INTRODUCTION

Around the world, young people are becoming sexually mature and active at an earlier age and at the same time they are getting married at later age (Alford S, et al. 2008). Young people, thereby, are extending the period of time from sexual debut until marriage. During this period, many young people faced with conflicting and confusing messages about sexuality. This is often exacerbated by embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents and teachers, at the very time when it is most needed (Downing, Jones, Bates, Sumnall and Bellis, 2011).

On the other hand, few young people receive adequate preparation for their sexual lives. This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs), including HIV/AIDS (Downing, Jones, Bates, Sumnall and Bellis, 2011). It is therefore essential to recognise the need and entitlement of all young people to sexuality education.

Effective sexuality education can provide young people with age appropriate, culturally relevant and scientifically accurate information. It includes structured opportunities for young people to explore their attitudes and values and to practise the skills they will need to be able to make informed decisions about their sexual lives. School settings provide an important opportunity to reach large numbers of young people with sexuality education.
before they become sexually active, as well as offering an appropriate structure (formal curriculum) within which to do so.

Dramatic changes have seen in the past four decades in understanding of human sexuality and sexual behaviour (WHO, 2002). The global HIV epidemic has played a vital part in bringing about this change, because it was rapidly understood that, in order to address HIV people needed to acquire a better understanding of gender and sexuality.

**Sexuality**: All over the world, the word sexuality is shrouded with secrecy and shame. Culture, morals and tradition are cited as reasons for the deafening silence. As an intimate part of the everyday life of most people, sexuality is still relegated to a shadowy realm – it is never talked about directly but only referred to indirectly. It is regarded as part of the private sphere and though much of what people do assumes the presence of an underlying sexuality, rarely does the average person articulate it (Karen P. Phillips, and Andrea Martinez, 2010).

Sexuality is not just an issue of sexual behaviour, it includes social and gender roles and identity, relationships and the personal, social and cultural meanings that each of these might have. However, sexuality is often reduced to sexual behaviour. The study of sexual behaviour is important itself, but is incomplete if divorced from the personal, social and cultural context in which it occurs (Shajahan et al., 2015). Views about sexuality are specific to a particular place, time and group of people. They keep changing, as do also the factors that govern the regulation of sexuality.
Moreover, sexuality has affirmative aspects that are not discussed as much as its negative aspects. The approach to sexuality is most often from the perspective of disease, violence, discrimination and exploitation. While these are worthy approaches in themselves, they do not sufficiently address all aspects of sexuality. Sexuality is also a site of comfort, discovery, exploration, joy, fun, tenderness, pleasure and many other positive feelings. It has the potential to transform and liberate. Sexuality of course does not operate in isolation. It intersects with gender, class, religion, economics, the law, culture and many other variables and is implicated in broader structures of power (Affirming and Sexuality, Report of a Regional Consultation on Sexuality in South and Southeast Asia, Thailand, 2007).

In recent times, academics and activists in the gender and human rights fields have begun to incorporate sexuality issues into their work. Researchers, advocates, counsellors and health service providers have also begun to consider sexual well-being as an important determinant of human welfare. Given the fact that sexuality is linked with a variety of other issues and there has not been enough study done on sexuality as an issue in and of itself, there are varied understandings on what it means to work on sexuality, in diverse cultural contexts and frameworks.

There are ideas on sexuality that have not yet become a part of the mainstream dialogue, such as the idea that people have the right to seek sexual pleasure, or even that sexual rights are human rights. Because there are a diverse number of cultural contexts, issues, and perspectives, attempting to find more clarity and incorporate a more comprehensive understanding of how
sexuality is viewed from different perspectives may help us to develop concrete ways of incorporating sexuality into rights-based work (Report of a Regional Consultation on Sexuality in South and Southeast Asia, 2004).

**Sexuality Education within legal frameworks:** Sexuality education is recognised as a basic human right with the UN Treaty Bodies system, Special procedures of the UN Human Rights Council and within international development frameworks, including the 1994 Programme of Action of the International Conference on Population and Development (UN, Fact Sheet, http://undesadspd.org/Youth.aspx).

Document evidences shows that there has been a strong international commitment to promoting the provision of comprehensive sexuality education among young people. These include the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, the Committee on the Elimination of Discrimination against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities. The international agreements over the past decades such as the International Conference on Population and Development in 1994, the Fourth World Conference on Women in 1995 and the World Summit on Children in 2002 have extended the scope of the Convention on the Rights of the Child (CRC), by affirming the right of all children and adolescents to receive sexual and reproductive health (SRH) information, education and services in accordance with their specific needs (UN, Fact Sheet, http://undesadspd.org/Youth.aspx).
Furthermore, United Nations treaty monitoring bodies have recommended that SRH education should be a mandatory component of learning. CEDAW calls on Member States to provide compulsory sexual education in a systematic manner throughout all educational institutions. Similarly the Committee on the Rights of the Child has recommended that member states include sexual education in the official programmes of primary and secondary education (UNESCO, Fact Sheet, 2009).

United Nations Convention on the Rights of the Child (CRC, 1989) obliges state parties to protect the best interests of children (Article 3), to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parents, legal guardians or any other person in whose care they are (Article 19) and to undertake to protect children from all forms of sexual exploitation and sexual abuse (Article 34). The CRC was ratified by India in 1992.

The United Nations International Conference on Population and Development (1994) is obliged to provide free and compulsory comprehensive sexuality education for adolescents and young people as part of commitments made under the ICPD agenda. According to the United Nations Human Rights Council report by not providing sex education, this violates the human rights of adolescents and young people as recognized under international law.

Many International NGOs such as International Planned Parenthood Federation (IPPF), Family Planning Association of India (FPAI) and World
Association for Sexual Health (WAS) emphasized Sexuality education is perceived as a basic human right that falls under the broader title reproductive rights.

In 2014, WAS Declaration of Sexual Rights was revised and it emphasizes the need of the right to education and the right to comprehensive sexuality education. Comprehensive sexuality education must be age appropriate, scientifically accurate, culturally competent, and grounded in human rights, gender equality and a positive approach to sexuality and pleasure, on the basis that sex education impacts general health, adaptation to the environment, quality of life and helps to live optimally by choice (Kumar and Kumar, 2011).

These policy commitments have also been highlighted in various regional and high-level documents, including the 2005 Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa and the 2008 Latin American Ministerial Declaration articulating a commitment by all countries in that region to provide sexuality education, including the Conference on Population and Development (CPD) Resolution on Adolescents and Youth.

One of the exciting new developments in recent years has been the increasing discourse about sexuality in the framing and claiming of human rights. The rhetoric of human rights is both liberatory and regulatory. Claims have been made for the universal right of people to not be discriminated against based on their sexual preferences and gender identity or expression (Affirming and Sexuality, 2007). These strong international commitments exist, mainly from human rights, health and youth empowerment perspectives, to promote comprehensive sexuality education.
In India, consequent attempts to bring in policies and programmes to promote adolescents and young people’s SRHR include the Reproductive and Child Health Policy – RCH 2 (2005–2010) the National AIDS Control Policy (1996–2006) and the National Youth Policy of 2003 and 2014. Another important programme was the Adolescent Education Programme (AEP) introduced in 2006. This was the closest equivalent to CSE programme in India that deals with providing sexuality education for school going children.

The latest National Youth Policy (NYP) 2014 of India aims “to empower the youth of the country to achieve their full potential and through them enable India to find its rightful place in the community of nations” (Ministry of Youth Affairs and Sports, 2014). There are five key objectives listed in the policy of which two strongly focus on gender and SRH issues. The recently introduced National Adolescent Reproductive Health programme, 2014 (Rashtriya Kishor Swasthya Karyakram – RKSK) also envisages that all adolescents in India will be able to realise their full potential by making informed and responsible decisions related to their health and well-being (MoHFW, 2014). RKSK highlights the importance of holistic development of adolescents and stresses the need for a health promotion approach through a peer education model for different grades in schools and for families and communities. In addition to SRHR issues, its coverage extends to mental health, nutrition, substance misuse, gender-based violence and non-communicable disease prevention education. Despite having a number of such policies and programmes for young people, their sexual and reproductive health needs and issues have not been adequately addressed in the country.
**Young people’s sexual and reproductive health:** The sexual development of a person is a process that comprises physical, psychological, emotional, social and cultural dimensions. It is also inextricably linked to the development of one’s gender identity and it unfolds within specific socio-economic and cultural contexts. The transmission of cultural values from one generation to the next forms a critical part of socialisation; it includes values related to gender and sexuality. In many communities, young people are exposed to several sources of information and values (from parents, teachers, media and peers). These often present them with alternative or even conflicting values about gender and sexuality. Furthermore, parents are often reluctant to engage in discussion of sexual matters with children because of cultural norms, their own ignorance or discomfort (UNESCO, 2009).

Sexual and reproductive ill-health is among the most important contributors to the burden of disease among young people. Ensuring the sexual and reproductive health of young people makes social and economic sense: HIV infection, other STIs, (unsafe) abortion and unintended pregnancy all place substantial burdens on families and communities and upon scarce government resources and yet such burdens are preventable and reducible (Haslegrave and Olatunbosun, 2003).

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 (Tripathi, and Sekher, 2013). 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 (Jejeebhoy, 1998; Santhya and Jejeebhoy, 2003). Importantly, adolescents and youth comprise 31 percent of AIDS burden in India (UNFPA, 2011). 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.

Further, promoting young people’s sexual and reproductive health, including the provision of sexuality education in schools, is thus a key strategy towards achieving the Sustainable Development Goals (SDGs), especially SDG 3 (ensure healthy lives and promote well-being for all at all ages) and SDG 5 (achieve gender equality and empower all women and girls).

**Overview of Sexual Education:** Many young people in the world receive a range of conflicting and confusing messages about sexuality and gender. As
they grow up, young people face important decisions about relationships, sexuality and sexual behavior. The decisions they make have impact their health and well-being for the rest of their lives. It believe that a thorough and high quality curriculum-based sexuality education programme can help all children and young people navigate these messages and develop positive norms about themselves, about relationships and about their health as well as responsible citizenship.

Moreover, the young people have the right to lead healthy lives and society has the responsibility to prepare youth by providing them with comprehensive sexual health education that gives them the tools they need to make healthy decisions. Comprehensive sexual health education does more. It provides young people with honest, age-appropriate information and skills necessary to help them take personal responsibility for their health and overall well being (Advocates for Youth, 2014).

In addition, comprehensive sex education is the provision of information about bodily development, sex, sexuality and relationships, along with skills-building to help young people communicate about and make informed decisions regarding sex and their sexual health. Sex education should occur throughout a student’s grade levels, with information appropriate to students’ development and cultural background (Advocates for Youth, 2014).

It should include information about puberty and reproduction, abstinence, contraception and condoms, relationships, sexual violence prevention, body image, gender identity and sexual orientation. It should be taught by trained
teachers. Sex education should be informed by evidence of what works best to prevent unintended pregnancy and sexually transmitted infections, but it also respect young people’s right to complete and honest information. Sex education should treat sexual development as a normal, natural part of human development (Advocates for Youth, 2014).

According to WHO (2006), Sex education is a broad program that aims to build a strong foundation for lifelong sexual health by acquiring information and attitudes, beliefs and values about one’s identity, relationships, and intimacy. Sexual health is considered to be a state of physical, emotional, mental, and social well-being in relation to sexuality and not merely the absence of disease or infirmity.

UNESCO identifies the primary goal of sexuality education as that “children and young people become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV” (UNESCO, 2009). Further, UNESCO has noted that sexuality education can be delivered through a range of programming modalities, including: family life education (FLE), population education, sex and relationships education, SRH education and life skills education, or through dedicated sexuality education programmes (UNESCO, 2009).

The International Planned Parenthood Federation (IPPF) defines a rights-based approach to CSE as “to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships” (IPPF, 2011).
In 2011, WHO define Family Life Education (FLE) is to teach the roles and responsibilities of males and females toward each other in all relationships in familial and social contexts, thus endowing the knowledge necessary to maintain sexual health as they navigate through the vulnerabilities of life (WHO, 2011).

SIECUS, Guidelines emphasized that the sexual health education is an essential component of students’ physical, social and emotional development. Further it is documented that sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about such important topics as identity, relationships and intimacy” (SIECUS, Guidelines, 2004). The overall goal of sexual health education is to provide young people with the knowledge and skills to promote their health and well-being as they mature into sexually healthy adults (SIECUS, Guidelines, 2004).

All the definitions view ‘sexuality’ within the context of emotional and social development, recognizing that the provision of information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values (SIECUS, Guidelines, 2004).

The existence of strong stigma and controversy handicaps any existing adolescent health programs, with them being incomprehensive and failing to fully address the main health issues adolescents are vulnerable to several negative sexual and reproductive health outcomes (WHO, 2010), such as early and closely spaced pregnancy, unsafe abortions, sexually transmitted infection
(STI), HIV/AIDS, and sexual violence, the rates of which are already increasing at a disturbing rate (WHO, 2010).

Need of Sexual Education: The present demographic statistics emphasized the importance of delivery of sex education (Khubchandani, Clark and Kumar, 2014). It shows that almost one in every fifth person on the globe is an adolescent. They comprise 18 percent of world's population in 2009, with 88 percent living in developing countries (UNICEF, 2011). While looking to India more specifically, it has the largest adolescent population (243 million) in the world followed by China (207 million), USA (44 million), Indonesia and Pakistan (41 million each). Interestingly, more than 50 percent of these 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 socio-economic 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 (Tripathi and Sekher, 2013).

Datta and Majumder (2015) found that young people are highly likely to experiment and engage in the types of risky behaviors that have the potential to influence the quality of health and probability of survival in both short- and long-term over their lifetime. Therefore, meeting the needs of such a vulnerable group and overcoming existing shortcomings in the delivery of tailored primary preventative measures would significantly improve the survival and general
health conditions, nutritional status, and sexual and reproductive health of the future Indian adult population. This encompasses issues such as early pregnancy, unsafe abortions, STIs including HIV, and sexual abuse and violence.

It is strongly believed that the comprehensive sexuality education is the cornerstone of improving the SRH of young people. In order to make healthy, responsible decisions, young people need accurate information about puberty, reproduction, relationships, sexuality, the consequences of unsafe sex, and how to avoid HIV, STIs and unintended pregnancy. They also need the skills and confidence to be able to deal with peer pressure and negotiate safe and consensual relationships (UNESCO, 2000).

Many research studies have identified highly effective sex education and HIV prevention programs that affect multiple behaviors and/or achieve positive health impacts. Behavioral outcomes have included delaying the initiation of sex as well as reducing the frequency of sex, the number of new partners and the incidence of unprotected sex, and/or increasing the use of condoms and contraception among sexually active participants (Kirby, 2001; Kirby D et al., 2005; Alford, 2003).

In addition, comprehensive sexual health education helps reduce the rates of STIs and unintended pregnancy among young people by providing complete and accurate information to help young people make responsible, informed decisions about sex and healthy relationships. Santelli et al., (2009) found that effective sex education programs have positive outcomes among young people.
such as delaying the initiation of sex, decreasing the number of sexual partners, and increasing the use of contraception and condoms.

According to Centers for Disease Control and Prevention students with higher grades are less likely to engage in health-risk behaviors than their classmates with lower grades, and students who do not engage in health-risk behaviors receive higher grades than their classmates who do engage in health-risk behaviors (CDC, 2010). Basch (2010) also found that students who participate in health programs with proven-effective curricula increase their health knowledge and decrease risky behaviors related to the program.

Comprehensive Sexuality Education (CSE) programmes that address these components have been demonstrated to have a positive impact not only on knowledge and attitudes, but also contribute to safer sexual practices (such as delaying sexual debut, reducing the number of partners, and increasing condom and contraceptive use) and can also reduce the negative consequences of unsafe sex (Kirby, 2011). Importantly, there is no evidence that sexuality education programmes lead to early sexual debut or increased sexual activity. Such programmes also provide an opportunity to develop values and build life skills important not only for SRH but other aspects of adolescent development. It can also address sexual and gender norms to help foster positive relationships and address harmful socio-cultural factors. Gender norms and gender-based power disparity within relationships is a crucial determinant of young people’s SRH, and there is some evidence that CSE programmes that are gender-transformative (that is, challenge gender norms and promote gender equitable relationships) may be more effective (Haberland, 2015).
**Sex Education in India:** 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’ (Gentleman, 2007; Sengupta, 2009). They contended that it may lead to promiscuity, experimentation and irresponsible sexual behaviour (Vishnoi and Thacker, 2009). 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 (Motihar, 2008).

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. 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 (EPW Editorial, 2007).

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 (Motihar, 2008). 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.

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 (WHO, 2003). 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 (Anandhi, 2007).

Preventing access to pornographic movies or erratic contents on television shows is not prudent, because people are living in a complex world leading complicated lives but adding a single chapter to the school curriculum is relatively simple and practical (Yashwantha, 2010). 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. Internet is the greatest culprit which makes pornography easily accessible in recent times. 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.

Traditional cultural norms, most particularly those which relate to the family as the primary unit of social organization and those that treat gender as a core dimension of behavioral standards and practices in India, are pivotal to understanding intergenerational patterns of communication about sexuality.
Parents have an important role as health educators and are also an important influence on young people’s attitudes and behaviours. However, the traditional cultural norms preclude parents from discussing sex-related issues directly with their children because they are considered to be too sensitive, embarrassing, and personal (Huebner and Howell, 2003; Downing, Jones, Bates, Sumnall and Bellis, 2011).

Many studies (Kaljee, Green, Lerdooon, et al. 2011; Hu, Wong, Prema, et al. 2012; Meechamnan, Fonkaew, Chotibang and McGrath, 2013) documented that the parents are an uncommon source of SRH information for young people, with parents’ own lack of knowledge, discomfort and socio-cultural taboos among the reasons given for little parent-adolescent communication. However, many young people report that they would like to be able to discuss SRH issues with their parents (Zhang, Li, Shah, Baldwin and Stanton, 2007; Guilamo-Ramos, Soletti, Burnette, Sharma, Leavitt and McCarthy, 2012).

In addition, traditional gender norms remain dominant, particularly in rural India, where power differentials between the genders significantly influence sex communication (Guilamo-Ramos, Soletti, Burnette, Sharma, Leavitt and McCarthy, 2012). Communication about sex is usually culturally unacceptable and when it does occur, is usually vague and almost entirely restricted to mother-daughter and father-son dyads. However, despite sex communication being relatively ‘taboo’, recent evidence suggests that Indian parents are increasingly concerned about their adolescent children being at risk of unwanted pregnancy, contracting HIV/STIs, and are in fact interested in talking about sexual topics, albeit in a nuanced way.
Under this scenario this study Sexuality and Sexual Education: A perception and attitude study among Parents in Tamil Nadu made an attempt with the following specific objectives

to study socio-cultural, economic and demographic conditions of study population
to assess the parents’ religious commitment
to explore parent’s perception towards gender and sexuality
to investigate parent’s attitude towards sexuality
to examine parents’ attitude about their children’s permissible sexual behaviour
to examine parent’s understanding about sexuality education programme
to study parent’s attitude towards sexuality education programme
to study parent’s opinion towards themes of sexuality education curriculum
to assess the influence of parents’ background condition on awareness and attitude towards sexuality issues and sexuality education programme
to investigate the influence of parents’ religiosity on their awareness and attitudes towards sexuality education and its course content