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Research Paper

EXAMINING THE NEED FOR SEXUALITY EDUCATION IN INDIA: A REVIEW OF GOVERNMENT POLICIES, LAWS, AND PROGRAMMES

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ABSTRACT

Sexual and reproductive health is essential for comprehensive well-being, understanding body functions, and preventing abuse and discrimination. This study examines Indian government initiatives to improve reproductive and sexual health and emphasises the importance of standardised sexuality education. The research sources include Scopus, Google Scholar, National Institute of Health and Family Welfare data, and official documents published by the government. In conclusion, while India has made significant progress in this area, there is a need for more standardised initiatives nationwide to promote sexuality education.

Keywords: *: : Sexuality education, Policies, Laws, Programmes, India.*

1. INTRODUCTION

India strives to protect and promote the reproductive and sexual health of citizens through different initiatives (Santhya & Jejeebhoy, 2007). It is the right of every individual to acquire appropriate sexual health (WHO, 2010). The thought process of the government has shifted from narrow-minded family planning to comprehensive health care. Increased community care institutions, usage of contraceptives, decline in child marriage, and mortality of mothers and infants depict the efficiencies of the initiatives (Jejeebhoy et al., 2020). Despite these advantages, the inability of adults to make informed decisions about their life choices still exists (Jejeebhoy & Santhya, 2011).

Sexual health is a "central aspect of being human throughout life that encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction," according to the World Health Organisation (WHO). Sexuality encompasses thoughts, dreams, desires, attitudes, values, behaviors, practices, roles, and relationships in various ways it is experienced and expressed. While all these components are integral to sexuality, they may not always be fully experienced or expressed. Sexuality is influenced by a complex interplay of biological, psychological, social, political, economic, cultural, legal, historical, religious, and spiritual factors (WHO, 2019).

Comprehensive Sexuality Education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their well-being and that of others; and understand and ensure the protection of their rights throughout their lives (UNESCO, 2018).

Previous studies concentrated on different programmes, policies, and laws initiated by the government, but they were not updated on the current progress and impact of these initiatives regarding sexual health. Secondly, exploring the need for sexuality education by understanding the gaps in the existing initiatives was lacking. This review mainly concentrates on the different programmes, laws and policies initiated by the state and central government to promote sexual and reproductive health, understand their merits and demerits to society, and thereby access the need for sexuality education in the future.

MATERIALS AND METHODS

This study sourced information by reviewing national-level policies, programmes, and laws related to sexual and reproductive health implemented by the government. Data were collected from Scopus, Google Scholar, and authorised information from the National Institute of Health and Family Welfare, as well as official government documents. The data were validated by two experts to ensure accuracy. The policies, programmes, and laws that exist regarding sexual and reproductive health are Reproductive and Child Health Programme (RCH), National Adolescent Health Programme (RKSK), The Integrated Child Development Services (ICDS), Janani Suraksha Yojana (JSY), Mission Parivar Vikas, National AIDS Control Organization (NACO), National Health Mission, Mission Indradhanush, HIV & AIDS (Prevention & Control) Act, Maternity Benefit Act, Prohibition of Child Marriage Act, POSH Act, The Protection of Women from Domestic Violence Act, The Protection of Children from Sexual Offences Act(2012), Medical Termination of Pregnancy Act (MTP Act), National Health Policy(2017), National Policy for Children(2013), The National Population Policy (2000), The National AIDS Prevention and Control Policy, 2002, and The National Policy for the Empowerment of Women 2001.

DISCUSSIONS

A comprehensive analysis of various policies, programmes, and laws concerning sexual and reproductive health is presented below. Upon examining these efforts, it becomes evident that there is a lack and need for age-appropriate, cul-

turally sensitive, and comprehensive sexuality education.

Reproductive and Child Health Programme (RCH) has evolved since 1951, when it was known as the National Family Planning programme. The programme initially focused on population control, the government recognised its limitations in 1997 and developed RCH as a holistic approach to health (Manasa, 2019). The main focus is eradicating infant and maternal mortality and providing adequate maternal and child health services, family planning, and immunisation (RCH Homepage, n.d.). The programme encompasses antenatal care, delivery, postnatal care, complete immunisation of the child post-birth, contraceptives, and prevention of sexually transmitted infections (STIs). RCH also plays a role in developing health policies (Srinivasan et al., 2007). Adolescent Reproductive and Sexual Health (ARSH) is an initiative that was part of the Reproductive and Child Health Programme (RCH Phase II) with the objective of reorganising the public systems according to the needs of current adolescents (Minhas et al., 2019). According to the National Family Health Survey (NFHS 2019-21) report by the United Nations Population Fund (UNFPA), about 7% of married women report unexpected pregnancy. The unmet need of women between 15 and 19 and 20 and 24 is double the unmet need for all married women between 15 and 49. The awareness about different contraceptives is also low in female adolescents compared to males (UNFPA, 2023). While the RCH has made a critical impact on the health of individuals, there is a need for more comprehensive and inclusive education. This can be achieved through sexuality education, which can provide substantial knowledge on different aspects of overall sexual health. The National Adolescent Health Programme (RKSK) was initiated on January 7th, 2014, by the Ministry of Health and Family Welfare. It focuses on providing support to adolescents from diverse socio-economic backgrounds, addressing issues related to sexual and reproductive health, substance abuse, nutrition, non-communicable diseases, mental health, and gender-based violence (Barua et al., 2023). One of the key benefits of the programme is its ability to directly engage with adolescents in school and community settings rather than in a clinical environment (National Health Mission, n.d.). RKSK places a strong emphasis on participation, communication, involvement, and behaviour change to enhance sexual health and overall well-being (Shelat & Choudhury, 2022). Additionally, the ARSH initiative is part of the RKSK and aims to improve the reproductive and sexual health of adolescents in India. While the RKSK addresses various aspects of reproductive and sexual health, it lacks important life skills such as communication, setting boundaries, and knowledge of gender diversities, which can be addressed through sexuality education. The Integrated Child Development Services (ICDS) is a community-based programme that focuses on providing support to lactating and pregnant women, as well as children up to 6 years old, and offering ongoing care to women aged 16 to 44. It was established in 1975 with the main goal, as highlighted by Sachdev and Dasgupta (2001), of promoting nutrition, health, and education among the targeted population. These services are delivered through community centres known as "Anganwadis" (Chakraborty et al., 2024). The ICDS programme aligns a few aspects with sexuality education, but not holistically. Janani Suraksha Yojana (JSY) was launched on April 12th, 2005, by the government of India to reduce infant and maternal mortality rates by direct financial assistance to those living below the poverty line (Sarkar & Sensarma, 2024). The programme specifically focuses on ensuring that pregnant women in public health hospitals can have a cashless delivery (Sinha, 2023). Overall, JSY aims to provide comprehensive antenatal and postnatal care through financial support (Naval & Paliwal, 2023). Sexuality education can help individuals make informed choices about pregnancy, improve communication when accessing JSY services, and reduce the rate of unintended pregnancies, ultimately decreasing the need for JSY due to situational compulsion. Mission Parivar Vikas was conceptualised in 2016 and officially launched in 2017 by the Ministry of Health and Family Welfare in 146

selected high-fertility districts across 7 states (UNFPA, 2023). The primary goal of this initiative is to improve access to contraceptives and family planning services (Ministry of Health and Family Welfare, 2016). Understanding different contraceptive methods and safe sterilisation is a crucial aspect of sexuality education, and empowering women to make informed decisions aligns with the objectives of Mission Parivar Vikas. National AIDS Control Organisation (NACO) was established by the Ministry of Health in 1992 to provide high-quality care and treatment with dignity (Vision and Value, n.d.). NACO categorised districts based on HIV prevalence and provided services to the affected population (Paranjape & Challacombe, 2016). The main objectives of NACO include reaching diverse populations, developing evidence-based AIDS programmes, eliminating discrimination and stigma through education, preventing mother-to-child spread, and providing treatment drugs to a wider population (Vision and Value, n.d.). The National AIDS Control Programme (NACP) has evolved into a nationwide programme that efficiently provides HIV prevention, diagnosis, and treatment services (Tanwar et al., 2016). Free antiretroviral drug therapy(ARTs) and services have been provided under NACP in ART clinics for over a decade (Sharma, 2015). According to the National Family Health Survey (NFHS) conducted by the UNFPA in India in 2020, only 22% and 32% of young women and men have comprehensive knowledge of HIV/AIDS (UNFPA, 2020). This highlights the need for sexuality education, despite the significant efforts of NACO. The National Health Mission (NHM) was first initiated in 1952. It involved activities such as introducing oral contraceptives, organising sterilisation camps, and setting targets for population control. These activities later shifted towards a community-based approach and promoted spacing between births. The National Population Policy was developed in 1994, promoting holistic development and, in 1977, avoiding the compulsion of sterilisation (Kongawad & Boodeppa, 2014). As part of the family planning programme, the wider National Health Mission was formed. The National Rural Health Mission (NRHM) was initially launched on April 12th, 2005, and the National Urban Health Mission (NUHM) was launched on May 1st, 2013. These were later combined in 2013 to form the National Health Mission. The main objective is to promote maternal, child, neonatal, reproductive, and adolescent health, prevent communicable and non-communicable diseases, and increase the effectiveness of healthcare systems (Ministry of Health & Family Welfare, n.d.). The ARSH programme was also part of the NRHM, focusing specifically on adolescent reproductive and sexual health (Ministry of Health & Family Welfare, n.d.). Sexuality education will be an important prerequisite for achieving the aims of the NHM, as both share the values of promoting maternal and child health, reducing the incidence of communicable diseases, and promoting healthy lifestyles. Mission Indradhanush was launched on December 25th, 2014, under the leadership of the Health Minister, then Mr. J. P. Nadda. The primary aim was to achieve 90% immunisation coverage in the country by 2020 (Singh, 2018). In 2017, the government intensified Mission Indradhanush to increase immunisation coverage and reach a larger population (Bhadoria et al., 2019). Both Mission Indradhanush and intensified Mission Indradhanush are focused on closing the immunisation gap and strengthening immunisation coverage (Mohapatra et al., 2018). As part of post-natal care, sexuality education will raise awareness about the importance of immunisation, which will motivate individuals to be immunised.

The HIV & AIDS (Prevention & Control) Act was passed on April 20th, 2017 to protect HIV and AIDS patients from injustice in areas such as education, employment, housing, healthcare, insurance, and confidentiality of their treatment (Khaire, 2017). This law also prohibits conducting HIV tests, experiments, or medical treatments without the individual's consent (Verma et al., 2018). Sexuality education will not only help individuals understand the different methods of diagnosing and treating HIV/AIDS but also their rights and opportunities in society. The lack of awareness about the benefits of this law will be addressed in sexuality education. Maternity Benefit Act was passed by the government on 12th

December 1961 to support pregnant women in the workplace (Gethe & Pandey, 2023). In 2017, the act was amended to include improvements such as extending maternity leave to twenty-six weeks, allowing up to 8 weeks of leave before the expected delivery date, providing the option to work from home based on the nature of the job, and mandating the availability of a crèche in the workplace where mothers can visit their infants four times a day. These changes are aimed at reducing job turnover and improving healthcare for pregnant women (Madhekar et al., 2020). Sexuality education can help women understand the relevant regulations and laws related to childbirth, empowering them to make informed decisions with clarity. Earlier In 1929, early British India enacted the Child Marriage Restraint Act, which underwent various amendments after independence. In 1978, an amendment set the legal marriage age for girls at 18 and for boys at 21. The act was renamed the Prohibition of Child Marriage Act in 2006 (Shekhar, 2024). In 2021, an amendment was passed to increase the age of marriage for women to 21, equal to that of men (Chathanath, 2022). Despite these legal measures, many people remain unaware of the laws and amendments. According to the NFHS survey 2021 conducted by UNFPA, 23% of women aged 20-24 are being married before the age of 18, and 5% before the age of 15. In contrast, only 3% of men aged 20-24 reported being married before 18, and none before 15 (UNFPA, 2023). Although there has been a significant reduction in child marriage, these incidents still occur due to differences in education, religion, residence, and economic status. Providing comprehensive sexuality education may raise awareness about the negative effects of child marriage, both psychologically and physically. The workplace is generally considered a safe environment for employment, but there are instances that can negatively impact physical and mental health (Veluvali, 2021). In 2013, the "Prevention of Sexual Harassment" (POSH) for women was established to prevent sexual abuse of women in the workplace. Internal Complaint Committees (ICC) are formed to make appropriate decisions after a thorough investigation (Prakash et al., 2023). Sexual harassment can occur verbally or physically at any age and in any location. Sexuality education can provide a deeper understanding of harassment, ways to prevent it, and the procedures to follow after experiencing harassment in the workplace. This will empower workers to address the issue with strength and clarity, and awareness of the POSH Act is also an important aspect of sexuality education. The government implemented the Domestic Violence Act of 2005 in 2006, not only to address the issue of dowry but also to address all forms of domestic violence against women (Bhatia, 2012). The act also provides for compensation, sharing of household responsibilities, and the right to maintenance (Jan, 2014). Despite being well-structured, there is still a lack of awareness about the act (Jan, 2019). Additionally, there are concerns about gender bias and the potential for misuse of the act (Singh et al., 2018). Domestic violence can have various underlying causes, with a lack of understanding of gender equality being a significant factor. Comprehensive sexuality education can help individuals understand gender roles, equality, and how to lead a respectful life, as well as how to respond to mistreatment. This can help prevent domestic violence in our society. The Protection of Children from Sexual Offences Act came into effect in 2012, making any form of sexual activity with a child under 18 years of age a criminal offence (Seth & Srivastava, 2017). This law is in line with Article 15 of the Indian constitution, which mandates the state to protect children. It applies regardless of caste, gender, or religion (Acharya & Acharya, 2020). However, for this law to be effective, children need to be educated about abuse so that they can speak up about any injustices. Key components of sexuality education include understanding their bodies, setting boundaries, seeking help, recognising abuse, and having the confidence to communicate about these issues. In 1971, the government passed the Medical Termination of Pregnancy Act to provide safe abortion services for pregnant women (Chaudhary et al., 2023). The MTP amendment was passed in 2021 with the following changes: One registered medical practitioner (RMP) is sufficient for abortions up to 20 weeks, and two RMPs are required for

abortions between 20 and 24 weeks. The MTP can be extended from 20 to 24 weeks in special cases, such as for minors, differently-abled individuals, or in cases of rape, with recommendations from two RMPs. There is no time limit for MTP in cases of foetal abnormalities confirmed by a medical board under the MTP Act. Details of MTP should only be disclosed to authorised individuals under the law. Additionally, MTP due to failed contraceptives by partners is accepted regardless of marital status (Kumari et al., 2024). Despite the significant impact of the MTP Act on women, emphasising the importance of bodily autonomy and rights, gender inequalities, social taboos, lack of communication, and societal boundaries still affect women's ability to make decisions that are in their best interest. Comprehensive sexuality education can empower individuals to make informed decisions by understanding and evaluating their situations in depth.

The National Health Policy of 1983 and 2002 have been crucial for the healthcare system. The objectives of the National Health Policy developed in 2017 were to enhance the government's role in healthcare, improve access to technology, increase the healthcare workforce, provide accurate information, and implement better financial strategies (Ministry of Health & Family Welfare, 2017). It offers comprehensive guidance on healthcare services and focuses on developing the overall healthcare infrastructure. However, it does not address all the components, like sexuality education. The National Policy for Children, 2013 focuses on the contribution of children under 18 to society. It covers six main areas: health, education, nutrition, survival, participation, protection, and development. The policy emphasises the provision of these services regardless of a child's background. It also emphasises the importance of preventing child abuse (Ministry of Women and Child Development, 2013). While the policy addresses many aspects, it does not include the teaching of life skills, which is a part of sexuality education.The National Population Policy (NPP), 2000 aims to understand the needs of adolescents and create programmes for this population. The policy emphasises the right to reproductive health information, accessible health care services, and counselling for adolescents and newlyweds through centres and sub-centres (Jejeebhoy & Santhya, 2011). While there is a focus on understanding the unmet needs of adolescents, providing comprehensive education and counselling on all aspects is only possible through sexuality education. The National AIDS Prevention and Control Policy, 2002 aims to address the HIV/AIDS epidemic. Its primary goal is to prevent and control the spread of infection, with the ultimate target of achieving zero levels of infection by 2007 (LOK SABHA SECRETARIAT & PARLIAMENT LIBRARY, 2014). Instead of allowing the infection to proliferate and cause further harm, the policy focuses on prevention measures, including the implementation of AIDS testing in high-risk populations (NACO, 2003). While this policy addresses an important aspect of sexuality education, it is not comprehensive in its scope. The National Policy for the Empowerment of Women 2001 contains 17 small sections that remind us of gender equality and positive discrimination (Bose et al., 2006). The main aim of this policy is to establish the development, empowerment, and advancement of women (Joshi & Moharana, 2015). All these factors are one of the key components of sexuality education, but there is still more to be included in the policy to establish the comprehensive nature of sexuality education.

CONCLUSION

Sexual health policies, programmes, and laws are considered to be vital factors in providing a safe environment. Despite its abundance of advantages, there is still a major gap in developing initiatives based on the unique needs of the young population, lack of comprehensiveness, and homogeneity in the population. The majority of the initiative's primary objectives are to prevent sexually transmitted diseases, prevent sexual abuse,and provide maternal care, immunisation, and child marriage. These initiatives made a remarkable change in both rural and urban areas. However, now it is important to shift our thoughts towards making society self-equipped and allowing them to make informed decisions. To prevent the majority of issues, sexuality edu-

cation programmes and related policies can be developed homogeneously across the country so that any kind of abuse, from body shaming to sexual abuse, can be prevented, more awareness about our own bodies and their functions can be raised, and gender inequality can be permanently eliminated.

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