

Sex Education in the School and College Curricula: Need of the Hour

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A. BACKGROUND

Sex-related issues are often prohibited subjects for discussion in India [1]. This restriction can be seen to extend into the education system also. Sexually transmitted infections (STIs) are the most common incidences worldwide, which are exceeded only by diarrhoeal diseases, lower respiratory tract infections and malaria [2]. Sexually transmitted infections (STI) rank among the top 5 conditions for which sexually active adults seek health care in the developing countries (NACO). There is enough evidence to suggest that the early diagnosis and the treatment of STIs/RTIs which include behaviour change through education amongst the target groups, reduce the transmission of STIs/RTIs. 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 the sexual health, probably remains the key factor in this regards [3].

B. THE TRADITIONAL CONFLICT

Sex education in public schools was favoured by a major part of the western world since the 1980s despite major controversies that it may actually promote sexuality among school children [4]. The social ostracism in the context of STIs creates a negative attitude, which results in the lack of knowledge about safe sex, leading to a silent spread of the disease. Despite the disturbing picture which is posed by the HIV/AIDS epidemic, sex education programmes have been banned in six states which include Maharashtra, Gujarat, Rajasthan, Madhya Pradesh, Chattisgarh and Karnataka, following protests from legislators that it would have a negative impact on the vulnerable minds of students. In Uttar Pradesh, teachers have protested against the campaign by burning copies of the new syllabus. Sex education in schools, which involve medical staff, teachers and peers, has shown sexual and reproductive health benefits for teenagers in the developed countries decades ago [5]. Studies from India also suggest a strong willingness of adolescents, particularly females towards the widespread implementation of sex education in schools [6].

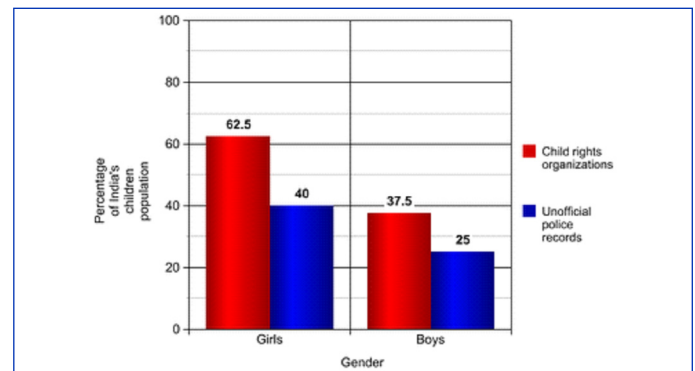
C. WHAT SEX EDUCATION MEANS

Sex education is defined as, 'a lifelong process of building a strong foundation for sexual health through acquiring information and forming attitudes, beliefs and values about one's identity, relationships, and intimacy (Sex Information and Education Council). The term 'sex education' is most often misunderstood and it can invite a strong resistance from the parents of the students and the community. Sex education does not mean 'teaching children how

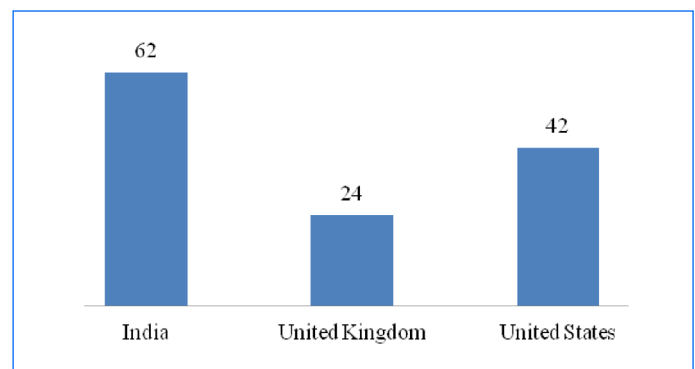
to perform sexual intercourse'. Hence, a more acceptable term, 'family life education' or 'social life education' is now being used. Changing the social and medical scenario now demands that children should be educated about their reproductive health, human sexuality, responsible sexual behaviour and STIs at a receptive age when the principles of sexuality are being formed.

D. THE MIND OF ADOLESCENT

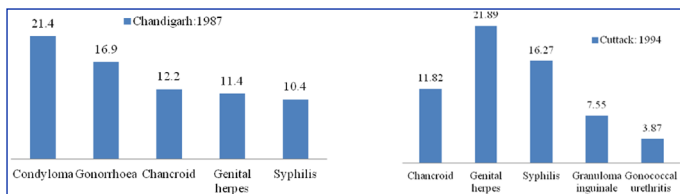
An adolescent is in a confused state of mind as far as his/her behaviour is concerned, because the messages from outside the family contradict the messages s/he receives at home. The psycho-sexual development and the physical changes, coupled with a lack of formal channels of the communication on sex-related matters, occasionally results in risky behaviour, which could have long lasting physical, emotional and psychological effects. Sex education addresses the biological, socio-cultural, psychological and the spiritual dimensions of sexuality through the cognitive domain (information), affective domain (feelings, values, and attitudes), and the behavioural domain (communication and decision making skills) [7]. Such an education enables a young person to



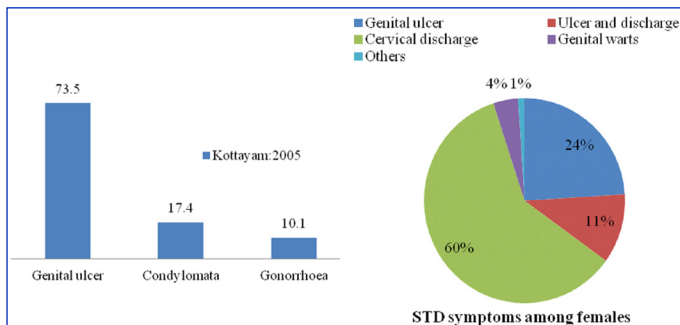
[Table/Fig-1]: Child sexual abuse in India



[Table/Fig-2]: Number of pregnant teens per 1000 women (Source: The Economic Times)



[Table/Fig-3]: STI/RTI prevalence among adult population in India (Source: NICD/ICMR)



[Table/Fig-4]: STI/RTI prevalence among adult population in India (Source: NICD/ICMR)

know himself/herself and hence to relate comfortably with others. There is enough evidence to suggest that child sexual abuse, teen sex and teen pregnancy continue to remain as major threats to the adolescent health in India (Govt. of India 2007 Report: 53.22% on children who were reported to have faced sexual abuse), and it is expected that sex education will go a long way in solving such violence to a great deal.

E. THE RTIS/STD SCENARIO IN INDIA AND THE HIV/AIDS BOMB

Reproductive tract infections (RTIs) and sexually transmitted diseases (STDs) constitute major public health problems in both the developed and the developing countries [8]. As per the community based RTI/STD prevalence study (2003), over 6% of the adult population in India suffers from one or the other RTI/STD episode annually (NACO). The AIDS bomb is ticking. HIV/AIDS have been with us for around 30 years. In India, the young people in the age group of 15-24 years comprise almost 25% of the country's population; however, they account for 31% of the AIDS burden. (NACO; MOHFW 2007). One youth is reported to be infected with HIV/AIDS almost every 15 seconds (Population Foundation of India, 2003). According to the last UNAIDS report, there were 2,300,000 people of 15 years and above, living with HIV in India (2009). AIDS, actually a disease which is born out of ignorance, hesitation, shame and fear and finally, due to the HIV infection, is spreading like a wild fire in the community. The school sex education can serve as a powerful preventive tool in this regards also.

F. THE ROLE OF THE SCHOOLS AND COLLEGES

Teaching teenagers about SEX requires a frank and explicit discussion on sexuality, the modes of transmission of STIs/RTIs/STDs and the methods of protection. Many teachers and institutions may be embarrassed about discussing sexuality and related issues. In some conservative states, teachers have protested by burning copies of such syllabuses [1]. Fortunately, no one has died of embarrassment and we really have no choice. There is still

a gap between the amount which is invested in developing a curriculum and the actual education that is imparted to our students. Until now, most of the sex education has been scientific in nature, i.e., discussed in the biological context by teachers of science. However, for sex education to have a realistic impact, it is important that the instruction be imparted in a straightforward, easy to grasp manner, while keeping the cultural issues in mind.

G. THE PROS AND CONS OF SEX EDUCATION

Young people need to know how to protect themselves from HIV and STIs. It is unreasonable to expect young people not to show affection (both physical and emotional) during this stage of their lives. However, the education on sex does not encourage them to have sexual intercourse: on the contrary, it helps them in realizing the consequences of sexual experimentation, and in avoiding early pregnancies and STIs, including HIV [10]. However, the curriculum planners often lack examples of the curricula, classroom activities and the learning materials. To reach all the young people in school, sex education must be integrated into subject(s) and extra-curricular activities for the students. The students may be living with, or may know an HIV-infected person in the neighbourhood. It is important that they know how to give emotional and medical help to that person.

H. HOW TO FACE THE SITUATION

For the teachers, a program on sex education is both challenging and rewarding; most of the young people may have never had the opportunity to talk about sex with adults, and to welcome a honest and open discussion about it. They respect, and probably will remember best; those teachers who care about the problems the young people face while growing up. Don't pretend that you are not embarrassed when in fact you are. The students who are well acquainted with issues which are related to sex education can act as peer leaders who are selected for his/her leadership potential in helping in the education process. Young people listen more attentively and accept messages from respected peers more readily than from a teacher. This is especially true in the areas of healthy, safety and sexuality.

I. THE EXISTING PROGRAMMES IN INDIA [11]

The school education has been described as a 'social vaccine'. The initiatives which are used to spread awareness about RTI and HIV among the youth are being robustly undertaken by government and non-government organizations. The school AIDS and sex education is one of the important activities of the National AIDS Control Programme (NACO) that focuses on students, to raise the awareness level and to develop a safe and a responsible life-style. Training modules like 'Learning for Life' has also been prepared and distributed to all the states. Colleges and universities are being covered under the 'University Talk AIDS Project'. However, many of the key areas are ill-addressed by the proposed sex education curriculum, which include the information on puberty and the body, conception and contraception, healthy relationships and communication, gender identity, body image, and HIV prevention [12]. Further, NACO has collaborated with Hindustan Latex Limited on a Condom Vending Machine Project

with a proposal to set up 11025 vending machines which cover 66 districts across the country. The Centre for Development and Population Activities (CEDPA) runs a programme which is known as 'UDAAN: Towards a Better Future' which strengthens the family life education in some states, by training the teachers, and by adding comprehensive life-skills curricula to the existing life-style education programme for schoolchildren. Peer education, under the campus programme, 'YUVA' (Youth Unite for Victory on AIDS), is another such initiative (NACO, 2007). NACO, in collaboration with UNICEF, has designed a school-based adolescence programme across 144409 schools to reach out to nearly 33 million students (2008). Many help lines which provide counselling on sexual health exist, for example, TARSHI (Talking About Reproductive and Sexual Health Issues) [12]. Street children and school dropouts are also being catered by organizations such as Chetna (Gujarat), CARE (Madhya Pradesh), Sakshi (Kerala), and the Butterflies Programme. In collaboration with the UNFPA, NACO has released a book which is titled 'Quest on HIV and AIDS: A Handbook for Young People', which deals with HIV/AIDS-related myths and misconceptions. UNICEF (2007) has joined hands with various health authorities to establish a cadre of HIV/AIDS peer educators in villages in different parts of the country. In addition, the internet is increasingly being employed as a portal for disseminating information through discussion forums, e-mail counselling and web information.

J. IRRESPONSIBLE, IF NOT ENGAGED

It is imperative that schools and colleges should respond to the call, because they comprise of young, sexually active students, who are under widespread peer pressure, with poverty as a backdrop for many and with the very fact that no institution is immune. Hence, it will be irresponsible for schools and colleges if they, i) do not have strategies to mitigate, and to hopefully prevent, the high rates of infection among their staff, ii) do not have policies to promote the prevention of RTIs/STDs among their student population, iii) do not devote some of their teaching capacity to develop students who can improve the national, regional and the local efforts which are being made towards the prevention, treatment and the consequences of such infections, iv) do not devote some of the research capacity into effective methods and policies for the prevention, treatment and the care of the students, v) do not use their knowledge and influence to help in bringing about effective national policies, and vi) do not engage with the local communities of which they are a part.

K. NEED OF THE HOUR

The 'winds of change' are blowing in the education system. In various parts of the world, schools and colleges are experimenting with new ways to educate the future citizens. Teachers, who are crucial for the success of the expected sex education programme, need to be adequately trained to handle sensitive queries from the students. The students also must visit the four pillars of learning; they must learn to know, to do, to live together and to be. Not that students need to know the basics of sex. Most of the sixth-graders probably already know what the government is trying to ban the teachers from teaching them. The television and Bollywood provide enough libidinous titillation to evoke curious questions about every possible aspect of carnal wisdom. So, why the hullabaloo?

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