
THE DISCOURSE AROUND AGE APPROPRIATE SEX EDUCATION IN INDIA

ANJALI RANA, TANEYA SINGH

Abstract: This paper dwells upon the discourse around 'Sexuality Education' in India or Age Appropriate Sex Education in India. Globalisation has changed many a things and its impact in the educational sphere in India cannot be overlooked. The inspiration for this theme was drawn from the twenty-first century developments and debates concerning 'Sexuality Education'. The paradoxical nature of the international commitments India pledged for and the cultural fanaticism following some misinterpretations is discussed to some extent [The ban by 12 Indian State Governments against the Adolescent Education Programme (hereinafter "AEP") introduced by the Central Government in association with the National AIDS Control Organisation (NACO) and the United Nations Children's Fund (UNICEF)]. Immediate attention at ground level is necessary to such an awareness driven attempt. From defining sex education to discussing its importance and the discourse, AEP (Adult Education Programme), this text presents some statistics where the youths are at a vulnerable position. Finally some suggestive measures are listed to address the issue.

Keywords: Sexuality Education, Globalisation.

Introduction: Many international organisations have defined sexuality education in their own way. Sexuality education has been defined by Sexuality Information and Education Council of United States as a 'lifelong process of acquiring information and forming attitudes, beliefs, and values. It encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. 'Sex education is the provision of information about bodily development, sex, sexuality, and relationships, along with skills-building to help young people communicate about and make informed decisions regarding sex and their sexual health (Youth Health and Rights in Sex Education). According to United Nations Educational, Scientific and Cultural Organisation (UNESCO), Comprehensive Sexuality Education (CSE) is an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. "Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality. The term *comprehensive* emphasises an approach to sexuality education that encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality. CSE is integral to UNESCO's strategy on HIV and AIDS with a focus on HIV prevention, treatment, care and support for children and young people through in-school and out of school based responses." Sex education addresses a wide spectrum of issues. It not only educates and spreads awareness about STDs (including AIDS), teenage pregnancies and birth control measures, but also enables adolescents to

understand and deal with issues such as sexual harassment and abuse, cyber crimes, consent and responsibilities, and decision regarding relationships, sexuality and sexual behaviour. It helps to strengthen individuals to cope with the pressures of becoming prematurely involved in sexual activity, and may further evolve to include the issues of LGBT community. It is thus essential to grow from 'abstinence-only approach' of sex education to equipping them to handle difficult situations and taking healthy decisions further in their adult life, for which education at primary and elementary stages are critical.

The International commitment: India has been participating in international commitments that recognise the right of all persons, particularly adolescents, to 'available, accessible, acceptable and quality health-care facilities and services'. "India is a signatory to the Programme of Action of the International Conference on Population and Development (ICPD), the Resolution of the 64th World Health Assembly and World Programme of Action for Youth (WPAY), United Nations Convention on the Rights of the Child (CRC), International Covenant on Economic, Social and Cultural Rights among others. India is committed, therefore, to provide the underlying conditions for health and to develop policies and plans, to address the main determinants of health that affect young people, including health-related behaviour and their impact on health at later stages of life." (MoHFW, 2014) One of the major concerns that sex education can address is the spread of HIV AIDS. An international pact, Declaration of Commitment on HIV/AIDS (2001), formed keeping in mind the alarming increase of AIDS cases, highlights the need for greater awareness in this regard. The Declaration came out of the UN General Assembly Special Session

on HIV/AIDS. The *Political Declaration* (2006) of the High-Level Review of the aforementioned, notes with alarm that there is a severe lack of information amongst young people regarding HIV/AIDS. These documents also reaffirm that young people need the information and skills to protect themselves from HIV or to live healthy lives with HIV, as the case may be. The 2006 surveillance figures released by National AIDS Control Organisation (NACO), supported by UNAIDS and WHO show that approximately 2.5 million people were living with HIV in India in 2005 of which young people constitute a significant part. These figures also show an increase in HIV infection among groups of injecting drug users and men who have sex with men. (NACO). India's earliest attempts at understanding the issues of children can be traced to Convention on the Rights of the Child (CRC) being ratified by India in 1992. The United Nations CRC (1989) obliges state parties to protect the best interests of children (Article 3), to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parents, legal guardians or any other person in whose care they are (Article 19) and to undertake to protect children from all forms of sexual exploitation and sexual abuse (Article 34). Addressing the concerns of sexuality education National Curriculum Framework, 2005 brought out a position paper, 'Gender Issues in Education' in which it mentions the 'Importance of Sexuality Education' under the concerns and context of 'Heterogeneous Gendered Realities and Domains and Challenges in Education'. It identifies sexuality as a 'central aspect of being human'. The critique of the obsolete nature of life-skills education is pervasive in this document where it is mentioned, 'Though it (sexuality) comprises an inevitable part of the experience of growing up, and a critical form of self expression, sexuality has been perceived as unhealthy, been elated with promiscuity, and until recently, been shrouded in silence and denial, even in the field of education'. Any portrayal of sexuality education, since NCFSE 2000, exist in a fanatic comparison between promiscuity and 'highly valued ideals' of self-control. Based on a 2005 scheme, the Adolescent Education Programme (AEP) was brought out to address issues related to reproductive and sexual health (Sexually transmitted diseases, HIV), through activity based learning tools from 9th to 12th class. The name of which was later changed to Life Skills Programme. Most schools - private and public affiliated with state boards of secondary education - do not have any form of sexuality education in their curricula. The Supreme Court of India in 2005 decided against the sex education as a part of Right to Education. Banning of the AEP for the fear of

'children knowing too much' by state governments specifically is a violation of India's commitments under international law. The report by Sood and Suman says, "When this Programme (AEP) was introduced in schools affiliated to state education boards, it was objected to by certain organisations on the ground that its explicit content was contrary to Indian culture and morality. As a reaction to these protests, it was banned by twelve State Governments including the large states of Madhya Pradesh, Maharashtra and Gujarat on the same grounds." According to a report released by the State Population Council, in as late as 2007, 85% of young people in India had no access to sexuality education. It also found that this 'information drought' can lead to increased unsafe sex, unwanted or forced sexual activity, multiple partner relationships, less contraceptive use, higher rates of early childbearing, unplanned pregnancies, sexually-transmitted infections and even HIV (Sawhney, 2014). "A study of the All India Educational and Vocation Guidance Institute found that between 42% to 52% of young students in India feel that they do not have adequate knowledge about sex. A recent survey conducted by India Today in 11 Indian cities revealed that almost half of all young people interviewed didn't know enough to protect themselves from HIV/AIDS." (YCSRR) The political resistance stands on the rigid views wrongly interpreted from the cultural themes we live in. The need for sexuality education further intensifies as children are mature comparatively early with the advent of technology and ease of availability of information. Despite this, the debate gets condensed to the obsolete moral codes that people need to update with regard to the needs of the present time. There needs to be a provision of age-appropriate comprehensive education on sexuality and HIV/AIDS. Youth Coalition for Sexual and Reproductive Rights (YCSRR) insists in their report that India is obliged to provide comprehensive sexuality education in all public and private schools in India and that the denial of such education to children, adolescents and young people generally and the banning of the AEP by state governments specifically goes against its commitments under international law. Not implementing the AEP or similar program does not make India a mute spectator. It puts them in the opposing position, as Project Consent ironically objectifies 'If It's Not Yes, It's No'. "Advocates for Youth also believe Accurate, balanced sex education - including information about contraception and condoms - is a basic human right of youth. Such education helps young people to reduce their risk of potentially negative outcomes, such as unwanted pregnancies and sexually transmitted infections (STIs). Such education can also help youth to

enhance the quality of their relationships and to develop decision-making skills that will prove invaluable over life. This basic human right is also a core public health principle that receives strong endorsement from mainstream medical associations, public health and educational organisations, and - most important - parents.”(DeWitt, 2015)

From the experience of the authors, it seems that private elite schools do organise workshops addressing this issues. Some themes of the workshops include bodily changes, good touch-bad touch, menstruation, peer pressure, etc. but need for a uniform policy that mandates such education across all schools is required. Absence of this would further create a further divide between social classes and communities with relation to access to information regarding sexuality.

Reaching out to all the stakeholders:Bringing together various stakeholders and not limiting the debate only to a handful of health education experts, medical and public health professionals, is required. Inclusion of teachers, advocates, sex educators, parents and young people is also instrumental for achieving this goal.The lack of discussions around sexuality in Indian families and the ‘non-existent’ sexuality education that we receive in schools appears to leave the child stranded and at the mercy of unsupervised, often incorrect information from the World Wide Web. The lack of awareness of the changes in adolescence, of one’s own rights often leads to exploitation. A 2007 study on Child Abuse by the Indian Ministry of Women and Children Development, in collaboration with UNICEF, *Save the Children* and *Prayas* revealed that out of the total respondents of the study 72.1% children did not report sexual abuse to anyone and 50% of the child abusers were cousins, uncles and friends and class fellows. This alarming figure highlights the need for parents to open lines of communication with their children. This can be made easier to achieve by the provision of parenting classes. These can be helpful in educating parents in such issues along with other issues of child development especially in high risk families. In Singapore, for instance, education and training in parenting begins in secondary school, with “preparation for parenthood” classes. (World report on violence and health, 2002). Another concern that seems to emerge in India, since parents usually refrain from general talk that educates their child about the changes occurring during adolescence, is that the adolescents rely on informal, unreliable sources for information. ‘Age appropriate sex education’ could help in clearing the air around so many misconceptions that revolve around one’s sexual identity. This era of pervasive nature of the cyber world brings another concern. The fast growing rate of Cybercrimes where the victims are often

developing young adults is an emerging problem. Cybercrimes are a traumatic experience for a developing adult. The adolescent does not know his/her rights against such exploitation. The reluctance and narrow vision of the conventional lot in our society against sexual education further leaves the future of our country prone to exploitation. This exploitation could be done by the hands of strangers and most of the times, people who are known. The status quo that conservatives are trying to maintain is a stagnant body of water which seldom brings anything healthy to the world. This non-encouraging attitude stems from misconceptions towards sex education. But the picture everywhere is not this gloomy; there are some places outside India where Sexuality Education is improving because of *comprehensive and progressive programmes*. According to an article, ‘Two Democratic senators introduced a bill, the Teach Safe Relationships Act of 2015, which would make it mandatory to include curriculum about consent, emotional safety, and dating and domestic violence in sex education programs at public middle and high schools’. Organisations such as Partners in Sex Education in Boston, Massachusetts are already bringing comprehensive and progressive sex education to many public schools in the city. Educators, many with backgrounds in queer justice and disability justice, host workshops that teach consent, communication, contraception, and healthy relationships at various middle and highschoools’ (Sanoff, 2015). Such positive examples from all over the world should be taken as guiding steps and molded in a way as appropriate to the Indian context. We need to carve out a comprehensive curriculum taking from the examples world over and yet contextualising it according to our needs and values. The said should start from the primary level and follow the spiral curriculum approach as is there for other subjects. For instance, the hesitation and haste with which chapters in Biology which cater to ‘reproductive methods and functions of beings’ is covered should provide much evidence that there is indeed an alarming need for ‘Sexuality Education’. The need is not just for Adolescents but also for parents, teachers, where they have the cognitive tools to address the gravity of this issue to the developing lot. For the fears that may emerge, it has been claimed that sex education in schools will increase risky behavior amongst adolescents and young people. Such a claim is baseless and the truth is quite the contrary. ‘A study conducted by the World Health Organization (WHO) titled ‘Effects of Sex Education on Young People’s Sexual Behavior’ has shown that sex education does not encourage young people to have sex at an earlier age or more frequently. On the contrary, the study shows that sex

education delays the start of sexual activity, reduces sexual activity among young people and encourages those already sexually active to have safer sex'(as cited by Sood and Suman in Report to the UN Human Rights Council for universal periodic review of Republic of India: On the lack of Comprehensive Sexuality Education in India). It further states that 'under International law federalism or any other argument of national law is not an excuse for the violation of international commitments. This rule has been codified by the 1969 Convention on the Law of Treaties and the 2001 Draft Articles on State Responsibility prepared by the International Law Commission. Further, the Indian Constitution enables the Central Government to make any laws or take any executive action if it is in furtherance of its international commitments – regardless of whether such a matter is a State subject under the federal structure. Therefore, the Central Government is obliged to make the AEP compulsory regardless of the opposition.'

Conclusion: There have been efforts put in (even though mildly) to stay true to the international commitment India made. The Ministry of Health and Family Welfare, Govt. of India in 2014 published a

handbook for 'The National Adolescent Health Strategy'. The implementation appears to be a distant dream. What is required is to educate the policy makers about the benefits of such awareness in our society around sex education. However, passing a bill would not be a one stop solution to this grave and complex a problem. We need to be prepared at every level from providing adequate support (and resources) to the teachers to address the issue in the classrooms to educating the parents on how to talk about such issues with their children to accepting the issue altogether as a society. But this can only come when a large scale movement, maybe like Swatch Bharat Abhiyan, is launched on the national level to spread awareness on the need of such education as a society, for one that is shy of discussions cannot move together in a positive direction. It is a long way to go but this dream can be realised by formulating or selecting an age-appropriate comprehensive course clearly elaborating on core content and skills to rule out any ambiguities. The vision is the adolescents in India will be able to realise their full potential by making informed and responsible decisions related to their health and well-being, and by accessing the services and support they need to do so.

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Anjali Rana
Pursuing MA psychology(2015-2017), Ambedkar University, Delhi.
Taneya Sing