Adolescent Sex Education: Perceptions, Knowledge, and Attitudes among Students and **Parents**

Sanjay Kumar^{1*}, Dr. Gopal Krishna Bhardwaj²

¹ Research Scholar, University of Technology

² Professor, Department of Education, University of Technology

Abstract - A person's personal and sexual identities both start to take shape during the adolescent years. The characteristics that are unique to adolescents, along with their immaturity, make it easier for them to develop sexually risky behaviors, such as a lax attitude toward the use of barrier contraceptives or the consumption of toxic substances, alcohol, or drugs during sexual activity; an increase in sexually transmitted infections (STIs); and an increase in unintended pregnancies. One of the most effective strategies to discourage risky behaviors and encourage healthy and responsible sexuality is through the dissemination of information about sexual health through educational programmers. Every adolescent has an interest in gaining additional knowledge regarding topics such as sexual activity, oneness, conception, pregnancy, birth control, and sexually transmitted diseases. In addition, they want to learn how to accommodate sexuality within their own framework of values so that they can have the ability to form relationships that are both fulfilling and positive. The vast majority of young people, on the other hand, have extremely limited access to knowledge and assistance on these topics. The provision of accurate information on topics connected to sexual behavior is something that health practitioners are able to and should do.

Keywords - educational programmers, framework sexual behavior, dissemination.

INTRODUCTION

A broad programmed that aims to build a strong foundation for lifelong sexual health by acquiring information as well as attitudes, beliefs, and values about one's identity, relationships, and intimacy is referred to as "sexual education." Sex education is defined as a broad programmed that aims to build a strong foundation for lifelong sexual health. According to the World Health Organization's definition, sexual health is not only the absence of sickness or infirmity; rather, it is a state of well-being that encompasses a person's physical, emotional, mental, and social aspects in connection to their sexuality. The incorporation of psychological and social cultural factors into the delivery of this education has the potential to raise the chance that it will be successful. Primarily, the provision of this preventive tool is essential throughout the adolescent years (10-19 years), since this is the optimal period when young people face developmental changes in both their physiology and behavior as they reach adulthood.

It is becoming increasingly difficult for adolescents to acquire the knowledge they require as a result of the complex emotional state in which they themselves, the stigma that is attached to issues of a sexual nature in Indian society, and the widespread inequality that exists between the sexes. Through what

is known as "family life education," we can have the hope of teaching the duties and responsibilities of men and females toward each other in all interactions, both within the context of the family and in other social settings (FLE). They will be equipped with the information essential to preserve their sexual health while navigating the challenges that life presents to them as a result of this. However, the continued existence of significant stigma and dispute handicaps any existing adolescent health programmed: as consequence. а programming are inadequate and fail to properly meet the fundamental health needs of adolescents. worries or problems that are common among adolescents. These include a number of unfavorable outcomes relating to sexual and reproductive health, such as preterm births and pregnancies that are spaced, unsafe abortions, transmitted infections (STI), HIV/AIDS, and sexual violence, the rates of which are already increasing at a rate that is disturbing. One of the most important things that can be done to combat these issues is to ensure that women have access to comprehensive sexual and reproductive health care.

According to the most recent data, the fact that teenagers account for approximately one in every five persons on the world underscores the necessity to provide sexuality education to this substantial

group in a timely way. 18% of the world's population, or 1.2 billion people, were made up of them in 2009, while they made up 88% of the population in developing nations. There are 243 million adolescents living in India, and metropolitan regions are home to more than half of this age group. India has the world's largest teenage population. Taking into consideration the information that has been provided in this article, it is abundantly clear that developing countries like India, which have sizable populations and significant healthcare needs, have a unique responsibility to fulfil the requirements of this sizable demographic in order to avoid social unrest. Recent research suggests that during this time period, they are highly likely to experiment and engage in the types of risky behaviours that have the potential to influence the quality of their health as well as the probability of survival in the short-term as well as the long-term over the course of their lifetime. Therefore, meeting the needs of such a vulnerable group and overcoming existing shortcomings in the delivery of individualized primary preventative measures would significantly improve the chances of survival as well as the general health conditions, nutritional status, and sexual and reproductive health of the future adult population of Indians. This raises a broad variety of problems, some of which include pregnancies among minors, abortions out in dangerous conditions, sexually transmitted illnesses (including HIV), as well as sexual abuse and violence.

It is probable that the projectile of sexuality education in India is following a trajectory that is similar to that which is being taken by sexuality education in Western countries. In 2007, in reaction to the announcement of new adolescent education programming by NACO and the HRD Ministry, a dispute emerged. These programmed placed a strong emphasis on the hormonal balance and overall well-being of teenagers. Because of this problem, the people who created sex education programming were criminalized. It is essential to keep in mind that the UNESCO Project was met with significant hostility in India on both a moral and an ideological level. India was one of the six nations that took part in research that UNESCO performed to investigate the cost and costeffectiveness of comprehensive sexuality education programmed. The study was carried out in six different countries. The administration of the school was warned that there would be severe repercussions for influencing the minds of students.

OBJECTIVE

- study adolescent sex education: perceptions, knowledge, and attitudes among students and parents.
- 2. To study Distribution of Respondents by Gender Based on Knowledge Scores.

REVIEW OF LITERATURE

Site Maimunah (2021) The purpose of this research is to investigate the viewpoints of teenagers towards sexuality education in order to provide a policy basis for assessing whether or not sexuality education is important for adolescents. To this day, the idea of sexual education is still widely seen as taboo in the society; as a result, the topic is seldom ever brought up in either the family or the classroom. This, in particular, has an effect on teenagers discovering information that is less reliable, which in turn drives them to engage in sexual practises that are both free and dangerous. 165 young people between the ages of 12 and 19 participated in this research as subjects. The findings of the study indicate that sexuality education should be given the greatest priority from the point of view of teenagers. According to the perspectives of the respondents, the material contents of sex education include the following: (1) how to avoid sex and promiscuity; (2) the knowledge improvement on proper sex education; (3) the impacts of free-sex, including sexually transmitted diseases and teenage pregnancy; (4) self-protection (e.g. from free-sex and sexual harassments). This demonstrates why it is essential for both parents and schools to give sexuality education to preteens and teenagers.

Aroa Cortínez-López (2021) The development of both a person's personal and sexual identity takes place during the adolescent years. The unique characteristics of adolescents, combined with their immaturity, make it easier for them to develop sexually risky behaviours, such as reducing their reliance on barrier contraceptives or engaging in sexual activity while under the influence of toxic substances, alcohol, or drugs; this, in turn, contributes to an increase in the number of sexually transmitted infections (STIs) and unintended pregnancies. Education on sexual health is one of the most effective strategies to discourage risky behaviours and to encourage sexual activity that is both healthy and responsible. Although a variety of works have been done in the field of adolescent sexuality education, there has not yet been a comprehensive systematic literature review conducted on the topic.

Cora C. Breuer, MD (2017) This clinical report's goal is to give physicians with up-to-date research on evidence-based sexual and reproductive health education that has been undertaken since the American Academy of Pediatrics issued the first clinical report on the subject in the year 2001. Teaching about human sexuality, including intimate relationships, human sexual anatomy, sexual reproduction, sexually transmitted infections, sexual sexual orientation, gender abstinence, contraception, and reproductive rights and responsibilities is what is meant by the term "sexuality education." Sexuality education is defined as teaching about human sexuality. It is essential for paediatricians, schools, other professionals, and

Journal of Advances and Scholarly Researches in Allied Education Vol. 20, Issue No. 2, April-2023, ISSN 2230-7540

parents to provide children and adolescents with education that is age-appropriate, evidence-based, and developmentally appropriate regarding human sexuality and sexual reproduction over time. This education should help children and adolescents make informed, positive, and safe decisions regarding healthy relationships, responsible sexual activity, and their reproductive health. It has been demonstrated that education on sexuality can help to prevent and reduce the risks of adolescent pregnancy, HIV, and other sexually transmitted infections for children and adolescents in the United States who have chronic health conditions and disabilities as well as those who do not have such conditions.

The author is Elizabeth A. Stormshak. (2019) The purpose of this article is to discuss research that suggests the quality of communication between parents and adolescents on sexual topics is a unique factor in predicting adolescents' sexual behaviour. Previous research has relied heavily on participants' own reports of their experiences. It is possible that observational methods, which are not susceptible to the biases that can be introduced by self-reporting, could be useful in examining the associations between the quality of parent-adolescent communication about sexual matters and the sexual behaviour of adolescents in a more objective manner. Methods: We used hierarchical logistic regression analyses with a sample of adolescents (N equal to 55, 58% male, 44% white, Mage equal to 15.8) and their parents to examine the associations between the observed quality of parent adolescent communication about dating and sex and the likelihood of adolescents' sexual intercourse.

The Editor is Luis M. Miller (2020) It has been discovered that early on in early adolescence, exposure to sexually explicit content in the media is connected with hazardous sexual activity. The earlier on the other hand, had methodological problems, such as selection bias. In addition, there is a lack of information about the impact that being exposed to several forms of sexually explicit media has on engaging in hazardous sexual activity and how this link might be extrapolated to non-Western countries. Objectives By employing instrumental variable estimation, the purpose of this study was to further previously conducted research. The multi-modality of sexually explicit media as well as three hazardous sexual behaviour measures were collected from a group of Taiwanese teenagers for the purpose of this study.

RESEARCH METHODOLOGY

The term "research" refers to the meticulous evaluation and study of a specific issue or topic via the use of scientific methodologies. Earl Robert Bobbie, an American sociologist, was quoted as saying that "research is a methodical study to characterise, explain, forecast, and regulate the observed phenomena." Methods of both induction and deduction are utilised here. Research techniques that are inductive examine an observed event, whereas

research methods that are deductive verify the observed event. Techniques that are more typically connected with quantitative analysis are known as deductive methods, whereas inductive approaches are more usually associated with qualitative research.

Preparation of Tool

"Preparation of tools was based upon the requirement of data which was in turn dependent upon the topic. Since the topic was 'A study of adolescents' Knowledge and Attitude towards Sex-Education' it was required to know the knowledge of respondents as well as to measure the attitude at the same time. Therefore, questionnaire was considered to be an appropriate tool as it will give information for both knowledge and attitude

Attitude to sex-education

Research has shown that young people who take part in programmed that educate them about sexuality and reproductive health are not more likely to engage in sexual activity at a younger age or to be promiscuous. On the other hand, there is frequently hatred directed toward programmers of this sort. Parents, individuals who make choices about public policy, and those who teach young people frequently debate the subject of whether or not young people should be educated in schools about sexuality and reproduction. On the other side, it encourages individuals to respect the sanctity of their own life and body, as well as to acquire a greater knowledge of the responsibilities they have toward other people. A sizeable fraction of parents, lawmakers, and members of the general public make the decision to take a posture of passivity when it comes to the issue of improper sexual activity. They are also hesitant to undertake the responsibility of providing sexual education to young people, preferring instead to let the youth educate themselves. The primary reason for this is that they are unable to make peace with their own sexuality. Many educators believe that they are not equipped to provide sexuality education to their students.

One of the most major failings in our approach to sexual education seems to be that it encourages fear in people's ideas and contributes to morality issues all across society. A growing number of experts in the field of adolescent sexuality argue that a unidirectional focus on the threats posed by unwanted pregnancies and sexually transmitted infections limits our understanding of adolescent sexuality and hinders our ability to provide teenagers with the essential knowledge, guidance, and support they need. These experts are concerned that our understanding of adolescent sexuality is limited by this unidirectional focus on the threats posed by unwanted pregnancies and sexually transmitted This is in spite of the fact that these worries are most real and well-grounded justifications. Not only is the concept of sexual education for children foreign to many parents, but it is also considered taboo, making it difficult even for

children to broach the subject with their own parents. The message's content also contributes to uncertainty and a lack of motivation among families to engage in conversations about sexuality. It is difficult to perform an impartial examination of the consequences of sexual education in public schools without letting one's sentiments cloud one's judgement. This is because the subject matter of sexual education in public schools is very controversial.

Sex and Culture

Standards in society and culture have frequently been a barrier to the advancement of sexual education. Some societies, most notably the Western culture, are more at ease than others when it comes to discussing sexuality and other potentially dangerous topics. It's possible that sexual activity is associated with the traditional forbidden fruit condition in some cultures. We can only speculate that it is exciting given that it is in violation of the law. Ignorance of even the most fundamental aspects of sexuality contributes nothing but misery to the situation and serves no useful purpose, given that the victims will most likely learn about these topics through hands-on experience. Ignorance of even the most fundamental aspects of sexuality contributes nothing but misery to the situation.

In 2007 in some countries, such as India, which is a culturally dominant society, some culturists burned down schoolbooks that discussed contraception and STI, and they forced the government to drop related chapters from science textbooks. In addition, they forced the government to remove related chapters from biology textbooks. Furthermore, a few culturists were responsible for the government being pressured into removing relevant passages from biology textbooks. They devised a strategy that went as follows: "Giving our children this kind of education would be the same as rejecting Indian culture and values; as a result, we would struggle to retain our enormous inheritance." Conservative groups don't appear to be aware of the problems that exist; while ideas like culture and decency are important to them as goals, the concrete facts of risky sexual behaviour are not a focus of their attention.

Their primary criticism of sexuality education is that it "ignores the social and cultural backgrounds of people," which seems to be the guiding principle for these so-called moralists, who appear to be governed by the dictum that if you ignore a problem, it does not exist - or, if it does, it will magically go away on its own on its own accord. It would appear that these moralists are bound by the dogma that sex education is insensitive to the social and cultural origins of individuals. These notions pertaining to culture and morality are nothing but elaborate frauds. People need to be taught about sexuality, and young men in particular need to be shown that being aggressive toward women is not the only way to connect with other people's partners in romantic or sexual relationships. The experts in the field of public health have given themselves the mission of eliminating these roadblocks as their primary focus. The result deserves the work that was put in. Because people are going to engage in sexual behaviours whatever, there is no reason why they shouldn't talk freely about it. This way, they will at the very least be able to know how to defend themselves and how to say no to sexual advances made toward them.

Pilot Study

For knowing respondents' reactions towards tools in terms of questions, time required, clarity of words. It was decided to pre-test the tool, so that nothing goes wrong while collecting data for final study. The questionnaires were tried on 250 students of urban colleges and 250 students of rural colleges. These students were of different educational levels, for e. g. First four years of college were taken into consideration and 200 boys and girls were selected from each standard i.e. 100 boys and girls from first year of intermediate, 100 boys and girls from final year of intermediate, 100 boys and girls from first year of graduation and 100 boys and girls from second year of graduation.

These 400 adolescent boys and girls were in agegroup of 13-20 years.

It was found that in urban area 45% respondents were from middle income group, 35% were from high income group and only 15% were from lower income group. In rural area it was found that 55% respondent were from middle income group, 30% were from lower income and only 15% were from high income group.

Regarding the education of parents, it was found' that in urban area, 80% of respondents' fathers were graduate and 45% of respondents mothers were graduate, 35% of respondents' mothers education was till S.S.C. and 15% of respondents' fathers education was S.S.C., 20% of respondents' mothers were either illiterate or educated below S.S.C. and 5% of respondents fathers were either illiterate or educated below S.S.C, In rural area ,it was found that 15% of respondents' fathers were graduate and 3% of respondents' mothers were graduate, 25% of respondents 'fathers' education was intermediate and 5% of respondents' mothers' education was up to intermediate. 40% respondents' fathers were educated up to S.S.C. and 20% of respondents' fathers were either illiterate or educated below S.S.C. and 72% of respondents' mother were either illiterate or educated below S.S.C Respondents classification based on the type of answering (correct, partially correct, wrong) is presented in Table 1.

Table 1 Distribution of Respondents Based on Type of Answers

Q.NO.	Completely correct	_		Not answered
1	25	70	5	0
2	-	90	10	0
3	65	5	30	0
4	75	25	0	0
1	65	0	30	5
2	55	0	35	10
3	80	0	20	0
1	40	40 0	10	10
2	100	0	0	0
3	0	0	95	05
4	5	30	70	25
5	60	0	0	10
6	70	0	20	10
7	65	•	25	10

Selection of Sample

Since this study was limited to adolescents and being exploratory study incidental sampling was followed Principles of randomization and representation were not possible to observe due to time limitation and other factors. A sample of 500 boys and girls was taken for study various urban and rural institutions offering Arts, Science and other subjects. The investigator had to reject 100 questionnaires as they were incomplete or improperly filled up, so the sample had to be confined to 400 adolescents.

The sample was taken from different levels of Junior and senior college. Final year (Part-III) students were not taken due to age limitation of present study. Students were approached personally and individual attention was given to every student. Though members of student's council did not co-operate in helping to collect required sample, the data was collected successfully. 10 collages selected from urban areas and 10 collages selected from rural areas from which 400 respondents were selected.

Sampling for Teachers

From each selected school six teachers were selected through random sampling. Only those teachers who were teaching in collages at graduation level for interview. Two teachers (one male and one female) were selected from each class on random basis. An attempt was made to give equal representation to both male and female teachers. There were 60 male and 60 female teachers. Thus total 120 teachers from 10 -10 collages of urban were included in the sample.

Table 2 Educational Level and Discipline Wise Distribution Of' Respondent

Level & Discipline	Arts	Science	Other Subject groups
Inter first year	75	75	75
Inter final year	75	75	75
1st year of Graduation	75	75	75
IInd year of Graduation	75	75	75
TOTAL	300	300	300

Samples were taken from different urban t and rural institutions offering Arts, Science and other subject groups. Table 2 shows that 75 students were taken from each year of college i.e. Inter first year. Inter final year, 1st year of Graduation & Ilnd year of Graduation respectively.

DATA ANALYSIS

In the light of the related 'objectives it was important to assess the discipline wise distribution of knowledge' scores. The investigator was keen on getting a clear-cut idea of the knowledge of adolescents towards sex and sex related aspects so that the assessment of the / distribution of knowledge scores was done on the basis of some other factors such as parental education, impact of area (urban or rural) the sex (boy or girl) and the parental income. The questionnaire was used as tool because it is the most reliable and appropriate one in such cases. The 1000 samples were selected from first four years of college-education from urban and rural areas, in different disciplines and distributed according to knowledge scores.

Distribution of Respondents According to Knowledge Scores

It was important to assess the knowledge scores of respondents discipline wise as it would help to achieve the objectives and to get the findings. Hence in this table the knowledge scores of respondents according to disciplines have been shown.

Table 3 distribution of respondents according to knowledge scores

Knowledge Score	Science	RESPONDENTS IN Arts	Other disciplines
00-4.7,	-	-	-
4.5-9.5	-	1.75	16.77
9.5-14.7	18.33	15.00	15.00
14.7-19.5	36.76	31.77	41.77
19.7-24.5	20.00	23.33	20.00
24.4-29.7	15.00	20.00	6.76
29.7-34.7 '	10.00	8.33	-

The distribution of science students, on the basis of table no. 3 that there is not any respondent in the

first and second ranges 4.7, 4.7- 9.7 of knowledge scores, 18.33% respondents are in the range of 9.7-14.7% knowledge scores, 36.76% respondents are in the range of 14.7-19.7 knowledge scores, 20% respondents are in the range of 19.7-24.7 knowledge scores, 15% respondents are in the range of 24.7-29.7 knowledge scores and 10% respondents are in the range of 29 5 34 5 knowledge scores respective This distribution shows that 75% (3/4th of the total number of science students) are in the ranges 9.7- 14,5, 14.7-19.7, 19,5-24.7 of knowledge, score which means that maximum number of science students have at least average knowledge of sex and related aspects.

Sex wise Distribution Of respondents According To knowledge scores

The result of the area wise analysis of respondent encouraged the investigator to study the sex wise distribution of respondents from all the streams. Hence sex wise distribution of respondents according to knowledge scores is presented in table no.4

Table 4 Sex wise Distribution of Respondents According To knowledge score

Knowledge Score	No. of Respondents in						
	SCIENCE		ARTS		OTHER		
	Rural	Urban	Rural	Urban	Rural	Urban	
0-45	-	-	-	-	-	-	
4.7-9.7	-	-	-	2.7	3.0	23.7	
9.7-14.7	19.0	28.0	10.0	17.7	7.0	19.0	
14.7-19.7	25.0	42.7	22.0	36.7	30.0	47.7	
19.7-24.7	15.0	22.7	25. 0	22. 5	40.0	10.0	
24.7-29.7	25.0	10.0	25.0	17.7	20.0	-	
29.7-34.7	16.0	7.0	18.0	3.7	-	-	

The above table depicts that in the science stream 19% girls and 18% boys are in the range of 9.7-14.7 knowledge scores, 25% girls and 42.7% boys are in the range of 14.7-19.7 knowledge scores, 15% girls and 22.7% boys are in the range of 19.7-24.7 knowledge score, 25% girls and 10% boys are in the range of 24;5-29.7 knowledge scores and 16% girls and 7% boys are in the range of 29.7-34.7 knowledge scores. In Arts group, 0% girls and 2.7% boys are in the range of 4.7-9.7 knowledge' score, 10% girls and 17.7% boys are in the range of 9.7-14.7 knowledge scores, 22% girls and 36.7% boys in the range of 14.7-19.7 knowledge scores, 25% girls and 22.7% boys are in the range of 19.7- 24.7 knowledge scores-, 18% girls and 3*5% boys are in the range of 29.7-34.7 knowledge scores.

In other disciplinary group, 3% girls and 23.7% boys are in the range of 4.7-9.7 knowledge scores, 7% girls and 19% boys are in the range of 9.7-14.7 knowledge score, 7.30% girls and 47.7% boys are in the range of 14.7-19.7 knowledge scores, 40% girls and 10% boys are in the range of 19.7-24.7 knowledge score, 20% girls and 0% boys are in the range of 24.7— 29.7 knowledge scores. There is not a single boy or \ girl in the range of 29.7-34.7 knowledge scores.

Z Values According to Various Levels of Education

In table no. 5 once again attempt was made to test the significance of the difference between the sample means because the values which are presented in table no. 5 will not be clear to layman or ordinary people. All the values are computed by using same formulas as described in the third chapter.

The Z values according to different levels of education are shown in table No. 5

Table 5 Z Values According to Various Levels of Education

Educational Levels	Z values	Interpretations	
1. Inter first year & inter second year	0.92	Not significant	
2. Inter final year & Graduate-I	0.56	Not significant	
3.Graduate I & II	0	Not significant	
4. Inter first year & Graduate-II	1.52	Not significant	
5. Inter final year & 'Graduate-II	0.53	Not significant	
6. Inter first year & Graduate-II	1.39	Not significant	

In table 5 the Z values were computed in similar manner as it were computed in table 4.6. From the values in above table. It was noticed that educational levels of respondents did not affect the knowledge scores to any great extent. This does not support earlier studies which have been done on the sex related topics. Here all the Z values were less than 2 therefore it was considered significant & thus 5 indicates that different educational level did not have any kind of effect on knowledge level of respondents about sex and sex related aspects.

Distribution Of Knowledge Scores According to Respondents Father Education

Assessment of parent's education was considered important as most of the studies have revealed that parents education affects the knowledge of their adolescents.

Table no.6 shows the education level of parents of respondents and at the same time it has been compared with knowledge scores of respondents.

Table 6 Distribution of Knowledge Scores According To respondent's father's education (%) Knowledge score categories

Educational Level	5-9	10-14	15-19	20-24	25-29	30-34
Below S.S.C.	0	0.56	0.56	0.56	0	0
S. S. C.	0	3.44	3.44	2.86	4.02	0.56
H.S.C.	0	3.44	1.71	2.86	1.71	0
Graduate	0.56	8	14.83	18.38	8.71	9.16
Post- Graduate	0	1.14	6.31	5.74	4.02	1.71

From the table 6 it was clear that most i. e. 60% of t; respondents' fathers were graduates and it did seem to have effect on their knowledge scores. Out of these 60% respondents, 50% respondents had

scored more than 40% in knowledge section. This finding, supports earlier studies that educational level of father does seem to have some effect in knowledge of their adolescents regarding sex and sex related aspects.

Distribution Of Knowledge Scores According to Respondents Mother Education

The findings of table no. 7 encouraged the respondent to study the distribution of knowledge scores according to respondents' mothers' education. In this table the impact of mothers' education on the knowledge scores of respondents will be studied.

Table 7 Distribution of Knowledge Scores According to Respondents Mother Education (%) Knowledge score categories

Educational Level	5-9	10-14	15-19	20-24	25-29	30-34
Below S.S.C.	0	0.56	1.77	1.11	0.56	0.56
S. S. C.	0	7.82	6.70	6.70	5.02	0. 56
H.S.C.	0	1.77	5.02	3.35	3.35	3.35
Graduate	0.56	5.02	12.84	13.40	8.37	4.46
Post- Graduate	0	1.77	1.77	1.77	2.23	0

In table 7 almost 45% of respondents, mothers' educational; level was graduation and out of this 45%, 40% of respondents scored above 40% in knowledge section. Here the percentage of respondents were little less because not many respondents' mothers were graduate. So, this table emphasizes once again that as level of mothers' education increases, percentage of students getting higher score as related to sex and sex related aspects also increases.

CONCLUSION

In knowledge section after applying the statistics it was observed that there was almost no difference in knowledge of sex and sex related aspects so far as disciplines were concerned in respondents studying in different disciplines. Another fact which was observed in knowledge section; after applying statistical calculation was that no significant difference was found in knowledge of sex ^ and sex related aspects at different levels of education i.e., Inter first year and final year and first two years of graduation. It can be said area does cause a difference in knowledge of respondents about sex and sex related aspects. Urban respondents had higher knowledge scores than the rural respondents.; So urban respondents knew more than rural respondents about sex and sex-related aspects. It was observed that in sex wise distribution of knowledge scores girls had higher scores than boys which clarifies that girls knew more about sex and sex related aspects than boys. It can be said that parental level. of education does cause a difference in knowledge of respondents about sex and sex related aspects. Higher the parental level of education, higher were scores in knowledge section of sex related aspects.

REFERENCES

- 1. Allred P., David M. E. & Smith P. (2003). Teachers Views of Teaching Sex Education: Pedagogy and Models of Delivery. Journal of Educational Enquiry, 4 (1), page no. 80-96
- Bethesda, M. D. (2003). National Association of School Psychologist. Sexuality Education (Position statement).
- Bergsman, M., Todd. M., Fisher, D.A., Hill, D.L., Grebe, J.W., & Walker, S. (2008). Parenting practices and Adolescent sexual behavior: A longitudinal study. Journal of Marriage and Family, 70, 97-112.
- 4. Boler,T.,Adoss,R.,Ibrahim,A.,& Shaw, M. (2003). The Sound of Silence: Difficulties in Communicating on HIV/AIDS in Schools (London, Action Aid)
- Boyce, W., Doherty, M., Fortin, C., & MacKinnon, D. (2003). Canadian youth, sexual health and HIV/AIDS study. Council of Ministers of Education, Canada
- 6. Braver man, P. K., Stasburger, V.C. (1994). Sexually transmitted diseases. Clinical Pediatrics; 33:26
- 7. Brosh,J.,Weigel,D.,&Evans,W.(2007).
 Pregnant and parenting adolescents'
 perception of sources and supports in
 relation to educational goals. Child
 Adolescent Social Work Journal, 24(6), 565–
 578. Retrieved from
 http://www.springerlink.com/content/129101
 3432v1017n
- 8. Byers, E.S., Sears, H.A., & Weaver, A.D.(2008).Parents reports of sexual communication with children in Kindergarten to grade 8. .Journal of marriage and family, 70,86-96.
- Coyle,K.K.,Kirby,D.B.,Robin,L.E.,Banspach, S.W.,Baumler,E., et al.(2006).All4 You! A randomized trial of an HIV, other STDS, and Pregnancy Prevention intervention for alternative students. AIDS Education and Prevention, 18,187-203.
- 10. Dina, M., Denson, D., Anspaugh, D. C., Mach, D. (1985). Effects of sex education on sexual behavior of college students. Adolescence; 20:171-8.
- Eisenberg, M. E., Bern at, D. H., Beranger,
 L. H., & Redneck, M.D. (2008). Support for
 Comprehensive Sexuality Education:
 Perspectives from Parents of School-age

- 12. Fisher, W.A., Fisher, W.A., Bryan, A.D.,et al.(2002). Information-MotivationBehavioural skills model-based HIV risk behavior change intervention for inner city high school youth. Health psychology, 21,177-186, doi:10.1037//0278-6133.21.2.177
- Gupta N, Mathura AK, Singh MP, Sabena NC. (2004). Reproductive health awareness of school-going, unmarried, rural adolescents. Indian J Pediatric, 71(9):797–801. doi: 10.1007/BF02730716
- Gyarmathy VA, McNutt LA, Molnar A, et al. (2002). Evaluation of a comprehensive AIDS education curriculum in Hungary—the role of good teachers. J Adolescent, 25:495-508.
- 15. Hand, Amite.(1994). Sex Education for Adolescents. Journal of Indian Education volume 20. Published by C.N. Rae Head. Page no-39
- 16. Hindan, J., Hindan, M,J. (2009). Premarital Romantic Partnerships, Attitudes and Sexual Experiences of Youth in Delhi, India. International Perspectives on Sexual and Reproductive Health, 35:2.
- 17. James-Triode, T. A, Finger, W., Roland, C. D, et al. (2009). Teacher Training: Essential for school-based reproductive health and HIV/AIDS Education. Family Health International.
- 18. Jembela.Nqoloba.(2008). Attitude of Teacher towards Sexuality and HIV and AIDS Education. University of Zululand.

Corresponding Author

Sanjay Kumar*

Research Scholar, University of Technology

www.ignited.in