

Training course in adolescent sexual and reproductive
health 2019

Comprehensive sexuality education provision

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Question 1:

What evidence could you use to convince decision makers that CSE does not harm children and adolescents?

A little over one-fourth (26.8%) of the girls in India are still getting married below the legal age contributing to 8% teenage pregnancies. Evidence around this issue would be of interest to the policy makers and create an advocacy around CSE program implementation.

The following evidence can be used to convince decision makers that CSE does not harm children and adolescents:

Firstly, CSE programs improve knowledge, skills and intentions to avoid risky sexual behaviours (such as unprotected sex) and improve intentions to use clinical services. It leads to increased use of contraception and condoms that can prevent unintended pregnancies and address unmet need of contraception

Secondly, CSE contributes to delayed initiation of sexual intercourse as the age of sexual debut in India has gone down in recent years which can have serious health consequences.

Question 2:

What in your opinion is one widely held misconception about CSE?

I think the widely held misconception in India is that CSE goes against Indian culture or religion. The present government of India believes that sexual education in schools or making it a part of curriculum will have a negative impact on children.

Question 3:

What are the eight underpinning concepts of the ITGSE? In your opinion, which one is the most important and why?

Eight underpinning concepts of the ITGSE are:

- Relationships
- Values, Rights, Culture and Sexuality
- Understanding Gender
- Violence and staying safe
- Skills for Health and well being
- The Human Body and Development
- Sexuality and Sexual behaviour
- Sexual and Reproductive Health

Though all the components are very important and should be given in an integrated manner, however, I think skills for health and well being is the most important. In the age group of 10-19 years, an individual is highly susceptible to peer influence which can be either beneficial or detrimental. There is a need to equip children with life skills that will enable them to meet the unknown challenges. It is critical to recognize the importance of life skills and bring them in the school system as an additional period addressing various developmental learning stages of students. These skills will enable children and young people

in various developmental stages to articulate their concerns, know their rights, build self-esteem, self-confidence and resilience, counter shame and fear and enhance their ability to take on responsibility for self, relationships and (to an extent) society around them.

Question 4

The UNESCO publication identifies barriers to the implementation of CSE (pages 4-11). Of these barriers, identify three that are most relevant to your country and explain why.

In India, following are the three most important barriers in implementation of CSE:

Lack of enabling environment for SRH needs: One of the important barriers towards implementation of CSE in India is the lack of political commitment. The legislators do not understand the importance of CSE and they believe that it can lead to promiscuity and irresponsible sexual behaviour in adolescents. This issue is complemented with cultural conundrum wherein public discussion of topics related to sexuality are often considered taboo in India.

Lack of prioritization from Education Department: Adolescents SRH issues are often considered as a domain of health department where education department has a less role to play. Due to this, education sector is not prioritizing this area in their books or curricula. It is also understandable as health department is also not leading and no consensus is being developed to take this forward.

Lack of Quality Curriculum: In India, Adolescent Education Program is being implemented to address the reproductive and sexual health (ARSH) needs of adolescents. It is being implemented as a key intervention for empowering adolescents to deal with risky situations, preventing new HIV infections, reducing vulnerability to the infection and substance dependence and influencing positive behaviour development. The curriculum of this program is do not contain the key 8 concepts of CSE where topics related relationships, sexual and reproductive health, and social and gender norms are missed.

Question 5

The UNESCO publication proposes actions to overcome these barriers (pages 12-14). Of these actions, identify two that are most appropriate to the barriers that you have identified.

Strong Political Leadership: It is utmost important to create advocacy at all levels to ensure CSE is part of their core mandate. Education and Health departments should make a convergent action plan to address SRH needs of young people. Education department should address these issues with quality curriculum while health department link it with appropriate youth friendly sexual and reproductive health services. Education department should make CSE an integral part of the content and process of school and teacher education. It should be reinforced in all spaces and structures of school education, including, class room transactions, school assembly, PTA meetings, school events, school inspections and monitoring protocols.

Culturally sensitive, age appropriate and evidence based curriculum: Education Department should review the current Adolescent Education Program on the lines of International technical guidance on sexuality education. Curricula should be updated to

ensure it reflect evidence and good practice and cover areas frequently excluded, including sexuality, contraception, gender, power, gender-based and sexual violence, consent, menstruation and social skills. The curricula should be strongly oriented towards the transformational potential of education, based on principles of equity and social justice.