

**ATTITUDE OF STUDENTS, TEACHERS AND
COMMUNITY TOWARDS SEX EDUCATION
AT SECONDARY SCHOOL LEVEL
IN MIZORAM**

BY

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CANDIDATE'S DECLARATION

I, Donna Lalnunfeli, hereby declare that the subject matter of the Thesis entitled "Attitude of Students, Teachers and Community towards Sex Education at Secondary School Level in Mizoram," is the record of work done by me, that the contents of this Thesis did not form basis of the award of any previous degree to me or, to the best of my knowledge to anybody else; and that the thesis has not been submitted by me for any research degree in any other University/Institute.

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CHAPTER I

CONCEPTUAL FRAMEWORK

The issues of sexual and reproductive health have remained a forbidden topic for a long time among the Mizo people due to the influence of cultural, religious and geographical factors in Mizoram. Sexual health is an important determinant of productivity and national development, yet, the mere mention of 'Sex' seems to evoke the feeling of embarrassment among both the young and the old. Adults usually refrain from discussing sexual matters with the young. In spite of this, there is an urgent need to address sexuality among our youth due to various reasons- like teenage pregnancy, sex abuse and exploitation, sexually transmitted infections (STIs) including HIV etc. Yet, the implementation of comprehensive sex education in the schools continues to be a controversial issue. Hence, it would be pertinent to discover the attitude of the students, the teachers as well as the community towards sex education.

1.1.0 ATTITUDE

Attitude can be said as a specific mental state. It is a view point one holds towards a person, object, task or idea. It stimulates the behavior and performance of an individual. Attitude may be explained as a mental preparedness which provide stimulus for an individual in some directions. Attitude develops gradually as a result of individual's experiences. The

degree or strength of an individual's attitude may vary from extremely positive to extremely negative.

According to Anastasi (1976)¹, "Attitude is often defined as a tendency to react favourably or unfavourably towards a designated class of stimuli, such as a national or ethnic group, a custom or an institution".

Freeman (1976)² says, "An attitude is a dispositional readiness to respond to certain situations, persons or objects in a consistent manner which has been learned and has become one's typical mode of response. For example, one's view regarding a class of food or drink (such as fish, liquors), sports, mathematics or democrats are attitude".

Krech & Crutchfield (1948)³ state, "An attitude can be defined as an enduring organization of motivational, emotional, perceptual, and cognitive processes with respect to some aspect of the individual's world."

Allport (1935)⁴ quotes "An attitude is a mental and neural set of readiness exerting directive dynamic influence upon the individual's response to all objects and situations with which it is related."

Attitude is learned or acquired. It is formed as a result of individual's experiences. Attitude may be positive or negative and it guides or stimulates the behavior of the individual in a particular direction. It also includes certain aspects of personality as interests, appreciations and social conducts. Attitude can be

defined as an affective feeling of liking or disliking towards an object (which can be basically anything) that has an influence on behaviour.

1.1.1 MEASUREMENT OF ATTITUDE

One of the important objectives of education is development of desirable attitude. Attitude plays an important role for success in different vocation. Attitude can be of three types i.e, positive, neutral and negative. There is a saying that 85% of the reasons for success, accomplishment and promotion are related to attitude while only 15% are related to technical expertise. Unfortunately, most of the educational institutions are dedicated in acquiring facts and figures which contribute 15% only to success. Therefore development of positive and desirable attitude is more important than aptitude.

Attitude can be measured in different ways as follows:

1. Rating Scales: The first method of measuring attitude is that of rating scale. In this method, attitude is evaluated on the basis of judgment or decision of the experimenter. The experimenter employs various sources to collect data to give his decision, such as

- Non verbal behavior towards a particular thing, such as, accepting or rejecting customs. But a person is not able to show his behavior according to his attitude.
- Verbal statement is a good source for understanding attitude. However, it may be kept in mind that a person

should express his attitude faithfully. Thus, verbal statements at many places throw light on our attitude.

- Personal documents: Personal diary, letter, autobiography etc. give expression to our attitude. But these records are not easily available for all.
- Secondary expressive clues such as facial expression and voice also help in gaining knowledge about attitude. It is a common belief that “what a man says may be less revealing than how he says it”.
- Clinical type interview: In this method the interviewer, the psychologist tries to know the attitude of a person through conversation.
- Projective technique: The dormant attitude lying in the unconscious comes to light through this method.

From these sources the individual gets enough data concerning the attitude of the individual. In attitude testing rating scales are of two kinds- relative and absolute.

- a) Rank Order Scale: In this scale the experimenter gives the individual's attitude, a position on a scale extending from the highest to the lowest quality. Here, the individual is given a relative position on the scale, in comparison with other individuals.
- b) Percentage of Population Scales: In this scale, one or more individuals are given a position in the population. In this method, a definite population is put to test and then the opinion of one individual is examined. The examiner places the opinion of the individual on the scale, which indicates

the percentage of the population concurring with his opinion as well as differing from him.

2. Indirect Scales: Some persons try to hide their attitude consciously or unconsciously. Hence, psychologists have favoured the indirect method for the measurement of attitude in which he cannot guess the tendencies being measured. Therefore, the subject answers the questions unhesitatingly. This method reveals the presence or absence of certain attitudes. It, however, does not reveal intensity of the attitude. Moreover, this method requires more careful planning on the basis of experiments.

3. Attitude Scales: Attitude scales are most commonly used technique for measuring attitudes. They are means of measurement which measure various characteristics about a thing or principle. The scales are used for discovering the opinions and attitude of the individuals concerning different objects, problems and persons. Attitude scales reveal the reaction of the individual towards some particular things and from these reactions his attitude can be assumed. Thus attitude scales are self-report inventories designed to measure the extent to which an individual has favourable or unfavourable feelings towards some persons, objects, institutions or ideas.

The attitude scales can be successful only when the statements contained in them and the answers which are forthcoming to them have psychological relation with the attitude measured. The statements in the scales should be clear and

precise and the selection of the statements depends upon the person constructing the scale.

Characteristics of Attitude Scale: Attitude scale should have the following characteristics:

- 1) It provides for quantitative measure on a uni-dimensional scale of continuum.
- 2) It uses statements from the extreme positive to extreme negative position.
- 3) It generally uses a five point scale.
- 4) It could be standardized and norms are worked out.
- 5) It disguises the attitude object rather than directly asking about the attitude on the subject.

Limitations of Attitude Scale: In spite of the many advantages, the following limitations may occur in the attitude scale:

- 1) An individual may express socially acceptable opinion and conceal his real attitude.
- 2) An individual may not be a good judge of himself and may not be clearly aware of his real attitude.
- 3) He may not have been confronted with a real situation to discover what his real attitude towards a specific phenomenon was.
- 4) There is no basis for believing that the five positions indicated in the Likert's scale are equally spaced.
- 5) It is unlikely that the statements are of equal value 'for' or 'against' it.

- 6) It is doubtful whether equal scores obtained by several individuals would indicate equal favourableness towards or against the position.
- 7) It is unlikely that a respondent can validly react to a short statement on a printed form in the absence of real life situation.
- 8) In spite of anonymity of response, Individuals tend to respond according to what they should feel rather than what they really felt.

1.1.2 CONSTRUCTION OF ATTITUDE SCALE

There are different forms of attitude scale for testing attitude. The scales differ according to the method of their construction and kind. Following are the main attitude scales:

1. Thurstone Scale: Thurstone scale was the first formal technique to measure an attitude. The scale is also known as the method of “Equal-appearing intervals”. It was developed by Louis Leon Thurstone in 1928, as a means of measuring attitudes towards religion. It is made up of statements about a particular issue, and each statement has a numerical value indicating how favorable or unfavorable it is judged to be. The scale consists of items (in the form of statements) with which the respondent has either to agree or disagree. Each item has a value and the respondent’s score on the scale corresponds to the median score of the items with which the respondent agrees. The item scores are usually derived from asking a number of judges to rank each item on the scale using an eleven-point scale reflecting the attitude that is being measured. The final score of

each item is the median of the judges' individual scores. Usually, more items are judged than are used and the final selection is based on two criteria: first, those items covering the whole eleven-point range are included; second, items should have a small variation (between judges).

The Thurstone scale construction method constituted the following steps:

- (1) Preparing statements: Statements both favourable and unfavourable (related to a particular topic, object or question or institution) are obtained from a group of selected writers, other experts and layman.
- (2) Editing of statements: The next step is editing these statements.
- (3) Judging of statements: The statements are classified by a large number of judges on an eleven-point scale. This is done by placing each statement in one of eleven-point scale, presumably forming a continuum, according to degree of favourable and unfavourable nature of each statement with respect to the question.
- (4) The next step is to determine the scale value of the statements. The scale value for each statement is found out graphically by a cumulative percentage curve of the number of judges placing the statements in different classes in the eleven-point scale. The median of the judges' locations for a statement is its scale value. Thus, the p_{50} or 50% level of the curve shows the scale value for the statement. Before inclusion in the final scale, each statement is analyzed for consistency with the general attitude found by the total

scale. For example, on a scale to determine attitude towards churches, if it is found that many persons having an unfavourable attitude check a statement that is apparently favourable, then that statement is considered irrelevant and is discarded. Statements, having approximately the same values in the scale show high consistency in degree of endorsement.

2. Likert scale: Likert scaling is an attitude scaling method in which respondents indicate the extent of their agreement with each item on a scale (e.g., a five or seven point scale). It is also called “Summative Rating Scale”. The score on the scale is the sum of the scores for each item. Likert scale was originally developed by Rensis Likert in 1932 as a development of Thurstone scale. The aim was to eliminate the unreliability of using intermediary judges in scale construction. This type of attitude scale is the most widely used attitude scaling technique. Likert scales are used in various settings, including clinical, educational, administrative and organizational contexts. Original Likert scales had no neutral or middle point and respondents were ‘forced’ to some degree of agreement or disagreement with the scale item. This specification is not enforced by most current users of Likert type scales.

Likert scales are relatively easy to construct. Many statements relating to a thing or idea are collected. At the pilot stage, each test item is analyzed to see to what extent it contributes consistently to the scale. This can be done by correlating each item score with the overall scale score. Alternatively, the sample can be split into quartiles on the basis

of their scale score. The mean score on each item for the upper quartile is compared with the mean score on the same item for the lower quartile. The difference in mean scores for each item is called the discriminatory power of the item. Those with larger discriminatory power are preferable, especially if they have overall item score means approximately equal to the expected mean (i.e., the mean of the possible scores for the item, or midpoint of the range of possible item scores). Likert scales may not always be uni-dimensional but the approach basically assumes a single dimension. The Likert method (like Thurstone and latent structure analysis) involves making inferences about the latent classes into which the manifest data can be made to fit.

For scoring the scale, the alternative responses are credited 5, 4, 3, 2, 1, respectively from the favourable to the unfavourable. For example, 'strongly agree' with a favourable statement would receive a score of 5 (five), and similarly 'strongly disagree' with an unfavourable statement would also receive a score of 5. The sum of the items credits represent the individual's total score, which is interpreted in terms of empirically established norms. Generally, the highest mark is considered as the attitude preferred and lower aggregate is considered as a disapproval of the attitude concerned (in case of positive statement).

The main advantage of Likert's method is that it does not require the use of a group of judges to arrange statements into different categories. Items are selected solely on the basis of responses of subjects on whom they are administered in the course of developing the test.

A scale developer may follow the following rules in constructing a good Likert scale:

- a) Include statements that refer to the present rather than the past.
- b) A good Likert-type rating scale usually is a five point scale.
- c) Avoid a large number of response categories in a Likert scale, as most respondents are unable to make finer distinctions.
- d) Include a mid-point as it allows respondents to select a neutral option and may be important if the respondents is truly ambivalent on a topic.
- e) Avoid the mid-point option if an item is action-oriented and a midpoint does not make sense.
- f) Avoid statements that are factual or capable of being interpreted as factual.
- g) Avoid statements that may be interpreted in more than one way.
- h) Include statements that are relevant to the psychological object or construct under consideration.
- i) Avoid statements that are likely to be endorsed by almost everyone or by almost no one.
- j) Include statements that are believed to cover the entire range of the affective scale of interest.
- k) Keep the language of the statements simple, clear and direct.
- l) Statement should be short. Avoid statements exceeding 20 words.
- m) Each statement should contain only one complete thought.

- n) Avoid universals, such as all, always, none and never as these may introduce ambiguity.
- o) Words such as only, just, merely and others of a similar nature should be used with care and moderation in writing statements.
- p) Try writing simple sentences rather than the compound or complex sentences.
- q) Include those words, which may be understood by those who are to be given the completed scale.
- r) Avoid the use of double negatives.

3. Guttman scale: Guttman attitude scale involves the researcher constructing a set of hierarchical statements relating to the concept under investigation. These statements should reflect an increasing intensity of attitude. The point at which the respondent disagrees with a statement reflects the respondent's scale position. The ideal Guttman scale is such that if the respondent disagrees, for example, with statement 5 (having agreed with statements 1 to 4) then the respondent will disagree with statements 6 and 7 etc. as these represent more extreme expressions of the attitude being investigated. In practice, Guttman scales are not perfect. The rank order of the statements may not be interpreted in the same way by the researcher, the subject or by independent judges. Usually, pilot research indicates a coefficient of reliability of the rank ordering. The strength of the Guttman method is its capacity to identify more than one dimension in the scale. The coefficient of reproducibility is indicative of the extent to which the material relates to a single dimension. Further, the Guttman approach does not make inferences about the latent nature of the data but

manipulates the empirical data directly for the determination of an attitude.

4. Semantic differential: Semantic differential scaling is a flexible method of attitude scaling in which subjects rate the concepts, in which the researcher is interested, on a bipolar (usually) seven-point scale. The two ends of the scale are defined by pairs of adjectives with supposedly opposite meanings (e.g. good/bad, friendly/unfriendly etc.)

1.2.0 OPINIONNAIRE

Opinion is what a person says on certain aspects of the issue under consideration. It is an outward expression of an attitude held by an individual. Attitudes of an individual can be inferred or estimated from his statements of opinions.

An opinionnaire is defined as a special form of inquiry. It is used by the researcher to collect the opinions of a sample of population on certain facts or factors of the problem under investigation. These opinions on different facts of the problem under study are further quantified, analyzed and interpreted.

According to Merriams Webster Dictionary, “Opinionnaire is a questionnaire designed to elicit views on matters of opinion from which generalizations may be abstracted.”

Opinionnaire is also defined as a form containing a list, each of which the members of a selected group are asked to endorse or reject, the purpose being to gather information for a survey.

Most opinionnaire do not allow for a neutral response, either asking for an agree/disagree response, or one that provides further degrees of opinion, such as strongly agree/agree/disagree/strongly disagree. Some teachers also provide space for students to give a reason for their opinion. Opinion polling or opinion gauging represents a single question approach. The answers are usually in the form of 'yes' or 'no'. Sometimes large number of response alternatives are provided.

Opinionnaire are usually used in researches of the descriptive type which demands survey of opinions of the concerned individuals. Public opinion research is an example of opinion survey. Opinion polling enables the researcher to forecast the coming happenings in successful manner. Opinionnaires are used to check the authenticity and relevance of data collected through questionnaire. Opinionnaires also provide greater insight into the problem under consideration.

Characteristics of opinionnaire:

1. The opinionnaire makes use of statements or questions on different aspects of the problem under investigation.
2. Responses are expected either on three point or five point scales.
3. It uses favourable or unfavourable statements.

4. It may be sub-divided into sections.
5. The gally poll ballots generally make use of questions instead of statements.
6. The public opinion polls generally rely on personal contacts rather than mail ballots.

1.3.0. SEX EDUCATION

Sex is a universal phenomenon that is present in all organisms. In essence, the word 'Sex' means being male or female, differences in body structure between the two and a strong basic human drive with its emotion of love and tenderness. It is an instinct and inborn potential which gets maturity in environmental contact. It also applies to mating, pregnancy and childbirth. It deals with the attraction between the male and the female which initiates human beings to the sex act. Sex is an expression, secret expression of man's deepest desire to communicate both spiritually and emotionally, mentally and physically with his partner in order to complete or fulfill his personality.

According to WHO (2006)⁵, Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the

interaction of biological, psychological, social, economic, political, ethical, legal, historical, religious and spiritual factors.

Sex education is emerging as an important branch of general education in our country. Sex education is a controversial issue in the Indian society where sex and its related topics are still taboo subjects. Sex education is an awareness to understand the sex problems scientifically. It conveys all educational measures, which help the growing children to understand and face the problems of life. At the time of puberty, physical changes and emergence of sexual feelings cause a lot of problem among adolescents. Sex education in this context plays an important role and parents have to be acquainted with this.

The concept of sex education differs according to different perspectives. The concept is wrongly interpreted by some people to mean the education given to a child about the act of “sex”. But the primary goal of sex education is promotion of sexual and reproductive health. It also aims to expose the child to the natural, psychological as well as physical differences between a male and a female child or the physical sound relationship that may exist between male and female children. Provision of opportunity for young people to develop and understand their values, attitudes, and insights about sexuality and developing relationship and interpersonal skills is another goal of sex education.

Sex education is instruction on issues relating to human sexuality, including human sexual anatomy, sexual reproduction, sexual activity, reproductive health, emotional

relations, reproductive rights and responsibilities, abstinence, and birth control. Sex education is also understood as all educational measures which, in any way, help young people prepare to meet the problems of life that have their centre in the sex instinct and incidentally come in some form into the sex of every normal human being.

An important objective of the school sexuality education is to help young people build a foundation as they mature into sexually healthy adults. Other goals of school based sexuality education include the provision of accurate information about human sexuality, provide opportunity for young people to develop and understand their values, attitudes and insights about sexuality; to help young people develop relationships and interpersonal skills and to help them act responsibly regarding sexual relationships, which include addressing abstinence, pressure to become prematurely involved in sexual intercourse and the use of contraception and other health measures.

Collins (2008)⁶ states that sexuality education encompasses education about all aspects of sexuality including information about family planning, reproduction, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods.

According to UNESCO (2009)⁷, effective sexuality education can provide young people with age-appropriate, culturally relevant and scientifically accurate information. It includes structured opportunities for young people to explore

their attitudes and values, and to practice the decision-making and other life skills they will need to be able to make informed choices about their sexual lives.

According to Berger et al. (2007)⁸, sexuality education seeks both to reduce the risks of potentially negative outcomes from sexual behaviour like unwanted or unplanned pregnancies and infection with sexually transmitted diseases, and to enhance the quality of relationships. It is also about developing young people's ability to make decisions over their entire lifetime.

SIECUS (2001)⁹ defined sex education as a lifelong process of acquiring information and forming attitudes, beliefs, and values. It encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles.

Sexuality education according to the International Planned Parenthood Federation (IPPF, 1987)¹⁰ is an education process designed to assist young people in their physical, social, emotional and moral development as they prepare for adulthood, marriage, parenthood and ageing, as well as their social relationship in the socio-cultural context of family and society.

Action Health Incorporated (AHI) explains sexuality education as “a planned process of education that fosters the acquisition of factual information, the formation of positive attitudes, beliefs and values as well as the development of skills to cope with the biological, psychological, socio-cultural and spiritual aspects of human sexuality”. (AHI, 2003)¹¹

Sexuality education is defined as a process of lifelong learning to acquire knowledge, develop skills and form positive beliefs, values and attitudes that are incorporated into a person's self definition and personality (Robinson et al., 2002)¹².

1.3.1 TYPES OF SEX EDUCATION

The following are the types of sexuality education programs that are offered in schools and communities.

1. **Comprehensive Sexuality Education:** Sexuality education programs that start in kindergarten and continue through 12th grade. These programs include age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision-making, abstinence, contraception, and disease prevention. They provide students with opportunities for developing skills as well as learning information.
2. **Abstinence-based:** Programs that emphasize the benefits of abstinence. These programs also include information about sexual behavior other than intercourse as well as contraception and disease-prevention methods. These programs are also referred to as abstinence-plus or abstinence-centered.
3. **Abstinence-only:** Programs that emphasize abstinence from all sexual behaviors. These programs do not include

information about contraception or disease-prevention methods.

4. **Abstinence-only-until-marriage:** Programs that emphasize abstinence from all sexual behaviors outside of marriage. If contraception or disease-prevention methods are discussed, these programs typically emphasize failure rates. In addition, they often present marriage as the only morally correct context for sexual activity.

5. **Fear-based:** Abstinence-only and abstinence-only-until-marriage programs that are designed to control young people's sexual behavior by instilling fear, shame, and guilt. These programs rely on negative messages about sexuality, distort information about condoms and STDs, and promote biases based on gender, sexual orientation, marriage, family structure, and pregnancy options.

1.3.2 NEED OF SEX EDUCATION

Every nation, society and community has to work towards promoting the health of its people. When children acquire knowledge, desirable attitudes, values and life skills, they benefit in a variety of ways. These skills help children and adolescents to make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others and cope with and manage their lives in a healthy and productive manner. Such knowledge and skills can lead to behaviours that prevent disease and injury,

foster healthy relationships and enable young people to play leadership roles.

In India, like other developed and developing countries, teenagers are becoming sexually active at an early age. This can be because of the early entering of puberty and they face many challenges and opportunities. The atmosphere in which the present day child grows has changed radically and is very different from that of their parents and grandparents. Sexual matters are projected everywhere through different mass media like cinema, magazines, newspapers, radio, mobile phones and advertisements etc. A survey conducted by the Family Planning Association among school children revealed that the primary sources of information on sex and related matters were television and magazines, not family, friends, or school. The living atmosphere is saturated with sexual awareness, that no one can be shielded from its impact. Research done by Kahn in (1999)¹³ in Gambia shows that during the mid-to-late 1950s 8% of adolescent females had intercourse by age 16, in contrast with the mid – 1980s where 21% of female teenagers had sex by age 16. Also in 1990s 50% had sex by age 18 compared with 27% of adolescents of similar ages in the 1950s.

The need of Sex Education in the educational process is unquestionable. Sex Education is the inculcation of the correct moral attitudes towards sex. It means all the educational measures, which prepare young people to meet the problems of life centers around the sex instinct. Therefore it is imperative that parents unfold the true significance of sex in the wholesome development of the young into healthy and intelligent adulthood.

Otherwise, adolescents will pick up unwholesome information from the street corner, gutter and the polluted lips of vulgar language. Finally, this type of unhealthy sex knowledge will lead to erratic forms of social indiscipline.

Indian society is very much backward to realize the importance of sex education. Since the majorities of the people reside in the rural area and are ignorant and illiterate, it is very difficult to teach and enlighten the public in this area. UNESCO said sexuality education includes structured opportunities for young people to explore their attitudes and values and to practice the decision-making and other life skills that they will need to be able to make informed choices about their sexual lives. Few young people receive adequate preparation for their sexual lives and this leaves the majority of them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs) including HIV. It is also pointed out that many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender and this is often exacerbated by embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents and teachers at the very time when it is most needed. Reis & Seidl (1989)¹⁴, Shetty et al. (1997)¹⁵ and Mahajan & Sharma (2005)¹⁶ in their study also found that parents were generally uncomfortable in talking to their children about human sexuality and mothers were reluctant to talk about sex education to their daughter as they found it embarrassing to discuss these issues. It is believed that adolescents who were able to discuss sex education freely and openly with their parents and teachers

are less likely to be involved in sex than those who do not communicate with parents and teachers.

The importance of sex education as a means of developing healthy attitudes can be proved on various accounts. Many educationists agree that school is the best place to administer formal sex education to children. Since children start asking questions about sexual matters even while they are only three years old or so, it is desirable that their questions should be properly answered right from that age. Freud pointed out that more freedom should be given to children in the expression of biological urges. Children should be allowed to grow at their own pace with passing interest in various stages which are temporary such as anal stage, the genital stage or the phallic stage, where their interest in the sex organs is more prominent. Neither infantile sex nor adult sex should be treated as a nasty subject, since their ignorance leads to a harmful consequence. It is believed that suppression of sex is one of the most important causes for later life mental disorders. Children keep things hushed up and silently attempt to find truths about sex and are likely to knock wrong doors, which could lead to gathering of wrong and dangerous information.

Sex education is very necessary for adolescents to acquire positive direction and right information related with sex. It will also help them avoid unnecessary worries and tensions. Due to access to sex education adolescents will not only have scientific knowledge about it but also have healthy attitude towards this issue because adolescence is often regarded as a period of marked sexual urgency which almost demands

expression. It is very essential that sex education becomes compulsory in school activities or syllabus as it is seen as a solution to problem surrounding teenagers such as lack of knowledge in contraception which sometimes results in an unplanned pregnancy. Sometimes lack of knowledge leads to infection by diseases and AIDS as most of the teenagers say that they had learned about sex from their friends and their peer group and that coercion plays a significant role in adolescent sexual behavior. Sex education equips learners with life skills, reduces the high level of dropping out and of unwanted pregnancies. It gives knowledge to teenagers on how to prevent transmission of diseases and health problems. Sex education offers sexuality programmes which aim to provide accurate information about human sexuality and the opportunity for young people to develop and understand their values, attitudes and beliefs about sexuality. The learners are helped to develop relationships and interpersonal skills and exercise responsibility regarding sexual relationships including addressing abstinence.

1.3.3 WHEN OF SEX EDUCATION

Educationists and different sexologists have said that sex education begins when young children ask question like: “Where do I come from?” and “Where do babies come from?” Some people say sexuality begins in the womb because it starts with touch, and infants touch themselves while still in the womb. After birth, being held and caressed mark the earliest connection that infants have with intimacy and love. These connections come directly from the parents. The way parents relate their child’s body-both body language and words- shows the level of

comfort with their child and with the private topic of sex. This sets the foundation for child's sex education. Both direct and indirect communications have impact. So, kids learn about our feelings towards sexuality through all of our words, actions, and interactions.

Studies confirm that human beings become healthier when we are touched, hugged, tickled, and massaged. If ever there was an easy and welcome opportunity to pursue touch, it is through the many tickling and hugging opportunities that arise during childhood. Therefore, parents must try to involve and spend wonderful moments with their kids. Parents should talk to their child as early as they can about proper and improper touch and explain that their body is under their own control.

It is believed that sexuality education programs are most effective when delivered before young people become sexually active. The earlier children are told about sexuality, the better, because this will increase chances of continuing the conversation about sexual health with them throughout their growing up years, all the way through puberty and adolescence. Talking with the children and providing them with responsible materials and books are tools that help them stay healthy throughout childhood and adolescence. Educating them right from the beginning is one of the most effective prevention tools. Young people have the right to lead healthy lives. Honest, sequential and comprehensive sex education is the foundation for helping them to become sexually healthy adults. Quality sex education should start in kindergarten. Early elementary school students need to learn the proper names for their body parts, the

difference between good touch and bad touch, and ways in which they can be good friends (the foundation for healthy intimate relationships later in life). Fourth and fifth graders need information about puberty and their changing bodies, internet safety, and the harmful impact of bullying. And seventh, eighth and ninth graders are ready for information about body image, reproduction, abstinence, contraception, H.I.V. and disease prevention, communication, and the topic they most want to learn about: healthy relationships.

1.3.4 CONTENT OF SEX EDUCATION

The content of sexuality education varies depending on the community and the age of the students in the programs. A recent study of health education programs conducted by the Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health, however, provides some insight into what is being taught in America's classroom. The study found that 86 percent of all high schools taught about abstinence as the most effective way to avoid pregnancy and STDs, 82 percent taught about risks associated with multiple partners, 77 percent taught about human development topics (such as reproductive anatomy and puberty), 79 percent taught about dating and relationships, 65 percent taught about condom efficacy, 69 percent taught about marriage and commitment, 48 percent taught about sexual identity and sexual orientation, and 39 percent taught students how to correctly use a condom.

The content of sex education programme may be developed according to the age of learners. It is essential to include topics like human growth and development, sexuality, healthy relationships, gender, life skills, contraception and pregnancy. Besides these, myths and misconception regarding sex education, teenage pregnancy and its consequences, drug abuse and its effect, Sexually Transmitted Infections (STI'S), HIV/AIDS and its prevention may also be included.

1.3.5 ROLE OF PARENTS, TEACHERS AND SCHOOL

1) Parents' role: Parents play the primary role in the sexuality education of their children. It is obvious that parents greatly influence the development of their children. To communicate a clear and consistent message to the children, parents should be involved in the delivery of sexuality education. In the emotional sense, a positive parental influence can help a child establish a healthy personality and reach identity achievement. Parents also aid in the development of their child's moral reasoning and judgment skills through supportive discussions and conversations. A close and secure relationship between the child and his or her parents influences the social behavior of the child in the future. A secure attachment between the parents and the child positively influences peer relations and romantic relations. Therefore, the genetic component of the child that the parents provide is only one aspect of their influence on the child's development. The environmental aspect of development is especially important in the psychosocial development of a child.

Parents are the most important teachers for their children at home as children try to learn many things from parents. Little children, right from the moment they are able to speak, ask many questions to their parents. It is very important to answer their questions in a proper and correct manner. Most often, parents are their children's first sex education teachers. Parents should give answer to the question in a clear and honest way. Proper health habits, toilet, body cleanliness, etc which can render sex education should be taught to children by parents at home. This will help develop in them a sound and solid foundation on sex at the early stage. It is also the responsibility of parents to attend parent information meeting to discuss the proposed curriculum and materials for sex education. Unnecessary worries should not be developed by parents when a boy/girl meets or talks with the opposite sex. They should be given and allowed a certain freedom to face the world. Giving certain freedom does not mean that they are given freedom to enjoy sex. When parents educate their children about sex in an environment of openness, studies have shown that it has enhanced children's understanding on the subject. Further, children are likely to follow their parents' advice and approach them in times of difficulty.

Parents can support their children in sexuality education by:

- Initiating discussions on sexuality issues.
- Emphasizing the importance of responsible behavior.
- Being open to discuss their own beliefs and values.

- Being available to give advice and guidance to their children.
- Responding positively and supportively to learning opportunities at home.
- Attending a school's parent information meeting.

2) Teachers' role: Teachers also play vital role in the teaching setup as they play unique role in moulding the personality of the students during their formative period of school life which will in turn effect the future generation in their overall development. Teachers are the key to the success of any educational programme. They play an important role in giving sex education to children as it is a very sensitive and delicate topic which needs full caution. Children spend a large amount of their time in schools with teachers so they have a better chance than parents to give sex education. It is very essential for the teachers to have an open mind to quench the thirst of children on the topics of sex education. Teachers must build a warm and friendly environment which is free of embarrassment and self-consciousness so as to have a good and lively interaction with the children. This will provide opportunities for students to raise questions which troubles them and they can expect to get honest, correct and sensible answers. Teachers should also try to discuss matters relating sex in a direct/unemotional and unbiased way. It is better to talk sex related topics in an objective manner. As there are individual differences in the classroom, some students feel shy to ask questions on sex matters, therefore, it is helpful to keep question box for them.

The principal is another person who plays a pivotal role in sexuality education in school by providing structured time for the programme. Appropriate sex related books and other fitting books should be made available to students so that they will not look for cheap sex books and other despicable books.

- 3) Role of schools:** Education is one of the most important tools for human being. It plays an important role in every walk of life. Education is the key to have a happy and stable life and helps man to have a wider outlook. Human beings need education for living a luxurious life and to show their best by their mind and spirit. Education prepares man to become good citizen and a more dependable person. It is not wrong to say that without education a person is incomplete, so education makes a man a right thinker and a correct decision-maker. It is the only fundamental way by which a desired change and upliftment in the society can be taken into effect. An educated person has the ability to differentiate between right and wrong or good and evil. It is really a means to discover new things which we don't know about and increase our knowledge.

The importance of education for human being cannot be over stressed. Education is the only way to get knowledge. In every society educated people are considered highly reputable as they have better chance to contribute to the community. Educated people get more respect from

their surroundings. The world is changing very fast and new things in science and technology keep coming day by day. Without education it is very difficult to adapt to all these changes. An educated person is much more aware of the latest technologies and all the changes that are taking place in the world.

It is quite obvious that illiterate and uneducated people often hold certain superstitious beliefs. This in turn affects their life negatively which are baseless and useless. Education and awareness are the best ways to combat superstitions and replace such beliefs with reason and logic. Illiteracy often brings ignorance and this ignorance may prove to be dangerous especially when it comes to healthcare. Educated people know better about preventive methods which protect them from a number of diseases. An illiterate and ignorant person is more likely to ignore the symptoms and avoids seeking medical aid unless the problem becomes very serious. Hence education enables us to take better care of ourselves as well as our family.

Education also has an important role in educating children about sex. It has been found that educated people are healthier people. HIV/AIDS infection rates are halved among young people who finish primary school. If every girl and boy received a complete primary education, it is expected that at least million new cases of HIV could be prevented within a decade.

1.3.6 SEX EDUCATION IN INDIA

It has been found that sex was not considered as tabooed subject in ancient India as several writings on sex related topics were found on Hindu sociology of love and sex like Manu, Vatsyayan, Chakrovarty, Mayer, Alteker and Vedalankar etc. During the Vedic period, the attitude towards sex, were fairly liberal. With the beginning of the Buddhistic period and then the coming of the Muslims in India, people started becoming more conservative and rigid in this matter. People realized the great importance of sex in human life and so it was emphasized that the education of sex, kama kala, should form an important aspect of the life of a gentlemen, nagrika, in the vedic and post-vedic ages. Vatsyayan's kama sutra informs us that according to the accepted norms of the society in those days the citizens, nagrikas, and especially the youth among them, used to visit prostitute, ganikas, in order to learn kama kala or love-making and the like, and the girls of higher castes were expected to receive proper instruction in all the sixty-four arts including those of love-making of sex matters, family living, aesthetic and decorations etc.

In some ashrams, students were given the theoretical knowledge about sex physiology, sexual relations, nature of women, sexual responsibility in marriage, love making etc. along with various other courses. Fulfillment of sex desires was considered to be an important aspect of one's dharma of duty towards society as well as towards one's own self and the family. The ancient scriptures like Vedas, Manu Smriti, Ramayana, Mahabharata, Samhitas, etc bear testimony to the fact that

sexual pleasure was considered to be the supreme pleasure 'ghananand' and an unmarried person, a learned person devoid of the knowledge of kama kala, a married person having no children, and a person ignorant or incapable of fulfilling one's sexual responsibilities in married life were considered to be unfortunate persons, since their lives were incomplete.

Sex in ancient India was considered the most sublime thing and the root cause of the universe itself and of human existence, in particular. It was considered not only the means of reproduction or creation, but also the source of healthy recreation. It was thought of as the fountain-head of all creative activities in science, arts and letters. Sex was considered to be the secret of attraction not only among plants, animals or man but even, in a way, among planets, in the form of gravitation which kept all the heavenly bodies together in mutual infinity.

Sexuality education has historically emerged out of a concern for population control. Chowkhani, in his article on Sexuality Education: why we need it, said that Nandini Manjrekar traces a history of sexuality education in the Nirantar Report on Sexuality Education for Young People. The concern for population control emerged in the 1950s with the launch of the family planning programme, since over-population was seen as economically unviable. In 1970, the Indian government decided to have a population education programme to address what they perceived as the population problem. In 1980 the National Population Education project was launched. The textbooks made during this time propagated the small family norm. They also placed the onus of under-development on the poor, illiterate, and

mostly rural population whose sexual excesses were the direct cause of this under-development. Over-population was seen as the root cause of poverty and socio-economic backwardness and the poor were targeted as the main subjects of reform. The textbooks were one of the ways in which these ideologies were effectively propagated.

A paradigm shift took place in the International Conference on Population and Development in 1994 where the target was shifted to adolescents from the poor. With the awareness that there was a large population of young people, between the ages of 18 and 25 and that a large section was vulnerable to HIV and AIDS, the focus of education policies shifted to AIDS prevention for adolescents. By 2002, the National Population Education Programme had a special focus on Adolescent Sexual and Reproductive Health (ARSH). In 2006 the controversial Adolescent Education Programme (AEP) in collaboration with the National AIDS Control Organisation (NACO) and UNICEF was launched. Just like the poor population were represented as a teeming mass of irresponsible people who were the root cause of India's underdevelopment, the adolescents in these educational materials too were represented as irresponsible, abusing drugs, sexually and morally deprived, and generally the cause of disrupting the moral and developmental values of the nation. In 2007, after a Rajya Sabha Committee Petition report, the AEP was banned in some states, terming the content too explicit and promoting western values.

In the Indian society it is a taboo to talk about sex, venereal disease and related factors. The conservative attitude of the elders, including some parents and teachers, towards sex education prevent teenager from knowing healthy facts of sex life. Dangerously enough, there is no consensus in India over introducing sex and reproductive health education in the school and college syllabus.

The education authorities are seriously contemplating the inclusion of sex education in the school curriculum, in the light of the growing scare about AIDS. In a society where talking about sex is still taboo, the move is a major step. The National Council of Educational Research and Training (NCERT), which prepares textbooks for all levels of schooling, has initiated a program to design lessons, relevant to India, in "adolescence education"- the term the council prefers for sex education. Adolescence education will be introduced not as a separate subject but as part of existing population education lessons. Suitable components of sex education will be incorporated in subject areas such as the sciences, social studies, and psychology. Health and education experts meeting in New Delhi to chalk out the program for the council recommended that the four modules on sex education-covering the physical and the social aspects, sex roles, and sexually transmitted diseases-prepared by UNESCO should be taken as reference points for preparing teaching material. The emphasis will be on changes occurring during adolescence, the reproduction process, sex-related hygiene, bad effects of teenage pregnancies, HIV infection and AIDS, and drug abuse. India has over 100 million subjects in the age group 15-20 years. Experts believe it is necessary to

introduce sex education in schools since the gap between the age at which children attain puberty and the age at marriage is widening.

1.3.7 SEX EDUCATION IN MIZORAM

In Mizoram, State AIDS Education Programme (SAEP) was introduced by the Mizoram State AIDS Control Society (MSACS) with State Council on Educational Research & Training (SCERT) among high school and higher secondary school students in the year 2001 in order to protect them from HIV/AIDS and to teach life skills as school co-curricular activities. But the programme runs through a bad weather in many other states of India and this programme was banned by the public and said that the textbooks used in this programme were very vulgar. But knowing the importance and need of sex education among children and adolescence, Adolescence Education Programme (AEP) was launched by the Ministry of Human Resource and Development (MHRD) in collaboration with National AIDS Control Organisation (NACO), Government of India in 2005 as a follow up of the decisions taken in an Inter-Ministerial Meeting held in October 2004.

The new toolkit for Adolescence Education Programme (AEP) was obtained by Mizoram State AIDS Control Society (MSACS) from National AIDS Control Organisation (NACO) in 2008. It was approved by the State Core Committee meeting on 19th August 2008 and then translated into Mizo according to the needs and requirements of the Mizo society. In 2012, MSACS then went into joint venture with Education Department for the implementation of the programme. There should be at least 16

contact hours during one academic year for this programme. Setting up of Red Ribbon Club and selection of one Nodal teacher in every school is a must and under the guidance of these teachers, various co-curricular activities like quiz competition, question box, essay writing etc. should be organized to teach the students about HIV/AIDS. To assist the nodal teacher, two peer educators will be selected in each class- one male and one female students. Right now there is a tendency to include HIV/AIDS education at higher secondary school syllabus.

1.4.0. NEED AND IMPORTANCE OF THE STUDY

Sex education is like a protection against the harmful media in the environment. Imparting good sex education means overcoming one's own inhibitions and embarrassments about sex. It requires that the person who will impart sex education must themselves have the factual knowledge they need and must themselves have a wholesome attitude, so that they may respond to the occasions when opportunities for good education in sexuality presents themselves. It is a responsibility that must be faced. Sex education provides factual information and guide children towards healthy attitudes that develop concern and respect for others. This can enable them to make sound decision based on knowledge and understanding about their own sexual identity and interpersonal relationships. It also provides healthy attitudes and information to children, adolescents and their parents, teachers, nurses and allied health workers.

Today many young people engage in sexual intercourse at an early age and are not physically and emotionally ready. They, therefore, put themselves at risk of HIV infection. Sex education in schools play an important role to delay sexual orientation, increase condom use and increase HIV/AIDS awareness. Sexually Transmitted Diseases (STD'S) are a major health problem throughout the world. STI's are one of the most common diseases which adult seek cure from the health care services. Other than the risk of pregnancy, teens have a high risk of contracting a sexually transmitted disease (STD). It is estimated that each year 3 million teens - 25 percent of sexually active teens - are infected with an STD. About 25 percent of all new cases of STDs occur in teenagers; two-thirds of new cases occur in young people age 15-24. According to Tom & Lickona (1994)¹⁷ in addition to being at risk for STDs, unwed sexually active teens are likely to experience negative emotional consequences and to become both more promiscuous and less interested in marriage. Teens who engage in premarital sex are likely to experience fear about pregnancy and STDs, regret, guilt, lowered self-respect, fear of commitment, and depression.

With the prevalence of HIV/AIDS, the increase in child rape and teenage pregnancies, etc. it became imperative that schools make a contribution towards alleviating these problems. There is a need to inform children and adolescence with the knowledge on sex education so that they can make sound decision on sex. The role of teachers in schools in combating the epidemic can make a positive contribution by guiding young people towards a more rewarding future. Many girl students leave school because of pregnancy and it further leads

to early drop out. Teen mothers are less likely to graduate from high school and more likely than their peers who delay childbearing to live in poverty and to rely on welfare (Hoffman, 2006)¹⁸. In view of the alarming number of rape, sexual abuse of children and incest cases reported in the papers and the increasing rate of HIV/AIDS infected persons, it is very essential to broaden our mind to accept sex education for the better future of the children. Sex education is one of the most important devices that facilitate people to wipe out both transmissible and non transmissible diseases.

According to the record of Mizoram State AIDS Control Society (MSACS)¹⁹, number of persons who are infected with HIV/AIDS during the year 2012-2013 are 1022. Out of which 825 (80.7%) are infected from sexual contact. Moreover, more than 60% are below the age of 35 years. Again according to the record of Mizoram Criminal Investigation Department (CID)²⁰ up to July 2013, 25 children have been raped and another 19 were molested. Sex education is necessary for students and it plays a very important role in the prevention of HIV/AIDS (Tilakavathi, Divekar & Mehendale 1997)²¹.

In the year 1993, a survey of 35 sex education projects conducted by the World Health Organization (WHO) showed that sex education in schools did not encourage young people to have sex at an early age or more frequently. Rather importantly, the survey showed that early sex education delays the start of sexual activity, reduces sexual activity among young people and encourages those already sexually active to have a safer sex.

Sexuality education in schools have found support among American parents, according to a 2009 SIECUS report, it was found that 93% of parents surveyed supported sexuality education in high school while 84% supported it for junior high school students. Kaiser Family Foundation (2004) reported in another study that 88% of parents of junior high school students and 80% of parents of high school students believe that sexuality education makes it easier for them to talk to their adolescents about sex. Sexuality education has been found to reduce teenage pregnancy in the United States of America (Kirby, 2007)²².

Sex education in high schools helps young people to be more prepared for life changes such as puberty, menopause and aging. Sex education can develop skills and self esteem to help students enter adolescence. It helps them in knowing that the sudden few changes are okay and normal. For example, girls would not get shocked, panic and afraid at their first menstruation once they already had the knowledge about it. Young people can also learn to appreciate and recognize their own sex: bodies just as good, beautiful and special as other God's perfect creations. Moreover, it delivers confidence on them to value themselves and others. Sex education helps them understand the place of sexuality in human life and loving other people. They will learn to enjoy their sexuality, behave responsibly within their sexual and personal relationships.

According to the World Bank, countries' education sectors have a strong potential to make a difference in the fight against HIV/AIDS. The World Bank reported that education sectors offer an organized and efficient way to reach large

numbers of school-age youth-groups either most at risk or most receptive to efforts to seek to influence behavior. UNAIDS estimated young people between 15 and 24 years account for 45% of all new HIV infection, justifying enhanced efforts to prevent infection among people both in and out of school. Inadequate sexuality education in secondary schools can impact negatively on how young people respond to HIV epidemic especially with regard to HIV prevention practices. Young people have unprotected sexual intercourse with one or more partners, potentially exposing themselves to HIV, other sexually transmitted infections (STIs) or unintended pregnancy. Pearson reported comprehensive sexuality education programs work to delay initiation of sex, reduce the number of sexual partners and increase the use of condoms and other forms of contraception.

In India another major problem regarding the welfare of the girl child is early marriage. This pushes girls into early child bearing and they do not have children by choice. Risks include hemorrhage, anaemia, delayed or obstructed labour, low birth weight of the baby, miscarriage, damage to the reproductive tract and in some cases, even death of the mother. Moreover there is no vaccine for prevention of HIV as on date. Most of the infection occurs among young people in their productive and reproductive age group of 15 to 50. As most parents find discomfort in discussing matters pertaining to facts of life and life skill with their children, it is very much necessary to introduce sex education in the school syllabus.

Considering some of the developed countries of the world, we can see that inclusion of Sex Education in the school syllabus is very essential. Most of the developed countries like Japan, Germany, Finland, Netherland, Sweden, USA and United Kingdom etc. include this subject in their syllabus for more than 30 years. Knowing the importance and need of sex education among children, Adolescence Education Programme [AEP] was launched by the Ministry of Human Resource and Development [MHRD in collaboration with National AIDS Control Organisation [NACO], Government of India in 2005 as a follow up of the decisions taken in an Inter- Ministerial Meeting held in October 2004. But the project has run into rough weather in a country where the word 'Sex' is still largely taboo. Nevertheless, a few years back, six states i.e. Maharastra, Gujarat, Rajasthan, Madhya Pradesh, Chhattisgarh, Karnataka have thrown out the program, after noisy protests by lawmakers who say it will corrupt young minds.

As there is no consensus regarding introduction of sex education in school and college syllabus in India, it would be very interesting to find out the real attitude of students, teachers and the community in Mizoram towards this program. Besides, no studies have ever been conducted in Mizoram to study the attitude of the Mizo's towards sex education. Therefore, the present study has been taken up so as to facilitate the curriculum framers in making decisions about inclusion of sex education in the school curriculum.

1.5.0 STATEMENT OF THE PROBLEM

The problem under investigation reads as, “Attitude of Students, Teachers and Community towards Sex Education at Secondary School Level in Mizoram”.

1.6.0 OBJECTIVES OF THE STUDY:

1. To construct and standardize an attitude scale towards sex education at secondary school level.
2. To study the attitude of students, teachers, and community towards sex education at secondary school level.
3. To make gender wise comparison of the attitude of students, teachers and community towards sex education at secondary school level.
4. To make rural and urban comparison of the attitude of students, teachers and community towards sex education at secondary school level.
5. To compare the attitude of students, teachers and community towards sex education at secondary school level.
6. To study the opinions of students, teachers and community on different aspects of inclusion of sex education in the school curriculum.

1.7.0 HYPOTHESES

1. There is no significant gender difference among all respondents towards sex education at the secondary school level.

2. There is no significant gender difference among Teacher respondents towards sex education at the secondary school level.
3. There is no significant gender difference among Student respondents towards sex education at the secondary school level.
4. There is no significant gender difference among Community respondents towards sex education at the secondary school level.
5. There is no significant gender difference among Urban respondents towards sex education at the secondary school level.
6. There is no significant gender difference among Rural respondents towards sex education at the secondary school level.
7. There is no significant locale difference among All respondents towards sex education at the secondary school level.
8. There is no significant difference between Rural and Urban Teachers towards sex education at the secondary school level.
9. There is no significant difference between Rural and Urban Students towards sex education at the secondary school level.
10. There is no significant difference between Rural and Urban Community towards sex education at the secondary school level.
11. There is no significant difference between Rural Male and Urban Male towards sex education at the secondary school level.

12. There is no significant difference between Rural Female and Urban Female towards sex education at the secondary school level.
13. There is no significant difference between Students and teachers towards sex education at the secondary school level.
14. There is no significant difference between teachers and community towards sex education at the secondary school level.
15. There is no significant difference between Students and community towards sex education at the secondary school level. .

1.8.0 OPERATIONAL DEFINITION OF THE TERM USED IN THE TITLE

1. **Attitude:** Attitude is a negative or positive feeling that an individual holds about objects, persons or ideas. Attitude, according to Freeman is a dispositional readiness to respond to certain situations, persons, objects or ideas in a consistent manner, which has been learned and has become one's typical mode of response. Attitude towards sex education in the present study will be represented by the score which is obtained from the Attitude scale towards sex education developed by the investigator.
2. **Students:** According to Merriam-Webster Dictionary, student means a person who attend a school, colleges or university to study something. The term 'students', in the

present study, refers to those students studying in different secondary schools of Mizoram.

- 3. Teachers:** Teacher can be explained as a person whose occupation is teaching others, especially children. The term 'Teachers', in the present study, refers to the teachers of secondary schools in different parts of Mizoram.
- 4. Community:** According to Oxford Dictionary, the term community means a group of people living in the same place or having a particular characteristic in common. The term 'community' in the present study refers to the community members who have children studying at the secondary schools in Mizoram.
- 5. Sex Education:** Sex education is education about all aspects of sexuality, including information about family planning, reproduction (fertilization, conception and development of the embryo and fetus, through to childbirth), plus information about all aspects of one's sexuality including: body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods.
- 6. Mizoram:** One of the Seven Sister States of the North Eastern India, sharing borders with the states of Tripura, Assam, Manipur and with the neighbouring countries of Bangladesh and Burma.

END NOTES:

1. Anastasi, A. (1976). *Psychological Testing*. 4th Edition. New York: MacMillan Publishing Co, Inc.
2. Freeman, F. (1976). *An Introduction to Statistical methods in the Behavioural Sciences*. Fifth Indian, Reprint (F). Oxford & IBA Publishing Co.
3. Krech, D., & Crutchfield, R.S. (1948). *Theory and problems of social psychology*. New York: MacGraw-Hill.
4. Allport, G. (1935). 'Attitudes' in *a Handbook of Social Psychology*, ed. C. Murchison. Worcester, MA: Clark University Press, 789-844.
5. World Health Organization (2006). *Defining sexual health*. Report of a technical consultation on sexual health, 28–31 January 2002. Geneva. Retrieved on 12 July 2012 from http://www.who.int/reproductivehealth/topics/gender_rights/defining_sexual_health.pdf
6. Collins, L. (2008). A model middle school sex Education programme. Retrieved on 3 March 2013 from <http://economics.txstate.edu/arp/285>.
7. UNESCO (2009). International Technical Guidance on Sexuality Education - An evidence informed approach for schools, teachers

and health educators. Vol I The rationale for sexuality education. Retrieved on 15 May 2012 from <http://www.unesco.org/aids>

8. Berger , D., Bernard, S., Carvalho, G., Munoz, F. & Clement, P. (2007) Sex Education: Analysis of teachers' and future teachers' conceptions from 12 countries of Europe, Africa and Middle East.
9. SIECUS Report Supplement (2001). *Issues and Answers – Fact Sheet on Sexuality Education*. Volume 29; Number 6, August/September.
10. International Planned Parenthood Federation (1987). *Approaches to population awareness family life and sex education for young people-selected resource materials*. London: International Planned Parenthood Federation.
11. Action Health Inc, (2003). *Comprehensive sexuality education, Trainers resource material: Lagos; AHI*.
12. Robinson, B.E., Bockting, W., Rosser, S., Miner, M. & Coleman, E. (2002). The sexual health model: application of a sexological approach to HIV prevention, *Health Education Research*, 17(1), 43–57.

13. Kahn, J. (1999). Sexual activity, family life education and contraceptive practice among young adult. *Studies in family planning* 24(1) 50 – 61.
14. Reis, J. & Seidl, A. (1989). School Administrators, Parents and Sex Education: A Resolvable Paradox. *Adolescence*, 24(5), 639-645.
15. Shetty, P., Kowli, S. & Patil, V. (1997). Attitude of Mothers Towards Sex Education of Adolescent Girls. Regional Health Forum WHO : *South- East Asia Region* 3(1), 48-54.
16. Mahajan, P., & Sharma, N. (2005). *Parents attitude towards sex education to their adolescent girls*. Department of Home Science, University of Jammu, Jammu.
17. Tom & Lickona, J. (1994). *Sex, Love and You*, (Notre Dame: Ave Maria Press), pp 62-77.
18. Hoffman, Saul D. (2006). *By The Numbers: The Public Costs of Teen Childbearing*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved on 25 June 2013 from http://www.thenationalcampaign.org/resources/pdf/pubs/BTN_Full.pdf.

19. Mizoram State Aids Control Society. (MSACS). *Annual Record*. 2012-2013, Mizoram
20. Mizoram criminal Investigation Department (Crime Branch) *Annual Record*. 2012-2013, Mizoram.
21. Tilakavathi, S., Divekar, A.D. & Mehendale, S.M. (1997). Attitude Towards Sex Education among College Lectures. *Trends in Social Science Research*, (4), 103-108.
22. Kirby, D. (2007) Emerging answers 2007. Research findings on programmes for teenage pregnancy and sexually transmitted diseases. National campaign. Retrieved on 8 October 2011 [http:// www.wikipedia.com](http://www.wikipedia.com)

CHAPTER II

REVIEW OF RELATED LITERATURE

Review of related literature is very important in any research work. It is an important aspect of the research project which works as a guide post, not only with regards to the work done in the field, but also to perceive the gaps in the concerned field of research. It is an evaluative report of studies found in the literature related to the selected area. The review describes, summarize, evaluate and clarify the literature. It gives a theoretical basis for the research and helps to determine the nature of research. It also shows the originality and relevance of the research. The investigator has divided the work under the following head:

- 2.0.1 Studies conducted in India.
- 2.0.2 Studies done abroad.

2.1.0 STUDIES CONDUCTED IN INDIA

Dutta (1979)¹, in his study on Teachers' attitude towards imparting sex education in school, found that the attitude of teachers to sex education was favorable. Experience of the teachers seemed to have no influences on the attitude, but the city and sex difference had some influence. There was no significant difference between different groups regarding the nature of difficulty and the main difficulties were ignorance in the subject, social backwardness and lack of training.

Vachharajani (1989)², in his study on the impact of self-instrument material on sex education, on adjustment,

neuroticism and attitude towards sex of high school students, found that self instructional material had a positive effect on the attitude of rural and urban boys and girls towards sex.

George (1991)³ carried out a study on Identification of Sex related problems of adolescents and their perception of Sex Education in the colleges of Kerala and found that while the social problems experienced by the boys and girls were similar, the physical, physiological and psychological problems were different. The profile analysis of variance of sex related problems was significant for boys and girls. He also found that friends appeared to be the primary source of information concerning sex.

Murthy (1991)⁴ carried out a study on concept formation of sex and reproduction among unmarried rural adolescent girls and found that the pubertal age of respondents was around 13 years. Caste Hindu girls had better and earlier perception of sex and reproduction as compared to the other groups.

Bhasin & Aggarwal (1999)⁵, in their study on Perceptions of teachers regarding sex education in National Capital Territory of Delhi, found that majority of school teachers (73%) were in favour of imparting sex education to school children. Regarding contents of sex education, 90% agreed to the inclusion of reproductive anatomy, physiology including menstruation and birth control measures like condoms and oral pills. However, a majority of school teachers did not want sex education to include topics like abortion, premarital sex and masturbation etc. Fourteen years of age was considered to be the

most appropriate for imparting sex education by 28.6% of school teachers. School teachers and doctors were considered by 69.4% and 63.6% of the respondents respectively to be the most appropriate persons for providing sex education.

Shetty & Kowli (2001)⁶, in their study on Family Life Education for Non-school going Adolescents: An experiment in an urban slum, found that knowledge and attitude regarding growing up, body and bodily process, knowledge about conception, pregnancy and delivery, STSs and AIDS and family planning method were low among the respondents.

Mahajan & Sharma (2005)⁷ studied Parents attitude towards sex education to their adolescent girls and found that the rural parents of the adolescent girls do not feel necessary to impart sex education to their children whereas almost all the urban parents were in favour of providing sex education.

Kumar (2007)⁸, in his study on Need assessment for sex education amongst the university students – A pilot study, found that 95% of students were in favour of mainstreaming of sex education. 76.74% students choose the teacher as the best source to provide sex education. Students preferred grade levels to start sex education was matriculation with curriculum containing the information on sexual body changes during growth, contraceptives and sexually transmitted disease. Majority of students has received sex information from informal sources and they are not satisfied with their knowledge on sex education. Majority of them supports the implementation of sex education in educational institutes.

McManus & Dhar (2008)⁹, in their study - Study of knowledge, perception and attitude of adolescent girls towards STIs/HIV, safer sex and sex education: (A cross sectional survey of urban adolescent school girls in South Delhi, India), found that more than one third of students in this study had no accurate understanding about the signs and symptoms of STIs other than HIV/AIDS. About 30% of respondents considered HIV/AIDS could be cured, 49% felt that condoms should not be available to youth, 41% were confused about whether the contraceptive pill could protect against HIV infection and 32% thought it should only be taken by married women.

Anindita & Sabharwal (2010)¹⁰, in their study on Attitude towards sex education amongst adolescents in Delhi, found that positive correlation was found between the attitudes and the level of sex awareness. Also, partial mediation effect of the attitude towards sex education was proved. Another important finding was that the beta coefficient of attitude towards sex and sex awareness was negative in case of males but positive in case of females, showing the effect of gender as a moderator.

Angadi (2011)¹¹, in his study on Adolescent children's parental attitude towards sex education, found that mothers of the respondents were reluctant to talk about sex education to their daughter as they found it embarrassing to discuss these issues. Generally, they avoid any mention to sex in their day-to-day relationships with their children's especially in rural areas.

Benzaken et al. (2011)¹² carried out a study on Exposure to and opinions towards sex education among adolescent students in Mumbai : A cross-sectional survey and found that almost 90% of students believed it important to have sex education as part of school curriculum. Over 60% reported prior exposure to sex education in school. However, only 45% were satisfied they had good access to advice about contraception and sexual health, particularly, females reported more limited access. The majority of respondents indicated a desire for more widespread implementation of school-based sex education, particularly amongst female respondents.

Nair et al. (2012)¹³, in their study on Attitude of parents and teachers towards adolescent reproductive and sexual health education, found that 65.2% of parents and 40.9% teachers have not discussed growth and development issues with their adolescents. Only 5.2% teachers and 1.1% parents discussed sexual aspects with adolescents. 44% of parents agreed that information on HIV/AIDS/STD should be provided. More than 50% of parents were not sure whether information on topics like masturbation, dating, safe sex, contraceptives, pregnancy, abortion and childcare should be provided to adolescents.

Vashishtha & Rajshree (2012)¹⁴ carried out a study on attitude towards sex education as perceived by parents and teachers and found that attitude of parents is higher than teachers towards sex education. Parent's were in favour of sex education to their adolescents in the school and teacher's were in favour of primary sex education to adolescents start in the family. Attitude of higher secondary teachers and secondary teachers is

same towards sex education to adolescents. Parental education does not affect the attitude of parents towards sex education to adolescents. There are other factors like socio economic status, environment of society and family structure etc. which may influences the attitude of parents towards sex education.

Toor (2012)¹⁵, in his study on the attitude of teachers, parents and adolescents towards sex education, found that mostly teachers have favourable attitude towards sex education. Majority of the teachers reported that teachers need special training in discussing sexuality with students. Mostly parents believed that sex education would help children to be more responsible in their sexual behaviour. Findings also showed that male teachers had a significantly more favourable attitude towards sex education as compared to female teachers; Fathers showed significantly more favourable attitude towards sex education than mothers; highly educated parents had significantly more positive attitude towards sex education than less educated parents. He also found that 69% of the respondents think that boys and girls in co-education should be taught together. The attitude of boys towards sex education is significantly more favourable as compared to girls.

More (2012)¹⁶, in his study on the attitude of youths towards Sex Education, found the attitude of youths was very high towards sex education. It could be concluded that attitude of male and female youths was same towards sex education. The finding also reveals that attitude of male youths of rural and urban areas were different. The mean of both shows that the urban areas male youth attitude towards sex education was very

high and the rural areas male youths attitude was moderate. The attitude of female youths of rural and urban areas was different. The mean of both shows that the urban areas female youth attitude towards sex education was very high and the rural areas female youths attitude was moderate. The finding reveals that there are significant differences in the attitude of rural and urban areas male and female attitude towards sex education.

Ruikar (2013)¹⁷, in his study on Knowledge, attitude and practices about sexually transmitted infections- A study on undergraduate college students of Mumbai, found that majority of undergraduates had a low to moderate level of STI knowledge while HIV related knowledge was found to be much better. Boys showed relatively more acceptance for people with STI while girls expressed more negative feelings. Students majoring in science performed better than other students on all aspects except of knowledge but showed negative attitudes and poor practices. Majority of the students confessed to have had multiple sexual partners and experienced their first sexual activity below 15 years of age. Most students were unaware of ICT centres. Students also expressed their need for communication with their parents and the educational institutes.

Boraiah & Yeliyur (2013)¹⁸, in their study on Comprehensive and age appropriate sexuality education: The need to address sexuality in schools, found that the knowledge level is poor among the students and they have requested to include Sexuality Education in the school curricula. Teachers and Parents have also shown their inclination towards introducing Sexuality Education in High Schools.

Biswas & Samanta (2013)¹⁹ carried a study on Student's attitude towards the inclusion of Lifestyle Education in the secondary school curriculum and found that the students are having high attitude towards the inclusion of lifestyle education in secondary school curriculum. It has been found that there is no significant difference between boys and girls secondary school students in respect of their attitude towards the inclusion of lifestyle education in secondary school curriculum. The finding also reveals that there is significant difference between the urban and rural attitude towards inclusion of lifestyle education.

Venkat & Navya (2013)²⁰, in their study on Attitude of Parents of Mild and Moderate Intellectually Challenged Children towards Imparting Sexual Health Education, found that pre-test parents of both control group and experimental group had a negative attitude towards imparting sexual health education. At the time of post test change in the attitude of the parents of experimental group was observed towards imparting sexual health education with the mean value being 80.76 (SD-2.96), 81 (SD-3.97) and the P value being at ($P < 0.001^{**}$) strongly significant in the case of fathers of mild and moderate ICC and 80.85 (SD-6.69) and 80.47 (SD-7.44), in the case of mothers of mild and moderate ICC.

Shah (2014)²¹, in his study on Perception of school teachers about sexual health education, found that majority of teachers strongly expressed the need for sexual health education in their school. Although most of them reported that they rarely come across a question related to sexual health in their routine classes, they were almost confident in handling such questions.

Majority of them agreed that sex education should be integrated with general health education sessions in routine classes, rather than having separate sessions. Most of them positively, expressed their preparedness to undergo training for imparting sexual health education in their school. This study of school teachers clearly revealed that most of them felt the need for sexual health education in their school.

Mutha et al. (2014)²² in their study on Knowledge, attitudes and practices survey regarding sex, contraception and sexually transmitted diseases among commerce college students in Mumbai found that 84% males and 72% females disagree that virginity should be preserved till marriage. Premarital sex was reported by 48% males and 18% females. Out of those who had premarital sex, 68% males and none of the females had more than one sex partner and 21% males and 12% females had used a contraceptive during their sexual encounter. 87% males and 82% females disagree that sex education in secondary schools will cause a rise in premarital intercourse. 40% males and 13% females are of the view that birth control is primarily a female's responsibility. 14% of males and 21% of females ($p = 0.2$) reported being forced to have sex. Participants, especially females, lacked basic information about sexuality and related concepts. Male participants had a very casual attitude towards having sex with multiple partners. Premarital sex is more common than once believed.

2.2.0 STUDIES DONE ABROAD:

Torabi & Shafii (1978)²³, in their survey of students knowledge and attitudes towards family life and sex education, found that the girls under the study expressed some attitudes towards family life not common in the traditional cultural patterns of Iranian society, such as selecting their own future husband, and prefer to have a boyfriend before marriage. However, they lacked the basic information on the subject of human reproductive system, family planning and venereal disease. The findings on the desired number of children by the study group indicate that family planning education has not reached this target population and /or has had no effect on their attitudes.

Bloch (1979)²⁴, in her study on Attitude of Mothers toward Sex Education, found that 83.9 per cent of the mothers gave either the mother or both parents as the preferred source of sex information for children. It has also found that the higher their socioeconomic status, the more likely are mothers to regard parents as the preferred source of sex education for children. The data reveals a significant positive association between the two sex education attitude variables: the more liberal the attitudes toward the content and timing of sex education, the more favorable are the attitudes toward sex education in school. From the study it may be concluded that the higher the social class of mothers, the more likely they are to feel that parents should be the primary (but not necessarily the sole) sex educators, and that children should be taught the facts of life at an early age and in extensive degree.

Smith & Schmall (1983)²⁵, in their study on knowledge and attitudes toward sexuality and sex education of a select group of older people, found that the sexual knowledge and attitudes of adults age 65 and over has been a neglected area of research, due in part to the widespread belief that older people are neither sexually active nor interested in sexual expression. Although respondents had significantly more formal education than their age cohort, they demonstrated a lack of knowledge about sexuality, especially about topics such as erection and impotence, drug effects, and alcohol. 90% of respondents believed older people could benefit from sex education and suggested classes at community colleges, churches, and senior centers as well as handouts and pamphlets in public areas frequented by older adults.

Welshimer & Harris (1994)²⁶, in his study on rural parents' attitudes towards sexuality education, found that most respondents supported sexuality education even for the elementary grades. Compared to a survey conducted 10 years earlier, respondents were significantly less confident of themselves and other parents as sexuality educators.

Davis et al. (1997)²⁷, in their survey of attitudes to sex education among secondary school governors in Nottinghamshire, found that 83 per cent of the governors were aware of the existence of a written sex education policy in their schools. Most believed that the topics of contraception, sexually transmitted diseases, homo sexuality and HIV and AIDS should be included in sex education programmes. In general they appeared to be positive with regard to the entitlement of children to sex education

and the teaching of the subject. However co-opted governors were at variance with the other governor types, and were more likely, for example, to believe that sex education encourages children to experiment with sex, and that sex education is the responsibility of parents, not teachers. Four out of five governors reported feeling confident about their role and legal responsibilities with regard to sex education, but most would welcome the provision of training in this area.

McKay et.al (1998)²⁸, in their study on Parents' opinions and attitudes towards sexuality education in the schools, found that 95% of respondents either strongly agreed (49%) or agreed (46%) that sexual health education should be provided in the schools. In addition, 82% indicated that sexual health education should begin in the primary grades and continue through to the senior grades of high school. Although teaching about sexual orientation, birth control, and abortion is sometimes thought to be controversial, over 75% of parents in this survey wanted these topics taught at 1 or more grade levels.

Ming (1999)²⁹, in his study on Junior form students' perception towards sex education programmes in a secondary school: A case study, found that most of the students think sex education is useful and important for their future development. They are eager to obtain proper sexual knowledge and attitudes from the school and have great demand for high quality programmes. However, the sex education programmes organized by the school cannot meet the needs of the students. The results show that the students dissatisfy both the curriculum and teaching methods of the sex education programmes.

Kakavoulis & Forrest (1999)³⁰, in their study on Attitudes and values in sexual behavior and sex education: A cross-cultural study among University students in Greece and Scotland, found that there is a tendency for students' attitudes to converge with regard to gender identity, inter-sexual relations, appropriate forms of sexual behaviour and the factors that shape it. Differences exist regarding the aims of sex education, the concept of a sexually mature person, and the moral principles that should govern inter-sexual relations.

Eggleston et al. (1999)³¹ investigated sexual attitude and behaviour among adolescents. The study revealed that sexual attitude and behaviour of adolescents have been significantly sharpened by socio-cultural norms. According to them young adolescents need better sex education and greater access to family planning services. The study shows male students are more favourably disposed in their attitude towards knowledge of reproduction with 77.7% as against 52.5% of their female counterparts.

Dean & Salah (2000)³² carried out a study on Public School Teachers' Attitudes towards the teaching of Sex Education In Northern Governorates Of Palestine. This study aimed at identifying teacher's attitudes towards the teaching of sex education in public schools. The questionnaire was distributed among three dimensions religious-social; educational and scientific. The overall score of attitudes of religious-social domain was positive and the percentage was (62.2%). The educational dimensions come second in rank, but its overall score of attitudes was negative and its percentage came to (59%). The public school

teachers overall score of attitude toward the teaching of sex education was positive in all dimensions. The percentage of response amounted to (60.2%). The t-test also revealed that the males' attitudes were higher than females' on academic and educational dimensions. No statistically significant differences were found between males and females on the social religious dimensions. The t-test also showed that the attitudes of science majors were higher than those of arts majors. Attitudes of those holding B.A. or B.SC. degree and above were also higher than the attitudes of those holding diplomas or high school certificate. High school teachers attitudes were found to be higher than attitudes of teachers in the primary between educational and academic dimensions which may be attitude to school stage variable. The study also showed that there were differences between teachers having less than five years of experience and those having more than ten years of experience in favor of the former teachers. There were also differences between teachers with 5-10 years of experience and teachers with more than ten years of experience in favor of those having 5-10 years of experience. The results showed that there were differences between religious-social dimensions and academic dimensions in favor of social religious dimensions. There were also differences between religious-social dimensions and educational dimensions in favor of the former dimensions. However, no differences were found between the academic and educational distinctions.

Logaw (2000)³³, in his study on Some factor that influence attitude towards sex education among high school female students in South Wollo, found that attitude of parents, source of information, and religion were found to be the most

powerful predictors of the attitude to female students towards sex education. Likewise, educational level of parents, knowledge and discussion on contraception and sex education were found to be strong predictors of attitude of female students.

Kamieka & Yvette (2001)³⁴, in their study on Parental training and involvement in sexuality education for students who are deaf, found that parents were more likely to be involved in approval and development of their children's sexuality education than to receive assistance with sexuality education from the schools. Although the level of parental participation in curriculum development and approval is encouraging, the number of parents actually participating in curriculum development and approval remains low.

Weaver et al. (2002)³⁵, in their study on Sexual health education at school and at home: Attitudes and experiences of New Brunswick parents, found that 94% of parents agreed that Sexual Health Education should be provided in school and 95% felt that it should be a shared responsibility between school and home. Almost all parents felt that SHE should begin in elementary (65%) or middle school (32%), although there was no consensus on what grade level various topics should be introduced. The majority of parents supported the inclusion of a broad range of sexual health topics at some point in the curriculum, including topics often considered controversial such as homosexuality and masturbation. Parents also indicated that they want more information from schools about the SHE curriculum, about sexuality in general, and about communication strategies to assist them in providing education at home.

Sangole et al. (2003)³⁶, in their study on Evaluation of impact of health education regarding HIV/AIDS on knowledge and attitude among the 78 attended post-test counseling, found that sources of information on HIV and AIDS for most (64.1 %) of them were friends and relatives and majority of them received wrong information. Majority of the subjects were illiterate and education affected the level of knowledge related to HIV/AIDS. There was significant effect of sex education and education regarding transmission and prevention of HIV/AIDS on knowledge and attitude of persons living with HIV (HIV positives).

Bowden et al. (2003)³⁷, in their study on Teachers' Attitudes towards Abstinence-Only Sex Education Curricula, found that many components comprise a sexuality curriculum and are vigorously debated. Several researchers found that teachers' attitudes about the sexuality education curricula affected the integrity of the program implementation. Most had not taught an abstinence-only type curriculum previously. Based on the research findings, teacher attitude may reflect on the presentation of abstinence-only or comprehensive sexuality education curricula.

Orji & Esimai (2003)³⁸ found that majority of parents, teachers and students supported that sex education should be introduced in school curriculum that will help prevent unwanted pregnancies, enhance healthy relationship between opposite sex, parental transmission of HIV/AIDS infections and STDs and toward providing the knowledge of sex interactions, consequences and responsibilities.

Sieswerda & Blekkenhorst (2003)³⁹, in their study on Parental attitudes towards sex education in the home, found that parents believe the family should take the lead role in teaching sexual health to their children, and that parents believe themselves to be reasonably comfortable delivering sexual health education. There was a strong discrepancy between fathers' and mothers' impressions about who delivers sexual health education in the home – most mothers think that they do most of the educating about sex, while most fathers think that they do it together. Some examples of specific deficiencies that a home-based curriculum could cover: Most boys are not being told about menstruation by their parents. By age 15, about 20% of parents still have not discussed HIV/AIDS or puberty with their children.

Sawyer et al. (2003)⁴⁰, in their study on parent attitudes and support of School-Based Sexuality and HIV/AIDS Education Programs in a Local School District, found substantial concern among parents regarding the current or future sexual activity of their child; a high level of support for inclusion of specific sexuality and HIV/AIDS topics in school programs; strong beliefs in the importance of providing skill instruction to avoid pregnancy, HIV and other STDs; but ambivalence about the consequences of school-based sexuality education on the sexual activity of students. English-speaking parents were, in general, more supportive than Spanish-, followed by Creole-speaking parents. Parents with higher household incomes and educational attainment levels were also, in general, more supportive than those with lower incomes and educational attainment.

Valimont (2005)⁴¹, in her study of *The Effectiveness of Sex Education Programs in Virginia Schools: Teenage Pregnancy and Sexually Transmitted Disease Rates: A Comparison of Counties*, found that there has been little scientific evidence to suggest that abstinence-only-until-marriage education programs are effective in preventing or reducing teenage pregnancy and sexually transmitted disease. There is also little scientific evidence to suggest that comprehensive sex education programs are as or more effective in preventing or reducing teenage pregnancy and sexually transmitted disease than their abstinence-only counterpart. The study compares the teenage pregnancy and sexually transmitted disease rate among minors in Virginia that participate in abstinence-only programs with rates among minors participating in comprehensive sex education programs. On average, comprehensive program counties showed greater declines in pregnancy rates among females aged 15-17 than abstinence-only program counties. Comprehensive counties experienced declines in Chlamydia and Gonorrhea rates among males and females aged 15-17, whereas abstinence-only counties' Gonorrhea and Chlamydia rates increased.

Sari (2005)⁴², in his study on *An analysis of Turkish parents' attitudes towards sexual education of students with mentally handicapped*, found that 85% of the parents agreed with the item saying that mentally retarded individuals need social support about sexual education. The majority of parents agreed that mentally retarded children should be informed as other children about sexual health issues. Half of the respondents agreed that mentally retarded children should have sexual education in early ages. Most of the parents did not agree that

mentally retarded individuals can improve themselves without having sexual education. More than half of the parents did not accept that sexual education courses be given by the parents. They believe that this kind of course should be given by a specialist.

Ogunjimi (2006)⁴³, in his study of Attitude of students and parents towards the teaching of sex in secondary schools in Cross River state, reveals that majority of the students (90.70%) and most parents (93.89%) were in support of the teaching of sex education in secondary schools. His findings also indicated that students and parents believed that the teaching of sex education would help to stem the tide of HIV/AIDS infections, and that sex education would go a long way to reduce the incidence of unwanted pregnancy.

Suzui & Hiraoka (2007)⁴⁴, in their study on Attitude towards sexuality among high school students in Japan, found that the boys indicated worries about physiological aspect of sex, but the bulk of their questions expressed interest in sexual activity. In addition to physiological and psychological worries, the girls' question for the most part concerned associating with the opposite sex. Specifically, almost all examples of this type of question from the girls referred to their mixed feeling about sexual activity; they were afraid of pregnancy but engaging in sexual activities anyway deference to their boyfriends' wants.

Akande & Akande (2007)⁴⁵, in their study on Knowledge and Perception of Sexuality Education among Students of a Rural Secondary School in Kwara State, Nigeria,

found that awareness of sexuality education was high (72.3%) among the respondents through informal strategy. Many of the respondents would therefore like a formal programme included in the post primary schools curriculum. This study demonstrated that 70% of the respondent aged between 10-18 years had never discussed about sex with their parents. However, 54.5% of the older respondents aged above 18 years had discussed about sex with their parents. All respondents agreed that sexuality education be introduced and made compulsory in schools.

Aniebue (2007)⁴⁶, in his study on Knowledge and attitude of secondary school teachers in Enugu to school based sex education, found that 69 (23.0%) had adequate knowledge of sex education and 282 (94.0%) approved the inclusion of sex education into the school curriculum. The commonest reason for disapproval of sex education was fear that it would lead to promiscuity amongst the students. The most appropriate age to introduce sex education according to the teachers is 11-15 years. 238 (79.3%) respondents were of the opinion that teachers needed to be trained to provide sex education to students and 244 (81.3%) admitted that sex education was not in the school curriculum. Secondary school teachers are in support of provision of sex education to students.

Asekun-Olarinmoye et al. (2007)⁴⁷, in their study on Knowledge, attitudes and perceptions of the teacher's role in sexuality education in public schools in Nigeria, found that knowledge about key reproductive issues was poor and inadequate. Knowledge of more than one contraceptive method was low (39.0%), Condom was the most frequently mentioned

(59.3%). The teachers exhibited poor perception of their role in sexuality education of their students. 52.8% placed the sole responsibility for sexuality education on parents and only 20.7% found that it should start before age 10 years. 86.90% had positive attitude towards inclusion of sexuality education in the school curriculum; however, 43.6% felt that contraceptive methods should not be part of the course content.

Ayyuba (2007)⁴⁸, in her study on Parents' and teachers' perception of the teaching of sexuality education in secondary schools in Kano state found that- i) teachers agreed in the teaching of sexuality education in secondary schools, (ii) teachers agreed with the methods employed in the teaching of sexuality education, while parents disagreed. (iii) Parents were not in favour on the teaching of sexuality education in secondary schools.

Omoteso (2008)⁴⁹, in his study on knowledge and attitude of adolescents in relation to sex education in secondary schools in Nigeria: An Introductory study, found that the knowledge of the adolescents about sex education was inadequate. The adolescents were favorably disposed to sex education being introduced into schools (98%) and 76% of the adolescents wanted good books on sex education in their libraries. There were also significant sex differences in the knowledge of and attitude of the adolescents to sex education. Religion was found to have no significant influence on the knowledge and attitude of the adolescents.

Nqoloba (2008)⁵⁰, in his study on Attitudes of teachers towards sexuality and HIV education, found that the respondents showed mixed feelings and inconsistencies on certain issues, but were generally supportive of the idea of teaching sexuality and related aspects in schools i.e. teachers held positive attitudes. They suggested that any HIV and AIDS and sexuality education programmes developed should be conducted with more purpose and should be effective.

Ramiro & De Matos (2008)⁵¹, in their study on Perceptions of Portuguese teachers about sex education, found that teachers showed a fairly straightforward attitude towards sex education and assessed it as moderately/highly important. Body image was found to be the only topic that should be introduced in the 5th and 6th grades. Female teachers, trained teachers and experienced teachers in teaching sex education showed a more positive attitude towards sex education. Only trained teachers assessed its teaching as highly important; and female teachers believed it should be introduced earlier. In general, teachers favor sex education in school.

Kohler et al. (2008)⁵², in their study of Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy, found that Adolescents who received comprehensive sex education were significantly less likely to report teen pregnancy than those who received no formal sex education, whereas there was no significant effect of abstinence-only education. Abstinence- only education did not reduce the likelihood of engaging in vaginal intercourse, but comprehensive sex education was marginally associated with a lower likelihood of

reporting having engaged in vaginal intercourse. Adolescents who received comprehensive sex education had a lower risk of pregnancy than adolescents who received abstinence-only or no sex education.

Eisenberg et al. (2008)⁵³, in their study on Support for Comprehensive Sexuality Education: Perspectives from Parents of School-Age Youth, found that the large majority of parents supported teaching about both abstinence and contraception, and support was high across all demographic categories of parents. Parents believed most topics should first be taught during the middle school years. Parents held slightly more favourable views on the effectiveness of comprehensive sex education as compared to abstinence-only education.

Kelefang (2008)⁵⁴, in his study on Sexuality Education in Sweden: A study based on research and young people's service providers in Gothenburg, found that sexuality education in Sweden has long been provided targeting school pupils. Most frequently taught subjects include factual information about growth and development, reproductive systems, empowerment through such skills as (refusal, negotiation of condom use, how to terminate a relationship etc), STIs including HIV and teenage pregnancy to mention but a few. It is teachers and school counsellors who discuss sexuality issues and often they would invite guests from youth clinics and other organizations.

Esere (2008)⁵⁵, in her study on Effect of sex education programme on at-risk sexual behaviour of school-going adolescents in Ilorin, Nigeria, found that the treatment

(intervention) group was compared with the control group in an intention to treat analysis, there were significant differences in at-risk sexual behaviours of the two groups. Those in the intervention group reported less at-risk sexual behaviours than their counterparts in the control group. The treatment group evaluated the intervention programme positively and their knowledge of sexual health improved. Lack of behavioural effect on the control group could be linked to differential quality of delivery of intervention.

Nwakonobi & Onwuachu (2009)⁵⁶, in their study on Sex education, A way forward towards Biology curriculum delivery in secondary schools in Anambra state, found that biology teachers upheld the view that there is need for sex education in secondary school biology curriculum. Most parents (92.38%) are of the view that sex education be taught in schools and not left in their hands since 88.1% of them feel shy discussing sex issues with their children. All the respondents accept the fact that the teaching of sex education in schools will go a long way towards reducing the problems associated with sex issues such as premature death, abortion, school dropout, venereal diseases including HIV/AIDS, child trafficking, indiscipline, child abuse, and unwanted pregnancies. Biology teachers irrespective of gender favoured the inclusion of sex education in secondary school biology curriculum as evidenced from the fact that 61.9 percent of them admitted that neither the male nor the female teachers will find it difficult discussing sex education with either the female or male students respectively.

Ekanem & Onwuezobe (2009)⁵⁷, in their study on The attitude of teachers to sexuality education in a populous local government area in Lagos, Nigeria, found that greater number of teachers views the teaching of sexuality education as the responsibility of the parents (46.1%) and as such home (43.7%) rather than school (38.6%) as the best place to impart such knowledge. Most of them (55.6%) considered ages 10 - 14 years or Junior Secondary School level as the appropriate period for introducing sexuality education. About 68% of the teachers perceived sexuality education as mostly beneficial in preventing unplanned pregnancy while 56.0% were of the opinion that it will promote early exposure to sexual relationship. Although age played a role as older teachers between the ages of 45 – 49 years (86.8%), are more willing to teach sexuality education, higher educational qualification had a significant effect on their attitude towards sexuality education ($p < 0.05$). There is significant relationship between the educational level of teachers and their willingness to teach sexuality education in secondary schools.

Nurullah (2009)⁵⁸, in his study on Parent's attitude towards inclusion of sexuality education in Malaysian schools, found that the majority of respondents (73%) supported the inclusion of various sexual health topics in school curriculum provided the contents were in line with religious teachings.

Hannatu (2009)⁵⁹, in her study on Assessment of parental attitude towards the teaching of sex education in secondary schools in Kaduna state, found that majority of the respondents support the teaching of sex education in secondary schools. The result of the studies also revealed that most of the

respondents agreed that teaching of sex education is an important form of social services. The results of the ANOVA revealed no significant difference in the attitude of parent towards the teaching of sex education in secondary schools in Kaduna State.

Tarkang (2009)⁶⁰, in his study on Knowledge, attitudes and perception regarding HIV/AIDS and sexual behavior among senior secondary school learner in Kumba, Cameroon, found that most learners were knowledgeable about HIV transmission, the prevention of HIV/AIDS, and sexual risk behavior pertaining to HIV transmission. Learners also manifested positive attitudes towards people living with HIV/AIDS. The respondents knew about condoms, but had poor attitude towards condom use. Most respondents receive information on HIV/AIDS, condoms and sexuality from magazines, newspapers and teachers.

Vuttanont (2010)⁶¹, in his study on “Smart Boys” and “Sweet Girls”- Sex Education needs in Thai Teenagers: A mixed-method study, found that Chiang Mai teenagers showed a reasonable knowledge of biological issues around reproduction but were confused and uncertain about how to obtain or use contraception, avoid pregnancy and transmission of STIs, negotiate personal and intimate relationships and find sources of support and advice. Many parents and teachers lacked the knowledge, confidence, and skills to offer meaningful support to their children.

Frimpong (2010)⁶², in his study on Adolescents’ perception of and attitude towards sex education: A case study of senior secondary schools in the Kumasi Metropolis, Ghana, found

that respondents were generally aware of bodily changes that mark sexual maturity in adolescents. The study also established that adolescents' first sources of information on the bodily changes that they experienced varied. Teachers and books were seen as good sources of information to their bodily changes. It was also evident that respondents had some knowledge about, and practiced, some modern contraceptive methods, notable among them being the use of condom, pill and total abstinence. The study revealed that there was no significant difference between boys and girls regarding their perception of and attitude towards the use of contraceptive. Also, there was no significant difference between the day and boarding students concerning their perception of and attitude towards sex education.

Dyson (2010)⁶³, in her study on Parents' attitudes to sexual health education in Western Australia schools, found that parents want their children to be well informed about sex, sexual health and relationships; however, they want to be kept informed about school programs. Parents want to be assured that the educators who will be teaching their children about sexual health have the skills and qualifications to do their job well, and remain sensitive to the diversity of values among their students and their families. Parents believe schools need to take an active role in providing written communication about what will be covered in sexuality education programs and be open to meet with parents who have concerns.

Orisatoki & Oguntibeju (2010)⁶⁴, in their study on Knowledge and attitudes of students at a Caribbean offshore medical school towards sexually transmitted infections and use of

condoms, found that the knowledge of students about STIs in this study was high, however, risky behaviour such as having sexual intercourse with commercial sex-workers and regular unprotected sexual activities were identified although the prevalence of such behaviour was found to be low. Religion was identified to play an important role in the misconception about condom usage and possibly the transmission of STIs and HIV. It was also found that the main reason why students used condoms was to prevent unwanted pregnancies and not to protect themselves from contracting STIs and HIV.

Avachat et al. (2011)⁶⁵, in their study on Impact of sex education on knowledge and attitude of adolescent school children of Loni village, found that the felt need of sex education increased considerably and the knowledge regarding contraceptives increased manifold after the intervention. There was significant increase in knowledge about menstrual hygiene, sexually transmitted diseases, etc, after sex education workshop.

Tobey et al. (2011)⁶⁶, in their study on Demographic Differences in Adolescents' Sexual Attitudes and Behaviors, Parent Communication about Sex, and School Sex Education, found that Gender was found to be the most consistent factor upon sexual communication, with girls receiving significantly more sex talk than boys from their mothers. Age proved to be a consistent factor among all adolescent sexual behaviors, with older adolescents receiving more communication but also having more promiscuous attitudes towards sex.

Asekun-Olarinmoye (2011)⁶⁷, in her study on Parental attitudes and practice of sex education of children in Nigeria, found that majority of the parents had positive attitude towards sex education and its inclusion in the school curriculum of their children. Many of the respondents had basic knowledge of sex education, positive attitude and practiced it. The most common reason for non-practice was lack of skill. The organization of community-based programmes would help parents know the rudiments of Sex Education and acquire requisite skills needed.

Baliton (2012)⁶⁸, in his study on Attitudes of high school students towards sex: Implication to sex education and guidance, found that there are differences between the attitudes of boys and girls towards the various aspects of sexual relationships particularly on courtship, petting, pre-marital sex, and trial marriage or live-in. Z-test established a significant difference between the attitudes of boys and girls on the ten aspects of sexual relationships.

Madkour et al. (2012)⁶⁹, in their study on Parents' Support and Knowledge of Their Daughters' Lives, and Females' Early Sexual Initiation In Nine European Countries, found that prevalence of early sexual initiation ranged from 7% (in Romania) to 35% (in Iceland). In bivariate analyses, maternal and paternal supports were significantly negatively related to adolescent females' early sexual initiation in most countries. In models with demographic controls, parental support was negatively associated with early sexual initiation (odds ratio, 0.8 for maternal and 0.7 for paternal). After parental knowledge was added, early sexual initiation was no longer associated with parental support, but was

negatively associated with maternal and paternal knowledge (0.7 for each). These patterns held across countries. Parental knowledge largely explained negative associations between parental support and early initiation, suggesting either that knowledge is more important than support or that knowledge mediates the association between support and early sex.

AlJoharah et al. (2012)⁷⁰, in their study on Knowledge, attitudes, and resources of sex education among female adolescents in public and private schools in Central Saudi Arabia, found that most female adolescents (92.1%), attending schools in the city of Riyadh had general information on puberty with no difference between those attending public and private schools. However, almost one third (29.3%) of the sample were not aware of puberty changes before they attained these changes themselves. This study found that knowledge of participants of sex related issues was very low. Only 64% of the participants knew how intercourse occurs. The study participants showed very low knowledge regarding STDs, such as syphilis, gonorrhea, and hepatitis B virus. Only 14% were able to identify that hepatitis B may be sexually transmitted. Although parents (mothers) were the primary source of information (31.8%), it was a surprise that maids (housekeepers) were the second most common (22.6%) source of information on puberty and sexuality. Schools came in third place (18.8%). Further, most participants stated that they feel more comfortable discussing these issues with the maids (17.3%), than with their mothers (15.8%) or their sisters (13.7%). This study has shown that schools do not play a vital role in sex education. Most teachers (60.7%) had a negative attitude toward questions related to sexual knowledge.

Talpur & Khowaja (2012)⁷¹ carried out a study on Awareness and attitude towards sex health education and sexual health services among youngsters in rural and urban settings of Sindh, Pakistan and found that of the 150 participants, 94 (63%) were males and 56 (37%) were females. A quarter of them (n=38; 25.3%) said sexual health services were available too far away from their area. Besides, they also found the staff to be 'not competent.' Almost one-third (n=49; 32.7%) reported of not having matching gender choice (male or female) of professionals with whom they could feel comfortable sharing their sexual health concerns. Majority of the participants (n=101; 67.3%) considered trained health professionals as the primary source of sexual health education, whereas, 90 (60%), 75 (50%), and 59 (39.3%) also reported to have secondary sources, including internet, parents and telephone helpline respectively.

Fentahun et al. (2012)⁷², in their study on Parents' Perception, Students' and Teachers' Attitude Towards School Sex Education, found that all participants have favorable attitude towards the importance of school sex education. They also agreed that the content of school sex education should include abstinence-only and abstinence-plus based on mental maturity of the students. That means at early age (Primary school) the content of school sex education should be abstinence-only and at later age (secondary school) the content of school sex education should be added abstinence-plus. The students and the teachers said that the minimum and maximum introduction time for school sex education is 5 year and 25 year with mean of 10.97(SD±4.3) and 12.36(SD±3.7) respectively.

Mkumbo (2012)⁷³, in his study on Teachers' Attitudes towards and Comfort about Teaching School-Based Sexuality Education in Urban and Rural Tanzania, found that teachers' attitudes towards sexuality education are among the important predictors of their willingness to teach sexuality education programmes in schools. The results show that an overwhelming majority of teachers in both rural and urban districts supported the teaching of sexuality education in schools, and the inclusion of a wide range of sexuality education topics in the curriculum. Nevertheless, though teachers expressed commitment to teaching sexuality education in schools, they expressed difficult and discomfort in teaching most of the key sexuality education topics. This implies that declaration of positive attitudes towards teaching sexuality education alone is not enough; there is a need for facilitating teachers with knowledge, skills and confidence to teach various sexuality education topics.

Mlyakado (2013)⁷⁴, in his study on Attitudes and views of teachers towards students' sexual relationship in secondary schools in Tanzania, found that many teachers favoured the provision of sex education; yet, most of them were either not conversant with sex education or did not want to educate or assist students in sexual related matters. Some teachers punished students involved in sexual relationships; this indicated negative attitudes towards students' sexual relationships. Some teachers helped students on sexual matters, which indicated positive attitude towards students' sexual relationships.

Eko Jimmy et al. (2013)⁷⁵, in their study on Perception of Students' Teachers' and Parents' towards Sexuality Education in Calabar, South Local Government Area of Cross River State, Nigeria, found that participants shared similar opinion that sex education should cover areas such as abstinence, HIV/AIDS, sexually transmitted diseases, basis of reproduction etc. Masturbation, abortion and contraceptives were unanimously agreed not to be included in sex education content. A substantial proportion of the respondents agreed that abstinence-plus should be the main message of sex education in schools.

Stephens (2013)⁷⁶ carried out a study on the Attitude of Parents in the Metropolis of Lagos towards Inclusion of Sexuality Education in the School Curriculum and found that there is no significant difference in the attitude of parents towards inclusion of sexuality education in the school curriculum on the basis of gender and educational qualifications.

Majova (2013)⁷⁷, in her study on Secondary school learners attitude towards sex education, found that majority of the learners (55%) have positive attitude towards sex education and 45% of learners have negative attitude. It was also found that learners feel more comfortable discussing the sexual issues with friends and believe that their questions will be treated sympathetically. They also found that parents and teachers tend to have more restrictive attitudes and not comfortable in discussing sexual matters with their children. It is disturbing to note that parents and teachers were chosen as the last sources to transfer information to learners about sex education. About 69% of urban sample of learners were positive towards sex education

and about 54% of learners from rural responded negatively. The overall results are that urban learners are more positive to sex education than their rural counterparts. The results show that learners have positive attitudes towards information given by parents, teachers, magazines and peers. Magazines are identified as a major attractive source. Peers identified as the second most important source. Parents and teachers came in the third place with equal percentages.

Li et al. (2013)⁷⁸, in their study on Sexual Knowledge, Attitudes and Practices of Female Undergraduate Students in Wuhan, China: The Only-Child versus Students with Siblings, found that only-child students scored higher on sex-related knowledge, were more inclined to agree with premarital sex, multiple sex partners, one-night stands, extramarital lovers and homosexuality, and were more likely to have a boyfriend and experience sexual intercourse. Only-child were less likely to experience coercion at first sex and have first sexual intercourse with men not their “boyfriends” than children with siblings. There were no significant differences on other risky sexual behaviors (e.g. multiple sex partners and inconsistent condom use) between the only-child students and students with siblings.

Shrestha et al. (2013)⁷⁹, in their study on better learning in schools to improve attitudes toward abstinence and intentions for safer sex among adolescents in urban Nepal, found that many students received less amount of information on HIV counseling and testing centers through their schools. Parents participation in sex education is low and audiotapes were reported as the least used among the listed teaching aids for sexual health education.

Akpama (2013)⁸⁰, in his study on Parental Perception of the Teaching of Sex Education to Adolescent in Secondary School in Cross River State, Nigeria, found that parental perception of the teaching of sex education to adolescents in secondary schools is significantly negative; no significant difference exists between literate and illiterate parents in their perception of the teaching of sex education to adolescents in secondary schools. It was concluded that parental perception of the teaching of sex education to adolescents in secondary schools is generally negative in Cross River State.

Ugoji (2013)⁸¹, in her study on An examination of University students' attitude to contraceptive use, found that the attitude of students towards contraceptive use do not differ significantly on the basis of gender; there is a significant relationship between students' attitude and their knowledge of contraceptives.

Adebayo & Exilder (2014)⁸², in their study on Attitudes of Stakeholders towards the inclusion and teaching of Sexuality Education in Ndola urban secondary schools of Copperbelt province, Zambia, found that the stakeholders (teachers, pupils and parents) in general had positive attitude toward the inclusion of sexuality education in the school curriculum. However, the teachers, pupils and parents had a negative attitude on the inclusion of topics like sexual pleasure and enjoyment, homosexuality as well as premarital sex as topics in the curriculum. There existed significant differences in the attitudes of stakeholders toward the inclusion of sexuality education in the curriculum as well as on the role of sexuality education in

adolescent issues as revealed by the analysis of variance. The multiple comparisons showed that there existed significant differences in the attitudes of teachers and parents as well as in the attitudes of pupils and parents. In view of the positive attitude of stakeholders toward the inclusion and teaching of sexuality education in the school curriculum coupled with its benefits to adolescent sexual issues, it was recommended that sex education should be compulsory in schools.

Nyarko et al. (2014)⁸³, in their study on parental attitude towards Sex Education at the Lower Primary in Ghana, found that about 58% of parents have an unfavourable attitude towards sex education in lower primary schools. Not surprisingly, all the parents who held unfavourable attitude towards sex education said that children are too young for sex education at the lower primary school level. However, of the parents who held favourable attitude; 81% indicated that children are exposed a lot these days. 17% admitted that sex education will be helpful to the children and 2% said children ask questions about sex anyway and needed to be provided with answers. Finally, the results showed that there is no gender difference in parental attitude towards sex education, as well as no residency difference about sex education. However, there was a difference in parental attitude in connection to their educational level.

Ray & Afflerbach (2014)⁸⁴, in their study on sexual education and attitude toward masturbation, found that if an individual is taught positive lessons about masturbation specifically during high school by parents or guardians, then they are more likely to have positive attitudes toward masturbation at

the present. The two positive lessons of “how to obtain and use birth control/contraception” and “the name and functions of the reproductive organs of only my sex” taught by parents and/or guardians during high school were the strongest predictors of college students having current positive attitudes toward masturbation. This may be due to the fact that more conservative sex education programs, such as abstinence-only programs, often do not include as much concrete and comprehensive knowledge about sex, such as human anatomy and other methods of birth control, rather than strictly abstinence.

2.3.0 CONCLUSIONS:

An exhaustive examination of various books, journals, research papers and educational reviews from different libraries and from the internet have resulted in the accumulation of a certain amount of literature in connection with the topic being researched.

The above reviews reveal that a number of research have been conducted on studies related to sex education in other states of India as well as all over the globe. However, no studies on sex education have been found to be conducted within the state of Mizoram.

The present research is undertaken while keeping the above consideration in view. The research assumes significance as the present study is directed to investigate the attitude of students, teachers and community towards sex education in one of the remotest state of India which is Mizoram. In order to study their attitude, the investigator has constructed an attitude scale towards sex education, which is also the first of its kind in the state of Mizoram. The investigator has also constructed an opinionnaire to study the opinion of respondents on different aspect of sex education. It is envisaged that the study will throw light on whether the Mizo people in general are ready to include sex education at the secondary level of education since this issue is an ongoing debate in other states of the country. It is hoped that the present investigation will help the policy makers and Government officials in making decision with regard to the inclusion of sex education in the secondary schools of Mizoram.

END NOTES:

1. Dutta, R.S. (1979). *Teachers' attitude towards imparting sex education in schools*. Unpublished Ph.D thesis, Kurukshetra University. In M.B. Buch (Ed.), *Third survey of research in education*. New Delhi: NCERT.
2. Vachhrajani (1989). Study on the impact of self-instrument material on sex education, on adjustment, neuroticism and attitude towards sex of high school students. *Journal of the National Academy of Psychology*, India.
3. George, K.V. (1991). *Identification of Sex Related Problems of Adolescents in the Colleges of Kerala, and their Perception of Sex Education*. Unpublished Ph.D work, University of Kerala.
4. Murthy, M.S.R (1991). *Concept Formation of Sex and Reproduction among Unmarried Rural Adolescent Girls*. Unpublished Ph.D Thesis, Sri Venkataswara University. In M.B. Buch (Ed), *Fifth Survey of research in education*. New Delhi: NCERT.
5. Bhasin, S.K. & Aggarwal, O.P. (1999). Perception of teachers regarding education in National Capital Territory of Delhi. *Indian Journal of Pediatrician*. 1999 Jul-Aug; 66 (4): 527-31.

6. Shetty, P. & Kowli, S. (2001). Family Life Education for Non-school going Adolescents: An experiment in an urban slum. *The Journal of Family Welfare Vol: 47, No: 2, October 2001.*
7. Mahajan, P., & Sharma, N. (2005). *Parents attitude towards sex education to their adolescent girls.* Department of Home Science, University of Jammu, Jammu.
8. Kumar, J. (2007). Need assessment for sex education amongst the university students- A pilot study. *Global Journal of Public Health and Medicine, Vol 1 (2) April 2012, 23-29.*
9. McManus, A. & Dhar, L. (2008). Study of knowledge, perception and attitude of adolescent girls towards STIs/HIV, safer sex and sex education: (A cross sectional survey of urban adolescent school girls in South Delhi, India). *BMC Women's Health, 8:12.*
10. Anindita, A. & Sabharwal, E. (2010). *Attitude towards sex education amongst adolescents in Delhi.* Retrieved on 10 August 2012 from <http://www.studymode.com>.
11. Angadi, G.R. (2011). Adolescents' children parental attitude towards sex education.

International Referred Research Journal, October 2011, Vol: III, issue: 25.

12. Benzaken, T., Palep, A.H. & Gill, P.S. (2011). Exposure to and opinions towards sex education among adolescent students in Mumbai: A cross-sectional survey. *BCM Public Health 2011, 11:805.*
13. Nair, M.K., Leena, M.L., Paul, M.K., Pillai, H.V., Babu, G., Ruseell, P.S. & Thankachi, Y. (2012). Attitude of parents and teachers towards adolescent reproductive and sexual health education. *Indian journal of Pediatrics; Jan 2012.*
14. Vashishtha, K.C. & Rajshree (2012) A study on attitude towards sex education as perceived by parents and teachers. Retrieved on 30 April 2014 from *Samwaad – e journal Vol:1 No: 2.*
15. Toor, K.K. (2012). A study of the attitude of teachers, parents and adolescents towards sex education. *MIER Journal of Educational Studies, Trends & Practices November 2012, Vol: 2, No: 2 pp. 177-189.*

16. More, C.B. (2012). Study The Attitude Of Youths Towards Sex Education, *Indian Streams Research Journal, Vol: 2, Issue: 7, Aug 2012.*
17. Ruikar, H.A. (2013). Knowledge, attitude and practices about sexually transmitted infections - A study on undergraduate college students of Mumbai. *Webmed Central Reproduction 2013; 4 (3): WMC004166.*
18. Boraiah, J. & Yeliyur, S. (2013) Comprehensive and age appropriate sexuality education: The need to address sexuality in schools. *International Monthly Referred Journal of Research in Management & Technology Vol: II, March 2013.*
19. Biswas, S.K. & Samanta, T.K. (2013). Student's attitude Towards the inclusion of Lifestyle Education in the Secondary School curriculum, *Journal of Education ISSN 2320-9305 Vol:1, Issue: 2, July 2013.*
20. Venkat, L.H. & Navya S. (2013). Attitude of Parents of Mild and Moderate Intellectually Challenged Children towards Imparting Sexual Health Education. *International Research Journal of Social Science Vol: 2(12), 1-5, December 2013*

21. Shah, P.S. (2014). Perception of School Teachers about Sexual Health Education. *Indian Journal of Applied Research*. Vol: 4, Issue:1, Jan 2014.
22. Mutha, A.S., Mutha, S.A., Baghel, J.P., Bhagat, S.B., Patil, R.J., Patel, S.B. & Watsa, M.C. (2014). A Knowledge, Attitudes and Practices Survey regarding Sex, Contraception and Sexually Transmitted Diseases among Commerce College Students in Mumbai. *Journal of Clinical and Diagnostic Research* Vol: 8 (8); 2014 Aug
23. Torabi, M.R., & Shafii, F. (1978). A survey of students knowledge and attitudes towards family life and sex education. *Iranian Journal of Public Health* 1978. 7 (3) pp 153-163.
24. Bloch, D. (1979). Attitudes of Mothers toward Sex Education. *American Journal of Public Health* September 1979, Vol: 69 No 9.
25. Smith, M.M. & Schmall, V.L. (1983). Knowledge and attitudes toward sexuality and sex education of a select group of older people. *Gerontology and Geriatrics Education*. Vol: 3, Issue: 4.

26. Welshimer, K.J. & Harris, S.E. (1994). A survey of rural parents' attitudes towards sexuality education. *Journal of School Health*. 1994 Nov; 64(9): pp 347-352.
27. Davis, P., Denman, S. & Pearson, J. (1997). A survey of attitudes to sex education among secondary school governors in Nottinghamshire. *Health Education Journal*, Vol. 56, No. 3, pp 231-240 (1997).
28. McKay, A., Pietrusiak, M.A. & Holowaty, P (1998). Parents' opinions and attitudes towards sexuality education in the schools. *Canadian Journal of Human Sexuality*. Vol: 7(2), 1998, pp 139-145.
29. Ming, T.Ch. (1999). *Junior form students' perception towards sex education programmes in a secondary school: A case study*. Unpublished Dissertation on Master of Education, University of Hong Kong.
30. Kakavoulis, A. & Forrest, J. (1999). Attitudes and values in sexual behavior and sex education: A cross-cultural study among University students in Greece and Scotland. *International Review of Education* 1999, Vol: 45, Issue: 2, pp 137-150.

31. Eggleston, E., Jackson, J. & Hardee, L. (1999). Sexual attitude and behaviour among adolescents in Jamaica. *International Family Planning Perspectives*. 25(2) pp 78-85.
32. Dean & Salah (2000). Public School Teachers' Attitudes Towards The Teaching Of Sex Education In Northern Governorates Of Palestine. Retrieved on 25 March 2015 from <http://scholar.najah.edu/content/publicschool-teachers-attitudes-towards-teaching-sex-education-northern-governorates>
33. Logaw, M. (2000). *Some factor that influence attitude towards sex education among high school female students in South Wollo*. Unpublished Thesis submitted to the School of Graduate Studies for the partial fulfillment for the degree of Master of Arts in Educational Psychology, Addis Ababa University
34. Kamieka, O.S. & Yvette, Q.G, (2001). Parental training and involvement in sexuality education for students who are deaf. *American Annals of the Deaf*, Vol: 146, No: 3, July 2001, pp. 287-293.
35. Weaver, A.D., Byers, E.S., Sears, H.E., Cohen, J.N., & Randall, E.S (2002). Sexual health education at school and at home: Attitudes

and experiences of New Brunswick parents. *The Canadian Journal of Human Sexuality*, Vol. 11 (1) Spring 2002.

36. Sangole, S., Tandale, B.V., Badge, P.S., & Thorat, D.M. (2003). Evaluation of impact of health education regarding HIV/AIDS on knowledge and attitude among persons living with HIV. *Indian Journal of Community Medicine Vol: XXVIII, No:1 Jan-March, 2003.*
37. Bowden, R.G., Lanning, B.A., Pippin, G., & Tanner, J.F. (2003). Teachers' attitudes towards abstinence-only sex education curricula. *Education; Summer 2003, Vol: 123 Issue: 4, pp 780.*
38. Orji, E.O. & Esimai, O.A. (2003). Introduction of Sex Education into Nigerian Schools: The Parents', Teachers' and Students' Perspectives. *Journal of Obstet Gynaecol, 23(2), pp 185-188.*
39. Sieswerda, L.E. & Blekkenhorst, P. (2003). *Parental Attitudes Towards Sex Education in the Home: Results of a 2003 Parent Survey Conducted in Thunder Bay, Ontario.* Thunder Bay District Health Unit, Thunder Bay, Ontario.

[http://www.tbdhu.com/NR/rdonlyres/B4BAE77F-AA01-4C1F-9BEF7FE274D5C32A/0/Parental Attitudes Towards Sex Education.pdf](http://www.tbdhu.com/NR/rdonlyres/B4BAE77F-AA01-4C1F-9BEF7FE274D5C32A/0/Parental%20Attitudes%20Towards%20Sex%20Education.pdf)

40. Sawyer, R., Marrese, B., Scicchitano, M.J., Lehman, T. & Bhuyan, A. (2003). Parent Attitudes and Support of School-Based Sexuality and HIV/AIDS Education Programs in a Local School District. *Journal of HIV/AIDS Prevention & Education for Adolescents & Children Vol: 5, Issue: 3-4. pp 71-86.*
41. Valimont, A.S. (2005). *The Effectiveness of Sex Education Programs in Virginia Schools.* Unpublished dissertation in Master of Science in Sociology, Virginia Polytechnic Institute and State University.
42. Sari, H. (2005). An analysis of Turkish parents' attitudes towards sexual education of students with mentally handicapped. Retrieved on 4 November 2011 from http://www.isec2005.org.uk/isec/abstract/papers_s/sari_h_3.shtml
43. Ogunjimi, L.O. (2006). Attitude of Students and Parents towards the Teaching of Sex Education in Secondary Schools in

Cross Rivers State. *Educational Research and Review Vol: I, pp 347-349*, <http://www.academicjournals.org/ERR>

44. Suzui, E. & Hiraoka, A. (2007). Attitude towards sexuality among high school students in Japan. *Kawasaki Journal of Medical Welfare, Vol: 12, no: 2, 2007 pp. 89-96*
45. Akande, A.A. & Akande, T.M. (2007). Knowledge and Perception of Sexuality Education among Students of a Rural Secondary School in Kwara State, Nigeria. *Nigerian Medical Practitioner Vol: 52 (3) 2007: pp. 55-59.*
46. Aniebue, P.N. (2007). Knowledge and attitude of secondary school teachers in Enugu to school based sex education. *Nigerian Journal of Clinical Practice Vol: 10 (4) 2007 pp. 304-308*
47. Asekun-Olarinmoye, E.O., Fawole, O.L., Dairo, M.D., & Amusan, O.A. (2007). Knowledge, attitudes and perceptions of the teacher's role in sexuality education in public schools in Nigeria. *International Journal of Adolescent Med Health. 2007 Oct-Dec; 19 (4): pp 425-34.*

48. Ayyuba, A.H. (2007). *Parents' and teachers' perception of the teaching of sexuality education in secondary schools in Kano state*. Unpublished Master Degree Thesis, Ahmadu Bello University Zaria, Nigeria.
49. Omoteso, B.A. (2008). *A study of knowledge and attitude of adolescents in relation to sex education in secondary schools in Nigeria: An Introductory study*. Paper presentation at Third International Conference on Interdisciplinary Social Sciences, Italy, 2008.
50. Nqoloba, T. (2008). *Attitudes of teachers towards sexuality and HIV and AIDS education*. Unpublished Dissertation submitted to University of Zululand for fulfillment of Master of Education in the Department of educational Psychology. South Africa.
51. Ramiro, L. & De Matos, M.G. (2008). Perceptions of Portuguese teachers about sex education. *Rev. Saude Publica Vol:42 no: 4 Sao Paulo Aug 2008*.
52. 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, Vol: 42, Issue: 4, pp 344-351, April 2008.*

53. Eisenberg, M.E., Bernat, D.H., Bearinger, L.H., & Resnick, M.D. (2008). Support for Comprehensive Sexuality Education: Perspectives from Parents of School-Age Youth. *Journal of Adolescent Health, Vol: 42, Issue: 4, pp 352-359, April 2008.*
54. Kelefang, B. (2008). *Sexuality Education in Sweden: A study based on research and young people's service providers in Gothenburg.* Department of Social Work, Gothenburg University.
55. Esere, M.O. (2008). Effect of sex education programme on at-risk sexual behaviour of school-going adolescents in Ilorin, Nigeria. *African Health Sciences, June 2008,* <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2584331>
56. Nwakonobi, F.E. & Onwuachu, W.C. (2009). Sex education, A way forward towards Biology curriculum delivery in secondary schools in Anambra state.

An International Multi-Disciplinary Journal, Ethiopia Vol. 3 (2), January, 2009.

57. Ekanem, E.E. & Onwuezobe, I.A. (2009). The attitude of teachers to sexuality education in a populous local government area in Lagos, Nigeria. *Pakistan Journal of Medical Sciences, October - December 2009 (Part-II) Vol. 25 No. 6, pp 934-937*
58. Nurullah, A.S. (2009). Parent's attitude towards inclusion of sexuality education in Malaysian schools. *International Journal about Parents in Education, Vol. 3 (1), pp 42-56.*
59. Hannatu, M.P. (2009). *Assessment of parental attitude towards the teaching of sex education in secondary schools in Kaduna state.* Unpublished M.Ed thesis, Ahmadu Bello University.
60. Tarkang, E.E. (2009). *Knowledge, attitudes and perception regarding HIV/AIDS and sexual behavior among senior secondary school learner in Kumba, Cameroon.* Unpublished doctor of literature and philosophy, University of South Africa.

61. Vuttanont, U (2010). *“Smart Boys” and “Sweet Girls”- Sex Education needs in Thai Teenagers: A mixed-method study*. Unpublished Ph.D work, Royal Free and University College Medical School, University College London.
62. Frimpong, S.O. (2010). *Adolescents’ perception of and attitude towards sex education: A case study of senior secondary schools in the Kumasi Metropolis, Ghana*. University of Cape Coast Institutional Repository, Retrieved on 19 Feb 2013 from <http://hdl.handle.net/123456789/421>.
63. Dyson, S. (2010). *Parents’ attitudes to sexual health education in Western Australia schools. Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia*. Department of Health, Western Australia 2010.
64. Orisatoki, R.O. & Oguntibeju, O.O. (2010). Knowledge and attitudes of students at a Caribbean offshore medical school towards sexually transmitted infections and use of condoms. *West Indian Medical Journal Vol 59 No. 2 Mar 2010*.

65. Avachat, S.S. & Phalke, D.B. (2011). Impact of sex education on knowledge and attitude of adolescent school children of Loni village. *Journal of the Indian Medical Association*, 109(11): pp 808-811.
66. Tobey, J., Hillman, S.B., Anagurthi, C. & Somers, C.L. (2011). Demographic differences in Adolescents' sexual attitudes and behaviours, parent communication about sex and School sex education. *Electronic Journal of Human Sexuality*, Vol 14, Dec.3, 2011.
67. Asekun-Olarinmoye, E.O. (2011). Parental attitudes and practice of sex education of children in Nigeria, *International Journal of Child Health Human Dev* 2011;4(3): pp.301-307
68. Baliton, F.C (2012). Attitudes of high school students towards sex: Implication to sex education and guidance. *Phillipine Association of Institutions for Research Inc. Vol 7, No 1.*
69. Madkour, A.S., Farhat, T., Tucker, C., Gabhainn, S. & Godeau, E. (2012). Parents' Support and Knowledge of Their Daughters' Lives, and Females' Early Sexual Initiation in Nine European Countries.

Journal on sexual and reproductive health, Vol: 44, Issue: 3, pp 167–175, September 2012.

70. AlJoharah M., Maha A., & Hafsa R.M, (2012). Knowledge, attitudes, and resources of sex education among female adolescents in public and private schools in Central Saudi Arabia. *Saudi Med J 2012; Vol. 33 (9): 1001-1009*
71. Talpur, A.A & Khowaja, A.R. (2012). Awareness and attitude towards sex health education and sexual health services among youngsters in rural and urban settings of Sindh, Pakistan. *Journal of Pakistan Medical Association Vol. 62, No. 7, July 2012*
72. Fentahun, N., Assefa,T., Alemseged, F., & Ambaw, F. (2012). Parents' Perception, Students' and Teachers' Attitude Towards School Sex Education. *Ethiopian Journal of Health Science, 2012 July; 22(2): pp 99–106.*
73. Mkumbo, K.A. (2012). Teachers' Attitudes towards and Comfort about Teaching School-Based Sexuality Education in Urban and Rural Tanzania. *Global Journal of Health Science; Vol: 4, No: 4; 2012.*

74. Mlyakado, B.P. (2013). Attitudes and views of teachers towards students' sexual relationship in secondary schools in Tanzania. *Academic Research International, Vol: 4 no: 1, January 2013.*
75. Eko, J.E., Osuchukwu, N.CH., Osonwa, O.K., & Offiong, D.A. (2013). Perception of Students' Teachers' and Parents' towards Sexuality Education in Calabar South Local Government Area of Cross River State, Nigeria. *Journal of Sociological Research, ISSN 1948-5468 2013, Vol. 4, No.2.*
76. Stephens (2013). Attitude of Parents in the Metropolis of Lagos towards Inclusion of Sexuality Education in the School Curriculum. *Journal of Studies in Social Sciences ISSN 2201-4624 Volume 3, Number 2, 2013, 129-137*
77. Majova, C.N. (2013). *Secondary school learners' attitudes towards sex education.* Unpublished dissertation submitted to University of Zululand for the fulfillment of Master of Education. South Africa.

78. Li, S., Chen, R., Cao, Y., Li, J., Zuo, D. & Mail, H.Y. (2013). *Sexual knowledge, attitudes and practices of female undergraduate students in Wuhan, China: The only-child versus students with siblings*. Retrieved from *PLoS ONE* 8(9): e73797. Doi:10.1371/journal.pone.0073797.
79. Shrestha, R.M., Otsuka, K., Poudel, K.C., Yasuoka, J. & Lamichhane, M. (2013). Better learning in schools to improve attitudes toward abstinence and intentions for safer sex among adolescents in urban Nepal. *BMC Public Health* 2013, 13:24 <http://www.biomedcentral.com/14712458/13/244>
80. Akpama (2013). Parental Perception of the Teaching of Sex Education to Adolescent in Secondary School in Cross River State, Nigeria, *Journal of Research & Method in Education (IOSR-JRME) Volume 1, Issue 3 (Mar. -Apr. 2013), pp 31-36*
81. Ugoji, F.Ng. (2013). An examination of University students' attitude to contraceptive use. *American International Journal of Social Science Vol. 2 No. 1; January 2013*.

82. Adebayo, A.S. & Exilder,C.C. (2014). Attitudes of Stakeholders towards the inclusion and teaching of Sexuality Education in Ndola urban secondary schools of Copperbelt Province, Zambia. *European Scientific Journal, February 2104 Vol 10 No. 4.*
83. Nyarko, K., Adentwi, K.I., Asumeng, M. & Ahulu, L.D. (2014). Parental Attitude towards Sex Education at the Lower Primary in Ghana, *International Journal of Elementary Education. Vol. 3, No. 2, 2014, pp. 21-29.*
84. Ray, J. & Afflerbach, S. (2014). Sexual education and attitude toward masturbation. *Journal of Undergraduate Research. Vol 14, Article 8.*

CHAPTER III

METHODOLOGY AND PROCEDURE

Methodology occupies an important place in any type of research. It reveals the outlines the investigator must follow during the research period. The methodology has to describe the procedure followed by the investigator with regard to the research design, population and sample of the study, the tools and techniques used for data collection, administration of tools and collection of data, tabulation of data and statistical techniques applied for data analysis. Hence, the present chapter on methodology and procedure deals with the following:

- 3.1.0 Research Design.
- 3.2.0 Population, Sample and Sampling Design.
- 3.3.0 Tools and Techniques of Data Collection.
- 3.4.0 Administration of Tools and Collection of Data.
- 3.5.0 Tabulation of Data.
- 3.6.0 Statistical Techniques for Analysis of Data.

3.1.0 RESEARCH DESIGN

The descriptive research attempts to describe, explain and interpret conditions of the present and is concerned with conditions, practices, structures, differences or relationships that exist, opinions held, processes that are going on or trends that are evident. The present study falls within the category of descriptive research with a composite characteristics of inter group comparison, as it involves survey and fact finding enquiry relating

to attitudes of students, teachers and community towards sex education in Mizoram in relation to their gender and locality. Descriptive studies are more than just a collection of data. These studies involve measurement, classification, analysis, comparison and interpretation. Blends of both qualitative and quantitative analysis have been employed in the present investigation.

3.2.0 POPULATION, SAMPLE AND SAMPLING DESIGN

Since the present study is concerned with the study of the attitude of students, teachers and community towards sex education, the population of the present study comprise of all the secondary school students, all secondary school teachers and all parents who have secondary school going children in the state of Mizoram. According to Annual Publication (2011-2012) Department of School Education, Government of Mizoram, there are altogether 543 Secondary schools in the state of Mizoram. Some of them are managed by the Government, some are aided and some are privately managed. All in all, there are 48727 students and 4200 teachers. Among the students, there are 24464 boys and 24263 girls while amongst the teachers, there are 2779 males and 1421 females.

For the present study, the sample selected consist of 400 students, 400 teachers and 400 community members having secondary school children from all the eight districts of Mizoram. The samples were selected following Stratified Random Sampling. Out of these 1200 selected samples, there are 600 males, (200 each from students, teachers and community) and 600 females (200 each from students, teachers and community). Besides this,

there are 600 urban samples (200 each from students, teachers and community) and 600 rural samples (200 each from students, teachers and community).

The sample distribution of students, teachers and community from all the Districts of Mizoram is presented in the following Table no. 3.1

Table: 3.1
Sample of the study

Districts	Students				Teachers				Community			
	Urban		Rural		Urban		Rural		Urban		Rural	
	M	F	M	F	M	F	M	F	M	F	M	F
Aizawl	30	30	30	30	30	30	30	30	30	30	30	30
Lunglei	15	15	15	15	15	15	15	15	15	15	15	15
Saiha	5	5	5	5	5	5	5	5	5	5	5	5
Champhai	15	15	15	15	15	15	15	15	15	15	15	15
Kolasib	10	10	10	10	10	10	10	10	10	10	10	10
Serchhip	10	10	10	10	10	10	10	10	10	10	10	10
Mamit	5	5	5	5	5	5	5	5	5	5	5	5
Lawnglai	10	10	10	10	10	10	10	10	10	10	10	10
Total	100	100	100	100	100	100	100	100	100	100	100	100

3.3.0 TOOLS AND TECHNIQUES OF DATA COLLECTION

In order to find out the attitude and opinion of students, teachers and community towards sex education, the investigator constructed an attitude scale towards sex education following Likert's Method. The scale consists of 35 items in which

15 items were positive and 20 items were negative. The reliability and validity of the scale are .78 and .83 (Product Moment Correlation) respectively. Norms of the scale are presented in the form of Stanine grade. Since the construction and standardization of 'Attitude Scale towards Sex Education' was one of the objectives of this study, the details about the method and procedures adopted for its construction and standardization have been explained in Chapter- IV. A sample of the Attitude scale is attached in APPENDIX - 1

Besides the Attitude Scale towards Sex Education, Opinionnaire to study the opinion of the respondents on different aspects for inclusion of sex education in school was also constructed by the investigator. The Opinionnaire comprise of 10 questions consisting mainly of ticking preferences, 2 rating scale and one open ended question at the end. Content validity was established by giving the opinionnaire to seven (7) experts in the field. A sample of the opinionnaire is attached in APPENDIX - 2

3.4.0 ADMINISTRATION OF TOOLS AND COLLECTION OF DATA

Both the opinionnaire comprising of 10 questions and the Attitude Scale which consists of 35 statements were personally administered to all 400 students, 400 teachers and 400 community respondents by visiting schools and communities in all the eight districts of Mizoram. The purposes of the study as well as instructions for ticking the responses of their choice were clearly explained to them. The respondents were also told that there is no right or wrong response. They were given adequate

time to ponder over all the statements to ensure a truthful response from them. They were assured that their responses shall be kept strictly confidential, and shall be used only for research purpose. While collecting back the filled in responses from the respondents, it was ensured that all questions and statements were responded and that the required personal information was provided by them.

3.5.0 TABULATION OF DATA

The data collected from the 1200 students, teachers and community were scrutinized, classified and scored according to standard procedure. After scoring the responses of both the opinionnaire and attitude scale, they were tabulated. Each respondent was assigned a serial number in order of the variable being studied. The scores were then entered in the tabulation sheet in Excel and were subject to statistical treatment by employing the following statistical techniques for the analysis.

3.6.0 STATISTICAL TECHNIQUES FOR ANALYSIS OF DATA

Keeping in view the nature of the data and objectives of the study, the investigator employed the following statistical techniques for analyzing the data:

1) Descriptive Statistics Measures:

Measures of Central tendency, Percentages and Stanine were employed to find out the nature of score distribution as

well as for the purpose of categorizing the respondents into different groups.

2) Test of significance for mean difference:

The difference between the mean scores of the groups based upon the variable such as Attitude, gender and locale were tested for significance by applying the t-test.

3) Pearson Product Moment Correlation:

The Pearson Product Moment Correlation Method was applied to compute the correlation between the scores for calculating reliability and validity of the attitude scale.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

The present chapter deals with the analysis and interpretation of data. As mentioned in chapter 1, the objective of the present study includes constructing of an attitude scale towards sex education; finding out the attitude of students, teachers and community towards sex education with respect to their gender and locale; and finding out the opinion of students, teachers and community towards inclusion of sex education at the secondary school level.

The data for the present study were collected from the sample by administering the opinionnaire and the attitude scale which was developed by the investigator. The responses obtained from the subjects were classified, tabulated and analyzed. The analysis of the data was carried out with the help of appropriate statistical techniques, and the findings were also interpreted keeping in mind the objectives of the study. The findings of the study are presented in the present chapter in accordance with the objectives stated in chapter I as follows:

- 4.1.0 Construction and Standardization of Attitude Scale.

- 4.2.0 Attitude of students, teachers, and community towards sex education at the secondary school level.

- 4.3.0 Gender wise comparison of the attitude of students, teachers and community towards sex education at the secondary school level.
- 4.4.0 Rural and urban comparison of the attitude of students, teachers and community towards sex education at the secondary school level.
- 4.5.0 Comparison of the attitude of students, teachers and community towards sex education at the secondary school level.
- 4.6.0 Opinions of students, teachers and community on different aspects of inclusion of sex education in the school curriculum.

4.1.0 Objective No. 1 - To construct and standardize an attitude scale towards sex education at secondary school level.

Although readymade scales to measure the attitude towards sex education was available, the investigator decided to construct the scale because it is a known fact that when the population changes, it is necessary to update the norms for the test. Therefore, in order to be as accurate and safe as possible, the investigator constructed and standardized a Likert type attitude scale towards sex education with up-to-date norms for the Mizo population. The procedure adopted for its construction and standardization is as follows:

4.1.1 Collection and Editing of Statements

For the construction of relevant statements to measure the attitude of students, teachers and community, the investigator consulted a number of books and other relevant materials associated with sex education so as to include all the significant aspect of sex education. After this assignment, the first draft of the attitude scale consisting of 90 statements was framed and this was given to ten (10) experts in the field of education as well as to twelve (12) high school teachers for editing and for content analysis. Thereafter, the number of statements was reduced to 72 in the draft attitude scale.

4.1.2 Try Out

The first draft of attitude scale consisting of 72 statements was then administered to 50 high school students, 10 high school teachers and 5 community members having high school going children so as to find out whether the scale was going to be acceptable for the population for whom it was intended. The respondents were asked about their understanding of the statements as well as their level of acceptance or rejection of the statements. After carefully analyzing their responses, 32 statements were again rejected, as these could not be fully comprehended by the try-out group. Thus 40 statements were retained for the final draft.

4.1.3 Item Discrimination

With the purpose of finding the discrimination value of each item, the final draft of the scale comprising of 40 statements was administered to 100 high school students, 25 high school teachers and 25 community members. After scoring, the entire scores were arranged in ascending order where the top 27% as well as the bottom 27% of the respondents were set aside for the purpose of item analysis and discrimination. The mean and standard deviation value of attitude score for each statement were then computed separately for the above mentioned top and bottom groups. The t-values for significance of differences between the mean attitude scores of the top and bottom 27% group of respondents, that were indicative of their discrimination values, were calculated for all the 40 statements. After that, those items having 't' value above 2.58 i.e. statements which are significant at 0.01 level of confidence were retained for the final scale and statements having 't' value less than 2.58 were then rejected. Subsequent to item discrimination, 5 statements were yet again discarded and the final scale that was ultimately employed for data collection comprised of 35 statements. The value of Mean, Standard Deviation of top and bottom group on each of the 40 statements and the discrimination value in the form of 't-value' are given in Table No. 4.1.

Table 4.1
Mean, Standard Deviation and T-Value of High and Low Groups
on Different Items of Attitude Scale Towards Sex Education

Item No	HIGH GROUP		LOW GROUP		t - Value	Significance
	Mean	SD	Mean	SD		
1	3.53	0.63	3.2	0.8	2.06	*
2	3.4	0.58	2.8	0.56	4.62	**
3	3	0.67	2.6	0.98	2.11	*
4	3.56	0.55	2.38	0.94	6.94	**
5	3.35	0.73	2.15	0.99	6.32	**
6	3.68	0.47	2.93	0.65	5.77	**
7	3.33	0.85	2.65	0.99	3.24	**
8	3.4	1.02	2.13	0.95	5.77	**
9	3.35	0.69	2.45	0.80	5.29	**
10	3.38	0.70	2.58	0.70	5	**
11	2.73	0.97	2.1	0.94	3	**
12	3.45	0.92	2.7	1.17	3.13	**
13	3.3	0.6	2.15	0.85	7.19	**
14	2.78	0.85	2.13	0.81	3.42	**
15	3.55	0.67	2.85	0.73	4.38	**
16	3.6	0.54	2.83	0.63	5.92	**
17	3.6	0.62	2.65	0.76	5.94	**
18	2.78	0.76	2.3	0.84	2.67	**
19	3.2	0.78	2.35	0.85	4.72	**
20	3.43	0.63	2.58	0.97	4.72	**
21	3.3	0.6	2.6	0.58	5.38	**
22	3.73	0.50	3.25	0.70	3.43	**
23	3.25	0.66	1.78	1.04	7.74	**
24	3.26	1.01	2.3	0.71	4.8	**
25	3.08	0.72	1.7	1.12	6.57	**
26	3.25	0.62	2.38	0.99	4.83	**
27	3.18	0.67	2.5	0.77	4.25	**
28	2.68	0.88	1.88	0.81	4.21	**
29	3.7	0.51	2.95	0.80	5	**
30	2.88	0.75	2.68	0.79	1.18	ns
31	3.35	0.69	2.38	0.86	5.71	**
32	3.43	0.83	2.7	0.71	4.29	**
33	3.13	0.84	1.95	0.92	5.9	**
34	3.6	0.49	2.8	0.81	5.33	**
35	2.3	0.95	1.65	0.99	2.95	**
36	3.75	0.58	3.2	0.9	3.24	**
37	2.88	0.93	2.48	0.81	2.11	*
38	0.95	0.97	1.8	1.29	-3.27	ns
39	2.98	1.15	2.05	1.18	3.58	**
40	3.5	0.63	2.3	1.004	6.32	**

*Ns = not significant, * significant at 0.5 level, ** significant at 0.1 level*

4.1.4 Establishment of Reliability

For any standardized scale, it is important that the scale should be reliable enough to obtain dependable results. Therefore, in order to establish the reliability of the scale the investigator gave the newly constructed scale to 100 (one hundred) high school students from in and around Aizawl city. After scoring, the investigator employed 'Split-Half Method' for the establishment of reliability of the scale. The whole scale was divided into two halves on the basis of odd and even number of items. The co-efficient of reliability was computed between the two halves of the scores by using the "Product Moment Correlation". The co-efficient of reliability of the whole scale came out to be .78, which can be considered adequate for an attitude scale. The Split Half scores for establishing reliability co-efficient of the scale have been given in Table No. 4.2

Table 4.2
Split Half Scores for Determining the Reliability of the
Attitude Scale for Sex Education

Sl. No	Score on one half	Score on two half	Sl. No	Score on one half	Score on two half	Sl. No	Score on one half	Score on two half
1	60	54	35	59	54	69	57	52
2	56	57	36	55	49	70	54	54
3	63	63	37	54	57	71	50	56
4	60	57	38	58	61	72	53	48
5	55	45	39	64	64	73	50	52
6	37	43	40	59	54	74	69	65
7	68	55	41	56	52	75	50	49
8	51	49	42	57	56	76	67	66
9	43	35	43	56	57	77	58	59
10	48	50	44	61	61	78	57	52
11	50	39	45	48	43	79	62	60
12	61	63	46	49	47	80	53	57
13	58	55	47	49	46	81	58	47
14	50	48	48	45	41	82	58	48
15	42	32	49	51	37	83	65	59
16	43	40	50	56	49	84	57	54
17	49	54	51	61	53	85	44	43
18	61	55	52	62	60	86	54	49
19	50	59	53	61	53	87	54	49
20	63	55	54	60	59	88	47	42
21	46	44	55	63	62	89	63	57
22	54	49	56	54	44	90	57	49
23	52	55	57	57	50	91	59	55
24	55	52	58	62	60	92	59	58
25	54	51	59	49	47	93	57	53
26	56	48	60	50	50	94	57	51
27	61	63	61	61	49	95	62	65
28	52	63	62	48	45	96	56	51
29	46	40	63	49	46	97	63	55
30	44	41	64	56	47	98	57	56
31	37	35	65	52	47	99	63	56
32	60	51	66	53	49	100	58	59
33	64	60	67	52	52			
34	64	57	68	55	51			

4.1.5 Establishment of Validity

It is also important that a scale should be valid enough to acquire correct and precise outcome. The content validity of the attitude scale was established by seeking the opinions of experts in the field of education with the nature of content covered by the statements on sex education. The experts approved on the validity of the content of items. For obtaining criterion related validity, the investigator gave the newly constructed scale and another attitude scale towards sex education developed by Dr.Usha Mishra (the criterion scale) to 100 (one hundred) high school students. This way, the scale was validated by means of concurrent validity where correlation coefficient was established between the two scales by employing the product moment correlation. A coefficient of correlation between these two scales was found to be .83 which is regarded as acceptable concurrent evidence. The scores on these two scales for establishing validity of the test have been given in Table 4.3.

Table 4.3**Score of the Respondents on the two scales for Determining
the Validity of the Attitude Scale towards Sex Education**

Sl. No	Score on the present scale	Score on criterion scale	Sl. No	Score on the present scale	Score on criterion scale	Sl. No	Score on the present scale	Score on criterion scale
1	114	109	35	113	118	69	109	118
2	113	114	36	104	104	70	108	106
3	126	128	37	111	113	71	106	110
4	117	122	38	119	114	72	101	116
5	100	106	39	128	123	73	102	112
6	80	94	40	113	117	74	134	130
7	123	123	41	108	119	75	99	119
8	100	113	42	113	119	76	133	124
9	76	98	43	113	116	77	117	124
10	98	106	44	122	123	78	109	114
11	89	108	45	91	106	79	122	120
12	124	123	46	96	105	80	110	125
13	113	117	47	95	110	81	105	117
14	95	105	48	86	97	82	106	122
15	74	97	49	88	95	83	124	119
16	83	103	50	105	113	84	111	108
17	103	115	51	112	115	85	87	104
18	116	121	52	122	118	86	103	111
19	109	108	53	114	128	87	103	121
20	114	118	54	119	119	88	89	98
21	90	99	55	125	118	89	120	123
22	103	103	56	98	107	90	106	120
23	107	114	57	107	114	91	114	119
24	107	115	58	122	118	92	117	120
25	105	116	59	96	109	93	110	122
26	102	120	60	100	111	94	108	113
27	124	120	61	110	119	95	127	134
28	115	121	62	93	109	96	107	115
29	86	95	63	95	108	97	115	120
30	85	97	64	100	102	98	113	117
31	72	92	65	99	110	99	119	128
32	111	115	66	102	114	100	117	122
33	124	107	67	104	112			
34	121	126	68	106	113			

4.1.6 Scoring procedure and Serial Number of Positive and Negative Items

For scoring of the attitude scale, the investigator followed the pattern suggested by Likert. Each statement in the attitude scale is followed by responses viz. strongly agree, agree, undecided, disagree and strongly disagree. Scoring for each item of the Attitude Scale was done by giving a score of 4, 3, 2, 1, and 0 for positive statements, and 0, 1, 2, 3 and 4 for negative statements. This means the highest possible score for the scale is 140 (35x4) and 0 (35x0) is the lowest possible score. The serial number of positive and negative items in the scale is shown in the following Table 4.4.

Table 4.4
Serial Number of Positive and Negative Items

Sl. No	Types of items	Serial Number of items
1.	Positive Item	1,4,5,9,10,13,14,15,18,19,20,25,26,27,29.
2.	Negative Item	2,3,6,7,8,11,12,16,17,21,22,23,24,28,30,31,32,33,34,35.

4.1.7 Norms and Interpretation of Attitude Scale

For the purpose of collecting data, the newly constructed attitude scale was administered to 1200 respondents. The raw scores of all 1200 respondents are transformed into the Stanine scale by organizing them in frequency distribution and then giving the percentage of each stanine score points according to the normal distribution curve. The first stanine includes 4

percent, second stanine includes next 7 percent, third stanine includes 12 percent and fourth stanine includes next 17 percent, the middle or fifth stanine includes middle 20 percent, sixth stanine covers 17 percent, seventh stanine covers 12 percent, eighth stanine includes 7 percent and the top or ninth stanine includes 4 percent of the total cases. This way, norms for interpreting the raw scores are prepared with the help of stanine grade. Accordingly, stanine 1, 2, 3 and 4 indicates negative attitude towards sex education, stanine 5 indicates moderate attitude towards sex education, and stanine 6, 7, 8 and 9 indicates positive attitude towards sex education.

The score range, stanine grade and interpretation of the score are given in the following Table 4.5.

Table 4.5
Score Range, Stanine Grade and Interpretation
of Attitude Scale towards Sex Education

Sl. No	Score Range	Stanine Grade	Interpretation
1	Above 124	9	Positive Attitude towards Sex Education
2	118-124	8	
	111-117	7	
3	105-110	6	
	98-104	5	Moderate Attitude towards Sex Education
	91-97	4	Negative Attitude towards Sex Education
4	84-90	3	
	78-83	2	
5	Below 78	1	

4.2.0 Objective No 2: To study the attitude of Students, Teachers, and Community towards Sex Education at Secondary School level.

In order to find out the attitude of students, teachers and community towards sex education, an attitude scale towards sex education, developed by the investigator, was given to them and all the respondents were categorized into three groups in accordance with the norms of the scale.

The following table No. 4.6 shows the number and percentages of all respondents' attitude towards sex education.

Table 4.6
Attitude of all Respondents towards Sex Education

Respondents	Positive Attitude	Moderate Attitude	Negative Attitude
All Samples (N=1200)	463 (38.58%)	302 (25.17%)	435 (36.25%)
Male (N=600)	219 (36.50%)	143 (23.83%)	238 (39.67%)
Female (N=600)	244 (40.67%)	159 (26.50%)	197 (32.83%)
Urban (N=600)	240 (40.00%)	151 (25.17%)	209 (34.83%)
Rural (N=600)	223 (37.17%)	151 (25.17)	226 (37.67%)

The above table 4.6 shows that out of 1200 respondents, 38.58% have positive attitude, 25.17% have moderate attitude and the rest 36.25% have negative attitude towards sex education at the secondary school level. This implies that majority of the respondents have positive attitude towards

sex education, therefore, we can conclude that the attitude of the Mizo's towards sex education at the secondary school level is mostly positive.

Looking at table 4.6, it also reveals that out of 600 male respondents, 36.50% have positive attitude towards sex education, 23.83% have moderate attitude and 39.67% have negative attitude towards sex education at the secondary school level. Among the female respondents, 40.67% have positive attitude, 26.50% have moderate attitude and 32.83% have negative attitude towards sex education at the secondary school level. This shows that more females have positive attitude towards sex education at the secondary school level when compared with the male respondents.

The above table also indicates that out of 600 respondents from urban area, 40% have positive attitude towards sex education, 25.17% have moderate attitude and 34.83% have negative attitude towards sex education at the secondary school level. From the rural area, 37.17%% have positive attitude, 25.17% have moderate attitude and 37.67% have negative attitude towards sex education at the secondary school level in Mizoram. This indicates that more urban respondents have positive attitude towards sex education than the rural respondents at the secondary school level.

4.2.1 Attitude of all Community respondents towards Sex Education

The following table 4.7 shows the number and percentages of all Community respondent's attitude towards sex education.

Table - 4.7
Attitude of all Community respondents towards Sex Education

Community Respondents	Positive Attitude	%	Moderate Attitude	%	Negative Attitude	%
All Samples (N=400)	133	33.25%	85	21.25%	182	45.50%
Male (N=200)	60	30%	43	21.5%	97	48.5%
Female (N=200)	73	36.5%	42	21%	85	42.5%
Urban (N=200)	70	35%	41	20.5%	89	44.5%
Rural (N=200)	63	31.5%	44	22%	93	46.5%

As shown in Table 4.7 the study reveals that out of the 400 community respondents in Mizoram, 33.25% have positive attitude, 21.25% have moderate attitude and 45.50% have negative attitude towards sex education at the secondary school level in Mizoram. This illustrates that the majority of community members have negative attitude towards sex education at the secondary school level.

Among the male community respondents, 30% have positive attitude, 21.5% have moderate attitude and 48.5% have negative attitude towards sex education at the secondary school level in Mizoram. On the other hand, among their 200 female counterparts 36.5% have positive attitude, 21% have moderate

attitude and 42.5% have negative attitude towards sex education at the secondary school level in Mizoram. This reveals that even though the general attitudes of the community respondents are negative however, more females have positive attitude than their male counterparts.

The study also shows that out of the 200 urban community respondents, 35% have positive attitude, 20.5% have moderate attitude and 44.5% have negative attitude towards sex education. Among the rural community respondents, 31.5% have positive attitude, 22% have moderate attitude and the rest 46.5% have negative attitude towards sex education at the secondary school level in Mizoram. This indicates that although majority of community respondents have negative attitude towards sex education, more urban community members have positive attitude as compared to their rural counterparts.

4.2.2 Attitude of all Students respondents towards Sex Education

Table 4.8 shows the number and percentages of all Student respondent's attitude towards sex education.

Table 4.8
Attitude of all Students towards Sex Education

Students Respondents	Positive Attitude	%	Moderate Attitude	%	Negative Attitude	%
All Samples (N=400)	152	38.00%	90	22.50%	158	39.50%
Male (N=200)	71	35.5%	42	21%	87	43.5%
Female (N=200)	81	40.5%	48	24%	71	35.5%
Urban (N=200)	79	39.5%	45	22.5%	76	38%
Rural (N=200)	73	36.5%	45	22.5%	82	41%

A look at the Table 4.8 reveals that among the 400 student respondents 38% have positive attitude, 22.50% have moderate attitude and 39.50% have negative attitude towards sex education at the secondary school level in Mizoram. The table also highlights the male and female student's attitude towards sex education which shows that among male students 35.5% have positive attitude, 21% have moderate attitude and 43.5% have negative attitude towards sex education whereas among their female counterparts, 40.5% have positive attitude, 24% have moderate attitude and the rest 35.5% have negative attitude towards sex education at the secondary school level in Mizoram.

The table also reveals that among the urban students 39.5% have positive attitude, 22.5% have moderate attitude and 38% have negative attitude towards sex education at the secondary school level in Mizoram. Out of the 200 rural students 36.5% have positive attitude, 22.5% have moderate attitude and 41% have negative attitude towards sex education at the secondary school level in Mizoram.

The above table indicates that majority of the student respondents have negative attitude towards sex education however, more female and more urban students have positive attitude toward sex education than their respective counterparts i.e. male and rural students.

4.2.3 Attitude of all Teachers towards Sex Education

The following table 4.9 shows the number and percentages of all teacher respondent's attitude towards sex education under different categories.

Table 4.9
Attitude of all Teachers towards Sex Education

Teacher respondents	Positive Attitude	%	Moderate Attitude	%	Negative Attitude	%
All Samples (N=400)	178	44.50%	127	31.75%	95	23.75%
Male (N=200)	88	44%	58	29%	54	27%
Female (N=200)	90	45%	69	34.5%	41	20.5%
Urban (N=200)	91	45.5%	65	32.5%	44	22%
Rural (N=200)	87	43.5%	62	31%	51	25.5%

A glance at the Table 4.9 highlights that out of the 400 teachers 44.50% have positive attitude towards sex education, 31.75% have moderate attitude and 23.75% have negative attitude towards sex education at the secondary school level in Mizoram. Out of the 200 male respondents, 44% have positive attitude, 29% have moderate attitude and the rest 27% have negative attitude towards sex education at the secondary

school level in Mizoram whereas among their female counterparts, 45% have positive attitude, 34.5% have moderate attitude and 20.5% have negative attitude towards sex education at the secondary school level.

The above table also reveals the attitude of urban and rural teachers towards sex education. Out of 200 urban teachers 45.5% have positive attitude, 32.5% have moderate attitude and 22% have negative attitude towards sex education at the school level in Mizoram. Among the rural teachers 43.5% have positive attitude, 31% have moderate attitude and the rest 25.5% have negative attitude towards sex education at the secondary school level in Mizoram.

This indicates that the general trend of attitude towards sex education among the teachers are all positive.

4.3.0 Objective No 3: To make Gender wise comparison of the attitude of Students, Teachers and Community towards Sex Education at Secondary School level.

The attitude of students, teachers and community towards sex education were compared with regard to their gender. For this, the Mean and Standard Deviation of the scores were obtained. The mean differences were tested by applying 't' test and the details are presented in the following tables.

4.3.1 Difference in attitude towards Sex Education between All Male and Female respondents.

Hypothesis no. 1 states that there is no significant gender difference among all respondents towards sex education at the secondary school level.

Table 4.10 shows the comparison in the attitude towards sex education between all male and all female respondents.

Table 4.10
Comparison of the Male and Female respondents towards
Sex Education

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Male	600	99.1533	14.43955	3.18	.77829	4.086**
Female	600	102.3333	12.44737			

** significant at 0.01 level

The following analysis is derived from the comparative statistic.

A perusal of the result vide Table No - 4.10 reveals that the 't' value for the significance of difference between the attitude scores of male and female respondents towards sex education at the secondary school level in Mizoram is significant. Since the calculated 't' value is greater than the criterion 't' value, therefore, it can be concluded that there is a significant difference between the male and female respondents towards sex education at the secondary school level in Mizoram. Therefore, the null hypothesis (No. 1) that assumes there is no significant gender

difference in the attitude of all respondents towards sex education at the secondary school level in Mizoram is rejected, since the two groups differed significantly at .01 level of confidence. A comparison of their mean score shows that this difference is in favour of the female respondents, as their mean score is higher than their male counterparts. The result indicates that the female respondents' attitude towards sex education at the secondary school level is higher than the male respondents, which means females are more positive in their attitude towards sex education than the males.

4.3.2 Difference in the attitude of Male and Female Teachers towards Sex Education.

Hypothesis no. 2 states that there is no significant gender difference among Teacher respondents towards sex education at the secondary school level.

Table No - 4.11 illustrates the comparison of the attitude towards sex education among the teachers with regard to their gender.

**Table 4.11
Comparison of the attitude of Male and Female Teachers
towards Sex Education**

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Male Teachers	200	102.1950	11.75405	2.375	1.09389	2.171*
Female Teachers	200	104.5700	10.05788			

*significant at 0.05 level.

The following analysis is derived from the comparative statistic.

A glance at the table vide Table No – 4.11 reveals that the ‘t’ value for the significance of difference between the attitude score of the male and female teachers towards sex education at the secondary school level in Mizoram is significant. Since the calculated ‘t’ value is greater than the criterion ‘t’ value, therefore, it can be concluded that there is significant difference between the male and female teachers in Mizoram with regard to their attitude towards sex education at the secondary school level. Therefore, the null hypothesis (No.2) that assumes that there is no significant gender difference in the attitude of towards sex education at the secondary school level in Mizoram is rejected since the two groups differed significantly at .05 level of confidence. A comparison of their mean score shows that this difference is in favour of the female teachers, as their mean score is higher than their male counterparts. The result indicates that the female teachers have higher attitude towards sex education than their male counterparts. This means female teachers are more positive in their attitude towards sex education than the male teachers.

4.3.3 Difference in the attitude of Male and Female Students towards Sex Education.

Hypothesis no. 3 states that there is no significant gender difference among Student respondents towards sex education at the secondary school level.

Table No – 4.12 illustrates the comparison of the male and female student’s attitude towards sex education at the secondary school level in Mizoram.

Table 4.12
Comparison of the attitude of Male and Female Students
towards Sex Education

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Male Students	200	99.0750	15.43960	2.42	1.42204	1.702 ns
Female Students	200	101.4950	12.88644			

Not significant

The following analysis is derived from the comparative statistic.

A look at the result vide Table No – 4.12 reveals that the ‘t’ value for the significance of difference between the mean attitude scores of male and female students towards sex education at the secondary school level is 1.702, whereas the required ‘t’ value with $df = 398$, to declare the difference as significant is 1.97 at 0.05 level of confidence. Since the calculated ‘t’ value is lower than the criterion ‘t’ value, it can be concluded that there is no significant difference in the attitude towards sex education between male and female student respondents. Therefore, the null hypothesis (No.3) that assumes there is no significant gender difference in the attitude of students towards sex education is accepted. However a comparison of their mean score shows that this difference is in favour of female students.

This indicates that although the finding is not significant the female students have higher mean score in their attitude than their male counterparts towards sex education at the secondary school level in Mizoram.

4.3.4 Difference in the attitude towards Sex Education between Male and Female Community members.

Hypothesis no. 4 states that there is no significant gender differences among Community respondents towards sex education at the secondary school level.

Table No – 4.13 shows the comparison in the attitude towards sex education between male community members and female community members.

**Table 4.13
Comparison of the attitude of Male and Female Community members towards Sex Education**

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Male community	200	96.1900	15.26200	4.745	1.45667	3.257**
Female community	200	100.9350	13.83647			

**significant at 0.01 level

The following analysis is derived from the comparative statistic.

A glance of the result vide Table No – 4.13 reveals that the ‘t’ value for the significance difference in the attitude towards sex education between the male community members and female

community members is 3.257. Since the calculated 't' value is greater than the criterion 't' value, it can be concluded that there is a significant difference between the male and female community members with regard to their attitude towards sex education at the secondary school level in Mizoram. Therefore the null hypothesis (No.4) that assumes there is no significant difference in the attitude towards sex education at the secondary school level in Mizoram between the male and female community members is rejected as the two groups differed significantly at .01 level of confidence. A simple comparison of their mean scores indicates that this difference is in favour of the female community members. Thus, it is found that the female community members have higher attitude than the male community members towards sex education. So we can conclude that female community members are more positive in their attitude towards sex education than the male community members.

4.3.5 Difference in the attitude of Urban Male and Urban Female towards Sex Education.

Hypothesis no. 5 states that there is no significant gender differences among Urban respondents towards sex education at the secondary school level.

Table No – 4.14 illustrates the comparison of the attitude of urban male and urban female towards sex education.

Table 4.14
Comparison of the attitude of Urban Male and Female
towards Sex Education

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Urban Male	300	99.8367	12.77212	3.22667	1.01779	3.170**
Urban Female	300	103.0633	12.15092			

** Significant at 0.01 level

The following analysis is derived from the comparative statistic.

An examination of data vide Table No – 4.14 reveals that the absolute ‘t’ value for the significance of difference between the mean attitude scores of urban male and urban female comes out to be 3.170, which declares that it is significant at .05 level. Since the calculated ‘t’ value is greater than the criterion ‘t’ value, it can be concluded that there is significant difference in the attitude towards sex education between the urban male and urban female towards sex education. Therefore, the null hypothesis (No.5) that assumes there is no significant difference in the attitude between the urban male and the urban female towards sex education at the secondary school level is rejected as the two groups differed significantly at .01 level of confidence. A comparison of their mean scores shows that this difference is in favour of the urban female as their mean score is higher than their male counterparts. Thus it is found that the urban female students have a higher attitude towards sex education at the secondary school level than their urban male

counterparts in Mizoram. Therefore, we can interpret that urban female students are more positive in their attitude towards sex education than the urban male students.

4.3.6 Difference in the attitude of Rural Male and Rural Female towards Sex Education.

Hypothesis no. 6 states that there is no significant gender differences among Rural respondents towards sex education at the secondary school level.

The following Table No - 4.15 shows the comparison of the attitude of rural male and rural female towards sex education.

**Table 4.15
Comparison of the attitude of Rural Male and Female
towards Sex Education**

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Rural male	300	98.4700	15.92591	3.13333	1.17660	2.663**
Rural female	300	101.6033	12.71528			

** Significant at 0.01 level

The following analysis is derived from the comparative statistic.

As seen in Table No. 4.15, it has been found that the ‘t’ value for the significance of difference between the attitude score of rural male and the rural female towards sex education at the secondary school level in Mizoram is 2.663. Since the calculated

't' value is greater than the criterion 't' value, it can be concluded that there is a significant difference between the attitude of rural male and rural female towards sex education at the secondary school level in Mizoram. Therefore, the hypothesis (No.6) that assumes there is no significant difference in the attitude between the rural male and the rural female towards sex education at the secondary school level in Mizoram is rejected since the two groups differed significantly at .01 level of confidence. A comparison of their mean score shows that this difference is in favour of the rural female. Thus, it can be concluded that the rural females have a higher attitude towards sex education than their rural male counterparts. This denotes that rural females are more positive in their attitude towards sex education than the rural males.

4.4.0 Objective No 4: To make Rural and Urban comparison of the attitude of Students, Teachers and Community towards Sex Education at the Secondary School level.

The attitude of students, teachers and community towards sex education were compared with regard to their locale. For this, the mean and standard deviation of the scores were obtained. The mean differences were tested by applying 't' test and the details are presented in the following tables.

4.4.1 Difference in the attitude of Rural and Urban respondents towards Sex Education

Hypothesis no. 7 states that there is no significant locale differences among all respondents towards sex education at the secondary school level.

The following Table No – 4.16 shows the comparison of the attitude between all rural and all urban respondents towards sex education.

Table 4.16
Comparison of the attitude of Rural and Urban respondents
towards Sex Education

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Urban	600	101.4500	12.55921	1.41333	.78263	1.806 ns
Rural	600	100.0367	14.48338			

Not significant

The following analysis is derived from the comparative statistic.

A perusal of the result vide Table No - 4.16 reveals that the 't' value for the significance of difference between the attitude of the rural and urban respondents towards sex education at the secondary school level is 1.806, whereas the required 't' value with $df = 1198$ to declare the difference as significant is 1.96 at 0.05 level. Since the calculated 't' value is lower than the criterion 't' value, it can be concluded that there is

no significant difference in the attitude between rural and urban respondents towards sex education at the secondary school level in Mizoram. Therefore, the null hypothesis (No.7) which assumes there is no significant difference in the attitude towards sex education between the rural and urban respondents at the secondary school level in Mizoram is retained because the two groups did not differ significantly at any level. A comparison of their mean score shows that although there is no significant difference in their attitude but the urban respondents have a higher mean score in the attitude towards sex education than the rural respondents at the secondary school level in Mizoram.

4.4.2 Difference in the attitude of the Rural and Urban Teachers towards Sex Education.

Hypothesis no. 8 states that there is no significant difference between Rural and Urban Teachers towards sex education at the secondary school level.

Table No – 4.17 illustrates the comparison of the attitude of rural teachers and urban teachers towards sex education.

Table 4.17
Comparison of the attitude of Rural Teachers and Urban Teachers towards Sex Education

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Urban teachers	200	103.990	9.92737	1.215	1.09866	1.106 ns
Rural teachers	200	102.775	11.95235			

Not significant

The following analysis is derived from the comparative statistic.

Analysis of the result vide Table No - 4.17 reveals that the 't' value for the significance of difference between the attitude of the rural and urban teachers towards sex education at the secondary school level is 1.106, whereas the required 't' value with $df = 398$ to declare the difference as significant is 1.97 at 0.05 level. Since the calculated 't' value is lower than the criterion 't' value, it can be concluded that there is no significant difference in the attitude between rural and urban teachers towards sex education at the secondary school level in Mizoram. Therefore, the null hypothesis (No.8) which assumes there is no significant difference in the attitude towards sex education between the rural and urban teachers at the secondary school level in Mizoram is accepted. A comparison of their mean score shows that although there is no significant difference in their attitude but the urban teachers have a higher mean score in the attitude towards sex education than the rural teachers at the secondary school level in Mizoram.

4.4.3 Difference in the attitude of Rural and Urban Students towards Sex Education.

Hypothesis no. 9 states that there is no significant difference between Rural and Urban Students towards sex education at the secondary school level.

Table No - 4.18 highlights the comparison in the attitude of rural and urban students towards sex education.

Table 4.18
Comparison of the attitude of Rural and Urban Students
towards Sex Education

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Urban Students	200	101.16	12.62503	1.75	1.42451	1.228 _{ns}
Rural Students	200	99.41	15.69886			

Not significant

The following analysis is derived from the comparative statistic.

A perusal of the result vide Table No - 4.18 reveals that the 't' value for the significance of difference between the attitude of the rural and urban students towards sex education at the secondary school level is 1.228, whereas the required 't' value with $df = 398$ to declare the difference as significant is 1.97 at 0.05 level. Since the calculated 't' value is lower than the criterion 't' value, it can be concluded that there is no significant difference in the attitude between rural and urban students towards sex education at the secondary school level in Mizoram. Therefore, the null hypothesis (No.9) which assumes there is no significant difference in the attitude towards sex education between the rural and urban students at the secondary school level in Mizoram is retained. A comparison of their mean score shows that although there is no significant difference in their attitude but the urban student's mean score in the attitude towards sex education is higher than the rural students at the secondary school level in Mizoram.

4.4.4 Difference in the attitude of Rural and Urban Community towards Sex Education.

Hypothesis no. 10 states that there is no significant difference between Rural and Urban Community towards sex education at the secondary school level.

The following Table No – 4.19 shows the comparison in the attitude of rural and urban community towards sex education.

Table 4.19
Comparison of the attitude of Rural and Urban Community towards Sex Education

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Urban community	200	99.20	14.32431	1.275	1.47457	.865 ns
Rural community	200	97.925	15.15545			

Not significant

The following analysis is derived from the comparative statistic.

A look at the result vide Table No - 4.19 reveals that the 't' value for the significance of difference between the attitude of the rural and urban community towards sex education at the secondary school level is .865, whereas the required 't' value with $df = 398$ to declare the difference as significant is 1.97 at 0.05 level. Since the calculated 't' value is lower than the criterion 't' value, it can be concluded that there is no significant difference in

the attitude between rural and urban community towards sex education at the secondary school level in Mizoram. Therefore, the null hypothesis (No.10) which assumes there is no significant difference in the attitude towards sex education between the rural and urban community at the secondary school level in Mizoram is accepted. However a look at their mean score shows that there exist some difference in their attitude. It can be concluded that although there is no significant difference in their attitude, the urban community have a higher mean score in the attitude towards sex education than the rural community at the secondary school level in Mizoram. But this could be a chance factor.

4.4.5 Difference in the attitude of Rural Male and Urban Male towards Sex Education.

Hypothesis no. 11 states that there is no significant difference between Rural Male and Urban Male towards sex education at the secondary school level.

The following Table No – 4.20 illustrates the comparison of the attitude of rural and urban Male towards sex education.

Table 4.20
Comparison of the attitude of Rural and Urban Male towards Sex Education

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Urban male	300	99.8367	12.77212	1.36667	1.17865	1.160 ns
Rural male	300	98.4700	15.92591			

Not significant

The following analysis is derived from the comparative statistic.

A perusal of the result vide Table No - 4.20 reveals that the 't' value for the significance of difference between the attitude of the rural and urban male towards sex education at the secondary school level is 1.160, whereas the required 't' value with $df = 598$ to declare the difference as significant is 1.96 at 0.05 level. Since the calculated 't' value is lower than the criterion 't' value, it can be concluded that there is no significant difference in the attitude between rural and urban male respondents towards sex education at the secondary school level in Mizoram. Therefore, the null hypothesis (No.11) which assumes there is no significant difference in the attitude towards sex education between the rural and urban male respondents at the secondary school level in Mizoram is accepted. A simple comparison of their mean score indicates the urban male have a higher mean score in the attitude towards sex education than the rural male at the secondary school level in Mizoram.

4.4.6 Difference in the attitude of the Rural and Urban Female towards Sex Education.

Hypothesis no. 12 states that there is no significant difference between Rural Female and Urban Female towards sex education at the secondary school level.

Table No – 4.21 shows the comparison of the attitude of the rural female and urban female towards sex education.

Table 4.21
Comparison of the attitude of Rural and Urban Female
towards Sex Education

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Urban female	300	103.0633	12.15092	1.46	1.01542	1.438 ns
Rural female	300	101.6033	12.71528			

Not significant

The following analysis is derived from the comparative statistic.

A glance at the table vide Table No – 4.21 reveals that the ‘t’ value for the significance of difference between the attitude of the rural and urban female towards sex education at the secondary school level is 1.438, whereas the required ‘t’ value with $df = 598$ to declare the difference as significant is 1.96 at 0.05 level. Since the calculated ‘t’ value is lower than the criterion ‘t’ value, it can be concluded that there is no significant difference in the attitude between rural and urban female respondents towards sex education at the secondary school level in Mizoram. Therefore, the null hypothesis (No.12) which assumes there is no significant difference in the attitude towards sex education between the rural and urban female respondents at the secondary school level in Mizoram is accepted. However a comparison of their mean score shows that urban female have a higher mean score than their rural female counterparts.

4.5.0 Objective No 5: To compare the attitude of Students, Teachers and Community towards Sex Education at Secondary School level.

The attitude of students, teachers and community towards sex education were compared. For this, the mean and standard deviation of the scores were obtained. The mean differences were tested by applying ‘t’ test and the details are presented in the following tables.

4.5.1. Difference in the attitude of the Students and Teachers towards Sex Education.

Hypothesis no. 13 states that there is no significant difference between Students and teachers towards sex education at the secondary school level.

The following Table No – 4.22 shows the comparison in the attitude of students and teachers towards sex education.

**Table 4.22
Comparison of the attitude of Students and Teachers
towards Sex Education**

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Students	400	100.2850	14.25418	3.09750	.89994	3.442**
Teachers	400	103.3825	10.98968			

** Significant at 0.01 level.

The following analysis is derived from the comparative statistic.

A perusal of the result vide Table No - 4.22 reveals that the 't' value for the significance of difference between the attitude score of students and teachers towards sex education at the secondary school level in Mizoram is 3.442. Since the calculated 't' value is greater than the criterion 't' value, it can be concluded that there is a significant difference between the attitude of students and teachers towards sex education at the secondary school level in Mizoram. Therefore, the hypothesis (No.13) that assumes there is no significant difference in the attitude between students and teachers towards sex education at the secondary school level in Mizoram is rejected since the two groups differed significantly at 0.01 level of confidence. A comparison of their mean score shows that this difference is in favour of the teachers. Thus, it can be concluded that the teachers have a higher attitude towards sex education than the students at the secondary school level in Mizoram. This signifies that teachers are more positive in their attitude towards sex education than the students.

4.5.2 Difference in the attitude of Teachers and Community towards Sex Education.

Hypothesis no. 14 states that there is no significant difference between teachers and community towards sex education at the secondary school level.

Table No – 4.23 illustrates the comparison of the attitude of Teachers and Community towards Sex Education.

Table 4.23
Comparison of the attitude of Teachers and Community
towards Sex Education

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Teachers	400	103.3825	10.98968	4.82	.91934	5.243**
Community	400	98.5625	14.74108			

** Significant at 0.01 level

The following analysis is derived from the comparative statistic.

A glimpse of the result vide Table No - 4.23 reveals that the ‘t’ value for the significance of difference between the attitude score of teachers and community towards sex education at the secondary school level in Mizoram is 5.243. Since the calculated ‘t’ value is greater than the criterion ‘t’ value, it can be concluded that there is a significant difference between the attitude of teachers and community towards sex education at the secondary school level in Mizoram. Therefore, the hypothesis (No.14) that assumes there is no significant difference in the attitude between teachers and community towards sex education at the secondary school level in Mizoram is rejected since there exist a significant difference at 0.01 level of confidence. A comparison of their mean score shows that this difference is in favour of the teachers. Thus, it can be concluded that the teachers have a higher attitude towards sex education at the secondary school level in Mizoram than the community members in Mizoram. This indicates that

teachers are more positive in their attitude towards sex education than the community members.

4.5.3. Difference in the attitude of Students and Community towards Sex Education.

Hypothesis no. 15 states that there is no significant difference between Students and community towards sex education at the secondary school level. .

The following Table No - 4.24 illustrates the comparison of the attitude of students and community towards sex education.

Table 4.24
Comparison of the attitude of Students and Community towards Sex Education

Category	Number	Mean	S.D	Mean Diff	Standard Error Diff	t-value
Students	400	100.285	14.25418			
Community	400	98.5625	14.74108	1.7225	1.02528	1.680 $_{ns}$

Not significant.

The following analysis is derived from the comparative statistic.

As seen on Table No - 4.24, it has been found that the 't' value for the significance of difference between the attitude of the students and community towards sex education at the secondary school level is 1.680, whereas the required 't' value with $df = 798$ to declare the difference as significant is 2.58 at 0.01 and

1.96 at 0.05 level. Since the calculated 't' value is lower than both the criterion 't' value, it can be concluded that there is no significant difference in the attitude between students and community towards sex education at the secondary school level in Mizoram. Therefore, the null hypothesis (No.15) which assumes there is no significant difference in the attitude towards sex education between the students and community at the secondary school level in Mizoram is accepted. However a comparison of their mean score shows that students have a higher mean score than the community which indicates that although not significant, they have a higher attitude towards sex education than the community at the secondary school level in Mizoram.

4.6.0 Objective No 6: To study the opinions of Students, Teachers and Community on different aspects of inclusion of Sex Education in the school Curriculum.

The opinion of students, teachers and community members towards the inclusion of sex education in schools is also being investigated. For this, the investigator develops an opinionnaire to study the opinion of students, teachers and community members. Altogether, there are ten (10) questions to elicit the opinion of all respondents towards inclusion of sex education in the school curriculum. Their responses are analysed and interpreted and are presented respectively in the following tables.

4.6.1. Opinion of all Respondents on the introduction of Sex Education in school.

The following Table No - 4.25 highlights the opinion of all respondents on whether sex education should be introduced in the school.

Table 4.25
Opinion of all Respondents on the introduction of Sex Education in school.

SAMPLES	Yes	%	No	%
All Samples (N=1200)	1156	96.33%	44	3.67%
All Male (N=600)	569	94.83%	31	5.17%
All Female (N=600)	587	97.83%	13	2.17%
All Urban (N=600)	581	96.83%	19	3.16%
All Rural (N=600)	575	95.83%	25	4.17%
All Students (N=400)	383	95.75%	17	4.25%
All Teachers (N=400)	394	98.5%	6	1.5%
All Community (N=400)	379	94.75%	21	5.25%

As shown in Table No - 4.25 the study reveals that out of all the samples collected i.e.1200 respondents, 96.33% are in favour of introducing sex education in the schools while the rest 3.67% are not in favour of it. Among the male respondents, 94.83% support the introduction of sex education in schools while 5.17% do not support it. Meanwhile, among the female respondents, 97.83% want to introduce it in the schools while only 2.17% do not want to introduce sex education in the schools.

If we look at the respondents from urban and rural areas, 96.83% and 95.83% want to introduce sex education. While 3.16% and 4.17% do not want to introduce it in the schools respectively. The table also shows that among all students, 95.75% and among all teachers, 98.5% of them want to introduce sex education in the schools while 94.75% of the community respondents want to introduce sex education in the schools.

From the above table we can conclude that majority of the respondents wants to introduce sex education in the schools. There are more females who are in support of introducing sex education rather than males and also, there are more urban respondents than the rural respondents who are in support of introducing sex education in the schools. An analysis of the responses among community, teachers and students also reveals that majority of respondents wants to introduce sex education in the schools.

4.6.2. Opinion of all Respondents on the stage of implementation of Sex Education at the Secondary School level.

The following Table No. 4.26 shows the opinion of all respondents with respect to which stage of education should sex education be implemented in the school.

Table 4.26**Opinion of all Respondents on the stage of implementation of Sex Education in school.**

SAMPLES	Pre-School	Primary	Middle	Secondary	Higher Secondary	College	University
All Sample (N=1200)	31 (2.58%)	177 (14.75%)	663 (55.25%)	270 (22.5%)	41 (3.41%)	14 (1.16%)	4 (.33%)
All Male (N=600)	16 (2.6%)	73 (12.2%)	320 (53.33%)	153 (25.5%)	27 (4.5%)	9 (1.5%)	2 (.33%)
All Female (N=600)	15 (2.5%)	104 (17.33%)	343 (57.16%)	117 (19.5%)	14 (2.33%)	5 (.83%)	2 (.33%)
All Urban (N=600)	10 (1.66%)	90 (15%)	316 (52.66%)	150 (25%)	27 (4.5%)	6 (1%)	1 (.16%)
All Rural (N=600)	21 (3.5%)	87 (14.5%)	347 (57.83%)	120 (20%)	14 (2.33%)	8 (1.33%)	3 (.5%)
All Students (N=400)	7 (1.75%)	50 (12.5%)	255 (63.75%)	72 (18%)	12 (3%)	4 (1%)	0 (0%)
All Teachers (N=400)	7 (1.75%)	53 (13.25%)	200 (50%)	124 (31%)	12 (3%)	4 (1%)	0 (0%)
All Community (N=400)	17 (4.25%)	74 (18.5%)	208 (52%)	74 (18.5%)	17 (4.25%)	6 (1.5%)	4 (1%)

With regards to the opinion on the stage of implementation of sex education in schools, out of all (1200) respondents 2.58% (31) consider pre-school as the most appropriate stage to start sex education. 14.75% (177) want to introduce it from primary stage, 55.25% (663) indicate middle stage as the most appropriate, 22.5% (270) believed the most suitable stage to be the secondary stage. 3.41% (41) assume higher secondary stage as the best stage, 1.16% (14) decides

college level as the most fitting stage, while a mere .33% (4) wish to introduce it from university level.

Among the 600 male respondents, 2.6% want to implement sex education from pre-school, 12.2% would like to implement it from primary stage, 53.33% opt for the middle stage, 25.5% choose secondary stage, 4.5% decide on higher secondary stage and 1.5% and .33% select college and university level respectively. At the same time, out of 600 female respondents 2.5% choose pre-school as the most appropriate stage for implementing sex education, 17.33% pick primary stage, 57.16% go for middle stage, 19.5% decide on secondary stage. 2.33% opt for higher secondary stage and a meager .83% and .33% settle for college and university level respectively.

Out of 600 urban respondents, 1.66% choose pre-school stage, 15% preferred the primary stage, 52.66% desire middle school stage. 25% wish for secondary stage, 4.5% indicate higher secondary stage and as few as 1% and .16% decide the college and university level respectively. From the 600 rural respondents, 3.5% opt for pre-school, 14.5% favour the primary stage, 57.83% go for the middle stage, 20% aspire for the secondary stage, 2.33% desire the higher secondary stage, 1.33% fancy the college level and .5% choose the university level.

Among the 400 students sample, 1.75% opt for pre-school, 12.5% choose the primary stage, 63.75% want the middle stage, 18% go for secondary stage, 3% favour the higher secondary stage, 1% select the college level but none opts for the university level. With regards to the opinion of 400 teacher

samples, 1.75% opt for pre-school, 13.25% are in favour of the primary stage, 50% like the middle stage, 31% desire the secondary stage, 3% wish for the higher secondary stage, 1% aspire for the college level and no one selects the university level. Out of the 400 community samples, 4.25% desire the pre-school, 18.5% like the primary stage, 52% select the middle stage, 18.5% opt for the secondary stage, 4.25% fancy the higher secondary stage, 1.5% favour the college level and only 1% choose the university level as the ideal stage to implement sex education.

In conclusion, the above table shows that the most desired stage of implementing sex education by majority of the respondents is the middle school stage followed by the secondary stage of education which is again followed by the primary stage of education. The most undesirable stage of implementing sex education by all respondents is the university level; the reason perhaps could be that university level is considered too late to start implementing sex education.

4.6.3. Opinion of all Respondents on the best method of imparting Sex Education in schools

The following Table No - 4.27 bring to light the opinion of all respondents with respect to the various method of imparting sex education at school.

Table 4.27
Opinion of all Respondents on the best method of imparting
Sex Education in schools

SAMPLES	Through school syllabus	Through co-Curricular activities	Through school seminar	Through school assembly
All Sample (N=1200)	482 (40.16%)	252 (21%)	325 (27.08%)	141 (11.75%)
All Male (N=600)	258 (43%)	129 (21.5%)	144 (24%)	69 (11.5%)
All Female (N=600)	224 (37.33%)	123 (20.5%)	181 (30.17%)	72 (12%)
All Urban (N=600)	222 (37%)	114 (19%)	189 (31.5%)	75 (12.5%)
All Rural (N=600)	259 (43.16%)	138 (23%)	137 (22.83%)	66 (11%)
All Students (N=400)	157 (39.25%)	73 (18.25%)	104 (26%)	66 (16.5%)
All Teachers (N=400)	173 (43.25%)	105 (26.25%)	100 (25%)	22 (5.5%)
All Community (N=400)	152 (38%)	74 (18.5%)	121 (30.25%)	53 (13.25%)

A look at Table No.4.27 reveals that 40.16% of all respondents (1200) believe the best way to impart sex education is through the school syllabus, 21% of them assume co-curricular activities as the most appropriate, 27.08% think imparting sex education through school seminar is the ideal choice and the rest 11.75% consider school assembly as the perfect means to impart sex education in the schools.

Among 600 male respondents, 43% accept school syllabus as the most appropriate way to impart sex education in

the schools, 21.5% prefer to impart through co-curricular activities, 24% choose school seminar and the rest 11.5% want to impart through school assembly. At the same time, out of 600 female respondents, 37.33% would like to impart through school syllabus, 20.5% prefer imparting through school co-curricular activities, 30.17% favour imparting through school seminar and 12% desire to impart through school assembly.

With regards to the opinion of 600 urban respondents, 37% want to impart through school syllabus, 19% wish to impart through school co-curricular activities, 31.5% choose to impart through school seminar and the rest 12.5% prefer to impart through school assembly. Out of 600 rural respondents, 43.16% like to fancy imparting through school syllabus, 23% like to impart through school co-curricular activities, 22.83% go for the school seminar and the rest 11% opt for the school assembly to impart sex education in schools.

The table also highlights that among the 400 students, 39.25% like to impart sex education through school syllabus, 18.25% choose school co-curricular activities, 26% favour the school seminar and 16.5% prefer the school assembly. Out of 400 teachers, 43.25% want to impart through school syllabus, 26.25% prefer school co-curricular activities, 25% desire the school seminar and 5.5% wish to impart through school assembly. From the 400 community respondents, 38% like to impart through school syllabus, 18.5% choose school co-curricular activities, 30.25% select school seminar and the rest 13.25% chose to impart through school assembly.

To conclude, the result shows that majority of respondents consider sex education through the school syllabus as the best method of imparting sex education in the schools while the least preferred method is imparting sex education through school assembly.

4.6.4 Opinion of all Respondents on how sex education should be given in the schools.

The following Table No - 4.28 depicts the opinion of all respondents on how sex education should be given at the schools.

Table 4.28
Opinion of all Respondents on how sex education should be imparted in the schools.

SAMPLES	Separately for boys and girls	To boys and girls together	To the students individually
All Sample (N=1200)	651 (54.25%)	469 (39.08%)	80 (6.66%)
All Male (N=600)	295 (49.16%)	264 (44%)	41 (6.83%)
All Female (N=600)	356 (59.33%)	205 (34.16%)	39 (6.5%)
All Urban (N=600)	327 (54.5%)	226 (37.66%)	47 (7.83%)
All Rural (N=600)	324 (54%)	243 (40.5%)	33 (5.5%)
All Students (N=400)	195 (48.75%)	177 (44.25%)	28 (7%)
All Teachers (N=400)	258 (64.5%)	125 (31.25%)	17 (4.25%)
All Community (N=400)	198 (49.5%)	167 (41.75%)	35 (8.75%)

From the above Table No.4.28 it is revealed that out of all 1200 respondents, 54.25% prefer giving sex education

separately for boys and girls, 39.08% wish to give sex education when boys and girls are together in the classroom and the rest 6.66% want to give sex education individually to the students.

Among the 600 male respondents, 49.16% desire to offer sex education separately for boys and girls, 44% wish to provide sex education when boys and girls are together and 6.83% favour giving to the students individually. Out of 600 female respondents, 59.33% like to present sex education separately for boys and girls, 34.16% like to impart it when boys and girls are together in the classroom, 6.5% want to offer individually to the students.

With regards to the opinion of urban and rural respondents, 54.5% urban and 54% rural respondents like to deliver sex education separately for boys and girls, 37.66% urban and 40.5% rural respondents want to make sex education available when boys and girls are together in the same classroom and the rest 7.83% and 5.5% from urban and rural area want to give individually to the students.

Out of the 400 students, 48.75% of them want to give sex education separately for boys and girls, 44.25% like to provide when boys and girls are together in one classroom and 7% of them want to impart individually to the students. Among the 400 teachers, 64.5% wish to offer sex education separately for boys and girls, 31.25% desire to present sex education when boys and girls are together in one classroom and 4.25% are keen to impart it individually to the students. With regards to the opinion of 400 community members, 49.5% wish to impart separately for boys

and girls, 41.75% like to offer when boys and girls are together in one classroom and the rest 8.75% choose to give sex education individually to the students.

From the above table we can come to the conclusion that majority of the respondents want to give sex education separately for boys and girls, while giving sex education to the students individually is the least preferred.

4.6.5 Opinion of all Respondents on the medium of imparting sex education as a subject in the schools.

The following Table No - 4.29 shows the opinion of all respondents on the medium of imparting sex education as a subject in the schools.

Table 4.29
Opinion of all Respondents on the medium of imparting sex education as a subject in the schools.

SAMPLES	As a separate subject	Through various subjects in the school
All Sample (N=1200)	798 (66.5%)	402 (33.5%)
All Male (N=600)	401 (66.83%)	199 (33.16%)
All Female (N=600)	397 (66.16%)	203 (33.83%)
All Urban (N=600)	364 (60.67%)	236 (39.33%)
All Rural (N=600)	434 (72.33%)	166 (27.67%)
All Students (N=400)	264 (66%)	136 (34%)
All Teachers (N=400)	276 (69%)	124 (31%)
All Community (N=400)	258 (64.5%)	142 (35.5%)

A glance at Table No.4.29 shows that out of 1200 respondents, 66.5% are in favour of offering sex education as a separate school subject whereas the rest 33.5% want to offer it through various subject in the school. Out of 600 male respondents, 66.83% prefer to have it as a separate subject while 33.16% wish to impart through different school subject. Regarding the opinion of 600 female respondents, 66.16% are keen in offering it as a separate subject but 33.83% want to impart it through different school subject. Among the urban respondents, 60.67% want to impart sex education as a separate subject whilst 39.33% are inclined to offer it through different school subject. Out of 600 rural respondents, 72.33% like to offer it as a separate subject at the same time, the rest 26.67% desire to convey it through different school subject. Regarding the opinion of students, 66% wish instruction be given as a separate subject while 34% prefer it through different school subject. Among teacher respondents, 69% want to teach as a separate subject whereas 31% wish sex education be given in different school subject. Among the community respondents, 64.5% prefer to offer sex education as a separate subject but 35.5% wish to offer it through different school subjects.

We can conclude from the above table that majority of respondents prefer to offer sex education as a separate subject rather than through different subjects in the schools.

4.6.6 Opinion of all Respondents on their choice of service for imparting Sex Education.

Table 4.30 shows the opinion of all respondents on their preference of service to take responsibility in imparting sex education. The respondents gave their preferences by giving 1 to the most preferred and 9 as the least preferred.

Table 4.30
Opinion of all Respondents on their choice of service for
imparting Sex Education.

<i>1st Preferences</i>								
Parents	teacher	teachers	classmates	peers	E.media	P.media	NGO	Board
744	223	92	9	26	25	15	42	24
<i>2nd Preferences</i>								
Parents	teacher	teachers	classmates	peers	E.media	P.media	NGO	Board
191	500	215	40	45	45	28	81	55
<i>3rd Preferences</i>								
Parents	teacher	teachers	classmates	peers	E.media	P.media	NGO	Board
119	192	302	69	66	107	65	171	109
<i>4th Preferences</i>								
Parents	teacher	teachers	classmates	peers	E.media	P.media	NGO	Board
47	100	175	110	105	139	129	221	174
<i>5th Preferences</i>								
Parents	teacher	teachers	classmates	peers	E.media	P.media	NGO	Board
32	64	145	127	116	133	187	191	205
<i>6th Preferences</i>								
Parents	teacher	teachers	classmates	peers	E.media	P.media	NGO	Board
19	40	118	148	151	229	192	164	139
<i>7th Preferences</i>								
Parents	teacher	teachers	classmates	peers	E media	P media	NGO	Board
18	38	77	156	164	223	242	128	154
<i>8th Preferences</i>								
Parents	teacher	teachers	classmates	peers	E media	P media	NGO	Board
11	26	46	271	225	178	195	115	133
<i>9th Preferences</i>								
Parents	teacher	teachers	classmates	peers	E media	P media	NGO	Board
19	17	30	270	302	121	147	87	207

A look at Table No - 4.30 brings to light that out of the 1200 respondents, 744 respondents give their first preference to parents to take responsibility in imparting sex education. Regarding their second preference, teacher (single) happens to be their second choice to take responsibility. With regards to their least preference, peers are least preferred to take responsibility to impart sex education.

From the above table it can be concluded that parents are most preferred to take responsibility in imparting sex education while peers are least preferred.

4.6.7 Opinion of all Respondents on whether Mizo community are well informed on Sex Education.

Table No - 4.31 highlights the opinion of all respondents on whether Mizo community are well informed on sex education.

Table 4.31
Opinion on whether Mizo community are well informed on Sex Education

CATEGORY	YES	%	NO	%
All Sample (N=1200)	231	19.25%	969	80.75%
All Male (N=600)	132	22%	468	78%
All Female (N=600)	99	16.5%	501	83.5%
All Urban (N=600)	87	14.5%	513	85.5%
All Rural (N=600)	144	24%	456	76%
All Students (N=400)	69	17.25%	331	82.75%
All Teachers (N=400)	45	11.25%	355	88.75%
All Community (N=400)	117	29.25%	283	70.75%

As shown in Table No - 4.31 it can be seen that out of 1200 respondents, 19.25% believe that Mizo community are well informed with respect to sex education, at the same time, majority of the respondents 80.75% do not consider that Mizo community are well informed on sex education. Among the male respondents, 22% assume that Mizo community receive well information about sex education but the rest 78% do not believe Mizo community are well informed on sex education. With regards to the opinion of female respondents, 16.5% feel that Mizo community are well informed on Sex education but majority of the respondents 83.5% do not feel Mizo community are well informed on sex education. Among the urban and rural respondents, 14.5% and 24% of the respondents believe Mizo community are well informed on sex education whereas the other 85.5% and 76% do not think Mizo community are well informed on sex education. Out of 400 students, 17.25% feel that Mizo community are well informed on sex education while 82.75% do not feel that they have well information on sex education. Out of 400 teachers and 400 community members, 11.25% and 29.25% think that Mizo's have well information on sex education whilst 88.75% and 70.75% do not consider that Mizo's have well information on sex education.

From the above table, it can be concluded that majority of the respondents consider that the Mizo community do not receive proper information on sex education.

4.6.8 Opinion of all Respondents regarding their preference on the most appropriate place to impart Sex Education.

The following Table No - 4.32 reveals the preference of the respondents on the most appropriate place to impart sex education. The respondents give their preferences by giving 1 to the most preferred and 4 to the least preferred.

**Table 4.32
Preference of all Respondents on the most appropriate place to impart Sex Education.**

<i>1st Preferences</i>			
Home	School	Community Hall	Sunday School Hall
632	491	52	25
<i>2nd preferences</i>			
Home	School	Community Hall	Sunday School Hall
381	571	146	102
<i>3rd preferences</i>			
Home	School	Community Hall	Sunday School Hall
132	114	477	477
<i>4th preferences</i>			
Home	School	Community Hall	Sunday School Hall
55	24	525	596

As shown in Table No - 4.32 it is revealed that out of 1200 respondents, 632 give their first preference to home as the most appropriate place to impart sex education. On the other hand, Sunday school hall is least preferred by the highest number of respondents.

4.6.9a Opinion of all Respondents on the topics Sex Education should cover.

The following Table no.4.33 highlights the opinion of all respondents on what topics sex education in schools should confine. The respondents ticked as much as they want with respect to the topics which they think should be covered by sex education.

**Table 4.33
Opinion of all Respondents on the topics Sex Education should cover**

Topics	All Sample (N=1200)	Students (N=400)	Teachers (N=400)	Community (N=400)
Physical Development & Puberty	816	255	245	316
Reproduction	584	189	174	221
Dating & relationship	582	189	157	236
Study of sexuality & its importance	717	222	228	267
Pre-marital sex	810	258	257	295
Sex abuse	869	287	271	311
HIV & AIDS	966	321	330	315
STI's	673	193	198	282
Life skills & its importance	516	176	146	194
Myths & misconceptions	289	86	70	133
Drug abuse	605	209	197	199
Teenage Pregnancy	790	260	253	277

A look at Table No - 4.33 shows that out of 1200 respondents, 816 respondents want to include physical development and puberty, 584 respondents tick reproduction, 582 respondents pick on dating and relationship, 717 respondents

decide on the study of sexuality and its importance, 810 respondents choose pre-marital sex, 869 respondents opt for sex abuse, 966 respondents go for HIV/AIDS, 673 respondents pick STI's, 516 respondents choose on life skills and its importance, 289 respondents take on myths and misconceptions, 605 respondents opt drug abuse and 790 respondents choose teenage pregnancy.

Among the 400 students, 255 respondents choose physical development and puberty, 189 respondents opt for reproduction, another 189 respondents select dating and relationship, 222 respondents decide on study of sexuality and its importance, 258 respondents tick pre-marital sex, 287 respondents go for sex abuse, 321 respondents tick on HIV/AIDS, 193 respondents settle on STI's, 176 respondents pick life skills and its importance, 86 respondents decide on myths and misconceptions, 209 respondents plump on drug abuse and 260 respondents agree with teenage pregnancy.

With regard to the opinion of 400 teachers, 245 respondents want to include physical development and puberty, 174 respondents tick on reproduction, 157 respondents select dating and relationship, 228 respondents opt on the study of sexuality and its importance, 257 respondents go for pre-marital sex, 271 respondents choose sex abuse, 330 respondents take on HIV/AIDS, 198 respondents settle on STI's, 146 respondents decide on life skills and its importance, 70 respondents tick on myths and misconceptions, 197 respondents decide on drug abuse and 253 respondents want teenage pregnancy.

At the same time, out of 400 community respondents, the study reveals that 316 respondents want to include physical development and puberty, 221 respondents tick on reproduction, 236 respondents select dating and relationship, 267 respondents opt for the study of sexuality and its importance, 295 respondents decide on pre marital sex, 311 respondents choose sex abuse, 315 respondents plump for HIV/AIDS, 282 respondents pick on STI's, 194 respondents desire on life skills and its importance, 133 respondents wish on myths and misconceptions, 199 respondents want drug abuse and 277 respondents prefer teenage pregnancy.

In conclusion, the above table indicates that majority of the respondents consider topics such as HIV/AIDS education, sex abuse, pre-marital sex, physical development & puberty and teenage pregnancy as the most important areas to be covered by sex education in the school. Myths & misconceptions topic is being selected by the lowest number of respondents to be covered in sex education in the school.

4.6.9b Opinion of all Respondents on the reason for imparting Sex Education in schools.

This is an open ended question and the respondents are asked to write the reason why sex education should be imparted in schools. Their answers are classified into the following heads:

1. To prevent the students from AIDS, STI's and other related diseases.
2. To prevent the students from sex abuse, sex exploitation and pre-marital sex.
3. Most parents hesitate to give sexual awareness to their children and many of them lack proper knowledge about sexual health and education. Therefore, it should be imparted in schools.
4. To guide the students in the right path and help them choose the right way of living for their future.
5. To reduce early marriage, unwanted pregnancy and abortion.
6. Since most children attend schools every day, it is very much appropriate to impart sex education in schools.
7. Since most children have a tendency to obey their teachers rather than their parents, it is important to impart sex education in schools.
8. To help the students understand their physical development especially during adolescence period.
9. To teach the bad consequences of experiencing sex at an early age.
10. For better community life, happy marriage and better social order.
11. As our environment is influenced by western culture especially on matters related to sex, through different media it is necessary to impart sex education in schools.

CHAPTER V

MAJOR FINDINGS, DISCUSSIONS, RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

The present chapter deals with the major findings, discussions, recommendations and suggestions for further research.

5.1.0 MAJOR FINDINGS

The following are the major findings of the present study:

5.1.1 Nature and direction of Attitude

(a) *Overall Attitude of the Respondents towards Sex Education.*

- (i) Majority of respondents have positive attitude.
- (ii) There are more female respondents with positive attitude than the males. Majority of the male respondents have negative attitude whereas majority of the female respondents have positive attitude towards sex education.
- (iii) Among the urban respondents, majority of them have positive attitude towards sex education while among the rural respondents the number of respondents who

have positive and negative attitude are practically equal in number.

(b) *Attitude of the community respondents towards Sex Education*

- (i) Majority of community respondents have negative attitude towards sex education.
- (ii) Both majorities of the male and female community respondents have negative attitude towards sex education.
- (iii) The attitude of both the urban and rural community respondents is negative.

(c) *Attitude of student's Respondents towards Sex Education*

- (i) Majority of student's respondents have negative attitude towards sex education.
- (ii) Majority of the female respondents have positive attitude whereas majority of the male attitude is negative towards sex education.
- (iii) The attitude of the urban students is positive while the attitude of the rural respondents is negative.

(d) *Attitude of the teacher respondents towards sex education*

- (i) Majority of teacher respondents have positive attitude towards sex education.

- (ii) Both male and female teacher respondents have positive attitude towards sex education.
- (iii) Urban and rural teacher respondents have positive attitude towards sex education.

5.1.2 Significance of Difference in Attitude towards sex education

(a). In Relation to Gender

- (i) There exists a significant difference between the male and female respondents with regard to their attitude towards sex education. The difference is in favour of the female respondents at .01 level.
- (ii) There exists a significant difference between the male and female teachers and the significant level is at .05 level towards the female respondents.
- (iii) There is no significant difference between male and female students with regard to their attitude towards sex education.
- (iv) Male and female community members differ significantly with regard to their attitude towards sex education. The difference is in favour of the female members at .05 level.
- (v) There exists a significant difference in the attitude of urban male and urban female towards sex education. The difference is in favour of the urban female at .01 level.
- (vi) Rural male and rural female differ significantly with regard to their attitude towards sex education at .01

level of confidence. This is in favour of the rural female respondents

(b) *In Relation to Locale*

- (i) There is no significant difference between urban and rural respondents with regard to their attitude towards sex education.
- (ii) There is no significant difference between urban teachers and rural teachers with regard to their attitude towards sex education.
- (iii) No significant difference is found between urban students and rural students in relation to their attitude towards sex education.
- (iv) There is no significant difference between urban community and rural community with regard to their attitude towards sex education.
- (v) Urban Male and rural male attitude towards sex education do not differ significantly.
- (vi) No significant difference is found between urban female and rural female in relation to their attitude towards sex education.

(c) *In relation to the attitude of students, teachers and community.*

- (i) There exists a significant difference in the attitude towards sex education between students and teachers and the difference is in favour of the teachers at .01 level.

- (ii) There exists a significant difference between community and teachers in their attitude towards sex education and the difference is in favour of the teachers at .01 level.
- (iii) There is no significant difference between students and community with regard to their attitude towards sex education.

5.1.3 Opinion of the Respondents on different aspect of inclusion of Sex Education in schools.

(a) *Opinion of all respondents on the introduction of sex education in schools.*

It is found that majority of the respondents wanted to introduce sex education in the schools. The female respondents are more supportive towards introduction of sex education in schools than males. And also, there are more urban respondents than the rural respondents who are in support of introducing sex education in the schools. An analysis of the responses among community, teachers and students also reveals that more number of respondents want to introduce sex education in the schools.

(b) *Opinion of all respondents on the stage of implementation of Sex Education in school.*

It is found that the most desired stage of implementing sex education by majority of the respondents is the middle school stage followed by the secondary stage of education which is again followed by the primary stage of education. The most undesirable

stage of implementing sex education by all respondents is the university level.

(c) *Opinion of all respondents on the best method of imparting Sex Education in schools*

The finding also reveals that majority of respondents consider sex education through the school syllabus as the best method of imparting sex education in the schools while the least preferred method is imparting sex education through school assembly.

(d) *Opinion of all respondents on how sex education should be imparted in the schools.*

Findings reveal that majority of the respondents want to give sex education separately for boys and girls, while giving sex education to the students individually is the least preferred.

(e) *Opinion of all respondents on the medium of imparting sex education as a subject in the schools.*

The finding of the present study shows that majority of respondents prefer to offer sex education as a separate subject rather than through different subjects in the schools.

(f) *Preference of all respondents on their choice of service for imparting sex education.*

It is found that parents are most preferred to take responsibility in imparting sex education while peers are the least preferred.

(g) *Opinion of all respondents on whether Mizo community are well informed on sex education.*

The finding of the study also reveals that majority of the respondents consider that the Mizo community do not receive proper information on sex education.

(h) *Preference of all respondents on the most appropriate place to impart sex education.*

Findings reveal that home is preferred by majority of respondents as the most appropriate place to impart sex education, while Sunday school halls are the least preferred.

(i) *Opinion of all respondents on the topics Sex Education should cover*

The present study also shows that majority of the respondents consider topics such as HIV/AIDS education, sex abuse, pre-marital sex, physical development & puberty and teenage pregnancy as the most important area to be covered by sex education in the school. Myths & misconceptions topic is being selected by the lowest number of respondents to be included in sex education in the school.

(j) *Opinion of all respondents on the reason for imparting sex education in schools.*

The following points are found to be the major causes as to why sex education should be imparted in the schools:

- (i) To prevent the students from AIDS, STI's and other related diseases.
- (ii) To prevent the students from sex abuse, sex exploitation and pre-marital sex.
- (iii) Most parents hesitate to give sexual awareness to their children and many of them lack proper knowledge about sexual health and education. Therefore, it should be imparted in schools.
- (iv) To guide the students in the right path and help them choose the right way of living for their future.
- (v) To reduce early marriage, unwanted pregnancy and abortion.
- (vi) Since most children attend schools every day, it is very much appropriate to impart sex education in schools.
- (vii) Since most children have a tendency to obey their teachers rather than their parents, it is important to impart sex education in schools.
- (viii) To help the students understand their physical development especially during adolescence period.
- (ix) To teach the bad consequences of experiencing sex at an early age.
- (x) For better community life, happy marriage and better social order.
- (xi) As our environment is influenced by western culture especially on matters related to sex, through different

media it is necessary to impart sex education in schools.

5.2.0 DISCUSSION ON THE FINDINGS OF THE PRESENT STUDY.

5.2.1 Discussion on the findings in Relation to nature and direction of Attitude towards Sex Education.

(i) *Among all respondents.*

It is found that majority of overall respondents have positive attitude towards sex education.

Discussion: This finding is also supported by other findings such as Adebayo & Exilder (2014)¹ who also found that stakeholders (teachers, pupils and parents) in general have positive attitude toward the inclusion of sexuality education in the school curriculum. Fentahun et al. (2012)² also found that all participants i.e parents, students and teachers have favorable attitude towards the importance of school sex education.

The finding in the present study reveals that majority of the respondents have positive attitude towards sex education which could indicate that Mizo people in general are quite receptive in matters related to sex education. Mizo's are close-knit society with no class distinction as such. Besides, being a young society, Mizo people are much influenced by the western culture which could be the plausible reason for more respondent having positive attitude than negative attitude towards sex education.

(ii) *Among all community.*

The present findings reveal that majority of community respondents have negative attitude towards sex education.

Discussion: Several findings also support this finding. Akpama (2013)³ found that parental perception of the teaching of sex education to adolescents in secondary schools is generally negative in Cross River State. Ayyuba (2007)⁴ also found that parents were not in favour of the teaching of sexuality education in secondary schools. Meanwhile, there are other studies that do not support this finding. Hannatu (2009)⁵ found that majority of the respondents support the teaching of sex education in secondary schools. Ogunjimi (2006)⁶ also found that most parents (93.89%) were in support of the teaching of sex education in secondary schools.

An attitude, whether negative or positive, occurs because of some reasons. In the present study, the attitude of community (parents) respondents' towards sex education is negative. This could be because of the conservative attitude of the community members towards sex education. Many Mizo community members still consider that sex and its related topics is taboo subject and that discussing sexual matters in school will probably promote uncontrolled sexual practices and experimentation among adolescents. Therefore, this could be the reason why majority of parents do not feel it necessary to impart it in the schools.

(iii) *Among all students.*

The present findings uncover that more number of student respondents have negative attitude towards sex education.

Discussions: Contradictory to the present findings, Ogunjimi (2006)⁷ found that majority of the students (90.70%) were in support of the teaching of sex education in secondary schools. Akande & Akande (2007)⁸ also found that all students agreed that sexuality education be introduced and made compulsory in schools. Majova (2013)⁹ found that among secondary school learners majority of the learners (55%) have positive attitude towards sex education and 45% of learners have negative attitude.

The reason why more number of Mizo students' attitude towards sex education is negative seems to be due to the mind-set of the Mizo's from their forefathers. Sex and its related topics are considered taboo and this attitude seems to pass on to the next generations. The other reason could be that the students do not receive proper awareness from their parents as even the attitude of community (parents' attitude) is also negative towards sex education.

(iv) *Among all teachers.*

The findings discover that majority of all groups of teachers have positive attitude towards sex education.

Discussion: Many other research findings are in line with the present findings. Mkumbo (2012)¹⁰ found that an overwhelming

majority of teachers in both rural and urban districts supported the teaching of sexuality education in schools. Dutta (1964)¹¹ and Toor (2012)¹² also found that the attitude of teachers to sex education was favorable. Aniebue (2007)¹³ found that Secondary school teachers are in support of provision of sex education to students. Asekun-Olarinmoye et al. (2007)¹⁴ found that 86.90% of the teachers had positive attitude towards inclusion of sexuality education in the school curriculum. Ramiro & De Matos (2008)¹⁵ found that teachers showed a fairly straightforward attitude towards sex education and assessed it as moderately/highly important. Nurullah (2009)¹⁶ found that majority of teachers (73%) supported the inclusion of various sexual health topics in school curriculum provided the contents were in line with religious teachings.

Since it is mostly the teachers who takes responsibility in imparting sex education in Mizoram, teachers at the secondary schools are mostly well informed about the true characteristics of sex education and its importance for the adolescent students. They seem to know that sex education would prevent unwanted pregnancies, enhance healthy relationship between opposite sex, and prevent transmission of HIV infections and STDs. Most teachers recognize that it is essential to educate the students on the basic processes of human reproduction, therefore it is not without a reason that the present study also found that majority of teachers have positive attitude toward sex education.

5.2.2 Discussion on findings with regard to Significance of differences in Attitude towards Sex education.

(a) *With respect to Gender:*

The findings of the present study reveals that the attitude towards sex education of the female teachers, the female community members, the female urban respondents and the female rural respondents are all significantly higher than their male counterparts

Discussion: Omoteso (2008)¹⁷ found that there are significant sex differences in the knowledge and attitude of the adolescents to sex education. Stephens (2013)¹⁸ also found that there is significant gender difference in the attitude of parents towards inclusion of sexuality education in the school curriculum. Contradictory to the present findings, Toor (2012)¹⁹ found that male teachers and male parents had a significantly more positive attitude towards sex education as compared to female teachers and female parents respectively.

Mizo society is a patriarchal society where men play a dominant role. In the early times young males were taught different life skills in the bachelors' dormitory by older men, while females were not allowed to enter the dormitory. The Mizo males by tradition were expected to take the initiatives in courting the females; it is the men who should woo the females. Men were more free to discuss about sex while females were expected to remain ignorant. Even in the present day, Mizo females are less empowered in matters related to sex. Females are not expected to

discuss sex related topics freely and are often encouraged to suppress their sexuality and sexual needs. As a result, there is little chance for them to have knowledge about sex and its related topics, therefore, perhaps females have a greater desire to learn more about sex and its related issue. Consequently, this could be one of the reasons why the female's attitude towards sex education is higher as compared to their male counterparts.

(b) *With respect to Locality:*

The current finding indicates that among the teachers, the students, the community, the males and the females, no significant locale difference is found in the attitude towards sex education

Discussion: Several studies have findings that oppose this finding. More (2012)²⁰ found that there are significant differences in the attitude of rural and urban youth's attitude towards sex education. Biswas & Samanta (2013)²¹ also found that there is significant difference between the urban and rural attitude towards inclusion of lifestyle education. Majova (2013)²² also found that urban learners are more positive to sex education than their rural counterparts. Mahajan & Sharma (2005)²³ found that rural parents of the adolescent girls do not feel necessary to impart sex education to their children whereas almost all the urban parents were in favour of providing sex education.

Due to the advancement in information technology, development of transportation system, access to information and materials, the lifestyles and the attitudes of the urban and rural areas are becoming more and more identical. The internet

provides not just information and entertainments, but also constant and instant communication especially through social networking and sites such as whatsapp and facebook. Therefore, the attitudes of the rural and urban areas are slowly inclined to come to an agreement. This could be the reason why the present study finds no significant differences in the attitude of rural and urban respondents with respect to introduction of sex education at the secondary schools.

(c) *With respect to the attitude of students, teachers and community.*

The present study discovered that the teacher respondents possess a significantly higher attitude towards sex education as compared to the students and community respondents.

Discussion: Against the present finding, Vashishtha & Rajshree (2012)²⁴ found that attitude of parents is higher than teachers towards sex education as parent's are in favour of giving sex education to their adolescents in the school. Bhasin & Aggarwal (1999)²⁵ had similar findings. They found that majority of school teachers (73%) were in favour of imparting sex education to school children.

As indicated earlier, teachers are well aware of the concept, need and importance of sex education as they are the ones who take responsibility in imparting sex education in the schools of Mizoram. Meanwhile, though students are curious about sex and its related issue, they do not want to appear

curious out of bashfulness. Besides, it appears that students do not receive proper awareness from their parents as most parents felt uncomfortable to give sex education to their children. Some parents are ignorant about sex education, other parents think it is inappropriate to teach children about sex, while still others think it should be the parents' choice to inform their own child. Therefore, this could be the plausible explanation why teachers in the present study are found to possess a significantly higher attitude towards sex education as compared to the students and the parents or community.

5.2.3 Discussion on findings with respect to Opinion of all Respondents in different aspect of inclusion of Sex education at the schools.

(a) *Opinion of all respondents on the introduction of sex education in schools:*

It is found in the present analysis that majority of the respondents want to introduce sex education in the schools.

Discussion: Bhasin & Aggarwal (1999)²⁶ also found that majority of school teachers (73%) were in favour of imparting sex education to school children. Kumar (2007)²⁷ in his study found majority of university students support the implementation of sex education in educational institutes.

Conventionally, Mizo adolescents are not given any information on sexual matters, with discussion of these issues being considered taboo. Most of the information on sexual matters are obtained informally from friends and the media, and much of this information are deficient or doubtful value. This is very much

unsafe and risky especially during the period following puberty when curiosity of sexual matters is the most acute. This deficiency becomes increasingly evident by the increasing incidence of teenage pregnancies as well as HIV and AIDS. Due to this factor, perhaps majority of respondents feel it is time to introduce sex education in the schools.

(b) Opinion of all respondents with respect to the stage of implementation of Sex Education in school:

The present investigation reveals that the most desired stage of implementing sex education by majority of the respondents is middle school. The most undesirable stage of implementing sex education by all respondents is the university level.

Discussion: Other researchers also support this finding. Eisenberg et al. (2008)²⁸ found that parents believe most topics under sex education should first be taught during the middle school years. Aniebue (2007)²⁹ also found that the most appropriate age to introduce sex education according to the teachers is 11-15 years. Ekanem & Onwuezobe (2009)³⁰ also found that most of the teachers (55.6%) considered ages 10 - 14 years or Junior Secondary School level as the appropriate period for introducing sexuality education. Eko Jimmy et al. (2013)³¹ also found Secondary level of education was viewed by most study participants (students 66.8%, teachers 59.0% & parents 69.0%) as the ideal stage where sex education can be introduced.

Middle school stage is the stage where many students are curious about their physical changes. They are in their pubertal stage where rapid development of their sex characteristic takes place preparing them for adulthood. It may also be noted that now a days, students can easily access online pornography which could lead to unwanted desire, moreover, this is the time where many children are apt to be misguided in the wrong track as they are far too innocent to deeply think about the dangers of having sex. Therefore this could be the reason why majority of respondents choose the middle stage as the best time to implement sex education.

(c) *Opinion of all respondents on the best method of imparting Sex Education in the schools:*

The present research study reveals that majority of respondents consider sex education through the school syllabus as the best method of imparting sex education in the schools while the least preferred method is imparting sex education through school assembly.

Discussion: Toor (2012)³² found that 72% think that for imparting sex education magazines are the best method.

School syllabus covers a wide range of topic and for this reason children could gain a lot of knowledge through the school syllabus. School syllabus is approved by the concerned authority. The information given in the text books are accurate and timely. School based sex education provides a thorough stream of information that most children are not able to receive at

home. Additionally children are frequently too embarrassed to discuss a sexual issue with parents. Many parents are unable or unwilling to provide all the necessary information needed for a child to develop to his/her full potential. This could possibly be the reason why majority of respondents choose school syllabus as the best method of imparting sex education in the schools.

(d) *Opinion of all respondents on how sex education should be imparted in the schools:*

The present investigation indicates that majority of the respondents want to give sex education separately for boys and girls, while giving sex education to the students individually is the least preferred.

Discussion: Contradicting the present study, Toor (2012)³³ found that 69% of the respondents think that boys and girls in co-education should be taught together.

Male and female differ physically from birth therefore their need in sex education will also differ. Boys have less to lose from casual sex than do girls, who risk pregnancy and whose future fertility can be compromised by disease. Boys need lessons in basic ethics and moral reasoning about sex (for example, not taking advantage of intoxicated dates), while girls must learn to distinguish sexual compliance from popularity. In particular, girls need life-planning advice. Adolescent girls must think deeply about their ultimate aims and desires. If they want both children and a career, they should decide whether to have children early or late. There are pros, cons and trade-offs for each choice. Further, many students may feel shy and uneasy to ask questions at the

presence of the opposite sex. These factors could be the rationale why majority of respondents prefer to give sex education separately for boys and girls.

(e) *Opinion of all respondents on the medium of imparting sex education as a subject in the school:*

The finding of the present survey shows that majority of respondents prefer to offer sex education as a separate subject rather than through different subjects in the schools.

Discussion: Eko Jimmy et al. (2013)³⁴ found that 49.0% of teachers and 35.0% of parents preferred sex education to be an independent subject so that adequate attention would be given to it.

The NCERT has decided to incorporate sex education into mainstream subjects such as science, value education, and others. For instance while teaching students about the importance of family, students will be taught about how to protect their family, family planning, safe sex and related topics. However due to the increasing number of sex abuse cases, unwanted pregnancies, HIV AIDS etc. there is a growing demand that Government should include sex education as a separate subject in the curriculum. More and more citizens want the students to become aware about the difference between good touch and bad touch and also learn how to act responsibly. Besides, if sex education could be implemented as a separate subject, students could have a more detailed and in-depth understanding of the topic and all the necessary information desired by the students

could be given to them. The same sentiments must have been possessed by the Mizo respondents as majority of them prefer to offer sex education as a separate subject in the schools.

(f) *Preference of all respondents on their choice of service in imparting sex education.*

Findings of the present research indicate that parents are most preferred to take responsibility in imparting sex education while peers are least preferred.

Discussion: Many studies have similar findings. Bloch (1979)³⁵ found that 83.9 per cent of the mothers gave either the mother or both the parents as the preferred source of sex information for children. Asekun-Olarinmoye, E.O. (2007)³⁶ found that 52.8% of the teachers placed the sole responsibility for sexuality education on parents. Meanwhile, a number of research studies contradict with the result of the present study. Bhasin & Aggarwal (1999)³⁷ found that school teachers (69.4%) and doctors (63.6%) were considered by the respondents respectively to be the most appropriate persons for providing sex education. Kumar (2007)³⁸ also found that 76.74% students choose teachers as the best source to provide sex education. Vashishtha & Rajshree (2012)³⁹ found that parents are in favour of the school for giving sex education to their adolescents. Nwakonobi & Onwuachu (2009)⁴⁰ also found that most parents (92.38%) are of the view that sex education be taught in schools and not left in their hands since 88.1% of them feel shy discussing sex issues with their children. Majova (2013)⁴¹ found that parents and teachers were chosen as the last sources to transfer information to learners about sex education.

Early, honest, and open communication between parents and kids is very important. If open communication is normal, kids are more likely to speak with parents about all the other trials of adolescence, such as depression, relationships, and the abuse of drugs and alcohol, as well as sexual issues. When parents talk with their children about sex, they can make sure that they are getting the right information. Parents should be a child's first source of information about sex. Understanding correct information can protect children from risky behaviour as they grow up. What a child learns from friends, from media, and in the school will be incomplete and incorrect. It may also be demeaning or even dangerous. Perhaps the present respondents may also have this type of opinion because majority of them prefer parents to take responsibility in imparting sex education.

(g) *Opinion of all respondents on whether Mizo community are well informed on sex education.*

The finding of the present study also reveals that majority of the respondents consider that the Mizo community do not receive proper information on sex education.

Discussion: It is not wrong to say that Mizo society when compared with other states of the country are more open and receptive in matters related to sex education. But the topic is still a taboo and the general community still refused to discuss it openly at Church and other social gatherings. Though awareness is given to small groups like adolescents and hawkers etc. the general public even now, do not have a chance to receive proper awareness on matters related to sex education. Consequently, this

could be the reason why majority of the respondents consider that Mizo community are not well informed on sex education.

(h) *Preference of all respondents on the most appropriate place to impart sex education.*

The present research finds that home is preferred by majority of respondents as the most appropriate place to impart sex education, while Sunday school halls are the least preferred.

Discussion: Similar to the present finding, Sieswerda & Blekkenhorst (2003)⁴² found that parents believe the family should take the lead role in teaching sexual health to their children. Ekanem & Onwuezobe (2009)⁴³ also found that teaching of sexuality education as the responsibility of the parents (46.1%) and as such home (43.7%) rather than school (38.6%) as the best place to impart such knowledge.

Sex education provides opportunity to instill family values among children. For example, if the family believes intercourse should be saved for marriage, this can be part of the discussions about sexuality. If the subject has never come up before, there is significant risk that the child will not be receptive to this message. Moreover, the more children are exposed to sexual images in the media, the more likely it is they will engage in sexual behaviours at a younger age. Children who receive sex education at home are actually less likely to engage in risky sexual activity. Having open communications with children at home about sex and other matters is healthy and safer in the long run. Although teens are still very private people, however,

speaking about sex early increases the chance that teens will approach parents when difficult or dangerous things come up. The respondents in the present study must have understood this fact as majority of them picked 'home' as the most appropriate place to impart sex education.

(i) *Opinion of all respondents on the topics sex education should cover.*

The present study finds that majority of the respondents consider topics such as HIV/AIDS education, sex abuse, pre-marital sex, as the most important area to be covered by sex education in the school. Myths & misconceptions topic is being selected by the lowest number of respondents to be covered in sex education in the school.

Discussion: Similar to the present findings, Eko Jimmy et al. (2013)⁴⁴ also found that parents, teachers and students opined topics like abstinence, HIV/AIDS, sexually transmitted diseases, basis of reproduction etc. should be covered by sex education.

Sometimes, people mistakenly believe that sex education refers only to sexual behavior (e.g. sexual intercourse) and not the full array of topics that comprise sexuality. These include human information and concerns about pre-marital sex, abstinence, body image, contraception, gender, human growth and human development, human reproduction rights and responsibilities, pregnancy, relationships, safer sex (prevention of sexually transmitted infections) HIV/AIDS, sex abuse, sexual attitude and values, sexual anatomy and physiology, sexual

behavior, sexual health, sexual orientation and sexual pleasure etc. These are topics that affect sexuality and sexual health. Its goal is to promote health and well-being in a way that is developmentally appropriate. Majority of respondents believe that HIV/AIDS, sex abuse and pre-marital sex are the most important area to be covered in sex education probably because these are areas where the incidence of it is most widespread among the Mizo society.

(j) *Opinion of all respondents on the reason for imparting Sex Education in schools*

The following are the major reaction of all respondents on the rationale for imparting sex education in the schools:

- (i) To prevent the students from AIDS, STI's and other related diseases.
- (ii) To prevent the students from sex abuse, sex exploitation and pre-marital sex.
- (iii) Most parents hesitate to give sexual awareness to their children and many of them lack proper knowledge about sexual health and education. Therefore, it should be imparted in schools.
- (iv) To guide the students in the right path and help them choose the right way of living for their future.
- (v) To reduce early marriage, unwanted pregnancy and abortion.
- (vi) Since most children attend schools every day, it is very much appropriate to impart sex education in schools.

- (vii) Since most children have a tendency to obey their teachers rather than their parents, it is important to impart sex education in schools.
- (viii) To help the students understand their physical development especially during adolescence period.
- (ix) To teach the bad consequences of experiencing sex at an early age.
- (x) For better community life, happy marriage and better social order.
- (xi) As our environment is influenced by western culture especially on matters related to sex, through different media it is necessary to impart sex education in schools.

Discussion: Ming (1999)⁴⁵ also found that most of the students think sex education is useful and important for their future development.

There are countless number of reasons given by the respondents as to why sex education should be imparted in schools. However, the investigator has narrowed down the list taking only the most common ones. Given that all respondents have stated at least one or two reasons for imparting sex education in the schools, one can conclude that in general, the Mizo people have a fairly positive attitude towards the inclusion of sex education in our schools.

5.3.0 RECOMMENDATIONS

- 1) Government should more vigorously organize sensitization and awareness programme to the students, teachers and community in the form of seminar, media etc. about the importance and needs of sex education
- 2) Concerned authority should introduce a more comprehensive sex education through the school syllabus starting from upper primary school stage.
- 3) Government should see that sex education be given separately for boys and girls and should also be imparted as a separate school subject.
- 4) Apart from introducing sex education in schools, Government should take the initiative of creating awareness among parents about their responsibility in giving sex education at home.
- 5) Mizo community should be provided adequate information with issues related to sex education as majority of respondents feel that the general communities are not well informed.
- 6) Sex education in Mizoram should focus on issues like HIV/AIDS education, sex abuse, pre-marital sex, etc. as these are areas where the incidence of it is most widespread among the Mizo society.

5.4.0 SUGGESTIONS FOR FURTHER RESEARCH

- 1) A comparative study of the attitude of students, teachers and community towards sex education between two different states in the North East.
- 2) A study of sex related problems faced by high school students in Mizoram.
- 3) Parents' involvement in imparting sex education in Mizoram: A critical study.
- 4) A study of the knowledge and awareness about sex related problems among sexual workers, and public drivers in Mizoram.
- 5) An investigation on the measures taken by the Mizoram State Aids Control Society (MSACS) towards Adolescent Education Programme.
- 6) Contribution of State Council of Educational Research and Training (SCERT) towards sex education in Mizoram: A critical study.

END NOTES:

1. Adebayo, A.S & Exilder, C.C (2014). Attitudes of Stakeholders towards the inclusion and teaching of Sexuality Education in Ndola urban secondary schools of Copperbelt Province, Zambia. *European Scientific Journal, February 2104 Vol 10 No. 4.*
2. Fentahun, N., Assefa,T., Alemseged, F., Ambaw, F. (2012). Parents' Perception, Students' and Teachers' Attitude Towards School Sex Education. *Ethiopian Journal of Health Science*, 2012 July; 22(2): pp 99–106.
3. Akpama (2013). Parental Perception of the Teaching of Sex Education to Adolescent in Secondary School in Cross River State, Nigeria, *Journal of Research & Method in Education (IOSR-JRME) Volume 1, Issue 3 (Mar. –Apr. 2013), pp 31-36*
4. Ayyuba, A.H. (2007). *Parents' and teachers' perception of the teaching of sexuality education in secondary schools in Kano state.* Unpublished Master Degree Thesis, Ahmadu Bello University Zaria, Nigeria.

5. Hannatu, M.P. (2009). *Assessment of parental attitude towards the teaching of sex education in secondary schools in Kaduna state*. Unpublished M.Ed thesis, Ahmadu Bello University.
6. Ogunjimi, L.O. (2006). Attitude of Students and Parents towards the Teaching of Sex Education in Secondary Schools in Cross Rivers State. *Educational Research and Review* Vol-I, pp 347-349, [http// www.academicjournals.org](http://www.academicjournals.org)
7. Ogunjimi, L.O. (2006) Ibid.
8. Akande, A.A. & Akande, T.M. (2007). Knowledge and Perception of Sexuality Education among Students of a Rural Secondary School in Kwara State, Nigeria. *Nigerian Medical Practitioner* Vol. 52 (3) 2007: pp. 55-59.
9. Majova, C.N. (2013). *Secondary school learners' attitudes towards sex education*. Unpublished dissertation submitted to University of Zululand for the fulfillment of Master of Education. South Africa.
10. Mkumbo, K.A. (2012). Teachers' Attitudes towards and Comfort about Teaching School-Based

Sexuality Education in Urban and Rural Tanzania. *Global Journal of Health Science*; Vol. 4, No. 4; 2012.

11. Dutta, R.S. (1979). *Teachers' attitude towards imparting sex education in schools*. Unpublished Ph.D thesis, Kurukshetra University. In M.B. Buch (Ed.), *Third survey of research in education*. New Delhi: NCERT.
12. Toor, K.K. (2012). A study of the attitude of teachers, parents and adolescents towards sex education. *MIER Journal of Educational Studies, Trends & Practices* November 2012, Vol. 2, No. 2 pp. 177-189.
13. Aniebue, P.N. (2007). Knowledge and attitude of secondary school teachers in Enugu to school based sex education. *Nigerian Journal of Clinical Practice* Vol. 10 (4) 2007 pp. 304-308
14. Asekun-Olarinmoye, E.O.(2011). Parental attitudes and practice of sex education of children in Nigeria, *International Journal of Child Health Human Development* 2011;4(3): pp.301-307
15. Ramiro, L. & De Matos, M.G. (2008). Perceptions of Portuguese teachers about sex

education. *Rev. Saude Publica* vol.42
no. 4 Sao Paulo Aug 2008.

16. Nurullah, A.S. (2009). Parent's attitude towards inclusion of sexuality education in Malaysian schools. *International Journal about Parents in Education*, Vol. 3 (1), pp 42-56.
17. Omoteso, B.A. (2008). A study of knowledge and attitude of adolescents in relation to sex education in secondary schools in Nigeria: An Introductory study. Paper presentation at Third International Conference on Interdisciplinary Social Sciences, Italy, 2008.
18. Stephens (2013). Attitude of Parents in the Metropolis of Lagos towards Inclusion of Sexuality Education in the School Curriculum. *Journal of Studies in Social Sciences ISSN 2201-4624 Volume 3, Number 2, 2013, 129-137*
19. Toor, K.K. (2012). Opcit.
20. More, C.B (2012). Study The Attitude Of Youths Towards Sex Education, *Indian Streams Research Journal*, Volume 2, Issue. 7, Aug 2012.

21. Biswas, S.K & Samanta, T.K (2013). Student's attitude Towards the inclusion of Lifestyle Education in the Secondary School curriculum, *Journal of Education ISSN 2320-9305 Volume 1, Issue 2, July 2013.*
22. Majova, C.N. (2013). Opcit.
23. Mahajan, P., & Sharma, N. (2003). Perceived Parental relationship and Awareness Level of Adolescents regarding Family Life Education. Souvenir and Abstracts. A Paper Presented at VIIth Biennial Conference, New Delhi, 20-22nd November.
24. Vashishtha, K.C. & Rajshree (2012) A study on attitude towards sex education as perceived by parents and teachers. *Samwaad – e journal Vol 1 No 2.*
25. Bhasin, S.K. & Aggarwal, O.P. (1999). Perception of teachers regarding education in National Capital Territory of Delhi. *Indian Journal of Pediatrician. 1999 Jul-Aug; 66 (4): 527-31.*
26. Bhasin, S.K. & Aggarwal, O.P.(1999). Ibid.
27. Kumar, J. (2007). Need assessment for sex education amongst the university students- A pilot study. *Global Journal of Public Health and Medicine, Vol 1 (2) April 2012, 23-29.*

28. Eisenberg, M.E., Bernat, D.H., Bearinger, L.H., Resnick, M.D (2008). Support for Comprehensive Sexuality Education: Perspectives from Parents of School-Age Youth. *Journal of Adolescent Health*, Volume 42, Issue 4, 352-359, April 2008.
29. Aniebue, P.N. (2007). Opcit.
30. Ekanem, E.E. & Onwuezobe, I.A. (2009). The attitude of teachers to sexuality education in a populous local government area in Lagos, Nigeria. *Pakistan Journal of Medical Sciences*, October - December 2009 (Part-II) Vol. 25 No. 6, 934-937
31. Eko Jimmy. E., Osuchukwu, N.CH., Osonwa, O.K., Offiong, D.A. (2013). Perception of Students' Teachers' and Parents' towards Sexuality Education in Calabar South Local Government Area of Cross River State, Nigeria. *Journal of Sociological Research*, ISSN 1948-5468 2013, Vol. 4, No.2.
32. Toor, K.K. (2012). Opcit
33. Toor, K.K. (2012). Ibid

34. Eko Jimmy. E., Osuchukwu, N.CH., Osonwa, O.K., Offiong, D.A. (2013). Opcit.
35. Bloch, D. (1979). Attitudes of Mothers toward Sex Education. *American Journal of Public Health* September 1979, Vol 69 No 9.
36. Asekun-Olarinmoye, E.O. (2011). Opcit.
37. Bhasin, S.K. & Aggarwal, O.P. (1999). Opcit
38. Kumar, J. (2007). Opcit.
39. Vashishtha, K.C. & Rajshree (2012). Opcit.
40. Nwakonobi, F.E. and Onwuachu, W.C. (2009). Sex education, A way forward towards Biology curriculum delivery in secondary schools in Anambra state. *An International Multi-Disciplinary Journal*, Ethiopia Vol. 3 (2), January, 2009.
41. Majova, C.N. (2013). Opcit.
42. Sieswerda, L.E. & Blekkenhorst, P. (2003). Parental Attitudes Towards Sex Education in the Home: Results Results of a 2003 Parent Survey Conducted in Thunder Bay, Ontario. Thunder Bay District Health Unit, Thunder Bay, Ontario.

Retrieved on 15 November 2013 from
[http://www.tbdhu.com/NR/rdonlyres/
B4BAE77F-AA014C1F9BEF7FE27
4D5C32A/0/ParentalAttitudesTowards
SexEducation.pdf](http://www.tbdhu.com/NR/rdonlyres/B4BAE77F-AA014C1F9BEF7FE274D5C32A/0/ParentalAttitudesTowardsSexEducation.pdf)

43. Ekanem, E.E. and Onwuezobe, I.A. (2009). Opcit.
44. Eko Jimmy. E., Osuchukwu, N.CH., Osonwa, O.K., Offiong, D.A. (2013). Opcit.
45. Ming, T.Ch. (1999). *Junior form students' perception towards sex education programmes in a secondary school: A case study*. Unpublished Dissertation on Master of Education, University of Hong Kong.

SUMMARY

INTRODUCTION

The issues of sexual and reproductive health have remained a forbidden topic for a long time among the Mizo people due to the influence of cultural, religious and geographical factors in Mizoram. . In spite of this, there is an urgent need to address sexuality among our youth due to various reasons- like teenage pregnancy, sex abuse and exploitation, sexually transmitted infections (STIs) including HIV etc. Yet, the implementation of comprehensive sex education in the schools continues to be a controversial issue. Hence, it would be pertinent to discover the attitude of the students, the teachers as well as the community towards sex education.

ATTITUDE:

Attitude can be said as a specific mental state. It is a view point one holds towards a person, object, task or idea. It stimulates the behavior and performance of an individual. Attitude may be explained as a mental preparedness which provide stimulus for an individual in some directions. Attitude develops gradually as a result of individual's experiences. The degree or strength of an individual's attitude may vary from extremely positive to extremely negative.

MEASUREMENT OF ATTITUDE

One of the important objectives of education is development of desirable attitude. Attitude plays an important role for success in different vocation. Attitude can be of three types i.e, positive, neutral and negative.

Attitude Scales: Attitude scales are most commonly used technique for measuring attitudes. They are means of measurement which measure various characteristics about a thing or principle. The scales are used for discovering the opinions and attitude of the individuals concerning different objects, problems and persons. Attitude scales reveal the reaction of the individual towards some particular things and from these reactions his attitude can be assumed. Thus attitude scales are self-report inventories designed to measure the extent to which an individual has favourable or unfavourable feelings towards some persons, objects, institutions or ideas. Two popular attitude scales are Likert scale and Thurstone scale.

OPINIONNAIRE

Opinion is what a person says on certain aspects of the issue under consideration. It is an outward expression of an attitude held by an individual. Attitudes of an individual can be inferred or estimated from his statements of opinions.

SEX EDUCATION

Sex is a universal phenomenon that is present in all organisms. Sex education is instruction on issues relating to human sexuality, including human sexual anatomy, sexual reproduction, sexual activity, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence, and birth control. Sex education is also understood as all educational measures which, in any way, help young people prepare to meet the problems of life that have their centre in the sex instinct and incidentally come in some form into the sex of every normal human being.

NEED AND IMPORTANCE OF THE STUDY

Every nation, society and community has to work towards promoting the health of its people. When children acquire knowledge, desirable attitudes, values and life skills, they benefit in a variety of ways. Sex Education is the inculcation of the correct moral attitudes towards sex. It means all the educational measures, which prepare young people to meet the problems of life centers around the sex instinct.

As there is no consensus regarding introduction of sex education in school and college syllabus in India, it would be very interesting to find out the real attitude of students, teachers and the community in Mizoram towards this program. Besides, no studies have ever been conducted in Mizoram to study the attitude of the Mizo's towards sex education. Therefore, the present study has been taken up so as to facilitate the

curriculum framers in making decisions about inclusion of sex education in the school curriculum. Therefore, the problem for the present study has been stated as *“Attitude of Students, Teachers and Community towards Sex Education at Secondary School Level in Mizoram”*.

OBJECTIVES OF THE STUDY:

1. To construct and standardize an attitude scale towards sex education at secondary school level.
2. To study the attitude of students, teachers, and community towards sex education at secondary school level.
3. To make gender wise comparison of the attitude of students, teachers and community towards sex education at secondary school level.
4. To make rural and urban comparison of the attitude of students, teachers and community towards sex education at secondary school level.
5. To compare the attitude of students, teachers and community towards sex education at secondary school level.
6. To study the opinions of students, teachers and community on different aspects of inclusion of sex education in the school curriculum.

HYPOTHESES

1. There are no significant gender differences in the attitude of students, teachers, community, urban and rural

- respondents towards sex education at secondary school level.
2. There are no significant locale differences in the attitude of students, teachers, community, urban and rural respondents towards sex education at secondary school level.
 3. There are no significant differences in the attitude of different groups of respondents towards sex education at secondary school level.

OPERATIONAL DEFINITION OF THE TERM USED IN THE TITLE

1. **Attitude:** Attitude is a negative or positive feeling that an individual hold about objects, persons or ideas. Attitude towards sex education in the present study will be represented by the score which is obtained from the Attitude scale towards sex education developed by the investigator.
2. **Students:** The term 'students' in the present study refers to those students studying in different secondary schools of Mizoram.
3. **Teachers:** Teachers, in the present study, refers to the teachers of secondary schools in different parts of Mizoram.
4. **Community:** The term 'community' in the present study refers to the community members who have children studying at the secondary schools in Mizoram.
5. **Sex Education:** Sex education is education about all aspects of sexuality, including information about family planning, reproduction, plus information about all aspects

of one's sexuality including: body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods.

METHODOLOGY AND PROCEDURE

The present study falls within the category of descriptive research with a composite characteristics of inter group comparison, as it involves survey and fact finding enquiry relating to attitudes of students, teachers and community towards sex education in Mizoram in relation to their gender and locality. Blends of both qualitative and quantitative analysis have been employed in the present investigation.

POPULATION

The population of the present study comprise of all the secondary school students, all secondary school teachers and all parents who have secondary school going children in the state of Mizoram.

SAMPLE

For the present study, the sample selected consist of 400 students, 400 teachers and 400 community members having secondary school children from all the eight districts of Mizoram.

TOOLS AND TECHNIQUES OF DATA COLLECTION

In order to find out the attitude and opinion of students, teachers and community towards sex education, the investigator constructed an attitude scale towards sex education following Likert's Method. The scale consists of 35 items in which 15 items were positive and 20 items were negative. The reliability and validity of the scale are .78 and .83 (Product Moment Correlation) respectively. Norms of the scale are presented in the form of Stanine grade.

Opinionnaire to study the opinion of the respondents on different aspects of inclusion of sex education in school was also constructed by the investigator. The Opinionnaire comprise of 10 questions consisting mainly of ticking preferences, 2 rating scale and one open ended question at the end. Content validity was established by giving the opinionnaire to seven (7) experts in the field.

NORMS AND INTERPRETATION OF ATTITUDE SCALE

Norms for interpreting the raw scores are prepared with the help of stanine grade. Accordingly, stanine 1, 2, 3 and 4 indicates negative attitude towards sex education, stanine 5 indicates moderate attitude towards sex education, and stanine 6, 7, 8 and 9 indicates positive attitude towards sex education.

The score range, stanine grade and interpretation of the score are given in the following Table.

Score Range, Stanine Grade and Interpretation of Attitude Scale towards Sex Education

Sl. No	Score Range	Stanine Grade	Interpretation
1	125 and above	9	Positive Attitude towards Sex Education
2	118-124	8	
	111-117	7	
3	105-110	6	Moderate Attitude towards Sex Education
	98-104	5	
		91-97	4
4	84-90	3	Negative Attitude towards Sex Education
	78-83	2	
5	77 and below	1	

ADMINISTRATION OF TOOLS AND COLLECTION OF DATA

Both the opinionnaire comprising of 10 questions and the Attitude Scale which consist of 35 statements was personally administered to all 400 students, 400 teachers and 400 community respondents by visiting schools and communities in all the eight districts of Mizoram. The purposes of the study as well as instructions for ticking the responses of their choice were clearly explained to them. The respondents were also told that there is no right or wrong response. They were given adequate time to ponder over all the statements to ensure a truthful response from them. They were assured that their responses shall be kept strictly confidential, and shall be used only for research purpose.

TABULATION OF DATA

The data collected from the 1200 students, teachers and community were scrutinized, classified and scored according to standard procedure. After scoring the responses of both the opinionnaire and attitude scale, they were tabulated. Each respondent was assigned a serial number in order of the variable being studied. The scores were then entered in the tabulation sheet in Excel and were subject to statistical treatment by employing the following statistical techniques for the analysis.

Descriptive statistics such as Measures of Central tendency, Percentages and stanine were employed to find out the nature of score distribution as well as for the purpose of analyzing the opinionnaire. The difference between the mean scores of the groups based upon the variable such as Attitude, gender and locale were tested for significance by applying the t-test.

MAJOR FINDINGS

The following were the major findings of the present study:

1. Nature and direction of Attitude

(a) *Overall Attitude of the Respondents towards Sex Education.*

(i) Majority of respondents have positive attitude.

- (ii) There are more female respondents with positive attitude than the males. Majority of the male respondents have negative attitude whereas majority of the female respondents have positive attitude towards sex education.
- (iii) Among the urban respondents, majority of them have positive attitude towards sex education while among the rural respondents the number of respondents who have positive and negative attitude are practically equal in number.

(b) Attitude of the community respondents towards Sex Education

- (i) Majority of community respondents have negative attitude towards sex education.
- (ii) Both majorities of the male and female community respondents have negative attitude towards sex education.
- (iii) The attitude of both the urban and rural community respondents is negative.

(c) Attitude of student's Respondents towards Sex Education

- (i) Majority of student's respondents have negative attitude towards sex education.
- (ii) Majority of the female respondents have positive attitude whereas majority of the male attitude is negative towards sex education.
- (iii) The attitude of the urban students is positive while the attitude of the rural respondents is negative.

(d) *Attitude of the teacher respondents towards sex education*

- (i) Majority of teacher respondents have positive attitude towards sex education.
- (ii) Both male and female teacher respondents have positive attitude towards sex education.
- (iii) Urban and rural teacher respondents have positive attitude towards sex education.

2. Significance of Difference in Attitude towards sex education

(a) *In Relation to Gender*

- (i) There exists a significant difference between the male and female respondents with regard to their attitude towards sex education. The difference is in favour of the female respondents at .01 level.
- (ii) There exists a significant difference between the male and female teachers and the significant level is at .05 level towards the female respondents.
- (iii) There is no significant difference between male and female students with regard to their attitude towards sex education.
- (iv) Male and female community members differ significantly with regard to their attitude towards sex education. The difference is in favour of the female members at .05 level.
- (v) There exists a significant difference in the attitude of urban male and urban female towards sex education.

The difference is in favour of the urban female at .01 level.

- (vi) Rural male and rural female differ significantly with regard to their attitude towards sex education at .01 level of confidence. This is in favour of the rural female respondents

(b) In Relation to Locale

- (i) There is no significant difference between urban and rural respondents with regard to their attitude towards sex education.
- (ii) There is no significant difference between urban teachers and rural teachers with regard to their attitude towards sex education.
- (iii) No significant difference is found between urban students and rural students in relation to their attitude towards sex education.
- (iv) There is no significant difference between urban community and rural community with regard to their attitude towards sex education.
- (v) Urban Male and rural male attitude towards sex education do not differ significantly.
- (vi) No significant difference was found between urban female and rural female in relation to their attitude towards sex education.

- (c) *In relation to the attitude of students, teachers and community.*
- (i) There exists a significant difference in the attitude towards sex education between students and teachers and the difference is in favour of the teachers at .01 level.
 - (ii) There exists a significant difference between community and teachers in their attitude towards sex education and the difference is in favour of the teachers at .01 level.
 - (iii) There is no significant difference between students and community with regard to their attitude towards sex education.

3. Opinion of the Respondents on different aspect of inclusion of Sex Education in schools.

- (a) *Opinion of all respondents on the introduction of sex education in schools.*

It is found that majority of the respondents want to introduce sex education in the schools. The female respondents are more supportive towards introduction of sex education in schools than males. And also, there are more urban respondents than the rural respondents who are in support of introducing sex education in the schools.

- (b) *Opinion of all respondents on the stage of implementation of Sex Education in school.*

It is also found that the most desired stage of implementing sex education by majority of the respondents is the middle school stage followed by the secondary stage of education which is again followed by the primary stage of education. The most undesirable stage of implementing sex education by all respondents is the university level.

- (c) *Opinion of all respondents on the best method of imparting Sex Education in schools*

The finding also reveals that majority of respondents consider sex education through the school syllabus as the best method of imparting sex education in the schools while the least preferred method is imparting sex education through school assembly.

- (d) *Opinion of all respondents on how sex education should be imparted in the schools.*

Findings reveal that majority of the respondents want to give sex education separately for boys and girls, while giving sex education to the students individually is the least preferred.

- (e) *Opinion of all respondents on the medium of imparting sex education as a subject in the schools.*

The finding of the present study shows that majority of respondents prefer to offer sex education as a separate subject rather than through different subjects in the schools.

- (f) *Preference of all respondents on their choice of service for imparting sex education.*

It has been found that parents are most preferred to take responsibility in imparting sex education while peers are the least preferred.

- (g) *Opinion of all respondents on whether Mizo community are well informed on sex education.*

The finding of the study also reveals that majority of the respondents consider that the Mizo community do not receive proper information on sex education.

- (h) *Preference of all respondents on the most appropriate place to impart sex education.*

Findings reveal that home is preferred by majority of respondents as the most appropriate place to impart sex education, while Sunday school halls are the least preferred.

- (i) *Opinion of all respondents on the topics Sex Education should cover.*

The present study also finds that majority of the respondents consider topics such as HIV/AIDS education, sex abuse, pre-marital sex, physical development & puberty and teenage pregnancy as the most important area to be covered by sex education in the school. Myths & misconceptions topic is being selected by the lowest number of respondents to be included in sex education in the school.

- (j) *Opinion of all respondents on the reason for imparting Sex Education in schools.*

The following points are finds to be the major causes as to why sex education should be imparted in the schools:

- (i) To prevent the students from AIDS, STI's and other related diseases.
- (ii) To prevent the students from sex abuse, sex exploitation and pre-marital sex.
- (iii) Most parents hesitate to give sexual awareness to their children and many of them lack proper knowledge about sexual health and education. Therefore, it should be imparted in schools.
- (iv) To guide the students in the right path and help them choose the right way of living for their future.
- (v) To reduce early marriage, unwanted pregnancy and abortion.

- (vi) Since most children attend schools every day, it is very much appropriate to impart sex education in schools.
- (vii) Since most children have a tendency to obey their teachers rather than their parents, it is important to impart sex education in schools.
- (viii) To help the students understand their physical development especially during adolescence period.
- (ix) To teach the bad consequences of experiencing sex at an early age.
- (x) For better community life, happy marriage and better social order.
- (xi) As our environment is influenced by western culture especially on matters related to sex, through different media it is necessary to impart sex education in schools.

RECOMMENDATIONS

1. Government should more vigorously organize sensitization and awareness programme to the students, teachers and community in the form of seminar, media etc. about the importance and needs of sex education.
2. Concerned authority should introduce a more comprehensive sex education through the school syllabus starting from upper primary school stage.
3. Government should see that sex education be given separately for boys and girls and should also be imparted as a separate school subject.
4. Apart from introducing sex education in schools, Government should take the initiative of creating awareness

among parents about their responsibility in giving sex education at home.

5. Mizo community should be provided adequate information with issues related to sex education as majority of respondents feel that the general communities are not well informed.
6. Sex education in Mizoram should focus on issues like HIV/AIDS education, sex abuse, pre-marital sex, etc. as these are areas where the incidence of it is most widespread among the Mizo society.

SUGGESTIONS FOR FURTHER RESEARCH

- 1) A comparative study of the attitude of students, teachers and community towards sex education between two different states in the North East.
- 2) A study of sex related problems faced by high school students in Mizoram.
- 3) Parents' involvement in imparting sex education in Mizoram: A critical study.
- 4) A study of the knowledge and awareness about sex related problems among sexual workers, and public drivers in Mizoram.
- 5) An investigation on the measures taken by the Mizoram State Aids Control Society (MSACS) towards Adolescent Education Programme.
- 6) Contribution of State Council of Educational Research and Training (SCERT) towards sex education in Mizoram: A critical study.

BIBLIOGRAPHY

- Action Health Inc, (2003). *Comprehensive sexuality education, Trainers resource material: Lagos; AHI.*
- Adebayo, A.S & Exilder, C.C (2014). Attitudes of Stakeholders towards the inclusion and teaching of Sexuality Education in Ndola urban secondary schools of Copperbelt Province, Zambia. *European Scientific Journal, February 2014 Vol 10 No. 4.*
- Adegboyega, J.A. & Fabiyi, A.K. (1994). Sex education for early adolescents: Parents perception, Osun state. *Journal of Phy/Health Edu. Recreation.* Vol 2, No. 2, pp 27-36.
- Akande, A.A. & Akande, T.M. (2007). Knowledge and Perception of Sexuality Education among Students of a Rural Secondary School in Kwara State, Nigeria. *Nigerian Medical Practitioner* Vol. 52 (3) 2007: pp. 55-59.
- Akpama (2013). Parental Perception of the Teaching of Sex Education to Adolescent in Secondary School in Cross River State, Nigeria, *Journal of Research & Method in Education (IOSR-JRME) Volume 1, Issue 3 (Mar. -Apr. 2013), pp 31-36*
- Alan Guttmacher Institute. (2005): "President Bush's FY 2006 Budget: Increased Funding for Abstinence-Only Education Puts Teens at Risk." February 9, 2005. Retrieved on August 22, 2005 from <http://www.agi-usa.org>.

- AlJoharah M., Maha A. & Hafsa R.M, (2012). Knowledge, attitudes, and resources of sex education among female adolescents in public and private schools in Central Saudi Arabia. *Saudi Med J* 2012; Vol. 33 (9): 1001-1009
- Allport,G. (1935). 'Attitudes' in a Handbook of Social Psychology, ed. C. Murchison. Worcester, MA: Clark University Press, pp 789-844.
- Anastasi, A. & Urbina, S. (2010). Psychological Testing. PHI Learning Private Ltd. New Delhi, 110001.
- Anastasi, A. (1976). Psychological Testing. 4th Edition. New York: MacMillan Publishing Co, Inc.
- Angadi, G.R. (2011). Adolescents children parental attitude towards sex education. *International Referred Research Journal*, October 2011, vol III, issue 25.
- Aniebue, P.N. (2007). Knowledge and attitude of secondary school teachers in Enugu to school based sex education. *Nigerian Journal of Clinical Practice* Vol. 10 (4) 2007 pp. 304-308
- Anindita, A. & Sabharwal, E. (2010). Attitude towards sex education amongst adolescents in Delhi. Retrieved on 10 August 2012 from <http://www.studymode.com>.
- Arneborn, M. & Blaxhult, A. (2008). Increase in the spread of HIV in Sweden, *Euro surveillance*

Vol. 13 (13) Retrieved on June 2, 2008
from www.eurosurveillance.org.

Asekun-Olarinmoye, E.O. (2011). Parental attitudes and practice of sex education of children in Nigeria, *International Journal of Child Health Human Dev* 2011;4(3) pp.301-307.

Asekun-Olarinmoye, E.O., Fawole, O.L., Dairo, M.D., Amusan, O.A. (2007). Knowledge, attitudes and perceptions of the teacher's role in sexuality education in public schools in Nigeria. *International Journal of Adolescent Medical Health* 2007. Oct - Dec;19 (4): pp 425 - 34.

Asthana, B. (2000). Measurement and Evaluation in Psychology and Education. Vinod Pustak Mandir; Agra.

Avachat, S. S., & Phalke, D.B (2011). Impact of sex education on knowledge and attitude of adolescent school children of Loni village. *Journal of the Indian Medical Association*, 109(11): pp 808-811.

Baliton, F.C (2012). Attitudes of high school students towards sex: Implication to sex education and guidance. *Phillipine Association of Institutions for Research Inc. Vol 7, No 1*.

Bandura, A. (1997). *Self efficacy: the exercise of control*. New York: W.H. Freeman.

Benzaken, T., Palep, A.H. & Gill, P.S. (2011). Exposure to and opinions towards sex education among adolescent students in Mumbai: A cross-sectional survey. *BCM Public Health* 2011, 11:805.

- Berger , D, Bernard, S, Carvalho, G, Munoz, F. & Clement, P (2007) Sex education: analysis of teachers' and future teachers' conceptions from 12 countries of Europe, Africa and Middle East. Retrieved on 5 April 2014 from [https://repositorium.sdum.uminho.pt/](https://repositorium.sdum.uminho.pt/bitstream) bitstream
- Best, J.W & Kahn, J.V (2006). *Research in Education*. Prentice Hall, New Jersey 07458.
- Bhasin, S.K. & Aggarwal, O.P.(1999). Perception of teachers regarding education in National Capital Territory of Delhi. *Indian Journal of Pediatrician*. 1999 Jul-Aug;66 (4): 527-31.
- Bhatnagar, S. & Saxena, A. (2008). *Advanced Educational Psychology*. R, Lall Book Depot, Meerut.
- Bhonsle, M.D. (2004). *Sex education: need for the day*. Retrieved on 23 May 2013 from [http://member.rediff.com/](http://member.rediff.com/drrajan/edu.htm) drrajan/edu.htm.
- Biswas, S.K & Samanta, T.K (2013). Student's attitude Towards the inclusion of Lifestyle Education in the Secondary School curriculum, *Journal of Education ISSN 2320-9305 Volume 1, Issue 2, July 2013*.
- Bloch, D. (1979). Attitudes of Mothers toward Sex Education. *American Journal of Public Health* September 1979, Vol 69 No 9.
- Boraiah, J. & Yeliyur, S. (2013). Comprehensive and age appropriate sexuality education: The need to address sexuality in schools. *International Monthly Referred Journal of Research in*

Management & Technology Volume II, March 2013.

- Bowden, R.G., Lanning, B.A., Pippin, G. & Tanner, J.F. (2003). Attitude towards abstinence – only Sex Education curricula. *Education; Summer 2003, Vol. 123 Issue 4, pp 780.*
- Buch, M.B. (1987) . Third Survey of Research in Education. New Delhi, NCERT Publication.
- Buch, M.B. (1988). Fourth Survey of Research in Education. New Delhi, NCERT Publication.
- Chandra, S.S & Sharma, R.K (2004). *Research in Education.* Atlantic Publishers & Distributors, New Delhi.
- Chauhan, S.S. (2005). *Advanced Educational Psychology.* Sixth Revised Edition. Vikas Publishing House Private Ltd; New Delhi.
- Chowkhani, K. (2013). *Sexuality Education: Why we need it.* Retrieved on 19 Feb 2013 from <http://www.teacherplus.org/coverstory/sexuality-education-why-we-need-it>.
- Christianson, M., Lalos, A. Johanson, E.E. & Westman, G. (2007). “Eyes wide shut”- sexuality and risk in HIV positive youth in Sweden. *Scandinavian Journal of Public Health, 35: 55-61.*
- Collins, L. (2008). A model middle school sex Education programme. Retrieved on 3 March 2013 from (<http://economics.txstate.edu/arp/285>).

- Dandapani, S. (2006). *A Textbook of Advanced Educational Psychology*. Anmol Publication Pvt. Ltd., New Delhi.
- Danziger, R. (1998). HIV Testing and HIV prevention in Sweden. *BMJ* 1998 : 316.
- Darrouch, J.E. (2002). Differences in teenage pregnancy rates among five developed countries: The roles of sexual activity and contraceptive use. *Family Planning Perspectives, Vol. 33 No. 6 pp 244-50*.
- Dash, B.N (2004). *Trend and Issues in Indian Education*. Dominant Publishers and Distributors, New Delhi.
- Dash, P.C. & Biswal, B. (2014). *Statistics in Education & Psychology*. Dominant Publishers & Distributors Pvt. Ltd., New Delhi.
- Davis, P., Denman, S. & Pearson, J. (1997). A survey of attitudes to sex education among secondary school governors in Nottinghamshire. *Health Education Journal, Vol. 56, No. 3, 231-240 (1997)*
- Dean & Salah. (2000) . Public School Teachers' Attitudes Towards The Teaching Of Sex Education In Northern Governorates Of Palestine. Retrieved on 29 March 2014 from <http://scholar.najah.edu/content/public-school-teachers-attitudes-towardsteaching-sex-education-northern-governorates>.

- Department of School Education (2011-2012). *Annual Publication*. Government of Mizoram.
- Dutta, R.S. (1979). *Teachers' attitude towards imparting sex education in schools*. Unpublished Ph.D thesis, Kurukshetra University. In M.B. Buch (Ed.), *Third survey of research in education*. New Delhi: NCERT.
- Dyson, S (2010). *Parents' attitudes to sexual health education in Western Australia schools*. Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia Department of Health, Western Australia 2010.
- Eggleston, E. Jackson, J & Hardee, L. (1999). Sexual attitude and behaviour among adolescents in Jamaica. *International Family Planning Perspectives*. 25(2) 78-85.
- Eisenberg, M.E., Bernat, D.H., Bearinger, L.H., Resnick, M.D (2008). Support for Comprehensive Sexuality Education: Perspectives from Parents of School-Age Youth. *Journal of Adolescent Health*, Volume 42, Issue 4, pp 352-359, April 2008.
- Ekanem, E.E. & Onwuezobe, I.A. (2009). The attitude of teachers to sexuality education in a populous local government area in Lagos, Nigeria. *Pakistan Journal of Medical Sciences*, October - December 2009 (Part-II) Vol. 25 No. 6, 934-937

- Eko Jimmy.E., Osuchukwu, N.CH., Osonwa, O.K. & Offiong, D.A. (2013). Perception of Students' Teachers' and Parents' towards Sexuality Education in Calabar South Local Government Area of Cross River State, Nigeria. *Journal of Sociological Research*, ISSN 1948-5468 2013, Vol. 4, No.2.
- Esere, M.O (2008). Effect of sex education programme on at-risk sexual behaviour of school-going adolescents in Ilorin, Nigeria. *African Health Sciences*, June 2008, retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2584331>
- Fentahun, N., Assefa, T., Alemseged, F. & Ambaw, F. (2012). Parents' Perception, Students' and Teachers' Attitude Towards School Sex Education. *Ethiopian Journal of Health Science*, 2012 July; 22(2): 99–106.
- Forrest, S. (2004), "Sex education that works," Retrieved on 30 September 2012 from <http://www.avert.org/sexedu.htm>.
- Franklin, C., Grant, D., Corcoran, J. (1997). Effectiveness of Prevention programme for Adolescent Pregnancy: A Meta-analysis. *Journal of Marriage and Family*. Vol 59 pp 551-567.
- Freeman, F. (1976). *An Introduction to Statistical methods in the Behavioural Sciences* Fifth Indian, Reprint (F). Oxford & IBA Publishing Co.

- Frimpong, S.O. (2010). *Adolescents' perception of and attitude towards sex education: A case study of senior secondary schools in the Kumasi Metropolis, Ghana*. University of Cape Coast Institutional Repository, Retrieved on 19 Feb 2013 from <http://hdl.handle.net/123456789/421>.
- Garrett, H.E (1981). *Statistics in Psychology and Education*. Vakils, Feffer and Simons Ltd. Bombay.
- George, K.V. (1991). *Identification of Sex Related Problems of Adolescents in the Colleges of Kerala, and their Perception of Sex Education*. Unpublished *Ph.D* work, University of Kerala.
- Geronimus, A.T. (1997). Teenage Child bearing and Personal Responsibility: An Alternative View. *Political Science Quarterly* 112:405-430.
- Gilbert, N. (1993). *Researching social life*, London: Sage Publication.
- Godeau, E., Nic, G.S., Vignes, C., Ross, J., Boyce, W., & Todd, J. (2002). Contraceptive use by 15yr old students at their last sexual intercourse: results from 24 countries.
- Goswami, M. (2011) *Measurement and Evaluation in Psychology and Education*. Neelkamal Publications Pvt.Ltd., Hyderabad.

- Grinnell, R.M. (2001). *Social work research and evaluation: Qualitative and Quantitative approaches*. 6th edition, New York: F.E. Publishers.
- Hannatu, M.P. (2009). *Assessment of parental attitude towards the teaching of sex education in secondary schools in Kaduna state*. Unpublished M.Ed thesis, Ahmadu Bello University.
- Hicks, M.S., McRee, A.L., & Eisenberg, M.E. (2013). Teens talking with their partners about sex: The role of parent communication. *Journal of Adolescent Health, Vol 8, Issue 1-2, 2013*.
- Hnamte, Lalbiakdiki (2009). *A Study of the status of Mizo Women, and the attitude towards their empowerment at different levels of Education*. Unpublished Ph.D work, Mizoram University.
- Hoffman, Saul D. (2006). *By The Numbers: The Public Costs of Teen Childbearing*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved on 25 June 2013 from [http://www.the nationalcampaign.org/resources/pdf/pubs/BTN_Full.pdf](http://www.thenationalcampaign.org/resources/pdf/pubs/BTN_Full.pdf).
- International Planned Parenthood Federation (1987). *Approaches to population awareness family life and sex education for young people-selected resource*

materials. London: International Planned Parenthood Federation.

International Technical Guidance on Sexuality Education - An evidence informed approach for schools, teachers and health educators. Vol I The rationale for sexuality education, UNESCO 2009. Retrieved on 27 November 2012 from <http://www.unesco.org/aids>

International Technical Guidance on Sexuality Education, Volume II Topics and Learning objectives, UNESCO 2009 Retrieved on 10 November 2014 from <http://www.unesco.org/aids>

IPPF Framework for Comprehensive Sexuality Education (CSE), Produced by Doortje Braeken, Tim Shand & Upeka de Silva, IPPF Adolescents Team, London, May 2006, Updated 2010. Retrieved from <http://www.ippf.org>.

Issues and Answers; Fact sheet on Sexuality Education. SIECUS Report, Vol 29 No. 6 Aug/Sept 2001.

Kahn, J. (1999). Sexual activity, family life education and contraceptive practice among young adult. *Studies in family planning* 24(1) 50 – 61.

Kakavoulis, A. & Forrest, J. (1999). Attitudes and values in sexual behavior and sex education: A cross-cultural study among University students in Greece and Scotland. *International Review of Education* 1999, Volume 45, Issue 2, pp 137-150.

- Kamieka, O.S. Gabriel, Yvette Q. Getch, (2001). Parental training and involvement in sexuality education for students who are deaf. *American Annals of the Deaf*, Volume 146, Number 3, July 2001, pp. 287-293.
- Kaur, R. (1996). *Adolescent Psychology – New Trends and Innovations*. Deep & Deep Publication Pvt.Ltd., New Delhi.
- Kelefang, B. (2008). *Sexuality Education in Sweden: A study based on research and young people's service providers in Gothenburg*. Department of Social Work, Gothenburg University.
- Khan, J.A. (2009). *Research Methodology*. A.P.H. Publishing Corporation, New Delhi; 110002.
- Kirby, D. (2007) Emerging answers 2007. Research findings on programmes for teenage pregnancy and sexually transmitted diseases. National campaign. Retrieved on 8 October 2011 <http://www.wikipedia.com>
- 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*, Volume 42, Issue 4, Pp 344-351, April 2008.
- Koul, L (2006). *Methodology of Educational Research*. Vikas Publishing House Pvt. Ltd. New Delhi.

- Krech, D., & Crutchfield, R.S. (1948). *Theory and problems of Social Psychology*. New York: MacGraw-Hill.
- Kumar, J. (2007). Need assessment for sex education amongst the university students- A pilot study. *Global Journal of Public Health and Medicine, Vol 1 (2) April 2012, 23-29*.
- Kundu, C.L. (1988). *Educational Psychology*. Sterling Publishers Private Ltd. New Delhi 110002.
- Larsson, M., Tyden, T., Hanson, U. & Haggstrom-Nordic, E. (2007). Contraceptive use and associated factors among Swedish high school students. *European Journal Contraceptive Reproductive Health, vol. 12 (2) pp.119-24*
- Lennèer -Axelson, B. (1997). *Sexual and reproductive health and rights in Europe, Japan Family Planning Association- Symposium on Reproductive Health*. Department of social work: Gothenburg University
- Li, S., Chen, R., Cao, Y., Li, J., Zuo, D. & Mail, H.Y. (2013). *Sexual knowledge, attitudes and practices of female undergraduate students in Wuhan, China: The only-child versus students with siblings*. Retrieved from PLoS ONE 8(9): e73797. Doi:10.1371/ journal.pone.0073797.
- Lin, Y.C.H., Chu, Y.H., Lin, H.H. (2006). A study of the effectiveness on parental sexuality education. *Education; Fall 2006, Vol. 127 Issue 1, p16*

- Lindell, M. (1995). *Attitudes to sex and relationships, contraceptives and abortion: studies among students and young women*. Department of Social Medicine: Göteborg University
- Lindley, L.L., Walsemann, K.M. & Carter, J.W. (2013). Invisible and at Risk: STDs Among Young Adult Sexual Minority Women in the United States. *Journal on sexual and reproductive health, Volume 45, Issue 2, pp 66–73, June 2013.*
- Logaw, M. (2000) *Some factor that influence attitude towards sex education among high school female students in South Wollo*. Unpublished Thesis submitted to the School of Graduate Studies for the partial fulfillment for the degree of Master of Arts in Educational Psychology, Addis Ababa University.
- Madkour, A.S., Farhat, T., Tucker, C., Gabhainn, S. & Godeau, E (2012). Parents' Support and Knowledge of Their Daughters' Lives, and Females' Early Sexual Initiation In Nine European Countries. *Journal on sexual and reproductive health, Volume 44, Issue 3, pages 167–175, September 2012.*
- Mahajan, P., & Sharma, N. (2003). Perceived Parental relationship and Awareness Level of Adolescents regarding Family Life Education. Souvenir and Abstracts. A Paper Presented at

VIIth Biennial Conference, New Delhi, 20-22nd November.

- Mahajan, P., & Sharma, N. (2005). *Parents attitude towards sex education to their adolescent girls*. Department of Home Science, University of Jammu, Jammu.
- Majova, C.N. (2013). *Secondary school learners' attitudes towards sex education*. Unpublished dissertation submitted to University of Zululand for the fulfillment of Master of Education. South Africa.
- Mangal, S.K. (1994). *Advanced Educational Psychology*. Prentice Hall of India Private Ltd; New Delhi.
- Mathew, K.R (2004). *Sex Education in Child Development*. Pointer Publishers, Jaipur.
- McKay, A., Pietrusiak, M.A. & Holowaty, P. (1998). Parents' opinions and attitudes towards sexuality education in the schools. *Canadian Journal of Human Sexuality*. Vol 7(2), 1998, 139-145.
- McManus, A. & Dhar, L. (2008). Study of knowledge, perception and attitude of adolescent girls towards STIs/HIV, safer sex and sex education: (A cross sectional survey of urban adolescent school girls in South Delhi, India). *BMC Women's Health*, 8:12.
- Meekers, D. & Ahmed,G. (2000). Contemporary patterns of adolescent sexuality in Botswana, *Journal of Biosocial Science*, vol. 32, no.4, pp. 467 – 485, Retrieved on 21 December 2013 from <http://cat.inist.fr>.

- Ming, T.Ch. (1999). *Junior form students' perception towards sex education programmes in a secondary school: A case study*. Unpublished Dissertation on Master of Education, University of Hong Kong.
- Mishra, B.K & Mohanty, R.K (2003). *Trends and Issues in Indian Education*. Surya Publication, Meerut.
- Mizoram State Aids Control Society. (MSACS). *Annual Record*. 2012-2013, Mizoram
- Mizoram Criminal Investigation Department (Crime Branch) *Annual Record*. 2012-2013, Mizoram.
- Mkumbo, K.A. (2012). Teachers' Attitudes towards and Comfort about Teaching School-Based Sexuality Education in Urban and Rural Tanzania. *Global Journal of Health Science*; Vol. 4, No. 4; 2012.
- Mlyakado, B.P. (2013). Attitudes and views of teachers towards students' sexual relationship in secondary schools in Tanzania. *Academic Research International*, vol. 4 no. 1, January 2013.
- Moahi, K. H. & Lekau, A. A. (2005). *A study of the status of the provision of sexual and reproductive health services including HIV/AIDS information to the youth in Botswana*. University of Botswana. Retrieved on 5 April 2008 from [http:// www.ifla.org](http://www.ifla.org).

- More, C.B (2012). Study The Attitude Of Youths Towards Sex Education, *Indian Streams Research Journal*, Volume 2, Issue. 7, Aug 2012
- Murthy, M.S.R (1991). *Concept Formation Of Sex and Reproduction Among Unmarried Rural Adolescent Girls*. Unpublished Ph.D Thesis, Sri Venkataswara University. In M.B. Buch (Ed), Fifth Survey of research in education. New Delhi: NCERT.
- Myeza, N.P. (2008). *Attitude of high school learners towards sexuality education in Zululand*. Dissertation submitted for the fulfillment of the requirement for the degree of Master of Arts (Counselling Psychology), University of Zululand.
- Myeza, N.P. (2008). *Attitude of high school learners towards sexuality education in Zululand*. Dissertation submitted for the fulfillment of the requirement for the degree of Master of Arts (Counselling Psychology), University of Zululand.
- Nagarajan,N. (2010). *Adolescence and Family Life Education*. Shipra Publications, New Delhi.
- Nair, M.K., Leena, M.L., Paul, M.K., Pillai, H.V., Babu, G., Ruseell, P.S. & Thankachi, Y. (2012). Attitude of parents and teachers towards adolescent reproductive and sexual health education. *Indian journal of Pediatrics*; jan 79
- Nayak, B.K. (2014) *Education in Emerging Indian Society*. Axis Publications, New Delhi.

- Nehru, R.S.S. (2013). *Educational Measurement and Evaluation*. A.P.H. Publishing Corporation. New Delhi 110002.
- Nqoloba, T. (2008). *Attitudes of teachers towards sexuality and HIV and AIDS education*. Unpublished Dissertation submitted to University of Zululand for fulfillment of Master of Education in the Department of educational Psychology. South Africa.
- Nurullah, A.S. (2009). Parent's attitude towards inclusion of sexuality education in Malaysian schools. *International Journal about Parents in Education, Vol. 3 (1), pp 42-56*.
- Nwakonobi, F.E. & Onwuachu, W.C. (2009). Sex education, A way forward towards Biology curriculum delivery in secondary schools in Anambra state. *An International Multi-Disciplinary Journal, Ethiopia Vol. 3 (2), January, 2009*.
- Nyarko, K., Adentwi, K.I., Asumeng, M. & Ahulu, L.D. (2014). Parental Attitude towards Sex Education at the Lower Primary in Ghana, *International Journal of Elementary Education. Vol. 3, No. 2, 2014, pp. 21-29*.
- Ogunjimi, L.O (2006). Attitude of Students and Parents towards the Teaching of Sex Education in Secondary Schools in Cross Rivers State. *Educational Research and Review Vol-I, pp 347-349*.

- Omoteso, B.A. (2008). A study of knowledge and attitude of adolescents in relation to sex education in secondary schools in Nigeria: An Introductory study. *Paper presentation at Third International Conference on Interdisciplinary Social Sciences, Italy, 2008.*
- Orisatoki, R.O & Oguntibeju, O.O. (2010). Knowledge and attitudes of students at a Caribbean offshore medical school towards sexually transmitted infections and use of condoms. *West Indian Medical Journal Vol 59 No. 2 Mar 2010.*
- Orji, E.O. & Esimai, O.A. (2003). Introduction of Sex Education into Nigerian Schools: The Parents', Teachers' and Students' Perspectives. *Journal of Obstet Gynaecol, 23(2), 185-188.*
- Pandya, S.R (2010). *Educational Research.* APH Publishing Corporation. New Delhi.
- Rahman, A (2004). *Fundamentals of Sex Education.* Mohit Publications, New Delhi.
- Ramiro, L. & De Matos, M.G. (2008). Perceptions of Portuguese teachers about sex education. *Rev. Saude Publica vol.42 no. 4 Sao Paulo Aug 2008.*
- Ray, J. & Afflerbach, S. (2014). Sexual education and attitude toward masturbation. *Journal of Undergraduate Research. Vol 14, Article 8.*
- Reddy, G.S. (2007). *Current Issues in Education.* Neelkamal Publications Pvt. Ltd., New Delhi.

- Reis, J. & Seidl, A. (1989). School Administrators, Parents and Sex Education: A Resolvable Paradox. *Adolescence*, 24(5), 639-645.
- Robinson, B. E., Bockting, W., Rosser, S., Miner, M. & Coleman, E. (2002). The sexual health model: application of a sexological approach to HIV prevention. *Health Education Research*, 17(1), 43-57.
- Ruikar, H.A. (2013). Knowledge, attitude and practices about sexually transmitted infections - A study on undergraduate college students of Mumbai. *Webmed Central Reproduction* 2013; 4 (3): WMC004166.
- Safaya, R.N., Shukla, C.S. & Bhatia, B.D. (2007). *Modern Educational Psychology*. Dhanpat Rai Publishing Company; New Delhi 110002.
- Sahoo, F.M (2004) *Sex Roles in Transition*. Kalpaz Publications, New Delhi.
- Sangole, S., Tandale, B.V., Badge, P.S. & Thorat,D.M. (2003). Evaluation of impact of health education regarding HIV/AIDS on knowledge and attitude among persons living with HIV. *Indian Journal of Community Medicine; Vol XXVIII No. 1, Jan – March, 2003*.
- Sari, H. (2005). An analysis of Turkish parents' attitudes towards sexual education of students with mentally handicapped. Retrieved on 4 November 2011 from http://www.isec2005.org.uk/isec/abstract/papers_s/sari_h_3.shtml

- Sawyer, R., Marrese, B., Scicchitano, M.J., Lehman, T. & Bhuyan, A. (2003). Parent Attitudes and Support of School-Based Sexuality and HIV/AIDS Education Programs in a Local School District. *Journal of HIV/AIDS Prevention & Education for Adolescents & Children* Volume 5, Issue 3-4. Pp 71-86.
- Saxena, N.R., Mishra, B.K. & Mohanty, R.K. (1996) *Fundamental of Educational Research*. Surya Publication, Meerut.
- Sex Education Forum (1999). The framework for sex and relationship education (London, National Children's Bureau). Retrieved on 24 August 2014 from <http://www.ncb.org.uk/media>.
- Sexuality Education - The Basics of Sexuality Education, Ongoing Challenges, Supporting Parents in Their Roles as Sexuality Educators. Retrieved on 8 October 2013 from <http://education.stateuniversity.com>.
- Shah, P.S. (2014). Perception of School Teachers about Sexual Health Education. *Indian Journal of Applied Research*. Vol 4, Issue: 1, Jan 2014.
- Shanker, U. & Shanker, L., (1978). *Sex Education*. Sterling Publishers Pvt. Ltd, New Delhi.
- Sharma, A.K. (1992). Fifth Survey of Educational Research. New Delhi, NCERT Publication. Volume I and II.

- Sharma, R.N. & Sharma, R.K. (2006). *Problems of Education in India*. Atlantic Publishers & Distributors, New Delhi.
- Shetty, P., Kowli, S. & Patil, V. (1997). Attitude of Mothers Towards Sex Education of Adolescent Girls. *Regional Health Forum WHO : South- East Asia Region 3(1), 48-54*.
- Shetty,P. & Kowli,S. (2001). Family Life Education for Non-school going Adolescents: An experiment in an urban slum. *The Journal of Family Welfare Vol 47, No 2, October 2001*.
- Short, M.B., Catalozzi, M., Breitkopf, C.R., Auslander, B.A. & Rosenthal, S.L. (2013). Adolescent intimate heterosexual relationship: measurement issues. *Journal of Pediatric Adolescent Gyneacology, 2013 Feb; 26 (1): 3-6*.
- Shrestha, R.M., Otsuka, K., Poudel, K.C., Yasuoka, J. & Lamichhane, M. (2013). Better learning in schools to improve attitudes toward abstinence and intentions for safer sex among adolescents in urban Nepal. *BMC Public Health 2013, 13:24*
<http://www.biomedcentral.com/1471-2458/13/244>
- Sieswerda, L.E. & Blekkenhorst, P. (2003). Parental Attitudes Towards Sex Education in the Home: Results Results of a 2003 Parent Survey Conducted in Thunder Bay, Ontario. Thunder Bay District Health Unit, Thunder Bay, Ontario. Retrieved on 6 June 2011 from <http://www.tbdhu.com/NR/>

rdonlyres/B4BAE77F-AA01-4C1F9BEF7F
E274.

SIECUS Report Supplement (2001). *Issues and Answers – Fact Sheet on Sexuality Education*. Volume 29; Number 6, August/September.

Singaravelu, G (2011). *Education in the Emerging Indian Society*. Neelkamal Publications Pvt. Ltd, New Delhi.

Singh, S.P (2001). *Sex Education - AIDS and Sexuality*. Authors Press, New Delhi.

Sixth Survey of Educational Research (1993-2000). New Delhi, NCERT Publication. Volume I and II.

Smith, M.M & Schmall, V.L. (2009). Knowledge and attitudes toward sexuality and sex education of a select group of older people. *Gerontology & Geriatrics Education*; Vol 3, Issue 4.

Stephens (2013). Attitude of Parents in the Metropolis of Lagos towards Inclusion of Sexuality Education in the School Curriculum. *Journal of Studies in Social Sciences ISSN 2201-4624 Volume 3, Number 2, 2013, 129-137*

Suzui, E. & Hiraoka, A. (2007). Attitude towards sexuality among high school students in Japan. *Kawasaki Journal of Medical Welfare*, Vol 12, no. 2, 2007 p. 89-96.

Taj, H. (2008). *Current Challenges in Education*. Neelkamal Publications Pvt. Ltd., New Delhi.

- Talpur, A.A. & Khowaja, A.R. (2012). Awareness and attitude towards sex health education and sexual health services among youngsters in rural and urban settings of Sindh, Pakistan. *Journal of Pakistan Medical Association Vol. 62, No. 7, July 2012*
- Talwar, K. (2011). *Conceptual Framework of Educational Psychology*. Adhyayan Publishers & Distributors, New Delhi.
- Tarkang, E.E. (2009). *Knowledge, attitudes and perception regarding HIV/AIDS and sexual behavior among senior secondary school learner in Kumba, Cameroon*. Unpublished doctor of literature and philosophy, University of South Africa.
- Tilakavathi, S., Divekar, A.D. & Mehendale, S.M. (1997). Attitude Towards Sex Education among College Lectures. *Trends in Social Science Research, (4), 103-108*.
- Tobey, J., Hillman, S.B., Anagurthi, C. & Somers, C.L. (2011). Demographic differences in Adolescents' sexual attitudes and behaviours, parent communication about sex and School sex education. *Electronic Journal of Human Sexuality, Vol 14, Dec.3, 2011*.
- Tom & Lickona, J. (1994). *Sex, Love and You*, (Notre Dame: Ave Maria Press), pp 62-77.
- Toor, K.K. (2012). A study of the attitude of teachers, parents and adolescents towards sex education. *MIER Journal of Educational*

Studies, Trends & Practices November 2012, Vol. 2, No. 2 pp. 177-189.

- Torabi, M.R. & Shafii, F. (1978). A survey of students knowledge and attitudes towards family life and sex education. *Iranian Journal of Public Health* 1978. 7 (3) :153-163.
- Ugoji, F.Ng. (2013). An examination of University students' attitude to contraceptive use. *American International Journal of Social Science* Vol. 2 No. 1; January 2013.
- UNESCO (2009). *International Technical Guidance on Sexuality Education - An evidence informed approach for schools, teachers and health educators. Vol I The rationale for sexuality education*. Retrieved on 15 May 2012 from <http://www.unesco.org/aids>
- UNESCO (2009). *International Technical Guidance on Sexuality Education, Volume II Topics and Learning objectives*. Retrieved on 15 May 2012 from <http://www.unesco.org/aids>
- Vachhrajani (1989). Study on the impact of self-instrument material on sex education, on adjustment, neuroticism and attitude towards sex of high school students. *Journal of the National Academy of Psychology, India*.
- Valimont, A.S (2005). *The Effectiveness of Sex Education Programs in Virginia Schools*. Unpublished dissertation in Master of Science in Sociology, Virginia Polytechnic Institute and State University.

- Vashishtha, K.C. & Rajshree (2012). A study on attitude towards sex education as perceived by parents and teachers. Retrieved on 30 April 2014 from *Samwaad – e journal Vol:1 No: 2*.
- Venkat, L.H. & Navya, S. (2013). Attitude of Parents of Mild and Moderate Intellectually Challenged Children towards Imparting Sexual Health Education. *International Research Journal of Social Science* Vol. 2(12), 1-5, December 2013
- Vibha A.D. (2013). A Study of Attitude towards Family Planning and Sex Education in Relation to Gender Socio-Economic Status and Religion. *Global Journal for Research Analysis Volume : II, Issue : II, February - 2013*
- Vinayak, V.B. (1989). *A Study of the Impact of Self-Instructional Material on Sex Education on Adjustment, Neuroticism and Attitude Towards Sex of High School Students*. Unpublished Ph.D Thesis, Saurashtra University. In M.B. Buch (Ed), Fifth Survey of research in education. New Delhi: NCERT.
- Vuttanont, U. (2010). *“Smart Boys” and “Sweet Girls”- Sex Education needs in Thai Teenagers: A mixed-method study*. Unpublished Ph.D work, Royal Free and University College Medical School, University College London.
- Weaver, A.D., Byers, E.S., Sears, H.E., Cohen, J.N., & Randall, E.S (2002). Sexual health education at school and at home: Attitudes and experiences of New

Brunswick parents. *The Canadian Journal of Human Sexuality*, Vol. 11 (1) Spring 2002.

Welshimer, K.J. & Harris, S.E. (1994). A survey of rural parents' attitudes towards sexuality education. *Journal of School Health*. 1994 Nov; 64(9): 347-352.

World Health Organization (2006). *Defining sexual health*. Report of a technical consultation on sexual health, 28–31 January 2002. Geneva Retrieved on 12 July 2012 from http://www.who.int/reproductivehealth/topics/gender_rights/defining_sexual_health.pdf

<http://www.siecus.org>. (4/05/2013)

<http://www.sciencedaily.com/releases/2014/06/140609093612.htm>. (22/07/2014)

http://www.sciencedaily.com/articles/s/sex_education.htm
(27/09/2010)

<http://www.qualityresearchinternational.com/socialresearch/attitudemeasurement.htm>. (11/08/2011)

<http://www.slideshare.net/kuldeepatibs/attitude-scales-presentation>. (9/10/2012)

<http://www.merriam-webster.com/dictionary/opinionnaire>.
(3/02/2015)

http://www.unfpa.org/webdav/site/global/groups/youth/public/International_Guidance_Sexuality_Education_Vol_II.pdf. (22/09/2013)

<http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=333720>.

http://en.wikipedia.org/wiki/Sex_education. (19.10.2013)

<http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=521&grandparentID=477&parentID=514>.

(14/12/2014)

http://www.lifeissues.net/writers/mah/mah_01abstinenceteens.html. (6/05/2012)

APPENDIX – I

ATTITUDE SCALE TOWARDS SEX EDUCATION

Please fill up the following:

Name : _____

Sex : _____

Class : _____

Age : _____

School : _____

Student/Teacher/Community: _____

Rural/Urban : _____

INSTRUCTION

Following are some statements related to sex education. Each statement is followed by five alternative responses (Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree). Please read each statement carefully and decide how far you agree or disagree with the statement. Furthermore, in order to record your responses, put a tick mark against the relevant alternative. Your response would be kept confidential.

SCORING TABLE

Total Score = Pages 2 + 3 + 4 = _____

Interpretation = _____

Sl. No	STATEMENTS	RESPONSES					
		Strongly Agree	Aggree	Undec-ided	Disagree	Strongly Disagree	Score
1.	Sex Education plays a crucial role in creating a better social order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Sex Education is not necessary for eliminating social evils.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sex Education does not help people to learn to respect others as sexual beings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	To improve the individual and community life of the future, sex education is a must.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Sex education is not against our culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Sex Education increases sex related crimes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Sex education does not develop responsible citizens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Sex education gives rise to early marriage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Lack of sex education gives rise to divorce.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Young people should leave school with knowledge on sex education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Education about Sex encourages young people to have sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sex education often results in unnecessary worries among adolescents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Introduction of sex Education in the schools helps the students to understand sex related problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Sex Education teaches the teens how to make responsible decisions about sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Sex education helps the teens to guard themselves against Sex-exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sl. No	STATEMENTS	RESPONSES					
		Strongly Agree	Aggree	Undec-ided	Disagree	Strongly Disagree	Score
16.	Knowledge about sex creates emotional problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Sex Education lessens the student's interest towards studies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Teaching Sex Education in school is as important as teaching of reading, writing and arithmetic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Right way to approach opposite sex among students can be achieved by being taught sex education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Sex education is to make the students aware of the do's and don'ts regarding sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Sex education should not be made a necessary part of children's education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Sex education intensifies sexual exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Growth of population cannot be controlled through sex education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Sex Education does not help people to understand their sexuality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	For the implementation of gender equality among students, inclusion of sex education in school curriculum is a must.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Technical knowledge about issues associated with sex can be acquired only through sex education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Sexually transmitted infections can be prevented through Sex Education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Sex Education makes the adolescent narrow minded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Sex Education helps the students to understand that sex is a normal part of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Sex Education increases unwanted desires among students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sl. No	STATEMENTS	RESPONSES					
		Strongly Agree	Aggree	Undec-ided	Disagree	Strongly Disagree	Score
31.	Sex Education should not be introduced in the school programme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Giving too much information on sex education to school students is not sound.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	There is no need of sex education before marriage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Sex education does not require any special training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Sex education causes serious problems among adolescents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX – II
OPINIONNAIRE FOR SEX EDUCATION

Please fill up the following informations:-

Name.....
Age.....Sex.....Class.....
Name of School/Locality.....Rural/Urban.....
Student/Teacher/Community.....
Educational Qualification.....Date.....

In this opinionnaire, you will find different aspect of inclusion of sex education at the school level. Answer all the questions by putting tick mark and writing your opinions and ideas on the questions. So read all the questions carefully and answer all the questions. Your response will be used only for research purpose and will be kept strictly confidential.

Q.1 Do you think sex education should be introduced in the school?

Yes ()

No ()

Q.2 At what stage sex education should be implemented? (Tick any one)

- 1) Pre-School ()
- 2) Primary Stage ()
- 3) Middle stage ()
- 4) Secondary Stage ()
- 5) Higher Secondary Stage ()
- 6) College Level ()
- 7) Post Graduate Level ()

Q.3 How should sex education be best imparted in the school? (Tick any one)

- 1) Through School syllabus ()
- 2) Through Co-curricular activities ()
- 3) Through School Seminar ()
- 4) Through School assembly ()

Q.4 Sex education should be given (Tick any one)

- 1) Separately for boys and girls ()
- 2) To boys and girls together ()
- 3) To the students individually ()

Q.5 Sex education should be imparted (Tick any one)

- 1) As a separate subject ()
- 2) Through various subject in the school ()

Q.6 Who should be given the responsibility in imparting sex education?

(Write according to preference, giving 1 as the most preferred and 9 the least preferred)

- 1) Parents ()
- 2) Teacher (Single) ()
- 3) Panel of Teachers ()
- 4) Senior Classmates ()
- 5) Peers ()
- 6) Mass Media (Electronic) ()
- 7) Mass Media (Print) ()
- 8) NGO's workers (e.g. church, YMA) ()
- 9) School board / Committee ()

Q. 7 Do you think the Mizo community are well informed on sex education?

- 1) Yes ()
- 2) No ()

Q.8 In your opinion which is the most appropriate place to impart sex education? (Write according to preference, giving 1 as the most preferred and 4 as the least preferred)

- 1) Home ()
- 2) School ()
- 3) Community (YMA, Community Hall) ()
- 4) Sunday School Hall ()

Q.9 In your opinion sex education in schools should confine to what ? (tick the topics that you think should be covered by sex education)

- Ans:
- 1) Physical Development and Puberty. ()
 - 2) Reproduction. ()
 - 3) Dating and relationships. ()
 - 4) Study of sexuality and its importance. ()
 - 5) Pre-marital sex ()
 - 6) Sex abuse. ()
 - 7) HIV and AIDS. ()
 - 8) Sexually Transmitted Infections (STI's.) ()
 - 9) Life skills and its importance. ()
 - 10) Myths and Misconceptions. ()
 - 11) Drug abuse. ()
 - 12) Teenage pregnancy. ()

Q.10 Why should sex education be imparted in the school?

Ans: _____

PARTICULARS OF THE CANDIDATE

NAME OF THE CANDIDATE : DONNA LALNUNFELI

DEGREE : Ph.D

DEPARTMENT : EDUCATION

TITLE OF THESIS : Attitude of Students,
Teachers and Community
towards Sex Education at
Secondary School level in
Mizoram.

DATE OF PAYMENT OF ADMISSION : 15.09.2008

APPROVAL OF RESEARCH PROPOSAL

1. BOS in Education : 04.11.2008

2. SCHOOL BOARD : 25.11.2008

REGISTRATION NO. & DATE : MZU/Ph.D/246 of 25.11.2008

EXTENSION : 2 years (upto 24.11.2015)

(Prof. LALHMASAI CHUAUNGO)

Head

Department of Education.