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Editorial Note

Research is a crucial component in our lives that permeates through the realms of higher education. It aids in the advancement of knowledge, improved pedagogy, the enhancement of institutional reputation, and promotes funding which are crucial to the overall growth of an institution. Within the experience of empirical studies, the researcher, be it student or teacher, finds better scope to hone a wide spectrum of skills. The immense benefits of a consistent and vibrant research environment are the impetus behind the publication of the annual multidisciplinary Dimapur Government College Journal.

Providing a wide platform for the avid scholar, this issue contains twelve papers ranging from topics as diverse as food crops, pre-colonial Naga society, issues of identity, midwives, gender, role of media, different aspects of literature, sexual health of students and the implementation of the NEP 2020 and FYUGP. They have been written by writers across academia. We are confident that readers will find these papers relevant, thought-provoking and practical.

The papers have been thoroughly assessed by qualified reviewers for whose contributions the editorial board remains grateful.

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2025

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11. SEXUAL HEALTH AWARENESS AMONG POST GRADUATE STUDENTS OF NAGALAND UNIVERSITY

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Abstract:

Sexual health is more than just the lack of illness; it is about wellbeing. It entails respect, safety, and freedom from discrimination and violence, and it manifests itself through a variety of sexualities and modes of sexual expression. It is an important aspect of one's overall well-being, especially for post-graduate students facing the different challenges and pressures of advanced academic endeavours. Thus, the study investigates the sexual health awareness of PG students with demographic variables such as gender, the locality of residence and Schools of study (four schools under the university).This study utilized a descriptive survey method with 300 postgraduate students, applying a stratified random sampling technique. It employed the standardized Sexual Health Awareness Scale (S.H.A.S.),

developed by Stuti Parasha Kashyap, Ashwathy A. N., Shalini Pai, Serena Ajith, Akhila Asokan, Grace Maria Jochan, and Trina Banerjee (2022).Findings indicated that most students had a moderate level of sexual health awareness.There was significant difference between female students and male students. Additionally, no significant difference exists on the students' sexual health awareness with respect to their locality. The study further revealed that students under School of Sciences have a higher mean score in comparison to the other three Schools of study. The study's findings suggest necessary measures for improving student's awareness on sexual health.

***Keywords*:** Sex, Sexual health, Sexual awareness, Sexuality

1. INTRODUCTION

Sexual health cannot be described, without considering sexuality from a broader perspective, which governs significant sexual health behaviour and outcomes. A working definition of sexuality is: "...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political,

cultural, legal, historical, religious and spiritual factors." *(WHO, 2006).* Sexual norms and practices are closely connected to the dominant cultural standards and an individual's sense of identity, such as their sexual and gender identification, as well as their personality, including gender roles. They also cover several aspects of psychology and behaviour, such as the structure of relationships (e.g., choosing a mate and attraction to objects), reproduction (e.g., biological roles), and enjoyment (e.g., pleasure and eroticism). *(Capasso et al., 2022).*Sexuality plays an important role in human life and sexual health correlates with positive mental and physical health *(Elnegaard.,2022).*It is a sense of well-ness regarding sexuality, also, Sexual health is highly regarded and correlates with overall health (*Uzdavines., 2022).* Thus, sexual health is critical to everyone's physical and mental wellbeing, to people's sense of self-worth, and to nations' and communities' economic and social progress. *(Ghebreyesus et al., 2024*).

1.1 SEXUAL HEALTH

According to the World Health Organization, sexual health refers to a condition of overall well-being—physically, emotionally, mentally, and socially—in relation to sexuality. It goes beyond simply being free from illness, dysfunction, or impairment. Achieving sexual health involves fostering a positive and respectful attitude toward sexuality and relationships, along with ensuring that individuals can engage in safe and fulfilling sexual experiences without coercion, discrimination, or violence. For sexual health to be attained and

maintained, the sexual rights of all individuals must be respected, protected and fulfilled *(WHO, 2006)*. Sexual health plays a vital role in one's overall well-being, particularly for post-graduate students who are navigating the unique challenges and stressors associated with advanced academic pursuits. Increasing awareness and understanding of sexual health can lead to better mental, physical, and social outcomes, highlighting its relevance not only to individual health but also to broader community development and social justice initiatives *(Elnegaard et al., 2022).* Sexual and reproductive health are integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health *(WHO., 2024)*. Therefore, Sexual Health (SH) is an area that requires special attention, as it is directly related to sexual behavior, which has the potential to impact sexual and reproductive health *(Lara., 2023).* Sexual health is the most overlooked aspect of a person's health. Various studies in India have identified a wide range of sexual abnormalities in both men and women. Sexual illnesses can be associated with desire, arousal, orgasm, and painful sexual intercourse (*Chandra, 2021).* India has proven a commitment to improving the sexual and reproductive health of its citizens. Its policy and program environment has moved from a restricted focus on family planning to a more comprehensive approach that emphasizes sexual and reproductive health and the exercise of rights *(Jejeebhoy et al., 2020).* Nagaland faces significant sexual health challenges, marked by one of the highest HIV prevalence rates in India, especially among youth and pregnant women *(NACO, 2022).*Just like in

most states of India, majority of the schools in Nagaland do not offer formal sex education, and the resistance from the community that are rooted in religious and traditional norms, restricts open dialogue or open talk about sexual health and sexuality education in general. While government initiatives like the Nagaland State AIDS Control Society (NSACS) and NGOs such as the Naga Mothers' Association and North East Network are actively involved in prevention and education efforts, however the reach of these programs remains inconsistent. Therefore, to address these challenges, the state needs to develop and integrate comprehensive sexuality education into the main stream curriculum.

2. REVIEW OF RELATED LITERATURE

Caetano et al., (2010) conducted a study on "Sexual behavior and knowledge of sexually transmitted infections among university students in Sao Paulo, Brazil". The findings show that 69.7% of men and 48.4% of women engaged in vaginal intercourse, 64.5% of men and 43.7% of women in oral sex, and 18.4% of men and 14.1% of women in anal sex. Condom use was reported by 80.4% of men and 74.8% of women during vaginal intercourse and by 47.8% of men and 30.0% of women during anal sex. STI knowledge exceeded 90% for HIV, syphilis, genital herpes, and gonorrhea but was lower for HPV (63%-76%), Trichomonas (30%-34%), and Chlamydia (16%). While only 25%-34% knew HIV could be transmitted through breastfeeding, 56%-60% recognized its transmission via anal intercourse. **Higgins et al., (2011)**conducted a study to find out the sexual satisfaction and sexual health among

university students in the United States. A significant portion of the respondents expressed satisfaction, with roughly half reporting being satisfied and approximately one third reporting being very satisfied. The analysis showed that several factors significantly influence both physical and emotional satisfaction in sexual well-being. These include feelings of sexual guilt, comfort with one's own sexuality, self-esteem (especially in men), relationship status, and how often one engages in sexual activity, all with strong statistical significance ($p < 0.05$). To promote better sexual health, experts suggest that public health initiatives should focus on helping individuals feel more at ease with their sexuality, reducing feelings of guilt, and supporting the development of long-term relationships. **Adinew et al., (2013)** an institution-based cross-sectional survey was conducted among 642 regular undergraduate Wolaita Sodo University students selected by simple random sampling. Only 54.5% of respondents had a clear understanding of their reproductive and sexual rights, indicating a generally low level of awareness among students.**Saragoglu et al., (2014)** conducted a study on "Youth Sexual Health: Sexual Knowledge, Attitudes, and Behaviour among Students at a university in Turkey" found that the rate of students who had received sexual health education was 32.0%, and 15.3% had previously used a sexual health service.Among the students surveyed, 11% of females and 50.3% of males reported having engaged in sexual intercourse. Among those who were sexually active, 46.6% stated that they did not use any form of contraception. Condoms were the most commonly used method, chosen by 37.6% of

students. Contraceptive use was higher among students who had received sexual education (58.7%) compared to those who had not (43.9%). **Lally et al., (2015)** carried out a study on Awareness of sexually transmitted infection and protection methods among university students in Irelandand found thata total of 74.2% of students recalled receiving sexual education in high school, with 84% finding it beneficial. However, only 51.8% remembered being taught about sexually transmitted infections (STIs). Additionally, 44.4% believed that STIs do not pose a long-term health risk. Among respondents, 90.7% were sexually active, and 10.3% had contracted an STI. Contraceptive use was high, with 94.7% of sexually active students using protection, primarily condoms. Regarding sexual activity in the past two years, 69.1% had engaged in penetrative vaginal intercourse, 86.4% in oral sex, and 19.2% in anal sex without a condom. Women were more likely to take the initiative in condom use to prevent STIs. **Soleymani et al., (2015)** in their studya cross-sectional study to explore postgraduate students' understanding of and beliefs about sexual and reproductive health in a public university, Malaysia**.** Among the 434 respondents, the majority were female (78.6%) and single (78.3%). The average age was 27 years, with participants ranging from 20 to 46 years old. The primary sources of information on sexual and reproductive health were newspapers (61.8%) and the internet (78.6%). Nearly all students (97.9%) were aware that AIDS is a sexually transmitted infection.Majority of them (92.1%) thought that shaking hands were the way that sexually transmitted illnesses were transmitted. According to 88.4% of respondents,

using condoms is the best method to prevent STDs. Students' age, marital status, and faculty were all substantially correlated with their understanding of sexual and reproductive health.**Sweya et al., (2016)** in their studyContraceptive knowledge, sexual behavior, and factors associated with contraceptive use among female undergraduate university students in Kilimanjaro region in Tanzania. A cross-sectional study conducted between May and June 2015 among undergraduate female students from four universities in the Kilimanjaro region found that while most participants were aware of contraception, its usage remained low. The majority were sexually active, with most initiating sexual activity at 18 years or older. The most commonly used contraceptive methods were condoms, withdrawal, and periodic abstinence. Key sources of information on contraception included friends (44.8%), television (40.3%), and healthcare workers (39.0%). **Birhanu et al., (2018)** in their study on "Sexual and Reproductive Health Services Use, Perceptions, and Barriers among Young People in Southwest Oromia, Ethiopia" revealed that 36.5% had availed themselves of sexual and reproductive health services. The primary service requested, accounting for 67.2% of cases, was advice on sexual and reproductive health, followed by seeking treatments, which accounted for 23.3% of cases. The primary (65.0%) provider of sexual and reproductive health care was health centres. Marital status, sexual activity, communication between fathers and children, religion, and area of residence showed a significant correlation with the utilization of sexual and reproductive health services. Barriers to

accessing sexual and reproductive health services include a lack of knowledge about SRH, negative perceptions, embarrassment, fear of social judgment, cultural restrictions, concerns about privacy and confidentiality, and limited availability of service. Mwamba et al., (2022) conducted a study on Sexual and reproductive health knowledge of postgraduate students at the University of Cape Town, in South Africa. Most postgraduate students are well-informed about sexual and reproductive health, including contraception, Pap smears, and breast exams, STIs, HIV, and AIDS. Female respondents showed greater awareness of Pap smears and breast inspections. Nearly half (49%) felt no need for additional contraceptive information. Lecturers were a key source of knowledge, highlighting the institution's role in SRH education.

2.1. IMPLICATION OF THE REVIEW

The review on the available literature shows that many research studies has been conducted abroad on sexual awareness or sexual health of university students, and these studies revealed that majority of the students are provided sex education in their high school and were sexually active; students are aware about various protection methods with condoms being the most commonly employed method and also are aware about STIs and STDs. Nevertheless, in India very limited studies have been conducted so far, as majority of the studies aremostly concentrated on college or school level and no studies has been conducted with a sole focus on the sexual health awareness of PG students. Therefore, the present study is an attempt on the part of the investigators

to study the Sexual Health Awareness level among Post Graduate students of Nagaland University.

3. SIGNIFICANCE OF THE STUDY

Every nation, society, and community should prioritize the well-being of its people. Equipping young individuals with knowledge, positive attitudes, values, and essential life skills empowers them with countless advantages. These skills can enable children and adolescents to make informed decisions, solve problems, engage in critical and creative thinking, communicate effectively, cultivate good relationships, empathize with others, and manage their lives in a healthy and productive manner *(Lalnunfeli et al., 2019)*.Sexual health is a vital component of one's total well-being. Sexual health encompasses more than the lack of disease. It encompasses pleasant and respectful relationships, consent, enjoyment, and the capacity to make well-informed decisions regarding one's sexual behaviours. It covers a wide range of topics, such as sexual rights, sexual identity, sexual pleasure, and reproductive health. Lack of sexual health awareness can bring out the dangers of sexual activity such as sexually transmitted infections (STIs), HIV/AIDS, unintended pregnancy, sexual coercion, and sexual violence *(Anderson., 2013)*. By promoting sexual health education, awareness, and access to services, we can foster a society in which individuals can experience positive and fulfilling sexual encounters while acknowledging their own and others' rights and boundaries*(HBC Editors., 2024)*.According to a newspaper report by The Nagaland Post on August, 2024, Nagaland is currently the second most affected

state in terms of HIV/AIDS India. Also, the latest study reports from National AIDS Control Organization (NACO) 2023,estimations have shown that the HIV prevalence rate in Nagaland was 1.37%which is higher than that of the national average 0.26%. So, it remains a significant cause for concern in the fight against HIV/AIDS. Therefore, having sexual health awareness is very important for the youngsters for the overall well-being of the students. The literature review indicates thatno studies have been found related to sexual health at any level of education or Sexual Health Awareness of the Post Graduate studentsin particular, in the state of Nagaland. Furthermore, there is no consensus on the incorporation of sex education into the curricula of schools, colleges, and universities. Hence, it would be intriguing to figure out the students' awareness level regarding sexual health.

VARIABLES OF THE STUDY

1. Study variables: Awareness towards Sexual Heath
2. Demographic variable- Gender, Locality of Residence and Schools of study

OBJECTIVES OF THE STUDY

The study comprises of the following objectives;

1. To study the levels of sexual health awareness of post graduate students of Nagaland University.
2. To find out the significant difference in the mean scores of post graduate students towards sexual health awareness with regard to their gender,

locality of their residence and schools of study (School of Humanities & Education, School of Management Studies, School of Sciences and School of Social Sciences).

3. To study whether there is any significant relationship between Gender and Sexual health awareness.
4. To study whether there is any significant relationship between Locality of residence and Sexual health awareness.

5. RESEARCH QUESTION

What is the status of Sexual Health Awareness of Post Graduate students of Nagaland University?

4. HYPOTHESES OF THE STUDY

Ho1: There is no significant difference in the mean scores of post graduate students towards sexual health awareness with regard to their gender.

Ho2: There is no significant difference in the mean scores of post graduate students towards sexual health awareness with respect to their locality

Ho3: There is no significant difference in the mean scores of post graduate students' towards sexual health awarenesson the basis of their Schools of study(School of Humanities & Education, School of Management Studies, School of Sciences and School of Social Sciences)

Ho4: There is no significant relationship between gender and sexual health awareness.

Ho5: There is no significant relationship between locality of residence and sexual health awareness.

7. METHODS AND MATERIALS

Based on the nature, the objectives and hypotheses of the study, the present study, was carried out by using descriptive survey method. The data was collected and analysed quantitatively. Therefore, a quantitative research design was employed for the study.

7.1 POPULATION OF THE STUDY

The population of the study comprised of all the Post graduate students of Nagaland University, Kohima Campus.There are a total of 924PG students *(Students Enrolment status, 2024)*enrolled in the 11 departments under the four Schools of Study (School of Humanities & Education, School of Management Studies, School of Sciences and School of Social Sciences).

7.2 SAMPLE AND SAMPLING TECHNIQUE

The sample of the present study consists of 300 Post Graduate students studying at Nagaland University, Kohima Campus who were randomly selected by using stratified random sampling technique. The sample of the study was stratified on the basis of gender, locality and schools of study.

7.3 TOOL USED

The Sexual Health Awareness Scale (S.H.A.S)

developed by Stuti Parasha Kashyap, Ashwathy A N, Shalini Pai, Serena Ajith4, Akhila Asokan, Grace Maria Jochan, Trina Banerjee (2022) was used to find out the sexual health awareness of the PG students. The Scale is 5 point Likert scale and consists of 48 statements in which 25 items are positive and 23 items are negative. The scoring procedure of the scale is for the positive items, Strongly Agree- 5, Agree is -4, Neutral-3, Disagree-2 and Strongly Disagree- 1, whereas, for negative items Strongly Agree- 1, Agree is -2, Neutral-3, Disagree-4 and Strongly Disagree-5. The maximum score is 240 and the minimum score is 48. The Sexual Health Awareness Scale presented high ratings in reliability areas; internal consistency was 0.805 and has good content validity. The score interpretation of the scale is as follows

Total Score Interpretation.
177 - 240 High level of Sexual Health Awareness
113 - 176 Average level of Sexual Health Awareness
48 - 112 Low level of Sexual Health Awareness

8. ANALYSIS AND INTERPRETATION OF DATA

Descriptive statistics such as mean and standard deviation; inferential statistics such as independent sample t-test, one way ANOVA and Point- biserial correlation was employed to analyze the data.

Table 2: Levels of Sexual Health Awareness of PG Students

Sl. No	Levels of Sexual Health Awareness of PG Students	F	Percentage
1	High level	66	22%
2	Average level	222	74%
3	Low level	12	4%
Total		**300**	**100%**

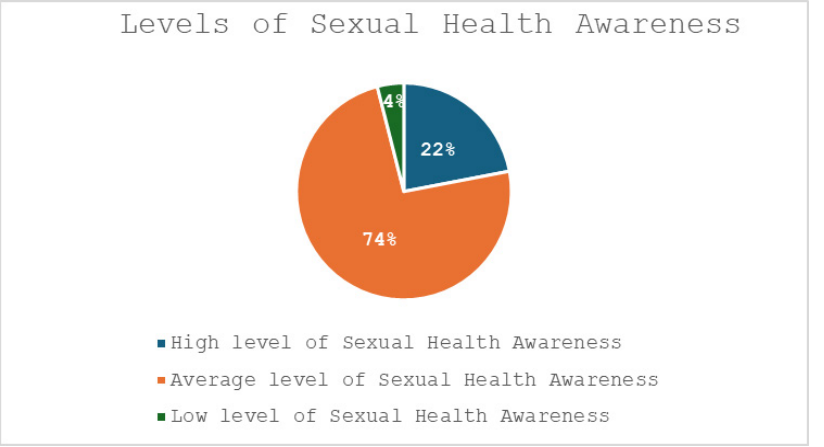


Figure No.1: Pie chart of Levels of Sexual Health Awareness among Post Graduate students of Nagaland University.

Table No 2 indicates the awareness level on Sexual Health Awareness of Post Graduate Students of Nagaland University, Kohima Campus. 22 % of the Post graduates students have a high level of sexual health awareness, 74% have Average level of Sexual Health Awareness and only 4 % have low level of Sexual health Awareness. Thus,

the study reveals that majority of the PG students falls under average level of Sexual health awareness.

Table 3: Mean, SD and t-values of Post Graduate students' level of Sexual Heath Awareness with regard to their Gender.

Gender	N	Mean	SD	SED	t-value
Female	175	169.95	11.63	1.99	4.175** (p=0.00)
Male	125	161.63	20.00		

***Significant at 0.01 level*

Table 3 shows that,regarding the level of Sexual Health Awareness of post graduate students,the obtained p-value stands at 0.00 which is lesser than 0.01. Hence, the null hypothesis *(Ho1) 'there is no significant difference in the mean scores of post graduate students towards sexual health awareness with regard to their gender'* is rejected. Thus, Differences exist between Female and Male students. Also, from the above table, it is found that Female students have higher level Sexual Heath Awareness than that of the Male Students.

Table 4: Mean, SD and t-values of Post Graduate students' level of Sexual Heath Awareness with regard to their Locality of Residence

Locality	N	Mean	SD	SED	t-value
Rural	126	166.23	15.12	1.89	0.233@ (p=0.812)
Urban	174	166.67	16.67		

@: Significant at 0.05 level

Table No. 4. Shows the critical ratio between the mean scores of sexual health awareness level between Rural and Urban Post Graduate Students of Nagaland University is at 0.233 which is lesser than the threshold value (1.96) at 0.05 level of significance. The p value is greater than 0.05 (p=0.812). Thus, the null hypothesis *Ho2 'there is no significant difference in the mean scores of post graduate students towards sexual health awareness with respect to their locality'* is accepted. Therefore, there is no significant difference in the sexual health awareness level of Post Graduate students with regard to their locality of residence.

Table 5: Summary of one-way ANOVA: Sexual Health Awareness with regard to their Schools of study

Source	**Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
Between groups	8149.079	3	2716.360	11.48.000**	
Within Groups	70047.868	296	236.648		
Total	78196.947	300			
Mean Scores of Schools of Study					
School of Humanities & Education	**School of Management Studies**	**School of Sciences**	**School of Social Sciences**		
169.77	152.51	172.18	163.94		

***Significant at 0.01 level*

From the above table, it is evident that the F-value which is 11.478 which is significant at 0.01 level of significance ($p<0.01$) with df=3/296. It shows that the mean scores of post graduate students in their level of Sexual Health Awareness with regard to their Schools of study differ significantly. Thus, the null hypothesis *Ho3 'there is no significant difference in the mean scores of post graduate students' towards sexual health awareness on the basis of their type of study (School of Humanities & Education, School of Management Studies, School of Sciences and School of Social Sciences)'*is rejected, which signifies that there is significant difference in the level of sexual health awareness among post graduate students on the basis of their type of study. Additionally, the mean score of the School of Sciences is higher than that of the other type of study, which explains that the postgraduate students under the School of Sciences are more aware and knowledgeable in relation to sexual health.

Table 6: Post Hoc Analysis for Level of Sexual Health Awareness with regard to schools of Study.

(I) Type of study	(J) Type of Study	Mean Difference (I-J)	Std. Error	Sig.
SHE	SM	17.26	3.19	.000**
	SS	-2.41	4.03	.550@
	SSS	5.83	1.98	.004**

SHE	-17.26	3.19	.000**
SMSS	-19.67	4.85	.000**
SSS	-11.43	3.35	.001**
SHE	2.41	4.03	.550@
SS SM	19.67	4.85	.000**
SSS	8.24	4.15	.048*
SHE	-5.83	1.98	.004**
SS SSS	11.42	3.35	.001**
SS	-8.24	4.15	.048*

**. The mean difference is significant at the 0.05 level.*

It is evident from the above table (Table No: 6) that the level of sexual health awareness of post graduate students from Schools of Humanities & Education and post graduate students of School of Management studies differs significantly (P<0.01), whereas the PG students under Schools of Humanities & Education and PG students of Social Sciences has no significant difference (P<0.05), and PG students under Schools of Humanities & Education and School of Social Sciences also differ significantly (P<0.01).

In continuation, the level of sexual health awareness of post graduate students from School of Management Studies and post graduate students of School of

Humanities & Education differs significantly (P<0.01), also the PG students under School of Management Studies and PG students of Social Sciences significant difference exist (P<0.01), and PG students under School of Management Studies and School of Social Sciences also differ significantly (P<0.01).

Additionally,the level of sexual health awareness of post graduate students from School of Sciences and post graduate students of School of Humanities & Education has no significant difference (P<0.05), also the PG students under School of Sciences and PG students of Management studies significant difference exist (P<0.01), and PG students under School of Sciences and School of Social Sciences also differ significantly (P<0.01).

Lastly, the level of sexual health awareness of post graduate students from School of Social Science and post graduate students of School of Humanities & Education differs significantly(P<0.01), also the PG students under School of Social Sciences and PG students of Management studies significant difference exist (P<0.01), and PG students under School of Social Sciences and School of Sciences also differ significantly (P<0.05).

Table 7: Point- Biserial Correlation between Gender and Sexual Health Awareness

Variables	**Pearson Correlation Coefficient**	**p-value**
Gender and Sexual Health Awareness	-.254**	.000

In Table No. 7 the analysis of point-biserial correlation shows that there is a negative and significant relationship between the grouping variable i.e. gender and continuous variable i.e. Sexual Health Awareness as the p-value (p=0.00) is lesser than 0.01 level of significant. Hence, the null hypothesis *(Ho4) 'there is no significant relationship between Gender and sexual health awareness'* is rejected. Thus, significant relationship exists between Gender and sexual health awareness.

Table 8:Point- Biserial Correlation between Locality and Sexual Health Awareness

Variables	**Pearson Correlation Coefficient**	**p-value**
Locality and Sexual Health Awareness	.014**	.816

Table 8 indicates that the p value (p=0.81) is greater than

0.05 level of significant. Thus, the null hypothesis *(Ho5) 'there is no significant relationship between locality and sexual health awareness'*is accepted. Therefore, there is no significant relationship between locality and sexual health awareness.

9. FINDINGS AND DISCUSSION

The present investigation attempted to find out the levels of sexual health awareness among post graduate students. It was found that majority of the students (74%) fall under average level and 22% falls under high level

on sexual health awareness. This finding is contradicting with the study conducted by **Soleymi et al (2015)** among post graduate students in Malaysia where the level of knowledge on sexual and reproductive health was low and not satisfactory.

As per the gathered data, it was revealed that female students have higher awareness level on Sexual Health than that of male students. A probable reason for such case could be that sexual healthconcerns women more than men as they experience menstrual cycle and related problems like PCOS/PCOD, pregnancy, have to undergo abortion and miscarriages and so on.

It was also found that students from urban and rural areas have the same level on sexual health awareness. Hence, it can be said that there is no significant difference on the awareness level on sexual health among the post graduate students with regard to their locality. This can be due to easy access of smartphones, awareness programmes organised by the government at school level and formation of Red Ribbon Club at college level.

The study further revealed that students under School of Sciences have a higher mean score in comparison to the other three schools and this can be due to difference in the course of study. As for science students, early exposer to topics related to sex, sexual and reproductive health may have played a significant role in their knowledge and awareness in relation to sexual health.

A point biserial correlation was conducted to examine the relationship between gender and Sexual Health

Awareness. The result revealed a statistically significant negative correlation between the two variables, where $r_{pb} = -.254$, $p < .01$.

Additionally, a point biserial correlation was used to find the relationship between locality and sexual health awareness.The result showed that $p>0.05$ ($p=0.81$) which signifies that there is no significant relationship between the two variables.

10. EDUCATIONAL IMPLICATIONS

Based on the findings of the present study, some implications are suggestedwith the hope to improve and enhance the awareness level of the Post Graduate students of Nagaland University.

i. In Nagaland, sexual health is one of the most neglected areas in terms of curriculum coverage at all levels of education. Stakeholders should ensure that all levels of education in the state address at least fundamental topics related to sexual health, thereby enhancing the student's understanding of sexual health. In order to achieve positive and healthy sexual behaviors, they must be well equipped with the necessary knowledge and information regarding sexual health.

ii. The mean score demonstrates that female students have a higher awareness of sexual health as compared to male students. Insufficient awareness may result in ignorance, which can adversely affect sexual health, therefore impacting

physical, emotional, and psychological well-being. Therefore, concern authorities are to ensure that adequate programmes relating to sexual health should be organised for the students.

iii. The study revealed that significant difference exist in all the four schools of study, hence, the students may be provided with various kinds of Add on courses on health and sex education at the PG levelthrough online SWAYAM MOOCS platforms.

iv. Health awareness programmes and health campaigns should be organised from time to time by the University Medical Health Centre in collaboration with state agencies, Health and Family Welfare Department, Nagaland State AIDS Control Society (NSACS) and other NGOs bodies to sensitize students on sexual health related problems and to fight against the misconceptions and fallacy surrounding sexual health among the students which can boost their attitudes towards sexual health matters.

v. Adequate activities such as workshops, seminars, debates, quizzes can be introduce at Secondary school level and college level so that the students will be well oriented in relation to sexual health.

11. CONCLUSION

The finding of the current study showed that the level of sexual health awareness among the PG students is moderate and misconceptions regarding sexual matters

and issues persist. Inadequate awareness may expose students to the danger of sexually transmitted illness *(soleymani et al., 2015)*, including HIV/AIDS, STIs/STDs, and unintended pregnancies.Therefore, it is recommended that the students should enrolled for online courses related to sexual health such as in the SWAYAM MOOCs platform to foster a positive, healthy, and knowledgeable perspective on sexual health. To conclude, the study indicates a necessity for more research on sexual health and associated issues among the youth especially in the NorthEastern region of India.

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