ISSN- 2581-575X
Indian Journal of Health, Sexuality and Culture
VIEW POINT

# Comprehensive Sex Education in India: Honour, Cultural Pluralism, and the Negotiation of Sexual Health

**Vikas Kushwaha***

*Department of Obstetrics and Gynecological Nursing, Geetanjali College and School of Nursing, Geetanjali University, Rajasthan, India*

**ARTICLE INFO**

***Correspondence:**
*Vikas kushwaha*
*vikas.kushwaha@geetanjaliuniversity.com*
*Department of Obstetrics and Gynecological Nursing, Geetanjali College and School of Nursing, Geetanjali University, Rajasthan, India*

**Dates:**
*Received: 10-03-2026*
*Accepted: 02-06-2026*
*Published: 30-06-2026*

**How to Cite:**
*Kushwaha V. Comprehensive Sex Education in India: Honour, Cultural Pluralism, and the Negotiation of Sexual Health. Indian Journal of Health, Sexuality and Culture. 2026;12(1): 4-5.*
**DOI:** *10.21590/ijhsc.12.01.02*

## Introduction

Sexuality in India is deeply embedded within moral, familial, and cultural structures that regulate discourse and behavior. The World Health Organization conceptualizes sexual health as a state of physical, emotional, mental, and social well-being related to sexuality rather than merely the absence of disease.[1] Comprehensive sex education (CSE), grounded in this holistic understanding, extends beyond biological instruction to include consent, relational ethics, gender equity, and rights-based decision-making. Yet in India, sexuality education remains contentious, often perceived as disruptive to cultural values shaped by honor, modesty, and gendered morality.

This communication draws upon a narrative integrative synthesis of 67 sources (38 international and 29 Indian) published between 2010 and 2025, identified through academic databases and institutional reports, including those of UNESCO and UNAIDS. A narrative approach was intentionally chosen because the objective was not solely to aggregate outcome data but to interpret CSE as a sociocultural process embedded within plural moral landscapes. Such methodological flexibility enables integration of public health evidence with anthropological and sociological scholarship, particularly in contexts where sexuality is regulated through collective value systems rather than individual autonomy alone.

Global evidence consistently demonstrates that CSE delays sexual initiation, increases contraceptive use, reduces sexually transmitted infections, including HIV, and promotes gender-equitable attitudes.[2-5] Indian studies similarly report improved knowledge, safer behavioral intentions, and greater awareness of consent among adolescents exposed to structured sexuality education.[6] Importantly, systematic reviews refute the claim that sex education accelerates sexual experimentation; rather, informed adolescents tend to engage in more responsible and consensual behaviors.

However, sexuality in India is governed by intertwined notions of family honor (izzat), respectability, and moral surveillance. Anthropological analyses reveal that individual sexual conduct is often interpreted as reflective of collective family reputation.[7] Female sexuality in particular is tightly regulated

through expectations of modesty and purity, producing gendered double standards in which male sexual expression is comparatively tolerated while female autonomy is stigmatized. Respectability politics further institutionalize silence around sexual pleasure, consent negotiation, and diversity. These dynamics create structural barriers to open discussion, pushing adolescents toward informal and often unreliable sources of information.

Scholars of gender and sexuality in South Asia have also argued that sexual citizenship remains unevenly distributed, shaped by caste hierarchies, religious norms, and regional traditions.[8] India's cultural pluralism complicates standardized curricular approaches, as sexual norms differ across communities. While international CSE frameworks emphasize cultural sensitivity, adaptation within India's heterogeneous social fabric remains inconsistent. Programs perceived as externally imposed risk moral backlash, particularly when framed as Western interventions rather than locally negotiated health initiatives.

Addressing these complexities requires reconceptualizing CSE as a culturally dialogical process. Rather than positioning sexuality education in opposition to tradition, curricula may be framed around values already embedded within many communities, including dignity, responsibility, mutual respect, and ethical conduct. Community engagement, parental consultation, and regionally adaptable modules can reduce perceptions of cultural threat. In this regard, nurses and community health professionals occupy a critical mediating position. As trusted health providers, they can situate sexuality education within broader conversations on holistic well-being, address myths and stigma, and provide confidential guidance that bridges biomedical knowledge and lived cultural realities.

CSE in India, therefore, should not be understood as a confrontation between modernity and tradition but as an ongoing negotiation between scientific evidence and moral worlds. Recognizing honor-based morality, gender hierarchies, caste and religious pluralism, and respectability politics is essential for sustainable implementation. When culturally grounded rather than externally imposed, CSE can contribute to improved sexual health outcomes while respecting diversity. Future scholarship must move beyond binary debates of "tradition versus modernity" and instead critically examine how culturally negotiated CSE models can be co-produced within India's diverse communities. Such inquiry is necessary if sexuality education is to function not merely as policy prescription, but as a culturally embedded and ethically responsive public health practice.

## References

1. World Health Organization. Sexual health and its linkages to reproductive health. Geneva: WHO; 2017.
2. UNESCO. International technical guidance on sexuality education. Paris: UNESCO; 2018.
3. UNAIDS. Global AIDS update 2024. Geneva: UNAIDS; 2024.
4. Kirby D. The impact of sex education on sexual behaviour of young people. J Adolesc Health. 2011;48(3):S7-S13.
5. Fonner VA, Armstrong KS, Kennedy CE, O'Reilly KR, Sweat MD. School-based sex education and HIV prevention in low- and middle-income countries: a systematic review. PLoS One. 2014;9(3):e89692.
6. Santhya KG, Jejeebhoy SJ. Sexual and reproductive health education in India: a review of policy and practice. Econ Polit Wkly. 2015;50(22):54-61.
7. Abraham L. Redrawing the Lakshman rekha: gender differences and cultural regulation of sexuality in India. South Asia. 2014;37(1):118-133.
8. Narrain A, Bhan G, editors. Because I Have a Voice: Queer Politics in India. New Delhi: Yoda Press; 2005.