

**INCLUSION OF SEX EDUCATION IN HIGHER SECONDARY
CURRICULUM: A STUDY AMONG HIGHER SECONDARY SCHOOL
TEACHERS**

*A Dissertation submitted to the University of Kerala in Partial Fulfilment of the
Requirements for the Masters of Arts Degree Examination in Sociology*

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DECLARATION

I, LEKSHMI SURESH hereby declare that the dissertation titled **INCLUSION OF SEX EDUCATION IN HIGHER SECONDARY CURRICULUM: A STUDY AMONG HIGHER SECONDARY SCHOOL TEACHERS** is based on the original work carried out by me and submitted to the University of Kerala during the year 2022-2024 towards partial fulfilment of the requirements for the Master of Sociology Degree Examination. It has not been submitted for the award of any degree, diploma, fellowship or other similar title of recognition before.

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CERTIFICATE OF APPROVAL

This is to certify that the dissertation entitled **INCLUSION OF SEX EDUCATION IN HIGHER SECONDARY CURRICULUM: A STUDY AMONG HIGHER SECONDARY SCHOOL TEACHERS** is a record of genuine work done by Lekshmi Suresh, a fourth semester, Master of Sociology student of this college under my supervision and guidance and that is hereby approved for submission.

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MA SOCIOLOGY

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ABSTRACT

Sex education is a crucial component of a well-rounded educational framework, equipping students with the knowledge and skills to make informed decisions about their sexual health and relationships. However, the inclusion of sex education in higher secondary school curricula often sparks debate among educators, parents, and policymakers regarding its content, teaching methods, and potential impact on students' values and behaviours. This study aims to explore the perspectives of higher secondary school teachers on the integration of sex education into the curriculum, focusing on their opinions, readiness to teach the subject, and the resources and support required for effective implementation.

By examining teachers' views on the benefits and challenges of sex education, the study seeks to address the critical need for adolescent awareness of sexual health, consent, and sexually transmitted infections (STIs). Given the increasing incidence of STIs and other related health issues among adolescents, the study underscores the importance of providing accurate, age-appropriate information to students. The findings of this research will offer insights into the practicalities of implementing sex education in schools and highlight the vital role teachers play in shaping students' understanding of sexual health and responsible behaviour. This study aims to contribute to the development of more effective sex education programs that develop healthy attitudes toward sexuality and relationships, ultimately supporting public health outcomes and student well-being.

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

Sexuality is a fundamental aspect of human development, intertwining biological, psychological, and social elements that shape identity, well-being, pleasure, emotions, relationships, and reproduction. Given its significance, sex education should encompass more than just biological or social science knowledge; it must also address the development of skills, attitudes, and behaviours while fostering critical reflection on personal experiences related to relationships and sexuality (Elena et al., 2014). However, in conservative and religious societies like India, discussing sexual issues openly is often met with resistance, making the introduction of sex education in schools a contentious subject (Tripathi & Sekher, 2013).

Despite this resistance, a survey conducted in Mumbai by Benzaken, Palep, and Gill in 2011 revealed that 90% of students supported the inclusion of sex education in schools, though only 21.3% had received such education from their parents (Kumar & Chandran, 2020). Similarly, research from Jammu and Kashmir by Mahajan and Sharma found that 89% of parents opposed providing sex education to their daughters, with only 3% In favor (Mahajan & Sharma, 2005). This resistance has persisted despite efforts by international organizations like the World Health Organization and UNICEF to promote comprehensive reproductive health education in India, particularly in response to HIV/AIDS concerns (Chakravarti, 2011).

In response to these concerns, the Adolescence Education Programme (AEP) was introduced in 2006 for secondary and senior secondary students in India, in collaboration with the National Aids Control Organization. The West Bengal Board of Secondary Education, in conjunction with NACO and the West Bengal State AIDS Prevention and Control Organization, introduced a textbook on adolescent sexual and reproductive health titled “Jibonshoili” into the curriculum of secondary schools in West Bengal (Chakravarti, 2011). However, various states, including Madhya Pradesh, Kerala, Gujarat, Maharashtra, Karnataka, Goa, and Rajasthan, discontinued sex education at the school level due to societal opposition. Despite West Bengal’s attempt to develop a teacher’s

manual to support sex education, the implementation was halted due to ongoing resistance (Tripathi & Sekher, 2013; Chakravarti, 2011).

Globally, the need for effective sex education is highlighted by the World Health Organization's 2018 report, which notes approximately 370 million new cases of sexually transmitted infections (STIs) each year, with nearly half affecting young people (Bhatta et al., 2023). Understanding STI patterns is essential for effective control strategies. UNESCO's 2018 International Technical Guidance on Sexuality Education underscores the importance of comprehensive sex education in addressing these health challenges (Amina, Maryam, & Sheharyar, 2020).

Surveys conducted by the All India Educational and Vocational Guidance Association indicate that a significant proportion of students lack adequate knowledge about sexual matters, with 54% of males and 42% of females reporting insufficient information (Tripathi & Sekher, 2013). Providing sex education during adolescence can bridge this knowledge gap and counteract misinformation. Teachers play a crucial role in delivering this education, making it essential to understand their attitudes toward implementing sex education at the higher secondary level.

Sex education is integral to a well-rounded education, contributing to the physical, emotional, and social development of adolescents. In India, the debate over the extent and quality of sex education provided in schools continues, reflecting broader societal challenges. Sexuality, encompassing self-image, gender, physical appearance, and reproductive capacity, influences how individuals experience and express their sexuality. Conversely, sex education involves acquiring knowledge and forming beliefs, values, and attitude regarding intimacy, relationship and identity.

In various societies, including some African contexts, cultural and religious norms often hinder parents from discussing sex with their adolescents, leading them to seek information from less reliable sources. This gap highlights the importance of formal sex education in schools, which can provide accurate, age-appropriate knowledge and foster responsible attitudes and behavior. Addressing misinformation and providing reliable information is crucial, especially in an era where adolescents are exposed to potentially misleading online content. Thus, prioritizing sex

education in schools is vital to support healthy adolescent development and counteract the negative impacts of misinformation and misguided influences.

1.2 Sex Education

The World Health Organization (WHO) defined sex education as a “ broad program that aimed to build a strong foundation for lifelong sexual health by acquiring information and attitudes, beliefs, and values about one’s identity, relationships, and intimacy.” Recognizing the importance of sex education and the collective responsibility of parents, schools, and society, concerted efforts were necessary to ensure comprehensive sex education in modern India. Overcoming taboos and dispelling myths became imperative. Contrary to concerns that discussing sex with teenagers might encourage more sexual activity, studies debunked this notion. In fact, research indicated that more teenagers had already engaged in sexual activity than estimated by adults. Establishing an enabling environment for sex education remained the only way to provide accurate information and ensure teenagers felt secure. Whether in rural or urban India, intervention from all stakeholders was imperative for effective sex education.

Definition

Sex education is a comprehensive and systematic approach designed to provide individuals, particularly adolescents, with essential knowledge and skills related to sexual health, behavior, and relationships. It encompasses a broad range of topics, including human development, which covers the physical, emotional, and psychological changes occurring during puberty and adolescence. It also addresses reproductive health by providing information on human reproduction, contraception, sexually transmitted infections (STIs), and pregnancy. Additionally, sex education includes instruction on healthy relationships, focusing on communication skills, consent, and respect for oneself and others. It promotes awareness of diverse sexual orientations and gender identities, while also addressing gender equality and rights. Furthermore, it teaches personal safety and rights, emphasizing personal boundaries, consent, and the capacity to make informed and responsible decisions regarding sexual activity.

The biological aspects of sex education focuses on the physical aspects of human sexuality. This includes teaching about the human reproductive system, understanding sexual anatomy, and learning how reproduction works. Human Anatomy and Reproductive Systems: Students learn about the reproductive organs in both males and females and how these parts of the body change and develop during puberty. Puberty and Sexual Development covers the physical changes that happen during puberty, like the development of body hair, menstruation in females, and sperm production in males. It also includes discussions on the emotional and psychological changes that come with physical development. Reproductive Health provide information on how to maintain reproductive health, including hygiene practices, understanding menstrual cycles, and recognizing common reproductive health issues.

The psychological aspects of sex education looks at the emotional and mental aspects of sexuality. It helps students understand how their sexual development affects their mental health, self-esteem, and identity. Education on the emotional changes that come with sexual maturity, including the development of sexual feelings and attractions. This helps students understand and manage their emotions in a healthy way. Identity Formation, Discussions on sexual identity, including topics like sexual orientation and gender identity. This helps students navigate their own identity development and promotes acceptance and respect for different sexual identities. Psychological Well-being Addressing the importance of mental health in relation to sexuality, including body image, self-esteem, and managing stress related to sexual development and relationships.

The social aspects of sex education addresses how Individuals interact with others regarding sexuality, including the influence of societal norms, values, and relationships. Relationships and Communication Teaching about the dynamics of different relationships, including friendships, romantic relationships, and family interactions. This includes education on effective communication, resolving conflicts, and the importance of consent in all relationships. Social and Cultural Norms, Exploring how society, culture, and media influence perceptions of sexuality and gender roles. This helps students critically think about these influences and make informed decisions about their behavior. Sexual Rights and Ethics, Education on sexual rights, including the right to information, protection from sexual abuse and exploitation, and the importance of

respecting others' rights. Ethical considerations around sexual behavior and relationships are also discussed.

1.3 Sex Education and Adolescents

Sex education is particularly significant during adolescence, a developmental stage characterized by profound physical, emotional, and psychological changes. Understanding these changes is crucial, as puberty brings rapid physical development and various bodily changes. Sex education helps adolescents make sense of these transformations, reducing confusion and anxiety about their evolving bodies.

Comprehensive sex education plays a vital role in promoting healthy behaviors by providing accurate information about reproductive health, contraception, and sexually transmitted infections (STIs). This knowledge is essential for adolescents to make informed decisions about their sexual behavior, thereby reducing the risks of unintended pregnancies and STIs.

Navigating social interactions and relationships becomes increasingly complex during adolescence. Sex education addresses critical topics such as consent, communication, and respect, which are fundamental for fostering healthy and respectful relationships. These lessons are integral to helping adolescents build positive interpersonal connections.

Additionally, sex education encourages positive attitudes by openly discussing sexual orientation, gender identity, and sexual health. This openness promotes acceptance and reduces stigma, allowing adolescents to develop a respectful and positive attitude towards themselves and others.

Emotional well-being is another area where sex education has a profound impact. Adolescence can be a time of emotional upheaval and uncertainty, and sex education provides support and guidance on managing emotions, building self-esteem, and understanding personal values and boundaries.

1.4 Evaluation of sex education

Sex education in schools has evolved significantly over the past century, shaped by changing societal attitudes and policy developments. In the early 20th century, sex education was largely

taboo, with little to no formal instruction provided in schools. Discussions about sex were often limited to moral teachings rather than practical information, and many parents and educators believed that discussing sex openly would encourage promiscuity. However, with the rise of public health movements and growing concerns about sexually transmitted infections (STIs) during the 1940s and 1950s, the need for more structured education on sexual health began to emerge.

The 1960s and 1970s marked a turning point in sex education as societal attitudes toward sexuality began to shift, driven by the sexual revolution and the feminist movement. These decades saw the introduction of more comprehensive sex education programs that included not just the biological aspects of reproduction, but also discussions about contraception, consent, and relationships. During this period, some countries and states began to mandate sex education in schools, although the content and approach varied widely depending on local cultural and political contexts.

In recent decades, the evolution of sex education has continued to reflect broader societal changes, including the recognition of LGBTQ+ rights and the growing emphasis on consent and healthy relationships. Policy milestones such as the inclusion of LGBTQ+ topics in curricula and the promotion of abstinence-plus programs, which advocate for abstinence while also providing information on contraception and safe sex, have been significant. Today, sex education remains a contentious issue in many regions, but there is increasing recognition of its importance in promoting sexual health and well-being among young people.

1.5 Sex Education in global level

Sex education is a crucial part of public health and education systems worldwide, though it varies greatly depending on the country and culture. In some places, sex education is comprehensive, starting from a young age and covering a broad range of topics such as anatomy, consent, relationships, contraception, and sexual orientation. Countries like the Netherlands and Sweden are often praised for their forward-thinking, inclusive approaches, which have resulted in lower rates of teenage pregnancies and sexually transmitted infections (STIs), as well as fostering healthier attitudes toward sex and relationships among young people.

However, this is not the case everywhere. In many parts of the world, sex education is either very limited, non-existent, or primarily focused on promoting abstinence. Cultural and religious beliefs heavily influence how sex education is taught, or if it is even taught at all. In some societies, talking about sexual matters is still considered taboo, leaving young people without the vital information they need to make informed decisions about their sexual health. This lack of knowledge can lead to higher rates of unintended pregnancies, STIs, and sexual violence, underscoring the pressing need for more comprehensive sex education that addresses the realities of adolescent sexual behaviour.

On a global scale, there is a growing effort to standardize and improve sex education, with a recognition that it is a fundamental right for young people. Organizations like UNESCO and the World Health Organization are advocating for evidence-based, age-appropriate sex education to empower young people, reduce health risks, and promote gender equality. Despite the challenges, there is a clear global trend towards expanding and Improving sex education, with the aim of ensuring that all young people have the knowledge and skills they need to live healthy, safe, and fulfilling lives.

1.6 Sex Education in India

Particularly in rural areas, faces significant challenges due to cultural barriers, limited resources, and a general lack of awareness. The stark contrast between urban and rural India in terms of access to sex education is evident, with urban areas generally having better access to information and services. In rural regions, sex education is often restricted to basic reproductive health, leaving out critical discussions on topics like consent, sexual rights, gender equality, and sexually transmitted infections (STIs). This limitation significantly hampers the ability of adolescents to make informed decisions about their sexual health, exacerbating issues related to early marriage, teenage pregnancies, and gender-based violence. Despite these challenges, there have been notable efforts to bridge this gap. The government's commitment at the 2012 London Summit on Family Planning to provide 234 million teenagers and 200 million couples with free access to family planning services by 2020 was a significant step. However, the actual implementation and impact of this commitment remain uncertain, with many rural areas still struggling to access these services. The

barriers in rural India are often compounded by deeply entrenched social taboos and the stigma surrounding discussions of sexual health, which further restricts the flow of vital information.

Nevertheless, there are some positive developments, particularly in certain rural pockets where targeted interventions have made a difference. For instance, in Barwani, Madhya Pradesh, local health workers have been trained to educate rural youth on reproductive and sexual health, effectively filling the gap left by the formal education system. This grassroots approach has shown promise in breaking down barriers and promoting a more open dialogue about sexual health among young people.

Similarly, in the Kanpur Dehat district of Uttar Pradesh, innovative approaches such as the popular edutainment show *Mai Kuch Bhi Kar Sakti Hoon* (I, A Woman, Can Achieve Anything) have had a substantial impact. The show, which addresses issues like teenage pregnancies and women's empowerment, has become a powerful tool for raising awareness in rural areas where traditional educational methods may not be as effective. By using entertainment as a medium, the program has successfully engaged a wide audience, sparking conversations about sexual health and rights that were previously taboo.

In addition to these initiatives, the Rashtriya Kishor Swasthya Karyakram (RKSK) has also played a critical role in improving adolescent health in rural areas. Launched by the Ministry of Health and Family Welfare, RKSK focuses on a holistic approach to adolescent health, including sexual and reproductive health, mental health, and nutrition. The program emphasizes peer education and community involvement, recognizing the importance of culturally sensitive approaches in reaching rural adolescents.

1.7 Sex education in Kerala

It has evolved significantly over the years, reflecting changes in society and government policies. Traditionally, sex education in the state faced challenges due to conservative cultural attitudes. However, growing awareness of its importance has led to more organized approaches in recent times.

The Kerala government has made notable efforts to integrate sex education into the school curriculum, aiming to provide students with accurate information about sexual health, relationships, and safety. These initiatives go beyond basic reproductive health to cover critical topics such as consent, gender identity, and the prevention of sexually transmitted infections (STIs). The implementation of the “Adolescent Education Program” which focuses on delivering comprehensive education on sexual health, personal hygiene, and emotional well-being.

In addition to this, Kerala has introduced various policy programs to support sex education. The “Safe and Responsible Adolescence (SARA)” program, for example, works to create a supportive environment for adolescents by integrating sexual health education into the broader health services available in schools. The “School Health Program” also plays a role by ensuring that sexual health topics are included in general health education and that students have access to resources for counseling and support.

1.8 Sex Education in schools

Growing knowledge of the importance of sex education as part among other disciplines has been a subject for discussion especially in higher secondary schools where students are seen gradually transitioning towards adulthood. Adolescence offers a window of opportunity to acquire the knowledge, attitudes and skills required to negotiate sexual health and relationships. There are also a host of issues that students have to navigate as they move from childhood through adolescence and into adulthood including peer pressure, the exposure to external media influences; not forgetting their natural curiosity when it comes sexuality. Left unchecked, these challenges can result in myths being propagated and dangerous behaviour’s arising that may put your health at risk (be it sexually transmitted infections or STDs/STIs) as well unintended pregnancies.

The active inclusion of sex education in our higher secondary curriculum is not only an obvious academic enrichment but also a crucial intervention for the overall well-being of young individuals. Sex education, if taught comprehensively, should cover more than human biology and reproduction; it needs to be inclusive of a wide range areas such as consent health relationships

gender identity sexual orientation etc. The whole child concept provides students with relevant information and skills that allow them to make responsible decisions, have relationships in which they respect one another.

While crucial, the presence of sex education in school curriculums is often at odds with reality. Societal resistance: Cultural norms, religious beliefs or societal taboo can cause much needed change to be resisted. As well, the success of any sex education program is significantly determined by those who deliver it. Teachers have been shown to be the major determinant of sex education delivery effectiveness and this may largely depend on their knowledge/awareness, comfort level as well attitude.

To develop a wider perspective the present study has been designed to explore many sides of higher school sex education nature and approaches for teaching sexuality with secondary teachers. With the aim of identifying and exploring their attitudes, preparedness as well as challenges to teaching a particularly sensitive but pertinent area Fertility Awareness As such, the study seeks to understand what more effective and culturally sensitive sex education programs at a higher secondary school level might look like. At the end up of it all, to provide value and add to the conversation about how critical sex education is in developing a healthier generation of whole-hearted young adults .

1.9 National Guidelines and State Variations

” In India, sex education is guided by a combination of national guidelines and state-specific policies. The National Guidelines on Adolescent Sexual and Reproductive Health (2014) set a broad framework for integrating sexual and reproductive health education into school curricula. These guidelines aim to provide comprehensive education that goes beyond reproductive health to include emotional and psychological well-being, gender identity, and relationships. They stress the importance of offering age-appropriate education to both boys and girls, addressing gender disparities in the process.

However, the implementation of these guidelines varies widely across states. Some states have developed their own policies to address local needs and cultural contexts. For example, Kerala has integrated sex education into its curriculum through initiatives like the Adolescent Education Program, while other states may offer limited or inconsistent coverage due to different local policies or resistance. The National Adolescent Health Program supports these efforts by providing funding and resources to help implement educational interventions at the state level.

Recent legislative efforts have aimed to strengthen the framework for sex education. The National Education Policy (NEP) 2020 emphasizes the inclusion of health and well-being in the curriculum, advocating for age-appropriate and comprehensive education that includes sexual health. The NEP highlights the importance of embedding this education within the broader school system to ensure that all students receive essential information.

1.9 Cultural and Social Barriers to Sex Education in Indian Schools.

Cultural, religious, and societal factors play a significant role in shaping the acceptance and implementation of sex education in Indian schools. In many communities, discussing sex and sexuality is considered taboo due to long-standing cultural norms and traditional values. These beliefs often regard sexual health as an inappropriate topic for public discourse, especially among young people. As a result, schools may shy away from providing comprehensive sex education, leading to a lack of crucial information for adolescents.

Religious beliefs also influence attitudes toward sex education. India's diverse religious landscape means that different communities have varying views on sexual health and morality. Some religious groups may oppose comprehensive sex education because it conflicts with their teachings on sexuality. This opposition can affect local policies and educational practices, making it challenging to implement standardized sex education programs across schools.

Traditional gender norms further complicate the acceptance of sex education. Social attitudes often dictate what is deemed appropriate for boys versus girls, which can limit the scope of sex education programs. For example, discussions about sexual health might be more acceptable for boys than

for girls due to entrenched gender biases, affecting how inclusive and comprehensive the education can be.

Additionally, societal stigma around sex and sexuality can hinder open dialogue and education. Parents and educators might fear that discussing these topics openly could lead to inappropriate behavior or challenge existing norms. This stigma can lead to resistance against expanding or introducing sex education programs, perpetuating misinformation and leaving adolescents without essential knowledge.

1. 10 Challenges in Implementing Sex Education in Indian Schools

Implementing sex education in Indian schools encounters several practical challenges. A major issue is the lack of trained teachers. Many educators are not equipped with the knowledge or skills required to teach sex education effectively. This gap is often due to insufficient training programs and professional development opportunities focused on sexual health education. Without proper training, teachers may struggle to address sensitive topics appropriately and comprehensively.

Another significant challenge is the shortage of resources. Schools often lack essential teaching materials, such as textbooks, visual aids, and interactive tools, which are crucial for delivering effective sex education. Additionally, the absence of dedicated health education staff in many schools means that sex education is frequently handled by regular teachers who may have other academic priorities and insufficient time to devote to this subject.

Societal stigma also poses a major obstacle. The discomfort and resistance from parents, communities, and sometimes even school administrations can undermine efforts to implement sex education programs. Fear of controversy or backlash often leads schools to avoid discussing sensitive topics or presenting incomplete information. This reluctance diminishes the effectiveness of the education provided and perpetuates gaps in knowledge among students.

1.11 Sexual Wellness and Women

Women have often faced significant challenges due to inadequate sexual awareness, which has been exacerbated by social taboos, menstrual health issues, and unintended pregnancies. These challenges disproportionately affect women, particularly in areas where discussions about sexual health are limited or stigmatized. For instance, a 2012 cross-sectional survey in Jharkhand, India, revealed that young women both married and unmarried, aged 15 to 24 frequently encountered early marriages and pregnancies. Many of these women had low awareness about crucial aspects of sexual and reproductive health, including contraception, pregnancy, and overall reproductive health.

The impact of inadequate sexual education is profound. Women often face limited control over their sexual and reproductive decisions, which can lead to adverse outcomes such as higher rates of teenage pregnancies and increased child mortality. Despite the presence of national policies and programs aimed at improving sexual and reproductive health, these measures have not always been effective in reaching those who need them most. Women's ability to make informed decisions about their sexual health remains constrained by a lack of accessible and accurate information.

Empowering women with knowledge about sexual wellness can lead to substantial improvements in reproductive health outcomes. When women are informed about contraception and safe sex practices, they are better equipped to make decisions that can prevent unintended pregnancies and reduce the incidence of sexually transmitted infections (STIs). Additionally, increased awareness and education can help lower the rates of teenage pregnancies and contribute to better overall health for both women and their children.

1.12 Parents' Role in Sex Education

In rural India, where there is growing recognition of the importance of sex education and sexual awareness among women, the role of parents becomes particularly crucial. Although educational institutions and various informational resources contribute to sex education, parents are central to shaping their children's understanding of these issues. Traditionally, many Indian parents have

been hesitant to discuss sex with their children, and studies have found that a significant number have never broached the subject at all. This reluctance often stems from cultural norms and a lack of familiarity with the topic.

Research underscores that a large proportion of parents lack sufficient knowledge about sex education. In rural areas, 87% of parents report gaps in their understanding, while 67% of urban parents also show similar deficiencies. This lack of knowledge can lead to reluctance or outright refusal to engage in conversations about sexual health with their children. Consequently, children may miss out on crucial information and guidance during formative years.

Despite these challenges, there is a noticeable shift in attitudes among the younger generation in India. Over 90% of students now recognize the importance of including sex education in the school curriculum. However, while 60% of students report having received some form of sex education, only 45% believe that it is handled appropriately. This disparity highlights the need for more effective and comprehensive education both in schools and at home.

Parental reluctance to discuss sex education often arises from concerns about societal judgment and potential moral issues. Many parents impose restrictive social norms on their children, fearing that open discussions about sex could lead to negative social consequences or challenges to traditional values. This apprehension can hinder children from accessing accurate information and support from their parents, driving them to seek answers from peers or unreliable sources online.

1.13 Role of Teachers

Teachers play a pivotal role in the effective implementation of sex education in schools, serving as the primary facilitators of knowledge and guidance on this sensitive subject. Their responsibilities extend beyond merely delivering information; they must also create an environment that fosters open discussion and addresses students' questions and concerns with sensitivity and accuracy.

First and foremost, teachers are tasked with delivering age-appropriate, accurate information about sexual health. This includes covering topics such as human anatomy, reproduction, contraception,

and sexually transmitted infections (STIs). Teachers must be well-versed in these areas to provide students with reliable knowledge that helps them make informed decisions. Comprehensive training and professional development in sex education are crucial to equipping teachers with the necessary skills and understanding.

In addition to imparting factual information, teachers must also address the emotional and psychological aspects of sex education. Adolescents are navigating complex changes and emotions, and teachers need to support their students through discussions about relationships, consent, and gender identity. By fostering a supportive and non-judgmental classroom atmosphere, teachers can help students feel comfortable discussing these topics openly.

Teachers also play a major role in challenging and changing cultural and social norms that may hinder effective sex education. In many communities, there are strong taboos and misconceptions surrounding sex education. Teachers can help to counteract these attitudes by promoting a more informed and less stigmatized view of sexual health. They can also advocate for the importance of comprehensive sex education within the school and broader community, working to overcome resistance and build support.

Another critical aspect of a teacher's role is to act as a resource for students seeking information or support outside of formal lessons. Students may have questions or concerns that arise outside of the classroom setting, and teachers need to be prepared to provide or direct them to appropriate resources. This might involve offering additional reading materials, referring students to school counselors, or guiding them to community resources where they can get further support.

Collaboration with parents and guardians is also an essential part of a teacher's role in sex education. While teachers are responsible for delivering the curriculum, engaging parents in the educational process can enhance its effectiveness. By providing information and resources to parents, teachers can help them feel more comfortable discussing sexual health topics at home. Open communication between schools and families can support a more cohesive approach to sex education.

Despite the importance of their role, teachers often face challenges in implementing sex education. These challenges include limited resources, lack of training, and resistance from parents or the community. Teachers may also encounter personal discomfort or uncertainty when discussing sensitive topics. Addressing these challenges requires ongoing support from school administration, professional development opportunities, and a commitment to addressing and overcoming these obstacles.

Teachers are essential in shaping the effectiveness of sex education programs. Their ability to present information accurately, foster an open dialogue, challenge misconceptions, and support students in various ways directly impacts the quality and impact of sex education. Investing in teacher training and providing adequate resources are crucial steps toward ensuring that sex education is delivered effectively and meets the needs of students.

1.14 BACKGROUND OF THE STUDY

Sex education is crucial for adolescents, providing them with essential knowledge about sexual health, reproduction, and responsible behaviour. This education plays a vital role in preventing sexually transmitted infections (STIs), unintended pregnancies, and fostering healthy relationships. However, in many educational systems, sex education is either absent or inadequately covered. This gap often results in misinformation, risky behaviour, and a lack of preparedness among adolescents to make informed decisions about their sexual health.

Teachers are central to the effective delivery of sex education. Their attitudes, knowledge, and comfort with the subject can significantly influence how well sex education is taught. Understanding teachers' perspectives is therefore essential for developing and implementing a successful and impactful sex education curriculum.

The inclusion of sex education in schools often faces resistance due to cultural, religious, and social beliefs. These factors can heavily influence both the acceptance and implementation of sex education, making it a sensitive issue that requires careful consideration and respect for diverse viewpoints.

There is increasing recognition in educational policies of the need for comprehensive sex education. However, the extent to which it is integrated into the curriculum varies significantly. This study aims to explore existing policies and curriculum frameworks, identifying gaps that need to be addressed to ensure effective sex education.

The primary focus of this study is to assess the attitudes and perceptions of higher secondary teachers regarding the inclusion of sex education in the curriculum. It seeks to identify the challenges teachers face, their readiness to teach the subject, and the support they require. This background sets the stage for examining the feasibility, challenges, and potential benefits of incorporating sex education into the higher secondary curriculum, with a particular emphasis on the pivotal role that teachers play in this process.

1.15 STATEMENT OF THE PROBLEM

Sex education is a vital aspect of a comprehensive educational framework. It provides students with essential knowledge and skills to navigate sexual health and relationships responsibly. The importance of sex education lies in its ability to address various aspects such as physical health, emotional well-being, consent, and safe practices. This foundation is crucial for making informed decisions and fostering healthy attitudes toward sexuality and relationships. Despite its recognized importance, the inclusion of sex education in higher secondary school curricula is often debated. Different stakeholders, including educators, parents, and policymakers, may have varied opinions on the subject. Some may argue that it is essential for preparing students for adulthood, while others may have concerns about the appropriateness or effectiveness of such education. The debate may center on issues such as curriculum content, teaching methods, and the potential impact on students' values and behavior. This study aims to explore the significance of integrating sex education into the higher secondary curriculum by examining the perspectives, opinions, and concerns of higher secondary school teachers. Teachers play a critical role in implementing and delivering educational content, and their insights can provide valuable information about the practicalities and challenges of incorporating sex education. The study will seek to understand teachers' views on the benefits and drawbacks of such inclusion, their readiness to teach sex education, and the resources and support needed for effective implementation.

1.16 SIGNIFICANCE OF THE STUDY

The study is significant as it addresses the crucial need to raise awareness about sexually transmitted diseases (STDs) and safe sex practices among adolescents. With the increasing incidence of STDs and other related health issues, it is imperative that students receive accurate information to protect themselves. By focusing on higher secondary school teachers, this study highlights the role educators can play in disseminating essential knowledge that could significantly impact public health outcomes. Sex education in schools is vital for providing students with comprehensive knowledge about reproductive health, sexual development, and the changes that occur during adolescence. This study emphasizes the importance of including sex education in the higher secondary curriculum to ensure that students are informed about their bodies, the reproductive system, and the physiological and emotional changes they experience during this critical stage of development. By understanding these concepts, students are better prepared to navigate the challenges of adolescence with confidence and responsibility. The study underscores the importance of providing students with accurate and age-appropriate information on sexual health, contraception, consent, and sexually transmitted infections (STIs). Misinformation or lack of knowledge in these areas can lead to risky behaviors and adverse health outcomes. By incorporating sex education into the curriculum, educators can ensure that students receive the factual information they need to make informed decisions about their sexual health and relationships. Sex education has the potential to reduce the rates of teenage pregnancies and the spread of STIs. The study is significant because it explores how sex education can empower students to make responsible and informed choices regarding their sexual behavior. By teaching students about contraception, safe sex practices, and the consequences of risky sexual behavior, sex education can contribute to a decrease in the number of teenage pregnancies and the transmission of STIs. Beyond the health aspects, the study highlights the broader social significance of sex education. By fostering a culture of respect, consent, and understanding, sex education contributes to the development of healthier relationships. It encourages students to respect their own boundaries and those of others, leading to improved overall well-being. This study aims to show that by equipping students with the knowledge and skills to navigate their relationships responsibly, sex education can have a lasting positive impact on individuals and society as a whole. Lastly, this study is significant because it gathers insights from higher

secondary school teachers, who are on the front lines of education. Their perspectives are crucial for understanding the challenges and opportunities of implementing sex education in schools. The findings from this study could inform educational policies and practices, ensuring that sex education is delivered effectively and meets the needs of students. By addressing the concerns and recommendations of teachers, this study could contribute to the development of a more comprehensive and supportive approach to sex education in the higher secondary curriculum.

CHAPTER II

REVIEW OF LITERATURE

2.0 Introduction

The inclusion of sex education in school curricula has been a subject of global discussion, particularly in the context of promoting healthy behaviours, preventing risks, and fostering informed decision-making among adolescents. As youth navigate the critical stages of development, comprehensive sex education (CSE) is increasingly viewed as essential for equipping them with knowledge about sexuality, relationships, consent, reproductive health, and gender equality.

This review of literature seeks to examine the existing body of research on sex education, with a particular focus on its inclusion in the higher secondary curriculum. It explores various perspectives, including the role of educators, parental attitudes, the socio-cultural factors influencing curriculum design, and the impact of sex education on student outcomes. The literature also addresses the challenges of implementing sex education, such as resistance due to cultural taboos, religious beliefs, and the lack of trained educators.

2.1 Awareness

Shin (2019) in their tried to assess the levels of sexual knowledge, attitudes, and perceptions regarding sex education among parents of elementary school children. Methods . This descriptive study involved a sample of 337 parents. Data analysis was conducted using SPSS version 21.0, employing descriptive statistics, t-tests, and Pearson correlation analysis to explore the relationships between variables. More than half of the participants (over 50%) indicated that the primary responsibility for providing sex education to young children lies with parents and that this education should begin during the elementary school years. The study revealed a moderate correlation between parents' sexual knowledge and their sexual attitudes ($r = 0.44$), suggesting that higher levels of knowledge are associated with more open and positive attitudes toward discussing sexual topics with their children. Despite recognizing the importance of sex education, many parents expressed reluctance to engage in these discussions. The primary reasons cited were a lack of familiarity with effective teaching methods and insufficient knowledge to address their children's questions confidently. Notably, 50 parents expressed a desire to receive further

education on sexual health topics themselves, underscoring a gap in the available support for parents. The study highlights the need for parents to be better equipped to provide sex education to their children. There is a clear interest among parents in learning more about topics such as the sexual anatomy and physiology of males and females. To facilitate this, it is crucial to provide parents with accurate, up-to-date information and practical guidance through expert-led lectures and resources from professional organizations. Encouraging open communication between parents and children on sex-related issues is essential for fostering a healthy understanding of sexuality from a young age. By supporting parents in this role, we can enhance the effectiveness of sex education and contribute to the overall well-being of children. Hyewon Shin (2019)

A community-based, cross-sectional, analytical study was conducted in a rural area of Maharashtra, involving children aged 13 to 19 years enrolled in high school, intermediate, or graduate programs. The study sample included 151 girls and 162 boys, with data collected through personal interviews using a pre-tested questionnaire administered by trained interviewers. The findings showed that over 90% of respondents were aware of AIDS as a significant health issue. However, less than 50% understood the etiology of AIDS and the distinction between HIV and AIDS. Although most participants were familiar with the modes of transmission, fewer understood the risks related to improperly sterilized syringes and needles, and there was a general lack of awareness about other sexually transmitted diseases (STDs). Knowledge gaps were also present regarding high-risk groups, such as commercial sex workers, intravenous drug users, truck drivers, and professional blood donors. Despite this, the study found that a large majority of participants had positive attitudes towards sex, rejecting pre-marital and extra-marital sexual activities. There was also a strong desire for AIDS education to be included in school and college curricula. To address these issues, several recommendations were made: integrating comprehensive AIDS education into school and college curricula to fill knowledge gaps about the etiology of AIDS and the differences between HIV and AIDS; developing targeted awareness campaigns to improve understanding of high-risk groups and the risks of improperly sterilized medical instruments; expanding sexual health education to cover a broader range of STDs and safe practices; and engaging communities in discussions about AIDS and sexual health to foster informed attitudes and reduce stigma Rajvir Bhalwar .et.al (2003)

Adolescence, marks a crucial developmental stage between childhood and adulthood. This period is characterized by significant biological, psychological, and social changes that shape an individual's identity. The development of sexuality, which influences personal identity, social interactions, and cultural understanding. The onset of puberty, a defining feature of adolescence, involves hormonal changes that lead to physical maturation, such as breast development in girls and increased muscle mass in boys. This biological milestone also triggers psychological and emotional shifts as adolescents explore their sexual identity, often accompanied by uncertainty and anxiety due to societal expectations. Adolescent sexuality is influenced by broader social and cultural contexts. Attitudes towards sex, gender roles, and sexual orientation vary across cultures, impacting how adolescents perceive and express their sexuality. These influences can affect self-esteem, body image, and mental health, particularly in more conservative societies where discussions around sexuality may be stigmatized. Understanding adolescent sexuality is vital for healthcare providers, educators, and policymakers. Clinically, providing accurate information about sexual health and consent is crucial to prevent negative health outcomes. Legally, it is important to protect adolescents from exploitation while respecting their growing autonomy. Educationally, comprehensive sex education programs that address biological, emotional, and relational aspects of sexuality are essential for supporting adolescents. , Adolescence is a period of significant change, with sexuality playing a central role in shaping an individual's identity and future relationships. A holistic approach that considers the biological, psychological, social, and cultural dimensions of adolescent sexuality is necessary to support healthy development, helping young people navigate this critical period with resilience and confidence. Sujitha Kumar .et.al (2015)

Khritish Swargiry (2023) research explore the extent of sex education awareness among a large sample of 50,000 students attending Higher Secondary Schools across India. Given the importance of comprehensive sex education in fostering responsible sexual behavior, this study holds significant relevance in the current educational landscape. Comprehensive sex education plays a pivotal role in equipping young individuals with the necessary knowledge to make informed decisions regarding their sexual health, reducing the risk of sexually transmitted infections (STIs), and preventing unintended pregnancies. The research will delve into various aspects of students' understanding and perceptions of sex education, including their knowledge of sexual health,

attitudes toward sexual behavior, and the primary sources from which they receive information related to sex education. By analyzing these factors, the study aims to identify gaps in students' knowledge and any potential misconceptions that may exist. As, this research intends to shed light on the effectiveness of existing sex education programs within Indian higher secondary schools. By evaluating the current state of sex education, the study will provide valuable insights that can inform the development of more effective and culturally sensitive educational programs. The findings will serve as an essential resource for policymakers, educators, and advocates, offering evidence-based recommendations to enhance sex education initiatives across the country. Ultimately, the study aspires to contribute to a broader understanding of sex education in India, advocating for improvements that will ensure young people are better prepared to navigate the complexities of sexual health and relationships in a safe and informed manner.

Sexual health is a crucial part of adolescent development, making sex education essential for providing young people with information about body development, sexually transmitted diseases (STDs), and their prevention. This study explored the knowledge, attitudes, and importance of sex education among students at the University of Nigeria Secondary School in Enugu. The study was cross-sectional, involving 368 students who were given a questionnaire. Although the age range of participants was between 20-22 years, the majority (58.2%, or 214 students) were actually aged 13-15 years. The group was predominantly male, with 240 boys (67.9%). The classes were equally split with 184 students (50%) in each class. Most participants, 363 (98.6%), were Igbo, and 365 (99.2%) identified as Christians' significant number of respondents, 261 (70.9%), reported having some knowledge of sex education, with 163 (30.7%) learning about it primarily from school. However, the majority, 69.3%, received information from other sources. When asked about the content of sex education, a majority of 145 respondents (24%) indicated that it covers various topics related to sex education, but many participants (220 or 59.8%) were unaware of the different types of sex education. Only 148 students (40.2%) acknowledged knowing about the types, with 76 (20.7%) identifying comprehensive sex education. Most participants, 235, had never attended a sex education program. Among those who had, 64.7% attended only once. A significant majority, 267 (72.6%), felt that sex education does not receive enough attention in secondary schools. Additionally, 329 students (89.4%) agreed that sex education positively influences sexual behavior and decision-making among adolescents, and 295 (80.2%) supported its inclusion in the school

curriculum. When it comes to the role of parents, 193 students (52.4%) believed that parents should be involved in sex education, while only 70 (19%) felt that sex education is not a waste of time. Most students, 300 (81.5%), agreed that sex education could prevent unwanted pregnancies, and 254 (69%) felt comfortable discussing sex education with their parents and siblings. Furthermore, 304 respondents (82.6%) recognized it as an important aspect of life. Despite these positive attitudes, there were some concerns: 273 students (74.2%) worried that sex education might lead to promiscuity in secondary schools, 222 (60.3%) feared it could lead to early sexual activity, and 223 (60.9%) doubted whether the Nigerian educational system is ready for comprehensive sex education. Nevertheless, 302 students (82.1%) agreed that sex education is a vital subject, and 264 (71.7%) felt comfortable learning about it in class. Oluchi Kizito (2024)

2.2 Benefits and challenges

Suwarni .et.al (2024) in their study found that Integrating gender approaches into inclusive sexuality education is crucial for creating a safe and supportive educational environment while providing a comprehensive understanding of sexual and gender issues. This study examines the positive impact of incorporating gender approaches into inclusive sexuality education on individual knowledge of gender issues, gender awareness, and sexual behavior. By utilizing the library research method, the study explores the theoretical foundations and previous findings, identifies potential research gaps, and formulates a solid framework for this topic. The findings reveal that sex education that incorporates gender issues significantly enhances understanding of gender roles in relationships and sexuality. It also helps in reducing negative gender stereotypes and contributes to creating an inclusive learning environment. Furthermore, the study highlights the importance of gender awareness in shaping supportive attitudes towards gender diversity and sexual orientation, which, in turn, promotes healthy sexual behavior and encourages open communication in relationships. Evaluating the effectiveness of sex education programs that integrate gender issues is also shown to be essential for improving the quality of these programs. Inclusive and gender-sensitive sexuality education, therefore, serves not only to enhance understanding but also acts as a tool for building a more inclusive society. It fosters respect for gender diversity and promotes safe and healthy sexual behavior.

Sexual health concerns, particularly those related to rape and unprotected sex, are pressing issues among young people globally, including secondary school students. These issues can lead to severe health risks and are exacerbated by a notable increase in risky behaviors among students worldwide. To address these challenges, comprehensive sex education is critical, providing students with the necessary skills, knowledge, and attitudes to make informed decisions. A quasi-experimental study involving 234 secondary school students in the Emohua Local Government Area explored the impact of sex education on these issues. The intervention group, which received 8 weeks of sex education following the collection of baseline data, demonstrated significant improvements in their understanding of rape and sexual health, with increases of 37.6% and 30.8%, respectively. Although attitudes towards rape remained largely unchanged, attitudes towards sex saw a modest improvement of 4.3%. Statistical analysis revealed that the differences in knowledge about rape and sex were significant, with sex education exerting a medium effect on rape knowledge ($r = .428$) and a smaller effect on sexual knowledge ($r = .258$). While attitudes towards sex showed statistical significance, sex education did not significantly alter attitudes towards rape. Overall, the study highlights that sex education effectively enhances students' knowledge about rape and unprotected sex, though its impact on attitudes, particularly towards rape, may require further exploration. Chisalokwu Ohaka (2024)

This study aimed to assess the impact of comprehensive sexuality education on the knowledge and attitudes regarding condom use among first-year students at Arba Minch University. At the baseline, 832 students participated, with 820 students participating in the posttest. The results demonstrated a significant positive effect on students' knowledge and attitudes toward condom use. Specifically, students in the education group showed a notable increase in their comprehensive condom knowledge, with an average score change that was 0.229 points higher than that of students in the control group (ATE = 0.229, 95% CI 0.132 to 0.328; $p < 0.001$). Additionally, the change in attitude toward condom use was significantly higher in the education group, with an average change score of 1.834 points more than that of the control group (ATE = 1.834, 95% CI 1.195 to 2.772; $p < 0.001$). These findings provide strong evidence supporting the effectiveness of comprehensive sexuality education in enhancing both knowledge and attitudes towards condom use among university students. The study underscores the importance of strengthening the

implementation of such educational programs to prevent sexually transmitted infections (STIs), HIV, and unintended pregnancies among young people. Negussie Boti Sidamo .et.al (2019)

Sexual assault on college campuses represents a significant public health issue, yet the variability in research methodologies—including different definitions of sexual assault, measures, and assessment timeframes—along with low response rates, complicates efforts to fully understand its scope. To address this, our study used a large, population-based random sample of undergraduate students from Columbia University and Barnard College in New York City. We employed evidence-based methods to enhance response rates and sample representativeness, along with behaviourally specific measures to accurately capture victimization rates. Our analysis focused on students' experiences with various forms of sexual assault, including sexualized touching, attempted penetration (oral, anal, vaginal, or other), and completed penetration. We found that 22% of students reported experiencing at least one incident of sexual assault since entering college. Women and gender nonconforming students reported the highest rates (28% and 38%, respectively), while 12.5% of men also reported such experiences. The most common method of perpetration across all gender groups was incapacitation due to alcohol or drug use (>50%), followed by physical force (particularly in cases of completed penetration among women) and verbal coercion. Risk factors associated with higher likelihoods of sexual assault included non-heterosexual identity, financial difficulties, fraternity/sorority membership, involvement in casual sexual encounters versus exclusive relationships, binge drinking, and prior sexual assault experiences before college. Notably, high rates of re-victimization were observed across all gender groups. Claude Mellins .et.al (2017)

The Things They Don't Write Home About" provides a comprehensive exploration of sexuality among college students, addressing a wide array of issues from attitudes and behaviors to harassment and homophobia. The book is composed of essays by various experts who draw on recent research to delve into nearly every aspect of this multifaceted topic. The book opens with general chapters that present historical, cross-cultural, and theoretical perspectives on college students' sexual attitudes and behaviors. It includes a framework for understanding the unique developmental stage of young adults and a review of research methods used to study their sexual practices. Following these foundational discussions, the book covers specific topics such as dating

and intimacy on campus, young adults' views on love, sexuality education and classes, and sexual orientation. It also addresses more troubling aspects of college sexuality, including infidelity in dating relationships, homophobia and sexual harassment on campus, sexual risk-taking and sexually transmitted infections, sexual problems and dysfunction, and sexual assault .Karen S. Calhoun .et.al (2012)

2.3 Role of Teachers

Walker (2006) in the paper addresses the relatively underexplored area of sexuality education for primary school children, specifically focusing on the roles of parents and teachers in this context. It examines key experiences of both groups in Leeds, UK, and Sydney, Australia, to identify commonalities in their practices and beliefs surrounding sexuality education. The research highlights that there are shared themes and practices between the two locations, suggesting that there might be universal elements in how sexuality education is approached. By analyzing the experiences of teachers and parents, the study aims to uncover whether certain aspects of sexuality education are consistent across different cultural contexts. Cultural influences are a significant focus of the paper, particularly how cultural myths and societal norms might affect the effectiveness of sexuality education and the interactions between adults and children on this topic. The study acknowledges that cultural attitudes can impact the delivery and reception of sexuality education, potentially inhibiting open and effective communication. The paper concludes that there is a significant gap in the development and implementation of sexuality education during the primary school years in both Leeds and Sydney. It recommends establishing a theoretical framework to explore whether a universal approach to sexuality education can be developed, which would address the diverse needs of children and reflect common educational goals across different cultural contexts.

This comparative cross-sectional study explores the views of Pakistani Muslim parents and teachers regarding sex education. Using a validated questionnaire distributed to 418 participants, with 273 responses collected through uncontrolled quota sampling, the study analysed data with SPSS v.25. Results indicated that a significant majority, 76.1% of parents and 64.4% of teachers, supported the inclusion of age-appropriate sexuality education in schools. Despite this support,

many respondents felt that sex education conflicted with Islamic ideology. The study found strong backing for topics like bullying and sexual abuse prevention, whereas pregnancy prevention was less favoured. A notable challenge identified was parental resistance to sex education in schools, with around 46% of parents admitting they had never discussed sexual issues with their children. The findings suggest that before introducing any curriculum-based sex education programs, there is a need to educate the broader community and train teachers to ensure effective implementation. Developing scientifically accurate, age-appropriate, and culturally relevant sex education, along with identifying effective implementation strategies, remains a significant challenge in Pakistan Shehayar Zameer (2020)

In the period following a global pandemic, the promotion of health and wellbeing has emerged as a critical priority for schools, reflecting a broader societal focus on nurturing the holistic development of students. This shift is accompanied by increasing advocacy for health and wellbeing education to be delivered through a whole-child/whole-school approach, which integrates learning across various subject areas. While it is widely recognized that a purely scientific approach to sexuality education may be insufficient and even undesirable, it is equally evident that biology plays a crucial role in shaping students' understanding of a range of health and wellbeing topics, including sex, sexuality, and sexual health. In this article, we delve into the significant contribution that biology teachers can make to an integrated health and wellbeing education in schools. This is illustrated through a case study comparison of the English Relationships, Sex, and Health Education curriculum and the English biology curriculum. Biology teachers in England, as well as in many other national and regional educational systems, often operate within a compartmentalized framework that can lead to frustration and anxiety for both students and educators. This is particularly evident when navigating the complexities of delivering sensitive topics that are traditionally siloed within specific disciplines. However, epistemically insightful approaches—conceptualized at the macro-, meso-, and micro-levels of school organizational structures—offer a promising pathway for biology teachers and educational leaders to address and overcome these challenges, fostering a more integrated and cohesive educational experience. Joshua Heyes .et.al (2023)

Sex education, as an integral part of the overall upbringing process, should occur both at home and in schools, with the understanding that when properly implemented, it supports healthy human development. However, it is crucial that this education be tailored to the developmental stages and age-appropriate levels of understanding. In Poland, sex education is provided in schools through the subject known as Preparation for Family Life. This subject has been the focus of numerous analyses, which have highlighted several omissions and mistakes in its implementation. The present study was conducted using a self-administered questionnaire distributed among 46 female teachers, aiming to explore their views on sex education and its relevance to their professional roles. The questions addressed the teachers' perceived needs and the challenges they face in delivering sex education within the educational system. Additionally, the study sought their opinions on the appropriate ages for introducing specific topics related to sex education. The findings revealed that most respondents recognized the necessity of having a solid understanding of sex education for their professional duties, and they actively seek to expand their knowledge from various sources. The most commonly identified challenges were the lack of adequate teaching aids and resistance from parents. The teachers also emphasized that parents, educators, and professionals should bear the primary responsibility for the sex education of children and adolescents. Despite the fact that the respondents' views on the appropriate timing for discussing certain topics align with WHO guidelines, the study highlights the need for enhanced teacher preparation in this area. This includes not only improving their knowledge but also developing their competencies and skills, which are essential for fostering sexual health in future generations. Weronika Klon .et.al (2023)

Pre-service training and attitudinal background are both critical factors in effectively teaching sex education in the classroom. However, in Bangladesh, the absence of adequate instruments to measure teachers' attitudes toward sex education has prompted the development of a specialized scale by researchers. Initially, 58 items were formulated using a deductive approach based on the five-point Likert scale method. After a try out phase, 41 items were retained, and eventually, 36 items were included in the finalized scale. To gather data, a convenience sampling method was employed, selecting a pool of 130 participants for the final analysis. Rigorous statistical analyses were conducted, resulting in an average item-total correlation of 0.465 and a Cronbach's Alpha value of 0.773, both of which confirmed the scale's reliability. The items were meticulously

developed to cover a wide range of sex education topics relevant to the Bangladeshi context, thereby establishing content validity. To ensure the findings were easily interpretable, Stained scores, ranging from 1 to 9, were calculated and assigned to the raw scores obtained by the participants. Based on these Stained scores, secondary teachers' attitudes toward sex education were categorized into five distinct groups: 'very negative,' 'negative,' 'moderate,' 'positive,' and 'very positive.' This categorization provides a clear and structured way to understand and interpret teachers' attitudes, offering valuable insights that can inform future training and policy decisions in the context of sex education in Bangladesh. Mridul Chowdhury Konok (2024)

In this study, an effort was made to investigate the attitudes of higher secondary school teachers towards the implementation of sex education at the higher secondary level in the Murshidabad district of West Bengal, India. A total of 380 teachers were randomly selected for the study, and their attitudes were assessed using a specially designed scale for evaluating attitudes towards sex education. To analyze the significance of differences among various groups, the researcher employed the 't' test. The results reveal that overall, higher secondary school teachers—regardless of whether they are from urban or rural areas—exhibit a highly favorable attitude towards the implementation of sex education. Additionally, the study found no significant differences in attitudes based on gender (male or female), locality (rural or urban), or academic stream (arts, science, or commerce). This indicates a broadly supportive stance among teachers towards the introduction and implementation of sex education in the curriculum, suggesting a consensus across different demographic and professional categories. Sahin Sahari (2024)

In the Indian context, where discussions about sex and related concepts are often considered taboo, exploring sexual education becomes crucial. Community laws and beliefs can significantly influence individual attitudes, and these attitudes often reflect in behavior. Teachers, acting as secondary caregivers, play a critical role in delivering sexual education to students. Therefore, understanding teachers' perspectives on the implementation of sex education is vital. This study aims to investigate the attitudes of school teachers towards sexual education and its execution in the Wayanad district of Kerala.

Utilizing a mixed-methods approach, the study involved 40 upper elementary and secondary school teachers from Wayanad. After obtaining ethical clearance from the institution's ethical

committee and consent from the school administration, data was collected through personal data sheets, an “Attitude Scale toward Sex Education,” and semi-structured interviews. Findings revealed that the majority of teachers (58%) held a negative outlook on sexual education. Furthermore, the study found no significant gender differences in attitudes towards sexual education among school teachers.

Qualitative analysis highlighted a notable discrepancy between teachers’ attitudes towards sex education and the actual implementation of sex education programs in schools. This gap underscores the need for enhanced training and knowledge for school teachers in Kerala regarding sexual education. Additionally, the study emphasized the importance of both governmental and societal support in successfully implementing sex education programs within school environments. Such support is essential to overcoming existing taboos and ensuring effective delivery of sexual education. Bibina P.A .et.al. (2023)

To determine the efficacy of a theoretically based sex education program for adolescents, known as SHARE, a cluster-randomized trial was conducted across 25 secondary schools in East Scotland. The trial aimed to assess whether the SHARE program, delivered by teachers, could reduce unsafe sexual practices compared to the existing sex education curriculum. The study followed a cohort of 8,430 pupils aged 13-15 years, with 7,616 completing the baseline questionnaire and 5,854 participating in the two-year follow-up.

The SHARE program (intervention group) was compared with the conventional sex education program (control group). Outcomes were measured in terms of self-reported exposure to sexually transmitted diseases, condom and contraceptive use at first and most recent sexual intercourse, and rates of unwanted pregnancies. Despite implementing the SHARE program, the intention-to-treat analysis revealed no significant differences in sexual activity or sexual risk-taking behaviors between the intervention and control groups by age 16.

The SHARE program did show some positive effects. Pupils in the intervention group reported less regret regarding their first sexual intercourse with their most recent partner, with young men showing a 9.9% difference (95% CI: -18.7 to -1.0) and young women a 7.7% difference (95% CI: -16.6 to 1.2). Additionally, students evaluated the intervention program more favorably, and their

knowledge of sexual health improved. Despite these benefits, the lack of significant behavioral change in sexual risk-taking could not be attributed to variations in the quality of program delivery. Consequently, while the SHARE program was positively received and improved sexual health knowledge, it did not lead to a reduction in sexual risk-taking compared to conventional sex education. Daniel Wight .et.al. (2002)

To evaluate attitudes towards Adolescent Reproductive Sexual Health Education (ARSHE), a study was conducted involving a random sample of 795 parents and 115 teachers from four schools in Thiruvananthapuram district, Kerala. These included one boys-only school, one girls-only school, one co-educational urban school, and one co-educational rural school. This study was part of an ICMR-supported ARSHE intervention program

.Data was collected using a self-administered questionnaire developed by an ICMR task force, which assessed opinions on the need for, content of, and appropriate providers of adolescent reproductive sexual health education. The findings revealed that 65.2% of parents and 40.9% of teachers had not engaged in discussions about growth and development issues with their adolescents. Discussions about sexual aspects were even less common, with only 5.2% of teachers and 1.1% of parents addressing these topics with adolescents.

Regarding the content of ARSHE, 44% of parents supported the inclusion of information on HIV/AIDS and sexually transmitted diseases (STDs). However, more than 50% of parents expressed uncertainty about whether topics such as masturbation, dating, safe sex, contraceptives, pregnancy, abortion, and childcare should be included in the curriculum. These results underscore the importance of introducing reproductive and sexual health education in schools.

The study highlights a significant gap in current practices, as only 1.1% of parents and 5.2% of teachers actively discuss sexual health topics with adolescents. This points to a critical need for awareness programs for both parents and teachers before implementing ARSHE in schools. Ensuring that both groups are adequately informed and prepared to address these issues is essential for the successful introduction and effectiveness of sexual health education programs. M.K..C.Nair .et.al.(2001)

Despite evidence indicating that adolescents often turn to pornography to learn about sex, there are currently no empirically supported, school-based sex education programs in the United States

that address this issue. This qualitative study, conducted in 2022, explored the perspectives of high school health teachers (n = 9) and administrators (n = 8) in Massachusetts regarding the inclusion of pornography education in school-based sex education. The findings reveal a significant need and desire among educators to incorporate education about pornography into the curriculum. However, they also highlight substantial barriers to doing so. Logistical challenges, such as the limited time available to cover this topic, and political concerns, including potential backlash from school boards, parents, and the broader community, were identified as major obstacles. Despite these challenges, participants suggested several strategies to mitigate resistance and expressed optimism that prioritizing students' needs could help overcome these barriers.

The next critical step involves adopting a community-informed approach to develop and evaluate the feasibility and acceptability of integrating pornography education into school contexts. To facilitate this process, policy changes at local, state, and national levels are necessary. Such policies must explicitly recognize the inclusion of pornography education as a vital component of contemporary sex education curricula, amidst growing political and legislative efforts to restrict or control educational content. Ensuring that these policies support comprehensive sex education will be essential for addressing the gaps in students' sexual health knowledge and promoting informed, healthy decision-making. Kimberly Nelson .et.al. (2024)

2.4 Understand the Potential Impact

yu, J., et al. (2020) conducted a cross-sectional study to explore gender differences in sexual knowledge, attitudes, behaviors, and preferences for sex education among 5,965 undergraduates from nine universities across Zhejiang, Henan, and Yunnan provinces, China. The study revealed that 18.7% of students had engaged in sexual intercourse, with males (27.0%) reporting higher rates than females (13.9%). Urban students and those identifying as homosexual or bisexual were more likely to have had sexual intercourse. Sexual knowledge was relatively low, with an average score of 6.16 out of 12. The study highlighted that 72.5% of students preferred online platforms for sex education, emphasizing the need for China to develop comprehensive and practical online sex education to better inform young people and mitigate risky behaviors.

Balition, F. C. (2012) explored the attitudes of students at Villaba National High School toward various aspects of sexual relationships through a descriptive survey correlation research design.

The study identified significant gender differences in attitudes toward courtship, petting, pre-marital sex, and live-in arrangements. A Z-test confirmed these differences, suggesting that boys and girls hold distinct views on sexual relationships. The study underscores the importance of tailoring sex education programs to address the unique concerns of both genders effectively.

Mahajan, P., et al. (2005) assessed the knowledge levels of adolescent girls in rural and urban areas of Jammu regarding HIV/AIDS. The study found that urban adolescent girls had significantly better knowledge of HIV/AIDS than their rural counterparts, revealing a pressing need for targeted sex education interventions in rural areas. The authors suggest that school teachers play a pivotal role in bridging the knowledge gap through innovative approaches like the “letter box” method, which encourages students to ask anonymous questions, fostering a safe learning environment.

These studies collectively highlight the ongoing need for comprehensive sex education, particularly in contexts where traditional values and cultural taboos continue to shape sexual behavior and attitudes. Lyu et al. (2020) demonstrate that despite modernization, Chinese students possess low levels of sexual knowledge, which contributes to risky behaviors. Their preference for online sex education underscores the potential of digital platforms in meeting the educational needs of young people in a culturally appropriate manner. However, the study also raises concerns about the digital divide, which may exacerbate disparities in access to sexual health information between urban and rural populations.

Similarly, Balition (2012) emphasizes the importance of gender-sensitive approaches in sex education, given the distinct differences in attitudes between male and female students. This suggests that one-size-fits-all programs may be insufficient in addressing the nuanced concerns of adolescents, particularly in societies where gender roles are rigidly defined.

Mahajan et al. (2005) add another dimension by revealing the stark rural-urban divide in HIV/AIDS knowledge among adolescent girls in Jammu. Their recommendation of using innovative, non-threatening approaches like the “letter box” method underscores the importance of culturally sensitive and context-specific strategies for delivering sex education. The findings of these studies illustrate the diverse challenges educators face when developing sex education programs that cater to both rural and urban students, address gender differences, and bridge gaps in sexual knowledge.

RESEARCH GAP

Despite growing recognition of the importance of sex education in fostering informed and healthy adolescent behavior, significant gaps persist in its integration into the higher secondary curriculum. Research on the perspectives of higher secondary school teachers—the key facilitators of this education—is limited, particularly in terms of their preparedness, attitudes, and the socio-cultural barriers they face.

While existing studies often focus on the content and impact of sex education, less attention is given to the institutional and pedagogical challenges that teachers encounter when implementing these programs. Factors such as inadequate training, discomfort with the subject matter, lack of support from administration, and resistance from parents and communities remain underexplored. Additionally, research seldom investigates how cultural taboos, religious beliefs, and regional variations influence teachers' willingness and ability to effectively deliver sex education.

This gap suggests a need for deeper inquiry into the experiences and needs of higher secondary school teachers regarding sex education, the socio-cultural contexts that influence their teaching, and the development of teacher training programs that can better equip them to handle this sensitive subject matter. Addressing these issues is critical to ensuring the successful integration of sex education into the curriculum.

The present study seeks to address the research gap by exploring the perspectives of higher secondary school teachers regarding the inclusion of sex education in the curriculum. Specifically, the study aims to investigate teachers' attitudes, preparedness, and the challenges they face in implementing sex education. By focusing on these areas, the study aims to contribute to the development of more effective, culturally sensitive, and teacher-supported sex education programs in higher secondary schools.

CHAPTER III

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter explains the methodology that was used in gathering data and analysis which are relevant to the research. This methodologies will include area such as the location of the study , research design , sampling , and sampling size , type of data , data collection method and its management .

3.2 TITLE OF THE STUDY

INCLUSION OF SEX EDUCATION IN HIGHER SECONDARY CURRICULUM: A STUDY AMONG HIGHER SECONDARY SCHOOL TEACHERS

3.3 OBJECTIVES

- To assess the awareness level among higher secondary school teachers regarding the importance of sex education.
- To examine the perceived benefits and challenges of integrating sex education into the higher secondary curriculum.
- To explore the role of teachers in delivering sex education and their comfort level in addressing sensitive topics.
- To understand the potential impact of sex education on students' attitudes, behaviours, and relationships.

3.4 RESEARCH DESIGN

The study is quantitative in nature using descriptive research design. A descriptive Quantitative research design is a methodology that aims to systematically collect and analyze Numerical data to provide an accurate representation of a particular phenomenon or population. This approach involves defining a clear research objective, selecting appropriate sampling Techniques, and using

reliable tools to collect quantitative data. The collected data is then analyzed Using software's like Statistical Package for the Social Sciences. The findings are presented Through tables, charts, graphs, or written descriptions, along with a discussion of any limitations of the study. Descriptive quantitative research designs are commonly used in fields like sociology, Psychology, education, emotional and public health to describe and summarize data from large samples or populations, and to gain insights into the characteristics, behaviors, or attitudes of Specific groups.

3.5 SAMPLING

Purposive sampling was utilized to collect data from higher secondary school teachers regarding the inclusion of sex education in the curriculum. This non-probability sampling method was chosen to target a specific subset of individuals who are directly involved in the educational environment and have relevant insights into curriculum development. The study focuses on teachers from higher secondary schools in the selected region. For this research, a sample of 60 higher secondary school teachers was selected. The participants were chosen based on their involvement in teaching at this level and their potential insights into the effectiveness and challenges of integrating sex education into the curriculum. The sample included teachers from diverse educational backgrounds and subject areas, ensuring a range of perspectives. The age of the participants varied from 25 to above 60 years, and they represented a mix of experience levels and educational roles, including those from different school types and administrative positions.

3.6 SOURCES OF DATA

Primary Data

Primary data was collected using a self – administered questionnaire designed by the researcher

Secondary Data

The. Researcher has collected secondary data from journals , articles , internet sources and other magazines.

3.7 TOOLS OF DATA COLLECTION

In this study on the inclusion of sex education in the higher secondary curriculum, the researcher employed a mixed-methods approach for data collection. The primary tool utilized was a structured questionnaire, administered through Google Forms. This digital method facilitated efficient data collection and organization, providing a streamlined process for analysis.

The questionnaire was designed to gather detailed insights from higher secondary school teachers on integrating sex education into the curriculum. It included 30 questions covering various aspects such as opinions on the scope and depth of sex education topics, perceived obstacles and resource needs for implementation, adequacy of current training and professional development, and perceptions of student readiness and relevance. Additionally, it collected demographic information such as age, gender, teaching experience, and teaching subject of the respondents.

3.8. TOOLS OF DATA ANALYSIS

For data analysis, the researcher employed the Statistical Package for the Social Sciences (SPSS), which is a software package specifically designed for statistical analysis. The collected data was subjected to both descriptive and inferential statistics. Descriptive statistics were utilized to summarize and describe the main characteristics of the data. Inferential statistics, on the other hand, were employed to draw conclusions, make predictions, and test hypotheses about the population based on the collected sample data.

3.9. PILOT STUDY

To assess the feasibility of the study among the respondents, a pilot study was conducted. Ten respondents were randomly selected, and data was collected from them. After analyzing the data obtained from the pilot study, necessary corrections and modifications were made to the questionnaire. This process helped refine the questionnaire, ensuring its effectiveness and suitability for the main study.

3.10. PRE-TEST

Once the questionnaire was drafted, the researcher conducted a validity test to assess whether the questions used in the questionnaire yielded the intended data. The test aimed to identify any issues, Such as response latency, partially completed responses, and potential confusion regarding the Initial questions in the questionnaire itself. The validity test was crucial in recognizing and Addressing these concerns, ensuring the accuracy and reliability of the collected data.

CHAPTER IV DATA ANALYSIS AND INTERPRETATION

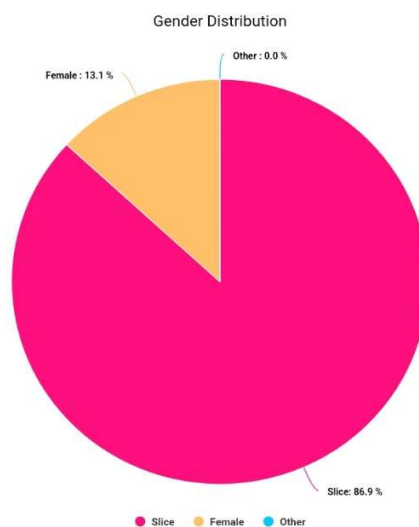
4.1 INTRODUCTION

This chapter discusses the data analysis process using SPSS (Statistical Package for Social Sciences) and Microsoft Excel. The data was collected from higher secondary school teachers regarding their views on including sex education in the curriculum. The data collection was conducted through a structured questionnaire distributed via Google Forms. The questionnaire was crafted to capture teachers' perspectives on the integration of sex education, including aspects such as curriculum content, implementation challenges, teacher training, and students impacts. The analysis aimed to provide a comprehensive understanding of educators' attitudes and the practical considerations related to incorporating sex education into the higher secondary curriculum.

4.2 DEMOGRAPHIC PROFILE

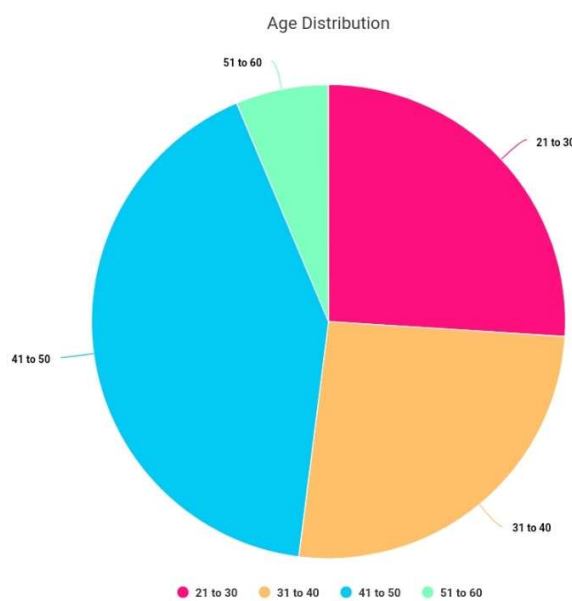
The demographic variables considered for the study are gender , age , marital status , number of kids , child's class , subject of the teacher.

**Figure 4. 1
Gender Distribution**



Inclusion of sex education in the higher secondary curriculum is crucial as it addresses students' developmental needs and promotes healthy relationships. Given that the survey shows a higher percentage of female teachers (52.9%) compared to male teachers (49.5%), their perspectives might influence the approach to integrating comprehensive sex education, emphasizing the need for balanced input from both genders to ensure effective and inclusive programming.

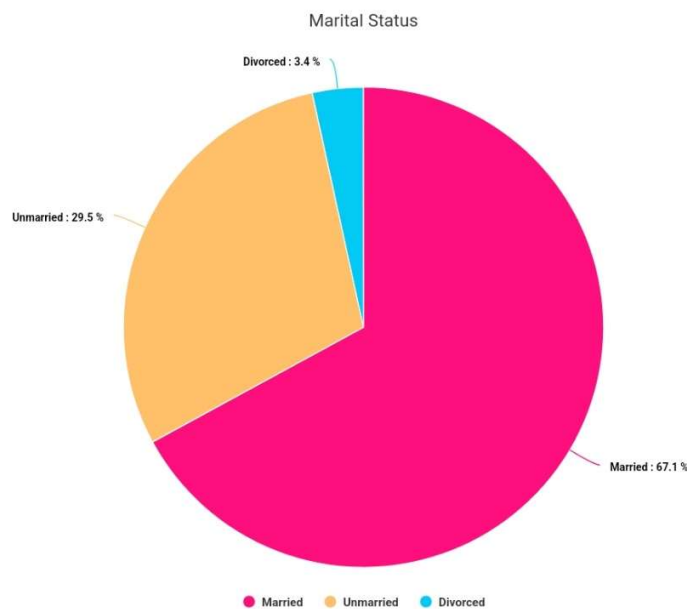
Figure 4.2 : Age of the respondents



The largest proportion of teachers, 32.9%, falls into the youthful workforce category, aged between 21 and 30 years. This suggests that a significant portion of the teaching workforce is relatively young, likely more open to new ideas and progressive education reforms like the inclusion of sex education. Teachers in this age group may have received more recent training, which could make them more comfortable and better equipped to teach such topics. Close behind, 32.9% of the teachers are in the mid-career professionals group, aged between 31 and 40 years. This group represents experienced educators who might balance modern educational approaches with practical classroom experience. They may have a nuanced perspective on the need for sex education, considering both its benefits and the challenges associated with its implementation. The

experienced educators, aged between 41 and 50 years, make up 25.7% of the sample. These teachers bring significant experience but may also hold more traditional views on education. Their support or resistance could be crucial in determining the acceptance of sex education within the curriculum. The smallest group, 8.6%, consists of senior educators aged between 51 and 60 years. These teachers have the most experience, but their perspectives might be influenced by long-standing educational norms. They may be less familiar with contemporary approaches to sex education, which could affect their views on its inclusion.

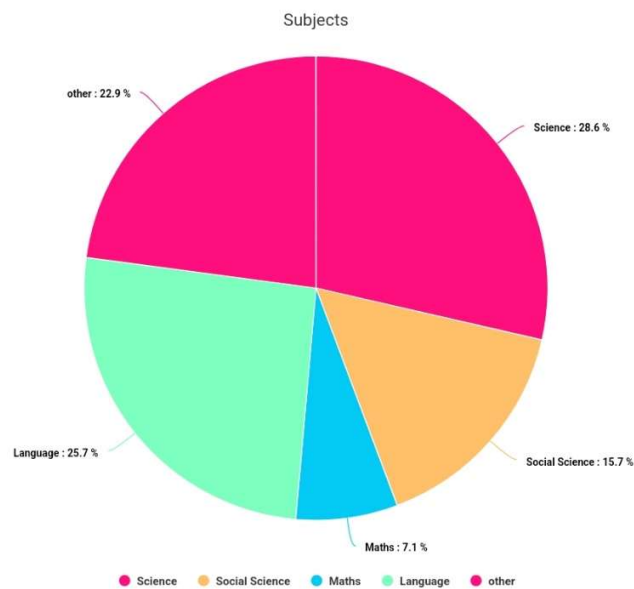
Figure 4. 3: Marital status of respondents



The marital status of the respondents reveals that a significant majority, 64.6%, are married. This majority suggests that most of the teachers surveyed have personal and family responsibilities, which may influence their views on topics like sex education. Married individuals might bring perspectives shaped by their experiences in relationships and parenting, potentially making them more aware of the importance of comprehensive sex education in helping young people make informed decisions. Meanwhile, 28.4% of the respondents are unmarried. This group is likely to include younger teachers who may have different priorities or perspectives compared to their married counterparts. They might be more open to progressive ideas and less influenced by

traditional family roles, potentially making them more supportive of the inclusion of sex education in the curriculum. A small percentage of the respondents, 3.3%, are divorced. Teachers in this group may have unique insights into the complexities of relationships and the importance of equipping students with the knowledge and skills to navigate them. Their personal experiences could make them advocates for comprehensive sex education, recognizing its role in promoting healthy relationships and preventing issues that could lead to marital challenges.

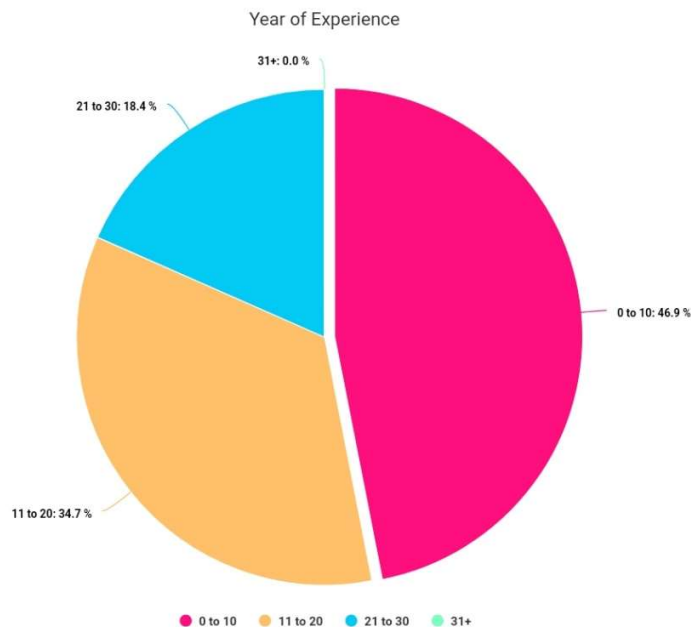
FIGURE 4.4 Subject respondents taught



The data provided represents the distribution of subject areas among higher secondary school teachers surveyed for a study on the inclusion of sex education in the higher secondary curriculum. Science Teachers (28.6%): The largest proportion of respondents are science teachers. This group may have a strong understanding of biological aspects of sex education, making their input valuable in understanding the scientific relevance of sex education in the curriculum. Language Teachers (25.7%) form the second-largest group. Their role in teaching communication and comprehension skills could offer insights into how sex education topics are communicated to students effectively. Social Science, who represent 15.7% of respondents, might focus on the societal and ethical implications of sex education, offering perspectives on how it integrates with

societal values and norms. Teachers from various other subjects make up 22.9% of the respondents. This diverse group might provide varied insights depending on their specific subjects, potentially adding interdisciplinary perspectives to the discussion on sex education. Maths Teachers are the smallest group at 7.1%. Their perspectives may be less directly relevant to sex education, though they could still contribute to discussions on logical reasoning or the statistical aspects of sex education research.

Figure 4. 5
Experience of Teachers

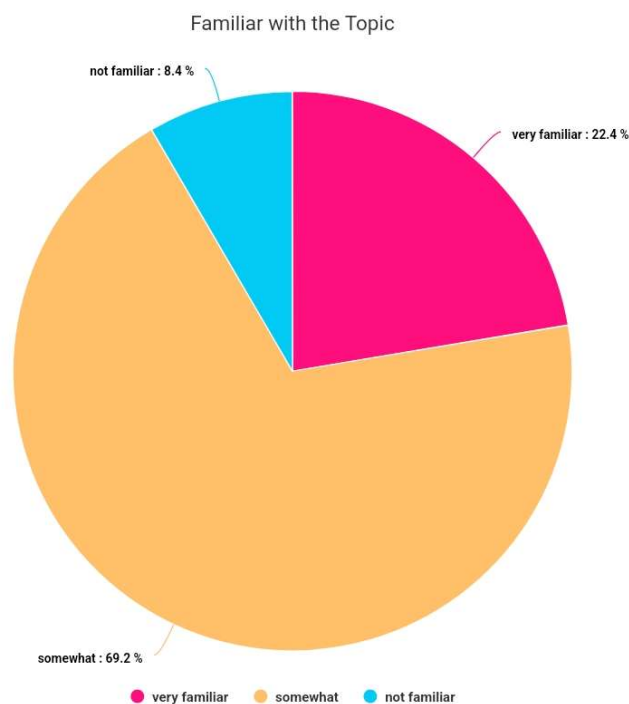


The data provided shows the distribution of teaching experience among higher secondary school teachers surveyed for a study on the inclusion of sex education in the curriculum. Here's an analysis. Teaching Experience 0-10 Years (46.9%): The majority of respondents are relatively new teachers with 0-10 years of experience. This group may be more open to contemporary educational practices, including sex education, and may have recently received training that includes modern pedagogical approaches. 11-20 Years of Experience (34.7%), A significant portion of teachers falls into this mid-career group. These teachers likely have substantial experience in the field, potentially balancing traditional teaching practices with newer methods. They might provide insights into how sex education could be integrated with existing curricula. 20-30 Years of

Experience (12.9%) , represent a smaller portion of the sample. These are veteran educators who have witnessed changes in the education system over time. Their perspectives might reflect more traditional views on sex education, but they also bring valuable long-term insights into the challenges and successes of past curricular changes. 31+ Years of Experience (0%) , There are no respondents with more than 30 years of experience.

4.3 Knowledge and Attitude

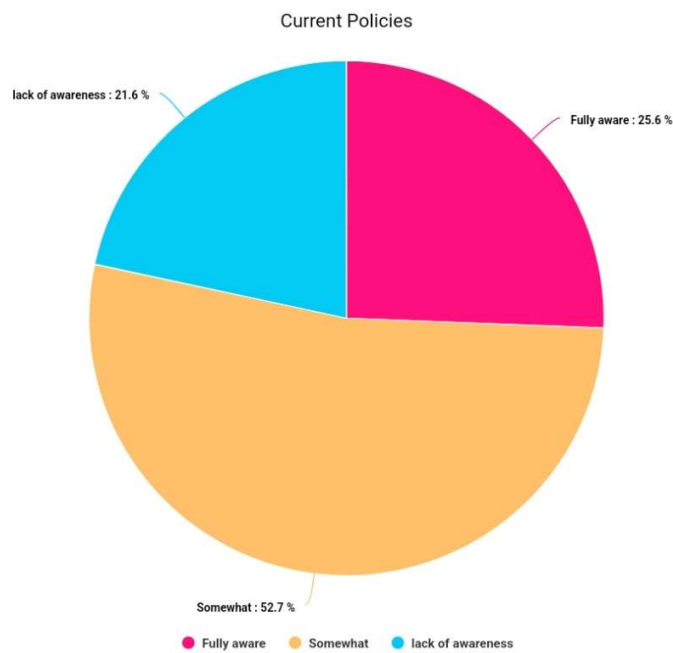
FIGURE 4.6 Respondents Familiarity with the concepts



The majority of respondents, nearly 70%, indicated that they are somewhat familiar with the concepts of sex education. This suggests that while they have some understanding of sex education, there may be confidence in the subject. This group likely has a basic awareness but might need further training or resources to feel fully competent in teaching or discussing sex education topics. Approximately 22.6% of respondents reported being fully familiar with sex education concepts. This indicates that a smaller portion of the respondents feel confident in their understanding and are likely well-prepared to engage with sex education topics. These individuals may have received specific training or have more experience in dealing with these subjects. A small but notable percentage, 8.5%, stated that they are not familiar with sex education concepts. This highlights a

potential area of concern, as this group may lack the necessary knowledge or comfort level to effectively teach or discuss sex education. Addressing this educational resources would be important to ensure all educators are equipped to handle sex education topics appropriately.

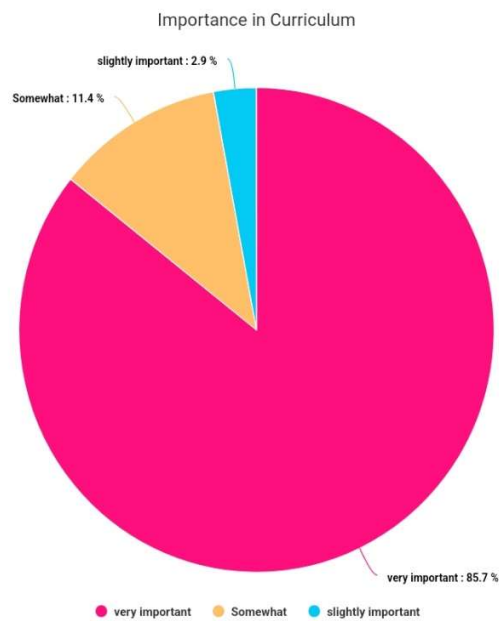
Figure 4.7
Current Policies



More than half of the teachers have some awareness Somewhat Aware (52.9%) of the current policies. This indicates that while they are familiar with the subject, they may lack full understanding or detailed knowledge of the policies. This group might know the general concepts but might not be well-versed in specific guidelines or implementations. Significant Portion Fully Aware (25.7%) A quarter of the teachers are fully aware of the sex education policies. This group likely understands the policies in detail and may be better equipped to effectively teach and implement the curriculum. However, the fact that this percentage is relatively low suggests that more work needs to be done to ensure comprehensive awareness. Lack of Awareness (21.7%) About one-fifth of the teachers are not aware of the policies at all. This is a concerning figure, as it implies that a significant number of teachers might be unprepared or ill-equipped to

teach sex education according to the required standards or guidelines. This could lead to inconsistencies in the delivery of sex education across different schools.

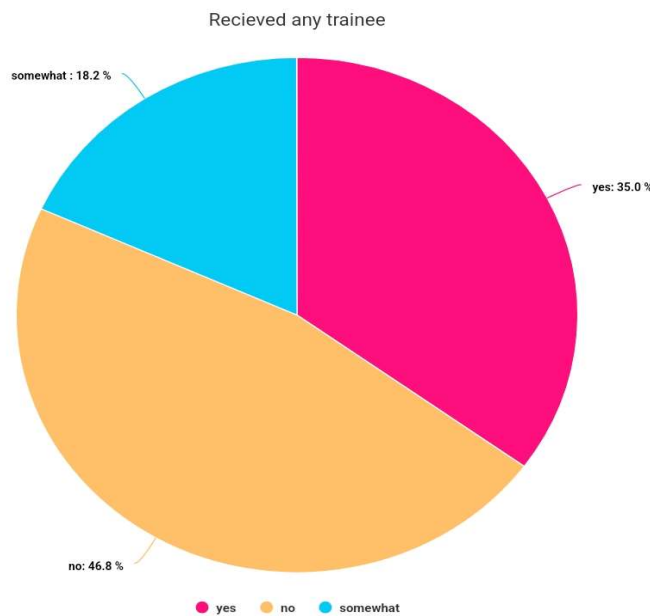
FIGURE 4.8
Important in Higher Secondary Curriculum



A significant majority of teachers, 85.7%, believe that sex education is “Very important” for the higher secondary curriculum. This overwhelming support indicates that most teachers recognize the critical role that sex education plays in preparing students for real-life challenges related to sexual health, relationships, and personal safety. The high percentage suggests that teachers see sex education as essential in helping students make informed decisions and develop a healthy understanding of sexuality and related issues. A smaller but notable portion of respondents, 11.4%, consider sex education to be “Moderately important.” This indicates that while these teachers acknowledge the value of sex education, they may see it as one of several important components of the curriculum rather than the most crucial. They might support its inclusion but believe it should be balanced with other educational priorities, possibly reflecting concerns about the extent or depth of the content covered in sex education. A small minority, 2.9%, view sex education as

“Slightly important.” This suggests that a few teachers believe that while sex education has some value, it is not a priority in the higher secondary curriculum. These respondents may feel that other subjects should take precedence, or they may have reservations about the relevance or appropriateness of sex education for this age group. The absence of any responses indicating that sex education is “Not important” (0%) highlights that all respondents believe sex education has at least some degree of importance in the curriculum. This consensus indicates a general acknowledgment among teachers that sex education plays a meaningful role in students’ education.

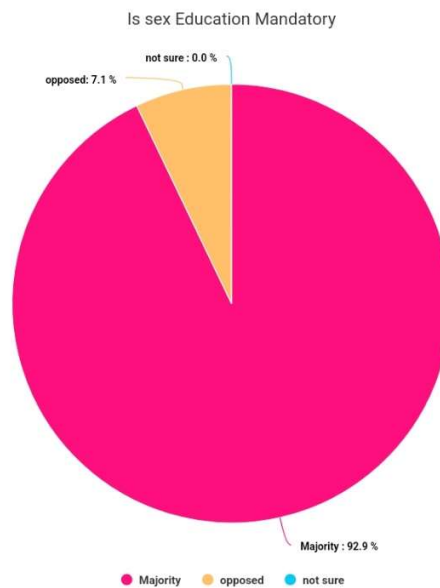
Figure :4.9
Training to Respondents



The data shows a significant divide in the preparedness of those responsible for teaching sex education. While 35.7% of respondents feel confident in their training, a majority (64.3%) either have no training or feel their training is inadequate. This indicates a potential gap in the education system or professional development programs, where more emphasis and resources may need to be allocated towards ensuring that all educators receive comprehensive training in sex education. The high percentage of respondents without any training (45.7%) is particularly troubling, as it suggests that many educators might be teaching without the necessary background, which could lead to misinformation or discomfort in handling sensitive topics. The 18.6% who feel

“Somewhat” trained might benefit from targeted professional development opportunities to bridge the gaps in their knowledge and skills. This middle group indicates that there are opportunities for improvement even among those who have received some training.

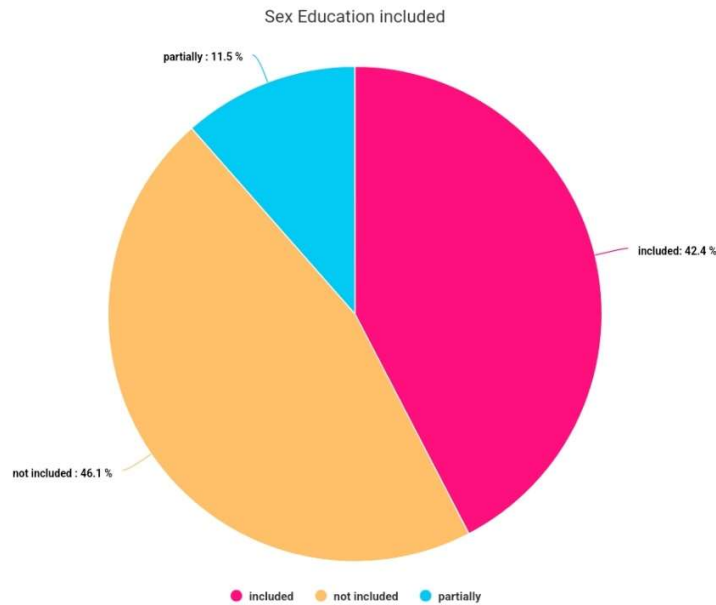
Figure 4. 10 Mandatory



The data clearly shows that the vast majority of teachers (92.9%) support making sex education a mandatory component of the higher secondary curriculum. This strong endorsement indicates that educators see mandatory sex education as a crucial step in ensuring that all students have access to important knowledge and skills that will help them make informed decisions about their sexual health and relationships. The small percentage of opposition (7.1%) suggests that while there is widespread support, there are still some reservations that need to be addressed. These may involve concerns about how the curriculum is implemented or the content covered. However, the overwhelming support suggests that any policy changes or curriculum developments in favor of mandatory sex education would be well-received by the majority of educators. The absence of “Not Sure” responses (as none were provided) suggests that the respondents have clear and decisive opinions on this issue. This clarity in responses emphasizes the strong feelings teachers have regarding the necessity of mandatory sex education in higher secondary schools.

Current Curriculum and Practices

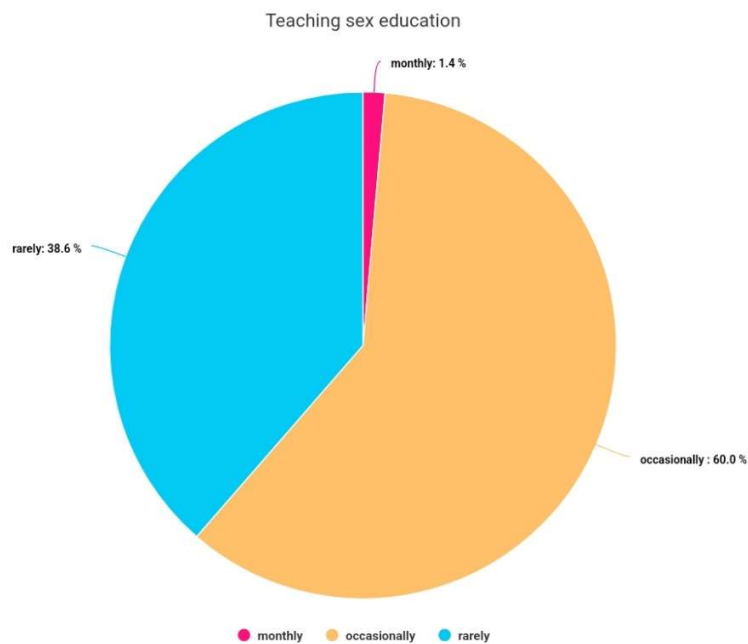
Figure 4. 11
Teaching in respondents school



About 42.9% of respondents indicated that sex education is currently included in their school's curriculum. This shows that nearly half of the schools represented in the survey have formally integrated sex education into their educational programs. This inclusion suggests that these schools recognize the importance of sex education and have taken steps to ensure that students receive instruction on topics related to sexual health, relationships, and safety. However, since this figure is less than half, it also highlights that sex education is not yet universally adopted. A slightly larger proportion, 45.7%, of respondents stated that sex education is not included in their school's curriculum. This indicates that in nearly half of the schools, there is no formal sex education program in place. The absence of sex education in these schools could be due to various factors, such as cultural or religious opposition, lack of resources, or insufficient training for teachers. The lack of inclusion suggests that students in these schools might be missing out on essential education that could help them make informed decisions about their sexual health and relationships. A smaller percentage, 11.4%, reported that sex education is only partially included in the curriculum. This could mean that sex education is addressed sporadically or that only certain aspects of it are covered. Partial inclusion might indicate a lack of a comprehensive and consistent approach,

potentially due to the same factors affecting schools where sex education is not included at all. These schools might offer sex education in certain grades, or integrate it into other subjects, but not provide a dedicated, thorough program.

FIGURE 4.12
Teaching sex education

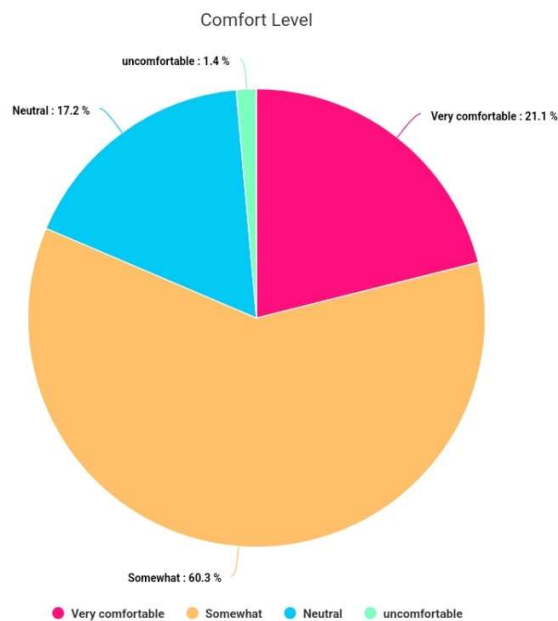


None of the respondents indicated that they teach sex education topics on a weekly basis. This suggests that even in schools where sex education is included in the curriculum, it is not a regular or frequent part of the educational schedule. The absence of weekly instruction could indicate a lack of prioritization of sex education or a limited allocation of time and resources to cover these topics comprehensively. A very small percentage, 1.4%, of respondents reported teaching sex education on a monthly basis. This minimal frequency indicates that only a tiny fraction of schools have a somewhat structured approach to covering sex education topics regularly, albeit not frequently. Monthly instruction might provide students with some consistent exposure to sex education, but the limited time may not be sufficient to cover all necessary topics in depth. The majority, 60%, of respondents indicated that they teach sex education topics “Occasionally.” This

suggests that sex education is taught sporadically rather than as part of a consistent, structured curriculum. The term “occasionally” could imply that these topics are covered only when deemed necessary, such as in response to specific incidents, during special events, or as part of broader health or science lessons. While students in these schools do receive some education on sexual health and related issues, the lack of regularity may lead to gaps in their knowledge or understanding. A significant proportion, 38.6%, of respondents teach sex education topics “Rarely.” This indicates that in these schools, sex education is only addressed infrequently, potentially resulting in minimal exposure for students. The infrequent coverage may be due to various factors such as lack of time, discomfort among educators, cultural sensitivities, or competing curriculum demands. As a result, students in these schools may not receive adequate education on important topics related to sexual health, relationships, and safety.

FIGURE 4.13

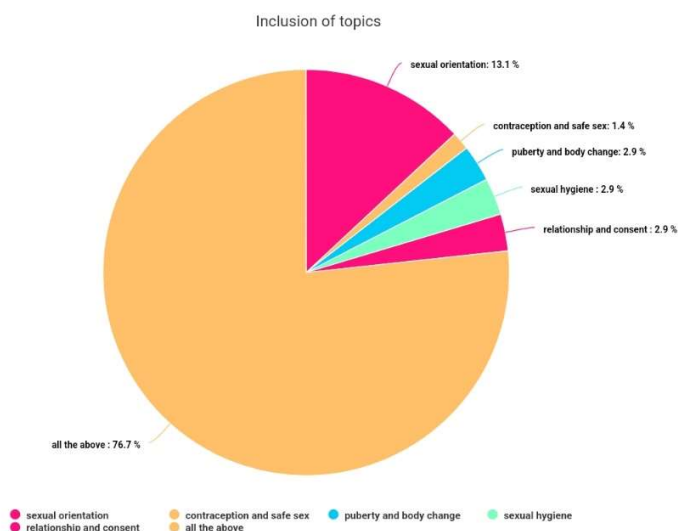
Level of Comfortability of respondents



A majority of respondents, 60%, reported being “Somewhat comfortable” with teaching sex education. This suggests that while many teachers are relatively at ease with the subject, there may still be some underlying hesitancy or discomfort. Teachers in this group might feel adequately prepared to handle the material, but they may also have concerns about how to approach sensitive topics, how students and parents might react, or their own level of expertise. This indicates a need

for ongoing support and professional development to help these teachers gain more confidence in delivering sex education effectively. A smaller percentage, 21.4%, of teachers feel “Very comfortable” teaching sex education. This group likely has a strong grasp of the subject matter and feels confident in addressing various topics within sex education. They may have received more training or have more experience in teaching these topics, which contributes to their comfort level. This group can be seen as an asset in the school system, potentially serving as mentors or resources for colleagues who are less comfortable. About 17.1% of respondents are “Neutral” about teaching sex education. This neutrality could indicate a lack of strong feelings either way, suggesting that these teachers might not have significant concerns but also do not feel particularly confident or enthusiastic about the subject. They might be open to teaching sex education but could benefit from additional training or resources to increase their comfort and engagement with the material. :A very small percentage, 1.4%, of teachers reported feeling “Uncomfortable” with teaching sex education. This group likely experiences significant discomfort or anxiety around discussing topics related to sexual health, relationships, and sexuality. This discomfort could stem from personal beliefs, cultural factors, lack of training, or fear of backlash from students, parents, or the community. Teachers in this category may avoid teaching sex education or may not approach it as thoroughly as needed, which could impact the quality of education that students receive.

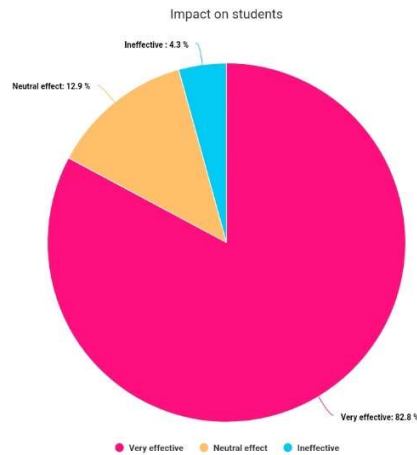
FIGURE 4.14
Topics should include



The majority of respondents, 75.7%, indicated that they cover all the listed topics under sex education. This is a positive finding, as it suggests that in these schools, sex education is comprehensive and addresses a wide range of important subjects, including sexual orientation, STDs, contraception and safe sex, puberty and body changes, sexual hygiene, and relationship and consent. Covering all these topics ensures that students receive a well-rounded education on sexual health, equipping them with the knowledge and skills needed to make informed decisions and maintain healthy relationships. A smaller percentage, 12.9%, of respondents focus specifically on sexual orientation. This indicates that while this topic is being addressed, it is not as commonly covered in isolation as the other topics. The focus on sexual orientation may reflect a growing recognition of the importance of inclusivity and the need to educate students about diverse sexual identities. However, the fact that it is not covered universally suggests that there may still be some reluctance or challenges in addressing this topic comprehensively in all schools. Only 2.9% of respondents focus on sexually transmitted diseases (STDs) specifically. This low percentage suggests that while STDs are included as part of the broader curriculum by most (those who selected “All the above”), there are few cases where STDs are the sole focus. This might indicate that educators prefer to integrate STD education into a broader discussion of sexual health rather than isolating it as a standalone topic. A very small percentage, 1.4%, of respondents specifically cover contraception and safe sex. This indicates that, like STDs, contraception and safe sex are generally taught as part of a broader curriculum rather than in isolation. The low percentage may reflect challenges in addressing this topic independently, potentially due to cultural sensitivities or limited time allocated to sex education. The same small percentage (2.9%) of respondents focuses on puberty and body changes as a standalone topic. This could suggest that most educators prefer to discuss puberty in conjunction with other aspects of sexual health, ensuring that students understand the broader context of the changes they are experiencing. Like other topics, sexual hygiene is rarely covered in isolation (2.9%). This is likely because it is seen as part of a broader discussion about maintaining health and well-being within the context of sexual education. Similarly, only 2.9% of respondents cover relationships and consent independently. This low percentage indicates that while relationships and consent are important, they are generally taught as part of a comprehensive curriculum that includes multiple interrelated topics.

FIGURE 4.15

Impact on students



A significant majority of respondents, 82.9%, believe that the current sex education curriculum is “Very effective.” This overwhelming support indicates that most teachers have a high level of confidence in the curriculum’s ability to deliver the necessary information and skills to students. These educators likely see the curriculum as comprehensive, well-structured, and capable of addressing the key aspects of sexual health, relationships, and safety. The strong endorsement suggests that the curriculum is perceived as successful in meeting educational goals and providing students with valuable knowledge that will help them make informed decisions. A smaller portion of respondents, 12.9%, consider the curriculum to be “Neutral effective.” This suggests that while these teachers recognize some value in the current curriculum, they may have reservations about its overall impact or areas where it could be improved. These educators might feel that the curriculum is adequate but not outstanding, possibly because it lacks depth in certain topics, is not engaging enough, or fails to fully resonate with students. The neutral stance indicates a need for ongoing evaluation and potential enhancements to ensure the curriculum is as effective as possible. A minority of respondents, 4.3%, view the current sex education curriculum as “Very ineffective.” This small percentage reflects a concern among some teachers that the curriculum does not adequately meet the needs of students or fails to address important topics effectively. These educators might believe that the curriculum is outdated, poorly structured, or not sufficiently comprehensive to equip students with the necessary knowledge and skills. Their dissatisfaction suggests that there may be gaps or weaknesses in the curriculum that need to be addressed to improve its overall effectiveness.

Perceived Barriers

Lack of Training (47.4%) , This is the most prominent issue, with nearly half of the teachers feeling unprepared to teach sex education due to insufficient training. This lack of preparation can lead to ineffective instruction and gaps in students' understanding. Parental Opposition (31.6%) , A significant portion of parents resist sex education, often due to concerns about content or timing. This opposition can result in schools modifying or limiting the curriculum, leaving out essential topics. Cultural and Religious Beliefs (10.5%) , Cultural and religious norms can restrict what is taught, leading to a less comprehensive education. This can particularly impact discussions around topics like contraception and sexual orientation. Inadequate Resources (5.3%) , Limited access to updated materials and structured curricula further hampers the effectiveness of sex education, making it difficult for teachers to engage students fully. Personal Discomfort (2.6%) , Some teachers feel uncomfortable discussing sexual topics, which can create an awkward classroom environment and discourage student participation. Other Challenges (2.6%) , This includes miscellaneous issues like legal restrictions or time constraints, which, while less common, still impact the overall delivery of sex education classes.

Figure 4.16: Challenges

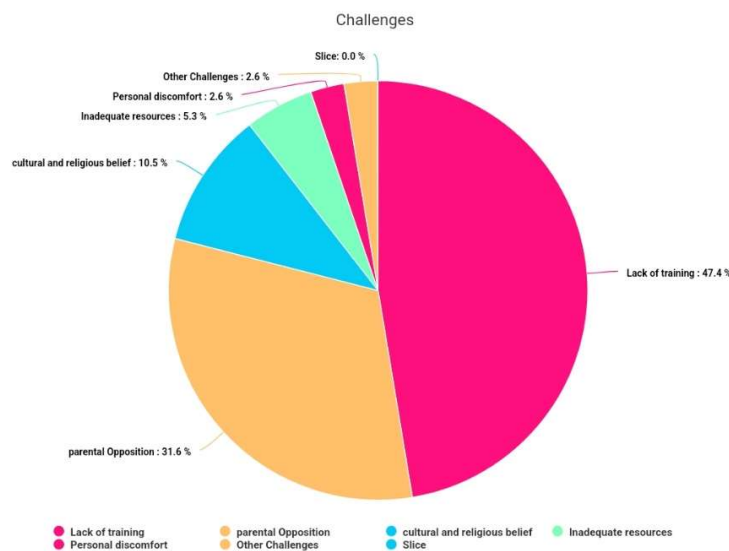
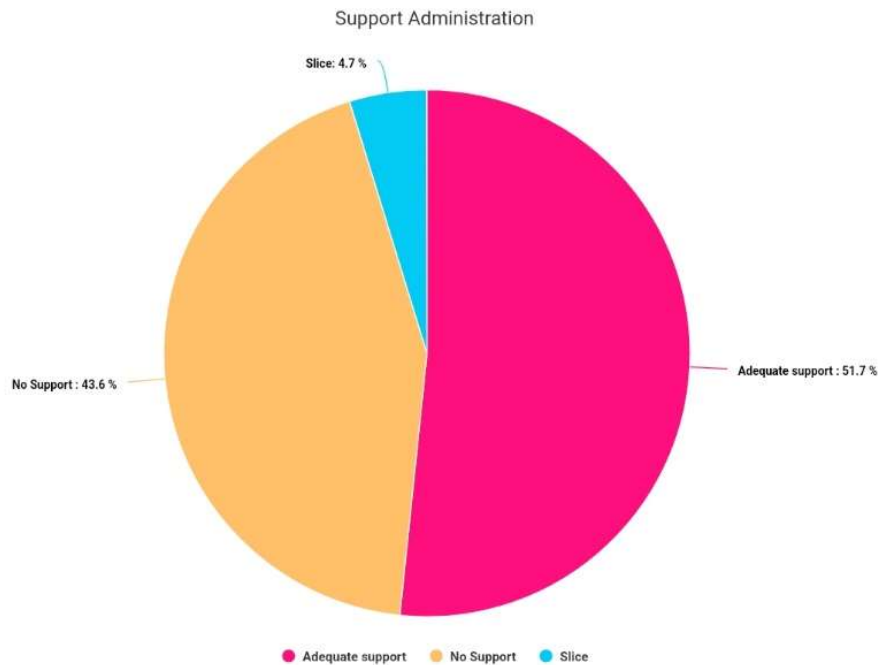


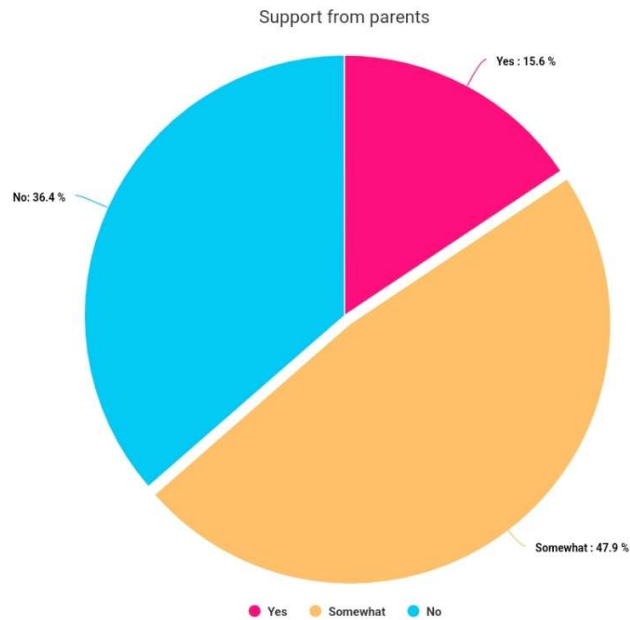
FIGURE 4. 17

Support to Respondents by administration's



A slight majority of respondents, 54.1%, indicated that they do receive adequate support from the school administration to teach sex education. This suggests that in these schools, teachers feel supported by their administration, which may include having access to necessary resources, professional development, and a positive environment for delivering sex education. This level of support likely helps these teachers feel more confident and prepared to address the subject matter effectively. A significant portion, 45.9%, of respondents reported that they do not receive adequate support from the school administration. This indicates that nearly half of the teachers feel unsupported when it comes to teaching sex education. The lack of support might manifest in various ways, such as insufficient training, inadequate resources, or a lack of encouragement from the administration. This could lead to challenges in delivering sex education effectively and might contribute to teacher discomfort or reluctance to fully engage with the curriculum.

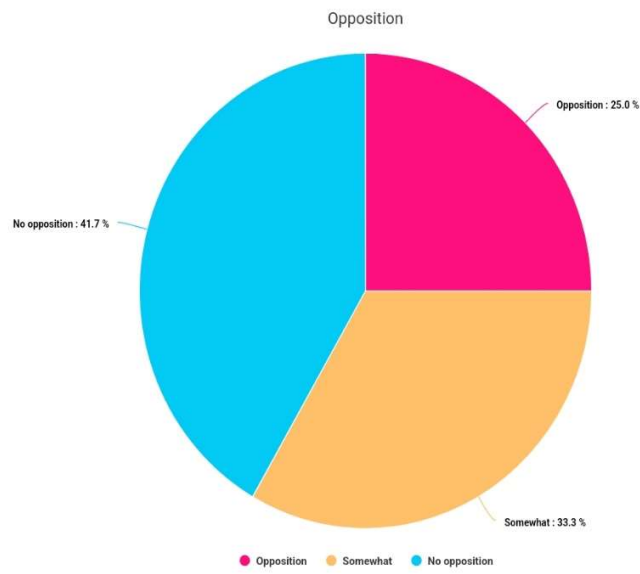
Figure 4.18
Support of parents to Respondents



The largest group, 47.8% of respondents, indicated that parental support is “Somewhat” present. This suggests that many parents have mixed or conditional support for sex education in schools. They may agree with certain aspects of the curriculum but have reservations about others, or they might support the concept of sex education in principle but have concerns about how it is implemented. This ambivalence could lead teachers to approach the subject cautiously, trying to balance parental concerns with educational goals. The high percentage of “Somewhat” support reflects the nuanced and sometimes conflicted attitudes parents have towards sex education. A significant portion, 36.3%, of respondents reported receiving no parental support for sex education. This indicates that more than a third of parents are opposed to or uncomfortable with the idea of sex education being taught in schools. The lack of support could stem from cultural, religious, or personal beliefs that view sex education as inappropriate or unnecessary. This opposition can create challenges for teachers, who may face resistance or pushback from parents, potentially leading to a more restrictive or hesitant approach to teaching sex education. Only 15.9% of respondents indicated full parental support for sex education. This relatively low percentage suggests that few parents fully endorse the inclusion of sex education in the curriculum without reservations.

Teachers in this minority group may feel more confident and supported in their efforts to provide comprehensive sex education, but the small percentage highlights the overall hesitancy or reluctance among the broader parent population.

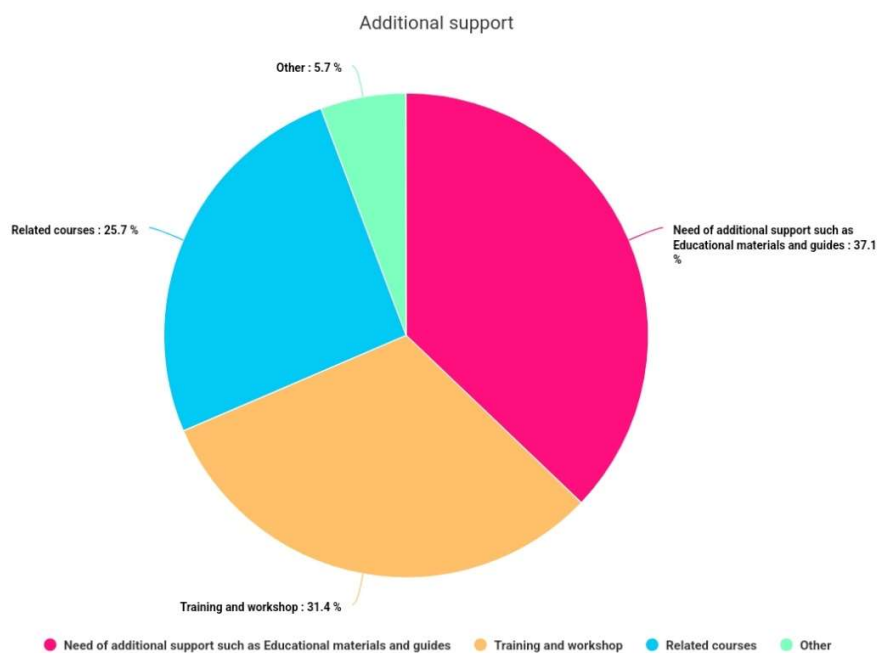
Figure 4. 19
Opposition to the Respondents



A significant majority, 60.8%, of respondents reported that teachers have faced opposition from parents or the community regarding sex education. This indicates that resistance to sex education is a prevalent issue in many communities. The opposition could arise from various factors, including cultural, religious, or personal beliefs that conflict with the content or the perceived appropriateness of sex education in schools. The high level of opposition suggests that sex education remains a contentious topic, with significant challenges in gaining widespread acceptance. This opposition likely creates a difficult environment for teachers, school administrators, and teachers who are trying to implement or maintain comprehensive sex education programs. About 24.2% of respondents indicated that teachers have faced “Somewhat” opposition from parents or the community. This suggests that while there is resistance, it may not be as strong or widespread as in other cases. The opposition in these instances might be more nuanced, with certain aspects of sex education being contested while others are accepted. This partial opposition could indicate a community that is divided on the issue, with some members supporting sex education and others expressing concerns or objections. The presence of “Somewhat” opposition means that while there may be challenges, there is also room for negotiation and compromise to

address the concerns of the opposition. A small percentage, 15%, of respondents reported that teachers have not faced any opposition from parents or the community regarding sex education. This minority suggests that in some communities, sex education is either widely accepted or not a significant point of contention. In these areas, teachers likely have an easier time supporting and implementing sex education programs, as they do not have to contend with significant pushback. The absence of opposition may reflect a more progressive or open-minded community attitude toward the importance of sex education.

FIGURE 4.20 Additional support for respondents

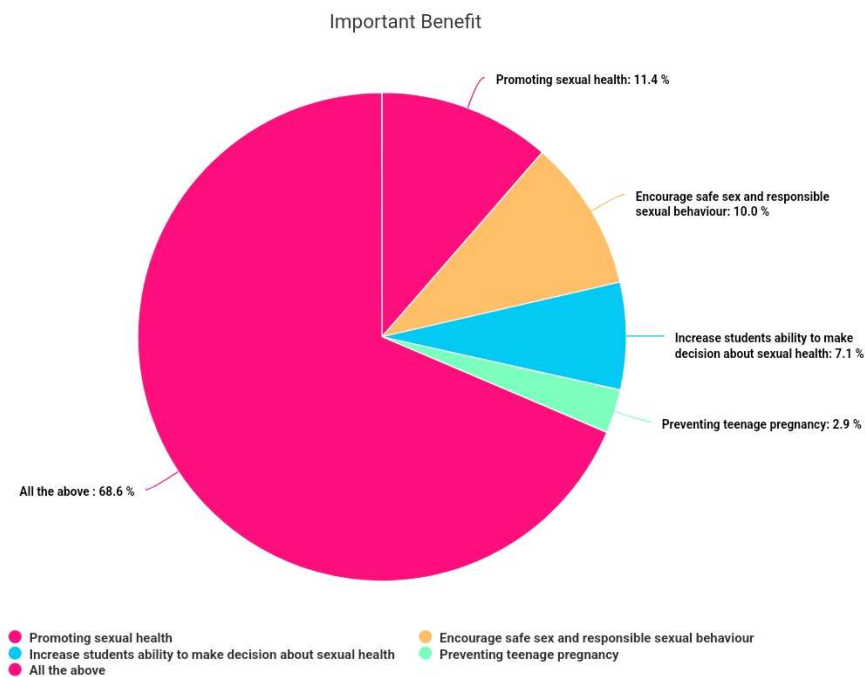


The largest percentage of respondents, 37.1%, indicated that teachers need additional support in the form of “Educational materials and guides.” This highlights a significant demand for resources that can aid in delivering comprehensive and accurate sex education. Such materials could include textbooks, lesson plans, multimedia resources, and teaching aids that help teachers effectively convey complex topics. The need for well-developed educational materials suggests that many teachers may feel that they lack the necessary resources to provide high-quality sex education or to address all relevant topics thoroughly. A substantial percentage, 31.4%, of respondents highlighted the need for “Trainings, workshops, and seminars.” This indicates that professional development opportunities are crucial for teachers to build their confidence and expertise in teaching sex education. Training programs can help teachers stay updated on best practices, new research, and effective teaching strategies. Workshops and seminars provide a platform for

teachers to engage with experts, share experiences, and address any challenges they face in teaching sex education. The need for such professional development underscores the importance of ongoing education and support for teachers in this area. A notable percentage, 25.7%, of respondents identified “Related courses” as an important form of additional support. This suggests that teachers would benefit from formal education or certification programs specifically focused on sex education. These courses could offer in-depth knowledge, pedagogical strategies, and a deeper understanding of the subject matter. The emphasis on related courses indicates a desire for structured, comprehensive learning opportunities that can enhance teachers’ qualifications and effectiveness in delivering sex education. A smaller percentage, 5.7%, selected “Other” as their choice, indicating that there may be additional, less common forms of support that teachers need. This category could encompass a variety of other supports, such as peer support networks, access to expert consultations, or administrative backing. The relatively low percentage suggests that while there are some unique needs or ideas for support, they are less prevalent compared to the more commonly identified needs for educational materials, training, and related courses.

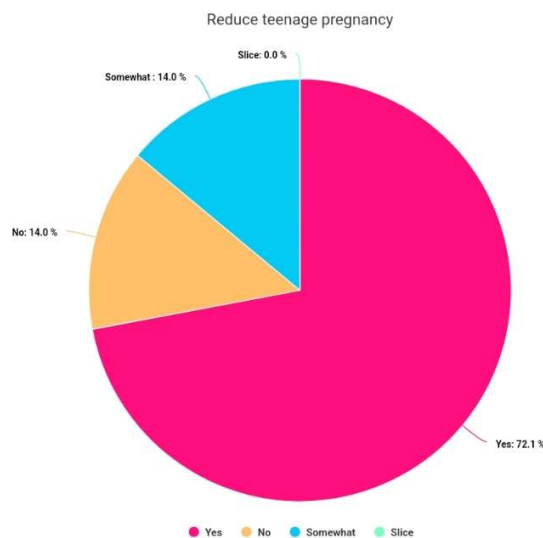
Impact and Importance

FIGURE 4.21
Important benefit according to Respondents



A substantial majority, 68.6%, of respondents identified “All the above” as the most important benefit of sex education. This indicates that most respondents view sex education as having multiple, interconnected benefits rather than prioritizing just one aspect. They recognize that effective sex education can encompass preventing teenage pregnancy, promoting sexual health and hygiene, encouraging safe and responsible sexual behavior, and helping students make informed decisions about their sexual health. This comprehensive view reflects an understanding of sex education as a multifaceted approach to addressing various aspects of sexual health and behavior. A smaller percentage, 11.4%, highlighted “Promoting sexual health and hygiene” as the most important benefit. This choice emphasizes the significance of educating students about maintaining good sexual health and hygiene practices. While important, this benefit is seen as just one part of the broader scope of sex education. Another 10% of respondents chose “Encouraging safe and responsible sexual behavior” as the primary benefit. This reflects an understanding of sex education as a means to foster behaviors that protect students’ well-being and help them make responsible choices regarding their sexual activities. A smaller group, 7.1%, selected “Increasing students’ ability to make decisions about sexual health” as the most crucial benefit. This choice underscores the importance of equipping students with the knowledge and skills necessary to make informed decisions about their sexual health, reflecting a belief in the empowering role of sex education. The smallest percentage, 2.9%, considered “Preventing teenage pregnancy” as the most important benefit. While preventing teenage pregnancy is a significant outcome of sex education, this view is less emphasized compared to the broader benefits listed above.

FIGURE 4. 22 Reduce teenage pregnancy



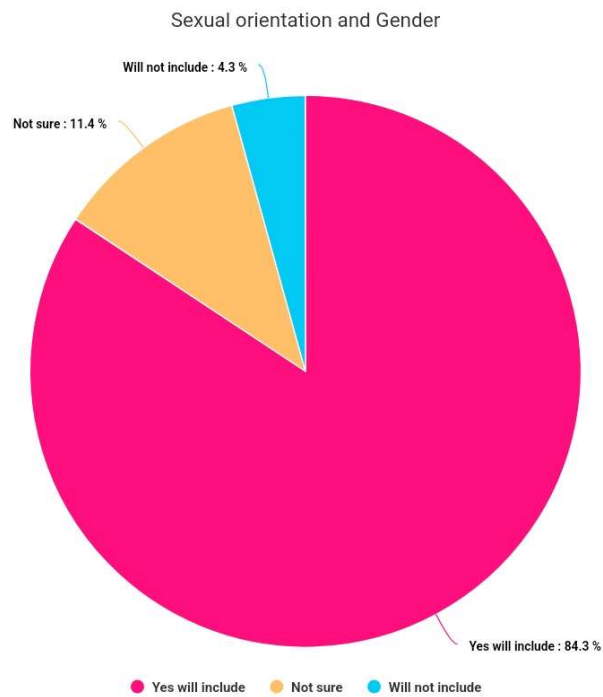
A significant majority, 71.7%, believe that sex education can help reduce the rate of teenage pregnancy and sexually transmitted diseases. This indicates strong support for the idea that comprehensive and effective sex education plays a crucial role in addressing these issues. Respondents who selected this option likely believe that sex education provides students with the knowledge and skills necessary to make informed choices, use contraception effectively, and understand the importance of sexual health practices. This perspective aligns with the view that well-structured sex education can contribute to better sexual health outcomes among teenagers. A notable percentage, 14.4%, expressed that sex education can help reduce teenage pregnancy and STDs “Somewhat.” This suggests that while these respondents acknowledge some benefit from sex education, they may feel that it is not a complete solution on its own. They might believe that other factors, such as access to healthcare, social support, or personal circumstances, also play significant roles in influencing teenage pregnancy and STD rates. This view indicates a recognition of the partial effectiveness of sex education but also a belief in the need for additional measures to achieve substantial reductions in these issues. A smaller proportion, 13.9%, do not believe that sex education can help reduce the rate of teenage pregnancy and STDs. This minority perspective suggests scepticism about the effectiveness of sex education in addressing these issues. Respondents in this group might argue that sex education alone cannot change behaviors or outcomes significantly, or they may have concerns about the quality or scope of the sex education provided. This view indicates a belief that other interventions or factors are necessary to address teenage pregnancy and STD rates .

Inclusion of topics by respondents Sexual Orientation and Gender Identity

A substantial majority, 84.3%, of respondents believe that sex education should address topics related to sexual orientation and gender identity. This indicates strong support for including these topics in sex education curricula. Respondents who support this inclusion likely recognize the importance of providing students with comprehensive and inclusive education that reflects diverse experiences and identities. Addressing sexual orientation and gender identity in sex education can help foster understanding, reduce stigma, and support LGBTQ+ students, as well as educate all students about respect and equality . A smaller percentage, 11.4%, are “Not sure” about whether sex education should include topics on sexual orientation and gender identity.

FIGURE 4.23

Inclusion of topics by respondents Sexual Orientation and Gender Identity

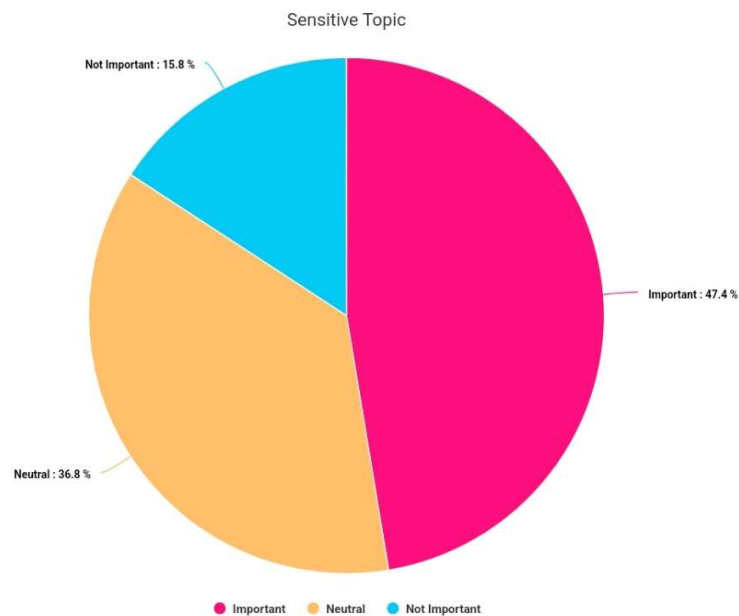


This uncertainty suggests that some respondents may be unsure about the appropriateness or impact of including these topics in sex education. They might have concerns about how these subjects are handled or about the potential reactions from students or parents. This group may benefit from further discussion or information on the value of inclusive education and how it can be effectively integrated into the curriculum. A minority, 4.3%, believe that sex education should not address topics related to sexual orientation and gender identity. This perspective reflects a view that these topics may not belong in sex education or that they may be inappropriate or unnecessary. Those in this minority may have concerns about the relevance or appropriateness of discussing these issues in the context of sex education, or they might hold views that differ from the majority on the inclusion of LGBTQ+ topics in educational settings.

Culturally sensitive topic

Nearly half of the respondents, 47.4%, consider it “Very important” to tailor sex education to be culturally sensitive. This significant portion underscores the value placed on respecting and integrating diverse cultural perspectives and values in sex education. Tailoring the curriculum to be culturally sensitive can help ensure that the education is relevant and respectful to students from different backgrounds, potentially enhancing its effectiveness and acceptance. This approach acknowledges the importance of addressing cultural norms and values while delivering comprehensive and inclusive sex education. A substantial 36.8% of respondents are “Neutral” about the importance of tailoring sex education to be culturally sensitive. This neutrality suggests that while they may recognize the value of cultural sensitivity, they might not see it as a critical factor or may believe that other aspects of sex education are more important. This group might be open to the idea but may not prioritize it over other elements of the curriculum. Their response indicates a need for further discussion or clarity on how cultural sensitivity impacts the effectiveness and inclusiveness of sex education. A smaller percentage, 15.8%, believe that

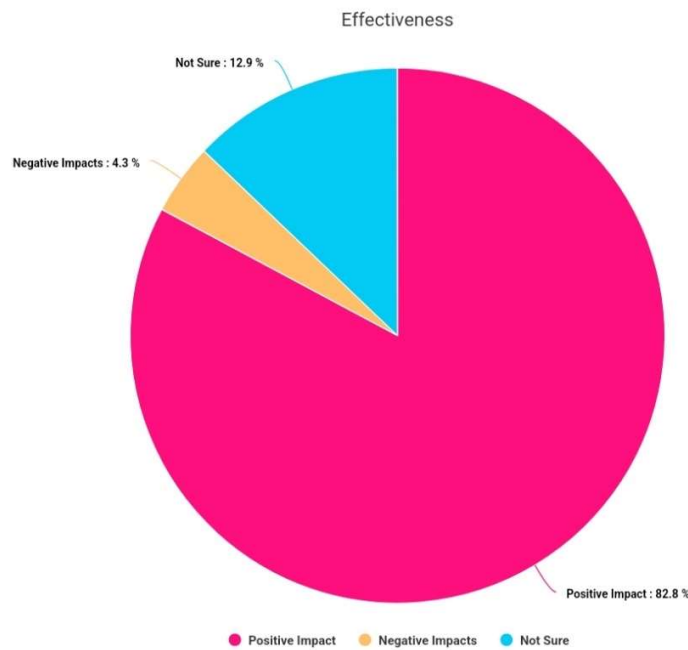
Figure 24: Culturally sensitive topic



tailoring sex education to be culturally sensitive is “Not important at all.” This view reflects a belief that cultural sensitivity may not significantly impact the effectiveness or relevance of sex education. Respondents with this perspective might prioritize other aspects of sex education or

may not see a direct connection between cultural sensitivity and educational outcomes. This group may need additional information or discussion to understand the potential benefits of integrating cultural sensitivity into the curriculum.

FIGURE 4.25
Effectiveness of students in their Academics



A significant majority, 82.9%, believe that sex education affects students' academic performance positively. This indicates that most respondents see a beneficial impact of sex education on academic outcomes. This view may be based on the idea that comprehensive sex education can contribute to overall student well-being, reduce distractions related to sexual health issues, and foster a more focused and supportive learning environment. Positive effects could also include improved mental health and better decision-making skills, which can enhance academic performance. A small percentage, 4.3%, think that sex education has no impact on students' academic performance. This perspective suggests that these respondents believe that sex education does not influence academic outcomes, either because they view it as unrelated to academic achievement or because they think its effects are negligible in comparison to other factors

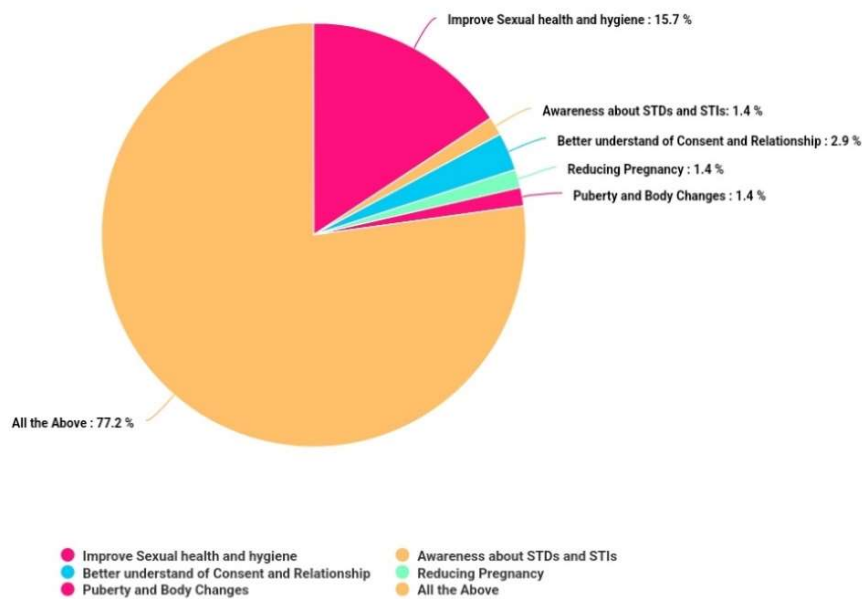
influencing performance. A moderate percentage, 12.9%, are “Not sure” about the impact of sex education on students’ academic performance. This uncertainty indicates that some respondents may not have enough information or evidence to assess the relationship between sex education and academic outcomes. They may be open to the possibility that sex education could have an impact but lack concrete data or personal experience to form a definitive opinion. No respondents believe that sex education affects students’ academic performance negatively. This absence of negative responses suggests that there is no significant concern among the respondents that sex education could have adverse effects on academic achievement. This aligns with the overall positive or neutral views on the impact of sex education.

Personal Opinion and Suggestions

Figure 26

Impact that Respondents expects

Impact by Including the Subject



A significant majority, 77.1%, of respondents believe that the long-term impact of including sex education in the curriculum will encompass all the listed benefits. This suggests that most teachers view sex education as a comprehensive tool that can address multiple aspects of students’ sexual

health and well-being. They expect that sex education will not only improve sexual health and hygiene but also raise awareness of sexually transmitted diseases (STDs) and sexually transmitted infections (STIs), enhance understanding of consent and relationships, reduce teenage pregnancy, and help students navigate puberty and body changes. This broad perspective reflects an understanding of sex education as a holistic approach to supporting students' development and well-being. A smaller but notable percentage, 15.7%, expect that the primary long-term impact of sex education will be the improvement of sexual health and hygiene. This group may prioritize educating students about maintaining personal health and hygiene as the most critical outcome of sex education. They likely believe that equipping students with the knowledge and skills to manage their sexual health is the most significant benefit. A small percentage, 2.9%, focus on better understanding of consent and relationships as the key long-term impact of sex education. This suggests that these respondents place high importance on educating students about the dynamics of healthy relationships and the importance of consent. They likely view this as a critical component of preparing students for responsible and respectful interpersonal interactions. Only 1.4% of respondents consider raising awareness of STDs and STIs as the most important long-term impact. While this is a critical aspect of sex education, the low percentage indicates that most respondents see it as part of a broader range of benefits rather than the sole focus. Similarly, only 1.4% believe that reducing teenage pregnancy is the primary long-term impact of sex education. While preventing teenage pregnancy is a crucial outcome, this low percentage suggests that respondents view it as one of many important benefits rather than the singular goal of sex education. Another 1.4% see the primary long-term impact as helping students navigate puberty and body changes. This indicates that while this is an essential part of sex education, it is seen as one component of the broader educational goals.

Stigma around sex education reduced

A significant majority, 60%, believe that reducing stigma around sex education requires a comprehensive approach involving multiple strategies. This group supports the idea that to effectively address stigma, it's necessary to combine better teacher training, encouraging open discussions, involving parents and the community, and integrating sex education into the curriculum. These respondents likely recognize that stigma is a complex issue that cannot be tackled through a single measure but rather through a multifaceted and collaborative effort. A

notable 15.7% of respondents identify better teacher training as the most crucial strategy for reducing stigma. This indicates that they believe equipping teachers with the knowledge, skills, and confidence to teach sex education effectively is key to overcoming stigma. Well-trained teachers are likely better prepared to address sensitive topics, dispel myths, and create an inclusive environment where students feel comfortable learning about sexual health. A smaller percentage, 10%, emphasize the importance of encouraging open discussions as a primary strategy. These respondents likely see open communication as essential to breaking down taboos and normalizing conversations about sexual health. By fostering an environment where students and teachers can discuss these topics freely and without judgment, stigma can be reduced, leading to a more accepting and informed school culture. A portion of respondents, 7%, believe that involving parents and the community is the most effective way to reduce stigma. This perspective suggests that these respondents see the value in gaining broader support from outside the school environment. By involving parents and the community, schools can align the messages students receive at home and in the classroom, thereby reducing misunderstandings and resistance to sex education. A small percentage, 5.7%, consider integrating sex education into the curriculum as the most important factor. This group likely believes that making sex education a formal part of the curriculum helps to legitimize it, making it a standard and accepted component of students' education. This integration can reduce stigma by presenting sex education as a natural and necessary part of learning, rather than an optional or taboo subject

FIGURE 4. 27

Stigma around sex education reduced

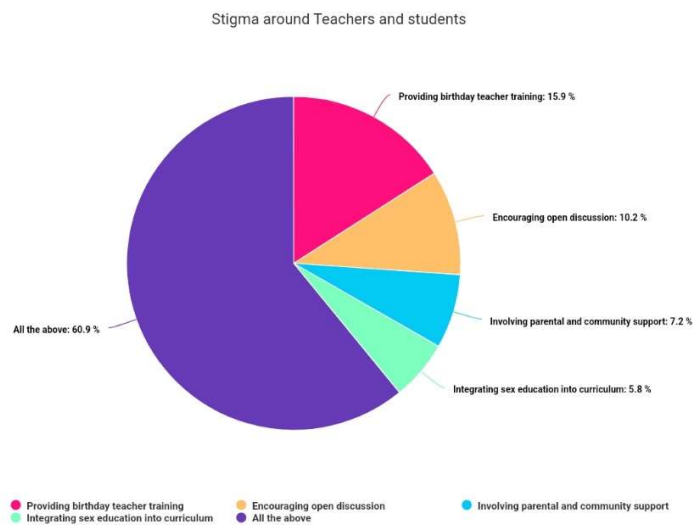
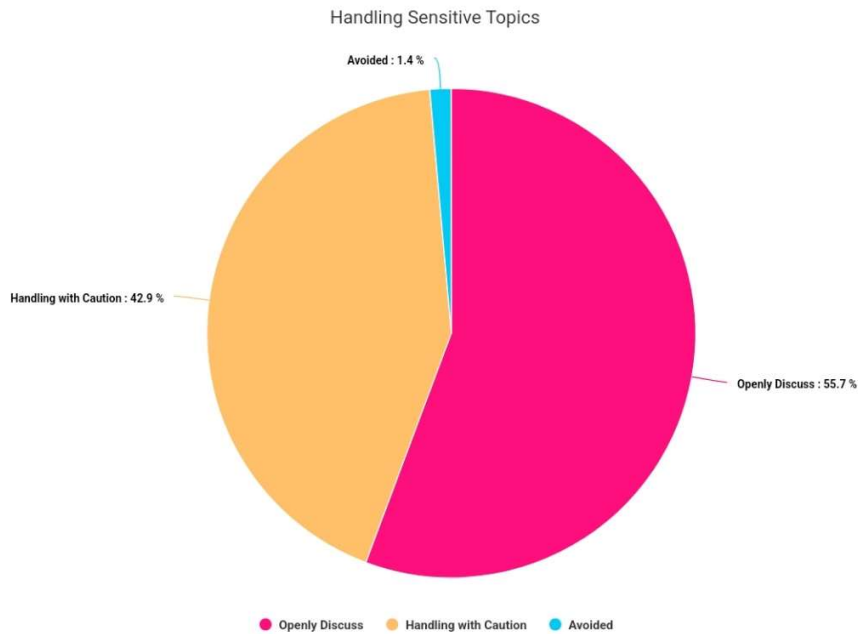


Figure 4. 28
Respondents Handling Sensitive Topic

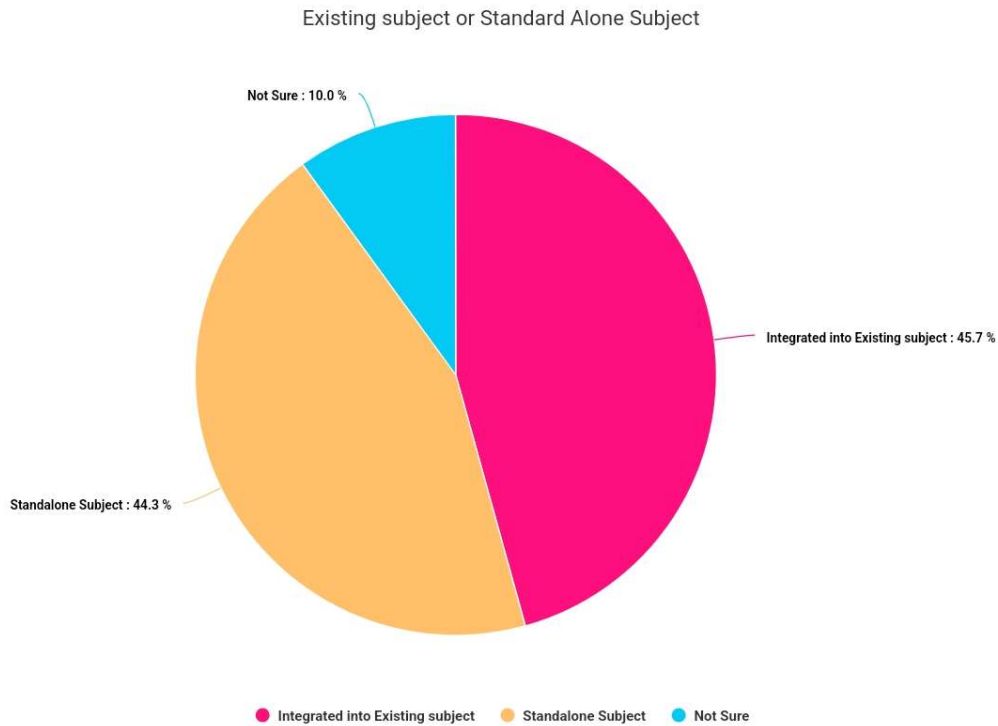


A majority of respondents, 55.7%, believe that sensitive topics in sex education should be openly discussed in the classroom. This indicates that more than half of the respondents support a transparent and straightforward approach to teaching sex education. These respondents likely believe that open discussions are crucial for demystifying sensitive subjects, providing accurate information, and creating an environment where students feel comfortable asking questions and expressing their concerns. This approach suggests that addressing these topics head-on can help reduce stigma, correct misconceptions, and promote a healthy understanding of sexual health and relationships. A substantial 42.9% of respondents think that sensitive topics should be handled with caution. This significant portion reflects the view that while these topics should be addressed, they need to be approached carefully to ensure that they are taught in a manner that is respectful, age-appropriate, and culturally sensitive. These respondents may be concerned about the potential for discomfort or controversy if sensitive topics are not introduced thoughtfully. They likely advocate for a balanced approach that provides necessary information while considering the diverse backgrounds and values of students. A very small percentage, 1.4%, believe that sensitive topics should be avoided altogether in the classroom. This minority view suggests a concern that discussing these topics might lead to discomfort, misunderstanding, or controversy. Respondents

with this perspective might feel that certain topics are too delicate to be addressed in a school setting or believe that they should be handled privately or within the family rather than in the classroom.

Figure : 4. 29

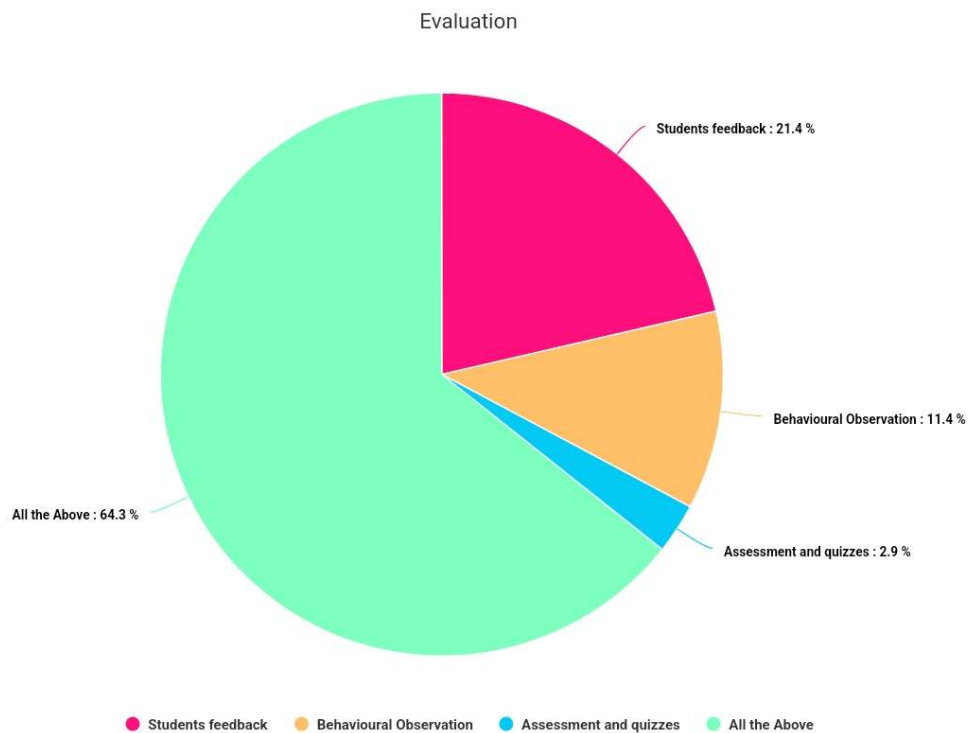
Respondents integration of Subject



A slight majority of respondents, 45.7%, prefer sex education to be integrated into existing subjects. This approach suggests that these teachers believe sex education can be effectively taught within the context of subjects like biology, health education, or social studies. Integrating sex education into existing subjects might allow for a more seamless incorporation of sexual health topics into the broader educational framework, making it easier to relate these topics to other areas of study. Teachers who support this approach may also feel that it reduces the stigma associated with sex education by embedding it within the regular curriculum, rather than isolating it as a separate, potentially controversial subject. A nearly equal percentage, 44.3%, prefer sex education to be taught as a standalone subject. This group likely believes that sex education deserves dedicated time and focus, which a standalone subject would provide. They may argue that a separate subject allows for a more comprehensive and in-depth exploration of sexual health topics,

ensuring that students receive thorough and consistent instruction. Supporters of this approach may also feel that a standalone subject emphasizes the importance of sex education and ensures that it is not overlooked or diluted within the broader curriculum. A smaller percentage, 10%, are "Not sure" about the best approach for integrating sex education. This uncertainty suggests that some teachers may not have a strong preference or may need more information about the potential benefits and drawbacks of each approach. These respondents might be open to either option, depending on how it is implemented and how effective it proves to be in practice.

FIGURE 4.30
Respondents Evaluation



A significant majority, 64.3%, believe that the effectiveness of sex education programs should be evaluated using a combination of methods: students' feedback, behavioral observation, and assessments/quizzes. This comprehensive approach suggests that most respondents recognize the complexity of evaluating sex education. They understand that relying on a single method might not capture the full picture of the program's impact. By combining different evaluation techniques,

educators can gain a more nuanced understanding of how well students are absorbing the material, changing their behaviors, and retaining knowledge. This approach also indicates a preference for a balanced evaluation strategy that considers both subjective and objective measures. A notable 21.4% of respondents believe that students' feedback is the most important tool for evaluating the effectiveness of sex education programs. These respondents likely value direct input from students, considering it crucial to understand their experiences, challenges, and what they found helpful or lacking in the program. Feedback from students can provide insights into how well the program meets their needs and how comfortable they feel with the topics covered. This method is particularly useful for identifying areas for improvement and ensuring that the program resonates with its target audience. A smaller percentage, 11.4%, prioritize behavioral observation as the key method for evaluation. These respondents likely believe that observing changes in students' behavior is a direct and practical way to measure the effectiveness of sex education. Behavioral observation can provide evidence of whether students are applying what they've learned in their daily lives, such as practicing safe behaviors, demonstrating respect in relationships, and making informed decisions. This method can be particularly useful in assessing the long-term impact of the program on students' actions and attitudes . Only 2.9% of respondents consider assessments and quizzes to be the primary tool for evaluating the program's effectiveness. This small percentage indicates that while testing knowledge retention is important, it is not viewed as sufficient on its own to gauge the overall success of the program. Assessments and quizzes can measure how well students have learned specific facts and concepts, but they may not fully capture changes in attitudes, behaviors, or understanding.

CHAPTER V

FINDINGS AND CONCLUSION

5.1 : INTRODUCTION

The integration of sex education into the higher secondary school curriculum is a critical component in equipping students with essential knowledge about sexual health, relationships, and personal well-being. Given the varying perspectives and experiences of educators, understanding their attitudes towards and experiences with sex education is crucial for effective implementation. This study aimed to explore the inclusion of sex education in higher secondary schools by examining the views and practices of teachers. Through a comprehensive survey, data was collected on teachers' familiarity with sex education, their awareness of current policies, the importance they place on sex education, and the challenges they face in teaching the subject. The analysis of this data provides valuable insights into the current state of sex education in schools and highlights areas for improvement and support.

5:2 FINDINGS

Demographic Data

Age Distribution. The majority of respondents (65.8%) are relatively young, aged between 21 and 40 years. This suggests a workforce that may be more open to new teaching methodologies, including the adoption of sex education. The presence of mid-career professionals (41-50 years) at 25% indicates substantial experience in the discussion, while the smaller representation of older teachers (8.6% in the 51-60 age group) may reflect less engagement from more experienced educators in this area.**Gender Representation:** The gender distribution among respondents is almost balanced, with females slightly outnumbering males (52.9% to 47.1%). This balance ensures that the perspectives of both male and female teachers are well-represented in the findings. The absence of respondents identifying as "Other" suggests a lack of gender diversity in the sample, or possibly a reluctance to disclose gender identity, which could impact the inclusivity of the findings.**Marital Status:**A significant majority of respondents are married (67.1%), which might influence their perspectives on the importance of teaching topics related to relationships, family life, and sexual

health. The unmarried respondents (28.6%) and the small percentage of divorced teachers (4.3%) bring diverse viewpoints, potentially focusing on issues such as dating, consent, and relationship challenges, adding depth to the discussion on sex education. Teaching Experience: Most respondents are early in their teaching careers, with 62.9% having 0-10 years of experience. This could suggest a greater openness to new curricula, including sex education, compared to more experienced teachers. A quarter of the respondents have 11-20 years of experience, indicating a blend of experience and adaptability. The smaller group with 20-30 years of experience (12.9%) may offer traditional perspectives, reflecting established educational practices. Subjects Taught: The respondents represent a diverse range of subjects, with Science (28%) and Maths (25.7%) teachers forming a significant portion of the sample. The inclusion of Social Science teachers (15.7%) and those from “Other” subjects (22.9%) ensures a broad perspective on how sex education can be integrated across different areas of the curriculum. This diversity is crucial for understanding the potential interdisciplinary approach to sex education in schools.

IMPLEMENTATION OF SEX EDUCATION IN HIGHER SECONDARY .

KNOWLEDGE AND ATTITUDES

Familiarity with the Concept of Sex Education: Only 22.6% of teachers are well-versed in sex education, indicating that a significant majority may require further education and training to deepen their understanding. While 69.9% of teachers have a basic familiarity with the subject, this level of knowledge may not be sufficient for effective teaching, suggesting a gap that needs to be addressed. Additionally, 8.5% of teachers lack familiarity with sex education entirely, highlighting the need for targeted professional development to ensure all educators are capable of delivering this important subject. Awareness of Current Policies on Sex Education: Over half of the respondents (52.9%) are somewhat aware of current policies related to sex education, indicating that while there is some knowledge, there is a significant need for more comprehensive understanding. Only 25.7% of teachers are fully aware of these policies, which is crucial for effective curriculum implementation. The fact that 21.7% of teachers lack awareness of these policies is concerning and suggests a need for better communication and training to ensure all educators are informed and can comply with educational standards. Importance of Sex Education

in the Higher Secondary Curriculum. An overwhelming majority (85.7%) of teachers believe that sex education is very important for higher secondary students, reflecting strong support for its inclusion in the curriculum. A smaller portion (11.4%) views it as moderately important, indicating some reservations but overall recognition of its value. Only 2.9% consider it slightly important, with no respondents indicating that it is not important at all, showing a near-unanimous agreement on the significance of sex education.

Sex Education as a Mandatory Part of the Curriculum. A vast majority (92.9%) of respondents support making sex education mandatory in the higher secondary curriculum, indicating widespread agreement on the necessity of structured and consistent sexual health education. A small minority (7.1%) opposes this, likely due to personal, cultural, or religious beliefs. However, the overall consensus among teachers supports mandatory sex education, which is critical for its successful implementation.

Training for Teaching Sex Education: Only 35.7% of teachers have received the necessary training to teach sex education, revealing a significant gap in professional development. Almost half (45.7%) of the respondents have not received any training, which could seriously impact the quality and effectiveness of sex education delivered in schools. Additionally, 18.6% of teachers have received partial or limited training, indicating a need for additional training initiatives to ensure comprehensive and effective teaching across the board.

CURRENT CURRICULUM AND PRACTICE

Integration of Sex Education in Schools, While 42.9% of schools have included sex education in their curriculum, nearly half (45.7%) have not yet integrated it, indicating a significant gap in the adoption of this important subject. Only 11.4% of schools have started integrating sex education in a limited or related manner, suggesting a gradual but insufficient move towards comprehensive sex education.

Frequency of Teaching Sex Education: Sex education is predominantly taught occasionally, with 60% of teachers reporting that they teach it on an irregular basis. A significant 38.6% of teachers rarely teach it, while only 1.4% cover it monthly. This infrequent teaching suggests that even when sex education is included in the curriculum, it is not prioritized, highlighting the need for more structured and regular instruction.

Comfort Level in Teaching Sex Education: Most teachers (60%) are somewhat comfortable with teaching sex education, indicating a willingness but also a possible lack of full confidence or preparedness. Only 21% feel very comfortable, suggesting that those who are at ease with the subject are still a minority. A small

percentage of teachers (1.4%) feel uncomfortable, signaling a need for additional support and training to increase overall comfort levels. Topics Covered in Sex Education: The majority of teachers (75.7%) who teach sex education cover a comprehensive range of topics, which is a positive sign of holistic education when it is provided. However, key topics like sexual orientation (12.9%), contraception and safe sex (1.4%), puberty and body changes (2.9%), and sexual hygiene (2.9%) are not being adequately addressed across all schools, indicating significant gaps in the content being delivered. Perceived Impact of Sex Education on Students: A strong majority (82.9%) of teachers believe that sex education is very effective in positively impacting students, suggesting that when implemented, it plays a crucial role in promoting sexual health and responsible behavior. However, 12.9% of teachers see no effect, and 4.3% find it only somewhat effective, which may point to either shortcomings in current programs or the need for further improvements in how sex education is taught.

PERCEIVED BARRIERS

Challenges Faced by Teachers' significant portion of teachers (47.4%) report a lack of training as the most pressing challenge in teaching sex education, indicating a strong need for more professional development in this area. Parental opposition is also a notable concern, with 31.6% of teachers facing resistance from parents, which can hinder the effective delivery of sex education. Additionally, cultural and religious beliefs pose challenges for 10.5% of teachers, reflecting the sensitivity of the topic in diverse communities. Inadequate resources (5.3%) and personal discomfort (2.6%) are less common challenges, but they still represent obstacles that can impact the quality of education provided. Support from School Administration and Parents .Just over half of the teachers (54%) feel they receive adequate support from their school administration, while 45.9% do not, indicating that support for sex education is inconsistent across schools. Parental support for teachers is generally low, with only 15.6% reporting full parental backing. A large portion of teachers (47.8%) experience only partial support, and a significant number (36.3%) receive no parental support, which can create additional difficulties in teaching the subject. Opposition and Need for Additional Support: A majority of teachers (60.8%) face direct opposition when teaching sex education, and 24.2% experience partial opposition, indicating widespread resistance to the subject. To address these challenges, 37.1% of teachers express a need for

additional support. Many teachers would benefit from more training, workshops, and seminars (31.4%), as well as related courses (25.7%) to enhance their teaching effectiveness. Some teachers also identify other forms of support (5.7%) that could assist in overcoming the challenges associated with teaching sex education.

IMPACT AND IMPROVEMENT

Benefits of Implementing Sex Education:The majority of teachers (68.6%) believe that implementing sex education provides comprehensive benefits, including promoting sexual health, encouraging safe and responsible sexual behavior, increasing students' ability to make informed decisions about sexual health, and preventing teenage pregnancy. This indicates a broad recognition of the multifaceted advantages of sex education.

Prevention of Teenage Pregnancy:A substantial number of teachers (71.7%) believe that implementing sex education in schools can effectively prevent teenage pregnancy. This supports the idea that sex education is a crucial tool in addressing and reducing teenage pregnancies. A smaller portion of teachers (14.4%) think it might have some effect, while 13.9% believe it has no impact, suggesting varying opinions on the effectiveness of sex education in this area.

Inclusion of Topics on Sexual Orientation and Gender Identity:A strong majority of teachers (84.3%) support including topics related to responsible sexual orientation and gender identity in the sex education curriculum. This indicates a widespread recognition of the importance of addressing diverse aspects of sexual health and identity in education.

Presentation of Culturally Sensitive Topics:Nearly half of the teachers (47.4%) support the inclusion of culturally sensitive topics in sex education, while 36.8% are neutral, and 15.8% believe these topics should not be included. This reflects a recognition of the need for culturally sensitive approaches while acknowledging the challenges in balancing diverse cultural perspectives.

Effectiveness on Academic Performance:Most teachers (82.9%) perceive a positive impact of sex education on students' academic performance, suggesting that integrating sex education into the curriculum can enhance overall student outcomes. Only a small percentage (4.3%) see no impact, with 12.9% unsure, indicating a general belief in the beneficial effects of sex education beyond health education.

Personal Opinion and Suggestions

Effectiveness of Sex Education Programs Students' Feedback (21.4%) A significant portion of respondents consider direct feedback from students as a valuable method for evaluating the effectiveness of sex education programs. Behavioral Observation (11.4%) Observing changes in student behavior is seen as a moderately effective evaluation tool. Assessments and Quizzes (2.9%): Quizzes and assessments are considered the least effective tool for evaluating the program's effectiveness. All the Above (64%) The majority believe that a combination of feedback, behavioral observation, and assessments provides the most comprehensive evaluation of sex education programs. Long-term Impact Expected from Including Sex Education Improve Sexual Health and Hygiene (15.7%): Many teachers expect sex education to lead to better sexual health and hygiene among students. Awareness of STDs and STIs (1.4%) A smaller percentage emphasize awareness of sexually transmitted diseases and infections. Better Understanding of Consent and Relationships (2.9%): Some teachers focus on improving understanding of consent and healthy relationships. Reducing Teenage Pregnancy (1.4%) Reducing teenage pregnancy is a goal for a few educators. Puberty and Body Changes (1.4%) Teachers also expect improved awareness about puberty and body changes. All the Above (77%) The overwhelming majority anticipate that sex education will have a broad impact, improving various aspects of students' knowledge and behavior. Reducing Stigma Around Sex Education Providing Better Teacher Training (15.7%): A notable percentage of respondents believe that enhancing teacher training is essential to reduce stigma. Encouraging Open Discussion (10%): Open discussion is seen as an effective approach to reduce stigma. Involving Parental and Community Support (7.1%): Involvement of parents and the community is recognized as a contributing factor. Integrated Sex Education in the Curriculum (5.7%): Some respondents suggest that integrating sex education into the existing curriculum can help reduce stigma. All the Above (60%): The majority believe that a multi-faceted approach combining all these methods will be most effective in reducing stigma. Handling Sensitive Topics in Sex Education: Openly Discuss (55.7%): The majority support openly discussing sensitive topics. Handled with Caution (42.9%): A significant portion believes that sensitive topics should be approached with caution. Avoided (1.4%): Only a small fraction believes these topics should be avoided. Preference for Integration or Standalone Course: Integrated into Existing Subject (45%): Almost half prefer integrating sex education into existing subjects. Standalone Subject (44.3%):

An almost equal percentage prefer it as a standalone subject. Not Sure (10%): A small percentage remain uncertain.

5.3 CONCLUSIONS

Age and Experience The demographic data reveals a workforce that is predominantly young and early in their careers, with a mix of mid-career professionals. This could imply a readiness to embrace new educational content, such as sex education. **Gender Balance:** The nearly equal gender representation ensures that the findings reflect the perspectives of both male and female teachers, which is crucial in discussions about sex education and its implementation. **Subject Diversity:** The diversity of subjects taught by respondents suggests that opinions on sex education are being informed by a wide range of academic disciplines. This diversity is critical for understanding how sex education might be integrated into different areas of the school curriculum. **Marital Status:** The majority of married respondents, along with input from unmarried and divorced teachers, provides a broad spectrum of perspectives on the relevance and importance of sex education, particularly in relation to relationship dynamics and family life. These findings provide a comprehensive understanding of the demographic characteristics of the respondents, which is essential for interpreting their attitudes towards the inclusion and implementation of sex education in higher secondary education.

General Support for Sex Education: The data shows that teachers largely recognize the importance of sex education and believe it should be a mandatory part of the curriculum. This reflects a positive attitude towards the subject, which is crucial for its successful implementation. **Gaps in Knowledge and Training:** Despite the strong support for sex education, there are notable gaps in familiarity with the concept, awareness of current policies, and training. Many teachers are somewhat familiar and somewhat aware, but few are fully confident or well-prepared. This suggests a need for targeted professional development, including comprehensive training programs to enhance teachers' knowledge and skills in delivering sex education effectively. **Need for Policy Awareness:** With only a quarter of respondents fully aware of current policies, there is a clear need for increased awareness and understanding of the guidelines governing sex education. This could be addressed through workshops, seminars, or resources that inform teachers of the policies and

best practices. **Training Deficiency:** The lack of sufficient training among a significant portion of teachers is a critical issue. Addressing this through organized training sessions, possibly integrated into teacher education programs or as part of ongoing professional development, would be essential for ensuring that all teachers are well-prepared to deliver sex education. Overall, while the attitudes towards sex education are positive, the findings highlight the need for improved training and policy awareness to ensure that teachers are equipped to deliver this crucial subject effectively.

The data reflects a mixed landscape in the implementation and impact of sex education in higher secondary schools. While there is significant support for sex education and its perceived effectiveness, there are also notable gaps in its integration into school curricula and the comfort levels of teachers in delivering it. The infrequency with which sex education is taught, coupled with the low inclusion of key topics like contraception and sexual hygiene, suggests a need for more structured and comprehensive programs. Moreover, the fact that a majority of teachers believe sex education has a very effective impact on students reinforces the importance of expanding and improving sex education in schools. This could involve increasing teacher training, providing more resources, and ensuring that sex education is regularly and thoroughly integrated into the curriculum. Addressing these issues would likely enhance the effectiveness of sex education and better equip students to make informed decisions about their sexual health.

Need for Enhanced Training and Resources: The findings indicate a pressing need for more comprehensive training and resources for teachers. Nearly half of the teachers report a lack of training as their biggest challenge, which underscores the necessity of professional development programs focused on equipping educators with the skills and knowledge required to effectively teach sex education. Addressing this gap is essential for improving the quality and consistency of sex education across schools. **Parental and Cultural Barriers:** Parental opposition and cultural or religious beliefs significantly hinder the implementation of sex education. With a substantial portion of teachers facing resistance from parents and cultural challenges, there is a clear need for strategies that engage parents and communities in the conversation. This might include initiatives to raise awareness about the importance of sex education and to address misconceptions or concerns that parents may have. **Inconsistent Support and Need for Institutional Backing:** Support

from school administration is inconsistent, with a significant portion of teachers feeling inadequately supported. Given that nearly 61% of teachers face opposition to teaching sex education, it is crucial for school administrations to provide stronger backing. This could involve clear policies, administrative support, and additional resources, including training and workshops, to help teachers overcome challenges and deliver effective sex education.

The findings highlight a strong consensus among teachers regarding the value and benefits of implementing sex education in schools. Teachers recognize the broad advantages of sex education, including its role in promoting sexual health, fostering responsible behavior, enhancing decision-making skills, and preventing teenage pregnancies. This widespread support underscores the importance of integrating sex education as a core component of the school curriculum to address various aspects of students' well-being. Teachers overwhelmingly believe in the effectiveness of sex education in preventing teenage pregnancies, reinforcing its role as a critical strategy for addressing this issue. The support for including topics on sexual orientation and gender identity reflects a commitment to addressing diverse sexual health issues and meeting the varied needs of students. However, the mixed opinions on cultural sensitivity highlight the challenges of balancing diverse cultural perspectives, suggesting the need for inclusive and thoughtful curriculum design. Additionally, the perceived positive impact of sex education on academic performance further supports its integration into the curriculum. The belief that sex education contributes to overall student success and well-being reinforces its value beyond just health education. Overall, these conclusions emphasize the essential role of sex education in fostering a well-rounded and supportive educational environment.

Comprehensive Evaluation: Most respondents agree that the effectiveness of sex education programs should be evaluated using a combination of methods, including student feedback, behavioral observation, and assessments.
Broad Impact: There is a strong consensus that sex education should have a wide-ranging impact, from improving sexual health and awareness to understanding relationships and reducing teenage pregnancy.
Reducing Stigma: A multi-pronged approach, including better teacher training, open discussion, community involvement, and curriculum integration, is widely seen as the best way to reduce stigma around sex education.
Handling Sensitive Topics: While there is strong support for openly discussing sensitive topics, a

significant number of respondents prefer a more cautious approach. Integration vs. Standalone: Opinions are almost evenly split between integrating sex education into existing subjects and making it a standalone subject, indicating that both approaches have merit depending on the context. These findings suggest that there is a broad consensus on the importance of sex education, but diverse opinions on how best to implement and evaluate it. The overall emphasis is on a holistic approach that covers various aspects of sexual health and education while being sensitive to the challenges and stigmas that still exist.

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APPENDIX
QUESTIONNAIRE

1) What is your gender?

Male

Female

Other

2) what is your age?

21 – 30

31 – 40

41 – 50

51 – 60

3) Materials status

Married

Unmarried

Divorced

4) what subject you teach?

Science

Social Science

Maths

Language

Other

5) How many years of experience do you have?

0 to 10

11 to 20

20 to 30

31+

6) Are you aware of the current policies on sex education in higher secondary curriculum?

Yes

No

Somewhat

8) Do you familiar with the Topic ?

Yes

No

Somewhat

8) Do you think sex education is important to higher secondary students?

Very important

Moderately important

Slightly important

No important

9) Do you believe that sex education should be mandatory part of higher secondary curriculum?

Yes

No

Somewhat

10) Are you comfortable with the idea of teaching sex education to students?

Very comfortable

Somewhat comfortable

Neutral

Uncomfortable

11) Do you received any training to Teacher Sex Education in School ?

Yes

No

Somewhat

12) Does your School include Sex Education in your School Curriculum?

Yes

No

Intended to begin

13) What topic should include in your school Curriculum?

Sexual orientation

STDS and STIs

Contraception and safe sex

Puberty and body changes

Sexual Hygiene

Relationships and Consent

All the above

14) how do you think Sex Education effect Students Academics?

Positive impact

Not sure

No impact

15) How often do you teach Sex Education in your School ?

Weekly

Monthly

Occasionally

Rarely

16) What is the biggest challenge do you face while Teaching the Sex Education ?

Lack of training

Cultural and religious sensitivity

Parential opposition

Students discomfort

Other

17) Do you feel the any adequate support from the Schools Administration for teaching Sex Education ?

Yes

No

18) Do you receive parental support for implementing Sex Education?

Yes

No

Somewhat

19) Is there a position from Parents and Community based support for teachings Sex Education ?

Yes

No

Somewhat

20) What are the additional Support and Facilities you need for implementing sex education ?

Training and workshop

Curriculum Guidance

Educational Materials

Related Courses

21) What do you believe as the primary objective of Sex Education ?

Preventing Teenage Pregnancy

Promoting sexual health and hygiene

Encouraging safe and responsible sexual behaviour

Empowering students to make decision about the sexual health

All the Above

22) Do you believe that Sex Education can Reduce Teenage Pregnancy and Sexually Transmitted Disease and Infections ?

Yes

No

Somewhat

23) Should Sex Education Address topic Related to Gender Identity and Sexual Orientation ?

Yes

No

Somewhat

24) How important is Culturally Sensitive topic should include?

Yes

No

Somewhat

25) How do you think Sex Education affect Students in their Academics?

Positively

Negatively

Not Sure

26) what long term impact do you expect from including Sex Education in Curriculum ?

Improve the sexual health and hygiene

Awareness about STDs and STIs

Better understand of Consent and Relationship

Reduce Teenage Pregnancy

Puberty and Body Changes

All the Above

27) How to reduce the Stigma around Sex Education be reduced among teachers and students?

Providing better teacher training

Encouraging open discussion

Involving Parents and Community

Integrating Sex Education into Curriculum

All the Above

28) How sensitive topic in Education be handled in Class?

Openly Discuss

Handled with caution

Avoided

29) Would you prefer Sex Education to be Integrated into Existing Subject or Standalone Subject ?

Integrated into Existing Subject

Standalone Subject

Not Sure

30) Effectiveness of Sex Education program be evaluated by

Students feedback

Behavioural Observation

Assessment and Quizzes

All the Above