

Reaching Adolescents Through Sex Education: Where do we Stand

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Introduction

Adolescence is a period between 10 - 19 years of age as described by World Health Organization(WHO). This is a period when there is rapid physical, psychological and sexual maturity. Sex education refers to a broad program designed to impart knowledge/training regarding values, attitudes and practices affecting family relationships. Sex education in children increases awareness about the biological and physiological changes occurring in their bodies and help them become comfortable with it and not conscious about it. Failure to understand that 'sex education' is different from 'sex literature' is the main obstacle for imparting knowledge among the youngsters. We feel proud of epics such as 'Kamasutra' but Kamasutra doesn't talk about Human Immunodeficiency Virus / Sexually transmitted infection (HIV/STI). In the absence of right guidance and information at this stage they are more likely to have multi-partner unprotected sex with high risk behavior groups. Sex education has been considered an important issue in the developed countries where it is incorporated as a part of school education however in many places such as Tanzania, Australia, India etc., it is considered a social taboo. It is this lack of communication and education that India comes next only to African countries in number of people infected with acquired immune deficiency syndrome (AIDS).

Status of Sex Education in India

India with 243 million adolescents has the largest adolescent population, followed by China (207 million)^[1]. According

to the National Family Health Survey conducted by the International Institute for Population Sciences (IIPS) and Macro International in 2005 - 06, 12% women aged between 15 - 19 years are mothers and the risk of maternal mortality among adolescent mothers was twice as high as compared to mothers aged 25 - 39 years^[2]. The survey said that one in six Indian women aged 15-19 starts to have children. In India the HIV prevalence in adult (15 - 49 years) is estimated at 0.26% in 2015^[3]. The total number of people living with HIV (PLHIV) in India is estimated at 21.17 lakhs in 2015 and children (< 15 years) account for 6.54%^[3]. Due to high incidences of HIV/AIDS, STIs and teenage pregnancies, there is a rising need to impart sex education/family life education (FLE) which has been one of the highly controversial issues in Indian society. Many schools in India have sex education as one of their curriculum however larger sections do not. Primary concerns in India regarding sex education are that it may lead to children practicing sexual intercourse at an early age. Research however does not favor that sex education leads to early sexual initiation, rather WHO report (2003) on family life, reproductive health and population education documented that promotion of family life/sex education has resulted in delayed age of entering into sexual relationship, reduced number of partners, increased use of safer sex and contraception, and other positive behaviors^[2]. A parliamentary committee on Petitions, recently recommended that there should be no sex education in schools^[4]. The committee has recommended that chapters like 'Physical and Mental Development in Adolescents' and 'HIV/AIDS and



other Sexually Transmitted Diseases' be removed from the general curriculum and want these topics to be included in biology syllabus for school leaving classes. The non-Biology streams hence are deprived of the information. A study commissioned by the WHO and Global Programme on AIDS reviewed 47 studies that evaluate sexuality education interventions implemented in various countries and found that in 17 studies it was reported that education delayed the onset of sexual activity, reduced the number of sexual partners or reduced unplanned pregnancy and STIs, while 25 studies reported that education neither increased nor decreased these indicators^[5]. A study conducted by the Ministry of Women and Child Development, on child abuse in India, reports that 53 % of boys and 47 % of girls surveyed faced some form of sexual abuse^[6]. India's National Population Policy also recommends the need for educating adolescents about the risks of unprotected sex. Sex education is taken as a filthy talk in the Indian community however we forget that we didn't become a country with more than 1 billion population without sex. It is not only parental responsibility for keeping communication open but schools too need to offer a broad based 'sex education' course as children spend majority of productive time at school. Analysis of the data from District Level Household and Facility Survey (DLHS-3: 2007 – 08) and Youth Study in India (2006 – 07) to know the extent of access to FLE and socio demographic patterning among Indian youth showed that there is a substantial gap between the proportion of youth who perceived sex education to be important and those who actually received it, revealing considerable unmet need for FLE. Youth who received FLE were relatively more aware about reproductive health issues. Majority among Indian youth, irrespective of their age and sex, favored introduction of FLE at school level, preferably from standard 8th onwards. The challenge now is to develop a culturally-sensitive FLE curriculum acceptable to all sections of society. The Goa government's committee, formed after two instances of rapes on minors has recommended compulsory sex education in the schools to teach child identify about the sexual behavior and advances^[7]. Committee has said in its report that "Health and sex education should be made mandatory in the school curriculum and department should also organize talks by resource persons, open forums, workshops, street plays and others to widen up the understanding of students, teachers and the public (on the sex education)". TARSHI (Talking about Reproductive and Sexual Health Issues), a non-governmental organization running a helpline on sexual information, received over 59,000 calls from men, seeking information on sexual anatomy and physiology^[8]. An analysis of this data showed that, 70 % of the callers were below 30 years of age, while 33 % were in the age group of 15 to 24 years, which indicates that young people do have the need, but lack adequate authentic source to receive appropriate and correct information in a positive manner. Dr Sunil Mehra, director of the MAMTA Health Institute for Mother and Child, says, "Youth in India needs sex education more than in any other country since child marriage ensures that you not only have sex at a young age, you also have teenage pregnancy"^[9]. The Justice Verma Committee wants introduction of sex education in a clinical manner in schools through trained teachers and child counsellors, saying there is no basis to say sex education leads to early sexual initiation by children. "Correct knowledge must be disseminated in respect of sexuality and sexual choices, without enforcing gender stereotypes," the report said.

Strengths of NGO Initiatives in Sexuality Education in India

"Nirantar" and TARSHI (Talking about Reproductive and Sexual Health Issues) are two non-governmental organizations which have worked extensively in the field of sexuality education in India. Nirantar's Report titled "Sexuality Education for Young People" narrates the rights-based approach to sexuality education. TARSHI, the South and Southeast Asia Resource Centre on Sexuality, has been actively functioning for the need of sexuality education^[10]. They have developed two textbooks on sexuality education: the Red Book³ for children between the ages of 10 - 14 and the Blue Book⁴ for children from 15 onwards. These books have a positive and non-instrumental and non-judgmental approach to sexuality. It has also published an Orange Book⁵ which is a teacher's workbook on sexuality. This book addresses the teachers' anxieties to talk about sensitive issues like sexuality, especially in the case where they have hardly spoken about it themselves also a Yellow Book for parents, which helps them talk with young people on sexuality. Hence with the help of these books they have reached out to larger populations who have not been able to speak out or have had no answers to their question.

Like Paso a Paso, a comprehensive rights-based adolescent sexual and reproductive health (ASRH) behaviour change methodology launched in 2006 in Guatemala, the Nirantar report places sexuality education within the field of human rights stating that, "The right to sexuality education should be considered an inherent part of the rights to life, health, expression, education and information that have been recognized as fundamental rights under the Constitution of India"^[11]. The primary amongst these is the right to information about one's own body and reproductive health, about the right to protect oneself from diseases, right to bodily integrity and the right to be free from violence. Sexuality education can decrease the incidence of child sexual abuse by helping children understand the difference between good and bad touch. This will help the child to recognize abuse as well as give the child a language in which to communicate to others about such abuse. Hence implementing human rights for imparting sex education in schools is the best method to overcome social taboo that are resistant to change.

Conclusion

Sex education is not included in the curriculum of schools in our country due to existing barriers built by the social myths. But in this decade where more and more adolescents indulge into unsafe sexual relationship, are being abused and our country is in the verge of population explosion we should stop being ashamed of sex education or dismiss it as our cultural taboo. We need a strong sex education course designed by sexologists, therapists and psychologists that explains sex to children without being ashamed. With no strict laws against the criminals of sexual abuse in our country, if sex education is able to create awareness among the innocent and vulnerable young generation the purpose is solved.

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