

## SEX EDUCATION

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### Summary

Sex education is very important specially for the growing persons as it helps to develop a proper understanding and healthy attitude towards sex. When, where, how and to whom sex education should be started have been discussed. The aim of sex education with special reference to venereal diseases has also been emphasised.

Sex is a simple word and yet it is probably the most exciting, emotion packed, and over simplified word in the literature. Sex has been with us as long as we are but 'Sex Education' is still regarded with dark suspicion and with a lot of resistance by a wide segment of people. Some think of sex education as a sort of quasi-medical presentation of biological facts about sexual intercourse and child birth which pushes the innocent child into a premature adulthood. This 'fact-of-life' concept forces most school systems to adopt a 'hands off' attitude towards any aspect of sex education programme. To this have been added the shame and secrecy, the taboo of religion and culture, ignorance and apathy in our country.

Sex education covers along with the general body growth, the area of puberty, reproduction, establishment of sexual behaviour and venereal diseases. It is important both for growing children and adults. It is a fact that most of

the teenagers gather their sex knowledge from their friends. Without proper sex education and proper guidance, growing persons are likely to get all kinds of misinformations loaded with biological superstitions, distorted concepts and unhealthy attitudes, grossly wrong ideas about the different physiological sexual events and suffer from sexual disorders or neurosis or become promiscuous and the victims of venereal diseases.

The ideal source of sex education is the home and the family. However, we know that most parents are unaware of the basic informations about sex or cannot properly communicate these informations to their children. This impresses upon the fact that the adults also require adequate sex education not only in their own interest but also in the interests of their children.

The schools and colleges should play a key role in disseminating the scientific facts about sex amongst the students. Sex education should be included in the school curriculum and the teachers must have adequate knowledge about it.

The public health departments must also take the responsibility in disseminating knowledge of sex through the

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different forums in appropriate forms to different age groups.

The religious institutions, the recreation centres and cultural influences in the community can take the effective role in educating young people the facts about sex.

It is inevitable that sex in some aspect will come up during normal routine of school life. Children perceive and interpret every look, gesture and attitude on the part of adults. They are particularly sensitive to the hypocrisy of our sex. Consequently they frequently feel that their own natural growth and development is something mysterious.

The first lesson in school should include the body changes with the onset of puberty such as appearance of secondary sexual characters, menstruation, erection of penis, night pollutions etc. As these changes begin at about 12 years of age they must be taught all these before that. At about these periods they are more interested in learning about their bodies and not yet strongly interested in boy-girl relationship. Sex education at this level should have two fold purpose—the development of healthy attitudes through a better understanding of their bodily changes as they grow and develop into young manhood or womanhood and the establishment of a closer relationship between the father and son, between mother and daughter. The onset of menstrual cycle presses parents into providing some kind of sex education for the girls. Boys have just as much curiosity and also need some information. Very often we find that teenagers and even well educated adults grossly lack the basic knowledge about the sex sequences like frequent erections and night emissions. Discharge from accessory sex glands is often interpreted as seminal discharge. Semen is considered very often as a very precious thing, one drop is made

up of sixty drops of blood. There are misconceptions regarding the average size of the organ, the average duration of coitus. These may very often lead to gross inferiority complexes, frustrations and neurosis. Proper sex education alone can improve the situation.

The other important aspect of sex education is to prevent promiscuity and venereal diseases. This needs correct informations about venereal diseases. This is based on sound scientific understanding and attitude towards venereal disease problem and its trend to the health of the community.

The objective of education regarding the venereal diseases are the following :—  
 (1) To develop an awareness of the extent of these diseases specially among young people. (2) To inform the public about the mode of transfer, symptoms and damaging effects of untreated cases. (3) To eliminate fears and misconceptions regarding these diseases. (4) To appreciate the values of health free of venereal diseases specially in marriage and parenthood. (5) To develop social and desirable attitudes which will lead to wholesome sex conduct and (6) to develop a sense of responsibility to the prevention and spread of V.D.

Some may ask, why youngsters should be so concerned with sex? This is not new to teenagers. They have always been concerned with sex. Now they are faced with this problem at an earlier age. Newspapers, books, magazines, movies and living specimens spotlight sex of every description. These facts highlight the importance of sex education on the part of the parents. Many confused parents do not provide their children with any consistent rules of conduct. Public health educators of the Health department can be of assistance in guiding parents to understand better the physical and emotional growth of their teenagers. We can do this by making them aware not only of

the positive aspect of human growth but also different health problems such as V.D., drug addiction, alcohol, smoking etc. This can be done by having discussions among groups of teenagers, parents, parent child and student teachers for correct and understandable scientific data.

There are a number of objections offered against sex education in schools specially in connection with venereal diseases. The inclusion of V.D. education in general science or social science curriculum implies that there is no immorality in the use of sex outside marriage. The opponents forget that the basic prevention of V.D. consists in teaching the moral standard and the proper use of sex in marriage.

The other objection is that this will call attention of innocent students to what they should not know and what they do not need to know. The answer is that any health problem involving so many thousands of teenagers is some-

thing that they should know about. Our parents and grandparents got along without this, why can't our children? Yes, our parents and grandparents got along without this but how? With what shame and heart ache and what price? Times have changed. It is also said that there is too much talk about sex in the air. The less of it is better. Besides, our children in early high school are too young to hear it. It is a fact but one should remember that V.D. now begins in early high school, hence the need to start education early. Parents must assume the primary responsibility for informing their children about sexual matters. Although some of them may feel that they are not equipped to do the same, the primary responsibility rests on their shoulders. However, the whole job of educating young people does not rest with them. This must be a co-operative enterprise of home, school, public health department, religious institutions, recreation centres and cultural influences.

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TRUE or FALSE ?

A potential drawback to the widespread use of intralesional 5-FU in the management of cutaneous neoplasms is the development of a squamous cell carcinoma in the treated area.

(Answer Page No. 332)