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ISSN: 2583-3189



Importance of Sexual Eduation in School

Abstract

A person's personality is developed and shaped by their sex education, which is a crucial aspect of who they are. It enables people to make wiser choices by adopting a logical mindset as opposed to acting on instinct. One of the primary issues facing India is the lack of sex education and healthy dialogue surrounding sexual behaviours, for which we are still not doing enough. A sophisticated sexual assault education programme would directly reduce the number of sexual assault cases while also bringing about a variety of other good effects. This essay examines the ways in which India's nearly non-existent sex education programme has been shaped by a number of variables. It also emphasises the growing necessity of educating young people about their online behaviour in the digital age. To understand the political, social, technological, and legal factors influencing the numerous study issues, the paper use PESTLE analysis. It talks about how India's sociocultural values have influenced the country's

ORIGINAL ARTICLE



Author
Dr. Geeta Singh Sengar
Asst. Professor
Faculty of Law
Major SD.Singh University
Fatehgarh, Uttar Pradesh, INDIA

sex education curriculum. When putting sex education plans into practise, a lot of political actors and factors enter the picture. Even now, a sizable portion of political elites remain sceptical about the idea of supplying such knowledge through the official school system. However, we cannot ignore the fact that digital media is becoming more and more popular among this generation's kids. Therefore, we have to concentrate on keeping it secure and cosy for each and every user. The essay also addresses the potential legal ramifications of engaging in unethical and consensual sexual behaviour, with a particular emphasis on the internet.

Key Words

Sex Education, Digital Era, Formal Education System, Political Factors, Socio-cultural beliefs, Legal Repercussions.

Introduction

Instruction on human sexuality, which is an embodiment of the social, psychological, emotional, and physical aspects of human interactions, is generally included in sex education programmes. In the past, the John Birch Society in the 1960s in the West fiercely opposed the idea of sex education for kids and teenagers. Young pregnancies, AIDS cases, and a growing tendency of teenage sexual indulgence have all been observed in recent decades. The practise of sex education in schools has gained pace as a result, and formal programmes that supported their alleged efficacy were developed.

ISSN: 2583-3189 (E), 2583-0775 (P) Year-03, Volume-03, Issue-04

It's possible that the trajectory of sex education in India and the West are comparable. In 2007, a dispute erupted over the implementation of a new teenage education programme by NACO and the HRD Ministry that focused on adolescent reproductive health. This led to the program's prohibition. Threats of severe penalties were made against school administrators for influencing impressionable minds. It's possible that the trajectory of sex education in India and the West are comparable. In 2007, a dispute erupted over the implementation of a new teenage education programme by NACO and the HRD Ministry that focused on adolescent reproductive health. This led to the program's prohibition. Threats of severe penalties were made against school administrators for influencing impressionable minds.¹

It is important to remember that India strongly opposed the UNESCO Project on moral and ideological grounds². India was one of the six countries included in UNESCO's study on the expenses and benefits of a comprehensive programme of sexuality education. The initiative was introduced in four Odisha districts in May 2002. After the uproar, the project was put on hold for three years until resurfacing in 2007 under the name "Adolescent Reproductive and Sexual Health (ARSH) education." Using locally produced, culturally relevant teaching materials, the project was carried out throughout the course of the following few years in all 30 districts of Odisha, serving almost 1 million students and 5560 schools. It was discovered that the programme implementation cost US \$13.5 per student and US \$630 each school, which was significantly less than in other nations. The comprehensive sexuality education programme in Estonia, which is by all accounts a successful endeavour, is said to have reduced 4000 unwanted pregnancies, 7000 STIs, and 1900 HIV cases over a 9-year period. The program's cost effectiveness was computed in this regard.

At the same time, however, hardline Indian conservatives contended that sex education under the guise of protecting children from the HIV epidemic is false because, despite all efforts, cases in the west did not show a declining trend. They suggested holding multi-stakeholder brainstorming sessions prior to putting comprehensive sexuality education programmes into place throughout the Indian states³.

Pestle Analysis of the Factors being affected by the Lack of Sex Education in India

Legal Factors: There is undoubtedly need for reform in India's current rules governing the sex education curriculum taught in schools. The policies of nations like the Netherlands, where sex education is taught from an early age and covers subjects like menstrual hygiene, consent, sex, and gender and sexuality spectrum, should serve as an example for us.

Economic Factors: We observe that women choose to have fewer children in order to ensure a higher quality of life for their children, giving them the opportunity to attend reputable schools and have a greater chance of succeeding in life, assisting them in becoming respectable contributing members of society, when people are equipped with the knowledge necessary to make informed decisions about family planning and their own reproductive health.

Social Factors: We now know that the majority of people view this subject as taboo, and that cultural and religious differences make it very difficult to have an honest conversation about it. Parents are ill-prepared to conduct these conversations, and even when they do, the kids find it awkward to hear this stuff from their parents. The meagreness of the school curriculum is that it barely addresses menstruation hygiene.

Political Factors: The study highlights the influence that different political figures have on the development of the nation's sexual education programme. Political pressure, whether it is applied positively or negatively, can show how a nation views certain problems and how it is addressing them.

Technological Factors: Since the kids of our nation typically get information on sex and sexuality from internet sources, technology is a major factor in the sex education debate. Social media sites are increasingly a major venue for interactions and dialogue. During these discussions, people may exchange graphic words and photos. Technology has also made pornographic content more widely available to anyone using web resources to learn about sex.

Need for Sex Education

Every child needs to learn about the importance of sex education. Its goal is to lessen the risks associated with sexual behaviour that could lead to unintended or undesired births and infections from STDs. The overall goal of sex education is to instil in teenagers the proper attitude and dispel misconceptions and ignorance about sex. Schools and colleges are typically thought of as the primary locations for raising awareness about sex education.

Adolescent health and psychosocial issues are partly caused by a lack of sexual health education, or Information PLUS Skills. They are probably going to be observant yet ignorant, brave but frightened, and full of myths about the anatomy and functions of the sex. Many teenagers engage in high-risk behaviour as a result of multiple beliefs and a lack of skills, particularly the inability to properly negotiate and handle peer pressure.

Importance of Sex Education in Schools

Since teen sex education has so many advantages, it ought to be incorporated into school curriculums. Teens will be given the correct information to help them make the right decisions in life when sex education is implemented in schools. However, some have argued that sex education is useless and actually increases the chance of having sex in schools. Nonetheless, a number of studies have demonstrated the effectiveness of sex education in lowering the incidence of teen pregnancy, disseminating accurate information, and lowering the number of teenage instances of HIV, AIDS, and STDs. Therefore, healthy teen sexuality is encouraged by sex education.

It is the right of youth to live healthy lives. Educating young people about sexual health in an open and age-appropriate manner is essential to empowering them to take charge of their own health and wellbeing. As a result of globalisation and technology breakthroughs, our children and youth are exposed to a wide range of global influences as they grow up in a world that is changing quickly. They must obtain the information, abilities, attitudes, and values necessary to build wholesome, accountable relationships and come to responsible, well-informed decisions. As part of a comprehensive education, schools have a supplementary role in imparting sexuality education, while parents still play the major role. Our children and youth will be better able to defend themselves against sexual advances and abuse, as well as steer clear of sexual experimentation and other activities that could result in issues with adolescent pregnancies, STIs, and HIV if they have accurate, up-to-date, and age-appropriate knowledge as well as social and emotional skills.

The teaching of topics pertaining to human sexuality, such as safe sex, birth control, emotional relationships and responsibilities, human sexual anatomy, sexual activity, sexual reproduction, age of consent, reproductive health, and rights, is known as sex education. Comprehensive sex education is defined as covering all of these topics in sex education. Public health campaigns, official school programmes, and parents or caregivers are common channels for sex education.

In many cultures, adolescents were not traditionally educated on sexual matters, and discussing such topics was frowned upon. Traditionally, a child's parents were responsible for providing any teaching that was provided, and this was frequently postponed until shortly before the youngster was married. On the other hand, the progressive education movement of the late 19th century brought about school-based sex education and "social hygiene" to North American curricula. The majority of sexual information in the mid-1900s was learned informally from friends and the media, despite the early attempts at school-based sex education. Much of this information was inadequate or of questionable value, particularly in the years immediately following puberty, when sexual curiosity was at its peak. The growing number of adolescent pregnancies, especially in Western nations after the 1960s, contributed to this deficit. Programs of sex education were developed as part of each country's efforts to minimise such pregnancies, originally over significant opposition from parent and religious groups.

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The AIDS pandemic has increased the need of sex education. The majority of scientists believe that sex education is an essential public health policy in many countries where AIDS is at epidemic proportions. Broad sex education programmes, according to some international groups like Planned Parenthood, provide benefits for the entire world, including reducing the risk of overpopulation and advancing women's rights. Mass media initiatives have occasionally produced "awareness" levels that are high but only provide a cursory understanding of HIV transmission.

The Problem with Abstinence-only Sexuality Education

The new curriculum's wording is extremely deliberate: youth will be taught to "develop life skills for avoiding [emphasis added] risky situations," but very little guidance is provided on how to protect oneself in the event that they decide to take a chance, or the specifics of which behaviours are dangerous and why. The 20% of married teenage females who become pregnant is the basis for discussions regarding teenage pregnancy. The authors probably think that all students who are given the message of abstinence would adhere to it religiously, which is why they rarely discuss unwed pregnancy. However, it has been demonstrated that contraceptive knowledge included in a more comprehensive education, or even no instruction at all, has no advantages over abstinence-only teaching like this one. Furthermore, sustaining the notion that "the expected norm of human sexual behaviour is a mutually faithful monogamous relationship in the context of marriage" may instil fear in students who do not meet this "standard". Young people who believe that acting on their impulses makes them "weird" will be less inclined to ask for assistance when they get into problems, which makes them more susceptible to abuse and illness due to their ignorance.

According to a 2007 study funded by the US Congress, middle school students who participated in programmes that taught abstinence-only sex education were not any less likely than their peers to engage in adolescent sexual activity⁴. 2000 kids from various localities were followed from elementary or middle school through high school as part of the study. Education focused just on abstinence was given to half of these kids. By the end of the study, half of the youth in both groups had continued to abstain (at average age 17 years). Neither group had a high rate of condom use. The age at which the students who engaged in the abstinence programmes first had sexual activity was comparable to that of the other students, and they also reported having a comparable quantity of sexual partners.

In 2007, the National Campaign to Prevent Teen and Unplanned Pregnancy, based in the United States, reviewed 115 programmes related to sex education⁵. While two-thirds of programmes focused on both abstinence and contraception had positive effects like delayed initiation of sex and increased condom/contraceptive use, they found no compelling evidence that programmes focused solely on abstinence delayed age at first sex or reduced the number of sexual partners. Over 60% of these initiatives decreased unprotected sex. The complete programmes under study did not result in an earlier onset of sexual activity or a higher frequency of sex. While two-thirds of programmes focused on both abstinence and contraception had positive effects like delayed initiation of sex and increased condom/contraceptive use, they found no compelling evidence that programmes focused solely on abstinence delayed age at first sex or reduced the number of sexual partners. Over 60% of these initiatives decreased unprotected sex. The complete programmes under study did not result in an earlier onset of sexual activity or a higher frequency of sex.

Research from other countries and research worldwide also come to the same conclusion: there is no proof that sex education programmes focused solely on abstinence affect risk-taking behaviour, the frequency of STIs, or the occurrence of pregnancy. Comprehensive sexuality education has shown to have favourable effects on young people's behaviour and health by reputable publications like the British Medical Journal7 and reputable organisations like the American Medical Association and World Health Organization.

Conclusion

Young people already get information about sexuality from a wide range of frequently faulty sources; they should be informed about everything, including fundamental body knowledge, good decision-making

techniques, and ways to guard against STIs, HIV, unplanned pregnancy, and abuse. Sexuality education would not only give young people much-needed information, but it would also increase their confidence and sense of self-worth—two things that all teenagers deal with at some point. Furthermore, rather than letting current trends dictate their decisions, sexuality education gives young people the opportunity to define their own beliefs on these matters and make decisions that are consistent with them. These abilities are necessary for them to traverse the calls to the helpline show that there is a dearth of knowledge about sexuality among individuals of all ages and educational levels. If sexuality education isn't given to you when you're young, when will you learn it? The consequences of not educating young people about sexuality reach far into adulthood. According to the helpline data, some callers in their 30s and 40s don't seem to have learnt even the most fundamental knowledge about sexuality, which is having an impact on their relationships with others and general health and well-being. It is obvious that sexuality education is necessary; the question is whether state governments in India would recognise this need and take action by putting in place a thorough sexuality education curriculum in our country's schools.

All things considered, the updated curriculum grossly undervalues youth autonomy in making life decisions. The curriculum developers demand that students adhere to their prescribed value system, which includes imposing a so-called "expected standard of human sexual activity"—namely, abstinence until marriage—despite allocating a significant amount of class time to teaching "life skills." This is disingenuous, given that the guidance lists having the "capacity to deliver unbiased/balanced opinion on sensitive matters" as one of the criteria of an effective facilitator of sexuality education.

The curriculum manual's HIV Prevention and Life Skills section include a brief on the IPPF Charter on Rights. The same handbook that contains these rights—the right to information and the right to both protection and self-defense—tramples on two of them. The proposed curriculum violates the right to sexuality education of young people by purposefully excluding important material. Furthermore, by ignoring this right, the new curriculum does little to support young people's right to HIV protection, even since one of the primary goals of sexuality education is to manage and reduce the transmission of the virus.

The public can now review and discuss the updated module. Now is the moment for all members of civil society, especially youth, to call for comprehensive sexuality education. We implore NACO and all other pertinent authorities to uphold the rights of young people to knowledge, to the best possible health care, and, above all, to life itself.

Footnotes

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