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## **Effectiveness of Educational Group Programme on Sexual Behaviour among B.P.O. Employees**

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### **Abstract:**

*The aim of the study was to understand the effectiveness of educational group programme on sexual behaviour among BPO (Business Process Outsourcing) employees. The research design was quasi-experimental design; before and after without control design. The study was conducted among 30 unmarried male employees who have been working in the geographic area of Bangalore City Corporation. Then pre and post assessments were compared to gauge the difference in sexual attitude, STD (Sexually Transmitted Diseases) attitude and knowledge on Contraceptives. Group programme was an effective method of education wherein knowledge and attitude would be changed. Group experiences encouraged youth to clarify their doubts on sexuality. It facilitated a supportive environment to discuss age appropriate issues. Homogeneity of the group provided more feeling of inclusion.*

**Keywords:** Sex education, Group programme & Attitude towards sexuality

### **1. Introduction**

Sex education programme is essential to create scientific awareness among people (Wellings et al, 2006). Young people resort available sources to enrich their knowledge on sexuality. Researchers have identified that peer group is one of the main sources of information on sexuality among children and youth (Verma, 2001). The unreliable and unscientific information might lead to increased maladjustment and later it may lead to physical and mental health problems (Muralidhar & Kavitha, 2007). Employees in BPO organisations are noted for their young age, English language proficiency, and night shifts. The change in conventional working hours and stress associated with such changes were found in them. So this group is vulnerable to unhealthy sexual practices. Sex education is a way to control this sort of high-risk behaviour. Since the influence of a group on the individual is more than individual influences on the individual. Group programme facilitates active participation in a supportive environment. Group interaction always changes behavior (Hamza, Muralidhar & Khan, 2007), especially for youths.

### **2. Methodology**

Educational Group Programme on Sexual Behaviour among BPO (Business Process Outsourcing) Employees was conducted among 30 unmarried male employees who had been working in the geographic area of Bangalore City Corporation. The aim of the study was to find the effectiveness of educational group programme on sexual behaviour among BPO employees. Objectives of the study were assessing the sexual attitude, STD attitude, and the knowledge of contraceptives of BPO employees, conducting educational group programme on sexual behaviour among B.P.O employees and comparing pre and post assessment of Sexual attitude, STD attitude, and contraceptive knowledge to gauge the effectiveness of group educational programme. The research design was quasi-experimental design; before and after without control design. Samples were selected through snowball sampling. The study was carried out in following phases, Pre-assessment, Educational Group Programme, and Post Assessment after one month. Then pre and post assessments were compared to gauge the difference in sexual attitude, STD attitude and knowledge on Contraceptives. The Valois Sexual Attitude Scale (Valois & Ory, 1998), STD Attitude Scale (Yarber, 1988) and Contraceptive Knowledge Inventory (Delcampo, Sporkowski & Delcampo, 1976) were used as tools of measurement. Areas of educational programme were sexual stereotypes, masturbation, premarital intercourse, homosexuality, sexual communication, law related to sexual behavior at workplace, college/ workplace marriages, legislation on abortion, sexual contacts: types and positions, group sex and risk, mouth-genital contact, sensuality, multiple partners and risk, safe sex measures and birth control.

### 3. Results

#### 3.1. Socio Demographic Data

- The majority of participants in this study were from the age group of below 27 years (66.7%). Other 33.3 % (n=10) were from the age group of 27-29.
- Half of participants 50% (n=15) belonged to Hindu religion. Another one-third of participants 33.3% (N=10) were Christian. Muslim participants were 13.3% (n=4). One participant reported no preference to religion.
- Majority 70% (n=21) of participants had been grown up in the rural area.

#### 3.2. Sexual Attitudes

Areas of Assessment	Pre Assessment mean	Post assessment mean	Paired t test value	P value
Sexual Stereotypes	29.26	30.03	-1.24	.224
Masturbation	11.00	12.26	-3.47	<.01
Premarital sex	10.30	10.16	.308	.761
Homosexuality	15.30	17.30	-3.51	<.01
Sexual Communication	13.40	13.33	.161	.874
Workplace Marriage	9.53	9.26	.64	.523
Abortion	10.73	11.30	-1.26	.214
Oral Genital Sex	13.36	13.60	-.48	.635
Birth Control	18.33	19.26	-2.36	<.05

Table 1

As mentioned in table number one, Pre and Post assessment scores mean comparison shows there is no significant change of attitude in following areas sexual stereotype, premarital intercourse, sexual communications, workplace marriage, abortion and oral-genital sex. Significant improvement of tolerance towards masturbation, homosexuality, and birth control were noticed.

#### 3.3. STD Attitudes

As shown in table number two, STD attitude scale as mentioned in the scoring the lesser the score indicated lesser the risk to be affected the STD. Pre-assessment score mean is in the subscale of STD belief is 18.73 (SD-3.55) and post-assessment score mean is 15.33 (SD-3.09). Paired t-test results showed t value 4.68 (df-29) at  $P<.01$ . The mean of post assessment was lesser than the pre-group assessment. It showed a reduction in the risk of STD after the group educational programme.

Areas of Assessment	Pre Assessment Mean	Post assessment Mean	Paired t test Value	P value
Std Belief	18.73	15.53	4.68	<.01
Std Feeling	25.26	22.73	3.47	<.01
Std Intention	20.53	16.70	5.31	<.01

Table 2

Feeling towards STD, as the high score indicated high risk, pre-group score mean was 25.26 (SD-4.67). Post group score mean in this dimension is 22.73 (SD-4.58). Paired t-test value shows t value 3.478 (df-29) at  $P<.01$ . When compared to the mean of pre-score, mean of the post score indicated that significant reduction in the high risk.

Pre-assessment on STD intention to practice safety measures had shown a high score of 20.53(SD- 3.94). Then post results showed a significant reduction in the high-risk attitudes, 16.7(SD-2.7). Also paired t-test showed a significant difference between two groups' mean scores at  $P<.01$  significance with t value 5.317( df-29).

#### 3.4. Knowledge on Contraceptives

Area of Assessment	Pre Assessment mean	Post assessment mean	Paired t test value	P value
Contraceptive Knowledge	3.53	12.23	-15.27	<.001

Table 3

As presented in table number 3, Contraceptive knowledge scale scores showed a significant change in pre and post assessment. The mean score of pre-assessment was 3.53 (SD-2.03). The mean score of post assessment was 12.23 (SD-2.8). A Higher score indicated the better knowledge. Paired t-test also showed a significant difference between two means at  $P<.001$ , with t value -15.27 (df-29). Hence, the change after the group enhanced the level of knowledge on sexuality among participants.

#### 4. Discussion

Study experiences and findings showed after the extensive mass media campaign also people were not aware of proper use of contraceptive measures. Current study findings show group education is effective in enhancing knowledge and changing certain high-risk attitudes. Group format of education gives scope for independent and open peer interaction. Irrespective of various awareness programme stereotypes on sex education, transmissions of STD are present. Post-assessment phase of the study also one participant reported that sex education might harm children.

Few of group members were supportive of premarital sexual experience; same results were obtained from various other studies. The result as above mentioned the rise in group score mean indicates that more favorable attitudes toward birth control after the educational group. Qualitative and quantitative data showed experimentation on sexual experience prior to marriage is not rare among Indian youth. Muralidhar and Kavitha (2007) reviewed and reported that how Indian psychiatric social workers are alert to protect our productive age group 15-49 who are at risk to be affected by HIV/ AIDS. Also, it is well identified by various national organizations that migrated population is at higher risk. Contraceptive knowledge scale scores showed a significant change in pre and post assessment. Hamza et al. (2007) discussed how group life and group interaction would benefit to various clients. This study also supports that group is effective in changing knowledge and attitudes. As a summary, following points are noted:

- Well educated and a well employed group of members also require sex education.
- Group educational programme on sexual behaviour is an effective way of knowledge transmission and to change attitude.
- Focus on social aspects of sexuality is very important to reduce HIV/AIDS or other STDs, strengthening the marital relationship, birth control, reducing tensions associated with the vulnerable sexual relationship, and enhancing individual's and family's quality of life.
- Peer group discussion is an effective method of learning with the support of a trained social worker.
- Knowledge enhancement is easier than attitude change.

#### 5. Conclusion

This Study gives an insight into youth sexuality and the need for education. The group is an effective method of education wherein knowledge and attitude would be changed. Group experiences make youth more pro-social. It facilitates a supportive environment to discuss age appropriate issues. Homogeneity of the group provides more feeling of inclusion. Social work professional has an important role in sex education since one of the major dimensions of sexuality is the social interaction of human being.

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