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Term Paper Submitted on

Impact of Sex Education on Sexual abuse and Unsafe abortion.

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Abstract

Sex education is vital to a person's personality development and helps to mould them into the person they are today. It aids in their decision-making by encouraging them to adopt a logical mindset as opposed to acting on impulse. One of India's primary issues is that we still don't address adequately is the lack of sex education and good conversation about sexual behaviours. This research adds a new dimension to the subject by providing a contemporary perspective on the impact of sex education. In India, there is a significant issue with both domestic and other forms of violence against women. In all, one-third of women between the ages of 15 and 49 have been victims of physical abuse, and one in ten have also been victims of sexual abuse. 35 percent of people say they have been the victim of physical or sexual abuse. The aim of this article is to analyse, the social representations that are circulated about the sex education and how they impact the life of young children who are slowly learning about the ways of this world. In this paper, we intend to explore how sex education affects teenage pregnancies and inturn unsafe abortion. Child-centered education, which teaches kids how to recognise, avoid, and report sexual abuse, is a major component in the prevention of child sexual abuse.

Keywords: *Sex Education, Sexual abuse, Unsafe abortion, Women, Children, Prevention, Stigma.*

Introduction

The World Health Organization defines sexual abuse as any sexual act or attempt to have a sexual act, unwanted sexual comments or advances, acts to traffic or otherwise target a person's sexuality using coercion, by anyone, regardless of their relationship to the victim, in any setting, including but not limited to the victim's home or place of employment. An unsafe abortion occurs when a pregnancy is terminated by someone who lacks the requisite training, in a setting with subpar medical standards, or in both cases. An unsafe abortion poses a serious risk to life. It covers self-induced abortions, unsanitary abortions, and abortions carried out by doctors who don't give patients the proper post-abortion care.

The issue is far worse and more complicated in India, particularly at this time when the media is overflowing with reports of horrifying rapes and horrible sexual crimes. Despite several mass actions, strikes, rallies, and strict legislation, the situation has not improved; perhaps we are failing to see the forest for the trees. In India, challenges include the prevalence of sexual illiteracy, human and drug trafficking, gender inequity, and the generally conservative attitude of the population. The sad Nirbhaya case and the "Me Too" campaign, which captured the public's attention, may be to blame for the recent rise in reports of such acts of sexual violence.

Despite the rise in awareness, there is still an urgent need to comprehend what must be done to stop sexual violence from occurring in the first place. In order to effectively position our preventive tactics, we must comprehend a few components of this expanding issue: First, a look at the country's demographics: one-third of the population is under the age of 21; one in 10 teenagers is going through puberty; and more than a quarter of people enter adolescence. Second, there is a shocking dearth of sexual education in both high schools and colleges. According to a survey conducted in Mumbai, just 21.3% of parents provided sex education, whereas 90% of pupils think it should be taught in schools. Third, society and parents' opposition to sex education. According to a survey conducted in Jammu and Kashmir, only 3% of parents support giving their daughters sex education, and 89% of parents oppose it. Last is the lack of funding for these programs.

Various physical and psychological changes occur in youth. Strong evidence supports the idea that sex education helps to avoid sexual violence. A comprehensive programme that addresses a variety of subjects, including sexual health, anatomy, physiology, puberty, reproductive health, sexually transmitted diseases, healthy relationships, homosexuality, and factors related to sexual violence is needed. This programme should be graded and delivered in small groups and workshop formats. Bystander programmes that encourage intervening while observing the warning indicators of sexual violence should be made mandatory for matriculation students.

By including systematic initiatives like sex education at the high school and college levels, strong teacher preparation programmes, and parent education initiatives, education aimed at preventing sexual violence needs to be approached from all angles. Sex education is also an opportunity to support children and young people in developing skills to initiate and nurture strong, respectful and healthy relationships. This means talking openly about gender and power within relationships since inequalities between men and women along with people of other genders are the most persistent power dynamics. Understanding gender can help nurture more equality in relationships. A key way to prevent gender based violence, intimate partner violence and sexual violence along with preventing unsafe abortions.

The main aim of this research is to attain adequate data to quantify the effect of sex education on the safety of our youth and the oncoming generations to come. How the stigma around sex education needs to be eradicated in order to make our society a safer place for its people. Homosapiens are curious in nature so children are automatically inclined to try to explore factors that are kept hush hush from them. So it is up to us as adults to educate them about these factors in a child friendly manner in order to ensure they speak up regarding anybody who misbehaves with them. Inturn, creating trust and a healthy line of communication.

Scope and limitations.

One of the first tasks you need to do when completing a research is to identify the scope of the project. When identifying the scope, you need to address not only the problem or issue that you wanna study but the population you want to examine. Initially I started off my research wanting to gather as much primary data as possible through questionnaires, interviews surveys etc. Although this topic is that of a sensitive nature, people within our society automatically form barriers against individuals trying to collect data for a project. Parents and guardians tend to get uncomfortable when asked questions about sex education due to how taboo the topic has been portrayed within our indian society. I had prepared a questionnaire to interview individuals that dealt with the trauma of sexual abuse and unsafe abortions through various NGO's although these individuals were not too keen on letting strangers into their private matters and stories. I did speak to the psychologists and heads at these NGOs although they were unable to divulge much information due to their need to keep the individuals privacy intact.

The biggest limitation I faced during my research was the inability to conduct primary research due to the taboo around the topic along with ensuring not to invade an individual's privacy. This inturn brought me to utilise the secondary data available from various research papers conducted giving me indept detail regarding widespread

affects and impacts of sex education. This helped me do a critical analysis regarding my topic. I ensured to use the latest research papers to emphasise maximum validity of the data.

Research methodology

Finding the appropriate method for conducting your research is a very important aspect of the research itself. There are various different ways through which data can be obtained. The first segregation is primary and secondary data. There are various types of research methods for example interviews, surveys, questionnaires, focus groups etc. These are various forms of primary data which I was unable to obtain due to the sensitivity of my topic. I mainly wanted to focus on interviews and questionnaires with open ended questions to gain and in depth understanding of each individuals experience and how they believe sex education couldve impacted their lives or how it could prove to impact the generations to come. Due to the sensitivity regarding my topic, I resorted to obtaining secondary data and conducting a critical analysis of the same along with assessing this data. I obtained research papers that conducted research on my specified topic and then further highlighted my views and pointers regarding the same.

The following are the questions I intended on asking my targeted sample group although they were reluctant to answer:

Q. Do you think if you were properly provided the adequate sex education, it would have helped you distinguish and identify the abuse immediately as a child?

Q. Do you think sex education in both boys and girls would help form healthy equal relations among the same?

Q. How do you think sex education plays a role on preventing unsafe abortion?

Q. How did your parents or guardians react when you told them about your abuse/ unsafe abortion?

Q. How would implement sex education for the future generations to come?

These are a few of the questions I had prepared for my interviews and open ended questionnaires. Although most individuals were reluctant to answer them due to their unfamiliarity with their interviewer and the sensitivity of the topic. Moreover they were afraid of the taboo and judgement put forth regarding these issues within society automatically instilling a guard against talking about their experiences.

Literature review

Children should be taught about their bodies, body autonomy, and appropriate and inappropriate touch at a young age. By ensuring that children understand about their bodies, including the proper names for their genitalia, as well as human reproduction and sexuality, we equip them with the knowledge and vocabulary necessary to communicate their needs to trusted adults and medical personnel. Raising kids who understand that sexual abuse is terrible also entails talking to them about permission and appropriate touch. It's crucial to instil in kids the notion that they have a right to safety and that they should respect the feelings and rights of others. Teaching youngsters the correct names for their body parts not only shields them from terrifying scenarios but also fosters healthy positive body image and increases their respect for themselves and their sexuality in general. It aids in dispelling the stigma and sense of taboo that can develop surrounding our genitalia, desires, sexual gratification, and sexuality as a whole.

Despite the fact that India's Medical Termination of Pregnancy Act made abortion lawful in the nation in the early 1970s, women frequently choose unqualified doctors and nurses to end their pregnancies. About 42 million women globally choose abortion each year for unwanted pregnancies, and 20 million of these procedures are risky. Unsafe abortions claim the lives of about 68,000 women each year, making it one of the main causes of maternal mortality (13%). 5 million of the women who survive unsafe abortions will experience long-term health issues. Thus, unsafe abortion is a critical concern. Less restrictive abortion legislation and increased use of contraception are the two main ways to avoid unsafe abortions, but both strategies encounter societal, religious, and political barriers, particularly in underdeveloped countries, where unsafe abortions account for 97% of all abortions.

(Citation Haddad, Lisa B, and Nawal M Nour. "Unsafe abortion: unnecessary maternal mortality." *Reviews in obstetrics & gynaecology* vol. 2,2 (2009): 122-6..)

Even in cases where these barriers are removed, women and medical professionals need to be informed about contraception and the availability of safe and legal abortion, and women need better access to these services. Otherwise, desperate women who feel they have no other choice due to the financial difficulties and social stigma associated with unwanted pregnancies would continue to put their lives in danger by having unsafe abortions .

Analysis

Maternal mortality can be prevented by avoiding unsafe abortion. Despite research showing a high number of abortions in India, it is unclear how often unsafe abortions are there and what variables increase the chances of getting one. “There were 89 447 abortions among 1 876 462 pregnant women in 2007–2011 (4.8%; 95% CI 4.8 to 4.9). Of these, 58 266 were classified as unsafe (67.1%; 95% CI 66.7 to 67.5). There were 253 abortion-related maternal deaths (0.3%; 95% CI 0.2 to 0.3). Factors associated with unsafe abortion: maternal age 20–24 years (adjusted OR (aOR): 1.13; 95% CI 1.09 to 1.18), illiteracy (aOR: 1.48; 95% CI 1.39 to 1.59), rural residence (aOR: 1.26; 95% CI 1.21 to 1.32), Muslim religion (aOR: 1.16; 95% CI 1.12 to 1.22), Schedule caste social group (aOR: 1.08; 95% CI 1.04 to 1.12), poorest asset quintile (aOR: 1.45; 95% CI 1.38 to 1.53), antenatal care (aOR: 0.69; 95% CI 0.67 to 0.72), no surviving children (aOR: 1.30; 95% CI 1.16 to 1.46), all surviving children being female (aOR: 1.12; 95% CI 1.07 to 1.17), use of family planning methods (aOR: 0.69; 95% CI 0.66 to 0.71). Factors associated with abortion-related deaths: maternal age 15–19 (aOR: 7.79; 95% CI 2.73 to 22.23), rural residence (aOR: 3.28; 95% CI 1.76 to 6.11), Schedule tribe social group (aOR: 4.06; 95% CI 1.39 to 11.87).”

(Citation- Yokoe R, Rowe R, Choudhury SS, *et al*Unsafe abortion and abortion-related death among 1.8 million women in India*BMJ Global Health* 2019;**4**:e001491.)

Despite the fact that abortion is legal, India has a serious public health issue due to the high estimated prevalence of unsafe abortions. Numerous women are at risk for unsafe abortions and abortion-related deaths due to socioeconomic vulnerability and limited access to healthcare services and illiteracy regarding sex education.

In the study population in India, 67% of abortions were deemed unsafe, with considerable variations between the states. The weak and underprivileged groups in India have a disproportionately higher risk of unsafe abortion. The risk of dying from an abortion-related complication was highest in young women between the ages of 15 and 19 due to the taboo of the topic and the lack of awareness to speak up about the same. Abortion stigma, lack of access to safe, inexpensive, timely, and respectful abortion treatment, and other factors all pose dangers to women's physical and emotional health over the course of their lives.

Lack of access to high-quality abortion care poses a risk of violating a number of women's and girls' human rights, such as the right to life, the right to the best possible physical and mental health, the right to participate in scientific advancement and its realisation, the right to freely and responsibly choose the number, spacing, and timing of children, and the right to be free from torture and other cruel, inhuman, and degrading treatment and punishment.

What difference can sex education make?

In recent months, there have been several media reports of sexual assault, sexual coercion, and sexual harassment. The #MeToo movement has increased its public profile and given more people the opportunity to share their experiences. Many people were astounded by how often those events are. Rape culture contributes to the prevalence of those encounters.

The phrase "rape culture" refers to the way we normalise sexual assault in our culture. This entails residing in a society where rape and sexual assault (often against women and other gender minorities) are prevalent, accepted, and, in some cases, not given much of a thought. Rape culture is possible because of the ways in which we normalize, tolerate, or joke about sexual violence.

The victim-blaming, slut-shaming, outdated gender norms, and outdated concepts of consent are all part of the rape culture. Instead, sex education is a chance and a tool to teach about consent and healthy relationships, which helps to keep kids safe.

Sex-ed is also a fantastic chance to influence young people's perceptions on sexuality in general. If young people are taught more than simply the hazards associated with sex, they are more likely to engage in their sex-education, which can have a significant positive impact on their health and safety.

Talking to young people about the pleasure, intimacy, enjoyment, and other motives for having sex can help them develop a clearer understanding of what a healthy sexuality entails.

Young people's sexuality is seriously impacted by how sexuality is portrayed in new media (such as widely accessible porn and social media), sexual myths (such as the idea that "real" men need to pursue lots of sex while "good" women need to remain virgins and/or be modest), and dangerous norms regarding how sex "should" play out (such as the idea that men should always initiate while women must please their men). Young women now expect painful intercourse and lack of pleasure because of the way we talk about sex without ever discussing pleasure (particularly female pleasure).

One of the best ways to stop the epidemic of sexual abuse and guide our children into healthy relationships is to properly teach young people about sexuality, their rights, being respectful partners, and permission.

There is strong evidence for the effectiveness of child sex abuse prevention efforts in elementary schools.

- ❖ In order to effectively prevent child sex abuse in elementary schools, behavioural practise, roleplay, and parental participation are usually used. They impart knowledge on the ownership of one's body, children's right to govern one's body, as well as communication and self-defence .
- ❖ In general, parental involvement, opportunities for practise, repeated exposure, and sensitivity to developmental level were key characteristics of effective child sex abuse programmes.
- ❖ A variety of studies show significant effects on a wide range of outcomes, including behaviours in simulated at-risk situations.

Improved knowledge, attitudes, skills and social emotional outcomes related to personal safety and touch.

- ❖ Significant gains in self-esteem, self-efficacy, and perceptions of safety; increased self-protective skills, particularly among older elementary kids; and knowledge gains across programmes.
- ❖ Significantly increased understanding of proper or safe contact. Notably, differences between the intervention and control groups were more pronounced when "stranger danger" elements were excluded, indicating that this curriculum could address inappropriate touch in a more complex manner.
- ❖ Programs for students in the second through fourth grades showed a considerable improvement in their understanding of proper and inappropriate touch, what to do in an inappropriate scenario, and how to spot harmful circumstances.
- ❖ Gains were still there at one year, with no rise in anxiety, and a highly convincing study that showed the importance of early education came to the conclusion that it is safe to talk about difficult topics with young children.
- ❖ Significant improvement in kindergarten programme awareness of harmful secrets and ability to discriminate between tattletale and reporting.
- ❖ Children's perceptions of control and safety have improved, and they also feel better about their genitalia (e.g., it's okay to touch one's own private parts).

Improved disclosure skills and behaviours

- ❖ Young children's self-protective actions have significantly improved, as have their disclosure and reporting skills and behaviours.
- ❖ Increasing knowledge of a resource person to whom children would report abuse was found to be one of the most common effects of childhood sex abuse curricula in the U.S. and Canada, according to a systematic review.
- ❖ Behavioral outcomes include increased parent-child communication about child sex abuse and, when applied to a group of children known to have been abused, increased disclosure.

(Citation- Goldfarb E. and Lieberman L. Three Decades of Research: The Case for Comprehensive Sex Education. Journal of Adolescent Health. 2021; 68, 1: 13–27. DOI: <https://doi.org/10.1016/j.jadohealth.2020.07.036>)

Sex education is vital to a person's personality development and helps to mould them into the person they are today. It aids in their decision-making by encouraging them to adopt a logical mindset as opposed to acting on impulse. One of India's primary issues is that we still don't address adequately is the lack of sex education and good conversation about sexual behaviours. The frequency of sexual assault cases would fall as a direct result of an enhanced sex education program's many positive effects. The sociocultural views of India and how they have influenced its sex education curriculum. When adopting sex education policy, a number of political players and considerations enter the picture. The idea of imparting such knowledge through the formal educational system has not fully won over the great majority of political leaders. It has been repeatedly demonstrated that open communication helps avoid unintended pregnancies, lowers the risk of STIs and STDs, and removes some of the damaging preconceptions associated with these subjects. In India, those between the ages of 15 and 24 account for more than one-third of all new cases of HIV/AIDS. Only 21% and 31% of adult men and women have a thorough understanding of HIV/AIDS, according to the NFHS-4 (National Family Health Survey, India). Only 50% of women were aware of healthy sex behaviours (Sharma, 2020). Despite the blatantly obvious benefits of sex education, parents are nonetheless apprehensive about having these conversations with their children.

India's sex education faces several obstacles. A strong feeling of moral obligation prevents a sizable portion of the populace from seeing the advantages and necessity of starting such an education programme across the nation.

The general consensus is that discussing sexuality and making young adolescents aware of it may actually corrupt them.

It must be understood that there is no one solution that works for everyone. Due to the sensitivity of the subject, each state or region would require a unique approach based on their respective cultures and value systems.

What is considered socially acceptable in one place may be frowned upon in another. Therefore, it is challenging to create a sex education curriculum that is widely accepted.

PESTLE Analysis of the factors being affected by the lack of sex education in India.

- ❖ Political factors: The study highlights the part that different political leaders play in the development of the nation's sexual education curriculum. Political pressure, whether positive or negative, can reveal a nation's acceptance of such problems and its efforts to address them.
- ❖ Economic factors: When people have access to the information they need to make informed decisions about family planning and their own reproductive health, we observe that women choose to have fewer children in order to ensure a higher standard of living for their families, allowing their children to attend good schools and have a better chance of succeeding in life, enabling them to become respectable contributing members of society.
- ❖ Social factors: Due to cultural and religious taboos, it is difficult to have an open, honest debate about this subject with most individuals. Parents are ill-equipped to have these conversations, and when they do, the kids find it awkward to hear it from their parents. Only menstrual hygiene, if that, is covered in the school curriculum.
- ❖ Technological factors: The children of our nation frequently receive information on sex or sexuality online, therefore technology is crucial in the discussion of sex education. Social media platforms are increasingly heavily used for interactions and conversations. Sharing graphic texts and images with other people is a common part of these talks. Everybody who uses online platforms to learn about sex today has more access to pornographic content because to technology.
- ❖ Legal considerations: The policies now in place addressing the sex education curriculum in schools in India need to be updated. The policies of nations like the Netherlands, where sex education is taught from a young age and covers subjects like menstrual hygiene, consent, sex, and the gender and sexuality spectrum, should serve as an example for us. A comprehensive examination of these subjects will help to guarantee that individuals are properly informed about their rights. People must also be made aware of the potential legal repercussions of engaging in unlawful sexual behaviour, among other things. Adolescent girls need information about safe abortion at an early age and a responsive and stigma-free health system.

Recommendations

Better government programmes, NGOs' events, student groups that invite experts to lecture on their areas of expertise, and curriculum improvements in schools can all help to solve the existing issues. People of all ages, genders, and cultural and socioeconomic backgrounds should be taught this information by health professionals without upsetting or humiliating them. We may hold workshops every week. The government and policymakers ought to benefit from the quick technological and digital transformation. The new initiatives might employ a variety of online and social media platforms to connect with every young adult in the nation. Due to its simplicity of access and lack of inherent judgement, this could prove useful and more effective. The largest benefit of the digital age may be the ability to deliver trustworthy and verifiable information through internet channels. We may also learn from the regulations put into place in industrialised nations because such thorough examination of the issues would aid decision-making, lessen the dissemination of misinformation, and stop the spread of illnesses. Additionally, it would help normalise subjects that up until now have been viewed as forbidden and dishonourable. With regard to STDs, HIV/AIDS, the sexuality spectrum (asexuals, bisexuals, gays, lesbians, etc.), and knowledge of contraceptive methods in particular, introducing these topics gradually from a young age ensures that people understand the topics being discussed and reduces the hate that results from ignorance.

Conclusion

For the majority of people in their adolescent years, education about sex and sexuality is a great source of empowerment. It enables people to identify with themselves and defend their distinctive characteristics. The impact of sex education on adolescents' mental health is significant. It is crucial to acknowledge their feelings and to talk about them. It is the duty of the nation and its changemakers to give its youth the appropriate education and chances to develop their personalities in both academic and extracurricular ways.

Many teenagers lack a fundamental understanding of puberty or sexual and reproductive health, due to which they are more likely to overlook pregnancy symptoms and postpone abortion until the second trimester. It is crucial to provide comprehensive sexuality education that covers puberty and pregnancy. Teenage girls have different needs and barriers to getting abortion care than older women do, and they also experience abortion differently. Sex education may help programmers and practitioners create more inclusive, thoughtful, and responsive abortion care for the most vulnerable populations worldwide by highlighting the distinctive experiences of these sub-groups of abortion patients. Although the conversation regarding sex education is not one that has been spoken up about it is important for us as a society to take an initiative to become a more inclusive and safe society for ourselves along with our future generations to come.

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