
COMPREHENSIVE SEX EDUCATION AS A SUBJECT IN HIGH SCHOOL

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Declaration:

This is to state that the following research work has been done by a group of five students in partial fulfillment of the requirements of the award of degree B.A Hons. The participants of the group were

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The project was headed by Tushar Bhandari and was mentored and given shape by Dr. Satwant Singh (22679).

Abstract:

The present study experimentally investigated the inaccessibility of comprehensive sex education in high school in India. Students were handed a questionnaire with some general items which were related to sex awareness and were asked to mark the response which best suits them. Comprehensive sex education refers to accurate information regarding reproductive health, sex, sexual behaviors, sexually transmitted diseases, contraceptives, sexual violence and so on. The aim of our research was to do an analysis of awareness regarding sex education among teenagers. The results of the questionnaire were analyzed and a final discussion was done on the same. The final findings depict the lack of sex education in India among the students and the severe repercussions for the same.

Keywords: Comprehensive Sex Education, Contraceptives, STD.

Introduction:

Young people all across the globe at some points in their lives take the decision to engage in sexual activity. This decision is dictated by their physical and mental health as well as their future. Any mistake made in the making of this decision can lead to various adversities in the individual's life like- Sexually Transmitted Diseases (STD's), unplanned pregnancy, guilt complexes and sexual repression which may lead to sexually violent behaviour in the future.

Sexuality is a complex phenomenon that includes social, biological and individual meaning of sex. By its nature sexuality is fluid, capable of change through time, education and experiences. It is also a subjective concept, which varies in its ideas, beliefs, and values from individual to individual and culture to culture.

Sexuality education therefore, becomes a crucial part of helping people explore values and beliefs regarding sex and sexuality and gaining skills required to navigate relationships with themselves, their partners and society (Parenthood, What is Sex Education?, 2019). Factors like religious beliefs, cultural values influence parents and their opinions on sex education.

Sexuality education, or more commonly referred to as sex education is the formal education program child receives in his/her educational institution. Sex education program is aimed to inform the student about the biology pertaining to sex, transmission of STDs, Disease prevention, contraceptives- its efficacy, usage and side effects. It also aims to equip students with better decision making skills, and have a wider perspective about topics like sexual orientation, gender identity and body image.

Other than schools, children or teenagers can also receive sex education at community level workshops and informal sex education can be provided by parents or guardians to their ward. Sexuality education is highly debated topic as the religious beliefs of the communities where the schools are set govern the type, quality and existence of the course itself. Many families are under the illusion that just by providing their children with sex education, they would promote their young teenagers to engage in sexually active behaviour. It should be provided to children throughout the course of their childhood and teenage by providing age specific and required information at particular stage in their development. The aim should be to provide them with enough information that allows them to make holistic and well rounded decisions with their sex lives.

Aim of Research:

The main objective of the study was to ascertain students' knowledge and exposure to sex education and their perceptions on how sex education should be implemented and made accessible. The lack of sex education is one of the major causes of teenage pregnancies and the spread of HIV and STDs, thus with this study we want to throw light on the importance of sex education and making the students aware about the negative impacts of indulging in sexual activities and also the possible legal ramifications of engaging in immoral and consensual sexual behavior. While sex education is frequently discussed in medias and online forums little is known about how it is currently provided in schools and whether it is being implemented in all the schools. This led to the decision to undertake a survey using qualitative data to analyze the state of sex education generally.

Review of Literature:

An essential but frequently ignored component of comprehensive education is sex education. It is crucial because it gives young people the information and abilities, they need to make wise choices about their relationships and sexual health. Sex education assists people in understanding their bodies, their reproductive systems, and how to avoid unintended pregnancies and STDs and surveys on sexual knowledge, attitudes, and behaviours among individuals and communities are crucial sources of information. They can give important information about the prevalence and effects of sexual health problems such as unwanted pregnancy, STIs, and sexual violence.

Additionally, sex education surveys can be used to evaluate the success of sex education initiatives and programs, as well as to identify knowledge and resource shortfalls. Public policy and health promotion campaigns can be informed by this information, and it can also be used to customise sex education programmes to meet the requirements of various individuals.

The relevance of sex education therefore should be recognised by society and the media. In the research conducted on the topic of Imposing the importance of sex education at school and college levels as a means of preventing sexual violence and are the sexual offenses a result of lack of sex education it was found out that 90% of teenagers favour sex education in schools, whereas only 21.3% received it from their parents, according to a Mumbai-based survey. In a survey conducted in Jammu and Kashmir, 89% of parents said they would not teach their daughters about sex, while 3% said they would.

In the study conducted for the youths' degree of knowledge and readiness for sex education. The proportion of teenagers who believed sex education was crucial and those who received it varied significantly. Comparatively speaking, teens who received sex education were more knowledgeable of issues related to reproductive health than their peers. The majority of young people in India were in favour of sex education being taught in schools, ideally beginning in the eighth grade. According to the Youth Study conducted in India, 83 percent of young men and 81 percent of young women between the ages of 15 and 24 agreed that sex education was necessary. More than other groups, the educated, affluent, and urban populations are aware of and knowledgeable about sex education.

Another research done to study the Indian thoughts on educating adolescents about sex revealed that Adolescents may benefit from sex education in a variety of ways, including delaying the onset of sexual activity, reducing unplanned and early pregnancies having fewer abortions and

reducing the spread of STDs like HIV. It was found out that A disproportionate 31% of India's AIDS burden is carried by teenagers between the ages of 15 and 24. In India, there are 2300,000 people with HIV who are 15 or older, according to a UNAIDS estimate. 53% of boys and 47% of girls surveyed in a study on child abuse in India by the Ministry of Women and Child Development reported having been sexually abused.

In the survey done regarding should schools promote sex education and at what age which was concluded as; to prevent unsafe sex behaviours and early pregnancies, proper sex education must begin around the age of ten, with parental support but very discreet school-based programmes. Another study focused on schools found that sex education within educational institutions is essential for young people's sexual health and wellbeing where the topics included a thorough examination of academic programmes' effectiveness over a three-decade period in research publications and it was concluded that effective sex education broadens people's perspectives on sexual variety, dating, preventing intimate partner violence, building healthy relationships, stopping child sex abuse, enhancing social and emotional learning, and media literacy.

According to a study done in universities across Mumbai, 88% of male students and 58% of female students said their parents did not provide them with any sex education, therefore they had to turn to other resources including books, periodicals, pornography, media, and websites. It was agreed upon that 14 was the optimal age to start sex education. Most individuals believed that teachers or medical experts would be the best candidates to spread this knowledge. 37% of women and 21% of males said they felt uneasy talking about such things with family members. (Adolescent Sex Education in India: Current Perspectives, 2015).

In the research regarding the identification of knowledge and attitude of imparting sex education in school-going children it was observed that 93.5% of students favor sex education, 86.3% say sex ed prevents AIDS, 83.0% students feel sex education must be given by teachers at school. One study indicated that among women under the age of 20, unplanned pregnancies accounted for 14% of all births in India. 34% of newlyweds said they had been the victim of either physical or emotional abuse. Unsafe abortion methods are to blame for 50% of maternal fatalities in women between the ages of 15 and 19. Only 15% of teenagers and young adults have access to sex education. (Apte, 2019).

University of Delhi conducted a research to study sexual knowledge and behaviour among students at a university in Delhi where 53% of female respondents and 47% of male respondents filled out the survey. 27.3% of participants reported engaging in sexual activity. 29.2% of those who had sex did not use a condom, and 18.2% of those who did so were under the age of 18. Non-consensual sex was used in 12.4% of sexual interactions in the previous year. Stress, according to 22.6% of those surveyed, caused them to act in a risky sexual manner. 82.3% of participants in the knowledge exam claimed that condoms prevent STDs, while 23.5% claimed that they thought AIDS could be treated. Which led to the conclusion that sex education must be maintained if we want to increase awareness among the youth. Health intervention programmes designed to prevent STDs should target university students as their primary audience.

In the research regarding the topic: Investigation on the experiences of female university students taking a feminist information sex education course and the main objective of the research was to show that desire and empowerment is more imp than romance it fear and there

must be a clarity on sexual discourse. In these 9 female undergraduate students at a US university took a human sexuality course that was feminist informed and at the end of the research it was concluded that before the course the knowledge of students was less than it became after attending the course. They were able to better the lives of the female students, enhance their self-esteem, and lessen their feelings of shame and dread.

Research Gap:

Sex education can therefore help young people understand their sexual rights and give them the confidence to stand up for themselves in the face of inappropriate behaviors. To discover knowledge gaps, attitudes, and beliefs that can obstruct effective education and access to sexual and reproductive health care, research on sex education awareness among people is crucial. Sex education is essential for promoting healthy sexual activity, lowering the risk of unwanted pregnancy and STDs, and improving the overall results of sexual health. Policymakers and educators can better understand how to create efficient sex education programmes that cater to the requirements of various communities by conducting research on sex education awareness. In the end, research on sex education awareness can aid in ensuring that people have access to reliable information and tools that support sexual health and well-being.

College students should also be educated on the importance of sex education, which includes preventing STDs, unwanted pregnancies, fostering healthy relationships, and eradicating stigma and shame associated with sexuality. Sexual activity can have detrimental effects on one's health, including the development of STIs and unplanned pregnancies. Therefore, being aware of preventative techniques and contraception options can help people make wise choices regarding their sexual health. Speaking openly about boundaries, communication, and permission in sexual interactions can also encourage respectful and healthy relationships in both sexual and non-sexual contexts. We can lessen stigma and shame surrounding sexuality and foster an accepting and understanding community by openly discussing sex and prevention. Overall, college and high-school students must be knowledgeable about sex and prevention in order to make judgements regarding their sexual health and lower the likelihood of unfavourable health effects.

Sex education is essential for parents because it gives them the skills to talk openly and honestly about sexuality, relationships, and sexual health with their kids. Research has demonstrated that parental communication about sex can significantly affect young people's sexual behaviour and health consequences. Other than youngsters the parents also play a crucial role in influencing their children's attitudes about sexuality. Parents may assist their children in developing healthy relationships and making educated decisions about their sexual health by supplying them with accurate and thorough information. Sex education can also encourage respect for diversity and inclusion while assisting parents in navigating complex issues like consent, gender identity, and sexual orientation (AS, 2016)

Sex Education Curriculum:

Sex education is an important topic that should be included in school curriculums to provide students with accurate information about their sexual health and relationships. The content and delivery of sex education should be age-appropriate, medically accurate, and inclusive of all genders and sexual orientations. The UNESCO and WHO have provided guidelines for

developing a comprehensive sex education curriculum. Here are some key guidelines that can be incorporated into a sex education curriculum:

- **Age-appropriate and medically accurate information:** The curriculum should provide information that is appropriate for the age of the students and is based on scientifically accurate information.
 - **Comprehensive information:** The curriculum should cover a range of topics including anatomy, puberty, sexual and reproductive health, contraception, STIs, consent, healthy relationships, sexual diversity and gender identity.
 - **Skills-based approach:** The curriculum should include activities and exercises that promote communication, negotiation, decision-making, and critical thinking skills.
 - **Respectful and non-judgmental approach:** The curriculum should be designed to respect the diversity of cultures, religions, and sexual orientations and avoid stigmatizing or discriminating any group.
 - **Involvement of parents and community:** The curriculum should involve parents and caregivers in the development process and provide resources and materials for them to support ongoing conversations about sexual health with their children.
 - **Training for teachers:** Teachers should receive training and support in delivering the curriculum in a professional, inclusive, and sensitive manner.
 - **Ongoing evaluation:** The curriculum should be evaluated regularly to ensure that it is meeting the needs of students and addressing current issues related to sexual and reproductive health.
- By following these guidelines, a sex education curriculum can be developed to promote the health, well-being, and rights of young people in a respectful and inclusive manner (UNESCO, 2018; WHO, 2018).

Here are some potential topics and guidelines for a sex education curriculum:

Elementary school:

- Basic anatomy and body functions (e.g., differences between boys and girls)
- Understanding and respecting personal boundaries
- Appropriate names for body parts
- Personal hygiene and self-care

Middle school:

- Puberty and changes in the body
- Reproduction and conception
- Contraception and STI prevention
- Consent and healthy relationships
- Communication skills

High school:

- Advanced information on contraception and STIs
- Sexual orientation and gender identity
- Safe sex practices
- Consent, boundaries, and communication in relationships
- Pregnancy and parenting options
- Sexual violence prevention

In developing the sex education curriculum, it is important to prioritize the health and well-being of students, and to ensure that the curriculum is inclusive, non-judgmental, and culturally sensitive. In addition, involving parents and caregivers in the development process can help to provide ongoing support and guidance for students (Planned Parenthood, n.d.).

Comprehensive sex education refers to an approach that provides young people with accurate, age-appropriate, and culturally relevant information about human sexuality, relationships, and reproduction. The goal of comprehensive sex education is to promote healthy sexual development and help young people make informed decisions about their sexual health and behavior

- **Anatomy and Physiology:** Comprehensive sex education includes information on anatomy and physiology related to sexual development, reproductive systems, and sexual health. This helps young people understand how their bodies work and what changes they can expect during puberty.
- **Reproduction:** Comprehensive sex education provides information on how reproduction works, including fertilization, pregnancy, and childbirth. This information can help young people make informed decisions about their sexual behavior and prevent unintended pregnancy.
- **Contraception:** Comprehensive sex education includes information on various contraceptive methods and their effectiveness. This helps young people make informed decisions about preventing unintended pregnancy and protecting themselves from sexually transmitted infections (STIs).
- **STIs:** Comprehensive sex education provides information on sexually transmitted infections, their transmission, prevention, and treatment. This information can help young people understand the risks associated with sexual behavior and take steps to protect their sexual health.
- **Sexual orientation and gender identity:** Comprehensive sex education includes information on sexual orientation and gender identity, emphasizing respect for diversity and acceptance of all individuals regardless of their sexual orientation or gender identity. This can help reduce stigma and discrimination and promote inclusivity.
- **Consent and healthy relationships:** Comprehensive sex education includes information on consent, healthy relationships, and communication skills. This helps young people understand the importance of respectful and consensual sexual behavior and provides them with the tools to navigate relationships in a healthy and positive way.

Comprehensive sex education includes a range of topics that are essential for promoting healthy sexual development and behavior among young people. By providing accurate and age-appropriate information on anatomy and physiology, reproduction, contraception, STIs, sexual orientation and gender identity, consent, and healthy relationships, comprehensive sex education can help young people make informed decisions about their sexual health and well-being.

Types of Sex Education:

Sex education is a vital component of health education, as it equips individuals with information and skills necessary to make informed decisions about their sexual health. There are several types of sex education, each tailored to meet the specific needs and preferences of

individuals and communities. Various types of sex education programs are prescribed to children based on where they are from and the communities they are a part of. The major types include-

1. **Comprehensive sex education (CSE):** The most successful method of promoting healthy sexual behaviour, decreasing the prevalence of STIs, and lowering the risk of unwanted pregnancy is frequently described as the complete approach to sex education. In order to realize their health, well-being, and dignity, develop respectful social and sexual relationships, think about how their decisions affect both their own and others' well-being, and comprehend and ensure the protection of their rights throughout their lives, comprehensive sex education aims to provide students with a wider perspective about sex and sexuality.
It is a type of sex education that covers a wide range of topics, including anatomy, puberty, contraception, pregnancy, sexually transmitted infections (STIs), consent, and healthy relationships. The goal of CSE is to provide students with accurate, age-appropriate information about sexual health and relationships, and to empower them to make responsible decisions. Studies have shown that CSE can help reduce risky sexual behavior, improve knowledge about sexual health, and increase condom use (Santelli et al., 2017).
2. **Abstinence-only sex education (AOSE):** It is a type of sex education that promotes abstinence as the only way to prevent STIs and unplanned pregnancies. AOSE typically excludes information about contraception and safe sex practices. While some studies have found that AOSE can delay the onset of sexual activity, there is little evidence to suggest that it is an effective approach to reducing STIs and unintended pregnancies (Kohler et al., 2008). As the name would suggest abstinence only sex education teaches to abstain from the act of having sex usually until marriage. It encourages the youth to not participate in any sexual activity by fear-mongering by telling them about the negative biological, social and religious consequences of having sex before marriage. It does not educate the individual about preventing STIs, contraception, masturbation or allow them to explore their sexual preferences or gender identity. One of the biggest cons of abstinence-only sex education is that it fails to meet its major objective which is to reduce the rate at which teenagers decide to have sex. Along with that it also increases teen pregnancy rates as it fails teenagers how to practice safe and responsible sex.
3. **Sex-positive sex education (SPSE):** It is a type of sex education that emphasizes the importance of healthy sexuality, pleasure, and consent. SPSE aims to challenge the negative attitudes and stigma surrounding sex, and to promote a more inclusive and diverse understanding of sexual identity and expression. Studies have shown that SPSE can help improve attitudes towards sex and increase confidence in sexual decision-making (Harvey et al., 2021).
4. **LGBTQ-inclusive sex education:** It is a type of sex education that addresses the unique needs and experiences of LGBTQ+ individuals. This includes information about same-sex relationships, gender identity, and discrimination. LGBTQ-inclusive sex education can help reduce feelings of isolation and stigma among LGBTQ+ students, and improve knowledge about sexual health and safer sex practices (Gower et al., 2019).

Impact of Sex education:

The sexual and reproductive health and well-being of adolescents and young people can be significantly influenced by sex education. Sex education can raise awareness and

comprehension in these areas by giving accurate and thorough information on sexual health, relationships, and sexuality. Informed choices concerning sexual behaviour, including the use of contraception and safeguards against STDs, can be made by young people with the help of this knowledge. Every youngster is entitled to be aware that they have control over who can touch them. An unprepared youngster experiences major physical and mental changes during puberty. The topic of sex needs to be taught in schools. Parents should not be permitted to opt-in or out of something that they will eventually require. Sex education actually decreases a child's interest in sex rather than increasing it. Additionally, sex education can support young people in being more self-aware and secure in their sexuality and relationships, which can improve their general wellbeing.

Effective communication is also a key element of sex education since it teaches young people how to talk openly and honestly about sexual concerns with their partners, parents, and healthcare professionals. Students who are physiologically conscious are more likely to decline unprotected intercourse, according to studies. Teenagers can be taught the benefits and drawbacks of sex through sex education. They can pick up knowledge about STDs, teenage unwanted pregnancies, and the psychological impacts of sex. It educates the students how to use various techniques, including condoms, the pill, and hormonal contraceptives, to lower the risk.

Teenagers have responsible sexual behaviour because they are concerned about these things. The benefits of having open conversations about sex education with both boys and girls include breaking down the stigma and mystery surrounding the topic, providing a platform for learning about each other's experiences and issues, promoting communication on sensitive topics, creating a comfortable space between the genders, and allowing for different perspectives to be shared and learned from in a classroom setting. This approach can help prepare young people for developing healthy and fulfilling intimate relationships in the future.

Finally, through promoting acceptance and understanding, sex education can also help lessen the stigma and discrimination experienced by marginalised groups, such as LGBTQ+ people. By addressing these problems, sex education can help young people develop healthier relationships, safer sexual habits, and more understanding and self-assurance about their sexual lives. Teenagers' sexual and reproductive health, general well-being, and overall development can all be significantly impacted by sex education. Sex education can enable young people to make informed choices about sexual behaviour, including the use of contraception and defence against sexually transmitted infections, by supplying accurate and thorough knowledge on sexual health, relationships, and sexuality. When taught to both boys and girls simultaneously, sex education can establish a welcoming environment between the sexes and encourage conversation on delicate subjects, fostering a greater understanding of each other's difficulties and experiences. Finally, sex education can lessen the frequency of sexual assault, harassment, and other adverse effects linked to inadequate sexual health education while assisting young people in establishing healthy and meaningful personal relationships in the future.

Impact of comprehensive sex education:

Providing young people with in-depth, accurate, and age-appropriate information about human sexuality, sexual and reproductive health, relationships, and interpersonal skills is referred to as comprehensive sex education. Comprehensive sex education can have a significant and

wide-ranging impact on people, communities, and even society. Individuals' sexual and reproductive health has been shown to benefit from comprehensive sex education. Young people are better able to make educated decisions about their sexual health when given accurate and thorough information about contraception, STI prevention, and healthy relationships. This can therefore result in a decline in the number of unplanned pregnancies, STIs, and cases of sexual assault. Additionally, it can aid in the reduction of gender and sexuality-related social inequality. Young people are better prepared to comprehend and respect the rights and needs of others through encouraging respect for diversity and dispelling preconceptions and prejudices. This can aid in lowering stigma and discrimination towards marginalized groups including LGBTQ+ persons and HIV-positive people. It may encourage effective communication and healthy relationships. Young people are better able to negotiate challenging social situations and forge healthy relationships if consent, negotiation, and communication are taught to them. This may lower the prevalence of dating violence and encourage more accepting views of relationships and sexuality. The promotion of sexual and reproductive health, the lowering of sexual and gender-based societal inequities, the promotion of healthy relationships and communication skills, and the contribution to broader social and economic growth are all made possible by comprehensive sex education. Comprehensive sex education can benefit individuals, communities, and society by giving young people accurate and age-appropriate knowledge.

Lack of sex education:

Lack of sex education can have serious detrimental effects on people as well as society at large. Young people are more likely to engage in hazardous behaviors, coming in contact with STIs and unwanted pregnancies, and develop unfavourable attitudes towards relationships and sexuality if they lack access to accurate and comprehensive knowledge on sexuality and sexual health. Additionally, a lack of sex education may help perpetuate negative gender stereotypes and disparities. Young people may form negative attitudes towards others with various sexual orientations, gender identities, or lifestyles if they are not taught about healthy relationships, consent, and respect for diversity. This will promote stigma and prejudice.

Therefore, there may be higher social and financial expenses as a result of the absence of sex education. Early motherhood can result in lower educational attainment and less economic options for young parents, while unintended pregnancies and STIs can raise healthcare expenses and productivity losses. The absence of sex education has detrimental effects on people, communities, and society. Promoting sexual and reproductive health, minimising social injustices, and advancing social and economic development all depend on providing comprehensive and age-appropriate sex education.

Preventive Measures:

Contraceptives also known as birth control are methods used to avoid pregnancy and, in some cases, prevent sexually transmitted diseases. The goal of any contraceptive is to allow a couple to enjoy their physical relationship without the fear of an undesired pregnancy while also allowing them to have ideal planned family. (Rakhi Jain, 2011)

Birth control can take the shape of medicines, devices or surgery. The contraceptive methods can be categorized as-

1. Hormone Based Contraceptives-

The monthly release of an egg from the ovaries into the fallopian tube (ovulation), is prevented by these contraceptives, which interfere with your menstrual cycle. Therefore, there is no egg present for the sperm to fertilise in order to result in pregnancy.

As long as these hormonal contraceptives are utilised, it typically has a 90% effectiveness rate but may be even more effective when used properly, this absence of ovulation will continue. (Kopel, 2021)

Hormone based contraceptives have various types such as-

- i. *Oral birth control pills*- These contain a combination of both ethinyl estradiol and progesterone. Oral contraceptive is a highly reliable, convenient method of birth control and also has high compliance and continuation rates. “Most women like oral contraceptives because they enable women to be in control of fertility, are convenient to use, and do not interfere with spontaneous sexual activity. Oral contraceptive use also improves the regularity of menses, decreases dysmenorrhea, and reduces blood flow—benefits that are particularly important to oligomenorrheic teenagers and to women with heavy periods” (Sheriff, 1999). Oral contraceptives however fail to protect from STD’s. They also require to be used for prolonged periods regardless of frequency of sexual activity. Other disadvantages include- decreased libido, higher levels of thyroxine. Furthermore, oestrogens are known to be a mitogenic agent for the mammary epithelium, acting proliferatively on glandular tissue and thereby influencing the higher risk of breast cancer development. (Woloski, 2014)
- ii. *Contraceptive Implants*- Contraceptive implants also known as Nexplanon are small rods placed underneath the skin of the inner arm. They contain progestin which is slowly released into the bloodstream which prevents ovulation. It can be used by women who have had a miscarriage, abortion and are breastfeeding. It prevents pregnancies for up to three years and also may help relieve the pain of periods and heavy bleeding during periods. Once the implant is removed the fertility returns back immediately. Some disadvantages include- nausea and headaches, irregular menstrual cycle and inability to protect against STDs.

2. Barrier contraceptives-

As the name would suggest barrier contraceptives create a barrier between the eggs and the sperm so since the sperms are unable to fertilise the egg that is inside the uterus, there is no pregnancy. These barrier contraceptives frequently contain spermicides, which eliminate, render inactive, or repel sperm cells, or they are combined with them. (Kopel, 2021). Two of the most commonly used barrier contraceptive methods are discussed below-

- i) *Male condoms*- These are some of the oldest and most commonly used forms of barrier contraceptives. They are also the most easily accessible and affordable kind of contraceptive in the market. The condom has a greater than 97% efficacy rate when used correctly and regularly. A 99% success rate can be achieved if the condom is used in conjunction with contraceptive jelly or cream and a vaginal barrier. The only side effects directly linked to using condoms are the infrequent occurrences of reactivity or sensitivity to the condom's material or to the lubricant. (Tatum HJ, 1981). To properly use a condom one must use a new condom for each sexual intercourse, wear the right size of condom and avoid damaging it with their hands or nails. Condoms help not only to prevent pregnancies but also protect both individuals against STDs.

ii) *Female condoms*- Female condoms also referred to as internal condoms, just like it's male counterparts are thin nitrile pouches that are put inside the vagina and have a ring like structure which stays outside. It prevents the sperm from getting in contact with eggs, hence preventing pregnancies. They also protect both people using it from various STD's. When assessing pregnancy rates for a specific barrier strategy, it is crucial to differentiate between "perfect" and "imperfect" use. It's crucial to evaluate perfect-use rates since it informs users of how well a device can function when used in accordance with instructions.
(G Farr, 1994, pp. 1885-2029)

3. Long Acting Reversible Contraceptives(LARC)-

LARC provides long term protection from unwanted pregnancy and come in two major types- Intrauterine Device (IUD) and implants. These can provide protection from pregnancies from anywhere between 3-10 years based on their type.

IUD is a T shaped device that is placed inside of the individual's uterus that stops the sperm from fertilizing the egg hence, preventing pregnancies. IUD can be of two types-

i) *Hormonal IUD*- Contains progestin which is stored the upper part of the T and flows down towards its stem. Progestin when released stops the egg from leaving the ovary hence preventing ovulation and also thickens the mucus present on the cervix hence preventing the sperm from moving forward.

ii) *Copper T*- The copper is wrapped around like a coil in the stem of the T. Uterine lining inflames which means that even a fertilized egg would not be able to implant itself and develop. Hence resulting in no pregnancy.

IUD is an excellent form of birth control for people who don't want to get pregnant for years to come and provide them with a hassle free solution. But its side effects include worsening of menstrual cramps or excessive bleeding in case of Copper T and irregular cycle while using hormonal IUD.

Availability and Hindrances of Contraceptives:

Population explosion has been one of the major problems in India since independence. As per the UN, India will become the most populated country by 2045. Although, India was the first country that implemented the National Family Program in 1952. One of the major components in controlling population is Family Planning and availability of contraceptives. However, it is still considered a taboo to talk about. If the current population has easy access to good quality contraceptives at affordable cost, it is still feasible for the people to meet all their needs and achieve the desired family size and this automatically aids in controlling population (Osborn & Sriram, 2021).

According to the reports in India the states- Meghalaya, Mizoram and Bihar use the least contraceptive measures and on the contrary, Bengal, Odisha and Himachal Pradesh use it the most (Jadhav, 2002).

Most of the general Indian married couples know one method of contraception. Most adolescents also have the knowledge of contraceptives but there are non reliable sources included for the same. More than one third of the men think that contraception is women's business and 20 percent of men have this notion that a woman who uses contraception may be at a risk of being promiscuous.

The WHO reports predict that 'every eight minutes a woman in developing nations like India will die of complications arising from unsafe abortions'. In India estimated 15.6 million abortions occur annually due to poor healthcare facilities and lack of awareness and availability of Contraceptives.

In a survey it was found that most of the respondents were clueless about how the different contraceptives work. Additionally, In a survey of 2019-2021 it was found that out of ten only one man uses condoms and nearly four among 10 women undergo sterilization to avoid pregnancy (Jagriti Chandra, Sumanta Sen, 2021).

Condoms are available and used in urban areas rather than in rural parts. The Indian government funds approximately 4 million tubal locations per year, i.e., more than any other country in the world. Moreover, more than half of the Indian population is in its reproductive age but very less use modern methods of contraceptives to prevent unwanted pregnancies (Sharma, 2019).

Researchers have put forward the notion that some of the hindrances in using contraceptives include: traditional gender ideologies, lack of male figure involvement in taking responsibility, double minded norms, son preferences, lack of contraceptive knowledge, negative attitude towards condoms, family prohibition in using contraceptives, preference of natural methods of sterilization over modern contraceptives (Ghule & Raj, 2018).

More than 60 percent of the women in rural India are married before the legal age; this results in unplanned and rapid repeated pregnancies. The government aims to improve the awareness among people however limited success has been witnessed. Additionally many misconceptions related to oral contraceptives pill and IUD reduce its usage among women. A survey from Western India, concluded that lack of awareness and costs of contraceptives among women emerged as a key barrier in its usage.

In a research conducted in Uttar Pradesh India titled, "Awareness, attitude and practice of family planning methods in tertiary care hospital, Uttar Pradesh, India" it was established that : The majority of the women (60.1%) were between the ages of 21 and 34 and had completed their primary education. The prevalence of contraception among these women was 62.9%. OCPs (74.8%), condoms (68.8%), and IUCD (56.6%) were the most well-known contraceptives in these communities. Among the 62.9% who had used some form of contraception, condom usage was the most common (65.1%), followed by OCP use (31.8%) and IUCD use (9.09%). It was found that women were discouraged from using contraception for the following reasons: a wish to have children (60.5%), a lack of information (42.4%), and intolerable side effects (25.5%). 92.4 percent of respondents believed that using contraceptives was good, however just 27.2 percent said they would start using contraception if given more information.

It was discovered in a study by the National Family Health Survey-4, in the year 2019 titled, "Contraceptive use and its effect on Indian women's empowerment" where the sample was : married women aged 15-49 in India that the women's usage of contraceptives was linked to better levels of mobility and decision-making for women. In general, older women and women with greater socioeconomic level had higher contraceptive prevalence rates (CPR). The CPR rose as women aged, and it was higher in homes in the highest quintile of wealth and among metropolitan women. Additionally, CPR was favorably correlated with women's participation

in the workforce and media exposure. Education remained the lone exception, with higher-educated women having lower CPR.

A study was conducted by D.A. Nagdeve, professor and head of fertility studies department in International Institute of Population Sciences. It was determined in the aforementioned that in Bhubaneswar, more than half of all users, 64% of all users in Jaipur, and 82% of all users in Pune used contraception for the first time when they had two or fewer children. Contraception use is less prevalent in slums than in non-slum areas. The CPR varies between the cities, with Pune having the greatest CPR at 74%, followed by Jaipur at 70%, and Bhubaneswar having the lowest CPR at 52%. In three Indian cities, only one-third of women with one child utilize contraception. In slum regions of Bhubaneswar and Pune, respectively, the usage of any modern method of contraception is slightly greater (50% and 73%) than in non-slum areas (41% and 72%). However, in Jaipur, non-slum regions (70%) use of any contemporary method of contraception is higher than slum areas (54%). Of the users, more than half (51%) of the women in Pune, 37% of the women in Jaipur, and 23% of the women in Bhubaneswar said they or their spouse had undergone sterilization.

Research Methodology:

The purpose of this research is to investigate young people's perspectives and attitudes towards several fundamental sex education concerns. The study was conducted using a qualitative approach from March to April 2023. The questionnaire was used to collect data from students from Lovely Professional University aged 18 to 25 years old. The maximum responses collected were from students between the age category of 18-21 (76.5%). It was collected by handing out printed questionnaires to the students and a total of 250 questionnaires were distributed and in return 231 responses were collected. To assure the accuracy of the data, data collectors gave the participants a brief introduction about themselves and the goal of the study. People voluntarily participated, and anonymity and confidentiality are ensured. The questionnaire was divided into two parts: Part A had 10 objective questions with two choices each, and Part B had 1 question with 6 options where the subjects were asked to choose a minimum of 1 response and a maximum number of 2 responses respectively. All the items in the questionnaire were compulsory, and if any of the items still remained unanswered the whole response sheet was not included in the data. Later, the responses were examined and clearly explained.

The questionnaire included general questions regarding Sex education and its awareness and is attached below –

Awareness Regarding Sex Education

Name – _____

Age (in years) – _____

Gender – _____

Place (Rural , Semi-Urban or Urban) – _____

Description of the Test – This questionnaire contains 2 parts, Part – A , with 10 questions that needs to be answered in either a “Yes” or “No”. Part – B contain only 1 question and its responses are mentioned below. You can only choose 1 response out of the 6 responses. While filling the questionnaire, keep the following things in mind –

- *No questions should be left unanswered.*
- *All information will be held confidential.*

A. Objective Type

S. No.	Statements	Yes	No
1	<i>Do you know how STI are transferred from one individual to another?</i>		
2	<i>Did you receive any lecture, session or class related to sex education in your high school?</i>		
3	<i>Do you find it difficult or embarrassing to talk about sex with other people?</i>		
4	<i>Do you think that lack of sex education has impacted your sex life?</i>		
5	<i>Do you think the school teachers have a clear approach for helping students with the questions about sexual and reproductive health?</i>		
6	<i>Do you think lack of sex education leads to sexual violence?</i>		
7	<i>Do you know about the side effects of contraceptive pills?</i>		
8	<i>Do you know about the legal age for abortion?</i>		
9	<i>Do you believe abstinence (restraining oneself from indulging in sexual activities) should be encouraged in youth?</i>		
10	<i>Do you think sex education helps to decrease STDs?</i>		

B. From whom did you get to know about sex for the first time?

- Pornographic Sites
- Advertisements
- Friends
- Family
- School Teachers
- Others (Please Mention) _____

..... x

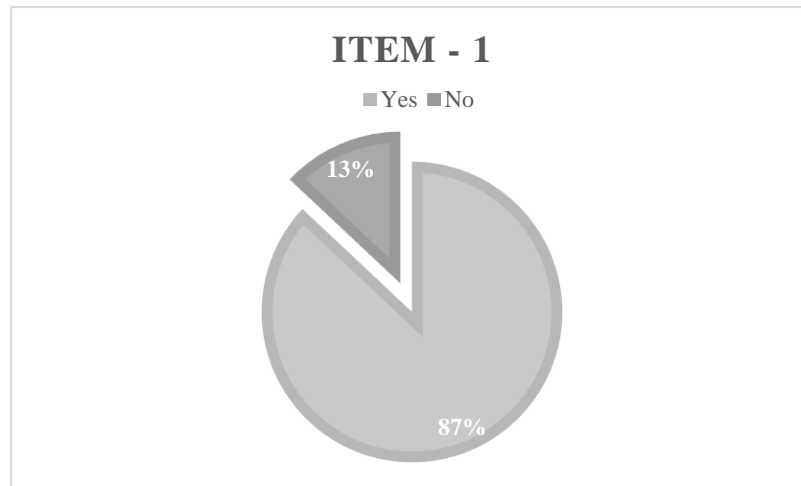
Results and Discussion:

Qualitative research was conducted in the form of questionnaires to assess awareness regarding sex education. There were 11 items in the questionnaire that had two parts Part-A had 10 questions and answers had to be given either by ticking Yes or No. In Part B, the respondents can choose the options out of the 6 responses. The population size was **231** (i.e 108 females and 123 males). The sample age of respondents was **18-21**, i.e.,

< **18 years**: 4,
18 – 21 years: 177,
> **21 years**: 50.

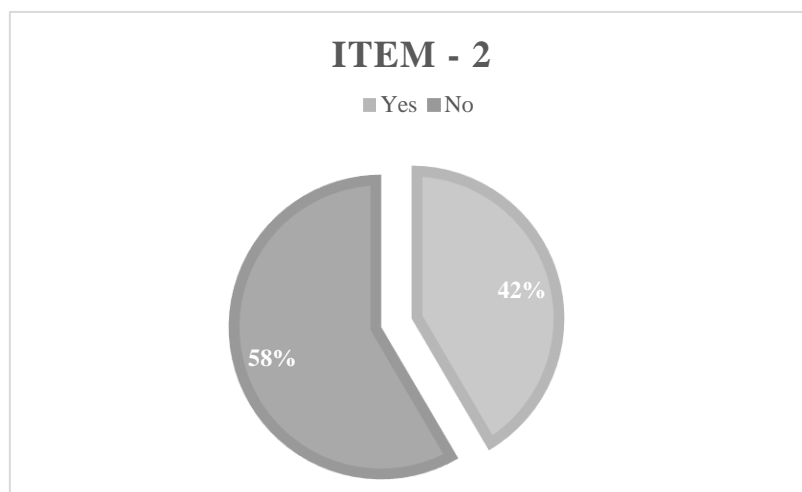
The results and discussions of each item mentioned in the questionnaire are mentioned below with the appropriate percentage of the responses of each item –

Item -1 : *Do you know how STI are transferred from one individual to another?*



By witnessing the results of item 1, it was deduced that 87 percent of the population didn't even know how sexually transmitted diseases (STDs) are transferred from one individual to another. STDs can cause long-term severe health issues, especially in women and infants, but many didn't have the access to the idea that they're transferred by any sexual contact, during childbirth, pregnancy and even breastfeeding. STDs are often asymptomatic and even if the symptoms occur they're non-specific. It also has a profound effect on the sexual and reproductive health of individuals. The most effective methods to prevent STIs include using condoms, safe and hygienic vaccines, and above all having awareness regarding the same. Lack of sex education often leads to a lack of knowledge to deal with it.

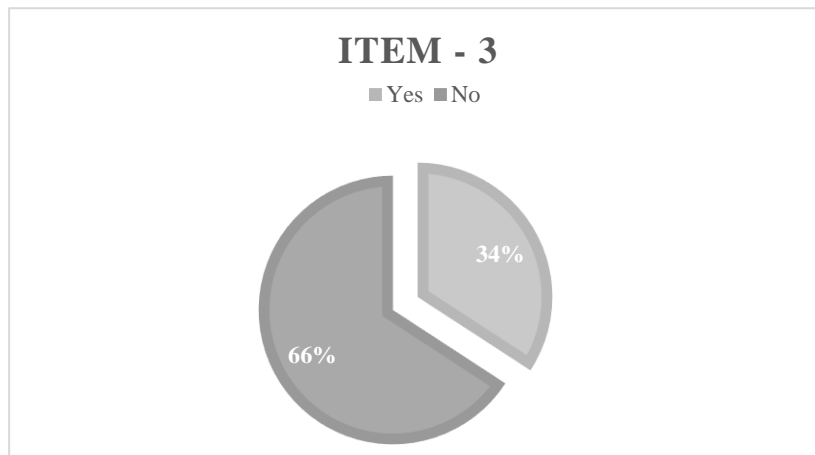
Item – 2 : *Did you receive any lecture, session or class related to sex education in your high school?*



This item holds significant importance in our research since it measures how much of the subjects had received any form of sex education or not. In this response, more than half of the population didn't receive any lecture, session, or class related to sex education in their high school. Awareness is the foremost step when it comes to dealing with issues like sexual health, sex education, sexuality, etc. But only 42 percent of the people had the same access. Schooling plays a major role when it comes to the transitional shift of the child from teenage to adulthood

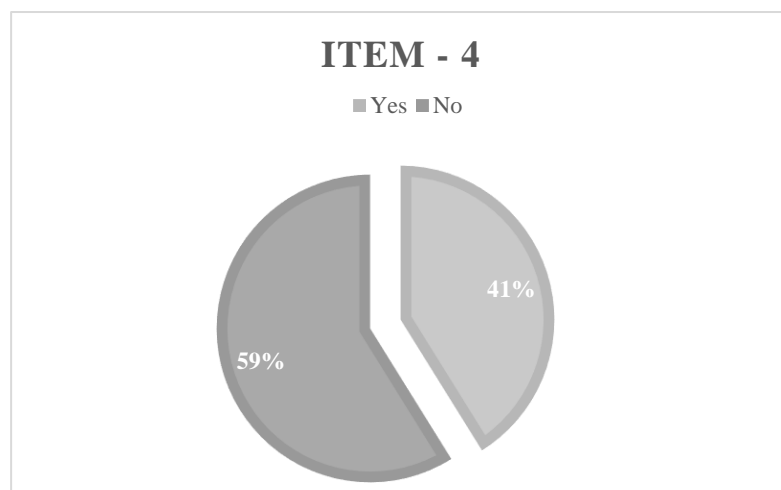
but improper or lack of knowledge about sex eventually leads to premarital sex, risky sexual behaviors, early pregnancies, STI, etc. There is a high need that schools must start imparting sex education to students so that they can learn about sexually transmitted diseases, teenage unintended pregnancy, and the emotional effects of sex. Sex education also helps the students to know about their correct sexuality and how to embrace it. This not only helps to have a sense of autonomy but also aids to know about the bodily changes they've to go through in this transitional age and this also improves social and sexual relationships.

Item – 3 : Do you find it difficult or embarrassing to talk about sex with other people?



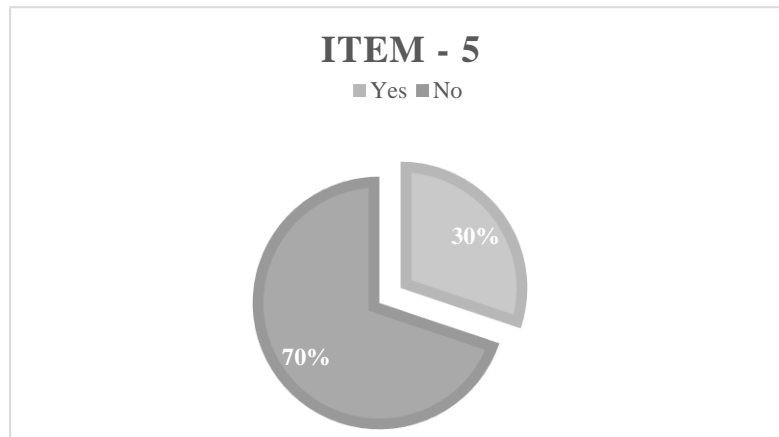
In this item, two third of the respondents find it difficult or embarrassing to talk about sex with other people. The prime reason for the same is that sex is considered as a taboo in our culture. The harsh reality is that many people deep inside want to talk about sexuality, sexual behaviors and sexual boundaries, consent but since society has labeled this as a sense of embarrassment this has caused many individuals to keep their curiosity intact. Here comes the main role of teachers, parents and mentors to help the young minds correctly so that instead of having access to unreliable sources they can be guided properly and truthfully. The guide must be supportive, accepting and non judgemental. Normalizing about sex and sex education is the biggest need that our nation must have.

Item – 4 : Do you think that lack of sex education has impacted your sex life?



In item 4, the responses show that almost 40 percent of the people feel that lack or inappropriate sex education has impacted their sex life. They faced difficulty in understanding their developmental processes, sexual behavior and even sexuality. It also has a detrimental effect on their emotional well-being and having nobody to talk to worsens their situation. It has also changed their perception about sex.

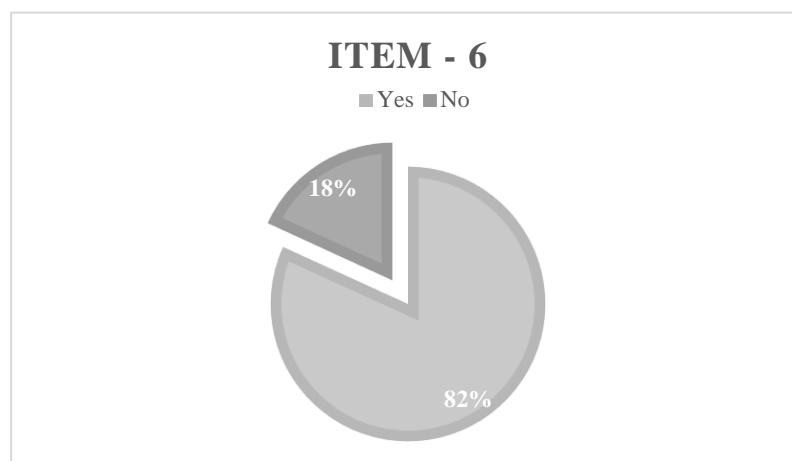
Item – 5 : *Do you think the school teachers have a clear approach for helping students with the questions about sexual and reproductive health?*



In the results of item 5, more than half of the population feels that school teachers didn't give a clear approach to helping students with questions related to sexual and reproductive health. Majority of the teenagers are dependent on schools for getting proper sex education and believe that their questions regarding it will be addressed and acknowledged properly. However, a significant amount of students didn't gain that reliability from school Teachers or mentors and this eventually leads to their dependence on non-reliable resources to get the appropriate answers. However, those unreliable resources always mislead them with wrong information. Here, comes the true role of a teacher in school they must acknowledge and provide correct information to the students.

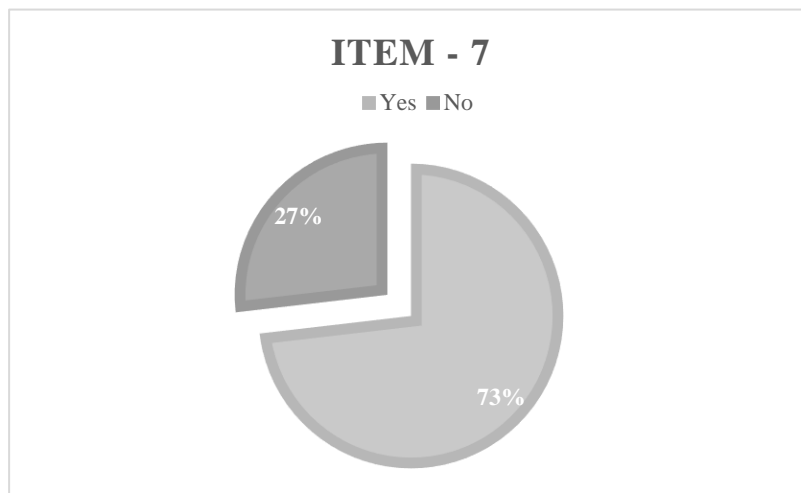
Item – 6

Do you think lack of sex education leads to sexual violence?



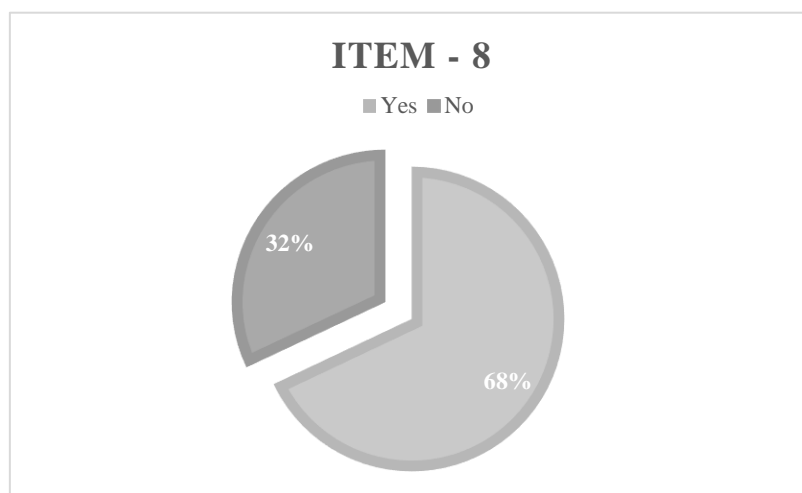
In this item, 82 percent of the subjects agrees that lack of sex education leads to sexual violence. Sex education definitely provides enough knowledge about sexual behavior which keeps the individual away from sexual violence or sexual abuse. It helps the teenagers to make good decisions about their sexual partner and also to adhere to the concept of consent. It reduces the risk of early pregnancies and abortions. It also gives proper information to the teens to know the sexual boundaries and about bad touch good touch. It also opens up about the marital rape, sexual assault and the right to say no if one of the partner doesn't feel to go for the intercourse.

Item – 7 : Do you know about the side effects of contraceptive pills?



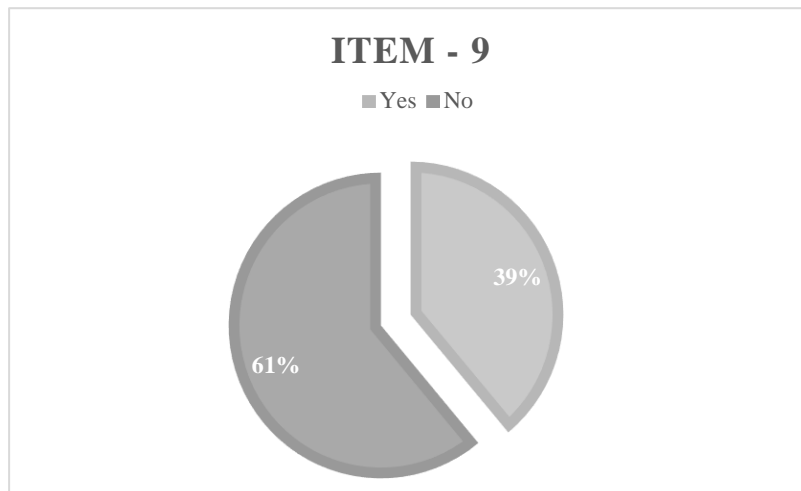
In item 7, more than two third of the population had knowledge about the side effects of contraceptive pills that include: nausea, weight change, abdominal bloating, menstrual problems etc. Correct knowledge, efficiency and usage of contraceptives helps women to get the best suited pills of less side effects.

Item – 8 : Do you know about the legal age for abortion?



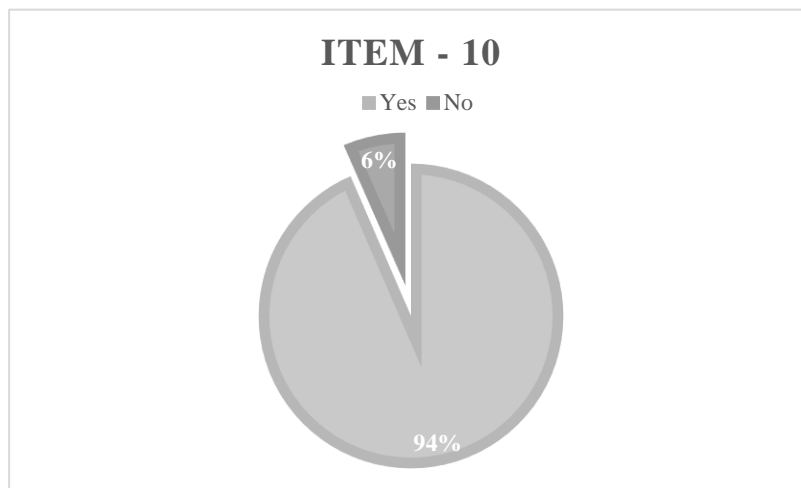
In item 8, almost 68 percent of the people know about the legal age of abortion i.e according to the MTP (Medical termination pregnancy) Act, 1971 women are allowed to seek safe abortion services for 24 weeks and the cost of the abortion service is covered fully by the government's public national health insurance funds, Ayushman Bharat and Employees' State Insurance etc. The abortion could be done under four circumstances: if it's harmful for the mother or the fetal abnormalities, sexual assault and rape victims and failure of contraceptives. For minors, they've to get permission from their parents or guardians.

Item -9 : *Do you believe abstinence (restraining oneself from indulging in sexualactivities) should be encouraged in youth?*



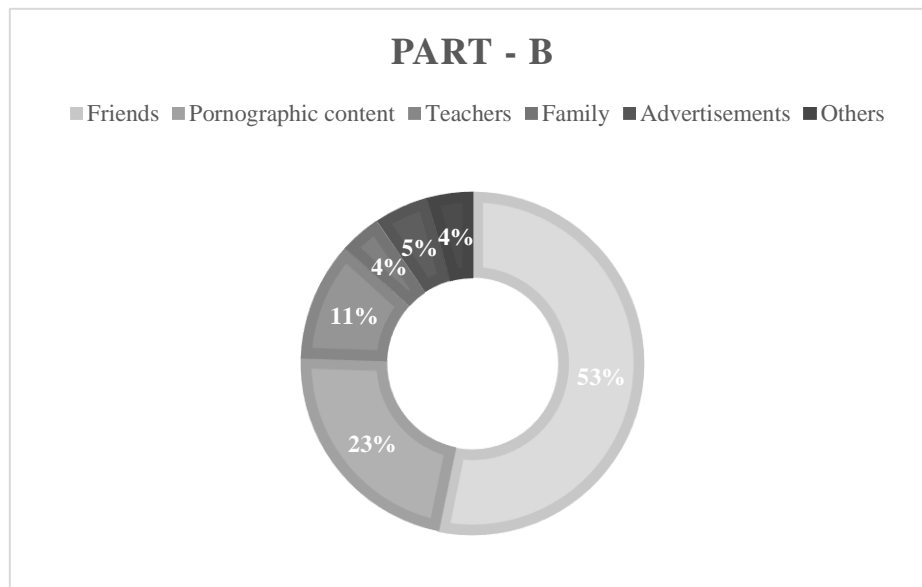
For item number 9, two third of the population feels that abstinence i.e (restraining oneself from indulging in sexual activities) should be encouraged in youth. Abstinence education is a way that awares people to prevent the risks of sex - like early pregnancy and STDs. Abstinence also helps to focus on other things in our lives that are important to us like: friends, school, sports, activities, having fun, and planning the future etc. Moreover abstinence prevents pregnancy 100% of the time when practiced consistently. It is the most effective form of birth control. However it requires a lot of will power and discipline.

Item – 10 : *Do you think sex education helps to decrease STDs?*



For item 10, majority of the population feels that sex education helps to decrease STDs to a much greater extent. As sex education covers all the aspects of unprotected sex and its consequences hence this helps the people to gain much knowledge and awareness about aspects like using protections, consent or risk of multiple sex partners etc. It also gives a comprehensive knowledge of how STDs could be spread and even debunks the myths related to them.

Part – B : From whom did you get to know about sex for the first time?



In Part B, out of the six given options, the subjects had to choose one and almost half of the respondents say that they got knowledge about sex for the first time from their friends. Teenagers spend most of their time with their friends hence they become their most reliable source when it comes to sex- talks and quench their curiosity about sex education. However, being completely reliable on friends imparts more misconceptions rather than correct knowledge hence they become the most non-reliable source when it comes to such sensitive topics. In addition to this, twenty-three percent of the respondents were dependent on pornographic sites which are completely unrealistic and give false information about sex. They portray fake perception about sex and builds unrealistic and inappropriate expectations in the mind of teenagers which eventually leads to sexual abuse, sexual violence, unwanted pregnancies, and so on. Moreover, it's very unfortunate to see that only 11 percent of the population got the concept of sex from their teachers in schools which might have helped them to know the concepts related to sex more lucidly. Lastly, just 4-5 percent of people knew about sex from family, advertisements, and other resources. This clearly signifies that the majority of the subjects didn't actually know what sex education is and even if they know it's completely from the most unrealistic resources.

Conclusion:

In conclusion, it could be witnessed that Comprehensive Sex education is the need of the hour and it plays an important role in an individual's life. India has been facing the problem of

overpopulation for decades, however, it is still unfortunate to see that sex education is considered a taboo to talk about. Debunking the biggest myth that sex education is only related to sex, our research has put forward the notion that sex education is an umbrella term and has various facets under it like menstruation, abstinence, sexual identity, consent, stages of sexual development etc. However, lack and inappropriate sex education have led to a plethora of problems like transmission of sexual diseases, early pregnancies, poor sexual behaviour, problem in sex identification, sexual assault and so on. With the help of our research, we can now conclude that many teenagers have not got proper sex education in their school which has led to their dependence on other resources like friends, pornographic sites, advertisements, etc. Teachers in school must be their foremost source, who could give them proper sex education but it was unfortunate to see that many school curricula failed to provide the same. Moreover, poor sex education has also led to sexual assaults which violate the boundaries of other sexual partners leading to cases of marital rape, etc. We have also tried to highlight the psychological and physical side effects of contraceptives on women and the rate of awareness of people towards laws related to MTP (Medical termination pregnancy). All in all, our study depicts awareness regarding all the aspects falling under comprehensive sex education.

The lack of comprehensive sex education in high schools has been a longstanding issue in many countries, including the United States. According to a report by the Guttmacher Institute, only 22 states in the US mandate sex education, and even in those states, the quality of the education can vary widely (Boonstra, 2020).

One study published in the Journal of Adolescent Health found that while nearly all high schools in the United States teach some form of sex education, only 38% of them provide comprehensive sex education, which covers a wide range of topics including contraception, sexually transmitted infections, and healthy relationships (Kohler et al., 2014). Another study, published in the Journal of School Health, found that many high school students receive inadequate or inaccurate information about sex and sexuality from their peers and media sources, highlighting the need for comprehensive sex education in schools (Hall & Valente, 2014).

Overall, the lack of comprehensive sex education in high schools can have serious consequences for young people, including unintended pregnancies, STI transmission, and negative attitudes towards sex and sexuality. It is important for schools and policymakers to prioritize and invest in comprehensive sex education programs to ensure that young people have access to accurate, evidence-based information about their sexual health and well-being.

References:

1. Boskey, E. (2023, January 2023). support comprehensive sex education school. Retrieved from [www.verywellhealth.com: https://www.verywellhealth.com/support-comprehensive-education-schools-3133083](https://www.verywellhealth.com/support-comprehensive-education-schools-3133083)
2. [plannedparenthood. \(2023\). what-sex-education. Retrieved from www.plannedparenthood.org: https://www.plannedparenthood.org/learn/for-educators/what-sex-education](https://www.plannedparenthood.org/learn/for-educators/what-sex-education)

3. UNESCO. (2023). what comprehensive sexuality education cse. Retrieved from [healtheducationresources.unesco.org:
https://healtheducationresources.unesco.org/toolkit/what-comprehensive-sexuality-education-cse](https://healtheducationresources.unesco.org/toolkit/what-comprehensive-sexuality-education-cse)
4. Witmer, D. (2020, May 17). sex education in schools. Retrieved from [www.verywellfamily.com:
https://www.verywellfamily.com/sex-education-in-schools-2611290](https://www.verywellfamily.com/sex-education-in-schools-2611290)
5. American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. <https://www.apa.org/practice/guidelines/transgender.pdf>
6. Center for Disease Control and Prevention. (2022). Sexual and Reproductive Health. <https://www.cdc.gov/sexualhealth/index.html>
7. Guttmacher Institute. (2021). State Sex Education Policies. <https://www.guttmacher.org/state-policy/explore/state-sex-education-policy>
8. Planned Parenthood. (n.d.). What Do Kids Need to Know? <https://www.plannedparenthood.org/learn/parents/what-do-kids-need-know>
9. UNESCO. (2018). International Technical Guidance on Sexuality Education. <https://unesdoc.unesco.org/ark:/48223/pf0000263038>
10. Centers for Disease Control and Prevention. (2019). Reproductive health. Retrieved from <https://www.cdc.gov/reproductivehealth/index.html>
11. Planned Parenthood. (2020). Birth control. Retrieved from <https://www.plannedparenthood.org/learn/birth-control>
12. American Sexual Health Association. (2019). Sexually transmitted infections. Retrieved from <https://www.ashasexualhealth.org/stds/>
13. Advocates for Youth. (2018). Sex education basics. Retrieved from <https://advocatesforyouth.org/resources/sex-education-basics/>
14. Manjari AS. (2016). “to talk or not to talk”: Parents perspectives on sex education. *International Journal of Indian Psychology*, 4(1). <https://doi.org/10.25215/0401.109>
15. Gower, A. L., Borrego, M. E., & Saewyc, E. M. (2019). LGBTQ-inclusive sex education: A necessary component of school-based programs. *Journal of Adolescent Health*, 65(1), 13-15.
16. Harvey, S. M., Branch, M., Tillery, R., & Young, C. M. (2021). A sex-positive sexual health education intervention: Impact on college students' attitudes, behaviors, and self-efficacy. *Archives of Sexual Behavior*, 50(4), 1481-1491.
17. Kohler, P. K., Manhart, L. E., & Lafferty, W. E. (2008). Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal of Adolescent Health*, 42(4), 344-351.
18. Santelli, J. S., Kantor, L. M., Grilo, S. A., Speizer, I. S., Lindberg, L. D., Heitel, J., ... & Mason-Jones
19. G Farr, H. G. (1994). Contraceptive efficacy and acceptability of the female condom. *American Journal Of Public Health*.
20. Kopel, D. (2021, february 15). women's health pregnancy contraceptives types efficacy. Retrieved from [emedihealth website:
https://www.emedihealth.com/womens-health/pregnancy/contraceptives-types-efficacy](https://www.emedihealth.com/womens-health/pregnancy/contraceptives-types-efficacy)

21. Rakhi Jain, S. M. (2011). Contraceptive methods: needs, options and utilization. *Journal of obstetrics and gynecology of India*, 61 (6): 626-34.
22. Sheriff, K. (1999). Benefits and risks of oral contraceptives. *American Journal of Obstetrics and Gynecology*, S343-S348.
23. Tatum HJ, C. T. (1981). Barrier Contraception: A comprehensive overview. *Fertility and Sterility*, 36(1):1-12.
24. Woloski, H. (2014). Selected aspects of oral contraceptives side effects. *Ginekologia Poloska*.
25. Ghule, M., & Raj, A. (2018). Barriers to use contraceptive methods among rural young married couples in Maharashtra, India: Qualitative findings. *ncbi.nlm.nih*. Retrieved April 22, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5802376/>
26. Osborn, J. A., & Sriram, R. (2021, July). A study on contraceptive prevalence rate and factors influencing it in a rural area of Coimbatore, South India. *ncbi.nlm.nih.gov*.
27. Jadhav, R. (2002, October). Contraception: What India thinks, and how it acts. *The Hindu business line*. Retrieved April 23, 2023, from <https://www.thehindubusinessline.com/data-stories/data-focus/data-focus-fact-check-on-awareness-and-use-of-contraceptives-in-india/article66064786.ece>
28. Only 1 in 10 men use condoms, female sterilisation most common contraceptive.' *The Hindu*. (2021, November 30). Retrieved April 22, 2023, from <https://www.thehindu.com/profile/author/Jagriti-Chandra-4657/>
29. Sharma, S. (2019, July). India's young shun use of modern day contraceptives. *Hindustan Times*. Retrieved April 2023, from <https://www.hindustantimes.com/india-news/india-s-young-shun-use-of-modern-day-contraceptives/story-mC1ygeasvyHeBxHP6L7mlM.html>
30. Jahan, Uruj & Verma, Kavita & Gupta, Shruti & Gupta, Renu & Mahour, Simmi & Kirti, Neha & Verma, Poonam. (2017). Awareness, attitude and practice of family planning methods in a tertiary care hospital, Uttar Pradesh, India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*. 6. 500. 10.18203/2320-1770.ijrcog20170370.
31. Dhak B, Saggurti N, and Ram F. Contraceptive use and its effect on Indian women's empowerment: evidence from the National Family Health Survey-4. *Journal of Biosocial Science*. <https://doi.org/10.1017/S0021932019000609>
32. Nagdeve, D. (n.d.). Contraceptives use dynamics among urban poor women in India. *Mumbai*.
33. Boonstra, H. (2020). Guttmacher Policy Review: Sex Education in the U.S. Retrieved from <https://www.guttmacher.org/gpr/2020/06/sex-education-us>
34. Kohler, P. K., Manhart, L. E., & Lafferty, W. E. (2014). Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal of Adolescent Health*, 54(4), 428-434.
35. Hall, J. V., & Valente, T. W. (2014). Adolescent Sex Education: The Development and Assessment of a Peer-Led Model. *Journal of School Health*, 84(11), 731-738.