Sexual Health Education:
A Comparison of Approaches in India, China, and the United States

In 2016, California passed the California Healthy Youth Act, the most comprehensive requirements for sexual health education in the United States (University of Southern California School of Nursing, 2017). The law required schools to provide comprehensive sexual health education at least once in grades seven or eight and at least once in grades nine through twelve. All instruction was required to meet a baseline set of criteria including being medically accurate, appropriate for students from diverse ethnic and cultural backgrounds, students with disabilities, and English language learners. It required that instruction address gender identity and expression, the harm of negative gender stereotypes and affirmatively recognize that people have different sexual orientations. In addition to these baseline criteria, instruction in middle school had to cover an extensive list of content areas including all ways that a pregnancy or sexually-transmitted infection (STI) can occur, all ways to prevent a pregnancy or STI, all legal options for a person who becomes pregnant, decision-making, negotiation, and refusal skills, skills to cultivate communication with trusted adults, student legal rights to access confidential medical services, and sexual safety including intimate partner violence, sexual harassment and assault, and human trafficking (California Education Code [EC] sections 51930-51939).

With such extensive requirements, one might rightfully expect that there would be a strong oppositional response upon legislative approval. However, there was little response from schools, parents, or external organizations in the immediate aftermath of the change. In the spring of 2017, however, that changed when an affluent school district in the San Francisco Bay Area went through a curriculum adoption process to integrate compliant sexual health instruction for their seventh-grade students. A variety of factors led to a crescendo of parental resistance against the proposed curriculum, the flames of which were stoked by a conservative, anti-LGBTQ organization. Within a few weeks that resistance had spread to several other affluent suburban districts in the Bay Area and Orange County. What was remarkable about the situation was not that there was parental resistance to sex education, but rather that this particular resistance seemed to be driven in large part by an informal alliance between first-generation South and East Asian parents.

To better understand the cultural norms and experiences of these parents, this literature review investigates how sexual health education is perceived and delivered in China, India, and the United States as well as the history and current policy approaches which interplay with those perceptions. Such an investigation can provide insights into the points of divergence and convergence across the three cultures. These similarities and differences may provide guidance to policy makers, school administrations, teachers, and program providers in how to effectively engage with parents from these and similar cultures.

Historical Context

In order to understand how policies about sexual health education came to be, it is critical to first understand the historical context through which those policies came to be developed. Jonathan Zimmerman provides a helpful starting place with *Too Hot to Handle: A Global History of Sex Education* (2016). In it, Zimmerman outlines the spread of sex education policy across the globe from Western countries to developing countries starting in the 19th century through the early 21st century. Major social movements and historical events that impacted the spread of or resistance to sexual health education include eugenics, Western colonialism, the World Wars, and the spread of HIV. Zimmerman particularly focuses on the constant emphasis and resistance cycles that occur throughout history and the tension between home and school influences in perceptions about adolescent sexual health decision-making. The dominant frameworks for sex education, when present, are abstinence-only sex education, in

which abstaining from sexual activity outside of marriage is the only acceptable choice, and comprehensive sex education, which uses a harm reduction health prevention model by providing science-based information about sexual health prevention strategies. While Zimmerman's history provides a helpful overview for understanding the global dynamics of the spread of sexual health education, it is largely focused on the role of Western, and particularly U.S., history of sex education. He touches briefly on the role of sex education in China and India, but they serve generally as examples of reactions to Western influence rather than centering either country with their own unique histories and cultural contexts for sexual health education.

Aresu (2009) provides an in-depth and comprehensive historical overview of sexual health education in China. Aresu explores the ebbs and flows of sex education in China from the early Republican period of the early 20th century when sex education was limited to the contexts of marriage and eugenics, but nonetheless present in some form, to the revolutionary period of the mid-20th century, during which sexuality was seen as a bourgeois luxury, to the late 20th century, during which the One-Child Policy was implemented and sex education was seen as a government tool for control. Aresu's overview is bolstered by Gil's "An Ethnography of HIV/AIDS and Sexuality in The People's Republic of China" (1991). Gil focuses on the role of the spread of HIV in China in the late 20th century and how historical Chinese perceptions of sexuality influenced preventive policy approaches to stem the spread HIV. While Gil doesn't explore sex education policy specifically, this article provides helpful context for the norms that inform approaches to Chinese sex education policy.

There is little English-language literature tracking the history of sex education policy in India. Chakravarti (2011) provides a helpful overview of some of the historical cultural influences on sexuality in India, including British colonialism which imposed Victorian sexual norms of abstinence over the discussions of sexual practices in Kamasutra and served as the basis for nationalist masculinity. Gabler (2012); Tripathi and Sekher (2013); Benzaken et al. (2011) also provide information about recent forays into establishing sex education policy in India, largely as context for research studies on the need for sex education. Chanana (2001) provides a helpful historical overview of gender as a cultural construct in Hinduism in India. Among much else, Chanana provides valuable context for the gender-based taboos, which likely influence some of the gendered findings in the public opinion studies outlined below. However, the dearth of historical overviews of sex education policy in India is a significant gap in the literature and would be worth delving into.

Current Policy

Understanding the history of sex education in each country provides some context for current sex education policies and approaches. Broadly speaking, the research suggests that sex education policy tends to be regionally implemented in both policy adoption and implementation, particularly in countries as large as China, India, and the U.S. Sex education policies in the United States vary widely across states, with some states providing no explicit policies on sex education, others requiring that only sexual abstinence be included in school curricula, and others mandating an expansive list of required topics (University of Southern California School of Nursing, 2017). One such state is California, which passed the California Healthy Youth Act (CHYA) in 2016. CHYA was, in fact, the most recent iteration of sex education policy in California. It's predecessor, the Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, adopted in 2003, was California's first attempt at providing consistent legal guidance to schools on sex education, but only mandated HIV prevention education. It did not require that broad concepts of sex education be covered, which created predictable confusion among school districts in how to implement the policy (Combellick & Brindis, 2011).

India has followed a similar path in sex education policy adoption, at least in terms of timeline. Gabler (2012) notes that while the first attempts at sex education took place in the 1950s, it was the HIV crisis of the 1980s that prompted a more serious attempt at establishing requirements for sex education in schools. In 2006, the Ministry of Human Resources and Development along with the National AIDS Control Organisation created the Adolescent Education Programme (AEP), a framework for sexual health instruction in secondary and senior secondary school students (Gabler, 2012 and Chakravarti, 2011). As Chakravarti (2011) and Gabler (2012) note,

however, the AEP was met with considerable resistance from all sides under the guise of violations of Indian values and several states either banned the framework or developed materials largely contrary to the scientific and gender-neutral messages in the AEP.

According to Song (2015), since 1991, China has established a variety of laws and regulations related to sex education. In that year, the Standing Committee of National People's Congress of China issued the Law on Protection of Minors, which required schools to provide a variety of health topics for adolescents broadly focused on physical and mental health. A decade later, the term "sexuality health education" made its first legal appearance in the Population and Family Planning Law. Then, in 2008, the Ministry of Education of China established the Guiding Programme for Health Education in Primary and Secondary Schools, which included topics such as healthy behaviors, disease prevention, and adolescent health, growth and development. While the Programme provided more specificity than prior policy attempts, the guidelines are not required, thus creating uneven implementation based on schools' willingness to deal with potential opposition from local forces (Song, 2015).

Assessing User Needs and Gaps in Implementation

Public opinion research is an important strategy for demonstrating need and support for sex education and represents an area of strength in the research on sex education in all three countries. Similarly, a variety of studies in each country have attempted to assess what students or parents need in terms of sex education or their perceptions of what they need.

To assess gaps in policy implementation and sexual health knowledge in the United States, Gardner (2015) conducted a qualitative study of college students in the southeastern U.S. Through in-depth interviews with fifteen undergraduate students who had experienced abstinence-only sex education, the study investigated students' retrospective perceptions of their sex education experience and asked participants to articulate what would constitute their ideal sex education. Canan and Jozkowski (2017) looked at a similar population of students – college students in the southeastern U.S. – but conducted a quantitative analysis to assess the age levels and sexual health topics that participants would endorse.

In India, there have been a couple of research approaches that provide insight into the need and openness to sex education. Tripathi and Sekher (2013) analyzed two nationally representative surveys to understand young women's perceptions and experiences with sexual health education. The study found that while a notable majority (75-88%) of Indian youth perceive sexual health education to be important, only half of unmarried women actually received such instruction. Another study that conducted a survey of 427 students in Mumbai, India similarly found that 90% of the participants perceived sex education to be important, but roughly 60% reported actual prior exposure to sex education in school and only 45% felt they had good access to sexual health advice, with females reporting more limited access (Benzaken, Palep & Gill, 2011). Another study by Kumar et al. (2017) in Haryana, India found even more support among students for sex education in school (93%). Lastly, O'Sullivan et al. (2019) found through an internet-based survey of 1,140 adults that participants were highly supportive of sex education in schools that addressed a broad array of sexual health topics.

Results have been similar in China. Song (2015) found in a cross-sectional survey of 132 college students in Hangzhou, China that, while there are requirements for sex education to be delivered in schools, less than half of students in the study actually received sex education in school and those that did had significant gaps in their sexual health knowledge. Another study by Liu et al. (2011) looked at parents' perceptions on sex education in three large Chinese cities. This study utilized a survey administered to 694 parents in Beijing, Shanghai, and Xi'an and found that a majority of participants supported sex education in schools.

Despite the interest in understanding student and parent perceptions of sex education, as the end-users of such instruction, none of these studies ask health education providers, such as non-profit organizations or health clinics, what they observe in terms of student or parent need or gaps in policy implementation. This is a notable gap in the literature, particularly since findings from some of the studies in India and China (Liu et al., 2017; Song, 2015; Benaken et al., 2011), in particular, highlight the benefit of engaging non-

governmental organizations and health providers in provision of sex education in schools.

Areas for Further Research

There are three primary areas of focus that could benefit from further research. First, there is a notable absence of a detailed overview of the history of sex education in India. This is surprising given some historical interest in sexuality via texts such as Kamasutra, but it is also critical to understanding the historical context which informs first-generation Indian parents in the United States. Certainly, cultural perceptions of gender and sexuality are important, but it is also helpful to understand how and whether Indian parents experienced sex education in school themselves in order to draw clear lines between the instruction provided to their children and what they may or may not have received themselves.

A second gap in the literature is research on parent perceptions of sex education in the United States and particularly in California. As the state implements its new comprehensive requirements, it would be beneficial to understand how parents perceive sex education generally and their awareness of the policy changes that have taken place in recent years. To date, all of the surveys of parent perceptions have been driven by non-profit organizations focused on health policy, which could be perceived as having a specific policy agenda, rather than by researchers associated with academic institutions.

Lastly, it would be beneficial to understand how providers of sex education in all three countries perceive the needs of students and parents for sex education as well as the implementation of sex education. In California, for example, all of the monitoring of implementation of the California Healthy Youth Act falls to non-profit organizations, such as Planned Parenthood affiliates, that provide either direct instruction to students or training to teachers, which puts these organizations in an optimal position to report on community-level implementation and perceptions. Additionally, given that studies in both India and China call out the need for support from non-governmental organizations to support sex education implementation, this is a major gap in the research base on sex education.

Conclusion

"In the twentieth century, for the first time in human history, schools became truly universal institutions… And wherever they appeared, schools ostensibly taught people to view themselves as rational and purposeful actors who can make their own choices and construct their own lives" (Zimmerman, 2016, p. 145). But such a belief that young people are rational actors that can make their own choices becomes a particular challenge when cultural understandings of sexuality and youth decision-making do not match with educational and health goals. The implementation of the California Healthy Youth Act in 2016 provided a magnifying glass for the conflicts that arise with sex education in schools. Different cultural norms and experiences with sex education were particularly prominent for affluent, first-generation, Chinese and Indian families in California who, generally speaking, had a strong oppositional response to implementation of the new law. To overcome such opposition, it is critical to understand the perceptions of sexuality and sex education in India and China and how they may be similar to or different than the U.S., generally, and California, specifically. Studies in this review provide helpful background on the history of sex education in each country and globally as well as the support and need for sex education by parents and students. Further research should shed light on the history of sex education in India, parental perceptions of sex education in the United States, and the role of non-profit organizations and health providers in implementing sex education in all three countries.

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