



# Empowering Youth to Internalize and Spread Gender Parity through Sexuality Education

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## Abstract

Youth has tremendous potential to trigger social change. Gender parity is an area in which youth can contribute significantly. Gender roles have a strong relationship with sexual identity. Socio-cultural realities are instrumental in shaping the gender and sexuality stereotypes leading to a biased, conflicting and ignorant behavior. This can lead to increased incidences of abuse, sexually risky behavior patterns and gender based violence. Shaping the adolescent minds to nurture healthy attitudes towards sexuality and gender parity is the need of time. Young adults can play a very crucial role in this change by establishing a constructive and rational dialogue with the adolescents. However first they need to be empowered for being instrumental in this change process. The present two tiered experimental study is a successful attempt to empower youth through in depth training in sexuality education and gender parity along with mentoring skills to become facilitators in spreading this message. At level one, impact of intensive training imparted to 115 youth from urban India in the two mentioned areas was studied through a repeated measures quasi experimental design. Three tools namely 'Stepping into youth- knowledge test, Stepping into youth- Attitude test and Stepping into youth- Gender Concepts test were used. At level two, the impact of a series of 20 classroom sessions conducted for the adolescents by these young adults was studied. Significant positive changes were noted on all the three variables at both the levels. The qualitative analysis of the youth facilitators' FGDs supports the findings and indicates towards the change triggered in the adolescents through active engagement. This shows that young adults can play a crucial role in initiating positive social change aiming towards abolition of sexual abuse and gender inequality.

**Keywords:** Empowering Youth; Gender Parity; Sexuality Education

**Abbreviations:** STDs: Sexually Transmitted Diseases; SYKT: Stepping into Youth: Knowledge Test; WAS: World Association for Sexual Health; ICPD: International Conference on Population and Development.

## Introduction

Sexuality Education and Gender Sensitization has been used as an instrument for the development of adolescents towards

preventing/ fighting addiction at various levels. This is a two stage program with first stage dedicated on by development of a training module to bring about a positive, constructive change in the attitude of the youth between 20 to 25 years of age with respect to sexuality, a substance free healthy life style and egalitarian gender concepts by providing continuous training and motivating them so that as a forward link, they would deliver this training to young adolescents to inculcate the same level of awareness and enable them to make right

choices to refrain from any kind of addiction. This complete program is focused on, bringing youth on a common platform to work towards the betterment of adolescent children in government schools or low income private schools.

Adolescence is the age of stress and storm. All the aspects of personality are undergoing rapid development and change. This is an age when a child starts seeking his/her identity and looks forward towards entering into the youth for experiencing autonomy and freedom. Early years in adolescence are crucial as the heightened sensitivity towards oneself and the world makes children vulnerable to many life threatening risks. Experimentation in sexual behaviors is one of the main issues in this age. Thus it has been observed globally that there is an increasing need to impart sexuality education in the early adolescent years and also to develop a gender sensitive attitude in youth. Sex education, which is more precisely called sexuality education or sex and relationships education, is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education is also about developing young people's skills so that they make informed choices about their behavior, and feel confident and competent about acting on these choices [1].

Of the approximately 9,50,000 teenage pregnancies that occur in U.S. each year, more than 3 in 4 are unintended. Over 1/4 of these pregnancies end in abortion [2]. In India also the situation is becoming increasingly alarming day by day. Increasing incidences of sexual abuse, irresponsible sexual behavior and problems occurring out of sheer ignorance about the right information are leading to distorted identities and adjustment problems in adolescents. Overexposure to sexual messages, and opportunities to experience pre-marital sex have further deteriorated the situation. Increasing rate of Acquired Immune Deficiency Syndrome (AIDS) / HIV infection is also increasing with alarming rate. This points out towards the need of a 'one to one dialogue' with the youth about all these issues [3]. It also refers to developing young people's ability to make decisions over their entire lifetime. In this, delivering the scientific and technical information about the physiological and anatomical details supplemented with information on Sexually Transmitted Diseases (STDs) and AIDS is not sufficient. The children also need to know about issues such as 'facing and dealing with abuse', 'meaning and limitations of relationships', 'concept of beauty and personality development', 'complimentarily and equality between the genders', 'impact of media on one's life and how to deal with it', 'choice of a life partner' and such other issues, because young people can be exposed to a wide range of attitudes and beliefs in relation to sex and sexuality which sometimes appear contradictory and confusing. For

example, some health messages emphasize the risks and dangers associated with sexual activity and some media coverage promotes the idea that being sexually active makes a person more attractive and mature. It is a fact that many young people and sex educators have strong views on what attitudes people should hold, and what moral framework should govern people's behavior but it is important to remember that talking in a balanced way about differences in opinion does not promote one set of views over another, or mean that one agrees with a particular view.

It has been observed that people providing sex education have attitudes and beliefs of their own about sex and sexuality and it is important not to let these influence negatively the sex education that they provide [4]. Rather than trying to deter or frighten young people away from having sex, effective sex education includes work on attitudes and beliefs, coupled with skills development that enables young people to choose whether or not to have a sexual relationship taking into account the potential risks of any sexual activity. Sex education that works, starts early, before young people reach puberty, and before they have developed established patterns of behavior. However, the precise age at which information should be provided depends on the physical, emotional and intellectual development of the young people as well as their level of understanding. In a conservative society like India, it can be provided to children ranging from preadolescent age to the college going youth as well since there is little chance that the latter group has received such education in their adolescent years. What is covered and how, depends on who is providing the sex education, when they are providing it, and in what context, as well as what the young person wants to know about.

Recently there has been a lot of turbulent discussion on this topic at different levels of government and also in public. However one needs to look at this issue objectively and rely on what is being proved through empirical means. Some efforts have been made by agencies like TARSHI (Talking about Reproductive and Sexual Health Issues, New Delhi), in which it has found that notions of sexuality and norms around sexuality are in a state of tremendous confusion [5]. Also, the national population education trust has identified this need and has published material which can contribute in a balanced training of this topic [6]. A survey conducted by the center for youth development and activity, points out that 94% children feel the need to get scientific education about sexuality. A surprisingly 74% of them are satisfying it through sources like T.V., blue films, or peer comments and other such material [7]. Addiction is an equally serious problem rising rapidly in early adolescent age groups across India. Substance abuse and addiction to electronic gadgets are eating up the future of this young generation. Abuse of

prescription drugs is highest among young adults aged 18 to 25, with 5.9 percent reporting nonmedical use [8]. Among youth aged 12 to 17, 3.0 percent reported past-month nonmedical use of prescription medications.

According to the 2010 MTF, prescription and OTC drugs are among the most commonly abused drugs by 12th graders, after alcohol, marijuana, and tobacco. While nonmedical use of sedatives and tranquilizers decreased among 12th graders over the last 5 years, this is not the case for the nonmedical use of amphetamines or opioid pain relievers. Internet addiction and gadget addiction studies also show serious picture. In a study involving 987 adolescents with a mean age of 16.82 years about 74.5% were moderate (average) users of internet. Using Young's original criteria, 0.7% were found to be addicts. Those with excessive use internet had high scores on anxiety, depression, and anxiety depression [9]. It has been observed that 'mentoring' is highly effective for young teenagers to bring about attitude change regarding many sensitive issues [10]. Children can easily identify with youth which is slightly older but still shares a common set of ideas, images, and 'language' of communication. Their influence on the children is readily established and lasts much longer. It can be a worthwhile effort to involve the youth in shaping lives of the children just next to them in generation.

### Need for Sexuality Education in India

The sexual and reproductive health needs of adolescents in India are currently overlooked or are not understood by the Indian healthcare system. Healthcare professionals are not taking comprehensive sexual histories, and sexual health is not openly discussed due to cultural and traditional norms in Indian society [11,12], Researchers have claimed that a well-designed school sexuality education can help combat the culture of ignorance, hesitation, shame, and fear associated with the disease in the community, from which the disease is born [13]. The present study thus aims at building such a system in which the youth can be trained to impart sexuality education to adolescents slightly younger to them in age, which can work on two levels- the youth becomes more well informed and develops appropriate attitude towards sexuality and gender issues as well as they can transfer it to the adolescents by implying learner friendly techniques.

### Objective

To develop a training module to bring about a positive, constructive change in the attitude of the youth between 17-19 years of age with respect to sexuality, healthy lifestyle and gender-related concepts by providing continuous training and motivating them to deliver the training to young adolescents around.

## Methodology

### Research Design

In the present study, Pretest-Posttest Quasi-Experimental design was used.

### Sample

Sample was incidental in nature. The college-going youth (N=115 M=54, F=59) from 25 places/ towns in Maharashtra state (mean age 20.5) who responded to the appeal for participating in a unique program on sexuality education were enrolled for the program. Tools used for baseline and impact assessment were standardized and norms were established for the age group under study.

**Stepping into youth: Knowledge test (SYKT):** This test refers to the scientific and objective information about different aspects of sexuality like anatomy, physiology, myths, and misconceptions related to sexuality, medical and health issues and evil practices in sexuality. (Test -Retest reliability 0. 74\*\*\* Significant content validity)

**Stepping into youth: Attitude test (SYAT):** A Likert type attitude scale developed at JPIP,

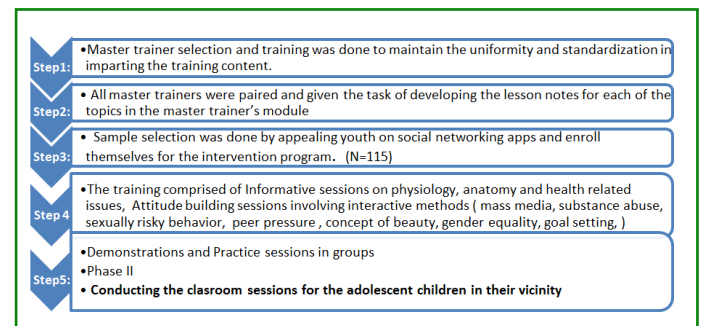
- It measures 10 different aspects of one's attitude towards sexuality. (Test-Retest reliability 0. 65\*\*\* Significant content validity)

**Stepping into youth: Gender concepts test (SYGC):** This test measures ones biases / pre notions about gender and gender roles. (Test -Retest reliability 0. 62\*\*\* Significant content validity)

**Composite sexuality awareness test:** A researcher made 25 items objective test covering knowledge and attitude towards sexuality along with gender concepts. (for adolescents to be covered in phase II)

- A feedback form probing the experiences of the mentors at the follow-up session after the school training was over.

## Procedure



### Phase II

After this training the participants conducted 20 clock hour sessions in the schools in their vicinity for 8th/ 9th grader

boys and girls as per the guidelines received in the camps. They also conducted the pre and post assessment using the composite test. A stability testing was conducted for the youth after six months (post completion of their field work) to see the long term impact of the exposure and classroom intervention responsibility shouldered by them.

## Data Analysis and Results

### Impact on the total group

#### Knowledge about sexuality. (N=112)

**Intervention Effect:** The knowledge of the prospective mentors had significantly improved as results of the training on all the four areas covered under SYKT namely- Physiology and anatomy of sexes, Myths and misconceptions about sexuality, reproductive health issues, and evil practices in sexuality. (0.000)

**Stability Effect:** The positive change seen at the post-test was maintained during the practice period and significant further improvement was seen on aspect of knowledge about physiology and anatomy of sexes at the stability testing. (0.000)

**Effect on Adolescents:** There was significant improvement in the knowledge level of the adolescents whom mentors trained. (0.001)

#### Attitude towards Sexuality (SYAT)

**Intervention Effect:** The participants showed significant positive change in the maturity on all the ten sub-areas at post- test as an effect of training. (0.01)

**Stability Effect:** The SYAT scores were maintained on the lines of Post-test level at stability testing, though did not improve.

**Effect on Adolescents:** There was significant improvement in the attitude of the adolescents towards sexuality whom mentors had trained. (0.001)

#### Gender Concepts

**Intervention Effect:** The post-test total score and the post-test scores on all the subareas demonstrated significant improvement in building healthy and egalitarian gender concepts as a result of training. (0.000)

**Stability Effect:** The performance of the group not only retained during the practice but showed significant positive change at stability testing. (0.00)

**Effect on Adolescents:** There was significant positive change in the gender concepts of the adolescents towards sexuality. (0.01)

### Gender differences among the youth mentors: Impact of training

- No gender differences were observed at the pre-test on knowledge and Gender concept scales (SYKT, SYGC) how ever there were marginal gender difference on some of the aspects of the attitude scale (SYAT). The males

scored higher on attitude towards 'person's sexual needs' as compared to females while the females were significantly better on aspects like 'attitude towards sexual abuse, media and sexuality education'.

- At the post-test though the total group demonstrated significant gain on knowledge regarding sexuality (0.001), no significant gender difference was observed indicating that both male and female participants gained equally as a result of intervention.
- The effect of intervention was observed to be slightly different for male and female participants for certain areas in SYAT, though not in the total score at post-test. The males showed a significantly better score on attitude towards a person's sexual needs.(0.01) However the females performed significantly better ( 0.01) on aspects like - attitudes towards pre-marital relationship, socio cultural correlates, attitude towards sexual abuse, attitude towards media and attitude towards sexuality education in general.
- No significant difference was observed between genders on SYGC at the post-test. This means that both the genders have gained equally as a result of this training.

### Impact of immersion in field work

After intervention by these mentors for adolescents, the stability testing was done in which significant improvement compared to post test scores was seen. The comparison of male and female mentors at stability testing indicates:

- No significant gender difference on SYKT indicating that both the genders gained on this area after four months as a result of actual field work exposure.
- However considerable gender difference was observed on some aspects of the attitude towards sexuality (SYAT) at the stability testing. Like- attitude towards a person's sexual needs (M > F), pre-marital relationship, socio cultural correlates, media (F>M).
- No significant gender difference was observed on SYGC (gender concept) at the stability testing indicating that both the genders were benefitted by the training. But the gain scores comparison indicates significant differences on certain aspects of SYGC favoring the male population (ex. 'professional choices, availability of opportunity, leisure time activities' and the total scores on SYGC. This shows the discussions and exercises implied during the training for eradicating gender stereotypes have actually benefitted the males more than the females.

### The Qualitative Analysis of the Feedback of the Youth Mentors

In order to take the feedback regarding how the YUVA program and its implication in school set up by the mentors contributed to their growth and also the extent of its perceived impact on the adolescents in classrooms, a detailed

questionnaire was filled in by the mentors in the follow up camp. In all 12 themes were identified through the responses

(Table 1).

Sr. No.	Themes	Male %	Female %	Total R %
1	Increased Stage daring	48.48	47.62	48
2	Confidence building	57.58	80.95	70.67
3	Overcoming Inhibition	90.91	85.71	88
4	Patience building	18.18	23.81	21.33
5	Overt appreciation by students	6.06	9.52	8
6	Increase in awareness About sexuality issues	63.64	73.81	69.33
7	Motivation to contribute in social good	24.24	33.33	29.33
8	Experience sharing with children	51.52	61.9	57.33
9	Boost in knowledge building habits	48.48	47.62	48
10	Triggered self-Development	57.58	61.9	60
11	Respect gained from children	15.15	7.14	10.67
12	Learned Self-Management	33.33	33.33	33.33

**Table 1:** Themes from the feedback regarding mentor experiences. (Note- All figures in percentage).

The above table highlights the reflections of the youth regarding the depth experiential process of 'Getting trained to training youngsters'. It's observed that, more than 70 % feedback relate to themes- confidence building, overcoming inhibitions, and triggered self-development. Some themes reflect noticeable gender difference in the reflections. (Ex. Confidence building, increased awareness about SRHR issues, Motivation to contribute in social good - mentioned significantly more by females than male participants). However, though overt appreciation by students and respect gained from them appear less frequently in the written feedback, the FGDs conducted revealed some hearty sharing of the mentors with the children in and outside the classrooms.

## Discussion

Sexuality education (SRHR) is perceived as a basic human right that falls under the broader title "reproductive rights" as emphasized by reputable NGO's such as the Family Planning Association of India and International Planned Parenthood Federation as well as the World Association for Sexual Health (WAS). With India being one of the signatories to the 1994 United Nations International Conference on Population and Development (ICPD), it is obliged to provide free and compulsory comprehensive sexuality education for adolescents and young people as part of commitments made under the ICPD agenda.) Similar recommendations and priorities have been identified by the Ford Foundation through a year-long, worldwide consultative process with diverse set of scholars, advocates, grantees and foundation program officers from Africa, Asia, Latin America and the

United States [14].

## Responses of the Youth, the Current Situation in India

With studies showing that the majority of parents do not accept the responsibility for providing sex education, with 88% of the male and 58% of the female students in colleges in Mumbai reporting that they had received no sex education from parents. Those exposed to sexually implicit content on the television and the internet is more likely to initiate early/premarital sex, which comes with a host of negative implications which they often find themselves unequipped to deal with. This applies to a quarter of India's young people who indulge in premarital sex. Complications arising from the pregnancy and unsafe abortions are a leading cause of death among women aged 15-19 years, with 20% of the group experiencing childbearing before 17 years of age, with pregnancies often closely spaced. The risk of maternal mortality among adolescent mothers stands twice as high that of mothers aged 25-39 years.

Education about family planning, conception, and contraception could ameliorate the situation and give the young women the opportunity to make their own informed decisions. Prevalence of perceived importance of FLE was relatively high among the youth (81%) in India. However, only 49% of women actually received FLE due to vast demographic and socioeconomic differentials within the population. Only the relatively mature unmarried women (20-24 years) residing in urban areas with more than 10 years of education, engaged in a nonmanual occupation,

and coming from better-off families had a higher prevalence of perceived importance of and receiving FLE than others. Adolescents find themselves at a vulnerable stage of their lives where influences of peer pressure can be conducive to socially unacceptable and perhaps even criminal group behavior. The rapidly emerging 'rape culture' among youth needs to be addressed and stopped at the earliest possible instance. This requires concentrated efforts not only from institutions and organizations, but also from individuals as members of that society, as sexual offenders often have mental health and psychosocial risk factors that incite, maintain, and perpetuate the offense.

Sexuality education is perceived as a basic human right that falls under the broader title "reproductive rights" as emphasized by reputable NGO's such as the Family Planning Association of India and International Planned Parenthood Federation as well as the World Association for Sexual Health (WAS). With India being one of the signatories to the 1994 United Nations International Conference on Population and Development (ICPD), it is obliged to provide free and compulsory comprehensive sexuality education for adolescents and young people as part of commitments made under the ICPD agenda). One of the most significant findings of the study indicates that the majority of youth perceived family life education to be important. This highlights that Indian adolescents realize the range of potential health risks and challenges lurking before them and demands the appropriate knowledge, skills, and training to lead a responsible and healthy lifestyle.

However, the study points out that only half of the unmarried women actually received any form of family life education. There exists a wide gap between the proportion of women who perceive FLE is important and those who actually received any sex education. It was also true that women who received family life education had better knowledge and awareness on reproductive health issues than counterparts. The level of awareness and knowledge regarding Family Life Education is more among the educated, better-off sections and those living in urban areas. The growing population, changing lifestyles and increasing incidences of HIV/AIDS is a great challenge. In order to prepare the youth to face these challenges, introducing sex education is an important step. The nation-wide surveys clearly illustrate that the overwhelming majority of young women and men are in favor of introducing family life education.

The Youth Coalition for Sexual and Reproductive Rights report (2018) states that, 'India is obliged to provide comprehensive sexuality education in all public and private schools in India and that the denial of such education to children, adolescents and young people generally and the banning of the AEP by state governments specifically is a

violation of India's commitments under international law. Arguments on culture, morality or federalism are invalid in this context. Further, the provision of age-appropriate comprehensive education on sexuality and HIV/AIDS can also have important consequences in dealing with child abuse and in reducing the spread of HIV/AIDS. Prayas, a voluntary organization working in field of HIV and youth sexuality, based on their study titled, 'Youth in transition' [15], has stated that sexual self-efficacy is a potent component for regulating sexual behavior. In order to influence the self-efficacy health intervention messages should be more than just informational. To be effective, risk-reduction health campaigns must also for appropriate and health promoting behavior. Therefore, after identifying specific abilities for sexual behavior, there is a need to develop health messages which are both informative and instructive in content. The results of the present study support this observation. Indian journal of Psychiatry (2015) also claims that, 'Provision of Family Life / Sex Education might result in multiple benefits to the adolescent boys and girls including delayed initiation of sexual activity, a reduction in unplanned and early pregnancies and their associated complications, fewer unwanted children, reduced risks of sexual abuse, greater completion of education and later marriages, reduced recourse to abortion and the consequences of unsafe abortion, and a curb of the spread of sexually transmitted diseases including HIV. Specially when such education is provided to the adolescents by young persons, who are just little ahead of the children in age, the possibility that it reaches to their minds gets amplified [13].

Many eyebrows are raised while one talks about sexuality education in Indian settings, labeling that it is an overhyped western concept. However the current research and similar such studies conducted earlier (Lavalekar 2011; Deshmukh 2014) have shown that adolescents have poor knowledge and attitude about issues related to growing up changes. A health education intervention program based on a psycho-social platform relevant to Indian setting improves the knowledge and attitude among adolescents regarding these changes. The feedback of the youth mentors points out towards the still prevailing stereotypical attitude of the school system towards sexuality education. They have clearly mentioned how resistant initially the school authorities were to allow them to conduct the sessions in school classrooms. However after they elaborated on the contents, methods and presented the learning modules to the authorities, they were allowed to open their mouths. In reality the impact of the training to school children clearly demonstrates the grave need and importance of their efforts which was later appreciated by the authorities as well. This research thus demonstrates a successful attempt of transferring the knowledge and attitude towards sexuality via young, vibrant members of society to the teens in an effective and stable manner. One

of the most significant findings of the study indicates that the majority of youth perceived family life education to be important. This highlights that Indian adolescents realize the range of potential health risks and challenges lurking before them and demands the appropriate knowledge, skills, and training to lead a responsible and healthy lifestyle [16].

The results have clearly indicated that a well-designed training for the youth mentors is successful in shaping their concept and practices with respect to sexuality and gender as well as they are able to transfer it to the younger generation through a well-planned and consistent dialogue. The variation in the gain scores on areas of 'Attitude towards sexuality' also indicate that not all changes take place at the same pace. Certain aspects are either more sensitive or rigid to the change process which is reflected in the results. Female Mentors showed a significantly better positive change in the areas of 'attitude towards sexually abusive behavior' and 'gender stereotypes' possibly because they are the first victims of both realities and can internalize the positive changes better as compared to the male counterparts. However, the males have also shown a significant positive change as compared to pretest score on both 'attitude towards sexuality' and 'gender stereotyping' denoting the possibility of a fair and threat free equitable treatment to their female counterparts in their families in future. The gains on the comprehensive tool administered to the adolescents by these mentors also is a ray of hope towards the positive change regarding above mentioned issues. Though these changes can be subject to other influences in later life, the basic clarity and knowledge about the aspects covered can always help the children to resist the impulsive thoughts / behaviors and cope with the life challenges.

### Limitations

- This intervention has been carried out for urban and semi urban youth in India.
- The individuality of each youth mentor might have influenced the adolescents differently.
- Selection of schools by the mentors for execution of the program was based on convenience.

### Conclusion

- A well designed and rigorous training can shape the attitudes of youth mentors positively by making them more informed about sexuality issues and sensitize them to gender issues.
- Experiential learning (immersion in field training) has facilitated gender parity attitudes among Youth mentors irrespective of their own gender.
- Such mentors could serve as change agents by delivering the insights they learn to the adolescents around them.

- The adolescents who underwent training offered by the youth mentors also displayed clarity in thinking and positive attitudinal changes with respect to sexuality issues and also became gender sensitive.
- Sexuality education covering psychosocial aspects along with physiology can be an effective tool in facilitating gender parity in youth as well as adolescents.

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