

International Journal of Policy Sciences and Law
Volume 1, Issue 1

Sex Education in Urban Slums in India

Shivangi Parihar¹ and Surbhi Tyagi²

This Article is brought to you for “free” and “open access” by the International Journal of Policy Sciences and Law. For more, visit <http://ijpsl.in/>

To submit your manuscript, email it to us at editorial.ijpsl@gmail.com or [click here](#).

1. Lady Shri Ram College, University of Delhi, India

2. Lady Shri Ram College, University of Delhi, India

Abstract

That sex is a taboo topic in India is no breaking news. Talking about sex or sexuality can earn glances and frowns even in well-educated, liberal, urban circles. With India being the second most populated country in the world and on its way to beat China to top the population chart, the need for sex education is urgent and yet remains unacted upon.

However, in the day and age of the Internet, social media, and unlimited access to information people, especially adolescents are getting information about issues related to sex and sexuality. The lack of comprehensive sex education curriculum or public awareness program has affected the population in various aspects and especially the ones who don't have any other legitimate resources to fall back on to know about sex and sexuality like the slum dwellers. There exists an overarching need for a concerted policy-driven initiative that aims to provide the basic information related to sexual relationships, consensual and non-consensual sexual experiences, safe sex practices and the paradigms of sexual violence for people to make healthy and informed sexual choices.

The paper seeks to explore the absence of sex education in urban slums. The lack of sex education in India violates the human rights of the Indian population. The paper attempts to assess the various reasons that contribute to a lack of awareness about sex and sexuality-related issues among slum dwellers in India. The research focuses on understanding the multifaceted consequences and challenges that urban slum dwellers face due to lack of sex education. In an attempt to reinforce the importance of sex education the paper also put forwards suggestive measures that can be adopted for improving the dilapidated situation of sexuality awareness in India.

1.0 Introduction

Sex education is defined as a broad program and set of instructions that aim to convey the issues relating to human sexuality and acquire information, attitudes, beliefs and values about one's identity, relationships, and intimacy. (Shajahan et al., 2015) Entailing the provision of sexuality-related information, sex education is needed to navigate sexual relationships and manage sexual health. It is not only limited to the physiology of biological sex and reproduction but also encompasses a wide range of values and beliefs about sex and relationships which are essential for building a strong foundation for lifelong sexual health.

Sexual health is regarded as a state of physical, emotional, mental, and social well-being in relation to sexuality and not just the lack of disease or infirmity as defined by the World Health Organization (WHO). (World Health Organization, 2018) This makes access to comprehensive sex education courses highly essential for any society to avoid unhealthy, exploitive, or risky sexual activities which may lead to health and social problems. Proper sexual knowledge not only empowers people but also ensures that they always make the right choices in life.

Treatment of sex by the society as something unnatural and impure has attached a negative connotation to sex education. In India, sex remains a matter to be discussed inside the closed doors of the bedroom. As a direct consequence of that, sex education which teaches sexual well being is met with the highest resistance and this has led to the absence of any structured sex education program in India. Introduction of an inclusive pedagogy of sex education becomes even more imperative for a country like India given the alarming presence of unhealthy sexual behaviours that prevail in Indian society.

The situation of absence of appropriate sex education is far more grave in Indian slums. From unplanned pregnancies, unsafe abortions to the prevalent spread of STDs, the slum population remains vulnerable to various unhealthy sexual behaviours and continues to fall prey to negative sexual and reproductive health outcomes. The need for delivering sex education especially to slum dwellers is highlighted by the fact that the awareness among the slum dwellers about gender identity, physical changes, consent, awareness about sexual abuse, birth control measures, and prevention of AIDS and STDs remains alarmingly low in comparison to their non-slum counterparts. The lack of knowledge that people have about their bodies and the natural process of sex is behind the situation of 53% of adolescent boys being unaware about getting sexually abused and 49% of girls under the age of 17 remain at the risk of maternal mortality. (Child Sexual Abuse, 2014)

Individuals in slums face various challenges that come out as a threat to their sexual and psychological health. Sex education is viewed as a very controversial topic in the field of research in India and its absence leads to various social ailments in individuals. There is a high prevalence of menstrual/ reproductive morbidity, self treated abortion and low knowledge about

sexually transmitted diseases and its prevention through the use of contraceptives. Domestic and sexual violence in underprivileged families also serves as an important factor affecting the physical and mental health of women and men. Sex Education also plays a vital role in an adolescent's life, however, according to the National family health survey of India only 30 per cent of male adolescents and 20 per cent female adolescents acquire knowledge regarding the topics associated with sex education. (Shajahan et al., 2015)

There are various reasons that lead to unawareness among people from urban slums regarding sexual health and some of them are the taboos associated with sex education in the Indian society. Importantly, they pose as a cultural challenge to initiate conversations related to sex education. The gender disparity is another major reason due to which women undergo violence and abuse and are unaware of the sensitivity of the problems they undergo. Sex education can serve as a tool to fight against sexual abuse and violence and make people more informed. There are a few initiatives that have been taken by the government and non-governmental organisations but they fail to address the present concerns. There needs to be a collaborative approach to handle the stigma attached to sex education.

India has the highest proportion of people with HIV than any other country in the world(Kumar, 1999) but with the lowest use of contraceptives. With cases of premarital sex rising in India, it is only befitting to shove aside the taboos and myths associated with sex and sexual education. Focus should be laid on educating the population about family planning, contraceptives and other physical and psychological aspects of sexual health. Given the vulnerability of slum dwellers there exists a need to initiate comprehensive community-level reproductive, sex and life skill education for slum-dwelling people. Empowering them and addressing the social determinants in these areas would be a key to ensure better conditions.

2.0 Importance of Sex Education

Sex education is not just about sexual intimacy it is more than that. It includes various other aspects such as Reproductive health, Consent, Sexually transmitted diseases, contraceptives, gender identity and equality, and sexual violence. According to UNESCO, the primary goal of sex education is to equip young people with the knowledge, skills and values to be able to make

responsible choices about the sexual and social relations in a world where sexually transmitted diseases like AIDS/HIV have affected millions of people.

There exists gender-based sexual violence in India. According to the National Crime Records Bureau, there were about 3,38,954 crimes against women in the year 2016. The non-governmental organisation Nari Raksha Samiti had stated that Sex education can play a vital role in addressing rape cases in India and making women stand for themselves.

It is not just women facing sexual exploitation but even children have to go through this in the Indian society. India holds the dubious distinction of sexual abuse cases among children in India in comparison to the other nations. In 2012, India got The Protection of Children from Sexual Offences (POCSO) Act. According to this act, it provides protection from sexual assault, harassment and pornography while “safeguarding the interests of the child at every stage of the judicial process.” But it is necessary to create awareness among children to prepare them to protect themselves from heinous crimes.

Young people also need to know about the risks associated with sexual exploitation and abuse. This will prepare them to recognise sexual violence and ways to protect themselves. Sex education can provide a constructive framework to the Indian society for educating individuals about sexual abuse. For example, let the children understand the differentiation between “good” and “bad” touch, being able to express themselves and to resist the external pressure are all important parts of sex education that will make people more confident about themselves.

2.1 Sex Education as a Human Right

The different mechanisms of international human rights such as International Covenant on economic, social and cultural rights, Convention on Elimination of discrimination against women, Convention on the Rights of a Child, consider sex education as a Human Right.

Governments need to play an essential role in upholding people’s right to good health and equality. To ensure this, delivery of unbiased and accurate sex education is necessary to bring a positive change in a country like India where people do not even acquire the basic knowledge about sexual health and wellbeing. With India being a signatory to the 1994 United Nations International Conference on Population and Development (ICPD), it has to provide free and

compulsory sex education to all groups of people as a part of the various commitments and beliefs stated in the ICPD agenda. In case we as a nation fail to provide an appropriate framework of sex education to individuals then it simply leads to violation of this human right as per the international law. It is important to be able to recognise sex education as a compulsion in the Indian context.

3.0 Absence of Sex Education in India

Everyone has different health needs and Sexual health is one aspect which is very well ignored in the Indian society. People seem to be vulnerable in seeking knowledge about Pre-marital sex and Sexual abuse, leading to sexually transmitted diseases, unwanted pregnancy or abortion and the psychological torture one goes through. There are various reasons for the ignorant attitude towards the delivery of sex education India and some of them are as follows:

3.1 A cultural Challenge

A discussion on topics related to Sexual health are still considered a taboo in various parts of India, it acts as a hindrance to the effective delivery of sex education for people belonging to the underprivileged areas of India. Some adversaries have stated that Sex education should not be promoted in a country like India which itself is an example of strong values and traditions. There needs to be a change in the conservative attitude of people to overcome this issue.

3.2 The Present Medical Scenario

The sexual health of people is being overlooked by some of the medical practitioners in India. There seems to be unpreparedness in the public health system. One of the most important concerns is that a large number of people do not address their sexual concerns seriously.

Healthcare professionals often lack the knowledge themselves that negatively impacts the process of imparting information to the adolescent population who seek it. Often comprehensive sexual health is not openly discussed due to cultural and traditional norms in society. Incorrect information has the potential to create misunderstanding in the youth making them less likely to adopt healthy practices and attitudes towards sex enabling them to maintain life-long sexual health. (Ismail et Al., n.d. -c)

3.3 Sex education in Indian Schools

Sex education in schools led to resistance in the form of objections and apprehension from all parts of society including parents, teachers, social and political activists which led to a ban on this provision in six Indian states which are Gujarat, Madhya Pradesh, Chhattisgarh, Rajasthan, Maharashtra and Karnataka. Children have to deal with a fundamental conflict- 'Ideals of Education' where a child wants to attain sex education but elders tell him/her that they need to prioritise knowledge about academics over sex education.

There are very little attempts made by schools to create awareness about child sexual abuse. A study by the Ministry of Women and Child Development carried out by UNICEF and NGO Prayas states that about 53% of children between 5-12 years of age are sexually abused and more than half of these cases are never reported (Study on Child Abuse: India 2007, 2018). Sex education would only help in initiating a dialogue which would help in overcoming these social issues.

4.0 Impact of Absence of Sex Education in Slums of India

The absence of any appropriate medium or pedagogy of sex education among slum dwellers in India continues to be the backbone of various social, psychological and physical challenges that exists in urban slums in India. The widespread ignorance associated with unprotected sex and contraceptives, lack of knowledge about sexual well being and consent and overall misguidance by the traditional myths has fueled the deterioration of sexual and reproductive well being of the population of urban slums.

4.1 Physical/Biological Impact

The underexposure of the slum population to the critical information they need for their healthy sexual development and healthy sexual behaviour has several physical or biological consequences. STDs like HIV-AIDS, Syphilis, Gonorrhoea etc constitute a major public health problem. Inadequate knowledge about the use of contraceptives and the importance of safe sex etc has led to the widespread prevalence of unwanted pregnancies and STDs.

What is more worrisome is that despite the high prevalence of STDs, very few people seek help. Such behaviour can be attributed to the lack of knowledge about the cause of the disease and the general taboo associated with sex-related disorders. A huge chunk of people in urban slums in India suffer from sex-related disorders half of the time without knowing what they are even suffering from. (Sayed & Gangam, 2015)

Women and girls remain at high risk because of the near to nothing attention or interest given to women's sex-related issues. In a recent study conducted on Patterns of illness disclosure among Indian slum dwellers, most of the people reported having never talked to anyone about sex-related disorders that they face. Women reported that according to the prescribed norms it's looked down upon to discuss specific illnesses such as female-related illnesses, sexually related illnesses and sexually transmitted diseases with other family members or doctors. (Das, 2018) The non-existence of discussions about abstinence and contraception put slum women at risk of unintended pregnancies and seeking recourse to unhealthy ways of abortion that put life long strains like infertility, miscarriages etc on their health.

Only 45% of young men and 28% of young women seem to have comprehensive knowledge about HIV/AIDS and its prevention. This is more in cities than in rural areas. Same is the knowledge about HIV/AIDS testing facilities with only 42% young men and 30% young women, among the 15-19-year-olds, ever having heard of resources to get such a health check-up. Even worse is the state of prevention of other sexually transmitted infections with numbers falling well below 20% for both genders. 8% of all surveyed unmarried young women are not even aware of a single means of contraception and protection. (Acharyya, 2019)

The lack of sex education among slum dwellers conditions them into considering sex and sex-related physical disorders as something shameful, dishonourable and scandalous. This pattern of thought and behaviour leads them to not seek proper medical help for their disorder causing long term physical complication and deterioration of sexual health and well being.

The adolescents in slums are shrouded in secrecy from matters relating to sex and sexuality turning them into adults who end being unaware of their bodies and sexual health. As a result,

young people try to find answers to sex-related questions on their own more often than not from questionable sources that are likely to give them wrong or half information making them more vulnerable to indulge in reckless and unguarded sexual experimentation.

4.2 Psychological & Social Impact

The rising concern about the physical hazards of lack of sex education among slum dwellers is also accompanied by negative psychological implications. Since sexuality-related issues are shrouded from open discussions, especially with the adolescents they end up bearing the brunt of this secrecy. Most of the adolescents remain unexposed to the sexual and reproductive process which deny them the choice to make correct decisions in their life, having an impact on their mental well being. Urban slums record a high rate of teen pregnancies since adolescents are neither taught nor through popular media get exposed to sex education and its various aspects(Simran, 2018).

People in urban slums are sexually miseducated. The significant issue of one's sexuality is considered sinful to be discussed. The heterosexual norms of the society and anti-homosexual attitudes suppress people's self-disclosure of their sexual orientation or their gender identity. The failure to do so leads to negative mental health outcomes such as increased levels of anxiety, psychological and sexual frustration often resulting in unhealthy means of sexual gratification and relationship functioning. The unawareness, myths and misconceptions that surround homosexual gender or sexual identity exists because of lack of sex education. Instead of affirming a person's sexuality, society conveys the message that sex is harmful, shameful, or sinful.

Since kids and adolescents are not taught about their sexual parts they end being unaware about and less equipped to report inappropriate touch or abuse making them vulnerable to sexual abuse. The psychological impact this has ranges from adjustment issues, lack of self-esteem, anxiety and even PTSD. The recent case of the leaked chats of Delhi's school-going boys on an online group of a social networking site has, once again, highlighted the need for meaningful sex education in India and importance of awareness about concepts such as respect and consent. Despite the importance of sex education, the topics of puberty and sex education are not

addressed. As a result of ignorance, people are ill-equipped to make healthy sexual choices and form healthy relationships. This results in girls missing school once they begin menstruating, strict gender stereotypes, child marriages, LGBTQ discrimination, and sexual assaults etc.

Poor sex education in urban slums also results in many people remaining uneducated on consent, fueling the rape culture. In 2014, 127 rape cases and 356 cases of molestation and sexual harassment were reported alone in the eastern region of Mumbai slums. (Salunke, 2015) Women in slums face domestic violence and marital rape because inappropriate sex-and-relationship education makes their partners vulnerable to inappropriate sexual behaviours and sexual exploitation. Another consequence can be seen in the distortion of sex into a commodity. When correct information about sex-related issues is withheld people resort to alternative sources that often spew sexual misinformation. This often results in inappropriate sexual behaviours and poor sexual decision-making

4.3 Impact on population

Overpopulation has been on top of India's burdens for some decades now. India is now home to 1.2 billion people. Furthermore, India's population is expected to grow to 1.8 billion. Lack of awareness about birth control and access to birth control devices forms the bedrock of India's population crisis. The states with the highest fertility rates – Bihar, Uttar Pradesh, Jharkhand, Rajasthan, and Madhya Pradesh – also have the lowest socioeconomic indicators, especially with regard to women. Bihar, for instance, which has India's highest fertility rate (3.2), has the largest percentage of illiterate women (26.8 per cent). By contrast, low-fertility Kerala has a literacy rate of 99.3 per cent, the result of decades-long state focus on basic education and health care. (CHANDRASHEKHAR, 2019) The contraceptive usage rate, which was 56% in 2015-16, has remained little changed from the previous survey done in 2005-06. (N. C. Sharma, 2019) Larger families mean more mouths to feed which puts a strain on the pockets of the slum dwellers. Due to the shortage of economic resources people living in slums fail to send their children to school or maintain food security. All of this in turn contributes to the ever-falling standards of living in urban slums. A good sex education program is imperative for fewer and healthier children; smaller families which mean fewer resources are needed to raise them thus reducing the economic burdens of the slum dwellers.

5. Emergence of sex education

Any discussion over sex education continues to be elusive in India. It is met with an enormous amount of hesitation and discomfort in the public discourse. It has been time and again contested that sex is a private matter and any public discussion related to it goes against Indian culture or leads to immorality and promiscuity. Ever rising cases of STDs, overpopulation, high-risk sexual vulnerability has forced the government and the civil society to initiate discussions around sex education and sexuality in the public arena. In recent times a lot of efforts has been made to evolve a comprehensive sex education curriculum and campaigns to teach sexual responsibilities.

5.1 Government Initiatives

At the 1994 United Nations International Conference on Population and Development (ICPD) the Five Year Review member states of the UN including India affirmed the Sexual and Reproductive Rights (SRRs) of adolescents and young people. They arrived at the consensus that for adolescents and young people to freely make informed decisions on all matters relating to their sexuality and reproduction, they require comprehensive sexuality education. Therefore, as a part of their commitments under the ICPD agenda, governments are obliged to provide free and compulsory comprehensive sexuality education for adolescents and young people. (Sood & Suman, n.d.)

The Central Government developed the Adolescent Education Program(AEP) in association with NACO and UNICEF for implementation in all secondary and higher secondary schools to help students acquire authentic knowledge about Adolescent Reproductive and Sexual Health (ARSH) including HIV/AIDS and substance abuse, especially drugs etc.(Boruah, 2016) This programme was introduced in schools affiliated to state education boards. However, it was objected to by certain organizations on the ground that its explicit content was contrary to Indian culture and morality. As a reaction to these protests, it was banned by twelve State Governments including the large states of Madhya Pradesh, Maharashtra and Gujarat on the same grounds. In response to these bans, the Central Government has not taken any further action. It has justified its inaction by pointing out that under the federal structure of the Indian Constitution, Education and Health are both subjects that can be exclusively legislated upon and executed by State Legislatures and Government.

In 2018, The BJP government made big strides in introducing sex education in schools. Prime Minister Narendra Modi rolled out The "role play and activity-based" module in Bijapur and Chattisgarh under Ayushman Bharat scheme. The module is introduced to address various aspects of growing up including sexual and reproductive health, sexual abuse, good touch and bad touch, nutrition, mental health, sexually transmitted diseases, non-communicable diseases, injuries and violence and substance abuse in an age-appropriate manner. The sex education module under Ayushman Bharat also attempts to delivery primary knowledge about sexuality to poor and vulnerable families to promote healthy sexual behaviours. (Sharma, 2020b)

The ministries of Human Resource Development and Health and Family Welfare in February 2020 have also developed the new 'Health and Wellness Curriculum'. The curriculum covers topics like nutrition, health and sanitation; promotion of healthy lifestyles; prevention and management of substance misuse; reproductive health and HIV prevention; safety and security against violence and injuries. (NCERT, Ministry of Health and Family Welfare Create 24 Week Curriculum for Health Promotion, 2020)

Despite several attempts to devise a comprehensive sex education program, the government has not been able to make much impact in terms of effective implementation and wider reach of the program. Sex education is not taught in most Indian schools. Even though the standardized curriculum includes health and physical education as a requirement, the emphasis is on physical activity and health check-ups. Only a few private schools have adopted the sex education curriculum and they also restrict the pedagogy to just warning adolescents about STDs rather than imparting holistic sex education.

The situation is even more grave in slums where most of the adolescents don't attend schools and those who do, go to government schools where the teaching of sex education is again non-existent or very minimal. Compulsory chapters in biology textbooks related to sex educations are often skipped or partially taught to avoid any mention of sex or sexuality.

The government too has not taken up any significant steps towards promoting sex education among slum dwellers who continues to remain the most vulnerable demographics. The

government has lagged in informing slum dwellers about their reproductive rights or in addressing the issues of lack of sex education among them which has led to several physical, psychological and social consequences. Over the years the only campaign that has been pushed is for having smaller families which have often taken forms of forced sterilisation among slum dwellers.

In a country like Indian where antisocial sexual behaviours and STDs don't seem to decrease, providing full range of information, skills and values related to sexuality is important to enabling people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality.

5.2 Role of NGOs

A lot of NGOs have realised the importance of imparting proper sex education and have stepped forward to advocate for the same. NGOs like Smile foundation, Pratisandhi etc. have taken up the tasks of conducting workshops especially for children living in slums and their parents on sex education to tackle the dilapidated conditions of sexual health awareness in India. In fact, a Delhi based NGO-Sper School India has been teaching slum children consent through chai! (Raja, 2018) Some other NGOs have started campaigns to talk about sexual abuse and child abuse. A sex education module titled 'Adolescent Reproductive and Sexual Health Education' has been curated by the National AIDS Research Institute and is being used to empower people and make them aware of their sexual and reproductive rights. Various Youth-led organisations are working towards spreading sex education and sensitizing people. Such organisations have been playing a major role in expanding sexual and reproductive choices in people's lives to enable them to enjoy freedom from fear, infection and reproductive and sexual health problems. They are pursuing sexuality awareness from an affirmative and rights-based perspective to cover issues of gender-based violence, rights of sexual minorities and anti-social sexual instincts and behaviours.

6.0 Suggestive Measures

- Sex education in India has been limited to disease prevention but doesn't address other concerns such as information about genitals and teenage pregnancies. There needs to be

an establishment of a comprehensive curriculum that consists of a variety of topics that fall under sex education. It needs to be driven especially by the teachers and parents of children studying in schools in India. This would help children become more aware of what is happening around them.

- Reproductive health is being discussed in class VIII, but by then majority of students have already reached puberty, in the absence of reliable information and support girls are found to have inadequate understanding of menstruation, traumatic experiences of menarche, increased exposure to risk of infections. Children need to be made aware of all these things since an early age based on the level of information one should acquire.
- In the case of adults, there is a need for interactive group discussions where they can evolve in terms of social and sexual beings.
- The role of community health workers needs to be strengthened in promoting sex education and providing people with accurate information about their sexual wellbeing.
- Government has to play an active role in terms of creating awareness among the underprivileged people, there can be women groups formed in these areas where they can discuss all kinds of concerns such as physical, mental, sexual and economic well-being.
- There can be sessions held by non-governmental and governmental organisations for men, teaching them to respect women and children around them and also to impart knowledge among them about their own health.
- The absence of sanitation in urban slums also plays an integral role in one's reproductive health, for example: women face an issue during these periods. It is very important to promote the basic hygiene and its importance as a part of sex education in these areas.
- As a society, we should emphasize on developing positive sexual attitudes where the slum dwellers have access to the right kind of information that makes them understand

the distinction between 'Right and Wrong'. We need to normalise conversations about sex education involving its aspects of consent, respect, safety and love.

7.0 Conclusion

India is a country, where the concepts like Kamasutra and Manucharitra originated, but ironically it is also the country which since ages has fostered the taboos and superstitions related to sex. The absence of effective sex education programs among slum dwellers has been behind various social, psychological and health-related problems. Ranging from lack of government initiatives to the age-old tradition of not talking about sex, various reasons have contributed towards knowledge about sex-related issues being shrouded in secrecy. Despite sex education playing a vital role in guiding future judgement surrounding consent, harassment, respect for women, safety, family planning, and STD prevention, its reach among people has not been widespread. Due to various societal intransigence, even the use of contraceptives and vasectomy is parochial. There is a growing realisation that reproductive and sexual health needs to be addressed. Any significant progress towards sex awareness healthy sexual behaviour can be made only when the tag of vulgarity and shamefulness is removed from the discussion surrounding sex

The government needs to be the torchbearer in the process of normalising discussions around sex and speed the process of sex awareness especially amongst the deprived sections of the society for them to make rational decisions regarding their sexual health and freedom. There is also a need for the civil society to remove the taboos, myths and misconceptions about sex and take part in the spread of sex education. Avoiding meaningful conversation about sex and sexuality-related issues only exaggerate the situation. The main obstacle that is hindering the development of sex education is the mental imbroglio due to preconceived notions regarding sex and sexuality which needs to be dealt with as early as possible. The transformation of psyche and views demand social flexibility and openness to welcome changes to ensure a progressive society.

References

Acharyya, B. R. (2019, April 2). Sex Education in India: Importance, statistics, myths, issues. Careerizma. <http://www.careerizma.com/blog/sex-education-india/>

Boruah, M. (2016, August 4). National Education Policy 2016: Schools to finally impart regular sex education classes?. One India <https://www.oneindia.com/india/national-education-policy-2016-schools-to-finally-impart-sex-education-2172379.html>

CHANDRASHEKHAR, V. A. I. S. H. N. A. V. I. (2019, December 12). Why India Is Making Progress in Slowing Its Population Growth. Yale E360. <https://e360.yale.edu/features/why-india-is-making-progress-in-slowing-its-population-growth>
Child Sexual Abuse. (2014, April 1). PubMed Central (PMC). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413451/>

Das, M. (2018, January 16). Patterns of illness disclosure among Indian slum dwellers: a qualitative study. BMC International Health and Human Rights. <https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-018-0142-x>

Kumar, S. (1999, January 2). India has the largest number of people infected with HIV. PubMed. <https://pubmed.ncbi.nlm.nih.gov/10023963/>

NCERT, Ministry of Health and Family Welfare create 24 week curriculum for health promotion. (2020, February). Indiatoday. <https://www.indiatoday.in/education-today/news/story/ncert-ministry-of-health-and-family-welfare-create-24-week-curriculum-for-health-promotion-1646452-2020-02-14>

Raja, V. (2018, October 10). Can Drinking Tea Teach Kids About Sex & Consent? Delhi NGO Shows You How! Betterindia. <https://www.thebetterindia.com/161704/me-too-sexual-consent-school-lessons/>

Salunke, P. (2015, January 23). Slums rise in the east Mumbai, so does crime graph - mumbai. Hindustan Times.
<https://www.hindustantimes.com/mumbai/slums-rise-in-the-east-mumbai-so-does-crime-graph/story-m8s5Pula37iLX1N4I0vY2N.html>

Shajahan, I., Shajahan, A., Rao, T. S. S., & Wylie, K. (2015, October). Adolescent sex education in India: Current perspectives. PubMed Central (PMC).
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4711229/>

Sharma, K. (2020a, February 19). Sex education, breaking gender stereotypes in Modi govt's new school curriculum. ThePrint.
<https://theprint.in/india/education/sex-education-breaking-gender-stereotypes-in-modi-govts-new-school-curriculum/367475/>

Sharma, N. C. (2019, September 13). Will increasing supply of contraceptives help government stabilize population? Livemint.
<https://www.livemint.com/news/india/will-increasing-supply-of-contraceptives-help-government-stabilize-population-1568316866556.html>

Sharma, R. (2020, February 11). Vital Need for Sex Education in Indian Youth and Adolescents. The Indian Journal of Pediatrics.
https://link.springer.com/article/10.1007/s12098-020-03240-z?error=cookies_not_supported&code=ec92f904-ec65-4b63-87d8-847fe646f4ca

Simran, B. (2018, November 16). It's time we focused on sex education in India. Qrius.
<https://qrius.com/sex-education-in-india/>

Sood, N., & Suman, P. (n.d.). REPORT TO THE UNITED NATIONS HUMAN RIGHTS COUNCIL FOR THE UNIVERSAL PERIODIC REVIEW OF THE REPUBLIC OF INDIA On the Lack of Comprehensive Sexuality Education in India. Lib.Ohchr.Org.
https://lib.ohchr.org/HRBodies/UPR/Documents/Session1/IN/YCSRR_IND_UPR_S1_2008_YouthCoalitionforSexualandReproductiveRights_uprsubmission.pdf

World Health Organization. (2018, February 5). Defining sexual health.
https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/