

COMMUNITY PERCEPTION ON PROVIDING SEX EDUCATION IN SCHOOLS OF KERALA

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ABSTRACT

Sex education aims to develop and strengthen the ability of children and young people to make conscious, satisfying, healthy and respectful choices regarding relationships, sexuality and emotional and physical health. This study focuses on the perspectives of people in Kerala on promoting sex education and the implementation of sex education in schools. The study follows a quantitative approach with data collected from 60 participants across Kerala through convenience sampling. A questionnaire is used to collect quantitative data from the respondents. The findings indicate the importance of the implementation of sex education at various levels, starting at the primary level. A comprehensive approach is needed to address and bridge the gaps in the existing curriculum in schools. Similar to a comprehensive sex education curriculum, a combined effort should be encouraged on the part of parents/caregivers, teachers, school counselors/social workers/psychologists, health care professionals, and digital media to bestow sex education. An integrated approach involving all these members is vital to providing the appropriate sex education at the appropriate phase of life.

KEYWORDS: *Sex Education, Schools, Curriculum, Perspectives, Community, Social Work.*

INTRODUCTION

Sex education is considered a taboo topic or a controversial one still in the 21st century by a large majority of people in Kerala and across India.

Sex education should be an integral part of the education system. It should not only be school-based but follow a comprehensive nature to incorporate the involvement of parents/caregivers and the community as a whole. Considering the increasing number of sex crimes and young pregnancies, there is a high need to impart appropriate sex education at appropriate ages. Sex education is vital towards developing better individuals and through that a better society.

Despite Kerala being the State with the highest literacy ratio, it still lacks in sex education. This study looks into the perspectives of people in Kerala on promoting sex education and the implementation of sex education in schools.

BACKGROUND OF THE STUDY

UNESCO defines sex education as “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgemental information”(UNESCO, 2009). WHO advances this definition: “a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives” (UNESCO, 2018).

REVIEW OF LITERATURE

One of the reasons for the quick inclusion of sex education in schools was the advent of AIDS. (Sharma, 2021).

In 2007, the Indian government, in partnership with the National AIDS Control Organization (NACO) and UNICEF, launched the "Adolescent Education Programme" (AEP) (Chowdhury, 2020). In 2007, a controversy erupted, resulting in the programme being banned. (Indian Institute of Sexology Bhubaneswar, 2016). Thirteen states banned the move, claiming that sex education was against Indian culture and tradition. (Sharma, 2021).

The Central Board of Secondary Education (CBSE) released a circular in 2005 introducing the 'Adolescence Reproductive and Sexual Health Education' programme (ARSH project) (Chowdhury, 2020)

Telangana became the first Indian state to mandate 'gender' education at the graduate level in 2016. 'Towards a World of Equals,' a multilingual textbook, has also been issued by the state. (Chowdhury, 2020).

In a study among 300 unmarried adolescent girls in Chennai slums, it was found that 57 per cent of the respondents have poor health-seeking behaviour. The need for social work intervention in sex education is depicted through this model (Sathyamurthi & Nandhini, 2019).

1.1. Importance of Sex Education

Sex education is vital for young people's general development and helps them prepare for a healthy and satisfying life. Young people in India, however, are denied access to proper sex education due to cultural constraints, denial, and humiliation on the side of society in general and policymakers in particular. As a result, millions of young people lack critical knowledge about sex and sexuality (Indian Institute of Sexology Bhubaneswar, 2016).

A study undertaken by the Indian Ministry of Women and Child Development, UNICEF, and Prayas, a non-governmental organisation, sheds light on these challenges. In 13 Indian states, they questioned 12,247 youngsters and 2324 young adults. A startling 53 per cent of youngsters aged 5 to 12 had been sexually molested, according to the survey. In most instances, this abuse was committed by parents, legal guardians, or close family members. Furthermore, more than half of all occurrences of sexual abuse and rape go unreported, according to the study (Chowdhury, 2020).

According to various researches, young girls' first menstrual period is generally traumatic in most parts of the country, including practically all communities in Tamil Nadu. During their menstrual period, 61 per cent of girls were prohibited from entering the kitchen (Sathyamurthi, 2014). This sad reality highlights the importance of providing age-appropriate sex education from the primary level itself.

1.2. Recent Developments in Kerala

Sex education for school students, whose format is divisive around the world, has sparked a controversy in Kerala, forcing the government to temporarily shelve the UNICEF-recommended AEP (Jose, 2018).

Following an increase in sexual offences in 2010, Kerala made an effort to provide sex education to kids in high school and higher secondary school. The programme, which was run in collaboration with the Department of Health, focused on adolescent empowerment, personal hygiene, and social hygiene, as well as providing training to 100 instructors. The programme intended to educate each kid holistically, with equal emphasis on physical health, awareness, and mental health (The New Indian Express, 2010). But later updating has not been made on this programme.

Project X

In 2018, Kanal, a Kerala-based NGO, held campaigns in several schools on safe contact and sex education. Abuse was mentioned by a number of students. Kanal discovered that children had a lack of understanding of the human body and sexuality. 'Project X' was developed to rethink sex education in a way that covers its biological aspect as well as its social, emotional, gender, and other behavioural dimensions. Its purpose is to ensure that everyone is aware of the sensitivity and necessity, as well as to encourage people to reconsider their attitudes on sex education (Simon, 2021).

Online Platforms

Online platforms play a major role in the promotion of sex education in the 21st century. Internet and social media provide a variety of resources regarding sex education.

Like every coin, it has its pros and cons too. With major gaps in sex education, the internet acts as a medium for children and adolescents to quench their curiosity. A 2016 study by the IGNOU and Nirmala Niketan College reported that Indian teenagers are increasingly likely to be exposed to pornography at an earlier age than ever. As many as 82 per cent of parents said both girls and boys watched porn (Gulati, 2021)

On October 4th, 2021, Adv. Sathi Devi, Chairperson of the Kerala State Women's Commission, claimed that sex education is necessary in schools and that the higher education department should develop and implement schemes in colleges to educate pupils about gender equity (The Indian Express, 2021). This statement and her statement regarding providing mandatory sex education to individuals before their marriage was taken with a backlash by people using social media. Many derogatory statements arose mistaking sex education as promoting pornography. This only increased the need of promoting age-appropriate sex education since primary level from homes and schools.

MATERIALS AND METHODS

The main objective of the study is to understand the perception of people residing in Kerala, India according to different age categories towards providing sex education in schools. It employs a quantitative methodology. The sampling strategy selected is convenient sampling. Questionnaire was used as the tool of data collection. The primary data was collected with the help of a questionnaire through Google Forms. The secondary sources of data collection were collected through government departments' reports, books, published sources, newspapers, web reports etc.

RESULTS

The cross-sectional study was conducted among sixty participants across Kerala belonging to various age groups. The quantitative data were analysed using Microsoft Excel.

- **Demographic Characteristics**

The majority of the respondents of the study belong to the age cohort 25-30 years (60%), followed by the age cohort 19-24 years (16.67%). The majority of the respondents were male (60%). A large portion was postgraduates (58.33%), followed by graduates (33.33%). A lion share of the respondents (71.67%) were employed professionals working across different sectors. 20 per cent of the respondents were students and 8.33 per cent were unemployed.

- **Knowledge on Sex Education**

Half the respondents rated their knowledge on what sex education means as somewhat high. Around 27 per cent indicated the knowledge as 3, followed closely by extremely high (21.67%).

- **Sex Education**

A large majority of the respondents (78.33%) have not received sex education through schools or any other sources.

- **Topics to be covered in sex education**

All the respondents stated a combined approach where the young people are taught about relationships, sexual and reproductive health, human development etc. Out of it, an equal share of respondents stressed the importance of imparting knowledge on relationships and sexual and reproductive health (17.25%). This was followed closely with the topic of sexual behaviour (16.93%) and understanding gender (16.29%). 0.32 per cent of the respondents stated that knowledge on 'consent' should be provided importance in sex education.

- **Opinion of respondents**

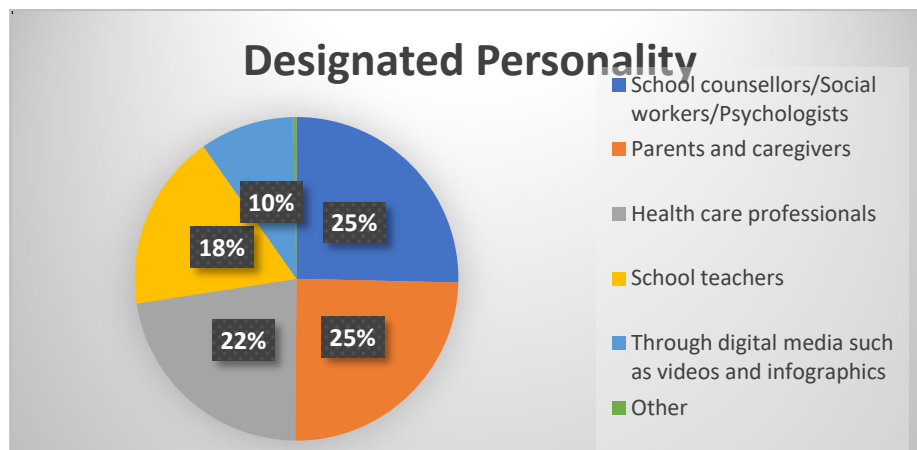
- **Age at which sexual and reproductive health be discussed with young people in educational institutions**

The majority of the respondents stated that the age group of 11-15 years is the right time to discuss sexual and reproductive health with young people in educational institutions. 15 per cent of the respondents feel that it should start with children below 10 years of age. 1.67 per cent opined that it should be discussed after the individual has attained the legal age of 18 years.

- **Designated personality to discuss sexual and reproductive health with young people**

The majority of the respondents (25.44%) stated that the school counsellors/social workers/psychologists should be designated. This was followed closely by the option of parents/caregivers (24.85%). Other details are provided in Chart 1.

CHART 1 DESIGNATED PERSONALITY TO DISCUSS SEXUAL AND REPRODUCTIVE HEALTH



- **Sex education to be taught primarily by parents/caregivers**

The majority of the respondents (46.67%) strongly agree with the statement, followed by 25 per cent who 'somewhat agree' to the statement. Only 3.33 per cent strongly disagree with the statement.

- **Sex education can help in preventing pregnancies among youth**

The majority of the respondents (66.67%) strongly agree with the statement. None of the respondents strongly disagreed with the statement

- **Sex education can help in preventing sexually transmitted diseases (STDs)**

The larger majority of the respondents (83.33%) strongly agree with the statement and none strongly disagreed.

- **Sex education should be taught in school because some parents are not capable of teaching their children the topic**

The majority of the respondents (53.33%) strongly agree with the statement and 1.67 per cent of the respondents strongly disagree with the statement.

- **The country's education system is not ready for sex education**

The majority of the respondents (31.66%) strongly feel that the country's education system is not ready for sex education. 16.67 per cent of the respondents strongly feel that the country's education system is ready for sex education.

- **Sex education is an important subject matter**

A large majority of the respondents (88.33%) strongly opine that sex education is an important subject matter. 1.67 per cent strongly feel that it is not important as a subject matter.

- **Sex education is immoral**

86.67 per cent of the respondents strongly disagree with the statement that 'Sex education is immoral' and 3.33 per cent of the respondents strongly agree with the statement.

- **Satisfied with the efforts of the Government towards promoting sex education**

The majority of the respondents (40%) are strongly dissatisfied with the efforts of the Government towards promoting sex education. Only 8.33 per cent are strongly satisfied

with the efforts of the Government.

- **Sex education should be added to the syllabus of schools**

A large majority of the respondents (80%) expressed strongly that sex education should be added to the syllabus of schools. Meanwhile, 3.33 per cent of the respondents expressed strongly that sex education should not be incorporated into the school syllabus.

- **Consequences of teaching sex education in primary school**

The majority of the respondents do not fear any consequences of teaching sex education in primary school. 3.33 per cent of the respondents fear the consequences.

- **Comfort level with regard to having their child learn about sex and sexuality in primary school**

The majority of the respondents (58.33%) are extremely comfortable with regard to having their children learn about sex and sexuality in primary school. 5 per cent of the respondents expressed extreme discomfort.

- **Willingness to provide age-appropriate sex education to their child**

The majority of the respondents (95%) stated that they were willing to provide age-appropriate sex education to their child as a parent.

DISCUSSIONS AND SUGGESTIONS

The data shows the importance of imparting awareness of sex education at various levels, starting at the primary level. To bridge the gap and spread awareness on the topic among various age groups, resources such as social workers, Anganwadi workers, ASHA (Accredited Social Health Activist) workers etc. can be utilised.

The statistics that almost 80 per cent of the participants of the study have not received sex education show the present gap in the existing education system. There is a high need to bring about a change in this through the addition of sex education in the school curriculum.

There is a high need to have comprehensive sex education in the school curriculum encompassing various topics that promote the safe and healthy development of individuals.

The participants have varied responses regarding the right age to provide sex education to young people. According to a study by Georgetown University researchers in 2014, "To significantly decrease the rates of unintended pregnancies, unsafe abortions, maternal deaths, and sexually transmitted infections around the world, children should start receiving formal instruction about sexual health as early as age 10" (Igras, Macieira, Murphy, & Lundgren, 2014).

Similar to a comprehensive sex education curriculum, the participants of the study expressed a need for a combined approach from the part of parents/caregivers, teachers, school counsellors/social workers/psychologists, health care professionals, and digital media to bestow sex education. An integrated approach involving all these members are vital to providing the appropriate sex education at the appropriate phase of life.

Sex education in schools, which includes medical experts, instructors, and peers, has long been proved to help teens' sexual and reproductive health in developed countries. Adolescents in India, particularly females, have shown a great eagerness to have sex education implemented in schools, according to studies. To bring about what is likely to be a slow transformation in the existing conservative attitudes, healthcare professionals' expertise, patience, and time will be required (Jose, 2018).

The majority of the respondents strongly agreed that sex education can help in preventing

pregnancies among youth as well as sexually transmitted diseases. Sexually transmitted infections (STI) rank among the top 5 conditions for which sexually active adults seek health care in developing countries (NACO). Various determinants increase the adolescents' vulnerability to poor sexual health, which includes their demanding physiology, societal norms and gender imbalances. However, the lack of access to comprehensive information concerning sexual health probably remains the key factor in this regard (Jose, 2018).

The Government has a huge role to play in the promotion and encouragement of sex education. Sex education is an important subject matter and the Government should promote programmes to effectively implement it in anganwadis, schools and other educational institutions. It also has a close reliance on the cultural systems existing in the State. Tools of political awareness such as street plays, campaigns, rallies, usage of social media and other online platforms can be used to increase public awareness and acceptance of the topic. This can also aid in providing more knowledge and comfort to parents/caregivers in providing their young ones with adequate and appropriate sex education. The statistics that 95% of the participants, given the role of a parent, are willing to provide age-appropriate sex education to their children are a beacon of hope.

CONCLUSION

It is high time that sex education is treated as "normal" and encouraged. There should not be any restrictions in incorporating sex education into the curriculum of public as well as private schools in Kerala as well nationally and globally. The main challenge is to remove the social and cultural stigma, ostracism and taboo factor associated with topics of sexual nature. This acts as a hurdle in the smooth promotion of sex education, especially in families. Sex education should start primarily at the family level where parents/caregivers can provide children with age-appropriate knowledge in the topic. For accomplishing this, there should be needed awareness among the parents.

The next step is in promoting sex education at schools and educational institutions. There is a need for sex education to be incorporated into the school curriculum so that it forms an inevitable aspect of education. Sex education at the school level can make use of a unified effort from trained teachers, social workers, psychologists, health care workers and other professionals.

The importance lies in the timely delivery of sex education age-appropriately. India has the largest adolescent population (243 million with more than 50% of the adolescent population living in urban areas). These figures indicate the importance of specifically addressing the healthcare needs of this considerable demographic, particularly for developing countries such as India (Jose, 2018).

In conclusion, parents, educational institutions and communities need to understand the importance of sex education and its outcomes in society. The curriculum should be developed in such a way that individuals from age of grasping knowledge become aware of the contents of sex education.

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