieting and disordered eating behaviors from adolescence to young adulthood: findings from a 10-year longitudinal study. J Am Diet Assoc. 2011 Jul;111(7):1004-11.