CHAPTER-II

REVIEW OF LITERATURE
CHAPTER II

REVIEW OF LITERATURE

Review of relevant literature helps the researcher to generate an idea of the knowledge gaps including attitude and practice that exist among the students and teachers regarding Sexual Health Education. The purpose of the study was to find out the Knowledge, Attitude and Practice among students and teachers regarding Sexual Health Education. An extensive review of available literature was done from books, reports, journals and internet.

In this chapter an effort has been made to highlight the literature reviewed on Sexual Health Education in the schools. Literature reviews for the studies have been organized under the following heading:

1) Introduction of Sexual Health Education in the school.
2) Knowledge, Attitude and Practice on Sexual Health Education among the students.
3) Knowledge, Attitude and Practice on Sexual Health Education among the teachers.
1. Introduction of Sexual Health Education in the school.

Sabherwal, V.B. (1997) conducted a study on sexual health education of the students between the ages group of 18-21 years at Delhi. The objective of the study was to find out regarding opinion about implementing sexual health education in the educational institution. Majority of the students 98.5% are reported that sexual health education should be included in educational institution.

E.O. Orji, O.A. Esimai (2003) conducted a study on Introduction of sexual health education in to Nigeria schools. The objectives of the study was to assess the knowledge of the parents, teachers and student on their knowledge and their acceptance of the sexual health education in the school curriculum. The sample of the study 400 students, 400 parents and 200 teachers. The investigator reported that majority of the parents (92%) teachers (90%) and students (78%) supported its introduction of sexual health education into the school curriculum. The parents and teachers belief that sexual health education in schools would prevent unwanted pregnancy, enhance healthy relationships between opposite sex, prevent transmission of HIV and STD infection. Only (15.4%) of the respondents opposed the introduction of sexual health education in the schools.
A study was conducted by “International Institution for population Sciences” Mumbai in India (2000). The objective of the study was to find out the attitude of the parents toward imparting sexual health education to their children in the schools. It was reported that the adolescent do not received the right information about sexual health. However the parents expected that schools are the appropriate setting for imparting knowledge about sexuality among adolescents.

Agarwal H.K, Rao R.S et al (1999), conducted a study on awareness about sexual education among senior secondary schools students on Knowledge, of the Attitude to HIV/AIDS of senior secondary schools pupils and trainee teachers. For that, they were of the view that the sexual health education is necessary. The private and English medium schools were better informed about HIV/AIDS. Their main sources of information were found to be mass media, teachers and health workers. The student gained more knowledge after a talk and hand out programs. However due to the lack of interpersonal approaches in the education system, knowledge of the student is inadequate and misconceptions still exist in India.

Agarwal O, Sharma A.K. and P. Chhaba (2000), conducted a study about the sexuality among the Medical College students in India. The study provided evidence for the need to improve knowledge about the different
aspects of sex among Indian Medical students. These students favoured the introduction of sexual health education at the school level as there is a lack of knowledge, attitude and sexual behaviour among Indian adolescents.

MAMTA Health Institute for Mother and Child, (2004-2008) Delhi, Conducted a Study on school based sexual health education programme at Haryana with the aim to develop an appropriate sexual health education curriculum and to evaluate the effect of sexual health education in urban and rural school setting. The content of sexual education is mainly on adolescent growth and development; sexual and reproductive health and issue in gender identity and rights. The significant result obtained from the study was that both boys and girls are able to identify and reject common misconception on masturbation after the implementation of sexual health education. The finding also showed that the students are aware of the use of condoms. However this study suggested to develop sexual health education and corporate it in the curriculum in all levels in the society which will be benefitted by millions of Indian boys and girls.

WHO, UNESCO, UNICEF publication (1992). The article reported that there is an urgent need to educate the students regarding HIV/AIDS/STD and the preventive measure. However creating awareness
about sexuality and reproductive health issues will prevent them from early sexual activities and use of safer sex practices.

Human Reproductive Research Centre (HRRC) and Indian Council of Medical Research (1996) Delhi, conducted a study to find out lacunae in the awareness of the reproductive and sexual issues. Study was done in rural co-education higher secondary schools of 22 districts located in 14 states. A sample of 8453 schools going adolescents aged 10-19 years was surveyed by self administered questionnaires maintaining confidentiality. The finding of the study was showed tremendous lacunae in awareness of all reproductive health matters. There is a need for evolving information, education to focus on rising awareness of sexual health services for young girls and boys.

Singh A.J. (2006), published article regarding Sex education in Indian schools and lack of sex education in Indian schools affects mental, psychological development of children negatively. This view is being expressed emphatically now a day by external experts. The irony of the situation is that Indian expert’s are agreeing to this without so much of giving it a thought. As Dr. Srivastava, a psychology faculty in an Indian university opinion if we consider this advice in context of Indian culture...we can conclude that possibly ... our country at least does not need it (sex education). Reportedly, many teachers are opposed to the idea while
simultaneously others are strongly advocating it. In view of the controversy pertaining to the subject it is important that various issues pertaining to sex education are clarified. It is important to know the aims and objectives of introducing the subject of sex education in school curriculum. Very often, people advocate sex education saying that it will help in controlling AIDS and in reducing adolescent pregnancies and the incidents of sexual assaults on women. Such statements are misleading and are based on false assumptions. These false promises, may lead to frustration in future. Because, if it had been so, there would have been no such problem in western countries which have an elaborate system of sex education in schools. We all know that sexual promiscuity and homosexuality is widely prevalent in countries like USA where family as an institution is broken and many experimental family systems exhorting free sex have been tried. Even AIDS originated from there. Thus, sex education is not a proven guarantee against spread of AIDS and should not be promoted with such an aim. Experiences of sex education in India indicate that sessions on male and female sex anatomy are held separately for boys and girls. Why this double standards? On one hand they advocate sex education in schools and on the other hand they shy away from a common session for boys and girls! Simultaneously, it is often asserted that students should also be told about use of condoms and about hazards of prostitution. Is it really needed? Some people even say that it is Sexy education rather than sex education.
C.B.S.E. desk regarding Sex education in Indian Schools: The schools based sex education can be an important and effective way of enhancing young people's knowledge, attitude and behavior. There is widespread agreement that formal education should include sex education and what work has been well researched. Evidence suggests that effective schools programmes will include the following elements. A focus on reducing specific risky behaviors; A basis in theories which explain what influences people's sexual choices and behavior. A clear and continuously reinforced message about sexual behaviour and risk behavior. Providing accurate information about, the risks association with sexual activity, about contraception and birth control and about methods of avoiding or deferring intercourse; Dealing with peer and other social pressures on young people; providing opportunities to practice communicator, negotiation and assertion skills; User a variety of approaches to teaching and that involve and engage young people and help them to personalize the information; User approaches to teaching and learning which are appropriate to young people age, experience and culture background; it provided by people who believe in what they are saying and have access to support in the form of training or consultation with other sex educators. Formal programme with these elements have shown to increase young people's levels of knowledge about sex and sexuality, put back the average age at which they first have sexual intercourse and decrease risk when they do have sex. All the elements are
important and inter-related and sex education needs to be supported by links to sexual health services, otherwise it is not going to be effective. It also takes into account the messages about sexual values and behavior young people get from other sources, like friend and the media. It is also responsive to the needs of the young people themselves whether they are girls or boys, on their own or in a single sex or missed sex group and what they know already their age and experiences.

De Mauro D. (1990), his review of state sexuality and AIDS education curricula the Sex Information and Education Council of the US (SIECUS), has initiated a program to review content, of education and AIDS education curricula. There are 23 states now requiring education and 33 requiring AIDS education. 33 states have recommended curricula for education and 42 have curricula for AIDS education. The purpose of this review was to find out if the human sexuality information was thorough, accurate, and up to date and if it was presented in a positive or prohibitive and judgmental way. It was found that 30% of the states were using a curricula on sex education published before 1985 and 47% were using more recent curricula. Most of the sex education curricula did not focus specifically on human sexuality, and many were out of date on guidelines, especially those on AIDS. There was an about an equal ratio of adequate to inadequate curricula used for family planning; to be adequate, the curricula
must describe each birth control method, its risks, effectiveness, and availability. More than 50% of the states are implementing AIDS curricula that are over 3 years old. Most of the programs emphasize abstention (85%) but only 9% teach safe sex. Although most states are mandating sex and AIDS education, they are not following up with a comprehensive curriculum, and are avoiding sexual topics, possibly to avoid controversy. It appears there are many obstacles to overcome in developing comprehensive programs that will prepare students for healthy, sexual adult lives and protection from AIDS.

Hitendra G. Thakor & Pradeep Kumur (2000) Surat, conducted a study. A cross-sectional, interview-based study to assess the impact of sex education on the students and the feasibility of such a program. Study sample consisted of 189 students from two secondary schools of impact was assessed by “before and after” administration of questionnaires. Statistical analysis was done by Z tests for difference of means and proportions. Sex education influenced the need perception and the knowledge of the students. After the training, the preferred mean age to start sex education in the two sexes converged to be 15–16 years. Doctors remained the first choice to impart the sex education, followed by school teachers. Knowledge about the STDs and of prevention improved significantly (more in boys). Optimum days for conception became known to more students after the training and
the gain was more in girls. Increased awareness about the contraceptives use was evident in boys and girls. The training improved the participation of girls in the post-evaluation program. A positive attitude change was observed after the training, towards extra-marital sex. It also removed the myths associated with masturbation. All students were satisfied with the programme, however, two-third of boys considered the duration insufficient.

Published by (UNESCO-2006) United Nations Educational, Scientific and Cultural Organization, its preparation, under the overall guidance of Mark Richmond, UNESCO Global Coordinator for HIV and AIDS, was organized by Chris Castle, Ekua Yankah and Dhianaraj Chetty in the Section on HIV and AIDS, Division for the Coordination of UN Priorities in Education at UNESCO. 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. Countries are increasingly signaling the importance of equipping young people with knowledge and skills to make responsible choices in their lives, particularly in a context where they have greater exposure to sexually explicit material through the Internet and other media. There is an urgent need to address the gap in knowledge about HIV among young people aged 15-24, with 60 per cent in this age range not able to correctly identify the ways of preventing HIV transmission (UNAIDS, 2008). A growing number of countries have implemented or are scaling up sexuality education programmes, including China, Kenya, Lebanon, Nigeria and Viet Nam, a trend confirmed by the ministers of education and health from countries in Latin America and the Caribbean at a summit held in July 2008. These efforts recognise that all young people need sexuality education, and that some are living with HIV or are more vulnerable to HIV infection than others, particularly adolescent girls married as children, those who are already sexually active, and those with disabilities. 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 practise the decision-making and other life skills they will need to be able to make informed choices about their sexual lives. 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). While it is not realistic to expect that an education programme alone can eliminate the risk of HIV and other STIs, unintended pregnancy, coercive or abusive sexual activity and exploitation, properly designed and implemented programmes can reduce some of these risks and underlying vulnerabilities. Effective sexuality education is important because of the impact of cultural values and religious beliefs on all individuals, and especially on young people, in their understanding of this issue and in managing relationships with their parents, teachers, other adults and their communities. School settings provide an important opportunity to reach large numbers of young people with sexuality education before they become sexually active, as well as offering an appropriate structure (i.e. the formal curriculum)

William C. W. Wong et al (2006), a study was conducted on effectiveness: sexual education by schools or family doctors on Hong Kong Chinese adolescents. The aim of the study is to review the overall effectiveness of the schools-based or doctors-based Sexual Health Education currently provided for Hong Kong adolescents. The survey was carried out among 15-18 years old students from 21 secondary schools. Out of 4.7% students admitted sexual experience. Multiple logistic regressions showed that students who had received school AIDS education were found to be less likely to have sexual intercourse. They were twice as likely to discuss
emotional 95%, puberty issues 95%. Although not statistically significant, sex education by family doctors showed a similar pattern. This result provides the strongest evidence that school-based sex education programmes can modify sexual behavior, which in turn reduces risk among the students.

Sorcar Piya (2010), study conducted in India through stand Ford University in 2006, they found that children had essential superficial knowledge about HIV/AIDS. Sex education as most allow in many region of the world. This makes it challenging for HIV/AIDS education to enter education. The best curriculum would find a way to prevent accurate and complete information using an alternate vocabulary, medium or conceptual model, in order to keep the materials socially acceptable. But the material must also be link by learners, accepted by teachers and most of all effective at teaching. Today on World AIDS day 2010 are launching the first product version of our animated tutorials in India and Botswana, research based learning and the voices of numerous celebrities firm those countries. Indian National AIDS control organization approved our curriculum earlier this year and the state Karnataka has committed to distributing it in their schools.

Monica Silva (2001) review the effectiveness of school-based sex education programmes in the promotion of abstinent behavior interventions published in the last 15 years in the US. The effects of the interventions in
promoting abstinent behavior reported in 12 controlled studies were included in the meta-analysis. The results of the analysis indicated a very small overall effect of the interventions in abstinent behavior. Moderator analysis could only be pursued partially because of limited information in primary research studies. Parental participation in the program, age of the participants, virgin-status of the sample, grade level, percentage of females, scope of the implementation and year of publication of the study were associated with variations in effect sizes for abstinent behavior in univariate tests. However, only parental participation and percentage of females were significant in the weighted least-squares regression analysis. The richness of a meta-analytic approach appears limited by the quality of the primary research. Unfortunately, most of the research does not employ designs to provide conclusive evidence of program effects. Suggestions to address this limitation are provided.
2. Knowledge, Attitude and Practice on Sexual Health Education among the students.

A study was conducted by Malleshappa et al (2011) Andhra Pradesh. The objective is to determine the effectiveness of a reproductive health education intervention programme in improving the Knowledge of adolescent girls aged between 14-16 years in Kuppam mandal, Chittoor district Andhra Pradesh. A total of 656 girls in the age group of 14-19 years randomly selected from 3 high schools class X, XI and XII in kuppam mandal, Andhra Pradesh. The reproductive health education package developed in consultation with parents, teachers, and adolescents was used to educate the girls. A 50 item structured questionnaire was used to test the knowledge of all the participants about the reproductive health before and after the education session. Finding were found, a significant increase in overall knowledge regarding menstrual cycle, ovulation, fertilization and pregnancy by 44.5% was noted, Knowledge regarding contraception improve remarkably from 33.7% to 97.4%. A significant improvement in the knowledge about transmission and prevention of STDs was noted after intervention. A reproductive health education intervention improves the knowledge and attitude among rural adolescent girls regarding reproductive health.
Gogoi Maitrayee (2010) conducted a study to assess knowledge and attitude on reproductive health among girls high school students in urban and rural areas of Dibrugarh District, Assam. The convenient random sampling was used to select the schools in rural and urban areas. The 130 students were selected from stratified random sampling technique from the schools, class VII, IX, and X. The study finding was 1.5% student had adequate, 49.2% had moderate and 49.2% had inadequate knowledge regarding reproductive health. The 39.2% had favorable, 58.5% had moderate and 2.3% had unfavorable attitude. The investigator concluded that there is a need to conduct study among the boys, parents, and teachers to assess the knowledge, attitude, and practice to promote and implement awareness about sexual health issues.

Jaffer Y.A., Afifi M. conducted a study in Muscat Omani (2006) to examine the knowledge, attitudes, and practices of Omani adolescents with regards to reproductive health in a nationally representative secondary school based sample of 1670 boys and 1675 girls, through a self-administered questionnaire the adolescents were asked about puberty, marriage, birth spacing, AIDS and sexually transmitted infections. Only half of the samples know the changes in the opposite sex. Girls were inclined significantly towards later age of marriage than boys. The mean number of children desired by the sample was 4.9. About two thirds of the adolescents
had a positive attitude toward modern contraceptive methods and intended to use them in the future. Knowledge of fertility period was poor as knowledge of AIDS and transmitted infection.

Kaur Vijendra (2001) conducted a study at Delhi Najafgarh. The objective of the study was “A study to assess the knowledge and attitude of unmarried young adult about desirable sex behavior”. A descriptive survey and an evaluative research approach with one group pre test and post test design. The structured knowledge questionnaire to assess the knowledge of unmarried young adult regarding desirable sex behavior. Attitude scale was use to assess their attitude toward desirable sex behavior. The major finding of the study was responded that, there was knowledge deficit and negative attitude among them. The post test score was significantly higher than pre test Gain the knowledge and attitude score indicated that printing material in the form of guideline were effective in increasing the knowledge and developing positive attitude toward desirable sex behavior among youth.

Patel P, Pallavi et al (2000) Delhi, conducted a study to assess Knowledge, Awareness, Belief and Practice on Sexuality and Reproductive Health of Adolescent in Slums of Ahmedabad studies on adolescent girls. Qualititative (Social Mapping, Body Mapping, Focus Group Discussions and in-depth interviews) and quantitative (Household Listing and Pre-coded
Questionnaire) methods of data collection were used. The study findings show that the adolescents are unaware about scientific information on puberty, menstruation pregnancy, STD and HIV / AIDS. Keeping in mind and need to learn about reproduction and sexual health among adolescents, CHETNA plans to organize education programmes on life skills and other useful topics, using participatory techniques. The study indicates that overall development of girls suffers due to gender biases prevailing in the community. The boys seem to have a rigid idea of gender roles, which need to change through a systematic intervention through gender sensitization.

Joshi B N et al (2006) conducted a study in Mumbai, to assess their reproductive health problems and help seeking behavior among urban school going adolescent between 11-14 years were chosen form a secondary school. Quantitative and qualitative data on the reproductive health problems and health seeking behavior was collected using self-administered questionnaire, voluntary attendance of one year to the school –based adolescent Friendly Center (AFC), medical screening through health check up camp and Focus Group Discussions (FGDs) The mean age of menarche among girls was 10.8 years. About 17 per cent of the enrolled adolescents came to seek information on various sexual and reproductive health issues at the AFC. A few adolescent girl and boy (0.6% and 2.6%, respectively) were referred by their teachers to the AFC for behavioral and psychological problems. Some
were related to academic performance or abuse of other adolescents. 12 per cent boy and 3 per cent girls reported problems like depression, low self-esteem and interpersonal relationship issues with their peers and parents. Girls mainly reported problems related to menstruation, excessive vaginal discharge, itching of genitals and urinary complaints. Mothers or senior female members of the family and neighborhoods felt that menstrual problems such as pain and discomfort during menses were very common for girls and they must learn to bear the pain. Thus the care was only sought when the pain was unbearable or during exams or when they had to miss school.

Thekkekkara T. et al (2006), study was conducted a study on Factors Associated with teenage Pregnancy, including age, parity distribution, educational qualification, marital status and health seeking behavior. In the study, the mean age at marriage among teenagers was found to be 16.5 years with a mean interval of 1.1 year for the first pregnancy. Three percent (3%) of the teenagers were unmarried. The finding also study showed that, Higher the educational qualification of the woman, higher was their age of marriage and the age of first pregnancy was also reported the same. Thus, emphasizing on education of girls would be a successful strategy for delaying marriage of girls and consequently preventing adolescent pregnancy.
Singh R, Singh V. et al (2004) conducted a study on “An Awareness Study about AIDS and Safe Blood among Higher Secondary girl Student “The study reported found that all the four group of girl students were lacking in awareness about various aspects of AIDS and safe blood donation. Overall Awareness level in was around 60.6 percent. A statistically significant difference in awareness level was observed between Hindi and English medium schools and between science and arts group (p<0.0001). The range of score was higher (10-21) among Science students of English medium school as compared to (5-19) among Hindi medium Science group girl student. The Arts Group of English medium school had a range of score of 9-21, which is somewhat similar to that 6-22 Hindi medium school. Awareness about know modes of HIV/AIDS transmission was 78.3 per cent; 62.8 per cent knew about frequency of blood donation; and 41.3 per cent were aware about diseases transmitted by blood.

Hemalatha B.S. (2008) conducted a study regarding “Women’s knowledge on reproductive tract infections in selected area of Raichur”. The study was conducted in Karnataka. Study population was adolescent girl. 200 samples were taken. Selection of sample that was available during the period of data collection. The structured questionnaire was designed for the study of the knowledge regarding reproductive tract infections. The study
shows that majority (84%) had adequate knowledge about the reproductive tract infection, 75% respondent answered correctly to the risk factor of reproductive tract infection and nearly 72% had adequate knowledge about sign and symptoms of reproductive tract infection. The researcher concluded that, most of the respondents knew the anatomy and physiology of female reproductive system and its infection. Knowledge influenced by religion, income, abortion. There was no relationship between the knowledge of the adolescent with regard to reproductive tract infection and variable of age, education, sources of information.

Taghizade Mehrzad (2005) South Delhi, conducted study on Attitude and knowledge of adolescent girls about prevention of HIV/AIDS. The objective of the study were to assess knowledge and attitude and to find out the relationship between knowledge and selected factors age, income, literacy of parents, types of family, occupation of parent, sources of information. The sample contain of 100 adolescent girls, age group 17-19 years were selected college. A multiple choice questionnaire of 26 questions related to magnitude of problem of AIDS and attitude scale five point Likert scale type including 25 statements covered broad area. The researcher found that 43% had inadequate knowledge, 50% had average knowledge and 7% had adequate knowledge on prevention of HIV/AIDS. The attitude of same respondents showed favorable attitude towards the disease but the study
revealed that there were no significant relationship between knowledge and attitude of adolescent girls at 0.05 level of significance for $dt (98)$. The study shows the knowledge deficit of the adolescent girls regarding the prevention of HIV/AIDS and less favorable attitude towards the HIV/AIDS. The researcher felt that there is need for including the sexual health education programmes to the curriculum of school/college for adolescent girls’ students to increase the knowledge and develop most favorable attitude towards the prevention of HIV/AIDS.

An Indian Council of Medical of Research (ICMR) study showed that there is a lack of knowledge and awareness among adolescents about health issues and problems. It found that knowledge awareness about puberty, menstruation, physical changes in the body, reproduction, contraception, pregnancy, childbearing, reproductive tract infection, sexually transmitted infection and HIV was low among boys and girls, especially in younger adolescents age group 10-14. Among the younger adolescents, 40% had little knowledge about the sex organs and most of the girls had not been informed about menarche prior to its onset. About one-half of the adolescents were not aware of condoms and were confused about the various mode of HIV/AIDS transmission. The study reported, however, that older adolescents ages 15-19 had better knowledge. About 80% had knowledge of STDs, including HIV. Older adolescents’ girls were more aware than
younger adolescent girls of the physical and physiological changes that take place in the body. Only one-half of the adolescents were aware of various family planning methods and younger people’s knowledge about spacing methods such as through the use of intrauterine devices (IUDs) or oral contraceptive pills was very low.

Swarnalatha A.K.Vasantha (2007) conducted a study on Attitude, Knowledge and beliefs of adolescent girls on reproductive health in Coimbatore, Chennai. The objective of the study was: study the socioeconomic profile, evaluate belief and knowledge on puberty and assess the attitude and awareness on reproductive health among randomly selected 100 adolescent of 17-19 years. A questionnaire was assessing the criteria. Finding of the present study were discussed as socioeconomic background of the selected adolescent girls attitude, belief and knowledge on puberty and its related aspect and attitude and knowledge on sexual health. The study found that majority of adolescent age groups is 16-19 years. The 88% belong to nuclear family, 12% joint family. Family income only 12% had income above 3000/- month. Most of the girls attain puberty between 14-16 years. The preferred to learn these through doctor 40%, mother 32%, friend 22%, mass media 22% and teachers’ 20%. The remaining 8% are not a favor of the reproductive health education. Almost all 92% selected adolescent girls were in favorer of having prior knowledge regarding reproductive
health as they have to enter married life sooner or later. They desired to learn about AIDS and other sexually transmitted diseases, mother and child health pregnancy and family planning method. The investigator evaluates their belief and knowledge on puberty, besides assessing the attitude and awareness on reproductive health and find that majority of the selected adolescent girls had poor knowledge of reproductive health and its related aspects. The study emphasized undoubtedly the strong need of this hour is high quality accessible and adolescent friendly services which meet their health needs in general and reproductive health needs in particularly.

Yakandawala Harischandra (2007) conducted a study on Knowledge, Attitude and Practices of girls’ guides in selected districts on sexual and reproductive health including sexually transmitted diseases and HIV/AIDS in Sri Lanka. The main objective of this study to obtain the current level of knowledge, attitude, behavior and practices in relation to sexual and reproductive health issues including prevention of sexually transmitted infection and HIV/AIDS. This survey included 633 girl guides between 13-19 years from Colombo Gampaha and Kandy districts. Information was collected using pretested self administered questionnaire. The finding was 70% of girls responded, 45% of girls did not know that they can get pregnant even with a single sexual intercourse. The 71% of girls have hard about family planning. Sourced of information 70% from friend and 64%
from teacher's sexually transmitted infection and AIDS, only 30% of girls' rural girls and 43% of urban girls have hard. Study based on the finding it can be concluded the girls are having fairly good knowledge and attitude in relation to sexual and reproductive health even through the available information is not adequate to conclude about their real sexual behavior, Practices around menarche and menstruation has changed among young generation. The attitude toward family planning is favorable. Investigator recommendation that, improve the sexual health component in the school curriculum. Making self learning material freely available. Training of teachers on life skills based teaching for sexual health and HIV/AIDS. Share information with police makers in the education system in order to improve the sexual health component in the school system.

Duong Quyen Le (2006) conducted a study on sexually transmitted disease prevention knowledge, attitude and practices among school pupils in rural of Ghana. The aims were to examine sex difference in knowledge, attitude and practices regarding STD prevention among junior secondary school pupils in the Kassena Mankana district Ghana, Johannesburg. This research report is based on secondary data analysis of a cross sectional knowledge, attitude and practice survey of sexual and reproductive health conduct among junior secondary schools. The original survey had been carried out before the subject. Adolescent sexual and reproductive health
was initiated in junior secondary schools in the districts as an intervention study. Respondent from 6,225 schools pupils ages 10-19 years (3,011 schools boys and 3,214 schools girls). The study found that school pupils has unsatisfactory knowledge about STD. Boys tented to be more knowledge that girls (p<0.05). The 18% of boys and 8% girls reported being sexually experiences. The 62% boys had sex with multiple partner compared with 32% of girls (p<0.05). Result of the study show sex differences of knowledge, attitude and practices regarding STD prevention among schools pupils. This underlying the need for specific STD prevention educational programmers for each sex. The finding from this research report supports the need for school base sex education in junior secondary schools. These programmed needs to be improved to cover comprehensive topic including both knowledge and skilled. A school lesson on sexual and reproductive health including STD may be provided for pupils through in class and of class activity. However sex specific programme implemented in out of class activities would be useful in compensating for sex difference in knowledge.

Beckwith Jessica (2005), conducted study was reproductive and sexual health education. The sample consists of 552 high school students in Rumania country the result shows a wide spread lack of accurate information and adequate information about reproductive and sexual health education. Statistically significant variable study include age, sex, monthly
income and age of first sexual experience. Female sex younger age, lower monthly income and younger age of first sexual experience all contribute to a lower quality of reproductive and sexual health, in terms of having less information about and access to these aspects of reproductive and sexual health.

Alexandra Mc Manus and Dhar Lipi (2007) conducted a study on Assess knowledge, perception and attitude of adolescents' girls toward STD/HIV, safer sex and sexual health education, south Delhi. The purpose was to investigate the perception, knowledge and attitude to adolescent urban school girls' age 15-29 years towards sexually transmitted infection STI, HIV/AIDS, safer sex practice and sex health education. The self administered questionnaire was completed by 251 girls from senior secondary schools. The findings were that one third of students in this study had no accurate knowledge to understanding about the sign and symptom of STI other than HIV/AIDS. About 30% of respondents considered HIV/AIDS could be cured, 49% felt that condom should not be available to youth, 41% were confused about where the contraceptive pill could protect against HIV infection and 32% thought it should only be taken by married women. The majority of respondents 71% had no knowledge about the effects of genital infection. The 14% of the respondents had the correct information about this topic. Though controversial there is an immense need to implement gender
based sex education regarding STI, safe sex option and contraceptives in schools in India.

Petel Vikram, Andrew Gracy (2000) conducted a study Gender, sexual abuse and risk behavior in adolescent. The purposes of the study were there is little information on prevalence and correlated of sexual abuse in adolescent in India. A cross-sectional survey of all class XI student in eight higher secondary schools in Goa (n=811) was conducted in March 2000. A self report questionnaire develop and piloted in collaboration with the adolescents elicited information on education, mental health, risk behavior and the experience of violence and sexual abuse in the previous year. The result was found coercive sex had been experienced by approximately 6% of adolescent. Different in risks were found for urban and rural school student, while rural boys were likely to have experienced coercive sexual intercourse than urban boy (10.3% vs. 25.4%). This study show that reproductive health need in adolescent is closely inter twined with experience of violent and abuse poor mental health and other risk behavior such as substance abuse and the rural/urban setting of schools.

Pattararungsri Jantima (2002) conducted a study in Bangkok, the purpose of the study were Perception of adolescent girls regarding sex education its important knowledge of sex positive and negative implication and pornographic writing and film. Sample was drawn 600 adolescent girls
240 from non formal school and 360 from formal schools constituted the sample for study. The investigator developed and used the tool on the form of opinion scale, chick list and questionnaire with open ended question. The study result was: the majority of responded 63.2% agreed that a girl should not have sex before marriage, 60.8% was virginity, 50.8% had the experience of embracing, and 41% of the responded disagreed sexual health education in high school level, 62.3% believed that proper sex education may develop emotional and social maturity. Most of the girls learn sexual matter from teachers and mothers. The girls belonging to formal and non formal schools were having similar conceptual knowledge of sex.

Mba C.I .at al (2007), study was conducted to evaluate the impact of reproductive health education on the knowledge & attitude of adolescents in a rural area in Nigerian. It compared adolescents in a secondary school (study group). Which received health education on Reproductive health with another secondary school (control group), which did not received any. The compact of program was evaluated with a pre test baseline knowledge & post test gain in the knowledge week later. Using the same questionnaire. A total of 180 students selected by systematic sampling form each of the two randomly selected school in item. The result were a signification (P<0.05) gain in correct knowledge following the health education. The student in the study group showed a positive & permissive Attitude towards reproductive
health education and there was a drop in risky sexual behavior following the intervention (The study were conducted) premarital sex (94.3%), pregnancy prevention & were common production health problems raised by the student. The study conducted that Reproductive health education as part of the school curriculum will provide an effective means of improving knowledge and reducing reproductive health problem among adolescents.

Das L.K. (1991) conducted a study in Assam; the objective of the study was Knowledge of sexual health among senior schools students. The self structured questionnaire was given and randomly selected schools. The study finding were majority of the student have knowledge about marriage, pregnancy and child bearing period but less knowledge about sexual health. The researcher has recommended that similar study can be replicated in a number of schools setting on a large sample for wider generalization.

Wight Daniel et al (2002) conducted a study at East Scotland. The objective of the study were to determine whether a theoretically based sex education programme for adolescents, delivered by teachers reduced unsafe sexual intercourse compared with current practice. The cluster randomized trial with fallow up two years after baseline (six month after intervention). A process evaluation investigated delivery of sex education each schools. Twenty five secondary schools in East Scotland. Participants 8430 pupils'
ages 13-15 years, 7616 completed the baseline questionnaire and 5854 completed the two years follow up questionnaire. Intervention group versus existing sex education control programme. The study result were found when the intervention group was compared with the conventional sex education group in an intention to treat analysis there were no difference in sex activity or sexual risk taking by the age of 16 years. However those in the intervention group reported less regard of first sexual intercourse with most recent partner, young men 9.9% difference, and 75% confidence interval 18.7% to 1.0 young girls 7.7% difference 16.6 to 1.2. Pupil’s evaluated the intervention programme more positively and their knowledge of sexual health improves. Lack of behavioral effect could not be linked to different quality of delivery of intervention. Study was concluded compared with conventional sex education their specially designed intervention did not reduce sexual risk taking in adolescents.

Wilberforce Kigonge Sekirine et al (2007) conducted a study at Makerere Medical School. Aim of the study was sexually transmitted diseases (STD) remain an important cause of morbidity and mortality among female student. In order to imitate appropriate prevention measure there is need to establish the profile knowledge of predisposing and causative of STD attitude to sexual practice and sexual pattern among the susceptibility young people such university student. The study population was non
medical university student. A descriptive cross-sectional study was perform, self questionnaire identifying socio demography character, sexual practice, knowledge of STD was administered to 400 non medical students. The result was found 90% multiple sexual partners, 93% unprotected sexual intercourse, 81% rape, 78% sex outside marriage, 73% sex under the influence of alcohol, 27% male STD, 9% female, 33.5% female students had Trichomonas virginities. This study had shown that more female than male student got information from their parents \( p < 0.001 \), while more male students had their information from previous sexual intercourse \( p < 0.001 \). The study was conducted sexual education should be introduce at the university as a means of increase students awareness about the problem and prevention of sexually transmitted diseases including HIV/AIDS.

Regassa Nigatu et al (2011), study conducted under Hawassa Addis Ababa University. The main objective of the study to assess higher education students Attitude and Practice on preventive measures against HIV/AIDS. The 606 student were drawn from this university, data were collected using quantitative survey questionnaire in multistage sampling technique. The result were found 34.2% of respondents were sexually active, 23.8% had sexual intercourse, 65.5% of the respondents had favorable attitude to HIV prevention, 52.4% adopted abstinence as top preventive measure, 47.2% had been tested for HIV/AIDS. The study had
recommendation that focus on more practical and workable preventive measures, strengthening HIV testing and anti-retroviral treatment services and effective implementation of in campus HIV policy are the major ones.

Maswanya E. et al (2008), conducted study were to assess knowledge and attitude on HIV infection in college student in Nagasaki, Japan. Sample were taken 383 female students. A structured questionnaire containing regarding knowledge about AIDS, belief and attitude toward people with HIV/AIDS was administered during data collection. The result main sources of information for AIDS awareness as reported by the students was the mass media. Good knowledge about AIDS was positive associated with acceptance of living in the same house with a person diagnosed with AIDS. The 95% confidence interval. However residing at home showed a negative association. The result suggests that a more appropriate education programme in college in Japan may be necessary to reduce the discrepancy between general knowledge and desirable attitude regarding HIV/AIDS.

Namaitijiang Maimaiti et al (2010) study were conducted knowledge Attitude and Practice regarding HIV/AIDS, sexual health, risk behaviors Medical and non Medical students Xingjian China. A cross sectional survey was conducted among students enrolled in two universities. The Xinjiang University (XU) and Xinjian Medical University (XMU). Data was collected
using validated self administered standardized questionnaires on knowledge attitude and practices regarding HIV/AIDS among 200 students from XU and 200 students from XMU who agree to participate in the study. The result was found among 400 students who participated in the study the mean knowledge score was 19.3+\_5.5 and their knowledge score ranged from 2 to 30. The 74.5% students had knowledge score above 15, 33.3% of the students had positive attitude HIV/AIDS and patient with HIV/AIDS. The 15.8% of these students had at least one risk behavior related to unprotected sexual exposure. The study found most of XU students had good knowledge, but negative attitude toward HIV/AIDS and HIV/AIDS patients and 15% of them reported having at least one high risk behavior related to sex and unprotected sex. Thus HIV/AIDS health education efforts should be identified to change attitude and practice among university students in Xinjiang especially among university students’ mainly enrolled students and among the Uyghur and other minority students.

The Research Articles was written by Lena A. (2010 from Karnataka among adolescents, girls are particularly vulnerable not only because they are more likely to be coerced for unprotected sex but also because they are more susceptible biologically to sexually transmitted diseases (STDs), including HIV infection. This study was carried out to determine the effectiveness of an educational intervention programme aimed at girls
focusing on knowledge of and attitude to HIV/AIDS. Method: An educational intervention study was carried out among 791 rural girls (16-19 years) randomly selected using stratified cluster sampling from coastal villages in Udupi Taluk, Karnataka, Southern India. They were educated regarding HIV/AIDS and their awareness levels were evaluated immediately and one month following intervention. Results: Around 35-50% of the girls had misconceptions regarding the modes of transmission which significantly reduced to about 8% after intervention (95% CI of difference in proportion = (9.2, 17.9); p<0.001). However, there was no change in their attitude regarding caring for people living with AIDS. Conclusion: The data suggest that the educational programme can lead to a change in the knowledge of HIV/AIDS but more intensive sessions may be needed to bring about a change of attitude about caring for people with AIDS. Key Words: Effectiveness; HIV/AIDS; Health education programme; Knowledge and attitude; Adolescents.

Alwar Richa (1997), the study was conducted in a slum located in the vicinity of Maulana Azad Medical College Campus, Delhi. The study subjects comprised of all adolescent girls in the age group of 10-19 years residing in the area. The study has been conducted in two phases. During 1st phase, a quick demographic survey was conducted for enumeration of all girls in the age group of 10-19 years. Of the total 230 adolescent girls
residing in the area, 220 were available for the study. In the second phase of the study, all the girls were interviewed and clinically examined. It was revealed that mean age at marriage was 16.7 years. Mean age of menarche was 12.8 years. Dysmenorrhoea was the commonest disorder reported in 46% of the subjects. Majority (92%) of the girls knew about conception and 70.7% knew about route of child birth. 80% of the subjects were aware about the correct legal age of marriage, less than one third (29.3%) of the subjects preferred to marry after 18 years of age, while nearly half (48%) preferred to leave this decision on their parents. A higher proportion of girls had heard about AIDS as compared to STDs. Awareness about AIDS was significantly related to the literacy status. 76.9% knew about sexual transmission, 53.8% knew about transmission through blood, while only 38.4% knew about vertical transmission. It was recommended that there is a need to sensitize the community to the fact that adolescents have special needs. Further the need for the evolution of a comprehensive health care package, which addresses the physical, mental, psychological and social needs of the adolescents, especially girls, was stressed along with the need for the modification of school curricula to impart sex education.

Handa Ameeta (1995), conducted a study at New Delhi. A descriptive survey and evaluative research approach were selected to identify the learning needs of High School students on human sexuality and to develop
and evaluate the effectiveness of a sex education programme respectively. The sample of the study consisted of 180 high school students studying in three public schools of South Delhi. The student were selected by stratified random sampling technique. A total of 60 students were drawn from each of the three schools with 30 students each from class equal number of sex. The finding of the study were the source of maximum information on human sexuality for the high school student was in the order of friend (66.33%), mass media (29.44%), health professionals like Doctor & Nurses (3.89%), parents (2.22%), teachers (1.11%) and none from elderly relatives.

Srinivasa (1977), conducted a study at Pondicherry, on aspects of knowledge, attitude, practice related to menarche among 497 girls between 10-19 years of age drawn from four out of 8 girl’s schools. A pretested structured questionnaire was administered to the respondents. Out of the 497 students interviewed, 181 had attained menarche (56.7%) and 215 had not attained menarche (43.3%). The majority of the respondents were Hindu (69.2) and remaining subjects were from other religions. The findings were that the reaction of the respondent to blood flow at onset of menstruation varied. The multiple responses given by them described their reactions as scared (86.2%), shocks 34.1%, worried 35.6% and sad 25.2%. About 56% of the respondents said they informed mothers and 29.9% inform their sisters. Only 7% confided in their friends, and 1.4% confided in their teachers.
Tobin E.A. (2010) conducted a study at Delta state of Nigeria. The objective of the studies was knowledge, attitude and practice of secondary schools students toward AIDS. A cross sectional study was carried out on 358 senior secondary students selected by multistage sampling. A semi structured questionnaire was used for data collection. The result was found 40% respondent hard AIDS from media sources of information, 74% known causes of the virus, 85% know of transmission through sex , mother to child,59% cited kissing, 85% maintain weight loss symptoms, 76% know AIDS to be untreatable, 75% know methods of prevention, 83% agreed to care for an infected relative. Students have a fairly good knowledge and poor attitude towards people living with AIDS. The study concluded that there is need for the introduction of sexual health programme that will target a positive change in adolescent’s attitude to risky sexual behaviors.

Borah T., Panda S., Singh A.S. (2008-2009) , a retrospective study was conducted on Teenage pregnancy, perinatal outcome, low birth weight in the Obstetrics and Gynecology Department, North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), Shillong. Data were retrieved from hospital records. Only primigravida with single tone pregnancy were taken for the study. The study group consisted of the teenage mothers between 15-19 years of age who had completed 28 weeks of gestation and got admitted and delivered in the hospital during the study
period. Result and observations was found in the study period there were a total of 1176 deliveries and out of them (11%) were teenage pregnancy. The study had also found teenage mothers had higher incidents of anaemia, poor perinatal outcome in the form of low birth weight baby and preterm baby. Conclusion of the study they have low education level and mostly belong to lower socioeconomic class. Awareness of unwanted pregnancy prevention and various antenatal care programs is needed in adolescents for a better obstetric and perinatal outcome.

ICMR (2001) New Delhi, study was conducted at 7 centers in the country on adolescents from schools and colleges from urban areas, urban slums and rural areas to understands their awareness level and attitude towards reproductive health matters including sexual behavior and views of parents, teachers about sex education to them. At each centre the of about 2000 adolescents and 200 parents and teachers were collected using structured questionnaires, focus group discussion and case study approach. The result indicated lack of awareness, misconceptions and risky behavior of adolescents regarding critical aspects of reproductive health such as safe sex, genital hygiene, STDs, MTP, safe period in the menstrual cycle for pregnancy, HIV transmission and its prevention. Adolescents living in slums followed by rural and female adolescents were particularly poorly informed. A large number of adolescents in all states had exposure to sex and pornographic literature. Sexual intercourse was reported more by boys than
The range of sexual intercourse varied from 2.9% among urban girls to 28.8% among rural boys in Rajasthan and 1.6% among urban girls to 14.4% among urban boys in Delhi. Most of the adolescents expressed their willingness to know more about these issues in schools and colleges by outside experts. Parents and teachers advocated that adolescents should be imparted sex education by mothers and teachers from 13-15 years of age.

Gupta S.D. and Nutan Jain (1998) a study conducted at Jaipur, to assess the Knowledge of Adolescents boys and girls aged 10-19 years from three Districts of Rajasthan regarding Reproductive and Sexual Health. A cross sectional sample of 2325 persons including Adolescents, Parents and Teachers. The reported that the adolescents of the state had very scanty and patchy knowledge about Sexual and reproductive health. Majority of the adolescents had heard about puberty, menstruation, pregnancy, contraception, rape and abortion. More than half of the adolescents were aware of night emission, safe sex, impotence, homosexuality and genital hygiene. As many as 15% of adolescents experienced sexual intercourse at the time of the survey. A majority of adolescents were aware of sexually transmitted infection. As many as 90% were aware of AIDS where as only 26% knew that there was no treatment available for AIDS.
Padmavathi, Ratnakumari S. (2006), study was conducted at Hyderabad and Secunderabad. The objective of the study was knowledge and opinion of undergraduate students toward reproductive health and AIDS. A sample of 200 students i.e. 100 boys and 100 girls was selected from degree colleges in the two cities. The self-structure questionnaires were used for data collection. The result revealed that the students had fairly sufficient knowledge on reproductive health and AIDS. There were misconceptions on sources of HIV transmission. The students were found to have positive opinion toward AIDS patients. The degree/discipline had less influence on student’s knowledge. Boys were found to have better knowledge than girls.

Project reports on Reproductive Health in China (2001), the need to educate the young generation on reproductive health become all the more important. To understand the level of knowledge among teenagers regarding reproductive health, a team of experts with the China Family Planning Association did a field survey in September 1998 in Qinhuangdao, Hebei Province. The target population for this survey was students aged 12-18 and reproductive health educators. Through group sampling, questionnaires were administered and focus group meetings conducted. The questionnaire contained choices on reproductive health physiology, sexual psychology, STD, self-value, sexual orientation and needs. Altogether, 311 students took part in the survey, of whom 130 were junior middle school students (12-15
years old), 181 senior middle school students (16-18 years old). In terms of sex ratio, 139 were male and 172 female. Participants to focus group meetings included 118 senior middle school students and 18 adults involved with reproductive health education. To ensure the effectiveness of data, both the questionnaires and outlines for focus group meetings were reviewed by a panel of experts. In addition, the students were repeatedly urged to fill out the questionnaires honestly. To facilitate that, teachers, school administrators and student leaders were asked to stay away when the students filled out their questionnaires. All the returned questionnaires were valid.

Finding was found Knowledge about reproductive health of the 311 students surveyed, 51.77% knew that girls start to menstruate from 12-13 years old onwards and 34.08% knew that it was normal for boys to have wet dream once or twice a month. In addition, only 54% of them knew about "secondary sexual characteristics". Astonishingly, none of the 30 female students polled in a school knew about the need to clean their private area during menstruation. Similarly, only 39.23% of the students surveyed knew about gonorrhea, syphilis and AIDS, and 57.74% of them knew about two of the three ways for AIDS transmission: blood transfusion, sexual intercourse and mother-baby infection. The above findings suggest that the students are differentiated in terms of their knowledge of sexual health. Dissemination of reproductive health and self-care knowledge should be conducted in a
planned and conscientious manner. This is especially important in light of the fact that young adults are the most vulnerable group in the transmission of STD and AIDS.

Study conducted Yayeh Negash, Betemariam Gebre et.al (2000) to assess the behavioral risk factors of its transmission and prevention of HIV/AIDS at Gambella town (Western Ethiopia). The objective of the study was to assess knowledge, attitude and practice of HIV/AIDS in the study population. Methods: Community based cross-sectional study was done to assess the knowledge, attitude and practice on HIV/AIDS among individuals aged 15 years and above in Gambella town in November, 2000. Structured questionnaire was used to collect data. A total of 359 individuals were interviewed among whom 53.8% were males. Fifty-five percent of them were between 20 and 30 years of age. Majority of the study population were government employee. Finding of the study was sixty six percent were married while 25% were single. Oromos (32.9%), Agnuaks (21.4%), Amharas (16.7%) and Nuers (12.5%) were the major ethnic groups in the study population. About ninety six percent of the interviewed population reported to have heard about HIV/AIDS for whom the main source of information was the mass media (82.8%). The majority reported unprotected sex (79.7%) and unsafe blood transfusion (64.2%) as common ways of HIV transmission. About eighty six percent and 80% agreed on screening before marriage and voluntary testing respectively. Eighty six percent practiced sex
at a mean age of first sexual contact of 16.6 and 18.4 years of females and males, respectively. Among those who had sexual contact with no regular partner in the last one year, 39.6% did not use condoms. Males had higher rate of STDs as compared to females (21.1% and 12.2% respectively). Males were also observed to have significantly higher frequencies of sexual contact with non-regular partner in the last one year ($p=0.00$). Conclusions: The findings of the study showed that sexual practice often begun as early as eleven years of age with the mean of age 16 and 18 years for females and males, respectively. The respondents were observed to have adequate knowledge although risky behavior is prevailing. Therefore, we recommend that health education should target elementary school children and those children who are not at school as early as the age of ten years. The knowledge of mother to child transmission in the region is limited. Hence, emphasis also needs to be given to improve the knowledge on mother to child transmission of HIV. Information dissemination should also be designed in such a way to bring about behavioral change.

3 Knowledge, Attitude and Practices on Sexual Health Education of the Teachers:

Santhi Krishna (2008) et al conducted a study under Training research action centre (TRAC) Community development trust Mumbai. The purpose of the study was Knowledge and attitude of adolescent, and
knowledge, attitude of teachers and parents toward family life education in schools. The separate scale was developed to measure knowledge, attitude and practices of adolescent, teachers and parents. The sample was 2723 adolescent, 128 teachers and 629 parents from 23 randomly selected schools in Mumbai. Result revealed that 68% teachers and 71% parents reported imparting sexual health positive behavior. Almost all teachers 98%, and 79% parents have said that sexual health education is the share responsible both teachers and parents. The 79% teachers and 75% parents want sexual health education to be part of the formal school’s curriculum. Out of 33% adolescent were part of sexual health education programme, 67% were not taking part of sexual health education programme. The 32% of teachers were from school which conduct sexual health education, 68% were not conducted, 55.6% had children had receiving SHE, rest children were not receiving. The study found strongly support providing family life education to adolescent. In schools adolescent, parent and teachers Sexual health education will be part of the curriculum.

Jacqueline N. et al (2004) conducted a study among 336 teachers in school in New Brunswick to assess their attitude toward sexual health education. They assign to sexual health education topic their knowledge about comfort teaching this topic. The finding of the study was 93% of teachers support school base sexual health education, 97% indicated that
sexual health education to should start middle schools. The 65% teachers had received training to teach sexual health education, 28% of teachers indicted they did know about the quality of sexual health education was in their school. The researcher concluded the study that, those who underscore the result they need for in service training to increase teacher’s knowledge about sexuality and their comfort teaching specific sexual health topics.

Pratinidhi A.K. et al (2001-2009) conducted a study, to determine the change after training in relation to sex knowledge, HIV/AIDS knowledge and Attitude toward HIV infected person and sexual behavior. The study sample were secondary school class IX to XII student, medium of instruction, sex of the student, Nodal teachers and other teachers peer educator, headmaster. The 600 student, 60 peer educator, 60 nodal teachers, 30 head master. The result had found significant improvement was seen in the area of sex knowledge and AIDS knowledge during past training phase. Changing in the score in the area of attitude and decision making skills were marginal. In conclusion education intervention strategy is useful for improving the knowledge of the student in relation to sex and AIDS.

Study conducted by Mazloomy S.S. (2008) in Islamic republic of Iran. A cross sectional interview study was made with 290 teachers in 10
high schools in Yazd City, Islamic republic of Iran. All teachers were selected by cluster sampling form high schools. Data was collected using special designed questionnaire consist in demographic data, knowledge about HIV/AIDS and attitude of HIV/AIDS. The result has seen 45.2% were women, 54.8% men 92.4% were married, 90% had received previous information HIV/AIDS, 83.8% receiving Radio and Television, 11% had received from formal classes. Study concluded that professional development for teachers include strategies for educating adolescent about HIV/AIDS.

Vinita N. Kale (2011) conducted a study Ahmed Nagar Distract in Maharashtra state. The purpose of the study was to measure attitude of teacher trainees toward Sex Education. The sample of 120 from B. Ed and D.Ed. trainees selected randomly from the four training Colleges of Amravati City. Attitude scale toward sex education developed was used as a tool for data collection. The study concluded that B.Ed. Trainees have high attitude toward Sex Education than D. Ed Trainees.

Agoreyo F.O. et al 2007) conducted a study Benin City Nigeria. The purpose of the study were examined the knowledge and practices of 209 public secondary school teachers Nigeria toward HIV/AIDS education in order to assess their level of preparedness to delivered qualitative HIV/AIDS
education within the context of a comprehensive sexuality education program. This becomes necessary in view of the significant morbidity and mortality rates of HIV/AIDS among the Nigerian population. The study finding shows that although 100% of the teachers have heard about HIV/AIDS, more than 30% of them did not know that a virus caused the disease. Nearly 10% of the teachers thought that the disease could be transmitted through handshakes, sharing and clothes. There were significant gender differences in the sexual behavior of teachers as well as their comfort level to discuss issues surrounding sexuality and HIV/AIDS. Only 2.5% of the teachers had ever talked about HIV/AIDS during routine classes and less than 3% of the teachers had ever attended a formal workshop or seminar on HIV/AIDS. In conclusion this study highlights the preparedness of teachers most important and comprehensive sexuality education programme was most essential.

Sebastian Sonu (2010) conducted study at Bangalore regarding inclusion of sex education in secondary schools. Study sample were 50 number secondary school teachers Government and private schools that were willing to participate. On probability random sampling technique were used. Self administered questionnaire were used. The study result approved inclusion of sexual health education in the school curriculum.
Study was conducted and published by Taylor and Francis (2007) at Central England, to assess the sexual health knowledge of teachers who contribute to secondary school sexual health education in order to determine whether teachers are adequately prepared to implement present government education and public health policies. Design: Results were obtained from a questionnaire as part of a two-phase intervention study. Setting: Nineteen mixed-sexes, state secondary schools in central England. Participants: One hundred and fifty-five teachers (94 female, 61 male) participated. Main outcome measures: The questionnaires were distributed to teachers to assess their knowledge of sexual health, contraception and sexually transmitted infections. In addition, teachers' attitudes on the subject of sex and relationships education were evaluated. Results: The results suggest that teachers have insufficient sexual health knowledge to effectively teach sexually transmitted infections or emergency contraception, although their general sexual health knowledge was good. Therefore, at present teachers do not have adequate specialist knowledge in sexual health to contribute to current recommendations for sex and relationships education in secondary schools. There were no statistically significant differences in the results regarding location of school, area of residence, gender or age of the participant. Conclusions: Many teachers are being expected to contribute to secondary school sexual health education programmes at a time when they do not have sufficient knowledge to provide young people with adequate
Stella Mulama (2006) in Kenya Post sexuality leadership development fellowship report Series No-5, adequate teacher professional preparation for any subject is necessary. This Preparation should involve understanding by the teacher of the content, nurturing of positive Attitudes to subject matter and acceptable understanding on ‘what it means to teach’. Akyeampong (2000) and Tabulawa (1997) in Botswana and Ghana respectively, describe how the socio-cultural background of teacher understands of what the process of teaching and Learning is affects classroom norms. Teaching and learning of sexuality education requires Facilitative methods. Teachers are gatekeepers of knowledge and skills for the large majority of Young people (Tijuana, et al. 2004); most who live in developing countries and attend school at Least in their early years. It is also among these populations that HIV infections are highest in the world (UNAIDS, 2006), as well as poor reproductive health outcomes. At the same time, Gender differences in school attendance and completion are also very wide (Mensch and Lloyd, 1998: Rogow & Haberland, 2005). In Kenya, teachers work mainly in rural areas because this is where most schools are located. The Teacher’s Service Commission (TSC) reports that there are
more female primary schools teachers than male ones (Education Sector Report, 2006).

The Kenya Demographic and Health Survey (2003) showed that females, young people and rural dwellers have higher HIV prevalence. These are all categories where the large majority of teachers fall. The mitigation of the effects of HIV/AIDS should therefore take need of Teachers’ right. Data on teacher attrition and death shows that teacher’s ill-health affects Quality of education. GOK and UNICEF (2000) in a report on the impact of HIV/AIDS on the Education sector show that teacher absenteeism and non-availability to their pupils in a country where the ratio of teacher to pupils is 1:43 according to UNESCO, (2006) interrupts teaching programmes, hence compromising the quality of education. Studies in teacher training on Aspects of sexuality show that it is necessary, urgent as well as effective. Studies cited in Tijuana et al. (2004) which were carried out in various sub-Saharan countries have shown that teacher training on sexuality and HIV positively impacts on teacher sexual health, attitudes, Nurtures positive attitudes to issues of young people’s sexuality and makes them more Teacher attitudes, knowledge and practices necessary for the success of the HIV/AIDS and life skills programmes (key components in sexuality education), to be introduced at the time in Primary schools and teacher training colleges. In Zimbabwe, Chifunyise et al. (2002) evaluated a
four-year HIV/AIDS education given to teachers in training institutions which was aimed at changing both the teacher’s own behavior as well as equipping them to teach it once they had graduated. The student teachers reported that the course had helped them to develop Confidence to the teaching of sexuality issues and that they had also learnt skills in their Negotiation for safer sex.

Bhasin S.K. and Aggarwal O.P. (1999) conducted a study were Perception of Teachers regarding sex education Nation capital Territory of Delhi. The objective of the Study were Imparting sex education to schools children. Information was collected from 476 senior secondary school teachers belonging both of the Government and public schools. Selected randomly in, a cross sectional study was conducted to find out the knowledge and attitudes of school National Capital Territory of Delhi using pre-tested close ended questionnaires. A majority of school teachers (73%) were in favor of imparting sex education to school children. Regarding contents of sex education, 90% agreed to the inclusion of reproductive anatomy, physiology including menstruation and birth control measures like condoms and oral pills. However, a majority of school teachers did not want sex education to include topics like abortion, premarital sex and masturbation etc. Fourteen years of age was considered to be the most appropriate for imparting sex education by 28.6% of school teachers. School
teachers and doctors were considered by 69.4% and 63.6% of the respondents respectively to be the most appropriate persons for providing sex education.

Nair M.K., Lena M.L et al (2012) Kerala, conducted a study was “Attitude of parent and teachers towards adolescent reproductive and sexual health education”. The study group consisted of a random sample of 795 parents and 115 teachers belonging to three urban schools (one boy only, one girl only and one co-education) and one co-education rural school at Kerala, where an ICMR supported ARSHE intervention programme was done subsequently. A self-administered questionnaire for parents and teachers developed by an ICMR taskforce for ARSHE programme was used to assess their opinion on the need, content and the appropriate person to provide adolescent reproductive sexual health education in a school setting. The result was found, 65.2% of parents and 40.9% teachers have not discussed growth and development issues with their adolescents. Only 5.2% teachers and 1.1% parents discussed sexual aspects with adolescents. 44% of parents agreed that information on HIV/AIDS/STD should be provided. More than 50% of parents were not sure whether information on topics like masturbation, dating, safe sex, contraceptives, pregnancy, abortion and childcare should be provided to adolescents. Results pointed out the need for introducing reproductive and sexual education in the school setting. Only
1.1% of parents and 5.2% teachers actually discussed sexual aspects with adolescents which highlights the need for parent and teacher awareness programs before ARSHE is introduced in the schools.

Forrest J.D., Silverman J. (1989) wrote from Guttmacher Institute “What public school teachers teach about preventive pregnancy, AIDS and sexually transmitted diseases” Ninety-three percent of public school teachers in five specialties—biology, health education, home economics, physical education and school nursing—who teach grades 7-12 report that their schools offer sex education or AIDS education in some form. Almost all the teachers believe that a wide range of topics related to the prevention of pregnancy, AIDS and other sexually transmitted diseases (STDs) should be taught in the public schools, and most believe these topics should be covered by grades 7-8 at the latest. In practice, however, sex education tends not to occur until the ninth or 10th grades. Moreover, there is often a gap between what teachers think should be taught and what actually is taught. For example, virtually all the teachers say that school sex education should cover sexual decision-making, abstinence and birth control methods, but only 82-84 percent of the teachers are in schools that provide instruction in those topics. The largest gap occurs in connection with sources of birth control methods: Ninety-seven percent of teachers say that sex education classes should address where students can go to obtain a method, but only 48
percent are in schools where this is done. Forty-five percent of teachers in the five specialties currently provide sex education in some form. The messages they most want to give to their students are responsibility regarding sexual relationships and parenthood, the importance of abstinence and ways of resisting pressures to become sexually active, and information about AIDS and other STDs.

C Matheuis C. et al (2008), study conducted “Factors associated with teacher’s implementation of HIV/AIDS education in secondary school in Cape town, South Africa. The objective of the study was AIDS care of school students. The study was postal survey of 579 Teachers responsible for AIDS education in all 193 public high schools. The Questionnaires were completed and returned (56% response rate) from 125 schools. Many teachers (70%) had implemented HIV/AIDS education during 2003. The teacher characteristics associated with teaching HIV/AIDS were previous training, self efficacy student - centeredness beliefs about controllability and the outcome of HIV/AIDS education and their responsibility. The existence of a school HIV/AIDS policy, a climate of equity and fairness, and good school community relations were the school characteristics associated with teaching HIV/AIDS. These finding demonstrate the value of teachers training & school policy formulation. They study was suggested demonstrate the value & importance of interventions that go beyond a sexual health
agenda focusing on broader school development to improve school functioning and school climate.

Aniebue P.N. (2004), conducted study objective was to assess the Knowledge and attitude to sex education among secondary school teachers in Enugu Nigeria. A cross sectional study of 300 teachers drawn from nine randomly selected secondary schools. Pre tested self administered structured questionnaire was used as instrument for data collection. The results were 300 teachers 215 female and 85 males were interviewed. The mean age of the teachers was 38.1 +7.5 years 23.0% teachers had adequate knowledge of sex education and 94% approved the inclusion of sex education in the schools curriculum. The commonest reason for disapproval of sex education was fear that it would level to promiscuity amongst the students. Educational status and marital status of the teachers were significant determinants of positive attitude of sex education p<0.05. The most appropriate age to introduce sex education according to the teachers is 11-15 years; the 79.3% respondents were of the opinion that teachers needed to be trained to prove sex education to students and 81.3% admitted that sex education not in the school’s curriculum. The study was concluded secondary school teachers are in support of provision of sex education to students. However they need training and skills on how to presents sex information in a positive manners
to achieve the desired goal. There is need to include sex education in the school curriculum.

Kumar Narendra (2005-2006) study was conducted at Madhya Pradesh. The purpose of the study to assess the impact on the exposure of ARSH among the out of school adolescents on knowledge and behavior and to seek the opinion of parents and animators on ARSH related interventions. Methodology adapted to this study is through the collection of information through the pre-designed designed questionnaire administered to 287 adolescent girls and boys, 25 parents and 15 village animators from two districts of Madhya Pradesh. Results witnessed, for the first time the adolescent girls and young women got an opportunity to step out from their homes to organize themselves into Mandals. There has been an improvement in their basic life skills like approaching Family Counseling Centers, Police Station etc. knowledge of adolescent reproductive health increased. They have been able to acquire thinking and analytical skills. Parents were very receptive to information and dialogue about adolescent reproductive health. Conclusion of the study was ARSH program for school dropouts appears effective in communicating key information and helping adolescents in developing their knowledge relevant to reducing Reproductive health. However, lot more is needed in order to reach more number of out of school adolescents. Also need to enhance knowledge and
capacity of services providers to deliver the quality of adolescent health services.

CORT, (2004), Centre for Operation Research and Training conducted a study to assess the Knowledge, Attitude and perception of school teachers, counselors and school administrator regarding adolescents sexual and reproductive health in 5 cities namely: Delhi, Varanasi, Meerut, Kakinada and Hyderabad. From these cities, 2 schools, one with English Medium and other with local language were selected. A sample of 46 teachers (30 females and 16 males) of secondary and higher secondary level, 1 no counselor and 4 school principals were selected. Data was collected through interviews and questionnaire method. It was found that more than 50% teachers agreed that there should be free interaction between boys and girls for their normal growth and development. 74% teachers felt that incidents of premarital sex had increased, 60% disapproved of premarital sex, and only 30% teachers favored the use of contraceptives for sexually active adolescents. Only 18 teachers and 1 counselor were aware of the adolescent sex education programme. More than 50% respondents felt the need for special training regarding sex education. Only 39% teachers felt that they would be very comfortable providing sex education, while 54% said that they would be comfortable to some extent. It was revealed that to gain sexual and reproductive health information, adolescents depended
mainly on electronic and print media, followed by friends. It was recommended that there should be a professional trained counselor in schools and the counselor should be accessible to students all the time.

Westwood Jo: Mullan, Barbara (2007) studies were conducted in England. The objective of the study were to assess the sexual health knowledge of teachers who contribute to secondary school sexual health education in order to determine whether teachers are adequately prepared to implement present government education and public health policies. Design: Results were obtained from a questionnaire as part of a two-phase intervention study. Setting: nineteen mixed-sexes, state secondary schools in central England. Participants: One hundred and fifty-five teachers (94 female, 61 male) participated. Main outcome measures: The questionnaires were distributed to teachers to assess their knowledge of sexual health, contraception and sexually transmitted infections. In addition, teachers' attitudes on the subject of sex and relationships education were evaluated. Results: The results suggest that teachers have insufficient sexual health knowledge to effectively teach sexually transmitted infections or emergency contraception, although their general sexual health knowledge was good. Therefore, at present teachers do not have adequate specialist knowledge in sexual health to contribute to current recommendations for sex and relationships education in secondary schools. There were no statistically
significant differences in the results regarding location of school, area of residence, gender or age of the participant. Conclusions: Many teachers are being expected to contribute to secondary school sexual health education programmes at a time when they do not have sufficient knowledge to provide young people with adequate sexual health education and when they do not feel prepared to teach, and in many cases would prefer not to teach, these programmes.

The researcher could not located studies of Knowledge, Attitude and Practice of teachers done in Indian setting and hence extensive survey of literature revealed the dearth of material in the field. School teachers need to strive to achieved more knowledge and develop a positive attitude to teach Sexual Health Education to the students.