CHAPTER II

REVIEW OF RELEVANT LITERATURE
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“Prevention is better than cure”

This chapter deals with research, non-research literature, books, published, unpublished literatures, and journals related to the present study.

According to Polit & Hunger (1991), a review of literature is an essential aspect of scientific research. It involves the systematic identification, location, scrutiny and the summary of the written material that contains information on a research problem. It broadens the researchers’ understandings and to gain an insight, necessary for the development of the broad conceptual context into which the problem fits. A review of literature provides evidence to the researcher about what is already known and what is still unknown and untested by providing useful hypothesis and helpful suggestions for significant investigations.

National and International Journals, web search, Medline, text books were to be studied and referred to have a better understanding on the problem area and to build foundation for the study.

From review of related literature it is concluded that the importance of sex education has long been emphasized yet what is done clearly falls short of what is needed (Lester, 1961). Sex education is necessary for students and it plays a very important role in the prevention of HIV/AIDS (Tilakvathi, 1997). Sex education influences contraceptive knowledge and behaviour (Dawson, 1986). It was also found that parents were generally uncomfortable in talking to their children about human sexuality and mothers were reluctant to talk about sex education to their daughter as they found it embarrassing to discuss these issues (Reis, 1989; Shetty, 1997; Mahajan, 2005). Studies have shown that parents, teachers involved in sex education should have some special personal characteristics as well as good training and the attitude towards sex education to
be encouraging in their behaviour (Kakavoulis, 2001; Badhan et al. 2002). A majority of parents, teachers and students supported that sex education should be introduced in school curriculum that will help prevent unwanted pregnancies, enhance healthy relationship between opposite sex, parental transmission of HIV/AIDS infections and STDs and toward providing the knowledge of sex interactions, consequences and responsibilities (Orji and Esimai, 2003). School and College children are positively inclined to accept formal AIDS education as a part of classroom teaching (Bhargava 2003). Thamburj et al. (2000) found that sex education will not prompt students to have sex. The study also shows that, majority of the students in public and private schools felt that sex education should be included in the curriculum.

(1) Mayekiso and Twaise (1992:21-23) stipulated the following reasons that could be associated with poor sex education by parents:

- Embarrassment to discuss sex with the children because of the parents' own beliefs that sex involves the duty to procreate and that sex purely for pleasure is wrong.
- Lack of necessary skills and information needed to empower children for responsible sexuality.
- The inability to realize that even though adolescents are biologically capable of being sexually active, they might be emotionally unprepared to act responsibly.
- The parents' attitudes of not being approachable to discuss sex-related issues.

Parental involvement in their children's sex education is influenced by the parents' educational status, background history, socio-economic factors, religion and cultural background.

(2) In Chile, researchers reportedly found the following factors to be influencing the timing of the first intercourse (Murray, Zabin, Teledo-Dreves & Luengo-Charath 1998:151):
• liberal attitudes towards sex
• teenagers who thought that their peers were sexually active
• teenagers who rarely attended religious services
• teenagers who used alcohol, tobacco and/or marijuana
• teenagers with lower school grades
• the absence of the father

(3) Kamalpreet Kour Toor (2012)

This study is an attempt to investigate attitude of teachers, parents and adolescents towards sex education in relation to some demographic variables. The sample consisted of 50 teachers, 50 parents and 100 adolescents from Ludhiana district of Punjab. From the results it was found that mostly teachers have favorable attitude towards sex education. Majority of the teachers reported that teachers need special training in discussing sexuality with students. Mostly parents believed that sex education would help children to be more responsible in their sexual behaviour. Findings also showed that male teachers had a significantly more favourable attitude towards sex education as compared to female teachers; Fathers showed significantly more favourable attitude towards sex education than mothers; highly educated parents had significantly more positive attitude towards sex education than less educated parents. The results also reveal that economic status of parents has no effect on their attitude towards sex education. The attitude of boys towards sex education is significantly more favourable as compared to girls.

(4) A study by Forrest in (Rice, 1995) revealed a gap between what teachers thought should be taught at different grade levels and what was actually being taught. All teachers thought that sexuality education should cover sexual decision making, abstinence, birth control methods, prevention of pregnancy and AIDS. Over 82% of the school covered these topics, but generally not until the ninth or the tenth grade. Teachers thought that the topics should be covered by grade seven, or eight at the latest. Only about half of the schools provided information
about the services of birth control. The major problem teachers faced was negative pressure from parents, the community or the school administration (Rice, 1995).

(5) Sexuality and HIV and AIDS education are often controversial because some individuals believe that talking about sexuality in schools may increase sexual activity. However, according to two reviews of studies by the World Health Organization (WHO) and the United States (US) National Campaign to prevent teenage pregnancy, sexuality educational programmes do not lead to an increase in sexual activity among young people. The reviews found that effective sexuality education in schools can result in delaying first intercourse or, if young people are already sexually active, increasing the use of contraception (James-Traore et al. 2004).

(6) An evaluation of four effective sex education programme found that the role of teenage sexual initiation fell by as much as 1% during the year or two following participation in such a programme (Frost, as cited in Kaplan, 1998). Programmes that emphasize delay are more effective with younger adolescents than among older adolescents. The programmes are seen to be increasing the percentage of sexually active adolescents who consistently use contraceptives. Effective programmes are focused on reducing sexual risk taking behaviours that lead to HIV and other sexually transmitted diseases (STDs) as the best way to avoid unintended pregnancies and STDs, or urge adolescents to delay intercourse. Others emphasize specific methods of contraception and how to obtain them.

(7) Sexual behaviour of young people has been a cause for concern, and the past twenty years have seen increased attention from the public health and political communities, due to rising levels of reported sexually transmitted infections, the earlier onset of puberty and continuing high levels of teenage pregnancies (pilcher, as cited in Selwyn and Powell). In the United Kingdom, young people's sexual health was formally recognized as an area of concern.
Providing children and young people with access to services and education about sexual health is now considered to be a pressing public health priority. Health professionals consider schools to be the main site for the provision of sex and relationships education for young people (Kirby as cited in Selwyn and Powell, 2006).

(8) There is evidence that sexually active teenage girls who have taken sex education courses are less likely to be pregnant. Mauldon in (Kaplan, 1998) states that students who receive school based contraceptive education are more likely to talk to their parents (Zelnik, as cited in Gorrnly & Brodzinsky, 1989).

(9) Health education for young people has the potential to reduce unwanted outcomes of coital activity. A study conducted not only show that behaviour may be modified by HIV and AIDS and sexuality education, but that changes that occur are in the desired direction. The argument that these types of education encourage promiscuity or heightens coital activity is not supported. A number of successful programmes have achieved delays in the initiation of intercourse, reduction in unwanted pregnancies, birth and abortion rates, and increased use of contraception and condoms (Grunseit & Aggleton, 1998).

(10) All successful programmes emphasize life skills, which involves helping students to set goals for their lives, to learn to say no to sex and most importantly to negotiate and communicate within relationships (Zabin, as cited in Kaplan, 1998). They also teach resistance skills, which are associated with delayed coital activity. They use engaging methods such as small group discussions, role playing and brainstorming and address the social or media influence on sexual behaviour, including the social pressure to have sex.

(11) Attitude towards sex education differs from one group to another depending on many factors like dominant perceptions, social belief systems, religious factors, family socialization and cultural set up within which learners grow up.
(Gallagher & Gallagher, 1996). It also depends on the attitude of teachers who will be responsible for the formal aspects (Nokwe, 1991) and principally parents who are a child's first point of contact and play a vital part in the informal education of the learner. This is why parental attitude on the topic of sex education is very important. Our cultures' hesitant attitude about sexuality is evident in the limitations placed on sex education in primary and secondary schools and often in its total absence from the curriculum (Baron & Byrne, 1994). There are many studies that have examined different factors related to early sexual activity (Small, Luster, & Stack, 1994), community and peer group characteristics on sexual behaviour (Billy, Brewster, & Grady, 1994) and secondary school learners' attitude towards sex education (Majova, 2002).

(12) Sex education aims to reduce risks of potentially negative outcomes from sexual behaviour, equips learners with life skills, and reduces the high level of drop out and unwanted pregnancies. It provides knowledge on how to prevent transmission of diseases such as HIV/ AIDS and other health problems (Steinberg, 1996). Historically, the task of instructing about sex has been seen as the responsibility of parents. Today, the term usually refers to classroom lessons about sex taught in schools. Sex education also aims at contributing to young people's positive experience of their sexuality by enhancing the quality of their relationships. It offers sexuality programmes aimed at providing accurate information about human sexuality for young people to develop and understand their values, attitudes and beliefs about sexuality. This, according to Forrester (2009), is a means, by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies and sexually transmitted diseases.

(13) Sarana (1972) who examined attitudes towards family planning observed that the approval of family limitation at the first child was negligible among the women irrespective of their socio-economic characteristics. And a larger proportion of the women approving family planning after the second child had
higher education and economic status and belonged to forward castes among the Hindus.

(14) This study investigates parental attitude towards sex education at the lower primary level of education in Ghana. In all 100 parents ranging from 20 to 60 years, with diverse socio-economic backgrounds consisting of 64 males and 36 females where sampled for the study. Out of this number, 63% reside in urban areas, whereas 37% reside in rural areas. The results indicate that about 58% of parents have an unfavourable attitude towards sex education in lower primary schools. Unsurprisingly, all the parents who held unfavourable attitude towards sex education said that children are too young for sex education at the lower primary school level. However, of the parents who held favourable attitude; 81% indicated that children are exposed a lot these days. 17% admitted that sex education will be helpful to the children and 2% said children ask questions about sex anyway and needed to be provided with answers. Finally, the results showed that there is no gender difference in parental attitude towards sex education, as well as no residency difference about sex education. However, there was a difference in parental attitude in connection to their educational level. The implications of the findings from this research are discussed. (Kingsley Nyarko-2014)

(15) Dutt Esther (2010) had conducted a study “To assess the knowledge and attitude of eligible women regarding family planning methods”, shows that 745 of couples had good knowledge and 59% had good attitude towards family planning methods. There is strong association between the ages, type of family of the women with the knowledge.

(16) Donati Serena et al (2010) had conducted a survey on “Knowledge, attitude and practice on family planning in Kakching”, Manipur, reported that attitude of the female towards family planning methods was positive whereas very few
husbands showed positive attitude towards family planning. 90% of females requested more information regarding family planning methods. In addition, 83% were in favour of sex education in school.

(17) Chopra Seema & Dhaliwal Lakhbir (2009) conducted a study on "Knowledge, attitude and practice of contraception in urban population of North India", reported that 55.2% subjects were aware of contraceptive methods and majority of women had favourable attitude towards family planning but awareness of long-acting new methods is still not upto the expected level.

(18) Sahin N.H. (2008) in his study "Attitude and Behavior towards male students towards FP" suggested that one-third of them had negative attitudes towards vasectomy and one-fifth of them were against the use of condoms, only 14.5% had heard about EC. He examined that they did not have enough knowledge about EC and other reversible methods. So it is concluded that education and counselling must be offered to all young age groups.

(19) Mao John (2007) in his study on "KAP on Family Planning- a study of Tezu village Manipur", conducted a study to spread the knowledge of FP methods and developing favourable attitude to adopt contraceptive methods among 263 women which revealed a good knowledge and favourable attitude towards FP. Tubectomy was more popular (60%). Awareness to spacing method was only 20% which increased 76% after educating them.

(20) Kulsoom Kazi (2006) in her study on "Knowledge, Attitude and Practice of family planning" among the women of rural Karachi, showed the result that 80% had knowledge about family planning methods and 40% were the current users of contraceptive methods. She concluded that for the success of the family planning programme, awareness is very essential especially in rural areas where though many women reported being aware of family planning but using of
contraceptive rate is still low.

(21) Boulay M. et al (2005) conducted a study on "The selection of Family Planning discussion partners in Nepal" among 285 married women, aged 15-49 years, showed that both the contraceptive use and attitude towards family planning were positively associated with the addition of a contraceptive user to one's discussion network, which suggests that women seek contraceptive users to confirm their existing beliefs and behaviour. They observed that social network formation can assist the programme to change for better utility and behaviour.

(22) Ozumba B. C. et al (2005) in their study on "Knowledge, Attitude and Practice of modern contraception" among the women in rural and urban community in 39 South-east Nigeria, reported that contraceptive awareness was much more among the urban than the rural (90.2% vs. 34.1%). Condoms followed by Oral Pills were the most popular methods. The use of contraceptive methods was 32.5% in rural and 9.7% in urban communities. They concluded that there was a need to promote information and education among the women for the acceptance towards family planning methods.

(23) Cwiak C. et al (2004) conducted a survey on "Peripartum contraceptives attitudes and practices of women towards contraception". The survey result shows that over 80% of women were using contraception prior to pregnancy but merely 20% were not satisfied with the method, whose pregnancy was unplanned (36%), over 40% of peripartum women showed a desire to change their contraceptive after delivery. The results indicate that childbirth has a profound effect on contraceptives practices and desires, especially toward long-term methods.

(24) Saxena N. C. (2003) in the review article, "Various methods of contraception shall be made accessible to all in India", pointed out that a total of 55.2% of
subjects were aware of contraceptive methods. Permanent methods were known to nearly 50% subjects but acceptance was very less, i.e. 5% only; majority of women had a favorable attitude towards family planning but knowledge of using long-acting new methods is still low, which need to be promoted. 

(25) Wasileh Petra-Nustas (2002) conducted a study "Men's attitudes towards contraceptive use" with a qualitative approach among Jordanians and explained that there was knowledge deficit and unfavourable attitude among the men related to contraceptive methods. 

(26) Bamnezai Geeta (2001) "Impact of counselling service in family planning-An assessment of counselling services in Delhi CGHS hospital", presented that about 60% of counselled couples had correct knowledge on modern contraceptives compared to 48% of non-counselled. 

(27) Kore S. et al (2009) conducted a study on "Knowledge and attitude of the women on contraceptive methods", reported that attitude of the samples were good and their level of education, number of pregnancy, having information about contraceptive method had influenced the attitude. With the above findings they suggested that education programmes and consultancy services must be planned and implemented. 

(28) Kumar R. Singh et al (1999), in their article, "Dynamics of contraceptive use in a rural community of Haryana" with the objectives to study the dynamics of contraceptive use in 3 villages of Haryana with a cross sectional study of 600 married women aged 15-44 years by using semi-structured interview schedule. More than 75% of the respondents were aware about modern contraceptives. 59% of the couples had used contraceptives. Among the 35% of users, the first contraceptive method used was sterilization is 41.3%, condom in 35.6%, IUD in 17.9% and oral pills is 5.1%. At the time of survey 236 (39.9%) were using contraceptives. Most of the current users of about 225 had opted for tubectomy and only a few (4) had accepted vasectomy. Supplies of contraceptives were
obtained mainly from Govt. hospitals and sub-health centers. Untoward effects perceived common reasons for discontinuation (37%), desire for more children (32.6%), and failure of the contraceptive method (19.0%). They suggested that counselling and follow-up services should be strengthened, so that contraceptives should be used regularly and make them more effective for longer periods.

(29) Balaiah D. et al (1999) "A1 contraceptive Knowledge, Attitude& Practice of men in rural Maharashtra" conducted a survey on 3072 married men in Thane District of Maharashtra with special emphasis on investigating the reasons for not accepting male methods. The result shows majority of them not only had no concept of family spacing, but had not even taken any initiative to improve their knowledge or acceptance of condom or vasectomy. Men who were aware of contraceptive methods had little knowledge of their correct use. Of the men, 53.7% had positive views about their role in family planning while 66.2% of men stressed the need to improve the acceptance of male methods by providing knowledge and information through sources such as radio, TV, door to door campaigning and interpersonal communications. 30% 71 emphasized the need to improve the availability and quality of services. They suggested that there is a pressing need for effective intervention strategies, both at the community and the clinic level, with efficient counselling, motivation and provision of services in rural and remote areas.

(30) Sondra G. et al (2006) in their study on, "Emergency contraception in Honduras: Knowledge, attitude and practice among urban family planning clients", reported that awareness towards emergency contraception increased after intervention also stated that the respondents developed positive attitude and concern towards emergency contraception.

in Shanghai, with the objective to create awareness and counselling to the youths, shows the result that a multifaceted intervention program that provides information and skills as well as counselling and services, appears to have positive influences on contraceptive practices and condom use among unmarried young females and males in sub-urban.

(32) Wang B. et al (2004) “Effect of a community based sex education and reproductive health service programme on contraceptive use of unmarried youths in Shanghai”, with the objective to create awareness and counselling to the youths, shows the result that a multifaceted intervention program that provides information and skills as well as counselling and services, appears to have positive influences on contraceptive practices and condom use among unmarried young females and males in sub-urban.

(33) Prem Narain Sharma (1977) had studied the case of development of tribal region in hill district of Uttar Pradesh. This study was on micro-level planning. His investigation revealed that the public opinion was growing against the continuance of polyandry, bride price, chort (divorce), early marriage, joint family system etc. People were against allowing any kind of sex freedom and they favored Vedic marriage rites. Moreover, in this society traditional values and patterns of behavior like fatalism, cultural ethnocentrism, group solidarity, public opinion, caste and class discrimination have been acting as barriers to charge.

(34) Kulwant Anand (1965) tried to study the attitudes of Punjab university women students towards marriage and family planning. The sample consisted of 262 girls of undergraduate arts and science students with the age range of 16 to 20.

As the concept of divorce is generally not acceptable in our Indian societies, 66% girls showed negative attitudes towards divorce considered divorce as disgraceful. 28% girls opined that women should seek divorce in certain serious cases disregarding to live a cat and dog’s life.
Regarding remarriage 48% girls showed it is acceptable while 78% girls favoured for widow remarriage and 24% their hostility for widow remarriage.

(35) R.E. Benjamin (1981) made an attempt to study the family planning practices among Indian couples in rural and urban areas. An analysis of family planning adoption among rural and urban marriage women belonging to the 'young' age group in all the states of India, by using the variance ratio test, gave a calculated value of 6.9 which was significantly higher than the table value of 3.88 at the 1% level. This indicates that the percentage of urban couples in the young age group who were practicing family planning is higher than their rural counterparts. From the literacy point of view, the coefficient of rank correlation between rural female and the percentage of women acceptors in the young age group was 0.69 which is again quite significant.