

**P4.1. Evidencing Sexuality Education in Indian Context - Deepti Agrawal, MAMTA Health Institute for Mother & Child; Sunil Mehra, MAMTA Health Institute for Mother & Child; Jayant Kumar, MAMTA Health Institute for Mother & Child**  
E-mail:mamta@ndf.vsnl.net.in

**Background/Significance:** Young people in India face an extraordinary lack of information about sexuality. They require In India, the growing incidence of sexual relationships among adolescents, the increasing number of unsafe abortion, low self esteem among young people and increase of STIs underlines the need for proper education and awareness about a wide range of reproductive issues, including safe sexual behaviour. Curriculum based Sexuality Education is now recognized as a means to achieve this objective, by various stakeholders despite an unfavorable political scenario.

**Main Question/Hypothesis:** This project aims to develop and implement an appropriate and sustainable sexuality education program that enhances knowledge and brings about changes in attitudes of secondary school students on sexual and reproductive health. Attempts were made to gauge the level of knowledge, attitudes and practices at the outset of each year (for the cohort) through Pre-Post KAP Test analysis. Responses of different stakeholders were taken before developing curriculum for sexuality education. Also the changes in KAP as a result of intervention were measured. Special emphasis was given to feedback on quality and acceptability.

**Methodology:** The project is being implemented in four schools: two schools each (one boy's and one girls' school) in urban and rural settings in North India. This proposed project on sexuality education has two major parts: Research & Intervention. The Research part has four components, Needs assessment, pre-post assessment of knowledge and needs of adolescents, Periodic (process) evaluation and Impact evaluation at conclusion of program to determine program effectiveness over its lifetime The Intervention part has two components - development and implementation of age-specific sexuality education sessions by trained trainers starting with Class VIII in the first year, with expansion annually to subsequent years for the same cohort (Classes IX and X) based upon age-specific needs, assessment and feedback and modification of the program within each year where required (based on Process Evaluation, i.e. monitoring). Implementation part was done in three academic years – 2005-06, 06-07 and 07-08.

**Data & Findings:** The findings are quite encouraging. Young people *want more information on sexual relations, HIV/AIDS and about opposite sex* i.e. attraction, development of body, menstruation. There were changes noticed in peer dynamics. The boys reported that there is change in level of knowledge and attitude regarding sexuality in their friend circles. 94.8% of Young girls in the rural intervention schools are aware that it's male sperm that is responsible for determining sex of the child. Only 3.6% of girls are of the opinion that they will support 'ragging as fun'. Over two-third of girls are of the opinion that they will delay first pregnancy till they are 19 years of age. There are many more such findings. These information are not restricted to them but are freely exchanged significantly. They consider issues related to sexuality as an essential issue of life and not as a 'joke'. Sexuality Education is proving to be an effective tool in demystifying myths associated and affecting young people's day to day life. They also reported that now they more clear and confident on the issues and they also discuss these matters with their friends who are in different schools or who are in different classes but are close to them.

Unanimously all the participants responded that their class teachers should not take session as they have very different role. They are very much like '*abhibhawak*' i.e. guardian, and there is an age gap. Almost all the student in girls school strongly believed that these kinds of sessions should be taken by the teachers or facilitators who are *not* from their school because the relationship between student and teacher is not permit as they are not so comfortable with them. Some of the boys believed that their teachers are not competent enough to handle these issues as (facilitators) handle. To them the facilitators were well informed on the issues.

**Knowledge Contribution:** Many curricula that are currently available are from 'west'. In India curriculum that are available contain lessons on the biological aspects of the reproduction system and does not have education about sexual health. This research that covers and deals with issues like peer pressure, coping with stress, contraceptives, STIs, HIV and AIDS that are usually not communicated to young people in school setting. The study will provide an evidence from India supporting the fact that such education are needed and if provided in planned manner has tremendous impact on young people's sexual and reproductive health.