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## Adolescent reproductive health: the role of sex education in raising awareness

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### ABSTRACT

**Background:** The first stage of labor often takes a long time and causes discomfort for the mother, so methods are needed to accelerate it. This study aims to evaluate the effectiveness of microcontroller-based nipple stimulation in accelerating the labor process by stimulating the release of the hormone oxytocin which increases uterine contractions and accelerates cervical opening. Microcontroller technology is used to ensure the stimulation is done automatically and measured according to the mother's physiologic needs. This study involved two groups, namely the group that received stimulation and the control group that did not receive stimulation. The results showed that the stimulated group experienced shorter labor times than the control group and were less likely to require medical interventions such as induction with drugs.

**Methods:** Close monitoring is still required to ensure safety, especially regarding the risk of uterine hyperstimulation that may affect the condition of the mother and fetus. Further research is needed to test the long-term effectiveness and safety of this method before it is widely applied in obstetric practice.

**Results:** Based on the total library, 600 were identified and as many as 100 additional articles were identified. A total of 630 studies failed to meet the inclusion criteria and 70 articles were read in their entirety, so that as many as 11 publications were used as references.

**Conclusion:** Microcontroller-based nipple stimulation offers an innovative solution that can improve the efficiency of labor while providing a better quality of health care.

**Keywords :** First Period of Labor, Medical Technology, Microcontroller, Nipple Stimulation, Time Efficiency

### BACKGROUND

Sex education plays a very important role in efforts to increase awareness and reproductive health and encourage responsible sexual behavior among adolescents (Utama & Hutahaen., 2024). Adolescence is a phase in which significant physical and psychological development occurs, so that curiosity arises about changes in the body and reproductive function. In reality, many

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adolescents still lack an adequate understanding of sexuality, reproductive health, and sexually transmitted infections (STIs). Lack of accurate knowledge about this can increase the risk of early pregnancy, STI transmission, including HIV/AIDS, and unsafe sexual behavior (Sofia., 2020). Comprehensive sex education aims to help adolescents understand various aspects of sexuality, both from a biological, psychological, social, and emotional perspective. The material presented included the anatomy of the human body, the reproductive process, STI prevention, contraceptive use, sexual orientation, gender identity, and social aspects related to sexuality (Ikhwa:24: Berlianti., 2023). Various sex education programs implemented in schools have been proven effective in reducing the number of risky sexual behaviors, delaying the initiation of sexual activity, and preventing teenage pregnancy and STI transmission.

The future of sex education depends on the integration of sexual and reproductive health with sexuality education. Efforts to educate young adolescents (10–14 years old) need to be prioritized because the attitudes and values related to sexuality formed that age greatly affect health, social well-being, and emotional in adulthood (Chandra-Mouli et al., 2015). Schools have an important role to play in equipping adolescents with the skills, support, and information necessary for prevention, while also playing a role in shaping relevant social norms, cultural values, and beliefs (Samkange-Zeeb, Spallek, and Zeeb, 2011). Therefore, teachers play a key role in delivering effective sex education (Pound et al., 2017). According to the WHO Action Plan for sexual and reproductive health, it is expected that by 2030 adolescents in the European region can reach their full potential in aspects of sexual and reproductive health and well-being in an environment that respects, protects, and fulfills their human rights (Galea and Lazdane, 2016). Sex education approaches that only focus on abstinence until marriage have proven to be ineffective in delaying first sexual activity and often lack adequate information about contraception and condom use (Boonstra, 2016; Fonner et al., 2014). In contrast, comprehensive sex education programs in schools, which emphasize understanding gender, STIs, healthy relationships, and good communication, have been shown to lower rates of sexually transmitted infections and unwanted pregnancies (Haberland and Rogow, 2015).

The implementation of sex education, however, often faces various challenges. Differences in public views on sexuality, moral values, and taboos surrounding the discussion of this topic are often obstacles to its effective implementation. Therefore, it is important for the sex education provided to be adjusted to the level of adolescent development, involving the participation of parents, educators, and health workers, in order to create a supportive and conducive learning environment (Budiarty., 2019). Good sex education not only provides factual information about sexuality, but also encourages the formation of positive attitudes and values related to sexuality. Thus, adolescents are expected to be able to make responsible decisions regarding their sexual health in the future. Sex education should also provide space for adolescents to understand their sexual rights, including the right to accurate information,

adequate reproductive health services, and the right to make decisions regarding sexual activity consciously and without coercion (Utami & Wijayanti., 2019).

Sex education programs that focus on not having sex until after marriage have been shown to be unsuccessful in reducing sexual debuts, and convey little or no information about contraception or condom use (Boonstra 2016; Fonner et al. 2014). In contrast, comprehensive school-based sex education programs that emphasize gender, STI knowledge, healthy relationships and communication have been linked to a decrease in sexually transmitted infections as well as unwanted pregnancies (Haberland and Rogow 2015). In recent decades, a variety of approaches to sex education have evolved, one of which is the Comprehensive Sexuality Education (CSE) which emphasizes the provision of information that is not accurate and comprehensive. Comprehensive Sexuality Education (CSE) is considered more effective than sex education that focuses only on abstinence, as it not only teaches about pregnancy prevention and STIs, but also teaches social skills such as good communication and decision-making. The importance of sex education in building awareness and responsibility related to reproductive health is increasingly emphasized in various reports and studies that show that appropriate sex education can help reduce the risk of teenage pregnancy, the spread of STIs, and improve the emotional and social well-being of adolescents (Susiana., 2020). Reproductive health in adolescents is one of the most important aspects of public health, considering that adolescents are in a significant phase of physical, psychological, and social development. During this time, adolescents undergo biological changes that mark the onset of reproductive function, which is often accompanied by increased curiosity about sexuality and reproductive health. However, many adolescents still do not have an adequate understanding of reproductive health, which makes them vulnerable to various health problems such as pregnancy at a young age, sexually transmitted infections (STIs), and other health risks. A number of studies, including those conducted in developing countries, show that adolescents' knowledge about reproductive health, contraceptive methods, and STI prevention is still very low. Understanding of the minimum age of marriage, contraceptive use, and the risk of sexually transmitted infections is not fully understood by many adolescents, leading to low awareness of the importance of maintaining reproductive health (Ariasih & Sabilla., 2020).

Adolescent reproductive health includes not only pregnancy prevention and STIs, but also a deeper understanding of reproductive rights, the ability to make responsible decisions, and healthy and respectful relationships. Adequate reproductive health education is needed to help adolescents cope with the challenges that arise during this phase of development. This educational program includes providing accurate information about body anatomy, reproductive physiology, contraceptive methods, and psychological and social aspects related to sexuality (Miswanto., 2024). Effective reproductive health education should also include discussions about gender roles, interpersonal relationships, and sexual and reproductive rights. The application of this kind of education can help adolescents understand the importance of maintaining



reproductive health and protecting themselves from risks related to sexual activity.

Support from families, educators, and health workers is also very important to create an environment conducive to the development of good and responsible reproductive health in adolescents. The importance of reproductive health in adolescents is not only in the context of providing technical knowledge, but also in preparing them to live a healthy adult life physically, emotionally, and socially. Access to adequate reproductive health services and proper education are the main keys to ensuring that adolescents are able to overcome reproductive health challenges properly (Hidayati *et al.*, 2023). There is an increase in global awareness of the importance of reproductive health in adolescents, but there is still a significant gap in understanding and access to reproductive health information among adolescents (Jannah *et al.*, 2024). Studies show that many adolescents, especially in developing countries, still have limited knowledge about reproductive health, including contraceptive methods and the prevention of sexually transmitted infections (STIs). This gap is further exacerbated by factors such as social norms, lack of comprehensive sex education, and limited access to adolescent-friendly health services. The physical and psychological changes experienced by adolescents are often not accompanied by adequate information on how to maintain reproductive health. As a result, many adolescents become more vulnerable to health risks, such as early pregnancy, STIs, and various other reproductive health problems (August., 2024). This condition becomes even more worrying considering that adolescents are in an important developmental phase in their lives, where the decisions taken can have a long-term impact on their health and well-being in the future.

Growing attention to sexual and reproductive rights, including adolescents' right to access appropriate reproductive health information and services, indicates an urgent need to address barriers to the dissemination of reproductive health information and services tailored to adolescents' needs. Further research is needed on how effective reproductive health education can be applied to improve adolescent understanding and reduce reproductive health risks in Kalanga. The relationship between the phenomenon of reproductive health in adolescents and the importance of improving reproductive health education can be seen from several aspects expressed in existing documents. Based on a literature review, many adolescents, especially in developing countries, do not have enough knowledge about reproductive health, contraceptive methods, and prevention of sexually transmitted infections (STIs). These deficiencies increase adolescents' vulnerability to various reproductive health risks, such as early pregnancy and STI transmission.

Social and cultural barriers are often the main factors that hinder access to information on sexuality and reproductive health, especially in societies that consider this topic taboo. Lack of access to information makes adolescents more likely to make wrong decisions regarding their sexual behavior, thereby increasing health risks that negatively impact well-being. Comprehensive reproductive health education offers an effective solution to address this

problem. This educational program not only provides technical knowledge about reproductive anatomy and physiology and STI prevention, but also covers social and psychological aspects, such as interpersonal relationships, gender roles, and sexual and reproductive rights (Ani & Sudirman., 2022). This kind of program is expected to help adolescents develop a better understanding of the importance of maintaining reproductive health and making responsible decisions regarding sexual health. The link between the lack of reproductive health knowledge and the urgency of comprehensive reproductive health education shows the need for a more intensive and structured approach (Akornia., 2023). The participation of families, educators, and health workers is urgently needed to ensure that adolescents receive the right support in maintaining reproductive health. Most reproductive health education programs tend to focus on delivering information that only covers biological aspects, without touching on psychological, social, and sexual and reproductive rights. Social and cultural constraints, such as a negative view of open conversations about sexuality, often hinder the effectiveness of this information delivery to adolescents. Limited access to adolescent-friendly reproductive health services exacerbates this problem, even though these services are an important element in supporting effective reproductive health education.

Previous research has also revealed that although reproductive health education is already implemented in some schools, there is no standardized approach that ensures that the program covers all important aspects of reproductive health. The involvement of parents, educators, and health workers is often less than optimal in supporting the effectiveness of reproductive health education programs (Ropitasari., 2024). Therefore, further research is needed to develop a holistic reproductive health education model, which not only provides technical knowledge, but also integrates the social, cultural, and reproductive rights aspects of adolescents. The study comprehensively measured the long-term impact of reproductive health education on adolescent behavioural change, particularly in terms of preventing early pregnancy and reducing STI rates. Therefore, more in-depth studies are needed to evaluate the effectiveness of existing programs and to design intervention models that are more inclusive and appropriate to the socio-cultural needs of adolescents in different regions.

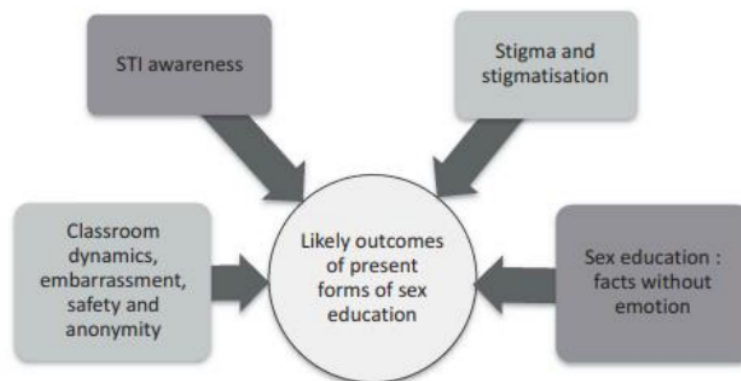
## **METHODOLOGY**

This study uses a literature study approach with a qualitative method, which aims to analyze, interpret, and synthesize various literature sources relevant to the topic of reproductive health in adolescents. The study was conducted by identifying literature that had been published in the last five to ten years through academic databases such as Google Scholar, PubMed, Scopus, and ProQuest, using keywords such as "adolescent reproductive health", "reproductive health education", "sexually transmitted infections", "adolescent contraceptives", and "access to reproductive health services". Selected sources include scientific journal articles, books, research reports, and other relevant documents. The inclusion criteria used in this study are literature that discusses reproductive

health in adolescents and reproductive health education methods, both using qualitative and quantitative approaches. Literature that is irrelevant, too old, or does not have empirical data support will be excluded. After identification, the selected literature will be evaluated based on the quality of the methodology, the relevance of the topic, and the validity and reliability of the findings. Data from the selected literature will be analyzed using content analysis techniques, where the main patterns, themes, and concepts raised in the literature will be identified. Thematic analysis will be used to compile and synthesize findings, such as adolescents' level of knowledge about reproductive health, effective educational methods, and social and cultural barriers in the delivery of reproductive health education. The results of this synthesis are expected to provide a broader understanding of reproductive health phenomena in adolescents and can be relied upon to provide further recommendations. This research maintains quality with a systematic process of searching, selecting, and evaluating library sources. In its implementation, this research adheres to academic ethical standards, including appropriate attribution to the original authors of each source used, as well as avoiding plagiarism. With this approach, research is expected to produce a comprehensive understanding of reproductive health in adolescents as well as effective strategies to improve reproductive health education.

## RESULT AND DISCUSSION

The results of this literature study further confirm that adolescent reproductive health is a crucial concern in many countries, especially in developing countries. As described in some literature, one of the key findings is the low level of adolescent knowledge about reproductive health, including an understanding of body anatomy, reproductive function, contraceptive methods, and prevention of sexually transmitted infections (STIs). This is mainly influenced by the lack of access to adequate reproductive health education, as well as the existence of social and cultural barriers that prevent open discussion about sexuality. The results of several studies also show that taboo views on sexuality hinder adolescents from seeking the right information, so they tend to get wrong or inaccurate information.





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Figure 1. Factors contributing to sex education.

Sex education in schools is still dominated by the delivery of biological facts, such as body changes during puberty, sexuality, pregnancy, contraception, and sexually transmitted diseases (STIs), with a lack of discussion of emotional aspects. This education is generally delivered in biology subjects at several levels, but many teachers are not provided with special training and consider sex education to be an additional topic that requires extra time and planning. This causes its implementation to be not uniform across schools and classes. Some participants stated that teachers were less open about discussing sexual issues with students, while others highlighted that discussions about feelings and personal relationships often caused discomfort. Parental roles also vary, with some children receiving emotional support at home, while others grow up in less open environments that make it awkward to discuss sexuality issues. In addition, adolescents' awareness of STIs is still considered low. Although HIV and HPV are discussed in schools, other STIs topics are often only mentioned at a glance, so many students do not understand the difference between HIV and AIDS or how they are transmitted.

Classroom dynamics and the relationship between teachers and students have a great influence on student engagement in sex education. Shyness and discomfort are often obstacles, especially in blended classrooms, where female students feel less confident to ask questions about sensitive topics. Therefore, class separation based on gender is considered more effective in encouraging active student participation. Some participants also recommend the presence of an external facilitator to create a more relaxed and safe atmosphere, so that students feel more free to ask questions. Exposure to pornography is also a concern because it often provides an unrealistic picture of sexuality and affects the views of teenagers. In addition, pornography is often used in bullying through social media with sexual terms to demean others. Participants emphasized the importance of ongoing sex education from an early age, as well as focusing on the development of practical skills and values such as human rights, sexual diversity, and violence prevention. Methods such as the use of visual aids, small group discussions, and anonymous questions are believed to increase student engagement and help them make informed decisions regarding reproductive health and sexual behavior (Brahman., 2023).

In the context of reproductive health education, most of the existing programs are still very limited. These programs generally focus only on biological aspects, such as physical changes during puberty and how to prevent pregnancy, but do not cover social, psychological, and reproductive rights. Reproductive health education that only emphasizes biological aspects is considered inadequate in preparing adolescents to face challenges in interpersonal relationships, responsible decision-making, and an understanding of sexual rights (Nisrin *et al.*, 2024). This is reinforced by various studies that state that without a comprehensive approach, adolescents cannot understand the importance of reproductive health holistically, which ultimately increases the risk of risky sexual behaviors, teenage pregnancy, and STI transmission.

P/V ETS



<b>1</b>	<b>Ideas as to what could be done</b>	<b>Participant</b>
	Discuss in greater depth about homosexuality/sexuality, as this is felt to be an important topic	Student
<b>2</b>	Introduce tangible material such as condoms and how to use them. In one participant used a banana, and another a plastic cactus to demonstrate and practice using a condom. Showing contraceptives such as the pill, femidoms or cycle beads were also suggested. One participant showed a knitted version of a female uterus that could be passed around in class to help children better visualise what it is	Experts (teacher, sex education researcher)
	Organise excursions to institutions helping people with HIV, anti-discrimination organisations, hospitals or gynaecological practices	Parent Expert (gynaecologist)
	Name body parts non-judgmentally, starting from childhood, and making clear that every body part is as normal as another	Experts (youth social worker, psychologist)
	Give more insight into topics that are not clear at this age, like STIs, their workings and their transmission	Student
	Have a permanent box for anonymous questions that are tackled by teachers or guides on a regular basis	Expert (teacher)
	Allow viewing of films or animated videos with an emphasis on pleasure, so children can see positive and normal sexual experiences.	Student Parent
	<b>Ideas about how educational sessions could be implemented</b>	<b>Participant</b>
	Teach smaller groups, as they give a greater opportunity for students to ask questions than when in a school class	Expert (psychologist)
<b>2</b>	Answer questions on the spot and not refer them to another time	Expert (youth social worker)
<b>4</b>	Allow for presentations on different topics and aspects of sexuality to what is already being talked about in lessons. The students themselves can	Student Expert (teacher) Student

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do these. Alternatively let students prepare portfolios on specific themes in sexuality in line with independent research. One example topic suggested by a participant who did a presentation in his class, was discussing 'the emotional, social and physical issues involved when one has an unwanted pregnancy'.

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External or drop-down workshops should be an impulse and not the only exposure students have to discuss sexuality. Prepare for discussions before and after the workshops. Expert (sex education researcher)

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Repeat information often, casually and positively, with no hints of stress. Expert (sex education researcher)

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It is not important to overload them with theory, but to make students feel able to talk about problems, their body, pleasure and fears to people who can comfortably and confidently answer them. Parent Expert (gynaecologist)

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Teachers need to receive special training in teaching sex education by first reflecting on attitudes, beliefs, and understanding the myths and stigmas that have developed related to sexuality (Macintyre, Montero Vega, and Sagbakken, 2015). This is important so that they can deliver material objectively and create an inclusive and safe learning environment for adolescents. Currently, sex education is considered less effective in raising adolescents' awareness about sexually transmitted infections (STIs), because many are only aware of HIV without adequate understanding of other STIs such as chlamydia, gonorrhoea, or herpes (Samkange-Zeeb, Spallek, and Zeeb, 2011; Ekstrand et al., 2011; Drago et al., 2016). Therefore, adolescents need more comprehensive education about STIs, how they are transmitted, and the importance of prevention before they are sexually active. Discussion should also involve understanding behavioral risks such as alcohol consumption, which can reduce vigilance and lower condom use (Wegner et al., 2018). Another challenge is the stigma of condom use, which is often thought to imply distrust or suspicion of a partner, resulting in awkwardness in sexual relationships (Gause et al., 2018). Therefore, sex education should equip adolescents with healthy communication and decision-making skills, while promoting stigma-free condom use. By involving trained teachers, as well as support from parents and the community, sex education can be more effective in helping adolescents understand and manage their reproductive health properly.

It is important for adolescents to get guidance in understanding and processing the information they find from pornographic media, as well as learning to distinguish between what is appropriate and what is not. Pornography often displays violence against women instead of depicting affection or romance (Braithwaite et al., 2015). The finding that verbal violence related to pornography is more often directed at women, and that this abusive language is often used by adolescents, has also been raised in other studies (Davis et al., 2018). In addition, the content and scenarios shown in pornography are often misleading in depicting sexual interactions, potentially damaging adolescents' self-image and creating unrealistic expectations (Braithwaite et al., 2015). Adolescents also need opportunities to discuss topics such as same-sex relationships and diversity of sexual orientation, as biology lessons that focus solely on human reproduction often ignore the diversity of sexual behavior and identity (Pound, Langford, and Campbell, 2016; Macintyre, Montero Vega, and Sagbakken, 2015). For this reason, it is recommended that awareness of sexual diversity be instilled from an early age, taking into account the response and feelings of caregivers to this topic. A sensitive approach to negative attitudes towards same-sex relationships is needed so that acceptance and normalization of sexual diversity can be achieved (Pound, Langford, and Campbell, 2016).

Participants stated that the quality of the relationship between teachers and students, as well as interaction with peers, had a significant effect on the level of participation in sex education. Teachers who are able to maintain classroom order and protect students from ridicule, while building mutual trust, can create a positive learning experience (Pound, Langford, and Campbell, 2016). However, some studies have shown that sex education implemented in mixed classrooms can lower students' confidence to participate, especially among female students (Cook, 2010). In line with previous findings, it is suggested that the presence of external educators in sex education classes can create a more conducive atmosphere, ensure confidentiality, and reduce students' shyness in discussing sensitive topics (Pound, Langford, and Campbell, 2016). This research provides a new perspective on practical ideas from experts and stakeholders related to the implementation of sex education in Austria in a more creative way. The use of visual aids and hands-on practice, as recommended, is able to provide an effective and memorable learning experience in changing attitudes and forming positive behavior intentions (Garcia-Retamero and Cokely, 2015). Film screenings that feature safe and pleasurable sexual experiences, aligned with the WHO's definition of sexuality education, can significantly assist adolescents in understanding sexual life in a healthy and positive way (McCarthy et al., 2012).

The use of educational entertainment programs can increase the courage of adolescents to discuss important issues such as domestic violence, HIV, human rights, and same-sex relationships. This program has also been proven to encourage condom use in casual relationships and facilitate adolescents' access to information and services related to STIs (Svanemyr, 2014). Learning methods such as individual presentations, portfolios, and small group discussions play an important role in strengthening students' personal understanding and

developing reflective and critical thinking skills, <sup>5</sup> so that they <sup>1</sup> are able to make informed decisions (Macintyre, Vega, and Sagbakken, 2015). The relevance and meaning of sex education <sup>1</sup> can be reduced if the delivery of material still relies on traditional patterns (Pound, Langford, and Campbell, 2016). The recommendations of this study aim to encourage educators to create more engaging and meaningful <sup>1</sup> learning experiences, so that they can help adolescents understand important topics such as values, rights, and cultural aspects related to relationships, gender, welfare, violence, and sexual behavior (UNESCO, 2018).

The results of the analysis show that access to adolescent-friendly reproductive health services is also still very limited. Especially in rural areas, adolescents face many barriers to getting health services that suit their needs. These barriers are not only related to distance and availability of facilities, but also social factors, such as shyness or fear of being criticized by the surrounding environment. Some studies state that although some countries have started to develop adolescent-focused health services, these facilities are still uneven, both in terms of quality and accessibility. In addition, the role of families, educators, and health workers in supporting reproductive health education is still not optimal. Communication between parents and adolescents is often hampered by awkwardness or a lack of understanding of sexual issues. In fact, parental involvement in providing emotional support and the right information can help teens make more informed decisions regarding reproductive health. On the other hand, educators and health workers also often face difficulties in providing appropriate reproductive health education, especially due to the limitations of available educational materials or the existence of views that hinder the open delivery of such information <sup>6</sup> in the school environment.

The discussion of social and cultural barriers in the spread of reproductive health education is also an important issue that needs to be highlighted. In many countries, sex education is still considered a controversial topic, so policies that support reproductive health education often do not work optimally. Some studies have even shown that in some areas, reproductive health education programs are not implemented consistently or do not have clear standards (Peters & Hansen., 2024). This causes adolescents in certain areas to continue to experience difficulties in accessing accurate information and adolescent-friendly health services (Pandey & Raze., 2019). Overall, the results of this literature study emphasize the need for a more comprehensive approach to reproductive health education. Reproductive health education must include biological, social, psychological, and reproductive rights aspects in order to provide <sup>19</sup> deeper understanding to adolescents. In addition, there needs to be an effort to increase adolescents' access to adolescent-friendly reproductive health services, especially in rural areas. The active participation of families, educators, and health workers is also critical to ensuring adolescents get full support <sup>17</sup> in maintaining reproductive health (Hull & Widyantoro., 2024). From the results of this discussion, it can be concluded that comprehensive reproductive health education will not only help adolescents understand the importance of maintaining reproductive health, but will also prepare them to make responsible



decisions regarding their sexual lives in the future. Effective reproductive health education programs must involve all stakeholders, including families, educators, and health workers, and be designed to address existing social and cultural barriers.

## CONCLUSION

Sex education can effectively support the development of adolescent sexuality if educators are able to abandon traditional methods of delivering material and information. It is important to introduce an understanding of sexuality and same-sex relationships from an early age, as well as to involve adolescents in discussions related to human rights and values, before social norms and gender roles are firmly entrenched. Adolescents need direction in applying information about sexual intercourse, such as knowledge about sexually transmitted infections (STIs), the importance of condom use, the impact of alcohol consumption, and the influence of pornography, according to their personal situation. External facilitators in sex education programs can provide support in this process, but the presence of teachers trusted by adolescents is also essential. These teachers should be able to be a safe place for adolescents to express their concerns about sexual issues. In addition, sex educators also need special training in order to be able to adjust their personal beliefs and attitudes to prevailing social norms and values. This training will help them create a more relevant, engaging, and meaningful learning experience for teenagers.

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PAGE 4

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**S/V** This subject and verb may not agree. Proofread the sentence to make sure the subject agrees with the verb.



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**Dup.** You have typed two **articles** in a row. You may need to delete one of them.



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**Run-on** This sentence may be a run-on sentence. Proofread it to see if it contains too many independent clauses or contains independent clauses that have been combined without conjunctions or punctuation. Look at the "Writer's Handbook" for advice about correcting run-on sentences.



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**Missing ","** You may need to place a comma after this word.



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