



A Study on Awareness, Perception, and Attitude of Youth towards Safer Sex and Sex Education

Associate.Prof. Dr. Satish Bodla, Pankuri Vasavda

1. AssociateProfessor DR., Faculty Of Social Work, Parul University, Vadodara 391760, India
2. Student, PISW (MSW),Parul University, Vadodara 391760, India

ABSTRACT:

The primary barriers to contraceptive use are discussed from the perspective of a teen. Guilt and embarrassment, a lack of knowledge, peer pressure, communication difficulties, inexperience, a lack of access, official and cultural barriers, physiological considerations, coercion, and philosophical issues are identified as barriers. The nature and extent of community involvement influence programme effectiveness. The sex education programme must respect and incorporate community norms. When teachers, parents, and community leaders are not consulted, the risk of programme opposition is thought to increase. The success of the programme may be dependent on parental permission and accessibility. Effective programmes must provide accurate information as well as innovative learning activities like role plays and peer counselling. Adolescents must be asked their opinions on social norms regarding sexual activity and contraceptive use, and they must be given the opportunity to make their own decisions. Information must be communicated in a non-judgmental manner.

Keywords: Awareness, Perception, Attitude, Safer Sex, Sex Education

INTRODUCTION:

Sex that is more secure can be enjoyable, energising, and truly pleasurable. It can make your sex more loose and fulfilling by reducing your anxiety about getting or spreading explicitly communicated contaminations or illnesses (STIs or STDs). It is also an excellent opportunity to spice up your sexual relationship and build trust and closeness with your partner(s) by discussing each other's desires.

Some medical problems, which can become serious if not treated, can be passed down from one person to the next via sex. More secure sex will be sex that reduces the chances of spreading or contracting STIs. It includes certain activities (for example, using a condom or taking HIV medications) that prevent individuals from sharing natural liquids that can spread STIs. Making the decision to have more secure sex demonstrates that you care about the pleasure and well-being of yourself and your sexual partner (s).

More secure sex is critical for people living with HIV because it can prevent disease with other STIs that can debilitate the immune system. If both people have HIV, more secure sex can reduce the chances of contracting another strain of HIV that is resistant to the HIV medications you are taking. Taking HIV medications is also a part of having more secure sex for people living with HIV. When an individual's viral burden has reached imperceptible levels (insufficient HIV in their circulatory system for a standard test to detect), they are unable to transmit HIV to others through sex. Researchers have also found that hepatitis C can be sexually transmitted through anal sex even when there is no blood.

Sex education refers to the study of sex and human sexuality. Sex has a significant impact on an individual's human life, and almost everyone in society, including children, is interested in learning more about it. Traditionally, children are not supposed to be exposed to any sex-related information. They frequently learn about sex from their friends, books, television, pornographic films from magazines or the internet, and sex movies.

Teenagers should be given accurate and factual information about their bodies' sudden development. During this time, girls develop breasts, menstruation begins, and the pelvic bone broadens; in boys, this occurs between the ages of eleven and twelve, and in girls between the ages of fourteen and fifteen. The sexual organs mature the widening of the chest and enlargement of the larynx which causes breaking of the voice.

The adolescent years are crucial in a person's life. Many distractions may occur during this stage, including school dropout, sexual immorality, and juvenile delinquency, to name a few. These are all problems that arise as a result of physical, social, cognitive, and mental development. However, sex education has generally been hidden behind laughter and silence.

Quilted feelings and other psychological problems can result from a sex relationship outside of marriage. It can also result in the birth of an unwanted child.

As a result, sex education should be provided to children at an early developmental stage, because the foundation laid in the early life of teenagers determines an individual's stability and proclivity for marriage life in society.

The provision of sex education is critical because the norms guiding sexual acts have been eroded by increasing urbanisation and modernization of social norms. Sex education provided by parents, teachers, counsellors, and educators will not be a universal cure for social ills, but it will provide information for improving behaviour and establishing personality in our society. Teenagers of both sexes should be made aware of this.

According to Adaro (2002), the term sex and education have a spectrum of concepts sex is a fundamental driving force in the relationship between the biological needs to reproduce, cultural influence, love, and affection of human life. Education, on the other hand, is the process of changing people's behaviour; thus, sex education is the awareness of social aspects. Physiology and techniques aid in emphasising the unknown sex.

For the beginning of adolescent sex play a major role that earns discussion long before we need on the knowledge for its practical application. According to Eduwen (2003), sex education includes parenthood education, population education, and so on. As the name implies, it is perceived as providing people with sex information or knowledge. In a broader sense, sex education is a comprehensive programme of individual development that spans from childhood to old age.

In the past, many people frowned upon the mention of the word sex education, which should not be mentioned in front of children. It is not just about sex, which was once considered sacred, but also about a lot of immoral conversations that will pollute the children; it was assumed that children would grow up to discover these for themselves in adulthood.

REVIEW PAPER:

- I. UNESCO (2009) stated that effective sexuality education can provide young people with age-appropriate, culturally relevant and scientifically accurate information. It includes structured opportunities for young people to explore their attitudes and values, and to practice the decision-making and other life skills they will need to be able to make informed choices about their sexual lives.
- II. Collins (2008) stated that sexuality education encompasses education about all aspects of sexuality including information about family planning, reproduction, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods.
- III. Nedham (2004) focused on health problems as a risk factor for academic failure and on school context as a source of protective effects. They tried to identify among others potential protective factors that may counterbalance the academic risk status of health problems. They examined three aspects of the school environment that might protect physically or mentally ill students from academic course failure: the presence of health services may be related to students' health; schools with more positive, protective climate often serve as a "safety net" catching at risk students which may extend to the risk associated with physical and mental health problems. In schools with positive student teacher relationship, teachers may be more likely to help physically and mentally ill students avoid academic course failure by offering extra support, encouragement etc.
- IV. Anne Philpott, Wendy Knerr & Vicky Boydell: Research suggests that the pursuit of pleasure is one of the primary reasons that people have sex. According to a recent study among heterosexual men in Mombasa, Kenya, for example:
- V. "...most people who engage in sex (particularly those who purchase sex) are not thinking about disease, they are thinking about enjoying themselves." A recent study of sex and relationship education points out that in STI/HIV prevention "public health outcomes may benefit from a greater acceptance of positive sexual experiences". Other studies have argued that denying the possibility of pleasure in sexual relations, especially for women, has a negative impact on their active negotiation of safer sex. The Pleasure Project is an educational resource whose aim is to ensure that sexual health trainers include pleasure as a key element in their work, that training materials include pleasure and that erotic materials include safer sex. In December 2004, the Pleasure Project facilitated a training course called "Sex, Safer Sex and Pleasure Training" in Cambodia, in conjunction with CARE Cambodia, to explore the potential for HIV prevention methods to make sex both safer and more pleasurable. To facilitate the training, we compiled *The Global Mapping of Pleasure*, which describes projects and organisations worldwide that combine pleasure and safety in HIV prevention, sexual health promotion and sexually-provocative media. The Global Mapping was conducted through postings on sexual health list serves, personal communication at conferences and contacts provided by initial contacts. It is based primarily on grey literature and personal accounts of programme strategies, and has not been peer-reviewed. To date, the Mapping includes sex-positive resources for young people; examples of working with churches to promote better sex among married couples; sex-positive information materials for gay men; examples of pleasure and harm-reduction counselling with sex workers; examples of erotica for HIV-positive people; how to open up a pleasure dialogue; how to eroticise condoms and other barrier methods; and safe and sexy erotic films. These programmes and organisations are largely isolated in their work because pleasure is not widely accepted as a component of sexual health promotion.

RESEACH METHODOLOGY:

Objectives of the study:

Main Objective:

1.To study the perception and attitude of the youth towards safer sex and sex education

The major objectives for the research are as follows:

2. To find out the level of awareness among youth regarding safer sex and sex education.
3. To give recommendation to improve sex education of youth to identify the challenges and issues in implementation in sex education among youth.
4. To suggest positive approach and sustainable recommendations.

Research Design:

Exploratory and descriptive design: Exploratory Design has been decided because the research problem is contemporary and is an issue that is less focused. An exploratory research project is an attempt to lay the groundwork that will lead to future studies, or to determine if what is being observed might be explained by a currently existing theory. Most often, exploratory research lays the initial groundwork for future research.

Descriptive Design because the study could give detailed and explained reasons for the research problem.

In the present study a 360-degree review will be taken by asking closed and open ended questions to the respondents.

Universe:

The universe comprises the youth across the ages of 15 to 17, 18 to 20, 21 to 23, 24 to 26 and 27 to 29 who are youth.

Sample Size and Sampling Techniques:

Convenience sampling will be used to get data from various age groups of youth.

Sample size 121

Tool for the Data Collection:

Primary and Secondary sources

Primary Source: Primary data has been collected through a questionnaire containing both closed-ended as well as open-ended questions from various youths.

Secondary Data: Information has also been collected from secondary sources like books, journals, website sources, research articles etc.

Results, Conclusions and Suggestions:

Results:

- In the age group of 15 to 17 there 18 respondents who come in this age group and have 15.8%. In between 18 to 20 we have 19 respondents who come in this group and have 15.7%, 21 to 23 we have 65 respondents who comes in this age group and have 53.7%. In age group of 24 to 26 we have 9 respondents who come in this category and have 7.5%. in between age group of 27 to 29 we have 6 respondents and have 5% of the respondents comes into this. Then in between 30 to 32 we have 2 respondents n have 2.5%. In between 33 to 35 we have 2 of the respondents with having 1.6%.
- There were almost male responded with 51.2% with having 62 of the respondents. With respect to that there are 59 respondents who are female with 48.8%.
- There were almost male responded with 51.2% with having 62 of the respondents. With respect to that there are 59 respondents who are female with 48.8%.
- Most of the respondents i.e., 60 with 49.6% are perusing post-graduation in their various fields. There are 29 respondents who are school going with 24%. 28 of the respondents are pursuing graduation with 23.2%. 2 of the respondents are from others with 1.7%. 1 of the respondents was pursuing degree and 1 of the respondents were doing job with 0.8% each.
- Most of the respondents are aware about the sex education with the respondents 113 with 93.4%. About 1.7% of the respondents doesn't even aware about the sex education i.e., 2 of the respondents and 6 of the respondents are about confused i.e., 5%.
- 61 of the respondents get this information about intercourse between human beings from their parents with 50.4%. 17.4% of the respondents get this information from their siblings/cousins with 21 respondents. 50 of the respondents get the information from their friends with the percentage of 41.3%. 29 of the respondents get the information from the books with 24%. 22.3% of the respondents get the information from teachers through course circular. 13.2% of the respondents get the information through pornographic films. 5% of the respondents get the information

through pornographic magazines. 11.6% of the respondents get the information through their girlfriend or boyfriend. 9.1% of the respondents from the newspaper. 7.4% i.e., 9 respondents get information through the newspaper that comes with the newspaper. 7.4% of the respondents have gained the information through others rather than these specified names.

- Most of the youth feel that the information that they received was appropriate, satisfactory and easy to understand i.e., 76.9% (93 respondents). 14.9% (18 respondents) feels that the information that they receive may vary from different to different so they are quite confused. 10% of the respondents think that the information that they receive was not appropriate, satisfactory and easy to understand.
- Most of the respondent i.e., 60 (49.6%) think that the consent should be there that should be covered under sex education. 101 respondent think that sexual intercourse should be covered under sex education. 68 respondent i.e., 56.2% of says that physical and emotional changes during puberty should be added and covered in sex education. 42 (34.7%) of the respondent thinks that the menstruation should be the part of the sex education. 36 (29.8) of the respondent says that the Sexual abuse should be there added under the topic of Sex education. 47 (38.8%) of the respondents have said that the good touch and bad touch has to be added in the sex education. 48 (39.7%) of the respondents have been told that the Sexually transmitted disease should be introduced in sex education to gain knowledge. 40 of the respondent states that the today's youth have to deal with the unwanted pregnancies with the percentage of 33.1. 38 of the respondents with 31.4% have said that the topic covered that was contraceptive methods and devices. Another 40 respondent with 33.1% have stated that there should be respect and dignity for the opposite gender. 37 respondents with the percentage of 30.6% have stated that there should be respect and dignity for one's own gender and rest of the respondents 3 have stated with other option with 2.5%.
- 38.8% i.e., 47 respondents have told yes regarding sex education is given in a culturally and age appropriate manner. 23.1% i.e., 28 of the respondent doesn't think that the sex education should be given a culture and age appropriate manner. And 38% i.e., 46 of the respondents have told that there are some of the chances 50-50 (maybe) that sex education is given in a culturally and age appropriate manner.
- 95% responded have told that Sex education should be a subject in every private and government school and colleges. 1.7% of the responded says no that the sex education shouldn't be the subject in every private and government school and colleges. 3.3% of the responded are about maybe that they are 50-50 that sex education should be might be a subject and might not be the subject in every private and government school and colleges.
- 87.6% of the respondents have said yes that the physical and emotional changes that might appear in your body during puberty should be told. 12 respondents i.e., 9.9% have said that this should never be told about physical and emotional changes that might appear in your body during puberty. And 3 of the respondents with 2.5% have said that there should be or shouldn't be the physical and emotional changes that might appear in your body during puberty should be told.
- 61.8% i.e., of the respondents have talked about their changes in puberty with their parents. 4 of the respondents have gained their physical and emotional changes of puberty with their family member other than their parents and siblings. 20 of the respondents i.e., 18.2% have gained their physical and emotional changes of puberty with their friends. 6 of the respondents i.e., 5.5% have gained the changes in puberty with their elder siblings/cousins. 9 of the respondents i.e., 8.2% have gained their changes with their teachers. 1 of the respondents has gained these changes of puberty in their books. And 2 of the respondents i.e., 1.8% have gained this knowledge of physical and emotional changes from others.
- 91 of the respondents i.e., 75.2% have said yes that the information about the changes that might happen during puberty, was the information enough and they are absolutely clear about the changes. 16 of the respondents i.e., 13.2% have told that they don't get the information about the changes that might happen during puberty, was the information enough and it was not at all absolutely clear about the changes. 14 of the respondents i.e., 11.6% were partially agree and partially disagree about the information that the changes that might happen during puberty and the information enough and the changes were half clear and half unclear.
- 89 of the respondents i.e., 73.6% have told yes about they were not informed about the changes and they feel confused or stressed because your body was changing and you were experiencing newer emotions. 13.2% of the respondents i.e., 16 if they are not informed about the changes, they are not feeling confused or stressed because your body was changing and you were experiencing newer emotion.
- 84.3% i.e., 102 feels that the during puberty, it is natural to find a boy or a girl attractive and they have a feeling for the opposite sex. 8.3% of the respondents i.e., 10 don't find themselves attracted to the opposite or the same sex. They don't find a boy or a girl attractive and they don't have this feeling. 7.5% i.e., 9 respondents have somewhat felt and some kind of not to be attracted to the opposite or the same sex. And they might have or might not find any girl or boy attractive. And they can or can't have this type of feeling in puberty.
- 71.9% i.e., 87 of the respondents have the feelings for others and have shared their feeling of attraction with others. 13.2% i.e., 16 respondents don't share their feelings with others. 12.4% i.e., 15 respondents are about in the category of maybe that they might share or they might not share the feeling of attraction to anyone. 1.7% i.e., 2 respondents share with others. And 1 respondent i.e., 0.8% have shared their feelings of attraction with their friends.
- Most of the respondents share their feelings with their parents with having 57% (69). 19% i.e., 23 of the respondent share their feeling of attraction with their siblings/cousins. 44.6% i.e., 54 respondents share their feelings with their friends who are of their age. 33.9% i.e., 41

respondents share their feeling of attraction with their friends who are older than their age. 5% i.e., 6 respondents share their feelings with teachers. 19% i.e., 23 respondents share their feelings with family members but other than their parents. 1.7% i.e., 2 respondents share their feeling of attraction with other than this.

- Majority of the respondents 79.3% i.e., 96 feel better after talking about attraction and their reaction of the person is also satisfactory. 9 of the respondents i.e., 7.6% of them feel that it is not better to talk after talking about attraction. 13.2% i.e., 16 respondents have some kind of feel better after talking and some of what doesn't have that feeling.
- 91.7% i.e., 111 respondents feels that it is necessary to talk to children about the physical and emotional changes that might happen to them during puberty. 6 of the respondents i.e., 5% don't feel that it is necessary to talk to children about the physical and emotional changes that might happen to them during puberty. 4 of the respondents i.e., 3.3% have told that it can be maybe that it can be feel that is necessary to talk to children about the physical and emotional changes that might happen to them during puberty.
- 64.5% i.e., 78 respondents have gained knowledge about changes that might happen during puberty with their parents. 4 of the respondents i.e., 3.3% have gained knowledge about changes that might happen during puberty with their siblings/cousins. 10 of the respondents i.e., 8.3% of the respondents have gained knowledge from their friends. 20 of the respondents i.e., 20.7% gained knowledge from a special teacher with a special subject about this matter. 1.7% i.e., 2 of the respondents have thought that children or youth should be told about changes that happen during puberty. And lastly 2 of the respondents i.e., 1.7% have gone with others.
- 16 and 17 age group there are 5.1% respondents i.e., 6 had done their first intercourse. 18-19 age group there are 6.6% i.e., 8 respondents have done their first intercourse. 20-21 of age group there are 8 i.e., 5.8% respondents have done their first intercourse. 22-23 age group 3 i.e., 1.6% respondents have done their first intercourse. And there are 96 i.e., 80.9% respondents haven't engaged in intercourse.
- 77.7% i.e., 94 of the respondents haven't engaged into the intercourse. 10 i.e., 8.3% respondents they don't have their partners older than them. 17 i.e., 14% respondents have their partner older to them.
- 74.4% i.e., 25 of the respondents haven't been engaged in intercourse. 20.7% i.e., 90 respondents have used the method of contraception during intercourse. 6 i.e., 5% of the respondent haven't use any of the contraception during intercourse.
- 74.4% i.e., 90 respondents haven't engaged in the intercourse. 23 i.e., 19% i.e., 23 respondents use condom for the contraception method. 1.7% i.e., 2 respondent uses the emergency contraception pill. 5% i.e., 6 of the respondents uses none for the contraception pill.
- 31% i.e., 25.6% respondents have selected condom as contraception devices. 10 i.e., 8.3% respondents have selected diaphragm as contraception devices. 18 i.e., 14.9% respondents have selected Copper T (Intra Uterine Device). 5 i.e., 4.1% have selected the contraception injection. 4 i.e., 3.3% respondents have selected the contraception implant. 18 i.e., 14.9% respondent have taken emergency contraception pill. 4 i.e., 3.3% respondent have selected contraception ring. 7.4% i.e., 9 respondents have selected withdrawal. 3.3% i.e., 4 respondents have selected none for contraception devices. 89 i.e., 73.6% responded have never engaged in intercourse.
- 68.8% i.e., 83 respondents have heard about Sexually Transmitted Diseases. 6 i.e., 5% haven't heard about Sexually Transmitted Diseases. 26.4% i.e., 32 respondents have some kind of knowledge regarding STD's.
- 72 respondents have known about all contraceptive devices that do not protect disease from STD's. 29.2% i.e., 36 respondents don't know about all contraceptive devices. 13 of the respondents have maybe response that they know but very little.
- 14 i.e., 11.6% have heard about Chlamydia. 21 i.e., 17.4% respondent have heard 12.4% i.e., 15 respondents have heard about Syphilis. 112 i.e., 92.6% have heard about HIV. 53 i.e., 43.8% respondents have heard Gonorrhoea. 42 i.e., 34.7% respondents have heard about public lice (crabs). 8 i.e., 6.6% respondent have heard about Trichomoniasis. 46 i.e., 38% of the respondent have heard about Herpes. 8 i.e., 6.6% of the respondent have heard about Cancroid. 2 i.e., 1.7% have heard about Lymph Granuloma venereum. 5 i.e., 4.1% have heard about Moll Scum contagious. 9 i.e., 7.4% have heard about Scabies.
- 21.5% i.e., 26 respondents think that oral sex can cause STD's. 51 i.e., 42.1% of the respondents doesn't think that oral sex can also cause STD's. 36.4% i.e., 44 respondents might can cause oral sex.
- 33.9% respondents have got tested for STD's before engaging in intercourse. 16 i.e., 13.2% of the respondents haven't tested for STD's before engaging in intercourse. 3 i.e., 2.5% of the respondents have told somewhat on this testing. 61 i.e., 50.4% of the respondents haven't engaged in intercourse.
- 105 i.e., 86.8% of the respondents know about the female reproductive system. 5 i.e., 4.1% of the respondents doesn't know about female reproductive system. 9.1 i.e., 11 respondents know female reproductive system but not fully they know partially.
- 85 i.e., 70.2% of the respondents know about male reproductive system. 6 i.e., 5% of the respondents haven't known about male reproductive system. 30 i.e., 24.8% respondent know about male reproductive system but partially not fully.

Conclusion:

Approximately half of the participants in this study were aware of safe sex and were familiar with STIs. Comprehensive sexual education for all grades in school is required, with a focus on family planning, STIs, and HIV/AIDS.

A vast portion of sexual encounters begin throughout youth. Because of the characteristics of this period, hazardous sexual activities are widespread. As a result, comprehensive sex education programmes should begin throughout the adolescent years. Increased knowledge about STIs and contraception is a result of sex education, although this rise is not always linked to changes in sexual practises. This study will look at studies that look at education programmes that cover issues including healthy sexuality, self-esteem, adolescent changes, and sexual diversity in addition to STIs and contraceptives. Health experts or teachers should deliver these programmes. The goal of this review methodology is to see how these programmes influence people's knowledge fostering attitude change and the goal of healthy sexuality, and if they improve habits connected to sexuality, promoting attitude change and the pursuit of healthy sexuality.

Comprehensive sexuality education should include the benefits of delaying sexual intercourse, as well as information about normal reproductive development, contraception (including long-acting reversible contraception methods) to prevent unintended pregnancies, and barrier protection to prevent sexually transmitted infections (STIs).

Sexuality education should start in early childhood and continue throughout a person's life. Not only should programmes teach about reproductive development (including abnormalities in development such as primary ovarian insufficiency and mullerian anomalies), STI prevention, and unintended pregnancy, but also about forms of sexual expression, healthy sexual and nonsexual relationships, gender identity and sexual orientation, questioning, communication, recognising and preventing sexual violence, consent, and decision making.

Suggestions:

- The goal of sex education research has been to see if programmes may help young people change certain behaviours related to preventing pregnancy and sexually transmitted diseases like
- Putting off sex until they're older
- When they do have sex, they use condoms and contraception.
- Reducing the number of sexual encounters
- Keeping the number of sexual partners to a minimum
- Youth were able to participate in a safe social atmosphere.
- Included various activities to change each of the targeted risk and protective factors.
- Instructionally sound teaching approaches were used that actively engaged participants, helped them personalise the material, and were designed to improve each set of risk and protective factors.
- Adapted activities, teaching methods, and behavioural messages to the culture, developmental age, and sexual experience of the youth.

References:

-
- <https://www.thewellproject.org/hiv-information/safer-sex>
 - <https://www.betterhealth.vic.gov.au/health/healthyliving/safe-sex>
 - <https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=90&contentid=P01645>
 - iup.edu/health-wellness/campaigns/safer-sex/
 - <https://www.mayoclinic.org/healthy-lifestyle/sexual-health/in-depth/sex-education/art-20044034>
 - <https://blog.uvahealth.com/2017/05/03/teenage-sex-education/>
 - <https://www.homesciencejournal.com/archives/2019/vol5issue1/PartC/5-1-34-228.pdf>
 - <http://www2.uwstout.edu/content/lib/thesis/2002/2002hartmannc.pdf>
 - https://www.shinesa.org.au/media/2015/04/Literature_ReviewFinal-3.pdf
 - <https://www.homesciencejournal.com/archives/2019/vol5issue1/PartC/5-1-34-228.pdf>
 - <https://pediatrics.aappublications.org/content/138/2/e20161348>