

Teachers' Attitude about Curriculum content addressing Adolescent Reproductive Health

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Abstract- *There remains taboo surrounding sexuality in our society. Many adolescents are sexually active but are not equipped with enough knowledge about HIV/AIDS and use of contraceptives. So to raise their awareness of reproductive health (i) provision of comprehensive youth friendly services as well as (ii) introduction to sex education are utmost important. To empower the youth WHO has already issued comprehensive curriculum on sexuality education that highlights role of human rights and gender education as remedial measures. Though several efforts on curriculum development have been made they all are far from realistic situation. Teachers play key roles in development of curriculum that supports wellbeing of adolescent reproductive health. Weaknesses of curriculum on adolescent reproductive health can be ruled out with greater involvement of teachers. Undergoing appropriate training, sharing their experiences they can contribute to the knowledge and skill about management of adolescent reproductive health concerns. Curriculum interventions in promoting adolescent reproductive health require positive attitude, psychological competencies and better interpersonal skills of teachers. It is their honest efforts and more desired involvement with students in classroom that eventually promote student teacher dialogue about wellbeing of adolescent reproductive health. Following mixed method of research, structured interview is conducted with “Manual for Measuring Teachers ‘Attitudes and Comfort in Teaching Human Sexuality” developed by Miguel A. Perez, Raffy Luquis, and Laura Allison (2004). 50 teachers from schools irrespective of medium of instruction and nature of affiliation across the city of Kolkata are sampled randomly. 5 focus group discussions taking 10 teachers at a time (area wise) are conducted to gather information for content analysis. Then data gathered from analysis of both the qualitative and quantitative methods are compared with information gathered from literature review through data triangulation to find out the expected characteristics of school based adolescent reproductive health education and find out what causes negative attitude and discomfort amongst teachers that they discourage sex education at school.*

Key words: Adolescence, Reproductive health, Human rights, comprehensive curriculum for sexual education

Introduction

Adolescent Life Skill Education which as previously known as Sex Education or Sexuality Education in the formative years especially during adolescence helps in growing self worth and responsibility, can challenge restrictive gender norms and thus improves knowledge, attitude and skill shaping one's responsible sexual behaviour (Nakpodia, E.D.2012). School teachers are believed to be the most appropriate persons to impart knowledge about adolescent reproductive health (Kumar Bhasin, S. and Agarwal, O.P.1999). Well designed psychological and behavioural sexual health education interventions can break the taboo surrounding the topic. Greater teacher involvement ensures engagement of all students in the programmes undertaken in school which actually improves overall awareness. Hence teachers should be equipped with special training to continue to have favourable attitude irrespective of their socio-cultural beliefs about counseling of adolescent students regarding their reproductive health (Aransiola, J.O. et.al.2013). In this regard it is also important for teachers as well as schools to strengthen connection with community for available health services to work towards wellbeing of adolescence reproductive health.

Several efforts of curriculum development aiming at wellbeing of adolescent reproductive health have gone in-vain as weakness of those curriculum interventions remained in their unrealistic approaches. Introduction to sex education need provision of proper training to teachers. They must have adequate knowledge to be able to impart comprehensive youth friendly learning experience about adolescent reproductive health (Gaughran, M. Asgary, R. 2014).

Taboo surrounds the topic adolescent reproductive health, so people in general do not talk about it in public domain. Adolescents who indulge in sexual activity often lack information and get trapped into unwanted situations (Gaughran, M. Asgary, R.2014). Proper training into reproductive health can sensitize the adolescents. It is the responsibility of teachers to guide the adolescent students and satisfy their inquisitive minds that search for answers to so many unknown things. Positive attitude brings comfort about teaching such content in curriculum and interest of the teachers in the curriculum content help in implementation and promotion of adolescent reproductive health (Tripathy, N. Sekhar, T.V. 2013). By implementing the provisions of sex education teachers empower the students with knowledge. Teachers can meaningfully contribute in framing and transacting curriculum for sex education and to be able to do so they must have efficient skills and must be aware of the needs of students in this regard (Nadeem, A. et.al 2021). There should be common platform to share their experiences other than social media. It is the teachers who can identify rightly the root causes of the entire related problems as they are the ones who frame and implement curriculum designed to address reproductive needs of the adolescents.

The existing literature and the previous studies conducted in India have tried to measure the effectiveness of the instructional materials in terms of knowledge gain and attitude change about reproductive health of adolescents but why should the studies be limited to instructional materials only? Effectiveness of the materials largely depends on performance of teachers who

impart the knowledge about wellbeing of adolescent reproductive health. Their positive attitude and comfort in dealing with sex education enhance the chances of effective knowledge building to manifold. It is the right attitude of the teachers teaching their adolescent students about management of reproductive health that makes their teaching content accepted by the student folk. So the present study focuses on Teachers' Attitude about Curriculum content addressing Adolescent Reproductive Health.

Objectives

- To find out teachers' attitude towards issues related to adolescent reproductive health.
- To measure teachers' comfort level in teaching the subject matter of sex education in classroom.
- To explore teachers' interest about curriculum content of life skill education for the adolescents.
- To discover potential ways of promoting adolescent reproductive health through curriculum implementation.
- To explore the correlation between teachers' attitude towards issues related to reproductive health and comfort with subject matter related to sex education.

Hypothesis

- There is no significant difference between attitudes of male and female teachers towards issues related to reproductive health of adolescents.
- There is no significant difference between comfort level of male and female teachers in teaching the subject matter of sex education in classroom.
- There is no significant difference between male and females regarding course specific (reproductive health of adolescents) teacher attitude.
- There is no significant difference between male and female teachers regarding interest about curriculum content (reproductive health of adolescents).

Methods and procedures

Variables

- Teachers' attitude towards issues related to reproductive health of adolescents.
- Teachers' comfort level in teaching sex education in classroom.
- Teachers' interest about curriculum content of adolescent reproductive health.

Population

Upper primary, secondary and higher secondary level school teachers across the boards of Education

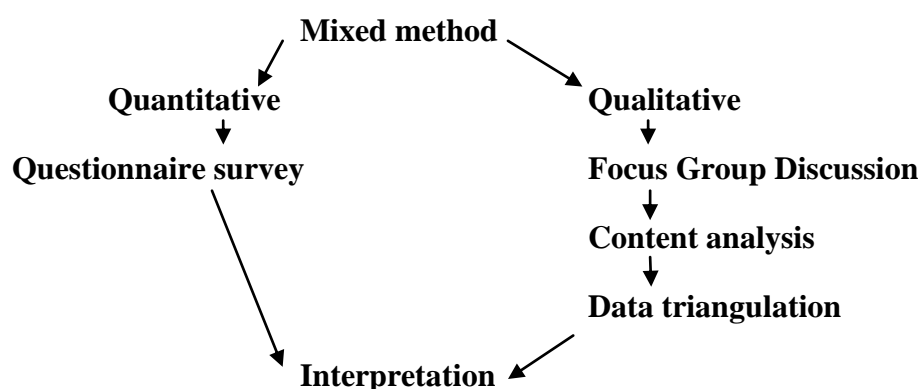
Sample

50 teachers (15 males and 36 females) from different schools across the city of Kolkata (irrespective of medium of instruction and Boards of Education).

Tools

“Manual for Measuring Teachers’ Attitudes and Comfort in Teaching Human Sexuality”, developed by Miguel A. Perez, Raffy Luquis, and Laura Allison (2004), American Journal of Health Education — January/February 2004, Volume 35, No. 1

Design



Result and Discussion

The responses recorded through the Google forms showed that 82% of the respondents belong to 25-35 years age group. The forms were circulated among the groups of teachers known to the researchers. In the replies it is seen that no responses have come from teachers above 50 years old.

Surprisingly almost 70% of the respondents are females. It proves that the topic is still overcast by taboo and unscientific beliefs. Moreover reproductive health is viewed more as a female thing and males do not really connect to it. 86% of the participants in the survey are working for 10 years or less than that, most of them having work experience less than 5 years.

It justifies that the respondents who are young at age and are new to the service felt free in participating. Males and aged teachers with long years of work experience avoided the survey. They are either not sure of their opinion or they do not feel free to express their perceptions.

M.Sc. and B.Ed. qualified teachers have opined and most of them belong to the secondary and higher secondary stages. Participation of upper primary teachers is low.

These statistics may have been influenced by the type of people in the groups the researchers approached/ had access to.

Again 88% of respondents are Hindus and it has not been possible to approach any other community other than Hindus and Muslims.

It is observed from the study that teachers think that generally parents do not welcome reproductive health education for their adolescent children. This is quite natural in a society where veteran teachers themselves are not open about need of sex education; the parents coming from the same generation must be having a negative attitude towards it. More than 50% teachers believe that parents and their religious communities have significant role to play in the implementation of sex education in India (Vasistha, K.C.2012). The respondent teachers strongly discarded the idea of inculcation of religious thoughts related to adolescent reproductive health through curricular interventions.

More than 60% of the respondents believe that videos, lectures or talk by eminent subject experts as guest speakers have positive learning effect on students about reproductive health and these methods are no less than each other in comparison in successful transfer of learning.

It is the teachers who implement the curricular provisions, so their perception about their ability in imparting knowledge about adolescent reproductive health is very important. A significant percentage of participating teachers think that they need more information regarding human reproductive health during adolescence and they should be trained in teaching so (Toor, K.K.2012). They opined that the role played by govt. of West Bengal is not at all enough. According to 64% of the teachers the training initiatives taken by education ministry to equip teachers with relevant knowledge and expertise to impart sex education in classroom is minimum.

As a result 44% teachers have admitted that they have difficulty in discussing reproductive health related issues in the class. When it comes to the comfort level and embarrassing feeling to discuss about human sexuality 55% said they are comfortable in doing so and 60% said they are not embarrassed or ashamed of talking about reproductive health issues in the formal classroom set up. Most of them discarded the saying that talking about various health issues regarding human sexuality makes adolescents be sexual in behaviour.

76% of the teachers feel that reproductive health/contents of sex education should be discussed in the class but 64% of the teachers also said that teachers should refrain from touching their students. Only 14% teachers unapologetically said that they have strong feeling against teaching sexuality while 18% advocated that sex education should not be included in the curriculum and 16% opined that sexuality should not be discussed with adolescents.

On contrary 96% think that teachers should guide adolescents in understanding their reproductive health and 86% said that teachers can help in development of skill needed to manage adolescent reproductive health but to the surprise of the researchers 92% said adolescents should be sex educated. 16% said that students should not be allowed to ask about sexuality in the class. Here comes the explanation for preference of videos, invited lectures as

expressed by the concerned teachers in imparting sex education, because then teachers themselves do not have to discuss sexuality in class. Almost all of them felt the need of discussing importance of role of family in one's life to help students get into family life when life demands so.

Even if teachers mostly support free talk about adolescent reproductive health 44% agrees that young people should learn from their self experience which sometimes better reinforce the crucial teachings and help in appropriate understanding.

For analysis of teacher comfort of subject matter concerning adolescent reproductive health and course specific teacher attitude t –test is conducted and the computed values of t are 0.045 and 0.013 respectively which are less than 0.05 so the values are considered to be significant and the null hypothesis (number 2 and 3) thus are rejected. It can be said that male and female teachers significantly have different comfort level in teaching sexuality. Females are more comfortable in teaching subject matter of adolescent reproductive health similarly male and female teachers have different attitudes towards course specific contents about adolescent reproductive health.

Table for Teacher Comfort with Subject Matter of Sex Education for Adolescents / Adolescent Reproductive Health

Gender of teachers	N	Mean	Standard Deviation	t-value	Df	Sig (2 tailed)
Male	15	20.73	3.51	0.045	49	Significant
Female	36	23	3.50			

Table for: Course-Specific Teacher Attitude on Adolescent Reproductive Health

Gender of teachers	N	Mean	Standard Deviation	t-value	Df	Sig (2 tailed)
Male	15	9.07	2.31	0.013	49	Significant
Female	36	10.92	2.08			

In the analysis of teacher interest about curriculum content of Sex Education and teacher attitude about sexuality issues the t values are 0.258935, 0.17985 respectively and are found to be not significant, so retaining the null hypothesis (number 4 and 1) it can be said that there remains no significant difference between male and female teachers in these two criteria.

Table for: Teacher Interest about Curriculum Content of Sex Education for Adolescents / Adolescent Reproductive Health

Gender of teachers	N (total)	Mean	Standard deviation	t-value	Df	Sig (2 tailed)
Male	15	16.93	1.98	0.259	49	Not significant
Female	36	1.61	1.1			

Table for: Teacher attitudes towards sexuality issues / Reproductive Health

Gender of teachers	N (total)	Mean	Standard deviation	t-value	Df	Sig (2 tailed)
Male	15	10.67	1.84	0.179	49	Not significant
Female	36	11.53	2.48			

In analyzing the correlation between teacher comfort with subject matter concerning adolescent reproductive health and teacher attitude toward sexuality issues it is found that attitude toward sexuality and comfort with subject matter are positively moderately related meaning teachers who have positive attitude towards sexuality issues are comfortable in teaching Sex Education in the classroom and vice-versa.

Table for Correlation between

Teacher comfort with subject matter of Sex Education for Adolescents / Adolescent Reproductive Health	0.419 Moderately positively related
Teacher attitudes toward sexuality issues / Reproductive Health	

Content analysis- The study of different documents relating to adolescent reproductive health to analyse ideal and expected pattern of comprehensive sexuality education in a systematic way has enabled us to find the following three categories (Social, Psychological, Educational) and the three codes (Knowledge, Attitude and Skill) as well. Thus search for effective approaches for promoting adolescent reproductive health delivered fruitful results.

	Categories		
Codes	Social	Psychological	Educational
Knowledge	Eradication of Family influence, taboo	Removal of Embarrassment	Knowledge building and promoting informed Decision making
Attitude	Inclusive	Promote Understanding of right attitude	Community based outreach programme
Skill	Positive values	Psychological and behavioural interventions	Participatory training programme

Teachers impart scientific knowledge to develop right attitude about reproductive health so that the adolescent students are equipped with effective skills to solve problem through correct decision making. All the traditional, age old and unscientific knowledge from family members and relatives create taboo around the issue which generate a mental block (Latifnejad Roudsari, R.et.al2013), a kind of embarrassment in mind which can only be discarded with right information from qualified and well trained teachers that helps the adolescents in decision making about their reproductive health (Wight, D.2008). The attitude of the teachers ensures

effectiveness of curriculum based interventions that aim to engage all students addressing health needs of even bi-sexual, transgender, lesbian and gay (National Centre for disease control and prevention, 2018). Correct understanding and right attitude can be disseminated with holistic strategies encompassing multiple settings such as school, health centers, community and family. The objective of psychological and behavioural interventions by teachers should always be about awakening of positive values among adolescents (UNESCO, 2018. Oakley. A. et.al. 1995), for better management of their reproductive health teachers can also arrange for participatory training programmes.

Triangulation –Multiple sources of data has been used for cross checking the characteristics of curriculum based sexuality education.

In the recommendations of international and national agencies in-charge of upholding global and national status of education the common features of curriculum based sexuality education can be recognized. In connection to that through Focus Group Discussions attitude and interest of teachers are analysed.

UNESCO	WHO	United Nations Population Fund	NCF(2005) and CBSE board	Education policy, 2020	Opinion of teachers
Regarding nature of adolescent reproductive health education					
Holistic strategy encompassing multiple settings. (UNESCO, 2018)	Comprehensive, scientific and inclusive	Comprehensive sexuality education. (UNFPA, 2016)	Identify major communicable and non - communicable diseases. (NCERT,2006)	Elusive. Hesitation and discomfort in public discourse.	Not aware of comprehensive nature of sex education
Regarding collaboration with community					
Linking school based education with non-school based youth friendly services	Prevention, diagnose and treatment involving the community	In school and outside of school through community based training and outreach	Coordinate efforts with the health department and where the public health services are weak	Limited to disease prevention	Do not feel the need

			alternative strategies like involving local NGOs and practitioners must explored.		
Regarding gender equality					
Gender focused	Respect for gender equality, prevention, support and care against violence	Gender equality	-----	Covering information about menstrual health, genitals and risks.	Aware of needs of girls menstrual hygiene
Regarding human rights					
Opportunity to explore rights	Ensuring human rights	Based on human rights principles. (UNFPA, 2014)	Health information is provided at the appropriate developmental level of the child.	Contents arbitrarily reduced, students are barred to make questions	Aware of right based education.

International forums addressed the need of comprehensive sexuality education and holistic strategies to implement the same, on the other hand Indian forums mainly aim at identifying diseases only making the characteristics of sex education more elusive. Foreign context stress on linking services inside and outside the school, Indian situation is more of involvement of NGOs in areas where public health services are weak. Whatever the difference may be in scope the principles of pioneer works are focused broadly on human rights and gender equality (WHO, 2011).

Conclusion

Adolescent Education combined with life skills has emerged as the best way of imparting knowledge about reproductive health to the adolescents. With scientific knowledge received from teachers the students in their adolescence become empowered to solve reproductive health related problems, they develop critical thinking and creative thinking skills which help them in

making judicious decision. They become self-aware and learn to cope with their emotions as well as stress caused by their reproductive health. Teachers need to develop positive attitude towards teaching curricular territory of human sexuality to be more comfortable in imparting effective knowledge about management of adolescent reproductive health. To make this happen, initiatives have to be taken by the state to organize more workshops and seminars to help in-service and pre-service teachers enhance their knowledge. Curriculum of teacher education programme should include adolescent reproductive health in its area of concern too. Teachers can inspire the students as well as the community to discuss about reproductive health freely to ensure the availability of services contributing to the wellbeing of adolescents in all respect.

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