

**THE NEED OF SEX EDUCATION IN SCHOOL
CURRICULUM- A CASE STUDY**

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SUBMITTED BY

JIJI JOSE

Under the supervision of
Dr. B. Ekbal
Member, Kerala State Planning Board

KERALA STATE PLANNING BOARD
GOVERNMENT OF KERALA
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DECLARATION

I hereby declare that this research report, titled “THE NEED OF SEX EDUCATION IN SCHOOL CURRICULUM-A CASE STUDY” is an authentic record of the research work carried out by me under the guidance of Dr.B.Ekbal; Member, Kerala State Planning Board, for the Internship Programme 2018-19, Kerala State Planning Board. No part of it has been previously formed the basis for the award of any degree, diploma, associate ship, fellowship or any other similar title or recognition of any other University or Institution.

JJI JOSE

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1. INTRODUCTION

Sex education is defined as a broad program that aims to build a strong foundation for lifelong sexual health by acquiring information and attitudes, beliefs and values about one's identity, relationships, and intimacy. Sexual health is considered to be a state of physical, emotional, mental, and social well-being in relation to sexuality and not merely the absence of disease or infirmity as defined by the WHO. Hence, a more acceptable term, 'family life education' or 'social life education' is now being used. The term 'sex education' is most often misunderstood and it can invite a strong resistance from the parents of the students and the community. Sex education does not mean "teaching children how to perform sexual intercourse". Changing the social and medical scenario now demands that children should be educated about their reproductive health, human sexuality, responsible sexual behaviour and STIs at a receptive age when the principles of sexuality are being formed.

1. MAJOR FINDINGS

- **BACKGROUND**

Sex-related issues are often prohibited subjects for discussion in India. This restriction can be seen to extend into the education system also. But awareness of sex is the most significant factor necessary to lead a secure life. Sexually transmitted infections (STIs) are the most common incidences worldwide, which are exceeded only by diarrhoeal diseases, lower respiratory tract infections and malaria. Sexually transmitted infections (STI) rank among the top 5 conditions for which sexually active adults seek health care in the developing countries (NACO). Various determinants increase the adolescents' vulnerability to poor sexual health, which includes their demanding physiology, societal norms and gender imbalances. However, the lack of access to comprehensive information concerning the sexual health, probably remains the key factor in this regards.

- **A CULTURAL CHALLENGE**

Public discussion of topics of a sexual nature are widely considered as taboo in the Indian society, therefore acting as a barrier to delivery of adequate and effective sexual education to Indian adolescents. Sex education in public schools was favoured by a major part of the western

world since the 1980s despite major controversies that it may actually promote sexuality among school children. The social ostracism in the context of STIs creates a negative attitude, which results in the lack of knowledge about safe sex, leading to a silent spread of the disease. Despite the disturbing picture which is posed by the HIV/AIDS epidemic, sex education programmes have been banned in six states which include Maharashtra, Gujarat, Rajasthan, Madhya Pradesh, Chattisgarh and Karnataka, following protests from legislators that it would have a negative impact on the vulnerable minds of students. In Uttar Pradesh, teachers have protested against the campaign by burning copies of the new syllabus. Sex education in schools, which involve medical staff, teachers and peers, has shown sexual and reproductive health benefits for teenagers in the developed countries decades ago. Studies from India also suggest a strong willingness of adolescents, particularly females towards the widespread implementation of sex education in schools. Expertise from healthcare professionals along with patience and time will be required in order to bring about what is likely to be a gradual change in the existing conservative attitudes.

- **WHAT IS THE NEED FOR SEX EDUCATION**

The importance of delivery of sex education in a timely fashion to this significant demographic is emphasized by current statistics that show that almost one in every fifth person on the globe is an adolescent. They comprise 18% (1.2 billion) of world's population in 2009, with 88% living in developing countries. India has the largest adolescent population (243 million with more than 50% of the adolescent population living in urban areas). These figures indicate the importance of specifically addressing the healthcare needs of this considerable demographic, particularly for the developing countries such as India. The general objective of sex education is to eradicate the lack of knowledge and wrong ideas about sex by creating right attitude among the adolescents. Commonly, schools and colleges are considered as the main hub for creating awareness on sex education. A study that was conducted to analyze the behavioural patterns of the adolescents in India (among 6 states) revealed that the teens lacked a complete knowledge of HIV/AIDS. As per the survey, in Maharashtra, only 12.4% Unmarried Male (UM) and 30.7% Unmarried Female (UF) have obtained complete knowledge about family life and sex. Bihar and Jharkhand were the most awful states since the awareness of sex was at a lower level of 8.6% Unmarried Males and 7.2 % Unmarried Females. A research conducted to collect data regarding the sex education level of the rural and urban

people disclosed that the educated young people residing in town areas were somewhat better than those residing in village areas. Professionals argue that frankness in talk would reduce dissatisfactions and violence related to sexuality among youth. Ram Chandra Purvey, the former primary education minister of Bihar said, "*Our society is not an open one. Inclusion of sex education in the syllabus can also have an adverse effect*". This declaration evidently shows the approach of government towards the issue of sex education. There is no consent in Indian society over introducing sex and reproductive health education in the curriculum of schools and colleges. The truth is that a big population of about 300 million youth is in the age group of 12-24, and researches are revealing their mounting preference for pre-marital sex. Recent literature suggests that at this time they are highly likely to experiment and engage in the types of risky behaviours that have the potential to influence the quality of health and probability of survival in both short- and long-term over their lifetime. Therefore, meeting the needs of such a vulnerable group and overcoming existing shortcomings in the delivery of tailored primary preventative measures would significantly improve the survival and general health conditions, nutritional status, and sexual and reproductive health of the future Indian adult population. This encompasses issues such as early pregnancy, unsafe abortions, STIs including HIV, and sexual abuse and violence.

Unawareness of sex can be a disconcerting issue and at times tedious mix for youth and other individuals living under disgusting social insistence. In the middle of all this, NGOs have been trying to make and give out their own handbooks to explain what they see lacking in the school curriculum on sex education, but their attempts have ended up in conflict. "*We have seen that the problem is secular in nature but it exists everywhere. The details change, such as in slums the children are easily available, whereas in flats the space is available. People do not talk about it though they may seek help. It is absolutely wrong to categorically ban sex education. These instances of abuse are not reported. There is no environment where the children can speak freely about sexual instances. There needs to be healthy communication,*" says Vidya Apte, founder member of the Forum against Child Sexual Exploitation (FACSE). "*Boys do not come out in the open and report instances of sexual abuse. Even our studies on sexual abuse of girls in Mumbai have shown that most of the offenders were known to the victim, be it the neighbours, family friends and cousins,*" said Trupti Panchal, in charge of the special cell for women and children at the Mumbai based Tata Institute of Social Sciences (TISS).

- **THE MIND OF ADOLESCENTS**

An adolescent is in a confused state of mind as far as his/her behaviour is concerned, because the messages from outside the family contradict the messages s/he receives at home. The psycho-sexual development and the physical changes, coupled with a lack of formal channels of the communication on sex-related matters, occasionally results in risky behaviour, which could have long lasting physical, emotional and psychological effects. Sex education addresses the biological, socio-cultural, psychological and the spiritual dimensions of sexuality through the cognitive domain (information), affective domain (feelings, values, and attitudes), and the behavioural domain (communication and decision making skills). Such an education enables a young person to know himself/herself and hence to relate comfortably with others. There is enough evidence to suggest that child sexual abuse, teen sex and teen pregnancy continue to remain as major threats to the adolescent health in India (Govt. of India 2007 Report: 53.22% on children who were reported to have faced sexual abuse), and it is expected that sex education will go a long way in solving such violence to a great deal.

- **THE ROLE OF MEDIA**

A recent study states cable television is associated with a significant decrease in the reported acceptability of domestic violence toward women and a general increase in women's autonomy, potentially through increased participation of women in household decision-making. Such ideas can be supplemented and reiterated through FLE in schools, involving medical staff, teachers, and peers by correcting the attitudes toward inequalities arising from the traditional perception of gender roles in India. Proponents argue that these conservative views are outdated in a fast modernizing society such as India, with an ever-growing adolescent population adopting rapidly evolving attitudes toward sex. Mass media has had a highly influential, yet mixed impact, on the Indian way of life. By helping bring sexual topics into discussions through the powerful mediums of television, radio, and the internet, it has allowed recognition of the urgent need to address the misinformed or uninformed youth.

With studies showing that the majority of parents do not accept the responsibility for providing sex education, with 88% of the male and 58% of the female students in colleges in Mumbai reporting that they had received no sex education from parents. They were left to resort to

information they gather from books, magazines, youth counsellors, and through pornography, with its increasing accessibility in recent times. Those exposed to sexually implicit content on the television and internet is more likely to initiate early/premarital sex, which comes with a host of negative implications which they often find themselves unequipped to deal with. This applies to a quarter of India's young people who indulge in premarital sex. Reports of United Nations Children's Fund, UNAIDS, and the United Nations Population Fund support the effectiveness of sexuality education program in the USA and other parts of the world in recent decades. India can also stand to reap such benefits from widespread implementation of the similar program, especially with data to suggest a strong willingness and receptiveness of adolescents, particularly females to being properly educated in this area.

- **SEXUAL VIOLENCES TOWARDS CHILDREN IN KERALA**

Incidences of sexual violence against children have displayed an alarming rate of growth in Kerala as per data released by the State Police department recently, **with a growth of almost 57%** in the number of cases registered under the Protection Of Children from Sexual Offences (POCSO) Act from 2013 to 2015.

Crimes against Children in Kerala During the Period 2008-2016

Sl.No	Crime Heads	2008	2009	2010	2011	2012	2013	2014	2015 (Provisional)	2016 (Up to March)
1	Total Murder	37	44	42	47	34	40	39	36	8
a	Infanticide	0	0	1	1	0	0	0	1	1
b	Other Murder	37	44	41	46	34	40	39	35	7
2	Rape	215	235	208	423	455	637	709	711	219
3	Kidnapping and Abduction	87	83	111	129	147	136	116	160	29
4	Foeticide	0	0	0	0	1	1	0	0	0
5	Abetment of Suicide	4	0	3	2	3	9	5	2	2
6	Exposure and Abandonment	6	7	9	4	4	4	6	5	5
7	Procuration of Minor Girls	13	14	6	9	10	15	10	5	0
8	Buying Girls for Prostitution	0	0	0	0	0	0	0	0	0
9	Selling Girls for Prostitution	0	0	0	0	0	0	0	0	0
10	Prohibition of Child marriage Act	4	0	6	3	6	11	16	12	5
11	Other Crimes against Children	183	206	211	835	664	1024	1385	1406	405

Data showing the instances of cases registered in crimes against children: Kerala Police/Screenshot(<https://www.scoopwhoop.com/Cases-Of-Child-Sexual-Abuse-Show-Exponential-Growth-In-Kerala-Says-This-Shocking-Report>).

An analysis by the Kerala State Commission for Protection of Child Rights (KeSCPCR) showed that the accused were relatives or neighbours in 32% of the 999 cases that were registered in July-December 2015. (Data was unavailable for 30% of cases.) These abusers usually are fathers, stepfathers, brothers or cousins. Based on recommendations of the Usha Mehra Commission report of 2013, central government had proposed setting up of one stop centres for sexual abuse victims. Police is supposed to take all sexual abuse victims directly to these centres. Kerala did not set up new centres, but designated existing Bhoomika centres as One Stop Crisis Centres (OSCCs).

- **VIOLENCES AGAINST WOMEN**

Male violence against women is worldwide phenomenon and can be understood as the consequence of characteristics of societal structures like class, gender, etc. Violence against women is sometimes a mechanism for subordination or sometimes women's unequal status favours their vulnerability to violence.

Kerala is one of the smallest states in the Indian union. It occupies 1 per cent of the total land area of India with a population of 3.33 Crore, which is 3 % of the total population of India at the 2011 census. Kerala has often been referred to as the "land of women"(52%). Most people have a glorified image of Kerala as a matrilineal society that boasts several positive social indicators. Why does a state that boasts India's highest literacy levels and excellent social development indicators see a 300% increase in violence against women? possibly because literacy and education do not change mindsets. Recent research carried out by organizations and individual researchers suggests that routine violence against women is high in Kerala. What propels such widespread violence against women in the state where women are so highly literate?. A research study conducted by C.S.Chandrika (1998) on sexual harassment at the workplace as a part of the study for SAKSHI, an NGO in New Delhi found that 95% of the women felt that there was prevalence of sexual harassment at the work place in Kerala. There are increasing reports of dowry-related violence, rape (1019 reported rape in 2012) and other atrocities against women in Kerala. Kerala has recorded 23,853 cases involving violence, including rape, against women and 1,326 cases of attack on children in the past two years (2013). Domestic violence

dominate among the crimes against women in Kerala, a study by the Institute of Social Science for Kerala Police (2013) has revealed

- **A TOOL TO COMBAT RISING SEXUAL ABUSE AND VIOLENCE**

A study on child abuse in India, conducted by the Ministry of Women and Child Development, reports that 53% of boys and 47% of girls surveyed faced some form of sexual abuse. Therefore, FLE might help the vulnerable young population to be aware about their sexual rights and empower them to protect themselves from any undesired act of violence, sexual abuse, and molestation. The nongovernmental organization (NGO), had submitted that sexuality education in school curricula could play a role in addressing the rise of rape cases in India.

Sex education closely addresses the problems of abuse faced by many children. They are not only exploited outside home, but also their own relatives, friends and acquaintances happen to be the culprits. In spite of the importance of this problem, diverse phases of child exploitation are never discussed within the educational scheme and this confidentiality has to be stopped for the sake of protection and safety of the children. There is a lack of knowledge on this facet and it directs to the lack of responsibility of grown-ups towards a child's security and care in this circumstance.

Adolescents find themselves at a vulnerable stage of their lives where influences of peer pressure can be conducive to socially unacceptable and perhaps even criminal group behaviour. The rapidly emerging rape culture among youth needs to be addressed and stopped at the earliest possible instance. This requires concentrated efforts not only from institutions and organizations, but also from individuals as members of that society, as sexual offenders often have mental health and psychosocial risk factors that incite, maintain, and perpetuate the offence. This can be achieved through education about sex and drugs and teaching the use of ethical and moral principles to govern their actions, in order to discourage ambiguity and the development of careless, unhealthy, and potentially dangerous attitudes. The Committee on the Rights of the Child (CRC, WHO), published guidelines in 2013 on the rights of children and adolescents and issued guidelines on states' obligations to recognize the special health and development needs and rights of adolescents and young people. This has been further envisaged in WHO Report in 2014 titled "health for the world's adolescents." In order to adhere to these guidelines when providing sex education, the expertise of healthcare professionals becomes indispensable in educating not only the students

but also the teachers educating them. Psychiatrists and psychologists have a key leadership role in constructing focused FLE program which introduce these potentially emotionally challenging issues to the youth of India with consideration of psychosocial and cultural factors.

As a part of the study (1997), the Delhi-based Sakshi Violation Intervention Centre interviewed 350 school children and found that 63% of the girl respondents had been physically abused by their relatives; 25% were raped and more than 30% had been sexually exploited by their father, grandfather or a male family friend. A study (1999) conducted by the Tata Institute of Social Sciences disclosed that 58 out of 150 girls interviewed had been raped before the age of 10. Recovering and Healing from Incest (RAHI), a Delhi-based foundation that offers support to victims of sexual exploitation, states that out of 1,000 higher and upper-middle class college students interviewed, 76% had been physically abused during childhood, 31% were assaulted by persons familiar to the family and 40% by relative and 50% before the age of 12. This is nothing strange; most of the educated nations utilize the educational method as a vital means to enlighten children about sexual abuse or offense against a minor and about diverse victim support organizations. Perhaps, it is infantile to think that sensitive matters like incest would be dealt with in a particular set-up, which does not even believe in offering sex education in schools. There is a lack of awareness system, where the grown ups' responsibility towards a child fails in the gravest mode.

• **ROLE OF INDIAN GOVERNMENT IN SEX EDUCATION**

The Central Government has taken various initiatives to control population and restrain the HIV infection through sex education and life skill programs. NCERT developed an Adolescence Education Programme (AEP), which was primarily used as an introduction to sex education, since 1993. The task was repeated in the National Curriculum Framework (NCF) 2005, which stated that its key objective was to support youth to deal with their reproductive and sexual health concerns. The Union Government had trouble in attaining national accord on sex education since secondary education was a state related subject matter. Majority of the State Governments were unwilling to set up sex education in their curriculum and some of the states such as Madhya Pradesh and Maharashtra which introduced it, barred it later on. The Committee on Petitions, which was chaired by Venkaiah Naidu M.P, intermingled with social groups to find out the best method to pass on adolescent education programme in CBSE allied educational institutions. The chairperson of the committee said "*The purpose is to elicit the views of teachers,*

management, students, and also the general public. We as a committee cannot express our views because the committee is made by the Parliament only to collect views under study and to make a recommendation to Parliament. Then Parliament will discuss it and the government will formulate the future programme." The committee had decided to take on wider discussions with the full segment of people including well-known educationists, sociologists, sexologists, psychologists, religious leaders, trainers and parents for creating a national debate on the topic. The Indian society is made up of diverse culture and practices; hence the government must develop a widespread plan on sex education and take up a policy to address this issue.

- **THE EXISTING PROGRAMMES IN INDIA**

The school education has been described as a 'social vaccine'. The initiatives which are used to spread awareness about RTI and HIV among the youth are being robustly undertaken by government and non-government organizations. The school AIDS and sex education is one of the important activities of the National AIDS Control Programme (NACO) that focuses on students, to raise the awareness level and to develop a safe and a responsible life-style. Training modules like 'Learning for Life' has also been prepared and distributed to all the states. Colleges and universities are being covered under the 'University Talk AIDS Project'. However, many of the key areas are ill-addressed by the proposed sex education curriculum, which include the information on puberty and the body, conception and contraception, healthy relationships and communication, gender identity, body image, and HIV prevention . Further, NACO has collaborated with Hindustan Latex Limited on a Condom Vending Machine Project with a proposal to set up 11025 vending machines which cover 66 districts across the country. The Centre for Development and Population Activities (CEDPA) runs a programme which is known as 'UDAAN: Towards a Better Future' which strengthens the family life education in some states, by training the teachers, and by adding comprehensive life-skills curricula to the existing life-style education programme for schoolchildren. Peer education, under the campus programme, 'YUVA' (Youth Unite for Victory on AIDS), is another such initiative (NACO, 2007). NACO, in collaboration with UNICEF, has designed a school-based adolescence programme across 144409 schools to reach out to nearly 33 million students (2008). Many help lines which provide counselling on sexual health exist, for example, TARSHI (Talking About Reproductive and Sexual Health Issues). Street children and school dropouts are also being catered by organizations such as Chetna (Gujarat), CARE (Madhya Pradesh), Sakshi (Kerala), and the

Butterflies Programme. In collaboration with the UNFPA, NACO has released a book which is titled 'Quest on HIV and AIDS: A Handbook for Young People', which deals with HIV/AIDS-related myths and misconceptions. UNICEF (2007) has joined hands with various health authorities to establish a cadre of HIV/AIDS peer educators in villages in different parts of the country. In addition, the internet is increasingly being employed as a portal for disseminating information through discussion forums, e-mail counselling and web information.

- **THE EXISTING PROGRAMMES IN KERALA**

Sex education is a subject that has for long seen a convenient absence from most of India's schools. And when the Kerala government decided to implement the Adolescent Education Programme (AEP) prescribed by the UNICEF in schools in Thiruvananthapuram, the programme had to be shelved due to widespread resistance. Several students outfits, organisations and a section of teachers and parents have raised objection to the introduction of Adolescent Education Programme (AEP) in schools. The curriculum module prepared by the State Council of Educational Research and Training (SCERT) freely discussed various aspects of teenage sexuality with students and also gave them tips on safe sex. The handbook has three parts, including sex and adolescence, HIV and human skills. The HIV part, it was alleged, breaks down pre-existing notions of modesty and encouraged acceptance of practices like premarital sex, deemed immoral in Kerala society. There is no mandatory sex education programmes exist in Kerala.

2. CONCLUSION

Parents, schools and communities need to understand why sex education matters. Properly designed and implemented, sex education can provide children and young people with the under-28 standing, awareness and skills they will need to navigate adult sexual life. Programmes should include sexual abuse and violence, explaining what these are and what to do about them, including how to access support. The 'winds of change' are blowing in the education system. In various parts of the world, schools and colleges are experimenting with new ways to educate the future citizens. Teachers, who are crucial for the success of the expected sex education programme, need to be adequately trained to handle sensitive queries from the students. The students also must visit the four pillars of learning; they must learn to know, to do, to live together and to be. Not that students need to know the basics of sex.

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