



## Study of Sex education among students and study of cultural, social and other constraints in india

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**Introduction** : Sexuality is essential component of healthy element for young people. Sex education teaches our young ones about sexual intimacy, but also enlightens them on their reproductive systems, birth control, and

sexually transmitted diseases. The purpose of this research is to examine the attitude of college students towards sex education. Subjects included 60 college students, 30 Rural and 30 urban students from Arts College in Gujarat State (India). The instrument used in this study is social attitude scale (measurement battery) towards sex education scale, had reliabilities of .56 to .87 on the dimension within the total scale. Data were analyzed using t-Test; findings indicated that students were supportive of sex education. Girls generally favored such education more compare to the boys. And same in the case of Urban and Rural also the urban students were found more favorable. It was also observed that those students who are matured and grown normally were having more favorable attitudes toward the concepts of sex education.

**Keywords:** Young People, Sexuality Education, Joint United Nations Programme on HIV/AIDS (UNAIDS), Human immunodeficiency virus infection / acquired immunodeficiency syndrome (HIV/AIDS).

More than biological specifics, sex education should also include social and moral behaviour, proper attitudes and values towards sex, love, family life and interpersonal relations in the society. Due to growing incidences of HIV/AIDS, RTIs/STIs and teenage pregnancies, there is a need to impart sex education among youth. The problem of over-population also demands family life education, including family planning as a priority, as many of the young people are about to be married and should be aware of the responsibilities they have. A study on child abuse in India, conducted by the Ministry of Women and Child Development, reports that 53 percent of boys and 47 percent of girls surveyed faced some form of sexual abuse [8]. Therefore, family life education might help the vulnerable young population to be aware about their sexual rights and empower them to protect themselves from any undesired act of violence, sexual abuse and molestation. India's National Population Policy also reiterates the need for educating adolescents





about the risks of unprotected sex [9]. Furthermore, the provision of family life education might result into multiple benefits to the adolescent boys and girls. This might include delayed initiation of sexual activity, reduction in unplanned and early pregnancies and their associated complications, fewer unwanted children, reduced risks of sexual abuse, greater completion of education and later marriages, reduced recourse to abortion and the consequences of unsafe abortion, curb the spread of sexually transmitted diseases including HIV

### **A Cultural Challenge**

Public discussion of topics of a sexual nature are widely considered as taboo in the Indian society, therefore acting as a barrier to delivery of adequate and effective sexual education to Indian adolescents. Sex education at school level has attracted strong objections and apprehension from all areas of the society, including parents, teachers, and politicians, with its provision banned in six states which include Maharashtra, Gujarat, Rajasthan, Madhya Pradesh, Chhattisgarh, and Karnataka. Legislators contend that it corrupts the youth and offends “Indian values,” leading to promiscuity, experimentation, and irresponsible sexual behavior. Some opponents argue that sex education has no place in a country such as India with its rich cultural traditions and ethos. These views lie at the heart of the traditional Indian psyche and will need to be approached tentatively with psychological insight when challenged. Expertise from healthcare professionals along with patience and time will be required in order to bring about what is likely to be a gradual change in the existing conservative attitudes.

### **A Changing Climate and the Role of the Media**

Proponents argue that these conservative views are outdated in a fast modernizing society such as India, with an ever-growing adolescent population adopting rapidly evolving attitudes toward sex. Mass media has had a highly influential, yet mixed impact, on the Indian way of life. By helping bring sexual topics into discussions through the powerful mediums of television, radio, and the internet, it has allowed recognition of the urgent need to address the misinformed or uninformed youth. With studies showing that the majority of parents do not accept the responsibility for providing sex education, with 88% of the male and 58% of the female students in colleges in Mumbai reporting that they had received no sex education from parents. They were left to resort to information they gather from books, magazines, youth counselors, and through pornography, with its increasing accessibility in recent times. Those exposed to sexually implicit



content on the television and internet is more likely to initiate early/premarital sex, which comes with a host of negative implications which they often find themselves unequipped to deal with. This applies to a quarter of India's young people who indulge in premarital sex. A recent study states cable television is associated with a significant decrease in the reported acceptability of domestic violence toward women and a general increase in women's autonomy, potentially through increased participation of women in household decision-making.<sup>[14]</sup> Such ideas can be supplemented and reiterated through FLE in schools, involving medical staff, teachers, and peers by correcting the attitudes toward inequalities arising from the traditional perception of gender roles in India. Reports of United Nations Children's Fund, UNAIDS, and the United Nations Population Fund support the effectiveness of sexuality education program in the USA and other parts of the world in recent decades. India can also stand to reap such benefits from wide-spread implementation of the similar program, especially with data to suggest a strong willingness and receptiveness of adolescents, particularly females to being properly educated in this area.

### **Gender Issues**

The long-standing tradition in which girls are married very early, especially in rural areas, often to men much older gives rise to many pregnancy-related problems. Complications arising from the pregnancy and unsafe abortions are a leading cause of death among women aged 15–19 years, with 20% of the group experiencing childbearing before 17 years of age, with pregnancies often closely spaced. The risk of maternal mortality among adolescent mothers stands twice as high that of mothers aged 25–39 years. Education about family planning, conception, and contraception could ameliorate the situation and give the young women the opportunity to make their own informed decisions.<sup>[15]</sup> However, in rural areas socioeconomic barriers such as lack of literacy and school attendance can stand as barriers to the primary level at which sex education acts as a preventive measure. For instance, data from major household surveys suggest that the prevalence of perceived importance of FLE was relatively high among the youth (81%) in India. However, only 49% of women actually received FLE due to vast demographic and socioeconomic differentials within the population. Only the relatively mature unmarried women (20–24 years) residing in urban areas with more than 10 years of education, engaged in



nonmanual occupation, and coming from better-off families had higher prevalence of perceived importance of and receiving FLE than others.

### **The HIV Epidemic**

More importantly, adolescents in the age group of 15–24 years contribute to a disproportional 31% of AIDS burden in India, despite the whole demographic comprising about 25% of the country's population. According to the last UNAIDS report,<sup>[16]</sup> there were 2300,000 people of 15 years and above, living with HIV in India, with one youth infected with HIV/AIDS almost every 15 s (Population Foundation of India, 2003). In India, 19% of girls and 35% of boys have comprehensive knowledge of both HIV and AIDS. Evidence suggests that early diagnosis and treatment of STIs/reproductive tract infections (RTIs), which include behavior change through education among the target groups, has the potential to reduce considerably the transmission of STIs/RTIs. This includes information about the spread of the disease, contraception, and sexual health screening tests. In this way, well-designed school sex education can help combat the culture of ignorance, hesitation, shame, and fear associated with the disease in the community, from which the disease is born. This can only be achieved by scrapping away deep rooted and widely accepted misconceptions and speculations.

### **A Tool to Combat Rising Sexual Abuse and Violence**

Prevalence of sexual abuse, violence, and physical abuse are increasing among the adolescence and are increasingly co-occurring with substance abuse. A study on child abuse in India, conducted by the Ministry of Women and Child Development, reports that 53% of boys and 47% of girls surveyed faced some form of sexual abuse.<sup>[17]</sup> Therefore, FLE might help the vulnerable young population to be aware about their sexual rights and empower them to protect themselves from any undesired act of violence, sexual abuse, and molestation. The nongovernmental organization (NGO), Nari Raksha Samiti, had submitted that sexuality education in school curricula could play a role in addressing the rise of rape cases in India. Adolescents find themselves at a vulnerable stage of their lives where influences of peer pressure can be conducive to socially unacceptable and perhaps even criminal group behavior. The rapidly emerging rape culture among youth needs to be addressed and stopped at the earliest possible instance. This requires concentrated efforts not only from institutions and organizations, but also from individuals as members of that society, as sexual offenders often have mental



health and psychosocial risk factors that incite, maintain, and perpetuate the offence. This can be achieved through education about sex and drugs and teaching the use of ethical and moral principles to govern their actions, in order to discourage ambiguity and the development of careless, unhealthy, and potentially dangerous attitudes. The Committee on the Rights of the Child (CRC, WHO), published guidelines in 2013 on the rights of children and adolescents and issued guidelines on states' obligations to recognize the special health and development needs and rights of adolescents and young people. This has been further envisaged in WHO Report in 2014 titled “health for the world's adolescents.” In order to adhere to these guidelines when providing sex education, the expertise of healthcare professionals becomes indispensable in educating not only the students but also the teachers educating them.<sup>[10],[18]</sup> Psychiatrists and psychologists have a key leadership role in constructing focused FLE program which introduce these potentially emotionally challenging issues to the youth of India with consideration of psychosocial and cultural factors.

### **A Human Right Perspective**

Sexuality education is perceived as a basic human right that falls under the broader title “reproductive rights” as emphasized by reputable NGO's such as the Family Planning Association of India and International Planned Parenthood Federation as well as the World Association for Sexual Health (WAS). The recent revision to the WAS Declaration of Sexual Rights (2014) emphasizes the need at statement 10 - The right to education and the right to comprehensive sexuality education that everyone has the right to education and to comprehensive sexuality education. Comprehensive sexuality education must be age appropriate, scientifically accurate, culturally competent, and grounded in human rights, gender equality, and a positive approach to sexuality and pleasure ([www.worldsexualhealth.org](http://www.worldsexualhealth.org)), on the basis that sex education impacts general health, adaptation to the environment, quality of life, and helps to live optimally by choice.<sup>[19]</sup> With India being one of the signatories to the 1994 United Nations International Conference on Population and Development (ICPD), it is obliged to provide free and compulsory comprehensive sexuality education for adolescents and young people as part of commitments made under the ICPD agenda. According to the United Nations Human Rights Council Report by not providing sex education, this violates the human rights of Indian adolescents and young people as recognized under international law.



## **The Structure of the Current National Programmes in India**

The current existing program of sexual education incorporate in the Indian curriculum is termed adolescent FLE and was proposed by National AIDS Control Organization and the Ministry of Human Resources and Development. The major objectives of family life/sex education (FLE) can be broadly described as follows:

To develop emotionally stable children and adolescents who feel sufficiently secure and adequate to make decisions regarding their conduct without being carried away by their emotions

- To provide sound knowledge not only of the physical aspects of sex behavior but also its psychological and sociological aspects, so that sexual experience will be viewed as a part of the total personality of the individual
- To develop attitudes and standards of conduct that will ensure that young people and adults will determine their sexual and other behavior by considering its long-range effects on their own personal development, the good of other individuals, and welfare of society as a whole.

More specifically, the program includes but is not limited to the following topics: Human sexual anatomy, sexual reproduction, reproductive health, reproductive rights and responsibilities, emotional relations, contraception, and other aspects of human sexual and nonsexual behavior.

### **Shortcomings of the Programme**

Previous backlash with regards to the provision of sex education in schools has meant that a conservative approach has been adopted. Talking about reproductive and sexual health issues (TARSHI), a NGO in New Delhi argues after review of the material covered in this new curriculum, that it is lacking components that are essential to comprehensive sexuality education.<sup>[20]</sup> Their critique of the new curriculum stems from the 60,000 + calls they have received on the helpline they run on sexual information. People of all ages call the confidential helpline seeking information about sexual anatomy and physiology, counseling and referrals regarding sexuality and reproductive health issues.

Analysis showed that 70% of the callers were below 30 years of age, while 33% were in the age group of 15–24 years, which indicates that young people do have the need, but lack an adequate authentic source to receive appropriate and correct information in a positive manner. It suggests that the curriculum imposes beliefs and values on young people that prevent them from





clarifying their own beliefs and values and discourages them from making their own decisions. The subjects which seem to be ill-addressed by the current curriculum include puberty and the body, conception and contraception, healthy relationships and communication, gender identity, body image, and HIV prevention.

Among those who received formal family life/sex education, household surveys reveal that the majority did, in fact, feel that FLE answered many of their anxieties/queries and the teacher/trainer explained the subject well. However, 21% of men and 37% of women also reported that they felt embarrassed while attending family life/sex education. This, in a way, suggests that the curriculum and the method of teaching should be context-specific and culturally sensitive.

A closer look at the demographic profile of the TARSHI helpline callers demonstrates that calls come from married individuals more so than unmarried individuals. This illustrates how queries do not only arise as a result of teenage experimentation, but sexuality information is also needed for those who are older and have spouses and careers and children. Myths regarding sexuality issues, even among the elderly and educated people, can be illustrated though looking at popular columns in the Indian newspapers, such as Dr. Mahendra Watsa's column in Mumbai Mirror. This existing lack of knowledge can also be rectified for the long-term through improving provision of sex education in schools, youth clubs, and government programs. Another way of targeting the adult population in addition to the youth is through proactive training of general practitioners and other health professionals to impart crucial knowledge at a primary care level that evidently a considerable proportion of the Indian adult population lacks.

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