**REVIEW ON SEX EDUCATION**  **IN CHENNAI DISTRICT**

C.Yogeshwari[[1]](#footnote-1)

Dr.S.Thirumal[[2]](#footnote-2)

**Abstract:**

Adolescence is a crucial stage in a person's life. To ensure a healthy reproductive life, prevent STDs, and prevent unintended pregnancies, children and students at this age should be taught about sex education. Since sex education is a lifetime process, it need to be included in all educational programs starting in childhood and continuing through adulthood. to assess school-age teenagers' current knowledge of biological changes in their bodies, reproductive health, and school-sex education. The purpose of this study was to determine the knowledge and attitudes of school-age teenagers in all Chennai districts regarding the delivery of sex education Materials and procedures To find out how much knowledge school-age children had about sexual and reproductive health, a cross-sectional study methodology was employed. An assessment of adolescents' knowledge on sexual and reproductive health was conducted using a self-designed, semi-structured questionnaire, involving 84 participants between the ages of 18 and 25. Out of 84 responses 71.4% for girls and 28.6% for boys. The overall people support the sex education is compulsory for school students for understanding the biological changes in their own body. The 72.6% people says doesn`t have proper guideness to teach sex education to their children and 41.7% of people says we want medium level education for our country. The 58.3% of people says the students accruing knowledge about sex through media. The 77.4% of people said sex education should be taught by both parents and teachers.

Keywords: Sex education, Girls, Boys, Adolescents and Rape

**Introduction :**

The term adolescence comes from Latin word meaning “to grow to maturity”. According to WHO 10-19 years is called adolescents. Sex education broadly comprises of instructions on human sexuality which is an embodiment of physical, psychological, emotional, social and relational components of human relationships. It is pertinent note that UNESCO Project met with serious moral and ideological opposition in India. In India many before 18 years of age and 22% of them give birth to their first child even before they attain the legal age for marriage (in India, the legal age of marriage is 18 years for girls and 21 years for boys). Poverty, unemployment, criminality, sexual harassment, discrimination based on gender and ethnicity, and the effects of social change on individuals, families, and communities are all included in sex education. Teenagers must therefore receive preventive treatments because these habits are similar and all promote healthy personal development. Poverty, unemployment, criminality, sexual harassment, discrimination based on gender and ethnicity, and the effects of social change on individuals, families, and communities are all included in sex education. Teenagers must therefore receive preventive treatments because these habits are similar and all promote healthy personal development. Poor infrastructure and lack of human resources to deal with adolescent specific reproductive health issues make the issue of sex education not only relevant but also important from a human rights perspective. Sex education can act as a stop or preventive measure against sex abuse. There is ample evidence from research to support the fact that sex education and HIV risk reduction program significantly reduce HIV risk in the adolescent and young population. It is estimated that 21 million girls between the ages of 15-19 in developing countries become pregnant every year and 12 million give birth. Sex education is the best way to help adolescents protect themselves from HIV/STDs and unintended pregnancies; it should be a lifelong learning process based on knowledge, skills, and a positive attitude. It also helps young people enjoy relationships and sex that are built on values like mutual respect, enjoyment, negotiation, and positive knowledge.

Beginning in childhood and extending into adulthood, as well as being a vital component of lifelong learning, should be sex education. All kids, teens, and adults—including those who struggle with emotional or physical learning—should have access to it. In addition to being an essential human right, health education plays significant functions in human life. It can support the growth of strong communication abilities, self-esteem, and an understanding of health and illness-related information. Young people are misinformed and encouraged to have low self-esteem due to a combination of myths, stigma, secrecy, lack of knowledge, social disparities, and negative media messages. This misinformation can result in unplanned pregnancies, STIs like HIV/AIDS, deeply unhappy and damaging relationships, and incorrect knowledge about sex. The lack of a clear protocol for sex education has resulted in unclear educational services about content, methodologies, norms, and regulations, as well as how these services should be provided in various socioeconomic and cultural contexts. Since it tackles one of the most delicate facets of the human experience, sexuality, sexuality education is a topic loaded with moral judgments and values. For these reasons, it can be seen as a complicated intervention. In many cultures, educating young people about sexuality before to marriage is extremely delicate.

In India 33% of women are married at the age of 15 and almost 2/3nd by the age of 18 only 7% of married adolescents in India lose any one method of contraception. Adolescence lacks information about sexuality. The years of adolescence and youth are marked by the psychodynamics of change, be it interpersonal, intrapersonal and extrapersonel. Sexual awakening among young girls is a time of confusion. When they are unable to express and articulate their sexual needs and desires. The need for demand in growing in developing countries for sexual and reproductive programs for young people research indicates the current programmes do not match the needs and health seeking behaviors of young people. Behavioral theories and experts agree that adolescence must be thought generic and health specific skills necessary for adapting healthy behavior On May 15, 2007, the chief minister of Madhya Pradesh shivraj singh chouhan removed sex education from the state curriculum on the grounds that it offended Indian values, acting on the advice of rashtriya swayamsevak sangh (RSS) ideologue dinanath batra. Batra suggested that yoga be added to the curriculum instead. However, in 2018, when the modi government came into action, sex education was made compulsory for the country`s school curriculum. However, instead of calling it sex ed, it was called “school health program,” and it included everything right from educational about puberty, menstruation, good touch, and bad touch, safe sexual behaviours, nutrition to mental health. The sex education is given by United States. WHO (2009), concept about sexual health, is an integration of physical, emotional, intellectual, and social aspects of sexuality in a way that positively enriches and promotes personality communication and love. Padmini Prasad (2005***)*;** said sex education is the need of the hour and it should involve telling adolescence about physical growth, psychological and responsible sexual behavior. Right place to inculcate is in schools.

**Review of literature**:

According to Yepoyan(2014 "You should start talking to people about safer sex and sexual choices by the age of eleven." According to him, sex education is a continuous process of learning and developing one's attitudes, values, and beliefs. It includes interpersonal relationships, sexual development, and sexual and reproductive health. The lack of a clear protocol for sex education has resulted in unclear educational services about content, methodologies, norms, and regulations, as well as how these services should be provided in various socioeconomic and cultural contexts. Since it tackles one of the most delicate facets of the human experience, sexuality, sexuality education is a topic loaded with moral judgments and values.

According toWood (2011), viewing education as the main instrument in producing equal life chances is unwise because that would require the precondition that outside-school influences must also be equalized such as family income and cultural expectations. In a society where girls and women are viewed as unequal to boys and men, there is little possibility for schools to compensate and so equalize girls` life chances. Being a girl might be seen as one of these benefits, since girls do better in many aspects of schooling as to sammon (2012).

Wuchu et al. (2002) [[3]](#footnote-3)grounded the transformative role of education in improving the health in this way “through education, one develops capacities on many levels that increase one`s sense of personal control, mastery, and self-direction: the habits and skills of communication and analytic skills. Because education develops one`s ability to gather and interpret information and to solve problems on many levels, it increase one`s potential to control events and outcomes in life.

Darroch et al. (2001*)[[4]](#footnote-4)* examined that societal attitudes toward sexuality appear to be a bit more related in Europe, and adults appear to be much more accepting of teenage sexuality. However, attitudes toward teenage pregnancy are much more negative in Europe than in the United States, which may account for lower pregnancy rates The lack of a clear protocol for sex education has resulted in unclear educational services about content, methodologies, norms, and regulations, as well as how these services should be provided in various socioeconomic and cultural contexts. Since it tackles one of the most delicate facets of the human experience, sexuality, sexuality education is a topic loaded with moral judgments and values.

**Research gap :**

All the researchers and authors discussed about the consequences of students without sex education in future and also the students or children at this age should be taught about sex education in order to lead a healthy reproductive life, to prevent sexually transmitted diseases and to avoid unwanted pregnancies research said about the compulsory and purpose of sex education for students between the age of 10 to 18 in schools’ circumstances and also teach by both parents and teachers. In the purpose of understanding the biological changes in their own body and to avoid the early pregnancies and avoid the rape and sexual harassments to girls.

**Statement of the problem :**

The implications of not teaching our children about sexual health issues are numerous and include STIs, unwanted pregnancies, sexual violence, abortions, loss of family or social esteem, and psychosexual problems. Parents, educators, legislators, and others have expressed great opposition to and fear of sex education in schools, and it is currently illegal in six states: Maharashtra, Gujarat, Rajasthan, Madhya Pradesh, Chhattisgarh, and Karnataka.

In India, there were 2300000 adults over the age of 15 living with HIV, and there was one new HIV/AIDS case for every fifteen years, according to the most recent UNAIDS data (Population foundation of India, 2003).

**Objectives:**

1. To identify the recognize that sex education improves children's and teenagers' attitudes regarding sexual and reproductive health behaviors while also helping them understand the male and female bodies.
2. To verify the sexuality education is vital to stop and oppose sexual assault, sexual exploitation, and sexual abuse of minors.
3. To identify the essential part of HIV prevention and has proven effective in fostering healthy sexual habits to prevent sexually transmitted infections.
4. To examine the teaching children is the fundamentals of puberty, physical changes, and development, sex education also gives them a thorough understanding of their bodies and teaches them how to refuse unwelcome sexual practices.
5. To evaluate sex education promotes social and emotional competencies that contribute to academic achievement, reduced risk-taking and healthy relationships.

**Methodology:**

The primary and secondary data forms the foundation of the entire investigation. Using well-structured questionnaire techniques, 87 respondents from the Chennai district provided the primary data. The planned questionnaire had information on all names, gender, age, educational attainment, teaching level, and other characteristics gathered. The secondary data were gathered from government reports, dissertations, theses, and other reputable national and international publications, as well as from the relevant relevant articles

**Results and discussions:**

Table 1

Personal details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.no | Particulars | No. of respondents | Percentage | |
| Gender | Male | 61 | 71.8 | |
| Female | 26 | 28.2 | |
|  | Total | 87 | | 100 |
| Age | Less than 18 | 20 | | 23.5 |
| 19 to 21 | 56 | | 64.7 |
| 22 to 25 | 8 | | 9.4 |
| Above 25 | 3 | | 2.4 |
| Total | 87 | | 100 |
| Education | School students | 2 | | 2.3 |
| College students | 79 | | 90.6 |
| Others | 6 | | 7.1 |
| Total | 87 | | 100 |

|  |  |  |  |
| --- | --- | --- | --- |
| Sex education taught by | Group | 77 | 89.4 |
| Single | 10 | 10.6 |
| Total | 87 | 100 |

Source: primary data

Among the gender of respondents 71.8% were belongi9ng to the male, the gender of respondents 28.2% were belonging to the female respondents. It clearly shows the difference between 9.8% the respondents , this shows that the both the gender it is clear that the between both females have know about sex education. According to the age of respondents 22to 25 are 9.4% and 19 to 21 are 64.7% were highest rate age of respondents and also 23.5% of respondents are less than 18. The education level of 5the respondents are school students are 2.3% and college students were highest rate is 90.6% and others are 7.1% of respondents . the sex education taught by group is supported by 89.4% respondents and single is supported by 10.6% of respondents.

Table 2

The sex education be taught from middle school onwards

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.no | Particulars | | No of respondents | | Percentage | |
| 1. | To create awareness | | 64 | | 74.1 | |
| 2. | To avoid future consequences | | 18 | | 20 | |
| 3. | To avoid early pregnancy | | 4 | | 5.9 | |
|  | | Total | | 87 | | 100 |

Source: primary data

The total 87 respondents were the 74.1% of people said sex education should be taught for to create awareness among students and 20% of respondents were said to avoid future consequences and 5.9% of respondents were said to avoid early pregnancy.

Table 3

Sex education be taught in age

|  |  |  |  |
| --- | --- | --- | --- |
| S.NO | Particulars (age) | No of respondents | Percentage |
| 1. | 10 to 15 | 34 | 38.8 |
| 2. | 15 to 18 | 49 | 57.6 |
| 3. | 18 to 21 | 4 | 3.6 |
|  | Total | 87 | 100 |

Source: primary data

The total 87 respondents were the 57.6% of people support the sex education should taught in the age of 15 to 18 and lowest percentage 3,6% of people said sex education is should be taught in 18 to 21 and also 38.8% of respondents were support the age of 10 to 15 of children.

Table 4

The sexual education should be taught to the students

|  |  |  |  |
| --- | --- | --- | --- |
| S.no | Particulars | No of respondents | Percentage |
| 1. | Co-education | 84 | 96.5 |
| 2. | Only for girls | 2 | 2 |
| 3. | Only for boys | 1 | 1.5 |
|  | Total | 87 | 100 |

Source: primary data

The 84 respondents out of 87 respondents support the sex education should be thought in co-education for the students and the least number of people support the way of sex education only for boys and 2% of people support the way of sex education only for girls.

Table 5

The sex education is playing a role in teenagers’ behavior

|  |  |  |  |
| --- | --- | --- | --- |
| S.no | Particulars | No of Respondents | Percentage |
| 1. | To understand the opposite gender feelings | 30 | 34.1 |
| 2. | To understand the biological changes | 45 | 52.9 |
| 3. | To prevent the sexual related diseases | 7 | 8.2 |
| 4. | Other changes | 5 | 4.8 |
|  | Total | 87 | 100 |

Source: primary data

The 52.9 percentage of people sex education is playing a role in teenagers behaviors to understand the biological changes of our body the least number of percentage is 4.8% of people sex education is playing a role in teenagers behavior for other changes in our body and 34.1% of people were to understand the opposite gender feelings and also 8.2% of people were to prevent the sexual related diseases.

Table 6

The reason for not knowing the importance of sex education

|  |  |  |  |
| --- | --- | --- | --- |
| s.no | particulars | No of respondents | Percentage |
| 1. | Doesn`t have proper guideness | 62 | 71.8 |
| 2. | Parent`s carelessness | 7 | 8.2 |
| 3. | Teacher`s carelessness | 7 | 8.2 |
| 4. | Other reasons | 11 | 11.8 |
|  | Total | 87 | 100 |

Source: primary data

The 71.8 percentage of people reason for not knowing the importance of sex education is does not have proper guideness a neural number of people the reason for not knowing the importance of sex education is both teacher’s and parent’s carelessness

Table 7

Level of education is needed for sex education

|  |  |  |  |
| --- | --- | --- | --- |
| S.no | Particulars | No of respondents | Percentage |
| 1. | Basic level | 25 | 28.2 |
| 2. | Advance level | 26 | 29.4 |
| 3. | Medium level | 36 | 42.4 |
|  | Total | 87 | 100 |

Source: primary data

The 42.4 % of people said that medium level of education is needed for the sex education and 28.2% of people said basic level of education is needed for the sex education and 29.4% of people were advance level of education is needed for the sex education.

Table 8

Platform the students are acquiring knowledge about sex education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.no | Particulars | | No of respondents | Percentage |
| 1. | Through media | | 49 | 57.6 |
| 2. | Through society | | 16 | 17.6 |
| 3. | Through the math of peer students | | 9 | 10.6 |
| 4. | Any other way | | 13 | 14.1 |
|  | Total | 87 | | 100 |

Source: primary

The 57.6% of people said the platform of the students are acquiring knowledge about sex education is through media and 10.6 % people said through the myth of peer students and 17.6% of people said the through society and also 14.1% of people said the any other way.

Table 9

The sexual education will be effective

|  |  |  |  |
| --- | --- | --- | --- |
| S.no | Particulars | No of respondents | Percentage |
| 1. | Parents | 11 | 14.2 |
| 2. | Teachers | 9 | 8.2 |
| 3. | Both | 67 | 77.6 |
|  | Total | 87 | 100 |

Source: primary data

The 77.6% of people said the way of sexual education will both effective on both parents and teachers and 8.2% of people said only teachers for teaching sex education in effective way and 14.2% of people said only parents for teaching sex education in effective way

Table 10

Awareness of sex education

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | No of respondents and percentages | | | | | | |
| S.no | | Questions | Yes | % | Maybe | | % | No | % |
| 1. | | Are you aware of sex education | 65 | 74.7 | 7 | | 8 | 15 | 17.2 |
| 2. | | During recent days there is increase in number of teen pregnancies is that due to sex education or not | 24 | 27.6 | 28 | | 32.2 | 35 | 40.2 |
| 3. | | Is sex education lowers the rate of early teen pregnancies | 46 | 50 | 6 | | 12.5 | 35 | 38.5 |
| 4. | | Nowadays, is teachers are capable of teaching students in an effective way regarding sex education | 27 | 30.5 | 28 | | 31.5 | 32 | 38 |
| 5. | | Is our country’s education system is ready for teaching sex education | 24 | 26.4 | 32 | | 37.3 | 31 | 37.3 |
| 6. | | Whether sex education is an important subject matter or not | 77 | 85.5 | 3 | | 6.1 | 7 | 8.4 |
| 7. | | Will sex education lead to early sexual debate among the students | 33 | 40.8 | 16 | | 16.1 | 38 | 43.1 |
| 8. | | Do you feel comfortable discussing the matters regarding sexuality among your peer groups | 55 | 63.2 | 16 | | 18.4 | 16 | 18.4 |
| 9. | whether you will support sex education | | 79 | 91 | | 1 | 1 | 7 | 8 |

Source: primary data

The 65 respondents out of 87 of people are aware of sex education and 7 respondents are not aware of sex education and 15 respondents said the maybe aware about of sex education The 40.2% of people maybe during recent days there is increase in number of teen pregnancies is that due to sex education and 32.2% of people disagree and 27% of people agree. The 50% of people support the sex education is lowers the rate of early teen pregnancies and 38.5% of people said maybe and 12.5% of people disagree. The 38% of people maybe nowadays, is teachers are capable of teaching students in an effective way regarding sex education, the 30.5% of people agree and 31.5% of people disagree The 37.3% of people is disagree our country’s education system is ready for teaching sex education. And 37.3% of people said age. The 85.5% of people agree the sex education is important subject matter in our education system and 6.1% of people disagree. The 43.1% of people maybe sex education will lead to early sexual debate among the students and 40.8% of people agree. The 63.2% of people agree that feel comfortable discussing the matters regarding sexuality among our peer groups and 18.4% of people disagree. The 91% of people support the sex education is should be compulsory in our education system and 1% of people disagree.

**Suggestions :**

The sex education is should be compulsory we want in our school curriculum and the way of teaching the sex education should be for both girls and boys together’ The sex education should be taught by both parents and teachers in school and home because the way of teaching to our kids or our students is important.

Sex education is preventing the early pregnancies, rape, sexual diseases. to create awareness among the parents and teachers. In our country culture system wants to develop and adopt the sex education to our students.

School and home don’t teach the sex education means the students acquiring the knowledge through media or myth of peer students.

Nowadays rape and early pregnancies rates are increase maybe without sex education is also a point for that offences.

**Findings**:

Nowadays, most of the people aware about the sex education but they said sex education should be taught group at the age of 10 to 21 for the school students.

. To create more awareness among the students about the sex education to prevent more consequences in future as like, to stop pre-pregnancies, sexually transmitted diseases, etc…

Sex education maybe taught the students means they should understand the opposite gender feelings, biological changes, to prevent the sexual related diseases etc..,

Most of the people support the compulsory sex education also consider as a subject to the students in classroom because to avoid shyness to talk about changes in their body to express others what really happens.

**Limitation of study**:

Adults may think adolescents will try sex if they receive sex education because they may view sex education as a motivation for sexual awareness. There is a lack of skilled teachers in teaching sex education because some find it painful and discomforting to teach sex education topics in school. By educating kids on sex at an early age, it pollutes their minds and enhances their curiosity, leading to try it out once or even forcing someone to do it Sexual education, in many cases, goes against an individual’s morals and beliefs. Also, most schools do not teach ‘abstinence’. Instead, they focus on having safe intercourse, which many religions and family values object before marriage. Sex education is against the culture norms. Some people believe that sex education is a private issue that should be dealt with outside of school.

**Conclusion**:

Sex education should be compulsory in every school. Comprehensive sex education is important for young people to prepare themselves for any bodily changes and maintain their healthy and hygienic well being. Sex education doesn’t promote to have sex, which should be realized by the parents. Most teenagers find themselves in compromising situations of unwanted pregnancies and even sexually transmitted diseases due to lack of information. This proves that sex education is important in schools and at home, since it covers all topics from reproduction, sexuality, contraceptives, and relationships among others. Sex education and sexuality is unaccepted in many communities and also among some parents, adolescents feel shy and scared to talk about sex education, some adolescents hesitate to reply about sex education especially girls.

**References**:

1. Bansal RD, Mehra M.,” Adolescent girls an emerging priority”, Indian J Public health. (1998); issue no.42 (1), vol no.1-2 PP 225-250. [pub med] [Google scholar]
2. Menon S., “Adolescent health issues, public health update”, Issue no.1,vol no.3PP 116-120,(2002)
3. Maria Lameiras Fernandez, “ Sex education in the spotlight”, International, journal of policy sciences and law (IJPSL) vol no. 1, issue 4, PP 5-6(2004)
4. Lamelas, Claudia Alicia Coronado; Henderson, David Lesley, “Adolescent sex education knowledge in American schools of Mexico” – report publication issue no. 43, vol no.(5); page no.2-3 (2001)
5. Lynne Hillier ,“Conducting effective sexual health and relationships education with young people in schools- factors for success a literature review of Latrobe University: (2000) PP 10-15
6. Ana E. Madrid, “Sex education: a review of literature”, University of Texas at El Pas ,issue no. 2, vol no.10, PP 226-230 (1999)
7. Christine M. Hartman,” School-based sexuality education: A review and critical analysis of relevant literature”; issue 3, vol.no 6(4) PP 110-115, ( 2019)
8. Maria Maqbool and Hafsa Jan,“Importance of sex education in schools: literature review”, International journal of home science, issue no.5;vol no.1 page no.124-130 (2019)
9. Keshab Chandra Halder,“Attitude towards sex education of teachers, parents and adolescents from Noida district in West Bengal”, International journal of multidisciplinary education research, issue no1(7). ,vol no.10 PP 556-560 (2010)

1. C.Yogeshwari; Course: B.COM LLB (Hons) 3rd year; School Of Excellence;, TamilNadu Dr.Ambedkar Law University; TamilNadu India Chennai- 600113; Mail id: [cyogeshwari02@gmail.com](mailto:cyogeshwari02@gmail.com) [↑](#footnote-ref-1)
2. Dr. S. Thirumal, M.Com., M.Phil., MBA., PGDCA., Ph.D, ;Assistant Professor of Commerce ;School of Excellence in Law ;The Tamil Nadu Dr. Ambedkar Law University; Chennai – 600113 TamilNadu India Mobile: 9443978290 ;Email: drthirumal20@gmail.com [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)