CHAPTER I

CONCEPTUAL FRAMEWORK

The issues of sexual and reproductive health have remained a forbidden topic for a long time among the Mizo people due to the influence of cultural, religious and geographical factors in Mizoram. Sexual health is an important determinant of productivity and national development, yet, the mere mention of ‘Sex’ seems to evoke the feeling of embarrassment among both the young and the old. Adults usually refrain from discussing sexual matters with the young. In spite of this, there is an urgent need to address sexuality among our youth due to various reasons- like teenage pregnancy, sex abuse and exploitation, sexually transmitted infections (STIs) including HIV etc. Yet, the implementation of comprehensive sex education in the schools continues to be a controversial issue. Hence, it would be pertinent to discover the attitude of the students, the teachers as well as the community towards sex education.

1.1.0 ATTITUDE

Attitude can be said as a specific mental state. It is a viewpoint one holds towards a person, object, task or idea. It stimulates the behavior and performance of an individual. Attitude may be explained as a mental preparedness which provide stimulus for an individual in some directions. Attitude develops gradually as a result of individual’s experiences. The
degree or strength of an individual’s attitude may vary from
extremely positive to extremely negative.

According to Anastasi (1976)\(^1\), "Attitude is often
defined as a tendency to react favourably or unfavourably
towards a designated class of stimuli, such as a national or
ethic group, a custom or an institution".

Freeman (1976)\(^2\) says, “An attitude is a dispositional
readiness to respond to certain situations, persons or objects in a
consistent manner which has been learned and has become one’s
typical mode of response. For example, one’s view regarding a
class of food or drink (such as fish, liquors), sports, mathematics
or democrats are attitude”.

Krech & Crutchfield (1948)\(^3\) state, “An attitude can be
defined as an enduring organization of motivational, emotional,
perceptual, and cognitive processes with respect to some aspect
of the individual’s world.”

Allport (1935)\(^4\) quotes “An attitude is a mental and
neural set of readiness exerting directive dynamic influence upon
the individual’s response to all objects and situations with which
it is related.”

Attitude is learned or acquired. It is formed as a result
of individual’s experiences. Attitude may be positive or negative
and it guides or stimulates the behavior of the individual in a
particular direction. It also includes certain aspects of personality
as interests, appreciations and social conducts. Attitude can be
defined as an affective feeling of liking or disliking towards an object (which can be basically anything) that has an influence on behaviour.

1.1.1 MEASUREMENT OF ATTITUDE

One of the important objectives of education is development of desirable attitude. Attitude plays an important role for success in different vocation. Attitude can be of three types i.e, positive, neutral and negative. There is a saying that 85% of the reasons for success, accomplishment and promotion are related to attitude while only 15% are related to technical expertise. Unfortunately, most of the educational institutions are dedicated in acquiring facts and figures which contribute 15% only to success. Therefore development of positive and desirable attitude is more important than aptitude.

Attitude can be measured in different ways as follows:

1. **Rating Scales**: The first method of measuring attitude is that of rating scale. In this method, attitude is evaluated on the basis of judgment or decision of the experimenter. The experimenter employs various sources to collect data to give his decision, such as

- Non verbal behavior towards a particular thing, such as, accepting or rejecting customs. But a person is not able to show his behavior according to his attitude.
- Verbal statement is a good source for understanding attitude. However, it may be kept in mind that a person
should express his attitude faithfully. Thus, verbal statements at many places throw light on our attitude.

- Personal documents: Personal diary, letter, autobiography etc. give expression to our attitude. But these records are not easily available for all.

- Secondary expressive clues such as facial expression and voice also help in gaining knowledge about attitude. It is a common belief that “what a man says may be less revealing than how he says it”.

- Clinical type interview: In this method the interviewer, the psychologist tries to know the attitude of a person through conversation.

- Projective technique: The dormant attitude lying in the unconscious comes to light through this method.

From these sources the individual gets enough data concerning the attitude of the individual. In attitude testing rating scales are of two kinds- relative and absolute.

a) Rank Order Scale: In this scale the experimenter gives the individual’s attitude, a position on a scale extending from the highest to the lowest quality. Here, the individual is given a relative position on the scale, in comparison with other individuals.

b) Percentage of Population Scales: In this scale, one or more individuals are given a position in the population. In this method, a definite population is put to test and then the opinion of one individual is examined. The examiner places the opinion of the individual on the scale, which indicates
the percentage of the population concurring with his opinion as well as differing from him.

2. **Indirect Scales:** Some persons try to hide their attitude consciously or unconsciously. Hence, psychologists have favoured the indirect method for the measurement of attitude in which he cannot guess the tendencies being measured. Therefore, the subject answers the questions unhesitatingly. This method reveals the presence or absence of certain attitudes. It, however, does not reveal intensity of the attitude. Moreover, this method requires more careful planning on the basis of experiments.

3. **Attitude Scales:** Attitude scales are most commonly used technique for measuring attitudes. They are means of measurement which measure various characteristics about a thing or principle. The scales are used for discovering the opinions and attitude of the individuals concerning different objects, problems and persons. Attitude scales reveal the reaction of the individual towards some particular things and from these reactions his attitude can be assumed. Thus attitude scales are self-report inventories designed to measure the extent to which an individual has favourable or unfavourable feelings towards some persons, objects, institutions or ideas.

The attitude scales can be successful only when the statements contained in them and the answers which are forthcoming to them have psychological relation with the attitude measured. The statements in the scales should be clear and
precise and the selection of the statements depends upon the person constructing the scale.

*Characteristics of Attitude Scale:* Attitude scale should have the following characteristics:

1) It provides for quantitative measure on a uni-dimensional scale of continuum.
2) It uses statements from the extreme positive to extreme negative position.
3) It generally uses a five point scale.
4) It could be standardized and norms are worked out.
5) It disguises the attitude object rather than directly asking about the attitude on the subject.

*Limitations of Attitude Scale:* In spite of the many advantages, the following limitations may occur in the attitude scale:

1) An individual may express socially acceptable opinion and conceal his real attitude.
2) An individual may not be a good judge of himself and may not be clearly aware of his real attitude.
3) He may not have been confronted with a real situation to discover what his real attitude towards a specific phenomenon was.
4) There is no basis for believing that the five positions indicated in the Likert’s scale are equally spaced.
5) It is unlikely that the statements are of equal value ‘for’ or ‘against’ it.
6) It is doubtful whether equal scores obtained by several individuals would indicate equal favourableness towards or against the position.

7) It is unlikely that a respondent can validly react to a short statement on a printed form in the absence of real life situation.

8) In spite of anonymity of response, Individuals tend to respond according to what they should feel rather than what they really felt.

1.1.2 CONSTRUCTION OF ATTITUDE SCALE

There are different forms of attitude scale for testing attitude. The scales differ according to the method of their construction and kind. Following are the main attitude scales:

1. **Thurstone Scale**: Thurstone scale was the first formal technique to measure an attitude. The scale is also known as the method of “Equal-appearing intervals”. It was developed by Louis Leon Thurstone in 1928, as a means of measuring attitudes towards religion. It is made up of statements about a particular issue, and each statement has a numerical value indicating how favorable or unfavorable it is judged to be. The scale consists of items (in the form of statements) with which the respondent has either to agree or disagree. Each item has a value and the respondent’s score on the scale corresponds to the median score of the items with which the respondent agrees. The item scores are usually derived from asking a number of judges to rank each item on the scale using an eleven-point scale reflecting the attitude that is being measured. The final score of
each item is the median of the judges’ individual scores. Usually, more items are judged than are used and the final selection is based on two criteria: first, those items covering the whole eleven-point range are included; second, items should have a small variation (between judges).

The Thurstone scale construction method constituted the following steps:

(1) Preparing statements: Statements both favourable and unfavourable (related to a particular topic, object or question or institution) are obtained from a group of selected writers, other experts and layman.

(2) Editing of statements: The next step is editing these statements.

(3) Judging of statements: The statements are classified by a large number of judges on an eleven-point scale. This is done by placing each statement in one of eleven-point scale, presumably forming a continuum, according to degree of favourable and unfavourable nature of each statement with respect to the question.

(4) The next step is to determine the scale value of the statements. The scale value for each statement is found out graphically by a cumulative percentage curve of the number of judges placing the statements in different classes in the eleven-point scale. The median of the judges’ locations for a statement is its scale value. Thus, the p_{50} or 50% level of the curve shows the scale value for the statement. Before inclusion in the final scale, each statement is analyzed for consistency with the general attitude found by the total
scale. For example, on a scale to determine attitude towards churches, if it is found that many persons having an unfavourable attitude check a statement that is apparently favourable, then that statement is considered irrelevant and is discarded. Statements, having approximately the same values in the scale show high consistency in degree of endorsement.

2. **Likert scale:** Likert scaling is an attitude scaling method in which respondents indicate the extent of their agreement with each item on a scale (e.g., a five or seven point scale). It is also called “Summative Rating Scale”. The score on the scale is the sum of the scores for each item. Likert scale was originally developed by Rensis Likert in 1932 as a development of Thurstone scale. The aim was to eliminate the unreliability of using intermediary judges in scale construction. This type of attitude scale is the most widely used attitude scaling technique. Likert scales are used in various settings, including clinical, educational, administrative and organizational contexts. Original Likert scales had no neutral or middle point and respondents were ‘forced’ to some degree of agreement or disagreement with the scale item. This specification is not enforced by most current users of Likert type scales.

Likert scales are relatively easy to construct. Many statements relating to a thing or idea are collected. At the pilot stage, each test item is analyzed to see to what extent it contributes consistently to the scale. This can be done by correlating each item score with the overall scale score. Alternatively, the sample can be split into quartiles on the basis
of their scale score. The mean score on each item for the upper quartile is compared with the mean score on the same item for the lower quartile. The difference in mean scores for each item is called the discriminatory power of the item. Those with larger discriminatory power are preferable, especially if they have overall item score means approximately equal to the expected mean (i.e., the mean of the possible scores for the item, or mid-point of the range of possible item scores). Likert scales may not always be uni-dimensional but the approach basically assumes a single dimension. The Likert method (like Thurstone and latent structure analysis) involves making inferences about the latent classes into which the manifest data can be made to fit.

For scoring the scale, the alternative responses are credited 5, 4, 3, 2, 1, respectively from the favourable to the unfavourable. For example, ‘strongly agree’ with a favourable statement would receive a score of 5 (five), and similarly ‘strongly disagree’ with an unfavourable statement would also receive a score of 5. The sum of the items credits represent the individual’s total score, which is interpreted in terms of empirically established norms. Generally, the highest mark is considered as the attitude preferred and lower aggregate is considered as a disapproval of the attitude concerned (in case of positive statement).

The main advantage of Likert’s method is that it does not require the use of a group of judges to arrange statements into different categories. Items are selected solely on the basis of responses of subjects on whom they are administered in the course of developing the test.
A scale developer may follow the following rules in constructing a good Likert scale:

a) Include statements that refer to the present rather than the past.

b) A good Likert-type rating scale usually is a five point scale.

c) Avoid a large number of response categories in a Likert scale, as most respondents are unable to make finer distinctions.

d) Include a mid-point as it allows respondents to select a neutral option and may be important if the respondents is truly ambivalent on a topic.

e) Avoid the mid-point option if an item is action-oriented and a midpoint does not make sense.

f) Avoid statements that are factual or capable of being interpreted as factual.

g) Avoid statements that may be interpreted in more than one way.

h) Include statements that are relevant to the psychological object or construct under consideration.

i) Avoid statements that are likely to be endorsed by almost everyone or by almost no one.

j) Include statements that are believed to cover the entire range of the affective scale of interest.

k) Keep the language of the statements simple, clear and direct.

l) Statement should be short. Avoid statements exceeding 20 words.

m) Each statement should contain only one complete thought.
n) Avoid universals, such as all, always, none and never as these may introduce ambiguity.

o) Words such as only, just, merely and others of a similar nature should be used with care and moderation in writing statements.

p) Try writing simple sentences rather than the compound or complex sentences.

q) Include those words, which may be understood by those who are to be given the completed scale.

r) Avoid the use of double negatives.

3. **Guttman scale:** Guttman attitude scale involves the researcher constructing a set of hierarchical statements relating to the concept under investigation. These statements should reflect an increasing intensity of attitude. The point at which the respondent disagrees with a statement reflects the respondent’s scale position. The ideal Guttman scale is such that if the respondent disagrees, for example, with statement 5 (having agreed with statements 1 to 4) then the respondent will disagree with statements 6 and 7 etc. as these represent more extreme expressions of the attitude being investigated. In practice, Guttman scales are not perfect. The rank order of the statements may not be interpreted in the same way by the researcher, the subject or by independent judges. Usually, pilot research indicates a coefficient of reliability of the rank ordering. The strength of the Guttman method is its capacity to identify more than one dimension in the scale. The coefficient of reproducibility is indicative of the extent to which the material relates to a single dimension. Further, the Guttman approach does not make inferences about the latent nature of the data but
manipulates the empirical data directly for the determination of an attitude.

4. **Semantic differential**: Semantic differential scaling is a flexible method of attitude scaling in which subjects rate the concepts, in which the researcher is interested, on a bipolar (usually) seven-point scale. The two ends of the scale are defined by pairs of adjectives with supposedly opposite meanings (e.g. good/bad, friendly/unfriendly etc.)

1.2.0 **OPINIONNAIRE**

Opinion is what a person says on certain aspects of the issue under consideration. It is an outward expression of an attitude held by an individual. Attitudes of an individual can be inferred or estimated from his statements of opinions.

An opinionnaire is defined as a special form of inquiry. It is used by the researcher to collect the opinions of a sample of population on certain facts or factors of the problem under investigation. These opinions on different facts of the problem under study are further quantified, analyzed and interpreted.

According to Merriams Webster Dictionary, “Opinionnaire is a questionnaire designed to elicit views on matters of opinion from which generalizations may be abstracted.”
Opinionnaire is also defined as a form containing a list, each of which the members of a selected group are asked to endorse or reject, the purpose being to gather information for a survey.

Most opinionnaire do not allow for a neutral response, either asking for an agree/disagree response, or one that provides further degrees of opinion, such as strongly agree/agree/disagree/strongly disagree. Some teachers also provide space for students to give a reason for their opinion. Opinion polling or opinion gauging represents a single question approach. The answers are usually in the form of ‘yes’ or ‘no’. Sometimes large number of response alternatives are provided.

Opinionnaire are usually used in researches of the descriptive type which demands survey of opinions of the concerned individuals. Public opinion research is an example of opinion survey. Opinion polling enables the researcher to forecast the coming happenings in successful manner. Opinionnaires are used to check the authenticity and relevance of data collected through questionnaire. Opinionnaires also provide greater insight into the problem under consideration.

**Characteristics of opinionnaire:**

1. The opinionnaire makes use of statements or questions on different aspects of the problem under investigation.
2. Responses are expected either on three point or five point scales.
3. It uses favourable or unfavourable statements.
4. It may be sub-divided into sections.
5. The gally poll ballots generally make use of questions instead of statements.
6. The public opinion polls generally rely on personal contacts rather than mail ballots.

1.3.0. SEX EDUCATION

Sex is a universal phenomenon that is present in all organisms. In essence, the word ‘Sex’ means being male or female, differences in body structure between the two and a strong basic human drive with its emotion of love and tenderness. It is an instinct and inborn potential which gets maturity in environmental contact. It also applies to mating, pregnancy and childbirth. It deals with the attraction between the male and the female which initiates human beings to the sex act. Sex is an expression, secret expression of man’s deepest desire to communicate both spiritually and emotionally, mentally and physically with his partner in order to complete or fulfill his personality.

According to WHO (2006), Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the
interaction of biological, psychological, social, economic, political, ethical, legal, historical, religious and spiritual factors.

Sex education is emerging as an important branch of general education in our country. Sex education is a controversial issue in the Indian society where sex and its related topics are still taboo subjects. Sex education is an awareness to understand the sex problems scientifically. It conveys all educational measures, which help the growing children to understand and face the problems of life. At the time of puberty, physical changes and emergence of sexual feelings cause a lot of problem among adolescents. Sex education in this context plays an important role and parents have to be acquainted with this.

The concept of sex education differs according to different perspectives. The concept is wrongly interpreted by some people to mean the education given to a child about the act of “sex”. But the primary goal of sex education is promotion of sexual and reproductive health. It also aims to expose the child to the natural, psychological as well as physical differences between a male and a female child or the physical sound relationship that may exist between male and female children. Provision of opportunity for young people to develop and understand their values, attitudes, and insights about sexuality and developing relationship and interpersonal skills is another goal of sex education.

Sex education is instruction on issues relating to human sexuality, including human sexual anatomy, sexual reproduction, sexual activity, reproductive health, emotional
relations, reproductive rights and responsibilities, abstinence, and birth control. Sex education is also understood as all educational measures which, in any way, help young people prepare to meet the problems of life that have their centre in the sex instinct and incidentally come in some form into the sex of every normal human being.

An important objective of the school sexuality education is to help young people build a foundation as they mature into sexually healthy adults. Other goals of school based sexuality education include the provision of accurate information about human sexuality, provide opportunity for young people to develop and understand their values, attitudes and insights about sexuality; to help young people develop relationships and interpersonal skills and to help them act responsibly regarding sexual relationships, which include addressing abstinence, pressure to become prematurely involved in sexual intercourse and the use of contraception and other health measures.

Collins (2008)\textsuperscript{6} states that sexuality education encompasses education about all aspects of sexuality including information about family planning, reproduction, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods.

According to UNESCO (2009)\textsuperscript{7}, effective sexuality education can provide young people with age-appropriate, culturally relevant and scientifically accurate information. It includes structured opportunities for young people to explore
their attitudes and values, and to practice the decision-making and other life skills they will need to be able to make informed choices about their sexual lives.

According to Berger et al. (2007)\textsuperscript{8}, sexuality education seeks both to reduce the risks of potentially negative outcomes from sexual behaviour like unwanted or unplanned pregnancies and infection with sexually transmitted diseases, and to enhance the quality of relationships. It is also about developing young people’s ability to make decisions over their entire lifetime.

SIECUS (2001)\textsuperscript{9} defined sex education as a lifelong process of acquiring information and forming attitudes, beliefs, and values. It encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles.

Sexuality education according to the International Planned Parenthood Federation (IPPF, 1987)\textsuperscript{10} is an education process designed to assist young people in their physical, social, emotional and moral development as they prepare for adulthood, marriage, parenthood and ageing, as well as their social relationship in the socio-cultural context of family and society.

Action Health Incorporated (AHI) explains sexuality education as “a planned process of education that fosters the acquisition of factual information, the formation of positive attitudes, beliefs and values as well as the development of skills to cope with the biological, psychological, socio-cultural and spiritual aspects of human sexuality”. (AHI, 2003)\textsuperscript{11}
Sexuality education is defined as a process of lifelong learning to acquire knowledge, develop skills and form positive beliefs, values and attitudes that are incorporated into a person’s self definition and personality (Robinson et al., 2002).  

1.3.1 TYPES OF SEX EDUCATION

The following are the types of sexuality education programs that are offered in schools and communities.

1. **Comprehensive Sexuality Education:** Sexuality education programs that start in kindergarten and continue through 12th grade. These programs include age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision-making, abstinence, contraception, and disease prevention. They provide students with opportunities for developing skills as well as learning information.

2. **Abstinence-based:** Programs that emphasize the benefits of abstinence. These programs also include information about sexual behavior other than intercourse as well as contraception and disease-prevention methods. These programs are also referred to as abstinence-plus or abstinence-centered.

3. **Abstinence-only:** Programs that emphasize abstinence from all sexual behaviors. These programs do not include
information about contraception or disease-prevention methods.

4. **Abstinence-only-until-marriage**: Programs that emphasize abstinence from all sexual behaviors outside of marriage. If contraception or disease-prevention methods are discussed, these programs typically emphasize failure rates. In addition, they often present marriage as the only morally correct context for sexual activity.

5. **Fear-based**: Abstinence-only and abstinence-only-until-marriage programs that are designed to control young people’s sexual behavior by instilling fear, shame, and guilt. These programs rely on negative messages about sexuality, distort information about condoms and STDs, and promote biases based on gender, sexual orientation, marriage, family structure, and pregnancy options.

### 1.3.2 NEED OF SEX EDUCATION

Every nation, society and community has to work towards promoting the health of its people. When children acquire knowledge, desirable attitudes, values and life skills, they benefit in a variety of ways. These skills help children and adolescents to make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others and cope with and manage their lives in a healthy and productive manner. Such knowledge and skills can lead to behaviours that prevent disease and injury,
foster healthy relationships and enable young people to play leadership roles.

In India, like other developed and developing countries, teenagers are becoming sexually active at an early age. This can be because of the early entering of puberty and they face many challenges and opportunities. The atmosphere in which the present day child grows has changed radically and is very different from that of their parents and grandparents. Sexual matters are projected everywhere through different mass media like cinema, magazines, newspapers, radio, mobile phones and advertisements etc. A survey conducted by the Family Planning Association among school children revealed that the primary sources of information on sex and related matters were television and magazines, not family, friends, or school. The living atmosphere is saturated with sexual awareness, that no one can be shielded from its impact. Research done by Kahn in (1999)\textsuperscript{13} in Gambia shows that during the mid-to-late 1950s 8% of adolescent females had intercourse by age 16, in contrast with the mid – 1980s where 21% of female teenagers had sex by age 16. Also in 1990s 50% had sex by age 18 compared with 27% of adolescents of similar ages in the 1950s.

The need of Sex Education in the educational process is unquestionable. Sex Education is the inculcation of the correct moral attitudes towards sex. It means all the educational measures, which prepare young people to meet the problems of life centers around the sex instinct. Therefore it is imperative that parents unfold the true significance of sex in the wholesome development of the young into healthy and intelligent adulthood.
Otherwise, adolescents will pick up unwholesome information from the street corner, gutter and the polluted lips of vulgar language. Finally, this type of unhealthy sex knowledge will lead to erratic forms of social indiscipline.

Indian society is very much backward to realize the importance of sex education. Since the majorities of the people reside in the rural area and are ignorant and illiterate, it is very difficult to teach and enlighten the public in this area. UNESCO said sexuality education includes structured opportunities for young people to explore their attitudes and values and to practice the decision-making and other life skills that they will need to be able to make informed choices about their sexual lives. Few young people receive adequate preparation for their sexual lives and this leaves the majority of them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs) including HIV. It is also pointed out that many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender and 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. Reis & Seidl (1989)\textsuperscript{14}, Shetty et al. (1997)\textsuperscript{15} and Mahajan & Sharma (2005)\textsuperscript{16} in their study also found that parents were generally uncomfortable in talking to their children about human sexuality and mothers were reluctant to talk about sex education to their daughter as they found it embarrassing to discuss these issues. It is believed that adolescents who were able to discuss sex education freely and openly with their parents and teachers
are less likely to be involved in sex than those who do not communicate with parents and teachers.

The importance of sex education as a means of developing healthy attitudes can be proved on various accounts. Many educationists agree that school is the best place to administer formal sex education to children. Since children start asking questions about sexual matters even while they are only three years old or so, it is desirable that their questions should be properly answered right from that age. Freud pointed out that more freedom should be given to children in the expression of biological urges. Children should be allowed to grow at their own pace with passing interest in various stages which are temporary such as anal stage, the genital stage or the phallic stage, where their interest in the sex organs is more prominent. Neither infantile sex nor adult sex should be treated as a nasty subject, since their ignorance leads to a harmful consequence. It is believed that suppression of sex is one of the most important causes for later life mental disorders. Children keep things hushed up and silently attempt to find truths about sex and are likely to knock wrong doors, which could lead to gathering of wrong and dangerous information.

Sex education is very necessary for adolescents to acquire positive direction and right information related with sex. It will also help them avoid unnecessary worries and tensions. Due to access to sex education adolescents will not only have scientific knowledge about it but also have healthy attitude towards this issue because adolescence is often regarded as a period of marked sexual urgency which almost demands
expression. It is very essential that sex education becomes compulsory in school activities or syllabus as it is seen as a solution to problem surrounding teenagers such as lack of knowledge in contraception which sometimes results in an unplanned pregnancy. Sometimes lack of knowledge leads to infection by diseases and AIDS as most of the teenagers say that they had learned about sex from their friends and their peer group and that coercion plays a significant role in adolescent sexual behavior. Sex education equips learners with life skills, reduces the high level of dropping out and of unwanted pregnancies. It gives knowledge to teenagers on how to prevent transmission of diseases and health problems. Sex education offers sexuality programmes which aim to provide accurate information about human sexuality and the opportunity for young people to develop and understand their values, attitudes and beliefs about sexuality. The learners are helped to develop relationships and interpersonal skills and exercise responsibility regarding sexual relationships including addressing abstinence.

1.3.3 WHEN OF SEX EDUCATION

Educationists and different sexologists have said that sex education begins when young children ask question like: “Where do I come from?” and “Where do babies come from?” Some people say sexuality begins in the womb because it starts with touch, and infants touch themselves while still in the womb. After birth, being held and caressed mark the earliest connection that infants have with intimacy and love. These connections come directly from the parents. The way parents relate their child’s body—both body language and words—shows the level of
comfort with their child and with the private topic of sex. This sets the foundation for child’s sex education. Both direct and indirect communications have impact. So, kids learn about our feelings towards sexuality through all of our words, actions, and interactions.

Studies confirm that human beings become healthier when we are touched, hugged, tickled, and massaged. If ever there was an easy and welcome opportunity to pursue touch, it is through the many tickling and hugging opportunities that arise during childhood. Therefore, parents must try to involve and spend wonderful moments with their kids. Parents should talk to their child as early as they can about proper and improper touch and explain that their body is under their own control.

It is believed that sexuality education programs are most effective when delivered before young people become sexually active. The earlier children are told about sexuality, the better, because this will increase chances of continuing the conversation about sexual health with them throughout their growing up years, all the way through puberty and adolescence. Talking with the children and providing them with responsible materials and books are tools that help them stay healthy throughout childhood and adolescence. Educating them right from the beginning is one of the most effective prevention tools. Young people have the right to lead healthy lives. Honest, sequential and comprehensive sex education is the foundation for helping them to become sexually healthy adults. Quality sex education should start in kindergarten. Early elementary school students need to learn the proper names for their body parts, the
difference between good touch and bad touch, and ways in which they can be good friends (the foundation for healthy intimate relationships later in life). Fourth and fifth graders need information about puberty and their changing bodies, internet safety, and the harmful impact of bullying. And seventh, eighth and ninth graders are ready for information about body image, reproduction, abstinence, contraception, H.I.V. and disease prevention, communication, and the topic they most want to learn about: healthy relationships.

1.3.4 CONTENT OF SEX EDUCATION

The content of sexuality education varies depending on the community and the age of the students in the programs. A recent study of health education programs conducted by the Centers for Disease Control and Prevention’s (CDC) Division of Adolescent and School Health, however, provides some insight into what is being taught in America’s classroom. The study found that 86 percent of all high schools taught about abstinence as the most effective way to avoid pregnancy and STDs, 82 percent taught about risks associated with multiple partners, 77 percent taught about human development topics (such as reproductive anatomy and puberty), 79 percent taught about dating and relationships, 65 percent taught about condom efficacy, 69 percent taught about marriage and commitment, 48 percent taught about sexual identity and sexual orientation, and 39 percent taught students how to correctly use a condom.
The content of sex education programme may be developed according to the age of learners. It is essential to include topics like human growth and development, sexuality, healthy relationships, gender, life skills, contraception and pregnancy. Besides these, myths and misconception regarding sex education, teenage pregnancy and its consequences, drug abuse and its effect, Sexually Transmitted Infections (STI’S), HIV/AIDS and its prevention may also be included.

1.3.5 ROLE OF PARENTS, TEACHERS AND SCHOOL

1) Parents’ role: Parents play the primary role in the sexuality education of their children. It is obvious that parents greatly influence the development of their children. To communicate a clear and consistent message to the children, parents should be involved in the delivery of sexuality education. In the emotional sense, a positive parental influence can help a child establish a healthy personality and reach identity achievement. Parents also aid in the development of their child’s moral reasoning and judgment skills through supportive discussions and conversations. A close and secure relationship between the child and his or her parents influences the social behavior of the child in the future. A secure attachment between the parents and the child positively influences peer relations and romantic relations. Therefore, the genetic component of the child that the parents provide is only one aspect of their influence on the child’s development. The environmental aspect of development is especially important in the psychosocial development of a child.
Parents are the most important teachers for their children at home as children try to learn many things from parents. Little children, right from the moment they are able to speak, ask many questions to their parents. It is very important to answer their questions in a proper and correct manner. Most often, parents are their children’s first sex education teachers. Parents should give answer to the question in a clear and honest way. Proper health habits, toilet, body cleanliness, etc which can render sex education should be taught to children by parents at home. This will help develop in them a sound and solid foundation on sex at the early stage. It is also the responsibility of parents to attend parent information meeting to discuss the proposed curriculum and materials for sex education. Unnecessary worries should not be developed by parents when a boy/girl meets or talks with the opposite sex. They should be given and allowed a certain freedom to face the world. Giving certain freedom does not mean that they are given freedom to enjoy sex. When parents educate their children about sex in an environment of openness, studies have shown that it has enhanced children’s understanding on the subject. Further, children are likely to follow their parents’ advice and approach them in times of difficulty.

Parents can support their children in sexuality education by:

- Initiating discussions on sexuality issues.
- Emphasizing the importance of responsible behavior.
- Being open to discuss their own beliefs and values.
• Being available to give advice and guidance to their children.
• Responding positively and supportively to learning opportunities at home.
• Attending a school’s parent information meeting.

2) **Teachers’ role:** Teachers also play vital role in the teaching setup as they play unique role in moulding the personality of the students during their formative period of school life which will in turn effect the future generation in their overall development. Teachers are the key to the success of any educational programme. They play an important role in giving sex education to children as it is a very sensitive and delicate topic which needs full caution. Children spend a large amount of their time in schools with teachers so they have a better chance than parents to give sex education. It is very essential for the teachers to have an open mind to quench the thirst of children on the topics of sex education. Teachers must build a warm and friendly environment which is free of embarrassment and self-consciousness so as to have a good and lively interaction with the children. This will provide opportunities for students to raise questions which troubles them and they can expect to get honest, correct and sensible answers. Teachers should also try to discuss matters relating sex in a direct/unemotional and unbiased way. It is better to talk sex related topics in an objective manner. As there are individual differences in the classroom, some students feel shy to ask questions on sex matters, therefore, it is helpful to keep question box for them.
The principal is another person who plays a pivotal role in sexuality education in school by providing structured time for the programme. Appropriate sex related books and other fitting books should be made available to students so that they will not look for cheap sex books and other despicable books.

3) **Role of schools:** Education is one of the most important tools for human being. It plays an important role in every walk of life. Education is the key to have a happy and stable life and helps man to have a wider outlook. Human beings need education for living a luxurious life and to show their best by their mind and spirit. Education prepares man to become good citizen and a more dependable person. It is not wrong to say that without education a person is incomplete, so education makes a man a right thinker and a correct decision-maker. It is the only fundamental way by which a desired change and upliftment in the society can be taken into effect. An educated person has the ability to differentiate between right and wrong or good and evil. It is really a means to discover new things which we don't know about and increase our knowledge.

The importance of education for human being cannot be over stressed. Education is the only way to get knowledge. In every society educated people are considered highly reputable as they have better chance to contribute to the community. Educated people get more respect from
their surroundings. The world is changing very fast and new things in science and technology keep coming day by day. Without education it is very difficult to adapt to all these changes. An educated person is much more aware of the latest technologies and all the changes that are taking place in the world.

It is quite obvious that illiterate and uneducated people often hold certain superstitious beliefs. This in turn affects their life negatively which are baseless and useless. Education and awareness are the best ways to combat superstitions and replace such beliefs with reason and logic. Illiteracy often brings ignorance and this ignorance may prove to be dangerous especially when it comes to healthcare. Educated people know better about preventive methods which protect them from a number of diseases. An illiterate and ignorant person is more likely to ignore the symptoms and avoids seeking medical aid unless the problem becomes very serious. Hence education enables us to take better care of ourselves as well as our family.

Education also has an important role in educating children about sex. It has been found that educated people are healthier people. HIV/AIDS infection rates are halved among young people who finish primary school. If every girl and boy received a complete primary education, it is expected that at least million new cases of HIV could be prevented within a decade.
SEX EDUCATION IN INDIA

It has been found that sex was not considered as tabooed subject in ancient India as several writings on sex related topics were found on Hindu sociology of love and sex like Manu, Vatsyayan, Chakrovarty, Mayer, Alteker and Vedalankar etc. During the Vedic period, the attitude towards sex, were fairly liberal. With the beginning of the Buddhistic period and then the coming of the Muslims in India, people started becoming more conservative and rigid in this matter. People realized the great importance of sex in human life and so it was emphasized that the education of sex, kama kala, should form an important aspect of the life of a gentlemen, nagrika, in the vedic and post-vedic ages. Vatsyayan’s kama sutra informs us that according to the accepted norms of the society in those days the citizens, nagrikas, and especially the youth among them, used to visit prostitute, ganikas, in order to learn kama kala or love-making and the like, and the girls of higher castes were expected to receive proper instruction in all the sixty-four arts including those of love-making of sex matters, family living, aesthetic and decorations etc.

In some ashrams, students were given the theoretical knowledge about sex physiology, sexual relations, nature of women, sexual responsibility in marriage, love making etc. along with various other courses. Fulfillment of sex desires was considered to be an important aspect of one’s dharma of duty towards society as well as towards one’s own self and the family. The ancient scriptures like Vedas, Manu Smriti, Ramayana, Mahabharata, Samhitas, etc bear testimony to the fact that
sexual pleasure was considered to be the supreme pleasure ‘ghananand’ and an unmarried person, a learned person devoid of the knowledge of kama kala, a married person having no children, and a person ignorant or incapable of fulfilling one’s sexual responsibilities in married life were considered to be unfortunate persons, since their lives were incomplete.

Sex in ancient India was considered the most sublime thing and the root cause of the universe itself and of human existence, in particular. It was considered not only the means of reproduction or creation, but also the source of healthy recreation. It was thought of as the fountain-head of all creative activities in science, arts and letters. Sex was considered to be the secret of attraction not only among plants, animals or man but even, in a way, among planets, in the form of gravitation which kept all the heavenly bodies together in mutual infinity.

Sexuality education has historically emerged out of a concern for population control. Chowkhani, in his article on Sexuality Education: why we need it, said that Nandini Manjrekar traces a history of sexuality education in the Nirantar Report on Sexuality Education for Young People. The concern for population control emerged in the 1950s with the launch of the family planning programme, since over-population was seen as economically unviable. In 1970, the Indian government decided to have a population education programme to address what they perceived as the population problem. In 1980 the National Population Education project was launched. The textbooks made during this time propagated the small family norm. They also placed the onus of under-development on the poor, illiterate, and
mostly rural population whose sexual excesses were the direct cause of this under-development. Over-population was seen as the root cause of poverty and socio-economic backwardness and the poor were targeted as the main subjects of reform. The textbooks were one of the ways in which these ideologies were effectively propagated.

A paradigm shift took place in the International Conference on Population and Development in 1994 where the target was shifted to adolescents from the poor. With the awareness that there was a large population of young people, between the ages of 18 and 25 and that a large section was vulnerable to HIV and AIDS, the focus of education policies shifted to AIDS prevention for adolescents. By 2002, the National Population Education Programme had a special focus on Adolescent Sexual and Reproductive Health (ARSH). In 2006 the controversial Adolescent Education Programme (AEP) in collaboration with the National AIDS Control Organisation (NACO) and UNICEF was launched. Just like the poor population were represented as a teeming mass of irresponsible people who were the root cause of India’s underdevelopment, the adolescents in these educational materials too were represented as irresponsible, abusing drugs, sexually and morally deprived, and generally the cause of disrupting the moral and developmental values of the nation. In 2007, after a Rajya Sabha Committee Petition report, the AEP was banned in some states, terming the content too explicit and promoting western values.
In the Indian society it is a taboo to talk about sex, venereal disease and related factors. The conservative attitude of the elders, including some parents and teachers, towards sex education prevent teenager from knowing healthy facts of sex life. Dangerously enough, there is no consensus in India over introducing sex and reproductive health education in the school and college syllabus.

The education authorities are seriously contemplating the inclusion of sex education in the school curriculum, in the light of the growing scare about AIDS. In a society where talking about sex is still taboo, the move is a major step. The National Council of Educational Research and Training (NCERT), which prepares textbooks for all levels of schooling, has initiated a program to design lessons, relevant to India, in "adolescence education"- the term the council prefers for sex education. Adolescence education will be introduced not as a separate subject but as part of existing population education lessons. Suitable components of sex education will be incorporated in subject areas such as the sciences, social studies, and psychology. Health and education experts meeting in New Delhi to chalk out the program for the council recommended that the four modules on sex education-covering the physical and the social aspects, sex roles, and sexually transmitted diseases-prepared by UNESCO should be taken as reference points for preparing teaching material. The emphasis will be on changes occurring during adolescence, the reproduction process, sex-related hygiene, bad effects of teenage pregnancies, HIV infection and AIDS, and drug abuse. India has over 100 million subjects in the age group 15-20 years. Experts believe it is necessary to
introduce sex education in schools since the gap between the age at which children attain puberty and the age at marriage is widening.

1.3.7 SEX EDUCATION IN MIZORAM

In Mizoram, State AIDS Education Programme (SAEP) was introduced by the Mizoram State AIDS Control Society (MSACS) with State Council on Educational Research & Training (SCERT) among high school and higher secondary school students in the year 2001 in order to protect them from HIV/AIDS and to teach life skills as school co-curricular activities. But the programme runs through a bad weather in many other states of India and this programme was banned by the public and said that the textbooks used in this programme were very vulgar. But knowing the importance and need of sex education among children and adolescence, Adolescence Education Programme (AEP) was launched by the Ministry of Human Resource and Development (MHRD) in collaboration with National AIDS Control Organisation (NACO), Government of India in 2005 as a follow up of the decisions taken in an Inter-Ministerial Meeting held in October 2004.

The new toolkit for Adolescence Education Programme (AEP) was obtained by Mizoram State AIDS Control Society (MSACS) from National AIDS Control Organisation (NACO) in 2008. It was approved by the State Core Committee meeting on 19th August 2008 and then translated into Mizo according to the needs and requirements of the Mizo society. In 2012, MSACS then went into joint venture with Education Department for the implementation of the programme. There should be at least 16
contact hours during one academic year for this programme. Setting up of Red Ribbon Club and selection of one Nodal teacher in every school is a must and under the guidance of these teachers, various co-curricular activities like quiz competition, question box, essay writing etc. should be organized to teach the students about HIV/AIDS. To assist the nodal teacher, two peer educators will be selected in each class- one male and one female students. Right now there is a tendency to include HIV/AIDS education at higher secondary school syllabus.

1.4.0. NEED AND IMPORTANCE OF THE STUDY

Sex education is like a protection against the harmful media in the environment. Imparting good sex education means overcoming one’s own inhibitions and embarrassments about sex. It requires that the person who will impart sex education must themselves have the factual knowledge they need and must themselves have a wholesome attitude, so that they may respond to the occasions when opportunities for good education in sexuality presents themselves. It is a responsibility that must be faced. Sex education provides factual information and guide children towards healthy attitudes that develop concern and respect for others. This can enable them to make sound decision based on knowledge and understanding about their own sexual identity and interpersonal relationships. It also provides healthy attitudes and information to children, adolescents and their parents, teachers, nurses and allied health workers.
Today many young people engage in sexual intercourse at an early age and are not physically and emotionally ready. They, therefore, put themselves at risk of HIV infection. Sex education in schools play an important role to delay sexual orientation, increase condom use and increase HIV/AIDS awareness. Sexually Transmitted Diseases (STD'S) are a major health problem throughout the world. STI's are one of the most common diseases which adult seek cure from the health care services. Other than the risk of pregnancy, teens have a high risk of contracting a sexually transmitted disease (STD). It is estimated that each year 3 million teens - 25 percent of sexually active teens - are infected with an STD. About 25 percent of all new cases of STDs occur in teenagers; two-thirds of new cases occur in young people age 15-24. According to Tom & Lickona (1994) in addition to being at risk for STDs, unwed sexually active teens are likely to experience negative emotional consequences and to become both more promiscuous and less interested in marriage. Teens who engage in premarital sex are likely to experience fear about pregnancy and STDs, regret, guilt, lowered self-respect, fear of commitment, and depression.

With the prevalence of HIV/AIDS, the increase in child rape and teenage pregnancies, etc. it became imperative that schools make a contribution towards alleviating these problems. There is a need to inform children and adolescence with the knowledge on sex education so that they can make sound decision on sex. The role of teachers in schools in combating the epidemic can make a positive contribution by guiding young people towards a more rewarding future. Many girl students leave school because of pregnancy and it further leads
to early drop out. Teen mothers are less likely to graduate from high school and more likely than their peers who delay childbearing to live in poverty and to rely on welfare (Hoffman, 2006). In view of the alarming number of rape, sexual abuse of children and incest cases reported in the papers and the increasing rate of HIV/AIDS infected persons, it is very essential to broaden our mind to accept sex education for the better future of the children. Sex education is one of the most important devices that facilitate people to wipe out both transmissible and non transmissible diseases.

According to the record of Mizoram State AIDS Control Society (MSACS), number of persons who are infected with HIV/AIDS during the year 2012-2013 are 1022. Out of which 825 (80.7%) are infected from sexual contact. Moreover, more than 60% are below the age of 35 years. Again according to the record of Mizoram Criminal Investigation Department (CID) up to July 2013, 25 children have been raped and another 19 were molested. Sex education is necessary for students and it plays a very important role in the prevention of HIV/AIDS (Tilakavathi, Divekar & Mehendale 1997).

In the year 1993, a survey of 35 sex education projects conducted by the World Health Organization (WHO) showed that sex education in schools did not encourage young people to have sex at an early age or more frequently. Rather importantly, the survey showed that early sex education delays the start of sexual activity, reduces sexual activity among young people and encourages those already sexually active to have a safer sex.
Sexuality education in schools have found support among American parents, according to a 2009 SIECUS report, it was found that 93% of parents surveyed supported sexuality education in high school while 84% supported it for junior high school students. Kaiser Family Foundation (2004) reported in another study that 88% of parents of junior high school students and 80% of parents of high school students believe that sexuality education makes it easier for them to talk to their adolescents about sex. Sexuality education has been found to reduce teenage pregnancy in the United States of America (Kirby, 2007)\textsuperscript{22}.

Sex education in high schools helps young people to be more prepared for life changes such as puberty, menopause and aging. Sex education can develop skills and self esteem to help students enter adolescence. It helps them in knowing that the sudden few changes are okay and normal. For example, girls would not get shocked, panic and afraid at their first menstruation once they already had the knowledge about it. Young people can also learn to appreciate and recognize their own sex: bodies just as good, beautiful and special as other God’s perfect creations. Moreover, it delivers confidence on them to value themselves and others. Sex education helps them understand the place of sexuality in human life and loving other people. They will learn to enjoy their sexuality, behave responsibly within their sexual and personal relationships.

According to the World Bank, countries’ education sectors have a strong potential to make a difference in the fight against HIV/AIDS. The World Bank reported that education sectors offer an organized and efficient way to reach large
numbers of school-age youth-groups either most at risk or most receptive to efforts to seek to influence behavior. UNAIDS estimated young people between 15 and 24 years account for 45% of all new HIV infection, justifying enhanced efforts to prevent infection among people both in and out of school. Inadequate sexuality education in secondary schools can impact negatively on how young people respond to HIV epidemic especially with regard to HIV prevention practices. Young people have unprotected sexual intercourse with one or more partners, potentially exposing themselves to HIV, other sexually transmitted infections (STIs) or unintended pregnancy. Pearson reported comprehensive sexuality education programs work to delay initiation of sex, reduce the number of sexual partners and increase the use of condoms and other forms of contraception.

In India another major problem regarding the welfare of the girl child is early marriage. This pushes girls into early child bearing and they do not have children by choice. Risks include hemorrhage, anemia, delayed or obstructed labour, low birth weight of the baby, miscarriage, damage to the reproductive tract and in some cases, even death of the mother. Moreover there is no vaccine for prevention of HIV as on date. Most of the infection occurs among young people in their productive and reproductive age group of 15 to 50. As most parents find discomfort in discussing matters pertaining to facts of life and life skill with their children, it is very much necessary to introduce sex education in the school syllabus.
Considering some of the developed countries of the world, we can see that inclusion of Sex Education in the school syllabus is very essential. Most of the developed countries like Japan, Germany, Finland, Netherland, Sweden, USA and United Kingdom etc. include this subject in their syllabus for more than 30 years. Knowing the importance and need of sex education among children, Adolescence Education Programme [AEP] was launched by the Ministry of Human Resource and Development [MHRD in collaboration with National AIDS Control Organisation [NACO], Government of India in 2005 as a follow up of the decisions taken in an Inter- Ministerial Meeting held in October 2004. But the project has run into rough weather in a country where the word ‘Sex’ is still largely taboo. Nevertheless, a few years back, six states i.e. Mahararastra, Gujarat, Rajasthan, Madhya Pradesh, Chhattisgarh, Karnataka have thrown out the program, after noisy protests by lawmakers who say it will corrupt young minds.

As there is no consensus regarding introduction of sex education in school and college syllabus in India, it would be very interesting to find out the real attitude of students, teachers and the community in Mizoram towards this program. Besides, no studies have ever been conducted in Mizoram to study the attitude of the Mizo’s towards sex education. Therefore, the present study has been taken up so as to facilitate the curriculum framers in making decisions about inclusion of sex education in the school curriculum.
1.5.0 STATEMENT OF THE PROBLEM

The problem under investigation reads as, “Attitude of Students, Teachers and Community towards Sex Education at Secondary School Level in Mizoram”.

1.6.0 OBJECTIVES OF THE STUDY:

1. To construct and standardize an attitude scale towards sex education at secondary school level.
2. To study the attitude of students, teachers, and community towards sex education at secondary school level.
3. To make gender wise comparison of the attitude of students, teachers and community towards sex education at secondary school level.
4. To make rural and urban comparison of the attitude of students, teachers and community towards sex education at secondary school level.
5. To compare the attitude of students, teachers and community towards sex education at secondary school level.
6. To study the opinions of students, teachers and community on different aspects of inclusion of sex education in the school curriculum.

1.7.0 HYPOTHESES

1. There is no significant gender difference among all respondents towards sex education at the secondary school level.
2. There is no significant gender difference among Teacher respondents towards sex education at the secondary school level.

3. There is no significant gender difference among Student respondents towards sex education at the secondary school level.

4. There is no significant gender difference among Community respondents towards sex education at the secondary school level.

5. There is no significant gender difference among Urban respondents towards sex education at the secondary school level.

6. There is no significant gender difference among Rural respondents towards sex education at the secondary school level.

7. There is no significant locale difference among All respondents towards sex education at the secondary school level.

8. There is no significant difference between Rural and Urban Teachers towards sex education at the secondary school level.

9. There is no significant difference between Rural and Urban Students towards sex education at the secondary school level.

10. There is no significant difference between Rural and Urban Community towards sex education at the secondary school level.

11. There is no significant difference between Rural Male and Urban Male towards sex education at the secondary school level.
12. There is no significant difference between Rural Female and Urban Female towards sex education at the secondary school level.
13. There is no significant difference between Students and teachers towards sex education at the secondary school level.
14. There is no significant difference between teachers and community towards sex education at the secondary school level.
15. There is no significant difference between Students and community towards sex education at the secondary school level.

1.8.0 OPERATIONAL DEFINITION OF THE TERM USED IN THE TITLE

1. **Attitude:** Attitude is a negative or positive feeling that an individual holds about objects, persons or ideas. Attitude, according to Freeman is a dispositional readiness to respond to certain situations, persons, objects or ideas in a consistent manner, which has been learned and has become one’s typical mode of response. Attitude towards sex education in the present study will be represented by the score which is obtained from the Attitude scale towards sex education developed by the investigator.

2. **Students:** According to Merriam-Webster Dictionary, student means a person who attend a school, colleges or university to study something. The term ‘students’, in the
present study, refers to those students studying in different secondary schools of Mizoram.

3. **Teachers:** Teacher can be explained as a person whose occupation is teaching others, especially children. The term ‘Teachers’, in the present study, refers to the teachers of secondary schools in different parts of Mizoram.

4. **Community:** According to Oxford Dictionary, the term community means a group of people living in the same place or having a particular characteristic in common. The term ‘community’ in the present study refers to the community members who have children studying at the secondary schools in Mizoram.

5. **Sex Education:** Sex education is education about all aspects of sexuality, including information about family planning, reproduction (fertilization, conception and development of the embryo and fetus, through to childbirth), plus information about all aspects of one’s sexuality including: body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods.

6. **Mizoram:** One of the Seven Sister States of the North Eastern India, sharing borders with the states of Tripura, Assam, Manipur and with the neighbouring countries of Bangladesh and Burma.
END NOTES:


