

SEX EDUCATION AMONG YOUTH : A CASE STUDY OF ADOOR TALUK



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SEX EDUCATION AMONG YOUTH : A CASE STUDY OF ADOOR TALUK

Thesis submitted to St. Teresa's College (Autonomous), Ernakulam in fulfillment of the requirements for the award of the degree of **Master of Art in Sociology**

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CERTIFICATE

I certify that the thesis entitled “**SEX EDUCATION AMONG YOUTH : A CASE STUDY OF ADOOR TALUK**” is a record of bonafide research work carried out by Bhagyalekshmi.J , under my guidance and supervision. The thesis is worth submitting in fulfillment of the requirements for the award of the degree of Master of Arts in Sociology.



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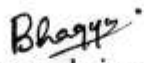
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DECLARATION

I, Bhagyalekshmi.J hereby declare that the thesis entitled "**SEX EDUCATION AMONG YOUTH :A CASE STUDY OF ADOOR TALUK**" is a bonafide record of independent research work carried out by me under the supervision and guidance of Dr. Linda Therese Luiz I further declare that this thesis has not been previously submitted for the award of any degree, diploma, associateship or other similar title.

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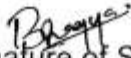
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INTRODUCTION

CHAPTER-1

INTRODUCTION

An age-appropriate, culturally sensitive and comprehensive approach to sexuality education that includes programs providing scientifically accurate, realistic, non-judgmental information" is how UNESCO defines Sexuality Education (SE), also known as Comprehensive Sexuality Education (CSE). According to Kalimaposo & Simuyaba (2014), sexuality education (SE) is vital to young people's survival and well-being because it provides them with correct, age-appropriate information on sexuality and their sexual and reproductive health. In order to support young people in communicating about and making informed decisions about their sexual health and sex, sex education consists of teaching them about relationships, sex, sexuality, and body development. By equipping young people with the essential knowledge, attitudes, and skills, sexuality education helps them to safeguard and promote their health, well-being, and dignity. It is necessary for the exercise of complete bodily autonomy, which calls for both the freedom and the knowledge to make meaningful decisions regarding one's body. Additionally, because these programmes are grounded on the ideas of human rights, they promote gender equality as well as the rights and empowerment of youth. subjects that SE covers, which are also referred to as life family and relationships; respect, consent, and bodily autonomy; anatomy, puberty, and menstruation; contraception and pregnancy; and sexually transmitted infections, including HIV, are just a few examples of the skills, family life education, and other names that go by (Breuner, 2016). Sexuality education promotes understanding about various elements of sexuality, behaviours, and risks of pregnancy or HIV and other sexually transmitted infections (STIs), according to the UNESCO 2016 evidence assessment. Furthermore, this review confirms that sexuality education, whether provided in or outside of schools, had no positive effect on rates of STI/HIV infection, sexual activity, or sexual risk-taking. Research suggests that a comprehensive approach should include school-based sexuality education.

Non-governmental organizations (NGOs) and United Nations (UN) agencies have tested successful initiatives aimed at providing parents with the necessary knowledge and abilities to communicate efficiently about these subjects. Although schools continue to be the main place for adolescent sexual education programs, numerous school-based initiatives include a parenting aspect, and those with the most significant parental engagement

tend to have the most significant impact. Also we can see issues of religion in some cases, issues of religion contradict with the teachings found in sexuality education. And also some people believe that sex education gives students the knowledge of intercourse with partners making them possibly believe that they should participate in these acts as well.

Youth sex education conversations are becoming more and more important in today's fast changing culture. Comprehensive and inclusive sex education programmes are sorely needed as teenagers negotiate the intricacies of their evolving bodies, relationships, and social expectations. The goal of this study is to investigate the state of sex education among young people, looking at a range of factors like awareness, accessibility, and attitudes towards this important subject. We aim to provide light on the situation of sex education programmes aimed at young populations through careful analysis and data collection. Our goal is to determine the extent to which youth are prepared to make decisions regarding their sexual health and well-being by examining the availability of sex education programmes in communities, schools, and other settings.

Additionally, this project aims to address the difficulties and impediments—such as societal stigmas, resource scarcity, and cultural taboos—that prevent the successful delivery of sex education. Through the identification of these barriers, our goal is to provide policymakers, educators, and stakeholders with practical recommendations that will improve the effectiveness and inclusion of sex education programmes for young people.

I hope that this thorough analysis will add significant knowledge to the current conversation on sex education and support the holistic growth and empowerment of today's kids as they negotiate the challenges of puberty and adulthood.

Significance of the Study

Although a number of studies have been carried out on sexuality education, very few have specifically studied the effects of sexuality education on the youth. It was valuable that we

researched on the effects of sexuality education on youth that society has been encountering since its introduction. It is therefore hopeful that the results of the study would be useful to educators through the findings in the sense that it will reveal best possible ways of teaching sexuality education and how to directly address such matters in classroom and school environment. Additionally, the study would be beneficial to policy makers in formulating policies that directly address problems that arise from the effects of sexuality education and that the study would also be helpful to organizations and individuals subsequently.

**REVIEW OF
LITERATURE**

CHAPTER II

REVIEW OF LITERATURE

There have been many books and discussions about sex education before this. There are several articles based on this topic. As we know it is a sensitive topic to the society. Everyone knows something about sex, but this half knowledge became dangerous to the society. So here I refer some articles about sex education and how it affects society and societies' views on sex and sex education. Sexual offences against children as well as older adults are increasing now a days. The measure to prevent such behavior is to impart sex education.

The very first article named 'Sex Education and India: With Reference to POCSO' written by Somnath Sharma who is a law graduate it was observed that, Only some countries of the world have managed to develop and try to deliver quality sexuality education to their citizens. Moreover, the need for sexuality education is not only necessary for teenagers and young adults of the society, but also for the elderly members of society who find it difficult to discuss sex education rationally and instead view it as a joke.

In this article he mentioned about a phrase that is "Sex is not a stigma, Ignorance is" and she says that this ignorance is the reason for the increasing of sex crimes in our daily lives. In most of the sex crime cases, some are

reported and majority of them are buried deep inside by the victim or their parents or their relatives or by the police. In this twenty-first century, information about anything arose as wealth. But in relation to sex education, only a few are informed about the relevant information. Everyone knows something about sex, but it is unclear if that knowledge contributes to the development of law-abiding citizens. The rape convicts, testify in courts that they watched porn before committing the offence of rape. So from this it is clear that they have access to informations but that information is injurious not only to their own health but also to the health of the society at large. Penal provisions are intensified but are fruitless to restrain the offence of rape.

And then focus on the legal aspects and the laws regarding to it. POCSO was introduced to protect children from offence of sexual assault, sexual harassment and child pornography. The area mainly focused in this article in detailed under this act are , Definition of Child and legal grey area, Child pornography, Domestic relationship ,Shared household, Special court and special procedures, Public awareness about the Act.

And also in this article it is mentioned that the only measure to prevent sexual offence is to impart sex education. But this should not be generalized to all age groups. Instead, the groups are formed with age groups up to 6 years, then 7–12 years, thirdly, 13–18 years, and lastly, 19–24 years, and different topics are to be covered under this program. Sensible and balanced training in such sensitive topics by teachers and psychologists are required to make students aware of the dark and negative elements of the society.

When we discuss about the first area that is “Definition of Child and Legal Grey Area”, in this, Section 2 clause (d) of the Act defines “child” as a person under 18 years of age. The first reason for this definition is that the Act is for the protection of the rights of children. This age group of teens, from 13 to 18 years old, is the most prone to sexual offences without being reported. At this age they becoming sexually active due to hormonal changes. So

they eagerly move to sexual acts, and if they are not protected by any law, the offenders use this chance and misuse them by attack their physical and mental health through sexual offences. The second reason is that sexual acts require free consent to avoid being considered rape or a sexual offense, with the law not recognizing consent from minors under 18 years old, leading to a legal gray area for those aged 17-18 who engage in consensual sex.

Under the Indian Penal Code, section 83 embodies the maxim “Doli capax,” allowing prosecution of children over 12 if deemed mature enough. However, this Act aims to benefit children, thus rendering such provision unnecessary. The primary concern lies in cases where juveniles offend due to:

- a) Lack of proper sex education
- b) Lack of awareness regarding legal provisions like the POCSO Act.
- c) Victims unaware of their victimization

And also it tells about the situation where, when both juveniles engage in consensual sexual activity with sexual intent, they can be prosecuted under the Act as their consent isn't recognized by the law. This law, though seemingly harsh, aims to protect their rights against sexual assault. Awareness of the Act among teenagers is crucial, as it prevents unwanted pregnancies, enables informed decisions about sexual activity, and prevents sexual offenses and diseases. The Supreme Court has consistently emphasized the importance of sexual intent in determining sexual assault and harassment offenses. The Bombay High Court's decision, stayed by the Supreme Court for its nebulous interpretation of POCSO's section 7 on skin-to-skin contact constituting sexual assault, is worth mentioning.

The next one is “ Child pornography”,in this, Section 2 clause (a) of the act defines as any visuals depiction of sexually explicit conduct involving a child, including photography, videos, Digital or computer-generated image indistinguishable from an actual child and image created, adapted or modified but appear to depict a child. Section 13 prohibits child pornography, encompassing personal use and distribution as equals, and includes representations of child sexual organs, acts, and indecent depictions.

The next one is” Domestic relationship” it refers to the connection between individuals through blood, marriage, quasi-marriage, adoption, cohabitation, or joint family living arrangements. It is under Clause (F) of Section 2 of the Protection of Women from Domestic Violence Act, 2002. The next area is” Shared households “it defined in Section 2 (K) of POSCO

as” a household where the person charged with the offence lives or has lived at any time in a domestic relationship with the child.” The reason for this definition in the Act is because, 80% of the sexual offence against children are done by their own relatives or family friends etc. This is mainly for protecting the child at home. The next one, The Act establishes Special court and special procedures for sex education, covering dissemination of information on sexual offences, acts, and problems, as well as post-offence measures to punish and rehabilitate victims. Section 28 declares the constitution of special courts for speedy trials. It has jurisdiction to try offences under section 67B of the Information Technology Act, 2000, It can deal with cases involving the sharing of inappropriate content showing children. Section 24,25,29 and 30 are the most important and effective sections considered by the author against child. The last one is “Public awareness about the Act “Section 43 mandates governments to promote Act awareness through various media and inform victims’ parents and officials, preventing offender evasion through child reporting.

The next article we are going to discuss is “Sexuality Education in India Yet Remains a Taboo—An Attempt to Dust-Off “.The article titled” Sexuality Education in India Yet Remains a Taboo—An Attempt to Dust-Off” by Manoj k. Pandey and T. S. Sathyanarayana Rao discuss about the ongoing taboo surrounding sexuality education in India. And it explores the challenges, societal attitudes and the necessity of addressing this issues in Indian context. The authors may also propose many strategies or initiatives to overcome these barriers and promote comprehensive sexuality education.

From this article we can understand india has 444 million children and adolescents.And moreover states like Maharashtra, Gujarat, Rajasthan, Madhya Pradesh and Karnataka have banned sex education in schools. They believed that sex education will destroy the educational atmosphere of the school and will affect the behavior of the children and make negative impact. These myths have been clearly busted with substantial scientific evidence. 88% percentage of youth spoke that sex education should starts from primary schools,66% reported that teachers in primary and secondary level are not skilled with the knowledge of sex education, and 90% of the youth reports that parents and teachers should be provided factual training about sex education. Globally, fewer than 1 in 3 children agreed that their school taught proper sex education.In the Indian context, 71% of youth are living in different states of 13-30 years reported that theyneither get sex education by teachers nor by their parents.

And also mention about some action plans, first one is, Government of India must have the authority to ensure the implementation of sex education in all the states and union territories. Second one is, making sex education as a compulsory part of school curriculum

which in turn will increase the probability of its implementation. Third one is, there is a need of frequent mass media initiatives to spread public awareness to remove myths about sex education. UNESCO in 2019 recorded a success story of implementation of an action called ‘Udaan’, is an school based adolescent education program implemented by Jharkhand government named ‘Udaan’ this make information and skills training for teachers a mandatory.

And also the authors says that they believed that the implementation of this actions above will not only gave comprehensive sex education but it can also help to reduce many number of acts of self – harming in this society and also promote a holistic wellbeing social, mental and spiritual health.

Next article is “What else can sex education do? Logics and effects in classroom practices” by Willemijn Krebbekx. In this article it explores the broader implications and benefits of sex education beyond the traditional focus on reproductive health. The article delves into the logical reasoning and potential effects of incorporating comprehensive sex education into classroom practices. Krebbekx likely discusses how such education can empower individuals with knowledge about consent, healthy relationships, gender identity, and sexual orientation, ultimately contributing to safer and more informed sexual behaviors. Additionally, the article may explore the potential societal impacts of comprehensive sex education, such as reducing rates of sexually transmitted infections and unplanned pregnancies, as well as fostering more inclusive and accepting communities. Comprehensive sex education (CSE) is praised for promoting healthy youth behavior but faces criticism for not being neutral in knowledge transmission. This article challenges the dichotomy of health intervention versus critique by exploring alternative roles of sex education. Through three ethnographic cases in Dutch secondary schools, it reveals how sexuality is intertwined with school dynamics, how sexual knowledge is constructed and utilized in classrooms, and how sex education intersects with processes of popularity, often reinforcing ethnic stereotypes. This analysis complicates conventional understandings of sex education, portraying it not solely as a health intervention.

METHODOLOGY

CHAPTER III

METHODOLOGY

This chapter deals with the methodology being used by the researcher to study How much sex education do today's youth have. This chapter includes the general objective, research design, variables, universe and sample, sample, sample method and the tool used for data collection.

In today's rapidly changing world, this study reflects the particular opportunities and obstacles that young people face while trying to get high-quality sex education. How internet tools and digital learning platforms can help children receive sex education, especially in distant or hybrid learning situations. Social media platforms and online influencers influence on youth perception of sex education including the spreading of misinformation, promotion of harmful stereotypes and etc.

There are many topics and issues relevant to sex education are emerging now a days gender identity, consent, sexual orientation, online safety and sexting

Study design

The study adopted a mixed methods approach which is a combination of quantitative and qualitative data. Exploratory and descriptive designs were as well considered appropriate as they also allowed for more flexible strategies of data collection in order to answer the research questions. The study incorporated both qualitative and quantitative aspects of Research. The study aimed at collecting information from respondents on the effects of sexuality education among youth.

Definition

Sex education among youth: this study is to understand how much sex education do today's youth have and the important of sex education.

The objectives of the study :

1. To find out perception about sex education among youth in Adoor
2. To measure awareness of safe sex practices among youth in Adoor
3. To measure awareness about STIs among youth in Adoor
4. To suggest appropriate measures for sex education among youth
5. To understand the major sources of sex education among youth

Variables

Variables refers to anything that significantly impacts the study. Any individual, location, object, or phenomenon that you are attempting to quantify in any way can be referred to as a variable in research. There are 2 types of variables they are ;

Dependent
variables

Independent
variables

Dependent variables are the variables those depends on other variables and independent variables are the variables whose variation does not depend on that of another.

Dependent variables:

1. Awareness of sex education

Independent variables:

1. Age of youth
2. Gender of youth
3. Social network
4. Social media

5. Family income

6. Religion

Universe and sample

The universe of the study consist of youth in adoor of age group 18-25 and gynaecologist in adoor.

Sample

Sample size consist of 53 youth respondents and gynaecologist. Among 53 participants 33 are female and 20 are male.

Sampling method

Simple random sampling technique is used

THEORETICAL FRAMEWORK

There are several theories that we can apply to the topic of sex education. And one of the major theory is the Michel Foucault's theory, The Discourse Theory. Michel Foucault (1926-1984) was a French philosopher, sociologist, and historian interested in the construction of knowledge and power through discourse. Foucault believed that discourse is created by those in power for specific reasons and is often used as a form of social control. Foucault's discourse theory can be applied to sex education by examining how knowledge about sexuality is constructed, circulated, and normalized within society. Michel Foucault, the French philosopher, sociologist, and historian, focused on the construction of knowledge

and power through discourse. He argued that discourse, shaped by those in power, serves as a tool for social control. Applying Foucault's discourse theory to sex education involves examining how societal institutions shape and normalize knowledge about sexuality. This approach emphasizes the influence of power dynamics on what is considered acceptable or taboo in discussions about sex. It also underscores the importance of challenging dominant discourses that perpetuate inequalities or marginalize certain identities or experiences. Essentially, Foucault's theory prompts an analysis of how institutions produce and regulate knowledge about sexuality, thereby impacting individuals' perceptions and behaviors within sex education.

And another theory we can apply is 'Social Cognitive Theory' by Albert Bandura. Albert Bandura developed the Social Cognitive Theory based on the concept that learning is affected by cognitive, behavioral and environmental factors. This theory which assumes that behavior is determined by the continual interaction between personal knowledge, skills, attitudes, interpersonal relationships, and environmental influences. Most sexuality education curricula address cognitive learning; however, knowledge alone is not sufficient to change behavior. Therefore, Sexuality education programs using social cognitive theory incorporate behavioral skills practice and positive modeling of sexual behavior. Practicing and modeling skills helps students develop self-confidence, the belief in their ability to modify behaviors, despite facing obstacles. A typical sexuality education activity, grounded in the Social Cognitive Theory, involves role-playing scenarios where participants practice skills to resist pressure for unprotected sex. The Social Cognitive Theory provides a framework to understand how these elements influence young adults' sexual health. Opponents of sexuality education argue that teaching it through the social cognitive theory encourages role-playing what is taught in the classroom. This, they argue, might lead young people to practice sex at a tender age, whether it's safe or not, thereby going against many cultural and religious norms of society

DATA ANALYSIS AND INTERPRETATION

CHAPTER IV DATA ANALYSIS

Frequencies of Gender

Gender/ലിംഗം	Counts	% of Total	Cumulative %
Female / സ്ത്രീ	33	62.3 %	62.3 %
Male / പുരുഷൻ	20	37.7 %	100.0 %

- In the study data was collected from 53 participants, with 33 identified as female and 20 as male.
- The distribution of participants revealed that females constituted 62.3% of the total, while males accounted for 37.7%.
- This indicates a higher representation of females in the study population compared to males.

Frequencies of Age

Age / പ്രായം	Counts	% of Total	Cumulative %
18	4	7.5 %	7.5 %
19	1	1.9 %	9.4 %
21	5	9.4 %	18.9 %
22	9	17.0 %	35.8 %
23	18	34.0 %	69.8 %
24	10	18.9 %	88.7 %
25	5	9.4 %	98.1 %
26	1	1.9 %	100.0 %

- The majority of participants were aged between 22 and 24, with 34.0% falling into the 23-year-old category, followed by 18.9% at age 24 and 17.0% at age 22.
- Participants aged 18 to 21 collectively made up smaller proportions of the sample
- Only a single participant was recorded at age 26.

Frequencies of Religion

Religion / മതം	Counts	% of Total	Cumulative %
Christian / ക്രൈസ്തവൻ	8	15.1 %	15.1 %
Hindu / ഹിന്ദു	41	77.4 %	92.5 %
Muslim / മുസ്ലിം	4	7.5 %	100.0 %

- A predominantly Hindu population, with 77.4% of the total participants identifying as Hindu.
- A smaller proportion, accounting for 15.1% of the participants, identified as Christian.
- 7.5% of the participants identified as Muslim, highlighting a smaller yet still noteworthy presence of the Muslim community in the sample.

Frequencies of Education Qualification

Educational Qualification/ വിദ്യാഭ്യാസ യോഗ്യത	Counts	% of Total	Cumulative %
Diploma in General Nursing and Midwifery	1	1.9 %	1.9 %
Diploma in nursing	1	1.9 %	3.8 %

Graduate / ബിരുദധാരി	41	77.4 %	81.1 %
Higher Secondary / ഹയർ സെക്കണ്ടറി	4	7.5 %	88.7 %
Other / മറ്റ് ഡിഗ്രി	3	5.7 %	94.3 %
PG	1	1.9 %	96.2 %
Post Graduate	1	1.9 %	98.1 %
Postgraduate	1	1.9 %	100.0 %

- The majority of participants, comprising 77.4% of the total, held a graduate degree, indicating a significant representation of individuals with higher levels of education.
- 7.5% of the participants had completed their Higher Secondary education, representing a segment of the population at a secondary education level.
- Only a smaller proportion of participants, accounting for 1.9% each, held diplomas in General Nursing and Midwifery, as well as diplomas in nursing, indicating a presence of individuals with specialized healthcare training in the sample.

Frequencies of marital status

Marital Status/ ഐക്യവാഹിണി സ്ഥിതി	Counts	% of Total	Cumulative %
Married / വിവാഹിതൻ	3	5.7 %	5.7 %
single / ഏകാകി	50	94.3 %	100.0 %

- The vast majority, comprising 94.3% of the total, were unmarried.
- A smaller proportion, accounting for 5.7% of the participants, were identified as married.

Frequencies of Occupation

Occupation / തൊഴിൽ	Counts	% of Total	Cumulative %
Government Service / സർക്കാർ സേവനം	1	1.9 %	1.9 %
Other / മറ്റ് തൊഴിൽ	6	11.5 %	13.5 %
Self Employed / സ്വയം തൊഴിൽ ചെയ്യുന്നവർ	7	13.5 %	26.9 %
Student / വിദ്യാർത്ഥി	32	61.5 %	88.5 %
Working abroad	1	1.9 %	90.4 %
unemployed / തൊഴിൽരഹിതൻ	5	9.6 %	100.0 %

- A significant portion, representing 61.5% of the total, were students, highlighting the prominent presence of young individuals pursuing education within the sample.
- 13.5% of participants identified as self-employed, while 11.5% were classified under "Other" occupations, suggesting a variety of job types within the study population.

Frequencies of Family Type

Family Type / കുടുംബ തരം	Counts	% of Total	Cumulative %
Joint family / കൂടുംകുടുംബം	15	28.3 %	28.3 %

Nuclear family / (തരന്ന കുടുംബം)	38	71.7 %	100.0 %
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- 71.7% of the total, belonged to nuclear families. This suggests that a significant portion of the youth demographic in the study lived in nuclear family structures, which typically consist of parents and their dependent children.

Frequencies of Family Income

Family Income / കുടുംബ വരുമാനം	Counts	% of Total	Cumulative %
10,000-19,999 /	9	17.0 %	17.0 %
20,000-49,999	15	28.3 %	45.3 %
50,000-99,999	12	22.6 %	67.9 %
less than 9,999 / 9,999-ൽ താഴെ	7	13.2 %	81.1 %
more than 1lakh / 1 ലക്ഷത്തിലധികം	10	18.9 %	100.0 %

- The largest proportion, accounting for 28.3% of the total, fell within the income range of 20,000 to 49,999 rupees.
- Following closely, 22.6% of the participants reported family incomes between 50,000 and 99,999 rupees.
- 18.9% of the participants reported family incomes exceeding 1 lakh rupees, indicating a relatively affluent segment within the sample.
- 17.0% reported incomes between 10,000 and 19,999 rupees, while 13.2% reported incomes less than 9,999 rupees.

Frequencies of Daily social media usage

Daily social media usage / ദൈനംദിന സോഷ്യൽ മീഡിയ ഉപയോഗം	Counts	% of Total	Cumulative %
1-2 hour /മണി കുറേ	9	17.0 %	17.0 %
2-4 hour / മണി കുറേ	26	49.1 %	66.0 %
4-6 hour / മണി കുറേ	14	26.4 %	92.5 %
more than 6 hour /6 മണി കുറേയിൽ കൂടുതൽ	4	7.5 %	100.0 %

- 49.1% of the total, reported spending 2 to 4 hours on social media daily. Following this, 26.4% of participants reported using social media for 4 to 6 hours each day.

- A smaller portion, comprising 17.0% of the sample, reported spending 1 to 2 hours on social media daily.

Frequencies of Social media platforms that you use

Social media platforms that you use/ നല്ല ഉപയോഗ ഓരോ സാക്ഷ്യത്തിനുമായ	Counts	% of Total	Cumulative %
Other / മറ്റ് \$വ:	1	1.9%	1.9%
instagram / ഇൻസ്റ്റഗ്രാം	9	17.0%	18.9%
instagram / ഇൻസ്റ്റഗ്രാം, youtube / യൂട്യൂബ്	18	34.0%	52.8%
instagram / ഇൻസ്റ്റഗ്രാം, youtube / യൂട്യൂബ്, Facebook / ഫേസ്ബുക്ക്	5	9.4%	62.3%
instagram / ഇൻസ്റ്റഗ്രാം, youtube / യൂട്യൂബ്, Facebook / ഫേസ്ബുക്ക്, Other / മറ്റ് \$വ:	1	1.9%	64.2%
instagram / ഇൻസ്റ്റഗ്രാം, youtube / യൂട്യൂബ്, Facebook / ഫേസ്ബുക്ക്, Snapchat / ഗൂഢാപ്ലൈറ്റ്	2	3.8%	67.9%
instagram / ഇൻസ്റ്റഗ്രാം, youtube / യൂട്യൂബ്, Facebook / ഫേസ്ബുക്ക്, Snapchat / ഗൂഢാപ്ലൈറ്റ്, Other / മറ്റ് \$വ:	2	3.8%	71.7%
instagram / ഇൻസ്റ്റഗ്രാം, youtube / യൂട്യൂബ്, Facebook / ഫേസ്ബുക്ക്, WhatsApp	1	1.9%	73.6%
instagram / ഇൻസ്റ്റഗ്രാം, youtube / യൂട്യൂബ്, Other / മറ്റ് \$വ:	4	7.5%	81.1%
instagram / ഇൻസ്റ്റഗ്രാം, youtube / യൂട്യൂബ്, Snapchat / ഗൂഢാപ്ലൈറ്റ്	3	5.7%	86.8%
instagram / ഇൻസ്റ്റഗ്രാം, youtube / യൂട്യൂബ്, Snapchat / ഗൂഢാപ്ലൈറ്റ്, Other / മറ്റ് \$വ:	2	3.8%	90.6%
instagram / ഇൻസ്റ്റഗ്രാം, youtube / യൂട്യൂബ്, What	1	1.9%	92.5%
instagram / ഇൻസ്റ്റഗ്രാം, youtube / യൂട്യൂബ്, WhatsApp	1	1.9%	94.3%
youtube / യൂട്യൂബ്	2	3.8%	98.1%
youtube / യൂട്യൂബ്, Other / മറ്റ് \$വ:	1	1.9%	100.0%

- Among the participants, Instagram emerged as a prominent platform, with 17.0% using it exclusively and 34.0% utilizing both Instagram and YouTube.
- 9.4% engaged with Instagram, YouTube, and Facebook simultaneously, while smaller proportions reported combinations involving Snapchat (3.8%), WhatsApp (1.9%), and Other platforms (1.9%). Additionally, 3.8% used Instagram, YouTube, Snapchat, and Other platforms, highlighting a multi-platform approach.

Frequencies of Have you heard about sex education

Have you heard about sex education?/ ഞാൻ ലിംഗ കവാടം ഓരോ സാക്ഷ്യത്തിനുമായ	Counts	% of Total	Cumulative %
Yes / തീർച്ചയായും	53	100.0%	100.0%

- All respondents have indicated that they have heard about sex education.

Frequencies of Have you received sex education classes in your school/college? / നിങ്ങളുടെ സ്കൂൾ/കോളേജിൽ നിങ്ങൾക്ക് ലഭിച്ചിട്ടുണ്ടോ? / നിങ്ങളുടെ സ്കൂൾ/കോളേജിൽ നിങ്ങൾക്ക് ലഭിച്ചിട്ടുണ്ടോ?

Have you received sex education classes in your school/college? / നിങ്ങളുടെ സ്കൂൾ/കോളേജിൽ നിങ്ങൾക്ക് ലഭിച്ചിട്ടുണ്ടോ? / നിങ്ങളുടെ സ്കൂൾ/കോളേജിൽ നിങ്ങൾക്ക് ലഭിച്ചിട്ടുണ്ടോ?	Counts	% of total	Cumulative %
No / ഇല്ല	25	47.2 %	47.2 %
Yes / ഉണ്ട്	28	52.8 %	100.0 %

- Over half of the respondents (52.8%) reported receiving sex education classes in their school or college, a notable portion (47.2%) indicated otherwise.

Frequencies of Have you received classes on relationships and reproductive health in school/college? / നിങ്ങൾക്ക് ബന്ധം, പ്രത്യേകിച്ചും പ്രത്യേകിച്ചും ബന്ധം നൽകിയ ക്ലാസുകൾ/ബന്ധം, പ്രത്യേകിച്ചും പ്രത്യേകിച്ചും ബന്ധം നൽകിയ ക്ലാസുകൾ ലഭിച്ചിട്ടുണ്ടോ?

Have you received classes on relationships and reproductive health in school/college? / നിങ്ങൾക്ക് ബന്ധം, പ്രത്യേകിച്ചും പ്രത്യേകിച്ചും ബന്ധം നൽകിയ ക്ലാസുകൾ/ബന്ധം, പ്രത്യേകിച്ചും പ്രത്യേകിച്ചും ബന്ധം നൽകിയ ക്ലാസുകൾ ലഭിച്ചിട്ടുണ്ടോ?	Counts	% of total	Cumulative %
No / ഇല്ല	16	34.0 %	34.0 %
Yes / ഉണ്ട്	35	66.0 %	100.0 %

- The majority of participants, constituting 66.0% of the total, reported having received such classes.
- 34.0% of participants indicated that they had not received classes on relationships and reproductive health in their educational institutions.

Frequencies of If **yes**, was it part of your school/college syllabus? / ഇല്ലെങ്കിൽ, നിങ്ങളുടെ സ്കൂൾ/കോളേജ് സിലബസിൽ ഉൾപ്പെട്ടതാണോ? / ഇല്ലെങ്കിൽ, നിങ്ങളുടെ സ്കൂൾ/കോളേജ് സിലബസിൽ ഉൾപ്പെട്ടതാണോ?

If yes , was it part of your school/college syllabus? / ഇല്ലെങ്കിൽ, നിങ്ങളുടെ സ്കൂൾ/കോളേജ് സിലബസിൽ ഉൾപ്പെട്ടതാണോ? / ഇല്ലെങ്കിൽ, നിങ്ങളുടെ സ്കൂൾ/കോളേജ് സിലബസിൽ ഉൾപ്പെട്ടതാണോ?	Counts	% of total	Cumulative %
No / ഇല്ല	31	58.5 %	58.5 %
Yes / ഉണ്ട്	22	41.5 %	100.0 %

- The results showed that for 58.5% of these participants, the classes were not included in the school or college syllabus.
- 41.5% of participants indicated that these classes were indeed part of their school or college syllabus.

Frequencies of Was it taken by **outsider**? / പറ്റാത്ത ആളാണോ എടുത്തത്? / പറ്റാത്ത ആളാണോ എടുത്തത്?

Was it taken by outsider ? / പറ്റാത്ത ആളാണോ എടുത്തത്? / പറ്റാത്ത ആളാണോ എടുത്തത്?	Counts	% of Total	Cumulative %
No / ഇല്ല	32	60.4 %	60.4 %
Yes / ഉണ്ട്	21	39.6 %	100.0 %

- 60.4% of the total, classes were not conducted by an outsider.
- A significant portion of participants received education on these topics within their educational institutions, a substantial number also received such education from external sources.

Frequencies of Have you received sex education from any of the following sources

Have you received sex education from any of the following sources	Counts	% of Total	Cumulative %
Health magazine / ആരോഗ്യ മാസികകൾ	4	7.5%	7.5%
Other / മറ്റ്	3	5.7%	13.2%
friends / സുഹൃത്തുക്കൾ	3	5.7%	18.9%
friends / സുഹൃത്തുക്കൾ, Health magazine / ആരോഗ്യ മാസികകൾ	1	1.9%	20.8%
social media / സോഷ്യൽ മീഡിയ	8	15.1%	35.8%
social media / സോഷ്യൽ മീഡിയ, Health magazine / ആരോഗ്യ മാസികകൾ	2	3.8%	39.6%
social media / സോഷ്യൽ മീഡിയ, Health magazine / ആരോഗ്യ മാസികകൾ, Other / മറ്റ്	1	1.9%	41.5%
social media / സോഷ്യൽ മീഡിയ, friends / സുഹൃത്തുക്കൾ	11	20.8%	62.3%
social media / സോഷ്യൽ മീഡിയ, friends / സുഹൃത്തുക്കൾ, Health magazine / ആരോഗ്യ മാസികകൾ	11	20.8%	83.0%
social media / സോഷ്യൽ മീഡിയ, friends / സുഹൃത്തുക്കൾ, Other / മറ്റ്	2	3.8%	86.8%
social media / സോഷ്യൽ മീഡിയ, friends / സുഹൃത്തുക്കൾ, porn sites / പോർണ് സൈറ്റുകൾ	1	1.9%	88.7%
social media / സോഷ്യൽ മീഡിയ, friends / സുഹൃത്തുക്കൾ, porn sites / പോർണ് സൈറ്റുകൾ, Health magazine / ആരോഗ്യ മാസികകൾ	3	5.7%	94.3%
social media / സോഷ്യൽ മീഡിയ, friends / സുഹൃത്തുക്കൾ, porn sites / പോർണ് സൈറ്റുകൾ, Health magazine / ആരോഗ്യ മാസികകൾ, Other / മറ്റ്	1	1.9%	96.2%
social media / സോഷ്യൽ മീഡിയ, friends / സുഹൃത്തുക്കൾ, porn sites / പോർണ് സൈറ്റുകൾ, porn books / പോർണ് പുസ്തകം	1	1.9%	98.1%
social media / സോഷ്യൽ മീഡിയ, friends / സുഹൃത്തുക്കൾ, porn sites / പോർണ് സൈറ്റുകൾ, porn books / പോർണ് പുസ്തകം, Health magazine / ആരോഗ്യ മാസികകൾ	1	1.9%	100.0%

- 7.5% of participants said they had learned about sex from health publications, and a comparable percentage (5.7% of the total) mentioned other unidentified sources. 5.7% of individuals also acknowledged learning about sex from friends.
- Social media emerged as a significant source of sex education, with 15.1% of participants indicating it as a source of information.

Frequencies of How comfortable are you to discuss sex related topics with your parents? / നിങ്ങളുടെ മാതാപിതാക്കളോട് ലൈംഗികതയുമായി ബന്ധപ്പെട്ട വിഷയം സംസാരിക്കാൻ എത്രമാത്രം സൗകര്യമുണ്ട്?

How comfortable are you to discuss sex related topics with your parents? / നിങ്ങളുടെ മാതാപിതാക്കളോട് ലൈംഗികതയുമായി ബന്ധപ്പെട്ട വിഷയം സംസാരിക്കാൻ എത്രമാത്രം സൗകര്യമുണ്ട്?	Counts	% of Total	Cumulative %
Never discussed / ഒന്നും സംസാരിച്ചിട്ടില്ല	32	60.4%	60.4%
Somewhat discussed / കുറേമാത്രം സംസാരിച്ചിട്ടുണ്ട്	13	24.5%	84.9%
Very comfortable / വളരെ സൗകര്യമുണ്ട്	2	3.8%	88.7%
Well discussed / നന്നായി സംസാരിച്ചിട്ടുണ്ട്	6	11.3%	100.0%

- The majority, or 60.4% of the total, stated they had never talked to their parents about anything connected to sex.
- A significant degree of comfort was indicated by the fact that 24.5% of individuals said they had at least partially discussed these subjects with their parents.

- A smaller percentage of participants, or 11.3%, said they had had in-depth conversations with their parents on these subjects, suggesting that they were more at ease and transparent in their communication.

Frequencies of Are you comfortable to discuss sex related topics with teachers

Are you comfortable to discuss sex related topics with teachers	Counts	% of Total	Cumulative %
Never discussed / ഒരിക്കലും ചർച്ച ചെയ്തിട്ടില്ല	23	44.2 %	44.2 %
Somewhat discussed / ഒരുകൂറായി ചർച്ച ചെയ്തിട്ടുണ്ട്	18	34.6 %	78.8 %
Well discussed / നന്നായി ചർച്ച ചെയ്തിട്ടുണ്ട്	10	19.2 %	98.1 %
Yes	1	1.9 %	100.0 %

- 44.2% of the sample said they had never had a conversation with their professors about anything connected to sex.
- A moderate degree of comfort was indicated by the 34.6% of individuals who said they have at least partially discussed such matters with their lecturers.
- 19.2% of participants said they and their professors had a good conversation about these subjects, demonstrating a greater degree of comfort and openness in communicating.

Frequencies of Are you comfortable to discuss sex related topics with your friend

Are you comfortable to discuss sex related topics with your friend	Counts	% of Total	Cumulative %
Never discussed / ഒരിക്കലും ചർച്ച ചെയ്തിട്ടില്ല	2	3.8 %	3.8 %
Somewhat discussed / ഒരുകൂറായി ചർച്ച ചെയ്തിട്ടുണ്ട്	14	26.4 %	30.2 %
Well discussed / നന്നായി ചർച്ച ചെയ്തിട്ടുണ്ട്	35	66.0 %	96.2 %
Yes / ഉത്തരവ്	2	3.8 %	100.0 %

- A significant proportion of participants, comprising 66.0% of the sample, expressed that they felt comfortable discussing such matters with their friends, suggesting a high degree of openness and comfort in communication.
- A considerable level of comfort was suggested by the fact that 26.4% of participants said they have slightly discussed sex-related matters with their friends.
- Just 3.8% of participants said they had never had a conversation with their friends about sex-related subjects.

Frequencies of Did you get any sexual health awareness classes in your area?/

Did you get any sexual health awareness classes in your <u>area?/</u>	Counts	% of Total	Cumulative %
No / 00A	39	73.6 %	73.6 %
Yes / 00000	14	26.4 %	100.0 %

- 73.6% said they had not attended any classes in their area about sexual health awareness.
- 26.4% said they had really taken these classes.

Frequencies of Explain if your attitude and behaviour, towards sexual health ch

Explain if your attitude and <u>behaviour</u> , towards sexual health <u>ch</u>	Counts	% of Total	Cumulative %
During this generation all the teenagers strictly need to the sex education. Because the sex related abuses mainly <u>likes</u> to rapes are increased day by day. <u>Women</u> and <u>men</u> are suffering lots of sexual <u>abuses</u> . Both males and females are not secure in the world. <u>So</u> the education system must be improved and start sex education in lower level of education system. I can understand all the aspects of sex education and I liked to pass the knowledge for <u>my</u> surroundings	1	4.5 %	4.5 %
Good	1	4.5 %	9.1 %
In this present <u>era</u> i think sex education is one the basics should be thought in a school as results attitude of sex <u>harassment</u> has been decreased	1	4.5 %	13.6 %
Increased Knowledge, Improved Relationship Dynamics, Improved Communication	1	4.5 %	18.2 %
Learned more	1	4.5 %	22.7 %
Never got one	1	4.5 %	27.3 %
No experience	1	4.5 %	31.8 %
Sex education changed my views on <u>sex</u> it helped to openly discuss sex among my friends as just like another <u>subject</u> it helped me to understand the consequences on lack on sex education.	1	4.5 %	36.4 %
Sex education have to improve in our state or country.	1	4.5 %	40.9 %
Yah! It the awareness changed me at some extend but i know there is lot more to know what exactly it is	1	4.5 %	45.5 %
Yes	5	22.7 %	68.2 %
<u>Yes</u> , I had changed my attitudes and <u>behaviour</u> towards sexual <u>sexual</u> health through the sex education classes.	1	4.5 %	72.7 %
<u>Yes</u> , it really changed my attitude towards sexual health	1	4.5 %	77.3 %
<u>Yes</u> it did	1	4.5 %	81.8 %
Yes, it has changed, very informative	1	4.5 %	86.4 %
<u>Yes</u> they have impacts over the confusions we had in the adolescence period as you know in the case of <u>gender</u> boys we have limitations in knowledge regarding them from <u>family</u> not <u>categorising</u> it as a gender but have heard about it in the cheer groups of boys also. Had physical and mental impacts in the period of time and for the time being.	1	4.5 %	90.9 %
Yes. I became more aware about sexual health as a result of sex education	1	4.5 %	95.5 %
helps to know many things	1	4.5 %	100.0 %

- Certain participants conveyed a strong conviction on the imperative nature of sex education, underscoring the growing incidence of sexual assaults such as rape and the requirement for educational initiatives to tackle these problems.
- Others emphasised the beneficial effects of sex education on lowering sexual harassment and enhancing communication and relationship dynamics.
- Some participants said that receiving sex education altered their perspectives on the topic, enabling friends to talk about sex more honestly and realising the repercussions of not receiving sex education.

Frequencies of Out of 10,How many marks will you give to the sex education that you received?/എന്നിടം എങ്ങനെ ലഭിച്ച സെക്സുവ്യാജ് വിദ്യാഭ്യാസം,10-ൽ എത്ര മാർക്ക്

Out of 10,How many marks will you give to the sex education that you received?/എന്നിടം എങ്ങനെ ലഭിച്ച സെക്സുവ്യാജ് വിദ്യാഭ്യാസം,10-ൽ എത്ര മാർക്ക്	Counts	% of Total	Cumulative %
1	1	1.9 %	1.9 %
10	5	9.6 %	11.5 %
2	1	1.9 %	13.5 %
3	1	1.9 %	15.4 %
4	4	7.7 %	23.1 %
5	15	28.8 %	51.9 %
6	8	15.4 %	67.3 %
6/10	1	1.9 %	69.2 %
7	8	15.4 %	84.6 %
8	5	9.6 %	94.2 %
9	3	5.8 %	100.0 %

- Participants rated the sex education they got in a variety of ways.
- 28.8% of the participants, or most of them, gave their sex education a score of five out of ten.
- 15.4% of respondents scored it a 6, and another 15.4% rated it a 7. 9.6% of participants, a smaller percentage, gave their sex education an 8 or a 10 out of 10. 5.8% of participants gave it a score of 9 out of 10, while 7.7% of participants gave it a score of 4 out of 10.
- A small percentage of participants, fewer than 2% of the total, gave their sex education a score between one and three out of ten.

Frequencies of Do you think there is a need for improvement in the sex education

Do you think there is a need for improvement in the sex education	Counts	% of Total	Cumulative %
No	7	13.5 %	13.5 %
Yes	44	84.6 %	98.1 %
Yes in school and colleges sex education have to improve. The govt should add chapters about sex education in studies	1	1.9 %	100.0 %

- 84.6% of the sample, said that sex education does need to be improved.
- 13% of the participants thought that sex education does not need to be improved.
- one participant (1.9%) recommended that the government include chapters on sex education in the curriculum in order to enhance sex education in schools and universities.

Frequencies of If **ശ്യാമപ്രസാദ് മോദി** നിയമിച്ചിട്ടുള്ളത്?

If ശ്യാമപ്രസാദ് മോദി നിയമിച്ചിട്ടുള്ളത്?	Counts	% of total	Cumulative %
Because now a days we have to improve the sex education കുറവുകൾ for the കുട്ടികൾ ...the teachers are not ready to take the topic കുറിച്ച് to sex കുട്ടികൾ so the students must know about the sex education . It is more important to the future students	1	3.8 %	3.8 %
Because of that helps a lot to the people to change their misinterpretation and bad perspectives towards both the sex and sex education.	1	3.8 %	7.7 %
Because today the cases of rape and sexual abuses are increased day by day	1	3.8 %	11.5 %
Every individual should be aware about sex education	1	3.8 %	15.4 %
I got only a mere knowledge from school which is not sufficient.	1	3.8 %	19.2 %
In my suggestion every person in the society need sex education as there more unlearning is required regarding this topic in the thought process of the entire society	1	3.8 %	23.1 %
In these present circumstances , it is very important to have sex education from teenagers itself.	1	3.8 %	26.9 %
In this era, as we see sexual attacks against girls, this is must need to discuss these with children not only to girls but with boys also.	1	3.8 %	30.8 %
It is essential for both men and women to know.	2	7.7 %	38.5 %
It make Awareness to the teens. And by the sex education it can change so many misconceptions.	1	3.8 %	42.3 %
It necessary to take extra importance for sex education	1	3.8 %	46.2 %
Many new ideas and studies are happening in this area.so I need to be updated.	1	3.8 %	50.0 %
More AWARENESS should be given to students	1	3.8 %	53.8 %
Schools and colleges should provide more sex education since there are many students who are still not aware about details regarding sex education.	1	3.8 %	57.7 %
Sex ed is still undermined by the stereotypical myths that follow traditions and practices that natives of place is used to.	1	3.8 %	61.5 %
So many doubts about sex	1	3.8 %	65.4 %
Society needs	1	3.8 %	69.2 %
Still there is a society who unknown about the sex education as more classes should be conducted	1	3.8 %	73.1 %
The limitations still I feel with the system which currently exists	1	3.8 %	76.9 %
This may involve incorporating cultural perspectives and addressing specific challenges or barriers faced by different communities.	1	3.8 %	80.8 %
To spread awareness	1	3.8 %	84.6 %
Uneducated people	1	3.8 %	88.5 %
We should provide more sex education classes on rural areas.	1	3.8 %	92.3 %
Yes should make compulsory in schools	1	3.8 %	96.2 %
ശ്യാമപ്രസാദ് മോദി നിയമിച്ചിട്ടുള്ളത്	1	3.8 %	100.0 %

- The participants gave different explanations for why they thought sex education needed to be improved.
- Some emphasised the need to teach boys and girls about sexual health and safety given the rising incidence of rape and other forms of sexual abuse.
- Others underlined the need to raise awareness and the necessity of busting myths and misconceptions about sex and sex education.
- Certain participants conveyed their discontent with the kind of knowledge they were taught in school, implying that the existing educational framework is inadequate in furnishing adequate knowledge.

Frequencies of Do you believe that sex education should be more than biology? / Do you believe that sex education should be more than biology?

Do you believe that sex education should be more than biology? / <u>Do you believe that sex education should be more than biology?</u>	Counts	% of total	Cumulative %
No	19	36.5 %	36.5 %
Yes	32	61.5 %	98.1 %
<u>Yes</u> today kids didn't get proper education every mother of a girl will give so many advice to their child but why a mother of a boy didn't give this type of advice to a boy	1	1.9 %	100.0 %

- 61.5% of the total, expressed the belief that sex education should indeed cover more than just biological aspects.
- 36.5% of participants disagreed with this notion, indicating a preference for a more biology-focused approach to sex education.

Frequencies of If yes, explain?

If yes, explain?	Counts	% of Total	Cumulative %
Biology is not just the factor, it should be psychological <u>too</u>	1	6.7 %	6.7 %
Biology only explains the theory part of reproductive process whereas sex education gives more details than that.	1	6.7 %	13.3 %
<u>Extra details</u> about sex should be provided and just studying <u>biology</u> is not enough	1	6.7 %	20.0 %
In biology classes they only use the biological terms and reproduction system. And the syllabus <u>won't</u> give any actual picture of Good touch bad touch and if <u>it</u> happened whom can we approach. Biological classes <u>is</u> only needed in the time of examination. <u>Basically</u> there is no use in the daily life.	1	6.7 %	26.7 %
In the puberty period its <u>not</u> <u>taught</u> as a funny thing and moreover no one have concerns about it properly which can impact majorly over relationships on the stage	1	6.7 %	33.3 %
It <u>helps</u> us distinguish between good and bad in real life	1	6.7 %	40.0 %
<u>Its</u> true that it's a part of biology but more than that it involves to physical and mental aspects of human being	1	6.7 %	46.7 %
More than learning biology children and adults both should know the importance and social constraints of having sex, sharing emotions and more. It should be seen just as a means to reproduce.	1	6.7 %	53.3 %
Sex education and sexuality is unaccepted in many communities and also among some <u>parents</u> adolescent feel shy and scared to ta	1	6.7 %	60.0 %
Sex education is beyond biology. There many things that we should teach our <u>children</u> about sex education especially in today's scenario.	1	6.7 %	66.7 %
That's why the sex education and biology are related with each other. <u>So</u> the sex education is always enhances the study of biology.	1	6.7 %	73.3 %
Then they will come back to life from fantasy world.	2	13.3 %	86.7 %
When it comes to life sex education is more important.	1	6.7 %	93.3 %
<u>Yes</u> because it can avoid lots of <u>harmful</u> towards women	1	6.7 %	100.0 %

Individuals who held the belief that sex education need to cover topics beyond biology offered a range of justifications for their positions. Some highlighted the significance of taking psychological aspects into account in addition to biological ones, pointing out that sex education requires an awareness of human behaviour and emotions. Others emphasised that sex education provides more in-depth information, including practical issues and real-life circumstances, while biology discusses the theoretical components of reproduction.

Frequencies of Do you think that religious beliefs has a impact on sex education? **മതവിശ്വാസങ്ങൾ സെക്സുവൽ എഡ്യൂക്കേഷൻ ന്റെ മേഖലയിൽ ഏതു തരം സ്വാധീനം ഉണ്ടാക്കുന്നു?**

Do you think that religious beliefs has a impact on sex education? മതവിശ്വാസങ്ങൾ സെക്സുവൽ എഡ്യൂക്കേഷൻ ന്റെ മേഖലയിൽ ഏതു തരം സ്വാധീനം ഉണ്ടാക്കുന്നു?	Counts	% of total	Cumulative %
Maybe / അറിയുക	15	28.3 %	28.3 %
No / ഇല്ല	20	37.7 %	66.0 %
Yes / ഉണ്ട്	18	34.0 %	100.0 %

- 34.0% of the total, believed that religious beliefs do indeed have an impact on sex education.
- 37.7% of participants disagreed, indicating that they did not perceive a significant influence of religious beliefs on sex education.
- 28.3% of participants expressed uncertainty, suggesting that there may be some influence, but it is not definitive.

Frequencies of How religious beliefs impact the view on sex education? **മതവിശ്വാസങ്ങൾ സെക്സുവൽ എഡ്യൂക്കേഷൻ ന്റെ മേഖലയിൽ ഏതു തരം സ്വാധീനം ഉണ്ടാക്കുന്നു?**

How religious beliefs impact the view on sex education? മതവിശ്വാസങ്ങൾ സെക്സുവൽ എഡ്യൂക്കേഷൻ ന്റെ മേഖലയിൽ ഏതു തരം സ്വാധീനം ഉണ്ടാക്കുന്നു?	Counts	% of total	Cumulative %
All the religions can provide the message of respect humans each other, എല്ലാ മതങ്ങളും മനുഷ്യരെ പരസ്പരം ബഹുമാനിക്കാനും സഹായകരമായ അറിവ് നൽകാനും	1	5.6 %	5.6 %
As more strict religious beliefs lead to more problems in all the generation of human life.	1	5.6 %	11.1 %
Depends upon the people	1	5.6 %	16.7 %
I don't think about it.	2	11.1 %	27.8 %
I think it adds both fear and awareness to the individual	1	5.6 %	33.3 %
In any religion is (may not have proper knowledge about sex but still he provide false information)	1	5.6 %	38.9 %
It's important to recognize and respect diverse perspectives while also considering the need for comprehensive, evidence-based education that addresses the health and well-being of all individuals, regardless of religious affiliation.	1	5.6 %	44.4 %
Make stigmas	1	5.6 %	50.0 %
Many religious believe that premarital sex is a sin and that sex outside of marriage is an even bigger sin	1	5.6 %	55.6 %
Most of the people make stigma s	1	5.6 %	61.1 %
No its not impact in specific manner	1	5.6 %	66.7 %
Religious beliefs are affects mostly by the view on sex education. That the society thinks sex education is against towards the religious beliefs.	1	5.6 %	72.2 %
Religious beliefs impact on how and when a person should have intercourse. If imposes on a person to believe pre-marital sex is unconventional when it should be something to express love and feeling towards a person	1	5.6 %	77.8 %
Sometimes it is misleading and creating stigmas.	1	5.6 %	83.3 %
That is their on perspective	1	5.6 %	88.9 %
The character Shakuni in Mahabharata was considered as a funny material due to the lack of knowledge had in those times and as we think now in the case of current generation it matters.	1	5.6 %	94.4 %
consider many things as sin	1	5.6 %	100.0 %

- Some highlighted the need for improved sex education classes, emphasizing that teachers may be reluctant to address the topic of sex education, leaving students uninformed.
- Others pointed out that sex education helps to dispel misconceptions and negative attitudes towards sex and sex education, promoting healthier perspectives.

Frequencies of Masturbation is a **sin**? **മതവിശ്വാസങ്ങൾ സെക്സുവൽ എഡ്യൂക്കേഷൻ ന്റെ മേഖലയിൽ ഏതു തരം സ്വാധീനം ഉണ്ടാക്കുന്നു?**

Masturbation is a sin ? മതവിശ്വാസങ്ങൾ സെക്സുവൽ എഡ്യൂക്കേഷൻ ന്റെ മേഖലയിൽ ഏതു തരം സ്വാധീനം ഉണ്ടാക്കുന്നു?	Counts	% of Total	Cumulative %
No / ഇല്ല	48	92.3 %	92.3 %
Yes / ഉണ്ട്	4	7.7 %	100.0 %

92.3% of respondents, or the great majority, do not believe that masturbating is sinful. This point of view probably reflects shifting perspectives on sexual behaviour and personal body autonomy. Once stigmatised by certain religious and cultural views, masturbation is now widely accepted by the public as a normal and healthy part of human sexuality.

Frequencies of Sex will always leads to reproduction. മനുഷ്യസംവാദനം എപ്പോഴും ലൈംഗികതയിലൂടെ സംഭവിക്കുന്നു എന്ന് എല്ലാവരും വിശ്വസിക്കുന്നു.

Sex will always leads to reproduction. <u>മനുഷ്യസംവാദനം എപ്പോഴും ലൈംഗികതയിലൂടെ സംഭവിക്കുന്നു എന്ന് എല്ലാവരും വിശ്വസിക്കുന്നു.</u>	Counts	% of Total	Cumulative %
False / <u>ശരിയല്ല</u>	42	80.8%	80.8%
True / <u>ശരി</u>	10	19.2%	100.0%

Reproduction is not usually the result of sex, as demonstrated by the 80.8% of respondents who disagree with this assertion. Sexual activity has other goals and outcomes besides reproduction, even if it is one of them. Beyond reproduction, sexual activity can promote closeness, pleasure, emotional ties, and partner bonding, among other things.

Frequencies of Use of menstrual cup can affect a woman's virginity. മെനുസ്ട്രുവൽ കപ്പിന്റെ ഉപയോഗം സ്ത്രീയുടെ കന്യകത്വത്തെ ബാധിക്കുന്നു.

Use of menstrual cup can affect a woman's virginity. <u>മെനുസ്ട്രുവൽ കപ്പിന്റെ ഉപയോഗം സ്ത്രീയുടെ കന്യകത്വത്തെ ബാധിക്കുന്നു.</u>	Counts	% of total	Cumulative %
False / <u>ശരിയല്ല</u>	49	94.2%	94.2%
True / <u>ശരി</u>	3	5.8%	100.0%

The majority of respondents 94.2% believe that the idea that a woman's virginity might be impacted by using a menstrual cup is untrue. Using a menstrual cup does not change the social and cultural concept of virginity, which is frequently linked to a woman's hymen. Whether or not a woman has inserted anything, including a menstruation cup, into her vagina does not determine her virginity.

Frequencies of Women bleed when they have sex for the first time. സ്ത്രീകൾ അവരുടെ ആദ്യ ലൈംഗിക ബന്ധത്തിൽ രക്തസ്രാവം സംഭവിക്കുന്നു.

Women bleed when they have sex for the first time. <u>സ്ത്രീകൾ അവരുടെ ആദ്യ ലൈംഗിക ബന്ധത്തിൽ രക്തസ്രാവം സംഭവിക്കുന്നു.</u>	Counts	% of total	Cumulative %
False / <u>ശരിയല്ല</u>	33	63.5%	63.5%
True / <u>ശരി</u>	19	36.5%	100.0%

While the majority of respondents 63.5% agreed with the statement, the remainder stated it was incorrect. This idea reflects a widespread misperception regarding the anatomy of women and sexual activity. While some women may bleed during their first sex because the hymen breaks, this is not always the case.

Frequencies of Which of the following are STDs/എന്നിവിടെയിലാണ് STDs പരക്കുന്നത്?

Which of the following are STDs/ <u>എന്നിവിടെയിലാണ് STDs പരക്കുന്നത്?</u>	Counts	% of Total	Cumulative %
Diabetes / <u>മുട്ടി</u>	2	3.8%	3.8%
HIV/ <u>എച്ച്ഐവി</u>	49	94.2%	98.1%
Thyroid / <u>തൈറോയ്ഡ്</u>	1	1.9%	100.0%

Infections spread by sexual contact are known as sexually transmitted diseases (STDs) or sexually transmitted infections (STIs). The Human Immunodeficiency Virus (STD) is widely recognised, although thyroid disorders and diabetes are not commonly associated with sexual transmission.

Frequencies of How can STDs be transmitted?എങ്ങനെയാണ് STDs പരക്കുന്നത്?

How can STDs be <u>transmitted?</u> <u>എങ്ങനെയാണ് STDs പരക്കുന്നത്?</u>	Counts	% of Total	Cumulative %
unprotected sex	1	2.0%	2.0%
By sex and blood transfusion iatrogenic	1	2.0%	4.1%
By sexual transmission	2	4.1%	8.2%
By transfer of fluids from one person to another through physical contact like touch.	1	2.0%	10.2%
By unprotected sexual intercourse. Repeatedly using needles. By blood. By <u>ബ്ലഡ്</u>	1	2.0%	12.2%
Contact	1	2.0%	14.3%
Don't know	1	2.0%	16.3%
Fluid	1	2.0%	18.4%
HIV, <u>vaginal-oral</u>	1	2.0%	20.4%
Intercourse I think	1	2.0%	22.4%
Mostly when body fluids get mixed	1	2.0%	24.5%
No	1	2.0%	26.5%
Physical contact	1	2.0%	28.6%
Sexual contact	1	2.0%	30.6%
Sexual intercourse	1	2.0%	32.7%
Sexual intercourse, mother to <u>ബ്ലഡ്</u> , blood transfusion, use of syringes or needles by drug users.	1	2.0%	34.7%
The STD s be transmitted through sexual contact	1	2.0%	36.7%
Through blood	1	2.0%	38.8%
Through blood transfusion	1	2.0%	40.8%
Through blood, saliva	1	2.0%	42.9%
Through fluid transmissions	1	2.0%	44.9%
Through oral sex	1	2.0%	46.9%
Through sex	5	10.2%	57.1%
Through sexual intercourse between infected person.	1	2.0%	59.2%
Through sexual intercourses	1	2.0%	61.2%
Through the unhealthy sex <u>relationships-etc</u>	1	2.0%	63.3%
Through unprotected sex, blood transfusion, unsterilized syringe	1	2.0%	65.3%
Through unsafe sex, through receiving blood from infected person, from mother to child, using same needle from infected person.	1	2.0%	67.3%
Through unsafe sexual intercourse	1	2.0%	69.4%
Unhealthy was of sex without using protection causes STDs	1	2.0%	71.4%
Unknown personal sexual contacts	1	2.0%	73.5%
Unprotected and multi sexual relationship	1	2.0%	75.5%
Unprotected sex	1	2.0%	77.6%
Unprotected sexual intercourse, Skin-to-skin contact, Sharing contaminated needles or syringes, Non-sexual contact	1	2.0%	79.6%
Unprotected sexual intercourse, blood transfusion, needle reuse	1	2.0%	81.6%
Unsafe sexual <u>practices,relationships-etc</u>	1	2.0%	83.7%
Use of condoms	1	2.0%	85.7%
Vaginal, oral, anal	1	2.0%	87.8%
<u>With-out</u> safety measures	1	2.0%	89.8%
Yes	1	2.0%	91.8%
std <u>ഉടമസ്ഥതയില്ലാത്ത സെക്സിലൂടെ</u> പരക്കുന്നു. <u>൧൦൦%</u>	1	2.0%	93.9%
through unprotected sex	1	2.0%	95.9%
through vaginal, oral, and anal sex.	1	2.0%	98.0%
unprotected sexual intercourse	1	2.0%	100.0%

In addition to unprotected sexual contact, additional ways that STDs can spread include blood transfusions, sharing contaminated syringes or needles, and mother-to-child transmission during childbirth. To stop transmission and preserve sexual health, it's critical to engage in safe sexual

behaviour, use protection like condoms, and get tested frequently for sexually transmitted infections.

Frequencies of Are you aware of STDs/STIs (sexually transmitted disease)?

Are you aware of STDs/STIs (sexually transmitted disease)?	Counts	% of total	Cumulative %
No / ഇല്ല	3	5.8%	5.8%
Yes / അറിയാം	49	94.2%	100.0%

94.2% of people are aware of infections or diseases spread by sexual contact (STIs/STDs). This understanding is essential since STDs/STIs impact people of all ages and demographics worldwide and are a major public health concern. Just 5.8% of respondents said they had no knowledge of STIs or STDs.

Frequencies of How did you get knowledge about STDs/STIs?

How did you get knowledge about STDs/STIs?	% of Total	Cumulative %
Other / മറ്റ്	11	21.2%
friends / സുഹൃത്തുക്കൾ	1	1.9%
friends / സുഹൃത്തുക്കൾ , internet / ഇന്റർനെറ്റ്	2	3.8%
internet / ഇന്റർനെറ്റ്	3	5.8%
internet / ഇന്റർനെറ്റ് , Other / മറ്റ്	1	1.9%
social media / സോഷ്യൽ മീഡിയ	8	15.4%
social media / സോഷ്യൽ മീഡിയ , Other / മറ്റ്	2	3.8%
social media / സോഷ്യൽ മീഡിയ , friends / സുഹൃത്തുക്കൾ	3	5.8%
social media / സോഷ്യൽ മീഡിയ , friends / സുഹൃത്തുക്കൾ , Other / മറ്റ്	1	1.9%
social media / സോഷ്യൽ മീഡിയ , friends / സുഹൃത്തുക്കൾ , family / കുടുംബം	1	1.9%
social media / സോഷ്യൽ മീഡിയ , friends / സുഹൃത്തുക്കൾ , internet / ഇന്റർനെറ്റ്	9	17.3%
social media / സോഷ്യൽ മീഡിയ , friends / സുഹൃത്തുക്കൾ , internet / ഇന്റർനെറ്റ് , Other / മറ്റ്	2	3.8%
social media / സോഷ്യൽ മീഡിയ , friends / സുഹൃത്തുക്കൾ , internet / ഇന്റർനെറ്റ് , family / കുടുംബം , Other / മറ്റ്	1	1.9%
social media / സോഷ്യൽ മീഡിയ , internet / ഇന്റർനെറ്റ്	5	9.6%
social media / സോഷ്യൽ മീഡിയ , internet / ഇന്റർനെറ്റ് , Other / മറ്റ്	2	3.8%

The most common sources cited were social media (50.0%) and the internet (32.7%). Some respondents reported obtaining information from friends (23.1%), while others mentioned family (1.9%).

Frequencies of How can STDs be prevented? (എം.ടി.സി.കൾ ന്റെ മറുപടികൾ)

How can STDs be prevented? (എം.ടി.സി.കൾ ന്റെ മറുപടികൾ)	Counts	% of Total	Cumulative %
Abstinence, Condom Use, Regular Testing, Open Communication, Vaccination	1	2.0%	2.0%
Avoid multiple partners, use safety measures	1	2.0%	3.9%
Avoid sex with sexual disease persons	1	2.0%	5.9%
Beware	1	2.0%	7.8%
By avoiding sexual contact	1	2.0%	9.8%
By having safe sexual practices	1	2.0%	11.8%
By taking proper protection	1	2.0%	13.7%
By use of safety measures	1	2.0%	15.7%
By using proper techniques	1	2.0%	17.6%
By using protection and other preventive measures	1	2.0%	19.6%
Condoms	1	2.0%	21.6%
Contraceptive measures	1	2.0%	23.5%
Don't know	1	2.0%	25.5%
I don't know	2	3.9%	29.4%
Keep the healthy sexual relationship.	1	2.0%	31.4%
Ni way	1	2.0%	33.3%
ഉറപ്പ് വരുത്തുന്ന sex കൗശലങ്ങൾ ഉപയോഗിച്ച് prevent ചെയ്യേണ്ട.	1	2.0%	35.3%
Proper awareness classes can be conducted	1	2.0%	37.3%
Protection	1	2.0%	39.2%
Safe sex	1	2.0%	41.2%
Safe sex practices	1	2.0%	43.1%
Safety measures	1	2.0%	45.1%
Std ഉടൽപാദനം തടയുന്നതിനായി 'സുരക്ഷിത'മായി	1	2.0%	47.1%
Take protection, avoid multiple sex partners	1	2.0%	49.0%
Taking precautions during sex	1	2.0%	51.0%
Through safe sex practices, through contraceptives, through reducing the number of sexual partners, through safe blood transfusion.	1	2.0%	52.9%
Through safety measures	1	2.0%	54.9%
Through sex education, awareness and using of protection	1	2.0%	56.9%
Through the use of safety measures	1	2.0%	58.8%
Use condom	1	2.0%	60.8%
Use condoms	1	2.0%	62.7%
Use condoms	4	7.8%	70.6%
Use സുരക്ഷിത	1	2.0%	72.5%
Use of condom	1	2.0%	74.5%
Use protection.	2	3.9%	78.4%
Use protections. Don't use one needle the others used.	1	2.0%	80.4%
Use safety	1	2.0%	82.4%
Using adequate preventive measures such as condoms	1	2.0%	84.3%
Using condoms	1	2.0%	86.3%
Using condoms during intercourse, by ഉപയോഗിച്ച് sharing syringes or needles	1	2.0%	88.2%
Using prevention	1	2.0%	90.2%
Using proper contraceptives over all phases where fluid transfer can occur	1	2.0%	92.2%
Using protective measures.	1	2.0%	94.1%
Vaccination, use condoms, reduce multiple sex partners	1	2.0%	96.1%
Use safety measures	1	2.0%	98.0%
using condom and other protective measures	1	2.0%	100.0%

The two most often mentioned strategies are avoiding sexual contact and using condoms to practise safe sex. Other preventive strategies recommended include limiting the number of sexual partners, avoiding sexual contact with those who have a sexual disease, and using condoms or other forms of protection.

Frequencies of Have you heard about safe sex practices? (സുരക്ഷിതമായ ലൈംഗികതയെക്കുറിച്ച് നിങ്ങൾ കേൾക്കിയിട്ടുണ്ടോ?)

Have you heard about safe sex practices? (സുരക്ഷിതമായ ലൈംഗികതയെക്കുറിച്ച് നിങ്ങൾ കേൾക്കിയിട്ടുണ്ടോ?)	Counts	% of Total	Cumulative %
No / ഇല്ല	9	17.0%	17.0%
Yes/ ഉണ്ട്	44	83.0%	100.0%

A lesser percentage, 17.0%, has not heard of safe sex practices, compared to 83.0% who have. This implies that a significant portion of the population polled is aware of safe sex practices.

Frequencies of What type of safe sex practices are there? **የግልጽ ጾታ ጥበቃ ዘዴዎች ስርዓት ስንጠቀም? (MTU) ለግልጽ ጾታ**

What type of safe sex practices are there? የግልጽ ጾታ ጥበቃ ዘዴዎች ስርዓት ስንጠቀም?	Counts	% of Total	Cumulative %
By using proper prevention methods	1	2.0%	2.0%
Mostly Condoms use	1	2.0%	4.0%
Sexual contact that never exchange semen vaginal fluid or blood between partners	1	2.0%	6.0%
Aa	1	2.0%	8.0%
Avoid multiple partners, get tested for STDs	1	2.0%	10.0%
Be careful with alcohol and drug	1	2.0%	12.0%
By using condoms	1	2.0%	14.0%
By using protection, taking medication, using የግልጽ ጾታ method and more	1	2.0%	16.0%
Communicating with Partners	1	2.0%	18.0%
Condom	1	2.0%	20.0%
Condom, withdrawal method	1	2.0%	22.0%
Different types of contraceptives	1	2.0%	24.0%
Don't know	1	2.0%	26.0%
Don't know	1	2.0%	28.0%
Foreplay	1	2.0%	30.0%
I don't know for sure	1	2.0%	32.0%
የግልጽ ጾታ know	1	2.0%	34.0%
Limited sex partners, preventive methods	1	2.0%	36.0%
Male or female condom, oral contraceptive , avoid multiple partner	1	2.0%	38.0%
Many more	1	2.0%	40.0%
Many types	1	2.0%	42.0%
Marriage	1	2.0%	44.0%
No	1	2.0%	46.0%
No about that	1	2.0%	48.0%
Safe sex practice guides	1	2.0%	50.0%
የግልጽ ጾታ sex	1	2.0%	52.0%
So many,	2	4.0%	56.0%
Use condom	1	2.0%	58.0%
Use condom	1	2.0%	60.0%
Use condoms	1	2.0%	62.0%
Use condoms የግልጽ ጾታ you have	1	2.0%	64.0%
Use condoms, avoid multiple partner, vaccines are safe ways to prevent የግልጽ ጾታ , HPV	1	2.0%	66.0%
Use of condom	1	2.0%	68.0%
Use of condoms	1	2.0%	70.0%
Use of የግልጽ ጾታ multiple partners ,frequent tests	1	2.0%	72.0%
Use of contraceptives	1	2.0%	74.0%
Use of protections	1	2.0%	76.0%
Use of safety measures	1	2.0%	78.0%
Use protection	1	2.0%	80.0%
Using a condom?	1	2.0%	82.0%
Using condom	1	2.0%	84.0%
Using የግልጽ ጾታ themselves for knowing whether infected or not by HIV የግልጽ ጾታ letting body fluids to get mixed	1	2.0%	86.0%
Using non breakable condoms	1	2.0%	88.0%
Using of protection	1	2.0%	90.0%
Usually after marriage sex.	1	2.0%	92.0%
While having sex be clean and neat and use proper branded safety measurements	1	2.0%	94.0%
የግልጽ ጾታ	1	2.0%	96.0%
using condom	1	2.0%	98.0%
የግልጽ ጾታ	1	2.0%	100.0%

The goal of safe sexual practices is to lower the risk of unintended pregnancies and sexually transmitted diseases (STIs). These include minimising sexual contact, utilising other forms of contraception, avoiding dangerous behaviours including unprotected sex while under the influence of alcohol or drugs, avoiding multiple partners, testing frequently for STIs, and communicating openly about sexual health. By reducing the risk of STIs and unwanted pregnancies, these behaviours enhance sexual health and well-being and highlight the significance of taking preventative measures to safeguard oneself and partners during sexual activity.

Frequencies of Have you had sex before marriage? (എന്നിടത്ത് എത്രമാത്രം?)

Have you had sex before marriage? (എന്നിടത്ത് എത്രമാത്രം?)	Counts	% of Total	Cumulative %
No/ഇല്ല	29	60.4 %	60.4 %
Yes/ഉണ്ട്	19	39.6 %	100.0 %

- 60.4% of respondents said they had not had sex before marriage, compared to 39.6% who said they had had sex before marriage.

Premarital sexual activity is not uncommon among them.

Frequencies of Have you had sex with more than one person? (എന്നിടത്ത് എത്രമാത്രം?)

Have you had sex with more than one person? (എന്നിടത്ത് എത്രമാത്രം?)	Counts	% of Total	Cumulative %
No/ഇല്ല	38	79.2 %	79.2 %
Yes/ഉണ്ട്	10	20.8 %	100.0 %

- 20.8% responded affirmatively, while the majority, comprising 79.2%, reported having only one sexual partner.

Frequencies of Did you or your partner use any safety measures? (എന്നിടത്ത് എത്രമാത്രം?)

Did you or your partner use any safety measures? (എന്നിടത്ത് എത്രമാത്രം?)	Counts	% of Total	Cumulative %
No/ഇല്ല	23	44.2 %	44.2 %
Yes/ഉണ്ട്	29	55.8 %	100.0 %

- 44.2% of respondents said they did not use any safety precautions, compared to 55.8% of respondents or their partners who reported employing safety measures.
- This emphasises the significance of engaging in safe sexual behaviour to stop the spread of STDs and emphasises the necessity for sexual health and protection awareness and education.

Frequencies of What kind of safety measure did you or your partner use? (എന്നിടത്ത് എത്രമാത്രം?)

What kind of safety measure did you or your partner use? (എന്നിടത്ത് എത്രമാത്രം?)	Counts	% of Total	Cumulative %
Condom	4	17.4 %	17.4 %
Condom	3	13.0 %	30.4 %
Condom	1	4.3 %	34.8 %
Condoms	2	8.7 %	43.5 %
Condoms	1	4.3 %	47.8 %
Contraceptive pills	1	4.3 %	52.2 %
God	1	4.3 %	56.5 %
I don't have one	1	4.3 %	60.9 %
I have not a partner yet!	1	4.3 %	65.2 %
No	1	4.3 %	69.6 %
No safety measures are used.	1	4.3 %	73.9 %
No use	2	8.7 %	82.6 %
There was no sexual contact	1	4.3 %	87.0 %
condom	2	8.7 %	95.7 %
condom	1	4.3 %	100.0 %

- The most commonly used method was condoms, with four respondents reporting its usage, followed by three respondents who also mentioned condom usage.

- Other methods such as contraceptive pills, the emergency contraceptive pill (i-pill), and reliance on faith or religious beliefs were cited by some respondents.
- A few respondents stated that they did not use any safety measures or had no sexual contact at all.

Frequencies of Have you heard about female contraceptives like, copper T, diaphragms-cervical cap, female condoms ?/എന്നിവിടെ T, ഐപിഎൽ, ഡയഫ്രഗം-സെർവിക്കൽ ക്യാപ് എന്നിവയെക്കുറിച്ച് നിങ്ങൾ അറിയാമോ?

Have you heard about female contraceptives like, copper T, diaphragms-cervical cap, female condoms ?/എന്നിവിടെ T, ഐപിഎൽ, ഡയഫ്രഗം-സെർവിക്കൽ ക്യാപ് എന്നിവയെക്കുറിച്ച് നിങ്ങൾ അറിയാമോ?	Counts	% of Total	Cumulative %
No/ഇല്ല	6	11.5 %	11.5 %
Yes/അതെ	46	88.5 %	100.0 %

- 46 respondents said they had heard of female condoms, copper T, i-pill, diaphragms, and cervical caps, among other female contraceptives.
- Six respondents said they were unfamiliar with these forms of birth control.

Frequencies of Did you or your partner use any of these?/നിങ്ങളോ നിങ്ങളുടെ പങ്കാളിയോ ഈ ഐപിഎൽ, ഐപിഎൽ, ഡയഫ്രഗം-സെർവിക്കൽ ക്യാപ് എന്നിവയെക്കുറിച്ച് നിങ്ങൾ അറിയാമോ?

Did you or your partner use any of these?/നിങ്ങളോ നിങ്ങളുടെ പങ്കാളിയോ ഈ ഐപിഎൽ, ഐപിഎൽ, ഡയഫ്രഗം-സെർവിക്കൽ ക്യാപ് എന്നിവയെക്കുറിച്ച് നിങ്ങൾ അറിയാമോ?	Counts	% of Total	Cumulative %
Condom /ഐപിഎൽ	15	55.6 %	55.6 %
I don't have a partner	1	3.7 %	59.3 %
No	2	7.4 %	66.7 %
Not Contraceptive	1	3.7 %	70.4 %
i-pill / ഐപിഎൽ	3	11.1 %	81.5 %
i-pill / ഐപിഎൽ Condom /ഐപിഎൽ	4	14.8 %	96.3 %
i-pill / ഐപിഎൽ Copper T / ഐപിഎൽ T, Condom /ഐപിഎൽ, Female condom / ഐപിഎൽ	1	3.7 %	100.0 %

- Among the respondents, 15 individuals reported using condoms.
- One respondent stated that they did not have a partner, while 2 respondents indicated that they did not use any of the mentioned contraceptive methods.

Frequency of What improvement would you suggest for the sex education targeting young people targeting young people

What improvement would you suggest for the sex education targeting <u>young people</u> targeting <u>young people</u>	Counts	% of total	Cumulative %
.	1	2.0 %	2.0 %
Add more contents as visual as we have <u>video</u> and movies	1	2.0 %	4.1 %
Although there <u>is</u> progress in sex education and related topics, our youth do have many misconceptions surrounding the area. Many schools are also not providing proper education and it is considered as a stigmatized topic. From child hood <u>parents</u> kids should be taught about sex in home and in schools too.	1	2.0 %	6.1 %
Better sex ed.	1	2.0 %	8.2 %
By creating more awareness and conducting classes.	1	2.0 %	10.2 %
Comprehensive Curriculum, Medically Accurate Information, Inclusion and Diversity, Consent Education, Parental Involvement and Regularly evaluate the effectiveness of sex education programs through student feedback, surveys, and outcome assessments. Use this feedback to make continuous improvements to the curriculum and teaching methods.	1	2.0 %	12.2 %
Conduct <u>workshop</u> and classes.	1	2.0 %	14.3 %
<u>Workshop</u>	1	2.0 %	16.3 %
Give more clarifications.	1	2.0 %	18.4 %
Give more details about these things.	2	4.1 %	22.4 %
Give more information about sex	1	2.0 %	24.5 %
Give them basic knowledge not scientific terms only	1	2.0 %	26.5 %
Give wide varieties of awareness	1	2.0 %	28.6 %
Good	1	2.0 %	30.6 %
I think, proper sex education can help for youth how to do safe sex, how to behave to girls and it also helpful for understand the value of sex	1	2.0 %	32.7 %
Improved health status.	1	2.0 %	34.7 %
Include more people. Make sex education <u>free</u> .	1	2.0 %	36.7 %
Include this topic in the syllabus.	1	2.0 %	38.8 %
It can make positive thought among young people towards sex health and well being	1	2.0 %	40.8 %
It has to be a <u>mandatory</u> otherwise since in a month a municipal government <u>doctor</u> have to take a 1 hour sessions in every <u>school</u> . It can bring a huge impact in a learning.	1	2.0 %	42.9 %
It must be done in school and college level. Not only to children but also to parents. It should be given locally also.	1	2.0 %	44.9 %
Make it necessary among schools	1	2.0 %	46.9 %
Make it necessary in schools, children should get it from their teenage and try to change the behavior of people towards sex education in a proper way	1	2.0 %	49.0 %
Make students more aware about sex. Need to conduct classes in school level from adolescent period. Arrange Counseling session for students.	1	2.0 %	51.0 %
More information to the youth	1	2.0 %	53.1 %
More programs regarding sex education and safe sex practice	1	2.0 %	55.1 %
More reach is needed as <u>suggested</u> it should be properly included in the syllabus of curriculum and properly taught to all the persons who had reach <u>to</u> reproductive age	1	2.0 %	57.1 %
More	1	2.0 %	59.2 %
More	1	2.0 %	61.2 %
Not only focuses on the adolescence also provide the knowledge and importance about the sex education to their families.	1	2.0 %	63.3 %
Not only for youth but also for child. Lot of <u>children</u> were get sexually abused in every minutes of everyday. so please make it compulsory among <u>schools</u> level.	1	2.0 %	65.3 %
<u>Parents</u> give the adequate knowledge about a anatomical structure of both male and female. Because it helps to reduce the anxiety and it helps to understand the physical difference of both sex	1	2.0 %	67.3 %
Proper classes to cover more of this topic	1	2.0 %	69.4 %
Proper sex education among students	1	2.0 %	71.4 %
Schools and colleges should provide better classes about sex education. It shouldn't be all about biology.	1	2.0 %	73.5 %
Sex education classes and awareness	1	2.0 %	75.5 %
Sex is not a sin. Everyone should have awareness about it	1	2.0 %	77.6 %
Should be a part of syllabus.	1	2.0 %	79.6 %
Should be more than biology and provide more awareness programs about sex education program among youth	1	2.0 %	81.6 %
Start teaching <u>sex</u> from 8th class in a <u>correct</u> and needful manner	1	2.0 %	83.7 %

Frequency of What improvement would you suggest for the sex education targeting young people targeting young people

The fact should be known to them as the classes should not <u>taken</u> as a <u>joke</u> the importance can be suggested by guidance proper doctors and other authorities	Counts	% of total	Cumulative %
The fact should be known to them as the classes should not <u>taken</u> as a <u>joke</u> the importance can be suggested by guidance proper doctors and other authorities	1	2.0 %	85.7 %
They get the class of sex education because the school doesn't study about the sex education	1	2.0 %	87.8 %
To conduct sex education classes and awareness about sex abuse in new generation youth	1	2.0 %	89.8 %
Well <u>organized</u> classes should be given to students with examples and safety methods.	1	2.0 %	91.8 %
Improve general awareness. <u>Organize</u> general activities.	1	2.0 %	93.9 %
In the present scenario it is very important to make it necessary in the school level <u>because</u> abuses are increasing day by day so children should have aware about sex education	1	2.0 %	95.9 %
To improve sex education classes among students	1	2.0 %	98.0 %
<u>Workshop</u>	1	2.0 %	100.0 %

- There are recommendations to raise awareness and hold lessons on a larger scale, along with highlighting the need for better access to sex education.

- The significance of curriculum development and evaluation is emphasised heavily.
- The majority of respondents support a thorough curriculum that includes instruction on consent, inclusion, diversity, and medically accurate information as well as parental engagement.
- Many of the responders emphasise how important it is that sex education cover more ground than just biology, including issues like mental health, sexual orientation, and societal views towards sex.
- Programmes for sex education are being urged to include more in-depth material and visual aids including movies, documentaries, and web series. Youth can be effectively engaged and educated through this multimedia approach, which adds interactive and engaging elements to standard classroom instruction.

Interview with Gynaecologist:

The gynaecologist pointed out that there is a serious lack of knowledge among young people, especially with regard to STDs other than HIV. She stressed in the interview that although young people may know a little bit about HIV, they still don't fully comprehend other STDs. This ignorance raises severe concerns about public health since it puts young people at higher risk of contracting STDs and developing problems. Concerns over the accessibility of preventive measures and the availability of STD vaccinations were also voiced by her.

She emphasised the significance of offering thorough sex education covering subjects like anatomy and sexual orientation in addition to STDs. She underlined that sustaining general wellbeing and making educated decisions require an awareness of the fundamentals of sexual health.

CHAPTER V

FINDINGS AND CONCLUSION

Every child needs to learn about the importance of sex education. Its goal is to minimize the risks associated with sexual conduct that could lead to unintended or undesired births and infections from STDs. The impression of sex education, knowledge of safe sex practices, knowledge of STIs, and the main sources of sex education among young people in Adoor are all clarified by this study. The results highlight how important it is to have comprehensive programmes for sex education that are adapted to the various needs and perspectives of young people.

The necessity for programmes that advance a positive and Inclusive view of sexual health is highlighted by the disparate opinions that young people have about sex education. While some respondents would consider sex education to be necessary or taboo, others might see it as crucial for making educated decisions. This disparity in viewpoints emphasises how critical it is to destigmatize sex education and establish safe venues for candid conversation.

The study shows differences in young people's awareness of safe sex practices in Adoor. While some responders show that they know enough about using condoms and preventing STIs, others show that they don't. This disparity highlights the need for focused education campaigns that encourage safer sexual practices and lower the risk of STIs and unplanned births. It is alarming that young people in Adoor are not aware of STIs, and this calls for immediate action. Raising awareness about STI prevention, testing, and treatment necessitates education and awareness efforts. Comprehensive sex education programmes may provide young people with the information, tools, and resources they need to make wise choices, uphold wholesome relationships, and guard against STIs and unwanted pregnancies.

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APPENDIX

Questions to youth,

1. Gender/ല

ംിംഗിം

a.male/ആൺ

b.female/പെം

ൺ

c. other / മറ്റ് ഉള്ളവ

2. Age /പ്രായം

3. Religion /മതം

a.christian / ക്രിസ്ത്യാനി

ഗതയൻ b.hindu/ഹിന്ദു

c. muslim / മുസ്ലിം

4. Educational Qualification/ വിദ്യാഭ്യാസ യോഗ്യത

a. below SSLC / എസ്.എസ്.സി. ക്കു താഴെ

b. SSLC / എസ്.എസ്.സി.

c. Higher Secondary / ഹയർ പസക്കൻഡറി

d. Graduate / ബിരുദം

e. Other / മറ്റ് ഉള്ളവ

5. Marital Status/ വിവാഹ രീതി

a. single / ഏകാന്തൻ

b. Married / വിവാഹിതൻ

c. Divorced / വിവാഹമോചനം ഉണ്ടായവ

d. Other / മറ്റ് ഉള്ളവ

6. Occupation / തൊഴിൽ

a. Student / വിദ്യാർത്ഥി

b. Self Employed / സ്വയംഘോഷിത പതാഘോഷിത പചയ്തം നയംഗാൾ

c. Government Service / സർക്കാർ യസവനീം

d. unemployed / പതാഘോഷിത രഹ തൻ

e. Other / മറ്റു ഇളവ:

7. Family Type / രട ിംബ തരീം

a. Joint family / രുുുുു രു ടു ഘിംബഘിം

b. Nuclear family/ അണു രു ടു ഘിംബഘിം

c. Others / മറ്റ് ഇളവ.

8. Family Income / രു ടു ഘിംബ വരൂ മഘാനഘിം

a. less than 9,999 / 9,999-ൽ താപ

b. 10,000-19,999

c. 20,000-49,999

d. 50,000-99,999

e.more than 1lakh / 1 ലക്ഷത്ത ലധ രഘിം

9. Daily social media usage / ദൈനംദൈനംദിന സമഘോഷയ്തൽ മഘീഡഘിയ ഉപസയഘഗം

a. 1-2 hour /മണ കുൾ

b. 2-4 hour /മണ കുറ

c. 4-6 hour /മണ കുറ

d. more than 6 hour /6 മണ കുറ ത് രൂട തൽ

10. Social media platforms that you use/ നങ്ങൾ ഉയയയയാഗ ക ന്ന യസാഷയ്ൽ മയീഡ യ പ്ലയായ4യാമു രൾ

a. Instagram /ഇൻസ്റ്റഗ്രാമ

b. YouTube / യൂടൂബ

c. Facebook/ ഘബു ക്

d.Snapchat /സനാച്ചാറ്

e. Other/ മറ്റ് ഉ്ളവ

11. Have you heard about sex education?/ വലിംഗ ര വ

ഭയ്യാഭയ്യാസപത്കക ന ച് ന ങ്ങൾ യരട്യാ യടയാ?

a. Yes/ അപത

b. No/ അല

12. Have you received sex education classes in your school/college? / നങ്ങള പട

അയ്യാളൽ/യയായയ അ നങ്ങൾക്ക് വലിംഗ ര വ

ഭയ്യാഭയ്യാസ

ക്ലയാസു രൾ ലഭയ്യാ യടയാ?

a. Yes/ അപത

b. No/ അല

13. Have you received classes on relationships and reproductive health in school/college? /

നങ്ങൾക്ക് ബന്ധങ്ങൾ, പുറംതൊഴിലും ആയുർവ്വേദവും എന്ന

വ്യക്തികൾക്ക് ഗോപ്യതയും / യുവാക്കളുടെയും രക്തം
കുറവു ക്ലോസുൾ രക്തം ലഭിക്കും
യുവാക്കൾക്ക്?

a. Yes/ അതെ

b. No/ അല്ല

14. If yes,was it part of your school/college syllabus?/ ഉപയോഗം, അത് നങ്ങളുടെ പാഠ്യ

ഗോപ്യതയും/ യുവാക്കളുടെ പാഠ്യസംഗ്രഹം
കുറവു ക്ലോസുൾ രക്തം ലഭിക്കും?

a. Yes/ അതെ

b. No / അല്ല

15. Was it taken by outsider?/ പുറംതൊഴിലും ആയുർവ്വേദവും എടുത്തത്?

a. Yes/ അതെ

b. No/ അല്ല

16. Have you received sex education from any of the following sources ?/ തുറന്നു

പുറംതൊഴിലും നല്ലപേരുകൾ ലഭിക്കും ഉറപ്പുള്ള അനൗപചാരിക സ്രോതസ്സുകൾ
വലിയൊരു ഭാഗം പുറംതൊഴിലും ലഭിക്കും ചുട്ടുടയ്ക്കുക?

a. social media / യൂട്യൂബ് മീഡിയ

b. friends / സുഹൃത്തുക്കൾ

c. porn sites / യെറുശലൈം വസന്തു രശ്മി

d. porn books / യൂട്ട്യൂബ് യൂട്ട്യൂ സ്മാർട്ട്ഫോൺ

e. Health magazine / ആയുരോഗ്യ മാസ പത്രങ്ങൾ

f. Other / മറ്റ് ഉള്ളവ

17. How comfortable are you to discuss sex related topics with your parents? / നങ്ങളെ പറ്റി മാതാപിതാക്കളോട് മനസ്സുവെച്ചു സംസാരിക്കാനുള്ള മനസ്സാണോ?

പിതാപിതാമഹലാലോചന ചെയ്യാൻ എത്രയടുത്തു നിങ്ങളുടെ മാതാപിതാക്കളോട് സംസാരിക്കാനുള്ള മനസ്സാണോ?

a. Well discussed / നന്നായി ചർച്ച ചെയ്തിരിക്കുന്നു

b. Somewhat discussed / ഒരുപാട് അടുത്തു ചർച്ച ചെയ്യാൻ ഉണ്ടാകുന്നു

c. Never discussed / ഒരു കൈലിം ചർച്ച ചെയ്യാൻ ഇല്ല

18. Are you comfortable to discuss sex related topics with teachers? / വലിയവർക്കോട് മനസ്സുവെച്ചു സംസാരിക്കാനുള്ള മനസ്സാണോ?

a. Well discussed / നന്നായി ചർച്ച ചെയ്തിരിക്കുന്നു

b. Somewhat discussed / ഒരുപാട് അടുത്തു ചർച്ച ചെയ്യാൻ ഉണ്ടാകുന്നു

c. Never discussed / ഒരു കൈലിം ചർച്ച ചെയ്യാൻ ഇല്ല

19. Are you comfortable to discuss sex related topics with your friends? /

നങ്ങളെ പറ്റി സുഹൃത്തുക്കളോട് മനസ്സുവെച്ചു സംസാരിക്കാനുള്ള മനസ്സാണോ? / പിതാപിതാമഹലാലോചന ചെയ്യാൻ എത്രയടുത്തു നിങ്ങളുടെ മാതാപിതാക്കളോട് സംസാരിക്കാനുള്ള മനസ്സാണോ?

സംരംഭനം ധരണി?

a. Well discussed /നന്നായ ചർച്ച പലയായി

b. Somewhat discussed /ഒരലഘു ചർച്ചയായി

c. Never discussed /ഒര ക്കലഘു ചർച്ചയായിട്ടില്ല

20. Did you get any sexual health awareness classes in your area?/ നങ്ങളുപയ

പെട്ടിട്ടുണ്ടോ? വലിയൊരു രാജ്യത്തുണ്ടോ?

യഥാർത്ഥത്തിൽ അങ്ങനെയൊന്നും ഉണ്ടോ?

a. Yes/ അതെ

b. No / ഇല്ല

21. Explain if your attitude and behaviour towards sexual health changed as a result of sex education? / വലിയൊരു രാജ്യത്തുണ്ടോ? ഇതിനെക്കുറിച്ച്

മനസ്സിലെ മാറ്റം വരുത്തിയിട്ടുണ്ടോ? അതെന്തെല്ലാം?

4ലധികമായ മാറ്റം വരുത്തിയിട്ടുണ്ടോ? എങ്ങനെ?

22. Out of 10,How many marks will you give to the sex education that you

received?/നങ്ങളുപയോഗിച്ചിട്ടുള്ള വലിയൊരു രാജ്യത്തുണ്ടോ? 10-ൽ എത്ര മാർക്ക് നൽകും?

23. Do you think there is a need for improvement in the sex education?

/വലിയൊരു രാജ്യത്തുണ്ടോ? ഇതിനെക്കുറിച്ച്

ആവശ്യമായ മാറ്റം വരുത്തിക്കൊടുക്കേണ്ടതുണ്ടോ?

a. Yes/ അതെ

b. No / ഇല്ല

24. If yes, why?/ഉപദേശകർ എന്തും പറയാം?

25. Do you believe that sex education should be more than biology? /വലിംഗ ര

വ ദുഷ്ടയാഭ്യസനം ജീവിതശാസ്ത്രപഠനങ്ങൾ
രൂപം തലയായ രക്ഷണമനുഷ്ഠനങ്ങൾ വശമടക്കം
യടയാ?

a. Yes/ അതെ

b. No/ ഇല്ല

26. If yes, explain?

27. Do you think that religious beliefs has a impact on sex education?/മതവ
ശാസ്ത്രങ്ങൾ വലിംഗ ര വ ദുഷ്ടയാഭ്യസനത്തിൽ
സവാധാനമായി പഠിപ്പിക്കാൻ പരസ്യങ്ങൾ
രരുന്നതല്ലേ?

a. Yes/ അതെ

b. No / ഇല്ല

c. May be / ഒരു പക്ഷെ

28. How religious beliefs impact the view on sex education?വലിംഗ ര

വ ദുഷ്ടയാഭ്യസനപരമായ നിലം ഇരുന്നൂർ ചർച്ചകൾ
മതവ ശാസ്ത്രങ്ങൾ എങ്ങനെ സവാധാനമാകുന്നു ?

29. Masturbation is a sin./സമ്പയുറ്റിയുടയ്കുറ്റാഗുറ്റിയു ഞുറ്റാഞുറ്റിയു
ആണ്.

a. Yes/ (അവതര)

b. No/ അല്ല

30. Sex will always leads to reproduction./വലിംഗ രത

എല്ലായ്കൂടിയപ്പോഴും കുറിയും പുറത്തുപോകും
അല്ലാത്തതുകൊണ്ട് നയ ക്കിടം.

a. True/ ശരി

b. False/ പതറ്റ

31. Use of menstrual cup can affect a woman’s virginity./പമൻസൽ കപ്പൽ രപ്ത

അല്ലാത്തതുകൊണ്ട് ഉപയോഗിക്കുന്നതിനാൽ പമൻസൽ കപ്പൽ
രതം പുറത്തുപോകുന്നതിനാൽ സ്ത്രീകൾക്ക്

a. True / ശരി

b. False / പതറ്റ

32. Women bleed when they have sex for the first time./ആദ്യമായി

വലിംഗ രതം പുറത്തുപോകുന്നത് സ്ത്രീകൾക്ക് ആദ്യമായി
രതം പുറത്തുപോകുന്നതിനാൽ സ്ത്രീകൾക്ക്

a. True/ ശരി

b. False / പതറ്റ

33.Which of the following are STDs/STIs?/ഇന ക്കരയ നവയ അ ഏതാണ്

എസ് ടി ഡി / എസ് ടി ഐ രൾ?

a. Diabetes / പുറത്തുപോകുന്നതിനാൽ

b. Cancer / രതം പുറത്തുപോകുന്നതിനാൽ

c. Thyroid / വൃതരോധം

d. HIV/ എച്ച്.ഐ. വ

34. How can STDs be transmitted?/എങ്ങനെയാണ് എГС ഡ രൾ െറരു നന?

35. Are you aware of STD/STIs(sexually transmitted disease)?/ന ങൾക്ക് STD/STI-രൾ (വലിംഗ രമുായ െറരു ന യരുായഗുിു) രു നഴ് അറ യുായമുായ?

a. Yes/ അറ യി

b. No/ ഇല

36. How did you get knowledge about STDs/STIs?/എങ്ങനെയാണ് ന ങൾക്ക് എГС ഡ /എГС ഹെരപളകു നഴ് അറ വ് ലഭ് ച്ചത്?

a. Social media/ യസാഷയൽ മീഡ യ

b. Friends / സ ഹുത്ത കൾ

c. Internet / ഇനൂ്റൻപനൂ്

d. Family / രു ടു ുിുറബുിു

e. Other/ മറ്റ് ഒളവ

37. How can STDs be prevented?/എГС ഡ രൾ എങ്ങനെ തടയി?

38. Have you heard about safe sex practices?/സ രക്ഷ തമായ വലിംഗ രതപയകു നഴ് ന ങ്ങൾ യരടു്ടു യടുായ?

a. Yes/ അപത

b. No/ ഇല

39. What type of safe sex practices are there?/ഏത് തരത്തിലുള്ള സുരക്ഷിതമായ

വലിംഗ രസവർ്യായങ്ങളാണ് ഉള്ളത്?

40. Have you had sex before marriage?/വ വാഹത്ത ന് മ പ് ന ങ്ങൾ വലിംഗ രബന്ധത്ത ൽ ഏർവപ്പട്ടു യടും?

a. Yes/ അത

b. No/ ഇല്ല

41. Have you had sex with more than one person?/ന ങ്ങൾ ഒന്ന ലധ രു്കിംഗത്തു രളു മുംായ വലിംഗ ര ബന്ധത്ത ൽ ഏർവപ്പട്ടു യടും?

a. Yes/ അത

b. No/ ഇല്ല

42. Did you or your partner use any safety measures?/ന ങ്ങളാ ന ങ്ങള പട െംകുള യും എവന്തക്ക ലു ുംഗിംഗ സു രക്ഷാ മുംാരിഗങ്ങൾ ഉംയയുഗച്ചു യടും?

a. Yes/ അത

b. No/ ഇല്ല

43. Did you or your partner use any safety measures?/ന ങ്ങളാ ന ങ്ങള പട െംകുള യും എവന്തക്ക ലു ുംഗിംഗ സു രക്ഷാ മുംാരിഗങ്ങൾ ഉംയയുഗച്ചു യടും?

a. Yes / അത

b. No/ ഇല്ല

44. What kind of safety measure did you or your partner used?/നങ്ങൾ ഉപയോഗിച്ചു നങ്ങൾ പട്ട

ഈ സാഹചര്യങ്ങളിൽ ഏതെങ്കിലും തരത്തിൽ ലഭിക്കുന്ന സുരക്ഷാ
നഷ്ടങ്ങൾ ഉണ്ടാകാൻ ഉണ്ടായേക്കാവുന്നതുമാണ്?

45. Have you heard about female contraceptives like, copperT, ipill, diaphragms ,cervical cap, female condoms ?/യരുംപാപർ T, ഐപില്ല, ഡയഫ്രാമ്, സർവ്വ ക്കൽ രയുംപാപ്, 4പില്ലമയൽ യരുംപാപ്, തും ടബ്ബ യ ഗർഭരൂപന യരുംപാപന മുംപാപ്ബപളക്ക ന ച്ചു ന ബ്ബൾ യരൂ ട്ടും യടുംപാ?

a. Yes / അത

b. No / illa

46. Did you or your partner use any of these ?/ന ബ്ബയളുംപാ ന ബ്ബളും പട െംകുംപാള യയുംപാ ഇതൽ ഏപതക്ക ലും പുംപും ഉംപായുംപാഗച്ചടുംപാ യടുംപാ?

a. I pill / ഐ പില്ല

b. Copper T / യരുംപാപർ T

c. Diaphragm / ഡയഫ്രാമ്

d. Condom / യരുംപാപ്

e. Cervical cap/ സർവ്വ ക്കൽ രയുംപാപ്

f. Female condom / 4പില്ലമയൽ യരുംപാപ്

47. What improvement would you suggest for the sex education programmes targeting youth?/യൂ വുംപാപ്ല ലക്ഷയമടുംപാ ഉളവലിംഗ രവ ദുംപാപുംപാസ െംപാ

ുംപാട രശക് ഏന്തുംപാ െംപാ യരുംപാഗത യുംപാൻ ന ബ്ബൾ ന രയുംപാ ക്ക ന്നതുംപാ?

Question to Doctor,

1. What is sex education?
2. What's your opinion about sex education?
3. How much knowledge do today's youth have about sex education?
4. What is there to say about safe sex practices?
5. What types of safe sex practices are there?
6. Have you felt that today's youth are aware of safe sex practices?
7. Have you attended any cases related to safe sex practices?
8. Are youth aware of STDs?
9. Has there been any case of STDs?
10. Aren't vaccines available to prevent STDs?
11. Which are the vaccines available for preventing STDs?
12. Have you ever felt that patients have not received proper sex education?
13. How do you tell patients about sex education and make them understand?

