

# Long-Term Effects of Comprehensive Sex Education on Adolescent Decision-Making and Psychosocial Adjustment

Sanjay Kumar<sup>1\*</sup>, Dr. Gopal Krishna Bhardwaj<sup>2</sup>

<sup>1</sup> Research Scholar, University of Technology

<sup>2</sup> Professor, Department of Education, University of Technology

**Abstract** - Comprehensive sex education aims to help youth gain a positive view of sexuality and appropriate knowledge to make healthy decisions about their sex lives. This report reviews CSE's holistic approach towards biological, psychological and social development. Relevant articles were gathered from Google Scholar and PubMed search engines, after applying inclusion criteria and screening papers. CSE proved to reduce STDs, pregnancy, delay sex initiation and promote safe sex. The psychological outcomes included decreased depression and increased self-esteem. CSE promoted healthy relationships and reduced discrimination around sexual orientation. Therefore, CSE programs support holistic youth development. This report recommends further research to correct inaccurate assumptions and increase support for CSE programs. In order to prevent concerns such as unwanted pregnancies, sexually transmitted diseases, and sexual abuse, the health professionals have the ability to take on a more active role in the sexual education of the young people. At the same time, the promotion of adolescents' sexual health may also be accomplished by improved personnel training, improved knowledge, and improved organization of the health education services.

**Keywords** - sexually transmitted, sex education, discrimination, psychological.

-----X-----

## INTRODUCTION

The programmers were initially installed in four different districts located within the state of Odessa. As a direct consequence of the controversy, the programme was put on hold for a period of three years until being reintroduced in 2007 under the moniker "Adolescent Reproductive and Sexual Health (ARSH) education." During this time, the programme did not receive any funding. With the support of locally made instructional resources that were deemed to have cultural significance, the effort was carried out over the course of the succeeding couple of years in each of Odessa's thirty districts, encompassing around 5560 schools and one million children.

It was determined that the cost of implementing the programme would be \$13.5 per student and \$630 per school, which is a significant reduction when compared to the costs that are incurred in other countries. This is because the cost of implementing the programme in other countries is significantly higher. Within the framework of the programme that

was implemented in Estonia, a cost-effectiveness analysis was performed. It was reported that the comprehensive sexuality education programme was responsible for a reduction of 4,000 unplanned pregnancies, 7,000 cases of sexually transmitted infections, and 1,900 cases of HIV over the period of 9 years. By any and all measures, this endeavour may be categorised as a successful one. However, staunch Indian conservatives argued around the same time that sex education with the pretext of saving children from the HIV epidemic is erroneous as the cases in the west did not show a declining trend in spite of all the efforts at sex education and they recommended multi-stakeholder brainstorming sessions before implementing comprehensive sexuality education programmers across the Indian states.

This was done before the implementation of comprehensive sexuality education programmers across the Indian states. This was carried out prior to

the launch of comprehensive sexuality education programmes in each of the states in India.

## Theoretical Underpinnings of Sexuality Education:

Every culture has its own set of social and cultural norms (beliefs, myths, and superstitions) around sexuality. These norms may be broken down into three categories: These considerations can be sorted into the following three categories: Both the attitudes about sexuality and the actions that are typically practised in a community are influenced by the traditional and cultural viewpoints that the group has regarding sexuality. The average man's idea of what is involved in sex education is in no way similar to the reality of what is meant when the word "sex education" is used in its truest sense. It is a common misunderstanding that education on sexuality and education on how to successfully raise a family are one and the same thing.

The majority of the time, when individuals talk about "sex education," they are referring to the process of teaching young people about the principles of sexuality and reproduction. The goal of the educational programme that is commonly referred to as "sexual education" is to offer young people with aid in the areas of their physical, social, and emotional development as they prepare for adulthood, marriage, and personal-hood and ageing. According to the World Health Organization's (WHO) definition, "Sex education" is an educational programme that tries to educate pupils "adequate and correct understanding of the biological, social-cultural, and moral dimensions of human sexuality." This description was supplied by the WHO. Overall, it is a programme that has been well planned out and structured.

## Does India need sex education?

The need for sexuality classes has been there for quite some time in India. Numerous individuals have expressed their worries about the absence of sex education in the curriculum of their children's schools; but, owing to the steadfast resistance of the more traditional people and the reluctance of the political establishment, the plan has been rejected.

But if this is the case, why is the subject of sexuality classes so controversial? It is a well-known truth that emerging economies have made efforts to compete on the same playing field as industrialized economies. It might refer to their infrastructure, their technology, or their educational system, among other things. Then why sex education is restricted?

56% of nations have created laws and policies which encourage comprehensive sexuality education, as

highlighted in the status of the world population report 2021, which is titled My body is my own. Since India is such a culturally varied nation, it has adopted some aspect of Indian culture in response to every western invention.

The discussion of sexuality in the classroom is strictly prohibited. Many Indian states, including Maharashtra, Gujarat, Rajasthan, Madhya Pradesh, and Karnataka, have made it illegal for teachers to teach their students about sexuality in the classroom. They are of the opinion that this may lead to corrupt practices and an increase in dangerous behavior. On a global scale, the main cause of mortality for young women between the ages of 15 and 19 is problems resulting from pregnancy. Young individuals may take such choices responsibly following sex education.

It is possible to include topics such as the human immunodeficiency virus (HIV), sexually transmitted infections (STIs), and reproductive tract infections (RTIs), as well as their negative outcomes (such as cancer and infertility), unintended pregnancy and abortion, sexual dysfunction, sexual violence, and harmful practices (such as female genital mutilation, or FGM).

The significance of obtaining a person's permission before to engaging in sexual activity is being downplayed in certain quarters of this conflict. The National Population Policy of India stresses the need of teaching young people about the dangers of engaging in sexual activity while unprotected. In point of fact, education on reproductive and sexual health for adolescents was made mandatory in 2005. This instruction included topics such as sexually transmitted illnesses, consent, attraction, gender, and sexuality, to name a few. Later on, it was prohibited, and 12 Indian states labeled it "inappropriate," stating that it might "promote dangerous behavior" among teens. This led to its eventual prohibition.

India may be able to meet both objective 3 of the Sustainable Development Goals (SDG) and target 5.6 of the SDG, which provides universal access to sexual and reproductive health care as well as reproductive rights, with the assistance of a greater awareness campaign.

The National AIDS Control Organization and the Ministry of Human Resource Development collaborated in 2007 to launch a programme under the aforementioned name. The objective was to raise awareness among teenagers about the need of practicing healthy sexual behaviors. It was

eventually taken down because critics believed it would undermine traditional Indian values. They argued that this will encourage sexual experimentation and behavior that is irresponsible, and furthermore that India has rich culture and values, and that sex education is better in western countries than in India. At the same time, the advocate of the plan said that India is modernizing at a rapid pace and that these traditionalist ideas are not necessary.

## OBJECTIVE

1. To study the Long-term Effects of Comprehensive Sex Education on Adolescent Decision-making and Psychosocial Adjustment.
2. To study the subject matter at hand pertains to the theoretical underpinnings that serve as the foundation for the field of sexuality education.

## How Does Youth Education Work

**Social Media:** The media has played such an important part by bringing these issues to the forefront of public attention and fostering open discourse. The ease of access, low cost, and relative anonymity offered by social media platforms, often referred to as "Triple-A," is a major factor in the widespread popularity of these platforms among adolescents. Anyone can check things up online that they are inquisitive about and obtain various answers without having to deal with unpleasant or awkward exchanges. Everyone has access to this knowledge since it is offered at no cost, which contributes to the realisation of the ultimate objective of educating people from all walks of life about the autonomy and rights that are theirs. Because of the stigmas that are associated with these subjects, some people feel that anonymity is absolutely necessary in order to avoid putting themselves in an uncomfortable or even potentially dangerous situation as a result of cultural and religious factors. Even if chastity and abstinence before marriage are ideals that are supported and encouraged by our societal standards, it is essential for individuals to be well-informed on these subjects. Even something as contentious as pornography has positive aspects to it, in addition to the bad aspects that are often brought up in discussions about it.

You cannot be confident that the information you see on social media is reliable and useful since anybody may access these platforms and share their thoughts and opinions. If inaccurate information is presented as facts, it could mislead the viewers and produce misconceptions which might be hazardous. There must be a method for controlling the content that can be accessed. Users have the ability to take

precautions to ensure that the content to which they are referring is trustworthy by checking the credentials and qualifications of the poster, reporting accounts or websites that they are aware are spreading false or harmful information, and only trusting credible websites that fact-check before posting things online.

**Pornography:** The repercussions of pornographic media are seldom brought up in conversation, despite the growing audience for such content. Even when they are, people generally only concentrate on the downsides, forgetting that it may be useful in many circumstances. Even when they are, people usually only focus on the drawbacks. People who feel they cannot discuss about their sexuality or gender identity with their classmates, parents, or instructors may nevertheless learn about these topics. They may also learn about their bodies and the ways in which everyone is unique, which will help them feel more at ease in their own skin. The vast majority of females enjoy watching videos that are centered on self-pleasure because of the potential educational value. Watching with their partners helps increase arousal, which in turn makes them feel more confident and brings to light the things in life that they take pleasure in. It is helpful in exploring new territory while maintaining a secure environment. On the other hand, doing too much of it might put you in some unpleasant circumstances.

An addiction to pornography is a severe condition that affects a large number of individuals and causes significant disruption in their day-to-day lives. A study conducted on boys of college age indicated that between 20 and 60 percent of those in the sample who routinely saw pornographic content felt that it was troublesome. According to studies done on internet addiction disorders, the percentage of people who suffer from them spans anywhere from 1.5% to 8.2% in both the United States and Europe. (Addiction to Pornography, (not specified date). As a result of the fact that the majority of these films depict gender stereotypes, they encourage misogynistic behavior and, in some instances, promote or depict violence against women. They also portray women as being submissive and always willing to do whatever a man asks of them in order to win his approval.

**Television and other "Over the Top" (OTT) platforms:** Television had a significant impact on the beginning of these talks, which had never been brought up in front of such a large audience previously. The emphasis has steadily shifted away from television and toward over-the-top (OTT) services such as Netflix, Amazon Prime, and Hulu over the course of the years. This shift has been

useful in educating people and increasing awareness around topics that are perceived to be "taboo." The regulations and standards that are now in place for television do not apply to these platforms since they may be accessible through the internet. As a result, these platforms are exempt from such laws and standards. There are a number of shows available on Netflix, such as Sex Education and Big Mouth, that offer an in-depth examination of a variety of subjects pertaining to sexuality and gender education.

The primary protagonists of the television show Sex Education are a young guy and his mother, who is a well-known sexual therapist. The programme touches on a wide range of topics, including many that have never been discussed in such depth before, such as the sexuality spectrum and the gender spectrum, assault, the trauma that is associated with assault, the effects of puberty, concerns regarding mental health, safe sex, abortion, and many more. However, television shows that focus on teenagers and their antics frequently show young people between the ages of 15 and 16 engaging in sexual behaviour. This leads young people who watch these shows to believe that they do not belong in society because they do not behave in the same manner as the characters on the shows.

### The Current Position of Indian Politics

In a country such as India, public policy is influenced by a wide variety of societal structures, the most significant of which are the nation's culture and religion. Many individuals still hold the view that providing thorough information about sexuality would result in people being more promiscuous and will encourage them to engage in unfaithful sexual behavior. Regrettably, a significant number of those in positions of authority and responsibility for formulating policies continue to hold beliefs that are both outmoded and scientifically unfounded. When the government realized the devastating effect that young people who were not informed had on the spread of HIV/AIDS and other sexually transmitted diseases, they made the decision to finally add sex education to the national curriculum that is taught in state schools.

The Adolescent Education Programme was a guidebook that was produced in 2006 by the Ministry of Human Resources and Development in partnership with the National AIDS Control Organization. Despite the fact that sexuality education was meant to be the primary emphasis of the guidebook, it ended up concentrating more on basic life skills and issues such as drug addiction and the influence of peers. After the publication of the handbook in 2007, which included

sexually explicit pictures of genitalia, it drew a great deal of criticism (Gabbler, 2011). In spite of this, there have been significant advances achieved by locally founded organizations and non-profits that are operated independently from the intervention of the government. They have shown to be a terrific alternate source for genuine information and assistance. Schools and universities have started taking action, and one of the first things they've done is bring in experts who are knowledgeable on the subject to educate the students and answer any concerns they may have. A significant number of developed nations now follow through with comprehensive sexuality education programmers. Since 1993, the educational system in the Netherlands has included sexuality instruction as one of its required subjects for students.

According to a study that was conducted in 2007 and titled School-based Sex Education Policies and Indicators of Sexual Health among Young People: A Comparison of the Netherlands, France, Australia, and the United States, approximately 97% of secondary schools and 50% of primary schools include information on sexuality as part of the curriculum. The "content, techniques, approach, and time spent on each target" are all up to the discretion of the individual schools. Issues such as pregnancy, sexually transmitted infections (STIs), sexual orientation and homophobia, tolerance for other points of view, and practises for healthy sexuality are discussed in these sessions. Training is also provided by the Netherlands Institute for Health Promotion and Disease Prevention for those who work in the teaching profession in those countries (NIHPDP). Over the course of the past four decades, the educational system in France has managed to preserve a substantial portion of the structure that it had when it was first established. In the 1980s, the Ministries of Health and Education began encouraging schools to incorporate information on HIV/AIDS as a method of preventing infections through the use of education as a preventative measure in schools. This was done as a method of preventing infections through the use of education as a preventative measure.

### The Impact of Colonialism on Ancient Indian Sex Education

It is well known that India is one of the oldest countries in the world to teach its citizens about sexuality and sex education. India's culture and history have always been exceptionally rich from the very beginning. Several ancient texts, such as the Kama sutra (Aphorisms of Love), the manuscript

from Hindu literature, and Sheik, the Sufis poetry written in the 13th century, are some of the best examples of from those times. In these texts, human desires and same-sex relationships are written about and explained. Even on Hindu temples built a millennium ago, you may discover sculptures depicting women and men lovingly embracing each other. These sculptures are seen on several of the temples. What could only possible be envisioned and performed was conveyed in the most beautiful and lyrical way via these carvings and words.

Following their arrival in 1756, the British controlled over us and our ideals for many centuries, and in some way, they also influenced our sexual mores. The year 1756 marks the year of their arrival. The English versions of several of our Indian scriptures were translated by Sir Richard Burton. In addition to this, they collaborated with the political authorities of India to eliminate discriminatory practices against women, such as the Purdon system, sati, and the ban on widows marrying again.

However, the notorious section 377 of the Indian Penal Code was imposed by the colonialists per se in the year 1861. This provision criminalized sexual practices that were considered to be "against the order of nature," which included homosexuality as well as intercourse with children. It's ironic that we attribute homosexuality to Western or European culture, yet the British considered it to be "against nature" when it first emerged. They marginalized the trans portion of India, also known as hijras, by enforcing body policing and medicalization, and this group of people continues to be the invisible, unnamed, and forgotten segment of Indian society.

### **We live in a "modern" India now**

On the other hand, the concept of sexual education is foreign to our minds. Despite the fact that Section 377 of the Indian Penal Code was removed from the list of crimes in 2019, we are unable to fully embrace transgender individuals as the third gender. My grandma had just just seen a movie that dealt with LGBTQ people and was interested in finding out more about the community and the way they live their lives. It appeared as if the idea of two girls or boys being together was so foreign to her that she grew uneasy and began to question some very basic matters that she ought to have been instructed on when she was in her teenage years.

I remember learning about reproduction in humans in biology class; it was the only knowledge we received about sexuality. We used to ask a lot of questions, but our instructor never responded to any of them since

she believed that it was unacceptable to bring up such subjects while we were in class. Even the school's instruction on menstruation awareness was kept so "hushed" that the males in the classroom were oblivious to it, and getting a pad from the classroom to the restroom was a task in and of itself.

### **The myths related to sex education**

In a nation like India, where the population is both higher and more densely concentrated than the country's geographical area, sexual education is a very contentious issue. I have a few reasons why, I thought to myself.

It would seem that each of these debates has a comedic element, right? After all, there can't possibly be a rational justification for doing something like that. But to our agony, most of the parents and even clergy hold similar ideas. In a recent interview, India's former Minister of Health and Family Welfare advocated for the prohibition of "so-called" sexual education and advocated for the introduction of yoga as a replacement for it in schools. Continued from previous sentence "Condoms offer safe sex," he says, "but the safest sex is via loyalty to one's spouse."

### **India's effort at implementing sex education curricula**

Sonagachi is a tiny district in Kolkata that is well-known across Asia for its multi-story brothels and the sex workers that operate in them. In 1992, the state of West Bengal initiated a programme known as the "Sonagachi Project" with the goal of enabling sex workers to speak out against sexual assault and raise awareness about the need of using condoms. There are also other non-governmental organizations (NGOs) and institutions, such as Talking About Reproductive and Sexual Health Issues (TARSHI), which was established in 1996, Miramar Trust, Partisanship, Ilesha Learning, and others, which have created a secure environment in which individuals can discuss adolescent education, consent, sexuality, and other related topics.

The YP Foundation in India has established a secure environment in which young people between the ages of 12 and 20 may participate in a variety of educational programmes designed to raise knowledge about topics like sexual health, consent, safe abortion, youth empowerment, and more. For instance, one of their programmers called "Mardonwalibaat" teaches young boys and men the standards of healthy manhood in the hopes of altering the traditional worldview of future

generations. This is done in an effort to break the cycle of patriarchy. The National Council of Education included sexuality education in the school curriculum as part of their Research and Training initiative in the year 2005. This initiative was known as the Adolescent Education Programme (AEP). Not only was it rejected on a large scale by a number of states like Maharashtra, Madhya Pradesh, Gujarat, and Goa, but it was also opposed by parents and schools. By the end of 2007, it had been discredited, and a number of establishments had developed their own "sexual education curriculum." Under the Ayushman Bharat programme, on September 25th, 2018, it was emphasized that teachers, health workers, parents, and communities are jointly engaged to improve the overall situation of health and well-being of the students. This was done in order to improve the overall situation of health and well-being of the students. The Ministry of Health and Family Welfare and the Ministry of Human Resource Development of the Government of India recently released rules for the teaching of sexual education in schools. This is an ongoing contentious subject.

### The Importance of Gender Relationship Education in India

The majority of teenagers get their information about their own sexuality, physical well-being, and overall health from their friends and the media, which contradict the findings of recent studies that suggest adolescents have insufficient knowledge on these topics. Whatever information they do possess is insufficient and often contradictory. This misinformation contributes to undesired pregnancies, illegal abortions, as well as death and illness among young girls. The low rate of educational attainment, restricted sex education activities, and restrictive attitudes towards sex all contribute to this ignorance. There is a significant gender, educational, and geographical divide in one's level of information, with uneducated rural females having the least amount of knowledge. The results of interviews with males and females of both sexes demonstrate the existence of an innate gender bias in interpersonal relationships, as well as the prevalence of a double standard that favors boys. Girls are discouraged from pursuing information because, according to our cultural norms, "decent" girls should not be knowledgeable about sexuality.

According to the findings of a survey that was conducted with 959 teenage girls on the topic of sexuality, all of the subjects, regardless of age or level of education, have indicated the necessity for the inclusion of sexuality education into the curriculum of academic institutions (Maître, et.al: 1994). Another

research that was performed in rural Maharashtra in 1989 by SEARCH found that over half of the unmarried females had sexual encounters, highlighting the necessity to give sexual health education even in the countryside. This study was conducted in rural Maharashtra. The poor social and economic standing of women and girls in India, as well as their high rates of illiteracy and ignorance about sexuality and reproductive physiology, render them especially susceptible to sexually transmitted diseases and reproductively transmitted infections (STIs and RTIs). More than half of India's population is under the age of 25, and the nation as a whole has a young population that makes up the majority of its total population. According to UN estimates, India has the third-highest number of HIV infections in the world, and teenagers in the age bracket of 15-25 years, account to 31% of the total. In addition, India has the world's greatest rate of population increase as well as the highest incidence of adolescent pregnancy. Despite this, our healthcare systems fail to adequately address the sexual and reproductive health of young people.

Additionally, there is an increasing issue about sexual assault among young people, especially abuse committed by males. A member of my circle of acquaintances disclosed to me, "When I was 12 years old, one of my relatives sexually abused me." She said that the child, who was 14, inappropriately groped her upper body parts while they were playing together. She came to the conclusion that the only reason he did it was because he was curious, even though he was aware that he was acting inappropriately at the time. If sexual education had been made available to students at the right age, none of this would have been necessary. In India, approximately 53 percent of children between the ages of 5 and 12 have been sexually abused at some point in their lives. The primary reason why the victims do not speak up is because, in many cases, they are not even aware whether and how they are being abused, or they are too timid to talk to their parents about this issue. This is the only reason why the victims do not speak out. As a result of the ease with which one may use the internet in today's world, one also has access to a variety of pornographic websites, which illustrate the deceptive and harmful side of sexuality. Comprehensive education has to be taught in schools in order to communicate the proper information and put an end to the normalization of porn and the behaviors associated with it.

A renewed resistance to sexuality education Even though there is a wealth of evidence indicating that

children and society as a whole may benefit from receiving comprehensive sexuality education, we are currently witnessing an increase in resistance to the provision of sexuality education that is mandated to be taught in schools. This is the case despite the fact that children and society as a whole may benefit from receiving such education. This kind of resistance is frequently an example of a more general opposition to the full realisation of the human rights of certain groups, in particular the rights of women, lesbian, gay, bisexual, transgender, and intersex (LGBTI) people, and, to some extent, the rights of children themselves, on the grounds that it would threaten traditional and religious values.

### **Educational Implications**

Although awareness to provide full-fledged education to adolescent is increasing no special attention is being given to health needs of young people, either by government, the national planners, health professionals or youth themselves. The biological up level of puberty is liable to coincide and affect the health of adolescents. As the modernization and liberalization are in progress, it has become the urgency of our times to inform the adolescents about sex and sex related aspects.

Since 'it was major finding of' the study that parents' education did have some effect on knowledge scores of respondents, it becomes necessary for the society and government to increase parents' level of education. This can be done either by non-formal education or by some kind of informative and educational programmers. The ultimate goal of college and family should be development of positive healthy attitudes in their adolescences about sex and sex related aspect not only in elite group but also in groups who are below poverty line. As it was stated in analysis chapter that forty five percent respondents had their knowledge scores below fifty percent- so such low knowledge indicates that efforts should be made to give right knowledge about, various aspects in sex-education to girls and boys of present generation so that they may get opportunity to develop their personalities, and plan their future which will prepare them to enter a happy married life.

### **CONCLUSION**

When examining the issue of sexual health, the use of a socio ecological model becomes of particular importance. This is due to the fact that sexuality cannot be defined by one particular aspect. It is neither solely a behaviour, nor a physical state, nor a social construction. Sexuality is also a process between people, rather than an end-state within one person,

meaning that all levels of interaction, from the micro to the macro, will have an impact on perception of wellness in sexuality. Sexuality education can also be seen as a quality-of-life issue that occurs in all societies, both in developed and developing nations. It is in itself broad and all-encompassing, so to attempt to examine it devoid of context would create a partial impression that robs it of its awe-inspiring complexity. Individual-level factors primarily act at the level of the person themselves. They can include demographic, biological, psychological, behavioural and life-course factors. At individual level, gender emerged as an important factor. Girls mature earlier than boys they want sex education at an early stage. Further mothers are ready to get involved in sex education programme.

### **REFERENCES**

1. Kirby. (1985). A review of educational programs design to reduce sexual risk-taking behaviors among social- aged youth in the United States. Santa Cruz (CA) ETR Associates,
2. Kava, H., and Schneider, H. (1990). Those Talks'- General and Sexual Communication between Parents and Daughters. *Journal of Social Behavior and Personality*, 5, 603 – 613.
3. Ku, L. C., Shorenstein, F.L., Pluck, J.H. (1992). The association of AIDS education and Sex education with sexual behavior and condom use among teenage men. *Family Planning Perspectives*, 24:100-106.
4. Low, W.Y., Ng, C.J., Frazil, K.S., et al. (2007). Sexual issues. *The Journal of Men's Health & Gender*, 4(3), 2007.283.291.
5. Abase, A. (2006). "Sex education gets cabinet go-head." *New Straits Times*, p. 10. cited in Abdul Pâté Fatimah Make, Abu Sadat Nurullah, Side So hail Imam and Soda Bad. Raman (2009), "Parents' attitudes towards inclusion of sexuality education in Malaysian schools" *International Journal about Parents in Education*, Volume. 3, No. 1, pp-42-56.
6. Abbasid V. (1998). "Growth and normal puberty". *Pediatrics*, 102,( 2 Pt 3) pp 507-511.
7. Abdul Pâté Fatimah Make, Abu Sadat Nurullah, Side So hail Imam, Sodas Bad. Raman (2009) "Parents' attitudes towards inclusion of sexuality education in Malaysian schools" *International Journal about Parents in Education*, Volume. 3, No. 1, pp- 42-56

8. Meeker, D., & Ahmed, G. (2000) Contemporary Patterns of Adolescent Sexuality in Urban Botswana. *Journal of Biosocial Science*, 32. Page no. 467-485.
9. Meeker, D., & Ahmed, G. (2000) Contemporary Patterns of Adolescent Sexuality in Urban Botswana. *Journal of Biosocial Science*, 32. Page no. 467-485.
10. Moll born, S. (2007). Making the best of a bad situation: Material resources and teenage parenthood. *Journal of Marriage and Family*, 69(1), 92–104.
11. Nudity, R. and Kiwi, W.(1996). Communicating with adolescents on HIV/AIDS in East and Southern Africa. Nairobi: Regal Press.
12. Ottumwa., & Santali, J.S.(2009). Abstinence and abstinence-only education. *Current Opinion in Obstetrics and Gynecology*, 19, 446-452.
13. Paulsen, T., Kook, G., Schoolman, H.(2012). Antecedents to adoption of classroombased AIDS education in secondary schools. *Health Educ Res*, 9,485-96.
14. Pretorious, J., Ferreira, G., Edwards, D.(1999).Crisis Phenomena among African Adolescents. *Adolescence*, 34, 139 – 146
15. Saewyc, E., Homma, Y., Skay, C. et al. (2015). Protective factors in the lives of bisexual adolescents in North America. *American Journal of Public Health*, 99, 110-117.
16. Sieg, E. (1993).Sex education and the young: some remaining dilemmas. *Health Education*, 103(1), 3440.54.
17. Singh. (1986).Adolescent pregnancy in the United States: an interstate analysis. *Family planning perspectives*, 18, 210-202.
18. Smith, Battl.L. (2007).I wanna have a good future: Teen mothers' rise in educational aspirations, competing demands, and limited school support. *Youth & Society*, 38(3), 348–371.
19. Spanier,G.B.(1976).Formal and informal sex education as determinants of premarital sexual behaviour. *Archives of Sexual Behaviour*, 5:39-67.

---

**Corresponding Author**

**Sanjay Kumar\***

Research Scholar, University of Technology