

COMPREHENSIVE AND AGE APPROPRIATE SEXUALITY EDUCATION: THE NEED TO ADDRESS SEXUALITY IN SCHOOLS

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ABSTRACT

Preparing children and young people for the transition of adulthood has always been one of the humanity's great challenges, with human sexuality and relationships at the core. Few young people receive adequate preparation for their sexual lives. This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs) including HIV (UNESCO, 2009).

Effective sexuality education can provide young people with age-appropriate, culturally relevant and scientifically accurate information. Effective sexuality education is a vital part of HIV prevention and is also critical to achieving Universal Access targets for reproductive health and HIV prevention, treatment, care and support (UNAIDS, 2006).

A study was conducted to understand the knowledge and attitude of parents, teachers and students. The study was conducted in nine-Districts of Karnataka State, India covering 288 parents, 288 teachers and 1296 students. The findings indicate that the knowledge level is poor among the students and they have requested to include Sexuality Education in the school curricula. Teachers and Parents have also shown their inclination towards introducing Sexuality Education in High Schools.

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

INTRODUCTION

Preparing children and young people for the transition of adulthood has always been one of the humanity's great challenges, with human sexuality and relationships at the core. Few young people receive adequate preparation for their sexual lives. This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs) including HIV. Many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender. This is often exacerbated by embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents and teachers, at the very time when it is most needed. There are many settings globally where young people are becoming sexually mature and

active at an earlier age. They are also marrying later, thereby extending the period of time from sexual maturity until marriage (UNESCO, 2009).

The sexual development of a person is a process that comprises physical, psychological, emotional, social and cultural dimensions (WHO, 2002). It is also inextricably linked to the development of one's identity and it unfolds within specific socio-economic and cultural contexts. The transmission of cultural values from one generation to the next forms a critical part of socialization; it includes values related to gender and sexuality. In many communities, young people are exposed to several sources of information and values (e.g. from parents, teachers, media and peers). These often present them with alternative or even conflicting values about gender, gender equality and sexuality. Furthermore, parents are often reluctant to engage in discussion of sexual matters with children because of cultural norms, their own ignorance or discomfort.

Adolescents, Young People and HIV

Worldwide, 2.5 million [2.2 million-2.8 million] people became newly infected with HIV in 2011. In 2011, 1.7 million [1.5 million-1.9 million] people died from AIDS-related causes worldwide. Further, in 2011, there were 34 million [31.4 million-35.9 million] people living with HIV (UNAIDS, 2012).

Today, there are 1.6 billion people aged 12-24, the largest generation of adolescents and young people ever! (SG Report, 2012). In 2010, young people aged 15-24 accounted for 42 per cent of new HIV infections in people aged 15 and older. Among young people living with HIV, nearly 80 per cent (4 million) live in Sub-Saharan Africa (UNAIDS, 2012). Globally, young women aged 15-24, have HIV infection rates twice as high as in young men, and account for 22 per cent of all new HIV infections and 31 per cent of new infections in Sub-Saharan Africa (UNAIDS, 2011). Further, many adolescents living with HIV were born with the virus (UNICEF, 2011). Thus, adolescents, young people and HIV are interconnected with each other.

Knowledge

According to the most recent population based surveys in low and middle income countries, only 24 per cent of young women and 36 per cent of young men responded correctly when asked five questions on HIV prevention and HIV transmission (UNAIDS, 2011). Thus, it is evident that main cause for the spread of HIV is lack of knowledge.

Gender Inequalities

In 2010, 12 per cent of the 135 million children born that year were born to women aged 15-19, and a further 32 per cent were born to women aged 20-24 (SG Report, 2012).

In some countries with high HIV prevalence, 30-50 per cent of girls give birth to their first child before their 19th birthday! (UNICEF, 2011).

It is estimated that, in the last decade, over 58 million girls were married before the age of 18 years; of which, 15 million were 10-14 years old. Many were married against their will, often experiencing violence (UNICEF, 2005). When girls have access to education, they are less likely to marry early (SG Report, 2012).

Gender-based Violence

Violence and the threat to violence hampers women's, including young women's and

adolescents, ability to protect themselves from HIV infection and/or to make smart decisions regarding sexual health (UNAIDS, 2012).

The prevalence of forced first sex among adolescent girls younger than 15 years ranges between 11 per cent and 48 per cent globally (WHO, 2005).

Vulnerability of Key Populations

Adolescents who sell sex or use drugs are at higher risk of HIV infection. They also may not have access to information, sterile injecting equipment and services such as HIV testing and support (UNICEF, 2011).

Meeting the Challenge

At the 2006 United Nations High Level Meeting on AIDS, governments of the world committed “to ensure an HIV-free future generation through the implementation of comprehensive, evidence based prevention strategies, responsible sexual behavior, including use of condoms, evidence and skills-based youth specific HIV education, mass media interventions, and the provision of youth friendly health services (UNGASS, 2006).

Age-appropriate sexuality education can increase knowledge and contribute to more responsible sexual behavior. Around 50 per cent of such programmes evaluated in a 2006 review of 83 evaluations showed decreased sexual risk-taking among participants (UNICEF, 2011).

In many countries, sexual activity is initiated in early adolescence, before age 15 (SG Report, 2012). As evidence shows that sexual activity among young people is a reality, there is a need to take action to empower them to make responsible and informed decisions in regards to sexual and reproductive health, HIV and gender equality, as well as addressing gender-based violence (SG Report, 2012).

Programmes to prevent HIV infections among young people will be more effective if they include combination prevention approaches that are youth-friendly, and promote comprehensive services that include sexuality education, knowledge of HIV, access to sexual and reproductive health services, and discussion on harmful sexual norms and practices (UNAIDS, 2010).

Formulation of the Problem

Young people face increasing pressures regarding sex and sexuality including conflicting messages and norms. On the one hand, sex is seen as negative and associated with guilt, fear and disease, but through the media and friends, it is portrayed as positive and desirable. Such pressures may be perpetuated by a lack of accurate information, skills, and awareness of their rights and by gender expectations.

Knowledge about HIV transmission remains low in many countries, with women generally less well informed than men. According to UNAIDS (UNAIDS, 2008), many young people still lack accurate, complete information on how to avoid exposure to HIV. Survey data from 64 countries indicate that only 40 per cent of males and 38 per cent of females aged 15 to 24 had accurate and comprehensive knowledge about HIV and its prevention (UNAIDS, 2008).

We have choice to make: leave children to find their own way through the clouds of partial information, misinformation and outright exploitation that they will find from media, the internet, peers and the unscrupulous, or instead face up to the challenge of providing clear,

well informed, and scientifically-grounded sexuality education based in the universal values of respect and human rights.

What Is Sexuality Education?

Sexuality Education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality (UNESCO 2009).

Effective sexuality education is a vital part of HIV prevention and is also critical to achieving Universal Access targets for reproductive health and HIV prevention, treatment, care and support (UNAIDS, 2006). Comprehensive sexuality education can radically shift the trajectory of the HIV epidemic, and young people are clear in their demand for more – and better – sexuality education, services and resources to meet their prevention needs.

Thus, the awareness about comprehensive sexuality education has to be implemented in schools. But for the success of any education, the knowledge and attitude of the students has to be ascertained. In this backdrop, the problem formulated for the present study was to understand the knowledge and attitude among students for introducing sexuality education in secondary schools.

AIM OF THE STUDY

The study aimed at understanding the knowledge and attitude of parents, teachers and students on sexuality education in secondary schools.

SPECIFIC OBJECTIVES OF THE STUDY

In pursuance of the aim of the study, some of the specific objectives that were set for the study included:

- To study the knowledge about sexuality education among parents, teachers and students.
- To study the attitude of parents, teachers and students towards introducing sexuality education in schools.
- To know whether imparting sexuality education in secondary schools is required or not. If yes, what should be the content/curriculum and who should deliver to the students.
- To suggest measures on the basis of the findings of the study, to improve the awareness among students on sexuality education.

RESEARCH METHODOLOGY

Effective sexuality education can provide young people with age-appropriate, culturally relevant and scientifically accurate information. It includes structured opportunities for young people to explore their attitudes and values, and to practice the decision-making and other life skills they will need to be able to make informed choices about their sexual lives. The present study was undertaken to understand the knowledge and attitude of parents, teachers and students towards introducing sexuality education in secondary schools.

The place chosen for the present study was nine-Districts in Karnataka State namely Bangalore Rural, Tumkur, Dharwad, Gadag, Bidar, Gulbarga, Chamarajanagar, Mysore and Dakshina Kannada. Students of secondary schools in the age group of 13-17 years studying from 8th to 10th standard constituted the study group or the universe. Multi-stage random sampling method is adopted in this study. Details of sample design is furnished in Table 1.

Table 1. Sample Design for Students of 9 Districts (Full Study)

Class	Private School			Government School			TOTAL
	Co-education School		Exclusively Girls' School	Co-education School		Exclusively Girls' School	
	Male	Female	Female	Male	Female	Female	
VIII	72	72	72	72	72	72	432
IX	72	72	72	72	72	72	432
X	72	72	72	72	72	72	432
TOTAL	432		216	432		216	1296

A descriptive diagnostic design was adopted to study the knowledge and attitude of parents, teachers and students towards introducing sexuality education in schools. Questionnaire was prepared by the researcher with inputs from subject experts to obtain the students' baseline information like District, Government or Private School, Co-Education or Exclusively Girls' School and Gender. Broadly, the questionnaire consisted "Knowledge" and "Attitude" related questions. Knowledge related questions covered aspects related to [i] Relationships, [ii] Values, attitude and skills, [iii] Culture, society and human rights, [iv] Human development and [v] Sexual and reproductive health. Attitude questions related to introducing sexuality education were also included.

For the parents, there were 20 questions related to knowledge and three attitude related questions. For the teachers, there were 20 questions related to knowledge and four attitude related questions. And finally, for the students, there were 31 questions related to knowledge and 10 attitude related questions.

In total, the study covered 288 parents, 288 teachers and 1296 students. Data pertaining to sexuality education related to relationships, values, attitude and skills, culture, society and human rights, human development, sexual and reproductive health were gathered. The data obtained was analyzed using statistical analysis. Student's 't' test, Chi-Square Test, Analysis of Variance and Co-efficient of Correlation were employed to find out the statistical significance between male and female respondents among the students.

FINDINGS OF THE STUDY

Knowledge and Attitude of Parents

- In knowledge questions, percentage of mean score to maximum score is 83.65 per cent. This indicates that parents have good knowledge and the sexuality education content they have suggested needs to be part of the curriculum.
- In attitude related questions, percentage of mean score to maximum score is 87.33 per cent. This indicates that parents' attitude is to include sexuality education as part of the school curriculum (Table 2).

Table 2. Descriptive Statistics of Knowledge and Attitude Questionnaire of Parents Studied

	Knowledge	Attitude
Number of items	20	3
Mean	16.73	2.62
Median	19.00	3.00
Standard Deviation	4.84	0.75
Maximum Score	20	3
% of Mean Score to Maximum Score	83.65%	87.33%

Knowledge and Attitude of Teachers

- In knowledge questions, percentage of mean score to maximum score is 82.20 per cent. This indicates that teachers have good knowledge and the sexuality education content they have suggested needs to be part of the curriculum.
- Teachers have indicated that they require training to impart sexuality education effectively in the schools.
- In attitude related questions, percentage of mean score to maximum score is 76.50 per cent. This indicates that teachers' attitude is to include sexuality education as part of the school curriculum (Table 3).

Table 3. Descriptive Statistics of Knowledge and Attitude Questionnaire of Teachers Studied

	Knowledge	Attitude
Number of items	20	4
Mean	16.44	3.06
Median	19.00	4.00
Standard Deviation	4.59	1.31
Maximum Score	20	4
% of Mean Score to Maximum Score	82.20%	76.50%

Knowledge and Attitude of Students

- In knowledge questions, percentage of mean score to maximum score is 56.72 per cent. This indicates that students do not have good knowledge and understanding about sexuality education. Hence, students need to be taught on sexuality education in schools.
- In attitude related questions, percentage of mean score to maximum score is 67.5 per cent. This indicates that there is a need to develop the attitude of students towards sexuality education (Table 4).

Table 4. Descriptive Statistics of Knowledge and Attitude Questionnaire of Students Studied

	Knowledge	Attitude
Number of items	32	10
Mean	18.15	6.75
Median	18.00	7.00
Standard Deviation	7.93	1.87
Maximum Score	32	10
% of Mean Score to Maximum Score	56.72%	67.5%

SUGGESTIONS

As evidence shows that sexual activity among young people is a reality, there is a need to take action to empower them to make responsible and informed decisions with regard to sexual and reproductive health, HIV and gender equality, as well as addressing gender-based violence. For this, while introducing Sexuality Education in schools, the learning objectives should cover the following four components in the learning process:

Information: Sexuality education should provide accurate information about human sexuality including growth and development, sexual anatomy and physiology, reproduction, contraception, pregnancy and child birth, HIV and AIDS, Sexually Transmitted Diseases (STIs), family life and interpersonal relationships, culture and sexuality, human rights empowerment, non-discrimination, equality and gender roles, sexual abuse and gender-based violence.

Values, Attitude and Social Norms: Sexuality education should offer students opportunities to explore values, attitudes and norms (personal, family, peer and community) in relation to sexual behavior, health, risk-taking and decision-making and in consideration of the principles of tolerance, respect, gender equality, human rights and equality.

Interpersonal and Relationship Skills: Sexuality education should promote the acquisition of skills in relation to decision making, assertiveness, communication, negotiation and refusal. Such skills can contribute to better and more productive relationships with family members, peers and friends.

Responsibility: Sexuality education should encourage students to assume responsibility for their own behavior as well as their behavior towards other people through respect, acceptance, tolerance and empathy for all people regardless of their health status or sexual orientation.

Teachers and Parents: Further, there is a need to train teachers and develop their skills in imparting sexuality education by adopting participatory pedagogy. Co-operation and support of parents, families and other community stakeholders should be sought.

Social Work Interventions

- Teachers need to be aware of the biological needs, social needs, cultural needs and psychological needs of the students.
- Provide Social work services to students - curative, correctional, rehabilitative, preventive and developmental.

- Social Work knowledge base can be practiced by teachers at individual, group and community levels for enhancing the knowledge and attitude of students and parents on sexuality education.
- Teachers need to be trained in techniques of Social Work like interviewing, counseling techniques, communication, listening, observation, questioning, supporting, educating, agreeing, disagreeing, reviewing and reinforcing.

CONCLUSION

The education sector has a critical role to play in preparing children and young people for their adult roles and responsibilities (Delors et al., 1996); the transition to adulthood required becoming informed and equipped with the appropriate knowledge and skills to make responsible choices in their social and sexual lives. In most countries, children between the age of five and thirteen, in particular, spend relatively large amounts of time in school. Thus, schools provide a practical means of reaching large numbers of young people from diverse backgrounds in ways that are replicable and sustainable (Gordon, 2008).

The present study indicates that the students have less awareness pertaining to sexuality education. Thus, they are more prone towards HIV/AIDS. It is important to note that they have the inclination to learn sexuality education. Of course, parents and teachers also play a vital role in shaping them. Parents need to be able to address the physical and behavioral aspects of human sexuality with their children, and children need to be informed and equipped with the knowledge and skills to make responsible decisions about sexuality, relationships, HIV and other sexually transmitted infections. This can be possible only when comprehensive and age-appropriate sexuality education is imparted by trained teachers.

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