

EDITORIAL

SEX EDUCATION

Sex, though not everything in life, is a profoundly important aspect of human existence. It has evolved to serve more than reproductive functions; relational and recreational functions having taken precedence over procreational. Sex has come to play a much wider socio-psychological function.

Human sexuality is complex and multidimensional. It is subject to influence by multitude of factors often grouped as biological (e.g. genes, hormones), psychological (e.g. fear, anxiety, mood) and socio-cultural (e.g. sex roles, values- religious/moral/ethical, customs). It is the interaction and interrelationship of these factors from the time of conception, through intrauterine life, infancy, childhood and adolescence, till adulthood (even later in life) that determine the sexual development expressed as sexual attitudes and behaviour of the people. Learning, both social and cognitive, plays a significantly important role in such development.

Sexual dysfunctions in men and women, result from factors often categorised as physical or organic and psychological; more often a combination may be involved. Experience has shown that in majority of men and women in India having sexual problems, ignorance misconceptions and prevailing myths are invariably responsible in the causation of these problems. Sexual problems in individual man (e.g. erectile failure) and woman (e.g. vaginismus) cause anxiety, feelings of frustration, lowered self esteem and symptoms of depression. The condition may also affect the spouse; he/she, as a reaction to the problem in the partner, may develop sexual and psychosocial problems including distressed marital relationship. This may also have influence on general couple relationship, effecting adversely the quality of family life.

Modern therapeutic endeavours have made it possible now to offer effective therapy to most people who seek help for their sexual problems, thus preventing the consequences on couple relationship. However, there is also scope for prevention of sexual dysfunctions. As the process of sexual development starts from the time of conception and proceeds through infancy, childhood and adolescence till adulthood with learning, both social and cognitive playing a significantly important role after birth, the seed for many sexual problems is often sown enroute to sexual development i.e. from cradle to adulthood.

In general, education not only facilitates learning but also help people in developing rationale, desirable and socially acceptable attitudes and behaviour. The same is true for sex education. In India, taboo surrounds sex and the subject of sex education has been widely debated; discussed repeatedly at many national level seminars, workshops organised by many agencies including NCERT, New Delhi, during April 1993. Although there is no doubt on the role of sex education in developing rationale sexual attitudes and behaviour, and prevention of many sexual problems caused by ignorance and misconceptions, many people oppose sex education. These people seem to suffer from gross misapprehensions in their mind. Some of their arguments often include statements such as: "It will upset the child", "It will arouse sex interest prematurely", "It will make him/her a sex deliquent", "Why one should not allow the nature to take its own course", "Sex knowledge is not desirable before marriage" and so on. However, it is interesting to note that in United States" actually the children with the most patent sexual misconduct are often ones who received least sex education from the parents" (Oliven, 1974)

For two major reasons viz., fast acculturation and associated social changes under the influence of multitude of factors, and epidemic spread of HIV infection, sex education has now become much more relevant in India. However many questions need to be answered before developing and implementing a sex education programme. Important ones are;

- ▣ **Why sex education** – the goal and the objectives;
- ▣ **To Whom** sex education – children, adolescents, adults, ageing
- ▣ **Where sex education** – at home, in the schools/colleges, community special centers;
- ▣ **By whom** sex education – parents, mother/father only, brothers, sisters, sister-in-law, teachers, (same sex or opposite sex), sex educators, doctors, nurses;
- ▣ **How** sex education – Informal/Formal, Formal-graded and integrated curriculum, methods-Lecture, audio-visuals, question – answer sessions, electronic media,

What of sex education-contents simple biological principles, life from life (e.g. plants, animals), development of curriculum- sexual anatomy and physiology, family life/marital life, love and intimate relationships, love intimacy and sex-a dimension of quality of family/marital life.

Informal sex education is most crucial to the sexual development where parents (mother/father) and other elder family members in a joint family play a significantly important role. To be able to take up this responsibility, parents have to prepare themselves. Presently due to obvious reasons, a great majority of boys and girls in India do not receive any guidance or answers to their sexual curiosities during childhood and adolescence when it is most need. Who is to prepare the parents. It is strongly felt that this responsibility should rest with the community physicians. Are physicians themselves prepared to discharge this duty. Physicians do not receive any teaching or training in sexual medicine during their undergraduate courses and postgraduate courses in the subject are not available. Many physicians are reluctant to talk on this emotionally charged subject; more so because of their own ignorance. For the physicians to develop competence in terms of knowledge and skills, to enable them acquire confidence, teaching of sexual medicine need to be started in the undergraduate medical courses. Medicine council of India can help in this matter. Till the time this happens, formal sex education to children and adolescents in school and colleges will remain the only way to help them in developing rational and socially acceptable sexual attitudes and behaviour. This will also prevent the occurrence of many sexual problems in them during adulthood.

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