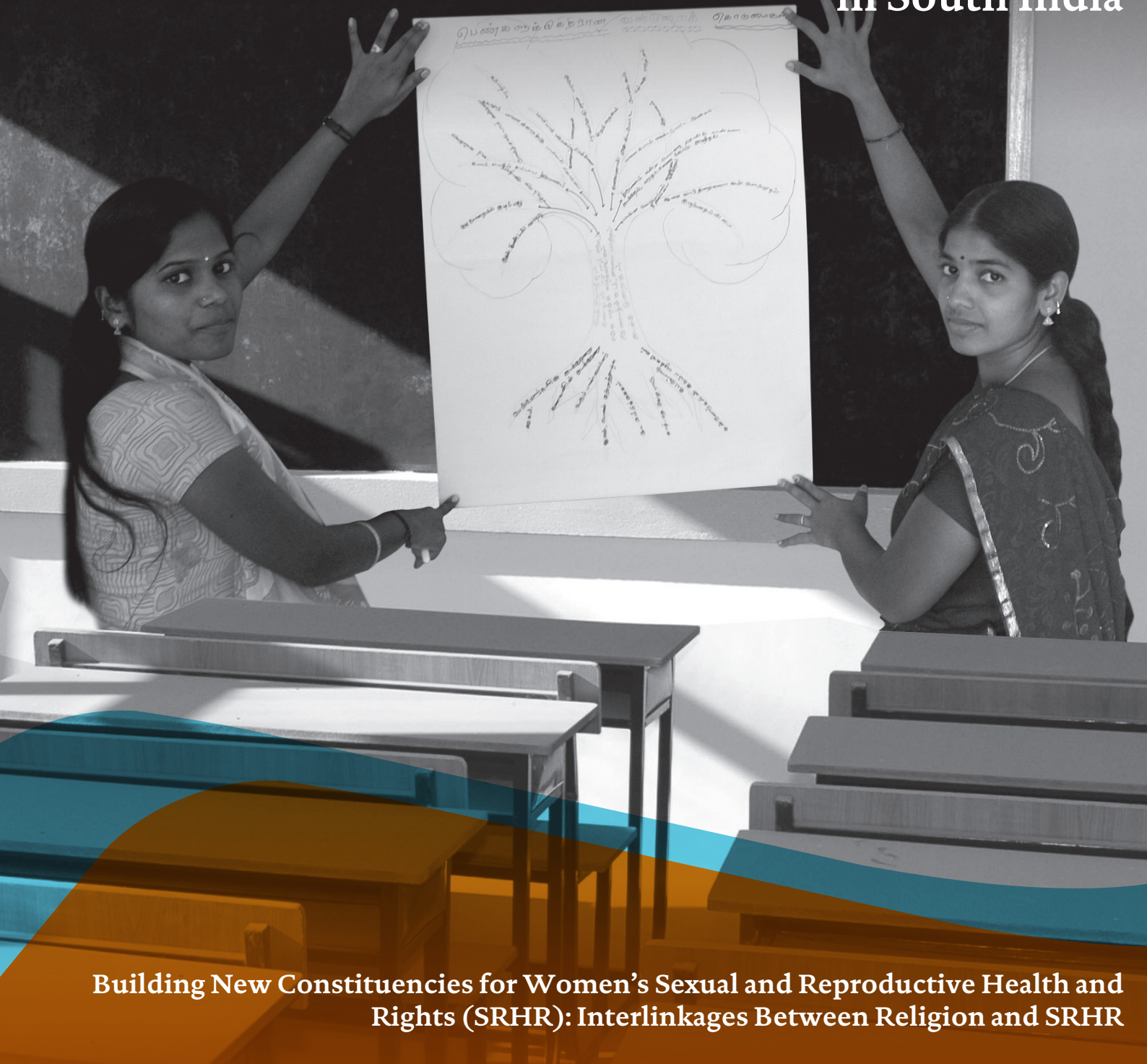


Religious Fundamentalism and Comprehensive Sexuality Education (CSE) in South India



Building New Constituencies for Women's Sexual and Reproductive Health and Rights (SRHR): Interlinkages Between Religion and SRHR



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NATIONAL REPORT

Religious Fundamentalism and Comprehensive Sexuality Education (CSE) in South India

Rural Women's Social Education Centre (RUWSEC)
Asian-Pacific Resource and Research Centre for Women (ARROW)

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Published by:

Rural Women's Social Education Centre (RUWSEC)

61, Karumarapakkam Village, Veerapuram (Post)
Thirukazhukundrum (Via), Kanchipuram District
Tamil Nadu, India 603109
Telephone: +91-44-27491254
Email: ruwsec@vsnl.com, ruwsec.tn@gmail.com
Website: www.ruwsec.org
Facebook: [ruwsec.india](https://www.facebook.com/ruwsec.india)

Asian-Pacific Resource and Research Centre for Women (ARROW)

1 & 2 Jalan Scott, Brickfields, 50470 Kuala Lumpur, Malaysia
Telephone: +603 22739913/9914
Fax: +603 22739916
Email: arrow@arrow.org.my
Website: www.arrow.org.my
Facebook: The Asian-Pacific Resource and Research Centre for Women (ARROW)
Twitter: @ARROW_Women
YouTube: [youtube.com/user/ARROWomen](https://www.youtube.com/user/ARROWomen)

Production Team:

Writers: P. Balasubramanian (Phd), Rajalakshmi Ram Prakash and N. Srilakshmi
Reviewers: A.K Ravishankar (Phd) and Azra Abdul Cader
Copy Editor: Sharni Jayawardena
Proof Reader: B. Cauvery
Layout Design: Pathum Ranaweera, Lionsbay Holdings (Pvt.) Ltd., Sri Lanka
Layout: G.V. Suresh, SIRINI Printer, India
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LIST OF ACRONYMS

AEP	Adolescent Education Programme
AIDS	Acquired Immune Deficiency Syndrome
ARSH	Adolescent Reproductive and Sexual Health
AWID	Association of Women in Development
BJP	Bharathiya Janatha Party
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Child Rights Convention
CSE	Comprehensive Sexuality Education
FGDs	Focus Group Discussions
FLE	Family Life Education
HIV	Human Immune Deficiency Virus
HRD	Human Resource Development
ICPD	International Conference on Population and Development
IDI	In-depth Interviews
IIPS	International Institute of Population Sciences
IPPF	International Planned Parenthood Federation
MHRD	Ministry of Human Resource Development
NACO	National AIDS Control Organisation
NACP	National AIDS Control Policy
NPP	National Population Policy
NYP	National Youth Policy
RSS	Rashtriya Swayam Sevak Sangh
RUWSEC	Rural Women's Social Education Centre
RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health
SC/ST	Scheduled Castes and Scheduled Tribes
SD	Standard Deviation
SRH	Sexual and Reproductive Health Services
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infections
UNICEF	United Nations Children's Education Fund
WHO	World Health Organisation

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EXECUTIVE SUMMARY

The research aims to explore how religious fundamentalism affects the implementation of Comprehensive Sexuality Education (CSE) in India and helps to understand how the religiosity of the parents of young people affects their awareness and attitudes towards sexuality education and its course content. The research has two major components: a desk review focusing on the national level and a field study in a southern state of India using qualitative and quantitative methods.

The findings from the desk review show that although India has policies on adolescents and young people's Sexual Reproductive Health and Rights (SRHR), the issues and needs of young people are not adequately addressed. There are wide gaps in the implementation of these policies due to poor accountability and monitoring mechanisms. A landmark programme for adolescents—the Adolescent Education Programme (AEP) of 2006—met with controversy and debate, and concerted efforts were made to withdraw the programme. The Parliamentary Committee constituted to review the programme and its core curriculum strongly recommended to withdraw the programme stating it is against Indian culture and moral values. A content analysis of the Parliamentary Committee report clearly reveals that religious fundamentalism in India, stressing on culture and nationalism, had played a strong role in banning the programme. The Committee's recommendations were completely opposite to India's youth policies and programmes, most importantly, they contradict international treaties and agreements which India has signed. Above all, the review sensed an emerging connection between right-wing ideologies, the denial of comprehensive sexuality education and increase in different forms of sexual violence on the young people.

The results of the field study with parents in Tamil Nadu explored the effect of religiosity in shaping their attitude towards young people's sexuality and sexuality education. The findings are indicative of the influence of religion and religious beliefs on the actions of people, and the use

of religious interpretation to justify certain actions over others. Survey participants had a positive attitude towards young people's sexuality, towards marrying a partner of choice, and inter-religious marriages. However, when probed, there were strong disagreements regarding inter-caste marriages, which was seen as being inconsistent with culture. Contrary to the common belief, this research finds that religiosity could encourage a favourable attitude towards young people's sexuality.

Parents' awareness about the sexuality education programme was very low although an overwhelming majority had a favourable attitude towards the topics of discussion, including gender, gender-based violence against women, Sexually Transmitted Infections (STI's) and HIV/AIDS. However, there were some disagreement among them about sexuality, sexual relations, conception and contraception. Poorer respondents were more aware of the sexuality education programme as they have more exposure to SRH awareness programmes. Although there is a strong support to provide sexuality education among the rural parents, a majority of them expressed reservations about the availability of contraceptive services and abortion services being made available for young people.

Overall, the results found that the effect of parents' religiosity on sexuality education was positive. Thus, mere following of faith, involving in religious activities and practices in regular life, was not a hindrance to young people's sexuality or sexuality education programme. The findings of the study are concurrent with other studies (Ramachandran 2000, Mahajan 2005, Patil 2006, Chowkani 2013 and Niharika and Sekar 2013) in India that both parents and young people who are the main stakeholders of the sexuality education programme have a favourable attitude towards it, but only religious leaders and politicians with fundamentalist attitudes are against the introduction of sexuality education and use arbitrary notions of culture and norms to thwart that.

1. INTRODUCTION

India has one of the world's largest adolescent and youth populations. According to the Population Census 2011, about one-third of the population in India were young people within the age group of 10–24 years and a little more than one-fifth (21 per cent) were adolescents aged between 10–19 years (Census of India 2011). This trend is expected to increase over the next two decades. So concrete effects should be taken equip to them with the necessary skills and knowledge to live productive and safe lives, with the ability to make informed decisions and ensure their human rights. Globalisation and economic liberalisation has thrown open the “window of opportunity” for young men and women to participate in economic development, but this requires good health and wellbeing. In many states of India, illiteracy and low educational attainment are very high; malnutrition and anaemia are more prevalent among youth, particularly among girls and women (Census of India 2011, IIPS and Macro International 2007).

Talking to young people on matters relating to sexuality and reproduction emerged in India from the concerns of population control (National Population Education of 1980) and control of HIV/AIDS (School AIDS Education Programme) (Chowkani 2013). In the last few decades, it has been realised that for ensuring Sexual and Reproductive Health and Rights (SRHR), young people need to know more than just the biological aspects of sexuality and reproduction or related diseases; they need to introspect attitudes about their self, gender roles, sexual relationships, and diversity, thus moving from sex education to Comprehensive Sexuality Education (CSE) as defined by UNESCO¹ (IPPF 2010).

Internationally, there is an acknowledgement that young people should have a fundamental right to age-appropriate, unbiased, comprehensive information that can be accessed in gender sensitive and adolescent friendly ways, which

will empower them to protect their health and well-being (Population Action International 2015). This is reflected in many important international instruments such as the Child Rights Convention (CRC 1989), Convention on the Elimination of All forms of Discrimination Against Women (CEDAW 1979) and the International Conference on Population and Development (ICPD 1994) all of which India has ratified (Centre for Reproductive Rights and UNFPA 2013). Consequent attempts by India to bring in policies and programmes to promote adolescents and young people's SRHR include the Reproductive and Child Health Policy – RCH 2 (2005–2010) the National AIDS Control Policy (1996–2006) and the National Youth Policy of 2003 and 2014. Another important programme was the Adolescent Education Programme (AEP)² introduced in 2006. This was the closest equivalent to CSE programme in India that deals with providing sexuality education for school going children.

The latest National Youth Policy (NYP) 2014 of India aims “to empower the youth of the country to achieve their full potential and through them enable India to find its rightful place in the community of nations” (Ministry of Youth Affairs and Sports 2014, para 4). There are five key objectives listed in the policy of which two strongly focus on gender and SRH issues. The recently introduced National Adolescent Reproductive Health programme, 2014 (Rashtriya Kishor Swasthya Karyakram – RKSK) also envisages that all adolescents in India will be able to realise their full potential by making informed and responsible decisions related to their health and well-being (MoHFW 2014). RKSK highlights the importance of holistic development of adolescents and stresses the need for a health promotion approach through a peer education model for different grades in schools and for families and communities. In addition to SRHR issues, its

¹ See Annex 1 – Glossary of terms

² The Adolescent Education Programme (AEP) in India is equivalent to sexuality education.

coverage extends to mental health, nutrition, substance misuse, gender-based violence and non-communicable disease prevention education. Despite having a number of such policies and programmes for young people, their sexual and reproductive health needs and issues have not been adequately addressed in the country. There are wide gaps in the implementation of each of the existing policies (Balasubramanian 2015 a).

According to the National Family Health Survey (NFHS) 2005–2006 (IIPS and Macro International 2007) youth in India were poorly informed to make responsible decisions on their sexual and reproductive health. Another study carried out by the International Institute of Population Sciences in 2006–2007 (IIPS and Population Council 2009) among youth in six states of India also raised a number of SRHR needs of young people. The study found that knowledge about sex, pregnancy, contraception and sexually transmitted diseases among youth is very limited; 37 per cent of young men and 45 per cent of young women below 30 years were not aware that a woman could get pregnant at the first sexual intercourse. Likewise, 19 per cent of young men and 15 per cent of women reported having a low awareness of Sexually Transmitted Infections (STIs) other than HIV. Forty-seven per cent of young married women below 30 years reported that they had never received information on sexual and reproductive health matters. Telephone helpline data from TARSHI³ (Talking About Reproductive and Sexual Health Issues) shows that of 59,000 callers who sought information about sexual anatomy and physiology during 1996–2008, 70 per cent of the callers were below 30 years of age and one-third were between 15–24 years (Motihar 2008). The accuracy of information (incorrect, incomplete and erroneous) received by young people is also questionable, as many do not have access to available services such as helplines.

Research Objectives

This research was conducted to capture the influence of religious fundamentalism⁴ on sexuality education programmes for young people (those between the ages 10

to 19 years and those who are within the youth category i.e. between the ages of 15 to 24 years) specifically exploring how religiosity⁵ affects parents' attitudes towards sexuality education and its contents.

Research Questions

The desk review focused on the first question below and the field study focused on the next two questions.

- Who are the blockers and movers of CSE programmes at the national level and how do people's religious and cultural background influence objection or support?
- Does a person's religiosity affect awareness and attitudes towards young people's sexuality and CSE?
- How do parents, teachers, youth and key influencers perceive young people's sexuality and the CSE programme? Who and what shape their perceptions?

Research Methodology

The research involved quantitative and qualitative methodologies, including a secondary desk review (focusing on the national level) and collected primary data using a survey (focusing on the Tamil Nadu State).⁶

Desk Review: This included reviewing policies and programmes on young people's SRHR, sexuality education and its related legislative discussions, as well as discussions on religious fundamentalism and analyses how this acts as a barrier in the implementation of CSE. National policies and programmes on sexuality education in India, particularly policies initiated after ICPD (starting from the Reproductive and Child Health Policy to the recently introduced Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH + A approach) were reviewed to understand their extent of endorsement of the right to information for adolescents and young people. Parliamentary discussions and proceedings were reviewed to understand who are the blockers and the movers of the CSE programme, and trace the position of religious forces/parties, and the position of policy makers during the last 10 years. The

³ TARSHI is an NGO based in New Delhi working to promote young people's sexual rights including issues of sexuality.

⁴ See annex 3 for glossary of terms.

⁵ See annex 3 for glossary of terms.

⁶ See Annex 2 for details on the methodology.

study attempted to explore the factors linked to religious fundamentalism from the Rajya Sabha Committee on Petitions 2009, 135 report, using the framework developed by AWID (Association of Women in Development) on the seven different but common characteristics of religious fundamentalism (absolutist and intolerant; anti-women and patriarchal; about the fundamentals of religion; about politics and power; anti-human rights and freedom; literalist and outmoded; violent and about culture and tradition) (Melinda 2008). Similarities between the arguments and components of the framework were explored; for example, “current sex-education would strike at the root of guru-shishya parampara . . . ” (Rajya Sabha Committee on Petitions 2009, 135 report, para 2.4.14, p. 15) was linked to the component of culture and tradition. Similarly, “Sex education had led to decrease in age of virginity” (Rajya Sabha Committee on Petitions 2009, 135 report, para 4.8.5, p. 43) was linked to Anti-women; “Basic human instincts like coitus need not be taught, rather control of these instincts should be the subject of education” (Rajya Sabha Committee on Petitions 2009, 135 reports, para 6.4.7, p. 54) was linked to literal and outmoded. Partial adoption of modernity was interpreted in arguments discrediting scientific data and studies supporting the need for sexuality education and opposing certain safe sex methods while excluding others. The influence of nationalism and colonisation, which are particular to the Indian context, was added to this list. The desk review also included reviews of documented incidents of sexual rights⁷ violations targeting adolescents and youth in public places across the country that appeared in the local newspapers over the last 10 years. Key words used for search included “moral policing”, “honour killing”, “Kiss of Love” and “Valentine’s Day”. The background of the organisations instigating and supporting these incidents was also reviewed.

Field Survey: This comprised a sample of 600 individuals using quantitative and qualitative instruments to explore the role of religiosity in determining parents’ attitudes towards sexuality and sexuality education. A systematic random sampling design was adopted for the selection of households/parents in the study. Of 32 administrative districts in Tamil Nadu, Kanchipuram district was

purposively selected for the field research due to its easy access, and Tiruporur Block, which is one of the 13 administrative blocks, was randomly selected. RUWSEC is currently not implementing any programme in the Tiruporur block. The research aimed at capturing the attitudes of parents from all the three major religions, although the majority of the population in the region was Hindus. Though Hindu and Christian populations were present in all the five villages, in order to get Muslim parents’ representation, a fishing village called Kovalum⁸ was selected for the survey. In order to make the data more representative of the people in the district, weights based on religion were applied.

Focus Group Discussions (FGDs) and In-depth Interviews

(IDIs): Qualitative data was collected using six FGDs with parents (two per religion and one each with men and women) to substantiate the results of quantitative study. In total, six FGDs were conducted. Participants of these FGDs were selected from the house listing compiled by the research team and those who were not a part of the quantitative study. Ten IDIs with key informants and young people were also done to capture their perceptions on sexuality education; six with school teachers and professors, an Aganwadi⁹ worker and religious leaders and four with young people.

Limitations

This study in no way claims to be nationally representative nor provides a national perspective on the issues. Given the size of India and the population, the study does recognise that the findings are only indicative of the broader picture; however, it does provide insights and analysis that can be broadened to explore these issues at the national level. The research findings provide some valuable information on the attitudes of parents towards young people’s sexuality and comprehensive sexuality education, and has captured the role of religiosity in shaping their attitudes. Again, the data was collected from rural areas and there was no

⁸ In Tamil Nadu, Muslims are predominantly engaged in business and fishing jobs so naturally they are concentrated in urban areas or villages closer to towns or the sea.

⁹ Anganwadi is a government sponsored child-care and mother-care centre. It provides services to children in the 0-6 age group. The word anganwadi means “courtyard shelter” in Hindi. They were started by the Indian government in 1975 as part of the Integrated Child Development Services Programme to combat child hunger and malnutrition.

⁷ For the purpose of the report sexual rights violation included honour killing moral policing.

representation of the urban population. Also, issues and concerns of sexual minorities were not captured in the study.

The structure of the report is as follows: the previous section introduces the research focus, objectives, questions, methodology and limitations. The second section

summarises the findings of the desk review focusing on a profile of young people in India and their SRHR needs and the experience of the sexuality education programme. The third section presents the findings exploring the interlinkages in relation to religion and religious fundamentalism. The final section presents conclusions and recommendations and related appendices.

2. PROFILING INDIA: SRHR AND RELIGIOUS FUNDAMENTALISM

A Profile: India	
Total population (2011)*	1,210 million
Population of women (2011)*	586.5 million
Population of young people (2011)*	Adolescents (10–19 years) 235 million, Young people (10–24 years) 365 million
Ethnic groupings (2000)	Indo-Aryan 72%, Dravidian 25%, Mongoloid and other 3%
Religious groupings (2011)*	Hindus 79.8 %, Muslims 14.2%, Christian 2.3%, Sikhs 1.7%, Others 1.9%
Official languages	Hindi and English
Mention of religion in the Constitution	Secular
Type of governance/form of government	Democratic, federal state with parliamentary form of government
Gross National Income per capita (2013)+	US\$ 1570
Rate of economic growth (2014)+	7.3%
Poverty Headcount Index (2014)+	21.6%
Population annual growth rate (2014)+	1.2 %
Literacy rate of population aged 7 years and above (2011)*	Male 82.1%, Female 65.5%
Maternal mortality ratio (2013)**	178 per 100 thousand live births
Total fertility rate (2011)**	2.4 births per woman
Adolescent (15–19 years age group) fertility rate (2014)+	26 per 1000 women
Contraception prevalence rate++ and unmet need for contraception	55% (2007–2012) and 14.4% (2007–2008)
Access to modern contraception for women and young people (2007–2008)^	Any modern method: 48.2%; Permanent method: 35%; Spacing Method: 12%; Female Sterilisation: 34%; Male Sterilisation: 1%; Intra Uterine Device: 1.9%; Oral pills: 4.2%; Male Condom: 5.9%

Sources: *Census of India 2011; ** Sample Registration System 2011 and 2013, ^DLHS 2007–2008 + World Bank 2013 and 2014, ++ UN Data.

Despite India's significant population growth over the years that has made it the second most populous country in the world (1,210 million people) there has been a decline in the population growth rate in the recent past. The crude birth rate in 2012 was 22 per 1000 (Sample Registration System 2012), which has also declined as a result of the increased use of contraceptives (24 per cent reduction in birth rate in India from 1996–2012). The adolescent fertility rate has been on the decline; from 76 births per 1000 women in the 15–19 year age group in 2001 to 33 per 1000 women in 2012 (World Bank 2013) and to 26 per 1000 in 2011 (World Bank 2014 a).

Bringing down infant, child and maternal mortality, ensuring universal access to reproductive health services and

reducing the unmet need of contraception are some key goals for India and these have posed some of the major challenges. The Total Fertility Rate (TFR) was at 2.4 in 2011 (Sample Registration System 2012), and has been on the decline although widespread disparities persist between states, by rural and urban locations and household social and economic status. The TFR is less than two per woman in most of the southern states of India, including in Tamil Nadu (1.7). TFR is affected by the economic status and educational levels of women (Balasubramanian 2015 b).

In 2014 the prevalence of contraceptive use in India was 59.4 per cent, with over half being users of modern contraception (UN Population Division 2014). While there are data gaps, older data shows that the prevalence

increased since 1990s, particularly the use of modern methods. However, India's track record of making women use permanent contraceptive methods has not been positive; women were the main targets of sterilization efforts in the country. At the same time, the unmet need for contraception continues to be high among the currently married women in the 15-49 age group, at 14.4 per cent (DLHS 2007-2008), particularly among women between the age of 15-24 years. Furthermore, rural and urban as well as caste differences play a significant role in determining unmet needs for contraception (Balasubramanian 2015 b).

The maternal mortality ratio (MMR) of India was 178 per 100,000 live births (Sample Registration System 2013), which has been on the decline. Regional differences persist although data is limited, ad hoc evidence suggests that MMR was high among low caste and poor women in rural areas. Skilled birth assistance and delivery care also vary across the country and affect maternal health (Balasubramanian 2015 b).

Sexual Reproductive Health and Rights and Young People

CSE (UNESCO 2009, SEICUS 2009 and UNFPA 2014, a and b) has to include dimensions that ensure holistic action adopting human rights and gender sensitive approaches that target young people in schools and out of schools. As per technical guidelines, young people should be provided with age-appropriate, culturally relevant and scientifically accurate information. This includes opportunities for young people to develop attitudes and values to make decisions and gain life skills that would help them to make informed choices about their lives, including their sexual lives. Further, these denote that young people should be equipped with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development. At the same time, service provision should take this rights-based focus, providing non-discriminatory, non-judgmental services to help young people understand their sexuality and protect them from unwanted pregnancies, sexually transmitted infections and subsequent risk of infertility. It can help preventative measures for HIV/AIDS and other STIs unintended pregnancy, coercive or abusive sexual activity and exploitation, because people have access to the

information that can help them deal with these situations and conditions. It can help counter the negative impact of cultural values and religious beliefs and so that the young have an understanding of issues and manage relationships with their parents, teachers and other adults in their communities.

As mentioned earlier, India has the largest population of young people in the world and their numbers are growing, but their access to CSE is limited. While this presents immense opportunities for economic growth and dividends at the macro level, there are several challenges that this population face, which in turn are often unacknowledged and ignored at boarder policy and practice levels. Equipping them with the necessary life skills is one such need.

In terms of SRHR, adolescent fertility is on the rise and contraception use amongst younger married women between 14-24 years is low, with many turning to contraception only after they have their first child, as there is a high social pressure to bear children soon after marriage. Young people are less informed about various contraceptives and also have less access to the contraceptive services in both public and private sectors. They experience stigma and discrimination in availing abortion and other services related to sexual health including STI services. Psychological counselling and counselling on adolescent issues are absent. The young face challenges in availing services related to sexual health such as HIV/AIDS and other STI (Balasubramanian 2015 b). Discussing matters related to sex and sexuality is still considered "taboo" in Indian society, more so when it involves young people.

Recognition of adolescence as a distinct life stage, having its own challenges and opportunities, is recently emerging. Adolescence is not clearly and uniformly defined across policies and the deciding age of sexual consent also differs between laws (personal and criminal) and policies governing child marriage, and laws on sexual violence (CREA 2005). Most policies and programmes were welfare oriented and protectionist at best and administered by different Ministries of the Government. While earlier national policies such as National Population Policy (NPP) and Reproductive and Child Health (RCH) – 1 (1997) did not

recognise the vulnerabilities of the young people arising out of the lack of SRH information, the latest national policies such as the Reproductive, Maternal, Neonatal, Child Health+Adolescents (RMNCH+A) (MoHFW 2013), Adolescent Reproductive and Sexual Health ARSH (MoHFW 2014), Reproductive and Child Health Policy – RCH 2 2005–2010 (MoHFW 2011), the National AIDS Control Policy 1996–2006 (NACO 2007), and the National Youth Policy 2003 & 2014 (Ministry of Youth Affairs and Sports 2014) to a large extent support the idea of imparting appropriate information on sexuality and reproduction to adolescents and youth, at least on paper. Though a growing body of literature (NFHS 2005–2006 and Youth in India Study 2006–2007) points at the lack of information on sexuality and reproductive health issues among adolescents, which doubles their vulnerabilities, there is no clear acknowledgement of the rights of the young people to SRHR in policies or programmes, especially the right to informed decision making. Research studies on how these later policies have been translated into practice are also hard to come by.

Sexuality education for school-going children has been ongoing in India only on a voluntary basis, carried out by the HIV/AIDS prevention lobby (Gupta et.al. 2012). The Adolescence Education Programme – AEP was developed by the National AIDS Control Organization (NACO)¹⁰, United Nations Children's Education Fund (UNICEF) and Ministry of Human Resource and Development and was introduced to adolescents in all Central Board of School Education (CBSE) in 2006 (MHRD & NACO 2005). Though the AEP had its limitations¹¹, it was hoped by those working in the field of SRHR that it would provide a platform to empower adolescents and youth by breaking the culture of silence around sexual and reproductive health matters, by changing attitudes and addressing gender relations.

Twelve state governments (Uttar Pradesh, Gujarat, Madhya Pradesh, Maharashtra, Karnataka, Kerala, Rajasthan, Jammu and Kashmir, Chhattisgarh, Jharkhand, Orissa and Goa) resisted bringing sex education sessions in the schools saying that it would corrupt the young minds and encourage them to experiment sexuality thereby leading to an erosion of Indian culture and traditions (Rajalakshmi 2007). There was a heavy opposition from conservative and religious fundamentalist groups on the content of the AEP (Dasgupta 2008 and TARSHI 2008) and the programme was banned in many states. In fact, the main curriculum for AEP did not address the core issues of comprehensive sexuality education. Sexual rights information, clarification of values, beliefs on gender, sexuality, conception and contraception was particularly absent; moreover, its main focus was on HIV/AIDS disease prevention and abstinence education. The debate on whether or not sexuality education is needed for the school-going children and what should be the content of such education, reached the Parliament of India in 2007.

A separate committee (Rajya Sabha¹² Parliamentary Petitions Committee (2007)) comprising multi-party members was constituted to look into the issue in detail and with “neutrality”. After more than a year long process, the Committee declared in 2009 that the AEP should be stalled and the content of the programme be revised. The AEP curriculum underwent modifications and information on sexual intercourse, arousal, masturbation and male female anatomy pictures were removed. What was most disturbing about the entire process was the high-pitched moralistic tone in which the Parliamentary Committee ruled that in our country's social and cultural ethos, sex education has absolutely no place” (Rajya Sabha Committee on Petitions 2009).

“What was most disturbing about the entire process was the high-pitched moralistic tone in which the Parliamentary Committee ruled that in our country's social and cultural ethos, sex education has absolutely no place.”

¹⁰ See - <http://www.naco.gov.in/NACO/>

¹¹ Mainly for not being comprehensive, being disease oriented and towards controlling (female) adolescent sexuality and reproduction, excluding disability and different sexual orientation.

¹² Rajya Sabha is the Upper House of the Indian Parliament.

Religious Fundamentalism and SRHR for The young people

In India, though religious fundamentalist ideologies have been active for many decades, academic writings backed by empirical studies exploring the phenomenon, its manifestations and specifically its impact on adolescent's sexual and reproductive health and rights, are at a nascent stage (Anandhi 2007). Unlike other countries where religious fundamentalism is centred on a particular religion and its primary religious text, in India, Hindu fundamentalism evolved around 'Hindutva' or Hindu-ness, which is a symbol of national identity and unity (Danguilan 2008).

'Hindutva' is an ideology that claims moral superiority of the Hindus over other religions and arbitrarily defines and controls the "Indian culture and tradition". The Hindu right wing groups actively promote 'Hindutva'. They also strongly oppose certain aspects of modernity as "western invasion" and kindle nationalist feelings to protect the "Indian" culture. The proponents of this ideology include the parent organisation—Rashtriya Swayam Sevak Sangh (RSS), a Hindu religious fundamentalist group and cultural organisation formed in 1925 whose major objectives have been the promotion of Hindu culture and ultimately the creation of a Hindu state (Shah 2008). Bharathiya Janatha Party (BJP)—a political party founded in 1980, Vishva Hindu Parishad—a religious organisation formed in 1964 and many other smaller organisations together fall under the umbrella of "Sangh Parivar" ("Parivar" translates to family). Incidents of aggression committed by the Parivar groups over religious minorities (the most notorious being the 1992 destruction of Babri masjid and Hindu-Muslim riots of Gujarat in 2003) have been taking place irrespective of the ruling Government in the State or the Centre (Shah 2008).

In addition to Rajya Sabha committee report, the parliamentary debates in the Lok Sabha and Rajya Sabha on HIV/AIDS and "sex" education in schools were also analysed. Most of the arguments against "sex education"¹³

¹³ In spite of the clarification given by the Ministry of HRD and NACO that it was sexuality education, the Parliamentary Report keeps referring to "Sex education". Perhaps it was a strategy to evoke an aversion based on moral principles.

were rooted in the ideologies of culture and tradition, perceived need for suppression of natural instincts, fears of western invasion and conspiracy and convergence with nationalism. An attempt was also made to explore issues related to the attitude of petitioners, witnesses and Committee members. Most of the members who opposed sexuality education had links to religious, right wing and nationalist groups. Some members proclaimed themselves to be social workers, women's rights activists "reforming and rescuing education". Although the Committee is supposed to conduct an unbiased and neutral investigation, a large gap can be identified in the way they went about the process. Even at the very outset, the Committee expressed discomfort in looking at the materials developed for the programme. In its interaction with the different stakeholders in cities, the Committee pointed out the need for strong advocates for sexuality education in school. However, the final conclusions were totally inconsistent with these representations. Only some religious leaders, some members of the State Legislative Council and State government representatives expressed their reservation over the introduction of sex education. They were more concerned with the explicitness of the materials than doing away with the idea entirely. Even though this group was small, the report goes at length to explain their views, probably because it colluded well with what it had predetermined to be the fate of sexuality education in the country.

After the release of the Parliamentary Committee Report and the Committee's final decisions, women's groups and health activists led by TARSHI, through an open letter, appealed against the Report in May 2009, putting forward the following reasons:

- Sexuality manifests itself from childhood through adolescence in positive and negative ways and hence it is important to empower the youth with information on sexuality
- It is appalling that the Parliamentary Committee members themselves subscribed to myths and irrational notions about sexuality education
- Sexuality education is different from sex education, where sexuality education is a process of acquiring information, building a critical understanding and

forming attitudes about the self, relationships, sexual behaviour and diversity, reproductive health and gender roles.¹⁴

The women's group letter addressed the two main myths and fears about sexuality education which repeatedly surfaced in the Parliamentary Report. One was regarding the explicitness of materials being inappropriate. They clarified that the content, style and images used would be made age appropriate and adequate training and skill building of teachers would be crucial to satisfactory implementation. Regarding the fear that sexuality education would increase sexual activity among children, they pointed out that there is no evidence to prove the fear and in fact global evidence was to the contrary. They quoted NFHS and other data to stress that young people in India are not just sexually active, but also face sexual abuse, contract HIV, become mothers during their teens, and hence cannot be denied information on sexuality. They also reminded that adolescents are seeking information through popular media, which is not age appropriate or accurate or relevant. Laying down these arguments, twenty-one organisations called on the Government to fulfil its commitments under the International Conference on Population and Development (ICPD) and to look re-look at the issue of sexuality education for in and out of school youth (TARSHI 2014).

Evidence across the world show that sexuality education delayed the onset of sexual activity, reduced unwanted pregnancies and risks of STIs, and promoted positive behaviours like safe sex and contraception (Finger 2005, Alford 2003 Kohler et.al. 2007). Studies from India and other countries show that young people, teachers and parents favour introducing sexuality education programmes and they have a positive attitude towards comprehensive sexuality education (Sathe 1994, Maitra et.al. 1994, Ramachandran 2000, Premde 2005, Mahajan and Sharma Neeru 2005, Patil 2006, Vidula 2006, Ogunjimi 2006 and Vashistha 2012). On analysing India's District Level Household Survey (DLHS 2007–2008) and Youth in India study data sets Niharika and Sekar (2013) report that there is a huge unmet need for Family Life Education (FLE)¹⁵.

¹⁴See - <http://sacw.net/article7153.html>

¹⁵ In India, sexuality education programme are called in different names

Niharika and Sekar also found that the majority of Indian youth, irrespective of their age and sex, favoured the introduction of FLE in school from 8th standard onwards.

A review of media reports on the incidence of violence against young people in the country which have a bearing on the sexual and reproductive rights included cases of moral policing (Mangalore pub attack of 2009; attack on Kozhikode Cafe 2014; threats and violence during Valentine's Day 2014); and honour killing¹⁶ (in Tamil Nadu since 2013) in the southern states of Karnataka, Kerala and Tamil Nadu. These attacks clearly indicate attempts to control gender norms and sexuality, particularly amongst young people, specifically young women, with a warning to adhere to strictly assigned gender roles—restricting their mobility, the right to choose a partner and the right to express their sexuality or control their fertility, which form the core of sexual and reproductive rights.

The association to religious fundamentalism came out clearly while studying the kinds of organisations that supported and sustained such attacks. In most cases, these attacks were instigated and strengthened by religious right wing and caste based groups¹⁷ who saw women as bearers of family and community honour. Honour killings, usually supported by Khap (local caste based council) panchayats, were more common in the northern states of Punjab, Rajasthan, Haryana and Uttar Pradesh. The study observed that violent moral policing and honour killings which were earlier unheard of the Southern parts of India, have begun occurring regularly. One such was the murder of the youth Ilavarasan after he married an upper caste Vanniyar girl following which 200 Dalit owned huts were torched in Tamil Nadu in 2012 that denoting an increased penetration of caste fundamentalist forces. In India there is no legal recognition of honour killing as a separate crime and hence no data is available even with the National Crimes Records Bureau (Karat 2016). According to leading newspapers in

as family life education and adolescent family life education.

¹⁶ See Annex 1 – Glossary of Terms

¹⁷ For instance, Bharathiya Janatha Yuva Morcha, Vishva Hindu Parishad, Shiv Sena, Bajrang Dal, Hindu Sena, Campus Front, Samastha Kerala Sunni Yuvajana Sanghom, Pattali Makkal Katchi, Hindu Makkal Katchi, Akhil Bharath Hindu Mahasabha https://en.wikipedia.org/wiki/Honor_killing#Religion

India, since June 2013, Tamil Nadu has seen the murder of 80 young men and women who dared to marry or fall in love in violation of strict caste rules (Stephen 2016 and Kumar 2016). Yet, the Government of India or the State Government of Tamil Nadu has not acknowledged the seriousness of the crime or enacted legislations to support self-choice partnerships (Karat 2016). Whether it is the religion or caste or clan boundaries that are challenged, one thing that remains common among all these is the targeting of young people—especially women's body and sexuality. The advocacy director of Human Rights Watch, said that the practice of honour killing, "goes across cultures and across religions" (Widney Brown 2012). New cases of honour killing have been reported in Tamil Nadu more recently. Another section of citizens constantly attacked by religious fundamentalists are those with alternative gender and sexual identities.

The review found that many ministers of the State and Union Cabinet expressed homophobia, terming their (consensual) acts as against the laws of nature, that such people need to be treated and corrected, thus giving a clean bill of approval to the law enforcement mechanism to arrest and harass them under Section 377 of the Indian Penal Code, which punishes unnatural offences.¹⁸ More recently, in 2015 the National Union Health Minister said that sex education should be banned in schools and instead suggested introducing value education with a stress on Indian cultural relations. Many public health activists believed the minister was pushing the RSS's agenda. (Durgesh, Nandan Jha 2014). The opinions of key political persons who hold positions of power and who influence the law and policy making processes in the country on issues such as sexual violence and rape, homosexuality, expression of consensual sexuality, women who occupy public spaces at night etc., clearly indicate the fusion and influence of the State ideologies and acts of institutions and individuals working for state mechanisms with religious fundamentalist and conservative ideologies. The State which needs to protect each and every citizen of the country, including women, children, and religious

and sexual minorities, has become the one that directly or indirectly inflicts violence on them, restricting their democratic spaces and instilling fear and insecurity.

Box 1: 22-year-old Engineering Student Hacked to Death in Suspected Honour Killing

By The New Indian Express (Kannan Kousik 2014)

Published: 14th March 2016 04:30 AM and Last Updated: 15th March 2016 09:26 AM

UDUMALAIPETTAI: Another day, another young Dalit man's life snuffed out, allegedly in a case of honour killing. Almost a regular feature now in Tamil Nadu's caste-polarised landscape. The plot remains the same, only the location changes. A newly married Dalit man, who defied caste barriers to clinch his muse from the upper caste, was hacked to death in broad daylight at Udumalaipettai, in Tirupur district, on Sunday. Shankar (22), son of Velusamy from Komaralingam, got married to high caste Hindu girl, Kousalya (19), daughter of Chinnasamy, against the wishes of the girl's family in 2015. The couple was pursuing an engineering degree in a private college at Palani. The efforts of the girl's family went in vain after she refused to toe their line and submitted in writing to the police that she was within her rights and got married only after she turned 18 and did not wish to go back to her family. Since then, Kousalya lost all contacts with her family.

Kousalya was residing at Shankar's home in Kumaralingam. While Shankar was still pursuing his education, Kousalya dropped out and has been working at a tiles shop in the locality. On Sunday, the couple went to Udumalaipettai bus terminal, they were surrounded by three unidentified men on a bike. The miscreants hacked the couple with sickles and vanished. According to eyewitnesses, the bystanders too did not escape the wrath of the trio of miscreants when they tried to intervene in a bid to prevent the three from escaping. The couple lay in a pool of blood and was rushed to the Udumalaipettai GH and later shifted to the Coimbatore Medical College Hospital (CMCH). Shankar died on the way, while Kousalya, who is also critically injured, is currently undergoing treatment at the hospital.

Source: http://www.newindianexpress.com/states/tamil_nadu/22-yr-old-Engineering-Student-Hacked-to-Death-in-Suspected-Honour-Killing/2016/03/14/article3326084.ece

¹⁸See for example: <http://indiatoday.intoday.in/story/goa-minister-ramesh-tawadkar-lgbt-remarks-homosexuality/1/413050.html> and <http://timesofindia.indiatimes.com/india/Homosexuality-not-natural-wont-back-it-BJP-chief/articleshow/27377472.cms>



“ Whether it is the religion or caste or clan boundaries that are challenged, one thing that remains common among all these is the targeting of young people—especially women’s body and sexuality.”

3. UNDERSTANDING THE INTERLINKAGES

This section presents the findings from the field study in Tiruppur block, in the Kanchipuram district of Tamil Nadu State. The research was undertaken to build on the analysis of the secondary literature review and explore the role of religiosity in determining parents' attitudes towards sexuality and sexuality education. The findings presented in this section include the attitudes of parents, young people, teachers, Aganwadi centre workers and religious leaders.

Box 2: Profile of the Study Area—Tiruppur Block and Kovalam village, Kanchipuram District

Tamil Nadu State, situated in the south-east of the Indian peninsula, is divided into 32 administrative districts and has a population of 72.13 million, which accounts for six per cent of the total population of India. It has coastal plains and hilly regions. The state is largely agricultural (food and cash crops) together with forestry, fishing and mining contributing to the state economy. Manufacturing, construction, electricity, gas and water supply are secondary sectors. The population density in Tamil Nadu (555) is higher than the density for the country. The sex ratio was 994 females per 1000 males (Census of India 2011). About 20 per cent of the population in the state belong to the scheduled caste group (which is socially and economically marginalised caste group in India). The state is also one of the more educationally advanced states in the country. According to the 2011 Census, the literacy rate among the population of age seven and above was 80 per cent (87 per cent for males and 74 per cent for females). Eleven per cent (820,000 people) of the population is estimated to be living below the poverty line (2011–2012), which is largely a rural phenomenon (Planning Commission 2013).

Kanchipuram District is situated on the north-east coast of Tamil Nadu and is adjacent to the Bay of Bengal and Chennai city and is bounded in the west by Vellore and Thiruvannamalai district, and in the north by Thiruvallur district and Chennai district. For administrative reasons, the district has been divided into four revenue divisions comprising of 12 taluks with 1137 revenue villages. For development reasons, it is divided into 13 development blocks with 633 Village Panchayats. According to the 2011 census, the district had a population of 3,990,897 (2,010,309 males and 1,980,588 females) and the population density was 927 per square kilometre. The overall sex ratio of the population was 985 females per 1000 males. About two-thirds of the population in the district live in urban areas and only one-third reside in villages. The literacy rate of the population aged seven and above is 85 per cent (Male 90 per cent and female 80 per cent).

Tiruppur is situated close to the metropolitan city of Chennai. As per the 2011 Census, the total households and population of Tiruppur block was 40,064 and 162,007 respectively. About 90 per cent of the population in the block were Hindus, six per cent Christians and the remaining four per cent were Muslims (Census of India 2001). There are 50 Gram Panchayats¹⁹ in the block; of them only six panchayat villages were selected purposively, based on the religious composition and presence of big temples, mosque and churches in the area. There were a total of 5,047 households with a population of 20,498 persons (10,216 Males and 10,282 females) in the selected sample villages.

Kovalam, with a population of 8,124 (4,144 females and 3,980 males), is a fishing village near Chennai metropolitan city, on the East Coast Road to Mahabalipuram and is a port city developed by the Nawab of Carnatic Saadat Ali. The village has a mosque, an ancient Catholic Church and Dharga temple and its beach is a well-known tourist attraction. Kovalam is the first surfing village in India, having a surf school. Muslims are heavily concentrated in a few hamlets and Hindu and Christians reside in other areas. Muslims are predominantly engaged in fishing and business.

Source: Census of India 2011

¹⁹A gram panchayat is the cornerstone of a local self-government organisation in India of the panchayati raj system at the village which has a leader or elected head.

Socio-Economic and Demographic Profile of the Survey Participants²⁰

The caste system²¹ is prevalent in all the three religions. Of the 600 parents²² (300 men and 300 women) interviewed, a little over half belonged to socially marginalised groups of Scheduled Caste and Scheduled Tribes²³ (SC²⁴/ST), followed by one third from the most backward caste group and the rest belonging to other backward caste group. Over three-fourth of the respondents are from landless households. The mean and median monthly household income of households is INR. 6,000 (approximately US \$ 90) and INR. 7,076 (approximately US \$ 106).

The average age of the male participants is 47 years and of women it is 41 years. A majority of men are married and live with their spouses but among women one-fifth are widowed or divorced. The education level of the participants is low. One-third had no schooling and 28 per cent had 1–5 years of schooling. Only one out of five in the sample had schooling for nine and above years. Gender difference in education is also glaring with more women lacking any education. Wage work is the primary source of income for men and women; 32 per cent are engaged in agricultural or industrial wage work and 13 per cent in salaried employment. Those who are employed in salaried employment, considered more stable, are mainly men.

Effects of Religiosity on Behaviour and Perceptions

Religiosity, also referred to as religiousness is an overarching term that is used to describe numerous factors and dimensions that come into play when considering religion, including aspects of religious doctrine and belief systems, religious activity and action. It is one's level

of religious commitment and is commonly measured through self-report of various practices, albeit recognising the subjectivity of this measurement. It involves belief systems and effects of this belief system on the actions of individuals. It is synonymous with such terms as religiousness, orthodoxy, faith, belief, devotion, and holiness. Some common indicators include frequency of attendance at religious services, frequency of engaging in prayer, and reading of sacred texts (Altemeyer 1998).

The research explored this notion of religiosity amongst parents within the hypothesis that religiosity would influence their views, positively or negatively, regarding the provision of information and services to young people, particularly on issues related to CSE. The aspects of religiosity were explored and assessed in terms of religious hope and aspirations/belief, religious involvement, and religious influence.

The majority of parents, irrespective of their religion, are strong believers of a God and have a belief that miracles do happen in their life, in terms of human desires in life being achieved by intervention and being granted by a power considered higher than humans i.e., God. There was a high belief that their children needed God's help to be able to lead a happy life. Fifty-five per cent disagreed with the statement that there is life after death.²⁵

Over two-thirds of parents mentioned that they rarely read holy books or scripts. Disaggregated data by religion shows that reading holy books were more common among Christians and Muslims but not among Hindus as Hinduism does not stress on reading holy books regularly as other religions do. Almost all participants (95 per cent) visited places of worship regularly. In keeping with traditional practices, Muslim women do not visit places of worship as regularly as men do, but rather engage in prayer at home. Hindus and Christian men and women visit temples and churches respectively on a regular basis. Dress as dictated by religious belief is more likely among Muslims, particularly for women. Attending religious services was less common among the people of all three religions.

²⁰ A profile of the study participants is presented in tables 1 and 2 in Annex 3.

²¹ Caste is a Hindu system of social stratification and it is an endogamous and hereditary social group. Caste is determined by birth which divides people into high and low castes. There are about 3,000 castes and over 25,000 sub-castes in India. The caste system is no longer restricted to Hindus, but pervades all strata of Indian society; there are castes among Muslims, Jains, Sikhs, and Christians.

²² 400 parents belonged to Hindus and 100 each were Christians and Muslims. But as the data is weighted by religion, 90 per cent belonged to Hinduism and six per cent Christianity only four per cent were Muslims.

²³ Schedule caste people are also called "dalits" who are socially and economically weaker sections of the society.

²⁴ Eleven persons were from Schedule Tribes.

²⁵ Table 3 in Annex 3.

On analysing the role of religious influence in their daily lives, it was observed that an overwhelming majority of 84 per cent mentioned 'religion is very important' for their life, and four out of five discussed moral do's and don'ts in religious terms. These are indicative of the influence of religion and religious belief on the actions of people, and the use of religious interpretation to justify certain actions over others as being morally unjustifiable. Over 90 per cent reported that they thank God when good things happen to them and chant divine songs or verse when they are upset in order to deal with the cause or gain some solution from a divine power. In terms of interaction with people of another religious belief, a large majority of the respondents were willing to interact and work with other religious populations, displaying the secular attitude of the people, at least in terms of perceptions. At the same time, just as much as people are willing to speak about their religious beliefs to others, a similar proportion of people do not feel comfortable doing so, which could be indicative of the limited confidence to engage on these issues as non-experts and the lack of willingness to engage in discussion and question imbibed practices and beliefs.

The results clearly indicate that people consider religion as an important component of life. The findings make it difficult to show how this affects their actions towards people, especially in terms of choices and decisions regarding associating and engaging with members of other religions. However, it is clear that their belief systems influence their aspirations in life and the decisions they make in relation to life choices and actions.

Attitudes Towards Young People's Sexuality

There was a gradual shift in the attitude of parents when the survey statements shifted from less to more contentious issues around the sexuality of young people. Parents showed a general acceptance of friendship between boys and girls (17.5 per cent strongly agreed and 46 per cent agreed) and consider sexual attraction between opposite sex as natural (24.8 per cent strongly agreed and 64.4 per cent agreed). There is parental support of young people seeking information about sexuality (28.2 per cent strongly agreed and 57.5 per cent agreed).

Although there is a general acceptance in terms of

friendship and natural attraction to the opposite sex it, begins to dissipate when questioned if "love is a natural process", 89.2 per cent considered sexual attraction between opposite sex as natural, only half agreed or strongly agreed to ideas of a marriage of choice as opposed to arranged marriages, stating socio-cultural beliefs and practices. A large majority of the marriages (88 per cent) in India (UNICEF 2013) are arranged by their parents and elders in the family and the choice of partner is not in the hands of young people. It is to be noted that only five per cent of the marriages in India are inter-caste (Rukmini 2014).

Generally, in India marriage of choice is seen as unacceptable behaviour according to social and cultural beliefs and practices. This is considered more acceptable if it falls within the accepted standards stated by caste and religious rules. Parents were particularly averse to "love" and relationships of choice. Culture plays an important role in shaping their attitude towards this. The notion of engaging in a relationship borne out of love between two people is seen to be an expression of agency and choice and thereby going against culturally and religiously acceptable behaviour, which has to adhere to certain norms.

"We won't support love marriage, our religion teaches that women should not walk straight, keep their tongue control, and keep their thigh tight."

FGD with Muslim men

"We won't accept love marriage and it is against our religion."

FGD with Muslim women

"One can't ride in two horses; like that, in one family, we can't practice two religions."

FGD with Christian men

"In villages, say for example, if we parents accept love marriages [from other religion or caste,] we will face problems from our society, neighbours and relatives . . . we need to bow our heads in front of others, they may even neglect us even out-caste us."

Aganwadi worker

"I am not ok with love marriages particularly with inter-caste marriage. Even though I am well educated, occupy a good status in the community and get a decent salary, because I belong to the lower caste strata I am ill-treated; and people in society talk very badly about me, as I had a love marriage."

College Professor

54.6 per cent of parents agreed to the idea of marriages of choice, which is better than the 44 per cent who supported this among adolescents in general. This could be because some parents who earlier opined that love is not natural or acceptable, might have decided to tolerate love marriages provided they are within the same religion, caste and economic status.

"In love marriages, if they belong to the same religion the acceptance levels are high and if they belong to different religions there are problems. It is also the same with the economic status— poor people cannot accept the rich and rich people cannot accept the poor."

Anganwadi worker

There are notions of a particular religion being more important than another and this conflict arises in instances of inter-marriage between people of two faiths. It is seen as causing shame to the family and results in segregation from the extended family and the broader community. Research participants implied that the actions of young people need to be policed as dictated by religious interpretations and practices so that a certain status quo is maintained. The effects of the lack of such an approach can be life-long and affect a range of facets throughout the lifecycle.

The findings also point to the extent of acceptability when it comes to women and men making these decisions regarding the choice of partner. While the behaviours of men was acceptable to some extent, that of women was unacceptable. Women are expected to be submissive and

they are viewed as incapable of self decisions and not worthy of a place or position in society. The opinions of respondents also point to a narrow understanding of the teachings of the religion. For instance, in the case of Islam, teachings of equality of women and men are subdued over narrow interpretations of women's place within the household and their role as opposed to that of men.

In a few cases, there was some level of acceptance of love marriages, which was also due to the fear of parents and gatekeepers that it might result in eloping and pregnancies outside marriage. This again is used in a sense of needing to control young people's bodies, and preserve the integrity of it, which only parents can do. The need to keep a constant vigil over the young people's behaviour and to instil a fear of retribution and consequences (shame, hate, ostracising etc.) for their actions that go against the accepted norms was expressed by parents.

"Many people are in love nowadays and sometimes it leads to problems . . . it should not result in untoward incidences so parents accept love marriages now."

FGD with Hindu women

"Inter religious love marriages were also tolerated as long as the girl converted to the religion of the boy."

Christian Pastor

It should be remembered that still 45.4 per cent of parents do not wholeheartedly approve love marriages. When questioned on inter religious marriages, there were more emotional responses than on just marriages of choice. It might be useful to discuss the frequencies instead of percentages of parents to explain this further. While 56 parents strongly disagreed to love marriages, in general, the number increased to 87 when it was introduced love marriages. Similarly, there is an increase in the other extreme wherein 86 parents initially strongly agreed to love marriages and it increased to 112 when religion was factored.

“... the actions of young people need to be policed as dictated by religious interpretations and practices so that a certain status quo is maintained.”

This increase in number in both extreme ends of the statement reflects the important role religion plays when parents consider whether or not to sanction certain aspects of their adolescent's sexuality leading to marriages (and fertility in future). Respondents clearly attributed their disapproval to what they perceived as the rules of their religion. When interviewed individually, some respondents were open to the idea of love marriage, including inter religious marriage. At the same time, during the FGDs, they expressed that they were against inter-religious marriage and reasoned that they feared the reactions of other members of their own religion.

In fact, this fear of social rejection and stigma re-appeared several times in the findings as a strong reason for a person to oppose love marriages of the inter-religious kind. The need to be accepted in their own religious group and among neighbours and communities was strongly felt among members of minority religions in rural villages. However, as discussed above respondents also preferred to socialise with people of other religions for reasons other than marriage. Clearly, when it comes to making important decisions considered life changing, the influence of religion and religiosity plays a critical role. Tolerance of other communities in terms of association and friendship is acceptable, but in terms of marriage and similar life events to this list is not.

Statements on sexual relations between boys and girls brought on an overwhelming disagreement from a majority of parents (82.2 per cent) who were against boys and girls having sexual relations before marriage. They were against it even when an idea of consent was included. Clearly, marriage is given prominence and is seen as a licence to have sex—ideas that stem from religion, culture and tradition in the South Asian context.

Furthermore, the notion that engagement between young people will in most instances lead to unsanctioned sexual relations is predominant amongst the older respondents. This also calls to question the lack of ability to make decisions on the part of young people and the lack of trust between the generations. These attributes call for the need to continuously police the young people's behaviour and actions, especially that of young women. It is of concern that these views stem from the young people, who are

clearly conditioned to believe in their inability to make such choices, and in the need to conform to social mores and norms.

“Unmarried boys and girls should not go out together as it will cause problems for them and their families when something goes wrong . . . why to take a chance?”

Young unmarried girl

A majority of parents preferred that both boys and girls remain virgins until marriage. Eight respondents wished to remain silent on this question of whether premarital sex is acceptable, which highlights the stigma associated with premarital sex. Discussions in the following sections show how this attitude translates in the level of acceptance to contraceptive and abortion services for adolescents.

Gender Bias in Parental Attitudes Towards Young People's Sexuality

It is evident that there is a strong gender bias when discussing matters of young people's sexuality. While discussing marriages of choice, respondents raised issues of dress, mobility and behaviour of women indicating the prevalence of negative opinions on young women's relationship choices as opposed to that of young men, which can also be linked to the issue of continuing lineage and preserving religious beliefs. In largely patriarchal societies, associating these elements with religion is considered important as a woman marrying someone from another religion is thought of as hampering this system.

Leaders and members of a particular religion quoted verses from their religious text, to advocate a proper dress code ('Thaguthiyana vasthiram'²⁶). This was interpreted by them to impose restrictions, especially expectations of a strict dress code only for women and girls. As per their interpretation women and girls should not wear tight fitting clothes and clothes that expose their bodies.

“There are verses in the Holy Bible – one should wear a decent/dignified dress [‘thaguthiyana vasthiram aniya vendum’].”

School teacher

“I specifically say girls should not wear “legging” and the

²⁶ An appropriate dress according to their gender and religious norms.

tops should cover till the end of one's hand [below the knee without any cut/slit. In prayers we share the dress code I feel that adolescents should not get contraceptives and abortion services."

Christian pastor

"People fear a lot for society, they cannot handle shame or a bad name for the family. People should not tell anything about them or their family members and it is the same for me and that is the reason I did not make my daughter study in a regular college and asked her to study through correspondence . . . Why take a chance? In any case villagers should not come to me and say I saw your daughter there. . . talking with a boy. . . . Being a leader it is a prestige issue for me."

Hindu priest

The discussions with religious leaders demonstrate the pressure on these leaders to behave as role models to the rest of the community members keeping up to the moral lessons they preach. These include the way their adolescent children, especially girls, should dress and behave. One leader even went to the extent of deciding not to send his daughter to regular college and instead opted for home-based education courses so that the "risk" of interaction with male members could be avoided.

This implies how religion places the burden of preserving the family or religious honour on women especially on their sexuality. These discussions point to the fear of social stigma, fear of disreputed and rejection from their own communities and neighbourhood as reasons for parents are not agreeing to marriages of choice, especially involving inter-religious marriages even when personally they were not against them. These attitudes are also linked to the culture of gender discrimination and limited respect for women and girls in households and communities. They can also be linked to child, early and forced marriage, honour killings²⁷, and the denial of education to girls, which are in turn reinforced by the narrow interpretations of religion.

²⁷ The United Nations Population Fund (UNFPA) estimated in the year 2000 that as many as 5,000 women and girls are murdered each year in so-called honour killings by members of their own families and fear of eycommunication one-fifth of them are reported in India.

Characteristics of Parents with Favourable Attitudes to Young People's Sexuality

One of the objectives of this research was to identify movers of sexuality education, and parents form an important stakeholder group. It is important to do further analysis of the parents who scored above average in their overall attitude in order to understand their background characteristics.

The findings show that the most favourable attitudes were found in parents aged below 35 years and the least favourable were parents aged above 50 years. The younger generation of parents are probably shedding some of the conservative attitudes on sexuality held by the older generation. Parents with more years of schooling (58.7 per cent with 10 years or above), and engaged in gainful occupations or wage work were better represented among the ones with favourable attitudes (51 per cent were landless parents, 76.4 per cent of whom earned INR 5,000 or below per month).²⁸ A higher proportion of low caste respondents and those belonging to landless households were having favourable attitudes towards young people's sexuality than others. The proportion of people who favoured young people's sexuality education increased with religiosity.²⁹

Caste and religiosity play an independent role in shaping the attitude of parents.³⁰ Poor caste parents were more likely to support young people's sexuality. The odds of having a favourable attitude to young people's sexuality were 2.3 times high among SC/ST parents as compared with other caste parents. Similarly, as compared with highly religious people, those having low religiousness were 48 per cent less likely to have favourable attitude towards young people's sexuality.

Attitudes Towards the Contents of CSE

An attempt was made to ascertain the parents' awareness about the comprehensive sexuality education programme

²⁸Not statistically significant.

²⁹The association between caste, landowning status and religiosity with favourable attitude was statistically significant.

³⁰From results of a multivariate regression analysis.

and their knowledge about the AEP being implemented for young people, the results show that the awareness level was low; a little over two-thirds (68 per cent) were unaware. It must be noted that the programme is not currently implemented in schools or colleges in the region.

The respondents were briefed about the objectives and core contents of the CSE, including covering sexuality education topics ranging from gender, relationships with the opposite sex, and the reproductive system to sexual health and sexually transmitted infections.

An overwhelming majority of over 90 per cent were in favour of the topics including gender, gender-based violence against women, and STI, HIV/AIDS in the curriculum. However, there were some points of disagreement among them on the three key topics of sexuality and sexual relations; conception; and contraception. About 20 per cent felt that these were not important to unmarried people. The qualitative interviews also show mixed responses to the core topics of sexual relations, conception and contraception. One who favoured the themes expressed that:

"We should provide CSE. Actually it is more beneficial to girls than boys, in terms of preventing unwanted pregnancies, abortion and sexually transmitted infections."

FGD with Christian women

Even in opinions that were favourable, there is an indication that the education is required and it is more beneficial for girls than boys, which raises issues of opinions on roles and responsibilities, the type of information that should be provided and for whom. Those who expressed divergent views mentioned:

"If we teach them about conception, contraceptives, abortions, STI & RTIs when young people face similar situation they will surely want to misuse these options. We do not know whether they will be assertive and follow what was taught. We also tell them not to commit mistakes, sharing incidents that happened during our days."

Anganwadi worker

"It is not good to teach about contraceptives, because the benefits from learning about these things are very small. But it could lead to many mistakes. They will learn them when they become adults. If we teach sexuality matters, the youth will experiment."

FGD with Christian men

In terms of course content, parents' perception is that there should be 'abstinence only' education. This implies that a CSE programme with a sex positive approach, which acknowledges and tackles concerns and risks associated with sexuality without reinforcing notions of fear, shame or taboo, may not be welcomed by parents.

"Today's youth get lots of information from the media so, in CSE it is also our duty to tell them which is pleasure and which is pain, as during that age they think only about pleasure and fail to think about pain and their life gets affected. So guidance is very important and it is our duty to teach them the difference between the reel life and the real life."

School teacher

Parents who consider themselves to be more religious are more likely to support the sexuality education topics as compared with those who have a low religiosity. Thus, merely attending religious services and following certain beliefs are not emerging as a predictor of one's attitude towards the impact of CSE. Poor caste respondents (SC/ST) were more likely to have a favourable attitude towards the contents of CSE than the others³¹.

Furthermore, rather than religion, culture seems to play an important role in determining parents' attitude towards sexuality education.

"People do not have fear for god or religion but they have a fear towards society. People cannot handle a situation when society talks ill about them and they wish to live in the society."

Hindu priest

"I will tell you one example. Suppose I accept a love

³¹ As compared to other caste respondents SC/ST parents were 33 per cent more likely to have favourable attitude towards CSE.

marriage [from other religion and also caste] I have to face a lot of problems— with our society, neighbours and relatives ill-treating my family . . . I need to bow my head. They may even shun my family or out-caste us . . . this fear makes us follow certain rules and regulations.”

Anganwadi worker

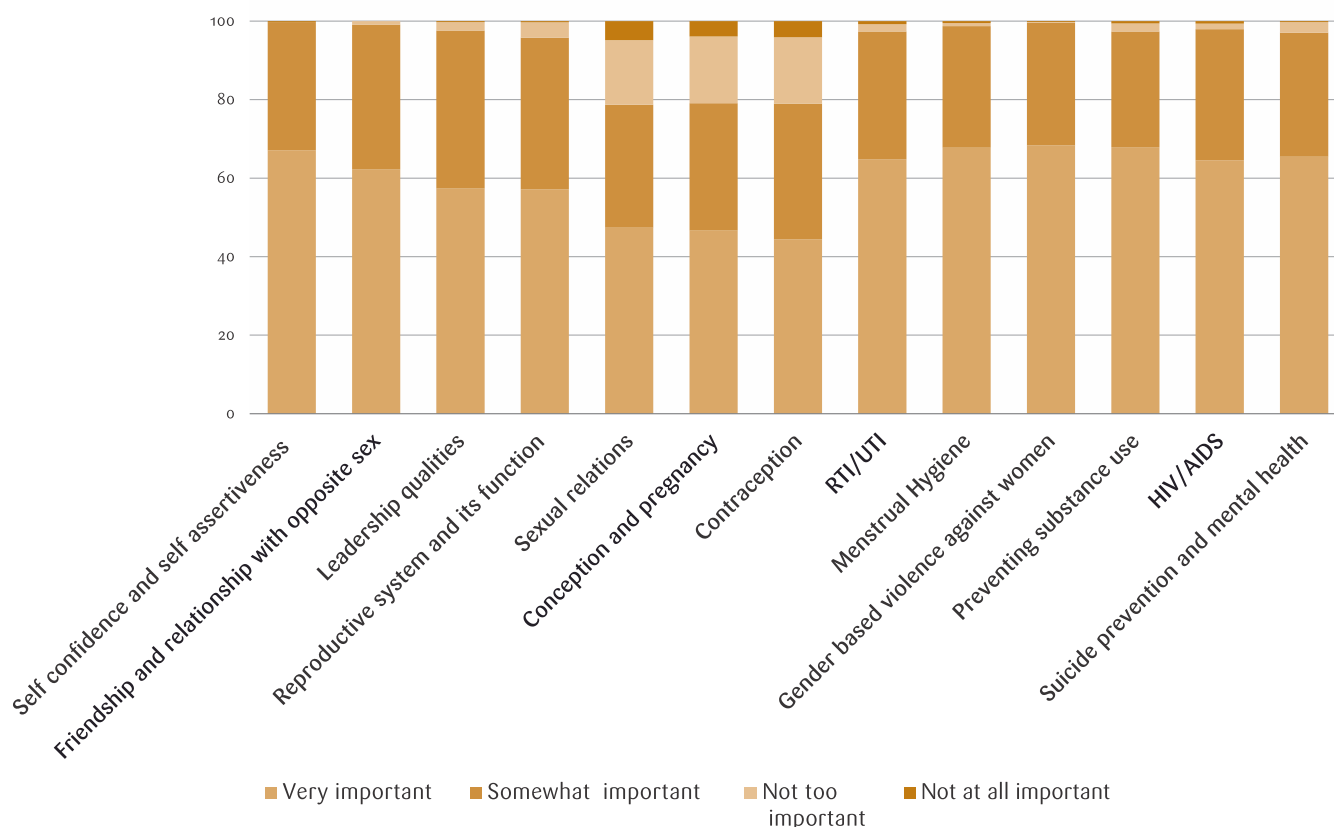
Almost all parents agree that it is important to provide CSE for young people (97 per cent) in schools and colleges. The results were totally different from what was observed in the literature review and views expressed in the parliamentary committee report on the CSE. Only politicians and religious fundamentalist groups are creating obstacles for imparting

CSE in the name of heritage and culture and impose conditions on the nature of education that is provided to adolescents and young people.

Three-fourth of the parents mentioned that the CSE should be provided in schools, 15 per cent felt it should be provided in College, eight per cent favoured conducting the classes at community level and two per cent felt it should be taken up by parents at home. However, the content of CSE and components of this type of education have to be explored further in order to ensure that parents are agreeable to CSE with all the components as stipulated by UNESCO, as opposed to a limited form of education.

“...parents are in support of CSE; only politicians and religious fundamentalist groups are creating obstacles to imparting CSE in the name of heritage and culture...”

Figure 1 Attitudes towards the content of sexuality education



Attitude Towards Young People's Sexual and Reproductive Health Services

Parental attitudes to the content of CSE was assessed to gauge their acceptance levels to sexual and reproductive health services mainly in relation to contraception and safe abortion services for young unmarried persons rather than providing only the access to such information.

A majority of parents expressed reservations towards contraceptive and abortion services being made available for young people. Only 26.8 per cent agreed that contraceptives should be provided while a higher proportion of parents agreed (32.3 per cent) to the provision of abortion services. A minority of parents refrained from expressing their opinion on this issue, as it was a taboo subject in their communities. The opinion about the contraception and abortion services did not vary much based on the background characteristics of the respondents.

Effective contraception can prevent unwanted pregnancies and abortions. It is interesting to note that abortion services seem to be seen more favourably than contraceptive services, although the difference is marginal. However, the in-depth interviews indicate a difference in opinions and attitudes towards young people's sexual behaviour that explains this finding.

Contraceptive services (though not as much as contraceptive information) were probably perceived as directly giving control over sexuality to young people if it were made available and accessible to them, especially while they are unmarried. Most parents and gatekeepers felt this would lead to experimentation and opportunities for engaging in sexual relations before marriage and resulting in pregnancy, abortions and STIs.

"When young people get contraceptives before marriage they will indulge in bad behaviour, so contraceptives should not be made available for unmarried."

FGD with Muslim women

"If contraceptive and abortion services are easily available, they will freely/boldly ('tunivaga') indulge in mistakes before marriage."

FGD with Hindu women

"Government has prescribed an age ceiling for everything, say for example age for marriage. Everything should happen in the apt age so I feel that young people should not get contraceptives and abortion services."

Christian pastor

However, abortion was seen as a necessity by some if the sexual relationship before marriage results in pregnancy. A section of key informants and young women were sympathetic to the cause of the girls who have to go through the pregnancy whether arising out of a consensual relationship or not. They were even more sympathetic if the pregnancy was the result of abuse. In such cases, they felt abortion services would prevent the girl from facing shame and ridicule from society.

"When a young girl gets pregnant either due to an unplanned relationship or due to sexual abuse she needs abortion services to avoid shame and being treated badly in society. So, young people need contraception and abortion services."

FGD with Christian women

Others however rejected abortion and cited religion, which considers abortion a sin and the equivalent to killing a life, irrespective of whether it is done before or after marriage. Contraception is considered the better alternative in order to prevent pregnancies and to avoid being in a situation of needing an abortion. In some instances, free and non-judgemental availability of contraception services was not considered but availability in the context of treating sexual abuse was recommended. Information provision, on the other hand, seems to be considered as a suitable option for young people over service provision, indicating acceptance of awareness but not access to services for young people.

"I personally feel that abortion is killing . . . I will not allow a person to kill someone . . . Whether before or after marriage abortion it is a sin; according to me it is equal to killing a life."

Christian male student, 20 years

"One section of people feel that abortion and contraceptive services should be made available for the young people . . . for me abortion is killing a life . . ."

young girls should be careful and I personally feel that contraceptive services are necessary for married women not for young girls."

Young female, 22 years

"I personally feel that adolescents should not get contraceptive services and abortion services as it would create problems. These services should be provided only for incidents of sexual abuse. Information can be provided but services should be provided only when there are problems."

Anganwadi staff

Thus, morality takes precedence over deciding whether contraceptive and abortion services have to be made available to young people. Access to information seems to be considered more appropriate by respondents than actual access to services. They suggest that a focus on preventive features of CSE rather than service provision is more acceptable. Contraceptive services were unwelcomed and abortion services were seen as needed for only those girls who did not participate in the sexual act. There was much less recognition of the need for making informed choices and rights for SRH services among parents and gatekeepers.

The communities in the study setting have not reached the stage of ensuring the rights of young people through their own choices around issues of sexuality and reproduction. In these attitudes, there were similarities to the attitudes of policy makers, who cite religious and cultural reasons for limiting such access and rights, as discussed in the previous section.

The awareness and attitudes of the parents about the various benefits of sexuality education was assessed in terms of making informed decisions on sexuality to reduce sexual violence. Parents were well aware of the benefits of CSE. An overwhelming majority agreed that CSE promotes health and protects the rights of the young people and almost all reported that CSE leads to gender equalitarian relationships. Yes, there is some disagreement that CSE helps young people to make informed decisions on their sexuality as they felt it could lead to experimentation. There is even less agreement that CSE would result in decreasing incidence of sexual violence.

Women were more aware the benefits of CSE than men; again caste and monthly household income of the respondents showed a strong association with this attitude.

“CSE promotes health and protects the rights of the young people and almost all reported that CSE leads to gender equalitarian relationships.”

Likewise, there was a strong positive relationship observed between religiosity and knowing the benefits of CSE. When people get better exposure and start discussing the changes in society they feel that young people need clear information about various aspects to handle their lives in a better manner. However, education and age of the respondents did not show any association on awareness of the benefits of the programme.³² Women strongly believed that CSE promotes gender equality and reduces

unwanted pregnancies, STI and HIV/ AIDS and the incidence of sexual harassment, so that it could promote young women's sexual and reproductive rights. As compared with poor households, parents who belonged to higher income households were more likely to know impact of the sexuality education programme or young people. Religiosity thus emerged in some aspects as a positive influencing factor for determining the awareness and attitudes of the programme.³³

To the extent that the study addressed aspects of sexuality and sexuality education, findings have challenged the myth

³² Using bi-variate analysis, 57 per cent of women and 44 per cent of men secured an above average score. The results of regression analysis indicated that three variables: sex, household income and religiosity, had an independent effect on the awareness level. As compared with men, women are 1.74 times more likely to have better awareness of and attitude towards the benefits of CSE.

³³ The odds of having better awareness about the benefits of CSE was 4.96 times more among high religiosity parents as compared with low.

that religiosity acts as a barrier to open and liberal attitudes towards sexuality. Individuals such as the parents in this study, may continue to be actively involved in religious activities and have religious hope and influence but at the same time support liberal attitudes towards sexuality education and healthy interactions with the opposite sex.

Given the assumption with which the study began that high religiosity would reflect unfavourable attitudes towards sexuality, sexuality education and services, these findings have thrown in a surprise. Also, parents from low castes have more liberal attitudes towards young people's sexuality, love marriage and inter-caste marriages. It is necessary to discuss some possible reasons for this reverse trend though further study is needed to establish them. Firstly, although the caste system is prevalent in all the religions, the acceptance of inter-caste marriage is relatively high among Christians as compared with Hindus in the study. Premarital counselling is organised through churches in the study areas, it is common among Christian parents to send young adults for these programs. It is also common for institutions run by Christian nuns in the study area to request NGOs to conduct SRHR workshops for young girls in their hostels.

Secondly, interventions on Reproductive Health and HIV/AIDS are often targeted at SC/ST populations due to which their awareness and acceptance of such programs are likely to be favourable.

Thirdly, individuals with a high religiosity score may support CSE mainly as a means to control the sexuality of young people and promote "virginity" or abstinence and thus they did not show an equal acceptance of the provision of contraceptive or abortion services. They may thus show acceptance of certain contents of CSE and not others. For example, fishermen who participated in the study expressed their concern on noticing many unmarried boys and girls indulging in physical relationships on the beach.

Hence sexuality education becomes a tool to enforce the norms on sexuality. Thus a paternalistic attitude is revealed surfaces in their acceptance of sexuality information. The researchers also noticed inconsistencies between the responses of individuals when interviewed in private and of those in FGDs. In a one to one interview, more positive attitudes to inter-caste, inter religious marriages were observed compared to those expressed group discussions. The very presence of others made individuals conform to the accepted cultural norms of their groups, thus changing their individual viewpoints. Pressure from peers and communities they belong to may have influenced their opinions on the issues raised in the study. This is indicative of how societies act to preserve what is held as a collective good and the correct and moral ways to live life.

Finally, the findings may actually denote the departure of religious fundamentalism from religiosity. It is important to remember that religious fundamentalism is defined as the misuse of religion to exercise power and control over others. Religiosity, expressed by frequent reading of religious texts, was likely to instil basic values of love, compassion and tolerance. In the study setting, for example, respondents who were reading religious texts regularly were more open to inter-caste and inter-religious marriages. However, some leaders preached a skewed interpretation of some aspects of the texts, thereby translating them into strict restrictions on dressing, mobility, and choice of partner, especially of adolescent girls. Clearly, the rules of how people should live are set by some who are considered learned and an authority. Most often these persons are a male figure. People are expected to follow their stipulation unquestionably and any reaction is seen as dissent. This stance not only keeps the followers but also the leaders in check. Thus the more fundamentalist interpretations of religion among parents are likely to reflect a conservative attitude towards sexuality and sexuality education.

4. CONCLUSIONS

This research, using a desk review and primary data (both qualitative and quantitative), captures the influence of religiosity and religious fundamentalism on sexuality education programmes for young people.

The desk review reveals that at the national level, the AEP, which started in 2006, was banned by many state governments in the name of “culture” and “objectionable content” in the course curriculum (Rajalakshmi 2007). The state governments which were the first to ban AEP were ruled by supporters of the Hindu right wing fundamentalist groups, they strongly opposed it saying it is a “western invasion” and against our “Indian” culture. Consequently, a Parliamentary Committee with members from different political parties and educationalists was appointed to review the Programme. The Committee report came out with strong opposition to AEP stating that it promotes “promiscuity” and “corruption” among the young minds. As per the recommendation of the committee, the AEP curriculum underwent modifications; information on sexual intercourse, arousal, masturbation as well as male and female anatomy pictures were removed. Currently the Programme is not implemented at national level but is being implemented in some states purely on a voluntary basis and in Central Board of Secondary Education schools (CBSE), mostly located in cities and urban areas. Moreover, a vast majority of the rural schools in India are run by state and local governments where the programme has not yet commenced.

There have been reported incidents in the media of violence against young people being on the rise; for example, incidents of moral policing and honour killing. These clearly indicate attempts to maintain the existing gender norms and control over sexuality. Specifically, young women are coerced to adhere to assigned gender roles and restrictions are imposed on their mobility, which stress that young women do not have the right to

choose a partner, to express their sexuality or control their fertility. Thus this study too makes apparent the connection between right wing ideologies, the denial of sexuality education and the increase in different forms of sexual violence (Chowkani 2013). Such ideologies are now affecting the common person's daily life even as to what they should eat, what they should wear, what languages they should learn in school, which religion they should follow, whom they can marry and where they can express love. Religious fundamentalism through political strength is attempting to polarise society into factions so that the more divided people are the more powerful political forces can become and continue to exploit people — especially women, young people and other marginalised groups. The factors that restrict access to sexuality education in India as shown in this study provide evidence to the role that religious fundamentalism plays in obstructing CSE for young people. Even though many students, parents and teachers expressed support to CSE, the final decision of those in authority deciding for the commons did not reflect their concerns. Instead it attested the views of the moral guardians.

Findings from the field survey with parents provide slightly different and insightful results, with parents having mixed attitudes towards young people's sexuality. There is a general acceptance of friendship between boys and girls and that sexual attraction between people is natural. A very encouraging finding is that a large majority of the parents agreed that young people seek information about sexuality as a part of their growing. But, when it comes to special and important aspects of sexuality, the results were different. A large majority of parents were against boys and girls having sexual relations before marriage, even if they were consensual. Marriages of choice—love and inter-caste marriages are seen as unacceptable social behaviour and viewed as an act against their caste and culture. The research shows that low caste parents (SC/ST) were more

likely to support young people's sexuality than the others because there was a relatively high level of acceptance for love, inter-caste and interreligious marriage among them. As a result, there are instances of love marriages and approvals for individual's choice of life partners among the low caste groups. Here, it must be noted that in India the caste system is very strong and majority of the marriages are endogamous and arranged by parents and elders where women's consent is rarely asked in the marriages. There is a strong opposition for inter-caste marriage and consequently, reported incidents of honour killing are increasing in recent years.

It was found that awareness about CSE was very low among parents. Generally, there was strong support for the core contents of the sexuality education programme among parents but disagreement on the topics on sexual relations, conception, and contraception. There were strong reservations among parents about the provision of contraceptives and abortion services to unmarried young people. Divergent views emerged. One group felt such services would protect people from STIs and prevent unwanted pregnancies and suicide of girls. But others expressed that it will end in experimentation and misuse. Similar views can be observed out in the in-depth interviews with religious leaders and FGDs with men and women. There is parental acceptance for sexuality education but there were reservations against contraceptive and abortion services; this indicates that information and interaction is welcomed as long as sexuality is confined within the boundaries of the same religion and same caste marriages.

Thus, the research provides compelling evidence that parents have a favourable attitude towards sexuality education; in fact, the parents religiosity and lower positions in the caste hierarchy is a supportive factor for CSE. However, it is not clear why religiosity results in a favourable attitude. Though increased exposure to awareness interventions could be a factor, the acceptance is most likely fuelled by the need of gatekeepers to protect young people from sexually transmitted diseases, eloping,

unwanted pregnancies and abortions. The acceptance reduces when sexuality is considered outside marriage, across castes and religion. Participants of the study who were religious leaders definitely considered it to be a dishonour and shame if their family members were to cross the boundaries and the religious leaders were seen to impose control over the female members in their families. The fundamentalist interpretations of religion and behaviour of leaders as observed here could be dangerous, providing a negative role model and passing on their beliefs to the religious followers. In this respect, there is a continued connection between fundamentalist ideologies that are prevalent in the study area and in the desk review, where politicians use it to hamper the sexuality education programme at the national level. The fear of information leading to promiscuity, and resistance to certain contents of AEP, are also found in both, the participant communities and policy makers (desk review). It remains to be seen whether high religiosity can coexist with liberal attitudes towards sexuality education and services and thus cut itself completely from religious fundamentalism.

An encouraging finding from the study includes the growing acceptance of a need for CSE programmes (attributable to some government and non-governmental efforts) especially among young and women members who see it as a tool to bring equality in gender relations. Many individuals were also in a state of flux in accepting inter-religious, inter-caste marriages; they could be influenced through supportive environments marked with tolerance, secularism, self-choice and positive role models.

The study has thus thrown light on how religious norms interact with caste, cultural and patriarchal norms in the participant communities and at a national level to provide a range of responses to the efforts of imparting sexuality education and providing SRHR services. In summary the research found that there is a strong common thread running between religious fundamentalism, patriarchy, casteism, communalism and anti-human rights, anti-democracy, anti-equality, and anti-choice ideologies.

5. RECOMMENDATIONS

Overall, there is an urgency to form strong alliances among various stakeholders to generate resistance to religious fundamentalism and restore the values enshrined in the Indian Constitution viz. freedom, equality, equity, non-discrimination, secularism and democracy.

Policy Makers

- There is a strong unmet need for sexuality education in India and the majority of the rural parents who participated in the research irrespective of their religiosity have favoured the introduction of CSE. The desk review also found support for CSE from teachers, parents and students. Hence, it is important to implement sexuality education in secondary and higher secondary schools and colleges.
- There is a strong need to develop a comprehensive curriculum for CSE. It should include the basic principles of equality and equity, and be sex positive³⁴ within a gender sensitive approach. It should also be age appropriate and culturally sensitive keeping with the current SRHR needs of young people in India and should not be developed with an influence of religious and cultural views and norms.
- India is largely rural and a majority of the rural schools are run by state and local governments. It is important to introduce the CSE in all the schools, targeting rural adolescents and young people. It should be implemented in schools and communities through existing structures: educational institutions, Integrated Child Development Scheme (ICDS)³⁵ and Nehru Yuva Kendras Sangathan (NYKS)³⁶ for out of

school young people. SRHR Information, counselling and required health care services should be available at the grassroot level as currently it is available only in tertiary care service centres, which are mostly in urban areas.

- India has signed a number of international agreements and treaties to promote young people's SRHR, but there is a gap in the implementation of the principles underlying these policies and programmes. Hence, it is very important to develop better accountability, monitoring and reporting mechanism on the implementation of international agreements and national policies for promoting young people's SRHR.

Civil Society Activists

- There is a great felt need to educate parents, teachers, school authorities, health care professionals, legislators, law enforcement authorities and key administrators on the importance and benefits of CSE. Myths and misconceptions surrounding sexuality education seem to be prevalent among policy makers as well as citizens.
- There is a need to engage with and find supporters amongst religious leaders, faith-based groups, politicians, government officials, and law enforcement agencies and create spaces for a free and frank exchange between them and SRHR advocates. These members could serve as entry points to reach out to more such cadres. There is a need to learn from the states within India, which have managed to continue providing CSE in spite of adversities. Conducive environments should be created to promote debates

³⁴Sex-positivity celebrates sexuality as an enhancing part of life that brings happiness, energy and celebration and recognises young people's rights to express their thoughts, opinions, needs and desires related to sexuality – Article 6 of Sexual Rights: An IPPF declaration

³⁵Also called Anganwadi – See earlier footnote.

³⁶NYKS is an autonomous organisation under the Government of India,

Ministry of Youth Affairs and Sports established in the year 1972. NYKS is the largest grassroot level youth organisation. It aims to channelise the power of youth on the principles of voluntarism, self-help and community participation.

and opportunities to strategise against religious fundamentalist forces.

- The religious fundamentalist groups are socially and politically strong at the national level and they need to be opposed by an equally strong alliance in support of sexuality education in India. So, it is imperative to forge strong alliances among various stakeholders to reintroduce CSE. There is a need to sensitise all stakeholders as to the ways in which withholding sexuality information contribute to ignorance, sexism, misogyny, gender discrimination, and patriarchal attitudes. The alliance needs to stand up against the alarming frequencies and aggression with which fundamentalist ideologies are being pushed and the acts of violence committed with the collusion and indifference of the governments. There is also a need to build alliances across borders, boundaries and identities, even while acknowledging the fact of diversity.

Researchers and Advocates

- One of the major arguments which finds support across all stakeholders is that sexuality education could lead to risky behaviours among adolescents. A nation-wide large-scale longitudinal study or an experimental control study could help to establish context-based evidence that comprehensive sexuality education does not lead to unhealthy sexual behaviour in India.
- Research on religious fundamentalism is at a rudimentary stage in India, literature has emerged as

reactions to specific events, such as attacks during Valentine's Day or honour killings. The nature of religious fundamentalism carried out by different religious groups is also of different flavours and finds expression in myriad ways. Due to the extreme sensitivity of the nature of the subject, religious fundamentalism remains under researched. Also many international and national donors are also keen to explore this area. There is a need to have sustained research interests in this field so that the phenomenon can be locally defined, explored, understood and measured in relation to many other social phenomena. For instance, religious fundamentalism in India intersects with casteist fundamentalism, unlike in other countries.

- The current study has found that religiosity may not be a barrier to introducing CSE but it has found that religious fundamentalism has a strong negative impact on the sexuality education programme. However, this finding is only a speculation and may yield different results if behaviours instead of perceptions are measured, or for different religious groups in different areas. There is a need to study the interactions between religion, caste, communalism, patriarchy and culture in shaping attitudes towards sexuality education. Studies involving multiple states, religions, casts, and locations could bring out the role of all the above factors. It would be wise to undertake action research to stimulate changes in policy alongside research by bringing in different stakeholders into an alliance.

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7. APPENDICES

Appendix 1: Glossary of Terms

Attitude towards sexuality and sexuality education

Attitudes are positive or negative feelings and thoughts that an individual holds about young people's sexuality and sexuality education.

Culture

Culture is a complex term which includes knowledge, belief, art, morals, laws, customs and any other capabilities acquired by man as a member of society³⁷. India is a very diverse country, and different regions have their own distinct cultures. Language, religion, food and the arts are just some of the various aspects of the Indian manifestations of culture.

Comprehensive Sexuality Education

Comprehensive Sexuality Education (CSE) is a rights-based approach to education on sexuality, which discusses not just sex, equips young people with skills to be sexually responsible, with positive attitudes, values and essential life skills. It helps young people to acquire the skills to negotiate relationships and safer sexual practices. CSE includes looking at sexuality as a broad issue, including emotional and social development, beyond just the provision of information to young people, and includes diversity and sexual orientation, violence, relationship, pleasure, SRH rights and others. It supports young people in shaping their life prospects and their social, health and economic potential.³⁸

Honour Killings

Honour killings are acts of vengeance, usually murders, committed by male family members against female family

members, who are held to have brought dishonour upon the family. A woman can be targeted by (individuals within) her family for a variety of reasons, including: refusing to enter into an arranged marriage, being the victim of a sexual assault, seeking a divorce—even from an abusive husband—or (allegedly) committing adultery. The mere perception that a woman has behaved in a way that “dishonours” her family is sufficient to trigger an attack on her life. Although rarely, men can also be the victims of honour killings by members of the family of a woman with whom they are perceived to have an inappropriate relationship.³⁹

Life skills

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO definition). In particular, life skills are a group of psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, cope with and manage their lives in a healthy and productive manner. Life skills may be directed toward personal actions or actions toward others, as well as toward actions to change the surrounding environment to make it conducive to health (WHO definition⁴⁰).

Religiosity

Religiosity is a complex concept and difficult to define colloquially, religiosity is found to be synonymous with such terms as religiousness, orthodoxy, faith, belief, devotion, and holiness. Religiosity refers to one's level of religious commitment. It is most commonly measured through self-report of various practices. Frequency of attendance at religious services, frequency of prayer, and reading sacred

³⁷ Tylor E .B. Primitive Culture, Vidya Bhusan and Dr. Sacdeva, 1965. An Introduction to Sociology, Allahabad Kitab Mahal India.

³⁸ UNESCO, Review of policies and strategies to implement and scale up sexuality education in Asia and the Pacific, Bangkok: UNESCO; 2012. Available at <http://unesco.unesco.org/images/0021/002150/215091e.pdf>

³⁹ <http://news.nationalgeographic.com/news/2002/02/0212-020212-honourkilling.html>

⁴⁰ WHO, Definition, http://www.cbse.nic.in/cce/life_skills_cce.pdf

texts are all potential indicators of religiosity⁴¹. The term religiosity and religiousness are used interchangeably. It is commonly measured through three domains; religious hope, religious involvement and religious influence.

Religious fundamentalism

Religious fundamentalism is “the use of religion (sometimes in conjunction with ethnicity, culture and nationality) by certain political and religious leaders, institutions and parties to legitimise as divine—and thereby render unchallengeable—authoritarian political power and to essentialise social control. This has particular negative consequences for women's rights⁴². Religious fundamentalists are “political movements of the extreme right, ... manipulate religion ...in order to achieve their political aims⁴³”.

Secularism

Secularism involves the strict separation of the state from religious institutions and the people of different religions and beliefs, within the state are equal before the law.⁴⁴ In India Secularism means equal treatment of all religions by the state. It envisions acceptance of religious laws as binding on the state, and equal participation of state in different religions.

Sexual and Reproductive Health and Rights – SRHR

SRHR comprises reproductive health, which is the ability to have a responsible, satisfying and safe sex life, having the capability to reproduce if, when and how one chooses. This includes the right to be informed, having access to and choice of using contraception, and to appropriate maternal health care services that safeguard the mother and gives her the chance of having a healthy infant (World Health Organisation); reproductive rights are human rights recognised in the national laws and international human rights and consensus documents that give the opportunity for couples' and individuals' to have the and give them desired number of children when they want to, and give them access to adequate information and means

to do so, and the right to attain the highest standard of SRH. It encompasses making reproduction decisions free of discrimination, coercion and violence, as expressed in human rights documents (International Conference on Population and Development). Sexual health requires sexual health care to enhance life and personal relations, counselling and care related to reproduction and sexually transmitted diseases (adapted from the United Nations); and sexual rights uphold human rights as stated in national laws, international human rights documents and other consensus documents and include rights of all persons, free of coercion, discrimination and violence, to the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive healthcare services; access to and availability of information on sexuality, sexuality education; respect for bodily integrity; choice of partner; sexual activity; consensual sexual relations and marriage; decision to have/not to have children; and pursue a satisfying, safe and pleasurable sexual life (WHO working definition)⁴⁵.

Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (WHO 2006).⁴⁶

Sexuality Education

Sexuality Education is popularly known as sex education or sex and relationships. It is widely used to provide education about reproductive system and its functions, sexual interaction and sexual behaviour. It is also a process of gaining knowledge and information about sex, sexual identity, human relations, closeness, gender roles, contraceptive methods and prevention of STIs and HIV/

⁴¹ <http://wiki.thearda.com/tcm/concepts/religiosity/>

⁴² AWID working definition; “Resisting and Challenging Fundamentalisms” presentation, 15 November 2007

⁴³ Bennoune, K. (2013). Your Fatwa Does Not Apply Here: Untold Stories from the Fight Against Muslim Fundamentalism.

⁴⁴ Thanenthiran S., Racherla S.J.M., and Jahanath S. (2013) pp.24 http://www.arrow.org.my/publications/ICPD+20/ICPD+20_ARROW_AP.pdf

⁴⁵ S. Thanenthiran, S.J.M. Racherla, and S. Jahanath (2013) pp.24

⁴⁶ http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/ accessed Oct 29, 2015

AIDS. Sexuality education provides young people with the knowledge, skills and efficiency to make informed decisions about their sexuality and lifestyle. UNESCO identifies the primary goal of sexuality education as that “children and young people become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV”⁴⁷. In India sexuality education is called by different names; Sex Education, Family Life Education, Life Skills Education or the Adolescent Education Programme (AEP). During the 1990s and early 2000 it was mostly called Family Life Education and Life Skills Education. But after 2006, when it became a national programme, it is called the Adolescent Education Programme.

Appendix 2: Details of Methodology

In two of the smaller villages, that had less than 400 households, complete housing lists were made. Large villages (4) were divided into three or four hamlet⁴⁸ groups of approximately equal number of households on the basis of geographic location and maps, from which two hamlets were randomly selected for house listing. House listing helped identify households with one or more eligible parents (who had one or more unmarried sons or daughters aged between 10–25 years) for the survey. Other details such as address, head of the household, household size, number of adolescents and unmarried youth were collected. The house listing covered 2714 households (Hindu 1959, Christian 478 and Muslim 277). Among them 1577 eligible households were identified for the survey (1160 Hindus, 241 Christians and 176 Muslims).

One hundred households per village were selected using systematic random sampling procedure. 80 Hindus and 20 Christians and 100 Muslim parents and one fishing village were selected (600 parents—400 Hindus, and 100 each of Muslims and Christians). Within each religion, an equal number of men and women were selected. Only one parent in a family was interviewed. Efforts were made to interview equal number of male and female respondents.

⁴⁷ UNESCO. 2009. International Technical Guidance on Sexuality Education, <http://www.unesco.org/new/en/hiv-and-aids/>

⁴⁸ Hamlet is a small village/street which is a part of one large village.

Weights were applied based on population distribution by religion using census data. Weight for Hindu = Proportion of Hindus in the universe (Here the district is the Universe) / Proportion of Hindus in the sample i.e., $90/66.66 = 1.35$, Similarly for Muslims = $4/16.7 = 0.2395$ and Christians = $6/16.7 = 0.3593$.

The survey tool had five sections -1. Socio- economic and demographic information 2. Religiosity 3. Attitudes towards young people's sexuality 4. Awareness and attitude towards sexuality education programme 5. Parents' attitude about the sexuality education programme. The field investigators were given a two-day orientation training. Standard ethical procedures were adopted in the research including using a consent form. Field data collection was carried out during May-June 2015.

Quantitative data was analysed using SPSS 17. Mean, median, ANOVA and binary logistic regression analysis, uni-variate and bi-variate analysis were done, and based on the initial associations observed, multivariate analysis was employed to find out the predictors.

Qualitative data was collected using six focus groups' discussions, three each for women and men. (Two FGDs with each religion, one with men and the other with women). The discussions were recorded and transcribed.

Appendix 3: Selected Data Tables

Table 1: Household Characteristics

Religion	Sample size (N)	Percentage
Hindu	541	90.1
Muslim	24	3.9
Christian	36	5.9
Caste		
SC/ST	322	53.7
Most Backward Class MBC	196	32.6
Others	82	13.6
House Type		
Hut	132	22.0
Semi Pucca	156	26.0
Pucca/ Concrete Houses	312	52.0
Land Owning Status		
Land Less	452	75.3

Religion	Sample size (N)	Percentage
Land Owned	148	24.7
Monthly Household Income in INR		
<=2500	28	4.7
2501-5000	246	41.0
5001-7500	89	14.9
7501-10000	179	29.8
10001 and above	58	9.7
Mean Rs.	6000	
Median Rs.	7076	
Total N	600	100.0

Table 2: Background characteristics of the respondents by sex

Age**	Sex		Total
	Male	Female	
<=35	13	67	80
	4.3%	22.3%	13.4%
36-40	50	102	152
	16.7%	34.0%	25.4%
41-45	89	69	158
	29.8%	23.0%	26.4%
46-50	72	43	115
	24.1%	14.3%	19.2%
51 and above	75	19	94
	25.1%	6.3%	15.7%
Mean	46.8 Years	41 Years	43.3 Years 44 Years
Median	44 Years	40 Years	
Years of Schooling**			
No Schooling	65	121	186
	21.7%	40.3%	31.0%
1-5 Years	85	82	167
	28.3%	27.3%	27.8%
6-8 Years	74	48	122
	24.7%	16.0%	20.3%
9 and above years of Schooling	76	49	125
	24.4%	16.3%	20.8%
Marital Status**			
Married and living with spouse	287	242	529
	95.7%	80.7%	88.2%
Single (Widow/Widower/Separated)	13	58	71
	4.3%	19.3%	11.0%

Age**	Sex		Total
	Male	Female	
Occupation**			
Farmer	44	26	70
	14.7%	8.7%	11.7%
Wage Work	183	187	370
	61.0%	62.3%	61.7%
Gainful Occupation	51	28	79
	17.0%	9.3%	13.2%
Household work	10	53	63
	3.3%	17.7%	10.5%
Others	12	6	18
	4.0%	2.0%	3.0%

** significant at 1 per cent level

Table 3: Responses to statements on three domains of religiosity

Religiosity Domain	Score value				Total%	Mean	SD
	0	1	2	3			
RELIGIOUS HOPE (%)	Never/ Strongly Disagree	Sometimes/ Disagree	Mostly/ Agree	Always/ Strongly agree			
Believing in God	0.9	5.5	8.3	85.20	100	2.78	0.58
Do you believe there is life after death/a heaven?	16.3	38.3	28.8	16.59	100	1.46	0.96
Do you believe that miracles do happen in life?	3.6	11.6	36.2	48.55	100	2.3	0.81
Do you believe that in the future your children will be able to lead a happy life?	1.8	15.1	33.2	49.91	100	2.31	0.79
RELIGIOUS INVOLVEMENT (%)	Not at all important/ Never	Not important/ Some times	Important/ Mostly	Very important/ Always			
How important would you say religion is in your life?	7.4	6.7	33.5	52.4	100	2.31	0.89
How often do you read holy scriptures/ books?	54.8	13.4	15.9	15.9	100	0.93	1.16
How frequently do you visit a temple/church/ mosque?	5.0	32.2	51.1	11.7	100	1.7	0.74
How often do you pray at home?	2.0	6.9	51.8	39.3	100	2.28	0.68
How often do you attend religious services?	68.6	16.7	7.3	7.4	100	0.53	0.916
I talk with others about my religious beliefs	47.7	7.8	20.9	23.4	100	1.2	1.26
I prefer to work with people of my religion	87.1	1.2	2.7	9.0	100	0.33	0.904
I watch religious TV shows and movies	46.2	9.9	20.0	23.8	100	1.21	1.25
I mostly mingle with people of my religion	82.2	4.2	3.4	10.2	100	0.41	0.91
RELIGIOUS INFLUENCE (%)	Never/ None of my decision	Some Times/ Some of my decisions	Mostly/ Most of my decisions	Always/ All decisions	Total		

Religiosity Domain	Score value				Total%	Mean	SD
	0	1	2	3			
How much influence do your religious beliefs have on the important decisions you make?	13.61	21.33	25.51	39.55	100	1.91	1.07
I ask my family and friends to pray for me when I am sick.	18.1	7.7	25.5	48.6	100	2.05	1.13
Discussing moral dos and don'ts in religious terms	21.9	7.9	30.4	39.8	100	1.88	1.16
I thank God when good things happen.	2.0	3.6	21.9	72.4	100	2.65	0.65
When I am upset I chant divine verses to myself.	5.1	2.5	22.1	70.3	100	2.58	0.78
Observing religious holidays in a religious way .	28.8	18.4	24.9	27.9	100	1.52	1.12
I prefer to wear my dress according to my religion.	64.0	4.8	9.8	21.4	100	0.88	1.26

Appendix 4: Other Resources

- National Youth Policy. 2003. Accessed February 23, 2015 <http://www.youth-policy.com/Policies/IndiaNATIONALYOUTHPOLICY2003.pdf>.
- National AIDS Control Organization. Undated. "National AIDS control programme -1996-2006." Accessed February 23, 2015. http://www.naco.gov.in/NACO/About_NACO/.
- Census of India 2011, Office of the Registrar General and Census Commissioner. 2011. "Provisional Population Totals - India - Data sheet." Accessed January 10, 2014. <http://piib.nic.in/prs/2011/latest31mar.pdf>. Office of the Registrar General and Census Commissioner, India. http://censusindia.gov.in/2011-prov-results/data_files/india/Final_PPT_2011_chapter6.pdf.
- Census of India 2011, Office of the Registrar General, India. Sample Registration System 2012. Figures at a glance 2012. Accessed <http://mohfw.nic.in/showfile.php?lid=2020>.
- Talking About Reproductive and Sexual Health Issue (TARSHI) 2016. Reports and Papers. <http://www.tarshi.net/index.asp?pid=35>.
- WHO, Definition on Life skills. http://www.cbse.nic.in/cce/life_skills_cce.pdf.
- WHO. Definitions on Sexual Health. http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/ accessed Oct 29, 2105.
- United Nation Data Retrieval System, World Development Indicators. http://data.un.org/Data.aspx?d=WDI&f=Indicator_Code%3ASI.POV.NAHC
- United Nation Data Retrieval System. Poverty headcount ratio at national poverty lines. 2009. http://data.un.org/Data.aspx?d=WDI&f=Indicator_Code%3ASI.POV.NAHC
- Wikipedia. Definition on Religiosity. <http://wiki.thearda.com/tcm/concepts/religiosity/>
- Wikipedia. Honour killing https://en.wikipedia.org/wiki/Honor_killing#Religion
- World Bank. Adolescent Fertility Rate 2014 a. <http://data.worldbank.org/indicator/SP.ADO.TFRT>
- World Bank. Gross national income per capita 2014 b. <http://databank.worldbank.org/data/download/GNIPC.pdf>
- World Bank. Population Growth rate 2014 c. <http://data.worldbank.org/indicator/SP.POP.GROW>

This research is an initiative of a regional partnership working on building the interlinkages of religion (fundamentalisms and extremisms) on Women's Sexual Reproduction Health and Rights (SRHR). The ten partners are from India, Sri Lanka, Pakistan, Bangladesh, the Maldives, Indonesia, the Philippines, Malaysia, Morocco and Egypt. The regional partnership generates evidence on the interlinkages and the effects on wellbeing and human rights as part of national and international processes to achieve sustainable development and the realisation of human rights. The research for partners from India, Sri Lanka, Pakistan, Bangladesh, the Maldives, Indonesia, and the Philippines was supported by the European Union as part of the action "Strengthening the Networking, Knowledge Management and Advocacy Capacities of an Asian-Pacific Network on SRHR" and the Swedish International Development Cooperation Agency (Sida). The research for Malaysia, Morocco and Egypt was supported by the Norwegian Agency for Development Cooperation (Norad).

ARROW is a regional and non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, evidence generation, advocacy, capacity building, partnership building and organisational development.

RUWSEC is a grassroots women's organisation based in the Kanchipuram district of Tamil Nadu, India. RUWSEC has been working for women's empowerment and on SRHR issues since its inception in 1981 with a mission of achieving women's wellbeing through women's empowerment. Its main focus has been on enabling women to gain greater control over their bodies and their lives, and achieving wellbeing through the promotion of gender equality, and sexual and reproductive rights. RUWSEC's overall approach has been to motivate, educate and organise youth and women from poor and marginalised communities to stand up for their rights and become agents of social change.

61, Karumarapakkam Village
Veerapuram (Post)
Thirukazhukundrum (Via)
Kanchipuram District
Tamil Nadu, India 603109
Telephone: +91 44 27491254
Email: ruwsec@vsnl.com; ruwsec.tn@gmail.com
Website: www.ruwsec.org
Facebook: [ruwsec.india](https://www.facebook.com/ruwsec.india)



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