okulombo

Systems Design Project

Progress Report

Week 2

5 April 2021

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Introduction

In this report, we'll take you through our progress this week. We began by *reviewing* our previous work; we analysed this and found our *true focus*. Following that, we studied *attitudes towards the problem*, defined our *goal* and tried to understand the related *spheres of influence*. We then conducted thorough *primary and secondary research* and designed *causal loop diagrams* to understand the system we are addressing.
In the end, we'll take you through our plan for the coming week.

Feedback

In their feedback for last week's presentation, Professor Ajanta and Professor Pramod explained that we had to *broaden our scope* of thought and that we had zeroed in on our focus too quickly. Prof. Ravi reminded us that we need to start *bottom-up* and not worry about output just yet. We were reminded to look at *sources of our problems* rather than look for immediate solutions and were encouraged to understand the systems-level potential of the topic.

True Focus

Based on the feedback we received, we retraced our steps and returned to what we felt was our true focus. We looked at the three main **spheres of mental wellness** for students that we had identified:

1. Social or peer-related issues
2. Sex education, gender sensibility and intimate relationships
3. Academic pressures
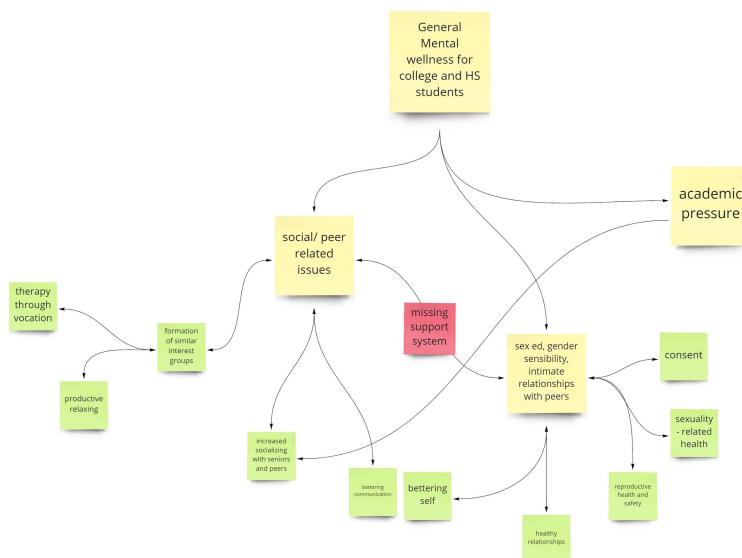
There is a clear link between the first two, i.e. a **missing support system** that could bridge both. This has drawn our attention since the beginning. We decided that academic pressure was a whole new world and would NOT be our focus this time.

Understanding the focus

With a narrower focus in place, we dove into understanding the broad scope of attitudes toward sex, peer relations, and gender.

Global Attitudes

Globally, we wanted to get an idea of how different cultures treated sexual health and the degree to which they educated their young population on the subject. There were stark differences in the attitudes in different regions, but we noted some especially interesting cases.

Netherlands: The sexuality and relationship education programs start pretty early in the Netherlands, with an age-appropriate curriculum that is a compulsory part of their general education. This is a great system that normalises discussions on health and results in low teen pregnancy rates.

Uganda: They also have some interesting programs, such as Soccer Without Borders, which uses football as a vehicle for educational development and partners with Tackle Africa to provide children with basic sexual health and awareness. However, they face quite a lot of resistance from their conservative government.

Indonesia: A similar situation is observed in Indonesia, where stigma is so extreme that contraception is hard to get hold of, and abortion is forbidden unless a woman's life is at risk.

Indian Attitudes

For the Indian scenario, we conducted a brainstorming session and compiled various aspects, both good and bad, about the Indian outlook towards intimate and interpersonal issues. We covered the most popular **marriage system**, the current **state of sex education**, and perceived **gender norms**. Despite certain progressive policies, multiple harmful attitudes of society manifest into more significant issues, like **prevalent rape culture**, moral policing, and so on.

The best intervention in society happens at the root and better than trying to change the mind of adults; it's addressing these "taboo" topics right from childhood.

Moreover, we found another specific root of the problem of unhealthy attitudes towards sex and gender lying very close to home. In India and Asian countries, strong stress is laid on board exams and university entrances. Emotional and social maturity end up paused post 8th grade as many students are forced to dedicate all their time to building academic maturity.

Students end up with stunted emotional and social growth and strange attitudes towards sex, sexualities, relationships, and the opposite gender. Most of these students carry these attitudes with them into adulthood and contribute to a self-perpetuating cycle of society with toxic and regressive attitudes.

With our problems identified, we set about defining the goal. We feel the need for a system that better imparts both **sexual health** education and **socio-emotional education**. Together, we have termed this as **'social and intimate maturity'**.

What we aim for is what WHO and UNESCO refer to as **Comprehensive Sexuality Education**, which not only promotes gender equality and equitable social norms but has a positive impact on safer sexual behaviours and creating a wholesome environment for adolescent growth.

Spheres of influence

To start with our research, we looked at what factors are most influential in developing social and emotional maturity.

School boards

The first is the formal education imparted in schools. Different school boards control their curricula, and so to understand this, we conducted a secondary research and devised a survey that told us the first-hand experiences of students.

Family and society

The second sphere we identified was the impact of family and society. For this, too, we gathered experiences on people's upbringing and attitudes towards sex and related matters.

Peers

The same survey provided valuable information for the third sphere as well, to understand the comfort, information and also problems faced in peer circles.

Media

We also looked at media statistics posted by popular streaming websites, analysed the representation of interpersonal relationships in media and how they affect awareness. We also read some research papers on these topics as well as fan-generated media.

Secondary research

Social and intimate maturity as taught by the school board

We looked a bit more into the **Adolescent Education Program** from when it was initially proposed, which was in 2005, and its current state. Going through the past official documents and kits were quite surprising as they seemed incredibly comprehensive approaches to the subject.

For example, the Advocacy Kit on AEP not only addresses the criticality of sex education for adolescents but also recognises that the age group is often mistakenly treated as a homogenous group, wherein reality, **younger adolescents** deal with problems of **puberty**, **growth**, and **self-identity**, while **older adolescents** need to be educated on **healthy relationships** and **consent**. It also had comprehensive guides for Parents, Teachers, Community Leaders, Elected Representatives and Media.

However, over the next few years of its introduction, it was heavily protested against by politicians, conservative groups, and teachers, all claiming that it was an element of western education being forced onto Indian values, so far as to claim that it was all a conspiracy to increase condom sales. It was hence revised and introduced in the following years as a shell of what it could have been, only focusing on value-based questions and basic soft skills.

Social and intimate maturity as represented in the media

We looked at the representation of interpersonal relationships in media, focusing mainly on intimate relationships and sexual encounters. We looked briefly into mainstream media like movies, tv shows as well as written media like comics and books. We plan to look more into these later.

As we all know, these forms of media are predominated by cisgender characters and straight relationships since time unknown. Even though recently there has been some progress with the increasing representation of LGBTQIA+ characters in movies, tv shows as well as comics, they are still limited in numbers. Moreover, depictions of intimate relationships and sexual freedom are treated as taboo, and most are not approved by the censor board.

We looked in-depth at community-based websites for written media where people can upload their stories; this includes original work and fanfiction. Also webcomics, a platform that is recently gaining popularity.

These platforms provide the freedom to participants to read or write any gender identity, sexual orientation, or sexual act that they wish without worrying about the real-world consequences of such actions. They can explore and discover preferences on an emotional and physiological level without fear of judgement or limitations of funds and profits that mainstream media has. It has been reported that explicit fanfiction is also a preferred means of **self-discovery** and **sexual development**.

Along with this, explicit fanfiction and stories generally have conversations about sexual health and the risk of disease, explicit consent, and negotiation of consent. A lot of these stories contain depictions of real, awkward and/or funny sexual encounters, which are almost absent in mainstream media. Most media we see otherwise tend to have romanticised and hypersexualised, sometimes impractical versions.

This is not absent in community-based platforms, of course, they have their fair share of problematic tropes. But they have an intricate tagging and warning system because the reader can choose exactly what they want to read and avoid triggers. The reader can also discuss with fellow readers and writers, and these platforms seemed to be a popular peer-level source of information on sexual health.

Primary Research

Survey objectives
For primary research, we devised a survey with the following objectives in mind:
- To understand the varieties in quality of sex education received in India and globally.
- To understand the sources of social and intimate education that people have had so far.
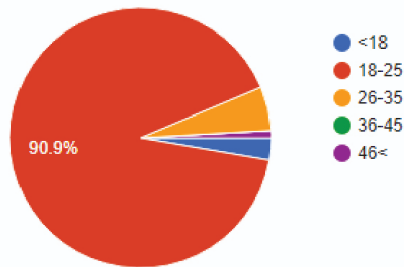- To identify gaps in the existing systems.

Survey traits

The survey collected information on demographics, formal sex education, as well as sex ed through family and peers. The survey could be filled anonymously, and the questions were mostly objective, with a few subjective questions. We got a total of 110 responses.

Demographics

Most responders were of the age group 18-25, mainly from India, with a few from other countries like the US, Argentina, Kuwait, and Singapore. The sex ratio was fairly even, and their first introduction to the concept of sex was majorly in middle school, with some being introduced to it in elementary school or high school.
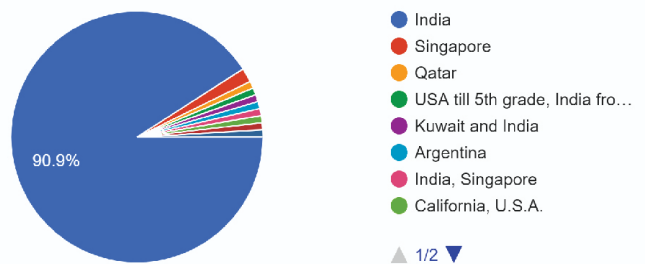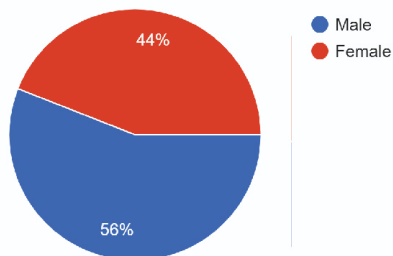
Age
110 responses

- <18
- 18-25
- 26-35
- 36-45
- 46<

90.9%

Where was your schooling done?
110 responses

- India
- Singapore
- Qatar
- USA till 5th grade, India fro…
- Kuwait and India
- Argentina
- India, Singapore
- California, U.S.A.

90.9%

△ 1/2 ▼

Sex
109 responses

- Male
- Female

44%

56%

When was your first introduction to the concept of sex?
110 responses

- Pre-primary
- Elementary school (3rd-5th)
- Middle school (6th-8th)
- High School (9th-12th)
- College
- I don't remember

55.5%

17.3%

20.9%
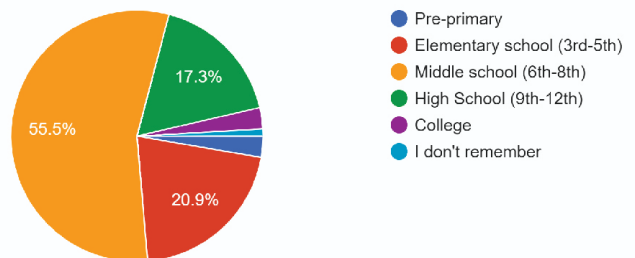
Sources of sex ed

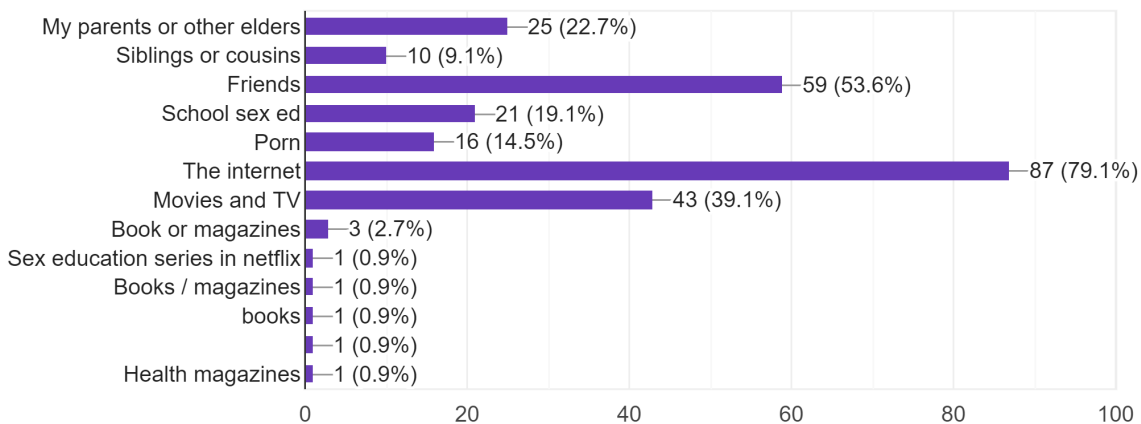We collected separate data points on the responders' prime sources of social and practical sex education. For both, the internet was noted as a prime source for the majority. Interestingly and problematically, *only 19% of responders seemed to have been taught about social sex ed in school.* Moreover, since the majority turn to the internet for information on this matter, our future proposals will take this into account.
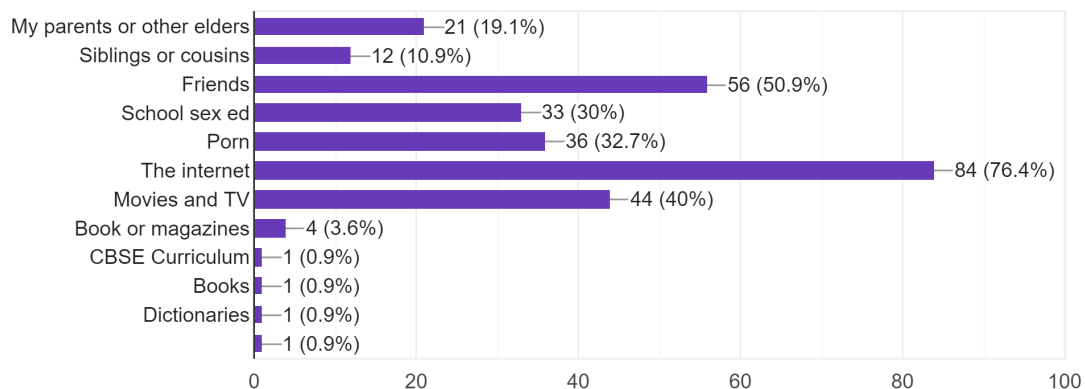
What have been the prime sources of sexual health education in your life? (consent, relationships, safety)

110 responses

Source	Count
My parents or other elders	25 (22.7%)
Siblings or cousins	10 (9.1%)
Friends	59 (53.6%)
School sex ed	21 (19.1%)
Porn	16 (14.5%)
The internet	87 (79.1%)
Movies and TV	43 (39.1%)
Book or magazines	3 (2.7%)
Sex education series in netflix	1 (0.9%)
Books / magazines	1 (0.9%)
books	1 (0.9%)
	1 (0.9%)
Health magazines	1 (0.9%)

What have been the prime sources of sex education in your life? (birds and bees)

110 responses

Source	Count
My parents or other elders	21 (19.1%)
Siblings or cousins	12 (10.9%)
Friends	56 (50.9%)
School sex ed	33 (30%)
Porn	36 (32.7%)
The internet	84 (76.4%)
Movies and TV	44 (40%)
Book or magazines	4 (3.6%)
CBSE Curriculum	1 (0.9%)
Books	1 (0.9%)
Dictionaries	1 (0.9%)
	1 (0.9%)

In the survey, we also sought to learn where distinct topics of sex ed are learnt. While topics like personal hygiene were primarily taught by parents, others like safety and consent and *the practicalities of sex were generally learnt from the internet.*

Of these following topics, which have you been taught, and by whom?
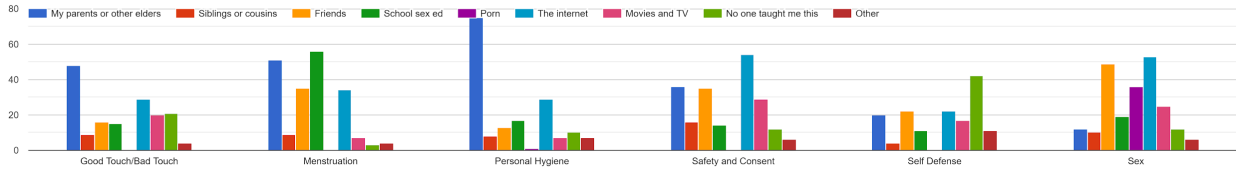

Formal sex ed

We focused on the formal sex education experiences that students had, of which only *7% found it comprehensive.*

It was generally reported that sex ed experiences depended heavily on the *attitude of the school and teachers.*

All but *14% of the participants* were introduced to sexual concepts through *sources outside of formal sex education.*

Did you have formal sex education in school?
110 responses
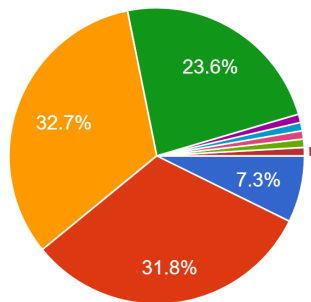
- Yes, and it was comprehensive
- Yes, but it was selective
- Yes, but it was kinda useless
- No
- We only had a chapter as sex education in an optional subject 'physical educati…
- Yes but it was one, one day workshop
- Does the chapters in science NCERT…
- Girls only had ONE "workshop" before…
- Yes, but it was extremely misleading

Did your school only teach what was mandated by your boards and textbooks, or did it make independent efforts towards sex ed as well?
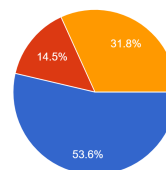110 responses
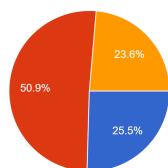
- Our school made independently organized efforts
- We were only taught what was in the books
- We weren't even taught what was in the books

Was your first introduction to sex before formal sex education or was that the beginning?
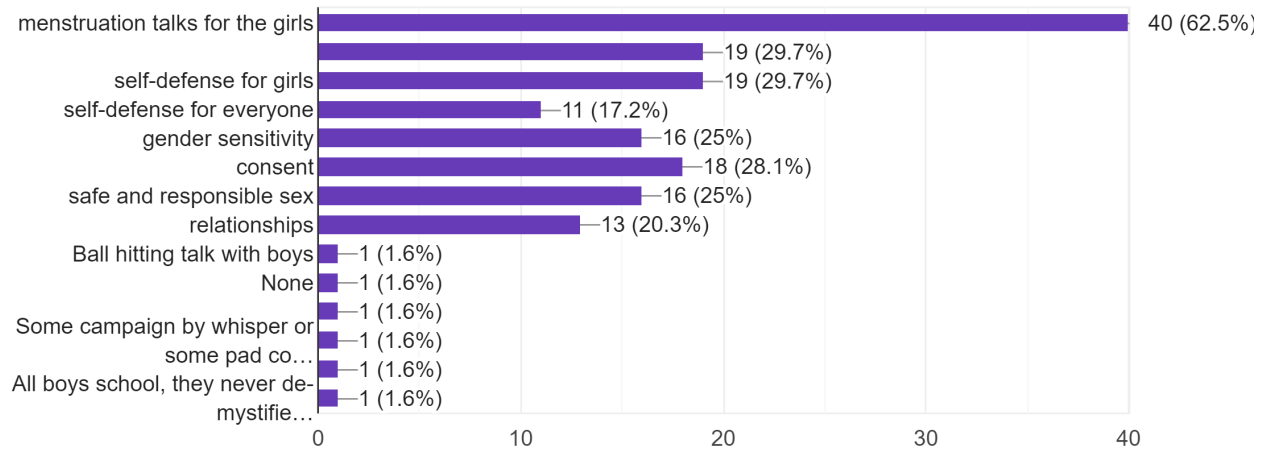110 responses

- I was introduced before
- Formal sex ed was my introduction
- I never had formal sex ed

We also found that independent efforts were made by schools of only a *quarter* of the responders; most were limited to information about *menstruation* and some *self-defence*. These efforts, however, were aimed primarily at girls.

Most colleges did not make any efforts towards sex ed, and those that did, tackled issues of gender *sensitivity* and *consent*.
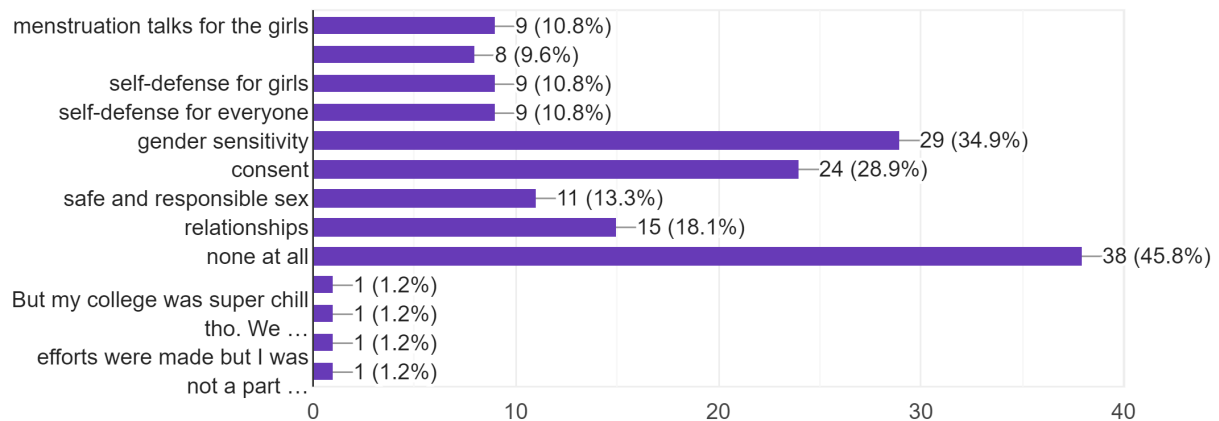
If your school (k-12) made independent efforts, what form did they take/what topics did they cover?
64 responses

Label	Value
menstruation talks for the girls	40 (62.5%)
	19 (29.7%)
self-defense for girls	19 (29.7%)
self-defense for everyone	11 (17.2%)
gender sensitivity	16 (25%)
consent	18 (28.1%)
safe and responsible sex	16 (25%)
relationships	13 (20.3%)
Ball hitting talk with boys	1 (1.6%)
None	1 (1.6%)
Some campaign by whisper or	1 (1.6%)
some pad co…	1 (1.6%)
All boys school, they never de-mystifie…	1 (1.6%)
	1 (1.6%)

If your college made any efforts for sex ed, what were they?
83 responses

Label	Value
menstruation talks for the girls	9 (10.8%)
	8 (9.6%)
self-defense for girls	9 (10.8%)
self-defense for everyone	9 (10.8%)
gender sensitivity	29 (34.9%)
consent	24 (28.9%)
safe and responsible sex	11 (13.3%)
relationships	15 (18.1%)
none at all	38 (45.8%)
But my college was super chill	1 (1.2%)
tho. We …	1 (1.2%)
efforts were made but I was	1 (1.2%)
not a part …	1 (1.2%)

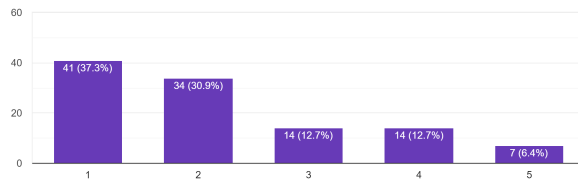## Social sex ed

Other results from the survey showed that people were much more comfortable discussing sexual matters with their friends than family and found peer discussions incredibly helpful.

How comfortable are you having conversations related to sexual health with your family?
110 responses

How comfortable are you having conversations related to sexual health with your friends?
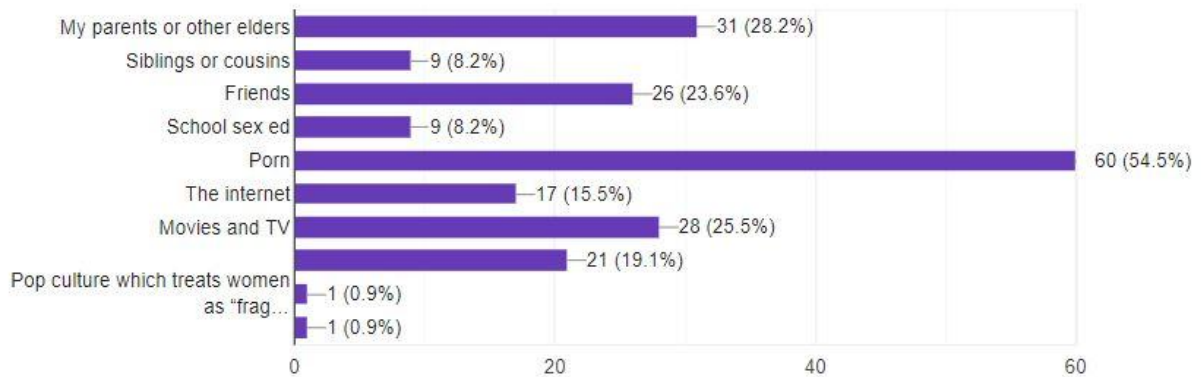110 responses
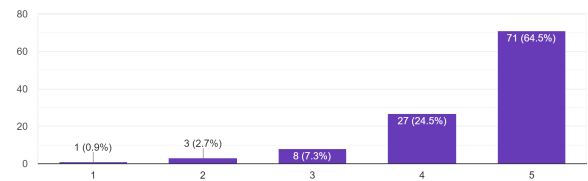
Sources of misconceptions

We also asked our responders about what gave them the most harmful ideas of sex. Porn was at the top of the list. *Surprisingly, advice from parents was the second most common response.*

What made the most damaging impressions on you regarding sex in the past? (false information, stigma, bad advice, etc.)

110 responses

System mapping

With our research in place, we tried to then start defining the system.

Causal loop diagram

We started with identifying the variables and then tried to map out how they were changing. What we have mapped out is not rigid but permeable, and we will be reworking on it throughout the course of this project.
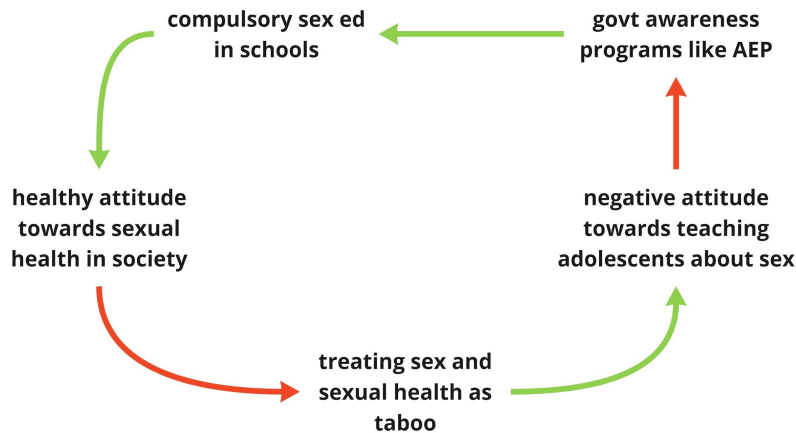
After working on the causal loop diagram, we identified the subsystems where there is a possibility of intervention.
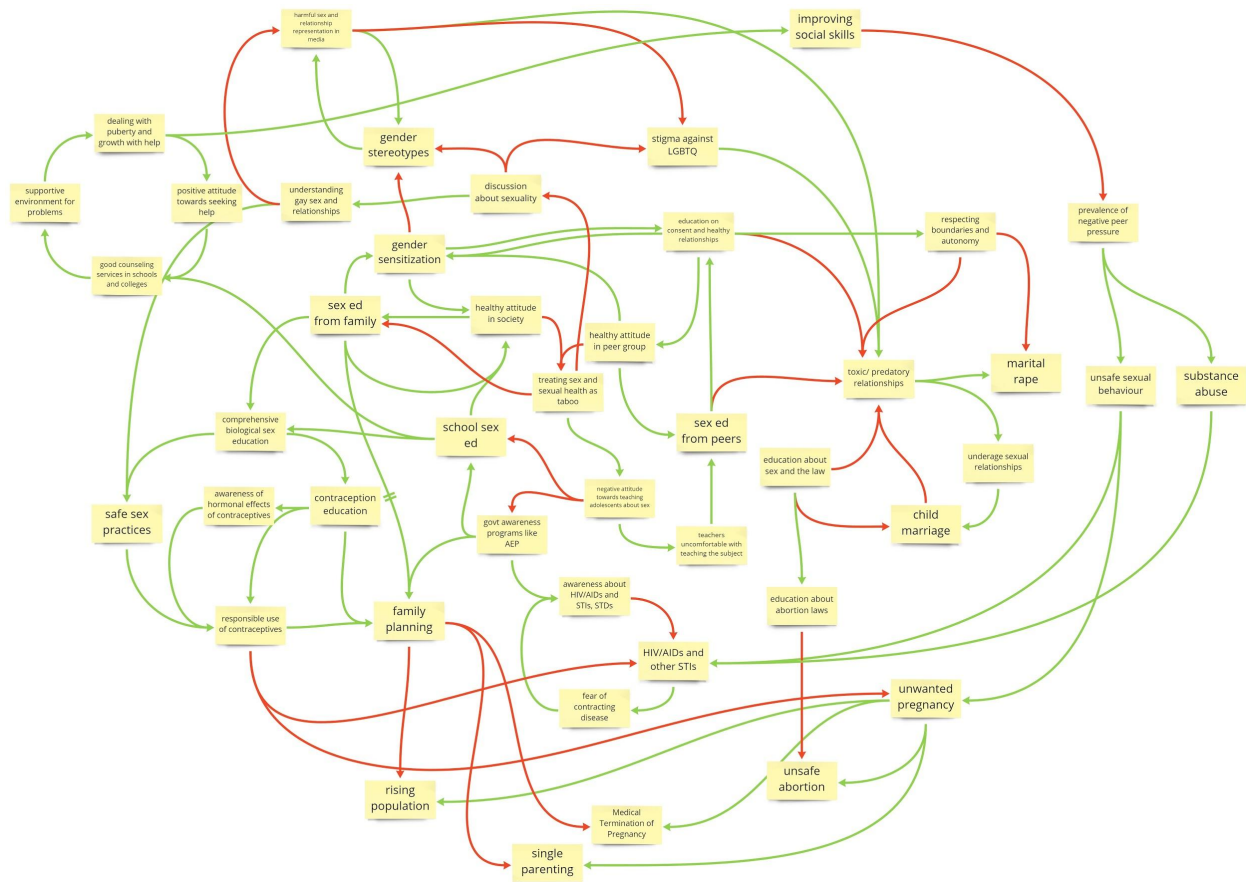
Subsystems

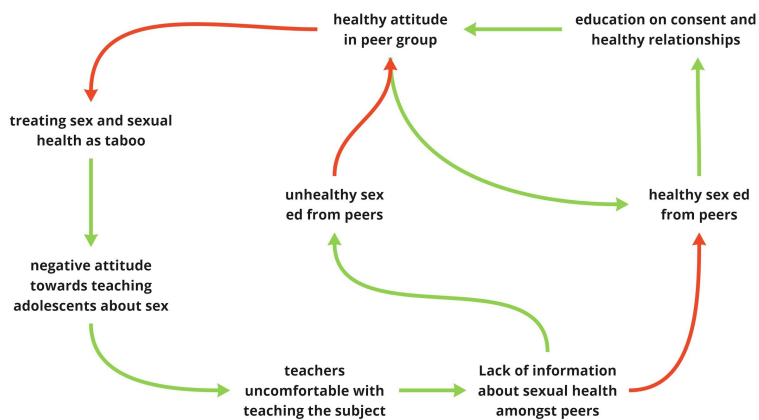### Effect of government-enforced sex ed on society's attitude to sex
(Reinforcement Loop)

```
compulsory sex ed  ←──────  govt awareness
   in schools                programs like AEP
      │                            ↑
      ↓                            │
healthy attitude            negative attitude
towards sexual              towards teaching
health in society           adolescents about sex
      │                            ↑
      ↓                            │
         treating sex and
         sexual health as
              taboo
```
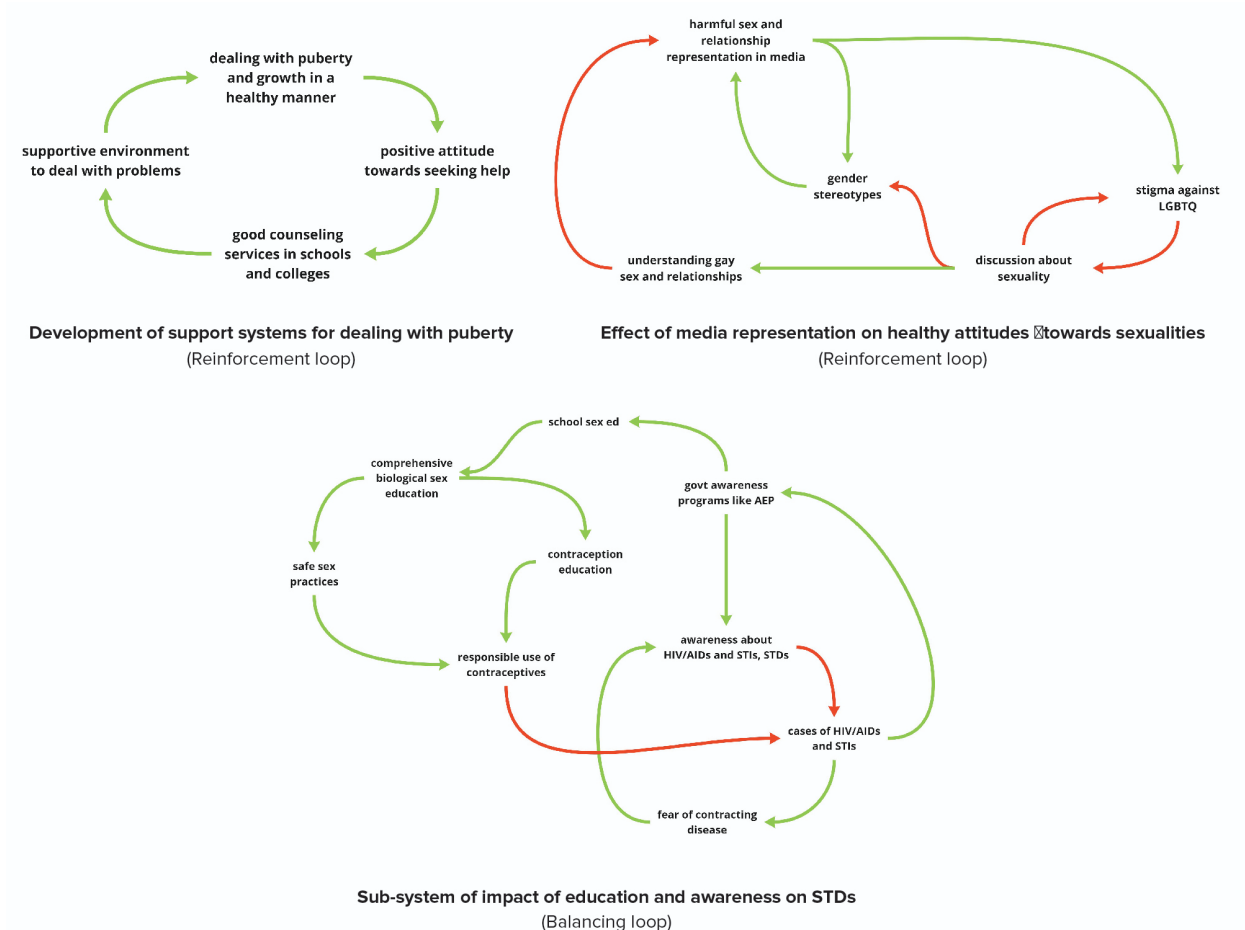
The first is a reinforcement loop on the effect of govt enforced sex ed on society's attitude towards sex. It looks at how government programmes like AEP, as well as compulsory sex ed in school, lead to healthy attitudes towards sexual health in society.

Attitudes of peer group and society
(Reinforcement Loop)

```
                    healthy attitude   ←──   education on consent and
                    in peer group            healthy relationships
treating sex and sexual
   health as taboo
                    unhealthy sex            healthy sex ed
                    ed from peers            from peers
negative attitude
towards teaching
adolescents about sex
              teachers           Lack of information
              uncomfortable with  about sexual health
              teaching the subject amongst peers
```

The slightly more complicated subsystem shown above that we identified, consisting of 3 interconnected loops. These loops tell us the importance of peer groups and discussions with your age group in decreasing negative attitudes and taboos, becoming comfortable with this topic, and increasing awareness of healthy sexual practices.

Development of support systems for dealing with puberty
(Reinforcement loop)

Effect of media representation on healthy attitudes towards sexualities
(Reinforcement loop)

Sub-system of impact of education and awareness on STDs
(Balancing loop)

We also identified loops on the effect of support systems in dealing with puberty and the importance of media representation in understanding sexualities.

We also identified this balancing loop on the impact of education and awareness on increasing cases of STDs

Future steps

By **Thursday, 8th April**,
- Flesh out the causal loop diagram further
- Identify more subsystems.
- Identify concrete problem space that we can intervene in

By **Monday, 12th April**,
- Research in greater detail with the help of research papers, interviews
- Look into the work done by organisations like the YP Foundation
- Start ideation process

Bibliography

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