Policy Brief

Sexuality Education in India: Curriculum in the Sheets, Silence in the Streets

LexQuest Foundation

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info.lexquest@gmail.com || +91-8448922751 || www.lexquest.in

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Acknowledgements:

Conceptualised and Created by:

- Akanksha Arora, Co-Founder and Chief Executive Officer
- Tanya Chandra, Co-Founder and Chief Operating Officer

Author:

- Chethana Venkataraghavan, Advocate, Madras High Court; Former Associate, Cyril Amarchand Mangaldas; Alumna, Gujarat National Law University, Gandhinagar
- Parvathy Ramesh, MSc, Global Mental Health, University of Glasgow

About the Organisation:

LexQuest Foundation is an independent, non-profit research and action organization, striving to develop effective solutions to public policy challenges.

At the core of our vision, is the idea of a proactive citizenry, and to endorse the same, we engage with multiple stakeholders to ensure that policy-making remains a democratic process. We conduct research, training, and consultation for impactful policy formulation and execution, in collaboration with the government as well as private entities.

By employing sustainable and equitable solutions through our multidisciplinary initiatives and programs, we are carving out a consolidated space for legal and policy awareness, deliberation, and implementation, to create empowered communities.

Background: The Ticking Population Bomb

As the second most populous country in the world, India has good incentive to inculcate sexuality education in the curriculum. However, it is a complex issue, which has more to do with the way sex is perceived culturally in India. This paper will address the effect of India's prevalent perception of sex, on the curriclum of sexuality in the country and its possible solutions.

According to the "Youth in India 2017", a report by the Central Statistics Office, by 2010, **India had already accounted for 17.8% of the world population, recording an increase of 2.7% in its share in the world population since 1970. This growth is projected to continue and by 2030, Indians will account for 17.97% of the global population**. Further, according to the **'World Population Prospects: 2015 Revision' published by the UN Department of Economic and Social Affairs in 2015, India had the world's highest number of 10 to 24 year-olds, with 242 million—despite having a smaller population than China, which has 185 million young people. The Report also expects that during 2015-2050, half of the world's population growth is expected to be concentrated in nine countries, including India, and that India will overtake China to become the most populous country within 7 years and by 2022, both India and China will have approximately 1.4 billion people**.

Given this exponential level of population growth, and the fact that India is a developing nation with limited resources, there is an imminent need to reduce the population explosion. One way to go about it is by family planning. Another more effective way of going about it is by educating children about the various methods of contraceptives, reproductive health, and the consequences of sex.

Tracing the Evolution of Sex Education Policies in India

Sex education is part of the Indian school curriculum on paper. The following are the different initiatives taken by the government to make it a part of curriculum in schools, and they also double as general awareness building measures.

1. The National Population Education Project (NPEP) - It was started in 1987 with assistance from the United Nations Fund for Population Activities (UNFPA). It was implemented in 3 phases, and the focus areas were small family norms, gender bias, and sexuality education.
2. General Framework of Adolescence Education - It was developed by the National Council of Educational Research and Training (NCERT) during its National Seminar on Adolescence Education in April, 1993. NCERT recommended the introduction of adolescent education as the curriculum in all stages of schooling. The General Framework on Adolescence Education developed, as a result of these seminars, with the emphasis on (i) Process of growing up during adolescence, (ii) HIV/AIDS, and (iii) drug abuse.
3. The School AIDS Education Programme (SAEP) - It was implemented in States across the country through the Department of Education (DoE) in collaboration with the State AIDS Control Societies (SACS) since 1993, and in 2001; organisations like National Aids Control Organisation (NACO) started assisting them and started drafting guidelines on engaging NGOs for collaboration.
4. Adolescent Reproductive and Sexual Health (ARSH) - The National Curriculum Framework 2005 for School Education explicitly highlighted the need for integrating age appropriate adolescent reproductive and sexual health, including

HIV/AIDS messages into the school curriculum. **The National Rural Health Mission (NRHM) proposed a framework and the National Guidelines of the Ministry of Health and Family Welfare (MoHFW) suggested certain technical strategies, and the same was adopted as a national adolescence education programme - ARSH**. It proposed 100 percent coverage of all secondary and higher secondary schools with HIV/AIDS prevention and ARSH messages. It was being implemented by 5 national agencies with the support of the United Nations Population Fund.

5. The Adolescence Education Programme (AEP) - It was launched by the Ministry of Human Resource Development in collaboration with NACO in 2005, in order to synchronise and upscale the efforts made by the three previous programs. One of the **drawbacks of the previous programs was that they did not reach all the schools in the country**. Thus, the **AEP was launched as an umbrella programme to cover all the secondary and senior secondary schools of the country**. The MHRD was identified as the lead agency for the implementation of AEP, with the financial and technical support from NACO, UNICEF and UNFPA. AEP is a centrally sponsored scheme, and the content of the scheme mirrors the General Framework of Adolescence Education. The AEP is currently implemented in the Kedriya Vidyalaya schools and the Jawahar Navodaya Vidyalaya schools from class 9 onwards. The Central Board of Secondary Education is also implementing AEP as well as SAEP to all private schools affiliated with it. **However, the common consensus is that sexuality education is not fully imparted, as topics like same-sex relations and consent is not adequately covered**. Furthermore, there

was controversy surrounding AEP, with 12 States in India banning it, as sex education was considered immoral and bound to increase sexual activity among children.

6. National Adolescent Health Program – The Ministry of Health & Family Welfare (MOHFW) launched a health programme for adolescents, of the age group of 10-19 years, to target topics such as nutrition, reproductive health and substance abuse, called the Rashtriya Kishor Swasthya Karyakram in January, 2014. The MOHFW has collaborated with the UNFPA and developed the National Adolescent Health Strategy. This program would also have peer educators, who would be good friends (Saathiyas) of the adolescents in need of help. They have also developed resource kits for the Saathiyas.
7. School Health Program – The School Health Programme was inaugurated in April 2018, to be a part of the national health protection scheme - Ayushman Bharat. It is a joint program by two central agencies – the MHRD and the MOHFW. **Under this program, two teachers would be selected from each school and trained through a process called cascade training, which would ultimately benefit the students.** Under this, Master Level Trainers will train four state level trainers, who will in turn train three district level trainers, who will then train three block level trainers, who will end up training the two teachers per school, at the block level. Under the SHP, sexual and reproductive health fall under the category of 'High School' in age appropriate health promotion, and thus, sexuality education starts when the child is around 14 years of age.

Understanding the Distinction: Sexuality Education & Sex Education

Sex education deals with covering the subjects related to the reproductive system, anatomy, and how to have intercourse without contracting sexually transmitted diseases. It focuses more on the physical aspects of the human body. **Sexuality education, on the other hand, is more comprehensive. It covers healthy sexual development, gender identity, interpersonal relationships, affection, sexual development, intimacy, and body image for all adolescents, including adolescents with disabilities, chronic health conditions, and other special needs, along with sex education**.

Sexuality Education has also been defined by the Standards for Sexuality Education in Europe as - "**Learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. It aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people's sexual health and well-being.**"

Thus, sexuality education is a lot more than the physical aspects of the reproductive system and also addresses emotional, mental, and psychological issues with respect to sex and human sexuality.

Sexuality Education As a Means to Prevent Sexual Abuse

A number of studies have claimed that sexuality education could be used as a tool for prevention of child sex abuse. To take a clearer look at the studies and what they imply, it is necessary to understand two terms:

***Primary prevention* of sexual abuse refers to any effort used to prevent perpetration of sexually abusive acts before they take place,** whereas *sexuality education* would teach participants about personal boundaries and how to respond to unwanted sexual advances. It is argued that **perpetrators of sexual crimes are uninformed about sexuality, an ignorance that can lead to harmful attitudes towards sex**. Keeping this in mind, **sexuality education should talk of sexual pleasure as more than genital pleasure, and should emphasise the importance of concern and consideration towards one's partner**. Fantasies should be thought of as something normal, and there **should be discussions about what constitutes harm and consent**. This is of special importance in India, **where lack of education has already proven to be a risk factor in men who physically and sexually abuse their wives**.

India has already seen a high number of children who report facing sexual abuse. **Sexuality education also plays an important role in developing healthy sexual behaviour and preventing the formation of negative sexual health outcomes in victims of sexual abuse**. Trauma-informed sexuality education would provide survivors with tools to recognise their sexual agency and avoid negative sexual experiences. For this to happen, **those imparting sexuality education have to acknowledge the physical and**

psychological impact of sexual trauma on children and adolescents, and empower while providing a sense of safety.

A number of studies have been conducted to uncover the link between sexuality education and child sexual abuse. Although the United Nations Educational, Scientific and Cultural Organisation (UNESCO) have tried to estimate the cost effectiveness of sexuality education, **they have not evaluated the effectiveness of sexuality education as a tool in preventing sexual violence**. Although it has claimed that sexuality education is an effective preventative tool, no data is provided to confirm this.

Despite having a small sample size, Ferndale Elementary and High School in California has shown a statistically significant increase in 12th grade students' perception of sexual violence – following continuous sexuality education provided from 5th to 6th grade, 9th to 12th grade, students increasingly oppose the use of force or pressure in sex when compared to a control group that did not receive the same sexuality education.

Prevent Child Abuse Vermont had a larger sample size of 396 children ranging from preschool age to second graders. Care for Kids, the programme delivered to these children, taught concepts such as "accepting 'no touching' answer from others", "demonstrating understanding that genitals are private", "saying no when she/he does not want to be touched". A pre and post test assessment showed a statistically significant increase in the social and emotional indicators that were measured, thus implying **that a programme aimed at younger children can be successful in teaching children about personal boundaries and healthy sexual behaviour**.

Abstinence only education – that is, sex education that teaches abstinence as the only method of safe sex – has not been studied much with regard to its effect on sexual violence. Many of **these programmes do not promote a healthy view of sexuality and even preaches problematic messages about sexual violence** – hence, it is of utmost importance to study how such a programme could affect primary prevention and attitudes towards sex. Insufficient research is a major problem that plagues even comprehensive sexuality education programmes. Only a small number of studies have managed to show the positive effect that it has on sexuality in developing children. **A literature review of the majority of studies in this area does not show any statistically significant improvement in prevention of sexual abuse following comprehensive sexuality education programmes**. Researchers of sexuality and crime should further examine the relationship between sexuality education programmes in childhood and its potential effects on perpetration of sexual violence, victimisation and attitudes towards sexual violence.

Major Challenges with Imparting Comprehensive Sexuality Education

While there seems to be some policies for sexuality education in India, the same are extremely fragmented, divided across government departments with no unifying thread. Further, the **implementation of sexuality education is questionable, as there are cultural and social barriers in India, which make it difficult to speak about sex and sexuality, as those topics are considered taboo and immoral in many parts of India**. The need of the hour is to develop innovative and creative ways to talk about sex and sexuality with children, and unify existing government guidelines and policies, and to update the same.

The Role of Family

In a collectivistic culture like that of India, family and parents play an important role in the development and understanding of sexuality in children. Social science professor James W Maddock argues that a family with good sexual health is characterised by shared sexual values that are relevant to the family's culture, **respect for both sexes, effective communication and interdependence, positive personal interactions and appropriate physical and psychological boundaries between family members**. Both male and female members of the family should have decision-making power and have the capacity to initiate actions. Children should be acknowledged as individuals with their own sexualities that are respected rather than exploited.

On the other hand, sexually unhealthy families can be either sexually abusive or sexually neglectful. The former is characterised by enforcement of rigid boundaries or violation of

these boundaries, gender roles and the dominance of one gender role in the family over others. Sexual violence and exploitation of minors are potential threats in such a family system. The latter **sexually neglectful families are more common in India**. These families are characterised by **non-acknowledgement of sexuality, rigid gender roles, disgust towards sexual expression, and teaching of sex as an activity meant solely for procreation**.

The prevalence of sexually neglectful families in India leads to serious misinformation in children. Lack of sexuality education from trustworthy sources is a major reason leading to stereotypes. It has been identified that **only 16.3% of urban educated men report that their parents and teachers helped them with sex education**. This is a distressing trend that is found in both rural and urban areas. Other studies in India have highlighted the **unwillingness of parents to impart sex education to their children**. Girls frequently come to know about menstruation after their menarche, **with 70% of urban and 86% of rural parents reporting that their daughters were not informed of menstruation until it happened**.

However, parents views on sex education differed based on their residence, with 100% of urban parents reporting that providing girls with knowledge of menstruation is important prior to menarche, but only 30% of rural parents favouring the same, and 15% of rural parents actively opposing it. The figures for imparting sex education are even more dismal, with only **3% believing that sex education should be imparted, while 75% opined that such information should not be provided**. The prospects for sex education seemed more promising in urban areas, where **only 10% of mothers surveyed**

expressed hesitation in providing sex education to their children - as compared to a whopping 100% of rural mothers who opposed it, and was of the opinion that such information should be gained through friends and elder sisters.

One of the major factors preventing parents from communicating to their children about sex is the lack of knowledge amongst parents themselves. For those parents who are equipped with enough knowledge about sex and sexuality, the question is what to teach the child, when and how to do so. Surveys conducted with parents of adolescent children have shown that **half of them were unsure about the kind of reproductive and sexual health topics that should be shared with their child**. One of the harmful ideas prevalent in Indian society is the belief that educating schoolchildren about sex would increase sexual activity. On the contrary, research conducted by the **World Health Organisation has found that children who receive proper sexuality education delay engaging in sexual activity which promotes safe sex and reduces the frequency of sexual activity**. Certain organisations such as Super School of India have provided workshops for parents to help explain concepts such as consent, menstruation, safe and unsafe touch, LGBTQ+ identities etc. to their children. **Expanding such workshops to other parents (especially those in rural areas) for free would go a long way in helping them communicate these ideas to their children**.

The onus of sexuality education should not lie solely with the parents. It may be the case that the parent is ready to divulge sex education to their child, but has not yet found the opportunity to do so, or is not approached by their child with requests for information of this nature. Indeed, the aforementioned study on sex education has found that only 8.8%

of parents report that their adolescent child has asked them about reproductive and sexual health matters, as opposed to 39.1% of teachers whom they approached, despite 71.8% of surveyed adolescents showing a good relationship with their parents. As **96.7% of teachers reported a good relationship with the students, it would be a good idea for them to actively encourage their adolescent students to engage with parents in discussions and doubts about matters of sexual health**.

Religion and Sexuality

It would not be possible to examine sexuality education in India without referring to the complex religious structures that influence and shape it. In India, the religion followed by the majority is Hinduism. An ancient religion, Hinduism has been concerned with conservation of female purity and stifling of female sexuality. This has led to several customs such as sati, child marriage, segregation (pardah) etc. It was, and still is believed in some parts of the country, that early marriage would turn the destructive capability of the female child into reproductive power. The concern for preservation of virginity has led to social practices such as pre-pubertal marriage with or without delayed consummation, celebration of menarche, and confinement of girls following puberty.

Studies with Hindu women in Nepal have shown that they were aware of the superior position occupied by the men in their household. This would be made obvious through actions such as providing the best nutrition to the boys of the family, delegating domestic chores to the women, and even discontinuation of the girl child's schooling upon reaching a certain age. The concept that female sexual purity must be maintained has

slowly declined with the rise in women getting educated and delaying marriage. However, there is still a **belief that sex education is relevant only in the West, and that it can infringe traditional Indian values, and so the orthodox Hindu community in India still opposes government and private attempts to provide sexuality education**.

Hindu tradition has grown less tolerant of homosexuality over the years. Although the Kamasutra is frequently cited as an example of Hinduism supporting homosexuality, the text had associated homosexual acts with lower castes. Out of concerns for sexual purity, female homosexuality was more severely punished. With regard to other matters of sexual health, it is commonly acknowledged that while **Hinduism considers abortion or *bhrunahatya* a crime, family planning and contraception is not condemned**. While abortion has been legalised under certain conditions through the Medical Termination of Pregnancy Act, 1971, India continues to face the problem of a growing population. Although the government has various programmes available to inform the public about family planning resources, **no wide-spread information dissemination has been planned to increase awareness about safe and legal abortion**.

Hinduism is not the only religion which objects to sexuality education or considers it unnecessary. Jewish law recognizes sex as a basic need on par with hunger and thirst, where sexual desire between a married couple is satisfied to reinforce the loving marital bond. Premarital sex, cohabitation and masturbation are condemned. Jewish scriptures refer to a woman's right to sexual intercourse as *onah*, and allows a wife to divorce her husband if he cannot sexually satisfy her. **Orthodox Jews conduct sexuality education only in the form of premarital counselling, where menstrual taboos and the basic**

mechanism of sex are explained. Birth control is permitted as long as the couple intends to procreate at a later stage. While in modern Jewish societies, homosexuality faces various degrees of acceptance, the Torah – the holy book of the Jews - considers homosexual acts as a sin despite not considering homosexual *orientation* as a sin. As for abortion, the Talmud does not consider a foetus as a *nefesh* or person until the head emerges during the birthing process, and so there is more value for the "life in existence" as compared to the "potential human life."

Another Abrahamic religion, **Christianity has been majorly influential in directing the sexuality education policies in several countries such as the United States and the Republic of Ireland**. Sexuality education and Christianity is a more difficult topic to explore due to the various denominations present within the religion. Despite the popularity of the religion, there are limited studies that explore how Christianity has an effect on sexuality education. A survey of different religious congregations such as Roman Catholic, Protestant, Pentecostal, Mormon etc., revealed that the majority (58%) of these churches strongly encouraged abstinence until marriage. Studies done with Christian parents indicate that **parents who regularly attend church are less likely to engage in conversations about birth control and sex, but engage frequently in conversations about moral issues related to sex**. They also display greater unease with sex-related communication. **Countries with a large Catholic population, such as Slovakia, have put forth proposals to abolish sexuality education in schools**.

Like Christianity, Islam is also a multifaceted religion. Polygyny is permitted in Islam, with a man allowed to marry up to four wives with the requirement that he treats them all

equally. Polyandry is not allowed. Interfaith marriage is allowed only between a Muslim man and a Jewish or Christian wife. Like the Hindu community, arranged marriages are preferred. **Traditional Islam prohibits premarital sex and discourages dating due to its supposed encouragement of sexual activity**. Total abstinence until marriage is encouraged, especially for young women. Homosexuality is clearly condemned and is considered as unnatural. Given that both spouses are in agreement, **contraception is permitted within most schools of Islam**. Permanent forms of birth control are discouraged. Abortion, however, is trickier, with total prohibition of the practice after the fourth month, except in the case of foetal defects or a threat to the mother's life. **Several Islamic societies strictly follow gender roles and discourage gazing at the opposite sex**.

In countries with a native Christian majority and an immigrant Muslim minority, such as Norway, surveying has found that **compared to Christian and atheist students, Muslim students had less knowledge about sex before reaching high school and expressed more conflict between the values taught at schools and their personal belief systems**. Although this result was not statistically significant, another Danish study with a larger sample has reported a similar result among their Muslim youth. However, in terms of the kind of sexuality education imparted to children and teenagers, European countries differ in their approach. For example, **England (where more than 95% British Muslims reside) reports the highest teenage birth rate in Western Europe**. Topics such as biological aspects of sexuality education are covered, but are not uniformly delivered between schools and are not a compulsory subject. **Parents have the right to stop their child from all or part of the sex education programmes provided in school. Some of the**

strongest opposition to this part of the curriculum has come from the Muslim community, of whom many consider this education as going against their religious principles.

The parents considered themselves as responsible teachers of Islamic principles, and believed that exposing their children to sexuality education would corrupt their purity, risk their identity as Muslims, and go against the values held by the community. However, advocates of comprehensive sexuality education argue that this undermines the Muslim student's bodily autonomy and ability to make an informed choice regarding their health. Indeed, **studies with this population indicate that British Muslim adolescents are already conscious of sex and are sexually active, although they lack knowledge on critical topics in sexual health** and hide these relationships from their parents. Due to this secrecy, parents may not be aware that their adolescent children do not fit the mould of an ideal, non-sexual Muslim. However, Islam takes the stand of moral responsibility, in that adolescents are judged to be mature enough to differentiate good and bad and be held accountable to God for their religious actions. In this case, activists of sex education argue, should they not be considered mature enough to understand sexuality education and make informed decisions based on the religious and cultural values they have been exposed to?

Whatever the case, it is clear that **religion significantly affects the way adolescents think and communicate about sex, and may also adversely affect their present and future sexual health**. Hence, research needs to be conducted to delineate the techniques necessary to provide sexuality education to our young population,

irrespective of their religious affiliations, but in a way that is sensitive to their religious background while acknowledging the risks of being uninformed about sexual health.

Policy Recommendations:

Imparting Sexuality Education as opposed to Sex education

In the current education framework in India, the emphasis on sex education is on the three points mentioned in the General Framework ((i) Process of growing up during adolescence, (ii), HIV/AIDS and (iii) drug abuse), and the same has not evolved since 1993. This reflects a lack of comprehensive sexuality education, and given that Section 377 has been decriminalised, and stricter punishment for child sexual offenders has been brought in by the Protection of Children from Sexual Offenses Act, 2012, **the curriculum should evolve with the country's policies and laws**.

India could take a leaf out of China's book. China, the most populous country in the world, had an extremely conservative and strict attitude towards sex education, not unlike India. In 2017, the government dramatically revamped its syllabus in a pilot project in Beijing, implemented by Beijing Normal University's School of Social Development in 6 schools. **Sex education was introduced in grade 2, when the children are around 8 years old, and consists of a set of 12 books for grades that deal with not just sex, but also consent, gender roles, distinguishing a good touch from a bad touch, and many other relevant issues**. The students are also exposed to same sex relations, and desires arising from attraction to a person of the same gender when they are about 10 years of age. They are **introduced to safe sex and sexually transmitted diseases in grade 5**. The books also deal with non-binary relations, and with people who choose to live alone. This **comprehensive outlook towards sex and sexuality is healthy, and when it begins at a**

young age, it will not be taken lightly or negligently by the children when they become adults.

Sexuality education should also sensitively address the issue of sexual abuse and be inclusive of survivors of abuse. Similar to the newly introduced lessons in NCERT books, steps could be taken to ensure that programmes such as the one in Vermont, USA, is incorporated. This should be **separate from the syllabus and should be administered starting from primary school**. The government should **provide funding for studies that look at the relationship between sexual abuse and provision of sexuality education in the Indian context**, so as to understand the effect of culture-specific values and practices on this relationship.

Effective Implementation of Existing Policies

Given that education is an item on the Concurrent list of the Constitution, both the Central and State government have the ability to influence how it is propagated. The **existing Central government schemes need to be more effective, and State governments can look at different means of incentivising State schools to incorporate sexuality education in their curriculum**. The success of the AEP in Jharkhand, called Udaan, is proof that the AEP can be effectively implemented by State governments provided:

(i) there is a clear policy in place and implementation of the policy in a phased manner across Districts in the State

(ii) continued support of organisations helping the government implement the same (in Jharkhand, an organisation called Centre for Catalyzing Change worked with the District and State Government)

(iii) availability of funds for implementation of the Scheme. Udaan was implemented by the Department of Human Resource Development (DHRD) through Jharkhand's Department of Education (DoE), and through a phased manner, it was able to cover all secondary schools in the State's Districts.

Games and Interactive Classes

Since teachers in India may be hesitant to speak directly about sex and sexuality as a result of India's conservative attitude, another **approach involving interactive classes and games may be used**. In Nicaragua, there are many non-profit organisations that work with schools to increase awareness about sexuality, and also deal with issues such as harassment and toxic masculinity. There are workshops in schools organised by the Samaritan Project, where the boys are asked to walk in a line, and their classmates pester them. This is done to inculcate awareness about how women feel when the same happens to them, and to encourage boys to be more sensitive. They also play a game where the children define 'boys' and 'girls' to an alien, who has no concept of human life. The children sometimes use stereotypes to define gender, and through this game, the **teacher can help wean the children away from gender biases and stereotypes**.

Given the popularity of football in Africa, an organisation Soccer without Borders partners with another sexual health organisation 'Tackle Africa'. Sexual health issues are woven into football. The coach blows the whistle during the game, and the players huddle

nearby, and the coach teaches them about safe sex, linking the same to football. The coach uses the term **'playing sex' and topics of consent and teamwork between partners is highlighted through the sport**. The aforementioned best practices could be adapted in the Indian context, and teachers can be trained on the same, when they are coached for the School Health Program by the block level officers.

Using Multi Media Platforms to enhance Awareness Standards

While there are many government departments already involved in propagating sex education in India, the Ministry of Information and Broadcasting can be roped in, to **encourage various media platforms to produce content on sexuality education, which will have a wider reach beyond just books for the children**.

In Mexico, the government used the media to great advantage to spread the message of sex education and family planning. The National Sexual Education Program began in Mexico in 1978, and used the media to produce short films, as well as radio novellas to reach the audience. In Africa, MTV airs a show called Shuga, which deals with sexual interactions. Recently, Netflix has produced a show called Sex Education, which deals with many questions surrounding sex and sexuality.

Norway, however, has proven itself to be the least conservative when it comes to matters of sexuality education. 'Newton' is a science education programme aimed at children between the ages of 8 to 12. Dr Line Jansrud uses this **platform to educate children about various topics ranging from menstruation to masturbation,** and does not shy away from showing naked bodies and using red liquid to explain how to use menstrual products and to demonstrate differences in menstrual blood. The programme

emphasises on the age of consent and encourages viewers to wait to have sex till they feel ready.

Even in India, a program on Doordarshan called Main Kuch Bhi Kar Sakti Hoon has a **viewership of over 400 million people, and addresses issues concerning sexual health and relationships**. In a country like India where the radio still remains popular, and technology is making its way to all corners of the country, **propagation of sexuality education, in addition to existing messages of family planning, can go a long way in educating people and making them aware of concepts like safe sex and consent**. Schools, in collaboration with the Saathiyas from the Rashtriya Kishor Swasthya Karyakram programme, **can play short films about sex and sexuality during biology classes, and the students can learn through other medium alongside textbooks**.

Using Mobile Phones, Smartphones and the Internet

Given the prevalence of **smartphones among the youth, and access to phones, hotlines are a good idea in a society like India** where questions about sex and sexuality are frowned at, and very often dissuaded. In Nigeria, a country where the government has a policy focused on abstinence, there is a hotline functioning from the year 2007 by the non-profit organisation 'Education as a Vaccine' that answers questions related to sex and sexuality from youth who otherwise don't have direct answers to questions. They can be accessed anonymously through text, email, phone, or their web portal. The volunteers try their best to answer the question within 24 hours. They also sometimes help people who are victims of violence, and try to connect them to shelter homes.

In India, there exist few toll free numbers to help women and children, however, **a hotline dedicated to answer questions about sex and sexuality is definitely possible, given our existing infrastructure**. In order to ensure more people access it and encourage people to ask questions instead of remaining in the dark, **anonymity can also be a feature of this hotline**. **Children can be made aware of this number in their school, and teachers can explain when the children can call this number as part of the AEP/ SHP/ ARSH/ SAEP classes**.

There has also been a surge in using the internet among Indians. India currently has 460 million internet users, and this number is the second highest in the world. Further, given the availability of affordable data plans by service providers, a mobile app would also be an effective platform. 'Hookup' is an app created by a former alumni of the University of Tennessee, USA which aims at answering questions about sex and sexuality that teens may have. While this may not be as feasible as a hotline, the **government has been creating apps for adolescent peer educators, Saathiyas, under the Rashtriya Kishor Swasthya Karyakram programme**. **It may be possible to implement this idea at the level of school teachers as well, who can use the app to speak to qualified doctors if they are faced with a question they are not equipped to answer**.

Involvement of Family and Society

A **meaningful effort should be undertaken to ensure involvement of family members and teachers in provision of sexuality education**. In New Zealand, **parents play an active role in designing the health education curriculum** in each school. Such a step should be promoted in India as well. Australia promotes this by holding "parent

information meetings where parents can discuss sexuality education with other parents and the school. In addition, a booklet is provided for parents by the Australian Government on sexual health, including information specifically for parents of children who do not identify as cisgender and/or heterosexual. In India, **such booklets may have to be mass-produced in different languages. Services would have to be arranged so that they can be read out to those who are illiterate**.

In some countries such as South Korea, parents play an active role in imparting sex education for their children. In response to government guidelines that preach blatantly sexist views, such as "people of the opposite sex should not be alone by themselves" and "women have to work on their appearance and men have to work on their financial capabilities", the parents have turned towards private tutoring to teach matters of sexual health such as menstruation and LGBTQ+issues. Teachers have started providing private lessons to students on gender issues and sexual harassment. **Since research in India has shown that (at least in urban areas) parents are interested in providing sexuality education for their children, steps can be taken to encourage private companies and non-profit organisations to provide such services, and to encourage parents and teachers to support them**.

Finally, given the role of religion in influencing sexuality education, **care should be taken by policy directors and programme coordinators to ensure understanding of the religious values and ideals held by the people for whom the education programme is intended**. These values should be respectfully acknowledged, while ensuring that children are provided with correct information about sexual health. For instance, South Africa's Department of Basic Education planned an ambitious sexuality education

programme that started from primary school. It included steps such as training of teachers specially for sexuality education, evidence-informed programmes to prevent risky behaviour etc. South Africa is a country with diverse religious and folk traditions, much like India. When implemented, the programme stakeholders were criticised by religious leaders for not seeking their input. Since religion plays an important role in India, sexuality programmes in the future should be designed with all these factors in mind, and should **ideally involve members of the local community and religious leaders in the planning stage to highlight and address potential concerns that may arise upon delivery of sexuality education in these areas**.

Concluding Remarks:

Sexuality Education in India has a long way to go. It will take generations for the mindset of the Indian population to change, with respect to sex, sexuality, and gender roles. However, if the government departments, schools, and nonprofits work together, we can find ways to not just curb the population growth but can also actively ensure that the country's outlook towards sex, LGBTQIA individuals, and parenting changes, and rates of sexual crimes, teenage pregnancies, back alley abortions, and sexually transmitted diseases decrease. This education thus needs to start at school, and it needs to be disseminated to children, who will grow up to be sensitized and aware citizens.

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