A REVIEW OF THE REVISED SEXUALITY EDUCATION CURRICULUM IN INDIA

BY TARSHI*

We at TARSHI (Talking About Reproductive and Sexual Health Issues) applaud the Indian government's renewed efforts to re-instate a sexuality education curriculum (now called Life Skills Education) in India's schools for 10 to 19 year olds[1]. Recognition of the importance of educating youth in these matters is a large step towards a healthier and happier population. However, after careful review of the material covered in this new curriculum, we believe that it is lacking components that are essential to not just comprehensive sexuality education, but to the efforts this curriculum intends to make in HIV/AIDS prevention.

A review of the proposed curriculum in the context of helpline calls

In taking a conservative approach after last year's backlash, the new curriculum proposed by NACO and the Ministry of Human Resources and Development leaves out critical information, as well as imposes beliefs and values on young people that prevent them from clarifying their own beliefs and values and discourages them from making their own decisions. Calls to the TARSHI helpline have allowed us to identify key areas in which both young people and adults are lacking information. Many of these are ill-addressed by the revised curriculum, including information on: puberty and the body, conception and contraception, healthy relationships and communication, gender identity, body image, and HIV prevention.

Our critique of this new curriculum stem from what we have learned from the 60,000+ calls we have received about the needs of people of all ages for sexuality information on the TARSHI helpline. TARSHI is a Delhi-based NGO that is dedicated to working towards sexual well-being and a self-affirming and enjoyable sexuality for all people. TARSHI believes that all people, irrespective of age, have the right to information on sexuality so that they can lead lives free from fear and confusion and be able to make decisions about their lives. Since 1996, TARSHI has hosted a confidential telephone helpline service providing information, counselling, and referrals regarding sexuality and reproductive health issues. It is staffed by professionals in fields related to sexual and reproductive health who are trained for this counselling. Since its inception in 1996, the TARSHI helpline has responded to over 60,000 calls. 43% of the calls received by the helpline asking for general sexuality information come from young people under 25 years of age.

Sexuality and young people

For several years now, the subject of sexuality education in India's schools has been hotly debated across the country. Despite the efforts of NGOs and schools to institute a curriculum,

[1] The revised Adolescence Education Programme module developed by the National AIDS Control Organisation (NACO) and the Ministry of Human Resources and Development.

the governments of 12 states have resisted the proposed sexuality education programs. This reaction has been due mostly to heavy opposition from conservative groups, who claim that sexuality education will harm the youth and pollute the nation and culture[2].

The main argument cited by those against sexuality education is that access to this knowledge will "corrupt" the youth and encourage them to experiment sexually. However, many studies have shown the opposite to be true. For example, a 1997 study commissioned by the WHO and Global Programme on AIDS entitled *Sexuality Education and Young People's Sexual Behaviour: A Review of Studies* reviewed 47 studies that evaluated sexuality education interventions implemented in various countries. In 17 of these studies it was reported that education delayed the onset of sexual activity, reduced the number of sexual partners or reduced unplanned pregnancy and sexually transmitted infections (STIs) . 25 studies reported that education neither increased nor decreased sexual activity and attendant rates of pregnancy and STIs. Also, the WHO Technical Report Series No.938 *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries*, 2006, shows that school curriculum-based HIV prevention education results in delayed age at entering a sexual relationship, reduced number of sexual partners, increased use of safer sex and contraception and other such positive behaviours.

Not only is the "experimentation" argument debunked by official study, but examination of calls received on the TARSHI helpline also provides information to the contrary. The helpline callers did not become curious about matters of sexuality because they have been introduced to them in school – obviously as sexuality education is still not part of the curriculum. Their questions come from things they see and hear around them, and from the experiences of their own lives. Everyone already possesses a certain amount of sexuality information, gathered from family, friends, the media, and many other sources, which is often incomplete, erroneous, and possibly contradictory. Why should they not have the entire picture, from a reliable and accurate source, instead of piecing together random bits of information?

Additionally, anti-sexuality education crusaders often argue that introducing these topics into formal education will "harm the culture" of India. Sexuality, however, is a central aspect of being human. To argue that it is not part of the culture is to argue against being human. Whether sexuality and the matters it encompasses should be aired openly in the public arena is also not even up for debate anymore – these issues are already pervading society through every form of media, from television advertisements to magazine photos to music videos, even if they are still forbidden as topics of open conversation. It would be far more beneficial to teach young people to integrate sexuality information with their beliefs, values, and culture rather than just ignoring these influences and leaving adolescents alone to sort through all the mixed messages bombarding them from every direction.

This is the reason the TARSHI helpline exists, and also the reason that sexuality education should exist: to clear up misconception and in fact discourage unsafe experimentation. The TARSHI helpline currently runs three days a week, Monday to Wednesday, from 10 am to 4 pm. Calls are taken by trained counselors. Callers may begin their conversation with a 'safer' topic before moving on to address their real concerns. Several different sexuality-related topics may be

[2] http://www.iht.com/articles/2007/05/24/africa/letter.php, among others

addressed in the course of a call, as callers begin to be more comfortable and speak about more intimate issues and their feelings about them. Over the years, the helpline has been publicised over FM radio, cable television, through newspaper and magazine articles and through the TARSHI website. The Internet is fast becoming a popular way of reaching out to people and we have recently received calls from people as far away as Tamil Nadu, Assam and Karnataka, who got the helpline number from the Internet. Each call on the TARSHI helpline is documented in writing, in order to maintain a high quality helpline service, to continue to offer quality counselling to callers who call again and to deepen TARSHI's understanding of sexuality and reproductive health and rights issues within the Indian socio-cultural environment. The calls are not tape recorded in order to preserve the callers' confidentiality and anonymity. However, counsellors are trained to make relevant notes of the conversation immediately following each call. Documenting the issues that the callers seek counselling for also provides data for future research and analysis on how sexuality is being played out in diverse circumstances of peoples' lives. The information from calls informs and guides the activities that TARSHI engages in.

A look at the demographic profile of the TARSHI helpline callers demonstrates that calls come from married individuals even more than single ones[3]. This isn't just about teenagers and experimentation – sexuality information is needed for those who are older and have spouses and careers and children as well. The needs of callers fall across the entire spectrum of sexuality topics, from the most basic information on hygiene and puberty, to modes of HIV transmission, to complicated issues of communication and consent within a relationship. While many callers are operating under myths and misconceptions about sexuality, some of which could be dangerous and bring unwanted consequences, many more suffer simply from a lack of information and an inability to communicate with others about these issues.

Let us look now at young people's needs for information on puberty and the body, conception and contraception, healthy relationships and communication, gender identity, body image, and HIV prevention, and how the proposed curriculum provides information on these.

Information on puberty and the body

The curriculum is intended to be taught in classes 9 and 11; however, as many young people in class 9 will have already begun to experience puberty, this is much too late to begin sexuality education. Young people need to be told what to expect *before* they begin to go through these changes so that they can confidently navigate these trying years free from anxiety, fear, and abuse. When young people go through puberty, their whole world can turn upside down. These are difficult years socially and emotionally, not to mention the confusion and insecurity that can be created by the physical changes going on in a young person's body. These changes can be even more bewildering to a child who has no idea how or why they are going on. Additionally, lack of information on hygiene and taking proper care of one's body can lead to health consequences such as infections.

[3] See Talking About Sexuality: A Report of Preliminary Findings from the TARSHI Helpline, TARSHI, 2007. Also available online at www.tarshi.net

One of the most common subjects of calls from teenage girls is menstruation. Girls in the 15-19 year old age range are most concerned about the irregularity of their periods, notably lateness and length of cycle. Teenagers seem to be suffering from a lack of information about their bodies, specifically about what happens when a woman starts menstruating. Most of these young women had started their periods recently, within the range that regularity is not necessarily to be expected, and considering their age, it is likely that the irregularity was due to normal development rather than an actual health problem. This indicates that these women were not educated properly about menstruation, either on this specific aspect of menstruation or on the development of their bodies in general. And, had they asked their mothers, older sisters or other women, their anxieties most likely could have been allayed by the experiences of these older women. However, several calls from older women indicate that they themselves are unable to broach this topic with their daughters, likely due to the discomfort around sexuality that they grew up with and have now adopted. One woman expresses that she "doesn't know how or what to say" to prepare her daughter for menarche, and another states shyness as a reason for her hesitation in broaching the subject. Their embarrassment will likely be transferred to their daughters who, taking this cue from their mothers, will also be shy and embarrassed when talking about these issues to *their* daughters. The best way to break this cycle is through a program of sexuality education that provides accurate information and encourages discussion within an academic context, removing discomfort around these issues in the process. The menstruation information included in the new curriculum thoroughly covers the biological process of menstruation, but lacks the specific information that is relevant to a girl actually experiencing menarche. The young girls who called the helpline worried about their irregular periods would not be helped in this respect by the proposed curriculum. Additionally, no information about sanitary napkins or tampons is provided.

Another related anxiety that women callers often have is that of "leucorrhoea", or "excessive" white discharge. Of the women who called with this concern, only one or two seemed to have an actual problem – the rest were unnecessarily worried by the normal discharge that keeps the vagina clean and healthy, expressing concern that it will affect their fertility. If they had been taught, in a sexuality education class perhaps, that this discharge is not only normal but a sign of healthy vaginal functioning, their fears would be nonexistent. To allow young people to suffer from needless fears of normal body functioning due to lack of information is unfair and unkind. Young people deserve to know the facts about how their own bodies work and the changes they experience throughout adolescence.

A lack of information about sexuality is not restricted to young women: teenage boys also face concerns about their bodies and suffer from misinformation. Most notable among their concerns is the issue of nocturnal emission. Many young men view nocturnal emission as a "disease" that is caused by some inappropriate behaviour and are therefore ashamed and embarrassed to be experiencing it. Some go to great lengths to hide these "wet dreams". They call with inquiries on how to "cure" their problem, and some frustratedly complain that the "cures" they received from doctors or healers did not work. These young men need to be reassured that nocturnal emission is a completely normal part of the sleep cycle and not at all evidence of some internal evil or retribution for past transgression. This applies to older men as well: one man called very depressed because he didn't know that nocturnal emission was not an illness, stating that "we were not given any sexual education". That the perception of nocturnal emission as an illness

can give rise to such negative emotion is telling of the consequences of dispelling these rumours. Elimination of the shame and embarrassment surrounding nocturnal emission would do wonders for the self-image and confidence of young men who are suffering under the impression that they are somehow wicked for experiencing what is a common bodily process. It is good that the proposed curriculum dispels the rumours about "nightfall" and reassures young men of the naturality of this occurrence.

Calls from those above the "teen" range demonstrate that even adults are still lacking basic information about their bodies and body functioning. Several callers express confusion about the location of the vagina or the number of "holes", with many callers unaware that the urinary opening is separate from the vagina. Genital hygiene, another important topic that would be included in a sexuality education curriculum for young people, is also a subject around which there is much questioning and confusion. This is a health issue that if left unaddressed could have future repercussions, such as infection.

Even older women seem to have missed out on ever learning about menstruation. Many calls about menstruation from older, married women center around pregnancy, either how to achieve it or how to prevent it. One couple called, concerned that they may have conceived, but also stated that the wife had been having regular periods since the night they thought conception had occurred (42807). Not knowing that regular periods signified the absence of pregnancy, the couple became needlessly anxious about the possibility of conception. Also, as the age of women calling about menstruation increases so does the likelihood that they are on medication that affects this bodily process. Many of the women above the age of 20 years who call with irregularity concerns mention that they have taken some form of emergency contraception recently, and this is generally determined to be the cause of skipped or late periods. The misuse of emergency contraceptive pills (ECPs) has received much attention recently with the introduction of the Cipla I-pill, and calls to the TARSHI helpline lend support to these reports of misuse. As continual overuse of ECPs can lead to serious health consequences, it is essential that information about these repercussions and means of proper use be distributed to the public.

Conception and contraception

The formal setting of a classroom is an ideal place to distribute correct information about contraceptives. Calls from those who are sexually active reveal a vast number of misconceptions about reliable methods of contraception. The questions asked are of such a basic nature that these callers cannot possibly be having sex safely – taking the precautions against pregnancy that they intend to – but they are having sex regardless, even with half-baked information (which they may or may not know is inaccurate). One young man called to ask if his girlfriend could get pregnant if they had sex without a condom. Many other callers inquire about the reliability of methods that are quite unreliable, such as withdrawal and safe period. One female caller provided incorrect information on the fertile days. Misconceptions range far and wide, from the belief that there is no chance of pregnancy with anal sex to the folktale that if a woman urinates right after sex she will avoid conception, which goes hand-in-hand with the misconception that the urinary opening and the vagina are the same.

Calls inquiring about contraception also indicate a desire to have intercourse safely and responsibly. Many who are "about to get married" call for contraceptive information, demonstrating their knowledge about the role and importance of contraception despite an absence of specific details. The desire for this information is promising, because it displays an increasing awareness of and commitment to safer sex, and with that comes a decrease in unwanted pregnancy, HIV, and other sexually transmitted infections. It also indicates a need for more comprehensive information to be included in the sexuality education curriculum. The base of young people who not only want but possess this information would be significantly increased, the effects of which would be mirrored in the considerable decrease of the above mentioned consequences of unsafe sex. However, the contraception information provided in the proposed curriculum is severely lacking. A brief description of "methods" (mechanical, chemical, intrauterine, surgical) is given, but with no instructions on actual use, availability, reliability, and side-effects, which are the concerns most relevant to the helpline callers.

Details on contraception are difficult to impart if intercourse itself is not explained. The lesson on conception, while addressing internal biological mechanisms, omits any description of intercourse. Sexual intercourse is shrouded in the euphemism of "intimate physical relationships", insulting the intelligence of young people who know there is more to the story than that. It also puts those who don't know in danger, for example, an 18-year-old girl called the helpline to ask if kissing causes conception. Without the knowledge of what *does* cause conception, as the curriculum would leave her, this young woman is at risk for unwanted pregnancy and possibly infection. There is no mention of the function of the vagina and penis in sex in the description of these organs. Young people need to be told not only that the vagina is where menstrual blood as well as the baby comes out from, but where sperm get in to fertilize the egg and cause conception. To omit this information is to put young people at risk for unwanted pregnancy.

Healthy relationships and communication

Additionally, not talking about sex intensifies the taboo around the subject rather than alleviating it. One of the most important consequences of sexuality education is that by fostering discourse about these issues early in adolescence, it gives an individual the capacity to talk about sexuality outside of the framework of the classroom. This leads to the development of communication skills that are needed in future relationships. Many calls to the helpline demonstrate an inability to communicate about matters of sexuality within relationships, whether romantic, platonic, or familial. Issues of sexual dysfunction and dissatisfaction, for example, can often be solved simply through communication with one's partner, and many times the all that is required is for the person to just talk with his/her partner about the issue at hand.

These skills are extremely important, for a relationship suffers greatly when those in it are unable to communicate with each other. One caller admits that "the difficulties in sex life are damaging other aspects of the relationship". He says that he and his wife become irritable with each other and get into arguments, and that his wife now avoids him when they are alone at home and goes into the kitchen or is busy on the phone. Another caller, frustrated with the monotony of his sex life with his wife, states that this is affecting his mood and he often takes his frustration out on

others. So not only does this inability to communicate about desire and dissatisfaction affect the relationship with one's partner, it also has an impact on other areas of life by taking a toll on mood and general well-being, damaging other relationships as well.

Even outside of sexual relationships, the inability to talk about matters of sexuality can hinder relationships and even lead to serious health consequences. For example, a young man, age 18 years, called the helpline with a health concern that he felt he couldn't talk to his parents about – he had found a lump in his testes. His inability to confide in his own parents about a problem simply because it had to do with sexual anatomy could have had serious consequences – for example, if the lump had been cancerous and not been treated. This taboo can have a negative effect not only on mood and emotional health, but physical health as well. A woman called to ask questions about post-childbirth health, stating that she didn't feel comfortable asking her mother or even her doctor. She couldn't turn to her mother, who would have been able to offer the wisdom of personal experience, or to her doctor, who is trained to advise her, because of the discomfort that exists around all matters of sexuality, even one as tame as childbirth.

So many calls demonstrate the caller's need to simply talk to someone about their problems, to weigh their decisions, to validate their feelings, or to help them clarify their values. Some callers even admit that they are uncomfortable or afraid to talk to anyone else and that there is no one with whom this would even be acceptable. If people are taught from school-age to talk about these matters without shame or embarrassment, then they will be able to communicate with their partners/spouses, parents, families, and friends more easily about their problems – whether related to a sexual relationship or not – rather than resorting to an anonymous voice on a telephone helpline. Having a sexuality education program that includes comprehensive and complete information would achieve this by initiating discourse about matters of sexuality, which will eventually lead to more comfort with these topics and thus healthier communication in relationships. The way some aspects of sexuality, such as intercourse, are addressed in the recently proposed curriculum works against this aim and puts the health and well-being of young people at risk.

Body image, gender, and identity

As described above, the influences a young person has to integrate and make sense of are many and varied, often sending mixed messages about the "right" or "normal' way to be, which is very confusing for an adolescent trying to develop his or her own identity and self-confidence. Messages about standards of beauty and normalcy pervade society through every form of media, from television advertisements to magazine photos to music videos, but sexuality and the matters it encompasses are forbidden as topics of everyday conversation. Many young people are led to believe that there is something "wrong" with them if they don't measure up to the images and ideas they see in the media. This affects both young women and young men. Unfortunately, the new sexuality education curriculum perpetuates such "standards of normalcy" through its prescriptive view of young people's sexuality, identity, and ability to make decisions, which will have harmful effects on their self-esteem and self-image.

Data from the helpline calls indicate that body image issues for women tend to be centred around weight and breast size, while men are more concerned about penis size and how that relates to premature ejaculation and satisfaction of their partners. Many women call asking for advice on how to increase their breast size. A large number of these women are under 20 years of age and may not even be done developing yet, but the standard of large breasts perpetuated by the media has caused them dissatisfaction with their bodies, causing some to go to great lengths to change something over which they truly have no control. Sexuality education would stress that media representations of the "perfect" body are not necessarily good or healthy and instead promote healthy lifestyle, the importance of taking care of one's body and having appreciation for our differences, thus increasing self-esteem and body confidence. Young men, too, suffer from doubts about their worth caused by the media and also pornography. Men call to ask why they can't perform in the way they see in "blue films" or why they don't "measure up" to the actors. The perception that porn is a reflection of reality is a problem for men in their self-image as well as their relationships. Young men who doubt their self-worth because of not measuring up to what they see in porn films can develop anxiety and- low self-esteem, causing them to seek out "treatment" for problems where there are none. It is important for young men to have a source from which to get an accurate version of reality, and a school-taught sexuality education course would be an appropriate. Misconceptions lead to self-confidence issues, unwarranted fears, unwanted consequences and unhealthy relationships. They can be physically or emotionally harmful or both, and they should be put to rest for good by offering young people the facts in sexuality education courses.

Young people should be taught that everyone's bodies are different, and what they see in films or on TV or in magazines is not at all representative of the "normal" or "average" person – the idea that there is a "normal" or "average" person should be completely dispelled by the curriculum rather than shamelessly propagated to instil fear and doubt in India's youth. The messages given to teens from the media indicate that they have to be a certain way to be normal and acceptable. If these messages aren't countered by messages of acceptance, tolerance, and diversity, young people will be led to believe that they are abnormal, ugly, or inferior. Unfortunately, the narrow scope of the messages propagated by the new curriculum may cause young people to think just that.

Low self-esteem and body confidence decrease a person's sense of well-being and happiness. One caller expressed feelings of loneliness and guilt for being "different". Another said he feels an "inferiority complex" because he is bisexual. These feelings are created and perpetuated by a lack of consideration and tolerance for difference, which is why sexuality education is important for teaching respect and acceptance for all shapes, sizes, colours, and identities of people. However, there is no discussion of gender identity in the section on sex and gender. Attraction is only discussed in a framework of heterosexuality. The only reference to those who do not identify heterosexually comes in the form of what can essentially be considered a veiled threat or warning: "People, including children, who diverge from sexual norms are often stigmatized or ostracized (including single/ unmarried person, intersex, homosexuals) while those who keep to the rules (mainstream heterosexual norm) are well accepted." This description will instill fear and anxiety in those who have feeling that don't "keep to the rules" (which may be the curriculum developers' intention). Their self-esteem and personal well-being will be harmed, and they will be less likely to talk about their feelings and go to adults with problems. This puts

them at risk for making unhealthy decisions, not to mention the "stigma" and "ostracisation" that teaching something like this to young people will continue to propagate. An ideal sexuality education curriculum would instill tolerance and respect for all types of people, regardless of their gender identity or sexual orientation – as well as their choices to marry, not marry, or divorce – and would not pass any kind of judgment, demonstrate bias towards certain values, or propagate any "standard" or "norm" of behavior. This is one of the central tenets of a model curriculum; while the revised curriculum states in several places that the instructor is not to pass value judgments or express his/her own beliefs, the nature of the curriculum itself imposes values and beliefs on young people instead of providing them with information and allowing them to make their own decisions.

HIV prevention

Most notably, the way HIV prevention is addressed in the Teacher's Workbook is highly inadequate. Despite citing the fact that 86% of cases of HIV are sexually transmitted, the curriculum provides scant information on how sexual transmission occurs and how to protect oneself against this particular means of transmission. Of course, it is very difficult to explain how HIV is transmitted sexually if one doesn't explain what sex is in the first place. The guide even states that "young people have limited knowledge about HIV because they are not comfortable talking about it, as sexual mode of transmission is the major route…". It would seem obvious that the way to make young people comfortable with talking about the sexual mode of transmission would be to talk about it; instead the curriculum leaves young people in the dark, solely mentioning that HIV is transmitted sexually and leaving out the hows, whys, and all-important information on HIV protection during sexual activities. Many calls to the helpline betray the confusion and uncertainty surrounding HIV. Callers who ask whether activities like kissing, eating lunch, or sucking nipples can cause HIV demonstrate that despite awareness of the existence of HIV, they have no idea how to protect themselves from it. This incomplete knowledge is hardly helpful – people who avoid kissing for fear of getting HIV but have sex with many partners without a condom will be putting themselves and others in danger while mistakenly thinking they are protected. While the curriculum very comprehensively informs youth how HIV is *not* transmitted, the deficiencies in the material on sexual transmission and safer sex make the curriculum essentially useless in its goals of checking the HIV/AIDS epidemic. If people don't know about sex, they will not understand this most common means of HIV transmission, and it will be impossible for them to protect themselves from it. Young people need and deserve this information.

While condoms are mentioned twice – once within the section on contraception (within marriage) and once in the HIV prevention section (only as "correct and consistent condom use") – there is no information on *how* to use condoms correctly, or the detailed reasons they should be used. Helpline data indicates that being provided with incomplete information can cause people to question or misunderstand what they've been told. For example, one caller asked how having multiple partners is unsafe. He had received the basic instruction but not the underlying reasons for it, and therefore questioned the advice he had been given. A comprehensive explanation of the nature of the virus, routes of transmission, symptoms, and the preventative measures is necessary for the health and protection of every person. Young people appreciate honest and

accurate facts to back up the instructions given to them by adults – to not provide complete information is not only unfair and unkind, but dangerous to their health and well-being.

Additionally, the stigma surrounding HIV/AIDS can also lead to unjust treatment of the positive person by their friends, families, and society. One caller described a friend whose daughter was being kept away from her by her family because the woman is HIV positive. The feelings of loneliness and isolation that those who are HIV positive can feel are only exacerbated when those they love alienate and scorn them. Sexuality education should stress that positive people can live a long healthy life and that they should not be treated with contempt, disdain, or fear. This will create a generation of accepting youth who will become supportive family members and friends to positive people in the future and help to eliminate the shame that surrounds HIV and AIDS.

A common myth about HIV is that only those who are sexually promiscuous or 'dirty' can catch the virus. One caller believed that since all of his partners had been "girlfriends", he was not at risk for HIV. Though, as stated earlier, having multiple partners can increase the risk of HIV transmission, the statement that *only* those with multiple partners can get HIV is very untrue, and even couples who are married or in other supposedly monogamous relationships can transmit HIV and other infections to each other. The proposed curriculum perpetuates this stereotype by stating that abstinence is the only choice young people should be making – the "information and skills" provided by the curriculum will make sure young people "reason out in favour of the choice of abstinence". Condoms receive a one-line mention in the 'HIV prevention' factsheet, which is itself only one page long. Considering the fact that HIV prevention is supposedly one of the most important goals of the curriculum, this is an embarrassingly small amount of information on what is one of the most crucial topics on the syllabus. The "abstinence-only" approach taken by the proposed curriculum has been proven ineffective in both reducing prevalence of HIV as well as rates of teen pregnancy, as will be discussed shortly.

Though it deserves the most attention as the STI with the most serious consequences, HIV is not the only STI covered inadequately in the new curriculum, nor is it the only one suffering from the myth that monogamy equals prevention. One woman called the helpline about an itching, burning sensation after sex and mentioned that her husband was undergoing treatment for an infection. The probability that the woman had gotten the same infection from her husband was high, yet she wasn't receiving treatment. The myth that married couples in a monogamous relationship are immune from infection and disease seems to be present in the medical world as well, since the doctor who was treating her husband didn't deem it necessary to treat or at least test her as well. This is problematic for all sexually transmitted infections, including HIV. To say only that STIs are transmitted through "sexual contact" and if one is "sexually active" is to leave young people with grossly inadequate information that puts them at risk for infection. STIs are not transmitted solely through intercourse, which this information would lead young people to believe, but can be transmitted through other sexual activities like oral sex. A young person who follows the mandates of the curriculum to abstain from intercourse is at risk for STI if she or he engages in other sexual activity, and this information should be included and stressed. To not include these details puts young people at risk and does nothing to curb the spread of sexually transmitted infections.

The problem with abstinence-only sexuality education

The language used in the newly proposed curriculum is chosen very carefully: young people will be taught to "develop life skills for *avoiding* [emphasis added] risky situations", but very little information is given on how to protect themselves should they choose to take a risk, as well as the details of exactly what behaviors are risky and why this is so. Teenage pregnancy is talked about in the context of the 20% of *married* teen girls who become pregnant. Unwed pregnancy is hardly mentioned, as the authors likely assume that all teenagers who are given the message of abstinence will follow it to the letter. However, abstinence-only education such as this has been proven to have no advantages over a more comprehensive education that also includes contraceptive information, or even over no education at all. Additionally, maintaining that "a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity" will create paranoia in students who do not conform to this "standard". Young people who think they're "abnormal" for acting on their desires will be less likely to seek help when they run into trouble, leaving them vulnerable to abuse and infection for this reason as well as their lack of information.

A 2007 study ordered by the United States Congress found that middle school students who went through abstinence-only sex education programs were not any less likely to have sex in their teenage years as those who did not take part in these programs[4]. The study tracked 2000 children from different communities from elementary or middle school into high school. Half of these children received abstinence-only education. In both groups, half of the young people had remained abstinent by the end of the study (at average age 17 years). Condom use was not high in either group. Those students who participated in the abstinence programs and became sexually active had first sex at the same age as the other students and also reported having a similar number of sexual partners.

The US-based National Campaign to Prevent Teen and Unplanned Pregnancy also conducted a review of 115 sex education programs in 2007[5]. They found no strong evidence that abstinence-only programs delayed age at first sex or reduced numbers of sexual partners, whereas two-thirds of programs that focused on both abstinence and contraception had positive effects such as delayed initiation of sex and increased condom/contraceptive use. More than 60% of these programs reduced unprotected sex. The comprehensive programs studied did not cause initiation of sex to happen earlier or increase frequency of sex.

Studies from other countries as well as studies across nations also conclude that there is no evidence that abstinence-only sex education programs have an effect on risk-taking behavior or occurrence of STI and pregnancy.[6] Publications as prestigious as the British Medical Journal[7] as well as respected organizations like the American Medical Association[8] and World Health

[4] Mathematica Policy Research Inc. "Impacts of Four Title V, Section 510 Abstinence Education Programs, Final Report". April, 2007 http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf
[5] Kirby, Douglas, Ph. D. "Emerging Answers". November 2007. http://www.thenationalcampaign.org/EA2007/
[6] WHO Technical Report Series No.938 *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries*, 2006
[7] http://www.bmj.com/cgi/content/short/335/7613/248
[8] http://www.ama-assn.org/apps/pf_new/pf_online?f_n=browse&doc=policyfiles/HnE/H-170.968.HTM

Organization point to comprehensive sexuality education as having positive effects on the behavior and health of young people.

To state it clearly: abstinence-only sex education does not have any advantages over its more comprehensive counterpart, while comprehensive sexuality education has been proven to have positive effects such as delaying onset of sexual activity and increased use of contraceptives and safer sex. A sexuality education curriculum that discusses abstinence as well as contraception, especially condom use to protect against HIV, is a much more effective and realistic approach to protecting young people and giving them the tools to make safe and healthy decisions.

Conclusion

Young people already receive sexuality information from a myriad of often unreliable sources – they deserve to know the facts, from basic information about their bodies to how to make healthy decisions to how to protect themselves from unwanted pregnancy, STIs, HIV, and abuse. Not only would sexuality education provide young people with much-needed information, it would boost self-esteem and confidence about themselves and their bodies, something that all adolescents struggle with at one time or another. Additionally, sexuality education creates a space for a young person to clarify their own values about these issues and make choices that reflect these values, rather than being swayed by the tide of whatever is the fashion at the time. They need these skills in order to navigate the ever-shifting boundaries between cultural acceptability and sexual taboos.

Calls to the helpline demonstrate that people of all ages and educational backgrounds are lacking sexuality information – if you don't receive this education in youth, when are you going to learn? Not providing sexuality education to youth has long-lasting repercussions, extending well into adult life.From the helpline data, it appears that there are callers in their 30s and 40s who still haven't learned even the basics of sexuality information, which is having an effect on their health and well-being, as well as their relationships with others. That there is a need for sexuality education is clear – the question is whether the governments of India's states will step up and acknowledge this need in the form of implementing a comprehensive sexuality education curriculum in our nation's schools.

Overall, the revised curriculum seriously underestimates the ability of young people to make their own decisions about their lives. Despite devoting a large portion of lesson time to developing "life skills", the writers of the curriculum command young people to follow their prescribed value system, including mandating a so-called "expected standard of human sexual activity" in the form of abstinence until marriage. Considering that one of the qualities of a good facilitator of sexuality education as listed in the guide is having the "ability to provide unbiased/balanced view on sensitive issues", this is hypocritical.

The IPPF Charter on Rights is included as a factsheet in the HIV Prevention and Life Skills section of the curriculum manual. Two of these rights are trampled upon by the very manual in which they are printed – the right to know, and the right to protect yourself and be protected. By knowingly neglecting information that is crucial to sexuality education, the proposed curriculum

disregards young people's right to know. And by disregarding this right, despite the fact that one of the main purposes of sexuality education is to control and decrease the spread of HIV, the new curriculum does nothing to defend young people's right to protect themselves from HIV.

The revised module is now open for public scrutiny and debate. This is the time for all civil society actors, including young people themselves, to demand comprehensive sexuality education. We urge NACO and all other relevant authorities to affirm young people's rights to information, to the highest attainable standards of health, and ultimately, their right to life itself.

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