

Sexuality education matters: Experiences of youth in Tamil Nadu

Serious reservations have been expressed about family life or sex education for school-going youth in India. The Rajya Sabha Committee on Petitions, formed to evolve a consensus on the implementation of Adolescent Education Programme, for example, commented that such education has ‘the potential to pollute the young and impressionable minds of students by exposing them to indecent materials’, suggested that the real objective of such education is ‘to promote promiscuity’ and cautioned that it might lead to ‘incalculable damage to school children’^a. Indeed, the Committee recommended that ‘there should be no sex education in schools’. Are these concerns supported by evidence?

Tamil Nadu is a state that had introduced the School AIDS Education Programme as early as 1997; in 2006–07, the programme had been introduced in 9,423 schools in the state.^b Data obtained from the *Youth in India: Situation and Needs* study conducted in Tamil Nadu permit an exploration of whether or not exposure to family life or sex education is associated with safe and healthy behaviours among young people. This policy brief documents the extent of exposure to family life or sex education among youth in Tamil Nadu and the extent to which sexual and reproductive health awareness and behaviours differ between youth who were exposed to family life or sex education and those who were not. It argues that youth and parents recognise the need for family life or sex education, and that youth who were exposed to family life or sex education were considerably more likely to be aware of sexual and reproductive matters and slightly less likely to have engaged in risky sexual practices than those who were not. In short, evidence from Tamil Nadu does not support the concerns raised by the Rajya Sabha Committee.

The study

The *Youth in India: Situation and Needs* study is a sub-nationally representative study undertaken

for the first time in India of key transitions experienced by young people in six states of India, including Tamil Nadu. The study included a representative survey of young people in both rural and urban settings. Respondents included unmarried women and men and married women aged 15–24 and, in view of the paucity of married men in these ages, married men aged 15–29.

In Tamil Nadu, the survey was conducted in 2006–07. A total of 7,996 married and unmarried young women and men were interviewed in the survey. These included 1,322 married young men, 1,666 unmarried young men, 2,007 married young women and 3,001 unmarried young women. It also included in-depth interviews with 60 mothers and fathers of young people. This brief is based on data obtained from 1,913 young men and 5,008 young women aged 15–24 and parents of young people.

Most youth perceive that family life or sex education should be imparted

Findings highlight that the majority of young people—81% of young men and 71% of young women—perceived that it is important to impart family life or sex education to youth. Of those who perceived family life or sex education to be important, the majority believed that this education should be provided to youth aged 15 or older: 37% of young men and 46% of young women reported that such education should be provided to young people at ages between 15 and 17 years, and 54% of young men and 44% of young women believed that it should be provided at age 18 or older.

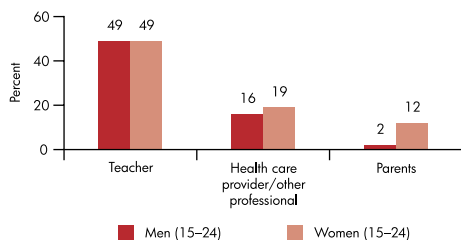
Particularly notable are Youth Study findings relating to young people’s perceptions about the best person to impart sexuality education to youth. Almost half of youth who perceived family life or sex education to be important cited teachers as ideal providers of sexuality education.

^a Rajya Sabha Committee on Petitions. 2009. *Hundred and thirty-fifth report on petition praying for national debate and evolving consensus on the implementation of the policy for introduction of sex education in the schools and holding back its introduction until then*. Accessed 03 June 2009 at <http://164.100.47.5:8080/committeereports/reports.aspx>

^b Department of Health and Family Welfare, Government of Tamil Nadu. 2008. *Policy Note 2008–09 Demand No.19*. Accessed 31 March 2009 at www.tn.gov.in/policynotes/health_family_welfare.htm

One in six young men and almost one in five young women cited health care providers or other professionals as ideal. In contrast, just 2% of young men and 12% of young women mentioned parents as ideal for imparting such education.

Youth perceptions about the best person to provide sexuality education



Parents of young people also favour imparting family life or sex education to youth

Most parents who were interviewed in-depth also favoured the provision of sex education in school settings. For example, 16 of the 23 parents who discussed the topic of sex education in in-depth interviews reported that it is important to impart sex education to youth in school settings. As evident from the excerpts below, parents believed that such education might help young people to adopt healthy practices.

It (sex education) should be introduced; it is for their (young people's) betterment (Father of an unmarried adolescent girl, rural area).

It should be discussed in the schools...they can correct their mistakes and some may even avoid making mistakes (Father of an unmarried adolescent girl, urban area).

We know that these diseases (STIs and HIV/AIDS) are harmful; it is better to be informed about these so that they can take preventive measures. (Father of an unmarried adolescent boy, urban area).

Exposure to family life or sex education remains limited

Few youth reported that they had received family life or sex education in school or through special programmes sponsored by the government or NGOs; just 21% of young men and 17% of young women had received any formal family life or sex education. Even among those who had completed at least 9 years of schooling, just 25–28% of youth had received such education.

The large majority of youth who had received family life or sex education had done so in

school or colleges—78% of young men and 83% of young women. Of those who had received such education, the large majority reported that it had answered many of their questions (90–95%) and that the teacher or trainer had explained matters well (87–90%). Nonetheless, 16% of young men and 31% of young women reported feeling uncomfortable or embarrassed in the course of family life or sex education, raising questions about the extent to which they were indeed able to participate freely and clarify doubts.

Awareness of sexual and reproductive matters is generally low, but youth exposed to family life or sex education are better informed than others

Findings suggest that awareness of sexual and reproductive issues and health promoting behaviours was typically limited and superficial among young people. For example, just over one-quarter of young men (29%) and half of young women knew that a woman can get pregnant at first sex. In-depth awareness of contraceptive methods was also somewhat limited, particularly among young women. While 96% of young men had heard of condoms, fewer (77%) knew that one condom can be used for only one sexual act. The corresponding percentages among young women were 83 and 39, respectively. Likewise, awareness of sexually transmitted infections and comprehensive awareness of HIV/AIDS was limited. While almost all youth had heard of HIV (97–99%), only 50% of young men and 46% of young women reported comprehensive knowledge of HIV/AIDS. Just 31% of young men and 12% of young women had ever heard of STIs other than HIV.

Young people who were exposed to family life or sex education were, however, better informed than those who were not, even after controlling for such background variables as age, education, work status, urban-rural residence, and economic status of the family. For example, 38% of young men who were exposed to such education knew that a woman can become pregnant at first sex, compared to 26% of those who were not exposed; the corresponding percentages among young women were 62 and 48, respectively. Similarly, 87% of young men who received family life or sex education, compared to 77% of those who did not, knew that one condom can be used for only one sexual act; the differences were much wider among young women among whom 62% and 33%, respectively, were aware of this matter. Young men who were exposed to such education were as likely as those who were not to report comprehensive awareness of



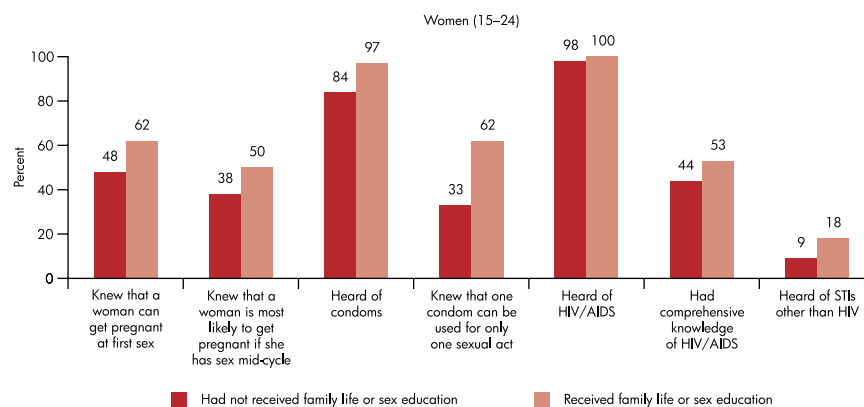
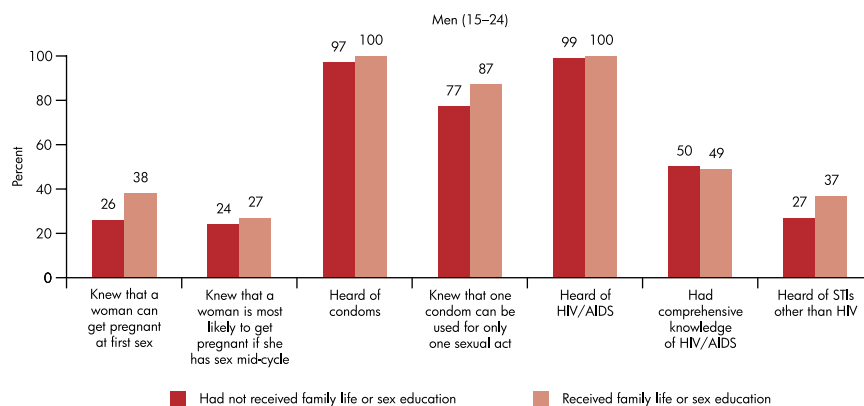


POLICY BRIEF Sexuality education matters: Experiences of youth in Tamil Nadu

HIV/AIDS (49–50%), but young women who were exposed to such education were more likely than those who were not to so report (53% versus 44%). Awareness of sexually transmitted infections other than HIV was more likely to be reported by youth who were exposed to family life or sex education than those who were not (37% versus 27% among young men and 18% versus 9% among young women).

were not to report pre-marital sexual experience (6–7% of young men and 2% of young women), dispelling concerns that exposure to family life or sex education will ‘promote promiscuity’. Findings, moreover, indicate that youth who were exposed to family life or sex education were somewhat more likely than those who were not to delay initiation of pre-marital sex; for example, life-table estimates of cumulative

Percentage of youth reporting knowledge of selected sexual and reproductive matters according to whether they had or had not received family life or sex education*



* controlling for the effects of such background variables as age, education, work status, urban-rural residence, and household economic status

Few youth engage in pre-marital sex; youth exposed to family life or sex education are more likely than others to delay initiation and adopt safe practices

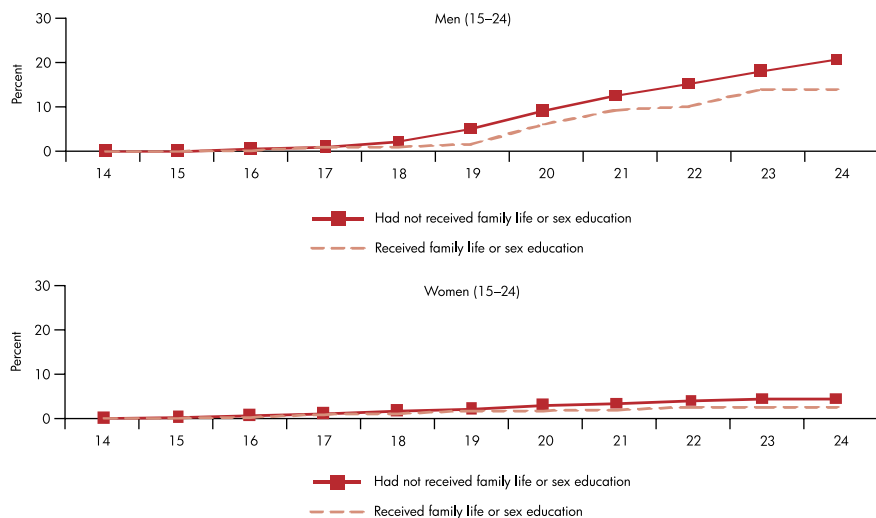
Few youth—9% of young men and 2% of young women—had engaged in pre-marital sex within romantic and/or other partnerships. Rural youth were more likely than urban youth to report pre-marital sexual experiences (11% versus 7% among young men and 4% versus 1% among young women).

Youth who were exposed to family life or sex education were about as likely as those who

percentages of youth who experienced first pre-marital sex at selected ages indicate that 1.7% of young men who were exposed to family life or sex education, compared to 5.2% of those who were not, had initiated first sex before age 20; the corresponding percentages among young women were 1.6 and 2.1, respectively. Findings also indicate that among young men who reported pre-marital sex, those who received such education were somewhat less likely than those who did not to report multiple partners (25% versus 31%) and equally likely to report consistent condom use (2%).



Cumulative percentage of youth by age at first pre-marital sexual experience according to whether they had or had not received family life or sex education



Programme recommendations

Findings underscore that the arguments made against the provision of sexuality education in school and non-school settings are not backed by evidence. Indeed, in Tamil Nadu, young people and their parents overwhelmingly favour sexuality education for young people. Moreover, exposure to family life or sex education increases in-depth awareness of sexual and reproductive matters among young people. Finally, evidence allays fears that sexuality education may motivate youth to engage in sexual relations. Rather, findings suggest that young people who were exposed to family life or sex education were slightly more likely than those who had not received such education to delay initiation of pre-marital sex and to adopt safe practices within pre-marital relationships. Rather than arguing for banning sexuality education, findings suggest a strong rationale for encouraging the provision of sexuality education for school-going and out-of-school youth.

Strengthen family life or sex education for those in school and out of school

Findings that the reach of family life or sex education remains limited in the state call for a strong commitment from concerned stakeholders to ensure that these programmes do indeed reach young people, both those in school and out-of-school, both the married and the unmarried, and both those in rural and in urban areas. Moreover, there is a need to expand the content of existing awareness raising programmes to include not just HIV-related information but broader sexual and reproductive topics on the one hand, and topics relevant to adolescent development (making informed decisions, resisting peer pressures and so on) on the other. These programmes should be designed not only to raise awareness among youth but also to enable young people to correctly understand and assess the risks they face and to adopt appropriate protective actions.

Improve the quality of training imparted to the trainers

Findings that considerable proportions of young men and women reported feeling uncomfortable or embarrassed in the course of family life or sex education suggest that special attention needs to be paid to the training of trainers. It is important that teachers, health care providers and other experts undergo training that enables them to communicate with youth on sensitive sexual and reproductive matters in ways that reduce youth discomfort and encourage them to clarify doubts.

Suggested citation: International Institute for Population Sciences (IIPS) and Population Council. 2009. Sexuality education matters: Experiences of youth in Tamil Nadu, *Youth in India: Situation and Needs 2006-2007, Policy Brief No. 14*. Mumbai: IIPS.



International Institute for
Population Sciences, Mumbai



MACARTHUR
The John D. and Catherine T. MacArthur Foundation

the David
& Lucile Packard
FOUNDATION

The opinions expressed in this publication do not necessarily reflect the views of the funding agencies.

For additional information on the study, please send an e-mail to iipsyouth@rediffmail.com or info-india@popcouncil.org