EVALUATION ON AWARENESS OF FACTS AND MYTHS ON SEXUAL KNOWLEDGE AMONG ADOLESCENTS AND HOMOEOPATHIC MANGEMENT OF THE REMORSE ARISING OUT OF ITS IGNORANCE

A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT

FOR THE AWARD OF THE DEGREE OF

DOCTOR OF MEDICINE IN HOMOEOPATHY: M.D. (Hom.)

IN

PAEDIATRICS

BY

Dr. C. PRADEEP KUMAR.

UNDER THE GUIDANCE OF

Dr. P. R. SISIR M.D. (Hom.)

PROFESSOR & HEAD

DEPARTMENT OF PAEDIATRICS

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE,

KULASEKHARAM, TAMIL NADU

SUBMITTED TO

THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI

2022

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT AND THE INSTITUTION

This is to certify that the Dissertation entitled, **"EVALUATION ON AWARENESS OF FACTS AND MYTHS ON SEXUAL KNOWLEDGE AMONG ADOLESCENTS AND HOMOEOPATHIC MANAGEMENT OF THE REMORSE ARISING OUT OF ITS IGNORANCE"** is a bonafide work carried out by **Dr. C. PRADEEP KUMAR,** a student of M.D. (Hom.) in the **DEPARTMENT OF PAEDIATRICS** in **SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE** under the supervision and guidance of **Prof. Dr. P.R.SISIR M.D.(Hom.), PROFESSOR & HEAD, DEPT. OF PAEDIATRICS** in partial fulfilment of the Regulations for the award of the Degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **PAEDIATRICS.** This work confirms to the standards prescribed by **THE TAMILNADU DR. M.G. R MEDICAL UNIVERSITY, CHENNAI.**

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Dr. P.R.SISIR M.D.(HOM.) Dr.N.V.SUGATHAN M.D.(HOM.)

Prof.& Head, Dept. of Paediatrics Principal

Place: Kulasekharam

Date:

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Place: Kulasekharam
Date:

Dr. P.R. SISIR, M.D. (Hom.)
Professor & Head, Dept. of Paediatrics

DECLARATION

I, **Dr. C. PRADEEP KUMAR,** do hereby declare that this Dissertation entitled **"EVALUATION ON AWARENESS OF FACTS AND MYTHS ON SEXUAL KNOWLEDGE AMONG ADOLESCENTS AND HOMOEPATHIC MANAGEMET OF THE REMORSE ARISING OUT OF ITS IGNORANCE"** is a bonafide work carried out by me under the direct supervision and guidance of **Dr.P.R.SISIR M.D.(Hom.), PROF & HEAD, DEPT. OF PAEDIATRICS**, in partial fulfilment of the Regulations for the award of degree of **Doctor of Medicine (Homoeopathy)** in **PAEDIATRICS** of **THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI**.

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Place: Kulasekharam **Dr. C. PRADEEP KUMAR**

Date:

APPROVAL OF INSTITUTIONAL ETHICAL COMMITTEE

Name of the Investigator	:	**Dr. C.Pradeep Kumar**
Department	:	**Department of Pediatrics**
Course and Subject	:	**M.D.(Hom.) Pediatrics**
College Name & Address	:	**Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari Dist., Tamil Nadu. 629161**

Lr. No.EC/299/2021 Date: 21-01-2021

To

Dr. C.Pradeep Kumar,
Department of Pediatrics,
Sarada Krishna Homoeopathic Medical College,
Kulasekharam, Kanniyakumari Dist., Tamil Nadu. 629161.

Sub: Research proposal entitled **"Evaluation on awareness of Facts and Myths on Sexual knowledge among adolescents and homoeopathic management of the remorse arising out of its ignorance"** approval Reg.

Ref: Your Application for Ethical clearance- Proposal No. 299

Dear Dr,

The above mentioned research proposal of **"Evaluation on awareness of Facts and Myths on Sexual knowledge among adolescents and homoeopathic management of the remorse arising out of its ignorance"** was discussed in the Ethics Committee meeting held on 21-01-2021 at the College.

All the members of Ethical Committee have unanimously approved your Title of Synopsis. This work will be done under the guidance and supervision of Dr. P.R.Sisir

B. Krishna Prasad

Dr. B. Krishna Prasad,
Chairperson, Ethics Committee
Sarada Krishna Homoeopathic Medical College,
Kulasekharam, Kanniyakumari Dist., Tamil Nadu.

INSTITUTIONAL ETHICS COMMITTEE
KULASEKHARAM
SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE

Chairman
Institutional Ethics Committee
Sarada Krishna Homoeopathic Medical College
Kulasekharam

SARADA KRISHNA
HOMOEOPATHIC MEDICAL COLLEGE
(Affiliated to The Tamil Nadu Dr. M.G.R. Medical University)
Kulasekharam, Kanniyakumari Dist, Tamil Nadu 629161
☎: 04651 – 279448 🖳: www.skhmc.org ✉: college@skhmc.org

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Date : 30/03/2022

This is to certify that this dissertation work titled...EVALUATION ON AWARENESS OF FACTS AND MYTHS ON SEXUAL KNOWLEDGE AMONG ADOLESCENTS AND HOMOEOPATHIC MANAGEMENT OF THE REMORSE ARISING OUT OF ITS IGNORANCE of the candidate .....DR. C. PRADEEP KUMAR..... with registration number ....AA1911b005....for the award of DOCTOR OF MEDICINE IN HOMOEOPATHY in the branch of .....PAEDIATRICS..... I personally verified the Turnitin plagiarism detection report for the purpose of plagiarism Check. I found that the uploaded thesis file contains from introduction to conclusion pages and result shows ....6%....percentage of plagiarism in the dissertation.

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Dr. P.R. SISIR, MD (Hom.)
Prof & Head, Dept. Of Paediatrics,
Sarada Krishna Homoeopathic Medical College
Kulasekharam, Kanyakumari District
Tamil Nadu - 629 161

ABSTRACT

OBJECTIVE: To assess the sexual knowledge among the adolescents and awareness about the sexual facts and myths and to study the efficacy of homoeopathic management of remorsearising out of improper sexual knowledge among adolescents.

MATERIAL AND METHODS: A sample of 33 cases were selected after screening and accessing the 360 students through the school health programme in various schools in and around kanniyakumari, O.P.D, I.P.D, R.H.C. of Sarada Krishna Homoeopathic Medical College and hospital, Kulasekharam. The screening and scoring were done by Revised Moscher Guilt Inventory Scale Questionnaire (RMGI Modified). Selected cases were given with counseling andIndicated Homoeopathic medicine.

RESULT: This study shows marked improvement in the cases treated with homoeopathic medicine along with awareness regarding sexual facts and myths among adolescents. Improvements are assessed through the Revised moscher guilt inventory questionnaire (modified). The calculated p-value equals 1.241e-17, ($P(x \leq -17.0705) = 6.204e-18$). It means that the chance of type I error (rejecting a correct H_O) is small: 1.241e-17 (1.2e-15%). The smaller the p-value the more it supports H_1 thus the null hypothesis is rejected.

CONCLUSION: This study adequately demonstrates the effectiveness of prescribing Homoeopathic remedy along with sexual education in remorse arising out of improper sexual knowledge among adolescents. The improvement status of the samples was assessed through the post revised moscher guilt inventory questionnaire (modified). Therefore, the adolescents were preventing from the emotional disturbance, lack of interest in studies and other unwanted activities and mainly received the awareness about the myths and facts about sexuality.

KEY WORDS: Awareness, Homoeopathy, paired ‘t’ test, Revised Moscher Guilt Inventory Questionnaire, Sex education.

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LIST OF ABBREVIATIONS USED

SL.NO.	ABBREVIATION	EXPANSION
1.	AIDS	Acquired immune deficiency syndrome
2.	Co-Ed	Co-Education
3.	e.g	Example
4.	FLE	Family Life Education
5.	FSH	Follicular Stimulating Hormone
6.	GOVT	Government
7.	i.e.,	That is
8.	IPD	In patient department
9.	OPD	Outpatient department
10.	RHC	Rural Health Centre
11.	SD	Standard Deviation
12.	SKHMC	Sarada Krisnha Homoeopathic Medical College
13.	STD	Sexually Transmitted Diseases
14.	STI	Sexually Transmitted Infections
15.	UNAID'S	United Nations joint programme on HIV/AIDS
16.	UNF	United Nations Fund
17.	WHO	World Health organization

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INTRODUCTION

1.0 INTRODUCTION

Teenage is an exciting time in everyone's life. It is a time of change commencing adolescence to adulthood.[1] Pre-adulthood has been depicted as a phase with people anywhere a great deal of physiological as sound as physical change happen bringing about conceptive development in the adolescents.[2] Numerous teenagers deal with this change effectively while others experience significant pressure and wind up participating in practices (for example sexual trial and error, investigation and indiscrimination and so forth that place their prosperity at risk.(1)the Adolescence is a unique moment in everyone's life. It marks the passage from infancy to maturity.[3] Adolescence is defined as a period of physiological and anatomical changes that lead to reproductive maturity in teenagers.[4] Many adolescents successfully navigate this transition, but others endure extreme stress and engage in risky behavior (e.g., sexual experimentation, exploration, and promiscuity).

In this study, I will discuss the misconceptions and truths about sexual knowledge that are prevalent among adolescents as a result of improperly acquired sexual information.This further facilitates the development of a remorse-inducing element, which results in the development of psychosomatic diseases and behavioural problems.Through this study, I found adolescents who lack sexual awareness and who hold numerous sexual myths. To identifying teenagers who require appropriate sexual education and treatment.

There is a demand for sexual education programmers who are dedicated to educating and training children and adolescents about sex and sexuality. This is the review's core argument. [11] Through this study, I will address sexual realities and myths among adolescents and how to treat their remorse utilising homoeopathic medicine. Remorse diagnosed adolescents will be examined using the Revised Moscher Guilt Inventory Scale (Modified).

1.1 NEED FOR THE STUDY:

- Recent research indicates that while teenagers learn sexual information during their adolescence stage in school and college from mass media, social groups, and friends, the gained knowledge is inaccurate and contains various myths. According to prior research, inadequate sexual awareness among adolescents results in mental and behavioural challenges such as guilt, mood swings, inability to concentrate in studies and behavioural changes, and may even result in inappropriate sexual practises.
- While this inappropriate sexual knowledge is not just the result of adolescents, teachers, friends, the mass media, and parents all have a role. Thus, this study aims to establish the efficacy of homoeopathic drugs and counselling in the treatment of remorse associated with incorrect sexual knowledge in adolescents.

1.2 SCOPE OF THE STUDY:

- Role of Homoeopathic medicines in managing Remorse arising out of Improper sexual knowledge can be understood
- To assess Role of sex education among school children.
- To assess theeffectiveness of counselling.
- Understanding the seriousness of improper sexual knowledge in adolescents
- Evaluating the sexual myths and facts and understanding the ways of tackling.

AIMS AND OBJECTIVES

2. AIMS AND OBJECTIVES

- To study the efficacy of homoeopathic management of remorse arising out of improper sexual knowledge among Adolescents.
- To know the sexual knowledge among the adolescents and awareness about the sexual facts and myths.
- To classify the study population based upon the level of sexual knowledge.

REVIEW OF LITERATURE

3.0 REVIEW OF LITERATURE

Sex education is to enhance and improve children's and adolescents' capacity to make informed, happy, healthy, and dignified Relationships, sexuality, and other choices that are beneficial to their mental and physical health. Sexual education does not encourage sexual engagement among children and teenagers.

"Exploring the cognitive, emotional, social, interpersonal, and physical dimensions of sexuality. Sexual education begins in early childhood and continues throughout youth and adulthood. For adolescents and young adults, it aims to promote and safeguard sexual development. It gradually prepares and empowers adolescents and young adults with the knowledge, abilities, and beneficial values necessary to comprehend and appreciate their sexuality, have safe and pleasurable relationships, and take responsibility for their own and other people's sexual health and well-being."

Sexual education is frequently defined as a comprehensive educational programme that strives to establish a solid foundation for long-term sexual well-being through the collection of data and insights, convictions and qualities about one's own personality, connections, and closeness. Sexual well-being is described as a condition of biological, moral, cognitive, and social prosperity linked with sexuality, as opposed to the absence of disease or illness, as defined by the World Health Organization.[5]

The facilities for juvenile and adult sexuality are depicted in Figure 1. The model depicts (in an altered structure) the four regions of the sexual response cycle - sexual yearning, sexual excitement, sexual capability, and sexual practices - that have been produced as a result of research on adult sexuality. These are areas of juvenile sexuality that are available to new research under current moral and administrative constraints that effectively divide juvenile and adult sexuality. [6]

Sexual response cycle represents the sexual desire, sexual arousal, sexual behaviouys and sexual function during the adolescence life. Sexual desire furtherly classified into self desired, others and sexual cognitions.

Sexual arousal from awareness and interpretation and response regarding to sexuality. Sexual behaviors like masturbation abstinence and sex with partner could alter. Sexual function like erection, pain free coition and orgsm can be achieved through sexual function.

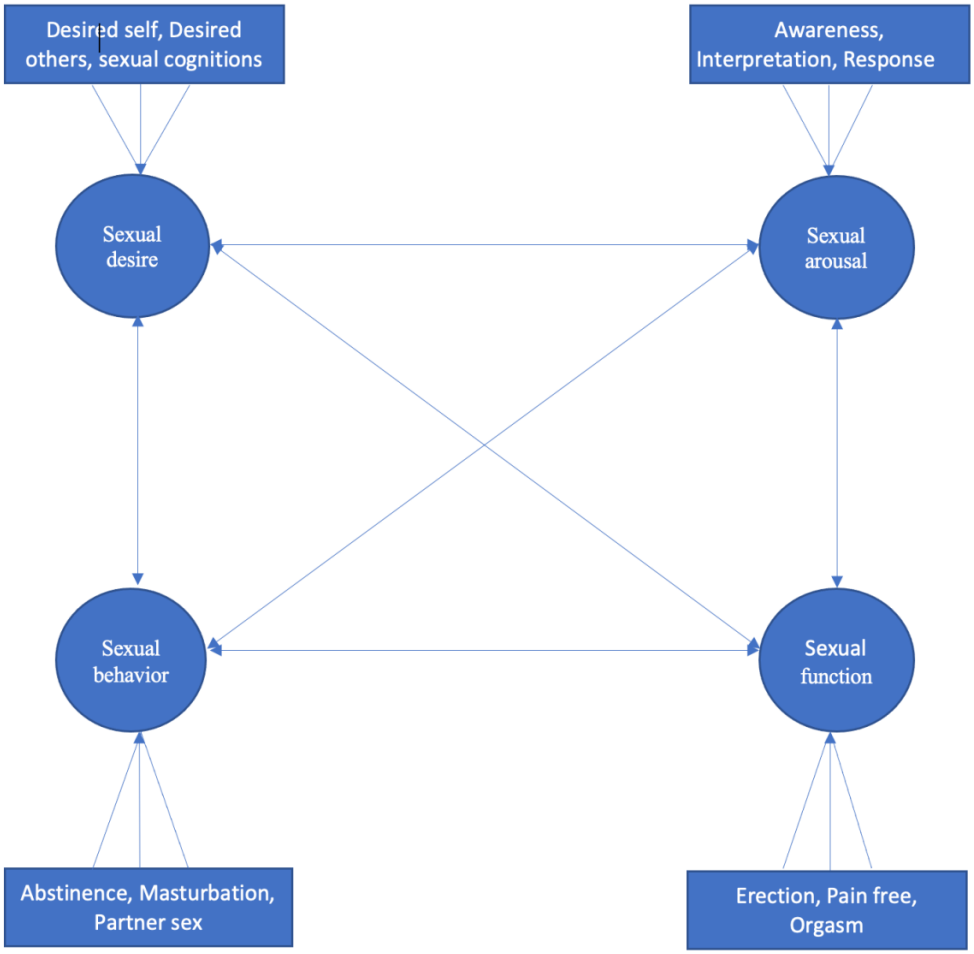

Figure 1. Sexual Response Cycle[6]

Sexual Desire:

Clinical attention to desire in relation to adult sexual dysfunctions suggests that it may be worthwhile to investigate the ontogeny of desire around menarche and early puberty. Desire for sex is a difficult concept to pin down for adults in any case. The "want to be desired" and the perception of being desired are complementary aspects of desire for others. Puberty-associated brain structure and function alterations fundamentally alter the system of brain areas involved in comprehending others via perceptions of their core mental states. [7,8]. Adult sexual arousal's hormonal, cognitive, interpersonal, and physiologic characteristics are most likely developed throughout puberty and early adolescence.[9]

Sexual cognitions:

During early puberty, cognitive signs of sexual desire emerge, including recognizableimpure fantasies and sexual desires. As 11 to 12-year-old (both males and girls), over 25% of young teenagers report "thinking a lot about sex.[10] According to fourth and fifth grade (aged 9-11 years) American adolescent men and adolescent women's responses, sixteen percent discussed self-important sexual matters.[11] In a study of Spanish adolescent men and adolescent women, approximately 6% of 9-10 aged old young men expressed sexual fantasies, increasing to 66% by many long-time old. While 15% of longer-term old revealed dreams, none were specified by long term old's, presuming reported desire for sex is a sign of sexual hunger, less than 2% of 9-10 aged old young males indicate an interest in sex, compared to 12% of long term old. For young ladies, this percentage is less than 2%. Additional evidence of sexual cognition among young teens comes from research focused on sexual restriction. Mentalities and behaviors associated with sexual abstinence and other sexual practices manifest themselves early in pre-adulthood. [12]

3.1. SEXUAL BEHAVIOUR:

Masturbation:

Masturbation is the second most frequent sexual behaviors among young adults.[13] Masturbation continues to be frowned upon and judged harshly, however contemporary medicine regards it as formatively normal and health non biased on with an off chance that it is not health enhancing. There is no evidence indicating the approximate ages and locations of the initiation of masturbation, nor the substantial distinctions in sexual preference announced among adults. While rates of 8.3 percent (9–10-year-old young men), 46.7 percent (11–12-year-old young men), and 87.3 % (13–14-year-old young men) are accounting for, no young females under the age of 13 disclosed masturbating, and the rate was just 19 percent among 13–14-year-old young females. Individuals should be considered normal by the ages of 13 and 15 years, respectively, according to review studies. Masturbation in excess of 90 days rises with age between young adult men: approximately 43% of long-time old study masturbation in excess of 90 days, compared to 67% of long-termold's. In comparison, the rate of 14 and 17-year-old females revealing masturbation in the preceding 90 days are relatively similar, at around 36% for both ages. Despite this,

the prevalence of masturbation continues to grow into young adulthood, with the highest prevalence among those aged 25-34. The magnitude of underreporting masturbation is not stated, but it may be large.[14,15]

The hormonal changes associated with masturbation and masturbation-induced climax in adults have confirmed increases in prolactin and FSH, but testosterone change is varied. Thus, components of mental health may help to elucidate the large inequalities in sexual orientation in masturbation rates that emerge during pre-adulthood and persist throughout the sexual life expectancy.[16]

AN EVOLVING ENVIRONMENT AND THE MEDIA'S ROLE:

Advocates argue that these moderate viewpoints are out mode in a rapidly modernizing culture like India, where a rapidly growing young adult population embraces rapidly evolving sexual mentalities. Broadcasting had a tremendously powerful; However, the impact on the Indian way of life has been mixed. Throughout the dominant media of tv, radio, and the internet, it has enabled understanding of the crucial require to address misled or unacquainted children. With an emphasis on illustrating that the mass of guardians is uninformed of the importance of providing sexuality education, with 88 percent of male and 58 percent of female pupils in Mumbai reporting receiving no sex guidance from their guardians. They were taught to rely on information obtained from textbooks, magazines, youth guidance, and sexual entertainment, all of which have gained in popularity during the last few years. Those who are exposed to physically suggestive material on television and the internet are pushed to begin premarital sexual, which includes a host of negative effects that they frequently consider themselves incapable of controlling. This is true for approximately one-fourth of India's teenagers who participate in premarital sexual debut.[17]

As per a recent survey, digital television is connected with a considerable lessen in the perceived worthiness of domestic abuse headed for women and an overall enhance in women's assertiveness, probably due to women's renewed importance in family decision-making. These considerations can be increased and enforced through FLE in schools, which involves clinical personnel, teachers, and companions, by addressing the perspectives toward imbalances that come from India's conventional view of orientation jobs. Reports from the United Nations Children's Fund, UNAIDS, and UNF all attest to the sufficiency of sexual education programs in

the U.S. and further parts of the world during the previous several years. India, too, can gain additional from wide usage of a corresponding programme, particularly in light of data demonstrating a high preparedness and affordability of youngsters, particularly females, in this country to receive proper training.[18]

3.2. SEXUALITY EDUCATION MYTHS AND FACTS:

The fact that good fine comprehensive sex education does not result in adolescents having sexual intercourse in development is probably due to the national average. It's been demonstrated in numerous research investigations conducted in various countries throughout the world. However, effective exceptional sexual training can result in a later sexual initiation and more responsible sexual activity. The fact that good fine comprehensive sex education does not result in adolescents having intercourse in development is probably due to the nationalized average. This has been demonstrated within numerous investigations conducted in various locations throughout the world. However, effective exceptional sexual training can result in a later on sexual initiation and more accountable sexual activity.[19] Sexual education does not take away an adolescent's "innocence." It is beneficial to provide teenagers with scientifically accurate, non-judgmental, age-appropriate, and extensive information concerning sexuality as part of a phased approach that begins with the start of formal schooling. Sexual education and a more receptive attitude toward sexuality do not facilitate pedophiles abuse of children. On the contrary, when children and adolescents learn about relationship respect and equality, they are better able to identify and expose abusive men, women, and scenarios. Without this, adolescents and young adults may seem so to be for and receive contradictory and sometimes dangerous impulses from peer group, the media, and some other source materials. Sexual is no longer detrimental to adolescents or teenagers. Sexual education includes a wide range of topics that are age and developmentally appropriate for the child. This is made reference to as appropriateness for age. For example, a 4-6-aged-old infant begins to learn about friendships, emotional responses, and uncommon body parts. These subjects are also beneficial for older schoolchildren, but at a more highly specialized level. Different topics are introduced gradually, including puberty, sexual maturity, family planning, and contraception. Sexual interaction built on parallel ideas to that knowledge gained in childhood for the majority of students. Children are alert and understand such relationships long

before they engage in sexual behaviors, and as a result, they willingness the ability to interpret their bodies, relationships, and emotions at an early age.[19,20] Sex education in schools does not take away children's "innocence." It is beneficial to provide teenagers with scientifically accurate, quasi, age-appropriate, and extensive information regarding sexual orientation as part of a phased approach that begins with the beginning of formal schooling. Sexuality education and a much more accepting attitude towards sexuality do not make it easier for pedophiles to abuse children. On the contrary, when children and adolescents learn about relational respect and equality, they are better able to identify and address abusive men, women, and circumstances. Without this, adolescents and young adults may appear to be for and get inconsistent and often damaging signals from peers, the media, and other sources. Sexual education has ceased to be harmful to children and teenagers. Sexual education encompasses a number of themes that are age and developmentally appropriate for the child. This is considered to as appropriateness for age. For example, a 4 - 6 aged infant understands about relationships, emotions, and uncommon body parts. These subjects are also beneficial for older teenagers and youngsters, though at a more focused level. Different themes are taught gradually, including puberty, sexual maturity, family planning, and contraception. Sexual relationships are formed on comparable concepts to those learned in childhood for the majority of students. Children are aware of and realize these relationships even earlier than they engage in sexual behaviors, and as a result, they demand the capability to comprehend their bodies, relationships, and emotions at an early age. [19]

3.3. SEXUAL EDUCATION IS REQUIRED FOR INDIAN ADOLESCENTS:

The psychological and socio-social effects of delivering this lesson may boost the likelihood of surviving. Primarily, its formation serves as an essential protective apparatus during immaturity (10-19 years), as that's the fortuitous period in which children undergo important changes in human physiology as they become adolescence. The perplexing eager state in which kids find themselves, the guilt connected with sexual problems in Indian culture, and the numerous orientation mismatches encountered make it incredibly hard for teenagers to access necessary knowledge. We can illustrate the role and functions of men and women toward one another in all familial and social situations connections through what is considered to as "daily life education" (FLE), therefore enriching the information necessary to

preserve sexual health as they traverse life's problems.[21] However, the frequent presence of guilt and disagreement impairs current young adult health plans, rendering them confusing and incapable of appropriately treating the core medical concerns that adolescents encounter.

The crucial necessity of providing appropriate sex education to this big segment is underscored by current statistics, which suggest that nearly one out of every fifth human being on earth is an adolescence.[22] They constituted 18% (1.2 billion) of the population of the world in 2009, with 88 % living in farming countries. India has the greatest number of young adults in the world. These instances demonstrate the crucial need of distinctively addressing the medical care requirements of this significant sector, principally in budding nations such as India. [23] Recent research indicates that kids are almost certain to evaluate and engage in detrimental behaviours that will have an influence on their quality of happiness and probability of survival over the course of their life, both short and long term. Followed that, addressing the needs of such a susceptible group and overcoming existing gaps in the dissemination of custom-made critical defensive actions will considerably benefit the upcoming Indian adult population's endurance and general wellbeing, as well as sexually and conceptually well-being.[24]

THE IMPORTANCE OF EXPLORING SEXUALITY EDUCATION ABOVE AND BEYOND CASUAL SEXUALITY SCHOOLING:

Various public and industrial advancements over the last few generations have increased the demand for sufficiently superior sexuality education that facilitates younger humans to communicate with adolescent sexuality in a secure and suitable manner. Globalization and the influx of new population businesses with diverse cultural and traditional background; the speedy increase of new media, predominantly the Internet, pornography, and smart phones; the emergence growing concern about STIs, abortion, infertility, and child and adolescent sexual abuse; and, finally, shifting attitudes toward sexuality and varying sex identities. In comparison to peer training and extracurricular activities, formally defined sexual education has a better chance of reaching the most of teenagers and younger individuals.[25] Adolescents rely heavily on friends, parents, neighbors, relatives, and a large number of laypeople for information about human relationships and sexuality. Even yet, informal sources are recurrently lacking, owing to the obscurity of the proficiency and abilities required

when discussing contraception, sexually transmitted infections, emotional growth, and communication. Many parents find it embarrassing to address sexual education with their children alone, and they favor schools carrying on this responsibility. Additionally, younger humans frequently seek information from multiple sources other than their parents, who are perceived to be too close. [26,27]

THE CURRENT CLINICAL SCENARIO

Adolescents in India have sexual and conceptual wellness requirements are now ignored and un-recognized in the Indian health care framework. This might be due to a need of information regarding logical proof, as well as the general lack of competence of the wellbeing environment. Medical professionals frequently fall short of information about the effects of their actions after providing data to the adolescent public that requests it. Regularly complete sexual narrative is not documented, and sexual wellness is rarely discussed openly in the public sphere due to societal and traditional expectations. Incorrect data may create misconceptions within the young, make them less expected to adopt sound sexual behaviours along with mentalities, thereby empowering them to maintain long-term sexual health.[28,29,30,31]

HOLISTIC PERSPECTIVE OF SEXUAL EDUCATION:

Additionally, the abilities that adolescents develop through sexual education are associated to more broad fundamental abilities, for e.g., communications, tuning in, individual direction, exchange, and recognizing and requesting assistance and counsel from guardians, parents, and experts through to the family, the neighbor-hood, and medical and government assistance services. These crucial necessary characteristics apply to many parts of life, not only sexual interactions. They are trained to recognize situations in which they are constricted by others, to refuse and control them, and to analyze long-held biases in daily life. [32]

A CULTURAL DIFFICULTY:

Public discussion of sexual matters is often frowned upon in Indian culture, posing an impediment to providing Indian kids with a comfortable and successful sexual education. Sex education at the basic level has met with widespread criticism and nervousness from all sectors of society, particularly parents, educators, and legislators, with implementation limited to six states: Mumbai, Gujarat, Chhattisgarh, Madhya-Pradesh, Rajasthan, and Karnataka. Officials assert that it debases children's

reputations and offends. Several opponents argue that sex instruction is inappropriate in a nation like India, with its plethora of social norms and culture. When tested, these ideas are at the heart of the conventional Indian mentality and must be brought closer with mental knowledge. Expertise from medical care professionals, as well as tolerance and time, will be required to affect what is almost certainly going to be a steady shift in present moderate attitude.[33]

ORIENTATION CONTROVERSIES:

The long-standing tradition of young women being married off early, this results in a spate of pregnancy-related difficulties, most frequently in rural locations and to considerably older males. Confusions linked with pregnancy and insecure fetal excision are a major cause of death amongst females aged 15-19, with 20% of this population having children well before age of 17, and pregnancies typically being highly segregated. Maternal deaths occur twice as frequently in young adult parents as it does in mother aged 25-39 years. Education about modern contraceptives, conception, and contraception has the potential to ameliorate the circumstance and educate young women to make informed decisions. [34] However, in remote regions, funding constraints, such as a lack of proficiency and enrolment in school, may act as hurdles to reaching the critical stage during which sexual education serves as a precautionary measure. For example, data from extensive family surveys stated that the rate of seeming relevance of FLE as among young in India was quite high (81%). However, because to large socioeconomic and segmental differences among the population, only 49% of females obtained FLE. Only primarily in developed non-married women (20-24 years) who lived in urban areas, had at least ten years of schooling, were employed in non-manual vocations, and came from stable homes had a higher prevalence of understanding the implications of and receiving FLE than others. [35]

3.4. GUILT AND SEXUALITY IN ADOLESCENTS:

Sex guilt is a secondary emotion that serves as a deterrent to sexual desire and enjoyment in some sexual settings. Adolescent are impaled on the horns of the traditional religious problem of original innocent and original sin because they are betwixt and between. Adolescents are innocent, uninformed of sexuality, and should not be sullied and contaminated by sexual material; but, as sexually mature

individuals, they are hungry and must be restrained or punished. The threat to sexual liberation is that unethical but moralistic intolerance creates a spiral of apathy in which most people, unsure of their foundation in a critical conscience, fail to stand out against intolerant and exploitation of homosexual people, including teenagers. At the heart of the debate between tolerance and hence moral disgust and repulsion toward sexual expression is the question of whether cruelty can ever be vindicated as moral retribution; while secret sexual acts between giving consent partners have not resulted in any harmful or wrongful setbacks to self or others, moralists claim to be outraged when they merely assume their occurrence. Disgust for others is not a real litmus test inside a critical morality. The individual's emotional feeling of disgust for others may reflect their sex-negative attitude and their own history of punitive sexual indoctrination. According to this view, neither violence nor intolerant is ever moral, but is always bad.[36]

Due to the lack of a consistent relationship between discipline practices and children's guilt, numerous scholars have begun to examine the relationship between parenting methods and the emergence of guilt in relation to parent disposition, affective style, emotional difficulties, family cultural values, and child temperament. The first findings in this chapter establish a paradigm for understanding guilt beginnings in parent-child relationship and expand the investigation to a clinical sample of children and adolescents. This chapter covers the theory and empirical evidence tying guilt to normal and anomalous child development and hypothesizes how remorse may be associated with childhood aggression and depression/anxiety as an outcome of child rearing strategies and parent-child interactions. The preponderance of findings on guilt and psychopathology, on the other hand, previously been investigated on parental grief, not child misbehavior. Thus, the impact of child psychosis on the maladaptive characteristics of guilt and guilt emotions in parent-child relationships is unknown at the moment. Additionally, this chapter analyses preliminary data from a study of clinically disturbed teenagers indicating that child psychosis, parental age, child age, religious, and culture all have an effect on how parents and children use guilt in parent-child relations. [37]

GUILT AND MENTAL HEALTH:

Guilt is also a central theme in psychological approach of mental illness. Guilt has been linked to a variety of internalizing diseases, most commonly depression. When guilt persists for an extended period of time, it becomes inextricably tied to the forms of mental illness. Perhaps the most significant result of this investigation is the critical nature of constructive and successful guilt alleviation. Lewis thinks that the process of provocation or sublimation may be beneficial for an individual who is suffering from persistent guilt. Even if the other party is deceased, the guilty party may give indirect atonement by making a charitable contribution in the deceased's memory or honor or by extending social or financial care to the deceased person's relatives. Individuals may be compelled to seek redemption for misdeeds done long ago. Likewise, if guilt feelings persist years ago, this may serve as an additional incentive for individuals to attempt to resolve them. [38]

Sex education is the act of informing a group of young people about the structure and functions of the human reproductive system, and the changes that happen from childhood to adulthood. Sexual education is the study of the human sexuality. It teaches students about the biological, mental, emotional, social, economic, and psychological aspects of human relationships as influenced by sex. In other words, sexual education is educating youngsters so they can make knowledgeable sexual choices throughout their lives. According to the British Medical Group Foundation for AIDS, sex education aims to improve relationships and social behavior for life. It should be age-appropriate and accessible in both formal and informal contexts. Adolescents' traits incline them to high-risk sexual practices, hence behavioral treatments are required. This study attempts to do so.[39]

3.5. HOMOEOPATHIC APPROACH ON GUILT

Hahnemann mentioned in organon of medicine about Corporeal attachment are did not arise as a result of educational deficiencies, ill practices, corrupt morals, mental neglect, superstition, or ignorance, but as a result of the manner of decision-making and treatment and general management of those case with counselling, advise and if the mental affection shows physical symptoms, then the medicine should be selected mentioned in aphorism 224.

In aphorism 225 explains about psycho – somatic diseases caused by emotional causes, like continued anxiety, vexation, worry, wrongs this may destroys the physical health, often to a great degree.[40]

Dr.FAROK J MASTER. Perceiving RUBRICS OF THE MIND

"Remorse – Painful memory of wrong doing, bitter regrets arising from the repentance of past misdeeds.

Cross Reference: Anger, mistakes, about his

- ◊ Anguish
- ◊ Anxiety, conscience of, as if guilty of a crime
- ◊ Delirium, blames himself for his folly
- ◊ Delusion, crime, committed a, he had Delusion, disgrace, she
- ◊ Delusion, neglected his duty, he has
- ◊ Delusion, reproaches, has neglected his duty and deserves
- ◊ Delusion, right, does nothing - Delusion, wrong, has done
- ◊ Discontented, himself with
- ◊ Repentance, quick
- ◊ Reproaches himself
- ◊ Thoughts, tormenting

Explanation: The person is in a state of turmoil because of guilty feelings arising in his conscience because of the bad things which he has done in the past.

Disease Condition: Depressive disorder Important Drugs : Ars., Aur., Bell., Calc., Coc., Coff., Cupr., Dig., Hyos., Ign., Med., Ph-ac., Puls., Sil., Verat., Zinc.

REPROACHES himself

Meaning: To blame oneself for something

Cross Reference: Anger, mistakes, about his"

"Anxiety, conscience, as if guilty of a crime

- ◊ Contemptuous, self, of
- ◊ Delusion, acussed, she is
- ◊ Delusion, blames himself for his folly. -Delusion, confusion, thinks others will observe her.
- ◊ Delusion, crime, committed, he had
- ◊ Delusion, criticized, she is - Delusion, despised, is
- ◊ Delusion, laughed at, mocked being.
- ◊ Delusion, insulted, he is
- ◊ Delusion, looked down upon, she is a
- ◊ Delusion, neglected his duty, he has Delusion, reproach, has neglected his duty and deserves
- ◊ Delusion, right, does nothing Delusion, watched, being
- ◊ Delusion, wrong, she has done
- ◊ Discontented, himself with
- ◊ Discouraged, reproaches himself
- ◊ Quarrelsomeness, herself, with"

Remorse

They lack self-confidence. These individuals have doubts about their own abilities, and when anything goes wrong at work or in a relationship, they self-condemn.

Disease Condition: Depressive disorder, Schizophrenia, Personality disorder

important Drugs: Acon., Ars., Aur., Dig., Hyos., Ign., M- arch., Nat-m., Op., Puls., Sars., Thuja.[41]

J.T. KENT. REPERTORY OF THE HOMOEOPATHIC MATERIA MEDICA

REMORSE: Alum., am-c., ars., aur., bell., carb-v., caust., cham., chel., cina, coc. Coff., con., cupr., cycl., dig., ferr., ferr-ar., graph., hyos., ign., lach., med., merc., nat-c., nat-m., nit-ac., nux-v., plat., puls., ruta, sabad., sel.,.sil.,stram., stront. sulph.,verat., zinc. afternoon: Am-c., carb-v."

- ◊ evening: Puls. night: Puls. repents quickly: Croc., olnd. trifles, about: Sil.
- ◊ waking, on: Puls. REPROACHIES, ailments after: Coloc., ign., Op., ph-ac., staph.
- ◊ himself: Acon., ars., aur., calc-p., cob., cycl., dig., hell., hura, hyos., ign., lyc., merc., nat-a., nat-m., op., ph-ac., puls., sarY., thuj. others: Acon., alum.,' Ars., aur., calc-p., caps., cham., Chin., ciC., gran., hyos., ign., lach., byc., merc., mez., nat-a., nat-m., nux-v., par., rhus-t., sep., staph., verat.
- ◊ 4 p.m.: Bor. [42]

The Essential Synthesis Edited by Dr.FredrikSchroyens

REMORSE

Meaning: Moral anguish and bitter regrets arising fromrepentance of past misdeeds

Cross Reference: Anger, mistakes, about his

- ◊ Anguish
- ◊ Anxiety, conscience of, as if guilty of a crime
- ◊ Delirium, blames himself for his folly

REMORSE (Anguish; Anxiety- conscience Reproaching oneself):

achy agn alum alum-silam-c ana cananarg-n Ars ars-s-f Auraur-ar Bell bros-gaucact Calc calc-p carb-an carb-v carccaust cham Chel chin-b cinaCoccCoff con croc Cupr cur Cycl Dig ferrferr-ar graph Hell hep HyosIgn kali-br kali-n kalmLachlil-t lyss Med Merc nat-c nat-m nat-s nit-ac nux-v olnd Ph-ac phos plat psorPuls rheum rutasabad sec sel Sep Sil staph Stramstront-c SulphVeratvincZinc

- ◊ afternoon: am-c carb
- ◊ evening: Puls"
- ◊ "ailments from (See Ailments - remorse) alternating with: irritability (SeeIrritability - alternating - remorse)
- ◊ lasciviousness (See Lascivious alternating - remorse)
- ◊ quarreling (See Quarrelsome - alternating remorse) rage (See Rage -

alternating- remorse)

- ◊ anger; after (Rage -followed - repentance; Sadness - anger- afler): kali-n
- ◊ indiscretion, ove past (Anger -past; Dwells - past: Grief -past):
- ◊ menses, after (Menses- afler): lgn
- ◊ quickly, repents (Anger- Irritability - alternating-remorse; Rage - followed-repentance): arg-n bro,croclyssolnd
- ◊ alternating with | anger (See Anger- alternating-repentance) trifles, about (Trifles; Trifles- important): Sil
- ◊ waking, on: puls

REPROACHES - himself

Meaning: To blame oneself for something

Cross Reference: Anger, mistakes, about his

- ◊ Anxiety, conscience, as if guilty of a crime
- ◊ Contemptuous, self, of
- ◊ Delusion, acussed, she is
- ◊ Delusion, blames himself for his folly.
- ◊ Delusion, confusion, thinks others will observe. [43]

Boger Boenninghausen's Characteristics &REPERTORY with Corrected abbreviations, Word index & thumb index – C.M. Boger

Remorse, condemned feeling. etc.:Alu. am-c., ARS., Aur., bell., cact.,calc-P. carb-a., carb-v., caus., cham.,chel., cina., Cocl., cof., con., cyc., dig., fer. grap.. Hyo., ign., kali-bro., lach., med..merc., excessive) nat-C., nat-m., nit-ac..nux-v., pho., pho-ac., pul., rhe. rut.,saba., sec-c., sele., sil., Stra., stro.. Sul.,Ver-a., zin.

- ◊ Repenting, bad conscience, etc. : Clem.. croc., cup., (hyo.), old. [44]

HOMEOPATHIC MEDICAL REPERTORY A Modern Alphabetical and Practical Repertory

REMORSE, feelings, regret, (see Guilt)- achy..agath-a., agn., alum., alum-sil., am-C., ANAC, androc., ars., ars-s-f, AUR, aur-ar, aur-m-1.,bell, cact., calc., calc-p., carb-an., carb-v., CARC., caust., cham., chel., chin-b., cina, clem. COCC, COFF, con., croc., cupr., cycl., dig., ferr., ferr-ar., graph., hyos, ign., kali-br., kalm., lach., med, merc., NAT-AR., nat-C., NATEM., nit-ac., nux-v., olnd.ph-aC., phos., plat., psor.,puls., rheum, ruta, sabad., sec., sel., sil., spira., Spirae., STAPH., stram., stront-C., sulph.,

peral., zmc. afternoon - am-c., carb-v.

- ◊ apologies, makes earnest - anac., Iyss. evening -puls.
- ◊ indiscretion, over past spirae. masturbation, after - staph. menses, after ign. night puls. repents, quickly - adam., anac., arg-n., chin-b., croc., lyss., olnd., sulph., symph., tub. trifles, about - sil. tuberculosis, in - NAT-AR. waking, on - puls.

REPROACHES, general

- ◊ Ailments, from, (see Abused, Humiliation)

agar., AMBR., anac., bell., cadm-s., calc-sil., carc., cham., cina, coloc., croc., dys-co., gels., ign., LYC., med., mosch., NAT-M., nit-ac., nux-v., OP., ph-ac., plat., sac-alb., STAPH,stram., tarent."

- ◊ "himself-acon., ambr., ANAC., ars., AUR., aur- ar., aur-m-n., aur-s., calc-p., cob., con., cupr., cycl., dig., gink., hell., hura, hydrog., hyos., IGN., kali-br., lach., lyc,,m-arcl., med., merc., myric., nat-ar,, nat-m., op., ph-ac., plb., puls., sarr., sil.,STAPH.,stram., sulph., thuj., verat.
- ◊ Jaughing at reproaches graph morning- hydrog others acon., alum., ambr,, ANAC., ARS., aur., aur-ar., bell., bor,, calc,, Calc-p,, caps., carc., cham.,caust., CHIN.,cic., gels., gink-b, gran., hist., hyos., ign., LACH, lyc., med. MERC., mez., nat-ar,, nat-m., NUX-V, par,petr., rhus-t, sep., staph., sulph., VERAT. afternoon, 4 p.m. - bor.

  imaginary insult, for - aur-ar,
- ◊ morning -ph-ac. [45]

Repertory of Striking Rubrics of Mind in Homoeopathy by Dr. H.L. Chitkara,

REMORSE

- ◊ complaints from-arn.
- ◊ indiscretions, over past-spirae.
- ◊ menses, after- chem ign.
- ◊ quickly, repents- croc., olnd., sulph. bgeale ton
- ◊ trifles, about - sil. Bry
- ◊ waking, on puls.[46]

DECODING MENTAL RUBRICS by Dr.Gaurand Gaikwad

MIND; REMORSE

Remorse is the feeling of deep regret or guilt for a wrong committed.

Rubric:

- ◊ MIND; REMORSE, repentance; quick; apologies, making earnest
- ◊ MIND; VIOLENCE, vehemence; rage leading to deeds of, agg -Lysinnum

cross-reference in Kent's repertory:

- ◊ MIND; delirium blames himself for his folly

MIND; REPROACHES

To accuse or criticize in a manner that expresses disapproval or disappointment; to condemn or reprimand (an offence); to blame.

- ◊ MIND; REPROACHES, others, pain during, MIND; BESIDE oneself, being; pain, by little MIND; ABUSIVE, insultingNux vomica was the only treatment that surfaced during repertorization, and it assisted him in overcoming the intense toothache.Carcinosin has the uncommon temperament of never blaming anyone and keeping everything to himself."
- ◊ MIND; REPROACHES, aversion to The Arsenicum album is in a phase where he seeks more than he requires, consumes more than he requires, and is unable to relax until everything is in its proper position. There is perpetual concern and stress that all has been lost, and they frequently blame themselves for not accomplishing enough.
- ◊ MIND: REPROACHES, himself, as he had not accomplished enoughAurum,ars is an intriguing medicine with the odd symptom of blaming others for imagined insults.
- ◊ MIND; REPROACHES, others, imaginary insults for. [47]

STAPHYSAGRIA THE WOUNDED HERO BY DR. BIPIN S. JAIN

Adolescence

The delicate sensitive individual is romantic and is heartbroken when his emotions are not reciprocated. He takes time to recover from his disappointment and is unable to readily forget the incident.Another significant trait observed is an obsession with sexual thoughts. There is a proclivity for masturbating, and occasionally even excessive masturbation, which results in complaints. Certain patients appear to have gay tendencies.He is extremely self-conscious about his looks and how people see him. As a result, he is well groomed, polite, and takes care of their appearance to avoid ridicule. There is a strong aversion to teasing. He is unable to brush aside any remarks or teasing from friends, which is a common occurrence in this age range. He is extremely sensitive to even the smallest offence. According to M.L. Tyler, "the smallest action or phrase distresses or irritates his feelings. “Simultaneously, when he is driven, he will strive to succeed in order to define oneself and also to garner praise, which will bolster his ego. Because they are clever, sensitive, and diligent, they also do well when given duties. His sensitivity is also evident in his manifestations, which include a passion for music, painting, and extracurricular activities like as athletics and reading.Inability to express oneself and fear of doing so results in suppression, which further results in passive violence. There is a pathological sensitivity to criticizes, insults, and criticism that results in anger suppression. This suppressed rage may be channeled into intellectual or athletic success. However, if the stress persists, the hostility manifests as symptoms in the form of autonomic responses or a fully established clinical condition at either the mind or body level.[48]

MATERIALS AND METHODS

4. MATERIALS AND METHODS

STUDY SETTING:

- Around 360 children were screened under the school health programme of Sarada Krishna Homoeopathic Medical College, Kulasekharam, O.P.D, I.P.D, and R.H.C. And willing patients were considered for the study.
- A sample of 33 cases diagnosed with remorse due to insufficient sexual knowledge was chosen for the study. After screening with the Revised Moscher guilt inventory scale (modified) questionnaire.

SELECTION OF SAMPLE:

- Purposive sampling was used in this study.
- 33 cases that met the inclusion criteria after screening, i.e. 360 children using the RMGI (modified) questionnaire, were chosen as samples.

INCLUSION CRITERIA:

- Patients of age group between 13-18 years of age with guilt arising from inadequate sexual knowledge. Identified using RMGI (modified) questionnaire are included in study.
- Children of both sexes.

EXCLUSION CRITERIA

- Patients below age group of 13 years and above18 years of age are excluded.
- Unwilling Patientsand parents.

STUDY DESIGN:

- It is a clinical study design with 33 cases as study sample selected out of improper sexual knowledge using RMGI modified questionnaire as screening tool from SHP, OPD, OPD, and RHC of SKHMC standardised case record.
- It is a clinical study design with 33 cases as study sample selected out of improper sexual knowledge using RMGI modified questionnaire as screening tool from SHP, OPD, OPD, and RHC of SKHMC standardised case record;

Evaluated according to homoeopathic principles, repertorization and prescription after consulting Materia Medica;

- Finally, results were assessed using pre and post-test RMGI (modified) questionnaires that were used to display the study.
- Case details will be based on the ideal homoeopathic cure, followed by case analysis and prescription using the Organon, Materia Medica, and repertory.
- Result was assessed after analysing the study parameter with research studies.

INTERVENTION:

- Individualized homoeopathic constitutional medicine was prescribed for each patient following proper case taking utilising the SKHMC standardised case recording system and appropriate reference to homoeopathic principles, in addition to counselling.
- The potency was chosen based on the patient's susceptibility.
- Follow-up was done at predetermined times and intervals.

DURATION OF STUDY:

- Period of study ranging from January 2021 to March 2022

SELECTION OF TOOLS:

- Samples were collected using RMGI (modified) questionnaire.[49]
- Pre-structured SKHMC caseformat.

BRIEF OF PROCEDURES:

- This is a clinical research study with a sample size of 33 children chosen after screening 360 children from Govt. Higher Secondary School, Vallankumaravilai, and St Marys Higher Secondary School. Kaliyal, St Mary's Central School, and Ursula's Girls Higher Secondary School, Kulasekharam. During the screening phase, 1407 adolescents received sexual education; the RMGI (modified) questionnaire was employed as a screening instrument.
- All of the children evaluated were diagnosed with remorse due to insufficient sexual knowledge. They were advised to seek further treatment and counselling at SKHMC Hospital.

- Each case was then thoroughly examined using the SKHMC case format, and an individual homoeopathic medicine was recommended for each of them utilising homoeopathic principles in conjunction with counselling.
- Regular follow-up was done.
- Each case was assessed using a modified RMGI questionnaire as a pre- and post-test, which was then used for statistical analysis and the formulation of the complete report.
- Selection and repetition of potencies were carried out in accordance with Homoeopathic principles.
- Observation and the post-RMGI (modified) questionnaire are used to diagnose screening and improvement patterns.

OUTCOME ASSESSMENT:

- To examine the outcome, the Revised Moscher Guilt Inventory Questionnaire (Modified) was employed as a pre- and post-test.
- Each patient was provided a homoeopathic constitutional medicine based on the homoeopathic principle.
- The paired t test has been applied to compare the pre- and post-questionnaires.

DATA COLLECTION:

- 33 cases were identified as having remorse from inappropriate sexual knowledge following screening with the RMGI (modified) questionnaire at the SHP, OPD, IPD, and RHC of SKHMC.
- Cases were taken in accordance with homoeopathic principles.

OBSERVATION AND RESULTS

5. OBSERVATION AND RESULTS

TABLE 1: AGE DISTRIBUTION - PRE TEST

Age	Frequency	Percent
13	1	0.3
14	25	6.9
15	102	28.3
16	100	27.8
17	116	32.2
18	16	4.4
Total	360	100.0

The majority (32.2 %) of the cases included for the pre-test were 17 years old, 28.3 % were 15 years old, 27.8 % were 16 years old, and the remaining 11.6 % were 18 years, 14 years, and 13 years old combined.

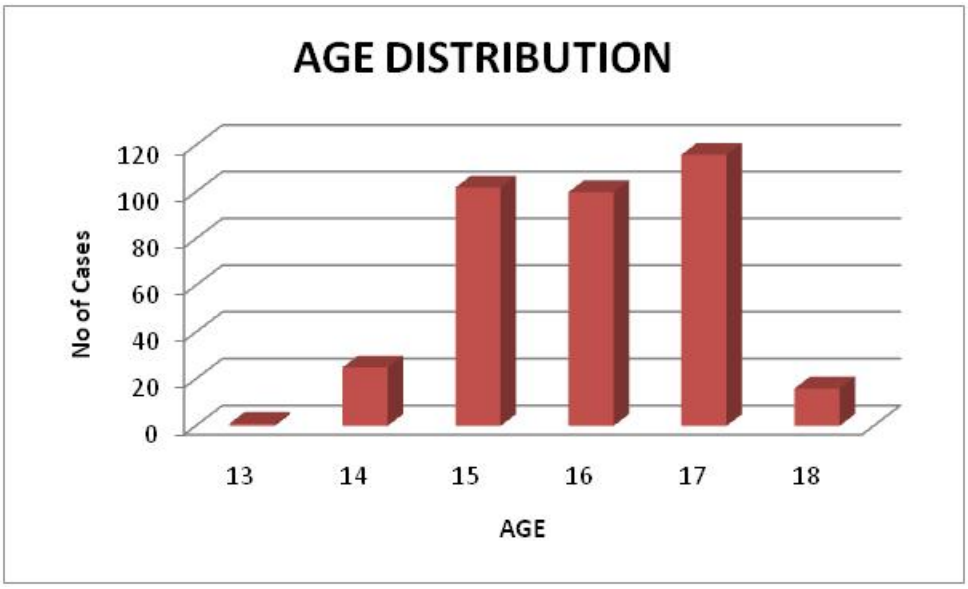

FIGURE 2: AGE DISTRIBUTION - PRE TEST

TABLE 2: GENDER DISTRIBUTION – PRETEST

Gender	Frequency	Percent
Male	120	33.3
Female	240	66.7
Total	360	100.0

The total study population were comprising of 33.3 % of males and 66.7 % of females in the pretest.

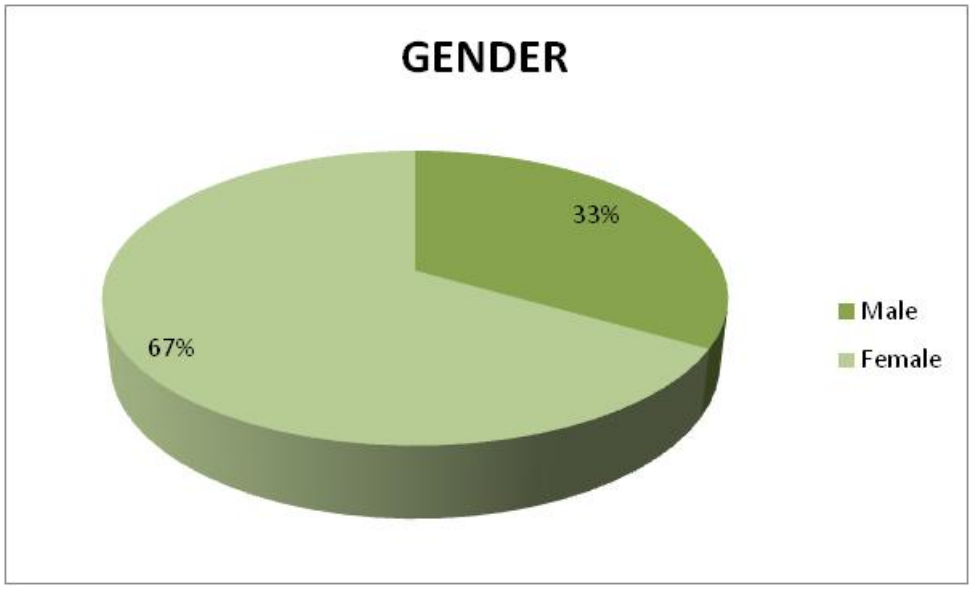

FIGURE 3: GENDER DISTRIBUTION – PRETEST

TABLE 3: TYPE OF SCHOOL DISTRIBUTION – PRE TEST

School	Frequency	Percent
Government	50	13.9
Private	310	86.1
Total	360	100.0

The total number of samples in the pretest comprises of 13.9 % belonging to Government School and 86.1 % belonging to Private Schools.

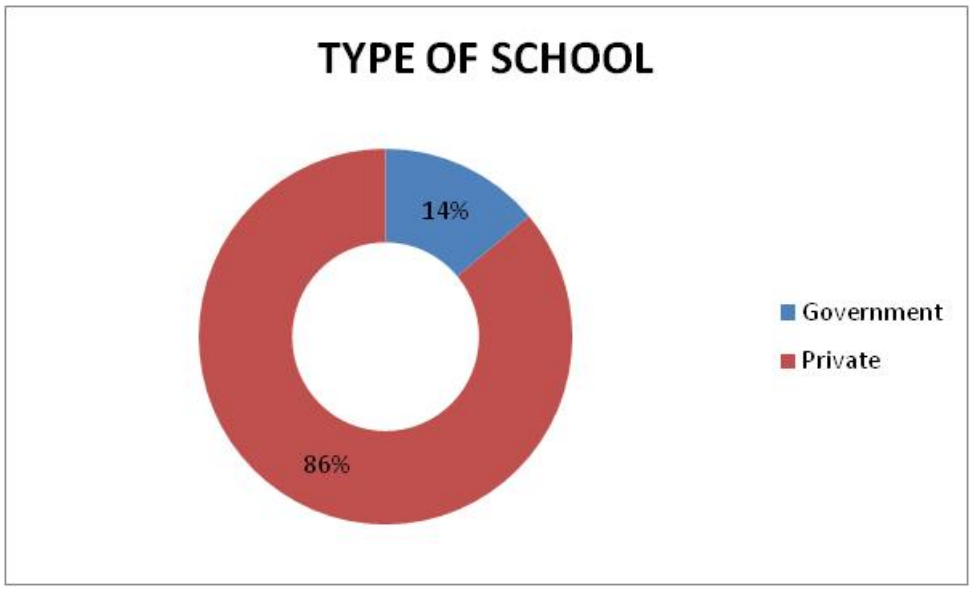

FIGURE 4: TYPE OF SCHOOL DISTRIBUTION - PRE TEST

TABLE 4: VARIETY OF SCHOOL DISTRIBUTION – PRE TEST

Variety Of School	Frequency	Percent
Boy's	1	.3
Girl's	87	24.2
Co-Education	272	75.6
Total	360	100.0

The total number of respondents in the pretest were 75.6 %from co-education, 24.2 % from girl's school and 0.3 % from boy's school.

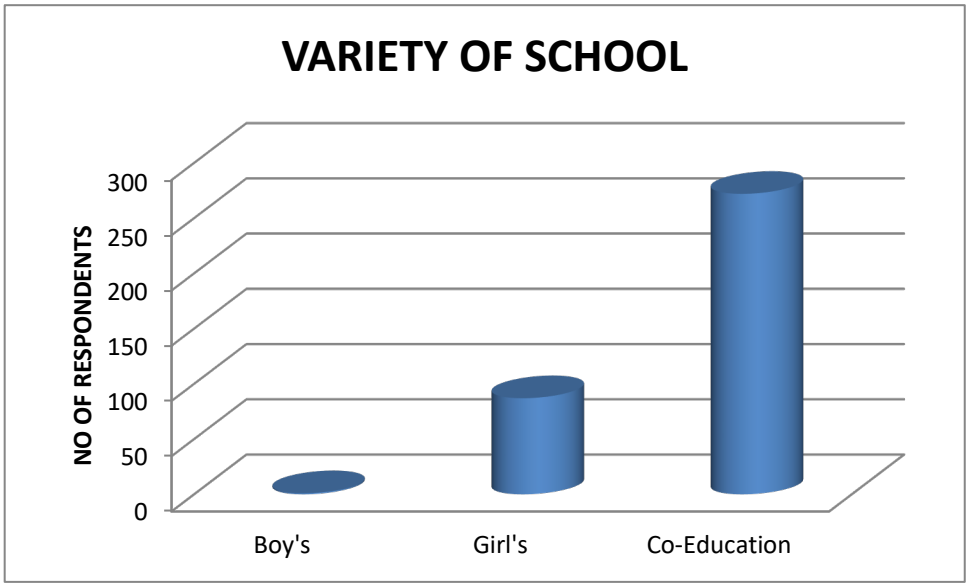

FIGURE 5: VARIETY OF SCHOOL DISTRIBUTION - PRE TEST:

TABLE 5: AGE DISTRIBUTION – POST TEST

Age	Frequency	Percent
14	3	9.0
15	6	18.2
16	10	30.3
17	10	30.3
18	4	12.2
Total	33	100.0

Among the total cases considered for the post test, majority (30.3 %) were belonging to 16 and 17 years, 18.2 % were belonging to 15 years, 12.2 % were of 18 years, 9% were belonging to 14 years.

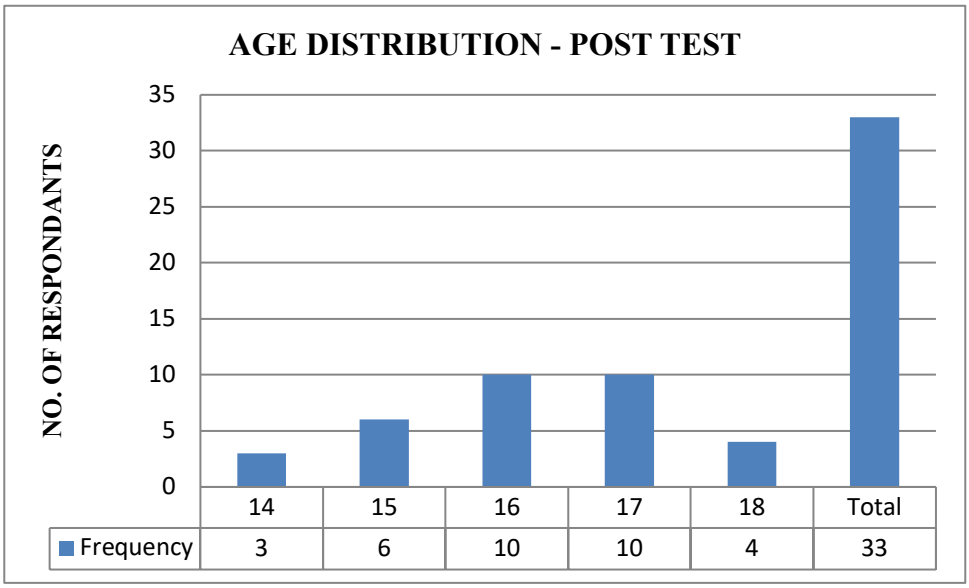

FIGURE 6: AGE DISTRIBUTION – POST TEST

TABLE 6: GENDER DISTRIBUTION – POST TEST

Gender	Frequency	Percent
Male	13	39.4
Female	20	60.6
Total	33	100.0

The total study population were comprising of 39.4 % of males and 60.6 % of Females in the post test.

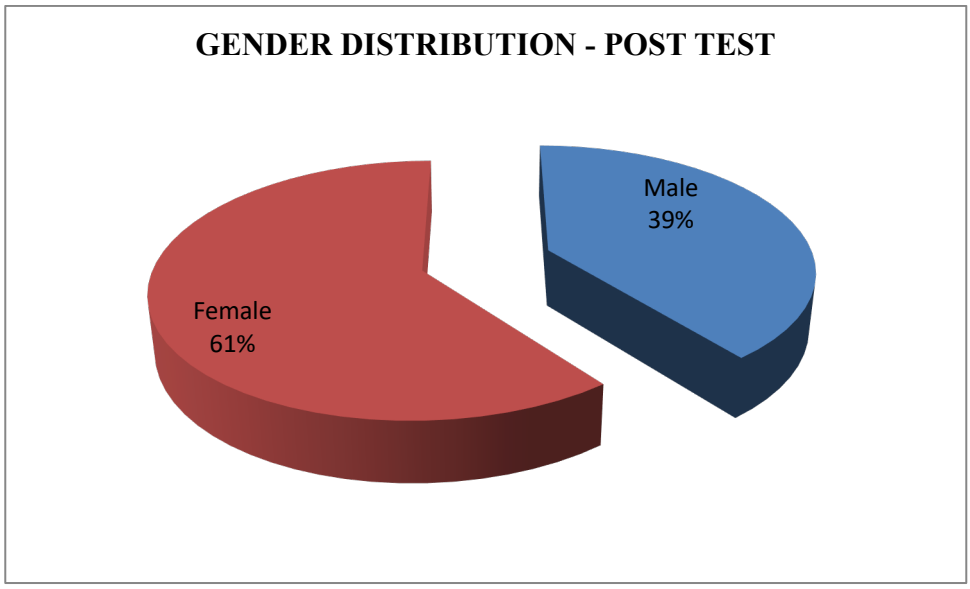

FIGURE 7: GENDER DISTRIBUTION – POST TEST

TABLE 7: TYPE OF SCHOOL DISTRIBUTION – POST TEST

School	Frequency	Percent
Government	17	51.5
Private	16	48.5
Total	33	100.0

The total sample size for the post test is 51.5 % from Government Schools and 48.5 % from Private Schools.

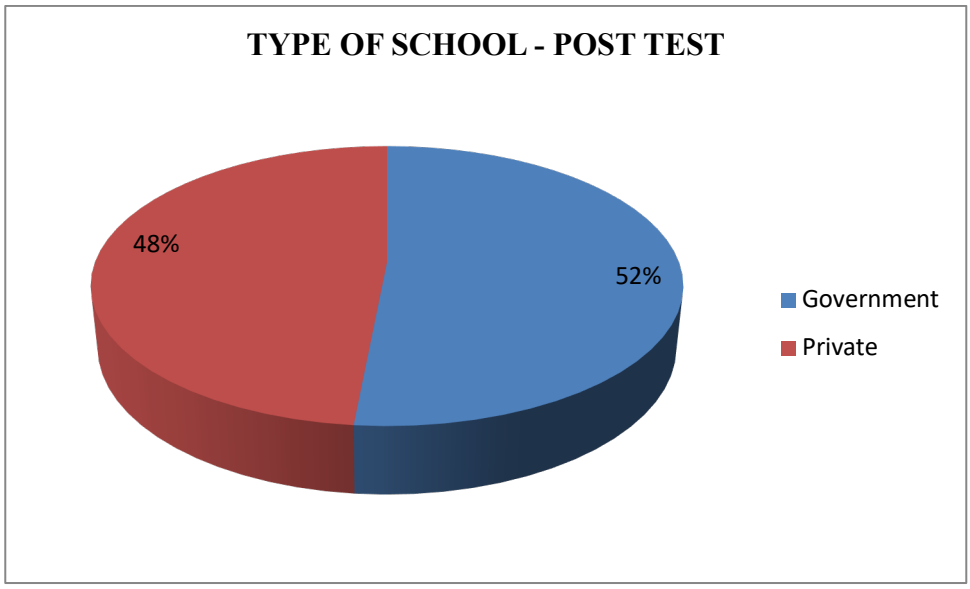

FIGURE 8: TYPE OF SCHOOL DISTRIBUTION – POST TEST

TABLE 8: VARIETY OF SCHOOL – POST TEST

Variety Of School	Frequency	Percent
Boy's	1	3.3
Girl's	1	3.3
Co-Education	31	93.4
Total	33	100.0

The total number of respondents in the post test were 93.4 % from co-education, 3 % from girl's school and from boy's school each.

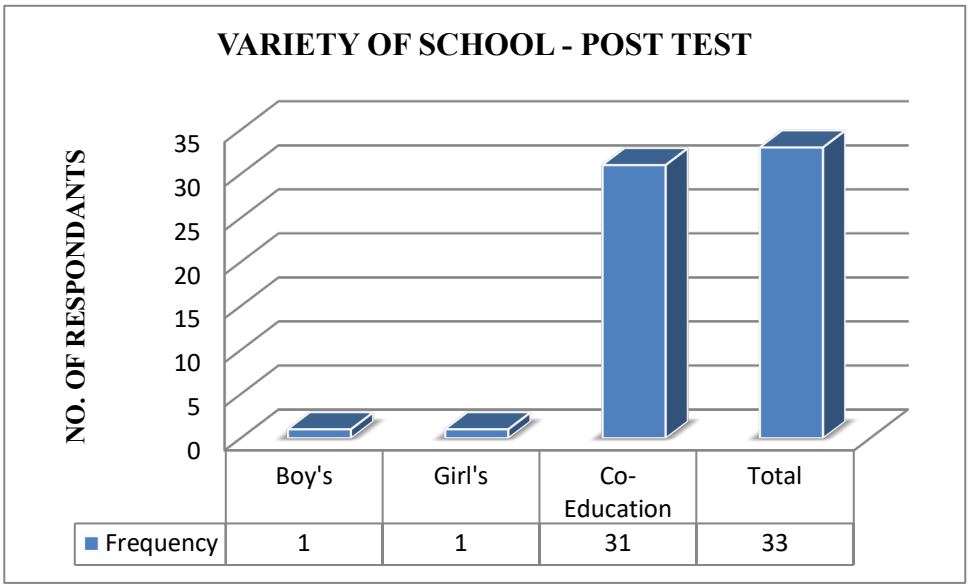

FIGURE 9: VARIETY OF SCHOOL – POST TEST

TABLE 9: OVERALL SCORE – COMPARISON OF PRE-TEST Vs POST - TEST

Score	Pre Test		Post Test	
	Frequency	Percentage	Frequency	Percentage
Strongly Disagree	-	-	-	-
Disagree	2	6.0	30	90.9
Neutral	9	27.3	3	9.1
Agree	17	51.5	-	-
Strongly Agree	5	15.2	-	-
Total	33	100.0	33	100.0

During the pre- and post-test, respondents were asked to complete 25 questions pertaining to the current research, and it was discovered that 51.5 % agreed with all of the study's parameters, 27.3 % were indifferent, and 15.2 % strongly agreed with all of the study's criteria. It is stated that 6% disagreed and none severely disagreed with all of the study's parameters.

During the post-test, 90.9 % disagreed with the study's criteria, while 9.1 % expressed a neutral opinion.

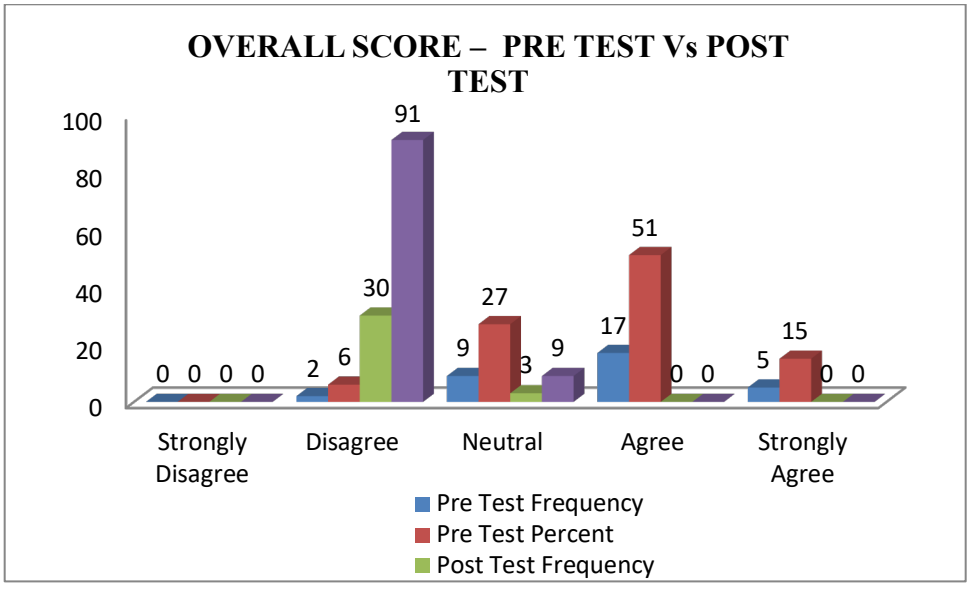

FIGURE 10 : OVERALL SCORE – COMPARISON OF PRE TEST Vs POST TEST

TABLE 10: PRE & POST REMORSE SCORE

S.No	OPNo.	Score	Score
1.	8192/14	60	42
2.	3213/21	93	44
3.	1682/12	86	45
4.	9205/10	78	50
5.	8548/17	87	49
6.	273/17	64	48
7.	3619/21	98	47
8.	3734/21	117	43
9.	4627/16	86	44
10.	1636/16	71	42
11.	1700/16	80	51
12.	1707286	81	46
13.	200904458	69	43
14.	7947/13	102	44
15.	4733/21	74	42
16.	5542/21	66	46
17.	6621/21	88	46
18.	8232/13	97	42
19.	6884/17	103	52
20.	5353/17	80	44
21.	6677/21	99	41
22.	210906556	93	41
23.	292/22	110	43
24.	5605/12	100	46
25.	5602/21	95	44
26.	5566/21	95	42
27.	5565/21	103	46
28.	6337/21	90	54
29.	6338/21	103	60

30.	6339/21	103	60
31.	5314/21	68	46
32.	5315/21	83	44
33.	5316/21	99	46

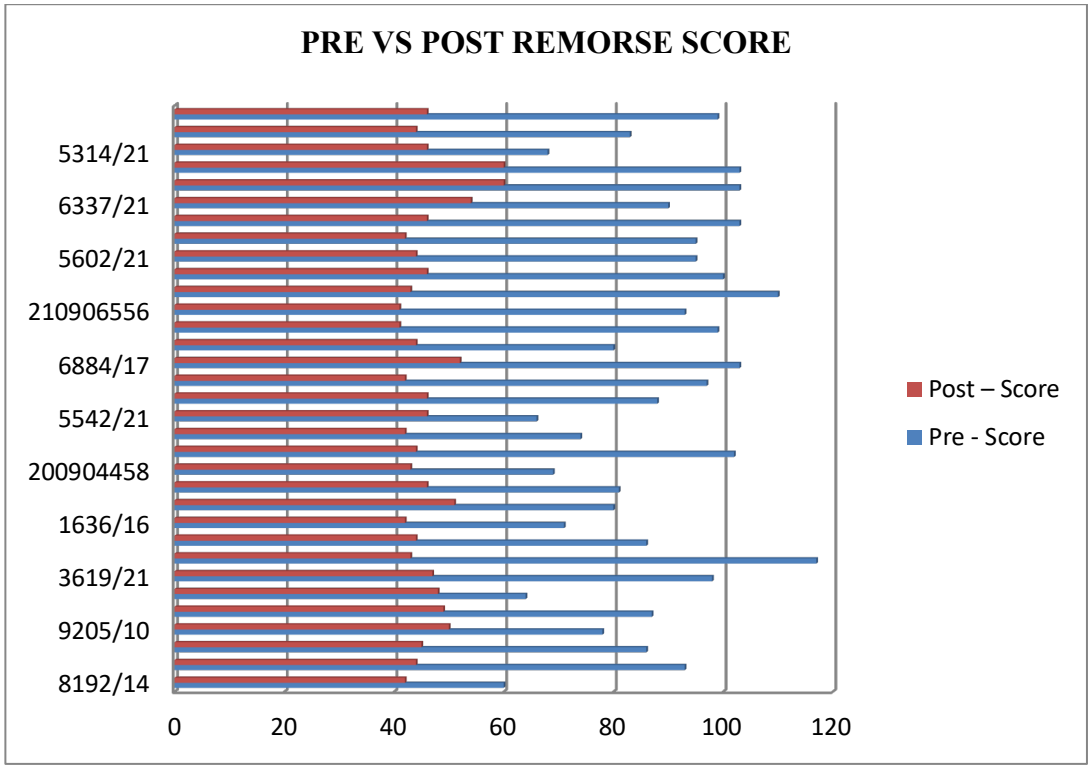

FIGURE 11: PRE VS POST REMORSE SCORE

TABLE 11: DISTRIBUTION OF CASES ACCORDING TO MEDICINE PRESCRIBED

S.No	Medicine	No.ofcases
1.	Staphysagria	7
2.	Nux vomica	6
3.	Pulsatilla	6
4.	Nat.mur	4
5.	Phosphorous	4
6.	Bryonia	2
7.	Sulphur	2
8.	Calcarea.carb	1
9.	Arsalb	1

Samples are distributed according to medicine prescribed with the majority of cases (22%) were prescribed with Staphysagria, 18% with Nux vomica and Pulsatilla, 12 percent with Nat.mur and Phosphorous, 6% with Bryonia and Sulphur, and 3% with Calcarea.carb and Ars.alb.

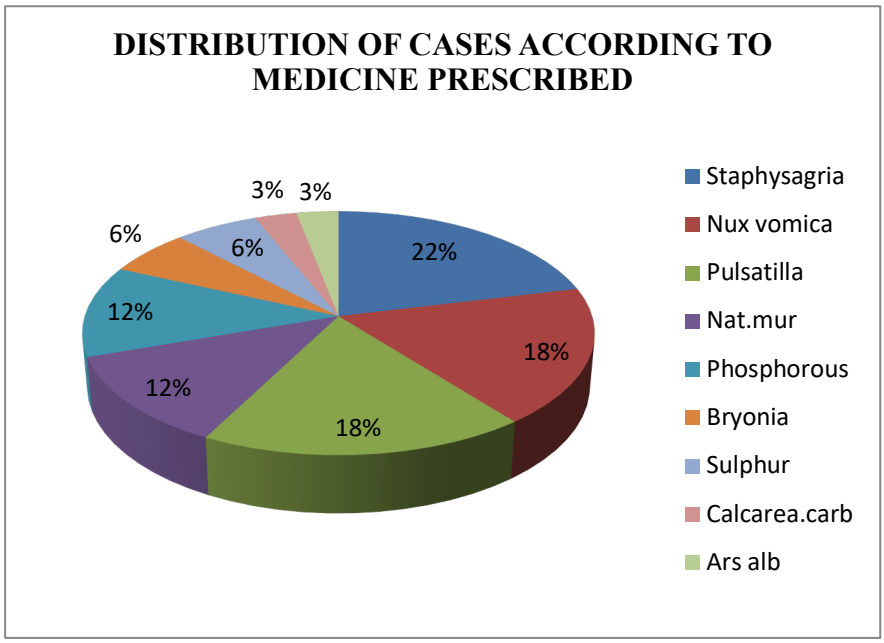

FIGURE 12: DISTRIBUTION OF CASES ACCORDING TO MEDICINE PRESCRIBED

5.1. STATISTICAL ANALYSIS

Null Hypothesis: (H_O):

There is no influence of the treatment and counseling to the respondents with regard to the remorse arising out of improper sexual knowledge among adolescent aged children.

Alternate Hypothesis (H_1):

There is influence of the treatment and counseling to the respondents with regard to the remorse arising out of improper sexual knowledge among adolescent aged children.

TABLE 12: PAIRED T TEST

Paired sample T-test, using T(df:33) distribution (two-tailed) Validation

Parameter	**Value**
P-value	1.241e-17
T	-17.0705
Sample size (n)	33
Average of differences ($\bar{x}_d$)	-42.3636
SD of differences (S_d)	14.2562
Normality p-value	0.6101
A priori power	0.7954
Post hoc power	1
Skewness	0.001911
Skewness Shape	 Potentially **Symmetrical** (p val=0.996)
Excess kurtosis	-0.4865
Kurtosis Shape	 Potentially **Mesokurtic**, normal like tails (p val=0.542)

TABLE 13: AVERAGES AND STANDARD DEVIATION BEFORE & AFTER GROUP

Group	$\bar{x}$ (AVERAGE)	S.D (STANDARD DEVIATION)
Before	88.515	14.287
After	46.152	4.77

The averages and standard deviation before and after group were 88.515 before average, 46.152 after average and 14.287 before standard deviation and 4.77 after standard deviation for the total samples considered for the study.

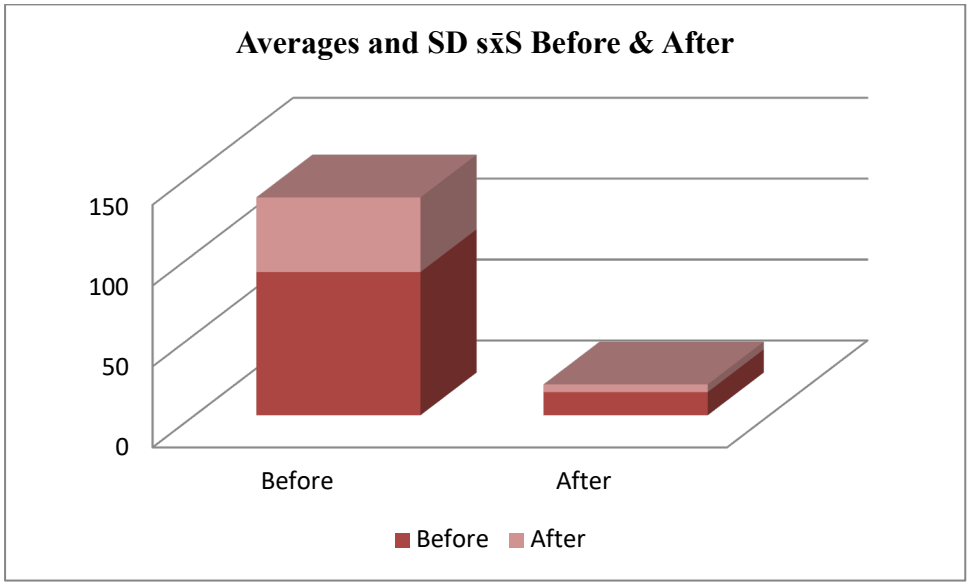

FIGURE: 13: AVERAGES AND STANDARD DEVIATION BEFORE & AFTER GROUP

1. H_O hypothesis

- Since the p-value < α , H_O is rejected.
- The **before** population's average is considered to be not equal to the **after** population average.
- In other words, the difference between the averages of **before** and **After** is enough to be statistically significant.

2. P-value

- The p-value equals 1.241e-17, (P(x≤-17.0705) = 6.204e-18). It means that the chance of type I error (rejecting a correct H_O) is small: 1.241e-17 (1.2e-15%).
- The smaller the p-value the more it supports H_1

3. Test statistic

- The test statistic T equals -17.0705, which is not in the 95% region of acceptance: 2.0369, 2.0369]. The 95% confidence interval of **After minus Before** is: [-47.4187,-37.3086]

4. Effect size

- The observed effect size d is **large 2.97**. This indicates that the magnitude of the difference between the average of the differences and the expected average ot the differences is large

Since P value < 0.05, null hypothesis is rejected.

Inference: There is influence of the treatment and counselling to the respondents with regard to the awareness of facts and myth on sexual knowledge among adolescent aged children.

DISCUSSION

6.0 DISCUSSION

A sample of 33 cases from 360 adolescent screening procedures who were diagnosed with remorse due to improper sexual knowledge were selected using the Revised Moscher Inventory Guilt questionnaire (RMGI Modified) while presenting to the SHP, OPD, IPD, and PHC of SKHMC, following a thorough clinical study and homoeopathic medicine as prescribed.

Public discussion of sexual matters is often frowned upon in Indian culture, limiting successful sexual education for Indian children. Sex education in primary schools has been extensively criticised and is being implemented with trepidation in only six states: Mumbai, Gujarat, Chhattisgarh, Madhya Pradesh, Rajasthan, and Karnataka. According to officials, it sullies children's reputations and offends. Numerous critics argue that sex education is inappropriate in India due to the country's different social norms and culture. These concepts form the bedrock of traditional Indian thought and must be consciously grasped. A sustained move away from the current moderate approach will almost certainly require medical skill, tolerance, and time.[33]

This study demonstrates unequivocally that increasing teenagers' understanding of sexual knowledge made them emotionally secure and open-minded, and kept them away from the facts about sexual knowledge in digital media and peer groups.

While some research indicate that urban students have more misconceptions and false beliefs about sexual knowledge during adolescence, this study indicates that the younger generation in rural areas also has several sexual knowledge errors and myths.

Currently, auxiliary school education programmes do not cover sex education. Many people are hesitate of freely discussing sexuality and sexual health. Generally, most nations, particularly Asians, keep sex and sexuality-related topics under wraps. Neither the adolescent nor the adolescent female has unrestricted access to sexual information. Sexuality and intimate relationships are typically avoided as taboo subjects. As a result of this conduct, young adults typically seek out information about sex-related concerns on their own, frequently from questionable sources.

Through This study many adolescents were cleared their doubts regarding sexual knowledge they had through friends and internet sources.

This study aims to educate adolescents about sexual realities and misconceptions and to help them manage their guilt through homoeopathy by utilising the Revised Moscher Guilt Inventory Scale (Modified) diagnostic instrument. During the screening procedure for this study, we delivered sexual education to 1407 school pupils in the Kanyakumari district. The content covered topics such as typical physical changes associated with puberty, emotional changes, and a means of self-understanding. Additionally, we gave scientific perspectives on sexuality and refuted various myths and misconceptions about sexual knowledge that they acquired through their peer group and the mass media.

The overall number of samples in the pretest is 13.9% from Government Schools and 86.1% from Private Schools, with the majority (32.2%) being 17 years old, 28.3% being 15 years old, 27.8% being 16 years old, and the rest being 17 years old. 11.6% were between the ages of 18 and 14, and 13% were between the ages of 14 and 13. In the posttest, the majority (30.3 percent) were between the ages of 16 and 17, 18.2% were between the ages of 15 and 17, 12.2% were between the ages of 18 and 19, and 9% were between the ages of 14 and 15. In the pretest, the overall study population was composed of 33.3% males and 66.7% females.

During the pretest and posttest, respondents were asked 25 questions on the current research, and it was discovered that 51.5% agreed with all of the study's criteria, 27.3% were indifferent, and 15.2% strongly agreed with all of the study's parameters. It is stated that 6% disagreed and none severely disagreed with all of the study's parameters. During the post-test, 90.9% of respondents disagreed with the study's criteria, while 9.1% expressed a neutral opinion.

Adolescents who got sexual education shown a high level of sexual understanding, which enables children to behave appropriately when offenders approach them. Thus, India requires sexual education to help children understand and protect themselves from offenders.

6.1. INFERENCE:

- This study demonstrates that constitutional homoeopathy has a significant effect on the sorrow associated with incorrect sexual knowledge and education.
- The Moscher guilty inventory questionnaire (modified) is used to assess remorse on a pre- and post-test basis (modified). After receiving the prescribed homoeopathic constitutional medicine, the score improvement status was determined.

6.2. IMPROVEMENT CRITERIA:

- Following treatment with medication and sexual education, 27 patients improved significantly on their post-screening exam, whereas 6 patients improved little.
- Thus, research demonstrates a significant improvement in the remorse associated with poor sexual knowledge when the indicated homoeopathic medicine is used in conjunction with sexual education and counselling for the patients

.6.3. DIAGNOSTIC LEVELS:

- A screening test using the revised Moscher guilt inventory questionnaire (modified) was used to make the diagnosis. Which has 25 questions and assigns a score of 1 to 5 for each based on the option strongly agree-5, agree-4, neutral-3, disagree-2, strongly disagree-1, and reverse in a few questions such as 15, 18, 20, and 23 and assigns a score of 1 to 5 for each based on the option strongly disagree-2 and reverse in few questions such as 15, 18, 20, and 23 and assigns a score of 1 to 5 for each based on their scoring level who scores more than 50% are diagnosed with remorse.
- Thus, it is evident that educating children diagnosed with remorse and counselling them with the administration of homoeopathic medicine has been found to be effective in reducing the remorse associated with improper sexual knowledge in adolescents who have remorse.

6.4. STASTICAL INFERENCE:

- There is a significant improvement in pre- and post-test scores for adolescents identified with remorse from incorrect sexual knowledge, rejecting the null hypothesis.
- Thus, homoeopathic drugs combined with sexual education result in a significant improvement in post-screening ratings.

6.5. LIMITATIONS

- 360 adolescents were screened; many were classified as having remorse for improper sexual knowledge, but only a few came for treatment due to other health difficulties; hence, the adolescents does not place a high premium on their emotional health, which is a limitation of the study.
- Even if this study alone is insufficient to educate youngsters about sexuality, the school and parents should take the initiative to raise awareness among children in their adolescent and teenage years.
- Due to COVID-19, all cases were treated cautiously, and educating the students was challenging during the beginning stages of this study due to the covid-19 protocol.
- Even today, parents are hesitant to discuss sexuality with their children, which results in youth acquiring irrelevant knowledge from peer groups and the mass media.
- Due to the lack of follow-ups, several of the very good predicted cases were excluded from this study.
- Many patient hesitate to visit SKHMC - OPD due to distance.

CONCLUSION

7. CONCLUSION

- In this study the common age group affected on screening of 360 students by a questionnaire RMGI (modified) majority patient belongs to 17 years of age.
- Among those 33 cases were selected from the sample of 360 students, the majority belonging to 16-17 years of age.
- On distribution by gender females are more exposed to be under the guilt scoring than the males.
- On screening 360 students private school students were lack in sexual knowledge and became a victim for remorse arising out of its ignorance.
- On screening a sample size of 33 students out of 360 students, government school students were more towards the remorse state.
- Common variety of schools involved in study is co- education.
- On pre and post scoring of RMGI (modified) marked improvement is seen in their remorse scoring, throughout the study sexual education is given along with the homoeopathic medicine.
- In this study, the majority of cases (22%) were prescribed with Staphysagria, 18% with Nux vomica and Pulsatilla, 12 percent with Nat.mur and Phosphorous, 6% with Bryonia and Sulphur, and 3% with Calcarea carb and Ars alb.
- This study reveals that providing Homoeopathic medicine in conjunction with sexual education plays a significant effect in alleviating the sorrow they felt as a result of their lack of sexual understanding.

SUMMARY

8. SUMMARY

After screening 360 children through the SHP, OPD, IPD, and RHC of SKHMC, a sample of 33 patients were identified to have remorse due to improper sexual knowledge. The Revised Moscher Guilt Inventory Questionnaire was used to identify the samples (modified). From this study I understood majority of students belongs to age group of 16- 17 years. On distribution of gender females are more affected than males. Samples that had been assessed by SHP were directed to the SKHMC Hospital, for the purpose of treatment and sexual education. Myths and facts regarding sexual knowledge and proper guidance to understand the sexuality were educated to students along with Homoeopathic medication. the majority of cases (22%) were prescribed with Staphysagria, 18% with Nux vomica and Pulsatilla, 12 percent with Nat. mur and Phosphorous, 6% with Bryonia and Sulphur, and 3% with Calcarea carb and Ars alb. Pre and post scoring assessed by a RMGI questionnaire, and values are assessed by Paired t test. There is significant improvement in RMGI remorse scoring, the calculated p vale equals 1.241e-17, ($P(x \leq -17.0705) = 6.204e-18$), thus null hypothesis rejected. Thus it is evident that homoeopathic medicine helps to bring out the patients out of their remorse and at end of study the knowledge of sexual myths and facts were educated to patients. As a result of this study, it is clear that Homeopathy, in conjunction with sexual education, has a significant role in reducing the level of remorse caused by wrong sexual knowledge.

RECOMMENDATIONS

9. RECOMMENDATIONS

- Increasing the sample size over time will result in more valuable and accurate data.
- Children's access to mass media should be limited to prevent them from acquiring unscientific understanding about sexuality from the media.
- Parents must also be made aware of the importance of educating their children about sexuality and drug usage.
- Primary school children should be educated on how to defend themselves from sexual abuse and other crimes.
- Collaboration with a competent psychologist would be preferable for counselling youngsters identified as having remorse.

BIBILIOGRAPHY

10. BIBLIOGRAPHY

1. Adegoke AA. Adolescents in Africa: Revealing the problems of teenagers in contemporary African society. Ibadan: Hadassah Publishing; 2003
2. Kirby D. School-based programmes to reduce sexual risk-taking behavious. Journal of School Health. 1999;62:559–563.
3. Remafedi G. Predictors of unprotected intercourse among gay and bisexual youth: Knowledge, beliefs and behaviour. Pediatrics. 1999;94:163–168.
4. Abogunrin AJ. Sexual behaviour, condom use and attitude towards HIV/AIDS among adolescents in Nigeria. An Unpublished Ph. D thesis, University of Ilorin, Nigeria. 2003.
5. Fortenberry JD. Puberty and adolescent sexuality. Hormones and behavior. 2013 Jul 1;64(2):280-7.
6. Georgiadis JR, Kringelbach ML. The human sexual response cycle: brain imaging evidence linking sex to other pleasures. Progress in neurobiology. 2012 Jul 1;98(1):49-81.
7. Romeo RD, Richardson HN, Sisk CL. Puberty and the maturation of the male brain and sexual behavior: recasting a behavioral potential. Neuroscience &Biobehavioral Reviews. 2002 May 1;26(3):381-91.
8. Larsson I, Svedin CG. Sexual experiences in childhood: young adults' recollections. Archives of sexual behavior. 2002 Jun;31(3):263-73.
9. Butler TH, Miller KS, Holtgrave DR, Forehand R, Long N. Stages of sexual readiness and six-month stage progression among African American pre-teens. Journal of sex research. 2006 Nov 1;43(4):378-86.
10. Llario G. Sexuality in children 9-14 years old. Psicothema. 2006 Feb 1;18(1):25-30.
11. Haldre K, Part K, Ketting E. Youth sexual health improvement in Estonia, 1990–2009: the role of sexuality education and youth-friendly services. The European Journal of Contraception & Reproductive Health Care. 2012 Oct 1;17(5):351-62.
12. Van Keulen HM, Hofstetter H, Peters LW, Meijer S, Schutte L, Van Empelen P. Effectiveness of the Long Live Love 4 program for 13-and 14-year-old secondary school students in the Netherlands: a quasiexperimental design.

13. Adolescent sexual abstinence: a test of an integrative theoretical framework. Buhi ER, Goodson P, Neilands TB, Blunt H, Health EducBehav. 2011 Feb; 38(1):63-79.
14. Sexual behaviors and condom use at last vaginal intercourse: a national sample of adolescents ages 14 to 17 years.Fortenberry JD, Schick V, Herbenick D, Sanders SA, Dodge B, Reece M, J Sex Med. 2010 Oct; 7 Suppl 5():305-14.
15. Halpern CJT, Udry JR, Suchindran C, Campbell B. Adolescent males' willingness to report masturbation. Journal of Sex Research. 2000;37(4):327–332.
16. A meta-analytic review of research on gender differences in sexuality, 1993-2007., Petersen JL, Hyde JS, Psychol Bull. 2010 Jan; 136(1):21-38.
17. Andrew G, Patel V, Ramakrishna J. Sex, studies or strife? What to integrate in adolescent health services. Reproductive Health Matters. 2003 May 1;11(21):120-9.
18. Dwyer RG, Thornhill JT. Recommendations for teaching sexual health: How to ask and what to do with the answers. Academic psychiatry: the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry. 2010;34(5):339-41.
19. Ketting E, Friele M, Michielsen K, European Expert Group on Sexuality Education. Evaluation of holistic sexuality education: A European expert group consensus agreement. The European Journal of Contraception & Reproductive Health Care. 2016 Jan 2;21(1):68-80.
20. Van Keulen HM, Hofstetter H, Peters LW, Meijer S, Schutte L, Van Empelen P. Effectiveness of the Long Live Love 4 program for 13-and 14-year-old secondary school students in the Netherlands: a quasiexperimental design.
21. Schalet A. Must we fear adolescent sexuality?. Medscape General Medicine. 2004;6(4).
22. Halpern CT. Integrating hormones and other biological factors into a developmental systems model of adolescent female sexuality. New directions for child and adolescent development. 2006;112:9-22.
23. Byers ES, Henderson J, Hobson KM. University students' definitions of sexual abstinence and having sex. Archives of Sexual Behavior. 2009 Oct;38(5):665-74.

24. Adolescent sexual abstinence: a test of an integrative theoretical framework. Buhi ER, Goodson P, Neilands TB, Blunt H, Health EducBehav. 2011 Feb; 38(1):63-79.
25. World Health Organization. Who Regional office for Europe and BZgA-Standards for Sexuality Education in Europe: A framework for policy makers, educational and health authorities and specialists. Cologne: Federal Centre for Health Education. 2010.
26. Dixon-Mueller R. International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators. Vol. I, Vol. II.
27. Tanton C, Jones KG, Macdowall W, Clifton S, Mitchell KR, Datta J, Lewis R, Field N, Sonnenberg P, Stevens A, Wellings K. Patterns and trends in sources of information about sex among young people in Britain: evidence from three National Surveys of Sexual Attitudes and Lifestyles. BMJ open. 2015 Mar 1;5(3):e007834.
28. Tripathi N, Sekher TV. Youth in India ready for sex education? Emerging evidence from national surveys. PLoS One. 2013 Aug 9;8(8):e71584.
29. Datta SS, Majumder N. Sex education in the school and college curricula: Need of the hour. J Clin Diagn Res. 2012:1362-4.
30. Kalkute JR, Chitnis UB, Mamulwar MS, Bhawalkar JS, Dhone AB, Pandage AC. A study to assess the knowledge about sexual health among male students of junior colleges of an urban area. Medical Journal of Dr. DY Patil University. 2015 Jan 1;8(1):5.
31. Gott M, Hinchliff S, Galena E. General practitioner attitudes to discussing sexual health issues with older people. Social science & medicine. 2004 Jun 1;58(11):2093-103.
32. Haslegrave M, Olatunbosun O. Incorporating sexual and reproductive health care in the medical curriculum in developing countries. Reproductive Health Matters. 2003 Jan 1;11(21):49-58.
33. Dunn ME, Abulu J. Psychiatrists' role in teaching human sexuality to other medical specialties. Academic Psychiatry. 2010 Sep;34(5):381-5.
34. Dwyer RG, Thornhill JT. Recommendations for teaching sexual health: How to ask and what to do with the answers. Academic psychiatry: the journal of

the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry. 2010;34(5):339-41.

35. Kumar RS, Das RC, Prabhu HR, Bhat PS, Prakash J, Seema P, Basannar DR. Interaction of media, sexual activity and academic achievement in adolescents. medical journal armed forces india. 2013 Apr 1;69(2):138-43.
36. Kumar P. Sexuality, Abjection and Queer Existence in Contemporary India. Taylor & Francis Group; 2021 Jul 29.
37. Ismail S, Shajahan A, Rao TS, Wylie K. Adolescent sex education in India: Current perspectives. Indian journal of psychiatry. 2015 Oct;57(4):333.
38. Mosher DL. Guilt and sexuality in adolescents. InGuilt and children 1998 Jan 1 (pp. 157-184). Academic Press.
39. Akingba JB. Abortion, maternity and other health problems in Nigeria. Nigerian Medical Journal. 1977 Jan 1;7(4):465-71.
40. Hahnemann S. Organon of medicine. B. Jain publishers; 2002.
41. Master FJ, Santwani MT. Perceiving Rubrics of the Mind. B. Jain Publishers; 2002.
42. Kent JT. Repertory of the homoeopathic materia medica. B. Jain Publishers; 1992.
43. Schroyens F. The Essential Synthesis Repertory. 9.1 version. Rep. Indian Edition. New Delhi: B
44. .Boger Boenninghausen's Characteristics & REPERTORY with Corrected abbreviations, Word index & thumb index – C.M. Boger– 46 th impression 2018 B. JAIN PUBLISHERS (P) LTD
45. Murphy R. Homoeopathic Medical Repertory, A Modern Alphabetical and Practical Repertory. New Delhi (INDIA): B Jain Publication. 2014;389.
46. Repertory of Striking Rubrics of Mind in Homoeopathy by Dr. H.L. Chitkara, Indian Books & Periodicals publishers, 1st edition 2002.Pg:no:245
47. DECODING MENTAL RUBRICS by Dr.Gaurand Gaikwad, Dr. Rameez Chougle, Pg:no:283-285
48. Staphysagria The Wounded Hero by Dr. Bipin S. Jain, 1st Edition 2009, Dr.M.L. Dhawale Memorial Trust. Pg:no-24-25
49. Mosher DL. Revised Mosher guilt inventory. In Handbook of sexuality-related measures 2013 Sep 13 (pp. 343-346).

APPENDICES

11. APPENDICES

APPENDIX I

GLOSSARY

1. SEXUAL EDUCATION

Sex education may also be described as "sexuality education", which means that it encompasses education about all aspects of sexuality, including information about family planning, reproduction (fertilization, conception and development of the embryo and foetus, through to childbirth), plus information about all aspects of one's sexuality including: body imagesexual orientation , sexual pleasure, values decision making communication, dating, relationship,(STIs) and how to avoid them, and birth control methods. Various aspects of sex education are considered appropriate in school depending on the age of the students or what the children can comprehend at a particular point in time.

2. AWARENESS

Awareness is the state of being conscious of something. More specifically, it is the ability to directly know and perceive, to feel, or to be cognizant of events. Another definition describes it as a state wherein a subject is aware of some information when that information is directly available to bring to bear in the direction of a wide range of behavioral actions. The concept is often synonymous to consciousness and is also understood as being consciousness itself.

3. REMORSE

A feeling of being sorry for doing something bad or wrong in the past **:** a feeling of guilt

4. MYTHS AND FACTS

Myth is a folklore genre consisting of narratives that play a fundamental role in a society, such as foundational tales or origin myths. Since the term myth is widely used to imply that a story is not objectively true.

A fact is something that is true. The usual test for a statement of fact is verifiability, that is whether it can be demonstrated to correspond to experience.

5. PUBERTY

Puberty is the process of physical changes through which a child's body matures into an adult body capable of sexual reproduction. It is initiated by hormonal signals from the brain to the gonads: the ovaries in a girl (12-16 age), the testes in a boy. (13-16 age)

6. MASTURBATION

Masturbation is the sexual stimulation of one's own genitals for sexual arousal or other sexual pleasure, usually to the point of orgasm. The stimulation may involve hands, fingers, everyday objects, sex toys such as vibrators, or combinations of these.

7. CHILD SEXUAL ABUSE

Child sexual abuse, also called child molestation, is a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation. Forms of child sexual abuse include engaging in sexual activities with a child (whether by asking or pressuring, or by other means), indecent exposure (of the genitals, female nipples, etc.), child grooming, and child sexual exploitation, including using a child to produce child pornography.

APPENDIX- II

CHRONIC CASE RECORD FORMET

'Case Records Are Our Valuable Asset'

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

KULASEKHARAM, KANNIYAKUMARI DIST, TAMILNADU-629161

CHRONIC CASE RECORD

Date:……. Unit……. Regn.No…….

1.PERSONAL DATA

Name of Patient:……

Age:…….... yrs Sex : M/F/T

Religion:……

Nationality:……

Name of Father /Spouse/Guardian/son/Daughter ……

Marital status: Single / Married. Widow (or) / Divorcee / Live-relation

Occupation:……..Income per capital:……

Family size (members living together): ……

Diet: Veg./ Non-veg./Mixed

Address:……...

Phone (Office) ……..… Residence …… Mobile …… e-mail …… Referred to by: ……. **FINAL DIAGNOSIS**:

Homoeopathic	
Disease	

RESULT:	Cured	Relieved	Referred	Otherwise	Expired

Attending Physician …….....

1. PRESENTINGCOMPLAINT: (S)

Location	Sensation & pathology	Modalities(<,>)& A/F(=)	Concomitantsifany
A. Chief Complaints			

2. HISTORY OF PRESENTING ILLNESS:

(Origin, duration and progression of each symptom in chronological order along with its mode of onset, probable cause (s),details of treatment and their outcome)

3. HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

No.	Age/ Year	Illness, trauma, fright, burn, drug, allergy, operation, exposure, inoculation, vaccination, steroids, antibiotics, analgesics, etc	Treatment adopted	Outcome

4. HISTORY OF FAMILY ILLNESS:

5. PERSONALHISTORY:

a. LIFESITUATION:

Place of Birth :

Religion :

Education :

Economic Status :

Social Status :

Nutritional Status :

Occupation :

Marital Status :

b. HABITS AND HOBBIES:

Food :

Addictions :

Sleep :

Artistic :

Games/Sports :

c. DOMESTIC RELATIONS:

With family members :

With other relatives :

With neighbors/friends/colleagues :

d. SEXUAL RELATONS:

Pre-Marital:

Marital:

Extra Marital:

6. GYNAECOLOGICAL HISTORY:

a. Menses

b. Previous history

c. Climacteric

d. Abnormal vaginal discharges

e. H/O gynaecological surgeries: Yes / No

7. OBSTETRIC HISTORY

a. Previous pregnancies including abortion:

b. Contraceptive method (s) adopted:

c. Present Pregnancy:

d. **Physical Examination – Gynaecological / Obstetrical**

8. GENERALSYMPTOMS:

a. PHYSICAL:

I. FUNCTIONAL:

Appetite :

Thirst :

Sleep :

II. ELIMINATIONS:

Stool :

Urine :

Sweat :

III. REACTIONS TO:

IV. CONSTITUTIONAL:

Physical makeup :

Temperament :

Thermal :

Side affinity :

Sensation/ Tendencies:

b. MENTAL GENERALS:

i) Will & emotions including motivation

ii) Understanding and intellect

iii) Memory

9. PHYSICAL EXAMINATION:

CONSCIOUS :

GENERAL APPEARANCE :

INTELLIGENCE & EDUCATION LEVEL:

GENERALBUILDUP&NUTRITION :

HT:…….cm WT:……Kg BMI:…….Kg/m^2

A.PHYSICAL FINDINGS:

ANAEMIA :

JAUNDICE :

CYANOSIS :

OEDEMA :

LYMPHADENOPATHY :

GAIT :

BLOOD PRESSURE :……mm of Hg

PULSE :

TEMPERATURE : RESP.RATE :

B. SYSTEMIC EXAMINATION:

i) Respiratory system

ii) Cardiovascular system

iii) Gastro intestinal tract

iv) Urogenital system

v) Skin and Glands

vi) Musculo - skeletal system

vii) Central Nervous System

viii) Endocrine

ix) Eye & ENT

x) Others

C. REGIONALS

10. LABORATORY INVESTIGATIONS & FINDING AND SURGICAL INVESTIGATIONS:

(Urine, stool, blood, sputum, imaging, ECG, and other investigations)

11. DIAGNOSIS

a. Provisional Diagnosis

b. Differential Diagnosis

c. Final Diagnosis (Disease)

12. DATA PROCESSING:

a. ANALYSIS OF SYMPTOMS

Basic / Common / Pathognomonic Symptoms	Determinative / Uncommon / Non – pathognomonic Symptoms

b. EVALUATION OF SYMPTOMS:

Mental Generals	Physical Generals	Particular

c. Miasmatic Analysis

PSORA	SYCOSIS	SYPHILIS

Miasmatic Diagnosis:	

CONSTITUTIONAL SYMPTOMS:

- Appearance :
- Complexion :
- Built :
- Temperament :
- Diathesis :
- Hydrogenoid/Carbo-nitrogenoid/Oxygenoid:
- Cravings :
- Aversion :
- Ailments from :

d. Totality of Symptoms

e. **Homoeopathic Diagnosis** (Hahnemannian Classification)

13. SELECTIONOFMEDICINE

a. Non Repertorial Approach

b. Repertorial Approach

14. SELECTION OF POTENCY AND DOSE:

15. PRESCRIPTION:

16. GENERALMANAGEMENTANDAUXILLARYMEASURES:

A) General / Surgical / Accessory

B) Restrictions (Diet, regimen etc.)

Disease	Medicinal

17. PROGRESS & FOLLOW UP

Date	Symptom (s) changes	Inference	Prescription

APPENDIX III

GUILT ASSESSMENT CHART

EVALUATION ON SEXUAL AWARENESS AMONG ADOLESCENTS

NOTES:

***** T OKNOW THE SEXUAL KNOWLEDGE AMONG ADOLESCENTS

***** TO ASSESS THE AWARENESS OF SEXUAL FACTS AND MYTHS

***** SELECT ONLY ONE ANSWER FOR EACH QUESTION

*ANSWER FOR ALL THE QUESTIONS

* CONFIDENTIALITY WILL BE MAINTAINED

*** PRELIMINARY DATA**

Name: _____ **OP:NO**:

Age: **Gender:**Male(or)Female

Economic status: Low (or) Average (or) Below average

Typeofschool: Government (or) Private

Typeofschool: Co-Educational (or) Boys (or) Girls

Parent's Educational attainment status: _____

Parent's Occupation: _____

Dwellings: Urban (or) Rural

Religion: Hindu (or) Christian (or) Muslim (or) Others

School Nme:. _____

Date of Screening: _____

QUESTIONS	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.Menstruation is Untouchable.					
2.Menstrual blood is dirty					
3. Thinking about sexuality is bad.					
4.Hymen is the virginity marker in female					
5. Semen is the essence of life; its loss damages one's health.					
6.Men always want and are always ready to have sex.					
7.Masturbation is restricted almost exclusively to males.					
8.Pornography accurately portrays sex					
9.Sex is painful					
10.It is not normal for boys to release semen in their sleep.					
11.Discussing sexual matters with parents and friends is bad.					
12.Discussing sexual matters openly is bad.					
13.Dirty" jokes made by friends circle makes me very uncomfortable.					
14.Masturbation is wrong and will destroy you					

Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
15.Masturbation helps one to feel eased and relaxed					
16.I masturbate frequently but it's affecting my mind					
17.Masturbation is a sin					
18.Masturbation Is a normal outlet for sexual desire.					
19.Sex relations before marriage are wrong and immoral.					
20.Sex Is good and enjoyable					
21.Sex Should be saved for marriage and childbearing.					
22.A guilty conscience is worse than a sickness to me.					
23.A guilty conscience does not bother me too much.					
24. When I have sexual desires I Attempt to Suppress them					
25.I hate myself for my sins and failures					
25. I Received Sexual Ideas From	Internet	Tv	Books	Friends	Family circle

APPENDIX– IV

SAMPLE CASE RECORD

"Case records are our valuable asset"

SARADA KRISHNA HOMOEOPATHIC MEDICALCOLLEGE&HOSPITAL

KULASEKHARAM, KANYAKUMARI DIST, TAMILNADU-629161

ACUTE CASE RECORD

Date: 29/10/2021 UNIT: V-B O.P. No: 5315/21

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1. PERSONAL DATA

Name: Mr. Jothison

Age: 17 Sex: Male Religion: Christian Nationality: Indian

Name of father/ Spouse/ Guardian/ Son/ Daughter: Michel Marital status: Single

Occupation: student Family size: 5 members

Diet: Non veg

Address: St Mary's Central School, Kaliyal . Phone No (Mobile): 9872653243

FINAL DIAGNOSIS: LUMBAGO

RESULT:	Cured	Relieved	Referred	Otherwise	Expired

1. PRESENTING COMPLAINT(S)

Complaints with Duration	Location & sensation	Sensation & pathology	Modalities & A/F	Concomitants / Associated symptoms
Back ache since 1 year Increased since one week Lower back	Back	Aching pain	After sexual excess <night >Lying down	

2. HISTORY OF PRESENTING ILLNESS:

The patient complaints of back pain since 1 year increased for the past 1 week, pain increased suddenly due to exertion, characteristic aching type pain, the complaints got aggravated during night, and while lying down. Complaints started after masturbation.

There is no history of radiation of pain, numbness, stiffness,swelling,redness.

3. HISTORY OF PREVIOUS ILLNESS

No any relevant past history

4.GENERAL SYMPTOMS:

A. PHYSICALS

I. FUNCTIONAL

- Appetite: Increased
- Thirst : Good
- Sleep: Good and regular sleep
- Dreams: Sexual dreams

2.ELIMINATIONS

- Stool : Regular and satisfied
- Urine: Normal and regular
- Sweat: Generalised all over the body
- Breath : Normal
- Discharges : No any discharges

B. MENTALS

- Anger violent
- Feels guilt for his wrong doing
- Addicted to masturbation daily 1-2 times
- Oversensitiveness
- Excitement
- Always thinks about sexual matters

5. PHYSICAL EXAMINATION

A. GENERAL

Conscious: well oriented

General appearance: Good

General built and nutrition: Moderate

Height: 165 cms Weight : 58 kg BMI : 21

Anaemia: No Jaundice: No Cyanosis: No Oedema: No Clubbing: No

Skin : Normal

Nails : Normal

Gait : Steady

Lymphadenopathy: No

B.P: 120/80 mm of hg

Pulserate:74 / min Temp : 98.6° F Resprate: 18/min

Others : Clinically normal

B.SYSTEMIC EXAMINATION

1. Respiratory system: Normal vesicular breath sound heard all over the lung field.
2. Cardiovascular system: S1,S2, heard normally mo any added sounds.
3. Gastro Intestinal system:Clinically normal.
4. Urogenital system: Clinically normal.
5. Skin andglands : Clinically normal.
6. Musculoskeletal system: Clinically normal.
7. Central Nervous system:Clinically normal.
8. Endocrine: Clinically normal.
9. Eye and ENT: Clinically normal.
10. Others: Clinically normal.

6. LABORATORY FINDINGS

22/10/2021

Revised moocher guilt inventory questionnaire modified pre screened Score – 83

7. **PROVISIONAL DIAGNOSIS**: Lumbago

8. DATA PROCESSING

a. ANALYSIS OF CASE

COMMON SYMPTOMS	UNCOMMON SYMPTOMS
• Back pain • Aching pain	• A/F Sexual excess • Anger violent • Oversensitiveness • Increased Sexual thoughts • Excitement • Feels guilt for his wrong doing • Increased appetite • Lower back pain • <night • >Lying down

B. EVALUATIONOFSYMPTOMS

- A/F Sexual excess
- Anger violent +
- Oversensitiveness +
- Increased Sexual thoughts ++
- Excitement +
- Feels guilt for his wrong doing ++
- Increased appetite
- Lower back pain +
- Aching pain +
- <night +
- >Lying down +

C. TOTALITY OF SYMPTOMS

- A/F Sexual excess
- Anger violent +
- Oversensitiveness +
- Increased Sexual thoughts ++
- Excitement +
- Feels guilt for his wrong doing ++
- Increased appetite
- Lower back pain +
- <night +
- >Lying down

9. SELECTION OF MEDICINE

A. Non Repertorial Approach

B. Repertorial Approach

a) Repertorial Totality: (Selection of appropriate Repertory, Selection of symptoms for repertorisation, conversion of symptoms into corresponding rubrics for repertorisation)

No	Symptoms	Rubrics	Explanation	Page No
1.	A/F sexual excess	Complaints from sexual excess	Mind-sexual excess mental symptoms from	
2.	Sexual thoughts	Lascivious	Mind-Lasciviousness, lustfull	
3.	Violent anger	Anger	Mind- anger irracibility, violent	
4.	Guilt from wrong doings	Remorse	Mind- Remorse	
5.	Increased appetite	Appetite ncreased	Stomach-appetite-increased	
6.	Back pain from sexual excess	Back pain	Back-pain-sexual excess	

b) Rerpertorial Result

Medicine	Nux-v	Phos	Staph	Puls	Natr.M	Calc.car
Marks	19	18	18	17	15	15
Covered symptoms	7	7	7	7	7	7

c) PDF ifany

d) Analysis of Repertorial Result

10. SELECTIONOFPOTENCY ANDDOSE

a. **Potency** : Based on the patient sussceptabilty

b. **Dose :** Based on Homoepathic Principles

11. PRESCRIPTION

RX

STAPHYSAGRIA 200/2 DOSE 1D-ST,1D-HS.

B.PILLS 3* TDS

B.DISC 1*BD

* 2 WEEKS

12.GENERAL MANAGEMENT INCLUDING AUXILLARY MEASURES

a. General/Surgical/Accessory:

- Avoid thinking about sexuality
- Divert mind in reading books, and keep busy
- Reduce masturbation habit

b. Restrictions(Diet, Regimen, etc.):

13. PROGRESS&FOLLOW UP

DATE	SYMPTOM(S) CHANGES	INFERENCE	PRESCRIPTION
15/11/2021	Back ache reduced but persist Thinking about sexuality reduced Sleeps well dreams are reduced		RX STAPHYSAGRIA 200/4 D WEEKLY / 1 D
31/01/2022	Back ache better Sleep is good Dreams nill Generals are good Guilt feeling reduced	PostRMGI screened Score – 44	RX STAPHYSAGRIA 200/4 D WEEKLY / 1 D

(PPE)

EVALUATION ON SEXUAL AWARENESS AMONG ADOLESCENTS
இளம்பருவத்தில் பாலியல் விழிப்புணர்வு பற்றிய மதிப்பீடு

NOTES / குறிப்பு:

* TO KNOW THE SEXUAL KNOWLEDGE AMONG ADOLESCENTS / இளம்பருவத்தில் உள்ள பாலியல் அறிவை பற்றி அறிய,
* TO ASSESS THE AWARENESS OF SEXUAL FACTS AND MYTHS / பாலியல் உண்மைகள் மற்றும் கட்டுக்கதைகளின் விழிப்புணர்வை அறிய,
* SELECT ONLY ONE ANSWER FOR EACH QUESTION / ஒவ்வொரு கேள்விக்கும் ஒரே ஒரு பதிலைத் தேர்ந்தெடுக்கவும்,
* ANSWER FOR ALL THE QUESTIONS / எல்லா கேள்விகளுக்கும் பதிலளிக்கவும்,
* CONFIDENTIALITY WILL BE MAINTAINED / ரகசியம் பாதுகாக்கப்படும்.

PRELIMINARY DATA / முதன்மை தகவல்

Name/ பெயர்: J. Jothison **OP: NO:** 5315/21.

Age/வயது: 17 **Gender / பாலினம்:** Male/ஆண் (or) Female/பெண்

Economic status / பொருளாதார நிலை: Low/ குறைந்த (or) Average/ சராசரி (or) below average சராசரிக்கும் குறைவாக Standard _____

Type of school / பள்ளி வகை: Government / அரசு (or) Private / தனியார் பள்ளி

Type of school / பள்ளி வகை: Co-Educational / இணை கல்வி (or) Boys / ஆண்கள் (or) Girls / பெண்கள்

Parent's Educational attainment status / பெற்றோரின் கல்வி நிலை: 10th pass, ITI

Parent's Occupation / பெற்றோரின் தொழில்: Tapping, ~~House~~ Housewife

Dwellings / குடியிருப்புகள்: Urban / நகர்ப்புற (or) Rural / கிராமப்புற

Religion / மதம்: Hindu / இந்து, (or) Christian / கிறிஸ்டியன், (or) Muslim / முஸ்லிம், (or) others / மற்றவை.

School Name: ST. Mary's Central school Kaliyal **Date of screening:** 22/10/2021

Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Menstruation is Untouchable / மாதவிடாய் தீண்டத்தகாதது.			✓		
2. Menstrual blood is dirty / மாதவிடாய் இரத்தம் அசுத்தமானது.		✓			
3. Thinking about sexuality is bad / செக்ஸ் பற்றி நினைப்பது மோசமானது.		✓			
4. Hymen is the virginity marker in female / ஹைமன் என்பது பெண்ணில் கன்னித்தன்மை குறிக்கும்.					✓
5. Semen is the essence of life; its loss damages one's health /விந்து என்பது வாழ்க்கையின் முக்கியம் சாராம்சம்; அதன் இழப்பு ஒருவரின் ஆரோக்கியத்திற்கு தீங்கு விளைவிக்கும்.					✓
6. Men always want and are always ready to have sex / ஆண்கள் எப்போதும் உடலுறவு கொள்ள தயாராக இருப்பார்கள்.				✓	
7. Masturbation is restricted almost exclusively to males / ஆண்கள் மட்டுமே சுயஇன்பப் பழக்கமுடையவர்கள்.					✓
8. Pornography accurately portrays sex / ஆபாசபடங்கள் பாலியல் உறவை துல்லியமாக சித்தரிக்கிறது.		✓			
9. Sex is painful / உடலுறவு வலி ஏற்படுத்தும்.	✓				
10. It is not normal for boys to release semen in their sleep. / ஆண்களுக்கு தூக்கத்தில் விந்து வெளியெறுதல் அசாதாரணமான செயல்.			✓		
11. Discussing sexual matters with parents and friends is bad / பெற்றோர் மற்றும் நண்பர்களுடன் பாலியல் விஷயங்களைப் பற்றி பேசுவது தவறானது.		✓			
12. Discussing sexual matters openly is bad. /பாலியல் விஷயங்களை வெளிப்படையாக விவாதிப்பது தவறானது.		✓			
13. Dirty" jokes made by friends circle makes me very uncomfortable. / நண்பர்களின் ஆபாச நகைச்சுவைகள என்னை மிகவும் சங்கடபடுத்துகிறது.			✓		
14. Masturbation is wrong and will destroy you / சுயஇன்பம் தவறு அது உங்களை அழிக்கும்.			✓		

Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
15. Masturbation helps one to feel eased and relaxed /சுயஇன்பம் ஒருவருக்கு நிம்மதியயை தருகிறது.			✓		
16. I masturbate frequently but it's affecting my mind./ நான் அடிக்கடி சுயஇன்பம் செய்கிறேன், அது என் மனதை பாதிக்கிறது.			✓		
17. Masturbation is a sin. / சுயஇன்பம் ஒரு பாவச் செயல்.			✓		
18. Masturbation Is a normal outlet for sexual desire /சுயஇன்பம் என்பது பாலியல் ஆசைக்கான ஒரு சாதாரண வெளிபாடு.			✓		
19. Sex relations before marriage are wrong and immoral. / திருமணத்திற்கு முன் பாலியல் உறவு கொள்வது தவறு.	✓				
20. Sex Is good and enjoyable / செக்ஸ் நல்லது மற்றும் சுவாரஸ்யமானது.					✓
21. Sex Should be saved for marriage and child bearing / திருமணம் மற்றும் குழந்தை வளர்ப்பிற்காக உடலுறவு கொள்ளுதல் சேமிக்கப்பட வேண்டும்.			✓		
22. A guilty conscience is worse than a sickness to me. / பாலியல் தொடர்பான குற்ற உணற்வு எனக்கு ஒரு நோயை விட மோசமானது.	✓				
23. A guilty conscience does not bother me too much. / பாலியல் தொடர்பான குற்ற உணர்வு என்னை பாதிப்பதில்லை.				✓	
24. When I have sexual desires I Attempt to suppress them / எனக்கு பாலியல் உணர்வுகள் தோன்றும்போழுது, நான் அதை எனக்குள் கட்டுப்படுத்துவேன்.			✓		
25. I hate myself for my sins and failures. / என் குற்ற உணர்வுகளுக்காக நான் என்னை வெறுக்கிறேன்.		✓			

26. I received sexual ideas from, / நான் பாலியல் தொடர்பான தகவல்களை தெரிந்துக்கொண்டது.

- ☐ Mobile
- ☐ Books
- ☐ Internet
- ☑ Friends
- ☐ FB
- ☐ Family circle
- ☐ Instagram
- ☐ WhatsApp
- ☐ TV

Signature of the patient: J. Jothish

105 - 68 : 20 - 15 = 83

(POST)

EVALUATION ON SEXUAL AWARENESS AMONG ADOLESCENTS

இளம்பருவத்தில் பாலியல் விழிப்புணர்வு பற்றிய மதிப்பீடு

NOTES / குறிப்பு:

* TO KNOW THE SEXUAL KNOWLEDGE AMONG ADOLESCENTS / இளம்பருவத்தில் உள்ள பாலியல் அறிவை பற்றி அறிய.
* TO ASSESS THE AWARENESS OF SEXUAL FACTS AND MYTHS / பாலியல் உண்மைகள் மற்றும் கட்டுக்கதைகளின் விழிப்புணர்வை அறிய.
* SELECT ONLY ONE ANSWER FOR EACH QUESTION / ஒவ்வொரு கேள்விக்கும் ஒரே ஒரு பதிலைத் தேர்ந்தெடுக்கவும்.
* ANSWER FOR ALL THE QUESTIONS / எல்லா கேள்விகளுக்கும் பதிலளிக்கவும்.
* CONFIDENTIALITY WILL BE MAINTAINED / ரகசியம் பாதுகாக்கப்படும்.

PRELIMINARY DATA / முதன்மை தகவல்

Name/ பெயர்: J. Jothison OP: NO: 53151/21

Age/வயது: 17 Gender / பாலினம்: Male/ஆண் (or) Female/பெண்

Economic status / பொருளாதார நிலை: Low/ குறைந்த (or) Average/ சராசரி (or) below average சராசரிக்கும் குறைவாக Standard _____

Type of school / பள்ளி வகை: Government / அரசு (or) Private / தனியார் பள்ளி

Type of school / பள்ளி வகை: Co-Educational / இணை கல்வி (or) Boys / ஆண்கள் (or) Girls / பெண்கள்

Parent's Educational attainment status / பெற்றோரின் கல்வி நிலை: 10th Pass. ITI

Parent's Occupation / பெற்றோரின் தொழில்: H.W. Tapping.

Dwellings / குடியிருப்புகள்: Urban / நகர்ப்புற (or) Rural / கிராமப்புற

Religion / மதம்: Hindu / இந்து, (or) Christian / கிறிஸ்டியன், (or) Muslim / முஸ்லிம், (or) others / மற்றவை.

School Name: ST. Mary's Central School. Kaliyal Date of screening: 31/1/2022

Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Menstruation is Untouchable / மாதவிடாய் தீண்டத்தகாதது.					✓
2. Menstrual blood is dirty / மாதவிடாய் இரத்தம் அசுத்தமானது.					✓
3. Thinking about sexuality is bad / செக்ஸ் பற்றி நினைப்பது மோசமானது.					✓
4. Hymen is the virginity marker in female / ஹைமன் என்பது பெண்ணில் கன்னித்தன்மை குறிக்கும்.					✓
5. Semen is the essence of life; its loss damages one's health /விந்து என்பது வாழ்க்கையின் முக்கியம் சாராம்சம்; அதன் இழப்பு ஒருவரின் ஆரோக்கியத்திற்கு தீங்கு விளைவிக்கும்.					✓
6. Men always want and are always ready to have sex / ஆண்கள் எப்போதும் உடலுறவு கொள்ள தயாராக இருப்பார்கள்.					✓
7. Masturbation is restricted almost exclusively to males / ஆண்கள் மட்டுமே சுயஇன்பப் பழக்கமுடையவர்கள்.					✓
8. Pornography accurately portrays sex / ஆபாசபடங்கள் பாலியல் உறவை துல்லியமாக சித்தரிக்கிறது.				✓	
9. Sex is painful / உடலுறவு வலி ஏற்படுத்தும்.					✓
10. It is not normal for boys to release semen in their sleep. / ஆண்களுக்கு தூக்கத்தில் விந்து வெளியெறுதல் அசாதாரணமான செயல்.			✓		
11. Discussing sexual matters with parents and friends is bad / பெற்றோர் மற்றும் நண்பர்களுடன் பாலியல் விஷயங்களைப் பற்றி பேசுவது தவறானது.					✓
12. Discussing sexual matters openly is bad. /பாலியல் விஷயங்களை வெளிப்படையாக விவாதிப்பது தவறானது.				✓	
13. Dirty" jokes made by friends circle makes me very uncomfortable. / நண்பர்களின் ஆபாச நகைச்சுவைகள என்னை மிகவும் சங்கடபடுத்துகிறது.			✓		
14. Masturbation is wrong and will destroy you / சுயஇன்பம் தவறு அது உங்களை அழிக்கும்.				✓	

Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
15. Masturbation helps one to feel eased and relaxed /சுயஇன்பம் ஒருவருக்கு நிம்மதியயை தருகிறது.		✓			
16. I masturbate frequently but it's affecting my mind./ நான் அடிக்கடி சுயஇன்பம் செய்கிறேன், அது என் மனதை பாதிக்கிறது.			✓		
17. Masturbation is a sin. / சுயஇன்பம் ஒரு பாவச் செயல்.				✓	
18. Masturbation Is a normal outlet for sexual desire /சுயஇன்பம் என்பது பாலியல் ஆசைக்கான ஒரு சாதாரண வெளிபாடு.		✓			
19. Sex relations before marriage are wrong and immoral. / திருமணத்திற்கு முன் பாலியல் உறவு கொள்வது தவறு.				✓	
20. Sex Is good and enjoyable / செக்ஸ் நல்லது மற்றும் சுவாரஸ்யமானது.		✓			
21. Sex Should be saved for marriage and child bearing / திருமணம் மற்றும் குழந்தை வளர்ப்பிற்காக உடலுறவு கொள்ளுதல் சேமிக்கப்பட வேண்டும்.				✓	
22. A guilty conscience is worse than a sickness to me. / பாலியல் தொடர்பான குற்ற உணற்வு எனக்கு ஒரு நோயை விட மோசமானது.		✓		✓	
23. A guilty conscience does not bother me too much. / பாலியல் தொடர்பான குற்ற உணர்வு என்னை பாதிப்பதில்லை.		✓			
24. When I have sexual desires I Attempt to suppress them / எனக்கு பாலியல் உணர்வுகள் தோன்றும்போழுது, நான் அதை எனக்குள் கட்டுப்படுத்துவேன்.				✓	
25. I hate myself for my sins and failures. / என் குற்ற உணர்வுகளுக்காக நான் என்னை வெறுக்கிறேன்.				✓	

26. I received sexual ideas from, / நான் பாலியல் தொடர்பான தகவல்களை தெரிந்துக்கொண்டது.

- ☐ Mobile
- ☐ Books
- ☐ Internet
- ☑ Friends
- ☐ FB
- ☐ Family circle
- ☐ Instagram
- ☐ WhatsApp
- ☐ TV

Signature of the patient: J. Jothi Sangi

AA

APPENDIX – V

MASTER CHART PRE – POST SCORE

S:NO	OP:NO	NAME	AGE	SEX	TYPE OF SCHOOL	VARIETY OF SCHOOL	PRE SCORE	POST SCORE
1.	8192/14	G.K.Adarsh	15	M	Private	Co-Ed	60	42
2.	3213/21	Ancy	18	F	Private	Co-Ed	93	44
3.	1682/12	Archana john	17	F	Private	Co-Ed	86	45
4.	9205/10	Anushya	18	F	Govt	Co-Ed	78	50
5.	8548/17	Anushma	14	F	Govt	Co-Ed	87	49
6.	273/17	R.Reshma	16	F	Private	Co-Ed	64	48
7.	3619/21	Adithyan	16	M	Govt	Co-Ed	98	47
8.	3734/21	abinesh	16	M	govt	Co-ed	117	43
9.	4627/16	Akilesh	17	M	Government	Co-Ed	86	44
10	1636/16	Snowfa	15	F	Govt	Co-Ed	71	42
11	1700/16	Maria antopraisy	15	F	Govt	Co-Ed	80	51
12	1707286	K.Athira	17	F	Govt	Girl’s	81	46

13	200904458	Archana	15	F	Govt	Co-Ed	69	43
14	7947/13	Nandhini	16	F	Govt	Co-Ed	102	44
15	4733/21	Lakshmi	17	F	Private	Co-Ed	77	42
16	5542/21	Rosindh	15	M	Private	Co-Ed	66	46
17	6621/21	Adlineskner	16	F	Private	Co-Ed	88	46
18	8232/13	Jerminsandra	15	F	Govt	Co-Ed	97	42
19	6884/17	Shivaprasad	18	M	Govt	Co-Educato	103	52
20	5353/17	Ashika	18	F	Govt	Boy’s	80	44
21	6677/21	Abinkumar	17	M	Private	Co-Ed	99	41
22	210906556	J.M.Jeshow	17	M	Private	Co-Ed	103	52
23	292/22	J.M.Jeerick	14	M	Private	Co-Ed	110	43
24	5605/12	Shorub.G.S	17	M	Govt	Co-Ed	100	46
25	5602/21	Susaiaruldevar	14	M	Govt	Co-Ed	95	44
26	5566/21	G.S Swopna	17	F	Govt	Co-Ed	95	42
27	5565/21	Mariya	16	F	Govt	Co-Ed	100	46
28	6337/21	Eltonperry	16	M	Private	Co-Ed	90	54
29	6338/	J.Jothison	17	M	Private	Co-Ed	83	44

	21							
30	6339/21	Merlin Jose	16	M	Private	Co-Ed	103	69
31	5314/21	V.Abinaya	16	F	Private	Co-Ed	68	46
32	5315/21	R.J.RaffiyaJunis	16	F	Private	Co-Ed	83	44
33	5316/21	R.Santhiya Devi	17	F	Private	Co-Ed	99	46

APPENDIX-VI

FORM-4: CONSENT FORM

PART 1of 2

INFORMATION FOR PARTICIPANTS OF THE STUDY

1. **Title of the project:**

   "EVALUATION ON AWARENESS OF FACTS AND MYTHS ON SEXUAL KNOWLEDGE AMONG ADOLESCENTS' HOMOEOPATHIC MANAGEMENT OF THE REMORSE ARISING OUT OF ITS IGNORANCE"

2. **Name of the investigator / guide:**

Investigator: Dr.C. Pradeep Kumar
PG-Scholar
Dept.ofPaediatrics
Sarada Krishna Homoeopathic Medical College Kulasekharam
Kanniyakumari District TamilNadu– 629-161.
Ph.No :9514390704

Guide: **Dr. P. R. Sisir,**
Professor & HOD, Dept. of Pediatrics
Sarada Krishna Homoeopathic Medical College Kulasekharam
Kanniyakumari District TamilNadu– 629-161.
Ph.No: 944347494

3. **Purpose of this project / study:** To study the effectiveness of Homoeopathic Medicines in managing the Remorse Arising Out of Improper Sexual Knowledge Among Adolescents.
4. **Procedure/methods of the study:**A sample of 33cases,diagnosed to have Remorse Arising Out of Improper Sexual Knowledge after screening the children through the SHP, I.P.D, O.P.D, R.H.C of Sarada Krishna Homoeopathic Medical College, Kulasekharam. Exclusion loses and unwilling parents will be considered. The study includes 6months to 1year experimental work, minimal period of one year. The Remorse Arising Out

Of Improper Sexual Knowledge will be screened through Revised Moscher Guilt Inventory Questionnaire Modified. The medicine is given on the basis of Individualization and symptom presentation along with counseling on how to manage this Remorse and sexual knowledge to Adolescents. The participants are requested to come for follow up for every 4 weeks. The patient is finally evaluated after 3 months.

5. **Expected duration of the subject participation:** 3 months max.
6. **The benefits to be expected from the research to the participant or to others and the post-trial responsibilities of the investigator**: The patients are benefitted and helped to manage their Remorse out of improper sexual knowledge, thereby improvingtheir sexual understanding and proper knowledge. Withthis study, the Remorse in which the patient is having will be reduced and the proper guidance education for the adolescents. Through this study child abuse will reduce and the awareness of sexual knowledge improves which helps the individual to understand the sexuality in a better manner through the homoeopathic medicine along with sexual education.
7. **Any risks expected from the study to the participant:** Only homoeopathic medicines are given along with counseling and sexual education, hence, there is no risk involved in thisstudy.
8. **Maintenance of confidentiality of records:** I will not disclose identity of the research participants at any time, during or after the study period or during publication. Securely store data documents in locked locations and encrypt identifiable computerized data. All information revealed by you will be kept as strictly confidential.
9. **Provision of free treatment for research related injury:** No such injuries are expected to happen in this research.
10. **Compensation of the participants not only for disability or death resultingfrom such injury but also for unforeseeable risks:** Yes. But this research is safe and sound from creating injuries leading to disability or death.

11. **Freedom to withdraw from the study at any time during the study periodwithout the loss of benefits that the participant would otherwise be entitled:** Your participation in this study is voluntary and you are free to refuse treatment or withdraw from the study at any time if you are not satisfied.
12. **Possible current and future uses of the biological material and of the data to be generated from the research and if the material is likely to be used for secondary purposes or would be shared with others, this should be mentioned:** Future uses of the biological material and of the data to be generated from the research and if the material is likely to be used for secondary purposes or will be shared with others only with your consent.

Address and telephone number of the investigator and co-investigator/guide: **Investigator**: Dr.C. Pradeep Kumar
PG-Scholar
Dept.ofPaediatrics
Sarada Krishna Homoeopathic Medical College Kulasekharam
Kanniyakumari District TamilNadu– 629-161.
Ph.No :9514390704

Guide: **Dr. P. R. Sisir,**
Professor & HOD, Dept. of Pediatrics
Sarada Krishna Homoeopathic Medical College Kulasekharam
Kanniyakumari District TamilNadu– 629-161.
Ph.No: 944347494

13. **The patient information sheet must be duly signed by the investigator**: Yes, duly signed with date and time.

CONSENT FORM (for participants less than18 years of age)

PART 2 of 2-Parent / Legally accepted representative (LAR)

Participant's Name: Address:

Parent / LAR's Name:

Title of the project: "EVALUATION ON AWARENESS OF FACTS AND MYTHS ON SEXUAL KNOWLEDGE AMONG ADOLESCENTS' HOMOEOPATHIC MANAGEMENT OF THE REMORSE ARISING OUT OF ITS IGNORANCE."

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my child/ward's participation in the study is voluntary and that I am free to withdraw my child/ward at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s).

I have been given an information sheet giving details of the study. I fully consent for the participation of my child / ward in the above study.

Assent of child / ward obtained (for participants7 to 18 years of age)

Signature of the parent / LAR: Date:

Signature of the witness : Date:

Signature of the investigator: Date:

APPENDIX VII

CERTIFICATE OF PARTICIPANTS

S.NO	SCHOOL NAME	NO OF PARTICIPANTS
1.	GOVT. HR. SEC. SCHOOL VALLANKUMARAVILLAI, NAGERCOIL	104
2.	ST. MARY'S HR.SEC SCHOOL. KALIYA.	106
3.	ST. MARY'S CENTRAL SCHOOL, KALIYAL.	200
4.	ST. URUSULA'S GIRLS, HR.SEC SCHOOL KULASEKHARAM.	400
5.	JOHN PAUL II MATRIC HR.SEC SCHOOL, KULASEKHARAM.	143
6.	ARUNACHALAM, HR.SEC SCHOOL, THIRUVATTAR.	454

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE,

KULASEKHARAM, KANNIYAKUMARI, TAMILNADU.

SCHOOL HEALTH PROGRAMME CONDUCTED BY

DEPARTMENT OF PAEDIATRICS

CERTIFICATE

Certified that ..106.. (No's) students of..GOVT...HIGHER...SECONDARY ...SCHOOL...VALLANKUMARAVILAI...NAGERCOIL.....

(Name of School) participated in the school health programme on

"Sexual Awareness for Teenagers" organized by Department of Paediatrics, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari, Tamilnadu.

23/9/2021

Place:

Date:

அரசு மேல்நிலைப் பள்ளி நாகர்கோவில் 629002 வல்லன்குமரன்விளை

Signature

Headmaster/Principal

தலைமை ஆசிரியர்
அரசு மேல்நிலைப் பள்ளி
வல்லனகுமரன்விளை
நாகர்கோவில் - 2

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE,

KULASEKHARAM, KANNIYAKUMARI, TAMILNADU.

SCHOOL HEALTH PROGRAMME CONDUCTED BY

DEPARTMENT OF PAEDIATRICS

CERTIFICATE

Certified that ....200..... (No's) students of....St.Marys Higher Secondary School, Kaliyal.....

(Name of School) participated in the school health programme on 12.10.2021

"Sexual Awareness for Teenagers" organized by Department of Paediatrics, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari, Tamilnadu.

ST.MARY'S HIGHER SECONDARY SCHOOL KALIYAL - 629 101

Place: Kaliyal

Date: 12/10/2021

Signature

HEADMASTER
ST.MARY'S HR.SEC.SCHOOL
KALIYAL - 629 101 K.K. DIST

Headmaster/Principal

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE,

KULASEKHARAM, KANNIYAKUMARI, TAMILNADU.

SCHOOL HEALTH PROGRAMME CONDUCTED BY

DEPARTMENT OF PAEDIATRICS

CERTIFICATE

Certified that ....104..... (No's) students of...St. Mary's Central School, Kaliyal, Kanniyakumari.....

(Name of School) participated in the school health programme on

"Sexual Awareness for Teenagers" organized by Department of Paediatrics, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari, Tamilnadu.

Place: Kaliyal

Date: 22.10.2021

ST. MARY'S CENTRAL SCHOOL ★ KALIYAL, K.K. DIST ★ Pin : 629 101

Signature

Headmaster/Principal

Principal
St. Mary's Central School
Kaliyal

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE,

KULASEKHARAM, KANNIYAKUMARI, TAMILNADU.

SCHOOL HEALTH PROGRAMME CONDUCTED BY

DEPARTMENT OF PAEDIATRICS

CERTIFICATE

Certified that ….400..... (No's) students of….St. Ursulas H.Sc.…….

…….....

(Name of School) participated in the school health programme on

"Sexual Awareness for Teenagers" organized by Department of Paediatrics, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari, Tamilnadu.

Place: Kulasekharam

Date: 06-01-2022

Signature

Headmaster/Principal

St. Ursulas Girls Hr. Sec. School
Kulasekharam - 629 161

ST. URSULA'S GIRLS HIGHER SECONDARY SCHOOL · KULASEKHARAM · TOUCH · 629161

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE,

KULASEKHARAM, KANNIYAKUMARI, TAMILNADU.

SCHOOL HEALTH PROGRAMME CONDUCTED BY

DEPARTMENT OF PAEDIATRICS

CERTIFICATE

Certified that ....143..... (No's) students of....JOHN PAUL II.....
..MATRIC.....HR..SEC..SCHOOL....KULASEKHARAM.....

(Name of School) participated in the school health programme on

"Sexual Awareness for Teenagers" organized by Department of Paediatrics, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari, Tamilnadu.

Place:

Date: 2/3/22

Signature

Headmaster/Principal

PRINCIPAL 2/3/22
JOHN PAUL II MATRIC HR. SEC. SCHOOL
Aranivilai, Kulasekharam P.O
Kanyakumari Dt. Pin - 629161

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE,

KULASEKHARAM, KANNIYAKUMARI, TAMILNADU.

SCHOOL HEALTH PROGRAMME CONDUCTED BY

DEPARTMENT OF PAEDIATRICS

CERTIFICATE

Certified that 454 (No's) students of Arunachelapuram Higher Secondary School, Thiruvattar (Name of School) participated in the school health programme on 09/03/22 "Sexual Education for Teenagers" organized by Department of Paediatrics, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari, Tamilnadu.

Place: Thiruvattar

Date: 9/3/22

Signature

S.S. BINDU
Headmistress
Arunachalam H. Sec. School
Thiruvattar

Headmaster/Principal

APPENDIX VIII

UNDERTAKING CERTIFICATE BY THE STUDY EXPERT

02.02.2021

From

Mrs. Mary Merlin James,

Psychologist/Independent Development Consultant,

Kanniyakumari District

Mob: 9894373600

Email: merlinksj@gmail.com

To

Dr.P.R.Sisir,

Dept. of Paediatrics,

Sarada Krishna Homeopathic Medical College,

Kulasekaram, Kanniyakumari district

Sir,

Sub: Acceptance and expression of consent for being a Co-Guide for a PG Scholar in Dept. of Paediatrics

In reference to the letter dated 29.01.2021 regarding the requisition for being a Co-Guide of the student Dr. C. Pradeep Kumar of your esteemed institution in his study "Evaluation on awareness of Facts and Myths on Sexual Knowledge among Adolescents and Homeopathic Management of the Remorse arising out of its ignorance", I am glad to express my consent and support the student throughout the process.

It's a great pleasure associating with you and the institution in this regard.

Thanking you,

Sincerely,

(Mrs. Mary Merlin James)