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Best avenues questioned! : Seeing sex education from the lens of parents and teachers

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Abstract

Sex education is an important part of human development that includes biological, psychological, and social components that can help with identity, well-being, enjoyment, affectivity, relationships, and reproduction. It should go beyond simply delivering material in a biology course to involve the development of skills, attitudes, and behaviors, as well as critical reflection on personal relationships and sexuality experiences. Its undeniable that for a child, parents and teachers are the most trusted avenues of information. Can same be said in case of sex education? Are they equipped? A quantitative descriptive research was conducted in the town of Ghaziabad, a Delhi NCR region of India, interviewing 90 significant adults, including 30 fathers, 30 mothers, and 30 teachers, with the following objectives in mind. i) To appraise perceptions of parents and teachers on the relevance and content of sex education to children. ii) To assess the roles of parents and teachers in content delivery and modalities of sex education and iii) To suggest an intervention model for capacity building of parents and teachers to deal with sex education for children. The outcomes of the study imply that the greatest sex education avenues, namely parents and teachers, are less supportive of comprehensive

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sex education. Because they do not feel qualified to confront numerous sex and sexuality issues, abstinence-only material appears doable and simple. An intervention strategy that trains parents and teachers to talk about sex and sexuality issues is critical, or else we risk losing children to inadequate, and incorrect sources of sex education.

Key Words: sex education, perception of parents and teachers

Introduction

While the world was under the influence of COVID, another breaking news for India was the story of a virtual all boys group of Delhi named 'Bois locker room'. In the month of May 2020, Delhi police busted a group on Instagram involved in circulating objectionable images of minor girls. The group was made to share offensive photographs of underage girls, morphing them, using harsh language and talking about 'gang-raping girls'. Further a study in North India found that 47% of their unmarried respondents had their sexual debut between the age of 16-20years, with 68% of them reporting non-usage of any protection (Agarwal, Brar, Kumar, Rajoa, and Chahal, 2021.) According to NFHS-4, (2015-16) of Indian women and men aged 25 to 49 years, 11% of women and 1% of men had their first sexual encounter before the age of 15, while 39% of women and 7% of men had their first sexual encounter before the age of 18. 0.04% of women aged 15-17 years and 0.04% of males aged 15-19 years are HIV positive, which is considerable. These facts are just sneak peek into about the sexual wellbeing among the adolescents. The reality of adolescents dealing with issues of sex and sexuality is much bigger.

Sexuality is a vital aspect of human development with biological, psychological, and social components, which may facilitate identity, well-being, pleasure, affectivity, relationships, and reproduction (Ahmadi, 2010). Sexuality refers to the human potential of consciousness and specific forms of behavior that are likely to change at different stages of life (Jerves, Lopez, Castro, Ortiz, Palacios, Rober & Enzlin, 2014). Such a broad-based understanding of sexuality implies that a broad perspective is also needed for sex education. In particular, sex education should go far beyond providing information within

a biology or social science course and should include the nurturing of skills, attitudes, and behaviours, as well as critical reflection on personal experiences in relationships and sexuality (Jerves et al., 2014). Since talking about sex is taboo in Indian society, adolescents cannot freely approach their parents for guidance. Those who seek advice from parents are rather dissatisfied since the latter avoid dialogue or cannot provide suitable replies. A few of them try to gather information through books, films, or from friends, but a majority do not have access to such information. Often, adolescent receives wrong information, and these myths and misconceptions are carried throughout their lifetime. Therefore, adolescents need to be provided with information to enable them to cope better with these changes. A thorough sex education can assist today's generation in living a secure existence.

Sex education in schools and at home is a difficult subject for adults since it requires a wide range of cognitive and affective abilities. Sex and relationship education (SRE) is described by Walker (2004) as a continuous learning process about sex, sexuality, relationships, emotions, sexual health. It entails gathering knowledge, developing abilities, and adopting positive beliefs, values, and attitudes. As a result, the fundamental elements of sex education are identified as information, social skills, attitudes, and values to assist promote self awareness, self worth, a sense of moral responsibility, and the abilities to deal with unwanted sexual experience This concept places a strong focus on the subject's lifelong character, which requires both adults and children to be open to learning. According to Thomas (1995), it is exceedingly difficult to get solid information on sex, and even if it is available, it is insufficient. He goes on to add that the problem is less about the subject and more about where, when, and by whom sex education should be taught to minors.

Abstinence-only versus Comprehensive sex education

The two pre-eminent positions in sex education, Abstinence-Only (AO) education and Comprehensive Sexuality Education (CSE), dominates the curricular landscape of sex education (Lesko & Nancy 2010; Starkman, Naomi & Rajani 2002). The AO promotes abstinence from sex and works on the assumption that many young people are not or will not become sexually

active until marriage (Goodson, Patricia, Suther, Pruitt, Wilson, 2003). AO programmes are about restricting students' access to sexuality and contraceptive knowledge, usually ignore fundamental information on sexual health linked to puberty and reproduction, and provide little or no information on pregnancy and prevention from various diseases (Starkman, Naomi & Rajani 2002). CSE supporters, on the other hand, recognize that many young people are or will become sexually active and, as a result, emphasize the importance of teaching about sexually transmitted infections (STIs) and disease prevention, including condom and contraceptive usage (Kirby & Douglas, 2008). As a result, young individuals are more prepared for their sexual debut, be it at any time in their life. CSE takes pride in providing current, scientifically correct information and the freedom to discuss and act on sexuality (Pigg & Stacy, 2005).

Abstinence may be defined in terms of conduct, such as “postponing sex,” or “never had vaginal sex,” or abstaining from further sexual intercourse if sexually experienced, i.e., having sexual intercourse in the past (Santelli, 2006). Abstinence is typically characterized in moral terms in government regulations and local programmes, using language such as “chaste” or “virgin,” and defining abstinence as an attitude or a commitment. Santelli has quoted Goodson (2003), “In one study on ‘abstinence - only’ programme all groups, including directors, professors, and youngsters, characterised abstinence in moral terms, such as “making a commitment” and “being responsible,” as well as in more behavioral terms, such as not engaging in sexual intercourse (2006, p.73)”. Abstinence is widely seen as an essential and appropriate component of sex education. Controversy occurs when teenagers are given abstinence as their only option and health information on alternative options is suppressed or distorted (Santelli, 2006). Past researches support the relative efficacy of CSE programmes, but there is insufficient data to support AO programmes as helpful in persuading youths to delay getting involved in sex until marriage and, as a result, avoid pregnancy and STD infection (Stanger-Hall, Kathrin & Hall 2011). In reality, comprehensive sex education has been shown to lower rates of teen pregnancy and STD infection by emphasizing the benefits of abstinence while simultaneously educating about contraception and disease prevention strategies (Starkman, Naomi & Rajani 2002).

A comparative study was conducted by Kohler, Manhart, and Lafferty (2008) with 1719 adolescents aged 15-19 years on the sexual health risks of adolescents who received Abstinence-Only and Comprehensive Sex Education to those adolescents who received no formal sex education. The study concluded that adolescents who received Comprehensive Sex Education were significantly less likely to report teen pregnancy than those who received no formal sex education, whereas there was no significant effect of Abstinence - Only education. Abstinence-only education did not affect the risk of participating in vaginal intercourse, whereas comprehensive sex education had a modestly decreased likelihood of reporting having engaged in vaginal intercourse.

In France, Australia, the Netherlands, and the United States the average age of first intercourse is approximately the same. The countries (France, Australia, and the Netherlands) with practical and positive government policies on sex, when compared to the United States, which follows sexual abstinence-based policy, show better sexual health related statistics (Weaver, Smith & Kippax, 2005). The study further explains that liberal policies do not necessarily promote sexual activity but instead provide youngsters with the skills that enable sexual health-sustaining behaviors. Emphasizing sexual abstinence among young people risks directly or indirectly spreading the concept that sexual health problems are reducible to sexual activity rather than a problem of ill-informed and unsafe sexual engagement (Weaver, Smith & Kippax, 2005).

“In the context of young people and sex, the most effective way of achieving HIV risk reduction is through the provision of sex education in schools that speaks to the “real world.”

In which young people live rather than to an “ideal world” in which some people would like to see them live” (Piot, Bartos, Ghys, Walker & Schwartzlander, 2001, p.172). Piot et al. (2001) posit that sex education would lead to delay in first sex, reduce multiple sexual partners and even increase the usage of condoms and contraception. Kurby (2001), while evaluating, found that comprehensive education programs had proven to be successful in delaying

the first sexual intercourse and increasing the usage of contraceptives, unlike in the case of the Abstinence - Only education program.

Parents/Teachers and sex education

Over the last several decades, the social and political context of sex education has shifted considerably, with parents increasingly encouraged to collaborate with specialists. Involving parents in their child's sex education is significant and can influence their child's future sexual health (Walker, 2004). The study by Jerves et al. (2014) revealed that parents held a restricted view of sex education, grounded in traditional religious ideas about sexuality, which led parents to understand it as a morally and physically dangerous activity. Though there is a need to educate teenagers about sex education, parents are opposed to such programmes out of worry that sex education may lead to sexual experimentation (Mahajan & Sharma, 2005). Although parents are willing to provide their children with high-quality sex education, many claim a lack of personal resources (Kakavoulis & Alexandros. 2001). Ito et al. (2006) conducted a study with 1306 parents in North Carolina and found that the parental view on sex education does not match with the policymakers. The statistics of the study portrayed that 91% of parents support sex education, among which 89% support comprehensive education. Unlike what is assumed, parents' level of education and support for comprehensive education was inversely related, according to the study (the differences were small in size). Similar results could be seen in the study by Eisenberg, Bernat, Bearinger, and Resnick (2008). They have observed that the great majority of parents endorsed both abstinence and contraceptive education (comprehensive sexuality education 89.3%) and Parental support was strong across all demographic groups. Even those considered controversial, all particular sex education subjects showed majority approval (63.4% - 98.6%). Most topics, according to parents, should be taught initially in middle school. When compared to Abstinence-Only education, parents thought CSE was somewhat more successful. Mahajan and Sharma (2005) tried studying the attitude of rural and urban parents in the state of Jammu, India and tried comparing them. They revealed that the majority (89%) of the rural parents of these adolescent girls do not

feel it necessary to impart sex education to their children; of the rural parents, 75% believed that not much information should be imparted and only a negligible percent, i.e. 3% of them were in favour of imparting full knowledge to their children. In fact, they were not providing them knowledge in this regard, whereas almost all the urban parents were in favour of providing the same.

Thomas (1995) explains the difficulty of integrating sex education into the modern curriculum as trying to integrate some primitive machinery into a technically sophisticated plant. This is so because the issue had been neglected for so long. Indian parents and teachers feel uncomfortable teaching on this issue. But Balding, 1999 & Sex Education Forum, 1999 explain that children and young people express a need to talk to their parents about sexual matters, which is one intriguing element of the debate on 'who is the most appropriate source of sex education' (Walker, 2004). As for in-depth information on sexuality issues, adolescents (in Uganda) rely on peers (boys and girls) or sisters (mainly girls), but at the same time, they feel the reliability of the information is problematic (Rijsdijk, et al., 2013). Even pornography is a source of information for many boys in Uganda (Rijsdijk et al., 2013). The study conducted by Ito et al.(2006) finds that 90% of the respondents reported that parents and public health professionals should be involved in determining the contents of sex education and not the politicians. When Ecuadorian parents were asked about current efforts to address the topic of sexuality with their children, their responses fell into two categories: on the one hand, they expressed a desire and willingness to provide sex education at home, but on the other hand, they mentioned several significant barriers to doing so (Jerves et al., 2014). Parents indicated that their main limitation was their lack of knowledge. In addition, parents mentioned that their children had received so much information already and, consequently, they refused to talk about the topic anymore, which gave parents the feeling that 'they already know everything!'. In many cases, Parents have views about their children's sexual education that revolve around the necessity of trust, open conversations, and honesty. However, problems and issues connected to parental and child gender, child age, particular child conditions, and inadequate parental knowledge and communication abilities prohibited them from living up to these objectives (Noorman, Daas & de.Wit, 2022).

Broaching the issue of sexuality was a polarized problem for parents based on their gender. Numerous UK studies continue to confirm that mothers are the main providers of sex (Allen, 1987). Mahajan and Sharma (2005) found the opposite result in their study in India in its state of Jammu, where mothers were reluctant to speak to their daughters as they felt embarrassed and avoided the term 'sex' in their daily life relationships. The father's role seemed to be restricted to that of an authority figure, warning children about risky situations, preventing the transgression of rules, and giving reprimands or punishments in the case of transgression. Fathers seem to have less involvement in cases where they hand over responsibility to the school or a female in the household (Walker, 2001). Even though some parents consider the father the best person to talk to their sons, they also recognized that fathers do not generally talk or communicate about this topic with them (Jerves et al., 2014).

Moreover, and quite strikingly, communication between father and daughter in the area of sexuality was thought to be disrespectful and an intrusion into a daughter's privacy. Although a few fathers share this role, the biological sex of the parents and their own experience of sex education clearly influence the sex education they provide (Walker, 2001). Women are still regarded as the major caregivers and hence the main health educators in the home. Fathers seem to have less involvement in cases where they abdicate responsibility either to the school or to a female in the household (Walker, 2001). Better support offered by professionals for parents in talking to their children about sex can contribute, along with other health and educational strategies, to the national sexual health strategy (Walker, 2004). There is a huge agreement regarding the benefits of providing sex education within schools. Yet there is debate over its precise effectiveness. We know that teachers, like some parents (Mahajan & Sharma, 2005), are not fully prepared and lack the confidence to teach sex education. Recent studies have found that parents are more satisfied with school provisions when they know the timing and content of a school's SRE programme (Walker, 2001). Furthermore, successful approaches adopted in Scandinavian countries have been to effectively combine informal and formal provisions (Walker, 2004).

Schools are typically considered important environments for educating young people about sexual and reproductive health. UNESCO, 2009 tells that in the global south, they potentially provide the opportunity to reach large numbers of young people due to increasing levels of school enrolment, but also serve as an environment in which information can be discussed by teachers, who are 'trusted sources of knowledge and skills in all education systems and also have the responsibility alongside parents (Iyer & Aggleton, 2013). According to Health Education Board for Scotland (2001), teachers in the Netherlands are given classes on 'sex education' during their pre-service teachers' training program (Weaver, Smith & Kippax, 2005). In Uganda, teachers' enthusiasm to spread the message emphasizing abstinence, often due to their religious convictions, means that they are not providing students with accurate and comprehensive Sexual and Reproductive Health (SRH) information (Iyer & Aggleton, 2013). Despite their best intentions, the teachers who took part in this study appear to be serving as a means to perpetuate socio-cultural values that limit students' access to accurate SRH information and services, placing their SRH at risk (Iyer & Aggleton, 2013). Most teachers seemed to associate teaching about sex with increased sexual experimentation (Dennis, Francis & Renee, 2013). They go on to say that during one process review of teacher training for an HIV prevention programme, they discovered that teachers were concerned about safe sex courses, which some believed went against their personal values. One teacher skipped the condom demonstration because his religious beliefs prohibited him from teaching about condoms. Some were concerned that by stating there is a safe method to have sex, they would lose the respect of pupils, who would regard them as advocating sexual behaviour among children. Teachers also felt that 14-year-olds should not engage in sexual activity and that lessons about safe sex would increase promiscuity.

However, the argument has shifted from who is accountable to recognizing parents as partners with health and education experts. The UK's first national sexual health policy, for example, aims to improve and develop greater ties between health providers, families, and schools (Walker, 2004). The relative

balance of obligations between schools and the family has long been the subject of debate and, in many cases, conflict. In recent years, far more emphasis has been placed on school-based sex and relationship education than intra-familial communication on sex and sexuality (Ingham, 2014). Those who oppose formalising or say to provided only in schools advocate that parents provide knowledge on the issue that corresponds to their life style and ethical viewpoint (Thomas, 1995; Ingham, 2014).

Research Methodology

A quantitative descriptive study was carried out interviewing 90 significant adults, i.e., 30 fathers, 30 mothers, and 30 teachers in the town of Ghaziabad, a Delhi NCR region of India, with the following objective. i) To appraise perceptions of parents and teachers on the relevance and content of sex education to children. ii) To assess the roles of parents and teachers in content delivery and modalities of sex education and iii) To suggest an intervention model for capacity building of parents and teachers to deal with sex education for children.

Findings and Discussion

Perception and Relevance of Sex Education

“Har din ka newspaper hi uttalo (daily news paper tells a lot)”, “aaj kal ka generation hi ais hai (the generation is such)”. In the study, all parents believed that sexual concerns existed, and 29 of 30 instructors concurred with the parents. 88.33% of parents and 17 of 30 instructors said their children/students were vulnerable. When asked about their experiences with sex education, there was no statistically significant difference between those who received (51.11%) and those who did not get (47.78%) any type of information. Peers, the media, and others were the most common sources of knowledge, with only a few exceptions being parents or instructors. Unlike popular assumption, 90% of total respondents agreed to the same, and the proportion remained almost the same when the respondents (parents and teachers) were investigated separately. A thorough investigation was made to understand what parents

and teachers consider and desire to be sex education. 30 out of 90 respondents said sex education was necessary for adhering to societal standards, clarifying myths/reality, and ensuring sexual safety. The content of sex education was explained as puberty/health/hygiene (90% of respondents), the idea of sex/myths/realities (68.9% of the respondents), sexual safety (52.22% of the respondents), and societal norms/abstinence (44.44%), respectively. 4.44% of respondents said 'dealing with the pressure of engaging in sex' and 'precautions/contraception' as themes to be covered under sex education. 96.67% of the total respondents believed that children should be trained on how to handle relationship issues, and issues of attraction. The highest agreement among parents and teachers was noticed in three themes i.e. 'abstinence', 'sexual safety', and 'attaining puberty', which was agreed upon by an almost equal number of respondents from parents and teachers' side. 91.11% of respondents in total were univocal in considering 'abstinence', 'sexual safety', and 'attaining puberty' as themes of 'sex education'. A good number, i.e., more than half, agreed to the themes like 'reproduction', 'dealing with pressure of involving in sex', and 'transmission and prevention from STDs/ HIV'. The least number agreed for educating children on 'contraception methods and its usage'. The trend shows that respondents were more in favour of Abstinence-only sex education than comprehensive sex education.

Effective Informer

It was one of the aims to gauge the perception of parents and teachers on the effective information provider. The majority of the respondents i.e., 39% think that parents are an effective agent, whereas 35% think sex education will be more effective if both parents and teachers become part of the process. When various sex education themes were introduced, parents were judged to be more suitable and effective educators by the majority, although teachers were perceived to be more suitable for scientific and comprehensive themes. Both parents and teachers, though agreed that they are the most effective sources but also realized that the usual source of information is either peer or media, backed up by 51.7%. Of the total, 57.78 % of the total respondents shared that they do not talk to children on matters of sex and sexuality.

Insignificant percentage of parents and teachers were able to elaborate the content. Among those who interacted with children on various themes of sex and sexuality, the content spoken upon were:

1. Respecting the opposite sex/maintaining social norms
2. Attraction/ personality development/emotional changes
3. Sexual abuse/harassment
4. Developmental changes/puberty

The majority never spoke and had no reason for not communicating, which clearly states that they are not sensitized enough to feel the need. Findings show that 20 out of 42 who could lay down the reasons said they never felt the need, and the rest felt there was either no proper knowledge or proper environment or felt inhibited.

While inquiring about their preparedness for the various themes of sex education, more parents than teachers expressed confidence, as 19% of parents felt completely confident, whereas no teacher felt completely confident. The majority, 46.7% (35% parents and 70% (21 out 30 teachers), believed to be confident but at the same time thought would need guidance or training. The almost same percentage of parents and teachers said that they feel shy and not prepared i.e., 33.3% and 30% respectively. Majority felt confident but felt the need for proper guidance; there were many who felt not at all confident. They needed proper training in the form of workshops from the experts. Many also believed that books and media could also be good source of information. Parents and teachers also believed that elders and friends of theirs also can be an approachable source of learning with doubt regarding sex and sexuality.

Theoretical Implications

The present study brings forth the view of parents and teachers on sex education. Sex education is a socio-cultural and political issue, and the perception of the individuals is important. The study brings into the open that unlike believed parents and teachers are in favor of sex education. Though from a general view it is considered to be framed separate for boys and girls but a

closer view into different themes explain the felt need to teach both the gender issues related to both. Thus unveiling the secrecy maintained. It might be the cultural impact that more support is given to themes of abstinence and sexual safety than to contraception. Therefore, greater support is towards the Abstinence-only approach. The role of parents and teachers in sex education could be well understood by the findings. Parents are believed to be efficient educators in terms of themes of abstinence, relationship and safety, whereas themes more comprehensive support from teachers is demanded. The topic needs scientific explanations, and more pedagogical support is demanded. The study discovered that the knowledge of the content of sex education and its content expanded for many individuals when different themes were introduced. Thus, there were shifts in the answers even noticed. It can be ascertained that lack of knowledge even is a cause of the attitude that people have towards sex and sexuality education. There prevails an inhibition and taboo attached to the word 'SEX'. "Sex word hi kyu dena hai, growth kaho, yaa development kaho." responded a parent who wants sex education should be there but without the word. The study exposed that even respondents had an experience of secrecy maintained by their elders in their childhood, which is being followed. The need is realized but due to the conditioning, the spirit feels weak to contribute. There are many parents who participated in the study whose children are above the appropriate age mentioned but had failed to talk on the issue. Thus, these perceptions help the professionals in the field both to handle the topic with care being sensitive and even to involve parents and teachers in the process of imparting it among children.

Suggestions and Intervention Plan

To achieve the objective of prevention National Aids Control Program explains any strategy has to be woven with effective communication. The efficiency that can be achieved between parents and children, as well as in school, is second to none. Formalizing it is a need of the hour. Even the Education policy of India 2019 has failed to give due weightage to sex education, whereas an alarming rise in sexual offenses against and among children screams out for the need for sex education. A structure has to be built which influences

the thought of many at various levels of policy making and the community. As myths are spread in the public and it is the source of information, it has to be transformed into a reliable and complete resource. The researcher, through the study, had come up with an intervention plan which suggests that both formal and informal ways of communication have to be brought to ensure the complete and right information reaches children. It was realized in order to make communication on sex and related issues effective public participation, as well as empowerment, is needed. This will ensure children receive right based information and are empowered to take care of their social, physical, mental, emotional, and sexual well being. Following are the suggestions that had been developed during the course of the research, acknowledging the literature as well the participants of the study –

1. Children need both formal and informal ways of communicating, which would make it more effective.
2. Many respondents (Parents and teachers) demanded proper training and workshop as they feel limited in their own capacity to understand and deal with the issues of sex and sexuality.
3. Policy level changes are needed to formalize, and awareness building is needed to bring it into the informal chain of communication.
4. To make it formal, it should be taken in the schools by trained teachers, which would need “sex education’ to be involved in the teachers’ training program.
5. Teachers brought forth the challenge of sex education becoming an extra addition to their work load if treated as an extra subject. Whereas some strategies in the pedagogy should be developed to bring in the concepts of sex and sexuality in already existing subjects instead of treating it as an extra subject that is not seriously taken care of.
6. Timely research in the field has to be carried out to gather feedback, pros, and cons and thus to leave the scope of change when needed.

Effective communication intervention model

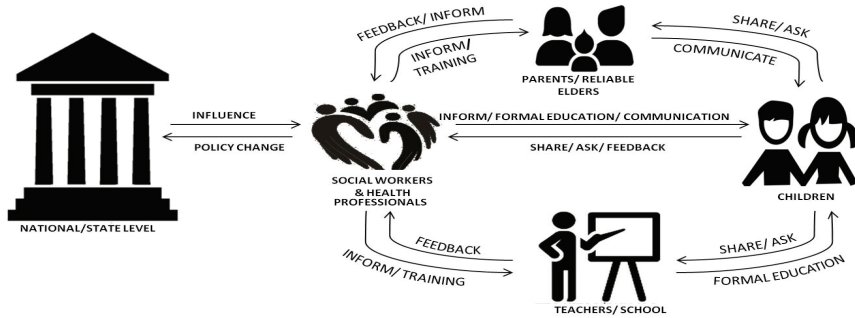


Fig 1: *Effective communication intervention model*

Drawing from the IAP2's spectrum, it is important that the public is **Informed** the need, the correct content, **Consulted** with to develop on the plan, **Involved** in planning, **Collaborated** with for effective implementation and thus **Empowered** to take care of their own well being (IAP2 International Federation, 2014). Keeping in mind these the above given plan chart has been created.

Process:- It's an endless cyclic process. Sex and sexuality are both taboo topics and political issues. Making it inclusive of formal education need national and state cooperation. A social worker must first educate the general population, then gather information and deliver it to policymakers. A well-planned programme of formalising sex education should be implemented at several levels at the same time. Parents and teachers would be taught, informed, and sensitized, and this will be passed on to children. In response, children should communicate their experiences, concerns, and questions with their parents/teachers. Social workers/health professionals should follow up with parents/teachers to obtain feedback in the form of study and training. A social worker or a health professional might be involved directly in either training or assessing their well-being. Policy adjustments will be implemented to take sex education more seriously after collecting and cooperating with the public.

Though the research focuses on parents and teachers as the two primary channels, we must recognise that (as the intervention model implies), government and experts in the area also play important roles. Beginning in early

childhood, parents are frequently situated to give continuity of personalised assistance and instruction. School-based education programmes may be practical in terms of processes, breadth, and space for session delivery. Access to specialised information, assistance, and guidance may be facilitated by sexual health and other relevant specialists. Governments at all levels may give sexuality education the attention it deserves, support programmes, and assure knowledge and capacity building for the programmes' success.

“Sexuality begins at birth, sexuality education is an ongoing process that ideally begins when children are young and is not a lecture to be given at puberty” (TARSHI, 2010, pg. 76) . It is critical to view sex and sexuality as developmental needs with stages or periods. Failure to accomplish in any of the stages or phases may have an impact on the next.

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