

Adolescent Sex Education - Indian Scenario

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Abstract

Sex education in India is poorly implemented. Its robust implementation has become the need of the hour, despite lot of resistance in its path of implementation. The major resistances are unawareness and taboos associated with discussing sexuality openly. Understanding sexuality will likely to bring changes in multiple major domains of life.

Introduction

Sex education broadly comprises of instructions on human sexuality which is an embodiment of physical, psychological, emotional, social and relational components of human relationships. Historically, the subject of sex education for children and adolescents was met with severe resistance by the John Birch Society in the 1960's in the West [1]. Recent decades have witnessed an increasing trend in sexual indulgence among teens, teenage pregnancies, and incidences of AIDS. It has given a momentum to the practice of sex education in schools along with the development of structured programmes which provided evidence base for their purported effectiveness.

The projectile of sex education in India perhaps is following a similar trajectory as it is in the West. With the introduction of a new adolescent education programme stressing on adolescent reproductive health by NACO and HRD Ministry, a controversy broke out in 2007 leading to banning of the sex education programme. School administrators were threatened with dire consequences for corrupting tender minds [2].

It is pertinent to note that the UNESCO Project met with serious moral and ideological opposition in India [3]. UNESCO conducted a six country study on the cost and cost-effectiveness of a comprehensive sexuality education programme and India was a part of this study. The programme was launched in May 2002 in four districts of Odisha. Following the controversy, the project was stalled for three years and re-emerged as 'Adolescent Reproductive and Sexual Health (ARSH) education' in 2007. Over the next couple of years, with the indigenously prepared culturally appropriate education material, the project was implemented in all the 30 districts of Odisha covering approximately 5560 schools and 1 million children. The cost of program implementation was found to be US \$ 13.5 per student and US \$ 630 per school, which was much lower in comparison to other countries. The cost effectiveness was calculated in the program conducted in Estonia wherein the comprehensive sexuality education program purportedly brought down 4000 unintended pregnancies, 7000 STI's and 1900 HIV cases over a period of 9 years, which by all means would be considered a successful venture.

However, staunch Indian conservatives argued around the same time that sex education with the pretext of saving children from the HIV epidemic is erroneous as the cases in the west did not show a declining trend in spite of all the efforts at sex education and recommended multi-stakeholder brainstorming sessions before implementing comprehensive sexuality education programs across the Indian states [4].

Three big social problems in India : Adolescent marriage, Adolescent child bearing and Child sex abuse

According to the International Institute of Population Science data base, 45% of women

in India marry before 18 years of age and 22% of them give birth to their first child even before they attain the legal age for marriage (in India, the legal age of marriage is 18 years for girls and 21 years for boys) [5]. Modern contraceptive usage is abysmally low ranging from a mere 12% in Delhi to 2% in Bihar in the age group of 15-19 years with a huge unmet need in 45% of the women in the same age group. This is further complicated by the rising cases of HIV/AIDS with the adolescent and young population comprising 34% of the total AIDS burden [6]. Poor infrastructure and lack of human resources to deal with adolescent specific reproductive health issues make the issue of sex education not only relevant but also important from a human rights perspective [7]. India scores poorly on adolescent reproductive health issues. The situation is alarming when it comes to statistics of child sex abuse in India. The results of the study on child sex abuse by the Ministry of Social Justice and Empowerment revealed that approximately 53% of male and 47% of adolescent females were victims of sex abuse [8]. This is possibly the vanguard for the need to spread sex education and awareness among school children as it dawned for the first time on the conservatives and liberal Indian populace, the grave danger our children face from sexual predators. Sex education can act as a stop or preventive measure against sex abuse. Even though the subject of sex education has often been debated in India with attempts to remove the taboos associated with it; no longer can the Indian community defer imparting age-appropriate sex education to children in India.

One way of moving forward is to try and understand what leads the Indian socio-political class to resist or ban the sex education program

in the first place. This has its roots in the common myths about sex education for children and adolescent population; in that it leads to increased sexual promiscuity among adolescents, thereby 'corrupting' their tender minds and that the Indian society is essentially conservative and hence what is applicable to the West doesn't necessarily require to be implemented in India.

There is ample evidence from research to support the fact that sex education and HIV risk reduction programs significantly reduce HIV risk in the adolescent and young population [9-11]. According to the WHO report on family life, reproductive health and population education, sex education famously called with a more appealing term as Family Life Education (FLE) results in delayed entering into sexual relationships, reduced number of partners, increased use of contraceptive and positive sexual behaviours [12]. These facts need to be addressed by the scientific community effectively to bring about a change in the primitive mind set in a rapidly evolving world. Further, our imprudence is evident from the fact that we as a community shy away from discussions and debates about sexuality with children over the dining table or in the class rooms and continue to live within the bubble of conservatism while turning a blind eye to the exposure of children to mass media, internet and pornography without realizing the impact it has in shaping the sexuality of young minds. With the electronic medium largely being an unregulated source of information, the onus lies on the parents and schools to educate the young minds on the right practices in a scientific and an age-appropriate manner. Even three decades ago, a survey conducted in Hyderabad and Secunderabad cities of India revealed that the major source of information on sexual matters

among adolescents was books and films [13]. In current times, the influence of cyber technology in providing sexually explicit material is huge and not many studies have been done in India to understand the influence it has in shaping adolescent sexuality.

Evidence from Household Surveys and Comprehensive Sexuality Education Programs in India

Two nationally representative large household surveys done in India in the last decade have shed light on the knowledge, attitudes and practices of the adolescents towards Family Life Education and there appears to be a huge unmet need in adolescent sexual and reproductive health. A retrospective study analysed data from District Level Household and Facility Survey (Approximately 1.6 lakh unmarried women were interviewed using a structured interview schedule) and the Youth Study in India (Approximately 51 thousand married and unmarried young women and men were interviewed) carried out between 2007-2008 and 2006-2007, respectively [14]. According to it, 80% of the unmarried women in the age range of 15-24 years perceived the importance of Family Life Education (FLE). More than half of them felt that it should be initiated from 8th class onwards. Majority of the sample surveyed felt that Family Life Education should be imparted by parents followed by teachers in schools and colleges and then siblings, although men preferred teachers to parents for proffering FLE. Amongst those who perceived the need for FLE, only half of them actually received the same, thereby reflecting a huge chasm in service delivery; and 50% of these participants received

the FLE from schools or colleges. Women who received FLE had better awareness of various reproductive health issues in comparison to those who did not receive FLE.

With $\frac{1}{3}$ of the Indian population in the age group of 10-24 years, the findings from these two nationally representative samples highlights the huge unmet need for adolescent reproductive health education amongst the youth and that the authoritative conservative proclivity of the policy makers will only expand this gap, thereby affecting the development of the youth into responsible and well informed adults.

By and large, there is ample amount of evidence from literature from the West that school-based sex education programmes improve the overall quality of lives of the adolescents and their reproductive health [11]. Exploratory studies in India too reveal the knowledge gap [14,15], the perceived need for sex education by adolescents [14,16] and school teachers [17] but there is a genuine dearth of literature on how to implement sex education programmes both in the West as well as in India [11].

Implications for Designing and Implementing Sex Education in India

However, there may be some merit in the argument against large scale curriculum based comprehensive sex education program in schools. The success of most of the programs has been documented in controlled settings (for children and adolescents, school is a relatively restricted setting) and not in the real-world settings. In the real world settings, many factors need to be taken into consideration which can modify the outcome of the program such as the

educational and comfort level of the teachers, total number of children per class, time duration of the program, modes of imparting sex education to the children in harmony with the local culture and taking care of the sensitivities involved. In a country like India with many religions, cultures and languages, striking the right chord in the absence of any standardized comprehensive sex education delivering modules is an arduous task. It is possible that for this reason, and for this reason alone, one would want to agree treading the path to sex education in India with some caution without jeopardizing the future of our adolescent population.

In a rapidly changing world with information overload and easy access to electronic medium, the scientific and political class in India need to urgently deliberate and discuss the issue with all stakeholders and formulate a strategy to address both basic levels of sex education involving personal safety and security; and advanced levels of sex education involving adolescent reproductive health issues in a systematic and strategic manner to help in properly shaping the adolescent population into responsible adults.

It is unfortunate that sex education in India has not received as much attention from the research and policy perspective as it should have, given the current Indian scenario. If the unmet need for sex education for the normal adolescent population is as high as 50% [14], then the unmet need of the differently able adolescent population of 27 million is a total blind spot. According to the Census 2011 report, 8.3% of the total differently able population has either intellectual impairment or severe mental illness [18]. A significant proportion of this group, i.e., 4.5% is

below 20 years. Research related to the needs assessment and effective strategies for delivery of sex education to the most vulnerable group of the differently able adolescent population is still in primordial stages and much needs to be done by child care specialists, mental health experts and the society at large in effecting a comprehensive sexuality education program for this at-risk group. It would be an error and grave injustice on our part to continue to believe that the differently abled have no sexual needs and as of now, imparting them sex education would need to be done on a case-to-case basis by concerned clinicians who know the child best in the absence of any structured sexuality program for them.

Conclusion

To conclude, there is a huge unmet need for sex education in India amongst the youth as established by nation-wide surveys. To keep pace with the current day and age of Information Technology, huge efforts need to be exacted from clinicians, social scientists and policy makers in providing comprehensive sex education as intra-curricular and extracurricular programs keeping in mind cultural beliefs and social taboos. It is only when we as individuals are in position to

talk about the subject of sexuality without social stigma or inappropriateness, we will be able to make progress as a society in educating the young minds on sex and reproductive health. Even the healthcare facilities and healthcare professionals lack the knowledge and comfort to discuss issues related to sexuality that gets reflected in poor, inadequate and discomforting history taking [19].

Indeed, it is ironic that India, the land of 'Kamasutra', where sexuality was expressed artistically through sculptures of everyday life; and great leaders like MK Gandhi and JL Nehru have written and spoken so elegantly about their experimentation with their own sexuality with meaning and purpose, is finding itself at the receiving end when it comes to sex education, and as a nation, is failing to do and persisting with conservative attitudes when the evidence points more towards the contrary. Thus, it's the crying need of the hour to revive the comfort and eloquence that our forefathers had at all levels in the society to openly discuss the various aspects of sexuality, with continued efforts at research and policy implementation for the safety and appropriate shaping of our future generations.

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