

Breaking the Taboo: Exploring Adolescents' Attitude towards Sex Education

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ABSTRACT

Adolescence is regarded as the most dynamic, transformative, and influential phase of human development, marked by the shaping of attitudes that profoundly influence lifelong behaviors. Research highlights that comprehensive sex education plays a pivotal role in equipping young individuals with the knowledge and skills necessary to make informed decisions, reduce risky behaviors and promote overall well-being. Consequently, the importance of sex education for adolescents becomes undeniably crucial, as it is widely accepted that young people have the right to sex education. However; imparting sex education to adolescents remains a critical, yet often stigmatized topic in our society. In this regard this study is an attempt to assess the attitudes of adolescent students toward sex education. By exploring adolescents' perspective, the study aims to emphasize the importance of addressing their developmental needs and fostering an environment that supports their holistic growth and well-being.

Keywords: *Adolescents, Sex Education, Attitude*

In the complex fabric of human societies, taboos related to sexual and reproductive health continue to be strong forces that shape cultural norms, affect behavior and influence health outcomes (Sciortino, 2020). Despite advancements in global health education, the subjects of sex and reproduction remain clouded by secrecy, misinformation, and stigma (Dong et al. 2024), leaving young people, especially adolescents, vulnerable. Due to this lack of information, the adolescents, who are in their crucial phase of human development are prevented from accessing accurate information, limiting their ability to make informed decisions about their own sexual and reproductive health and ultimately impacting their overall well-being.

India has the largest adolescent population globally, with 253 million individuals (UNICEF). These young people live in diverse socio-cultural and economic contexts, yet they share significant challenges and opportunities related to their sexual and reproductive health (WHO). Adolescents in this age group are particularly susceptible to engaging in risky behaviors, such as premarital sex and sexual abuse (Ramadugu, et al. 2011). Further as the growing influence of media, urbanization, and globalization drives notable changes in the sexual values, norms, and behaviors of young people, it becomes essential to equip these

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vulnerable groups with accurate and age-appropriate information about sex and sexuality, so that they can lead healthier lives. However, the health needs of adolescents, particularly concerning their sexual health, have been neither thoroughly researched nor adequately addressed in the country (Rai et. al. 2015). Furthermore, as discussing sex and the sexuality of adolescents are often considered a forbidden topic in India; sex education remains a highly sensitive and often overlooked subject due to cultural and societal taboos. These factors contribute to significant barriers that limit adolescents' access to information and support that they need to make a healthy transition into adulthood (WHO). It is particularly concerning in our country, as India faces alarming challenges with high rates of teenage pregnancy, sexual abuse, and three million young people living with sexually transmitted diseases (NACO); evidence highlights that individuals with sexually transmitted diseases not only face a heightened risk of contracting HIV but also significantly contribute to its further spread (Bhatta et al., 2023).

Recognizing the urgency of addressing these challenges, comprehensive sex education emerges as a vital instructional approach designed to equip individuals, particularly young people, with accurate and holistic information about sexuality, relationships, and reproductive health. Sexuality education has been perceived as the basic human right that falls under the broader title reproductive rights as emphasized by NGO's such as Family Planning Association of India (FPA) as well as the World Association for Sexual Health (WAS). Sexuality education addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality through the cognitive domain (information), affective domain (feeling, values and attitude) and the behavior domain (communication and decision-making skills). It can provide accurate and age-appropriate information about sex and sexuality, delivered by the right individuals in a scientific manner. As adolescence is regarded as the most dynamic, transformative, and influential phase of human development, the importance of sex education for adolescents becomes unquestionably vital in supporting their growth and well-being. According to United Nations Population Fund (UNFPA) "sex education could influence adolescent's attitude beliefs, interacting and intimate relationships." Thus, it can give a holistic development to the adolescents and can enable them to manifest their inner potential with confidence and competence to face the challenges of life.

However the issue of imparting sex education to school going children has always been a controversial subject in India. In 2003-05 the Government of India introduced the Adolescent Education Programme (AEP), aiming to foster a wholesome attitude towards sex and sexuality. However, it sparked controversies in 2007, being criticized as contrary to Indian culture, which led to its ban in the majority of Indian states. The program's limited success was attributed to its superficial implementation and the inadequate involvement of teachers, parents, educators, and other key stakeholders. Recognizing these challenges, further efforts such as the Rashtriya Kishor Swasthya Karyakram (RKSK) was introduced in 2014 to adopt a more holistic approach. This initiative expanded adolescent health programming in India to encompass a wide range of issues, including sexual and reproductive health, mental health, nutrition and substance misuse. Building on these efforts, India's National Health Policy in 2017, along with the draft National Youth Policy 2021 and the School Health & Wellness Programme under Ayushman Bharat, underscored the importance of providing age-appropriate adolescent and sexual health education, starting at the primary school level. These steps reflect a gradual but essential shift towards addressing the holistic development needs of adolescents in the country.

REVIEW OF RELATED LITERATURE

Sahari (2024) conducted a study to examine the attitudes of higher secondary school teachers in Murshidabad district, West Bengal, India, toward implementing sex education at the higher secondary level. A sample of 380 teachers was randomly selected and a scale measuring attitudes toward the implementation of sex education was administered. To analyze differences across various groups, the researcher applied the 't' test. The findings revealed that both urban and rural higher secondary school teachers demonstrated a highly favorable attitude toward implementing sex education. Additionally, no significant differences were observed in teachers' attitudes based on gender (male and female), locality (urban and rural), or academic stream (arts, science, and commerce).

Aarsha (2024) employed a descriptive survey method to collect data from a representative sample of 150 secondary school students studying in State syllabus government schools in Palakkad (Kerala). Quantitative data were analyzed statistically to assess attitudes across three dimensions: knowledge and understanding, cultural and religious beliefs, and personal experiences. The findings revealed varying levels of attitudes among secondary school students toward implementing sex education in schools. While differences were noted in the attitudes of boys and girls individually, there was no significant overall difference between the attitudes of male and female students. The study highlighted the importance of understanding student attitudes to implement age-appropriate sex education effectively. Insights from these attitudes were considered essential for guiding the development of teaching strategies tailored to meet students' needs and perspectives.

Borker (2012) in her study *Sex Education: Need and Utility, with Special Reference to Higher Secondary Schools of Chhattisgarh*, found that 80% of adolescents in Raipur and Kanker districts lacked knowledge about sexually transmitted diseases (STDs), and 50% were unaware of HIV. The study, conducted on 400 high school students from these districts, revealed that under the influence of western culture, today's youth are increasingly open about sex and sexuality. Consequently, the study emphasized the need to provide adolescents with accurate and scientific knowledge on the subject.

Benzaken et al. (2011) conducted a cross-sectional study to assess the opinion of adolescent students of Mumbai towards sex education and found that nearly 90% of students believed that sex education should be an integral part of the school curriculum. The study highlighted a strong preference among respondents, particularly females, for a broader implementation of school-based sex education.

Furthermore, Sharma (2020) highlighted the need for region-specific studies across India to better understand the sexual knowledge, attitudes, and beliefs of adolescents and young adults. These studies could play a crucial role in developing educational materials and designing training programs for teachers, health professionals, and parents, which could effectively address the sexual education needs of Indian youth in a socio-culturally relevant, scientifically informed, and impactful manner.

Objectives of the Study

- To study the attitudinal difference between government and private adolescent students towards sex education.
- To study the attitudinal difference between boy and girl adolescent students towards sex education.

Hypotheses of the Study

- There is no significant difference between the attitude of government and private adolescent students towards sex education.
- There is no significant difference between the attitude of boy and girl adolescent students towards sex education.

METHODOLOGY

Population

The population of the present study comprised adolescent boys and girls, studying in class 11 and 12 in government and private higher secondary schools in the Raipur city.

Sampling

For the present study, five government and five private higher secondary schools were randomly selected from Raipur city. These schools comprised 50 students from government higher secondary schools (25 boys and 25 girls) and 50 students from private higher secondary schools (25 boys and 25 girls). Consequently, a total of 100 adolescent students were randomly chosen as participants for the study.

Tool Used

The data was collected through Attitude Scale Towards Sex Education (A.S.T.S.E.) questionnaire constructed and standardized by Dr. Usha Mishra (2008)

Data Analysis

In the present study statistical method such as Mean, Standard Deviation and 't' - test were used to find out significant difference between the variables.

Table 1: Mean, S. D and 't' value of government and private adolescent students towards sex education

SN	Group	N	Mean	S. D.	't' value	Remarks
1.	Government adolescent students	50	106.08	10.615	0.4916	Not Significant at 0.05 level
2.	Private adolescent students	50	107.12	10.541		

From the Table No.1. it has been observed that the mean score of Government adolescent students is 106.08 and private adolescent student is 107.12, while their standard deviations are 10.615 and 10.541 respectively. The obtained value of 't' is 0.4916 with df = 98 and it is not significant at 0.05 level. Therefore, the hypothesis is accepted & it means that there is no significant difference between the attitude of government and private adolescent student towards sex education.

Table 2: Mean, S.D and 't' value of boy and girl adolescent students towards sex education

SN	Group	N	M	S.D	't' value	Remarks
1.	Boy adolescent student	50	106.2	12.77	1.1069	Not Significant at 0.05 level
2.	Girl adolescent student	50	109.2	14.29		

From the Table No 2. it has been observed that the mean scores of boy adolescent students are 106.2 and girl adolescent student is 109.2 while the standard deviations are 12.77 and 14.29 respectively. The obtained value of 't' is 1.1069 with df = 98 and it is not significant

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at 0.05 level. Therefore, the hypothesis is accepted & it means that there is no significant difference between the attitude of boy and girl adolescent students towards sex education.

DISCUSSION

The aim of the study was to assess the attitude of adolescent students toward sex education. The study compared the perspectives of government and private adolescent students, as well as boy and girl adolescent students. The findings revealed no statistically significant differences between the groups at the 0.05 level, indicating that their attitudes were largely similar. This suggests that both school type (government or private) and gender (boy or girl) do not substantially influence adolescents' perspectives on sex education. These findings underscore the importance of implementing inclusive and comprehensive sex education programs that cater to the needs of all adolescents, regardless of their school type or gender.

CONCLUSION

The result highlights that adolescents express a willingness to learn about sexuality education. Consequently, the curriculum should empower them with the necessary knowledge and skills to enhance their decision-making, communication, and interpersonal abilities, particularly in relation to sexual beliefs and practices. Thus, we are faced with a critical decision; we can either leave adolescents to navigate through the maze of incomplete information, misinformation, and exploitation from the media, internet, peers, and other unreliable sources, or we can rise to the challenge by offering clear, scientifically-backed, culturally suitable sexuality education grounded in universal values of respect and human rights.

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Conflict of Interest

The author declared no conflict of interest.

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