

The Sociological Perception of Sex Education in the Education System: Literature-Based Study

Wijethunga W. T. D.¹; Abhayasundere P.²; Alles S. M. D. P. S.³

¹Department of Sociology, University of Sri Jayewardenepura, Nugegoda, Sri Lanka.

²Department of Anthropology, University of Sri Jayewardenepura, Nugegoda, Sri Lanka.

³Department of Psychiatry, University of Sri Jayewardenepura, Nugegoda, Sri Lanka.

Publication Date: 2026/01/24

Abstract: Sexuality education remains a socially sensitive and contested subject in many societies, particularly within culturally conservative contexts such as Sri Lanka. It is true that sexuality education is recognized as an essential part of all countries around the world as one of the aspects of adolescents' health and human rights in the global context. Despite recognition by the global community as an important area that should be considered by all countries as a matter of need for global adolescents' health, rights, and development, the implementation of sexuality education is also hampered by various conditions that need to be considered by society. Through this paper, sexuality education will be considered as an important area to discuss within the framework of sociology as an important discipline to know society. In particular, sexuality education will also be considered to know the history, development, and practices within different societies around the world, including the development of education within Sri Lanka as an important society within the global context. Through the appropriate methodology that will be followed through peer-reviewed literature to conclude the approach that will be considered within the paper, important areas that need to be considered as part of the development of sexuality education will also be identified. Some areas that need to be considered through peer-reviewed literature that is relevant to the study will also be identified, such as issues that need to be avoided within society due to cultural concerns relating to sexuality education, religious content to be considered as part of society, inadequacies in the preparation of teachers to handle such education within society, opposition from society to the education that should be provided to children at all levels within society, and various disparities at all levels within society that need to be considered by society. Despite all sexuality education being provided within the education curriculum of Sri Lanka since the 1970s as an important area that should be avoided by children within society, evidence also confirms that adolescents' awareness within society concerning health that is related to sexuality is considered to be inadequate at all levels within society.

Keywords: Sexuality Education; Comprehensive Sexuality Education; Sociological Perspective; Education System.

How to Cite: Wijethunga W. T. D.; Abhayasundere P.; Alles S. M. D. P. S. (2026) The Sociological Perception of Sex Education in the Education System: Literature-Based Study. *International Journal of Innovative Science and Research Technology*, 11(1), 1866-1873. <https://doi.org/10.38124/ijisrt/26jan311>

I. INTRODUCTION

Sexuality and sex are basic constituents of human existence that define individualism and social relationships. Sexual orientation has been described by the American Psychological Association as follows: Sexual orientation is usually understood to be composed of enduring patterns of emotionally, romantically, and/or sexually attracted feelings, feelings that manifest themselves through social expressions. The major groups that sociology and psychology use for the definition of sexual orientation include heterosexuality, bisexuality, homosexuality, and asexuality.

Besides individual identity, sexuality is significantly shaped by various social structures like the family, religion,

education, and the state. Religions have significantly shaped sexuality through moral ideologies and symbolism. Studies have shown that persons with strong religious convictions usually adhere to a conservatism of premarital sex. Societies in South Asia, like Sri Lanka, are characterized by influences from Buddhism, Hinduism, Islam, and Christianity that stress moral discipline and social responsibility. Religion not only influences sexuality but is also significantly shaped by culture. Cultural factors play a crucial role in shaping sexual behaviors.

In this sociocultural context, the practice of SoE has remained an even more contentious and sensitive subject. Though SoE has become recognized universally as important to the development of adolescents' health and well-being as

well as their rights and opportunities, it has continued to face various constraints related to culture and politics. In Sri Lanka, though the country has made progress on various fronts such as education and has remained an educationally advanced nation, talking about sex and SoE amidst higher literacy rates has remained an awkward subject in both homes and organizations.

This study analyzes the issue of sexuality education from a sociological perspective, considering its conceptual framework, historical development, experiences from other countries, and the education system in Sri Lanka. By reviewing the available literature on the subject, this study aims to explore the major sociocultural issues pertaining to sexuality education.

➤ *Defining Sex Education*

Sexuality education can be defined as an ongoing process during which people develop knowledge and skills as well as their attitudes and values related to sexual matters. Modern definitions of the concept have indicated that the process involves not only biological but also the emotional and social aspects associated with the dimension of human sexuality.

International bodies recommend that sexuality education should be done in the manner that UNESCO describes as CSE, as an ongoing process. UNESCO says CSE should cover the cognitive, affective, somatic, and social components. CSE should allow the young person to make informed decisions, maintain their health and rights, and build positive relationships. European Guidelines for Sexuality Education equally stress that sexuality education should be an ongoing process from the age of children.

It is suggested that good sex education helps promote critical thinking, gender equality, value for diversity, and appropriate behavior. It also debunks negative myths, stigmas, and other negative factors that affect adolescent sex development.

➤ *History of Sex Education*

Sex education has a background of evolution in line with the changing social, cultural, and political events in society. Sex education was previously conducted through moral or religious teachings in a home or religious setting. In the early part of the twentieth century, the primary aim of teaching sex in school was hygiene, morals, or the prevention of venereal diseases.

There was a major transition in the mid-century period with the institutionalization of sex education in schools. Sweden was the first country to introduce forced sex education in the curriculum in 1955, taking a holistic approach, covering the biological, psychological, and social aspects of it. This was followed by other European nations in the later decades.

The HIV/AIDS epidemic of the 1980s brought about a paradigm shift internationally, causing sexuality education to be placed on the main stage of public health concerns related

to risk reduction, protection against sexually transmitted infections, and the understanding of sexual rights. Since then, sexuality education has tended toward being rights- and evidence-based in their approach.

➤ *Religious Views of Sexuality*

Sex and religion have always been interconnected because religious systems exercise a great deal of influence concerning sexual norms, values, and practices. Many religions believe in sexuality, which is sacred or moralized in nature. For example, it has been found in a study that people who believe their religion plays an important role in their lives tend to be late in experiencing their first sexual encounter, in some cases even before marriage (Adamczyk & Hayes, 2012). Comparative studies show that Muslims and Hindus tend to be more conservative in their attitudes toward premarital sex compared to those from a Christian background.

In the Indian context, the ideas of Islam, Hinduism, Buddhism, Jainism, Sikhism, and Christian culture influence the aspect of sex. In Jainism, for instance, sex is viewed as an important aspect, with strong ideals of abstaining from sex except within marriage, where overindulgence is frowned upon (Das & Rao, 2019). Islamic ideals also abhor premarital and extramarital sex, where decency, purity, and morality are emphasized. While premarital sex is viewed negatively among the Hindus, such ideals are less based on scriptures than on tradition.

Sexuality in religion and across different cultures is facilitated through symbolic meanings embedded in texts and practices of these religions. These govern how persons should conduct themselves in matters touching on sex.

➤ *Sexuality Education in Global Contexts*

This paper comparative analyses have shown the large disparities in sexuality education around the world. In Sweden, sexuality education is integrated across several subjects, including biology, social studies, or ethics. England has moved towards Relationships and Sex Education, which focuses on consent, respect, and sexual health. In contrast, the United States has a decentralized approach with large inequalities in sexuality education across different states.

In other parts of Africa, the Middle Eastern, and South Asian regions, sexuality education is still a topic of debate. Countries like Uganda and Saudi Arabia focus on abstinence and morality. India has had difficulties introducing comprehensive sexuality education in schools because of opposition from some groups.

➤ *Sexuality Education in Sri Lanka*

Sri Lanka initiated school-based sexuality education in 1973 and, later, expanded the curriculum in 1996. Sexuality-related content is infused into Health and Physical Education and Biology from Grade 7 to Grade 11. It includes puberty, reproductive anatomy, menstrual hygiene, teenage pregnancy, sexually transmitted diseases, and gender roles.

Although these curricular provisions are made, research indicates low levels of sexual and reproductive health knowledge among adolescents. Cultural taboos, inadequate teacher training, and community resistance limit effective implementation. In effect, the formal inclusion of sexuality education has translated into less-than-satisfactory learning outcomes for a great number of students.

II. LITERATURE REVIEW

➤ *Defining Sexuality Education*

Sexuality education is a comprehensive and ongoing process of acquiring knowledge, skills, attitudes, and values about sexuality, relationships, and sexual health. It is an essential dimension of human development, having cognitive, emotional, social, and physical components. Thus, the scope of sexuality education goes beyond biological lessons to encompass broader social and psychological perspectives on sexual health.

School-based sexuality education can be particularly important because it provides children and adolescents with credible information at a stage in their development characterized by rapid physical, emotional, and social change. Thus, through formal curricula, students gain vital information about bodily changes during puberty, reproductive health, healthy relationships, consent, and responsible decision-making. Good quality sexuality education should also work to dispel unhealthy myths, decrease stigma around sexual development, and foster positive, respectful interactions among individuals.

International definitions highlight the comprehensiveness and rights-based approach to quality sexuality education. The European Guidelines for Sexuality Education describe the process of sexuality education as lifelong, starting from birth and advancing developmentally appropriately into childhood, adolescence, and adulthood. The main objective, especially for young people, is to ensure positive sexual development through the delivery of factual information and the promotion of responsible attitudes and behavior.

Similarly, UNESCO (2017) defines CSE as a curriculum-based process of teaching and learning that, with emphasis on the cognitive, emotional, physical, and social aspects of sexuality, enables children and young people to protect health and dignity while developing respectful interpersonal and sexual relations, considering the implications of their decisions on themselves and others, and asserting human rights throughout life.

Other global organizations also consider the importance of having a rights-oriented approach. According to Sida (2016), comprehensive sexuality education should use a gender responsive and rights-oriented approach that should be used both in and out of the learning environment. The Advocates for Youth model also emphasizes the importance of providing young people with accurate information on physical development, relations, and sexuality, while also

building communication skills that enable correct decision-making.

Indeed, as Dunja Mijatović (2020) adds, sexuality education aims to strengthen self-esteem, mutual respect of rights, and positive views of relationships. It also develops critical life skills in terms of confidence, critical thinking, and responsible decision-making.

This is also supported by national education bodies. According to the Connecticut State Department of Education, sexual health education is "a lifelong process of gaining information and developing beliefs, values, and attitudes related to identity, relationship, and intimacy" (CSDE, 2022).

Consistent with the world's development goals, especially the 2030 Agenda for Sustainable Development, sexuality education also helps in the realization of several objectives concerning quality education, gender equity, health, and the promotion of human rights. One of the important documents supporting sexuality education in terms of its implementation at the country level is the International Technical Guidance on Sexuality Education, which has been jointly published by UNESCO, the World Health Organization, UNICEF, UNFPA, and UNAIDS. This document was first released in 2009, with an update in 2018.

In general, sexual education is a key aspect of holistic development and gives young people skills to handle their sexual lives with knowledge, responsibility, and respect for themselves and others.

➤ *History of Sexuality Education*

There is a history of education on sexuality that corresponds to various changes in society. While education about sexual conduct has long been in the domain of unofficial settings through the span of human history, formal education regarding sexuality is a relatively modern concept that occurred in the latter part of the nineteenth and twentieth centuries. Early definitions of sexuality were confined to religious or hygienic definitions.

In the nineteenth and early twentieth centuries, sexual knowledge education was largely associated with morality, health, and social control. While the programs aimed at inhibiting masturbation, preventing prostitution, and managing the spread of sexually transmitted diseases (STDs or STIs), with the onset of health movements, particularly within European and North American contexts, the promotion of proper information about sexual health gained momentum through health advocates and began to take shape through medical practitioners.

In Europe, Sweden began to implement sexuality education in a national manner through mandatory sex education for their students in 1955. In fact, such initiatives signaled the end of a more restrictive approach to educating youngsters on matters to do with sexuality and instead introduced a rather holistic and forward-thinking manner in which to deliver such information to youngsters. In many

other countries, such initiatives began to be implemented in the 1970s and 1980s.

In England, the first literature concerning sex education emerged in the latter part of the nineteenth century, primarily targeting parents. However, the provision of sex education in schools remained limited before World War II, with the focus on hygiene-related issues. The 1920s witnessed girls in secondary schools being taught about self-respect and self-control, while boys were taught lessons related to vocational choices and sexuality. The turning point came in the aftermath of World War II, when the rising incidence of STIs among soldiers compelled the government to introduce more education regarding syphilis, gonorrhea, and other infectious diseases.

The HIV and AIDS epidemic of the 1980s marked a significant change in global attitudes on education related to sexuality. The United States had Surgeon General C. Everett Koop release a landmark report in 1986 stating that education related to sexuality and ideas on both heterosexual and homosexual relationships should begin at the third-grade level. This marked an era of change from moral to public health.

Western Europe and North America have observed notable expansion in sex education, while some parts of Africa, Asia, and South America have practised some form of informal sex education models, but it was the intervention of international organizations that prompted governments to introduce sex education as an increasing concern for the spread of HIV/AIDS. These organizations included the United Nations, WHO, and UNESCO.

Historically, sexuality education has taken many different forms in different cultures. For example, sexuality education in France has typically been aimed at young women in the middle class in preparation for their sexual lives as wives, in line with traditional social norms on gender/sexuality. In other cultures, programs conducted early in this century were mainly centered on disease prevention and contraception.

On the whole, the development of sexuality education has shown a steady shift from restrictive and morality-guided teaching to comprehensive, health-oriented, and rights-guided teaching. The discipline has continued to advance in the world as the significance of sexuality education in promoting the well-being of adolescents, sexual non-violence, and gender equity has come into recognition.

➤ *Sexuality Education in Other Countries of the World*

Sexuality education has also been a subject of debate in the social, cultural, and political domains around the world. Though widely acknowledged to be an important part of adolescent health, the application of the subject differs greatly among countries around the world. While some countries have implemented comprehensive sexuality education into their school curriculums, among others, the teaching of sexual and reproductive health remains a taboo or a subject of opposition.

Sexuality has also been understood through public health approaches; however, there is relevance between the two. Recent scholarship has underscored the role of sex education that can limit adverse sexual health outcomes such as unwanted pregnancies, sexually transmitted infections (STIs), and sexual abuse. Cultural resistance has remained one of the factors inhibiting sex education.

According to Madeleine King & Myriam Shaw Ojeda, sexuality education involves physical, emotional, intellectual, & social dimensions of human sexuality & relational practices. It is apparent from their analysis that inequalities in the delivery of sexuality education can make youngsters susceptible to exploitation & abuse, especially in contexts where there is no proper education being provided on this front. It becomes an area of concern when youngsters are not equipped with the tools to recognize exploitation & are not educated about their rights either.

“Despite the global acknowledgment of its significance, the structure and organization of sex education vary extensively.”

Sweden is frequently mentioned as an international leader in the area of sexuality education. It became the first country in the world to make sex and gender education obligatory in 1955. The Swedish approach has as a hallmark that of being "holistic and lifelong and incorporates views of sexuality from various angles—biological, psychological, social, and ethical perspectives." It consists of three main modules:

- Subject Integration
- Themes related to sexuality are integrated in various subjects like biology, social studies, and ethics.
- Everyday Engagement: Teachers work through moral and relational questions in the daily life of school.
- Individual Lessons/Themed Days: Schools hold targeted lessons on issues such as puberty, relationships, consent, and sexual health.

They learn about pubescent and body changes in the initial primary school grades and subsequently progress to other themes like STIs, gender equality, and love. In the secondary school, gender and sexuality are approached as themes across disciplines and not as individual subjects.

In England, there was initial engagement with educational programs on sexuality from the last part of the nineteenth century. However, the education provided before World War II was basically related to hygiene. The reforms that began in the 1970s introduced insights that were comprehensive and provided education on reproduction in human beings and gender. The rise of HIV/AIDS in the 1980s encouraged an extension of educational content that included knowledge on the prevention of diseases.

The Education Act of 1996 has ensured that secondary schools offer lessons about STIs, HIV, and the biological part of reproduction. However, sex education is not mandatory for primary schools, but the Department for Education is keen

that sex education is delivered, for example, about puberty, conception, and relationships, for children of appropriate age groups. Since 2020, Relationships Education, Sex Education, and Health Education, also known as RSE, became mandatory in all schools in England.

In the United States, formal sex education began to take shape in the late nineteenth and early twentieth centuries as a result of the effects of industrialization, urbanization, and health concerns. Sex education programs at that time focused on morals and disease prevention. However, the biggest growth took place in the 1980s as a direct result of the HIV/AIDS epidemic.

Today, the current situation regarding implementing sexuality education within the U.S. is that there is a high degree of decentralization. Thirty-nine states have some sort of program dedicated to providing adolescents with sexual education. However, the current basic education standards have not been met in that less than half the nation's high schools and less than a fifth of the nation's middle schools cover all the basics regarding communication, contraception, consent, and the prevention of STIs.

Uganda's sexuality education is still fraught with controversy. Despite the Ministry of Education and Sport's outline of sexuality education as a lifelong process that combines biological, psychological, social, and spiritual issues, religious and cultural groups believe that sexuality education promotes premarital sex. In 2016, the government suspended sexuality education in schools in order to prevent moral decay. This came about in 2018 with the development of the National Sexuality Education Framework that promotes abstinence until marriage and excludes all forms of sexual relationships that are gay or lesbian.

Sex education in Saudi Arabia is informed by Islamic values of modesty, moral discipline, and the regulation of sexual behavior. The Islamic concept of sex education can be understood as the process where learners acquire the correct pieces of information about sexuality in keeping with the teachings of Islam. Despite the finding of the need to increase the procurement of sexual and reproductive health services under the Saudi initiative of "Vision 2030," sex education is not formal in the kingdom. A lack of knowledge about sexual health has been identified in the country, and the country has become vulnerable to sex-transmitted infections.

Sex education in India remains impacted by cultural sensitivity and religious and political considerations. While the sexual and reproductive rights of adolescents have been acknowledged by the Indian government in the 1994 International Conference on Population and Development, the application of the same in the country has been inconsistent. Many institutions in the country do not teach adolescents about issues related to menstruation, contraception, and reproductive health because of the taboo associated with such matters, which contributes to the low level of awareness among adolescents. Intensive efforts have been made in some institutions to teach adolescents about puberty, gender stereotypes, AIDS, and healthy relationships.

➤ *Sexuality Education in Sri Lanka*

Sex education in Sri Lanka has been taking place in a complex set up, culturally, where there are certain taboos when it comes to talking about sexual matters in conventionally accepted ways in society. Although adolescents are one group where crucial information has to be disseminated, there is not much awareness in society concerning sexual and reproductive issues among adolescents.

Sri Lanka has a comparatively strong educational system with a literacy rate of about 92% and mandatory schooling until the age of 16. Sexuality education has been integrated into the schooling system for close to four decades. A formal sex-ed initiative was first initiated by the Ministry of Education in 1973 that was then developed from being more formalized to being more comprehensive in 1996. However, research has also revealed that its effectiveness has been limited. A nationwide survey of 15–19-year-olds demonstrated poor knowledge about reproduction, contraception, and sexual health even among schooling-going children. (Hewageegana et al., 2014)

➤ *Sexuality Education Based in the Schools*

Sex education in Sri Lanka is mostly integrated into Health and Physical Education and Biology. In the disciplines, aspects of sex education are introduced progressively from Grade 7 to Grade 11 in an appropriate age manner: the reproductive systems, puberty, menstrual issues, teenage pregnancies, sexually transmitted diseases, role of gender, and issues of adolescents.

• *Hence, the Themes Covered in the Curriculum can Now be Summarized Below:*

- ✓ Grade 7: Introduction to Adolescence, Male Reproductive Anatomy, Secondary Sexual Characteristics, Influence of Reproductive Health.
- ✓ Grade 8: Reproductive health, teen pregnancy, unplanned pregnancies, STD, healthy behaviors.
- ✓ Class 9: Gender, gender roles, parental roles in reproduction, and social norms.
- ✓ grade 10: female reproductive system, menstrual cycle, reproductive hormones, and diseases of the reproductive system
- ✓ Grade 11: Adolescence, challenges associated with it, Associated Physiological and psychosocial changes, unintended pregnancies, Sexual Health Risks, STDs like HIV/AIDS and protective

Although the curriculum includes these aspects, its coverage and quality differ considerably among the schools due to different teacher levels of readiness and various perceptions of the community.

III. MATERIALS AND METHODS

The methodology that has been used for this current research is in the form of a literature-based approach that is presented in the qualitative methodology. The systematic review of the following presented data:

- The peer-reviewed academic journals
- International and national policy papers
- Official reports are issued periodically by UNESCO, WHO, UNICEF, and other organizations
- Sociological and educational literature on sex and youth

It finds patterns that involve sociocultural issues, institutional issues, policy context, and their respective gaps through thematic analysis. This is doable because thematic analysis allows for the sociological interpretation of data about sexuality education without necessarily having to conduct primary research.

IV. DISCUSSION

➤ *Challenges and Sociocultural Barriers*

These are strong culturally instigated values in Sri Lankan society, coupled with family dynamics that act as a barrier to openness about sexual matters. Parents in Sri Lanka view sex education for their children as something worthwhile for the prevention of risky behaviors, yet feel uncomfortable discussing such matters with their children. Young people, therefore, have to rely on sources that are unreliable and may be harmful to them. These include friends, the internet, and social networks.

The level of training in teachers and health personnel also limits the capacity in the sector. While health programs by medical officers, health inspectors, and family health workers contribute to providing health education on sexuality in schools, the lack of sufficient professional training in sexual health remains a critical issue in the sector. The issue has been linked to devastating consequences such as child abuse and teen pregnancies (Hewageegana et al., 2014).

Sri Lanka has introduced a number of policy initiatives for the sexual and reproductive health of adolescents. These include the School Health Promotion Program and youth policies which include sexual and reproductive health well-being. Despite these interventions, the absence of comprehensive and standardized sexual health lessons in the educational system is still an issue. The UNICEF nationwide survey showed the existing knowledge gaps in adolescents about the concepts related to the reproduction life cycle.

Despite government commitments, full implementation is not always guaranteed and is mainly thwarted by resistance within cultures, lack of teacher capacity, and the lack of a national comprehensive sexuality education curriculum.

One of the key projects that was commissioned recently was the release of “*Hathe Ape Potha*,” a supplementary learning document that was produced together with the Ministries of Health and Health Education. This document was intended to cover matters related to bodily autonomy and consent from a child-friendly perspective. This was devised after recommendations from the Sectoral Oversight Committee on Women and Gender. Academics, child safeguarding bodies, and government representatives were involved in this process.

Nevertheless, the publication encountered stiff resistance from religious officials and some sections of society who felt that it contained content not suited for very young children. Consequently, the Ministry of Education withdrew its distribution of the publication in November 2019.

Comprehensive sex education is an important factor for the physical, emotional, and social development of children and adolescents. Children at this age undergo physical and psychological transitions as they move into puberty and young adulthood. At this point, sex education becomes essential for them if they have to take educated decisions about their physical and emotional safety. Generally, sex education is not just limited to understanding biological facts; it also helps young people make responsible decisions.

“One of the strengths of sexuality education is that it has the potential to promote informed and responsible attitudes with respect to sexuality.” It offers them the capacity to distinguish between informed and inaccurate beliefs, especially when they “are increasingly faced with digital media.” They will be able to distinguish between fact and fiction when they increasingly rely on digital media. This is particularly essential in today’s digital age.

One of the essential aims of comprehensive sex education is the prevention of adverse sexual health outcomes. Through comprehensive sex education, learners acquire an understanding of the dangers posed by either unprotected or uneducated sexually engaged behavior, leading to teen pregnancies and the contraction of Sexually Transmitted Diseases (STDs). Informed learners can effectively practice guarded behavior, prevent risky sexual practices, and seek assistance when necessary. There is also a potential reduction in the risks of exploitative and abusive sexual encounters due to understanding and awareness.

Sex education is also an important aspect when considering the matter of wholesome emotional and relationship development. Good sex education will teach the youth to engage in wholesome and non-coerced relationship-building irrespective of the gender and age of the person involved. Such education will enable the students to learn the necessary skills that will assist them to deal with the psychosocial situations.

Another key area through which sexuality education is important is by teaching young people to cope with the physical, mental, as well as social changes that come during puberty. Children who know the changes that they go through are better placed to handle such changes successfully.

In addition, sexual education also makes a significant impact in preventing unintended pregnancies, especially for teenagers. Teenagers who are not educated in sexual matters are more prone to indulge in sexual risk-taking behavior either due to their curiosity, peer pressure, or misinformed knowledge.

Finally, sexuality education encourages responsible and informed citizens with decision-making skills for their own good and that of others around them. Through education and responsible actions, social and family dynamics within affected communities are improved by promoting resilient and healthy societies with responsible citizens.

➤ *Redefining the Youth Community*

“Youth” is a constantly evolving and culturally mediated construct that is diverse and dependent on a variety of cultural and developmental parameters. Youth is neither strictly defined nor solely an age criterion since it is impacted by a variety of psychological and economic mediaries. This makes a unified youth definition impossible since a variety of criteria are employed depending on the organization or countries that define and use this construct.

Globally, youths account for a substantial percentage of the population in the world. Currently, it is estimated that about 1.12 billion, about 16% of the populations, between 15 and 24 years, make up youths. This number is expected to rise by 7% by 2030 to nearly 1.3 billion (Jabari, 2022). Since they are of high significance in relation to demographics, it can be argued that youths are vital in development programs within societies.

According to the World Health Organization (WHO), the age group of 10 to 19 years corresponds to the group considered as adolescents, while those aged 15 to 24 years correspond to the youth age group. “Young people” also refer generally to people within the 10 to 24 age bracket to describe the spectrum of development occurring during this age range. UNESCO views youth as an age group determined within the social, cultural, and policy frameworks of their nations.

Talking specifically about Sri Lanka, there is some variation regarding the definition of youth in regard to policies and laws. According to the National Youth Policy of Sri Lanka (2012), youth are considered to belong to the age group of 15 to 29 years, given the wider sociocultural and development-related issues being faced by youth in that country. There are also varying criteria regarding youth age groups as identified in different laws and policies of that country. For instance, according to Employment of Women, Youth, and Children Act No. 47 of 1956 of Sri Lanka, a “young person” is a person belonging to the age group of 14 to 18 years.

The literature has further highlighted that youth is not only an age but also possesses social construction. The reasons for this are that definitions are shaped by social norms, cultural beliefs, and economic settings. For example, in countries where young individuals remain under the dependency of family and in countries with delayed entry into the labor force, youth could be considered up to the late twenties. However, in countries with early marriage, early employment, and early family responsibility, the onset of adulthood could be achieved earlier.

Moreover, youth can also be defined and understood in the context of its developmental attributes, like those related

to the formation of identity, psychosocial exploration, and growing autonomy. Thus, youth can be viewed from the lens that it is a phase that is characterized by challenges and risks, and also possesses opportunities and threats.

In general, the youth community represents a diverse and powerful segment, the experiences and needs of which are defined by biological development, social context, and institutional structures. Such understanding and comprehension are critical when it comes to the design and implementation of various policies, including those regarding sexuality education, health, and social protection.

V. CONCLUSION & RECOMMENDATIONS

Education on sexuality is an essential part of comprehensive education. Comprehensive sexuality education plays a critical role in preventing unintended pregnancies, sexually transmitted infections, and sexual abuse. It also supports emotional development, self-esteem, and the formation of healthy relationships. By fostering informed decision-making and respect for others, sexuality education contributes to broader social well-being and gender equality.

Though the government of Sri Lanka has pledged actions concerning the issue, it remains grossly under-addressed on the ground. It is recommended that the government of Sri Lanka enhance training of teachers, develop a common strategy for comprehensive education on sexuality, engage with parents and religious leaders in dialogue, and promote the approach of rights-based and culturally engaged education on the issue. This will be extremely helpful for the well-being of young people.

REFERENCES

- [1]. Adamczyk, A., & Hayes, B. E. (2012). Religion and sexual behaviors: Understanding the influence of Islamic cultures and religious affiliation for explaining sex outside of marriage. *American Sociological Review*, 77(5), 723–746. <https://doi.org/10.1177/0003122412458672>
- [2]. Connecticut State Department of Education. (2022). *Guidelines for sexual health education*. CSDE.
- [3]. Das, R., & Rao, P. (2019). Religion, culture, and sexuality in South Asia. *Journal of Social Sciences and Humanities*, 5(2), 45–58.
- [4]. European Expert Group on Sexuality Education. (2010). *Standards for sexuality education in Europe: A framework for policy makers, educational and health authorities and specialists*. WHO Regional Office for Europe.
- [5]. Hewageegana, N. S., Priyadarshani, P. S., & Jayawardena, P. (2014). Knowledge and attitudes on sexual and reproductive health among school-going adolescents in Sri Lanka. *Sri Lanka Journal of Child Health*, 43(2), 78–84.
- [6]. Jabari, S. (2022). Youth population trends and development challenges. *International Journal of Youth Studies*, 7(1), 1–15.

- [7]. King, M., & Shaw Ojeda, M. (2017). Comprehensive sexuality education and social inequality. *Sex Education*, 17(5), 497–512. <https://doi.org/10.1080/14681811.2017.1305905>
- [8]. Mijatović, D. (2020). *Comprehensive sexuality education protects children's rights*. Council of Europe Commissioner for Human Rights.
- [9]. Ministry of Education, Sri Lanka. (1996). *Health and physical education syllabus (Grades 7–11)*. Ministry of Education.
- [10]. National Youth Services Council. (2012). *National Youth Policy of Sri Lanka*. Government of Sri Lanka.
- [11]. Sida. (2016). *Sexuality education: A rights-based and gender-responsive approach*. Swedish International Development Cooperation Agency.
- [12]. UNESCO. (2017). *International technical guidance on sexuality education: An evidence-informed approach* (Revised ed.). UNESCO.
- [13]. UNESCO, WHO, UNICEF, UNFPA, & UNAIDS. (2018). *International technical guidance on sexuality education*. UNESCO.
- [14]. World Health Organization. (2014). *Health for the world's adolescents: A second chance in the second decade*. WHO.