Mansoura Nursing Journal (MNJ)

vol.3 No.1 ISSN:18235-2016

KNOWLEDGE OF UNIVERSITY FEMALE REGARDING SEXUAL HEALTH EDUCATION AT MANSOURA UNIVERSITY

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Abstract:

Background: Adolescence is a crucial phase of life and encompasses a nice result on the adolescent period. It's a time once teenagers develop the information, attitudes and skills that facilitate them to become sexually healthy. **Aim of the study:** this study aimed to assess University females' knowledge regarding sexual health education. **Method**: Descriptive study was conducted among (585) adolescent girls registered at Mansoura university at the first, second and third years with, Mansoura University, Egypt. Data were collected using three tools; the first tool was a structured questionnaire which included socio-demographic data, second tool was self-administered questionnaire to assess university females' knowledge and cultural preferences, third tool was attitude scale to assess university females' attitude, the fourth tool was self- administered questionnaire to assess university female sexual health education methods and preferences. The study was conducted from August 2013to February 2014. **Results:** The mean age of the adolescent girls was 19±0.66 years; about three fourths were belonging to middle social class. The participants showed poor score level of knowledge in relation to definition and changes of maturation, wet dreams, masturbation, abnormal sexual behavior, sexual transmitted disease. The main sources of knowledge were friends, families, mass media and internet. **Conclusion:** The main conclusion drawn from the current study is that the majority of the adolescent girls had poor score level of knowledge regarding sex education. **Recommendations:** It was recommended to apply professional, comprehensive and individualized sex education focusing on improving the knowledge and increasing awareness of adolescent girls to improve their sexual health and prevent potential sexual transmitted diseases.

Key Words: Adolescent girls- Knowledge -Sex - Education.

Introduction:

Adolescence is a crucial period of human life that includes a great impact on the adolescent future **Mahan, *et al.* (2009). WHO** identifies adolescence as the period in human growth and development that happens after childhood and before adulthood; it is marked by rapid physical, physiological and psychological changes. This period is characterized by sexual, psychological and behavioral maturation **WHO, (2013).** It represents one among all the important transitions through

the generation. Adolescents represent the well-being of a society, its development and good health helps to ensure independence, security, and productivity across the life course **Cromer, (2013).**

Adolescents comprise the 10-19 year-old age group and youth the 15-24 year old age group **UNICEF, (2012).** Globally, the number of young people between ages 10 and 24 is at an all-time high of more than 1.8 billion. Over 90 percent of those live in developing countries, where people under the age of 25 make up as much as 47 percent of the population.
Approximately half of them (900 million) are adolescent girls and young women **UNICEF, (2010)**.

In Egypt, one in five people is between the ages of fifteen and twenty four, a total of sixteen million in 2012, in line with the United Nations Population Division, in the next fifteen years, more than quite twenty six million Egyptians can reach age of fifteen. Female percentage in Egypt was measured 49.78% in 2013. Preparing these adolescent girls for the transition to adulthood, a time once sex and relationships are central, could be a challenge for sexual health educators **United Nations Population Division, (2013)**.

Sexuality is the values, attitudes, feelings, interactions and behaviors. Sex is emotional, social, cultural, and physical aspects of life. Sexual development is a part of sex, and it begins earlier in life than pubescence **National Child Traumatic Stress Network (2009)**, and**, Basavanthappa (2011).**

Currently, adolescent girls acquire very little or no correct data relating to sex that enable them to force against sexual abuse, sexually transmitted infections, as well as HIV **Alexandra, Lipi, (2008).** Adolescents would need correct and comprehensive education regarding sex to follow healthy sexual behavior as adults. **Russell, (2005 [A,B]) Welles, (2005).** Contributing to this negativity about sex education there is a need for positive conceptualizations of female sexuality and pleasure within sexual education practices **Fields & Tolman, (2006); Tolman, Hirschman, & Impett, (2005).**

Sexual health education could be a lifelong process of acquiring data and forming attitudes, beliefs, and values concerning such vital topics as identity, relationships, and intimacy. Early sexual health education for adolescent girls is important because even though

most teens are not cognitively or emotionally ready to have children, they are biologically and physically prepared **Shedlin et al., (2013) & Douglas, (2007).**The Sexuality Information and Education Council of the United States (SIECUS) believes that every one has the right to comprehensive sex education that addresses the socio-cultural, biological, psychological, and religious dimensions of sex by providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical-thinking skills **SIECUS, (2009)**

The sexual health education were designed to provide information regarding human development and reproduction, to form adolescent girls' realization of all sorts of sexual issues, and to push adolescent girls' respect and appreciation of themselves, their families and others. Sexual health education would reduce immature maternity and birth; explain necessary topics like pubescence, sexual health and reproductive systems **Kuriansky & Schroeder (2009).**

Hence assessing the knowledge of university females is vitally important in achieving sexual health education goal at the knowledge level. Therefore, the main objective of this study was to assess university females' knowledge about sexual health education and sexuality.

Material and Methods:

Research design:

The design used in this study was cross sectional design.

Setting

This study was conducted in 15 faculties (all theoretical and practical faculties) in Mansoura University from August 2013 to February 2014, in which subjects represent the rural and urban community.

Subjects and sampling:

Subjects:

Female students registered at Mansoura University at the first, second and third years.

Sampling:

Sample size:

The required sample size included in the descriptive study was 585 of adolescent girls, when α=5%, Population size= 23190 students girls registered at Mansoura University from first, second and third academic years, desired precision= 4%, expected prevalence of correct knowledge and beliefs about sexual health among adolescent girls= 50% and design effect=1**(Wayne& Danial, 1987).**

Study tools

There are three tools used in the study:

Tool I: A structured questionnaire included two parts:

- **Part 1:** the first part included adolescent girls' personal data such as: age, residence, faculty, and grade.
- **Part 2:** the second part was social level assessment by using scale of **Fahmi and El-Sherbini after modification for "Socio-demographic data" (Fahmy, & EL Sherbiny, 1983).**

Box (II): Socio-economic level

Socio-economic level	Percentile
Very low	0-19
Low	-24
Middle	-30
High levels	31-37

Tool II: self-administered questionnaire of Knowledge assessment

The self-administrated questionnaire assess adolescent girls' knowledge about sexuality, and sexual health including sexual development stages, wet dream, menstruation, homo and hetero sexualities, and sexual transmitted diseases.

It was classified into 6 categories; all of these categories composed of 72 questions. One mark awarded for each correct answer as following**:**

1. Definition and anatomy of reproductive system and maturation changes ~~o~~ *(It includes 26 items = 26 marks)*.
2. Definition of sex, sexual need and safe sexual relation *(It includes 14 items = 14 marks)*.
3. Wet dreams and masturbation *(It includes 15 items = 15 marks)*
4. Abnormal sexual behavior *(It includes 12 items = 12 marks)* and Homosexuality *(It includes 14 items = 14 marks)*.
5. STDs, Gonorrhea, Syphilis *and* Hepatitis *(It includes 60 items = 60 marks)*.
6. Adolescent care *(It includes 12 items = 12 marks)*.

The total scores of the knowledge ranged from 0 to 164. The knowledge level was categorized into three categories as:

- Poor = scores less than 50% of total scores (0 - less than 82).
- Fair= scores 50% to less than 75% of total sores (82 - less than 123).
- Good= scores 75% of total scores (123- 164).

Tool III: Self-administered questionnaire sheet of adolescent girls' cultural and preference questionnaire sheet

This questionnaire was containing the following parts:

- **Part 1:** It assessed adolescent girls' cultural background regarding sexuality, sexual health and sexual health education, including for example; (values, beliefs, traditions, religious and/or spiritual beliefs and practices, sources of information).
- **Part 2:** It explored adolescent girls' preferences in relation to sex education including for example the different aspects of content, teaching and learning methods.

This tool was classified into 2 categories, these categories composed of 26 questions. One mark awarded for each (positive response) answer as the following**:**

1. Cultural background regarding sexuality, sexual health and sexual health education *(It includes 44 items = 44 marks)*.
2. Preferences in relation to sex education *(It includes 15 items = 15 marks)*.

Tool IV: Adolescent girls' attitude scale Likert, (1932):

This scale composed of 32 questions to assess adolescent girls' attitudes regarding sexuality, sexual health and sexual health education.

One mark awarded for each (positive response) as the following**:** *(It includes 120 items = 120 marks)*

The total scores of the attitude ranged from 0 to 120, one point for each positive attitude.

The attitude was categorized into negative and positive.

- positive = scores more than 50% of total scores (60 - 120).
- Negative = scores less than 50% of total sores (0 - less than 60).

V:Self-administered questionnaire sheet of health education methods and preference of adolescent girls

Self administrated questionnaire was used to explore the adolescent girls' preferences in relation to health education topic and teaching methods **Javadnoori1, et- al, (2012) & Padhy, et al., (2013).** It included 5 categories; all of these categories were composed of 38 questions as the following:

1) Definition, importance, suitable age of sex education (It included 14 items).

2) Preferred subjects, persons, and places for sex education (It included 12 items).
3) Teaching methods and teaching media (It included 12 items).
4) Clusters that are in need for sexual health education (It included 4 items).

Methods

- An official letter from the faculty of nursing was submitted to obtain approval to conduct the study.
- An official letter from the faculty of nursing developed to the appropriate authorities in the selected settings in Mansoura university to obtain permission for conducting the study after explanation the aim of the study determine the starting time of the study and explain the study process to gain their cooperation and support during data collection.
- Adolescent girls were informed of the aim of the study and were assured that their identities and responses to the interview would be confidential. They need the right to participate or not in the study and that they can withdraw at any time without any reason.
- Verbal consent was obtained from adolescent girls to participate in the study.

Development of the study tools

- Tools were developed by the researcher after reviewing the related literature.
- A jury involves five experts in the field of community health nursing and statistics tested validity of the developed tools, and the required modifications were carried out.

Pilot study

- A Pilot study was conducted on 10 % of the studied sample (59 adolescent girls) who were selected randomly from the same settings and not included in the study to evaluate the clarity, applicability and reliability of the research tools, estimate the approximate time required for data collection, identify the possible obstacles or problems that may hinder data collection and overcome measures.
- On the basis of collected information; the necessary modifications were done, some questions were added and others were clarified or omitted. Each interview consumed about (30-35 minutes) to be filled.
- The duration needed for each participant to fill the questionnaire ranged from 25-30 minutes, and the filled

questionnaire /day were about 7-10 questionnaires.

- For purpose of quality control, the questionnaires were checked for completeness after each day by the researcher.
- Data generated for the study was analyzed using Statistical Package for Social Sciences (SPSS version 20). Statistical techniques employed include descriptive statistics (frequency, percentage and arithmetic mean ± standard deviation).

RESULTS

Demographic characteristics of adolescent girls

Distributions of adolescent girls according to their socio-demographic characteristics are presented at Table (1). Results revealed that the mean age of the adolescent girls is **19±0.66** years. The majority is (74%) of the adolescent girls belong to middle social class.

Knowledge of adolescent girls

Generally, tables 3& 4 revealed that poor score level of knowledge among adolescent girls about 68.4% regarding reproductive system anatomy and about 90.4% regarding maturation changes. Only 0.5% of adolescent girls mentioned the meaning of maturation, and 2.6% of them stated changes of reproductive system.

With respect to abnormal sexual behaviors; table (5) showed that 95.9 % of them showed poor knowledge score level. Moreover, 85.6% of the adolescent girls showed poor knowledge about wet dreams and masturbation. Concerning sexual transmitted diseases, results represented that only 2.3% of the adolescent girls knew the different types of STDs. The result revealed that more than four fifth (88.9%) of the adolescent girls have poor score of knowledge about AIDS, syphilis and gonorrhea. More than half the adolescents ever heard about AIDS respectively. While regarding the knowledge of adolescent girls about hepatitis more than one fourth (30.6%) showed poor knowledge score level **(Table 5).**

Results presented in table (5) illustrated poor score 98.7% compared to good score 0.7% level of knowledge regarding to sexual health a mean score of 1.44±0.76 points in relation to Reproductive system and maturation, sexual need and safe sexual desire , wet dreams and masturbation, abnormal sexual behavior, sexual transmitted disease as AIDS, hepatitis, gonorrhea, syphilis and adolescent care.

In relation to distribution of adolescent girls according to

their correct knowledge about adolescent care and practice to improve sexual health. **Table (6)** showed that, more than two fifth (41.4 %) of adolescent girls showed positive practices that improve sexual health, while less than three fourths (73.2%) have negative practices to improve sexual health.

In relation to premarital services, 61.2% of adolescent girls showed poor knowledge score level. Moreover, 26.5%, 29.1% and 7.4% of them identified medical check-up services, counseling services and health education respectively with a mean score of 0.44±0.63 points.

Table (7) showed that, more than half of the participants considered their friends/ relatives/ neighbors were the main source of knowledge which represented 60.9% followed by the magazines 26.3%. However, the internet was mentioned by 18.1% of the participants respectively.

Table (8) represented that, less than half (47.5%) defined sexual health education as providing information about sexual relation, they named it, marital education. While more than three thirds have no information about sexual health education

In relation to time to start sexual health education, 98.3% of adolescent girls want to start sexual health education prepuberty. Moreover, large proportion of them preferred maturation changes and safe sexual relation as subjects of sexual health education.

Regarding preferred person for providing sexual health education, **Table (9)** showed that 93.5% of adolescent girls preferred friends, parents, and female doctors. However, only 14.2% of adolescent girls preferred internet for sexual health education.

In relation to preferred places for sexual health education, 82.1% of adolescent girls prefered private clinics and homes for sexual health education. However, only (19.6/5) of adolescent girls prefer mosques, churches and special centers for sexual health education.

Concerning preferred method used for sex education, the most of adolescent girls (92%) prefers peer sexual health education, lectures and open discussion, while 0.3% of them prefered watching films for sexual health education.

In relation to relation between knowledge and attitude of adolescent girls, Table 10 showed that the most of adolescent girls have poor knowledge with negative attitude about sexual health education. Only 0.9% of them reported positive attitude regarding sexual health education

Results:

Table (1) Adolescent girls' distribution according to socio-demographic characteristics

Items	N=585	%
Age/ years		
19-	452	77.3
20-	70	12.0
21	63	10.8
Mean ±SD	**19±0.66**	
Residence		
Rural	503	86.0
Urban	82	14.0
Adolescent girl's social level		
High social level	98	16.8
Middle social level	433	74
Law social level	54	9.2
$\bar{x}$ ± SD	**2.57±0.76**	

Table (2): Adolescent girls knowledge level about reproductive system and maturation.

Items	Poor		Fair		Good		Mean ±SD
	No	%	No	%	No	%	
Anatomy of female reproductive system (Scores =4)	400	68.4	81	13.8	104	17.8	1.04±0.56
Anatomy of male reproductive system (Scores = 4)	404	69.1	176	30.1	5	0.9	0.7±0.47
Maturation							
Female maturation(Scores = 9)	538	92	32	5.5	15	2.6	2.74±1.33
Male maturation(Scores = 9)	550	94.2	24	4.1	11	1.7	2.31±1.38
Total knowledge score (Scores = 26)	529	90.4	53	9.1	3	0.5	1.1±0.3

Table(3) Distribution of adolescent girls according to their knowledge about wet dreams and masturbation

Items	N=585	%
Correct knowledge		
Definition of wet dreams*		
Dreams with loved person	97	16.6
Orgasm involving either ejaculation throughout sleep	6	1
Wet dreams occur to		
Male and female	231	39.5
Definition of masturbation*		
Abnormal personality	84	14.4
Erotic stimulation especially of one's own genital organs resulting in orgasm	7	1.2
Causes to practice masturbation*		
Overcoming sexual need	82	14.3
Abnormal personality	247	42.2
Production of 'endorphin' hormone	3	0.5
Harms of masturbation*		
Sexual weakness	443	75.7
Orgasm problem	42	7.2
Obsessive compulsive disorder of masturbation	14	2.4
In correct knowledge		
Definition of wet dreams		
Abnormal personality	97	16.6
Love and social relation	35	6
Wet dreams occur to		
Male only	76	13.0
Female only	60	10.3
Definition of masturbation*		
Secrete sex practice	120	20.5
Psychological disorder	84	14.4
Causes to practice masturbation		
Physiological changes	62	10.6
Harms of masturbation*		
Life threatening disease as cancer	35	6
Madness	53	9.1
Knee pain	92	15.7

* More than one answers given.

Table(4): Distribution of adolescent girls according to their knowledge concerning abnormal sexual behaviors.

Items	N=585	%
Definition of abnormal sexual behavior*		
person's sexual arousal and gratification depend upon fantasizing regarding and engaging in sexual behavior that is atypical and extreme	9	1.5
Romantic attraction, sexual attraction or sexual behavior between members of an equivalent sex or gender	8	1.4
Causes of abnormal sexual behavior		
Abnormal personality	396	67.7
Diseases, as(brain lesion, an endocrinal abnormality)	124	21.2
Types of abnormal sexual behavior*		
Homo sexuality (Female with female/ Male with male)	11	2.1
Oral or anal sex	52	9.1
Sex with animals (zoophilia)	2	0.3
Harms of abnormal sexual behavior*		
Sexual transmitted diseases	257	43.9
Sexual dysfunction	146	25.0
Psychological disorders	189	32.3

* More than one answers given.

Table(5): Adolescent girls knowledge score about sexual health**.**

Items	Poor		Fair		Good	
	No	**%**	**No**	**%**	**No**	**%**
Reproductive system and maturation **(Scores = 26**	529	90.4	53	9.1	3	0.5
Sexual need and safe sexual desire **(Scores = 14)**	501	85.6	39	6.7	45	7.7
Wet dreams and masturbation **(Scores = 15)**	501	85.6	73	12.5	11	1.9
Abnormal sexual behavior **(Scores = 26)**	561	95.9	16	2.7	8	1.4
AIDS **(Scores = 15)**	535	91.5	40	6.8	10	1.7
Gonorrhea **(Scores = 15)**	520	88.9	41	7	24	4.1
Syphilis **(Scores = 15)**	575	98.2	5	0.9	5	0.9
Hepatitis **(Scores = 15)**	179	30.6	118	20.2	288	49.2
Adolescent care **(Scores = 23)**	360	61.5	205	35	20	3.4
Total knowledge score (Scores = 164)	577	98.6	4	0.7	4	0.7
Mean ±SD	1.44±0.76					

Table(6): Distribution of adolescent girls according to their total knowledge Score about adolescent care and premarital service

Items	N=585	%
Definition of adolescent care*		
Adequate and comprehensive services for adolescents relevancy reproductive health services.	27	4.6
Optimal medical and reproductive health care, each currently and within the future	170	29.1
Improving sexual health		
• **Positive practices***		
Maintaining Genital hygiene	235	40.2
Taking healthy diet	18	3.1
Practicing sport	242	41.4
being in good psychological health	19	3.2
Sleeping and walk up early	132	22.6
Practicing morals as fasting	35	5.8
Examining breast	57	9.7
• **Negative practices***		
Avoiding STDS	143	24.4
Avoiding sex with multi partner	428	73.2
Avoid smoking and obesity	120	20.5
Avoid alcohol	18	3.1
Premarital sexual services*		
Medical checkup	155	26.5
Counseling	170	29.1
Health education	43	7.4
$\bar{x}$ ± SD	0.44±0.63	

* More than one answers given.

Table (7):- Distribution of the adolescent girls according to their Source of Knowledge regarding sexual health

Items	No(n=585)	%
Source of knowledge about sexual health*		
Radio	48	8.2
T.V.	110	18.8
Net	106	18.1
Magazines, news papers and books	154	26.3
Family and neighbors	196	33.5
Friends	213	36.4
Schools and universities	75	12

* More than one answers given.

Table(8) Distribution of adolescent girls according to their correct knowledge about sexual health education

Items	N=585	%
Definition of sexual health education*		
Information about sexual relation	278	47.5
Sexual practice	253	43.2
Enable adolescents to acquire knowledge and skills in managing responsible decisions	28	4.8
Starting of sexual health education at*		
- Pre-puberty	575	98.3
- After puberty	196	33.5
- Premarital	185	31.6
- All stages	80	13.7
Ending of sexual health education at		
Not applicable at any age	543	92.8
-45	28	4.8
≥ 50	14	2.4
Mean ±SD	**3.35±12.07**	
Menstruation and it's physiological changes education at		
-10years	116	19.8
-12years	270	46.2
≥14years	199	34
Mean ±SD	**0.63±0.88**	

* More than one answers given.

Table(9): Distribution of adolescent girls according to their values and preferences related to sexual health education.

Items	No(n=585)	%
Preferred person to provide sexual health education*		
Parent	381	65.1
Friends	547	93.5
Health educators	363	62.1
Self learning	231	39.5
Preferred places of sexual health education*		
M.C.H. centers	371	63.4
Private clinics	480	82.1
Homes	478	81.7
Churches and mosques	113	19.3
Free centers for sexual health education to adolescent	2	.3
Preferred method/media used in sexual health education*		
Lectures	406	69.4
Group discussion	343	58.6
Computer based learning	278	47.5
Books	110	18.8
Films	2	.3
Preferred sexual health education type*		
Single	305	52.1
In group	280	47.9
Face to face	307	52.5
Preferred subjects of sexual health education in adolescent stage*		
Safe sexual relation	122	20.9
Sexual health	17	2.9
Sexual disease prevention	8	1.4
Maturation changes	40	6.9

* More than one answers given.

Table(10): Relation between knowledge and attittude of adolescent girls related to sexual health education.

Items	Positive attitude		Negative attitude		X^2	P-Value
	No.	%	No.	%		
Knowledge of adolescent girls						
Poor	3	0.5	574	98.1	23.625	<0.001**
Fair	2	0.3	2	0.3	0.836	0.67
Good	1	0.1	3	0.5	8.645	<0.05*

*Significant Difference

** Highly Significant Difference

Discussion:

Sexual health is outlined by the **World Health Organization (2006**) not only as the absence of diseases or negative experiences relating to physiological property, though this is often a crucial side of the definition, however conjointly as the chance of getting enjoyable and safe sexual experiences **Albarracín et al., (2007).** Furthermore, the definition states that "the sexual rights of all persons should be revered, protected and fulfilled**" Bartholomew , *et al.*, (2011).**

Adolescents conferred a kind of unhappiness and discontent with SHE (sexual health education) inadequacy, separation, lack of educational materials, emphasizing on negative aspects of physiological property and superficiality. They perceived the shortage of sexual health connected information and skills of their lecturers, faculty counselors, and health care suppliers to handle their SHE needs, considerably in reference to psychological aspects of sexual health. Most of those critiques are conjointly rumored (more or less) by adolescent within the different studies across the world **Douglas (2010) & Oraby, (2013).**

The findings of the current study illustrated that none of the adolescent girls had received any previous sexual health education concerning maturation, maturation changes, abnormal sexual behaviors, sexual transmitted diseases and adolescent care. These findings are in the same line with the results documented by **Javadnoori1 *et al.*, (2012) & Roushdy, (2013)**.

As regarding to the level of knowledge, the current study showed poor score level of knowledge among the most of adolescent girls in relation to reproductive system and maturation changes. The poor knowledge level might be taken within the highlight of previous studies, that ended that insufficient formal education has impact on their poor score level of information. This interpretation might be confirmed by the finding of the current study that exposed that quite three fourths of the studied adolescent girls were low and middle social level. Social level can result in difficulties in obtaining information from illiterate folks, inability to buy books or magazines, and through media. They knew the maturation

changes when first menstrual period started (menarche), and therefore the rumored mean age of menarche was 13.48□±□1.69 SD. Similar results were conjointly reported by **Kasiye, Frehiwot & Getahun (2014), Stephen, Bryant & Wilson (2008)**, and, **Wong et al., (2013).**

Adolescent girls reported poor level of knowledge concerning abnormal sexual behavior, autoeroticism and wet dreams, the majority of them are in great need to have information about safer sexual behaviors, factors affecting these needs **(Rathfisch, et al., 2012, Yin, et al., 2014, Patricia G., Eric R. Buhi,S., Dunsmore, M., 2006, Bearinger, et al., 2007).** This finding was in agreement with the findings of the current study.

As regarding to the level of knowledge, the current study showed poor score level of knowledge among the majority of adolescent girls that associated with sexually transmitted diseases and AIDS, more than half of the adolescent girls never heard about AIDS respectively. Moreover, about three fourths of them had no information about AIDS in terms of mode of transmission and prevention. This finding was in agreement with findings expressed by similar studies, that reported a large proportion of adolescents weren't aware about sexually transmitted diseases **Forham, et al., (2013), Shedlin, et al., (2013), Samkange-Zeeb, F., Spallek, L., Zeep, H., (2011), , et al., (2011), Kirby, Obasi & Fonner, et al., (2014), Sionean, et al., (2014), Zajac, et al., (2014), John, et al., (2014).**

The findings of this study indicated that most sources of information regarding sexual health, STDs and safer sex were friends, family, media, internet, books and magazines. Often adolescent girls were confused or misinformed due to incorrect information received from these sources. Moreover, half of the adolescent girls considered it was impossible to talk with their parents obout sex and STDs. However one fourth of them used their mothers as a source of information, nine percent of adolescent girls prefered female doctors as their knowledge supply. While some of them remarked that "I am a girl so I need to receive data about sexual health from most popular female doctor". Therefore evidence-based sexual health education ought to be a significant strategy in cultural-based sex education, with user friendly resources prepared to adolescent girls **Alexandra & Lipi (2008), Lal, Vasan & Sarma (2000).**

The results of the current study showed that the most of the adolescent girls rumored negative attitude with poor knowledge toward sexual health, sexual health issues and sexual health education. Moreover they indicated that attitudes, norms and beliefs around sexual behavior determined the supposed sexual behavior of adolescent girls. This finding was in agreement with findings expressed by similar studies, that rumored that almost all of adolescent girls have negative attitude toward sexual health education **Chang, (2014), Wang, (2013, Alexandra & Lipi (2008), Shweta, Mundkur, Chaitanya *(2011)***

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