CHAPTER - I
INTRODUCTION
CHAPTER- I

INTRODUCTION

1.1 INTRODUCTION

1.2 SOCIAL ATTITUDE

1.2.1 Nature of attitude

1.2.2 What is social attitude?

1.2.3 Dimensions of Attitudes

1.2.4 Components of Attitudes

1.2.5 Functions of Attitudes:

1.3 SEX EDUCATION

1.3.1 What is sex education?

1.3.2 The Objectives of Sex Education

1.3.3 Controversy Over Introducing Sex Education in Schools
1.3.4 When should sex education be given? By whom?

1.3.5 Sex Education in Schools

1.3.6 Importance of Sex Education

1.4 FAMILY PLANNING

1.4.1 What is family planning?

1.4.2 Benefits of family planning

1.4.3 What is the importance of Family Planning in India?

1.4.4 Who provides family planning?

1.4.5 Types of family planning methods
CHAPTER-1
INTRODUCTION

1.1 INTRODUCTION

Education is the only field where a child spends his important years of his life, the formative years, and a maximum portion of his life. Many psychologists and experts from interdisciplinary sciences opine that education does affect the pupil’s personal, social, emotional and psychological development. These years play a vital role in the child’s overall development and his field of socialization. The field of education is not only offers knowledge but also gives opportunity to do interaction with teachers, friends of same-sex and opposite-sex. These agents of the society keep shaping the child either positively or negatively towards future life.

Everyone has a right to get education but today education is not just limited to academic books it has grown a lot. Education also includes human rights, legal rights, and social rights, to an extent that government has come up with “right to information”. That shows we have many rights, using them our life can be much healthier, knowledgeable and full of quality. Lately, In India, a question has risen on Sex education and family planning. While India is known as developing country, it also has another part which believes sex education and family planning are “taboo” subjects. It is believed, that discussing such topics might distract their mind and this information can lead to unhealthy results. Let’s look at it another way, that this information can prevent unhealthy results and can help teenagers to cope with their curiosity in a better way. It would be a lie if we say that if we don’t give sex education they would wait for it to get in a right manner, surely they will try through movies, internet, magazines and many more. Most of them are unhealthy ways, then why not to give them it in a proper way. Also, providing this education can help us to control on increasing population, which is again a big problem in India.
In this whole discussion the question is whether we should encourage sex education and family planning or not? To answer this question we need to find out how people feel about it how is their attitude toward sex education and family planning.

Attitude cannot be directly observed, but must be inferred from behavior, either from observation of an individual's responses to objects and other events or from his evaluative statements and other verbal expressions. It is difficult to observe the action of an individual in any direct, systematic way, although sometimes this approach is the only way of determining the significant an attitude has for a person. It is usually easier and more efficient to base such judgments on the individual's verbal-written or spoken-statements. This can be done through interview, but the task can be accomplished even more efficiently and precisely with paper-and pencil scales and questionnaires.

Family planning services are defined as "educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved." India is a land of religions. The influence of religion affects the very core of social behavior, attitudes, values and even the reproductive behavior. The religiously orthodox and conservative people are against the use of family planning measures. There are women who disfavor family planning on the plea that they cannot go against the wishes of God. There are some women who argue that the purpose of a women's life is to bear children. Couples continue to have large families primarily to get the desired number of sons. Many dimensions of value have been identified for the preference shown to sons.

Sex education, which is sometimes called sexuality education or sex and relationships education, is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education is also about developing young people's skills so that they make informed choices about their behavior, and feel confident and competent about
acting on these choices. It is widely accepted that young people have a right to sex education. This is because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV and AIDS.

Present study is based on that question. It is a comparative study of school college male and female students and their parents residing in Gujarat. The purpose of this research was to examine of attitudes of school and college students toward sex education and family planning.

1.2 Social Attitude

As observed by some social scientists, among modern social psychologists there is a general consensus about their subject of study and investigation. There may be slight differences in terminology used by them, but they all agree that social psychology is the study of the behavior of individuals in relation to other individuals or groups. No other problem in social psychology has received more attention than this problem of social attitudes since 1920. It is looked upon as a central important problem for social psychology. The net product of the socialization process is the formation of the social attitudes among individuals. In interaction with other person and groups in dealing with the cultural products in all these, we see the influence of social attitudes. In the last 60 years, considerable work has been done in research regarding the formation, the change and the measurement of social attitudes. Psychologist and sociologists find in social attitude a meeting point for discussion and research. The concept of social attitudes and beliefs virtually established itself as the keystone in the edifice of social psychology.

L.G. Brown (1944) in his social pathology stresses that it 'studies the unique experience of the person as his organism and social heritages interact to
produce human nature'. The social psychologist is not interested in each of the two heritages by itself but in the human nature which results from the interaction of both. Murphy, Murphy and Newcomb (1931) in their Experimental Social Psychology think that social psychology is concerned with a process by which the individual organism becomes socialized, utilizes and expresses social patterns in the world about him, builds within himself the attitudes and outlooks which characterize the family and neighborhood groups, participates in community life, and leaves his small or large impress upon the personality patterns of those with whom he comes in contact.

Muzafer sheriff (1960) in his book on ‘an outline of social psychology’ writes that it deals with the experience and behaviour of the individual in relation to the social stimulus situations. International relationships, group interactions and their products, values or norms, language, art forms, institutions and technology are certainly among the major social stimuli or stimulus situations. Kimball young (1962) in his ‘Handbook of social psychology’ says that it is concerned with the study of the interactional processes of human being. S.S.Sargent (1958) in his ‘social psychology’ writes that it is the scientific study of persons as members of groups with emphasis on their social or interpersonal relationships. Thus recent social psychologists have attempted to combine the ‘individual approach’ and the ‘social approach’ and to integrate the psychological and sociological- anthropological points of view as well as materials.

There are three major trends in modern social psychology. In the first place with the increasing impact of cultural anthropology on this field it is being more and more clearly realized that a better and fuller understanding of individual behavior, products of social attitudes, is possible if its study is made in the context of a variety of cultures and social organization. A comparative study of personality in different cultures will yield a fuller and richer picture of human nature, human personality, human interactions and social attitudes. Secondly, social psychology is rapidly taking its place alongside other branches of science by the use of experimental techniques. The application of experimental method to group data
is growing and descriptions and analyses of social behaviour are consequently becoming more accurate. This will be dealt with under varied topics of discussion in social psychology. Thirdly, social psychology rapidly becoming an applied science to solve, for example the problem of improving human relations and modifying social attitudes through varied techniques of persuasion. By study group dynamics, interactional processes and social attitudes, it can improve morale and production in industry, interrelation between capital and labour, diagnose and remove causes of indiscipline in educational institutions, reduce communal tensions in society, lessen intergroup prejudices and contribute to international understanding and peace ultimately.

In fact, several writers, viz. Bogardus (1931), Thomas and Znaniecki (1918), Folson (1931), define social psychology as the scientific study of attitudes. We see that a social attitude being important in the person’s schema has the essential earmark of a motive. Such an attitude sets the person for or against events, persons or things, defines what is preferred, expected and desired, marks off what is undesirable, what is to be avoided. In terms of its consequence in the person’s behavior, an attitude is goal-directed. An attitude develops from the kind of feeling tone that habitually is associated with a person, event, situations, a condition or a thing.

1.2.1 NATURE OF ATTITUDE

As the dictionary defines it, attitude is a way of talking and behaving. However, its significance in our lives is much more.

Attitude is a way of life. We have a choice everyday regarding the attitude we embrace for that day. As they say, the only difference between a good day and a bad day is your attitude. We cannot change our past, or we cannot change the way certain people think. We cannot change what’s inevitable. However, the only thing we can possibly change to deal with situations better is our attitude. Attitude
determines outcome. This truth is accepted by most of the successful people of
the world, whether it is a doctor going for a surgery, or a businessman launching
a new venture. It is attitude that provides them the winning edge.

Thus, a correct and a willful attitude is the key to success.

Attitude reflects behaviour. One's attitude towards the other, determines the
other's attitude towards him. If one smiles at the other, the other may smile back;
while if one acts hard-nosed with the other, the other is likely to snap at him.

Man is the master of his own destiny. He can very well manipulate his grief or
happiness, by choosing the correct attitude. With a positive outlook, he can
overcome his grief with ease, and follow the pursuit of happiness. This can be
justified with a famous quote: "He, who has so little knowledge of human nature,
as to seek happiness, by changing anything but his own disposition, will waste
his life in fruitless efforts, and multiply the grief he purposes to remove."

Hence, in a nutshell, attitude to me is more important than facts. It is more
important than the past, than education.

An attitude can be defined as a positive or negative evaluation of people, objects,
event, activities, ideas, or just about anything in your environment, but there is
debate about precise definitions. Eagly and Chaiken, for example, define an
attitude "a psychological tendency that is expressed by evaluating a particular
entity with some degree of favor or disfavor." Though it is sometimes common to
define an attitude as affect toward an object, affect (i.e., discrete emotions or
overall arousal) is generally understood to be distinct from attitude as a measure
of favorability.

This definition of attitude allows for one's evaluation of an attitude object to vary
from extremely negative to extremely positive, but also admits that people can
also be conflicted or ambivalent toward an object meaning that they might at
different times express both positive and negative attitude toward the same
object. This has led to some discussion of whether individuals can hold multiple attitudes toward the same object.

Whether attitudes are explicit (i.e., deliberately formed) versus implicit (i.e., subconscious) has been a topic of considerable research. Research on implicit attitudes, which are generally unacknowledged or outside of awareness, uses sophisticated methods involving people's response times to stimuli to show that implicit attitudes exist (perhaps in tandem with explicit attitudes of the same object). Implicit and explicit attitudes seem to affect people's behavior, though in different ways. They tend not to be strongly associated with each other, although in some cases they are. The relationship between them is poorly understood.

On the other hand, the Iterative Reprocessing (IR) Model takes an integrated approach to understanding attitudes instead of distinguishing between implicit and explicit attitudes. According to the IR model (Cunningham & Zelazo, 2007; Cunningham, Zelazo, Packer, & Van Bavel, 2007), attitudes are characterized as evaluation, which refers to the process of unfolding an emergent property of multiple processes during a period of time. According to the theory, it is differences in information processing, not different attitudinal representations stored in discrete memory systems that cause differences in evaluation (Van Bavel, Xiao, & Cunningham, 2012). The IR model proposes a connectionist framework. In this framework, attitudes are defined as stable unit weights, whereas evaluations refer to the current pattern of activation of the units (Cunningham et al., 2007). Unit weights consist of valence and intensity (Van Bavel et al., 2012). Depending on the level of valence and intensity, the extent to which evaluation is influenced by context, motivation, and goals will be different (Van Bavel et al. 2012). The IR model suggests the involvement of numerous interactive neural systems in processing information (Van Bavel et al., 2012). According to the model, information is processed in a form of hierarchy. Iterations will be added to move to the next evaluative processing (Van Bavel et al., 2012). This model provides a greater understanding of how contextual information and motivational factors affect all stages of evaluative system including the prior states. In sum, instead of
treat attitudes as two independent representations in memory, the model suggests that attitude refers to processing emergent properties in concert with contextual information and goal setting in a hierarchical order.

Thus, an attitude is a specific mental state of the individual towards something according to which his behavior towards it is molded. Various authors have defined 'Attitude' in various ways with a common thread running through these diverse definitions. Some of these are quoted below:

(1) An attitude is readiness for attention or action of a definite sort.- (Baldwin, 1901-1905)

(2) An attitude is readiness of the psyche to act or react in a certain way. - (Jung, [1921] 1971:par. 687)

(3) Attitude are literally mental postures, guides for conduct to which each new experience is referred before a response is made. – (Morgan J.J.B.1934)

(4) An attitude is a complex of feelings, desires, fears, convictions, prejudices, or other tendencies that have given a set or readiness to act to a person because of varied experiences. – (Chave, 1928)

(5) From the view point of gestalt psychology, a change of attitude involves a definite psychological stress, external upon a sensory field by processes originating in other parts of the nervous system. – (Kohler, 1929)

(6) An attitude is a mental disposition of the human individual to act for or against a definite object. – (Droba, 1933)

(7) An attitude is a disposition to act which is built up by the integration of numerous specific responses of a similar type, but which exists as a general neutral "set" and when activated by a specific stimulus results in behavior that is more obviously a function of the disposition than of the activating stimulus (The important thing to note about this definitions is that it considers attitudes as broad, genetics determinants of behavior). – (G.W.Allport, 1929)
We shall regard attitudes here as verbalized or verbalisable tendencies dispositions, adjustment towards certain acts. They relate not to the past nor even primarily to the present, but as a rule to the future. Sometimes, of course, it is a hypothetical future....The 'Attitude' is primarily a way of being 'Set' towards or against things. – (Murphy and Murphy, 1931)

It is not difficult to trace the common thread running through these diverse definitions. In one or another, each regards the essential future of attitude as a preparation or readiness for response. The attitude is incipient and preparatory rather than overt and consummatory. It is not behavior, but the preconditions of behavior. It may exist in all degrees of readiness from the most latent, dormant traces of forgotten habits to the tension or motion which is actively determining a course of conduct that is under way.

1.2.2 What is social attitude?

An attitude is an expression of favor or disfavor toward a person, place, thing, or event (the attitude object). Prominent psychologist Gordon Allport once described attitudes "the most distinctive and indispensable concept in contemporary social psychology.". Attitude can be formed from a person's past and present. Attitude is also measurable and changeable as well as influencing the person's emotion and behavior.

Attitudes are evaluations people make about objects, ideas, events, or other people. Attitudes can be positive or negative. Explicit attitudes are conscious beliefs that can guide decisions and behavior. Implicit attitudes are unconscious beliefs that can still influence decisions and behavior. Attitudes can include up to three components: cognitive, emotional, and behavioral.

1.2.3 Dimensions of Attitudes
From above discussion of analysis and definitions of attitude it follows that attitudes can be said to have the following dimensions:

1. The direction
2. Intensity or strength
3. Centrality
4. Salience and
5. Consistency

1. Direction:

The items in the attitude scales have options like 'like-dislike', 'agree-disagree', or 'yes-no', and so on. Thus, they tell us whether they are for or against a person, object or an event, and indicate the direction of the attitude.

2. Intensity or strength

Intensity or strength is much important as its direction. Directions indicate the feelings for or against a person, object or event, but are equally important to know the strength of these feelings, that are involved in the expression. This is done by indicating one's position on a graded scale of values. The respondent has to select a statement from an array whose intensity may range from 'strong to weak' or 'very strong to very weak'. Thus, the respondent tells us whether his feelings about the target of the attitude are strong, weak or neutral (nothing to say about).

3. Centrality:

Centrality of the attitude is something the aim of the measurement. We want to find out whether it is close to the centre of the system of the attitudes and values that are highly significant to the welfare and goals of the individual or whether it is only a marginal one. Here, all aspects of affection, cognition and behavior are
involved. Attitudes that are strongly held are usually central. They are usually supported by the beliefs and provide motives for an action.

4. Salience:

Salience is the degree to which an attitude is given prominence by its holder. It is closely related to the centrality and the intensity of the attitude. It is the degree with which an attitude is visible, however, all attitude are not prominent visible.

5. Consistency:

Consistency means the extent to which various attitudes and attitude systems fit together and are relate. Attitudes can be measured in terms of this consistency also. The attitude that one has towards an institutions, such as, the political party, is generally consistent with the attitude towards the persons associated with that particular institutions. There is usually a tendency to have degree of consistency among all the attitude held by an individual, with respect to any one issue or a group of common related issues. For, example if a person has a conservative attitude towards social customs, he will be also having a conservative attitude towards the issue of marriage systems, as is studied in the present investigation.

1.2.4 Components of Attitudes

As observed earlier, an attitude is conceived of having three components;

- A cognitive component of belief – described by the person's categorizations and the relationships between categories.
- An affective component or evaluation of belief-described by the way a person evaluates the objects which are included in a particular category.
- A behavioral component which reflects the behavioural intentions of the person toward the objects included in a particular category.
1.2.5 Functions of Attitudes:

Why do people have attitudes? The reason is because attitudes-

- Help them to understand the world around them, by organizing and simplifying a very complex input from their environment.
- Protect their self-esteem by making it possible for them to avoid unpleasant truths themselves.
- Help them to adjust in a complex world, by making it more likely that will react so as to maximize their rewards from the environment. And
- Allow them to express their fundamental values.

This approach involves the so-called “functional analysis of attitudes” because it is concerned with the functions performed by attitudes “in the economy of personality”. (Major theorists are smith-1947, Smith, Bruner and White -1956, Katz and Stotland -1959, and Katz-1960, in this connection).
1.3 SEX EDUCATION

1.3.1 What is sex education?

Sex education is needful and necessary for our young ones. Being mindful of the exposure given to our young ones in school, in the media and among their peers, sex education teaches our young ones about sexual intimacy, but also enlightens them on their reproductive systems, birth control, and sexually transmitted diseases. It also exposes them to their gender identity, gender role, family role, body images, sexual expression (what it entails and how to tame it), intimacy and the marriage relationship.

In sex education relevant important and accurate information about sexuality in both boys and girls are given depending on their age. It will be unfair and criminal to ignore or push aside the fact that they are aware of their sexuality; in whatever stage or state they are. Sex education should naturally be integrated into their lives as they grow up both by the parents, teachers and the society in a very mature way. Parents should answer their children's questions properly and information according to their level of exposure and maturity. It will not be appropriate to look embarrassed or pretend sex never exists. We might be fooling ourselves and exposing these children to untimely dangerous curiosity. The children must be taught how to cope and handle their own sexual feeling, use of drugs and urges. Prior to the time of sex education, parents should develop good communication with their children. Be their friends, have positive attitude to sex, yourself.

Good relevant sex education provides knowledge, knowledge is information, and information is confidence. It has been noticed that well-informed children on male and female Anatomy handle puberty better than the uninformed ones. Sex education affects a child's attitude positively. Each sex (male or female) becomes more tolerant of the others behaviour pattern and option. A sexuality oriented
child learns to believe in the quality of men and women, the sacrament of marriage and parental responsibilities.

With well accepted sex education, there is usually a lower rate of unwanted pregnancy and spread of sexually transmitted diseases. To the pure, all things are pure. When sex is passed down to our children from a pure heart, they too receive it with a pure heart.

It is not true that when children are taught anything about sex, they out rightly go and experiment with sex, with contraception, masturbation and homosexuality. These occur when they are ignorantly curious and when they are uneducated and exposed to unprotected sex and pornographic materials.

So there is no evidence that sex education has any bad effect on the child's character and information rather sex education carried out in a good Christian foundation has a gratifying result.

1.3.2 The Objectives of Sex Education

Sex is a very sensitive subject and public discussion on sexual matters is considered as a taboo in Indian society. Given this context, introducing sex education at school level always attracted objections and apprehensions from many quarters. Family life education (FLE) or Sex education refers to a broad programme designed to impart knowledge/training regarding values, attitudes and practices affecting family relationships. It aims to develop the qualities and attitudes on which successful family life depends. The real purpose behind family life/sex education is the transfiguration of a male child into manhood and of a female child into womanhood. The education that provides knowledge on physical, social, moral, behavioural, and psychological changes and developments during puberty is termed as Adolescent Family Life Education. It teaches the adolescents about the role of boys and girls in family and society, responsibility and attitude of boys and girls towards each other, etc. within social
context. Many psychologists believe that sex education begins at an early age and continues throughout the life of an individual. The purpose of sex education should be to facilitate the best possible integration between the physical, emotional and mental aspects of the personality, and the best possible assimilation between the individuals and the groups. Sex education also instils the essential information about conception, contraception and sexually transmitted diseases. It is a continuous process of developing attitudes, values and understanding regarding all situations and relationships in which people play roles as males or females.

The major objectives of Family Life/Sex Education (FLE) can be broadly described as follows: (1) To develop emotionally stable children and adolescents who feel sufficiently secure and adequate to make decisions regarding their conduct without being carried away by their emotions. (2) To provide sound knowledge not only of the physical aspects of sex behaviour but also its psychological and sociological aspects, so that sexual experience will be viewed as a part of the total personality of the individual. (3) To develop attitudes and standards of conduct which will ensure that young people and adults will determine their sexual and other behaviour by considering its long range effects on their own personal development, the good of other individuals, and welfare of society as a whole.

More than biological specifics, sex education should also include social and moral behaviour, proper attitudes and values towards sex, love, family life and interpersonal relations in the society. Due to growing incidences of HIV/AIDS, RTIs/STIs and teenage pregnancies, there is a need to impart sex education among youth. The problem of over-population also demands family life education, including family planning as a priority, as many of the young people are about to be married and should be aware of the responsibilities they have. A study on child abuse in India, conducted by the Ministry of Women and Child Development, reports that 53 percent of boys and 47 percent of girls surveyed faced some form of sexual abuse. Therefore, family life education might help the
vulnerable young population to be aware about their sexual rights and empower them to protect themselves from any undesired act of violence, sexual abuse and molestation. India’s National Population Policy also reiterates the need for educating adolescents about the risks of unprotected sex. Furthermore, the provision of family life education might result into multiple benefits to the adolescent boys and girls. This might include delayed initiation of sexual activity, reduction in unplanned and early pregnancies and their associated complications, fewer unwanted children, reduced risks of sexual abuse, greater completion of education and later marriages, reduced recourse to abortion and the consequences of unsafe abortion, curb the spread of sexually transmitted diseases including HIV.

Adolescence (10–19 years) is an age of opportunity for children marked with a time of transition from childhood to adulthood; wherein young people experience substantial changes in their physiology after puberty, but do not instantaneously imbibe the various associated roles, privileges and responsibilities of adulthood. This crucial period in the lives of young people presents prospect to promote their development and equip them with appropriate knowledge, attitudes, beliefs and skills (KABS) to help them successfully navigate through various nuisance and vulnerabilities of life, and realize the full development potential.

Current statistics indicate that almost one in every fifth person on the globe is an adolescent, as they comprise 18 percent (1.2 billion) of world’s population in 2009, with 88 percent living in developing countries, particularly in the South Asia, the East Asia and the Pacific region. India has the largest adolescent population (243 million), followed by China (207 million), United States of America (44 million), Indonesia and Pakistan (41 million each). Interestingly, more than 50 percent of the adolescent population lives in urban areas, which is expected to further reach 70 percent mark by 2050, with the largest increase likely to occur in the developing world. This entire scenario indicate the considerable demographic and socioeconomic challenges, particularly for the developing countries like India, in terms of meeting the specific needs for
improving the survival and general health conditions, nutritional status, and sexual and reproductive health of the adolescents.

Recent literature on adolescents have documented that irrespective of being relatively healthy period of life, adolescents often engage in the range of risky and adventurous behaviours that might influence their quality of health and probability of survival in both short and long term over the life course. These includes early pregnancy, unsafe abortions, sexually transmitted infections (STIs) including HIV, and sexual abuse and violence. Pregnancy related problems comprise a leading cause of death among adolescents aged 15–19 years, mainly due to unsafe abortions and pregnancy complications. However, the sexual and reproductive health needs of adolescents and youth are poorly understood and grossly underappreciated owing to limitation of scientific evidence compounded with the unpreparedness of public health system, which may jeopardize the initiatives to advance the health and well-being of adolescents.

Adolescents and youth in India experience several negative sexual and reproductive health outcomes such as early and closely spaced pregnancy, unsafe abortions, STI, HIV/AIDS, and sexual violence at alarming scale. One in every five woman aged 15–19 years experience childbearing before 17 years of age that are often closely spaced; risk of maternal mortality among adolescent mothers was twice as high as compared to mothers aged 25–39 years. Importantly, adolescents and youth comprise 31 percent of AIDS burden in India. Furthermore, multiple socioeconomic deprivations further increase the magnitude of health problems for adolescents. This limits their opportunity to learn and access the appropriate health care services.

This inadvertent scenario calls for a serious and comprehensive public health initiative to provide Indian adolescents and youth with accurate and age-appropriate essential information and skills for a responsible lifestyle, that might help in reduction of risky sexual behaviour, early pregnancy, HIV/AIDS and STI, etc. Recently, recognizing the need of the time, Government of India has
experimented with the provision of Adolescent Education Programme (AEP) to lay the foundation for a responsible lifestyle, including healthy relationships and safe sex habits among adolescents and youth. However, this initiative attracted mixed reactions from different sections of the Indian society. There is scanty scientific literature which throws light on the level of knowledge, perceptions and viewpoints on issues related to family life education among Indian adolescents and youth. Are adolescents and youth in India really prepared to understand and benefit from this new experiment? Hence there is a need for studies that scrutinize and critically evaluate the knowledge, attitude, perceptions, skills and experiences of family life education among Indian adolescents.

1.3.3 Controversy Over Introducing Sex Education in Schools

With the view to generate awareness and inculcate necessary skills among adolescents and youth, a scheme for adolescent education programme in the school curriculum was promoted by the National AIDS Control Organization (NACO) and the Ministry of Human Resource Development (MHRD), Government of India, which led to a major controversy in 2007. The ardent opponents argued for a ban on starting sex education in schools on the ground that it corrupts the youth and offends ‘Indian values’. They contended that it may lead to promiscuity, experimentation and irresponsible sexual behaviour. The critics also suggested that sex education may be indispensable in western countries, but not in India which has a rich cultural traditions and ethos. On the contrary, the proponents argued that conservative ideas have little place in a fast modernizing society like India, where attitudes towards sex education are changing rapidly. As fallout of this controversy, several Indian states including Gujarat, Madhya Pradesh, Maharashtra, Karnataka, Kerala, Rajasthan, Chhattisgarh and Goa declared that the course content as suggested by MHRD was unacceptable and thus banned the programme.
At the same time, attempt towards the introduction of sex education at school level in India met with opposition from the fundamentalists arguing that it may degrade the tender minds and destroy the rich family systems in India. Furthermore, some teachers and principals were threatened that, "if you don't stop sex education, neither will you remain in the jobs, nor will your schools survive". However, the other side of the coin (pro for sex education) reflects supportive campaign towards introduction of sex education that may help to reserve the rich heritage and culture of India. Adolescents should be scientifically educated about the facts and myths related to sexual activities that may lead to number of health related risks. Being vulnerable to various changes associated with physical, emotional and psychological transitions, adolescents/youth must have proper knowledge of sex education that may empower them into healthy, productive and responsible adults.

Though few politicians and religious leaders have opposed the introduction of sex education in schools, studies have shown that Indian adolescents and youth do not have sufficient information about sexual matters, thereby increasing the possibility of falling prey to various forms of sexual violence. TARSHI(Talking about Reproductive and Sexual Health Issues), a non-governmental organization running a helpline on sexual information, received over 59,000 calls from men, seeking information on sexual anatomy and physiology. An analysis of this data showed that, 70 percent of the callers were below 30 years of age, while 33 percent were in the age group of 15 to 24 years, which indicates that young people do have the need, but lack adequate authentic source to receive appropriate and correct information in a positive manner. The WHO report (2003) on family life, reproductive health and population education documented that promotion of family life/sex education has resulted in delayed age of entering into sexual relationship, reduced number of partners, increased use of safer sex and contraception, and other positive behaviour. It was further noted that sex education in schools did not encourage young people to have sex at earlier age; rather it delays the start of sexual activity and encourages young people to have safer sex. However, both the critiques and proponents of introducing family
life/sex education in Indian schools propagate the analogous ideology of 'sexual restraint' i.e., delaying the initiation of sexual activity among adolescents before marriage, which may also help to curtail the menace of HIV/AIDS, sexually transmitted diseases and restrict the pace of population growth.

India has become the second largest hub of HIV/AIDS pandemic in the world. The proponents of sex education stressed the need for providing knowledge about HIV/AIDS, teenage pregnancies and information about sexual health. In a survey of college students conducted by the All India Educational and Vocational Guidance Association, it was reported that 54 percent of males and 42 percent of females did not have adequate knowledge regarding matters of sex. About 30 percent of males and upto 10 percent of females are sexually active during adolescence before marriage, though social attitudes clearly favour cultural norms of premarital chastity.

We need to accept the fact that we are living in a complex world leading complicated lives. Preventing access to pornographic movies or erratic contents on television shows is not prudent, but adding a single chapter to the school curriculum is relatively simple and practical. Mass media being highly influential has been part of both solution and of the problem in the area of sex and youth. It has been part of the solution because it has helped to bring sexual topics into discussions. Radio and television has been the medium in opening doors to the deliberations of several topics which were previously considered as taboo. A survey conducted in Mumbai found that 88 per cent of the boys and 58 per cent of the girls among college students had received no sex education from parents and their source of information were books, magazines, and youth counsellors. Internet is the greatest culprit which makes pornography easily accessible in recent times. Studies have shown that vast majority of parents do not accept the responsibility for providing sex education to their sons or daughters. However, another study states that 68 percent of the parents believe that they should be the primary sex educators of their children, followed by schools. The apparent stigma attached to any discussion on sex in India is due to the fact that people
tend to view sex education in a narrow sense, that is, the mere explanation of anatomical and biological differences. Ideally home is the best place for sex education and the attitudes of parents are of vital importance. When a child feels the subject as forbidden, he/she feels more curious to know about it which can lead to misleading information, if parents feel embarrassed in talking about sex with their children.

• The objectives of sex education are to help children understand the body structures of men and women and acquire the knowledge about birth

• Teach children to establish and accept the role and responsibility of their own gender by acquiring the knowledge of sex. Understanding the differences and similarities between two Enders in terms of body and mind will set up a foundation for the future development in their acquaintance with friends and lovers and their interpersonal relationship

• Sex education is a kind of holistic education. It teaches an individual about self-acceptance and the attitude and skills of interpersonal relationship. It also helps an individual to cultivate a sense of responsibility towards others as well as oneself

1.3.4 When should sex education be given? By whom?

Nowadays, with rapid growth of information, sex information is everywhere. Children are curious about sex. Therefore, parents need to instill correct concepts of sex to their children as early as possible before they are misled by indecent magazines and irresponsible media. When children grow up, they need to learn and adapt to the physiological and psychological changes in different stages of development. The learning objectives of sex education vary with the age of children and the environment. They need appropriate and continuous counselling and guidance. Parents are the core people who accompany their children as they grow up, so, parents are also the most appropriate person to
give their children sex education. The earlier sex education is given at home, the earlier the children are able to establish correct concepts on sex, and the easier the parents can handle the situation. A lot of people consider mother as the most ideal person to give sex education; but in fact, father's participation is equally important. A son can learn from his father the suitable role as a man, while a daughter can learn from her father the responsibilities of a man in his family and the society. She will also understand the expectations others have upon a woman. Children will greatly benefit from all these, and when they grow up, they will know how to interact with other people.

1.3.5 Sex Education in Schools

Talk about imparting sex education to children and you are bound to get clashing viewpoints from people no matter where you are in the world. The term is actually quite a broad one used to describe teachings about human sexual anatomy, sexual reproduction, sexual intercourse and other aspects related to human sexual behavior. While sex education is already a part of a number of Western countries such as the United States, its implementation in Indian schools recently kicked up a massive discussion. However, the proponents of sex education in schools usually underscore the following benefits / advantages in support of their view. What makes it necessary in schools is the hesitation on the part of the parents to open up a discussion on the so-called 'forbidden' subject. In this time when there is an alarming growth in the number of sexual abuses and molestation of women, it is indeed the need of the hour to impart the relevant knowledge to our next generation, so that they become better equipped to face the threats from the outer world.
1.3.6 Importance of Sex Education

Youngsters usually derive information on sex and related subjects from sources like friends, books, the media comprising advertising, television, magazines and the Internet. The problem is that these sources may or may not really provide them correct and accurate information. As such, sex education will help in transferring authentic information and in the process also correct any misinformation that they may have apart from adding to their already existing knowledge.

Sex education imparted through schools can prove to be a significant and effective method of improving the youngsters' sex-related knowledge, attitude and behavior.

Sex education in school is important because many parents are shy about talking / teaching their children on this subject.

Educating children on sex related issues also requires one to know how to broach the subject, what information to impart and what to hold back. All these can be carefully handled by a trained sex educator.

It is a fact that more and more teens these days are engaging into premarital sex. This further underscores the need for sex education to students. This will help them make better informed decisions about their personal sexual activities.

Many argue that sex education also helps to lessen risk behaviors in teenagers like engaging in unprotected sex which result in unwanted pregnancies and STDs.

Imparting proper sexual education helps in preventing or controlling diseases such as HIV/AIDS.

Sexual education stresses on the importance of abstinence and contraceptive methods which also includes the use of condoms.
It stresses on the role of abstinence and contraceptive methods, including the use of condoms.

Growing cases of child abuse which includes inappropriate touching, voyeurism, fondling, pornography and forced intercourse makes sexual education a necessity so that a child or a teenager identifies it and prevents such acts.

Knowledge is power; relevant sex education provides this knowledge which in turn increases confidence.

A sexually educated child possesses more respect for the opposite sex, sanctity of marriage and in parental responsibilities, especially at an age when they turn curious and inquisitive about the other gender. They handle puberty better than the uneducated ones. It changes his or her overall attitude when they turn more tolerant of the behavior patterns of others.

Not educating our kids about sex would lead them to gain wrong information from their peers and media which might have devastating consequences.

An effective tool in the developmental process of a child or a teenager, sex education makes him or her better equipped to deal with the immediate environment and the threats which could emerge.

Humans are curious animals and young people are exploratory as an expression of their intrinsic curiosity. Peer pressure and the media have enormous influence in the lives of the so called generation Y, and if we don’t teach them about sex, somehow they would learn and maybe learn in a way that may have devastating consequences.

Sex education answers almost all the questions regarding the changes which happen in their body including the hormonal changes. It makes them understand the differences and avoids the tendency to explore things on their own.

Proper and relevant sexual education helps in dispelling myths regarding sexuality.
Providing sexual education to teenagers breaks the ice and enables them to discuss about the topic of sex in open. They feel free to go home and open up to their parents in case of they have doubts. In short, kids will not have the feeling of sex being taboo to be discussed in open.

1.4 FAMILY PLANNING

1.4.1 What is family planning?

Family Planning services support people’s decisions about when, or if, they would like to have children by offering education, counseling and birth control methods. Planned pregnancies spaced two or more years apart result in healthier babies and fewer medical problems for the woman. Planning for a child will help you avoid the social, health, and financial problems we face if an unplanned pregnancy happens.

There are many birth control methods and techniques available today. No one method is best for everyone at every stage of life. We can choose a birth control method to match our personal needs. It is important to think about what method will be best for us. Here are some questions we ask ourself:

- How well does this method work to prevent pregnancy?
- How do I use it?
- Where can I get it?
- Can I afford it?
- Will my partner like this method and help me use it?
- How does this method work?
- What are the common side effects?
What are its advantages and disadvantages?

How long do I plan to use birth control?

Will this method possibly affect my ability to get pregnant in the future?

1.4.2 Benefits of family planning

Promotion of family planning – and ensuring access to preferred contraceptive methods for women and couples – is essential to securing the well-being and autonomy of women, while supporting the health and development of communities.

- Preventing pregnancy-related health risks in women

A woman’s ability to choose if and when to become pregnant has a direct impact on her health and well-being. Family planning allows spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing, and can prevent pregnancies among older women who also face increased risks. Family planning enables women who wish to limit the size of their families to do so. Evidence suggests that women who have more than four children are at increased risk of maternal mortality.

By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortion.

- Reducing infant mortality

Family planning can prevent closely spaced and ill-timed pregnancies and births, which contribute to some of the world’s highest infant mortality rates. Infants of mothers who die as a result of giving birth also have a greater risk of death and poor health.
• Helping to prevent HIV/AIDS

Family planning reduces the risk of unintended pregnancies among women living with HIV, resulting in fewer infected babies and orphans. In addition, male and female condoms provide dual protection against unintended pregnancies and against STIs including HIV.

• Empowering people and enhancing education

Family planning enables people to make informed choices about their sexual and reproductive health. Family planning represents an opportunity for women for enhanced education and participation in public life, including paid employment in non-family organizations. Additionally, having smaller families allows parents to invest more in each child. Children with fewer siblings tend to stay in school longer than those with many siblings.

• Reducing adolescent pregnancies

Pregnant adolescents are more likely to have preterm or low birth-weight babies. Babies born to adolescents have higher rates of neonatal mortality. Many adolescent girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities.

• Slowing population growth

Family planning is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and national and regional development efforts.

1.4.3 What is the importance of Family Planning in India?

Family planning programme is beneficial not only to individual but also to the whole society. The main advantages of the programme are as under:
1. Benefit to the Children:

The slow growth of population due to family planning programme will be beneficial for the children. A fall in birth rate will reduce immediately! The number of children. This instrument reduces the number of dependents on the working people. This will create an environment where in children will be better looked after, better fed and better cared for.

2. Benefit to the Parents:

The family planning has favourable effect on the health of the parents. With less number of children, they will be able to raise the standard of living of the family. Thus Family Planning is necessary for better health, long, happy and prosperous life of the mother. The Family Planning will also result in better upkeep and education of the children.

3. Benefit to the Society:

The family planning is beneficial both for the individual and the society. Since the family planning will result in improving the standard of living of the citizens, the quality of human factor will improve and the society becomes better.

4. Benefit to the Nation:

The family planning is necessary for the welfare of the whole nation. The family planning will ultimately result in the economic development of the country. As a consequence of a reduction in the population growth, there will be rise in the per capita income.

The addition to the per capita income can be a source of additional saving and therefore of capital formation. Over a period of time, the reduction in the population growth will favourably affect the supply of labour, in the sense that the increase in the rate of labour supply will be cut down. In such a situation the phenomena of unemployment will automatically disappear.
Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility (this fact sheet focuses on contraception).

1.4.4 Who provides family planning?

It is important that family planning is widely available and easily accessible through midwives and other trained health workers to anyone who is sexually active, including adolescents. Midwives are trained to provide (where authorised) locally available and culturally acceptable contraceptive methods. Other trained health workers, for example community health workers, also provide counseling and some family planning methods, for example pills and condoms. For methods such as sterilization, women and men need to be referred to a clinician.

1.4.5 Types of family planning methods

There are 5 main types of family planning methods:

- **Barrier methods**, which prevent pregnancy by keeping the sperm from reaching the egg.
- **Hormonal methods**, which prevent the woman's ovary from releasing an egg, make it harder for the sperm to reach the egg, and keep the lining of the womb from supporting a pregnancy.
- **IUDs**, which prevent the man's sperm from fertilizing the woman's egg.
- **Natural methods**, which help a woman, know when she is fertile, so that she can avoid having sex at that time.
- **Permanent methods**. These are operations which make it impossible for a man or a woman to have any children.

**Natural Methods**
These methods thwart the use of any synthetic or chemical drugs and devices for family planning. However, to follow this method couples have to be determined and disciplined. Such methods are described below.

Abstinence

It simply means refraining from sex during the fertile days of the woman. This requires knowledge and awareness of a woman's fertility process. Couples who do not want to have a baby, and want to avoid taking artificial contraceptives, should keep away from sexual intercourse during ovulation and after it. The fertile days can be determined by the following methods.

Calendar method:

This method requires you to be aware of your menstrual cycle. The day one of your period is the first day of the cycle. Counting from day 1, mark day 8 in your calendar and move forward to day 19. The days from day 8 to day 19 are the most fertile days, hence sexual activities during these days should be completely avoided. All the other days pose less risk of conceiving.

Basal body temperature:

Women who have irregular periods can benefit from this method. It requires a basal thermometer that can record even a slight change in the temperature. After your periods end, measure your body temperature orally every morning, at the same time, and record it. You will notice that the temperatures recorded each day are pretty consistent until you start ovulating. The day you ovulate, there will be a sudden increase in the temperature indicating high fertile period. You should abstain from intercourse till the temperature drops down to your normal body temperature as before ovulation.
Cervical Mucus:

The color (white, yellow), consistency (thick, sticky), and the feel (dry, wet) of cervical mucus can help in determining the safe and unsafe days to have sex. Examine your discharge, and if you notice it to be white, stretchy, or wet, it indicates your ovulation phase. During this phase sex should be avoided.

Effectiveness %: 75% and less

Coitus Interruptus

Popularly known as the withdrawal or pull out method, this is another way of practicing birth control. During sexual intercourse if the man pulls out his penis just before ejaculating, he can prevent any sperm from entering the woman's vagina. However, this is not a foolproof method, as the fluid which is secreted before ejaculation also contains sperms, and are sufficient to fertilize an ovum.

Effectiveness %: 75-80%

These natural methods have no side effects, and practically cost nothing. However, it is not the safest method of birth control. The calendar method, basal body temperature, and cervical mucus method can prove to be inefficient due to various physical and environmental factors such as ill health, drugs, smoking, alcohol abuse, pollution, etc. Also, withdrawal may become quite cumbersome for a man while engaged in sexual activity.

Artificial Methods

These methods employ various products and devices that are used to avoid pregnancy, and in some cases STDs. Some of these are listed below.
Physical Barriers

This method prevents the sperm from coming in contact with the egg, which in turn prevents its fertilization. Various products and contraceptive devices that are available in the market, and are safe to use are mentioned below.

Condoms:

These are the most commonly used devices to minimize the chances of pregnancy. Male condoms are used to cover an erect penis during sexual intercourse. This holds the ejaculate, preventing it from entering the vagina. Now female condoms are available in the market. These are inserted in the vagina which is held in position during the intercourse. Along with birth control, a condom also helps in preventing sexually transmitted diseases like syphilis, gonorrhea, etc. There have been cases where condoms have failed to avoid pregnancies, but this may be mostly due to defective ones or incorrect use of the condom.

Effectiveness %: 76-85%

Possible side effects: Allergic reaction, irritation, etc.

Diaphragm:

These are dome-shaped cups made of either silicon or latex. These cups have flexible rims which are inserted into the vagina for blocking the sperms from uniting with the egg. A spermicide is applied to these cups that reduces the movement of sperms considerably.

Effectiveness %: 75-85%

Possible side effects: Toxic shock, urinary tract infection, allergy, and irritation (due to spermicide)
Implantable rods:

These are commonly known as Implanon (brand name). They are small rod-shaped devices implanted under the skin of the upper arm. They work by releasing synthetic progesterone, progestin that thickens the cervical mucus. This hinders sperm movement making it impossible to unite with an egg.

Effectiveness %: 95-99%

Possible side effects: Ovarian cyst, weight gain, depression, acne, mood swings, sore breasts.

Intrauterine device (IUD):

The IUD is a small T-shaped device which is inserted into a woman's uterus. It is a convenient, safe, and reversible method which does not require a daily routine. It is basically of two types, Copper IUD and Hormonal IUD. Copper IUD works by releasing copper ions in small amounts into the uterus. Hormonal IUD works by releasing progestin into the uterus. Both the released copper and progestin block the union of sperms with an egg. Normally once it is inserted, it stays in place for 5 to 10 years, and inhibits the entry of sperms into the inner recesses of the vagina, and prevents fertilization as well. It should be inserted and removed (when pregnancy is desired) by a qualified medical practitioner to avoid complications.

Effectiveness %: 99% and above

Possible side effects: Excessive bleeding, cramps, inflammation of pelvis.

Birth control sponges:

These are inserted deep into the vagina for effective inhibition of joining of sperms with an egg. It is a small round-shaped foam that releases spermicide, restricting the movement of sperms. It has a nylon strap for its easy removal. Today Sponge is the brand that is available in the US.
Effectiveness %: 75-85%
Possible side effects: Toxic shock, allergic reaction, irritation.

**Contraceptive patch:**

This is a small, thin trans-dermal patch made of plastic which when placed on the skin releases estrogen and progestin. These hormones stop ovulation, hence the egg does not leave the ovaries for fertilization. It also tends to make the cervical mucus thicker, thus inhibiting sperm motility. It should be placed on the upper arms, buttocks, thighs, or abdomen. It is usually put on the first day of periods and kept in place for a week. Exactly on the seventh day (second week), the patch is replaced by another, and again by a new patch on the third week. The fourth week is the patch-free week, and this process is repeated again.

Effectiveness %: 90-98%
Possible side effects: Weight gain, dizziness, irregular periods, depression, mood swings.

**Vaginal ring:**

It is a contraceptive ring that is inserted into the vagina. It releases certain hormones that prevent the egg to be released from the ovaries. It also restricts the movement of sperms by making the cervical mucus thicker.

Effectiveness %: 90-98%
Possible side effects: Vaginal swelling, allergic reaction, mood swings, blood clots, depression.
Birth Control and Emergency Pills

Birth control pills, also known as oral contraceptives, stop the development of the egg, and also help in the thickening of the cervical mucus in the uterus, thus restricting the passage of sperms to the egg. This can be an effective method if the pills are taken regularly, and in the correct manner. If they do not work out, another way of precluding pregnancy is to take emergency contraceptive pills. If a couple has indulged in unsafe sex, the woman can take emergency pills to reduce her chances of getting pregnant.

Effectiveness %: 90-98%

Possible side effects: High blood pressure, abdominal pain, irregular periods, mood swings, depression, weight gain, blood clots, bleeding between periods.

Hormonal Medicament

Hormonal shots are given every three months. This essentially consists of progestin hormone that blocks the joining of sperms with an egg. It also prevents the entry of the egg into the uterus. These injections are usually given on the buttocks or upper arms.

Effectiveness %: 90-98%

Possible side effects: Bone density loss (long-term use), weight gain, mood swings, headache, sore breasts, bleeding between periods.

Surgical Method

Sterilization is a permanent surgical procedure, to avoid future pregnancies. It is a method of birth control suited for couples who do not want to have any more children, or couples who do not want to have a child. Vasectomy (blocks the tube carrying sperms) is the procedure for men and tubectomy or tubal ligation (blocks
the fallopian tube that releases the egg into the uterus) for women. It is by far the safest and most effective method of pregnancy control, though irreversible.

Effectiveness %: 99% and above

Possible side effects: Pain, bleeding, and other complications after surgery, ectopic surgery.

The results of these methods vary from person to person, hence it is important to talk and discuss the matter with your gynecologist and gather accurate information about all the contraception options. It is important that you learn about the possible side effects and effectiveness of family planning products before choosing one for yourself.