Comprehensive Sexuality Education in India

A review of government and civil society-led curricula and strategies

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Finding inspiration in the ordinary and possibilities in the absurd.

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Abbreviations

AEP	Adolescent Education Programme
AFHC	Adolescent Friendly Health Clinic
AIDS	Acquired Immune Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
C3	Centre for Catalyzing Change
CBSE	Central Board of Secondary Education
CEFM	Child Early Forced Marriage
CSA	Child Sexual Abuse
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
ECF	Equal Community Foundation
FAQ	Frequently Asked Questions
FAYA	Feminist Adolescent and Youth-led Action
FGD	Focus Group Discussion
FPAI	Family Planning Association of India
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HIC	High Income Country
HSE	Holistic Sexuality Education

IDI	In-Depth Interview
IPPF	International Planned Parenthood Federation
ITGSE	International Technical Guidance on Sexuality Education
ITPG	International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education
IVRS	Interactive Voice Response System
KVS	Kendriya Vidyalaya Sangathan
LMIC	Low and Middle Income Countries
LSBE	Life-Skills Based Education
MEL	Monitoring Evaluation and Learning
MHM	Menstrual Health Management
MHRD	Ministry of Human Resource Development
MoHFW	Ministry of Health and Family Welfare
MoE	Ministry of Education
MSM	Men who have Sex with Men
LGBTQIA+	Lesbian Gay Bisexual Trans* Queer Intersex Asexual and other sexual and gender minorities
NCERT	National Council of Educational Research and Training
NFHS	National Family Health Survey
NIOS	National Institute of Open Schooling
NVS	Navodaya Vidyalaya Samiti
PCOS	Polycystic Ovarian Syndrome
PE	Peer Educator
PEP	Post Exposure Prophylaxis
PHC	Primary Health Centre

PLHIV	People Living with HIV
PrEP	Pre Exposure Prophylaxis
RCT	Randomised Control Trial
RKSK	Rashtriya Kishor SwasthyaKaryakram
RMNCH+A	Reproductive, Maternal, Neonatal, Child, and Adolescent Health
RTI	Reproductive Tract Infection
SDG	Sustainable Development Goals
SEL	Social Emotional Learning
SHP	School Health Programme
SNEHA	The Society for Nutrition, Education & Health Action
SOGIESC	Sexual Orientation Gender Identity Gender Expression and Sex Characteristics
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TARSHI	Talking About Reproductive and Sexual Health Issues
TYPF	The YP Foundation
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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Executive Summary

Young people across the globe have the right to live a healthy and happy life, free from violence and discrimination aligned with the fundamental Human Rights highlighted in the Convention on the Rights of the Child as well as the Committee on the Elimination of Discrimination against Women. One crucial and internationally recognised approach to achieve this objective is through the delivery of rights-affirming comprehensive sexuality education (CSE).

There are two current government-led initiatives that provide information on health and rights for adolescents in India, namely the Adolescence Education Programme and the School Health Programme. Despite the fact that there is wide recognition of the specific needs of adolescents in India, government initiatives continue to focus on limited health-related aspects such as nutrition, substance use, menstruation, and HIV/ AIDS. Importantly, through persistent advocacy efforts, mental health is also gaining traction in these programmes. However, the social, emotional, and psychological aspects of sexual and reproductive health are incomprehensively or seldom covered, even though these are crucial for young people to make informed decisions about their bodies and their lives.

The review methodology included the development of an analysis framework using internationally recognised and accepted CSE guidelines. This was followed by online research to identify CSE curricula currently being implemented across the country. The organisations that had developed these curricula were requested to fill an online survey to understand the thematic coverage. On assessment of the survey responses, CREA, The YP Foundation, and Equal Community Foundation were found to have the most comprehensive curricula following which the programme teams from these organisations were interviewed to understand their curriculum development and implementation processes. Young people who had been recipients of these programmes were also interviewed in order to collate good practices and develop recommendations for strengthening programming and advocacy messaging for institutionalisation of CSE in India. Findings from the interactions with programme teams and young people were supplemented using international research and studies.

The key elements that were derived from the review are presented in 6 sections that sought to answer critical questions:

- **WHY:** Answering the question '*Why should one work on CSE?*', CSE is identified as an approach to target many important goals in the lives of adolescents, that are not only limited to health outcomes. The importance of addressing the diversity and vulnerability of adolescents is highlighted, and suggestions for ensuring that they are included and reached has been provided.
- W**HAT:** Answering the question '*What should be included in CSE?*', suggestions for comprehensively integrating themes that are essential for CSE as per international frameworks has been provided. This section also addresses skill-building as an integral part of programming and provides perspectives on age-appropriate strategies.
- **WHO:** Answering the question '*Who should be involved in CSE?*', discussion has been provided on the unique roles and responsibilities of key stakeholders in programming and curriculum development, the importance of meaningful youth engagement and strategies for advocacy, includingcommunity sensitisation. This section also importantly details essential criteria for selection of appropriate facilitators.

- **WHERE:** Answering the question '*Where should CSE be implemented?*', the various benefits and limitations of both school-based and community-based CSE programming have been listed, amplifying that ideally CSE should take place in both settings in order to reach most adolescents. The importance of creating a safe environment as central for any CSE programme has been discussed along with the role of digital efforts and spaces towards reaching more adolescents with health information.
- **HOW:** Answering the question '*How should CSE be implemented?*', participatory approaches to curriculum design and pedagogy that can make sessions more efficient and impactful have been covered. This section emphasises the role that language and terminology can play in knowledge uptake and adolescent attitudes. Pointers on capacity building of facilitators are also covered in this section.
- **OTHER KEY CONSIDERATIONS:** Lastly, the importance of robust M&E efforts including regular collection of feedback and suggestions for different ways to scale CSE efforts without compromising on the content of the programme have been covered in this section.

Key Recommendations

Universal: Applicable for Government Initiatives and CSO-led CSE programmes

1. Use CSE as an approach to achieve a range of goals and expand evaluation objectives and methodologies to make them more flexible for capturing unintended impact of rights-based information and skill-building based approaches.
2. Develop a curriculum framework based on the UNESCO ITGSE 2018 Guidelines and include key learning outcomes that incorporate essential life-skills for each key concept.
3. Apply an intersectional lens while designing content for a CSE curriculum so that it is inclusive of diverse realities of adolescents and young people and use rights-based and contextually relevant language and terminology.
4. Strategically engage key stakeholders at different stages of the curriculum development process using participatory methodologies.
5. Update curriculum regularly to maintain relevance and accuracy of content and align with global discourses. Pilot test new content to ensure relevance and acceptability.
6. Use contextual data and factual information to determine age appropriateness of learning outcomes.
7. Meaningfully engage young people with diverse realities and identities in the design and development of CSE programming.
8. Create an allyship model between teachers, parents, local CSOs and adolescents to maximise opportunities for informed decision making and engaging with adolescents.
9. Use targeted approaches for gatekeepers and parents of young people. Use multicomponent strategies within CSE programmes and offer school-based sessions alongside community activities that use innovative and/or digital formats and include aspects of service delivery to reach all adolescents.
10. Train facilitators to handle difficult questions and disclosures. Prepare schools, clinics, and all facilitators with streamlined procedures informed by relevant laws and policies, to support and refer adolescents who disclose or seek help or require additional services.
11. Use mixed pedagogical approaches that are learner-centred and utilise multiple formats to engage learners rather than focusing on one-directional knowledge transfer. Include formats that allow participants to simulate real life scenarios and visualise practical applications of the information being delivered.
12. Use both quantitative and qualitative methodologies in order to adequately monitor, capture feedback, and measure impact of CSE curriculum-based programmes.

Government-specific

1. Seek continued partnerships with civil society partners and adolescents to inform the design of at-scale programmes to ensure that they continue to be rights-based and comprehensive.
2. Complement demand generation efforts through youth-friendly service delivery strengthening strategies and programmes.
3. Provide nodal teachers and Health and Wellness Ambassadors with refresher trainings that are focused on building knowledge as well as perspectives along with facilitation skills. Also, provide them with referrals to professional support when required, including on an emergency basis.
4. Build in sufficient monetary and non-monetary incentives and compensation for Peer Educators and Health and Wellness Messengers.

CSO-specific

1. Encourage donors/ partner staff and other team members to join capacity building sessions to improve their understanding of the importance of CSE for all young people.
2. Provide young people with opportunities to advocate with local leaders to strengthen sexual and reproductive health service delivery.
3. Clearly articulate selection criteria of facilitators that match the key characteristics of the participants of the programme (age, education, gender identity, sexual orientation, religion, caste etc)
4. Build in sufficient monetary and non-monetary incentives and compensation for all facilitators including peer educators to prevent attrition.
5. Provide facilitators with regular supervision and training that is focused on building both knowledge and perspectives along with facilitation skills. Also provide them with referrals to professional support when required, including on an emergency basis.
6. Encourage better sharing and rapport-building by keeping adolescent groups small (no more than 25).
7. Invest in building capacities of grassroots organisations to apply for and secure funds in order to sustain efforts on CSE.

Background

Adolescent well-being is based on positive physical, sexual, neurological, and psychosocial health and development.[1] While interventions focused on adolescent health and well-being address several critical determinants, an often-unaddressed area was the fulfillment of their sexual and reproductive health and rights.

As noted by the Committee on Economic, Social, and Cultural rights in its General Comment No. 22 (2016), the right to sexual and reproductive health extends beyond SRH care and includes health-related education and information. The committee further states that *"The right to sexual and reproductive health is also indivisible from and interdependent with other human rights. It is intimately linked to civil and political rights underpinning the physical and mental integrity of individuals and their autonomy, such as the rights to life; liberty and security of person; freedom from torture and other cruel, inhuman or degrading treatment; privacy and respect for family life; and non-discrimination and equality."*

Despite considerable evidence around the profound and measurable benefits of investment in sexual and reproductive health, progress has been slow because of weak political commitment, inadequate resources, persistent discrimination against women and girls, and an unwillingness to address issues related to sexuality openly and comprehensively.[2] As a result, many young people approach adulthood faced with conflicting, negative and confusing messages about sexuality that are often exacerbated by embarrassment and silence from adults, including parents and teachers. In many societies, attitudes and laws discourage public discussion of sexuality and sexual behaviour, and social norms perpetuate harmful conditions leading to gender inequality, low modern contraceptive use[3] and restrictions in access to safe abortions.[4]

Of the various interventions targeting adolescent sexual health and rights, comprehensive sexuality education is an approach that has found widespread recognition and support due to its effectiveness in addressing key adolescent health concerns.

Definition of Comprehensive Sexuality Education[5]

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 own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.

[1] World Health Organisation. 2017. Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation.

[2] Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., & Ashford, L. S. (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *The Lancet*, *391*(10140), 2642-2692.

[3] Guttmacher Institute. 2021. Adding It Up: Investing in the Sexual and Reproductive Health of Adolescents in India

[4] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

[5] Ibid.

The growing acceptance of CSE as an effective tool to empower adolescents and help them live meaningful lives is evident from the fact that several countries report having policies (or, in some cases laws or legal frameworks) related to sexuality education as well as provision of some kind of sexuality education – defined as teaching about generic life skills, sexual and reproductive health and HIV prevention. However, the comprehensiveness of sexuality education across different countries varies considerably. When asked about specific topics, puberty, relationships, pregnancy and birth were found more likely to be well covered than others (e.g. accessing services, contraception, safe abortion) in curricula of certain countries.[6]

Curriculum Based Sexuality Education in India

Government Programmes

Even though India has not mandated any form of sexuality education through a specific policy or programme till date, NCERT's Adolescence Education Program (AEP) and the School Health Program (SHP) under Ayushman Bharat are two national level programmes that are active and include a curriculum-based intervention around adolescent health issues.

The AEP was launched in 2005 by MHRD (now MoE) in an attempt to harmonise all of the different government initiatives related to adolescent education in the country.[7] Popularly considered India's first attempt at creating a national level sex-ed programme, AEP's objectives are to provide adolescents with age-appropriate, accurate, and culturally relevant information in order to help them develop healthy attitudes.[8]Across India, several education and health departments at national and state levels along with civil society organisations are implementing different versions of the AEP. An important purpose for many of these programmes is to make the school system more responsive to the needs and concerns of adolescents and co-create schools as increasingly vibrant and positive learning spaces. Majority of these initiatives reach out to students aged 14 to 16 and include a component of teacher training and classroom-based activities.[9]

More recently, the SHP was initiated in 2018 as a joint effort between MoHFW and MoE under Ayushman Bharat, targeting a larger age range of adolescents in classes of 6-12 across all government schools in the country. Envisaged as an educational initiative that builds on experiences of young people to enhance their health and support their holistic development to enable them respond to real-life situations effectively, the curriculum-based programme was officially launched in 2020 and is designed to be implemented by teachers and covers 11 priority themes of adolescent health[10]. Envisioned as a revamp of the AEP, this is the first of its kind joint partnership programme between two crucial ministries that seeks to address adolescent health.

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[6] UNESCO. 2021. The journey towards comprehensive sexuality education: Global Status Report

[7] Jaya, Mehrotra D., Patra S., Srivastava N., Singh A., Yavad S. (2017). India's Adolescence Education Programme: Status and Opportunities for Scaling-up. *Indian Journal of Adult Education*, 78(3) pp. 78-97

[8] AEP Website: http://aeparc.org/pages.php?id=aboutIse&ln=en

[9] Jaya, Mehrotra D., Patra S., Srivastava N., Singh A., Yavad S. (2017). India's Adolescence Education Programme: Status and Opportunities for Scaling-up. *Indian Journal of Adult Education*, 78(3) pp. 78-97

[10] NCERT Curriculum on Health and Wellbeing of School going Adolescents - Scheme of Content Document of the School Health Programme under Ayushman Bharat

Additionally, another important national programme that aims to ensure the holistic development of adolescents is the Rashtriya Kishor SwasthyaKaryakram (RKSK), launched by MoHFW in 2014. This programme has paid keen attention so that efforts may reach male, female; rural, urban; married, unmarried; and in and out-of-school adolescents. Moreover, under the RKSK, there has been a strong push to extend services from facilities to schools and communities, with key components of the programme being strategies such as outreach by counsellors; facility based counselling; Social and Behaviour Change Communication; and strengthening of Adolescent Friendly Health Clinics.

Civil Society-led Interventions

Working with young people in the areas of CSE, gender and sexuality has been going on as early as the 1970s by organisations such as the Family Planning Association of India. Organisations such as TARSHI, Nirantar, SNEHA, and The YP Foundation have all also been working on sexuality education for multiple decades due to a need that has been consistently raised by young people about the poor status quo of sexual and gender-based violence and abuse, adolescent pregnancy, and discrimination against queer people. However, after the introduction of the RMNCH+A, progressive health initiatives were developed in the years that followed such as RKSK and SHP. Despite this, due to gaps in programme implementation and capacity building of key stakeholders, young people continue to have inadequate access to information, services and commodities pertaining to their sexual and reproductive health, leading to adverse consequences in their health and well-being.[11] This is where the support and technical guidance of agencies and civil society organisations with expertise in Comprehensive Sexuality Education and working with young people can contribute immensely. With years worth of experience in programming, research in the field of adolescent sexual and reproductive health, civil society plays a crucial role in supporting the work on CSE in India.

Need for the Review

Several curriculum-based programmes targeted at adolescent health are being implemented across different areas by civil society organisations in addition to the government initiatives. However, limited information is available about the content and design of these programmes. Collating and sharing best practices around content development and programme design from these programmes would help in streamlining civil society efforts towards effective implementation of comprehensive sexuality education with adolescents across the country. Furthermore, learning can be utilised to strengthen ongoing government programmes and provide a strong base for institutionalisation of comprehensive sexuality education in the country.

In light of this, the objectives of this review were-

- To identify available CSE curricula as developed/ implemented by the central and state governments and CSOs for in-school and out-of-school adolescents in India.
- To assess the content of these curricula vis-a-vis global CSE frameworks, highlighting gaps and missing components.
- To analyse the strengths and limitations of each curriculum from various programmatic perspectives.

[11] ARROW. 2017. India Country Advocacy – Comprehensive Sexuality Education: The Way Forward

Methodology

Framework Development

Towards conducting a systematic review of both the governmental and CSO-led curricula, a comprehensive analysis framework was developed through a review of two well recognized international rights-based frameworks for Comprehensive Sexuality Education - *UNESCO International Technical Guidance on Sexuality Education and IPPF's Framework for CSE*. To ensure that the analysis focused on more than just an assessment of thematic content, the framework was divided into five sections to comprehensively capture factors that play a crucial role in how adolescents and young people experience CSE programmes (see Annex 1). These are listed below:

1. *Thematic content*: A desk review of the international framework led to the identification of themes, perspectives, and fact-based information that is essential for inclusion in CSE curricula. Common themes included in the two international frameworks were identified and included in the thematic analysis component of the framework. Additionally, important themes and topics as per ongoing global discourse and work on CSE that were not featured in these frameworks were additionally listed. These include: Gender Dysphoria, Gender Affirmation Surgeries, Rejection and Heartbreak, Breakups, Infidelity, Lactation, Reproductive Self Determination, Erectile Dysfunction, Menstrual irregularities, PCOS, Menopause, Sexual Acts, Sexual exploration, Fetishes and Kinks.

2. *Curriculum Lenses*: To analyse the tone of the curriculum, indicators that account for representation and perspectives on the impact of diverse social identities on the access to services and information were incorporated into the framework. Moreover, the content was also evaluated from a rights-based and gender-sensitive lens.

3. *Pedagogy of sessions/activities*: Pedagogy plays a critical role in building ownership of what often can be sensitive topics that are included under CSE curricula. The design of the activities of the curricula was analysed keeping in mind the diverse learning needs and abilities of adolescents. Activities were assessed for contextualisation, level of required literacy, promotion of dialogue and interaction, and the range of formats used to engage adolescents.

4. *Skill Building*: Often programmes can appear to be comprehensive in terms of the content they cover under the umbrella of CSE. However, to enable young people to truly become leaders, curricula were evaluated on inclusion of life-skills that help them in processing and applying complex conceptual and technical knowledge in their daily lives. UNICEF's Comprehensive Life Skills Framework[12] that outlines skills essential for young people to improve their life-chances and options guided the development of the indicators for this component.

5. *Programmatic Structure*: The design and strategy of the programme plays a significant role in young people's uptake and recognition of the importance of CSE. Therefore, identified government programmes as well as those organisational programmes whose curricula meet the highest level of criteria as outlined under the *Thematic Content* section of this analysis framework were reviewed programmatically. Key stakeholders; programmatic infrastructure (including personnel and touchpoints); frequency of

[12] UNICEF India. Comprehensive life skills framework: Rights based and life cycle approach to building skills for empowerment

interaction and/or events; level of meaningful youth engagement; training models; use of resources; and MEL systems were the focus areas for this review.

Analysis of Curricula

Aligned to the objectives of this study, the process of analysis began by taking a comprehensive look at two national curricula-based programmes, namely the Adolescent Education Programme (AEP) and the School Health Programme (SHP). The governmental curriculum content was scored for the inclusion of each theme on 4 levels:

- Sub-theme comprehensively covered in the curriculum (green)
- Sub-theme adequately covered in the curriculum, only a few missing elements (yellow)
- Sub-theme inadequately covered in the curriculum, many missing elements (orange)
- Sub-theme missing in the curriculum (red)

This was followed by an analysis of the overall programmatic structure using the developed framework towards identifying the main areas for improvement that differentiate the two programmes from Comprehensive Sexuality Education Curricula as per international standards.

Next, a total of 21 curricula-based adolescent health or CSE programmes based in sixteen Indian CSOs were identified through online research. These included theme-specific curricula and/or complete comprehensive sexuality education curricula. The 16 identified CSOs were contacted and were requested to self-report using an online survey checklist (Annex 3) that assessed the Thematic Content of these curricula. We received responses from ten organisations covering a total of 14 curricula. But, as only programmes with a specific curriculum-based approach targeting young people directly were being considered, a final list of nine organisations with 12 corresponding curricula were considered for this report (list of the final organisations and curricula used in the analysis is provided in Annex 2).

The results from the survey determined the top 3 most thematically comprehensive curricula. These are listed below-

1. **CREA's It's my Body curriculum**: A programme that focuses on the sexual and reproductive health and rights of adolescent girls using sports. In order to ensure that women and girls are recognized as individual rights-bearers, challenge existing stereotypes, address negative discrimination and are able to exercise control over their bodies and sexuality, CREA developed a community level intervention called the It's My Body program with girls (including girls from tribal, Dalit and religious minorities). The programme is co-implemented with community-based organisations in Jharkhand and Uttar Pradesh.
2. **The YP Foundation's older adolescents CSE curriculum**: With objectives to empower adolescents and youth by delivering stigma-free and rights-affirming information on issues of health, sexuality and human rights, and enable them to advocate for their well-being at the personal, community, state and national levels, TYPF implements its CSE curriculum through 2 programmes (Feminist Adolescent and Youth-led Action Project and Know Your Body, Know Your Rights) across Rajasthan, UP, Bihar and Delhi.
3. **Equal Communities Foundation's Action for Equality curriculum**: A behaviour change programme that raises gender equitable boys by equipping them with knowledge, peer support, skills and leadership abilities, the programme is facilitated by a team of dedicated Programme Mentors in 20 communities

across Pune, India. The programme supports 13-17 year old boys to bring about change at the individual, family, peer and community levels.

The teams from these three organisations were interviewed (details of organisational teams interviewed is provided in Annex 2) to evaluate the lenses of the curricula, pedagogies used, skill building components, and overall programmatic structure and strategy. Alongside programme team interviews, adolescents who had been recipients of the FAYA project from TYPF and Action for Equality Programme from ECF also participated in FGDs. These FGDs were aimed at understanding young people's perception of such programmes, and also captured their suggestions on what an ideal CSE programme should look like (number of sessions, duration, facilitator profile, topics, language etc). The interview guides used for both of these types of interviews are provided in Annex 4a and 4b.

Lastly, extensive secondary research was conducted to further enrich the findings of the review.

Structure of the Report

This review highlights the key areas for improvement required in government-led programming and provides relevant good practices and strategies as presented in international guidance and research alongside those used by the three identified CSOs interviewed on their expertise in sexuality education and adolescent health programming. The findings of the report are presented in the following 5 sections:

- **WHY***should one work on CSE?*
- **WHAT** *should be included in CSE?*
- **WHO** *should be involved in CSE?*
- **WHERE** *should CSE be implemented?*
- **HOW** *should CSE be implemented?*
- **OTHER KEY CONSIDERATIONS**

Source of Data (Annex 5)

Governmental Programmes: Available curriculum frameworks, module documents and published guidelines.

Organisational programmes: IDIs with the identified organisations' programme teams, recipients of CSO programmes, shared and available reports/documents.

International guidance and researches

Limitations

1. Although a comprehensive review of AEP and SHP curriculum content was possible due to the availability of the documents, this was not possible for the top three organisational curricula. The data used to analyse the thematic content for organisational curricula was limited to what was self-reported in the online survey. Therefore it is beyond the scope of this review to determine to what level the themes in these curricula were comprehensive.
2. It is also important to note that the actual state level implementation of AEP and SHP may differ from the information provided in the guideline documents. Although it is possible that content and strategy decisions may include good practices and collaborations or partnerships with local CSOs, this information

was not utilised for the purpose of this review.

3. In-depth conversation with programme teams from the top three civil society organisations were conducted and contributed to the good practices and recommendations presented in this report. However, the same level of engagement was not possible with government and other agency officials, who were responsible for developing the curricula for AEP and SHP.

Key Findings: WHY

Goal setting and Nomenclature

As suggested in UNESCO's *International Technical Guidance on Sexuality Education,* foran effective curriculum-based programme, clear health-focused goals and related attitudinal, behavioural and skill-based outcomes must be outlined[13]. This suggestion is aligned with what is reflected in the overall objectives for the AEP and SHP programmes, that broadly aim to create positive behaviour change that enables school going adolescents to make healthy and responsible choices. However, upon a closer review of the conceptual and rationale documents for the two programmes, there was a disproportionately stronger emphasis on the contribution of such programmes and efforts on the related health outcomes of adolescents. This approach has commonly been identified in Global South contexts, where within CSE, there is a more instrumental emphasis on public health outcomes, and broader developmental goals, including the SDGs, instead of a stronger focus on 'personal and sexual growth.[14]

As presented in the AEP documents, adolescence education was initially conceptualised as an educational intervention focusing on critical elements of adolescent reproductive and sexual health including HIV/ AIDS and substance abuse. Although a life-skills framework was later added on to the AEP, the rationale behind this remained to empower adolescents to cope with and manage ARSH concerns[15]. In the SHP guiding documents, it is argued that programmes that focus on adolescent health education can "create a positive impact on India's health goals'', and, "investments in the health and well-being of adolescents are particularly cost effective and yield triple dividend of benefits by improving the health of adolescents, future adult health trajectories and the health of next generation of children."[16]

Ascertained in ITGSE and UNESCO's 2022 Evidence Review, CSE certainly has the potential to target specific outcomes that can have positive health implications, for example, delayed initiation of sexual intercourse, reduced risk taking, increased use of condoms and contraception[17]. But CSE's applicability is beyond just health focused goals, with relevance across life stages and development. The evidence Review indicates that many studies, along

[13] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

[14] Miedema E, Le Mat M and Hague F (2020) But is it Comprehensive? Unpacking the 'comprehensive' in comprehensive sexuality education. *Health Education Journal* 2020, Vol. 79(7) 747–762

[15] NCERT (2010) CONCEPTUAL FRAMEWORK ADOLESCENCE EDUCATION PROGRAMME

[16] NCERT Curriculum on Health and Wellbeing of School going Adolescents - Scheme of Content Document of the School Health Programme under Ayushman Bharat

[17] Evidence gaps and research needs in comprehensive sexuality education: technical brief, UNESCO, 2022. Available here: https://unesdoc.unesco.org/ark:/48223/pf0000380513

with recommendations from the experts in sexuality education development, implementation and evaluation, point to the potential effects of CSE programmes in contributing to changes besides health outcomes including: preventing and reducing gender-based and intimate partner violence and discrimination; increasing gender equitable norms, self-efficacy and confidence; and, building stronger and healthier relationships.

In order to create this wider impact, it may be important to shift the paradigm of sexuality education to one that takes a more positive approach to sexuality, and one that 'considers sexuality as a potential source of joy and happiness and not predominantly as a health risk', also commonly referred to as Holistic Sexuality Education (HSE).[18]Miedema et al (2020) notes that HSE differs from CSE in that while CSE tends to focus on changing behaviours, HSE sets a broader range of goals to include personal and sexual development and growth[19].

In this light, it is interesting to see that all three of the top CSO curricula included in this review have used CSE programmes as an approach to fulfil diverse goals. These programmes move beyond health-focused goals and attempt to create a fundamental change in the value orientations of adolescents and young people. For example, Equal Community Foundation's curriculum intervention, Action for Equality, started with the goal "*To raise every boy in India to be gender equitable*". Using mentors as positive role-models, ECF implements their CSE curriculum to build boys' understanding of gender and human rights. CREA's goal is focused on collectivising girls and reclamation of public spaces by women. Therefore, the relevance of a sport such as football with violence, bodily boundaries, relationships with self and others, and pleasure, along with CREA's thematic focus on gender and sexuality was leveraged and a curriculum and discussion-based approach was integrated. Alternatively, TYPF's priority for working on CSE began with their vision of fore fronting youth leadership and therefore took the shape of a peer-led curriculum-based approach from the get-go, with messaging focused explicitly on the importance of CSE to ensure human rights.

Furthermore, a critical component of CSE programmes is the inclusion of the many aspects of sexuality defined by WHO as "a core dimension of being human which includes: the understanding of, and relationship to, the human body; emotional attachment and love; sex; gender; gender identity; sexual orientation; sexual intimacy; pleasure and reproduction. Sexuality is complex and includes biological, social, psychological, spiritual, religious, political, legal, historic, ethical and cultural dimensions that evolve over a lifespan."[20] Out of the 12 responses to the online survey, only the top three identified organisations, namely CREA, TYPF and ECF, reported that their curricula integrate a more holistic definition of sexuality aligned to the working definition of sexuality developed by WHO.

[18] Ketting E, Friele M and Michielsen K (2016) Evaluation of holistic sexuality education: A European expert group consensus agreement. *The European Journal of Contraception and Reproductive Health Care* 21(1): 68–80.

[19] Miedema E, Le Mat M and Hague F (2020) But is it Comprehensive? Unpacking the 'comprehensive' in comprehensive sexuality education. *Health Education Journal* 2020, Vol. 79(7) 747–762

[20] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

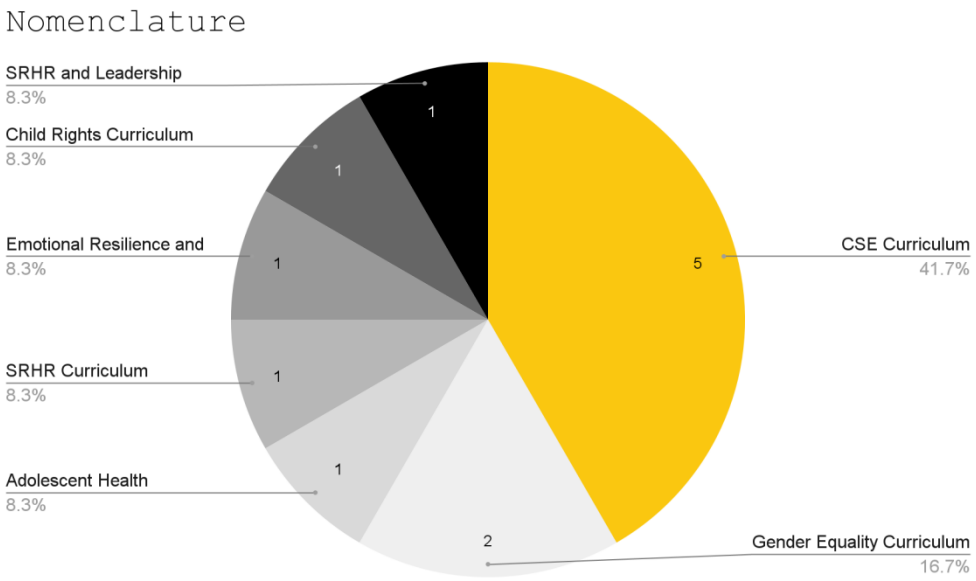

Figure 1: Responses by CSOs to an online survey assessing what nomenclature is used to describe the curriculum transacted with adolescents. From a total of 12 responses, 5 curricula were called CSE Curriculum, 2 were called Gender Equality Curriculum, and 1 each were called Adolescent Health, SRHR Curriculum, Emotional Resilience and Adolescent Health Curriculum, Child Rights Curriculum and SRHR and Leadership Curriculum.

Interestingly, all three top organisations use very different nomenclature to describe their curricula, with only TYPF explicitly naming its curriculum a Comprehensive Sexuality Education curriculum. The only two other respondent organisations that also refer to their curricula as CSE are TARSHI, and FPAI. Other common ways to refer to curricula amongst organisations that responded were Gender Equality Curricula and Adolescent Health/SRHR Curricula (Figure 1).

There has been much debate on the nomenclature of such programmes, and at the outset, the multiple names with which such programmes are referred to indicates the level of discomfort around terms such as sex and sexuality. In fact, while naming the AEP, the term 'sex education' was considered limited and instead 'adolescence education', was counterintuitively identified as a term that is more 'comprehensive', which leads to its unanimous acceptance and adoption[21].

Using a broader banner of health or life-skills indeed does raise less suspicion and backlash, and may even require less political maneuvering, and while naming programmes is easily compromised on due to these very reasons, normalising sex and sexuality is a long-term process that takes place by increasing comfort with these very terms and their related content. Therefore, working towards ensuring that curricula remain comprehensive and are not subject to political climates and the perceived readiness of communities to take on these topics without using the actual words themselves may be counter-productive[22].

At TYPF, programmatic strategies have targeted stakeholders such as parents and grassroots partners with orientations and sensitisation activities prior to commencing implementation of their CSE curriculum. These

[21] NCERT (2010) CONCEPTUAL FRAMEWORK ADOLESCENCE EDUCATION PROGRAMME

[22] Ibid

sessions focus on the potential of CSE programming to impact the overall wellbeing of adolescents in order to maintain this terminology. These efforts usually have a high pay-off as programmes commence with better buy-in, more transparency and there is reduced stigma and backlash related to young people attending CSE sessions. Thus,**there is benefit in integrating and developing short and long term approaches that aim to sensitise relevant officials and gatekeepers on the need to name and use terminology of CSE without shame**[23].

Lenses and Diversity

One of the core guiding principles of Adolescence Education in AEP and SHP is that "it should recognize and respond to the reality that adolescents are heterogenous: there is diversity in terms of urban, rural, caste, class, religion, region, cultural beliefs, disability, sexual orientation and so on." Moreover, another guiding principle provided in official documents of the SHP also states that the programme should be anchored in a rights-based perspective.

It is evident from the multiple strategies conceptualised and employed within both SHP and AEP that the programme has been thoughtfully planned in order to reach maximum students in various contexts. However, the overall content of both the curricula that was meant to be transacted with young people leaves much to be desired in terms of addressing the various and specific needs, and diverse representation of these heterogeneous identities.

CSE curriculums should provide comprehensive information that is inclusive of the diversity of adolescents and young people. However, much of the language in the content of both the AEP and SHP curricula is limited to the gender binary - man and woman. Content around gender-based discrimination and violence is also majorly focused on the experiences of cis-women. Additionally, the content of both curricula function within a heteronormative framework and any acknowledgment of trans persons or queer people is limited to single line mentions. There are a few mentions of people with disabilities, people living with HIV and AIDS, sex workers, and people from lower castes, however there is an urgent need for additional nuanced discussion on the disproportionate experiences of violence, discrimination and marginalisation faced by people from these communities.

Curricula at TYPF and CREA integrate and highlight intersectionality as a cross-cutting theme across sessions and content. In fact, in CREA's It's My Body programme, every subsequent cycle of the programme has attempted to include marginalised girls by iterating their curriculum content to suit their needs. While the lens of gender and sexuality has always stayed in focus, the experiences of persons with disabilities as well as sex-workers have been highlighted and incorporated through the more recent iterations of the curriculum content. **Acknowledgement of the lived realities of adolescents with marginalised identities and their diverse representation in curriculum content ensures that the discussions are relevant for adolescents, who might not find a space to engage with these concepts elsewhere.**

ECF's curricula uses an overarching gender lens, aligned to their broader gender equality focused goal, and other social identities are addressed through specific sections or activities. However, just using a gender lens can result in the dilution of focus on other multiple and intersecting identities like caste, class, religion, disability, sexual orientation, ethnicity, etc., that crucially impact the extent to which adolescents are able to exercise their sexual

[23] Ibid

and reproductive rights. Thus, more attention should be given to unpacking these diverse identities and their interaction with each other, which can often reinforce and perpetuate existing inequalities.[24]

By including diversity in curricula, many identities have a better chance at feeling understood, and therefore may also experience safer and better sexual experiences and health outcomes. With CSE that goes beyond the cisgender heteronormative ideas of sex by instead focusing on sexual pleasure, content can be made inclusive of all sexual diversities and gender identities[25]. The ITGSE also refers to the need to develop more relevant content for LGBTQIA+ youth, and frequently mentions the importance of respecting diversity[26]. But it is imperative that focus shifts from abstract concepts towards provision of concrete advice and tools on how sexuality educators might encourage young people to critically reflect on norms that underpin different forms of discrimination, particularly homophobia and transphobia[27].

The UNFPA ITPG, iterates that it is "*important to identify and locate the most marginalised girls in order to understand the unique risks and opportunities faced by different subgroups of girls and young women in order to tailor programmes accordingly.*"[28] Programming in India, though, has been limited to very specific archetypes of young people that include older and married adolescents, and scant efforts are made to reach the most vulnerable. At times, even community-based interventions have overlooked marginalised and isolated adolescents[29]. **There is a need for specific measures to identify and ensure the inclusion of vulnerable adolescents so that interventions can address their issues and increase the possibility to demonstrate positive findings at the population level**[30].

Additionally, the need for integration of affirmative measures and strategies that ascertain access to and relevance of CSE for all adolescents is imperative considering the following data and statistics:

- As per NFHS5, **early marriage** still stands at 23.8% across India, however a study by Mehra et al (2018) found that youth belonging to a **lower caste have a higher risk of having an early marriage** and not going to school.[31]

[24]Garcia, L. (2009). "Now why do you want to know about that?" Heteronormativity, sexism, and racism in the sexual (mis) education of Latina youth. *Gender &Society*, *23*(4), 520-541.

[25]Mark, K., Corona-Vargas, E., & Cruz, M. (2021). Integrating sexual pleasure for quality & inclusive comprehensive sexuality education. *International Journal of Sexual Health*, 1-10.

[26] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

[27] Miedema E, Le Mat M and Hague F (2020) But is it Comprehensive? Unpacking the 'comprehensive' in comprehensive sexuality education. *Health Education Journal* 2020, Vol. 79(7) 747–762

[28] UNFPA. 2020. International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education: An evidence-informed approach for non-formal, out-of-school programmes

[29]Chandra-Mouli, V., Svanemyr, J., Amin, A., Fogstad, H., Say, L., Girard, F., & Temmerman, M. (2015). Twenty years after International Conference on Population and Development: where are we with adolescent sexual and reproductive health and rights?. *Journal of Adolescent Health*, *56*(1), S1-S6.

[30] BMGF (2017) Supporting transitions from adolescence to adulthood: Evidence informed leads for investment.

[31]Mehra, D., Sarkar, A., Sreenath, P. *et al.* Effectiveness of a community based intervention to delay early marriage, early pregnancy and improve school retention among adolescents in India. *BMC Public Health* 18, 732 (2018). https://doi.org/10.1186/s12889-018-5586-3

- 29.3% of ever-married women aged 18-49 years have experienced spousal violence according to NFHS5. Further, Kumar (2021) observed that caste plays a significant role in the prevalence of **sexual violenceagainst Dalit women**, and that this effect was confounded by identities of class and gender. [32]
- India harbours the third highest HIV-affected population in the world with nearly 35% of all AIDS cases reported in young people of the age group of 15–24 years.[33] Additionally, Yadav et al (2014) found that **young women living with HIV are at a higher risk tophysical and sexual violence** than their male counterparts.[34]
- Priyadarshini and Swain (2020) found that **transgender students in India face verbal, physical and relational bullying** from their peers which discourages them to continue their education. Victimization in educational institutions push transgender adults to depression which was identified by observing constant symptoms such as poor appetite, loneliness and restless sleep.[35]
- Pandya and Redcay (2021) observed that **transgender individuals experience difficulties in accessing quality healthcare services**, both general and specific to their gender needs. Some of the key barriers to access health services reported were discrimination at healthcare facilities, lack of treatment protocols, low health literacy, and poor healthcare-seeking behaviour among the transgender individuals.[36]
- People with disabilities, like everyone else, also have SRH needs throughout their lives and require age-appropriate and relevant information on all aspects of their SRH at different stages in their lives. Sharma and Sivakami (2018) noted that a direct consequence of the perception that people with disabilities are asexual and hence do not require SRH information has resulted in them being **denied of this live-saving information which increases the vulnerability of people with disabilities to SRH problems** and also weakens their power to negotiate for safe sexual relationships.[37]

To avoid tokenism of young people and adolescents, CSE must be informed by the context, needs and lived-realities of adolescents as well as the impact of their relationship with important stakeholders in their ecosystem such as parents, schools, peer groups, health systems and policy makers. Efforts must shift to equally include and meet the needs of young people from minority and marginalised communities. Involving marginalised young people such as those who sell sex, are in detention centres, have disabilities, are part of the queer community, who live in refugee camps or use drugs is essential for strengthening programme reach, strategy and content.

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[32]Kumar, Ajay (2021). Sexual Violence against Dalit Women: An Analytical Study of Intersectionality of Gender, Caste, and Class in India. *Journal of International Women's Studies*, 22(10), 123-134.

[33] HIV/AIDS in India, UNICEF

[34]Yadav, N., Kamath, R., Ashok, L., Shetty, B., Hegde, B. M., Dhar, M., & Chandrasekaran, V. (2014). The link between HIV/AIDS and violence among young adults: A study in Udupi, Karnataka. *International Journal of Medicine and Public Health*, *4*(4).

[35]Priyadarshini, S., & Swain, S. C. (2020). IMPACT OF ADOLESCENT SCHOOL VICTIMIZATION ON HEALTH OF TRANSGENDER. *Journal of Critical Reviews*, *7*(14).

[36] Apurva kumar Pandya & Alex Redcay (2021) Access to health services: Barriers faced by the transgender population in India, *Journal of Gay & Lesbian Mental Health*, 25:2, 132-154, DOI: 10.1080/19359705.2020.1850592

[37] Sharma, Seema & Sivakami, M.. (2018). SEXUAL AND REPRODUCTIVE HEALTH CONCERNS OF PERSONS WITH DISABILITY IN INDIA: AN ISSUE OF DEEP-ROOTED SILENCE. *Journal of Biosocial Science*. 51. 1-19. 10.1017/S0021932018000081.

Section 3 of the UNFPA ITPG 2020 provides detailed guidelines for implementing CSE with specific groups of young people that can be used by curriculum designers to make content more inclusive and accessible.

Key Findings: WHAT

Themes of CSE

The following table highlights the specific themes that are covered via the AEP and SHP programmes:

Themes under AEP	Priority Themes of the SHP
Understanding Changes during Adolescence and Being Comfortable with them (including differences in the process of maturation and their effects on body image)	Growing up Healthy
Establishing and Maintaining Positive and Responsible Relationships	Emotional Well-being and Mental Health
Understanding and Challenging Stereotypes and Discrimination related to Gender and Sexuality	Interpersonal Relationships
Understanding and Reporting Abuse and Violation HIV/AIDS: Prevention, Vulnerability, Dealing with Stigma, Access to Services, Linkages with RTIs/STIs	Values and Citizenship
Prevention of Substance Abuse: Causes, Access to safety net (protection from substance abuse), Consequences, De-addiction, Care and Support	Gender Equality
	Nutrition, Health and Sanitation
	Prevention and Management of Substance Misuse
	Promotion of Healthy lifestyle
	Reproductive Health and HIV Prevention
	Safety and Security Against Violence and Injuries
	Promotion of Safe Use of Internet and Social Media Behaviour

It is noteworthy that there is an overall increase in the range of topics included in SHP from AEP. Emotional well-being and mental health have been culled out as a separate priority theme and additional activities have been added to the module in SHP. Promotion of safe use of the internet and social media has also been integrated as a priority theme to keep up with the rise in access to digital technologies in India. Although such inclusions bode well for the SHP curriculum, certain other elements have been omitted, specifically on the theme of SRH and HIV. The content under this priority theme is less comprehensive and informative than what was available in the AEP curriculum that had included discussions around reproductive processes and anatomy, and ways of prevention of

HIV transmission. While there is a long way to go to ensure that all modules contain comprehensive information for the well-being of adolescents, the sections below deep-dive into the current successes and limitations of the AEP and SHP curricula in addressing crucial CSE themes and present good practices collated from international reports, researches and various Indian CSOs.

Gender

Theme	Sub-Theme	Score (AEP)	Score (SHP)
Gender	*Difference between sex and gender*		
	Gender norms and Stereotypes		
	Masculinity and Femininity		
	Gender Identities (Man, Woman, Trans and Non Binary gender Identities)*		
	Gender Expression		
	Sexual Characteristics and sex categories (Male, Female, Intersex)		
	GBV and FGM		
	Transgression (Rewards and Punishments)		
	Power Relations, Inequalities, Discrimination		
	Gender Dysphoria		
	Gender Affirmation Surgeries		

Both the AEP and SHP modules contain specific sections and activities that cover the sub-themes of gender. However, the content in these sections is limited to a binary understanding of gender and sex. This is evident through the use of gender-specific pronouns across the curriculum, segregation of physical changes during adolescence, and sexual and reproductive processes, with no mention of gender and sex identities other than man, woman, male and female. Further, even in sections that specifically deal with the notion of gender as a social construct, discussion around non-binary gender identities and intersex individuals is either inadequate or completely missing from discussion points. For example, the discussion on transgender identities is relegated to a single discussion point in the AEP curriculum which states that *"Conventionally we think of only two genders, but there is also a third gender, that is, people who have a mix of physical and psychological features of females as well as males. This set of persons is technically called 'transgender.' In many parts of the world they are officially recognised."* This definition stems from a conflated understanding of gender and sex and does not affirm the right to self-determination. The AEP curriculum also lauds the inclusion of a separate column for transgender individuals in government forms of the Tamil Nadu government in a "Did you know" bubble, however it is unclear if this forms the part of the information to be transacted with the students.

It could have been expected that the SHP curriculum would be progressive with regard to the discussion on transgender identities given that it was formulated post the 2014 NALSA judgment[38] and the Transgender Persons (Protection of Rights) Act, 2019[39]. However, much like the AEP curriculum, the only mention of trans* people in the SHP curriculum is through a question on their rights and no definition or description of trans* identities and their lived-realities have been provided. Moreover, commonly, sex identities and gender identities are conflated in the content of activities across the curricula and there is no discussion on diverse sex characteristics and intersex identities in either. The curricula also do not comprehensively discuss the distinction between gender expression and gender identity and the resulting impact of transgression from conventional gender norms for people of all genders. Though the concepts of gender inequality and discrimination are covered to a large extent, the discussion and messaging in the AEP and the SHP is focused primarily on discrimination and violence against cis-gender women.

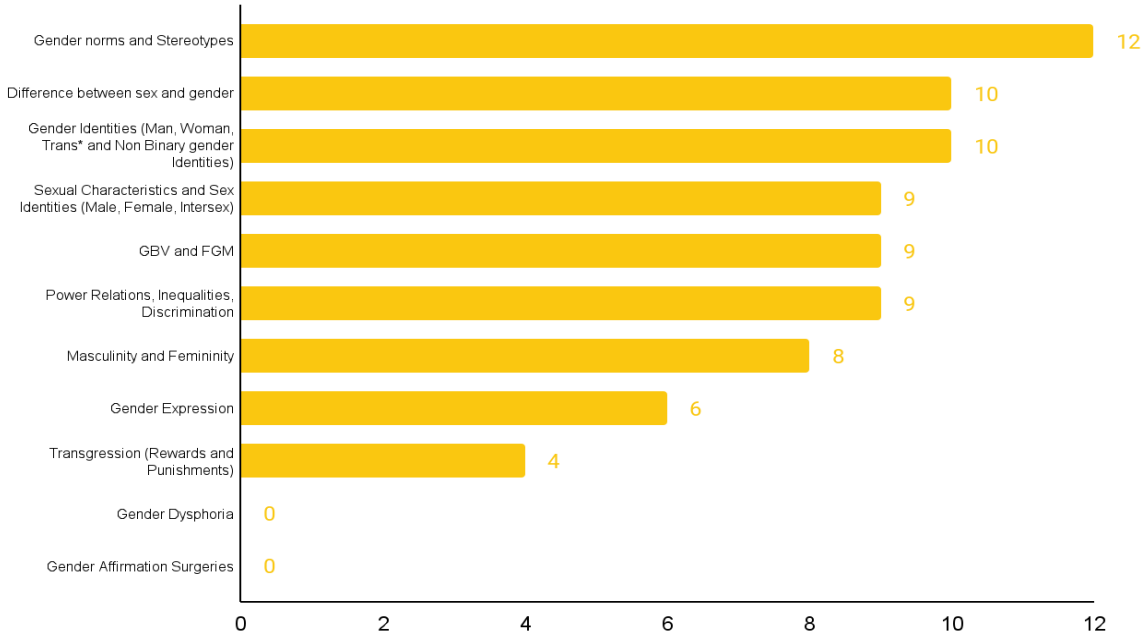


Figure 2: Responses by CSOs to an online survey assessing the inclusion of sub-topics under the theme of "Gender" in their curriculum. Sub-topics in decreasing order of prevalence in CSO curricula are: Gender norms and Stereotypes (12); Difference between sex and gender (10); Gender Identities (10); Sexual Characteristics and Sex Identities (9); GBV and FGM (9); Power Relations, Inequalities, Discrimination (9); Masculinity and Femininity (8); Gender Expression (6); Transgression (4); Gender Dysphoria (0); Gender Affirmation Surgeries (0).

Findings from the online survey show that while most CSO-led curricula incorporate discussions around key sub-topics such as distinction between gender and sex, diverse gender and sex identities, gender norms and stereotypes, inequality and discrimination, topics such as gender transgression, gender dysphoria, and gender

[38] Available here: https://translaw.clpr.org.in/wp-content/uploads/2018/09/Nalsa.pdf

[39] Available here: https://prsindia.org/files/bills_acts/bills_parliament/2019/The%20Transgender%20Persons%20(Protection%20of%20Rights)%20Act,%202019.pdf

affirmation surgeries are rarely, if at all, covered (Figure 2). Therefore, it is evident that even current CSO-led curricula are not comprehensively inclusive of the concerns and issues of people with diverse SOGIESC[40].

The ITGSE noticed a similar trend, observing that *"CSE programmes often omit relevant content for LGBTI populations, including information about sex characteristics or biological variations which particularly affect intersex children and young people".* This occurs despite sufficient evidence that people with diverse SOGIESC are particularly affected by harm and discrimination and that homophobia and transphobia in school have been shown to hinder learning and lay the groundwork for more vindictive and violent forms of bullying[41].

Low percentages or insufficient number of programme participants with diverse SOCIESC is often cited as a reason for compromising on relevant content to save time and effort. However, as noted in the ITPG, it is *"Given the hostility they face, LGBQ+ people, including children and young people, may feel that they have to hide their identity. In some cultures, young LGBQ+ people may form relationships with people of the opposite sex in order to avoid stigma and discrimination or violence from their families or communities, or for childbearing; or they may be forced to marry by their families. If their sexual orientation or behaviour becomes known, they may face rejection from their families, communities and religions. They may be kicked out of home by their families, skip school or drop out entirely because of bullying and harassment from both teachers and students, or lose their employment."*[42]Curriculum developers should therefore intentionally include and provide comprehensive content on such issues as CSE programs are often the only avenue for sexual and gender minorities to access relevant and accurate information that is affirming of their rights.

Relationships

Theme	Sub-Theme	Score (AEP)	Score (SHP)
Relationships	*Levels of Relationships (Individual, Interpersonal, communal)*		
	Self-expression and self-esteem (beauty norms and their impact on mental health, unhealthy behaviours)		
	Healthy and Unhealthy relationships		
	Types of Relationships (Friendships, familial, community, romantic, sexual)		

[40] An acronym for sexual orientation, gender identity, gender expression and sex characteristics.

[41] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

[42] UNFPA. 2020. International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education: An evidence-informed approach for non-formal, out-of-school programmes

	Power Dynamics and Transactions		
	Communication		
	Consent		
	Violence and Abuse		
	Rejection and Heartbreak		
	Breakups		
	Infidelity		

Both AEP and SHP recognise the importance of building healthy relationships with oneself and those around us. The curriculum content includes discussion on important topics such as self-esteem and confidence, body image issues, attraction, and healthy and unhealthy relationships. Additionally, both programmes include activities on the importance of effective communication towards building healthier and happier relationships, and provide frameworks for improving communication using interactive pedagogies such as role-plays. It should be further noted that both the curricula uphold a positive outlook towards adolescent sexuality in their guiding principles and seek to normalise attraction and romantic relationships during adolescence. The content could be made more comprehensive by shifting focus from presenting solely heteronormative relationships. It would also benefit from an expansion of the discussion on building support systems that go beyond viewing blood families as most reliable and trustworthy. Furthermore, since the curriculum content does not explicitly talk about sex or sexual relationships among adolescents and the discussion on romantic relationships is sparse, the content misses out on important discussions around asking for consent, communicating desires and needs, dealing with rejection and heartbreak, breakups, and infidelity.

Importantly, the SHP curriculum dedicates one full module to addressing the priority theme of Emotional Well-being and Mental Health that helps in building skills on self-awareness in order to identify negative and positive emotions, inclusive of messaging that normalises all emotions. Differences and identification of mental health issues and illnesses has also been covered through the activities along with a focus on understanding resilience. Information on how to mitigate a situation of disclosure about mental health concerns has also been provided for the facilitator.

This is an especially crucial topic as suicide continues to be a leading cause of death among young people in India. Nearly 60% of all suicides in women, and 40% of all suicides in men occur in 15-29-year-olds[43]. Besides suicide, poor mental health has been associated with early pregnancies, HIV/ AIDS and other STIs, domestic violence, and child abuse, amongst other violent behaviours[44].

[43]Patel, V., Ramasundarahettige, C., Vijayakumar, L., Thakur, J. S., Gajalakshmi, V., Gururaj, G., & Million Death Study Collaborators. (2012). Suicide mortality in India: a nationally representative survey. *The lancet*, *379*(9834), 2343-2351.

[44]World Health Organisation. (2017). Maternal, newborn, child and adolescent health: Adolescents and mental health.

With experience of over 25 years in the field of mental health, Sangath's work, specifically on adolescent mental health is noteworthy and the organisation has multiple programmes, some of which are curriculum and session-based, that specifically address the mental health of young people from Adivasi communities, children in shelter homes, and coastal communities. Sangath has constantly advocated for beginning mental health interventions with adolescents and young people at earlier ages, considering that a large proportion of mental health issues have an onset before the age of 18. It has also been found that **focusing on mental health promotion rather than on mental illness prevention is an effective strategy in promoting adolescent and youth mental health in school-based programs**[45]. Moreover, a review study found that school-based interventions that used group-based interventions and cognitive behavioural therapy were effective in reducing depressive symptoms and anxiety[46].

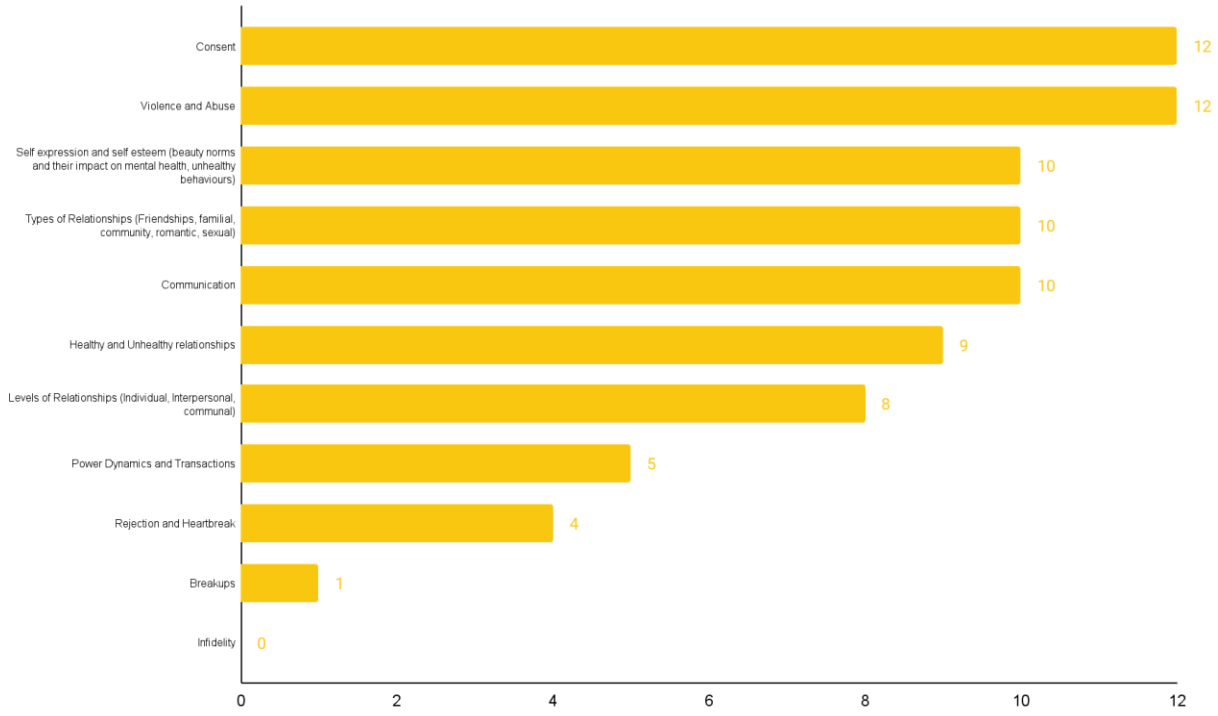


Figure 3: Responses by CSOs to an online survey assessing the inclusion of sub-topics under the theme of "Relationships" in their curriculum. Sub-topics in decreasing order of prevalence in CSO curricula are: Consent (12); Violence and Abuse (12); Self Expression and Self Esteem (10); Types of Relationships (10); Communication (10); Healthy and Unhealthy Relationships (9); Levels of Relationships (8); Power Dynamics and Transactions (5); Rejection and Heartbreak (4); Breakups (1); Infidelity (0).

Similar to the content in government curricula, most CSO-led curricula also reported that their curricula does not include content around power dynamics and transactions in relationships, rejection and heartbreak, breakups, and infidelity.

[45]O'Mara, L., & Lind, C. (2013). What do we know about school mental health promotion programmes for children and youth?. *Advances in School Mental Health Promotion*.

[46]Das, J. K., Salam, R. A., Lassi, Z. S., Khan, M. N., Mahmood, W., Patel, V., & Bhutta, Z. A. (2016). Interventions for adolescent mental health: an overview of systematic reviews. *Journal of Adolescent Health*, *59*(4), S49-S60.

When it comes to building healthier relationships with others, Schneider & Hirsch (2020) note that elements that are central to violence prevention in intimate relationships were helping partners reflect about romantic relationships, including questioning unhealthy characteristics such as jealousy and possessive behaviour, helping them develop skills to communicate about sexuality, inequitable relationships, and reproductive health, encouraging care-seeking behaviour, and addressing norms around gender and sexuality, for example demystifying and decreasing discrimination toward sexually diverse populations. In this way, addressing the above mentioned topics which already form a part of CSE, can be effective for developing strategies to prevent and respond to partner violence[47].

Experts such as Agents of Ishq have also been calling on the need to address dealing with rejection for many years. TYPF is one of the few organisations that has taken on this note and incorporated healthy ways to deal with rejection in the context of romantic and sexual refusal in their curricula. This was identified as especially important for working with young boys who with the onset of adolescence experience pressure to build their social capital, a need that operates within hegemonic hyper masculine ideals and can translate into opportunistic behaviour & coercive sex. Upon sexual refusal, the lack of healthy alternatives results in aggression and hate projected on the refusing partner(s), which correlates to an incessant need to maintain the image of 'real man'. **Boys find it especially difficult to cope with rejection due to an inherent sense of entitlement, little to no conversation on healthy relationships, no positive role models, and an idea of love that is constructed via pop culture.** Therefore, while addressing the importance of consent with boys is an urgent need, finding safe and healthy ways to respect sexual refusal is equally essential. Some ways in which this has been done at TYPF is through provision of alternate ways to respond that prioritise open communication, overcoming inhibitions, and seeking professional help.

Note: The importance of including content that moves away from a heteronormative and binary framework has been adequately addressed in the Lenses and gender sub-sections.

SRH & HIV

Theme	Sub-Theme	Score (AEP)	Score (SHP)
SRH & HIV	*Anatomy (Name and functions of sexual and reproductive organs)*		
	Puberty (Physical and psycho-social changes and their causes, myths)		
	Menstruation (Process, menstrual Health management, myths and misconceptions)		
	Ejaculation (Process, types, wet dreams, and myths)		
	Sexual Debut and notion of "virginity"		

[47]Schneider, M., & Hirsch, J. S. (2020). Comprehensive sexuality education as a primary prevention strategy for sexual violence perpetration. *Trauma, Violence, & Abuse*, *21*(3), 439-455.

	Reproductive Processes (Pregnancy and childbirth)		
	Contraception (Methods, access, agency, and Myths)		
	Abortion (Methods, comprehensive abortion care, access)		
	STIs, UTIs, RTIs (Symptoms, prevention, treatment, myths)		
	HIV (Difference between HIV and AIDS, Modes of Transmission, Myths, Stigma, PrEP and PEP, ART, Counselling & Care)		
	Local adolescent and youth friendly service touchpoints		
	Lactation		
	Reproductive Self Determination		
	Erectile Dysfunction		
	Menstrual irregularities, PCOS		
	Menopause		

Since the inclusion of adolescence education (previously referred to as population education) in India was initiated to control different concerning health indicators[48] information about various sexual and reproductive processes deemed important for *"population regulation" and "HIV and AIDS prevention"* are included in the content of both the curricula. However, while there is a conscious effort in both the curricula to move away from an abstinence-only approach, key concepts such as contraception and abortion are not included as topics in the content (despite being highlighted in the scheme of content for the SHP). In the resource materials of each programme, the only reference to contraceptives is a single message that states that contraceptives can be used to provide protection against unwanted pregnancies without any further discussion or details. Overall, the content of the SHP under this theme is less comprehensive than the content of the AEP, with complete omissions of topics such as reproductive anatomy and processes.

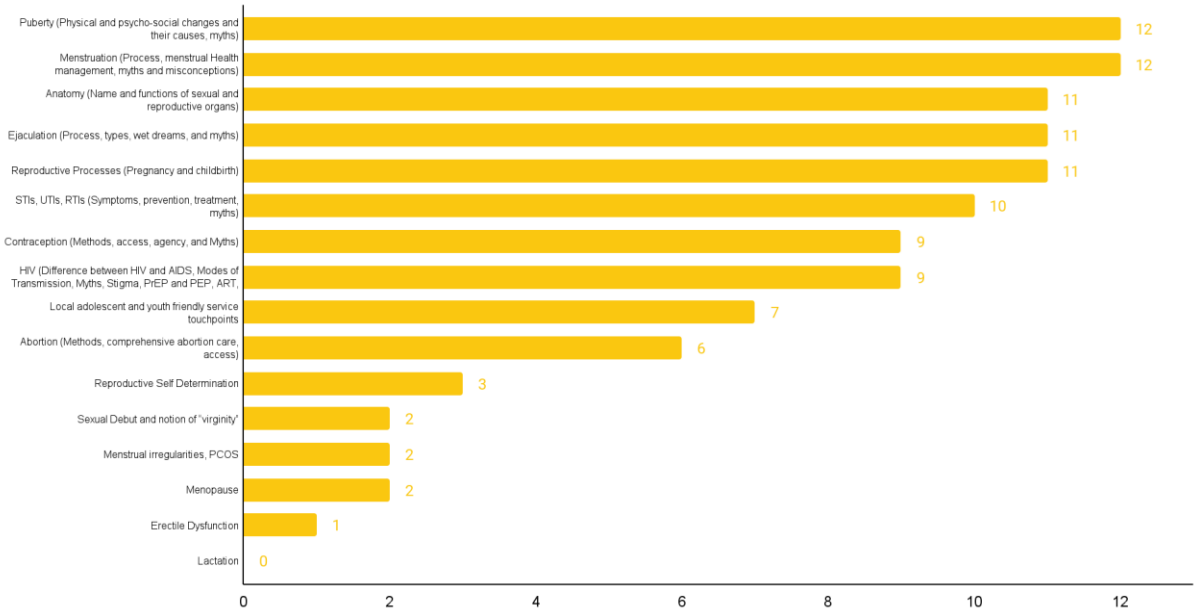
Another key observation is that the modules often refer to NCERT textbooks for information on technical topics such as menstruation, adolescence and puberty. However, it is important to note that Tuli et al (2019) found that the content on menstruation and reproductive processes was limited in CBSE textbooks. The authors found that the menstruation process is described—from menarche to menopause—in one paragraph of 241 words in the textbook for Class 8. Topics such as personal hygiene, myths, taboos, and adolescent pregnancy are covered in 2–3 lines without much detail. The textbook also focuses on the increase in height during adolescence as the main example to highlight the bodily changes that occur during puberty. It was noted that the word "menstruation" only occurs eight times throughout the relevant chapter, while the word "height" occurs 24 times. In the textbook for Class 10, menstruation is reintroduced in 97 words, excluding information on its management and hygiene aspects. Both chapters present diagrams of the male and female reproductive system, however, no visual representations

[48] NCERT (2010) CONCEPTUAL FRAMEWORK ADOLESCENCE EDUCATION PROGRAMME

of menstruation are offered[49].

Additionally, **addressing sexual and reproductive health from a biomedical perspective has also resulted in the curricula not addressing the emotional, social, and psychological aspects of SRH that are extremely crucial in enabling an individual to make informed decisions about their own body**. This includes important discussions around the concepts of "virginity", and reproductive self-determination, both within and outside of marital relationships. It should also be noted that while the ITGSE guidelines promote a more holistic understanding of health, at present the guidance on SRH (key concept 8) end up implicitly framing sexual health in relation to negative outcomes i.e. unplanned pregnancies and disease which is counter-productive to the objective of helping adolescents develop a positive view of sex and sexuality.[50]

There are multiple sessions/ activities dedicated to talking about HIV and AIDS in both of the curricula which cover the difference between HIV and AIDS, populations vulnerable to HIV infection, importance of regular testing, living with HIV, and stigma and misconceptions related to PLHIV. While the AEP modules included a brief reference to ART in the session content, this information has been further expanded upon in the SHP curriculum. However, there is no mention of the role of condoms in prevention of HIV transmission (even though this was explicitly included as a message in the AEP), or PEP and PrEP, and the discussion around HIV and AIDS counselling requires additional strengthening in both curricula. The findings of the concurrent evaluation of the AEP also showed that the knowledge of STIs and RTIs was low even in schools where the AEP had been implemented[51]. It is surprising, therefore, that the content around RTIs and STIs in both the curricula is still subsumed within HIV focused sessions.



[49]Tuli, A., Dalvi, S., Kumar, N., & Singh, P. (2019). "It's a girl thing" Examining Challenges and Opportunities around Menstrual Health Education in India. *ACM Transactions on Computer-Human Interaction (TOCHI)*, *26*(5), 1-24.

[50] Miedema E, Le Mat M and Hague F (2020) But is it Comprehensive? Unpacking the 'comprehensive' in comprehensive sexuality education. *Health Education Journal* 2020, Vol. 79(7) 747–762

[51] UNFPA. 2011. Concurrent evaluation of Adolescent Education Programme (2010-11)

Figure 4: Responses by CSOs to an online survey assessing the inclusion of sub-topics under the theme of "SRH & HIV" in their curriculum. Sub-topics in decreasing order of prevalence in CSO curricula are: Puberty (12); Menstruation (12); Anatomy (11); Ejaculation (11); Reproductive Processes (11); STIs, UTIs, RTIs (10); Contraception (9); HIV (9); Local Adolescent and Youth Friendly Services (7); Abortion (6); Reproductive Self-Determination (3); Sexual Debut and Virginity (2); Menstrual Irregularities and PCOS (2); Menopause (2); Erectile Dysfunction (1); Lactation (0).

While more service-oriented topics such as contraception and abortion are included in some CSO-led curricula, as observed from the findings of the online survey (Figure 4), gaps in rights-based messaging around bodily autonomy and reproductive self-determination still exist. This could be due to the fact that many CSO-led programmes in India continue to be formulated on the basis of priority public health indicators that may be efficient for integration into government initiatives, but limit the broader impact of CSE (further discussed in the WHY section of the report).

Sexual Rights and Citizenship

Theme	Sub-Theme	Score (AEP)	Score (SHP)
Sexual Rights & Sexual Citizenship	*WHO definition of Sexuality*		
	Sexual identities		
	Sexual Orientations		
	Sexual Expression		
	Autonomy and Self Determination		
	Impact on access to rights		
	Laws and Policies		
	Sex Work		
	Sexual Acts		

None of the topics from this theme are covered in either of the government curricula. A discussion point in the AEP curriculum does however state that *"There is a social assumption that attraction is only for the opposite sex, although, this is not always the case. A person might be attracted to the same or opposite sex. It is important that we do not make fun of or bully anybody about this."* No further context or discussion has been provided.

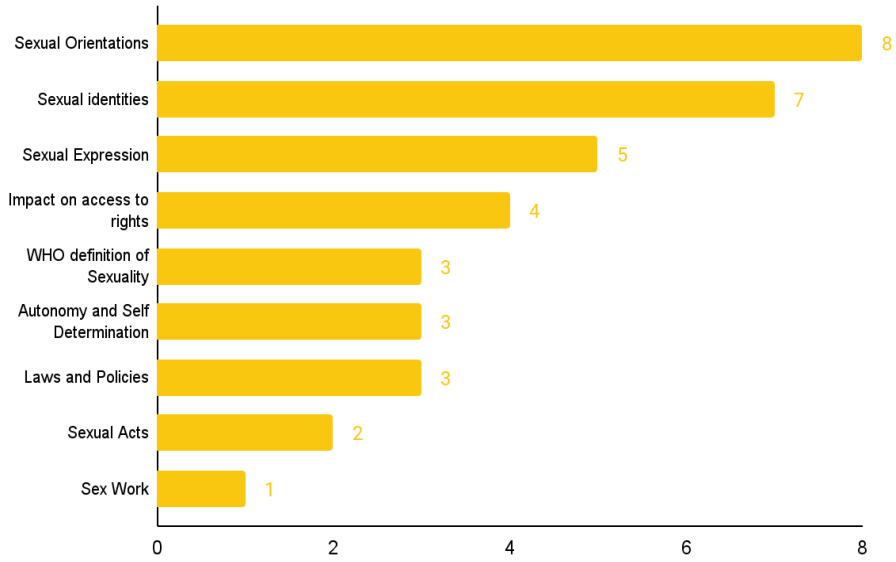


Figure 5: Responses by CSOs to an online survey assessing the inclusion of sub-topics under the theme of "Sexual Rights and Citizenship" in their curriculum. Sub-topics in decreasing order of prevalence in CSO curricula are: Sexual Orientations (8); Sexual identities (7); Sexual Expression (5); Impact on access to Rights (4); WHO definition of Sexuality (3); Autonomy and Self Determination (3); Laws and Policies (3); Sexual Acts (2); Sex Work (1).

Of the 12 curricula that were assessed through the online survey, four did not include any content related to this theme. Of the remaining eight curricula, very few had content around sexual rights and citizenship beyond sexual identities and/or different sexual orientations (Figure 5). Curriculums from CREA and TYPF (specifically for older adolescents) were found to be most comprehensive in the coverage of these topics.

Note: The importance of comprehensiveness and inclusion of curriculum content especially with regards to sexual rights and citizenship has been discussed in more detail in previous sections.

Pleasure

Theme	Sub-Theme	Score (AEP)	Score (SHP)
Pleasure	*Sexual Response (arousal and orgasm)*		
	Masturbation		
	Substance use		
	Chemsex		

	Sexual exploration (self-love, experimentation, desire, fantasy, porn, sex toys)		
	Fetishes and Kinks		

Apart from substance use, none of the topics under this theme are covered in either the AEP or SHP curricula. Moreover, the discussion on substance use does not differentiate between substance use and abuse, and places the burden of addiction on the individual rather than looking at substance abuse as a systemic and social issue. A more comprehensive discussion on the social and systemic causes of substance abuse would be helpful in combating the stigma faced by substance users.

Additionally, even though masturbation is mentioned in the scheme of content document and Section 2: Summative activity of the AEP, no factual information related to masturbation is provided as part of the content of the AEP curriculum. This is despite the fact that many questions around masturbation were received from adolescents as part of the question box activity prior to the curriculum update.

In IPPF's framework for Comprehensive Sexuality Education (2010), considered a gold standard amongst many experts, pleasure was specifically mentioned as one of 7 essential themes that are critical in all CSE curricula[52]. As noted by Mark et al (2021), when only prevention of adverse health outcomes is focused on, sexual identity development takes a back seat, and the possibility of building the skills needed for effective communication of sexual needs and the expression of desires also suffers. **It is inarguable that sexual pleasure is a central motivation for engaging in sexual activity which makes a pleasure-based approach in CSE curricula even more critical.** Such approaches contribute towards normalising giving and receiving pleasure in sexual experiences and relationships alike, and can also increase life satisfaction and wellbeing[53].

There continue to be inequalities between cis-gender men and women's experiences of pleasure in heterosexual relationships and cultural prioritisation of penile-vaginal intercourse over other sexual acts is linked to this gendered orgasm gap. Additional contributing sociocultural factors that were pointed out were women's lack of entitlement to partnered sexual pleasure, societal scripts about masculinity, and women's cognitive distractions during partnered sex[54]. Therefore, Hirst (2013)'s recommendation that **sexuality education should affirm the importance of negotiation in sexual practices in order to maximise opportunities for pleasure and reciprocity in relationships[55] while ensuring that orgasms are not set as an imperative goal is all the more relevant.**

[52] IPPF 2010. IPPF's framework for Comprehensive Sexuality Education (CSE)

[53]Mark, K., Corona-Vargas, E., & Cruz, M. (2021). Integrating sexual pleasure for quality & inclusive comprehensive sexuality education. *International Journal of Sexual Health*, 1-10.

[54]Mahar, E. A., Mintz, L. B., & Akers, B. M. (2020). Orgasm equality: Scientific findings and societal implications. *Current Sexual Health Reports*, *12*(1), 24-32.

[55]Hirst, J. (2013). 'It's got to be about enjoying yourself': young people, sexual pleasure, and sex and relationships education. *Sex Education*, *13*(4), 423-436.

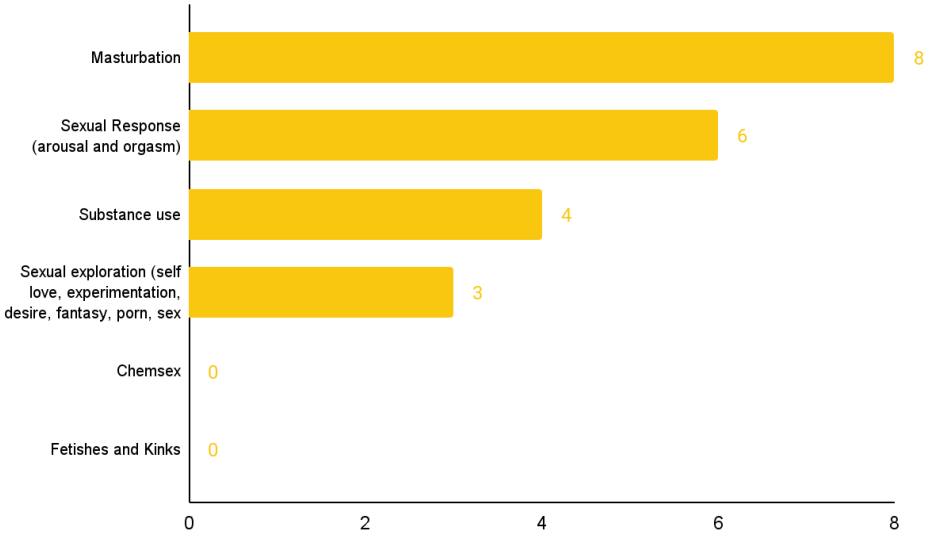


Figure 6: Responses by CSOs to an online survey assessing the inclusion of sub-topics under the theme of "Pleasure" in their curriculum. Sub-topics in decreasing order of prevalence in CSO curricula are: Masturbation (8); Sexual Response (6); Substance use (4); Sexual Exploration (3); Chemsex (0); Fetishes and Kinks (0).

Unfortunately, of the 12 curriculums included in the online survey, two curriculums did not include any of the topics from the theme of Pleasure and only six or less out of the total 12 curricula include content other than masturbation. However, the teams from CREA and TYPF shared that considerable efforts had been put into ensuring that discussions and messaging remain pleasure-centric, highlighting that this is essential for an individual to have a positive experience of their sexuality. In fact, CREA uses themes of pleasure as a starting point in their curriculum noting that, most often curricula use data around poor performing health indicators, or negative and bleak case studies while commencing programmes to make a case for the importance of information around sexual and reproductive health. Keeping consistent focus on pleasure, leisure, fun and consent has been a critical component of CREA's programming, and strategies such as recreational trips and picnics have also been used to ensure that participants enjoy their time during sessions.

Violence

Theme	Sub-Theme	Score (AEP)	Score (SHP)
Violence	*Forms of Violence (Visible and invisible)*		
	Prevention and redressal mechanisms		
	Processing and healing		
	Victim Blaming and profiling		
	Support systems		

	Violence as a systemic issue		
	Consent		
	Digital Well being		
	Legal systems (including POCSO)		

The AEP and SHP curricula each contain specific activities around the theme of Violence. While violence is addressed in AEP through two activities focusing on domestic violence and sexual abuse, the SHP has dedicated more time and effort on this topic that is evident from a separate module specifically addressing safety and security over the internet and digital technologies.

There is good coverage on forms of violence covered in the case studies such as emotional, verbal, physical and sexual violence in SHP. Other invisible forms such as financial abuse and control are not mentioned. The conversation is skewed somewhat towards locating violence in schools and gendered acts of violence have been used in this context, for example, boys push, hit, vandalise; girls pull hair, and spread rumours. It should be noted that the content also includes very helpful information containing tips for the facilitator on what steps to take if there is a disclosure of violence in the session. However, the session itself provides little information on what legal methods of recourse adolescents can seek if they are experiencing violence. Unfortunately, consent has not been given emphasis in the content on these topics. In the context of digital well-being, although cyber bullying has been adequately addressed, child trafficking and pornography see no mention.

It is important to note that CSE programmes can result in shifts in value orientations and beliefs that underlie violent acts and abuse. An evaluation of a gender-transformative life-skills programme in Bihar revealed that the intervention succeeded in motivating boys to take action to stop violence being perpetrated on a woman or girl by others, especially in cases of harassment or perpetrating physical violence on a girl. Many boys even attributed the change they had experienced directly to what was conveyed in the Do Kadam programme in in-depth interviews. [56]

[56] Jejeebhoy, S.J., Rajib Acharya, Neelanjana Pandey et al. 2017. The effect of a gender transformative life skills education and sports-coaching programme on the attitudes and practices of adolescent boys and young men in Bihar. New Delhi: Population Council.

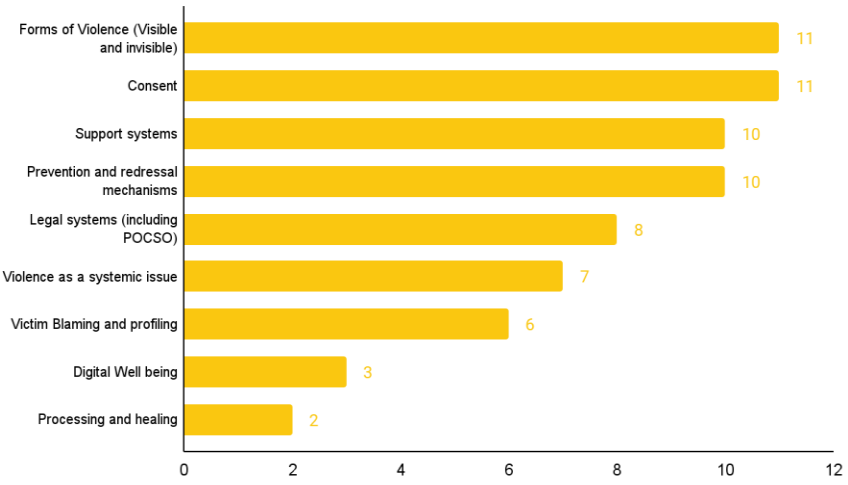


Figure 7: Responses by CSOs to an online survey assessing the inclusion of sub-topics under the theme of "Violence" in their curriculum. Sub-topics in decreasing order of prevalence in CSO curricula are: Forms of Violence (11); Consent (11); Support Systems (10); Prevention and Redressal Mechanisms (10); Legal Systems (8); Violence as a Systemic Issue (7); Victim Blaming and Profiling (6); Digital Well-being (3); Processing and Healing (2).

In response to the online survey, the sub-topics under the theme of violence were the best covered amongst all the 7 themes considered essential for CSE. The sub-topics that were frequently omitted in CSO curricula were digital well-being and processing and healing from violence (Figure 7).

A crucial need that organisations shared during interviews was the requirement of having well-mapped local referral systems. **CSE not only serves to help adolescents and young people identify potentially dangerous and unsafe future situations, but can also enable and inform them to identify and label past experiences of violence.** The content around violence can be especially triggering and requires a ready reckoner of vetted and expert referrals that can help adolescents in redressing urgent situations in their lives.

Moreover, it is essential to recognise that violence often functions within the omnipresent structures of patriarchy, making oppressed identities of the social hierarchy more susceptible to acts of violence and abuse. For example, Dalit women face higher degrees of violence most prominently in rural areas by upper caste Hindus[57]. **Discussions on violence must therefore acknowledge the systemic and generational violence that takes place against minorities and marginalised communities, and must refrain from framing violence as an individual or solitary issue.**

Additionally, activities on the topic of consent must be sensitively designed, since just providing straightforward explanations may not be enough to build a holistic understanding of the subject, according to TYPF. In a country where adolescent sexuality is already repressed, conversations around consent are rare. The reality is that consent is complex and needs nuance and contextualisation. Therefore, a mere definition will not be enough for behaviour change. Instead, **contextual examples should be used to nuance consent, encompassing the effect of social hierarchy on the agency of girls and women, impact on contraceptive use and choice, and non-conditionality and reversibility of consent.**

With more and more young people being able to access the internet, digital safety and well-being becomes an

[57]Kumar, Ajay (2021). Sexual Violence against Dalit Women: An Analytical Study of Intersectionality of Gender, Caste, and Class in India. *Journal of International Women's Studies*, 22(10), 123-134.

important emerging theme. Though few of the organisations have targeted content on this topic, a good example of a specific curricula focused on safety in digital spheres is Mardaangi's resource on Navigating Online Safety and Sexual Abuse[58]. This resource is meant specifically for young people to understand cycles of abuse, challenge myths around violence and is further contextualised for digital spaces including social media, a gap that was unveiled from the online survey.

Recommendations for Developing Comprehensive Theme-wise Content

For sexuality education to be truly comprehensive, as argued in the previous sections, it is imperative that the curriculum being transacted with adolescents includes discussions on topics beyond anatomy, puberty, and reproductive and sexual health. In its true essence, CSE aims to provide learners with not only a holistic understanding of sexuality, but also the various social, economic, cultural, political, and legal factors that may impact an individual's experience and expression of their sexuality.

All international frameworks provide CSE programmers and facilitators with a list of topics and sub-topics that are crucial to build that understanding. However, the ability to successfully include all aspects of CSE within a single curriculum may seem challenging due to the expansive and contextual nature of the subject matter. This may also be hindered due to one (or more) of the following reasons -

- Limited Organisational expertise on one or more of the key themes that are part of the CSE framework.
- Donor requirements with regard to funding allocation and short and intense programme cycles.
- Limitations due to insufficient time allocation by school authorities (for in-school CSE programmes) or participants' inability to devote the required time for CSE sessions owing to personal responsibilities, family commitments, and/or migratory nature of their work.
- Varying learning capacities of participants affecting the depth in which each of the topic can be discussed.
- Fear of participant attrition due to personal disconnect with issues being discussed.
- Challenges owing to the changing political and legal landscape of the intervention area.

The following table provides some important theme-wise considerations when collating/designing content for CSE curricula:

Theme	Things to look out for
Gender and Sex	- Ensure that the curriculum clearly establishes gender as a social construct. - Avoid using terms like "both genders", "opposite gender", or "third gender" that stem from a binary understanding of gender. - Use gender neutral language across the curriculum. - Help the participants understand that anyone can have masculine or feminine traits

[58] Mardaangi: Navigating Online Safety and Sexual Abuse. Available here: https://siddhanttalwar.art/mardaangi

	irrespective of what their gender identity is. - Do not use Gender identities (man and woman) and sex categories (male and female) interchangeably. - Clearly articulate the difference between a person's gender identity and gender expression. Avoid using vocabulary or tools that result in a conflated understanding of the two. - Do not use a binary definition for transgender people. Also talk about non-binary identities. - Include discussion around gender dysphoria, gender affirmative surgeries, and other trans* healthcare issues. - Clarify that not all trans* people experience gender dysphoria or opt for gender affirmative surgeries. - Include content around intersex categories and address misconceptions and stigma around intersex bodies. Clarify that a person being intersex does not mean they would identify as trans* and not all transgender people have intersex bodies. - Talk about socially excluded communities like Hijra communities. - Do not limit the discussion around gender based violence to violence directed towards cis-women. - Address how biological experiences, gender and cultural norms affect the way children and young people experience and navigate their sexuality.
Relationships	- Talk about the importance of having a healthy relationship with oneself. - Include content related to self -expression, self- esteem, body image issues, and mental health and wellbeing. - Discuss that an individual can have different types of relationships - family, friendships, communal, romantic and sexual. - Include activities that build participants' ability to identify and address unhealthy patterns in different relationships. - Do not enforce the idea that "blood relatives" are the only family a person can have. Discuss non-heteronormative family structures as well. - Avoid messaging such as "home is always a safe space", or "your parents would never wish you harm or do anything to hurt you". This might not be the reality for all participants particularly those living in abusive households. - Discuss power inequalities in interpersonal relationships. - Include content that enables participants to deal with rejection, break-ups, and infidelity in a healthy manner. - Nuance consent
SRH & HIV	- Ensure that all information is scientifically accurate. - Avoid using slangs, alternative terms or analogies to describe sexual and reproducitve anatomy and processes as it is counterproductive to the effort of removing the shame and stigma surrounding them. - Do not use terms like "male hormone" or "female hormone" as hormones are not sex-

	specific. - Use language like “pregnant person”, “person seeking abortion”, “menstruator”, or “people with vaginas” instead of “girl/woman” to reiterate the difference between gender identities and sex categories and to be inclusive of trans* and/or intersex individuals. - Provide information about different contraceptive methods and their effectiveness in avoiding early and unintended pregnancy. - Address the harmful notion that menstruation is the sole indicator that a person is ready to get pregnant or that “pregnancy/childbirth completes a woman”. - Include conversations around partner responsibility in preventing unintended pregnancy and STIs. - Reinforce the concepts of bodily autonomy and reproductive self-determination. - Provide comprehensive and accurate information on abortion and post abortion care, address the fear, stigma, and misconceptions related to abortion. - Provide information about reliable local SRH service points. - Address the problematic notion of “virginity” and various problematic cultural practices that stem from it. - Clearly articulate the difference between STIs and RTIs and include content on STIs beyond HIV and AIDS. Include messaging that promotes regular screening as an effective prevention strategy. - While discussing HIV and AIDS, also provide information about medical interventions that can help in reducing the risk of infection as well as treatment options to manage HIV in case of an infection. - Avoid messaging around HIV and AIDS that further stigmatises marginalised groups like sex workers, men who have sex with men, and transpersons.
Sexual Rights and Citizenship	- Provide a comprehensive definition of sexuality. - Clearly articulate the difference between sexual identity, sexual orientation, and sexual behaviours. - Differentiate between romantic and sexual relationships. - Do not provide absolute definitions for various sexual orientations as conflation of gender and sex as well as sexual preferences might result in mislabeling an individual’s sexual orientation. Therefore, the emphasis should be on self-determination rather than providing rigid labels for sexual orientations. - Address the stigma associated with people who identify as asexual or aromantic. - Reiterate that every person has the right to choose their partner(s) without having to label themselves. - Clarify the difference between a person’s gender identity, gender expression, and sexual orientation. - Discuss the impact on a person’s access to rights due to their sexuality. - Provide information about different laws and policies relevant for LGBTQI+ individuals.

	- Address the stigma surrounding people who sell sex.
Pleasure	- Include sex-positive messaging and center pleasure in discussions around sexuality. - Address stigma and misconceptions related to masturbation. - Address the notion that "only boys masturbate". - Discuss how different individuals experience arousal and orgasm differently. - Discuss the positive and negative effects of substance use and the risks associated with it. Emphasise the harmful effects and dangers of engaging in sexual activity after consumption of substances. - Develop content around sexual exploration and destigmatise non penile-vaginal sexual acts.
Violence	- Discuss both visible and invisible forms of violence. - Reiterate the importance of consent and it's relevance beyond just sexual or romantic relationships. - Provide information about different support systems that a person can access in order to prevent violence or seek redressal. - Provide accurate information about laws, policies, and relevant legal processes around violence including CSA and cybercrime. - Discuss violence as a systemic issue rather than an individual issue. - Address the cultural practice of victim blaming and the politics of criminal profiling. - Include content that enables survivors of violence to process and heal effectively. - Provide necessary information pertaining to digital health and well being. - Discuss the concept of restorative justice and alternatives to incarceration as a means of retribution in cases of violence.

Age appropriateness

CSE by definition aims to provide incremental, age and developmentally-appropriate information to adolescents and young people. But, curriculum developers continue to face challenges in segregating learning outcomes into

any definitive age categories due to the diversity of adolescent experiences owing to contextual and developmental factors.

In a country where age has historically been used as an exclusion criterion to restrict adolescent and young people's access to SRHR information and services, and consensual sexual activity between adolescents is not just culturally unaccepted but rather criminalised, figuring out the age-appropriateness of CSE learning outcomes is bound to be challenging. Moreover, across the globe, age-appropriateness of CSE is strongly influenced by various factors that are rooted in prejudice, misguided notions of honour, and attempt to control adolescents and young people's sexuality, particularly young girls and women. The reality however is that adolescents in India do in fact engage in consensual sexual activity[59], are more vulnerable to violence and abuse and have access to SRH information via the internet and media that is often inaccurate or promotive of unhealthy or toxic behaviours, making accurate and rights-affirming CSE all the more important and relevant.

A common belief against initiating any CSE programme with young people is that CSE leads to an increase in sexual activity amongst adolescents and promotes risky behaviour. However, UNESCO's 2022 Evidence Review reaffirmed that curriculum-based sexuality education programmes actually contribute towards delaying sex, reducing risky sexual behaviour, increasing contraceptive use and safer sex, and decreasing violence; and also increase self-efficacy, agency and resilience, acceptance of one's body image, sense of belonging, respectful relationships, and prevention of violence, alongside broader societal impacts[60].

Another belief that limits the scope of CSE curricula with young people is the fact that some of the topics under CSE such as contraception or abortion might be too technical for participants to comprehend and should only be discussed with adults or people closer to legal age of marriage, as they may need this information more. However, the ability of participants to deal with complex topics does not merely depend on age but rather on the developmental stage that they are at and their individual contexts. Additionally, such concepts can be simplified through the use of appropriate pedagogical methodologies and teaching tools without compromising on the comprehensiveness of content.

The UNESCO ITGSE 2018 framework has learning objectives divided into four age categories (5-8 years; 9-12 years; 12-15 years; 15-18+ years) and is intended for learners at primary and secondary school levels. These learning objectives are logically staged, moving from basic information delivery to more advanced cognitive tasks and complex activities in an incremental manner. However, the guidance also recognises the limitations of this categorisation, and states that **the sexual and reproductive health needs and concerns of children and young people, as well as the age of sexual debut, can vary considerably within and across regions, as well as within and across countries and communities. This factor is likely to affect the perceived age-appropriateness of particular learning objectives when developing curricula, materials and programmes; and to influence educators' recognition that learners in one class have a variety of different sexual experiences.**

While CREA and ECF do not have separate learning objectives as per age categories, **TYPF has two CSE curriculums - one for 9-13 year-olds and a more comprehensive curriculum for adolescents and young people over the age of 14 with differing learning outcomes based on the UNESCO ITGSE framework.** Initially, the team used the 14+ curriculum across all age groups, however upon implementation realised that some of the concepts and activities

[59] Santhya, K. G., Acharya, R., Jejeebhoy, S. J., & Ram, U. (2011). Timing of first sex before marriage and its correlates: evidence from India. *Culture, Health & Sexuality*, *13*(03), 327-341.

[60] Evidence gaps and research needs in comprehensive sexuality education: technical brief, UNESCO, 2022. Available here: https://unesdoc.unesco.org/ark:/48223/pf0000380513

such as on contraception and abortion did not work well with younger learners. Changes for the 9-13 curriculum included addition of more fun and interactive activities as well as role plays to keep the younger learners engaged. Overall sessions were shortened from about two hours to one hour. Also, concepts that were too complex for the developmental stage of learners in the 9-13 age category were identified and removed.

The TYPF team felt that there was no direct answer to whether curricula should be developed with strict age-appropriate learning outcomes or if they should be provided more flexibly. While age is an important criterion, they pointed out that it is not the only one. It was suggested that learning should instead be incremental without being influenced by biases and assumptions, and should certainly not infantilize learners.

To compliment this, Santhya and Zavier's (2021) findings from a longitudinal study on the impact of a gender-transformative programme among young men in Bihar corroborated the importance of investing in efforts during early adolescence and reaching boys when their expectations, attitudes, and beliefs about gender and sexuality are still developing. The authors noted that programmes could be more effective if they work with boys before they begin to explore and experiment with their beliefs around gender roles in intimate relationships.[61]

Interestingly, one of the key findings of the concurrent evaluation of the AEP programme was that 52.1% of students from AEP schools were in favour of initiating the programme below the age of 14 years and 38% of students from non-AEP schools also felt the same.[62] Therefore, prioritising the needs and demands raised directly by adolescents should remain at the crux of CSE programming instead of arbitrarily selecting age groups deemed appropriate for receiving this life-saving information. As recommended in ITGSE, **learning objectives should be adjusted to learners' realities and based on available data and evidence, rather than on personal discomfort or perceived opposition to discussion of sexuality with children or young people.**

Skills

Adolescents who face personal, cognitive and social skills deficits are prone to drug use, bullying, violence, STIs, HIV, AIDS, malnutrition and other socio-economic and environmental challenges. Specific emotional, cognitive, behavioural and resilience skills play a vital part in ensuring an adolescent's personal and social success.[63] WHO defines life skills within the context of health as *"abilities that support adaptive and positive behaviours that enable individuals to deal effectively with the demands and challenges of everyday life."*[64]

Life Skills Based Education (LSBE), a term used interchangeably with skill-based health education, is a combination of learning experiences that aim to develop not only knowledge and attitudes, but also skills (i.e., life skills) that are needed to make decisions and take positive actions to change behaviour and environment. It involves the explicit integration of life skills elements into a specific thematic area (such as HIV prevention) in order to enhance the delivery and acquisition of knowledge, attitudes and skills in the particular thematic area.[65]

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[61] Santhya, K. G., & Zavier, A. F. (2022). Long-Term Impact of Exposure to a Gender-Transformative Program Among Young Men: Findings From a Longitudinal Study in Bihar, India. *Journal of Adolescent Health*, *70*(4), 634-642.

[62] UNFPA. 2011. Concurrent evaluation of Adolescent Education Programme (2010-11)

[63] Nasheeda A., Abdullah H., Krauss S., Ahmed N. (2019) A narrative systematic review of life skills education: effectiveness, research gaps and priorities, *International Journal of Adolescence and Youth*, 24:3, 362-379, DOI: 10.1080/02673843.2018.1479278

[64] UNICEF India. Comprehensive life skills framework: Rights based and life cycle approach to building skills for empowerment

[65] UNICEF. 2012. Global evaluation of life skills education programs

A number of gender transformative life skills education projects have been implemented in India, using different designs, curricula and formats. While these projects are well-known and appear promising, evaluations of their impact and acceptability are relatively sparse. Findings from evaluations using rigorous designs suggest that these interventions raise awareness, change gender role attitudes, and build adolescent agency. A few have demonstrated positive effects on behaviours such as delaying marriage and childbearing, promoting birth spacing or reducing the perpetration of violence against women and girls.[66]

Some of the essential life skills that an effective CSE curriculum should build include: self-awareness, critical thinking, problem solving, effective communication, decision making, negotiation, resilience, empathy, and creativity. The interviewed organisations shared that **integration of these skills in curricula increases adolescent participation as curricula are more interactive and engaging while also helping adolescents to visualise and connect the discussions from sessions with situations in their real-life**. This is supported by the findings of the concurrent evaluation of AEP conducted in 2011 wherein a high percentage of students found sessions around life skills to be most interesting[67].

The revised framework of the Adolescence Education Programme incorporates life skills as one of its core components. The program recognises that in addition to accurate and factual information, adolescents and young people also require certain essential skills that can help them navigate practical situations concerning their health and wellbeing particularly SRH. The curriculum has dedicated sessions to build the following life skills -

Module	Life-skill	Format
Module 3 - Establishing and maintaining positive and responsible relationships	Self-awareness	Physical Activity (Guided Blind Man's Bluff)
	Self-esteem and confidence	Listing
	Managing emotions effectively	Group Activity
	Effective Communication	Role Play

The development of other relevant skills is addressed through the integration of learner-centred participatory methodologies across the curriculum. While a lot of sessions that listskill-based learning outcomes use discussion heavy activities (due to limited availability of space within a classroom setting), the use of such formats may limit the extent of skill development of participants.AEP does, however, include a wide range of co-curricular activities that can complement the process of skill development.

The scheme of content document as well as the training resource of the School Health Programme highlights a list of life skills to be covered by each module. Reasonable effort has gone into providing frameworks and matrices for building the self-awareness of students across multiple sessions. Considering that most sessions include case

[66] BMGF (2017) Supporting transitions from adolescence to adulthood: Evidence informed leads for investment.

[67] UNFPA. 2011. Concurrent evaluation of Adolescent Education Programme (2010-11)

studies, critical and creative thinking skills are being encouraged in order to generate discussion. However, to make this content even more usable for adolescents, more role plays, communication exercises and take-home assignments should be included. The life skills that are dedicatedly addressed in the SHP curriculum are summarised in the table below:

Module	Life-skill	Format
Module 2 - Emotional Well Being	Self-awareness	Activity format
	Resilience	Definition and frameworks (I am, I have, I can)
Module 3 - Interpersonal Relationships	Empathy	Definition and framework (Observe-Listen-Ask)
	Communication	Activity format
Module 4 - Values and Responsible Citizenship	Decision-making	Value-based framework

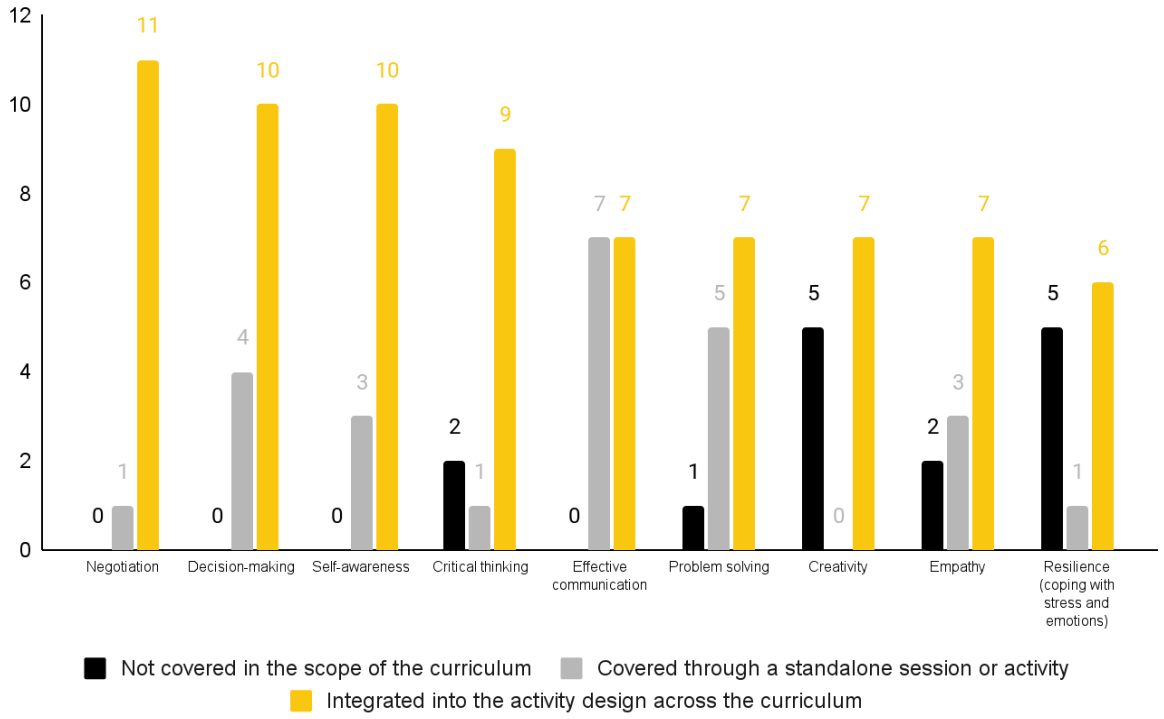


Figure 8: Responses by CSOs to an online survey assessing the type of inclusion of essential life-skills in the content of the curriculum (CSOs could select more than one option for each life-skill). Life-skills that were commonly integrated in activity design across the curriculum were: Negotiation (11), Decision-Making (10), Self-Awareness (10) and Critical Thinking (9). Life-skills that were commonly standalone activities were Effective Communication (7) and Problem Solving (5). Life-skills that were most commonly left out of curricula were Creativity (5) and Resilience (5).

Findings from the online survey show that organisations largely favour the integrated approach to life skills development over standalone sessions for most skills (Figure 8). Skills that were most likely to be skipped in organisational curricula were Creativity and Resilience.

Creativity is a particularly important skill and encourages participants to learn and be productive in new ways. Considering that employability is a critical concern that is often highlighted by young people during adolescence, learning how to think creatively is especially important in order to keep up with fast paced developments in technology that might make traditional skills obsolete and manual operations dispensable[68].

ECF and TYPF believe that just information delivery or preaching what's right and wrong is limiting and often counterproductive when it comes to discussing issues around CSE. If the activities do not create enough space for critical and constructive discussion, on the surface, participants may agree with the facilitators during sessions but there would be no internalisation of the key messages, resulting in a lack of translation into positive attitudes and behaviours in their actual lives. Therefore, the focus should be on providing as many different perspectives to adolescents as possible while also developing critical skills needed for making informed choices and taking

[68] UNICEF India. Comprehensive life skills framework: Rights based and life cycle approach to building skills for empowerment

appropriate action in any given situation. CSE programmers should be mindful that adolescents are autonomous beings who have the right and ability to make decisions about their own well-being.

Key Findings: WHO

In Programme Development and Implementation

At the national level, ministries of education, health, and gender play a critical role in offering the policy and moral leadership that provides an enabling and supportive environment for strengthening CSE. Equally, they are at the heart of building consensus among the diverse parts of government and civil society that should be involved in developing and delivering sexuality education. Other key stakeholders that can provide leadership and commitment include parents and parent-teacher associations; educational professionals and institutions, including teachers, head teachers, school inspectors and training institutions; religious leaders and faith-based organizations; teachers' trade unions; researchers; community and traditional leaders; LGBTI groups; NGOs, particularly those working on sexual and reproductive health and rights with young people; people living with HIV; media (local and national); and relevant donors or outside funders.[69]

The table below provides specific roles and responsibilities that a wide range of stakeholders can take up in order to develop more effective and sustainable CSE programmes:

Stakeholder		Role in CSE Programming
National and state Level Political leadership		➔ Establish National Advisory Councils and/or Task Force Committees to inform the development of relevant policies, improve the national curriculum and assist in the development and implementation of CSE programmes. ➔ Sensitization and advocacy efforts. ➔ Review of draft materials and improvements for national curricula and policies. ➔ Develop a comprehensive work plan for in-classroom delivery. ➔ Develop monitoring and evaluation plans.
School Level	*School Authority and Management*	➔ Provide ongoing leadership and management support for implementation of CSE. ➔ Promote gender equality and non-discrimination regardless of sex, gender, sexual orientation and gender identity, and respecting the rights of all learners. ➔ Set up procedures to respond to parental concerns. ➔ Support Pregnant learners to continue their education. ➔ Make school a safe environment for the provision of CSE, for example by having zero-tolerance policies for sexual harassment and bullying, including stigma and discrimination on the grounds of sexual orientation and gender identity. ➔ Make the school a health-promoting environment, for example through the provision of clean, private and separate toilets with running water. ➔ Take action in cases of policy infringement, for example in case of breach of confidentiality, stigma and discrimination, sexual harassment or bullying.

[69] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

		➔ Promote access and links to local SRH services and other services in accordance with local laws. ➔ Uphold (and strictly enforce) professional codes of conduct that prohibit teacher-learner sexual relationships and taking consistent action with teachers found to be in violation of the code of conduct.
	Teachers	➔ Ensure that participants are aware of the significance of the programme. ➔ Transact curriculum sessions using participatory methods and provide accurate information devoid of individual bias. ➔ Create a safe and non-judgmental learning environment for all learners.
	Health Providers and Non-teaching Staff	➔ Health staff such as doctors, nurses, or counsellors (if available within school premises): ◆ Provide scientific and factual health related information and/or counselling services. ◆ Support classroom activities. ◆ Provide referrals to external adolescent and youth friendly SRH services. ➔ Be informed of and abide by all relevant anti-discrimination and anti-harassment policies.
	Students	➔ Provide inputs in the design, monitoring and evaluation of CSE programmes. ➔ Collect information about their peers' needs to develop the justification for CSE (while ensuring privacy and confidentiality). ➔ Initiate dialogues with parents and other community members about the importance of CSE in their lives.
Community Level	*Community Leaders*	➔ Promote acceptance and support for CSE programmes being implemented in both formal and non-formal settings. ➔ Provide support in contextualization of curriculum content.
	Local NGOs	➔ Develop programmes or provide support for existing CSE programmes in the community. ➔ Provide relevant rights-based information resources to local schools and teachers and support in updation of curriculum materials. ➔ Contextualization of Curriculum content. ➔ Support schools in accessing affordable SRH and counselling services. ➔ Train school staff on trauma-informed approaches. ➔ Support with technology-heavy interventions (by providing training or equipment) ➔ Sensitisation and advocacy efforts. ➔ Act as resource persons for specific sessions depending on organisational expertise.
	Parents	➔ Provide cooperation and support for the implementation of CSE programmes. ➔ Provide a safe, non-judgmental, and supportive environment at home. ➔ Become programme champions and sensitise other parents on the need and importance

		of CSE.
Health Providers		➔ Provide adolescent and youth-friendly SRH services in a non-judgmental manner. ➔ Conduct sessions in schools or community on various issues that fall within the ambit of CSE. ➔ Regularly update themselves with the changes and advancement in medical curricula.
Media Organisations		➔ Factual and evidence-based communication on the importance of the programme. ➔ Sensitise staff to report incidences of violence and discrimination in a trauma-informed manner using rights-based terminologies. ➔ Examine existing communication strategies to weed out messaging that promotes harmful stereotypes and behaviours. ➔ Develop IEC resources that support in achieving the goals of the programme.

**Adapted from UNESCO ITGSE (2018)*

Meaningful Youth Engagement (MYE)

Various international guidelines stress on the importance of meaningfully engaging young people at all levels of CSE programming. Meaningful involvement of young people in all aspects of their own, and their communities' development brings multiple benefits. From an operational perspective, adolescent participation contributes to better decisions and policies. It allows decision-makers to tap into adolescents' unique perspectives, knowledge and experiences, which brings a better understanding of their needs and problems and leads to better solutions. Furthermore, respecting adolescents' views regarding their health-care ensures that more adolescents will seek services and continue to access them.[70]

As part of the SHP, only two students per class are to be designated as Health and Wellness Messengers to support teachers in the facilitation and conduction of activities suggested as per the curriculum. Beyond this, there are no concrete avenues for young people to influence the programme design, strategy, content, monitoring or evaluation processes.

In contrast, different AEP initiatives are invested in actively engaging young people at all stages of programme design and implementation. Their inputs have been sought during development of materials, in orienting them as peer facilitators and through planned opportunities of shared learning through school-specific, regional and national events organized around the themes of adolescent health and well-being. These school-level events generate a lot of enthusiasm and reinforce learning on thematic issues among students as well as teachers. Learner engagement activities have been an immensely popular addition with NIOS, where students usually have fewer opportunities to demonstrate their talents. While 1600 learners participated in 2014, the numbers swelled to 3930 in 2015; this may have been the largest ever congregation of open school learners and tutors in the world.[71]

[70] World Health Organisation. 2017. Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation.

[71] Jaya, Mehrotra D., Patra S., Srivastava N., Singh A., Yavad S. (2017). India's Adolescence Education Programme: Status and Opportunities for Scaling-up. *Indian Journal of Adult Education*, 78(3) pp. 78-97

While all three interviewed organisations reported that MYE is a critical component of their programming, TYPF shared their experience of updating their CSE curricula through a Human-Centered Design research project that aimed at understanding the adolescent sexual and reproductive health ecosystem. Participatory tools were used to draw insights from a wide range of stakeholders including adolescents and young people, community stakeholders, and health service providers. Moreover, local young people were members of the research team itself, a process through which the insights being generated were validated and strengthened. This led to the development of contextual content and activities that use relevant scenarios and situations that had been collated on research trips.

Advocacy and Community Sensitisation

Interventions with high levels of parental involvement and community sensitisation show the greatest impact on improving the sexual health of their children[72]. **Collaboration between key stakeholders and influencers in the lives of vulnerable young people can be an especially important strategy to reach those who are the hardest to reach.** Parents are in a unique position to influence young people's health and personal development, and their transition to adulthood, including sexual life. Yet many have noted the dearth of research on the nature of parental influences and of programmes that explore promising parenting practices. Despite the sparse, moderate quality and often inconclusive evidence from LMICs, available reviews call for the inclusion of a strong focus on family and community in multicomponent interventions that aim to change social norms and practices.[73]

It is notable that advocacy with and sensitisation of community stakeholders is included as part of the operational framework for both AEP and SHP.

The fact sheet provided in the AEP resource material states that *"As part of awareness building, advocacy, programmes for different target groups are organized by trained personnel at different levels. Nodal teachers sensitise other teachers. Sensitization of principals, and advocacy with parents and the local community is mandatory. Parents who are convinced about the relevance of AEP may be asked to speak with other parents; adolescent students and teachers who have benefited from the programme can speak at inter-school events, help in preparing media kits to help sensitise the wider public. Advocacy with the media is an important area where inputs will yield positive results for the programme."* The emphasis on advocacy is also evident from the fact that there are dedicated sessions on advocacy in the Master trainer and Nodal teacher trainings.

The key activities described in the operational guidelines of the SHP suggest the conduction of quarterly thematic AHDs wherein the themes are to be decided by students and it is recommended that parents and other stakeholders be invited to these events. Further, the programme also outlines the responsibilities of stakeholders involved in SHP implementation in carrying out advocacy efforts.

Typically, CSE programmes at CSOs with a specific youth-led advocacy component are structured so that advocacy takes place during the end of the implementation cycle, once young people have been capacitated with information and strategies for strengthening programmes and community awareness. However, TYPF has learned that **starting public and policy advocacy with stakeholders must commence at the start of the programme.** At TYPF, parents are engaged from the very beginning of the programme and constant efforts are put into building parents' understanding of the importance of CSE. Parents are encouraged to reflect on their own adolescent experiences in order to have them relate to the ongoing issues their children may be facing. Further, through

[72] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

[73] BMGF (2017) Supporting transitions from adolescence to adulthood: Evidence informed leads for investment.

adolescent-stakeholder interactions with policymakers and local leaders, TYPF believes that ongoing dialogue and rapport building should be done so that the larger goal of mainstreaming CSE is broken down into more manageable activities that target certain services, schemes and topics as adolescents learn about them. CREA also facilitates connections between girls and local Elected Women Representatives to encourage conversations on the importance of rights-based information and access to health services. Young people are encouraged at both TYPF and CREA to develop and work on social-action projects to create evidence and strengthen their demands and advocacy asks.

At ECF, regular individual parent meets are organised. Boys are also encouraged to hold discussions with their parents. This has resulted in parents and gatekeepers becoming more accepting of the programme. Alumnus of the Action for Equality programme are also engaged to ensure that the objectives of the programme are not miscommunicated to the community that can result in delays and halts in implementation. The team is currently working on strengthening the engagement of other stakeholders in the community as one of their major challenges in working with boys has been the sustenance of messaging beyond planned sessions.

One major need that still exists across contexts is the gap in the provision of youth-friendly service delivery in private and public facilities. **CSE programmes are excellent for raising awareness amongst young people about available services under government schemes such as RKSK as well as the laws and policies related to sexual and reproductive rights.** However, adolescents who have built their understanding of the importance of stigma free and comprehensive counselling services via attending sessions on such topics are underwhelmed with the quality of care provided in public facilities while accessing services related to contraception, STIs, abortions, pregnancy and instances of discrimination and violence. This speaks to the need for additional focus on the integration of sexual and reproductive justice efforts. Health and legal services need to be strengthened at the local level, especially if young people in those areas are receiving information about their bodies and their rights.

In Curriculum Development

Most CSE programmes begin with a situation analysis to understand the prevalent norms and practices pertaining to sexual and reproductive health and rights within a community and identify aspirations and needs of the adolescents and young people with whom the programme would be implemented. However, the involvement of adolescents and young people as well as various community stakeholders is often limited to this stage and they are rarely, if ever, involved in the actual designing of the curriculum content. Additionally, a lot of these situation analyses are either heavily dependent on secondary data or utilise quantitative analysis methods but curriculum developers do not have access to crucial information pertaining to pedagogical decisions and framing of key messages. As a result, the final curriculum might fail to engage the participants effectively due to a disconnect with activities and discussions and limited ownership of the programme.

Another common error that organisations often make in CSE programming is relying solely on in-house expertise for curriculum design and development. This could also happen as a result of short programme cycles and limited availability of time and resources. However, the selection of key stakeholders at different stages of curriculum development is essential for the development of a curricula that is factually accurate, adequately nuanced, ensures diverse representation, and is easy for programme participants to relate to.

Each stakeholder can provide a unique insight to curriculum developers and organisations might choose from one or more of the following depending on their goal -

- **Adolescents and young people:** Using participatory methods to engage adolescents and young people not only helps in theme selection but also helps in sharpening the messaging around each of those themes to make it contextually relevant and practical as they will be the end users of the curriculum. Additionally,

engaging them in a collaborative and iterative process of curriculum development helps curriculum designers in - understanding preferred pedagogical approaches, target specific myths, misconceptions, and unhealthy behaviour, include case studies and scenarios that draw from their live experiences, and develop content that addresses their individual needs and aspirations.

- **Parents and community stakeholders:** Give curriculum developers a better understanding of factors and individuals that can act either as enablers or barriers to the complete realisation of adolescent and young people's sexual and reproductive rights. This is particularly helpful in designing realistic role plays, logical argument frameworks, and discussions around support systems within the community. Their involvement can also help programmers understand the root causes of their potential opposition to CSE programming and develop strategies for community engagement.
- **Teachers:** Gain insights into prevalent teaching methods in schools and their effectiveness thus far. Also, to identify creative teaching methods that some teachers might have experimented with.
- **Health Service Providers such as AFHC counsellors and ASHA workers:** Helps in understanding most common adolescent SRH issues in the community, institutional barriers to accessing appropriate SRH services, and reliable referral options for adolescents. Curriculum developers can include activities that help adolescents navigate problematic situations that might arise in a healthcare facility and co-design solutions around the same. Also gives an insight into what issues adolescents are able to clearly communicate and which they struggle with.

  The involvement of the above-mentioned stakeholders as well as others such as religious leaders, medical store owners, married young people etc. help in developing effective messaging and relatable content in relevant vocabulary.

In addition to this, organisations must include thematic experts to ensure comprehensiveness of each theme covered in the curriculum, individuals or movement leaders from marginalised and vulnerable communities to ensure that the content is relevant to adolescents with diverse backgrounds, and technical experts such as those experienced with multiple pedagogical theories, government policy and programmatic experts, and medical experts to review the factual accuracy of health related information.[74]

For ECF and CREA, the process of stakeholder involvement has been relatively similar. While CREA initially borrowed from their existing technical manuals on gender and sexuality and reproductive health, ECF used content from the YaariDosti curriculum. However, both organisations realised over the years that the curriculum would require updating to be relevant for the communities they were working with— through including diverse lenses and using language that participants can identify with. The existing versions of the curriculum therefore have been developed after multiple cycles of implementation and incorporation of feedback from participants and implementation partners, as well as involvement of thematic experts and sector leaders at different stages.

TYPF in addition to the above-mentioned strategies had their CSE curriculum vetted by medical professionals and thematic experts to ensure accuracy and comprehensiveness.

Facilitator profile

Quality facilitators that transact sexuality education directly with adolescents and young people are an extremely crucial component of CSE programmes. For CSE to be effective, the capacities of facilitators to deliver content well

[74] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

and with fidelity using transformative pedagogical approaches plays as much of an important role as quality curricula and content does[75].

Adults, young adults, peers, health service providers, parents, CSO staff and teachers can all take up roles of facilitation in sexuality education programmes[76]. However, who the facilitator is and what facilitation strategy is used can have an effect on how adolescents and young people engage and participate in the programme. Studies show that young people consider the following as important criteria for facilitators[77]-

- Knowledge of and experience in topics of the curriculum
- Professional, non-judgemental, confident, unembarrassed, straightforward, approachable and unshockable attitudes.
- Experienced in talking about sex using everyday language.
- Trustworthy and able to keep information confidential.
- Respectful of young people and their autonomy, treat them as equals, and are able to accept and relate to their lives.

School teachers are the primary facilitators responsible for the implementation of sessions for the AEP and SHP programmes, and their selection criteria outlined in the guidelines are broadly aligned with the aspects identified above. Moreover, there is an overall improvement in the specifications of teacher selection for the SHP programme from the AEP, and the official documents propose that teachers should be selected based on their sensitivity to the concerns of children, non-judgemental attitudes, experience in imparting participatory training, and sensitivity to cultural contexts.

Teachers make an obvious choice in particular for National programmes such as AEP and SHP, considering their availability within school infrastructure, and their professional capabilities and understanding of education and development. Teachers are also accepted by parents as a credible source of information since they are associated with government systems. In fact, if motivated, they may even be able to leverage their social influence and create more awareness about such issues at the community level. However, a review of the AEP programme by Jaya et al (2017) found that teachers were not always comfortable in dealing with themes related to changes during adolescence, gender stereotypes, sexuality and sexual harassment and abuse[78]. Pound et al (2016) additionally point out that familiarity of teachers with many students makes young people see teachers as inappropriate for delivery of sexuality education, and students are embarrassed at discussing sexual and personal matters with teachers they know[79]. As emphasised in the UNESCO Global Status Report (2021), teachers bring their personal

[75] UNESCO. 2021. The journey towards comprehensive sexuality education: Global Status Report

[76] UNFPA. 2020. International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education: An evidence-informed approach for non-formal, out-of-school programmes

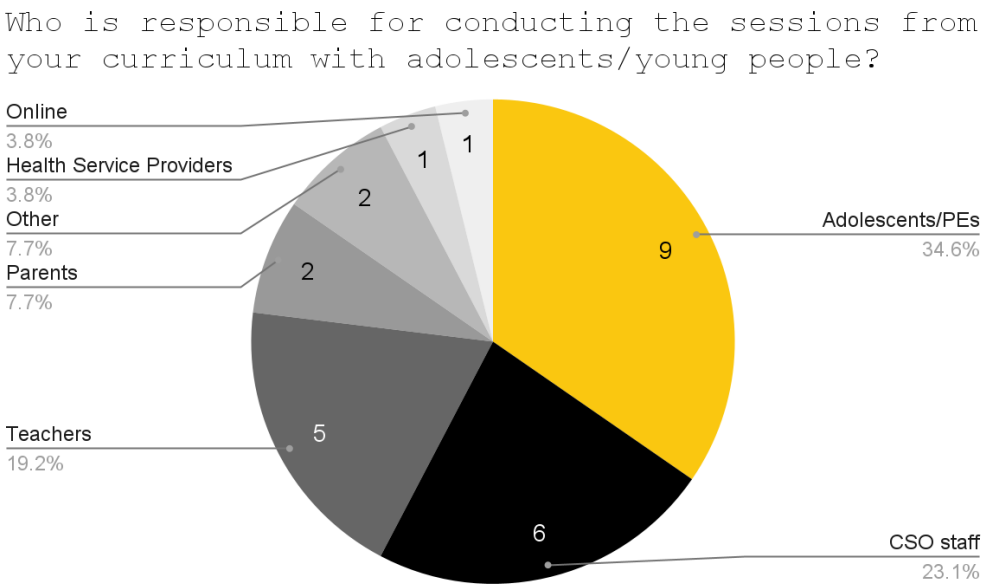
[77] Pound, P., Langford, R., & Campbell, R. (2016). What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ open*, *6*(9), e011329.

[78] Jaya, Mehrotra D., Patra S., Srivastava N., Singh A., Yavad S. (2017). India's Adolescence Education Programme: Status and Opportunities for Scaling-up. *Indian Journal of Adult Education*, 78(3) pp. 78-97

[79] Pound, P., Langford, R., & Campbell, R. (2016). What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ open*, *6*(9), e011329.

views into the classroom, and often feel uncomfortable, ill-prepared, judgmental or defensive about sexuality education. Considering that teachers are embedded in the larger culture of their school and community, and are influenced by social norms and their own experiences, their improper training can be extremely detrimental to school-based sexuality education programmes, and can lead to delivery of information that is inaccurate or assertive of values and attitudes that silence discussions of gender, sex, sexuality and rights[80].

Furthermore, an evaluation of the SEHER programme by Shinde et al (2020) found that in schools with an active AEP programme in Nalanda, Bihar, adding a lay counsellor–delivered intervention component as compared with an additional teacher-delivered intervention component, showed more improvements in school climate, depression, bullying, attitude towards gender equity, violence victimisation, and violence perpetration and that the effect sizes for these outcomes were larger after year two than at the end of year one compared to control. In this intervention, the counsellors were from the local community, aged at least 18 years, had bachelor's degrees, and were fluent in Hindi whereas the teachers were nominated by the school principal, required to have a minimum of 5 years of teaching experience in secondary schools, 15 or more years of service remaining, and not be teaching the AEP curriculum. These results are especially surprising considering that both groups (teachers and lay-counsellors) went through separate week-long training sessions using an identical curriculum and received additional supervision and mentoring support through dedicated supervisors. The authors note that one reason behind these results could be that the counsellors often worked beyond required hours to support students and the school authorities, receiving more requests for individual counselling compared with teachers. Teachers felt overworked and unable to meet the requirements of the programme due to other commitments such as completion of syllabus and administrative tasks[81].



[80] UNESCO. 2021. The journey towards comprehensive sexuality education: Global Status Report

[81] Shinde S, Weiss HA, Khandeparkar P, Pereira B, Sharma A, Gupta R, et al. (2020) A multicomponent secondary school health promotion intervention and adolescent health: An extension of the SEHER cluster randomised controlled trial in Bihar, India. PLoS Med 17(2): e1003021. https://doi.org/10.1371/journal. pmed.1003021

In this light, it is useful to note facilitator profiles commonly selected by CSOs in India as alternatives to teachers. The online survey identified that Peer Educators/Adolescents were most popularly engaged in session delivery (9 out of 12 curriculum programmes include this approach), followed by CSO staff (6 out of 12 curriculum programmes include this approach). The young people interviewed also validated these results, and selected peers or young people as appropriate educators for sexuality education programmes, noting that ideally facilitators should be in the age group of 20-25, from the same community as the adolescents themselves, and have a good understanding of the topic. All three interviewed CSOs engage with young people or staff as the primary facilitator of their curriculum-based programmes as well, and a comparison of some of the benefits and limitations of these two common profiles, as informed through the interviews and international guidance has been synthesised below:

Adolescents/ Peer Educators	**CSO Staff**
Benefits	
Excellent for meaningful youth engagement, youth-leadership and youth-led movement building.	Often of a slightly older age group (20+), and are therefore looked up to by participants for their life experience.
Will be most in-tune with ongoing issues in the community, will understand and be able to use language that young people understand best, including local terminology.	Considering they are "outsiders", adolescents may be more open to sharing concerns with less fear that others in the community will find out their personal issues.
Participants will relate to their lived-experiences as they may be going through similar challenges in their personal lives.	Association with a CSO with a long-standing relationship in the community may have a positive influence on awareness and acceptance in the community.
Will be able to identify local resources and influencers for mitigation of issues related to backlash, and themselves act as capacitated resource persons for the community, even after the intervention ends.	Experience of development programming may help streamline mobilisation and monitoring efforts.
Limitations	
May require additional capacity building due to lack of facilitation experience and familiarity with concepts.	Will require adequate monetary compensation to be retained in the programme.
May have restrictions due to school, household chores or other factors.	Will eventually move out of the community at the end of the intervention.

**Collated using insights from CSO and Adolescent interviews, supplemented by insights from UNESCO ITGSE (2018), UNFPA ITPG (2020)*

Additionally, some organisations pointed out that the gender of the facilitator played a role in how comfortable adolescents felt during certain sessions. ECF mentioned that since their programming is targeted at boys, their programme mentors are also primarily men and boys. In the past, they had attempted to recruit female

facilitators. However they noticed that the boys did not relate and engage well under these circumstances, and this impacted the openness of participants during sessions. According to the flow of TYPF's curriculum content, programme implementation begins in gender segregated groups with a pair of aligned gender facilitators, covering content on anatomy and bodily changes during adolescence. Once rapport building has taken place, and participants have become more comfortable in sessions, the model shifts to mix-gender where possible, and facilitators with different genders are encouraged to pair up to take sessions together. This was identified as crucial for the consequential sessions on gender and intersectionality, as adolescents would be able to build a better understanding on such concepts when multiple perspectives from participants with different identities are shared in the group. Pairing up to take sessions with male facilitators also has an additional benefit for female facilitators, as this makes it easier for them to negotiate safety with family members, and enables them to spend more days working or travelling further distances from home, if required.

A significant challenge highlighted by the interviewed organisations was related to attrition issues. Owing to the typical age, experience and context of facilitators in such programmes, many times organisations do not provide remuneration that is aligned to the workload and the level of responsibility required in such programmes. This has resulted in many organisations losing cadres of highly trained and skilled and young staff, who are often very interested in the programme, but lose motivation due to low monetary compensation. The need to ensure adequate budget allocation for compensation and to ensure the safety of PEs and RKSK Counsellors for work-related travel was also highlighted as a key recommendation in the rapid review of the ARSH and RKSK programmes conducted by Barua et al (2020)[82].

To overcome this, all the facilitators of the Action for Equality programme at ECF have been given the designation of "Programme Mentor" and are on the organisation's payroll. This way the organisation has been able to build a cadre of facilitators with multi-year and multi-cycle experience of implementing the curriculum in community settings ready to fill any gaps during implementation cycles. At TYPF, young people are recruited from the same community where the implementation is set to take place, and facilitators are paid a monthly salary along with reimbursements for travel through grassroots partners. To impact motivations and create continued interest, TYPF also provides additional opportunities for facilitators to participate and present their experiences of working on CSE at national and international forums.

[82]Barua, A., Watson, K., Plesons, M. *et al.* Adolescent health programming in India: a rapid review. *Reprod Health* 17, 87 (2020). https://doi.org/10.1186/s12978-020-00929-4

Key Findings: WHERE

Intervention site

As stated in ITGSE, different actors and institutions play an important role in preparing children and young people for their adult roles and responsibilities. The education sector also plays a critical role in the provision of CSE. A large number of adolescents spend a significant number of hours at schools on a daily basis. Additionally, schools can also provide human resources in the form of teachers who are trained in age and developmentally appropriate teaching methods and infrastructure in the form of classrooms and grounds.[83] It is with this as one of the rationales that programmes such as AEP and SHP have also chosen to implement curriculum-based schemes within school settings, using teachers as the primary facilitator. Besides this, it may be easier to forge linkages with health services, and reach parents or other community members through the students, when programmes take place in school settings. Additionally, school health programmes also offer high cost-benefit ratios.[84]

As per NFHS 5 (2019), the percentage of female population above the age of six who have attended school at all stands at 66.8% in rural settings. Women with 10 or more years of schooling is at 41% for the whole country. For men, this number is at 50.2%[85]. In a study conducted by Mehra et al 2018, the authors found that not only participants not going to school have a higher likelihood of getting married before the age of 18, but also those who belonged to a lower caste were susceptible to this. Further, for both male and female participants, a significant association was found between being from lower castes and not going to school. Overall, the evidence from this study revealed that adolescent girls who were not going to school were ten times more likely to have an early marriage, whereas boys had a three times higher likelihood for the same. It was also noted that participants who came from the SC/ST and other backward classes had less access to mass media and had a higher risk of early pregnancy[86]. A UNICEF report also states that most out-of-school children and young people in South Asia are those with disabilities, child labourers, from poor families of rural areas and urban slums and on the street, ethnic or religious minorities, children living in emergency settings and most are girls. [87]

Mitra et al (2022) importantly point out that in the current context of the COVID-19 pandemic, the overall decline in family income and an increase in reverse migration, the number of out of school adolescents might further increase. Due to this, the authors recommend that localised solutions for girls of diverse socioeconomic backgrounds be prioritised across different regions of the country[88].

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[83] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

[84] Operational Guidelines on School Health Programme under Ayushman Bharat, April 2018

[85] INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES (IIPS) National Family Health Survey (NFHS-5) 2019-2021.

[86] Mehra, D., Sarkar, A., Sreenath, P. *et al.* Effectiveness of a community based intervention to delay early marriage, early pregnancy and improve school retention among adolescents in India. *BMC Public Health* 18, 732 (2018). https://doi.org/10.1186/s12889-018-5586-3

[87] UNICEF (2014). South Asia regional study covering Bangla- desh, India, Pakistan, and Sri Lanka. Global Initiative on Out-of-School Children. UNESCO Institute for Statistics, Kathmandu, Nepal.

[88] Mitra, S., Mishra, S. K., & Abhay, R. K. (2022). Out-of-school girls in India: a study of socioeconomic-spatial disparities. *GeoJournal*, 1-17.

This **evidence shows that the most vulnerable and needy young people don't attend schools, and therefore would be unable to participate in programmes such as the AEP and SHP. Therefore, it is important to also consider strategies that have the potential to reach more marginalised populations of adolescents.** Although the most common alternative to school-based sexuality education is community-based implementation of sessions, all organisations interviewed amplified that CSE should be available in both of these settings so that the reach can be sustained and maximised.

TYPF suggested that in their experience, working through a school-based programme gives the CSE curriculum a higher chance of being institutionalised. Additionally, parents have more trust in school-approved curricula. However, since school-based approaches don't reach all adolescents, an ideal programme would work with the whole ecosystem and even bring in community members and parents during implementation to increase buy-in. **Strategies such as engaging with Anganwadi workers to support in mobilisation of adolescents, conducting of sessions at the anganwadi centres and having constant engagement with parents to inform them about the curriculum and the experiences of adolescents has benefitted community-based programming at the organisation.** CREA mentioned that although girls were able to attend workshops on topics such as menstruation and nutrition in schools in Jharkhand, they seemed to be missing out on information using the lens of rights, gender, and sexuality. Therefore, the It's My Body programme was designed to fill this gap and was designed to be implemented in community settings to reach all girls. This level of community engagement also helped in continuation of the work while schools were shut during the COVID-19 pandemic.

A side-by-side comparison of the benefits and challenges of both these sites of interventions is provided below:

School Settings	**Community Settings**
Benefits	
School based programmes target and reach a larger number of adolescents, who are easily mobilised.	Community-based programmes have the potential to locate harder to reach adolescents, thereby providing many marginalised communities with life-saving information.
Infrastructure and resources are readily available for implementation of sessions and such models may be easier to scale and replicate.	Implementation in communities can provide opportunities for joint gatekeeper-adolescents activities, a crucial strategy in reducing backlash against CSE programmes.
Curricula used in schools may be more easily monitored and made examinable and therefore be more systematic.	Locations such as the PanchayatBhavan and mandir are sites that the interviewed adolescents themselves identified as more private than schools to have these discussions without interruption.
Challenges	
Teachers may lack the training needed to present the	Will need contextualisation based on the community where

material in engaging ways for adolescents, and may object to certain content in the curricula if inadequately sensitised. Persistent sensitisation and rapport building with principals is required for integration into the timetables of schools across grades.	the programme is being implemented. Would require more resources for adaptation of content and capacity building activities equipped to meet the needs of diverse adolescents.

Additionally, as per the UNFPA ITPG on out of school CSE, to meet the needs of girls in their specific context, programmes should also be multi-faceted[89]. CREA's implementation is a good example of this, as continued engagement of the participants is prioritised and strategies such as the conduction of a career mela, and training camps on technology, English language and other identified areas of interest are done to encourage skill-building.

Besides choosing a location for direct implementation of the curriculum, which can often vary based on the goal of the overall programme, it is equally if not more important to **keep in mind that the chosen site must create a safe and secure learning environment for all participating adolescents**. UNESCO ITGSE states that "considering that sexuality is a subject that can arouse strong emotions, reactions and feelings of anxiety, embarrassment and vulnerability, among others, it is important for all children and young people to have a confidential, private and safe environment to share their questions, learn and participate without feeling singled-out."[90]

Pound et al (2016) authors note that young people felt that including ground rules for discussion, behaviour and confidentiality contributed to a reduction in discomfort[91]. Rose et al (2021) also found the positive role played by setting grounds rules in ensuring that the sessions, especially around sexual health matters, saw fewer disruptions[92].

Ideally, such ground rules should be made in partnership with adolescents and be reinforced in relevant situations. This is especially important for groups of children and young people who are particularly vulnerable to harassment, discrimination and violence, including from community members or the police. Some recommendations from UNFPA ITPG on what these ground rules should include[93] are:

- Respecting the confidentiality of other participants
- Not taking photos without permission

[89] UNFPA. 2020. International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education: An evidence-informed approach for non-formal, out-of-school programmes

[90] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

[91] Pound, P., Langford, R., & Campbell, R. (2016). What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ open*, *6*(9), e011329.

[92] Rose, I. D., Boyce, L., Murray, C. C., Lesesne, C. A., Szucs, L. E., Rasberry, C. N., ... & Roberts, G. (2019). Key factors influencing comfort in delivering and receiving sexual health education: Middle school student and teacher perspectives. *American journal of sexuality education*, *14*(4), 466-489.

[93] UNFPA. 2020. International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education: An evidence-informed approach for non-formal, out-of-school programmes

- Not mentioning names or locations, including in social media posts
- Only mentioning the programme to people whom they know
- Never publishing anything about anyone without their consent

Digital Spaces

The use of digital platforms is an increasingly popular approach to address health system shortcomings such as lack of access, particularly among adolescents and young people[94]. Digital tools also offer unprecedented opportunities, at a relatively low cost, to expand coverage and deliver quality and engaging content[95]. **Importantly, such methods can be helpful to reach even those adolescents who are restricted to their homes due to social norms, disabilities, medical conditions or other reasons.**

Examples of how digital platforms can be leveraged to achieve health objectives include spreading awareness of services and behaviours, reminding people about availability of services or adherence to treatments, or notifying people about diagnostic results. This information could be shared through text or audio messages, interactive voice response systems, apps or social media. However, implementing any digital health or Health programme must carefully consider the current digital divide and the level of technological support and equipment that would be required to adequately implement such a programme[96].

As provided in WHO's report on Youth-Centred Digital Health Interventions, in order to plan, develop and implement digital health interventions for young people, interventions should build iterations based on testing and collection of feedback, they should ensure that access is fair and impartial considering that the digital divide mimics the prevailing social-economic gaps, and that they should eventually be independently sustainable[97].

Unquestionably, digital tools have the potential to complement delivery of sexuality education where technology is available. For example, in the context of the pandemic, a few organisations were able to continue on-ground efforts but most work on CSE, especially those running in schools, was interrupted due to the lockdowns. This also caused a huge loss of available safe spaces for adolescents to come together to have discussions on sensitive topics. In this context, the digital space offered a world of opportunity to many organisations. Session delivery and training shifted to virtual settings at TYPF. CREA adopted an interactive IVRS system in collaboration with Gram Vaani to continue engaging with girls. In this case, a particularly beneficial component of digital health programmes is their ability to be discrete and confidential. Examples such as these speak of the important role that digital methodologies can play when meaningfully integrated in the next generation of sexuality education programming in India.

What comes along with digital interventions is the need for relevant safeguarding procedures that ensure that young people are protected from potential cyber abuse and violations of privacy. In situations where interventions are required to collect personal information from participants, additional measures of confidentiality

[94] World Health Organization. 2019. Recommendations on digital health interventions for health system strengthening.

[95] UNESCO. 2021. The journey towards comprehensive sexuality education: Global Status Report

[96] Ibid

[97] WHO. 2020. Youth-centred digital health interventions: a framework for planning, developing and implementing solutions with and for young people.

should be put into place, along with flexibility in the extent to which collection of personal information is mandatory. In these situations, appropriate terminology while referring to young people is imperative, since each category such as 'children', 'adolescents', 'youth', 'young people' has a very specific legal, social, cultural and health connotation or implication[98]. Additionally, in the case of CSE curricula that plan to use digital approaches and components, processes for obtaining informed consent and assent should be integrated, along with content and information on cyber security, digital wellbeing and relevant laws and policies. Additionally, policies that ensure safeguarding of children and adolescents who may be at risk and in need of protection from abuse and maltreatment should also be developed at CSOs that implement digital interventions.

[98] WHO. 2018. Guidance on ethical considerations in planning and reviewing research studies on sexual and reproductive health in adolescents.

Key Findings: HOW

Session Design and Pedagogy

It is well recognized that participatory, learner-centred methodologies are critical for effective sexuality education.[99] The selection of appropriate pedagogy or teaching methods is imperative for the success of any CSE programme and pedagogical choices may differ depending on various factors such as availability of time and resources, spatial requirements, complexity of concepts, planning instructions, participant profiles and learning styles, assessment strategies, and delivery mechanism (online vs in-person).

Given the diversity of adolescent experiences and learning styles, as well as vastness of the concepts covered under CSE, **curriculum designers must employ different approaches upon careful consideration. Using a mixed pedagogical approach not only benefits the learners but also helps educators to master their concepts when they are faced with a challenge to present the same information through multiple formats.**

The ITPG recommends the use of diverse and interactive methods such as brainstorming, discussions, reflective analysis, role plays, case studies, theatre, and group work[100]. It further states that the use of methods that encourage physical movement, like role plays or theatre, and that engage participants emotionally, such as guest speakers with powerful stories to share, are more likely to be effective in altering perceptions and behaviour. Additionally, the guidelines also recommend the use of critical pedagogy when working with participants from marginalised and oppressed groups. The use of critical pedagogy can empower young people through the use of a collaborative learning process, in which educators and learners learn from each other and develop new ways of overcoming challenges and problems together. Critical pedagogy affirms the live experiences of the community, empowers individuals and creates community solidarity.

Both AEP and SHP use a diverse range of formats for content delivery including open-ended discussions, case studies, role plays, polarisation, narrative building, and presentations. Of these, open-ended discussions and case studies are the most preferred formats across sessions followed by role plays and polarisation activities. The choice of formats for both AEP and SHP sessions is limited by the fact that they are meant to be implemented in a classroom setting, resulting in the repetition of formats (29 of the 66 activities in the SHP modules use a case study format) even where they might not be the most appropriate. For example, many sessions with skill building objectives use discussion heavy formats that may not be effective in bringing about the desired shift in attitudes and behaviours.

The AEP also includes a host of co-curricular activities to supplement the learning from classroom sessions. These include conduction of thematic assemblies and the organisation of events such as essay writing, drama, and poster making. Teachers are also encouraged to keep a question box to anonymously collect questions from the programme participants. In addition, young people can access the AEP website portal to find answers to FAQs and submit additional questions. The website also provides a compendium of resources for teachers and other stakeholders in addition to the curriculum module.

[99] UNESCO. 2021. The journey towards comprehensive sexuality education: Global Status Report

[100] UNFPA. 2020. International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education: An evidence-informed approach for non-formal, out-of-school programmes

According to Pound et al (2016), young people too favour the use of group discussions, skills-based lessons, demonstrations and diverse activities, and appreciated the incorporation of dynamic teaching techniques in sexuality education sessions[101]. A review conducted by Pound et al (2016) on adolescent's perspectives on sexuality education resources highlighted that young people criticised [sexuality education] for being overly biological and for presenting sex as a scientific activity,describing the approach as basic,repetitive,narrowly focused,technicaland, irrelevant.This approach was also observed to de-eroticise and disembody sex[102].

This was observed in the concurrent evaluation of AEP as well, where participants appreciated the use of participatory methodologies by teachers while implementing the curriculum. Students found AEP sessions different from most other classes, because teachers encouraged questions; were friendly; and discussed issues students face in life rather than only bookish knowledge. Students also said that they understood issues better with participatory methodologies such as role-plays, poster making, essay writing, drama, and question box.[103]

Activities/ sessions prescribed within each module/ section of the AEP and SHP follow a logical sequence and seek to build on the learnings from the previous sessions. The instructions provided in the curricula are also quite detailed and intuitive (example - inclusion of extra facilitation notes for sensitive topics). One major area of improvement however is the lack of provision of discussion points for each probing question within the session content. While there are summary messages at the end of each session the discussion of important case studies should not be left at the discretion of teachers who themselves are new to a lot of the content.

Apart from the choice of formats for delivery, curriculum developers must also pay equal attention to the overall session design and writing of instructions for facilitators. Not following a logical sequence or having unclear instructions for the facilitators also significantly and adversely impacts the learning of participants.

A typical session in TYPF and ECF's curricula includes objectives of the session, a summary table (overview of activities including material and time required), activity-wise description (objectives, instructions, probing questions, and learning points), list of key takeaways from each of the activities. ECF also includes a weekly action for the participants after each of the sessions. The flow of content in each session is based on the trans theoretical model of behaviour change i.e. pre-contemplation, contemplation, preparation, action, and sustenance.

At CREA, each session begins with football and is followed by discussions on a selected topic. The curriculum is dynamic and therefore each session might be unique depending on the context and implementation partner. However, detailed written instructions are provided to each trainer/ youth leader to ensure streamlining of messaging across batches.

[101]Pound, P., Langford, R., & Campbell, R. (2016). What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ open*, *6*(9), e011329.

[102]Pound, P., Langford, R., & Campbell, R. (2016). What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ open*, *6*(9), e011329.

[103] Jaya, Mehrotra D., Patra S., Srivastava N., Singh A., Yavad S. (2017). India's Adolescence Education Programme: Status and Opportunities for Scaling-up. *Indian Journal of Adult Education*, 78(3) pp. 78-97

Frequency and Time

International guidance stresses the importance of the regularity of delivering sexuality education and ensuring that learners require sufficient time to process new information and develop skills.[104][105]

The ITGSE guidelines state that since the duration and intensity of CSE is a critical factor in its effectiveness, the content needs to be taught in timetabled classroom lessons that can be supplemented by special activities, projects and events. Positive results have been seen with programmes that offer 12 or more sessions, and sometimes 30 or more sessions, with each session lasting approximately 50 minutes. Given this guidance, classroom curricula and lesson planning during the school year, and across school years, must carefully allocate adequate time and space to CSE to increase its effectiveness. The guidelines recommend to include 12 or more sequential sessions of instruction for over several years[106].

However, sexuality education programmes are rarely allocated the appropriate time in schools where they have to compete with other school subjects. Limited information is available about the frequency and total hours of sexuality education teaching across countries. **Based on available data, time allocation ranges from 30 minutes to 105 minutes per week**. However, many teachers and students have stated that the time allocated for sessions is insufficient.[107][108]

The AEP implementation through the formal schooling system (KVS and NVS) requires 23 hours for completion of sessions. AEP implementation through the NIOS is done via integration of life skills, adolescent concerns, and learner-centric participatory activities in 150 lessons across major scholastic subjects. [109][110] The prescribed time for each of the activities varies from 30-60 minutes. The SHP curriculum is of 66 hours wherein each activity requires one period (approx. 60 minutes, as noted in the training resource document). The operational guidelines for SHP state that 24 hours should be allocated in each academic year for the implementation of SHP sessions.

TYPF and ECF include approximately 3-4 activities per session starting with context setting and gradually moving on to issue specific activities. To ensure that comprehensive discussions take place during each interaction, the average session duration is around 90-120 minutes. For CREA, where football is an integral component of each session, the duration of a typical session is around three hours.

Adolescents who participated in the focus group discussions believe that an ideal session should be around 45-60 minutes long as it is difficult to remain attentive after an hour and the discussion feels boring. Longer sessions

[104] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

[105]Seiler-Ramadas, R., Grabovac, I., Winkler, R., & Dorner, T. E. (2021). Applying Emotional Literacy in Comprehensive Sex Education for Young People. *American Journal of Sexuality Education*, *16*(4), 480-500.

[106] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

[107] Ibid

[108]Rose, I. D., Boyce, L., Murray, C. C., Lesesne, C. A., Szucs, L. E., Rasberry, C. N., ... & Roberts, G. (2019). Key factors influencing comfort in delivering and receiving sexual health education: Middle school student and teacher perspectives. *American journal of sexuality education*, *14*(4), 466-489.

[109]Jaya, Mehrotra D., Patra S., Srivastava N., Singh A., Yavad S. (2017). India's Adolescence Education Programme: Status and Opportunities for Scaling-up. *Indian Journal of Adult Education*, 78(3) pp. 78-97

[110] Refer Table 5 of UNESCO 2018 ITGSE Guidelines for comparison between standalone and integrated approach

also interfere with daily responsibilities and hence many adolescents are not able to participate even if they want to.

Gender Profile of Participant Groups

The pedagogical choices and flow of content of organisational curricula was also informed by the gender of the participants. The three interviewed organisations used different entry points to initiate conversations around CSE with different groups, often based on gender.

ECF, whose curriculum is implemented with only men and boys, uses positive messaging that moves beyond the victim-perpetrator binary and provides the participants with space to openly discuss issues like patriarchy and violence without feeling judged. Additionally, the discussions are structured in a way that helps boys understand how these issues impact their own lives and how they could meaningfully contribute towards solutions that eliminate such problems.

CREA centres a pleasure and sex-positive approach while designing activities and discussions for their girls-only curriculum which is often ignored in other SRH curriculums. This helps in avoiding participants from feeling bored, stressed, or demotivated which happens when curriculums only focus on discussing problems and risks, especially when it comes to talking about sexual and reproductive health. But even though their work primarily focuses on girls and women, they believe that participants do benefit from a mixed group setting. Programme teams should however first ensure that the participants have reached a stage where they would not hesitate to openly voice their opinion in such a space.

TYPF shared that conversations in a mixed group setting help in perspective building of participants as they get an opportunity to hear diverse opinions around the same issue. It also helps in reducing the shame and taboo surrounding these issues, along with finding common ground for constructive discussion. However, the team stated that if the participants feel more comfortable learning certain topics separately, the design should be flexible to accommodate for that.

A key learning for TYPF while working in mixed group settings has been the need to use different strategies to discuss consent with boys and girls. While girls were quick to uptake messaging around consent, the same activities were not equally successful in causing any knowledge and attitudinal shift in boys, because at its core, consent challenges the entitlement that men enjoy in patriarchal societies. The organisation therefore designed separate sessions for boys that commence by first deconstructing the notion of hegemonic masculinity and its impact on men and boys before delving into the nuances of consent. For girls, the curriculum includes a specific session on effective communication to help them gain the skills to navigate real life situations and assert their rights.

Language and terminology

CSOs often struggle while selecting the appropriate language for content delivery as there are many concepts and terminologies within CSE that are not only sensitive, but also do not have literal translations in local Indian languages. For example “ling” is a Hindi word than can either mean gender or sex depending on the context. Additionally, since Hindi and several other Indian languages are gendered, it can be difficult to translate content that uses gender-neutral terminology.

Commonly the AEP and SHP curricula use “private body parts” to refer to sexual and reproductive organs. Using such terminology can perpetuate stigma and misconceptions associated with genitals and sexual organs, and

disregards one of the main principles of CSE curricula - provision of scientifically accurate information. For the same reason, it is important to be careful while choosing local terms and replace certain words such as "garbhpaat" with "garbhsamapan" (abortion) and "swapndosh" with "unaichhikskhalan" (nocturnal emissions).

CREA[111] particularly shared the following approaches to tackle challenges pertaining to language and terminology in their It's My Body programme -

1. Use of English terms for words like gender, when a simple or direct translation is unavailable.
2. In situations where multiple colloquial terms of reference exists, for example different terms used by trans* communities- Hijra, Aravani, Thirunangi, Shiv Shakthi etc, participants should be provided with a glossary of terms along with corresponding politics, inclusive of messaging that emphasises that familiarity with any term does not signify a holistic understanding of its meaning and context.
3. In other cases where there are different preferences for terms, for example use of "differently abled", or "people with disability" importance must be given to respecting the choice that the individual or community makes about how to identify themselves.
4. Incorporation of inclusive language and switching from "all women/sabhimahilayen" to "those who identify as women/ jo log apnipehchanmahilakeroopmeinkartehain".
5. Breaking down complex single-word translations into simpler sentences that are easily understood as it is more important to explain the meaning and politics of using the word rather than providing a literal translation or terminology.

TYPF shared that a lot of effort has been put into ensuring that the language and terminologies used in their curriculum is feminist and rights-based. In addition, ongoing feedback from implementation teams has helped in simplifying the language and where feasible, incorporation of colloquial terms.

Furthermore, with slang or inappropriate terminology being their only frame of reference prior to their participation in the CSE programmes, the adolescents interviewed shared that they earlier felt uncomfortable in talking about many topics related to puberty, sex, relationships and queer identities. **Learning the correct terminology, especially around anatomy, has provided adolescents with a better understanding of their own bodies and made them more confident in the way that they communicate with others around myths, misconceptions and health related issues**.

Capacity building Model

As seen in previous sections, delivering sexuality education often involves new concepts and teaching methods. Therefore sensitization, values clarification and training opportunities are important[112]. Though some criteria such as age, gender and profession of facilitators can have an effect on participant acceptability of sexuality education programmes, all three CSOs interviewed suggested that many knowledge-level and attitudinal barriers can be overcome through adequate and appropriate capacity building exercises. **The organisations strongly stressed that what is non-negotiable for quality session delivery is rigorous pre-service and regular refresher training of facilitators.**

[111] CREA has also developed feminist dictionary to support curriculum developers and trainers incorporate the use of feminist terms and perspectives in their work

[112] UNESCO. 2018. International Technical Guidance on Sexuality Education: An Evidence Informed Approach.

Learning from these organisations on training models is particularly important because though implementing programmes with CSO partners as primary facilitators may not be plausible in each state across the country due to budgetary constraints and availability of adequate number of resource persons, partnerships and sharing of good practices between the government and civil society can be fostered to strengthen programmes through capacity building efforts.

The AEP and SHP programmes both utilise a cascade capacity building model, where all levels of trainers receive at least one 5-6-day training in batches of approximately 30-40 participants. There are no suggested plans or agendas for the conduction of refresher training, with the SHP documents noting that a refresher for Health and Wellness Ambassadors can be conducted once every 2 years.

The AEP training agenda covers 29 out of the 36 provided activities in the curriculum resource package, with no evident elevation of the content of the activities itself. Additionally, participants receive training on the relevance and importance of AEP, programme implementation guidelines, how to train and support peer educators, facilitation skills and advocacy[113]. It is also recommended that the Nodal Teachers practise mock sessions in a nearby school on the last day of the training. However, the pre/post evaluation surveys for trainers are broadly the same as the ones used for students themselves[114]. **Holding the nodal teacher's understanding of adolescence and young people's experiences around thematic topics to the same level as students themselves may impact the quality and of session delivery, leaving gaps in technical and conceptual knowledge and skills to adequately facilitate the sessions.** Importantly, some questions in the evaluation tools are also irrelevant such as a question around adolescent sources of information. Moreover, some questions around physical and emotional changes during adolescence are either inaccurately framed or provide incorrect or incomplete choices for answers[115].

In contract, when it comes to the design of the pre-service training for SHP Health and Wellness Ambassadors, the agenda does not comprehensively cover all 11 modules under the programme. On average only 2-3 activities under each module are covered in the training, and out of the 66 activities that make up the entire curriculum resource package, only 36 are covered in the five-day agenda for the training[116]. Additionally, similar to the training under the AEP programme, **there is no evident difference between the content being used for the capacity building of the teachers and the curriculum modules for school-going adolescents.** Coupled with the fact that only 30 minutes have been allocated to 'Facilitation Skills and Fielding Difficult Questions', (compared to AEP training's provision of 105 minutes), the teachers have little room to confront and overcome their own shame and stigma, which is the first barrier to effective learning. Furthermore, the training does not cover suggestions for age segregation of the content, and this is left at the teacher's discretion, which may further result in bias, judgement and incomplete information for students in younger age groups. Lastly, the questions included in the pre-post tools for the teachers training have factual errors and use content that is not featured in the training modules[117]. Questions around RTIs and STIs are incorrectly phrased, and questions around pregnancy are featured in the

[113] NCERT, Training and Resource Materials, Adolescence Education Programme, Annexure 7

[114] NCERT, Training and Resource Materials, Adolescence Education Programme, Annexure 4 and 5

[115] NCERT, Training and Resource Materials, Adolescence Education Programme, Annexure 5

[116] Facilitator Guide for School Health Program, December 2019, Appendix I: Agenda for Training of Health and Wellness Ambassadors

[117] Facilitator Guide for School Health Program, December 2019, Appendix IV: School Health Programme Pre/Post Test Questionnaire

questionnaire, however content on reproductive processes is not explicitly emphasised in the training agenda or the curriculum resource package.

The need to revise training durations and methodologies of government programmes has been consistently raised by civil society. Jaya et al (2017) in their review of the AEP programme, flagged that there was a need for systematic plans for refresher trainings and enhancement of formal and non-formal opportunities for sharing of learning and experiences, including innovating around a mentorship programme for support to nodal teachers of the AEP programme[118]. Additionally, while adapting the government curriculum 'Learning for Life', C3 recommended to the Government of Jharkhand (based on the findings of a needs assessment) that there was a need to increase the duration of master trainer and nodal teacher trainings, revise the methodology to be more participatory, and to conduct refresher trainings[119]. Eisenberg et al (2010) also found that training programmes for sexuality educators need to adequately prepare them for their multifaceted roles, and that there is a need to train sexuality educators differently than teachers of other subjects[120].

In the interview, TYPF shared that ToTs take place periodically and the content of the curriculum is broken up, with each five-day training covering only 3-4 sessions. Typically, one training takes place every 2-3 months in each intervention location. This ensures regularity in capacity building, encourages rapport building with TYPF's master trainers, and ensures that facilitators would retain information to effectively implement the sessions. The TYPF training structure puts equal emphasis on perspective building on new topics using participatory methodologies and immediately follows thematic sessions with practical skill building activities and mock sessions that help facilitators deal with and troubleshoot challenges that may come up on-ground. Formats for how to give and receive feedback are built into the mock sessions, and all facilitators are encouraged to brainstorm alternative ways of implementing activities that they find particularly challenging or complicated in order to meet the learning objectives. Considering that TYPF implements CSE programmes in four different states, facilitators are occasionally brought from across the country for training to encourage sharing of resources and good practices and rapport building.

CREA uses an on-going capacity building model. After an introductory training on topics such as gender and sexuality, facilitators are encouraged to apply for CREA's regular Training Institutes. These institutes are intensive perspective-building workshops that are facilitated by thematic experts and activists from various communities and contexts, and provide the programme facilitators with opportunities to cross-learn as well as network.

CREA also organises ToTs for facilitators to do mock sessions. In these, the focus is on how to facilitate, what language to use, and how to lead a discussion. Right or wrong and yes or no messaging is strayed away from, and instead emphasis is put on analysing concepts, which provides facilitators with the confidence of how to handle issues on-ground. Additionally, CREA also trains other staff at partner organisations on aspects such as due diligence and finances, including capacity building on gender and sexuality. This is to encourage institutionalisation of feminist leadership within the systems of the organisation, and to be able to develop more rights-based technical proposals while fundraising.

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[118] Jaya, Mehrotra D., Patra S., Srivastava N., Singh A., Yavad S. (2017). India's Adolescence Education Programme: Status and Opportunities for Scaling-up. *Indian Journal of Adult Education*, 78(3) pp. 78-97

[119] Plesons, M., Khanna, A., Ziauddin, M. *et al.* Building an enabling environment and responding to resistance to sexuality education programmes: experience from Jharkhand, India. *Reprod Health* 17, 168 (2020). https://doi.org/10.1186/s12978-020-01003-9

[120] Eisenberg ME, Madsen N, Oliphant JA, Sieving RE, Resnick M. "Am I qualified? How do I know?" A qualitative study of sexuality educators' training experiences. *Am J Health Educ. 2010;41(6):337-344.*

At ECF, attending on-going implementation of sessions and conduction of community visits including writing of observation reports is a mandatory and preparatory part of the capacity building of potential mentors. Additionally, certain behavioural dos and don'ts are also discussed with the facilitators such as: avoiding smoking, avoiding acts of violence, etc. This is because a major strategy of ECF's programming is to place role models within the community that participants can look up to. Beyond this, facilitators must attend weekly trainings prior to implementing sessions, and a buddy mentorship model has been set up for conduction of mock sessions. An important component that also features in ECF's capacity building model is a dedicated training on dealing with backlash. In these trainings, facilitators can brainstorm and discuss strategies to overcome ongoing challenges on ground, for example: finding support from a local AWW.

It is inevitable that some participants would have experienced trauma individually or as members of certain communities based on discrimination and violence, including sexual violence. The interviewed organisations expressed that in their experience, disclosures of violence and abuse have commonly taken place during facilitator trainings and implementation of sessions. To address this, ECF and TYPF provide stand-alone training to facilitators on understanding referral systems, protocols to follow upon such disclosures, Child Sexual Abuse etc, and that such trainings are additionally organised based on needs being raised by facilitators on-ground. Fava and Bay-Cheng (2012) suggest using trauma-informed sexuality education models, so that more focus can be put on creating a supportive environment and culture. A trauma-informed approach teaches about sexuality in a way that does not re-traumatise participants by arousing feelings or memories associated with a traumatic experience[121]. Furthermore, the presence of aware and responsive adults who can recognise trauma and are able to provide appropriate support and make necessary referrals are key for avoiding stigma and shame in such situations[122].

Additionally, there is a large body of research that points to the prevalence of secondary trauma in professionals that treat traumatised clients. There is also some evidence that **fieldworkers and activists working on issues of gender-based violence experience a wide range of psychosocial health and well-being risks due to the emotionally demanding nature of the work they engage in**[123]. Therefore it is not a stretch to assume that this risk may also exist for sexuality educators who frequently witness or gain knowledge about adolescent experiences of child marriage and early pregnancies, unsafe abortions, honour killings, pervasive sexual abuse and rape, violence, discrimination and mental health issues among others. To address this gap, **master trainers and facilitators of CSE programmes should be provided with training on trauma-informed models of care that also acknowledge the potential for secondary trauma and burnout in their jobs and responsibilities. Additionally, trigger warnings should be integrated during relevant activities and ample support for mental and physical health, and seeking legal recourse (if required) should not only be made available for participants to access, but should also be provided to the facilitators of the programme.**

[121] UNFPA. 2020. International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education: An evidence-informed approach for non-formal, out-of-school programmes

[122]Fava, N. M., & Bay-Cheng, L. Y. (2013). Trauma-informed sexuality education: Recognising the rights and resilience of youth. *Sex Education*, *13*(4), 383-394. http://dx.doi.org/10.1080/14681811.2012.745808

[123]Cayir, E., Spencer, M., Billings, D., Hilfinger Messias, D. K., Robillard, A., & Cunningham, T. (2021). "The Only Way We'll Be Successful": Organizational Factors That Influence Psychosocial Well-Being and Self-Care Among Advocates Working to Address Gender-Based Violence. *Journal of interpersonal violence*, *36*(23-24), 11327-11355.

Key Findings: OTHER CONSIDERATIONS

Monitoring & Evaluation

Monitoring and evaluation of CSE programmes is a priority focus area for policy makers, programmers, educators, and researchers, as there is always a need to demonstrate the potential impact of CSE on preventing social and health issues alike. While the building blocks of an impactful CSE programme are a quality comprehensive curriculum, expertly trained facilitators, opportunities for leadership and meaningful youth engagement, the wider social and political climate can have a significant bearing on its final success.

The AEP and SHP monitoring tool packages contain pre-post tools for students (only in AEP) and teachers, and programme implementation trackers. Schools are required to submit monitoring reports that capture the status of programme implementation on a monthly basis. However, the majority of the monitoring formats use quantitative indicators to capture ongoing progress and the status of implementation of the programmes. For both programmes, basic indicators such as number of theme-wise sessions and the number of boys and girls that participated in those sessions are included in these tools. **There seem to be no regular processes in place to capture the quality of overall module implementation using feedback and suggestions from students.** Considering that the goals of both the AEP and the SHP are substantive, with objectives that aim to inculcate positive and progressive attitudes, and empower adolescents to make healthy choices, the lack of qualitative monitoring methods may result in inadequate measurement of these changes. In fact, measuring the development of skills and values through education and their related metrics is still an emerging field of study.

Among the top CSE curricula identified, the CSOs commonly tracked changes on the following levels:

1. Quantitative and qualitative changes in knowledge, attitudes, behaviours and skills at the participant level through survey and interview-based baseline and endline evaluations.
2. Quantitative and qualitative changes in knowledge and attitudes and facilitation skills at facilitator level through pre and post surveys, process evaluations and interviews and FGDs or feedback sessions.
3. On occasion, quantitative and/or qualitative changes in perception and knowledge of gatekeepers and other community stakeholders through interviews and FGDs.
4. On occasion, changes in strategic plans of grassroots organisations working with technical partner on a CSE project.
5. On occasion, changes in policy and programme implementation at district/state/national level.

In a review by Ketting et al (2016), it was noted that two public health indicators are dominant when it comes to evaluations of sexuality education programmes. These are pregnancy and STIs/HIV rates[124]. Dominant intermediate variables related to these are age at initiation of sex, frequency of intercourse, number of sexual partners, condom use, contraceptive use, and sexual risk-taking. However, it was also noted that even though indicators such as self-efficacy or the ability to communicate about feelings and wishes are used, they are usually not considered important in their own right. Indicators measuring the ability to experience pleasurable and satisfying sexual relationships are hardly ever used.

[124] Ketting E, Friele M and Michielsen K (2016) Evaluation of holistic sexuality education: A European expert group consensus agreement. *The European Journal of Contraception and Reproductive Health Care* 21(1): 68–80.

Siddiqui et al (2020) also points out that a pertinent research question emerging from both India and global reviews is whether the fields of global health and human rights are measuring the "right" things in relation to peer education. The authors conclude that further exploration is needed on the potential of peer education to contribute to a range of desirable health and rights outcomes, including young people's awareness of their rights to access information and services; legitimation of dialogue on previously taboo SRH issues; young people's awareness of where and how to seek help and their confidence in doing so; improvement in communication between peers, as well as between parents and young people; and enhancement of social networks[125].

A review by Goldfarb and Lieberman (2021) determined that classroom-based sex education has been shown to improve social emotional learning (SEL) in high-income countries, e.g., increased empathy, respect for others, managing feelings, positive self-image, increased sense of self-control and safety, and establishing and maintaining positive relationships[126]. However, these skills can often be complex to measure. Moreover, **the development of sexual identity itself is a long and complex process, influenced by many factors, of which CSE is only one (others include parents, peers, mass media and sociocultural environment). It is very challenging to control all these factors and identify the specific causal effects of sexuality education in the long term**[127]. This highlights the need for a variety of high quality and deliberate research studies on specific learning outcomes as well as health outcomes (at different age groups) of CSE. Such studies would need to focus on developing qualitative or nuanced understandings of context, mitigating factors, and use voices of participants to help document what brought about changes, if any[128].

Such similar challenges have also been highlighted by the CSOs interviewed. Considering that skill-building was emphasised in all the reviewed CSE curricula, positive impact that goes beyond the defined programmatic goals around gender equity and SRH outcomes was observed across many areas of adolescent lives. For example, after participating in the Action for Equality programme, participants picked up skills around communication and critical thinking (outcomes) which led to improvement in relationships with family and education among boys (impact)[129]. **CSOs noted that long-term effects of participating in sexuality education programmes also contribute to impact in a multifaceted way, and ultimately organisations document such findings in the form of case studies, using more qualitative methods,** in line with suggestions outlined in Ketting et al (2016).

At CREA and TYPF, methods to capture changes and impact have been embedded within the programme such as the component of *Action Research* or *Social Action project*. Broadly such initiatives are led by adolescents themselves to identify an issue and plan a targeted intervention in order to address it, and the results often demonstrate changes in leadership capacities of young people. At CREA, different social campaigns have been

[125] Mariam Siddiqui, Ishu Kataria, Katherine Watson & Venkatraman Chandra- Mouli (2020) A systematic review of the evidence on peer education programmes for promoting the sexual and reproductive health of young people in India, *Sexual and Reproductive Health Matters*, 28:1, 1741494, DOI: 10.1080/26410397.2020.1741494

[126] Goldfarb ES, Lieberman LD. Three Decades of Research: The Case for Comprehensive Sex Education. *J Adolesc Health*. 2021 Jan;68(1):13-27. doi: 10.1016/j.jadohealth.2020.07.036. Epub 2020 Oct 12. PMID: 33059958.

[127] Ketting E, Friele M and Michielsen K (2016) Evaluation of holistic sexuality education: A European expert group consensus agreement. *The European Journal of Contraception and Reproductive Health Care* 21(1): 68–80.

[128] Evidence gaps and research needs in comprehensive sexuality education: technical brief, UNESCO, 2022. Available here: https://unesdoc.unesco.org/ark:/48223/pf0000380513

[129] Evaluation of the Action for Equality Programme, Sonal Zaveri. Available here: https://www.betterevaluation.org/sites/default/files/ecf-evaluation-report-of-action-for-equality-programme-dec_2015_0.pdf

planned by girls on safe abortion day, national girl child day, 16 days of activism through the course of the project. At TYPF, participants of the programme have directly taken initiative to educate community members and peers about CSE. They have also used social media to talk about CSE's importance and a change has also been observed in how young people are questioning social constructs such as gender. Other times, more qualitative approaches including interviews and FGDs are required to appropriately capture the changes.

ECF's approach to monitoring and evaluation is worth highlighting here, as the Action for Equality programme uses four components to capture impact. Changes in knowledge, attitudes and skills are captured through meaningfully designed surveys including multiple choice questions as well as open-ended responses that are coded and analysed. Moreover, changes in behaviour are captured through outcome interviews and surveys with mother and sisters of male participants. Surveying close family members and co-inhabitants for changes in behaviour of the participants may help in removing social-desirability bias.

Overall, efforts for developing more robust evaluations for CSE programmes with longer-term goals must be made. One major area for overall improvement in monitoring efforts is frequent reviews and feedback collection from all involved stakeholders to iterate programmatic and content strategies. Observation visits and check-in calls that focus on brainstorming additional ways to track programme implementation and address challenges around time management, mobilisation, session delivery, related pedagogy and any backlash would improve the quality of the programme. **Additionally, partnerships with local CSOs with expertise in adolescent health topics for monthly monitoring, feedback collection and mentorship activities may also greatly benefit the overall implementation of government programmes.** For example: TYPF uses post-session documentation forms that aid facilitators to collate their notes on the overall implementation of the session, any challenges faced including difficulty in conducting a specific activity, or if they improvised a new activity. The notes in these forms form the basis of the discussion during check-in calls that lead to decisions around changes in certain strategies and mitigation of ongoing challenges.

Scalability

In international development contexts, "scaling" is a term that has been used to refer to a number of processes that include expansion, replication, and spread of programmes and schemes[130]. This can also include strategies to reach more people, expand geographic area(s), reach other 'target groups' and increase the volume of outputs or increase the intensity of impact within the given geographic area or social group[131].

Scaling CSE interventions in a country like India is a particularly unique and challenging task for many reasons. Firstly, topics covered under CSE are considered acutely culturally sensitive, especially for single and younger people. Secondly, for effective scale-up, community and public sensitisations are crucial but require large investments of time and resources. Thirdly, such programmes may require partnerships between various ministries such as Health, Education, Women and Child etc, and such collaborations come along with complex bureaucratic processes that may require several decision-making bodies to come together at different levels of administration to put concrete plans into place. Lastly, and especially for teacher-led interventions, efforts are required for shifting current teaching approaches to ones that consider participatory pedagogical approaches and critical

[130] Millions Learning: Scaling up Quality Education in Developing Countries, Robinson, Jenny Perlman; Winthrop, Rebecca Center for Universal Education at The Brookings Institution (2016)

[131] COMPREHENSIVE SEXUALITY EDUCATION: THE CHALLENGES AND OPPORTUNITIES OF SCALING-UP, UNESCO (2014)

thinking, commonly used in CSE curricula. Due to these reasons, scaling-up of comprehensive sexuality education programmes needs to be considered over a longer timeframe than many other interventions.[132]

The Brookings Institution report on *Scaling up Quality Education in Developing Countries* provides four pathways of effective scale-up of education programmes. These are:

- Horizontal Scaling - to reach more places and people
- Vertical Scaling - to impact policies and institutionalisation
- Organisational - to strengthen capacity
- Functional - to increase the number of activities

For the purpose of this report, it might be useful to envision these scaling pathways according to the two separate sectors -

What it could look like for:	**Civil Society Organisations**	**Government**
Horizontal scaling	Expanding number of direct or indirect participants of a CSE programme.	Scaling AEP or SHP from priority/Lab districts to all districts across the state.
Vertical Scaling	Providing a model for integration within government programmes.	Changes in policy, budgeting, planning, supervision, monitoring and evaluation towards sustainability of current programmes.
Organisational Scaling	Working with local grassroots partners to build their capacity to take on independent work on CSE.	Working across ministries or departments to foster collaborations, pool resources and strengthen existing efforts of individual ministries.
Functional Scaling	Adding evidence generation, digital, monitoring and advocacy efforts along side ongoing CSE session delivery.	Increasing touchpoints available to adolescents and young people for access to information and health services.
Note: These pathways of scaling are not mutually exclusive, and it is recommended that one or more of these pathways should be pursued at the same time.		

**Adapted from Brookings Institutions,Scaling up Quality Education in Developing Countries*

Innately, a significant challenge for horizontal scaling of CSE programmes is the need for adaptations of content to fit various contexts and needs of adolescents. In this situation, **programme teams are confronted with the dilemma of compromising the content for the sake of scale, however this might dilute the comprehensiveness of CSE programmes**. According to UNESCO ITGSE, the nature of these such adaptations of content should be carefully

[132] Ibid

considered as they can have a significant impact on the effectiveness of CSE programmes. These are summarised below:

Content adaptations that are safe	Content adaptations that are risky
• Changing language (translating and/or modifying vocabulary) • Replacing images to show youth, families or situations that look like the participants or context • Replacing cultural references and norms • Changing formats to address needs of young people with diverse learning capacities (reading/ writing/ listening/ sports etc) • Digital adaptations of certain topics	• Reducing the number or length of sessions • Reducing participant engagement • Eliminating key messages or skills to be learned • Removing topics completely • Changing the theoretical approach • Using staff or volunteers who are not adequately trained or qualified • Using fewer staff members than recommended

**Adapted from UNESCO ITGSE*

Importantly, irrespective of which pathway of scaling is being used, **there is a need for a clear consensus decision on the quality measures including the articulation of any non-negotiable elements so that there is no compromise upon scaling**. This would also mean establishing systems of monitoring and evaluation that would be able to identify such dips in quality.

CREA and TYPF shared some good experiences of *Horizontal Scaling* of their CSE programmes. While CREA has iterated curriculum content to reach more marginalised populations such as people with disabilities and sex workers, TYPF has worked with grassroots partners to adapt content to be inclusive of tribal perspectives to reach wider communities in Jharkhand. TYPF has additionally scaled CSE across multiple states and mentioned that a non-negotiable for them was to retain the number of themes covered as part of the curriculum. The team instead made changes to the overall time of particular sessions, shortening them in half from two hours to one hour due to the changes in implementation plans because of the pandemic. Moreover, some technical and conceptual aspects of the curriculum such as sexual and reproductive anatomy and the concept of gender were converted into AV resources to be used during training and session delivery. This saved time spent on developing capacities of facilitators on these challenging topics, and ascertained that the information delivery during direct sessions with adolescents on these topics was always accurate and unbiased.

According to UNFPA ITPG, technology can certainly be leveraged to provide structured programmes or components of CSE programmes at-scale, as seen in the example above. Though digital methods may never completely and successfully replace the interactive nature of in-person sessions that is crucial for skill-development such as negotiation and effective communication, they can be more accessible. They can be accessed flexibly and conveniently, when and where the participant of the programme wants. This can be particularly useful for learners who are geographically isolated, those who migrate for work, or those who are unwilling or unable to meet in a group with others (or where it would be dangerous for them to do so). These strategies can also be more efficient, with the potential to reach large numbers of people at lower cost in the long run, but can be expensive to

develop initially. As seen above, the content in such programmes is also fixed and not dependent on a facilitator's willingness to present it, and could therefore address potential facilitator-level biases about the topic.

An excellent additional example of *Vertical Scaling* worth mentioning is Centre for Catalyzing Change's (C3) Udaan Programme in Jharkhand. The Udaan curriculum has been successfully integrated into the regular school academic textbooks and into the in-service and preservice education of teachers in Jharkhand, and even served as the blueprint for the SHP programme under Ayushman Bharat. In this case, not only did the state-level government commit to providing resources and infrastructure which was key for successful scale-up, but in addition the state and C3 directly engaged with teachers and gatekeepers at many levels to combat backlash and build community support for the programme[133]. This speaks to the government's role in creating an enabling environment which can provide a solid basis for scaling and sustainability of CSE programmes[134].

CREA and TYPF also shared experiences of *Organisational and Functional Scaling*, where additional activities focused on building the capacity of the leadership and operational staff at partner organisations were conducted to increase their understanding of advocacy towards mainstreaming CSE. Not only did this contribute to improving the overall quality of work but it also led to additional gender-focused fundraising for grassroots partners. TYPF's advocacy with partners has resulted in a shift from a protective CEFM focused approach to a rights-based approach in Jharkhand and additionally, two partners from Uttar Pradesh and Bihar have also been able to secure funds for their independent work on CSE.

[133]Plesons, M., Khanna, A., Ziauddin, M. *et al.* Building an enabling environment and responding to resistance to sexuality education programmes: experience from Jharkhand, India. *Reprod Health* 17, 168 (2020). https://doi.org/10.1186/s12978-020-01003-9

[134] Chandra-Mouli V, Plesons M, Barua A, *et al.* What Did It Take to Scale Up and Sustain Udaan, a School-Based Adolescent Education Program in Jharkhand, India?, *American Journal of Sexuality Education*, 13:2, 147-169 (2018), DOI: 10.1080/15546128.2018.1438949

Conclusion

A well designed CSE programme enables young people to make more informed decisions towards living a fulfilling and happy life. With renewed focus on adolescent health, and the initiation of national programmes such as the SHP, the potential and scope to reach millions of young people with rights-affirming health related information in India is closer now than ever before. National programmes can easily be strengthened through stronger collaborations and resource sharing with civil society organisations that have decades worth of expertise and understanding of working on specific and sensitive CSE topics in challenging contexts all over the country.

Based on the review of both government-led and civil society-led CSE curricula and programmes, the recommendations provided in this report are pertinent for ensuring that the rights of all adolescents and young people are centred as we continue to progress in this work.

Across the broad gender lenses have picked up traction, and information in all reviewed curricula were sensitive to the different ways in which gender impacts adolescent lives and health outcomes. One must now shift to an intersectional understanding of issues of access to information, health and rights that is beyond the gender binary. The reality is that identities such as caste, religion, disability, race, and sexuality exacerbate the discrimination and violence that is faced by young people, and the root causes of such power imbalances are important to understand and address so that adolescents can live a more free and equal life.

Although all three reviewed CSO curricula were excellent examples of CSE, many organisations continue to shy away from addressing issues related directly to sex and pleasure in order to remain sensitive to cultural contexts. Backlash in CSE programmes is inevitable and the only way to rattle the status quo on these issues is to persist on the inclusion of topics such as sex, sexuality, desire, and pleasure.

Overall, the focus of CSE programmes in India remains on older adolescents, with few organisations having separate curricula for young people below the age of 13. Furthermore, CSE sessions are most commonly implemented in gender-segregated groups, defeating the purpose and objective of normalising conversations around sexuality. Considering that CSE can provide children and young people with the skills to negotiate for their needs and desires, save lives, and prevent instances of violence, India needs more programmes that initiate CSE with much younger children. Breaking gender norms through the conduction of sessions in mix-group settings may also be easier to start in younger age groups.

Importantly, to-date there are no at-scale CSE programmes for young people with disabilities. The perception that all disabled people are asexual beings and incapable of making independent choices needs to change. Programmes that use human-rights language and address the various societal factors that cause inequalities in access for disabled people must be initiated dedicatedly with disabled communities and groups of young people. Such programmes would pave the road for innovating relevant and appropriate pedagogies suitable to the needs of disabled people, such as those with intellectual disabilities, those on the autism spectrum, young people who are visually impaired, and others that can then be adapted across other state and national-level programmes.

Lastly, there is a need for civil society as a whole to come together in a more organised manner to share knowledge and resources around CSE. Currently, the good work and development of IEC materials, AV resources, including innovations in pedagogies and advocacy strategies continue to occur in silos. Better and more robust evaluations of CSE programmes, including the ones in this review should be conducted to generate the required evidence that really pushes the intention and will of important stakeholders to invest more in this area.