

Adolescents and their need for sex-education

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Young individuals aged 10-19 comprises over one-fifth of our country's population. They are growing in number and yet they are the most deprived generation when it comes to access to information, services and policy recommendations. Therefore, if their development is overlooked it can take enormous proportions.

Adolescence is a period of life typically characterised by relatively good health in which vulnerability to infectious childhood diseases is greatly reduced and the illnesses of adulthood and old age are still further off. However, it is during adolescence that patterns of behaviour are formed, which largely determines a person's adult health and longevity. As young people enter puberty, new health concerns arises which are related to their sexual and reproductive maturation, and the behaviours that follow. Responsible, mutually respectful and caring behaviour in adolescence promotes and enhances harmonious and healthy relationships, and help to promote future family formation and parenthood.

Considering that human sexuality has been found to have a biological dimension, a behavioral dimension, a clinical dimension as well as a cultural dimension, let us try to examine what adolescent sexuality is all about and the important perceptions and attitudes towards sex education that exist today. Through this article it is argued about the need and approach to sex education.

Emerging trends

Existent literature reveals that early sexual initiation can lead to tragic social, economic and health consequences. In recent years factors such as increased travel, tourism, migration, the global availability to mass media, changes in family structures, loosening of traditional constraints, rather early start to puberty as well as late marriages, are leading to changing patterns of sexual behaviour among young people.

In urban areas young people today marry later and many indulge in premarital sex. They are thus at more risk of unwanted pregnancy, and STDs. Because of gender inequity, adolescent girls are more vulnerable to high-risk sexual relations. In developing countries 20% to 60% of teenage pregnancies and births come sooner than planned. Given the highly conservative attitudes towards sexual behaviour in India, not many studies have tried to elicit information on sexual behaviour. Still the studies done so far shows that even in our traditional Indian society, both rural and urban, adolescents are engaging themselves in sexual activity (Jejeebhoy: 1996). Though many of the studies may have their limitations regarding their study design and methodology and may not be conclusive proofs, they are indicators of disturbing trends. It is alarming.

One can summarise the trends as follows:

- Increase in Sexually Transmitted Disease prevalence among young people
- Rapid increase in HIV infections among 15-24 years
- Inadequate knowledge about reproductive health and needs
- Early marriage and early pregnancy
- High fertility rates among adolescents

- Huge proportion of unwanted teenage pregnancy

Need for sex-education

Current information show that adolescents are inadequately informed regarding their own sexuality, physical well being and their health, the major source of information being the media and peers. Whatever knowledge they have is incomplete and confused. Low rate of educational attainments, limited sex education activities, and inhibited attitudes towards sex, attenuate this ignorance leading to unwanted pregnancy, illegal abortion, mortality and morbidity among young girls. Knowledge differs based on gender, education, and place of residence with uneducated rural girls having the least information. Interviews with boys and girls reveal an inherent gender bias in relations, and a double standard favouring boys prevails. In our societies, ‘good’ girls are not supposed to know about sex, thus forbidding girls from seeking information.

A study conducted by Family Planning Association of India in 1991 among teenagers, showed that about one-fourth of the respondents expressed their acceptance of premarital sexual contact, indicative of the trends that are emerging in Indian society (FPAI: 1992). A survey done with 959 adolescent girls on the issues of sexuality shows that regardless of age and education all the subjects have expressed the need for the introduction of sexuality education into academic curriculum (Maitra, et.al: 1994). Another study in rural Maharashtra way back in 1989 conducted by SEARCH, reveals that nearly half of the unmarried girls had sexual intercourse, indicating the need to provide sexual health education even in the villages. The low social and economic status of women and girls in India and their high rates of illiteracy and ignorance about sex and reproductive physiology make them particularly vulnerable to STDs and RTIs. Early intervention by targeting adolescent girls with family life and sex education as well as programme to improve their self confidence and social status may be an effective way to safe guard their future health status (Bhende: 1994).

Adolescents need the opportunity to express positive relationship and constructive behaviours and to learn skills and acquire knowledge. They need access to information, counseling and services that will help them to establish healthy relationships and protect them from unwanted pregnancy and STDs.

Attitude to sex-education

Sex-education and reproductive health programmes for young adults often face opposition but research has shown that these programmes do not lead to early sex or promiscuity. There is a constant debate going on amongst parents, policy makers and educators on whether or not one should teach young people about sex and reproduction in schools. On the contrary, it encourages individuals to respect the integrity of their own body and life and to have a better understanding of their responsibilities towards other people.

A large number of parents, politicians and the public prefer to take an impotent attitude towards unwanted sexual behaviour and are reluctant to shoulder the responsibility of providing sex education thus leaving the young ones to educate themselves. It is primarily because they are not comfortable with their own sexuality. Many teachers feel that they lack skill to impart sex education.

Content of sex – education:

The education system is also ambivalent about imparting sex education. Since 1994, Population Education has been introduced in the formal school system, but aspects of reproductive health and sexuality are missing. Sex education activities initiated by National Council of Educational Research and Training (NCERT) are euphemistically referred to as “adolescent” education, and are imparted not as a separate subject but as part of existing population education activities (Jejeebhoy: 1996).

In recent years, the importance of sex education has been recognised to a great extent on account of the AIDS pandemic. Unfortunately, most sex education is mostly negative. It is about the hazards of casual sex, the shame of unmarried pregnancy and the dangers of acquiring HIV. It is very difficult to assess exactly what is happening in schools at present. There is a general debate about content of sex education programme. Some schools felt that some information about sexually transmitted diseases should be given and some others felt that no information about homosexuality or masturbation should be given. But the sex education should not be confined only to AIDS awareness but should contain all aspects of sexuality, for example, reproductive physiology, psychological aspects during adolescence, menstruation, conception, infections, contraception, preparation for relationship, etc.

Efforts made so far

Orientation and training of adolescents and youths are being carried out by a number of institutions like Tata Institute of Social Sciences, Bombay Municipal Corporation, Government and clubs like Rotary and Lions. FPAI-SECRT (Family Planning Association of India-Sexuality Education, Counseling, Research and Training) have recently started a project on “Enhancing Sexual and Reproductive Health of Young Persons” with the main aim of extending information on issues related to human sexuality, sexual and reproductive health, marriage preparations, responsible parenthood, gender issues, contraception, prevention of STDs and also to develop peer group counselors. Through ICDS government is trying to reach out adolescent girls, though it is not implemented uniformly throughout the country. Therefore, in rural areas, health workers and teachers can be trained to impart this knowledge. There have also been attempts to establish hotline services to encourage young people to postpone sex.

CHETANA an NGO in Ahmedabad, Gujarat, started to run Sexuality Education workshops in 1990 as a part of residential health camps for adolescents through an interactive manner using role plays, games, reading materials and small group discussions. The effort showed a positive change in many young people. Institute of Health management Pachod, another NGO in Maharashtra, has developed a one-year training manual for adolescent girls. A school in Gujarat placed letterboxes and the students were told to drop their queries and their anonymity was assured. Later a trained counselor answered their queries in pre-arranged group sessions. Inroads can thus be made in culturally sensitive ways to address the reproductive health information needs of the adolescents. Their experiences can be sought to promote and protect the health of adolescents. But all these efforts are not adequate.

Efforts to be made

Through all these efforts short time success could be achieved but the question of long term success remains. Sex education should be an ongoing process, starting from childhood, thus laying the foundation of a healthy sexuality. Educational programmes must be proposed

that are as clear and accurate as possible, and which respect individuals, families and their sense of values. The approach to sex education should be simple and truthful, affirming that sexuality exists in all human beings. The points that need to be kept in mind are the age of the child, interests and ability to understand. Innovative ways of providing this information in a non-threatening environment that allows adolescents to raise their own concerns need to be replicated at the school and community levels. Equally important, innovative ways of overcoming adult resistance to education on these sensitive topics need to be developed (Jejeebhoy: 1996).

Sex education, therefore, cannot logically be only giving certain facts or training in relevant skills nor imposing a particular attitude towards 'Sexual Morality'. What it must achieve is the maximum possible degree of knowledge and understanding concerning sexual behaviour. Any type of sexuality education should adopt the following four essential steps (Maitra, et.al: 1994):

1. Self evaluation of ones own attitude and beliefs
2. Unlearning of the debris of myths and mis-interpretations
3. Relearning
4. Practice

Therefore, while formulating any kind of sex education programme the following points need to be kept in mind:

- Clear definition of aims and objectives
- Explication of the issue of the context and structure of sex education.
- Preparation of new and creative teaching aids.

It is necessary to strive for the achievement of total coverage, i.e. every adolescent in both rural and urban areas. Also strategies needs to be drawn out for the evaluation for effective implementation of the programmes

Conclusion

Whatever said and done, amidst all these initiatives, one can see that there is a need to provide first hand information to adolescents on sexuality, sexual behaviour and supplying adequate knowledge about hazards of early sex. It is important to make them understand the correct implications of sexuality, so that they are equipped to make appropriate choices and to harmoniously blend traditional values with modern ones. This is the primary responsibility of all those who feel for the younger generation as they are an important segment of the society not only because of their sheer number but due to their potential contributions in the future. Youth sexuality needs to be geared in a positive way for both boys and girls to give it a meaning. It is an investment for their future as adults, for the children they will have and for society as a whole.

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