CHAPTER – II

REVIEW OF RELATED LITERATURE

A thorough review of the related literature is an integral part of the conduct of research, helping the researcher in the clarification of his problems and the avoidance of duplication, the formulation of insightful hypotheses, the planning of an adequate research design, and the rigorous and insightful interpretation of his findings. (Mouly, “The Science of Educational Research” 1964, p. 139)

In any field of knowledge, research operates as a continuous function of ever-closer approximation to the truth and the investigator needs up-to-date information about what is already known, what others have attempted to find out in a particular area, which methods are promising and what problem remains to be solved. Along with these purposes, survey of reference material provides an intensive orientation to the investigator into the nature of problem and is a fruitful source of hypothesis. Although it is a time consuming task, yet it is a fruitful phase of any investigation.

Sex is one of the basic drives of man but there is lot of ignorance among most of the people resulting to huge gap in scientific knowledge of its productive group. Due to AIDS, National economy and GNP and GDP will badly suffer if a deliberate attempt is not made by the planners,
administrators, professionals, political leaders and educationists to raise and cultivate a war against sex abuse with result oriented strategies to make the teenagers realize their sexual roles and understand related problems not merely as their personal emotional matters but as aspect of a more general perspective of their awakening to the reality of being in this world.

A preliminary survey of the previous studies, discussion and experiences relating to the problem under investigation also served quite a useful purpose.

A few studies have been conducted on Sex Education and various methods have been employed to study the problems of youth, the most common being the questionnaire or some modification of it. The following relevant studies have been conducted abroad and in India.

Studies Done Abroad

Dr. Dukes, a school doctor in England reveals in his study that 90 to 95% adolescents are practicing masturbation regularly and Dr. Scarcely reveals that 95% are practicing it in U.S.A.

Kinsey states that masturbation was being practiced by 92% of his interviewees. Anthony Grugni M.D made a similar research in an Italian city and found that 94% adolescents were practicing it, with maximum at 14 years of age, but if we consider the following table, we can see that
percentage of the boys practicing masturbation in India increases with the age. At 17 years 88% are accustomed to it, but only 37% are practicing it at 14 years. This fact may be because of the differences in the ways of masturbation and the different approach of the society to the sex freedom existing between Indian and Western countries which result in a less number of boys starting masturbation in an early period of life. But lateron this sociological situation is no more a barrier and at 17 years the percentage is more or less the same as in Western countries. As for sexual activities with a partner, 8 boys relate experiences of sexual intercourse with girls and 82 (17%) practice masturbation or petting girls or boys.

Table: 2.1

Masturbation according to the age

<table>
<thead>
<tr>
<th>Age</th>
<th>No. of boys</th>
<th>No. of boys who masturbate</th>
<th>% of the age groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>7</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>14</td>
<td>120</td>
<td>45</td>
<td>37</td>
</tr>
<tr>
<td>15</td>
<td>226</td>
<td>140</td>
<td>62</td>
</tr>
<tr>
<td>17</td>
<td>110</td>
<td>78</td>
<td>70</td>
</tr>
<tr>
<td>17</td>
<td>18</td>
<td>16</td>
<td>88</td>
</tr>
<tr>
<td>Total</td>
<td>481</td>
<td>280 (58%)</td>
<td></td>
</tr>
</tbody>
</table>
G. Stanley Hall (1904) made a study making use of the diaries of adolescents as the means of gathering information about their characteristics and problems relating to sex. The device was quite helpful in finding out what they have to say about their own difficulties and sex problems.

Hertzler, A.E (1904) Studied two thousand girls in California High School. They reported that the greatest source of difficulty was with regard to school life during Adolescence, due to lack of knowledge about menstruation cycle and sex education. All the girls indicated a lack of confidence to get up in class and talk, ‘boys and girls relationship’ (Hall G. Stanley “Adolescence” Vol. II, N.Y.D Appleton Century Co., 1904). About 13% of the girls reported that they failed in getting into various school activities due to their physical and biological changes and felt troubled because of this failure. Lack of parental understanding was named by every fourth girl.

Kinsey et.al (1948) studied the erotic homosexual relationship between the members of the same sex. The following statistical data was collected by Kinsey:

1. 50% of the adult male population has neither overt nor psychic experience of homosexual nature after the onset of adolescence.

2. 13% of all male react erotically to other males without having overt homosexual experiences after the onset of adolescence.
3. 37% of all males have homosexual experience to the point of orgasm after the onset of adolescence.

4. 50% of all males who remain unmarried to the age of 35 had overt homosexual experience to the point of orgasm since the onset of adolescence.

5. 18% of all the respondents reveal as much of the homosexual behaviour as the heterosexual in their histories.

6. 8% of males engage exclusively in homosexual activities for at least three years between the ages of 16 and 55.

7. 4% of males are exclusively homosexual from adolescence.

Kinsey et al concluded that homosexual relationships are far less common among women. 28% of the women contrasted with 50% of the men in his studies had made homosexual responses and of these only about a third as many had proceeded to the point of orgasm. Female homosexuals also had far fewer sexual partners and did not continue their homosexual activities over so long a time.

S.R.A. Youth Inventory (1949). It is an instrument to measure adjustment and to aid in counseling. It offers students a breakdown of possible problems in eight categories. The norms in the inventory are based on a stratified
sample of 2500 high school students of U.S.A. The stratification is made on sex, school grades, religion, Urban or Rural residence and economic level.

The findings of the nationwide investigation made by Purdue University based on this inventory showed that over 90% pupils marked problems indicated above (Examiner Manual for the S.R.A Youth Inventory Science Research Association, 1949).

The studies by Havelock Ellis, Marie Stopes and Katherina Davis (1951) about, "Are women's sexual desires greater at certain times than at others?" show that in a large number of cases there is a fairly definite rhythm of sex desire in a high percentage of women. Most women state that their erotic impulses are increased either a few days before the onset of the menstrual flow or more usually right after menstruation, although the latter rise may be partly due to the abstinence which is generally maintained during the menstrual week. Stopes reported that there is also a second rise of sexual desire at some point in the middle of the menstrual month. There are apparently individual differences in the cycle of desire, and a woman can best determine for herself her own particular rhythm.

The studies indicated by Havelock Ellis seem to indicate that there is a periodic rising and waning of sexual desires during the menstrual month.
Renmers, H.H and Taliens (1957) made a study in which 2,500 high school students were asked to write anonymous letters and essays about their most pressing problems. The latter showed that the two areas of greatest concern were family relationship (22%) and school (21%). Next in frequency came worries about the future choosing a career, the college and so on (15%). This was followed by boy-girl relationship problems (14%), due to lack of sex education, personal concern (12%), getting along with people (7%), problems of general nature (5%) and health (2%) (Renmers, H.H and Taliens, L.E, 'What Youth Worries about and why? National Parent Teacher, 52, 1957).


Hale C and Philliber SG (1978) present the subtle points of controversy in a case study in implementing sex education (Journal of School Health. 1978. pp. 586 – 91). Although surveys have documented the ignorance of American teenagers on sexual matters, and other data suggest that a substantial segment of the public favours a sex education programme in the schools, implementation has been limited. A questionnaire designed to test
the feelings of public school teachers, students and community members was undertaken in a stable, conservative town of 1000 in Ohio. Respondents were asked to indicate which of 17 sex education topics should be included in a curriculum, the appropriate grade level for each, and whether each should be required or elective. They also ranked potential types of instructors, indicated interest in adult sex education and rated desirability of student – parent and co-educational classes. The first choice for teacher type was a “sex education specialist”, followed by a physician. Slightly over ½ of teachers favoured parent - child sex education classes, but fewer than 25% of students did. Almost 2/3 of students favoured coeducational classrooms for sex education while 47.5% of teachers, about 1/3 of parents of school age children and fewer than ¼ of persons without school age children saw this as desirable. Teachers were most in favour of adult sex education (83.8%), and nearly 2/3 of all adults responded positively. A majority of all respondents favoured including all 17 topics listed in a curriculum, but modal percentages of parents and persons without school age children favoured dropping masturbation and abortion from the sex education classroom, and homosexuality and pre-marital sexual relationships also met substantial opposition. Most groups agreed that with few exceptions sex education topics were most appropriate for grades 7–9. Although an expected strong
resistence to sex education was not found, cautious administrators can find a number of reasons to avoid implementing sex education.

Yarber W.L and McCabe G. P. Jr. (1981) worked on a project "Teacher characteristics and the inclusion of sex education topics in grades 6–8 and 9–11 in Indiana, U.S.A. (Journal of School Health, 1981, pp. 288–91). The purpose of the project was to determine whether selected personal characteristics of health science teachers of school grades 6–8 and 9–11 were related to a measure of sex education teaching performance—the inclusion of topics within the instructional unit. The study population was limited to 269 health science teachers in public schools in Indiana, with 94 teaching within grades 6–8 and 175 teaching in grades 9–11. Some significant relationships were established between the teacher characteristic variables and the 60 sex education topics. None of the teacher characteristics variables were consistently related to the inclusion of the topics when considering the topics as a group, although significance was found more frequently at the 9–11 grade than at 6–8 grade level. More significant relationships were established for the variable drosophila-erotophobic (persons who associate primarily positive emotions with sexuality are considered erotophilics and individuals associating primarily negative emotions with sex are classified as erotophobics) than for any other teacher
characteristic. Erotophilic individuals more often included the birth control
topics within sex education instruction. For the teachers in grades 9–11,
those with the masters degree in health education were more likely than
those without the advanced degree to include sexual behaviour–related
topics.

A study was conducted by Silverstein CD and Buck GM (1986) on “Parental
preferences regarding sex education topics for sixth graders”, to ascertain
which sex education topics parents of preadolescents regarded as appropriate
for their children (Adolescence. 1986. pp–971–80). The sample was
comprised of 146 respondents randomly selected from a class list of sixth
graders in a suburban school district in U.S.A. A mailed, self administered
questionnaire listing 48 possible topics was used to elicit parental response.
Pretesting found the questionnaire to be highly reliable (Cronbach’s alpha =
.95). Overall, parents strongly supported the inclusion of a broad range of
sex education topics regardless of parental age, sex marital status, income,
education, or child’s sex. Moreover parents were largely in agreement with
the inclusion of sensitive topics in addition to those which were more
physiological or behavioural. Thus, the findings suggest that parents of sixth
graders find a broad sex education programme in the school appropriate. To
this end, school officials and sex educators should not overlook the needs of
preadolescents for sex education solely on the basis of perceived parental opposition.

Oladejo O and Akintayo T (1991) of Department of Preventative and Social Medicine, College of Medicine, University of Ibadan, Nigeria, conducted a study on "Secondary school teacher's viewpoint on sex education" in Ibadan, Nigeria.

The success of any sexuality education programme in the school is directly related to the expertise of teachers and their willingness to provide instructions. This study assesses the knowledge of human sexuality education among 351 secondary school teachers in Ibadan and their attitude towards inclusion of sex education in the school's curriculum. Results revealed that none of the respondents was able to define sex education adequately and 34.8% could not identify content areas of sex education for inclusion in the school's curriculum. Surprisingly, married female teachers and those aged 40 years and above were less favourably disposed to the introduction of sex education in schools. (Journal of School Health. 1991. pp 216-20).

Michael J. Reiss and Mark Halstead (1995) in their most absorbing and accessible book on "Values in Sex Education", provide an analysis of the principles, policy and practice of sex education. Utilizing unpublished
research, the authors critically examine sex education within the growing discourse on the subject (Values in Sex Education: From Principles to Practice By Michael. J. Reiss & Mark Halstead 1995. Published by Routledge (UK).

Elizabeth B. Hurlock (1997) has discussed childhood and adolescence at length in her book on Development Psychology. A survey of the literature on this subject was comprehensively made. This work is a completion of researches on different age levels, the ethical aspects of scientific research, physical attractiveness and status symbols, the personal and social adjustments of individuals of different ages including research studies covering all aspects of life especially childhood and adolescence. (“Development Psychology” A Life Span Approach by Elizabeth B. Hurlock 1997).

Lynda Measor, Carolie Tiffin, Katrina Miller (2000) in their book on Young People’s views on Sex Education say that the book aims to help people understand more about adolescent’s attitudes towards sexuality and their sexual behaviour, in order to develop policies and programmes on sex education, based on observation of sex education programmes and in-depth interviews with young people. (“Young People’s Views on Sex Education:

Darroch JE, Landry DJ, Singh S (2000) of The Alan Guttmacher Institute, New York, U.S.A. did a survey and revealed that since the late 1980’s, both the political context surrounding sexuality education and actual teaching approaches have changed considerably. However, little current national information has been available on the content of sexuality education to allow in-depth understanding of the breadth of these changes and their impact on current teaching. In 1999, a nationally representative survey collected data from 3754 teachers in grades 7–12 in the five specialities most often responsible for sexuality education. Results from those teachers and from the subset of 1767 who actually taught sexuality education are compared with the findings from a comparable national survey conducted in 1988. In 1999, 93% of all respondents reported that sexuality education was taught in their school at some point in grades 7–12, sexuality education covered a broad number of topics, including sexually transmitted diseases (STD’s), abstinence, birth control, abortion and sexual orientation. Some topics – how HIV is transmitted, STD’s, abstinence, how to resist peer pressure to have intercourse and the correct way to use a condom—were taught at lower grades in 1999 than in 1988. In 1999, 23% of secondary school sexuality
education teachers taught abstinence as the only way of preventing pregnancies and STD’s, compared with 2% who did so in 1988. Teachers surveyed in 1999 were more likely than those in 1988 to cite abstinence as the most important message they wished to convey (41% vs. 25%). In addition, steep declines occurred between 1988 and 1999, overall and across grade levels, in the percentage of teachers who supported teaching about birth control, abortion and sexual orientation, as well as in the percentage actually covering those topics. However, 39% of 1999 respondents who presented abstinence as the only option also told students that both birth control and the condom can be effective. It was finally concluded that sexuality education in secondary public schools is increasingly focused on abstinence and is less likely to present students with comprehensive teaching that includes necessary information on topics such as birth control, abortion and sexual orientation. Because of this, and inspite of some abstinence instruction that also covers birth control and condoms as effective methods of prevention, many students are not receiving accurate information on topics their teachers feel they need.


Iyoke CA, Onah HE and Onwasigwe CN (2006) of Department of Obstetrics and Gynaecology, University of Nigeria Teaching Hospital, Enugu, made a
study on “Teacher’s attitude is not an impediment to adolescent sexuality education” in Enugu Nigeria.

Studies have shown that adolescents in Nigeria have poor knowledge of reproductive health issues and that there was a need to provide them with correct broad based information on reproductive health as part of a nationally approved school curriculum. However, the non application of the curriculum on sexuality education in many secondary schools in Nigeria has been blamed on a negative attitude of teachers. This study was undertaken to determine the attitude of secondary school teachers in Enugu, Nigeria to adolescent sexuality education and to determine whether this depends on their socio-demographic characteristics. A cross-sectional study of the attitude of teachers to adolescent sexuality education was done. A total of 249 teachers were studied. Their mean age was 38.7 years +/- 8.08 SD. Two hundred and ten teachers (84%) were females. Two hundred and twenty four teachers (90%) were married and 168 (67.5%) were of Roman Catholic faith. The awareness of reproductive health activities was high. There was a high proportion of respondents who approved of sexuality education for adolescents (77.5%) and an equally high proportion who believed that it was important (89%). 198 (79%) of the respondents were willing to teach sexuality education. The attitude to sexuality education was independent of
religion, sex or marital status (p>0.05). It was concluded that secondary
school teachers in Enugu urban were willing to offer sexuality education to
adolescents under their care irrespective of their religion, sex or marital
status. It was, therefore, recommended that teachers in Enugu be given the
necessary special training in the teaching of sexuality education and that
sexuality education be officially incorporated into the school curriculum in
Enugu, preferably as part of moral studies. (African Journal of Reproductive

Studies Done in India

Vatsayana (1946) in his Kamasutra gives information about the duties of
man–man should practice Dharma (virtue or religious merit), Artha (worldly
wealth) of and Kama (pleasure or sensual gratification) in such a manner that
they be harmonized. “Kamasutra” Vatsayana. “He indeed is without
sacrifice who has got no life”. “All the material form are born from risk, all
the movement is from Yaju and all the brightness is from sama”.

Taittiny Brahamana Upanishad “The unalterable laws of the cosmos are an
expression of God’s divine energy. God is ever watchful to maintain, His
creation. It is eternal law that keeps all things within their limits so that
harmony and rhythm and order are always maintained and chaos eliminated.
Brihadaranyaka Upanishad. (Kamasutra of Vatsayana, Medical Book Company, Calcutta, 1946).

Anant Nanda (1951) studied the school problems of adolescents as they see them. A questionnaire was administered to 400 adolescents – 200 class VIII and 200 from class XI in four different schools in Delhi. Two were boys schools and two were girls schools. The findings of the investigator are mentioned below.

Table: 2.2

The fifteen most serious problems as rated by class VIII and XI.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Rank/Class XI</th>
<th>Class VIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Over inquisitive in sex matters</td>
<td>Over inquisitive in sex matters</td>
</tr>
<tr>
<td>2.</td>
<td>Sensitive</td>
<td>Afraid of failure in examination</td>
</tr>
<tr>
<td>3.</td>
<td>Afraid of failure in examination</td>
<td>Feeling Shy</td>
</tr>
<tr>
<td>4.</td>
<td>Afraid of making mistakes</td>
<td>Finding studies too easy</td>
</tr>
<tr>
<td>5.</td>
<td>Feeling shy</td>
<td>Unsocial</td>
</tr>
<tr>
<td>6.</td>
<td>Getting low position</td>
<td>Fearful</td>
</tr>
<tr>
<td>7.</td>
<td>Too much home work</td>
<td>Afraid of making mistakes</td>
</tr>
<tr>
<td>8.</td>
<td>Worrying</td>
<td>-do-</td>
</tr>
<tr>
<td>9.</td>
<td>Forgetfulness</td>
<td>Too much home work</td>
</tr>
</tbody>
</table>
A comparative study of the ranking of adolescents in class XI and VIII shows a high degree of correlation of 77. The problem of sex, nervous and withdrawing problems are regarded as most serious by both the groups. (Nanda Anant, “An investigation into school problems as adolescents see them. M.Ed Dissertation, C.I.E, 1950-51). Chakravarty Amla (1957) in preparing a problem checklist for high school girls of Delhi, regarding sex and other problems, made a study of 400 students of girls schools of Delhi. She gave an essay to these girls to describe their personal problems. The classification of problems is as under; (Chakravarti Amla, “A problem checklist for high school girls of Delhi”. M.Ed Dissertation, CIE Delhi, 1957-58.)

a. problems of health and physical development

b. finances and living conditions
c. school relation and recreational activities

d. personality problems

e. sex and marriage problems

f. home and family

g. morals and religion

h. adjustment to school

i. the future educational and vocational studies

j. curriculum teaching, teacher and school.

Mallick Jagdish (1961) carried out an investigation on 300 boys to study the problems of adolescent boys in Delhi schools. The sample was stratified on socio-economic level and was selected from six schools. By means of problems-check-list the investigator discovered the main problems of the group. Family being the first point around which the problems clustered. Future educational and vocational areas were second most important areas checked and third and fourth were sex and studies. (Mallick Jagdish, “A study of problems of adolescent boys”, Unpublished M.Ed Dissertation, CIE, Delhi, 1961).

A similar survey was conducted in 3 high schools and one junior college in the city of Hyderabad in the year 1977 involving 481 male students whose

The questionnaire was issued at the end of a sex education course held in the schools and the answers were given anonymously by the students. 338 students were Hindus, 64 Christians and 14 belonged to other major groups.

Table : 2.3

Results of the questionnaire

<table>
<thead>
<tr>
<th>Source of information</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass media (pictures, magazines, books etc.)</td>
<td>281</td>
<td>45</td>
</tr>
<tr>
<td>Friends</td>
<td>202</td>
<td>42</td>
</tr>
<tr>
<td>No information</td>
<td>37</td>
<td>8</td>
</tr>
<tr>
<td>Parents</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Teachers</td>
<td>10</td>
<td>2</td>
</tr>
</tbody>
</table>

From these figures we can realize that the teenagers got the major part of their information on sex from outside the family and the school. No wonder that a teenager is searching for confidence among friends or that he is anxious to read books or magazines or see pictures for the information he does not have.
Evaluation of the Sex Education Course

467 boys judged the sex education course useful to them. (Motivation: More knowledge about sexuality and clarification of doubts. This education is useful for the future life. Better possibilities of recognizing what is wrong and what is right).

3 judged it not very useful. (Motivation: Because we already know many things about sex).

Personal Dialogue with an Elder

-- 335 boys (70%) are willing to have a personal dialogue on their problems or feel they need help from elders (but not from the parents).

--146 (30%) prefer to manage alone or think they do not have special problems.

These results showed that most of the students judged the sex education programme useful and helpful.

Also, very significant is the fact that 70% of the students are ready and willing to have a personal relationship for help and advice with an educator whom they trust, even though many said that they did not feel at ease with their parents. This testifies how difficult it is for parents to win over the confidence of their sons at this age, if a frank dialogue has not yet been opened.
The survey also revealed that 58% of these students were practicing masturbation regularly. This percentage seems inferior to that found in western countries at the same age levels.

60% of the 131 boys who consider masturbation harmful are however practicing it. These boys, convinced they are doing something harmful for themselves, are probably in a situation of inner conflict that is certainly not helpful to face their problems and acquire confidence in themselves. Many students even after attending a sex education course in which it has been taught that no physical harm comes from masturbation, believe it to be harmful. Obviously, it must be the result of a very deep persuasion, rooted in ignorance and superstition about sex, largely prevalent in society.

Rai, Lakhpat (1977) made study of the various problems of students in colleges of Delhi in relation to their sex, socio-economic background, educational streams and school achievement. The sample included 522 students randomly selected and results of the study highlights more problems in vocational fields. There is no marked difference in problems faced by students in relation to sex, socio-economic background and school achievement. 69% of the students dislike restriction on friendship with the members of opposite sex.
Adolescents are in need of discovering themselves and making a proper use of their qualities and urges. They have to be guided in understanding the meaning of the emotions and uncertainties, characteristics of their age, avoiding attitudes of inferiority, guilt or fear in the presence of adults and also of self-sufficiency and pride of course, generalizations are always open to question. (Rai, Lakhpat, ‘A study of the various problems of students in colleges of Delhi in relation to their sex, socio-economic background, educational streams and scholastic achievement’. M. Ed. Dissertation, C.I.E)

Vaswani NY and Kapoor I (1977) in their report on a study of 412 school teachers in the Mumbai area of India, say that 82 of the teachers were tested initially and found to have unclear ideas about the meaning of “population control”. As a result, the definition of the term adopted by UNESCO in 1970 was incorporated into the questionnaire and translated into Hindi/Marathi and Gujarati. The first 82 teachers were considered as a pretest group, and the remaining teachers were given a 3 – part questionnaire. This included identification data, questions on their opinions and reactions towards teaching population education, and their own views on age of marriage and family size. Tables breakdown the results in several ways. The main conclusions are that a majority of the teachers responding were still unclear about the meaning of population education, and felt that they were

Singh V.P & Kumar Prashant in their study have said that the Government of India had laid down the National Health Policy (duly passed by the Government in 1983). It also declared that the provision of comprehensive primary health care services is a national commitment to achieving the goal of health for all by AD 2000. The National Health Policy is considered as an important milestone in the history of medical education and health care in post – Independent India. (Singh V.P & Kumar Prashant, National Health Policy, Encyclopaedia of Indian Education, p. 1073.’)

Ramachandran Padma, in her study on Women’s Education has given a reference that the Hansa Mehta Committee (1961-62) besides other things, advised that at the secondary stage there should be diversified curricula to meet the aptitudes and capacities of all adolescents which could provide for the special needs of girls and also that sex education should be compulsory at middle and secondary stages. (Ramachandran Padma, Women’s Education, Encyclopaedia of Indian Education, p.1846).

Johann Jacob Meyer (1989) in his book on “The Sexual Life in Ancient India” introduces a woman in different roles. This is an authoritative
presentation of the literary data concerning the status of women in India two thousand years ago (Routledge U.K).

A study by Mehta Prem (1992) on ‘Teachers attitude towards sex education’, conducted on school principals clearly suggests that adequate marital relation, sexual union, both physical and emotional, sharing of joys and sorrows, understanding of potential difficulties, sexual behaviour and structure and function of male and female genital organs could be understood only if intelligently, scientifically planned sex education programmes are organized at the school by well qualified and intelligent teachers and principals of varying age groups. It will help in bringing sexual harmony among the members of both the sexes. (“Attitude of teachers towards sex education”. M.Ed. Thesis. Annamalai University. 1992)

A study conducted by Goparaju (1992) in Hyderabad revealed that average age of interaction in sexual activity was 17–18 years (55%). One in five of these sexual contacts occurred with females aged 15 years or lower while 20% occurred with considerably older women and remaining with adolescents of their own age.

The majority of the partners were neighbours (45%) followed by friends (30%), relatives (15%) and fiancés (10%). Nobody admitted visiting a sex worker, although almost half of the first contacts were with the married women (45%).
Table 2.4

Pre-marital sex relation

<table>
<thead>
<tr>
<th>Actual wording</th>
<th>Percentage which disapproves</th>
<th>Survey/Author</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Disapprove even if</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In love</td>
<td>66</td>
<td>87</td>
</tr>
<tr>
<td>Disapprove even if</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaged</td>
<td>71</td>
<td>92</td>
</tr>
<tr>
<td>Disapprove in all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circumstances</td>
<td>38</td>
<td>63</td>
</tr>
<tr>
<td>Disapprove in all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circumstances</td>
<td>72</td>
<td>87</td>
</tr>
<tr>
<td>Disapprove in all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circumstances</td>
<td>n.a</td>
<td>50</td>
</tr>
</tbody>
</table>

If this study is analysed, there is an emergent need of education of sex and AIDS related issues with students in the age group of 15–18 as during this period they are not so grown up that they can independently plan their life.
and career. They can do this only under the patronage of their teachers and parents and if facts and consequences of the pre-marital sex relation are discussed in an organized manner by the professionals and committed people, it is evident that we can make them lead a responsible life with better interpersonal relationships with the members of the other sex.

Saturday Times 23rd Oct, 1993 quotes collegians, “These guys talk about every girl as if they have been to bed with him” and comments, “one more contradiction – Is the sex life of the young adolescent largely in his mind? Or is there a grain of truth in what he claims?” The confusion is evident and proves that the forces of culture and tradition continue to pull hand at the sexual behaviour of youth.

Several organizations, institutions and well known magazines conducted surveys from time to time to identify the confusion and suggestions for various aspects related to scio-psycho issues of human sexuality and sex behaviour which has become one of the leading factor for increase in the STD's, AIDS and sex violence. The following table will give some food for the mind to think and identify where we stand, what we require and how to meet the challenge with full potential and strength.
Table 2.5

A girl must be a virgin before marriage

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virgin</td>
<td>51.7</td>
<td>52.2</td>
</tr>
<tr>
<td>No reply</td>
<td>11.9 (63%)</td>
<td>25.1 (76.3%)</td>
</tr>
<tr>
<td>Not necessary</td>
<td>36.4</td>
<td>26.4</td>
</tr>
</tbody>
</table>

Table 2.6

Girls must be virgin at marriage

<table>
<thead>
<tr>
<th>Survey</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIA TODAY</td>
<td>55%</td>
<td>61%</td>
</tr>
<tr>
<td>Illustrated Weekly</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>FPAI – SCERT</td>
<td>48%</td>
<td>58%</td>
</tr>
<tr>
<td>FPAI – SCERT</td>
<td>38%</td>
<td>63%</td>
</tr>
</tbody>
</table>

If we glance at the above tables, it is evident that the approach of both males and females towards virginity of girls declines in males and increases in females after 1990 which may be due to the fact that females have become more aware about STD’s and AIDS and also about their biological system.
Kumar A, Mehra M, Singh S, Badhan SK, Gulati N (1995) conducted a study on “Teacher's awareness and opinion about AIDS: Implications for school based AIDS education” in which two hundred thirteen teachers of one secondary and four primary schools of East Delhi were interviewed to assess their knowledge and attitudes about AIDS and their opinions regarding school based AIDS education. Observations revealed that majority of the teachers were aware of various aspects of HIV/AIDS. However, they also had some misconceptions regarding transmission of the disease. Though, most of the teachers opined that they could play an important role in educating the students as well as the community regarding AIDS/STD's, three fourths of them had never discussed AIDS/STD's with their students. Majority of teachers were in favour of starting classroom based education on AIDS/STD's, beginning from secondary classes onwards, and more than half opined that class teacher could educate the students better than the doctors or parents. The results suggest that after being properly trained, teachers can be effectively utilized for educating the students. (Journal of Communicable Diseases. 1995. pp – 101–6).

A study conducted by Dharampal (1996) on the parents and youths reveals that teacher training institutes should organize programmes on physiological and psychological topics and prepare them to lead a responsible role towards the members of other sex saving their boys and girls.
It also reveals that pupil teachers need complete knowledge about sex related matters in a scientific manner through the use of technology like films and literature during their course of study. It further reveals that educational system should develop soft-ware and study material to give proper guidance to the teacher trainees and teenagers.

Bhasin SK and Agarwal OP (1999) of Department of Preventive and Social Medicine, University College of Medical Sciences, Shahadara, Delhi, have done a study on,"Knowledge and Attitude of school teachers regarding sex education in National Capital Territory of Delhi. This cross-sectional study was conducted to find out the knowledge and attitudes of school teachers regarding sex education. Information was collected from 476 senior secondary school teachers belonging both to the Govt. and public schools, selected randomly in NCT of Delhi using pre-tested close ended questionnaires. A majority of school teachers (73%) were in favour of imparting sex education to school children. Regarding contents of sex education, 90% agreed to the inclusion of reproductive anatomy, physiology including menstruation and birth control measures like condoms and oral pills. However, a majority of school teachers did not want sex education to include topics like abortion, pre-marital sex and masturbation etc. Fourteen years of age was considered to be the most appropriate for imparting sex
education by 28.6% of school teachers. School teachers and doctors were considered by 69.4% and 63.6% of the respondents respectively to be the most appropriate persons for providing sex education.


Thakur HG and Kumar P (2000) New Civil Hospital Surat conducted a study on “Impact assessment of school based sex education programme amongst adolescents”. This was a cross-sectional, interview based study to assess the impact of sex education on the students and the feasibility of such a programme. Study sample consisted of 189 students from two secondary schools of Surat city. Impact was assessed by “before and after” administration of questionnaires. Statistical analysis was done by Z tests for difference of means and proportions. Sex education influenced the need perception and the knowledge of the students. After the training, the preferred mean age to start sex education in the two sexes converged to be 15-16 years. Doctors remained the first choice to impart the sex education, followed by school teachers. Knowledge about the STD’s and the method (s) of prevention improved significantly (more in boys). Optimum days for
conception became known to more students after the training and the gain was more in girls. Increased awareness about the contraceptives (condoms) use was evident in boys and oral pills and condoms in girls. Myths associated with masturbation were also removed. (Indian Journal of Pediatrics. 2000. pp – 551 – 8).

V.K. Rao (2001) has written a book on sex education. It is a work on principles that sex is good and healthy activity. Young people should be well informed about sex. (SEX EDUCATION - V.K. Rao. 2001).


Vatsayanas Kamasutra (2003) is an indepth study on sex and sexuality. Sex and Sexual union is extensively discussed in this book. It also says that sex was not considered to be a tabooed subject in ancient India and that according to the accepted norms of the society in those days, even the girls of higher castes were expected to receive education of sex, family living,
aesthetics and decoration etc. (Vatsayanas Kamasutra - Translated by Richard Burton and F.F. Arbuthnot, 2003).

Dr. I.S. Suri (2003) in his study has discussed the comfortability of teachers teaching sex education on five parameters identified by him. (“Comfortability of Teachers Teaching Sex Education”. Project funded by UNESCO, 2003)

Rajini, R. Shipur (2003) has done a work on the subject of reproduction and education for sexual health in which it is conveyed that adolescents need to be educated on the subject. (Reproductive and Sexual Health Education for Adolescents – Rajini, R. Shipur, 2003)

A research study (2004) on ‘Need Assessment of Adolescents in Bageshwar District’, State Resource Centre (Adult Education), Uttarakhal, India, concludes that there is a need to equip adolescents with life skills for making informed choices, responsible parenthood and negotiation. The study also called to focus on the health, education, employment and protection of human rights of adolescents. Reproductive health, in particular, was identified as a special concern area for adolescents. About a third of the adolescents (aged 10–19) in the district were not even aware about the different life stages, particularly adolescence. Some learned about the changes experienced during adolescence primarily from friends, books and
families. In their current life stage, almost all faced emotional uncertainties such as loneliness, lack of affection, lack of confidence and stress. More than half of the adolescents were unaware of reproductive rights and responsibilities. Three out of four felt left out in decision making within the family. Contrary to the actual situation in the villages, nearly all were supportive of a small family size. Despite high awareness levels of HIV/AIDS, a majority of respondents were ignorant about the mode of HIV infection (Adolescence Education Newsletter, UNESCO, Vol.7, Dec.2004).

Dr. A. K. Merchant (2004) in his paper has expressed that as for the global HIV/AIDS crisis, Baha’is believe that there is an urgent need for a worldwide campaign of moral education, also known as character education, values education and ethics education, of children. Moral education, according to the Baha’is, is the acquisition of virtues such as uprightness, truthfulness, trustworthiness, kindliness, chastity, respect, courtesy, obedience, perseverance and pursuit of excellence etc. Moral education will give children the moral force necessary to make moral decisions and act upon them. (Dr. A. K. Merchant, Vice Chairman, National Spiritual Assembly of the Baha’is of India—“A Baha viewpoint on HIV/AIDS & other social ills with focus on care and support”. International Inter-Faith Conference on Prevention and Control of HIV/AIDS, 1-2 Dec.2004, Amity campus, Noida, India).
TIMES OF INDIA, Delhi, dt. 12th Dec. 2004, reports, "Decline in AIDS cases among sex workers". Enthused by the "success" of its Target Intervention Projects or TIPS with city's (Delhi) commercial sex workers (CSW), Delhi State AIDS Control Society (DSACS) will send peer educators from GB Road's over 5000 CSW's for "exposure visits" to model states in India.

DSACS's latest survey indicates a sharp decline in the number of HIV cases amongst CSW's as opposed to the previous year. According to DSACS, Joint Director, Piyush Jain, the idea is to further train educators in peer education and expose them to the TIP of other states. Venues for the exposure visits have yet not been fixed by DSACS. However, Jain told HT, that states like Chennai and Hyderabad, where NACO's TIPS have been successful, are being considered. (Reported by Shweta Austin)

TIMES OF INDIA, dt. 15th Dec. 2004: "AGE OF INNOCENCE?-OVER IN GRADE VIII". Forget the sex on MMS controversy. Forget sex surveys too. Times Of India brings the real truth on teenage sex in Delhi straight from the teenagers themselves. It reports that children say that sex begins as early as class VIII, experiments begin in class VI, smooching, petting leads to a 'no limits' affair, it happens due to peer pressure, to be heroic, gutsy, a non loser, happens in corridors, washrooms, cars, multiplexes and they also say that teenagers do not discuss sex with teachers and parents.
(Reported by Jyoti Sharma and Allen O’ Brien).

TIMES OF INDIA, dt, 28th Jan.2005: “92% students say yes to sex education”. Vidyasagar Institute of Mental Health (VIMHANS) conducted a sex survey amongst 1200 school students in 2004. The students surveyed were in the age groups of 15-18 years and most of them were from public schools. A good 72% of them feel the complete lack of age appropriate communication with parents and teachers alike. 65% of them felt that the issue should be addressed by the experts, mainly through interactive workshops. However, 78% of them also feel that it is advisable to delay sex till marriage or adulthood. Psychiatrists say that besides the role of teachers and parents, students also feel the need for a scientific aspect to the entire issue which may be imparted through a gynecologist, a pediatrician or even the school doctor. Counselors have a crucial role to play, but again, counselors are a feature only at public schools. Only 8-10% of these have counselors. As a result of which, in more than half the cases (52%), these students said that when they are disturbed about sexual health matters, they prefer to seek assurance from their friends. Some school principals feel that every school teacher should be trained to do justice to the subject of sex education. (Reported by Vividha Koul/TNN from N.Delhi).
TIMES OF INDIA, Delhi, dt. 26th Feb. 2005 reports, "Sexual Health Education. For Juniors Too". The National Progressive School's Conference (NPSC), a body of over 100 unaided public schools in Delhi, has said that the schools will set up mental health and life skills resource centers to help students learn stress management and deal with sexual health issues. Students will be given information on sexual health and related issues from junior classes onwards. The information on dealing with sexual and reproductive health is called for in these times to prevent misinformation among students. Even in junior classes, children will be acquainted with information on measures to recognize and prevent physical abuse. There will be separate modules for junior, middle and high school. Teachers will also be trained for this and parents and students will be taken into confidence about the proposed measures. (Reported by Sridhar Kumaraswami).

Parwej S, Kumar R, Walia I, Agarwal AK (2005) conducted a study and the objective of this study was to measure the effectiveness of a reproductive health education package in improving the knowledge of adolescent girls aged 15–19 years in Chandigarh (India). A reproductive health education package, developed in consultation with parents, teachers and adolescents, was delivered to randomly sampled classes of two senior secondary schools and one school was selected as control. In one school, a nurse conducted 15
sessions for 94 students in three batches using conventional education approach. In another school she conducted sessions for a selected group of 20 adolescents who later disseminated the messages to their 84 classmates (peer education). Using a 70 item structured questionnaire, the knowledge of 95 adolescents from conventional, 84 from peer, and 94 from control school were assessed before and one month after the last session. Change in the score in intervention and control groups was tested by ANOVA taking age and socio-economic status as covariates. Teachers, parents and students overwhelmingly (88%, 95.5% and 93% respectively) favoured reproductive health education programme. Five percent of the respondents reported that someone in their class is having sexual relations, and 13% of the girls approved of pre-marital sexual relations. Reproductive health knowledge scores improved significantly after intervention in conventional education (27.28) and peer education group (20.77) in comparison to the controls (3.64). Post test scores were not significantly different between peer education group and conventional education group (43.65 and 40.52 respectively) though the time consumed in delivering the peer education intervention was almost one third of the time taken to implement conventional education. It was concluded that peer education and conventional education strategies were effective in improving the
reproductive health knowledge of adolescent girls but peer strategy was less
pp-287-91).

S.R.Sharma (2005) in his book on social psychology has at length discussed
Philosophical and Sociological approach to the understanding of confronting

TIMES OF INDIA, Delhi, dt. 21st June, 2006, reports, “Treat 9 yr olds as
adolescents, CBSE tells schools”. Nine year olds should not be treated as
kids. They are actually adolescents and are gradually becoming sexually
active. Schools affiliated to the Central Board of Secondary Education
(CBSE) have been told. Under the aegis of the Union HRD Ministry, CBSE
has decided to lower the adolescent age to 9 years from conventional 13
years. Accordingly, the Board has started a nationwide awareness
programme involving principals and teachers. A whole range of problems,
from why the adolescent age has come down due to hormonal changes and
how this even results in the diet going awry and how teachers have to handle
adolescents are being discussed by Board officials with city teachers at
Kolkata, who have gathered at the Birla High School. The manual for this
has been prepared by Delhi’s Vidyasagar Institute of Mental Health and
Neuro Sciences. Kids are losing their childhood fast and adolescence is setting in as early as nine years when the child is barely in class V. This is because of the extreme stress, both educational and familial, that children are being subjected to. Every traditional notion about adolescent education has been changed in the manual. It no longer harps only on sex education. Among other things, it concentrates on substance abuse, and does not stop at liquor and drugs but also pornographic CD’s, Internet, multimedia and MMS. Teachers are also being told that there is a link between adolescence and fast food consumption and how this can permanently damage the maturing reproductive organs. The psychological changes are triggered off by hormones and this increases craving for food like potato chips, colas, burgers. Apart from gastrointestinal damage, fast food irreparably damages reproductive organs and teachers need to keep an eye on every adolescent student’s diet. (Reported by Jhilmil Pandey /TNN from Kolkata).

Yadav Saroj Bala in her study reports that Sweden was one of the first countries to offer sex education in the school in 1921. Yugoslavia and Poland offer sex education at primary schools. In the United States, where the school system is decentralised, the provision of sex education varied from one local area to another, although in general, it was more common in high schools. Some states of the United States prohibit sex education
altogether. In East and South Asia, there was a strong opposition to school-based sex education programme except Phillipines, Japan and Taiwan. Similar Government reluctance to sex education was in Bangladesh, Malaysia, Thailand and India. In recent times, there has been a concerted advocacy to formulate an Adolescent Policy in India to bring adolescents to the centre stage of development planning. The Ministry of Youth Affairs has been identified as the nadal Ministry for adolescent specific programmes. The policies in a broader sense give direction and courses of action, much depends on the effective implementation of these policies at various levels of implementation. Teacher is the most important element in the effective implementation of adolescent education which not only includes sex education but also topics on helping the adolescents understand process of growing up, implications of HIV/AIDS, causes and consequences of drug abuse and develop in them needed skills for rational and responsible behaviour towards sex and drugs. In order to attain the best classroom environment, the teacher needs training so as to be skilled in the interactive process and comfortable with the content of the area (Yadav Saroj Bala: Adolescence Education—Programmes & Policies, Encyclopaedia of Indian Education, p. 12, 14, 18).
Ram Haris and Roger Lamb say that "sex" was simply treated as an independent variable in many Socio-Psychological studies, because variations in social behaviour depend to some extent upon the sex or gender of subjects which research has emphasized.

It is a comprehensive work on sex education in India, based upon sociological, psychological and philosophical implications, even education about problem of AIDS. (Ram Haris and Roger Lamb-The Encyclopedic Dictionary of Psychology and Social Psychology).

Overview

If we review the above studies, it is evident that no sincere effort has been made at the level of home, school or state to plan a course which could provide knowledge and understanding to the adolescents and teens at school or college level and in-building them with sound sexual health for their future marital life with the foundation of strong socio-cultural, emotional, physical and spiritual relationships. The advancement of technology has put more confusion in their mind and multiplied the myths and misconceptions in their minds due to negligence on the issues which are purely concerned to their own growth and harmony. Sex which was restricted to the pillow talks and confined to the bedrooms has now been brought from the bedrooms to the drawing rooms through the media and even young ones have an open
access to it through internet and through multimedia. How damaging, knowledgeable or purposeful is this, a multimillion dollar question which has neither been answered by the parents, teachers, educationists, scientists nor by leadership. Even one of the study reveals that only 3% of the respondents acquired knowledge and understanding on the issues related to sex education through their school and teachers and another study reveals that only 7% of the respondents acquired knowledge and understanding on the issues through their parents. Thus, under these circumstances, the need is to investigate the issues in the larger perspectives so as to suggest some intervention in the existing B.Ed curriculum and inclusion of a course on sex education so as to build the capacity of the teachers for transacting issues concerning to sex education in a meaningful and purposeful manner.