CHAPTER - V

CONCLUSION

AND

SUGGESTIONS
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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 sex, 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 (UNESCO, 2009).

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).

Effective sex 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. The present study was undertaken to understand the
knowledge and attitude of parents, teachers and students towards introducing sex
education in secondary schools.

Karnataka State comprises of 29 Districts, which is grouped into four
Divisions. The present study was carried out in nine Districts of Karnataka namely
Bangalore Rural, Tumkur, Dharwad, Gadag, Bidar, Gulbarga, Chamarajanagar,
Mysore and Dakshina Kannada.

A descriptive diagnostic design was adopted to study the knowledge and
attitude of parents, teachers and students towards introducing sex education in
schools. Questionnaires were developed and validated to assess Knowledge and
Attitude of Parents, Teachers and Students on Sex Education. The questionnaires
were statistically validated and standardized using the validation measures such as
face validity, content validity, construct validity and factor analysis.

The study covered 288 parents, 288 teachers and 1296 students. Separate
questionnaires were used to collect data from parents, teachers and students. Data
pertaining to sex education related to relationships, values, attitude and skills, culture,
society and human rights, human development, sexual and reproductive health were
gathered. The data obtained was analyzed using statistical analysis.

Student’s ‘t’ test, Chi-Square Test, Analysis of Variance and Co-efficient of
Correlation were employed to find out the statistical significance between male and
female respondents among parents, teachers and students.

In knowledge questions, percentage of mean score to maximum score of
parents is 83.65 per cent. This indicates that parents have good knowledge and
understanding about sex education. In attitude related questions, percentage of mean
score to maximum score is 87.33 per cent. This indicates that parents’ attitude is to include sex education as part of the school curriculum. There is a gender difference in the knowledge and attitude among parents about sex education. Mean knowledge and Mean attitude score of female parents is significantly less compared to male parents.

In knowledge questions, percentage of mean score to maximum score of teachers is 82.20 per cent. This indicates that teachers have good knowledge and the sex education content they have suggested needs to be part of the curriculum. In attitude related questions, percentage of mean score to maximum score is 76.50 per cent. This indicates that teachers’ attitude is to include sex education as part of the school curriculum. Mean knowledge and Mean attitude score of government school teachers is less compared to private school teachers. Thus, it is very important to consider government school teachers very importantly during the designing and delivery of sex education programmes. Mean knowledge and Mean attitude scores of co-education school teachers is less compared to exclusively girls’ school teachers.

In knowledge questions, percentage of Mean score to maximum score of students is 56.72 per cent. Students’ knowledge on topics related to relationships, values, attitude and skills, culture, society and human rights, human development, sexual and reproductive health is less. For example, among the total students (n=1296), about 50.8 per cent did not have awareness about sexual and reproductive anatomy. About 43.4 per cent students stated that they did not have awareness about pregnancy prevention. Nearly half (49.2%) stated that they did not have awareness about reproduction. This indicates that students do not have good knowledge and understanding about sex education. Hence, students need to be taught on sex education in schools. Students have the attitude to learn sex education and there is a need to develop them.
Mean knowledge score and Mean attitude score of students is significantly increasing with the increase in the standard of studying. Mean knowledge score and Mean attitude score of female students is less compared to male students. Thus, it is very important to consider female students very importantly during designing and delivery of sex education programmes. Further, Mean knowledge score and Mean attitude score of students is significantly increasing with advancement in their age.

To put the results of the study in a nutshell, it may be stated that parents have suggested introducing sex education to their children at schools. Teachers have also opined that sex education needs to be imparted to the students. Meanwhile, they have requested for appropriate training on sex education so that they are well-equipped to train the students. Students have also inclined towards acquiring knowledge on sex education at schools.

**SUGGESTIONS**

Based on the findings of the study and interaction with parents, teachers, students, social scientists, social work professionals and experts in the field of sex education, suggestions are made as follows:

1. **PARENTAL INVOLVEMENT**

   - Parents have a very good understanding about topics on sex education (Table 4.7, Table 4.8, Table 4.9, Table 4.10, Table 4.11, Table 4.12, Table 4.13). Thus, parents have to be involved in sex education programmes. Co-operation and support of parents, families and other community stakeholders should be sought from the outset and regularly reinforced as students’ perceptions and behaviors are greatly influenced by family and community values, social norms and conditions.
• Parental concerns (Table 4.6, Table 4.11, Table 4.14, Table 4.15), can be addressed through the provision of parallel programs that orient them to the content of their children’s learning and that equip them with skills to communicate more openly and honestly about sex with their children, putting their fears to rest and supporting the school’s efforts in delivering good quality sex education.

• If teachers and parents support each other in implementing a guided and structured teaching/learning process, the chances of personal growth for students are likely to be much better.

2. TEACHER TRAINING

Teachers are the trusted source of sex education by the students (Table 6.35). If comprehensive sex education program has to be successful, it is very important to train the teachers. In this study, teachers have indicated that they need training to deliver the programme effectively (Table 5.27). Following aspects must be considered during teacher training:

• Organize Train-the-Trainer (T3) programmes and develop Master Trainers.

• Development of in-service training for teachers and dissemination of appropriate materials.

• Use of new technologies to provide teacher training on sex education.

• Training to teachers must be given in detail about Friendship, Love and Romantic Relationships (Table 5.6), Tolerance and Respect (Table 5.7), Values, Attitudes and Sources of Sexual Learning (Table 5.9), Norms and Peer Influence on Sexual Behaviour (Table 5.10), Communication, Refusal and Negotiation Skills (Table 5.11), Finding Help and Support (Table 5.12), Sex,
Culture and Human Rights (Table 5.13), Sex and Media (Table 5.14), Sexual Abuse and Exploitation (Table 5.16), Privacy and Bodily Integrity (Table 5.21), Care, Treatment and Support (Table 5.25) and Decision-making (Table 5.31).

- Teachers must be introduced to teaching and learning methods and principles for classroom teaching that are appropriate for sex education.
- Teachers must be helped to respect textbook content, promote key concepts and behaviours, use active learning methods and avoid overloading students with information.

3. DELIVERY OF PROGRAMMES

Students need a supportive and enabling environment, whereby they can ask questions about sex without being humiliated.

- **Environment:** A safe learning environment should be provided in which open and non-judgmental discussion about sex and sexual health can be held (Table 6.36).
- **Group Agreement:** Develop a ‘group agreement’ prior to starting any work to ensure acceptable boundaries for discussion that safeguard students and educators (Table 6.37).
- **Confidentiality:** Every teacher must respect privacy and confidentiality of students and inform them about their rights (Table 6.28, Table 6.35).
- **Accessing Services:** Teachers must also provide information about advice services that students can access if they need help and made referrals if necessary (Table 6.32). Care must also be taken to ensure that those most vulnerable can access comprehensive sex education services.
- **Materials and Resources**: During delivery of programmes, teachers must ensure that materials that are used are relevant and up-to-date (Table 6.29, Table 6.30, Table 6.31, Table 6.32, Table 6.33, Table 6.34).

### 4. CURRICULUM DEVELOPMENT

A good quality curriculum is quintessential to make the teachers and students develop respect and ownership on the topics. A curriculum that is learner-centered, thematically based and oriented towards learning outcomes is the need of the hour.

**Involve Experts:**

Experts in research on human sexuality, behaviour change and related pedagogical theory in the development of curricula must be involved. Just like mathematics, science, languages and other fields, human sexuality is an established field based on an extensive body of research and knowledge. Thus, teachers with biology background familiar with this research and knowledge should be involved in developing or selecting and adapting curricula (Table 6.35). In addition, if programmes are designed to reduce sexual risk behaviour, then the curriculum developers must be knowledgeable about what risky behaviours students are actually engaging in at different ages, what environmental and cognitive factors affect those behaviours, and how best to address those factors (Table 6.29, Table 6.30, Table 6.31, Table 6.32).

To create programmes that reduce sexual risk behaviour, curriculum developers must use theory and research about the factors affecting sexual behaviour to identify the factors the programme will address. Then, the curriculum developers must use effective instructional methods to address each of those factors (Table 5.27).
This requires them to be proficient in theory, psychosocial factors affecting sexual behaviour and effective teaching methods for changing those factors. And, of course, they need knowledge about other sex education programmes that changed behaviour, especially those that addressed similar communities and students.

Assess Needs and Behaviour of Students:

Assessing the reproductive health needs and behaviours of students is required in order to develop a logical model. While there is considerable commonality among students in terms of their needs regarding sex, there are also many differences across communities, settings and age groups in their knowledge, their beliefs, their attitudes and skills, and their reasons for failing to avoid unwanted, unintended and unprotected sexual intercourse. Effective sex education programmes should strive to identify and address these reasons (Table 6.13, Table 6.14, Table 6.15).

It is also important to build upon students’ existing knowledge, positive attitudes and skills. Thus, comprehensive sex education programme should build on these assets as well as address deficits. Further, the needs and assets of students can be assessed through focus groups with students and interviews with professionals who work with them as well as reviews of research data from the target group or similar populations.

Use a Logic Model Approach:

There is a need to use a logic model approach that specifies the health goals, the types of behaviour affecting those goals, the risk and protective factors affecting those types of behaviour, and activities to change those risk and protective factors. A logic model is a process or tool used by programme developers to plan and design a programme.
Most effective programmes that changed behaviour, and especially those that reduced pregnancy or STI rates, used a clear four-step process for creating the curriculum:

- They identified the health goals (e.g. reducing unintended pregnancy or HIV and other STIs);
- They identified the specific behaviours that affected pregnancy and HIV/STI rates and that could be changed;
- They identified the cognitive (or psychosocial) factors that affect those behaviours (e.g. knowledge, attitudes, norms, skills, etc.); and
- They created multiple activities to change each factor. This logic model was the theory or basis for effective programmes (UNESCO, 2009).

Design to Suit Community Values and Available Resources:

Activities should be designed that are sensitive to community values (Table 6.49, Table 6.51) and consistent with available resources (e.g. staff time, staff skills, facility space and supplies). This is an important step for all programmes. While this characteristic may seem obvious, there are numerous examples of people who developed curricula that could not be fully implemented because they were not sensitive to community values and resources; consequently, these programmes were not fully implemented or were prematurely terminated.

Pilot Test and Obtain Ongoing Feedback:

Before scaling up the programme, pilot-test of the programme must be made. Further, on-going feedback must be obtained from the learners about how the programme is meeting their needs. Pilot-testing the programme with individuals representing the target population allows for adjustments to be made to any
programme component before formal implementation. This gives programme developers an opportunity to fine-tune the programme as well as to discover important and needed changes. For example, they may change a scenario or wording in a role-play to make it more appropriate, familiar or understandable for programme participants. During pilot-testing, conditions should be as close as possible to those prevailing in the intended implementation setting. The entire curriculum should be pilot-tested and practical feedback from participants should be obtained, especially on what did and did not work and on ways to make weak elements stronger and more effective (Table 6.48, Table 6.49, Table 6.50).

**Learning Objectives:**

Sex education programme for the students must ensure that its learning objectives should cover the following four components in the learning process:

- **Information:** Sex education should provide accurate information about growth and development, sexual anatomy and physiology, reproduction, contraception, pregnancy and child birth, HIV and AIDS, Sexually Transmitted Diseases (STIs), family life and interpersonal relationships, culture and sexuality, human rights empowerment, non-discrimination, equality and gender roles, sexual abuse and gender-based violence (Table 6.24, Table 6.25, Table 6.26, Table 6.29, Table 6.30, Table 6.31, Table 6.32)

- **Values, Attitude and Social Norms:** Sex education should offer students opportunities to explore values, attitudes and norms (personal, family, peer and community) in relation to sexual behavior, health, risk-taking and decision-making and in consideration of the principles of tolerance, respect,
gender equality, human rights and equality (Table 6.11, Table 6.13, Table 6.14, Table 6.44).

- **Interpersonal and Relationship Skills:** Sex education should promote the acquisition of skills in relation to decision making, assertiveness, communication, negotiation and refusal. Such skills can contribute to better and more productive relationships with family members, peers and friends (Table 6.15, Table 6.44).

- **Responsibility:** Sex education should encourage students to assume responsibility for their own behavior as well as their behavior towards other people through respect, acceptance, tolerance and empathy for all people regardless of their health status or sexual orientation (Table 6.11).

5. **PLANNING**

Evidence from practice and research suggest that Comprehensive Sex Education is most beneficial and meaningful to students when it is developed in accordance with certain principles (IPPF, 2010). Planning will be the key if sex education has to be successfully implemented. Following aspects need to be considered in planning:

- **Needs:** There is a need to map out the needs of students within the community in terms of their emotional, social and sexual health and well-being. For example, rates of sexually transmitted infections, unintended pregnancy, violence against children and women (Table 6.20), media and peer pressure (Table 6.18), average age of first sexual activity etc.
• **Challenges:** It is key to map out the challenges and opposition to comprehensive sex education and develop a plan of how to work constructively to overcome these. For example, there may be concerns about the reactions of community or religious groups (Table 6.17).

• **Linkage to HIV:** With HIV epidemic in front of us, it must be ensured that comprehensive sex education programmes, guidelines and policies effectively incorporate and highlight the links between reproductive health and HIV (Table 6.30, Table 6.31).

• **Gender Sensitive:** It must be ensured that any comprehensive sex education policies and programmes are gender sensitive. It must address both male and female students’ specific needs (Table 6.19).

• **Culturally Sensitive:** Sex education programmes must be culturally sensitive. While designing the programmes, adequate care should be taken to consider different faith and cultural perspectives that exist and be aware of cultural elements which influence gender and cultural expectations (Table 6.17).

• **Clear Objectives:** Comprehensive sex education programmes must have a clear aim, purpose and a set of ‘SMART’ objectives which breaks down how the aim will be achieved.

  ✓ **Specific:** Be precise about what the programme is going to achieve (e.g., improving knowledge and skills on a specific topic among the students)

  ✓ **Measurable:** Quantify the objectives (i.e., how much knowledge and what skills?)
➢ **Achievable:** Whether the targets are achievable? Are we attempting too much? Are we realistic? We should understand that students’ behaviour cannot be changed in one lesson.

➢ **Resourceful:** Do we have the resources to make the objective happen (i.e., educators, money, materials and time?)

➢ **Timely:** Clearly state by when we can achieve the objective (e.g., by the end of the programme? Within 6 months? Within 1 year?)

➢ **Specific:** Be precise about what the programme is going to achieve (e.g., Better decision-making skills among students)

- **Informed Choices:** It must be taken care that the programme promotes free choice and informed consent, and make sure that the programme does not focus on abstinence as the sole method for prevention of HIV and STIs (Table 6.17).

- **Training:** Teachers must be selected and trained (Table 5.27) who are committed to comprehensive sex education and the needs and rights of the students. It must be ensured that teachers have adequate training and on-going support. There is a need to look to partner agencies, such as other sexual health services, local universities and voluntary groups that have expertise in certain topic areas to support training the teachers.

- **Links to Services:** Necessary links to health and advisory services must be planned and an effective Referral System must be put in place to ensure that students have easy access to further resources and services if and when they need them (Table 6.32).
6. INCULCATE GOOD PRACTICES IN EDUCATIONAL INSTITUTIONS

To make sex education programmes effective, following good practices can be implemented:

- Focus on clear goals in determining the curriculum content, approach and activities. These goals should include the prevention of HIV and other sexually transmitted infections (Table 6.31).
- Focus narrowly on specific risky sexual and protective behaviours leading directly to the health goals (Table 6.30).
- Address specific situations of students that might lead to unwanted or unprotected sexual intercourse and how to avoid these and how to get out of them (Table 6.15).
- Give clear messages to students about behaviours to reduce risk of STIs or pregnancy (Table 6.29).
- Employ participatory teaching methods that actively involve students and help them internalize and integrate information (Table 6.27).
- Implement multiple, educationally sound activities designed to change each of the targeted risk and protective factors.
- Provide scientifically accurate information to students about the risks of having unprotected sexual intercourse and the effectiveness of different methods of protection (Table 6.29).
- Address individual attitudes and peer norms among students concerning condoms and contraception.
- Cover topics in logical sequence. Include sequential sessions over several years (Table 6.50).
• Awareness about Social work services like curative, correctional, rehabilitative, preventive and developmental must be ensured with all the teachers.

7. ASSESSMENT AND EVALUATION

Any programme implemented must be assessed and evaluated (Table 5.27). This will help in further developing the module and making it much more effective. Following the PDCA (Plan, Do, Check, Act) procedure will further provide insights.

• **Focus on Learning and Effectiveness:** While designing the programmes, it must include assessments of learning and an evaluation of programme effectiveness. There are a variety of methods that can be used to assess learning and evaluate programmes, such as quizzes, poster making, role-play, discussion, debates, presentations, interviews and questionnaires.

• **Pre-Assessment and Post-Assessment:** Conducting assessments at the beginning and end of the programme will identify the needs of individual young persons, provide them with opportunities to reflect on what they have learnt and provide evidence that the young person has developed a greater understanding of a topic.

• **Process and Outcome Evaluation:** Conducting an evaluation at the end of the programme will also establish what methods have or have not worked (process evaluation) and whether the programme has been effective in the short, medium and long-term (result evaluation). It is vital that SMART objectives are stated at the beginning of the programme and...
that milestones are set. This information should then be used to inform the
design of any future programmes and share with all relevant stakeholders.

8. CREATING AN ENABLING ENVIRONMENT

Sex education is a sensitive issue and is most likely to be effectively
introduced and implemented when sufficient political will exists to support it. A
growing number of governments around the world are confirming their
commitment to sex education as a priority essential to achieving national
development, health and education goals (UNESCO, 2009).

International agreements, various legislations and human rights
instruments provide guidance on sexual and reproductive health. There is a need
to create awareness on sex, culture and human rights (Table 6.17), sex and media
(Table 6.18), social construction of gender (Table 6.19), sexual abuse and
exploitation (Table 6.20). In the Indian context, Right to Education is also
 ensured. Though education is considered as a Fundamental Right, it is high time
to create an enabling environment to make sex education successful. In this
perspective, following are the suggestions:

- High-level and high-profile Ministerial Declaration or a Parliament Bill in
  support of sex education needs to be made.
- A relevant and favourable policy framework together with high-level policy
  advocacy must be developed.
- To sustain this policy, government must make necessary budgetary provision
  and support for the implementation of the curriculum.
• A national strategic plan must be developed to guide the implementation of sex education curriculum.

• A clear rationale for the introduction of sex education need to be developed on the basis of evidence from the local/national situation and needs assessments (Table 2.1). This should include local data on HIV (Table 6.31), other STIs (Table 6.30) and teenage pregnancy, sexual behaviour patterns of students, including those thought to be most vulnerable, together with studies on specific factors associated with HIV and other STI risk and vulnerability.

• Ideally, this should include both quantitative and qualitative information; sex and gender-specific data regarding the age and experience of sexual initiation; partnership dynamics, including the number of sexual partners and age differences; rape, coercion or exploitation; duration and concurrency of partnerships; use of condoms and contraception (Table 6.29); and use of available health services.

9. CHANGE IN NOMENCLATURE

So far, there is no clear consensus regarding a universally accepted term to describe the education activities, methodologies and process that constitute school-based ‘sex education’. In some settings, use of the terms ‘sex’ or ‘sexuality’ in the title of the programme is simply too explicit for the comfort of parents, teachers and politicians. Thus, in order to increase the willingness and make it less politically and culturally sensitive, change in programme name is also suggested. Thus, instead of using the nomenclature as ‘Sex Education’ or ‘Sexuality Education’, terms such as “Life Skills Education”, “Family Life Education”, or “Population Education” will be more apt in the Indian condition.
Sex education attracts both opposition and support. Should opposition occur, it is by no means insurmountable. To make sex education successful, it is very important to involve all the following key stakeholders:

- Students represented by their diversity and organizations that work with them
- Parents and parent-teacher associations
- Policy-makers and politicians
- Government ministries, including health and others concerned with the needs of students
- Educational professionals and institutions including teachers, head teachers and training institutions
- Religious leaders and faith-based organizations
- Teachers’ trade unions
- Training institutions for health professions
- Researchers
- Community and traditional leaders
- Lesbian, gay, bisexual and transgender groups
- Non-Governmental Organizations (NGOs), particularly those working on sexual and reproductive health with students
- People living with HIV
- Media (local and national) and
- Relevant donors or outside funders.
Studies and practical experience have shown that sex education programmes can be more attractive to students and more effective if students play a role in developing the curriculum. Facilitating dialogue between different stakeholders, especially between students and adults, could be considered as one of the strategies to build support. There are multiple roles that students can play. For example, they can identify some of their particular concerns and commonly held beliefs about sex and sexuality, suggest activities that address such concerns, help make role play scenarios more realistic, and suggest refinements in all activities during pilot-testing (Kirby, 2009).

**SOCIAL WORK INTERVENTIONS**

Social Work knowledge base can be practiced by teachers at individual, group and community levels for enhancing the knowledge and attitude of parents, teachers and students on sex education.

Social Work knowledge and skills are based on the fundamentals of humanitarianism and democracy. Every student has the Right to Education. First and foremost, every teacher who is imparting sex education in the classroom should be aware of the biological, social, cultural and psychological needs of students. Developmental, preventive, rehabilitative, correctional and curative services can be adopted to meet the needs of students.
Every teacher should be able to use Social Case Work method at an individual level if the student is finding difficulty in adjusting to the environment. Utilizing the services of professional Social Workers and Counsellors will enhance the support system.

Group Work can be made use of by the teachers as well as Social Workers by organizing students in group activities, analyzing their behaviour and rectifying them. Community Organization method would help the teachers to work with all the relevant stakeholders, ensure minimum opposition and successful implementation of sex education programmes. Social Action being the auxiliary method of Social Work can be used by teachers or Social Workers to mobilize community in general and students in particular to address the issues that remain unsolved at the community level. Social Research on sex education programmes, its effectiveness on the students needs to be conducted periodically so that inputs are given to improve theory.
Teachers need to be trained in techniques of Social Work like interviewing, counseling techniques, communication, listening, observation, questioning, supporting, educating, agreeing, disagreeing, reviewing and reinforcing.

Thus, sex education calls for a multi-pronged approach. It requires the concerted efforts of policy makers, politicians, Government Ministries, educational institutions, teachers, teachers’ associations, training institutions, religious leaders, faith-based organizations, health professionals, researchers, community and traditional leaders, non-governmental organizations, people living with HIV and local and national mass media. Introduction of sex education in secondary schools calls for an approach that is committed, sustainable and proactive. Sex Education is by no means an easy task but it is well worth remembering that the benefits are rich, long lasting and epoch-making.