

Faculty of Design

shhh! sex

Dass, Ishaan, Tupkary, Kalyani, Joshi, Rucha, Sanyal, Srayana and Nahar, Praveen

Suggested citation:

Dass, Ishaan, Tupkary, Kalyani, Joshi, Rucha, Sanyal, Srayana and Nahar, Praveen (2016) shhh! sex. In: Relating Systems Thinking and Design Symposium (RSD), 13-15 Oct 2016, Toronto, Canada. Available at http://openresearch.ocadu.ca/id/eprint/1963/

Open Research is a publicly accessible, curated repository for the preservation and dissemination of scholarly and creative output of the OCAD University community. Material in Open Research is open access and made available via the consent of the author and/or rights holder on a non-exclusive basis.

The OCAD University Library is committed to accessibility as outlined in the <u>Ontario Human Rights Code</u> and the <u>Accessibility for Ontarians with Disabilities Act (AODA)</u> and is working to improve accessibility of the Open Research Repository collection. If you require an accessible version of a repository item contact us at <u>repository@ocadu.ca</u>.



A Systems Design Project by Ishaan Dass, Kalyani Tupkary, Rucha Joshi & Srayana Sanyal National Institute of Design, India Guided by Praveen Nahar September - November 2015

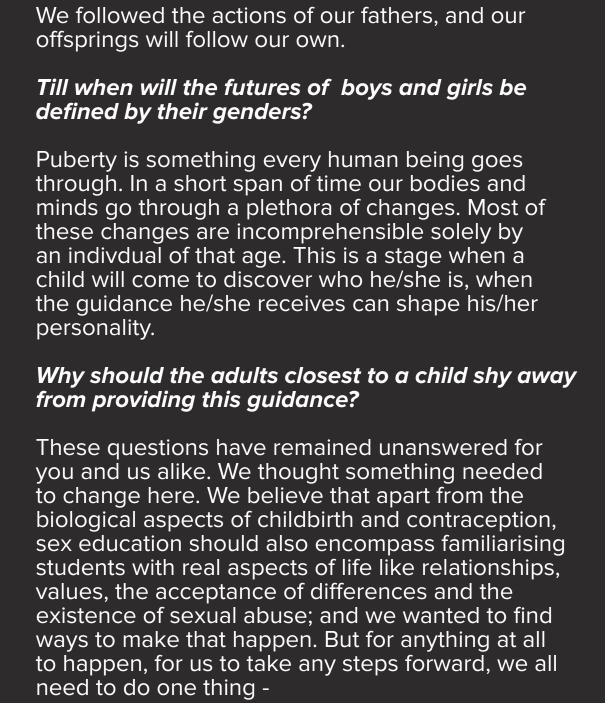
About

The four of us, and probably almost everybody who reads this has something in common. All of us did not recieve proper sex education.

Sex and sexuality are a part of our biological foundation. Human beings reproduce to ensure the survival of their species on this planet. Giving birth to a child, stemming new life from one's own is supposed to be one of the greatest joys of our short lives. The experience sexual intercourse provides us with, is widely considered to take us to a state of nirvana; it is supposed to be the most pleasurable experience in the world. If so, why is sex placed on a pedestal cursed with taboo and shame? Sexuality is something that comes intrinsically to our kind. And yet every single individual is different, and their sexualities are different, due to various internal and external factors. We all have different needs and preferences, we all make our own separate choices. Why are these differences treated unequally? Socio-cultural conventions of the past and the present go a long way in defining who we are. They have created several gender stereotypes and gender inequalities, and we all believe in them,

practice them and propagate them. Misogyny

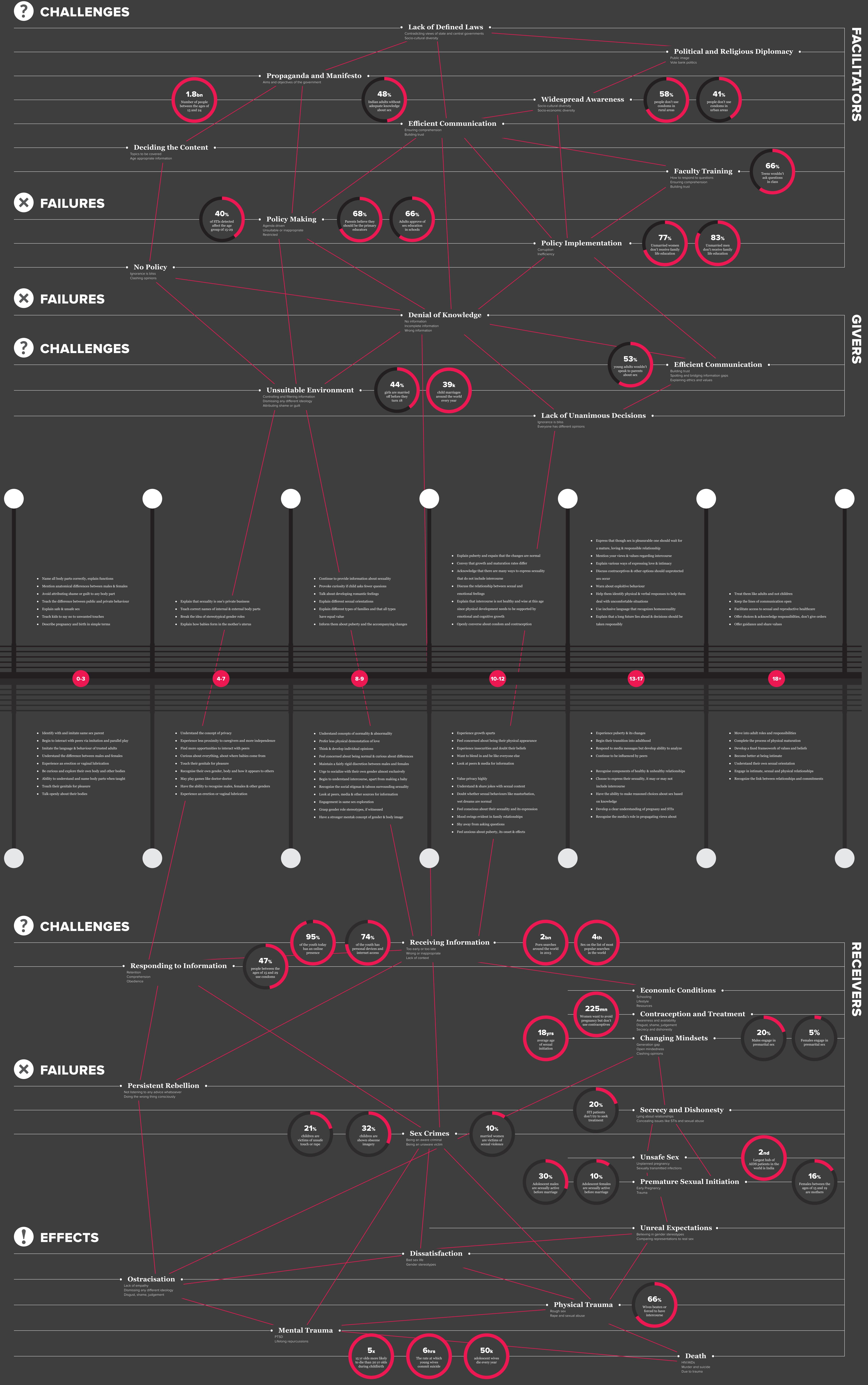
has become ingrained in our minds and hearts.

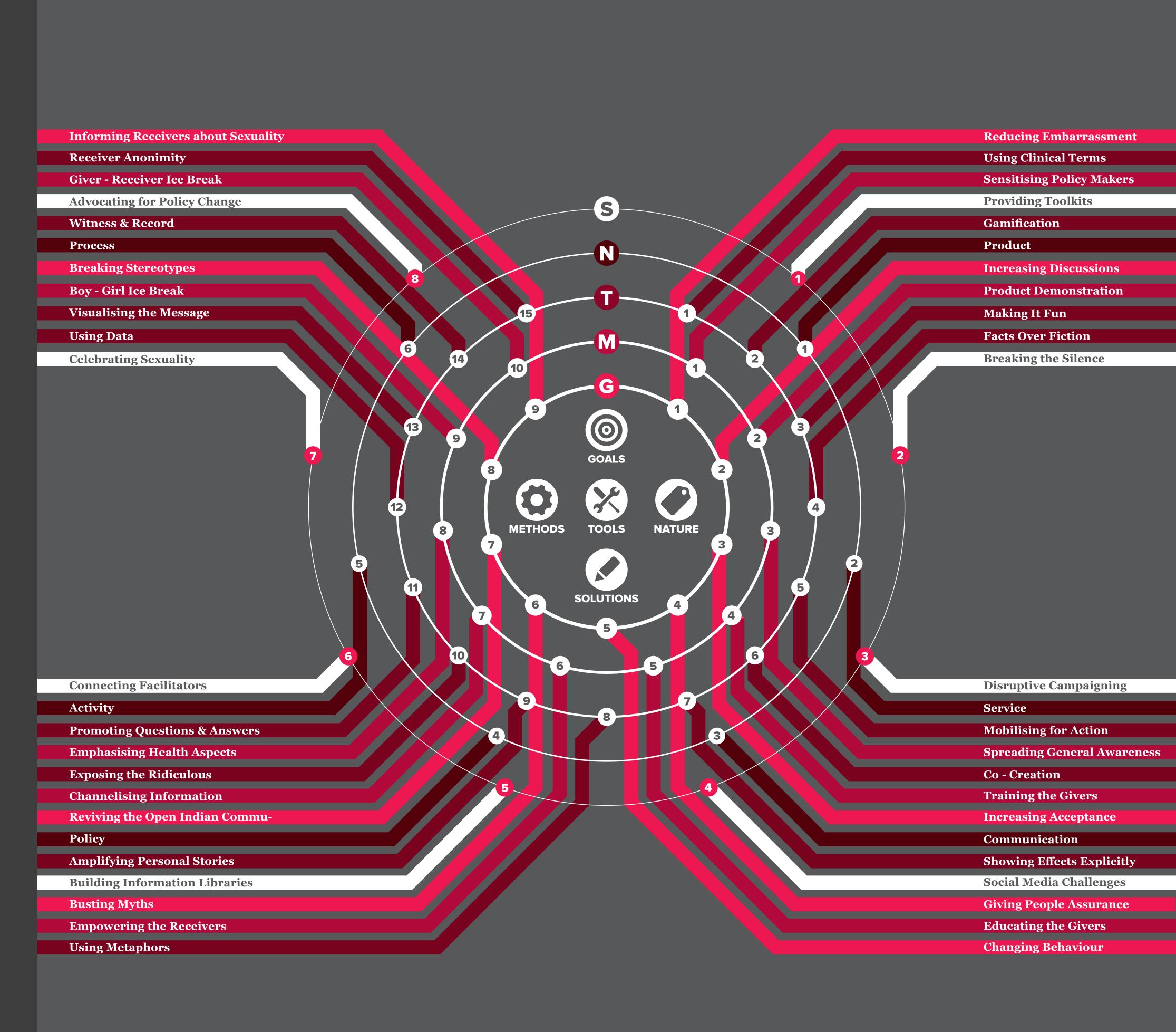


Start talking about it.



INDIAN SUBCONTINENT		Pregnant 15-19 year olds per 1000	Number of AIDS patients per 1000
India, Bangladesh, Myanmar, Nepal and Pakistan have no coordinated sex education programs. In Sri Lanka while the biological aspects of sex and reproduction are talked about, issues such as relationships, contraception,	INDIA	26	5
STIs are either discussed extremely briefly, or not discussed at all. In India the Adolescents Education Program (AEP) was rejected concluding that "it is a cleverly- used euphemism whose real objective was to impart sex edu- cation to school children and promote promiscuity."	PAKISTAN	39	0.5
SOUTH EAST ASSA Sex isn't always a taboo subject in Thai culture.But what is 'appropriate' is often narrowly and strictly defined by those who aren't always aware of what the youth there requires. Some sex education programs have appeared in			
Vietnamese schools in recent years, but are the programs are inadequate. They rarely address university students and have not yet become common- place in high schools.	THAILAND	45	9
AFRICA Sex education in Africa has focused on stemming the growing AIDS epidem- ic. Other aspects are focused less on and seldom taken into consideration.	NIGERIA	204	54
Most governments in the region have established AIDS education programs in partnership with the WHO and NGOs. Ministries of health and education promote exual education at a larger scale in rural areas and spreads aware- ness of the dangers of female genital mutilation.	ETHIOPIA	60	22
DISTING Series of the strict Islamic beliefs and practices in this region.	UAE	29	0.5
NORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DORTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH DOTTH	USA	24	3.3
SOUTH ADDERIGG Families, schools, and even doctors have come up short in communicating with adolescents about sexuality, causing young people to become victims of their own ignorance. No strong policy in place to promote healthysexual ed-	BRAZIL	67	3.6
ucation. Abortion is illegal. Reproductive health issues, especially abortion, are highly controversial issues in Argentina, given political policy is deeply rooted in the doctrine of the Catholic Church.	ARGENTINA	64	3.5
EASTERN EUROPE Sex education is called family life education in Poland. Schools require pa- rental consent for children to attend the classes, mainly due to the catholic church. It is relatively poor and primitive in terms of content taught. Gen- erally the sex ed content taught in Slovakia is quite basic.Croatia has never			
had a nation-wide program of sexuality education. Some elements of it are provided during biology or health education classes, religious education and elective ethics course.	SLOVAKIA	20	
CENTRAL EUROPE	UK	15	0.9
In France, sex education has been part of school curricula since 1973. All schools are expected to provide 30 to 40 hours of sex education, and passout condoms, to students in grades 8 and 9. In Switzerland, the basic objective is to empower children; to give them the capacity to discriminate between right and wrong, given knowledge of their right, told they can have their own feelings and informed about who to talk to with confidentiality	POLAND	14	0.4
their own feelings and informed about who to talk to with confidentiality and mutual respect.Comprehensive sex education is a governmental duty by law, in Germany. It covers a range of topics from biology to relationship aspects.	SWITZERLAND	3	1.8





The over-arching objective of our solutions was to Various permutations and combinations of goals, methods, tools and natures were used to ideate, and provide the receivers with information. This structure resulted in a ripple of design interventions. Out of all the represents an ideation process, involving a set of goals we set out to achieve, methods that can be employed interventions this process lead us to, the approaches to achieve them, tools that will make the method that we feel would be the most effective in achieving employment more effective and natures that define the our primary goal of informing the receivers, have been different kinds of solutions possible. mentioned here.

