

# ENFOLD PROACTIVE HEALTH TRUST

Capacity Building of Teachers and Students in Gender,  
Comprehensive Sexuality and Personal Safety Education: An  
Intervention at the Diploma, Undergraduate and Postgraduate  
Levels - Impact Assessment and Course Evaluation

## VOLUME 1

Understanding the Impact of the 'Demystifying  
Sexuality' Course on Teachers at the Diploma,  
Undergraduate, Postgraduate Levels – Exploring  
Shifts in Knowledge and Attitude

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## ABBREVIATIONS

BDSM	Bondage, Discipline, Sadism, Masochism
B. Ed.	Bachelor of Education
BSW	Bachelor of Social Work
CICL	Children in Conflict with the Law
CEDAC	Community Economic Development Assistance Corporation
COVID-19	Coronavirus Disease 2019
CSA	Child Sexual Abuse
CSE	Comprehensive Sexuality Education
CU	Christ University
CwD	Children with Disabilities
DS	Demystifying Sexuality
E.g.	Example
FIR	First Information Report
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HR	Human Resources
IC	Internal Committee
IPC	Indian Penal Code
ITPA	Immoral Traffic Prevention Act
LCC	Local Complaints Committee
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual
MLCU	Martin Luther Christian University
M. Sc.	Master of Science
MSW	Master of Social Work
MTP	Medical Termination of Pregnancy
NE	North East

PCOS	Polycystic Ovary Syndrome
POCSO	The Protection of Children from Sexual Offences
POSH	Prevention of Sexual Harassment
PPT	PowerPoint Presentation
PwD	Persons with Disabilities
SSK	Spastics Society of Karnataka
STs	Scheduled Tribes
STIs	Sexually Transmitted Infections
ToT	Training of Trainers
TRP	Television Rating Point
RCI	Rehabilitation Council of India
RJ	Restorative Justice
RP	Restorative Practices
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund

## **EXECUTIVE SUMMARY**

### **Introduction**

Enfold Proactive Health Trust, Bengaluru, has completed a three-year intervention (2020-2023) with diploma, undergraduate and postgraduate teachers and students of Education, Special Education, Nursing, Social Work, Public Health and Counselling Psychology in colleges and institutions of Bengaluru and Shillong. This intervention sought to build their capacities in the areas of gender, comprehensive sexuality, and personal safety education through exposure to a Demystifying Sexuality (DS) course.

This intervention used a Training of Trainers (ToT) approach where the teachers were trained to teach this course to the students. A total of 18 teachers from Martin Luther Christian University (MLCU) Shillong, Spastics Society of Karnataka (SSK), Bengaluru, and Christ University (CU), Bengaluru, completed the DS training along with mock training. Fourteen teachers successfully taught the course to the first batch of students (2021-22). From these 14 teachers, 12 did the same for the second batch of students (2022-23). These teachers belonged to the following disciplines - Education, Special Education, Social Work and Counselling Psychology. Enfold facilitators observed these teachers, while they taught their students to give them constructive feedback. In addition to them, 21 teachers (from Nursing and Public Health) attended an abridged two-month DS course. These teachers were expected to incorporate information and insights procured in this course into their regular teaching rather than teach the entire DS course.

To understand the impact of this course on these teachers, it was deemed fit to undertake a baseline and endline comparison.

### **Impact assessment objectives**

- 1) To ascertain the nature of the shift in teachers' knowledge base and attitudes regarding the key domains of the Demystifying Sexuality course
- 2) To understand changes (from the baseline to the endline scenario) in the teachers' preparedness level to engage with the different domains of the Demystifying Sexuality course
- 3) To draw attention to specific course inputs, that the teachers actually used in their personal lives subsequent to their exposure
- 4) To ascertain the topics the teachers were comfortable with
- 5) To understand which topics the teachers had concerns with, both prior to the intervention as well as after the completion of the DS course and the shifts therein
- 6) To explore whether the teachers felt that the training inputs provided by the Enfold facilitators were adequate for teaching the students
- 7) To determine the areas in which the teachers need additional inputs
- 8) To ascertain whether the training met with their expectations

## **Methodology**

To execute this impact assessment, a mixed-method research approach was adopted (use of both quantitative and qualitative methods of data collection) both prior to (baseline) and after the intervention, i.e., subsequent to teaching students (endline).

Three types of data collection methods were adopted for this study:

- 1) A survey was deployed through online self-administered Google forms (questionnaires).<sup>1</sup> This form took approximately 30 to 40 minutes to complete.
- 2) Structured interviews were conducted through video-conferencing platforms like Google Meet and Zoom. The interviews took between 45 minutes to 1.5 hours.
- 3) Observation of select teaching sessions was undertaken.

In the analysis, detailed triangulation was undertaken by also bringing to bear insights gained from:

- a) Student course evaluation reports
- b) Student impact assessment reports

A total of 17 teachers were identified for conducting the impact assessment. Efforts were made to include both sets of teachers:

- a) those who had undergone multiple levels of training; mock sessions; and observation feedback when they rolled out the course (12)
- b) those who had undergone the abridged 2-month course (5)

## **Impact of the course in effecting shifts in the knowledge base and attitudes**

There were positive shifts in some of the domains of the DS course: Diversity in Gender and Sexuality; Self-Esteem and Body Image; Sexual Health and Issues with Reproductive Health; Sexual Relationships, Sexual Preferences, and Practices; Sexuality and Disability; Common Sexual Health Issues; Sexuality Development in Children and Adolescents; Rights and Laws in the Context of Gender and Sexuality; Intersectionality and Restorative Practices. It does need mention that these **shifts were of varying degree**.

This study examined 14 major domains and 42 sub-topics. Significant findings emerged with regard to the following:

- a) In 18 sub-topics of 10 domains, there is evidence of highly positive shifts. (Refer to Annexure 15 for details.)
- b) In 22 sub-topics of 9 domains, the teachers already had a satisfactory understanding in the baseline scenario, which further improved with course inputs. (Refer to Annexure 16 for details.)
- c) In 4 sub-topics of 4 domains, there is still the need to enhance teachers' understanding. (Refer to Annexure 17 for details)

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<sup>1</sup> Research ethics requirements were adhered to by providing the teachers with a Participant Information Sheet and administering a Consent Form.



**These varying knowledge levels indicate: a) a substantially improved grasp in most of the domains; b) a large number of teachers had a satisfactory understanding in many of the domains in the baseline, which improved with further course inputs; c) a partial (rather than a comprehensive) understanding of the entire course.**

### **Shift in preparedness levels to engage with DS course domains**

This assessment explored the shift in teachers' perceptions regarding their preparedness to engage with the key domains of the DS course.

This data revealed a series of **highly positive shifts** in perceived preparedness levels almost across the board. In the **baseline situation, 6% - 53%** of the teachers felt **prepared** to teach the DS topics to their students. In the **endline**, there was a **positive shift** as nearly all the **teachers (88% - 100%)** indicated a suitable level of preparedness (a combined measure of 'completely prepared' and 'somewhat prepared' responses).

The domains of Structure and Function of Human Sexual and Reproductive Systems; Sexuality and Sexual Relationships; Rights and Laws in the Context of Gender and Sexuality; and Restorative Practices garnered a few responses in the 'very slightly prepared' category; while two teachers felt completely 'unprepared' to tackle the domains of Paedophilia and Sexual Preferences and Practices, indicating that the teachers need further time and inputs to feel well prepared in these select domains.

It needs mention that a juxtaposition of the data on the actual impact of the course (as discussed in the previous section) and teachers' perceived preparedness levels reveals that in some cases, the teachers were not as suitably prepared as they believed themselves to be.

### **Training components of the DS intervention**

All the teachers were either **very satisfied or somewhat satisfied** with the training components provided as part of this intervention.

### **Practical utility of the course**

The majority of teachers found the topics '**very useful**' (**ranging from 50% to 83%**), further suggesting that nearly all the teachers felt this intervention helped them effectively engage with the students.

### **Impact of the DS inputs on the teachers' professional and personal lives**

Among the 5 teachers exposed to the abridged 2-month training programme, **4** indicated that **they used DS topics in their regular teaching formats**. From all the teachers (17) in the study, **6 (35%)** reported **using the DS topics with groups of students beyond what was mandated in the intervention**.

All the **17 teachers** reported that they **shared this information in their individual interactions** with various groups of people, like their students, colleagues, peer groups, family (parents and siblings), and other extended family members like cousins.

### **Challenges in using DS inputs; comfort with topics during student engagements; impact on understanding of one's sexuality; additional inputs**

Six (35%) teachers stated that they **faced challenges** in using the DS inputs in their personal lives. **Eleven (64%)** teachers were **comfortable with all the topics**, while **six (35%)** teachers expressed **some discomfort**. **Eight (47%)** teachers indicated that this intervention **positively impacted their understanding of their own sexuality and relationships**. **Seven (41%)** teachers **felt the need for additional inputs**. **Fourteen (82%)** teachers reported that they had **no concerns regarding the programme**.

### **Potential for being recommended; and the confidence to teach the course independently**

All the teachers were **keen to recommend this course**. **Sixteen (94%)** teachers felt **confident about imparting the course** to future batches without Enfold's support. This is one of the most significant achievements, as this speaks of sustainability.

### **Conclusions**

The above findings indicate that the intervention has achieved most of its objectives. Given the sensitivities that surround these topics, this is creditable. Regarding areas where only partial positive shifts were noted, it is relevant to acknowledge that this is a Training of Trainers (ToT) intervention. Information loss within this format is not entirely unexpected.

This report can play a role in enabling effective planning for future batches by providing both teachers and Enfold trainers with relevant insights.

### **Recommendations**

#### **The teachers could:**

- adopt a more suitable teacher-student ratio;
- give the students repeated inputs throughout the academic year;
- provide the students with the additional DS resources to complement their learning and facilitate self-learning;
- seek out teaching inputs which can help break the tedium in the classroom;
- develop a closely supervised peer-to-peer teaching programme.

#### **The Enfold team could:**

- monitor mock sessions carefully to ensure teacher readiness before they start teaching this course;
- vet the learning materials/methodologies utilised by the teachers during their sessions to ensure that these are relevant and factually sound and the methodologies are suitable and effective;
- conduct a refresher session/s in areas that the teachers found to be challenging or warranted a different kind of facilitation;
- focus on equipping teachers with a range of facilitation techniques (small/large group activities, reflective exercises, and other experiential methodologies);
- provide the teachers with access to additional resource material on select complex topics to build and strengthen their perspectives;
- develop a support mechanism for teachers and students;
- step in to support the teachers when the latter are not able to deliver the course in the required manner;

- provide some of the teachers with focused and suitable inputs on content, attitude, and methodology before they engage with the next batch of students;
- engage in brainstorming sessions with the larger Enfold team to develop mechanisms to help the teachers to transact the DS inputs in their local context. They will need to develop and tailor examples to fit the cultural milieu;
- address the learning loss inherent in the ToT methodology by developing a self-learning App which could enable peer-to-peer discussion and students-teacher discussions.

## **1. INTRODUCTION**

Enfold Proactive Health Trust, Bengaluru, has completed a 3-year intervention (2020-2023) with diploma, undergraduate and postgraduate teachers and students of Education, Special Education, Nursing, Social Work and Counselling Psychology in colleges and institutions of Bengaluru and Shillong. This intervention sought to build their capacities in the areas of gender, comprehensive sexuality, and personal safety education.

This intervention was conceived of in collaboration with Ford Foundation, in the context of the larger agenda and ongoing work of Enfold.

Enfold Proactive Health Trust was founded in 2002 by Dr Sangeeta Saksena and Dr Shaibya Saldanha, (former Associate Professors in the Department of Obstetrics and Gynaecology at St John's Medical College, Bengaluru) in response to the lack of discourse on sexuality; silence and apathy around gender-based violence in India.

Their work with a range of constituencies led to the understanding that the lack of bodily autonomy and agency; poor self-esteem among women and sexual minorities; and a dearth of comprehensive sexuality and reproductive health education, converge to enable glaring gender disparities, inequity, child sexual abuse.

Over time came the realisation that there is a limit to the number of groups Enfold can directly work with. It became imperative to engage with systems, whereby, this knowledge could be institutionalised and then further transmitted in a sustainable manner. The educational system could be a valuable entry point. Hence, this intervention was conceived of and designed to spread the large Enfold net even wider.

Comprehensive sexuality education and personal safety education is not yet a part of the central or state board curricula for school students or their teachers. Enfold sought to address this issue by building capacities of teachers in gender, comprehensive sexuality and personal safety education, to train students of B Ed., Special Education, B Sc. Nursing, Social Work and Counselling Psychology. These professions were deemed particularly relevant because children or adults who have been abused are likely to reach out to them. The aim was to implement a comprehensive life skills based sexuality education intervention with a rights-based and gender-transformative approach.

This intervention needs to be placed within the context of what gender, comprehensive sexuality and personal safety education comprises and entails.

## **2. THE CONTEXT: GENDER, COMPREHENSIVE SEXUALITY AND PERSONAL SAFETY EDUCATION**

Gender, comprehensive sexuality, and personal safety education are crucial areas of knowledge and understanding that contribute to the holistic development of individuals. Effective understanding can play a significant role in promoting well-being and fostering healthy relationships. Studies have shown that these areas are stigmatised and thus, shrouded in silence. These topics have also been neglected in educational curricula, resulting in a lack of awareness, and understanding among students and teachers. However, research suggests that open and inclusive discussions on these subjects are crucial for empowering individuals, promoting healthy relationships, and addressing prevalent issues such as gender bias, sexual violence, and reproductive health concerns (Johnston, 2018).

Interventions aimed at exposing students and teachers to topics related to gender, comprehensive sexuality, and personal safety education have shown promise in effecting positive changes in knowledge and attitudes.

This large rubric contains many domains, which are of consequence.

Incorporating an understanding of intersectionality is critical. It recognises the interconnected nature of various forms of oppression and discrimination, considers how factors like race, class, gender identity, and sexual orientation intersect and impact an individual's experiences. By addressing intersectionality, these interventions promote inclusivity and understanding, ensuring that the diverse needs and experiences of different individuals are acknowledged and respected (Crenshaw, 1991).

Studies have demonstrated that such interventions incorporating an understanding of intersectionality can lead to an improved understanding of diverse gender identities and sexual orientations (Miller & Simon, 2019). This contributes to building more equitable and respectful communities by challenging existing norms. It reduces the stigma that people of diverse sexual identities are subject to (Lombardi et al., 2001).

Educating individuals about rights and laws pertaining to gender and sexuality fosters awareness and empowers individuals to advocate for their own rights and the rights of others. This knowledge equips people with the tools necessary to navigate legal systems, challenge discriminatory practices, and promote social change (Smith et al., 2018).

Beleagued areas like child sexual abuse and sexual violence in adults need to be shifted out of private tabooed spaces. Awareness of the power dynamics and mechanics of these phenomena can play a crucial role in raising awareness, empowering individuals, and fostering a culture of respect and consent. By addressing issues related to sexual violence, these interventions aim to prevent and respond to instances of abuse, provide support to survivors, and educate individuals about consent, boundaries, and engender healthy relationships. Such initiatives can contribute to creating safer and more supportive environments for everyone (Brecklin and Forde, 2001).

Further, interventions that promote personal safety education have the potential to equip individuals with the necessary tools to recognise and respond to various forms of violence and abuse throughout their lives (Foshee et al., 2014). These also help challenge social norms, reduce stigma, and promote inclusive practices in educational settings and beyond.

Research has highlighted that inputs in these domains can enable an enhanced body image and self-esteem and increase awareness of sexual health issues and reproductive rights (DeLamater et al., 2019). This also contributes to improved sexual and reproductive health outcomes, reduced rates of unplanned pregnancies, and decreased engagement in risky sexual behaviours (UNESCO, 2018; Svanemyr et al., 2015).

Contrary to the belief that Comprehensive Sexuality Education (CSE) will trigger sexual behaviour among minors, evidence supports that it actually delays sexual activity and promotes responsible sexual behaviour. The Justice Verma Committee Report (2013) on amendments to the Criminal Law in the context of sexual assault against women, recommends that: a) children's experiences should not be gendered; b) sexuality education should be imparted to children; c) adult literacy programmes are necessary for gender empowerment.<sup>2</sup>

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<sup>2</sup>[https://adrindia.org/sites/default/files/Justice\\_Verma\\_Amendmenttocriminallaw\\_Jan2013.pdf](https://adrindia.org/sites/default/files/Justice_Verma_Amendmenttocriminallaw_Jan2013.pdf)

In addition to this, the Central Board of Secondary Education (CBSE) 21st Century Skill Handbook recommends the inclusion of personal safety education in a graded manner from 3-18 years.<sup>3</sup>

Hence, there is the need to demystify sexuality and promote personal safety education among students and teachers who can serve as powerful conduits to transmit these inputs across large sections of society.

A caveat is warranted at this point, as studies reveal that the impact of these interventions may not be immediate or easily measurable. Long-term effects often become evident later in life as individuals apply the knowledge and skills acquired during their educational journey (World Health Organization, 2010).

Against this backdrop, the current intervention was conceptualised and executed to break the existing taboos and to foster open discussions to enable preventive and promotive behaviour.

#### Existing work in this area

It needs mention that in India, there are several organisations working in this area: TARSHI (Talking About Reproductive and Sexual Health Issues); CREA (Creating Resources for Empowerment in Action); Breakthrough; Centre for Health and Social Justice (CHSJ); Naz Foundation (India) Trust; Jagori, etc. They have employed wide-ranging approaches to tackling some of these issues through direct intervention and/or the creation of referral/support networks. (For details on the work of these organisations refer to: <https://www.tarshi.net/site/>; <https://creaworld.org/>; <https://inbreakthrough.org/>; <https://chsj.org/>; <https://www.nazindia.org/> <http://www.jagori.org/>.)

However, an intervention of this nature, which attempts to institutionalise Demystifying Sexuality inputs within relevant educational programmes has not been attempted by a Non-Governmental Organisation (NGO) from outside the educational system, in India before.

### **3. ABOUT THE INTERVENTION**

#### **Long-term goal**

Enfold designed this intervention to work towards the larger goal of ending discrimination and violence against women, sexual minorities, and children, where individuals are not marginalised based on their gender, sexual orientation, disability, ethnic or social origin.

#### **Intervention objectives**

The intervention sought to achieve the following objectives:

- 1) To build the capacity of teachers and students of diploma, undergraduate and postgraduate studies in gender, comprehensive sexuality, and personal safety education, using rights-based, restorative and gender-transformative approaches with the aim of preventing gender-based violence
- 2) To empower teachers and young adults who can recognise and speak against gender-based violence and provide support in creating safe spaces for marginalised genders (especially women, sexual minorities) and children

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<sup>3</sup> [https://cbseacademic.nic.in/web\\_material/Manuals/21st\\_Century\\_Skill\\_Handbook.pdf](https://cbseacademic.nic.in/web_material/Manuals/21st_Century_Skill_Handbook.pdf)

- 3) To equip teachers with the requisite knowledge, which will enable the development of suitable attitudes, and behaviours; thereby allowing them to teach the various Demystifying Sexuality concepts in their classrooms with a measure of confidence
- 4) To enable a trickle-down effect, wherein, teachers and students utilise their learnings when engaging with people in their professional capacity, as well in their personal interactions with their peers and family members
- 5) To support and enable students to feel safe and self-assured as they navigate critical and challenging life phases

### **Potential for long-term impact**

The team at Enfold believes that once you have heard something, you cannot unhear it; and every instance of discussing, reflecting, listening to others' points of view would have some effect on the person. It is therefore likely that all the teachers and students will benefit from the course in both the short and the long term. This also ties in with the findings of WHO, 2010 study that long-term effects often become evident later in life as individuals apply the knowledge and skills acquired during their educational journey.

### **Details of the intervention**

The original blueprint of the programme was as follows:

Step 1: Enfold had proposed to train at least 5 teachers from 5 disciplines (a total of 25 teachers), namely, Social Work, Psychology, Special Education, Education and Nursing,<sup>4</sup> located across 5 institutions in Bengaluru and Shillong. The teachers would be trained in the domains of gender, comprehensive sexuality, personal safety, and prevention of abuse. They would then discuss these topics with their students, year after year.

The training programme was held from 28<sup>th</sup> January, 2020 to 10<sup>th</sup> April, 2020.<sup>5</sup> Seven Enfold facilitators conducted the training. They exposed the teachers to teaching skills, an orientation on the DS manual, intervention-specific PPTs and added materials.

Fifteen sessions<sup>6</sup> for two batches of teachers were conducted online - 3 days a week for 5 weeks, for a duration of 2 hours. This constituted a total of 30 contact hours. The final session was reserved for sharing of learnings, experiences, and feedback.

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<sup>4</sup> During the process of bringing the teachers onboard, several Nursing institutes were approached - Hoskote Mission Institute of Nursing, Vydehi Institute of Nursing, St John's Institute of Nursing, and CMC Vellore. As these establishments were not able to commit to the proposed intervention, nursing teachers from Ramaiah College of Nursing and Dr H. Gordon Roberts Hospital were approached. However, they were only exposed to the 2-month abridged DS course as they did not have the time for the complete exposure.

<sup>5</sup> The first batch of teachers were from CU and MLCU (covering Education, Social Work and Psychology). Fifteen teachers participated in this batch, and the course ran from January 28<sup>th</sup> to February 27<sup>th</sup>, 2020. The second batch of teachers were from SSK. Five teachers participated in this batch and the course ran from March 11<sup>th</sup> to April 10<sup>th</sup>, 2020.

<sup>6</sup> Minimum attendance for these sessions was required as the teachers had to fulfil a certain number of hours to obtain the DS training certificate at the end of the programme. This would enable them to continue teaching future batches of students at their institutions.

The topics covered in the training sessions<sup>7</sup> are indicated below:

**Table 1: Training session topics**

S. No.	Topic
1	Evolution of the structure of the human reproductive system and its functions
2	Common issues with sexual health - stigma, shame, healing
3	Diversity in gender identity and sexual orientation
4	Gender bias - against all genders - women, transpersons, other genders, intersex, men
5	Body positivity, body image, pornography, masturbation, sex positivity, gender expressions
6	Sexual desire - sexual relationships; sexual preferences and practices
7	Power, respect, and consent
8	Intersectionality, positionality
9	Sexual abuse - child sexual abuse; gender-based violence, intimate partner violence
10	Rights and Laws - child rights, sexual and reproductive rights/laws.

Step 2: Before conducting these sessions with their first batch of students, the teachers underwent a mandatory month-long practical mock training consisting of 30 hours (15 sessions of 2 hours each) from April 20<sup>th</sup> to May 25<sup>th</sup> 2021. This was included to ensure teacher readiness. This was done in two batches, thereby ensuring sufficient exposure and practice for each teacher.

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<sup>7</sup> It needs mention that the teachers in the respective institutions were given complete autonomy to design their own DS curricula to fit into their daily teaching schedules. The DS course structure was then vetted by the team at Enfold to ensure that the duration to transact the course was optimal; that suitable teacher student ratio was adhered to for a seamless learning experience.



The mock training was designed in the following manner:

**Table 2: Aspects of the mock sessions**

S. No.	Agenda of the mock sessions
1	The teachers discussed each of the topics covered in Demystifying Sexuality and cleared any doubts
2	Mock Practice: The teachers presented different topics of sexuality to other participants in their group and to Enfold Faculty <sup>8</sup>
3	The teachers planned how to conduct sessions: customise the PPTs given by Enfold, discuss the Handbooks customised to each discipline, identify pairs to conduct the sessions

Step 3: The trained teachers who completed steps 1 and 2, then taught the course (30 hours of input) to their first batch of students. The Enfold facilitators observed them during each of these sessions and provided the necessary feedback and improvement points. (For additional details on facilitator observation feedback please refer to Annexure 1.)

Step 4: The trained teachers were requested to attend 10 online training sessions on how to discuss sexuality, gender, and safety. These sessions were voluntary in nature and were conducted by the Enfold faculty. These spanned 5 to 6 months, beginning in August, 2021. Each session was 2 hours long.

Step 5: The trained teachers then conducted sessions for the next batch of students<sup>9</sup> (Batch 2) through a 5-day immersive programme in MLCU; and over 16 sessions in SSK (with 30 hours of input). The Enfold facilitators observed only 2 days of training (12 hours).

### **Rationale for selection of colleges and institutions**

Given the goal of the intervention and the normative changes it sought, Enfold decided to engage with teachers and students of a particular profile: social workers, counsellors, teachers of children with and without disabilities, and nurses. Persons in these professions are key stakeholders. Children or adults who have been abused are likely to reach out to them. It is likely that course inputs would be highly relevant to them during their professional work. This would enable the sustainability of this intervention and the teachers would expose their students to DS inputs year upon year. The students would then take these insights and inputs into their respective fields to create a multiplier effect.

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<sup>8</sup>To complement their training, the teachers were also given the facilitation manual; the handbook (which was designed for their specific disciplines); and questionnaires with MCQs for self-assessment.

<sup>9</sup> The teachers from the various institutions devised a structured and exclusive internship period for both batches of students following the course, to enable them to effectively transact DS learnings into the field. For more information on how the students utilised their DS insights in the field, please refer to the Student Impact Assessment report.

Additionally, Enfold approached institutions from different geographical locations, as they did not want to restrict the intervention only to Bengaluru. They reached out to institutions where they had prior connections (collaborated with these institutions on other projects in the past), as the likelihood of incorporating the DS programme into their curriculum would then be higher. An extended intervention (3 years long) of this nature warranted a high commitment from the teachers and the management.

Considerable effort went into the creation of suitable course material. (For details on DS course resource material and its preparation, please refer to Annexure 2.)

### **Profile and number of teachers**

A total of 54 teachers were approached from eight different disciplines,<sup>10</sup> namely, Special Education,<sup>11</sup> Nursing, Education, Psychology, Allied Health Sciences, Gender Studies, Social Work and Public Health,<sup>12</sup> from various colleges and institutions in Bengaluru and Shillong.

Out of these 54 teachers, 18 teachers (from Special Education, Education, Psychology and Social Work) completed the intensive 3-month DS training, along with the mock training. Twenty-one teachers (from Nursing and Public Health) attended the abridged 2-month DS course.<sup>13</sup>

From the 18 teachers that completed the DS training along with the mandatory mock training, 14 teachers went on to teach the course to their first batch of students in the year 2021-2022. From these 14 teachers, 12 of them taught the DS course to the second batch of students in the year 2022 - 2023.<sup>14</sup> These teachers were from the following disciplines - Education, Special Education, Social Work and Psychology.

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<sup>10</sup> There were several challenges that the Enfold team encountered while recruiting teachers for the 3-year long DS intervention. As teachers of some disciplines, such as Nursing and Public Health could not undergo an extensive and immersive course of this size, an online 2-month abridged course was designed with 8 contact classes (16 hours over 2 months, for a duration of 2 hours over 8 sessions). These teachers were unable to teach the course to their students due to time constraints and university responsibilities.

<sup>11</sup> The Special Educators are experienced teaching faculty for specialisations in Learning Disabilities and Autism Spectrum Disorders and a 2-year Rehabilitation Council of India (RCI) approved programme in Intellectual Developmental Diseases. For further information, please visit the website - <https://www.rehabcouncil.nic.in/>

<sup>12</sup> In the interest of expanding the programme to teachers from other community-based disciplines due to an initial dropout of teachers from the Nursing cohort, Public Health was recognised as a promising alternative. However, this recruitment process was not without challenges. Due to the growing commitments of the staff, they, too, were given the 2-month abridged course as opposed to the 3-year intervention.

<sup>13</sup> In addition to attending the 2-month course, the teachers from Nursing and Public Health were also asked to undertake independent study by referring to the Demystifying Sexuality Reference book and viewing 5-hours of video content, to complement their learning experiences from within the classroom. On completion of the course, they were asked to do a short assessment to check for self-learning.

<sup>14</sup> One teacher from Christ University (Discipline: Education) taught a few DS topics to the first batch of students (14 teaching hours out of a total of 52 hours to one section of students), without the required/mandatory training, but left the programme after conducting a few sessions. This participant was not included in the assessment.

With the outbreak of the COVID – 19 pandemic, both the training and a large part of the course delivery went online. This had a series of implications. (For details on this please refer to Annexure 3.) Despite the adversities that came with the online training and teaching, the overall satisfaction levels<sup>15</sup> with the intervention were more than optimal. This suggests that these challenges did not have an entirely negative effect on the intended learning outcomes of the intervention.

This intervention was executed against this backdrop. This report presents an overview of the course impact on the teachers. This was undertaken by understanding teachers' knowledge and attitudes towards the DS course components and their expectations prior to the intervention and the nature of shifts that resulted after they finished teaching the course.

#### **4. OBJECTIVES OF THE IMPACT ASSESSMENT**

The impact assessment sought to achieve the following objectives:

- 1) To ascertain the nature of the shift in teachers' knowledge base and attitudes regarding the key domains of the Demystifying Sexuality course
- 2) To understand changes (from the baseline to the endline scenario) in the teachers' preparedness level to engage with the different domains of this course
- 3) To draw attention to specific course inputs, that the teachers used in their personal lives
- 4) To ascertain the topics the teachers were comfortable with
- 5) To understand which topics the teachers had concerns with, both prior to the intervention as well as after the completion of the DS course
- 6) To explore whether the teachers felt that the training inputs provided by the Enfold facilitators were adequate for teaching the students
- 7) To determine the areas in which the teachers needed additional inputs
- 8) To ascertain whether the training has met with their expectations

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<sup>15</sup> To understand the student satisfaction levels, please refer to the Student Course Evaluation report. The teachers' satisfaction level is reflected in Section 9 of this report.

## 5. METHODOLOGY

### **Mixed methods study**

To execute this impact assessment, a mixed-method research approach was adopted (use of both quantitative and qualitative methods of data collection) both prior to (baseline) and after course completion, i.e., after teaching the students (endline).<sup>16</sup>

Three types of data collection methods were adopted for this study:

- 1) A survey was deployed through online self-administered Google forms (questionnaires).<sup>17</sup> This form took approximately 30 to 40 minutes to complete.
- 2) Structured interviews were conducted through video-conferencing platforms like Google Meet and Zoom. The interviews took between 45 minutes to 1.5 hours.
- 3) Observation of select teaching sessions was undertaken.<sup>18</sup>

### Baseline Exploration

A quantitative and qualitative approach was utilised for capturing the baseline scenario. The teachers completed the baseline assessment in the following manner:

- 1) They received an email to complete the self-administered questionnaire
- 2) They participated in a live interview session, wherein, the data was collected in one session

This focussed on two areas:

- a) Understanding course impact. For this area, a series of proxy statements, questions, and case scenarios<sup>19</sup> were conceptualised to represent the different topics that were covered in the Demystifying Sexuality course. (Some items had predetermined response options and some items were interview questions<sup>20</sup> that elicited open-ended responses.)
- b) Determining preparedness levels (scaled responses were sought for each topic).

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<sup>16</sup> Regarding the quantitative questions, qualitative reasons for teachers' responses were not sought, as the primary focus was to gain an understanding of the nature of the shifts in teachers' knowledge base and attitudes rather than ascertain the reasons for the same.

<sup>17</sup> Research ethics requirements were adhered to by providing the teachers with a Participant Information Sheet and administering a Consent Form.

<sup>18</sup> The researchers observed a total of 12 sessions, covering most of the topics.

<sup>19</sup> The term proxy in the context of this assessment refers to statements/questions/case scenarios, which serve as "proxies" for elements not covered in that topic. It is not possible to comprehensively cover every single element of the course in an assessment. Hence, the use of proxies, which give the researchers an overall understanding of that particular topic.

<sup>20</sup> The interview guide had mainly knowledge-based items and perspective-seeking items.

### Exploration during the course delivery

The two researchers engaged in observation sessions while the teachers taught the students the course. Efforts were made to review the following:

- a) teachers' personal understanding of the DS domains
- b) their ability to communicate sensitive concepts confidently
- c) their usage of varying teaching techniques and supporting resources
- d) their skill in engendering discussions and responding to questions
- e) students' receptivity
- f) student participation levels

### Endline Exploration

A qualitative and quantitative approach was used for the endline assessment through a self-administered questionnaire and an online interview. The teachers completed the endline activities in the same manner as the baseline assessment. The questions in the baseline questionnaire were administered again (to ascertain shifts). The endline questionnaire had an extra section of questions (some of which elicited qualitative responses) on how the teachers used these inputs in their professional and personal lives; and whether further inputs were warranted.

The baseline phase was initiated on January 10th, 2021. The endline data collection was completed on February 9th, 2023.

### **Sampling strategy**

A total of 17 teachers were identified for conducting the impact assessment. The sampling strategy was designed to include a range of teachers with different levels of exposure and engagement with the DS course:

- a) Teachers who had undergone multiple levels of training; mock sessions; taught two batches; exposed to observation feedback during course roll-out (11)
- b) Teachers who had undergone multiple levels of training; mock sessions; taught one batch; exposed to observation feedback during course roll-out (1)<sup>21</sup>
- c) Teachers who had undergone the abridged 2- month course were also approached after one year after programme completion, to determine shifts in attitude as well as utilisation of DS inputs in one's personal and professional life (5)

### **Data analysis strategy**

The quantitative data from both the baseline and the endline was downloaded from the Google forms into Excel sheets. The Excel software was used to generate comparative tables and charts.

The qualitative data was processed thematically.

All the information from the observation sessions was written up in the form of thick description, which was then thematically categorised and analysed.

For the final analysis in this report, data, and insights from these three information sources was triangulated by bringing to bear insights gained from:

- 1) Student course evaluation report
- 2) Student impact assessment report

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<sup>21</sup> One college (Christ University) conducted only one year of the mandated DS programme. This was taught by a single teacher who was included in this assessment.

### **Study limitations**

This study adopted both quantitative and qualitative approaches, which enabled a comprehensive overview. Ideally qualitative methods of data collection are best undertaken in person. This was not possible due to the outbreak of the COVID- 19 pandemic. This could have affected the quality of the information that emerged from the teacher interviews. In addition to this, most of the observations were also conducted online – both of online teaching sessions and of in-person teaching sessions. Poor audio quality affected the researcher’s ability to truly gauge the nature of the interaction between students and teachers; and the extent to which the students were engaging with and internalising course inputs.

### **Challenges in data collection**

There were several challenges in acquiring data from the teachers.

1. During the baseline period, some of the teachers identified for training did not complete the assessment within the allocated time. This required the researchers to extensively follow-up on the same, which was time consuming.
2. Additionally, some of the teachers dropped out of the intervention. This compelled Enfold to enrol new teachers. Hence, baseline data collection had to be undertaken with these new teachers as well. Further, the data collected from the teachers who dropped out of the intervention was rendered unusable. Therefore, instead of collecting data from 25 teachers in the baseline, information was obtained from 54 teachers. This was time consuming and laborious. Thus, in the baseline situation, data lakes emerged that could not be used in the final analysis.
3. In the endline situation, despite extensive follow-up that spanned a month, only 2/6 Public Health teachers and 3/5 Nursing teachers sampled from the 21 teachers from the 2-month abridged course responded.<sup>22</sup>

Despite these challenges, this report presents a substantive understanding of the impact this course had on the teachers.

The findings from this report are presented from Section 6 to Section 10.

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<sup>22</sup> Thus, the proposed sample size was 23 but finally only 17 teachers could be accessed for this study.

## 6. SOCIO-DEMOGRAPHIC PROFILE OF TEACHERS (STUDY RESPONDENTS)

An understanding of the teachers' profile will help provide a context to the study findings.

**Table 3: Respondent information**

S. No	Profile detail	Information
1.	Age	Below 25 – 1 (5.88%) 25 - 30 years - 2 (11.76%) 31 - 40 years – 10 (58.82%) 41 - 50 years – 2 (11.76%) 51+ years - 2 (11.76%)
2.	Gender	Woman – 15 (88%) Man – 2 (12%)
3.	Discipline	Allied Health Sciences – 2 (11.76%) B. Ed. – 1 (5.88%) Gender Studies, Reproductive Sciences/ Women's Health and Allied Health Sciences - 1 (5.88%) Nursing – 3 (17.65%) Psychology - 1 (5.88%) Public Health – 2 (11.76%) Social Work - 3 (17.65%) Special Education – 4 (23.53%)
4.	Course taught	Pre-University – 1 (5.88%) Bachelor's – 3 (17.65%) Bachelor's and Master's – 5 (29.41%) Bachelor's and Certificate/diploma – 1 (5.88%) Bachelor's, Master's, and Certificate/diploma – 2 (11.76%) Master's – 1 (5.88%) Certificate/diploma – 3 (17.65%) None of the above – 1 (5.88%) <sup>23</sup>
5.	College/ Institution	Christ University – 1 (5.88%) Martin Luther Christian University – 7 (41.18%) Indian Institute of Public Health – 2 (11.76%) Ramaiah Institute of Nursing Education and Research – 3 (17.65%) Spastics Society of Karnataka – 4 (23.53%)

This table reveals that -

1. More than half of the teachers (10 - 58.82%) were between the ages 31 - 40 years. The remaining teachers were scattered across the range. Only 1 teacher was below the age of 25.
2. A large percentage of the teachers identified as women (88%); and a small percentage (12%) identified as men.

<sup>23</sup> One of the faculty members at Public Health Foundation of India was not a teaching member. From this cohort, a few administration personnel were also included as part of the programme.

3. The teachers came from varied disciplines: Allied Health Sciences, Education, Special Education, Nursing, Social Work, Psychology and Public Health. One teacher came from a combination of disciplines - Gender Studies, Reproductive Sciences/ Women's Health, and Allied Health Sciences.
4. The teachers taught a range of courses: Pre-University instruction, Certificate/diploma, Bachelor's, and Master's programmes. Eight teachers catered to a combination of courses.
5. The teachers taught in the following colleges and institutions from two cities:
  - a) Bengaluru - Christ University, Ramaiah Institute of Nursing Education and Research, Spastics Society of Karnataka.
  - b) Shillong - Martin Luther Christian University, Indian Institute of Public Health.

The next part of the report explores how these teachers from very varied backgrounds responded to the Demystifying Sexuality course. The first area of exploration is the impact of the course in effecting shifts in knowledge and attitude.

## **7. IMPACT OF THE COURSE IN EFFECTING SHIFTS IN KNOWLEDGE AND ATTITUDE**

This section explores the shift in teachers' knowledge base and attitudes with reference to key domains in the Demystifying Sexuality course. This shift was captured by exposing teachers (in both the baseline and endline surveys), to relevant proxy statements, questions and case scenarios pertaining to the Demystifying Sexuality course domains. It needs mention that these proxies are a dipstick that yield insights into the impact of the course.

This exploration was undertaken for the following domains:

1. Diversity in Gender and Sexuality
2. Gender Bias
3. Self-Esteem and Body Image
4. Sexual Health and Issues with Reproductive Health
5. Sexuality, Sexual Relationships, Sexual Preferences and Practices
6. Sexuality and Disability
7. Common Sexual Health Issues
8. Contraception and Pregnancy
9. Sexuality Development in Children and Adolescents
10. Sexual Violence against Adults and Children
11. Rights and Laws in the context of Gender and Sexuality
12. Intersectionality
13. Restorative Practices

### **7.1 Diversity in Gender and Sexuality**

The understanding of various gender and sexual identities is critical, as those who inhabit the margins of gender, sexuality and sexual behaviour are often discriminated against. To gauge shifts in this topic, the study sought to obtain teacher understanding of five key terms:

**Cisgender, Intersex, Transgender, Pansexuality and Gender fluidity.**



**Table 4. Cisgender definition**

Statement	Response	Baseline <sup>24</sup>	Endline
The correct definition of cisgender is -	When your gender identity does not match your assigned sex	0	0
	When your gender identity matches your assigned sex	4 (67%)	14 (93%)
	When your sexual orientation is as expected of your assigned sex	1 (17%)	0
	When your sexual orientation is contrary to what is expected of your assigned sex	1 (17%)	1 (17%)
	I do not know	0	0

The correct definition is<sup>25</sup>: “When your gender identity matches your assigned sex.”

A comparison of the baseline and endline scenarios shows a **major<sup>26</sup> positive shift** in the understanding of this term (from 4/6<sup>27</sup> – 14/17 teachers). There was also a corresponding **major positive decrease** in the teachers who did not know the definition from 13 (76%) to 3 (17%) teachers in the endline, revealing a 59% decrease.

Three teachers were still not clear about the meaning of the term “cisgender” at the endline. These teachers were not exposed to the intensive inputs as they only attended the abridged 2-month course. Perhaps this resulted in a lower retention and reinforcement of concepts/topics.

**Table 5. Intersex definition**

BASELINE	ENDLINE
<p>In the baseline, only 1 teacher gave the <b>correct definition</b>:</p> <p>a) <i>“When a person's physical reproductive characteristics/organs are not clearly defined, wherein, the person cannot be attributed to either the male or female sex”</i> E.g., a boy born with a vulva.</p>	<p>The endline revealed that more teachers knew the <b>correct definition</b>:</p> <p>a) <i>“A child is born with genitals that are ambiguous”</i></p> <p>b) <i>“Have genitals, chromosomes or reproductive organs that don't fit into a male/female sex binary”</i></p>

<sup>24</sup> The percentages in this table were calculated based on the number of teachers that answered “Yes” to the sub-question on this item – “Do you know what the term ‘cisgender’ means?” On responding to this question, only those teachers that answered “Yes” were then asked about their conceptualisation of the term ‘cisgender’.

<sup>25</sup> All the “correct definitions” stated in this section are in adherence to the definitions laid out in the glossary section of the Demystifying Sexuality manual.

<sup>26</sup> The terms ‘minor,’ ‘moderate,’ and ‘major’ shifts are classified as follows: a ‘minor’ shift is used when the percentage increase is 6% or less; the term ‘moderate’ shift is used when the percentage increase is 7% to 13%; the term ‘major’ shift is used when the percentage increase is 14% and more.

<sup>27</sup> In the baseline situation, 6/17 teachers claimed that they knew what the term cisgender meant but the data reveals that only 4/17 teachers knew the correct answer as two teachers answered incorrectly.

BASELINE	ENDLINE
<p>Some teachers had a <b>partial understanding</b>:<sup>28</sup></p> <p>a) <i>“A person who is born with both genitalia, i.e., male and female reproductive organs. E.g., male has female reproductive characteristics like ovaries”</i><sup>29</sup></p> <p>b) <i>“It is a genetic condition”</i></p> <p>There were some teachers who had a <b>flawed understanding</b> of the term intersex that are presented below:</p> <p>a) <i>“A person who identifies as both male and female; and is accepted as the ‘third gender’”</i> Intersex is not an identification. It is a biological variant that does not fit into a binary.</p> <p>b) <i>“Being “intersex” can stem from a birth defect”</i> It is problematic to classify natural variations as defects. It would be useful to classify it as a variation of sexual traits.</p>	<p>Some teachers demonstrated a <b>partial understanding</b>:</p> <p>a) <i>“Born with a combination of male and female biological traits”</i></p> <p>b) <i>“Their genitals might not match their reproductive organs”</i></p>

The correct definition is “When the physical characteristics of the person cannot be assigned to the female or the male sex.” However, very often, the term intersex has also been understood by laypersons as, “When the person has both female and male physical characteristics.”

The table above shows that in the baseline situation, 5/17 (29%) teachers claimed that they knew what the term “intersex” meant, but their definitions revealed that only 1 teacher (6%) gave the correct definition and 2 (11%) of them had a **partial understanding** of the definition.

In the endline, there was a **major positive shift** as 14 (82%) teachers either had a **partial or a correct understanding** of the term, revealing a significant improvement between both scenarios.

Only 3 teachers need further nuanced inputs regarding this definition.

Additionally, a comparison of the baseline and endline reveals an **increase** in the number of teachers who **thought this was a natural variation**, from 11 (64%) to 15 (88%), which is a promising development.

<sup>28</sup> The terms ‘correct definition/complete understanding’, ‘partial understanding’, ‘flawed understanding’ are classified based on inputs provided by the Enfold facilitator.

<sup>29</sup> Further inputs were provided by the Enfold facilitator on the responses by the teachers and have been retained for the reader’s reference.

**Table 6. Transgender definition**

BASELINE	ENDLINE
<p>In the baseline, a few teachers gave the <b>correct definition</b>:</p> <p>a) <i>“Does not identify with the sex they were assigned at birth. E.g., a person with male genitalia that identifies as a woman”</i></p> <p>A few teachers had a <b>partial understanding</b>:</p> <p>a) Undergone reconstructive surgery, which is different from "cross-dressing"</p> <p>Some teachers had a <b>flawed understanding</b> of the term:</p> <p>a) Has difficulty exploring, understanding and deciding what sex they belong to, i.e., male or female</p> <p>b) <i>“They do not fit into the biological norms of the sex they were born with”</i></p> <p>c) <i>“Mental and physical characteristics do not reflect the atypical characteristics of strictly being male or a female”</i></p>	<p>Most of the teachers gave the <b>correct definition</b> that transgender is:</p> <p>a) <i>“A person whose gender identity does not correspond with the sex assigned for them at birth”<sup>30</sup></i></p> <p>b) <i>“A person whose gender identity differs from the sex the person had or was identified as having at birth”</i></p> <p>1 teacher displayed a <b>partial understanding</b> of the term:</p> <p>a) <i>“Choose to transform their sex through sex reassignment surgery”</i></p>

The correct definition is “A person who was assigned the gender male at birth, but who identifies as a woman. Conversely, a person who was assigned the female sex and the feminine gender at birth, but who identifies as a man.”

Some transwomen or transmen may choose to undergo gender affirming surgery to alter their appearance in a way that aligns with their gender identity more appropriately. And some transwomen or transmen may choose not to undergo any gender affirming medical processes.

The table above reveals that in the baseline situation, 9 teachers<sup>31</sup> either gave the **correct definition** or had a **partial understanding** of the term “transgender.” In comparison, there was a **major positive escalation** in the endline scenario, with 15 teachers (an increase from 52% to 88%) reporting a **correct definition or partial understanding** of the definition.

<sup>30</sup> The Enfold facilitator who taught the teachers stated that this is the correct definition.

<sup>31</sup> Out of the 13 teachers that responded “Yes” to the question “Do you know what the term "transgender" means?” thus claiming that they knew the correct answer, only 9/13 teachers had a partial or correct conceptualisation of the definition.

Only 2 teachers did not know the definition.<sup>32</sup>

In addition, a comparison on the baseline and endline reveals that in both the scenarios, all the teachers who answered the question **thought this was a natural variation** (from 9 - 52% to 15 - 88%), which adds to the overall positive outcome.

**Table 7. Pansexuality definition**

BASELINE	ENDLINE
<p>The teachers who responded to knowing the definition of pansexuality, <b>gave the correct definition.</b> They stated that pansexuality is:</p> <p>a) <i>“Not bound by a "gender preference" but falls in love with another person based on their personality traits and qualities”</i></p> <p>b) <i>“Irrespective of what gender the other person identifies with, whether it is male, female or transgender”</i></p> <p>c) <i>“Attraction based on other qualities of compatibility, like emotions, thoughts, personality traits; aura, or universal energy, intellect”</i></p>	<p>In the endline, almost all the responses were streamlined to the <b>correct definition:</b></p> <p>a) <i>“Sexual, romantic, or emotional attraction towards people regardless of their sex or gender identity”<sup>33</sup></i></p>

The correct definition is: “Someone who can have a sexual, romantic, or emotional attraction or desire for members of all gender identities or expressions. Gender or sex of the other person are not determining factors in this feeling of attraction.”

In the baseline situation, only 5 teachers knew the definition of “pansexuality”. This increased to 11 in the endline (from 29% to 65%; showing a **major positive shift**), which is a promising outcome.

However, it does need mention that 6 teachers (35%) were still unclear or unsure about the concept of “pansexuality” at the endline, which is a fairly large percentage.

Regarding whether the teachers thought that being **pansexual was natural**, they stated that it was natural in both the baseline and endline. This added to the overall positive outcome.

<sup>32</sup> It needs mention that in any intervention, there will be a small margin of teachers who do not necessarily engage with such courses completely. Therefore, this is not an unexpected finding.

<sup>33</sup> This conceptualisation aligns with definitions found through online sources. An Enfold facilitator was asked to vet this understanding and it was classified as a correct answer.

**Table 8. Gender fluidity definition**

BASELINE	ENDLINE
<p>One teacher gave the <b>correct definition</b>:</p> <p>a) <i>“Change in one's perception or expression of gender identity. E.g., from male to female or even transgender”</i></p> <p>Some teachers had a <b>flawed understanding</b> of gender fluidity:</p> <p>a) <i>“Gender fluidity implies a person is comfortable with both male and female traits”</i></p> <p>b) <i>“Identify as cisgender at one point of time in their lives and later on change to transgender”</i></p> <p>c) <i>“Not be labelled as a man, woman or transgender”</i></p> <p>d) <i>“Chooses to switch from time to time based on personal preference”</i></p>	<p>The endline scenario saw more teachers giving the <b>correct definition</b>:</p> <p>a) <i>“A person’s gender changes over the course of their lives, E.g., they might identify as a male at one stage of their life, and a female in another”</i></p> <p>b) <i>“A person who does not identify as having a single unchanging gender”</i></p>

The correct definition is: “Gender fluidity is the change in a person’s gender identity or its expression over time. There may be a change in one’s identity but not in one’s gender expression and vice versa (Katz-Wise, 2020).” Presence of gender fluidity in some individuals should not be construed to mean that everyone experiences it or that a transgender person can or should work at being gender fluid and ‘change’ their gender identity. Also, not every individual who experiences gender fluidity identifies themselves as gender-fluid.

On comparing the baseline and endline scenarios, the table above shows a **major positive increase** (6% to 59%) in the teachers who understood the term “gender fluid” from 1 to 10 teachers, indicating an overall improved understanding.

However, 7 (41%) of the teachers were still unclear about the definition, which is a matter of concern. It is possible that the teachers may not have been able to easily recall the correct definition during the interview as they are exposed to multiple concepts in the DS course, each with its own distinct nuancing. This may have easily caused difficulty in retention as well as differentiating between various other identity-based topics that they were exposed to.

Furthermore, on comparing the baseline and endline situation, the data revealed that in both the scenarios, all the teachers who answered the question **thought this was a natural variation** (from 4 to 10).

Hence the Enfold facilitators need to work in the area of knowledge-based content<sup>34</sup> to devise mechanisms for helping teachers process and retain this information.

This sub-section on **definitions pertaining to ‘sexual identity’** reveals positive shifts in understanding across the board with a better comprehension of the following terms:

- Cisgender
- Intersex
- Transgender

With regards to the terms of ‘pansexuality’ and ‘gender fluidity’, 6-7 teachers still need a better understanding.

All these definitions are replete with nuanced distinctions, which teachers are likely to overlook unless these are clearly pointed out. Being aware of these nuances is critical for an effective understanding of this domain.

Further, most of the teachers held that these are ‘natural variations. This is a positive outcome. Moreover, the observations sessions revealed that the teachers may benefit adopting different approaches<sup>35</sup> for teaching to enable a better understanding of the facts surrounding gender and sexual identities for themselves. This in turn, will facilitate a suitable shift in the students’ attitude as well.

In addition to focussing on these terms, this impact assessment used four proxy statements to examine:

- a) attitudes regarding non-binary gender identities;
- b) whether homosexuality was perceived as a personal alterable choice;
- c) whether sexual abuse against the LGBTQIA+ community is a consequence of their personal choices;
- d) perceptions regarding physical intimacy between same-sex individuals

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<sup>34</sup> This intervention was designed to enable both short-term attitudinal and long-term behavioural changes. The understanding of various concepts was not taught from an assessment perspective but rather with the intention of helping the teachers internalise this material effectively to be able to then transact it with the help of personal anecdotal experiences as well as relevant case studies. Hence, the “knowledge” component, though an integral requirement while teaching students, was not expressly emphasised upon, as the correct definitions can be accessed through a quick glance at the DS manual or at online sources. This may have contributed to a partial understanding or no proper recollection of the terms discussed in this section.

<sup>35</sup>The teachers used the following methodologies to teach the students. All of these were recommended methodologies as part of the course design and the teachers had the flexibility to incorporate these or other approaches into their teaching: a) PPTs, b) small group discussions/exercises, c) reflective exercises, d) lectures, e) large class discussions, f) worksheets.

In this report, data triangulation will be undertaken by bringing to bear insights gained from the course evaluation, the overall student report and from observations of class sessions.

Notions around gender identity

**Table 9: Naturalness of non-binary gender identities**

Statement	Agreement level	Baseline	Endline
<b>Gender identity which is not binary is unnatural</b>	Strongly agree	0	1 (6%)
	Agree	0	1 (6%)
	No opinion	2 (12%)	0
	Disagree	9 (53%)	4 (24%)
	Strongly Disagree	6 (35%)	11 (64%)

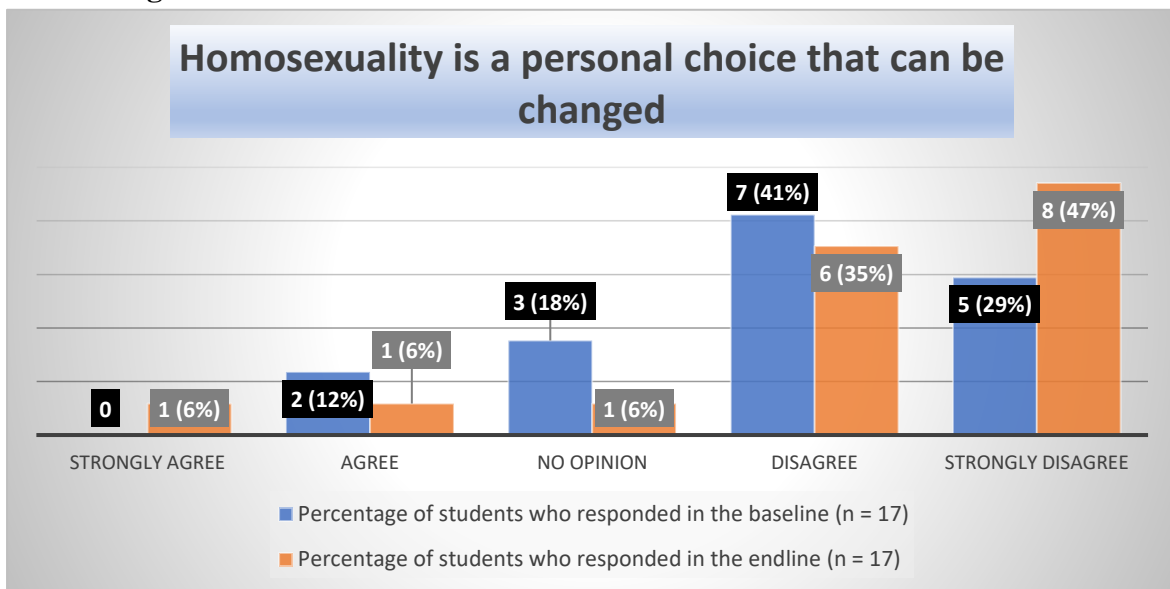
The table above reveals virtually **no shift** in the desired ‘**disagree and strongly disagree**’ responses (15 teachers maintained the desired response in both scenarios). This indicates that 88 per cent of the teachers were already accepting of non-binary sexuality in the baseline scenario.

There was also a corresponding **minor adverse increase** in the ‘**agree**’ responses (0 to 12%).

2 teachers require further inputs in this area.

Notions around homosexuality and choice

**Figure 1: Homosexuality is a personal choice that can be changed if an individual tries hard enough**



The figure reveals that there was a **moderate positive shift** in the combined categories of teachers who ‘**strongly disagreed and disagreed**’ with this statement {from 12 (70%) in the baseline to 14 (82%) in the endline}. This shows that most of them were aware that homosexuality is not a matter of choice prior to course exposure.

A **minor positive decrease** was noted in the teachers who had ‘no opinion’ - from 3 (18%) in the baseline to 1 (6%) in the endline.

However, 2 teachers **maintained their stance** in both scenarios by agreeing that homosexuality is a personal choice that can be changed. This indicates that further work is required with them to expand their understanding in the area of homosexuality.

**Sexual abuse and the LGBTQIA+ community**

**Table 10: Sexual abuse against the LGBTQIA+ community cannot be treated at par with sexual abuse against non-LGBTQIA+ people**

Statement	Agreement level	Baseline	Endline
<b>Sexual abuse against the LGBTQIA+ community cannot be treated at par with sexual abuse against non-LGBTQIA+ people. This is because LGBTQIA+ persons are partly responsible for bringing sexual abuse upon themselves given the choices they have made.</b>	Strongly agree	0	0
	Agree	0	0
	No opinion	4 (24%)	1 (6%)
	Disagree	3 (18%)	6 (35%)
	Strongly Disagree	10 (58%)	10 (59%)

The data indicates a preliminary understanding at the onset, wherein, 76% of the teachers had already ‘**strongly disagreed and disagreed.**’ In comparison, nearly all of them (94%) held the same stance in the endline scenario, which is a **major positive shift.**

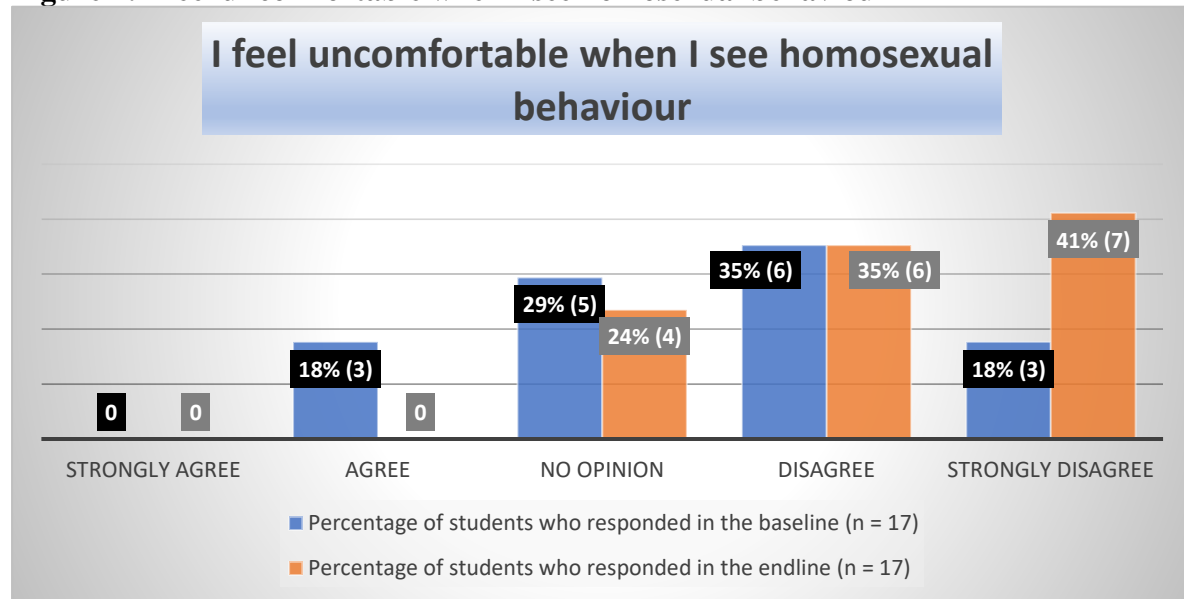
There was a corresponding **major positive decrease** from 4 to 1 participant (24% to 6%) in ‘**no opinion**’ responses.

**None of the teachers held** that sexual abuse against the LGBTQIA+ community cannot be treated at par with sexual abuse against non-LGBTQIA+ people.



### Attitudes towards romantic relationships between same-sex partners

**Figure 2: I feel uncomfortable when I see homosexual behaviour**



The data reveals a **major positive escalation** in ‘**strongly disagree**’ responses in the endline from 3 (18%) to 7 (41%).

There was a **maintenance** of responses for the categories of ‘**disagree**’ and ‘**no opinion.**’

This is an **overall positive outcome** as none of the teachers indicated that they were uncomfortable with same-sex romance.

This sub-section on **Diversity in Gender and Sexuality** presents **overall positive outcomes** (even though most of the teachers already had the desired attitudes in the baseline situation).<sup>36</sup>

## 7.2 Gender Bias

From childhood, gender-appropriate norms are known to guide roles and responses. This translates into gender discrimination, which leads to unfair and unjust treatment of individuals based purely on their gender. This is embedded within institutions, social interactions, beliefs, and actions. It determines access to education, nutrition, employment, paid work, legal rights, etc. In India, gender biases play out differently in different locales. These are dependent on local gender norms pertaining to factors like poverty, colonial past, history of local women's rights movements, caste-based norms, gender division of labour, purdah practices and labour-intensive agriculture among others (Evans, 2020).

The teachers were exposed to one proxy question and were asked one interview question on:

- whether they feel that the basis of gender bias lies in biological differences
- what are their own actionable interventions around gender bias

<sup>36</sup> Furthermore, an observation of one of these sessions showed that the teacher effectively used the DS manual to foster interest and curiosity among the students.

### Gender bias and biological differences

**Table 11: Does the basis of gender bias lie in biological differences?**

Statement	Agreement level	Baseline	Endline
<b>The basis of gender bias lies in biological differences.</b>	Strongly agree	1 (6%)	1 (6%)
	Agree	6 (35%)	4 (24%)
	No opinion	1 (6%)	1 (6%)
	Disagree	4 (24%)	7 (41%)
	Strongly Disagree	5 (29%)	4 (24%)

This table reveals that in the baseline already 9/17 teachers (53%) either **disagreed or strongly disagreed**. This increased to 11/17 (65%) in the endline. This indicates that the course did have a **marginally positive impact** on an already largely aware group.

35% teachers would benefit from nuanced inputs. However, it does need mention that some teachers seem to have answered this question from the lens of the prevalent social fabric around gendered roles and stereotypes, and not from their own perspective.

### Personal and professional interventions on the awareness of gender bias

The DS intervention worked towards awareness as well as instilling attitudinal and behavioural changes around gender discriminatory actions. This was explored by asking the teachers at the baseline and endline - **Do you think you can do anything about gender bias?**

16/17 teachers felt that they could do something about gender bias in the baseline, and this increased to **all 17 teachers** in the endline, who felt they did (through the 2-year DS teaching programme) and can do more about bringing awareness around gender-based attitudes, behaviours, and norms. This is a largely promising outcome in both the scenarios, as the teachers were already enthusiastic about shedding light in this area.

This inquiry was followed by another question – **In what way can you do something about gender bias?** Table 12 presents an overview of their responses. For a detailed understanding of specific responses please refer to Annexure 4.

**Table 12: Addressing gender bias**

BASELINE	ENDLINE
<p><b>Debunking stereotypes within the personal home space</b></p> <ul style="list-style-type: none"> <li>● sharing of household responsibilities</li> <li>● equal decision-making powers</li> <li>● girl children should be equally desired</li> <li>● equal educational and professional opportunities</li> <li>● equality in inheritance, etc.</li> <li>● discussions on equality of sexual minorities</li> </ul> <p><b>In the professional space, there are multiple avenues:</b></p> <ul style="list-style-type: none"> <li>● absence of gender restrictive norms</li> <li>● job and pay parity, etc.</li> </ul> <p><b>Teachers from different streams of work put forth suggestions specific to their roles</b></p>	<p><b>Debunking stereotypes within the personal home space</b> Some examples:</p> <p>a. <i>‘As a mother I do not differentiate between male and female children.’</i></p> <p>b. <i>‘I will create equal opportunities for all my children whether it is a choice of toy or a desire to pursue any sport. Opportunities will be based on merit and not gender.’</i></p> <p>c. <i>‘I live by example. My husband and I divide all household responsibilities so my son learns first hand.’</i></p> <p>d. <i>‘I am willing to have ‘difficult’ conversations with my daughter if she has questions about her gender identity, i.e., if she identifies as non-binary.’</i></p> <p>e. <i>‘After the DS course experience I am going to change my thoughts, attitude, behaviour, body language towards genders I do not identify with. Micro-change is important.’</i></p> <p>f. <i>‘I will initiate conversations about DS topics at home.’</i></p> <p><b>In the professional setting:</b> Some examples:</p> <ul style="list-style-type: none"> <li>● <i>‘There should be equal opportunities for all (male, female, transgender) with an atmosphere of healthy competition.’</i></li> <li>● <i>‘As a teacher and a social worker, I will generate awareness to all age groups, especially adolescents through seminars. I will initiate self-help groups and empowerment programmes to address this issue. All women should be economically independent.’</i></li> <li>● <i>‘As the Head of Department (HOD) I have broken the glass ceiling that women encounter in climbing the professional ladder. I have faced tremendous backlash in doing so. This has helped tackle the area of gender bias where we are now better placed to talk about salaries and promotions.’</i></li> <li>● <i>‘As an employee of Spastics Society of Karnataka, I have ensured that all my students get equal employment opportunities in all our work areas: bakery, tailoring, computer training, etc.’</i></li> <li>● <i>‘I will make an effort to bring this learning into rural areas and give women a voice in public spaces like Panchayat meetings.’</i></li> <li>● <i>‘I have intervened with client families to ensure that daughters get equal educational opportunities.’</i></li> </ul>

BASELINE	ENDLINE
	<p><b>At the community level:</b></p> <ul style="list-style-type: none"> <li>● <i>‘I intervened in a case of domestic violence when all the other neighbours stood by and did nothing. I refuse to succumb to the bystander phenomenon.’</i></li> <li>● <i>‘I want to get involved in policy making regarding gender equity. I would like to draft rules within institutions about gender-appropriate behaviour.’</i></li> </ul>

The table above reveals that there was awareness and understanding of gender bias in the baseline situation but it was somewhat hypothetical and generic. In the endline, the teachers **very clearly articulated how they have and will address gender bias in various domains of life**. It is evident that the course has had a positive impact.

### 7.3 Self-Esteem and Body Image

Under certain circumstances, self-esteem is associated with the perception of one’s physical appearance. The influence of social norms can lead to the formation of a positive or a negative body image. Especially among adolescents, body dissatisfaction can have repercussions on one’s physical and mental health. It may result in behaviours that are harmful (imbalanced diets, use of laxatives, induced vomiting, etc.) and/or develop feelings of shame, anxiety, and self-disgust (Steigler et al. 2011).

To determine the attitudinal shift from the baseline to the endline scenario, the teachers were exposed to:

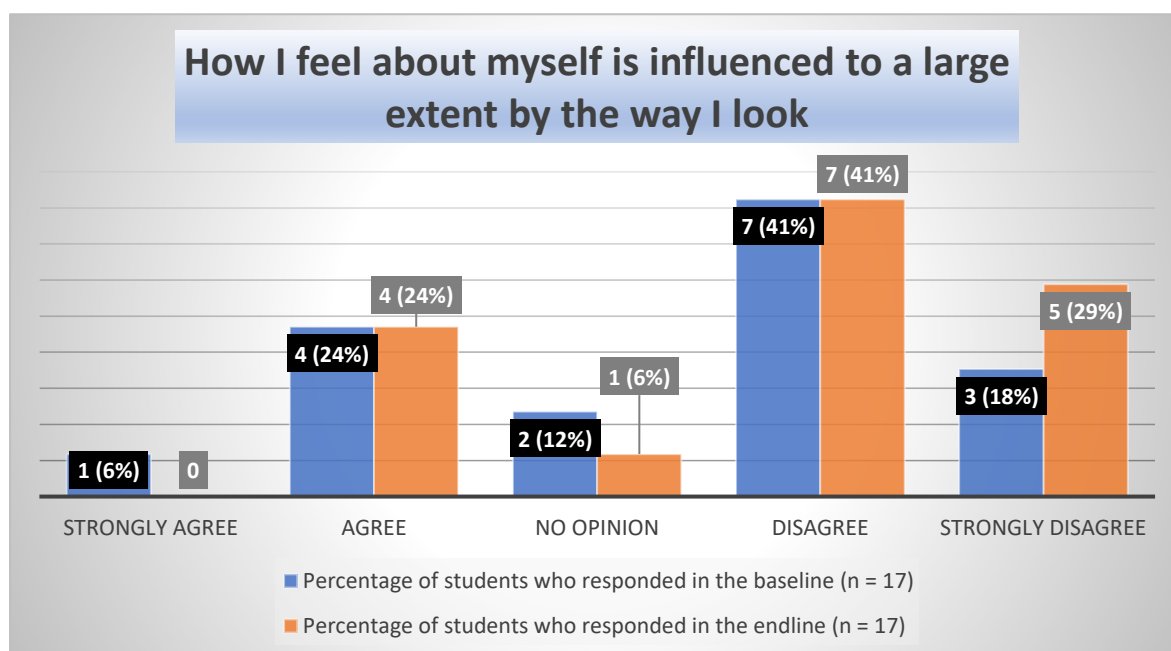
- a) one proxy statement, which explored whether their self-image was linked to their physical appearance
- b) one interview question which inquired into the understanding of their identities

#### Self-esteem and body image

#### **Figure 3: The influence of one’s physical appearance on one’s self-esteem**

Ideally, most of the teachers should disagree with the above statement, as the DS manual aims at sending out the message that - ‘We can develop a realistic perspective on body image and develop an appreciation for one’s body - the way it functions, heals, and grows by itself. What we do with our capabilities is more valuable than how we look. We get different messages from others about our body. We can accept those that help us love and care for the

body and reject those that do not. We can keep in mind that our bodies are all very different, and each one of us is worthy of respect, safety, and dignity.’



The figure above shows a **moderate positive increase** in the number of teachers in the combined ‘**strongly disagree and disagree**’ categories from 10 (59%) during the baseline to 12 (70%) in the endline.

There was **no shift** observed in the ‘**agree**’ response category (24% in both scenarios), with corresponding **negligible positive shift** in ‘**strongly agree**’ (no participant had strongly agreed in the endline) and ‘**no opinion**’ responses { 2 (12%) to 1 (6%) }.

Thus, 5 (30%) teachers could benefit from additional inputs.

Self-esteem and body image is a complex domain where attitudinal shifts do not occur easily. This may warrant some novel approaches for handling this topic.

**Exploration of one’s unique identity**

The teachers were asked to describe unique facets of their identities, which depend on their personal attributes, social setting, and audience they interact with.

To explore this area in detail, the teachers were first asked if they had **thought about their identity**.

Sixteen teachers in the baseline and all 17 in the endline said they had a conceptualisation of their identity. The table below summarises their responses. For details, please refer to Annexure 5.

**Table 13: Description of varied personal identities**

BASELINE	ENDLINE
5 teachers were able to identify <b>multiple identities within their beings</b> .	7 teachers spoke of a <b>multiplicity of identities</b> within themselves.

BASELINE	ENDLINE
<p><b>5</b> other teachers spoke of a <b>multiplicity of identities but with one primary identity</b>.</p> <p><b>6</b> teachers spoke of a <b>singularity in their identity</b>.</p>	<p><b>2</b> of them had one <b>primary identity with multiple layers to it</b>.</p> <p><b>8</b> teachers alluded to a <b>singularity in their identity</b>.</p>
<p><b>1</b> teacher detailed various concerns regarding identity.</p> <ul style="list-style-type: none"> <li>• <i>‘I feel that as a girl I was disadvantaged as boys are more easily accepted in society as compared to girls and they have much more freedom.’</i></li> <li>• <i>‘Sometimes I wonder whether I would have stayed ‘straight.’ I felt the need to talk to somebody about my identity but there was nobody, so I could not explore or experiment.’</i></li> </ul>	

The table reveals **similar responses in both the baseline and the endline**, indicating an enduring representation of varied personal identities. The only key difference was that in the endline **no concerns were articulated**.

The teachers were then asked if there were **drawbacks or privileges** attached to the chosen identities (singular, multiple).

**Table 14: Privileges and drawbacks associated with identity**

BASELINE	ENDLINE
<p><b><u>Privileges</u></b></p> <p>The teachers from Shillong claimed that Khasi society is egalitarian, close-knit, and collectivistic. It is predominantly matrilineal in nature and women's rights are upheld to high standards in this community. Being tribals they have access to myriad benefits and opportunities.</p> <p>Other teachers spoke of feeling empowered by the nature of their professions in terms of respect, access, and financial independence these enabled. Some spoke about being more attractive, interesting, and resilient as compared to men.</p>	<p><b><u>Privileges</u></b></p> <p>Similar responses emerged in the endline.</p>
<p><b><u>Drawbacks</u></b></p> <p>The drawbacks primarily pertained to gender unequal norms that played out to:</p> <ul style="list-style-type: none"> <li>• Enable unequal roles and responsibilities within the home</li> <li>• Influence choice of profession</li> <li>• Limited mobility</li> <li>• Create lack of safety</li> </ul>	<p><b><u>Drawbacks</u></b></p> <p>In addition to the drawbacks detailed in the baseline, the teachers also spoke of:</p> <ul style="list-style-type: none"> <li>• Pressures on men to be the primary financial providers</li> <li>• Pressure on women to procreate</li> </ul>

<ul style="list-style-type: none"> <li>● Inhibit decision-making</li> <li>● Promote a heavy work burden</li> </ul>	<ul style="list-style-type: none"> <li>● Poor access to equal educational opportunities for women, etc.</li> </ul>
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This indicates that the teachers had intelligently thought about their identities, with an awareness of advantages and disadvantages, thus, bringing in a holistic and intersectional understanding of their unique beings. This was perceived as a largely positive exercise for the teachers as some of them had either never been asked about their identities or had never given it enough thought prior to the baseline and endline assessments. For further details on privileges and drawbacks please refer to Annexure 6.

#### 7.4 Sexual Health and Reproductive Health Issues

The domain of sexual and reproductive health is often not discussed, as it touches upon topics which tend to be relegated to the private (sometimes regarded as taboo) zone. This enables the persistence of myths and misconceptions. To access the varying perspectives of the teachers in this area, notions around masturbation, menstruation, women’s sex drive, and their views on the purpose of sexual activity, were explored.

##### The practice of masturbation

**Table 15: Masturbation is unhealthy**

Statement	Agreement level	Baseline	Endline
<b>Masturbation is unhealthy</b>	Strongly agree	0	0
	Agree	1 (6%)	0
	No opinion	0	2 (12%)
	Disagree	8 (47%)	6 (35%)
	Strongly Disagree	8 (47%)	9 (53%)

The table above reveals that in the baseline situation, 16 (94%) teachers ‘**strongly disagreed or disagreed**’ with the above statement. This indicates that awareness levels were already at a suitable level.

This saw a **minor adverse reduction** to 15 (88%) in the endline, with corresponding **increase** in the ‘**no opinion**’ category (0 to 12%).

It needs mention that one teacher may have shifted their stance from ‘agree’ in the baseline to ‘no opinion’ in the endline, which is also a favourable outcome in this respect, as the intervention aims at shifting attitudes from a small to a large extent, which takes sustained time and effort.

No one stated that masturbation is unhealthy in the endline.

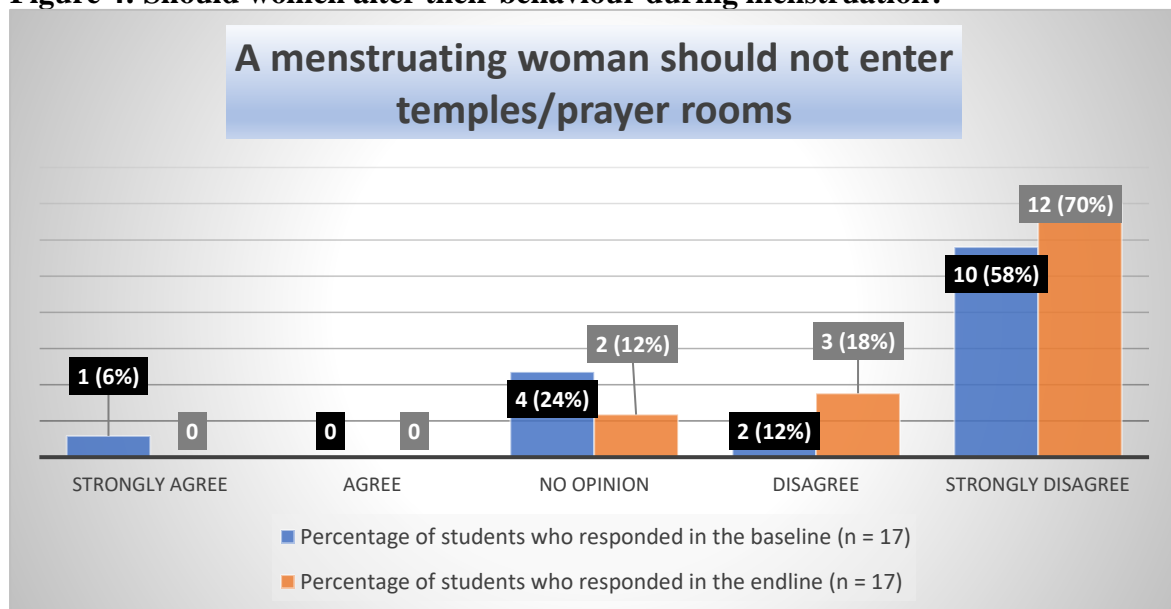
2 teachers still need input in this area. It is possible that they do not want to engage with this topic, as they are not comfortable with it.

It is also interesting to note that there were mixed reactions among the students regarding masturbation, as 29% (110/385) maintained a ‘no opinion’ stance even in the endline (compared to 38% in the baseline). This suggests that exploration of individualised perspectives may be useful for approaching this topic in a more contextual manner, given the disparate religious and socio-cultural sentiments of the student population across different cities and disciplines.

**Exploring attitudes relating to behaviour during menstruation**

Menstruation is often associated with terms like ‘unclean’ and ‘impure’. There is no scientific basis to this assumption. One of the objectives of the course is to make teachers aware of facts related to menstruation; to address any unasked/unanswered questions they may have had; and to enable them to question some uninformed notions through scientific explanations.

**Figure 4: Should women alter their behaviour during menstruation?**



The figure reveals an overall positive outcome with a **major positive shift** in the combined categories of ‘**strongly disagree and agree**’ responses in the endline {15 (88%)}, as 12 (70%) teachers had **already responded favourably** with the above statement in the baseline.

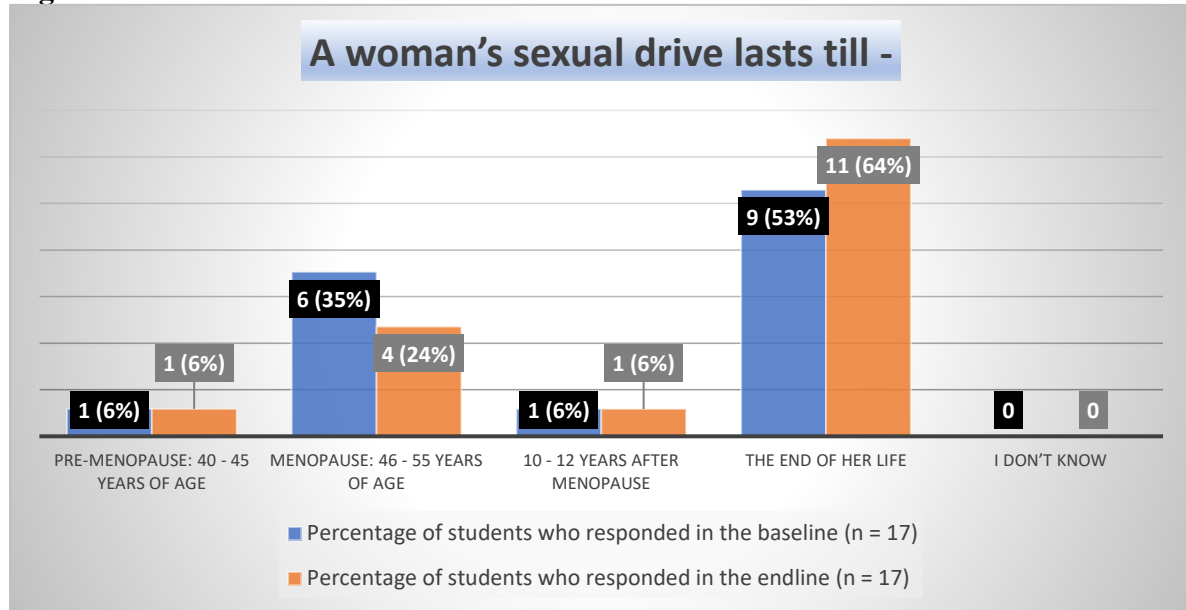
Currently, only 2 (12%) teachers require additional inputs in this regard.

**Knowledge pertaining to women’s sex drive**

Conventionally men, not women, are seen as actively sexual beings. Some people harbour under the misconception that women with high libidos have questionable morals. For them to engage in sexual activities late in life, is seen as gender inappropriate.



**Figure 5: Till when does a woman’s sexual drive last?**

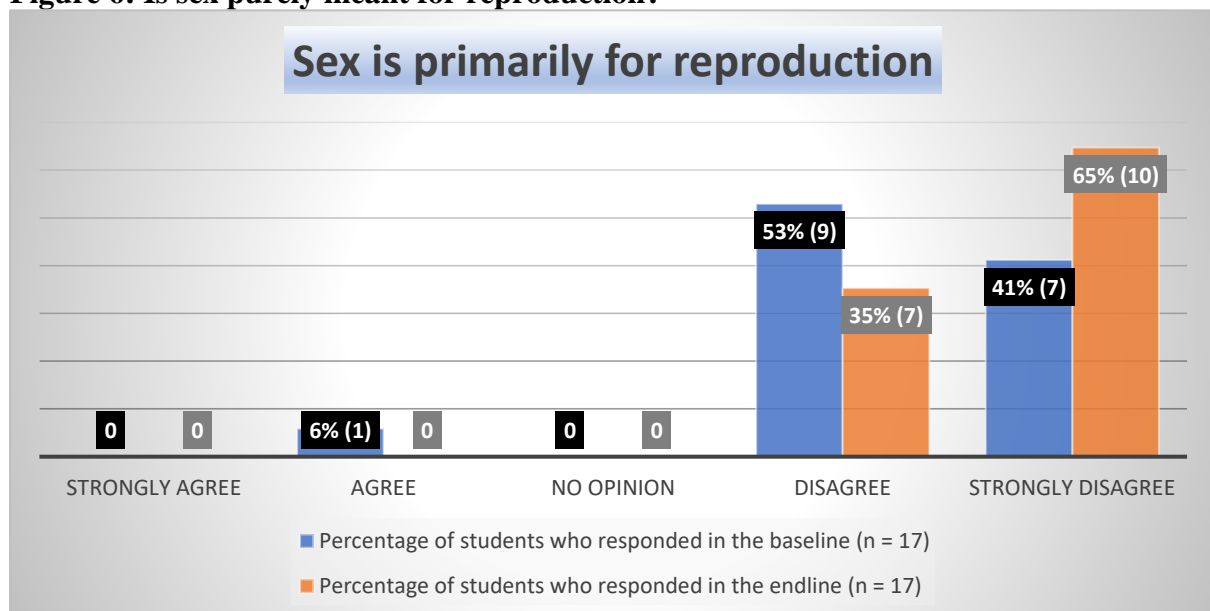


The figure reveals that, at the baseline, 53% (9) teachers knew the ‘correct answer’ that a woman’s sex drive does not disappear with age and lasts till the end of her life. After the course was complete, 64% (11) reached this understanding which is a **moderate positive shift**.

However, this does not detract from the fact that 36% of the teachers were unaware of this.

*Attitudes towards sex and procreation*

**Figure 6: Is sex purely meant for reproduction?**



A comparison of the baseline and endline situations shows that **all the teachers** responded in the **affirmative** after the intervention, suggesting that they do not harbour archaic views about the purely procreative disposition of sexual intercourse.

**This is a largely positive outcome.** It does need mention that since the teachers answered desirably even in the baseline, the outcome cannot be attributed to the intervention alone. It is possible that they were already of the opinion that sex is not meant just for reproductive purposes.

This sub-section on **Sexual Health and Reproductive Health Issues** reveals that most of the teachers were already well informed at the baseline. This further improved in the endline except for an understanding of the duration of women’s sex drive (6 still need inputs). They also displayed desirable attitudes to this domain.

Despite this, it needs mention that in the course evaluation,<sup>37</sup> some students expressed concerns with the teachers’ level of comfort with certain topics, and their inability to adequately help process the information in the manner that was mandated by the DS intervention.

Therefore, these teacher/s may require further sensitisation and training in delivering the content in a manner that explains the concepts clearly; encourages questions and debates; and addresses student queries sensitively.

### 7.5 Sexuality, Sexual Relationships, Sexual Preferences, and Practices

This domain has multiple dimensions. To ascertain how teachers felt about these somewhat sensitive areas and private topics, the following explorations were undertaken:

- a) Whether non-heterosexuals should engage in committed relationships;
- b) Whether polyamory is acceptable;
- c) Whether being a virgin is important till one is in a committed relationship;
- d) Whether they were aware of non-normative sexual practices;
- e) Whether using toys during sexual play was immoral.

#### Exploring attitudes around commitment and relationships between sexual minorities

**Table 16: Committed relationships should be formed only between heterosexual pairs**

Statement	Agreement level	Baseline	Endline
<b>Ideally, romantic attachments should be formed between heterosexual pairs.</b>	Strongly agree	0	0
	Agree	2 (12%)	0
	No opinion	3 (18%)	1 (6%)
	Disagree	7 (41%)	7 (41%)
	Strongly Disagree	5 (29%)	9 (53%)

The table above indicates that even in the baseline situation {12 (70%)} the teachers already had a positive understanding of the formation of romantic attachments between non-

<sup>37</sup> A break-up of students who completed the Course Evaluation form across the two years is as follows - Year 1: 252; Year 2: 111. Hence, it is important to note that the findings from the overall course evaluation report will be skewed towards responses that were received by students in Year 1 as they comprise 70% of the total responses. Hence, it is possible that substantial improvements in Year 2 were not reflected in this finding. For further differentiation in responses, please refer to the Course Evaluation report as these institutional variations are an important factor while looking at the data. In extension, Course Evaluation reports were generated for Year 1 students from Spastics Society of Karnataka, Martin Luther Christian University and Christ University. For specific information and insights, please refer to the individual reports that are uploaded on the official Enfold website.

heterosexual pairs. This further improved in the endline {16 (94%)} where teachers ‘disagreed or strongly disagreed’. This indicates a **major positive shift**.

There was a corresponding **major positive decrease** from 3 to 1 teacher (18% to 6%) in ‘no opinion’ responses with a complete **reduction** in ‘agree’ responses.

**Attitudes towards polyamory**

Engaging in multiple romantic and/or sexual relationships with the consent of all persons involved (polyamory), has always existed. Critical components of polyamory are ongoing active consent of all; associated mindfulness of one’s rights and the rights of others; and a commitment to the agreed protocols in the conduct of such a relationship (Wosick-Correa, 2010).

**Table 17: Are polyamorous relationships wrong?**

Statement	Response	Baseline	Endline
<b>Your friend confides in you about their polyamorous relationship. You will - <sup>38</sup></b>	Advise the friend to not have such relationships	3 (18%)	5 (29%)
	Thank your friend for confiding in you	4 (24%)	12 (71%)
	Make fun of the friend behind their back	0	0
	Listen to them and not comment	4 (24%)	2 (12%)
	Tell your friend that you understand and respect their decision	8 (47%)	10 (59%)

The table reveals that there was an **overall positive shift** towards the desired responses in the endline scenario, as more teachers chose to:

- 1) Thank their friend for confiding in them {a major positive shift: from 4 (24%) to 12 (71%)};
- 2) Tell their friend that they understand and respect their decision {a moderate positive shift: 47% (8) to 59% (10)}

In an ideal scenario, at the endline, the teachers should have chosen only these two statements, alluding to their understanding that polyamory is not wrong or immoral.

However, this is not the case, as there was a **moderate adverse expansion** {(from 18% (3) to 29% (5))} in the response – “Advise the friend to not have such relationships.”

There was a **minor positive decrease** from 24% (4) to 12% (2) in the response – “Listen to them and not comment.” It is, however, still problematic that, in the endline, 2/4 teachers

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<sup>38</sup>The teachers were given the opportunity to select more than one response as well as provide their own input on this item.

chose not to comment, thus **maintaining a neutral stance** on the matter.

Some teachers expressed other thoughts in response to what they would tell a peer who confides with them about being in a polyamorous relationship. This is presented in the table below –

**Table 18: Responding to the practice of polyamory**

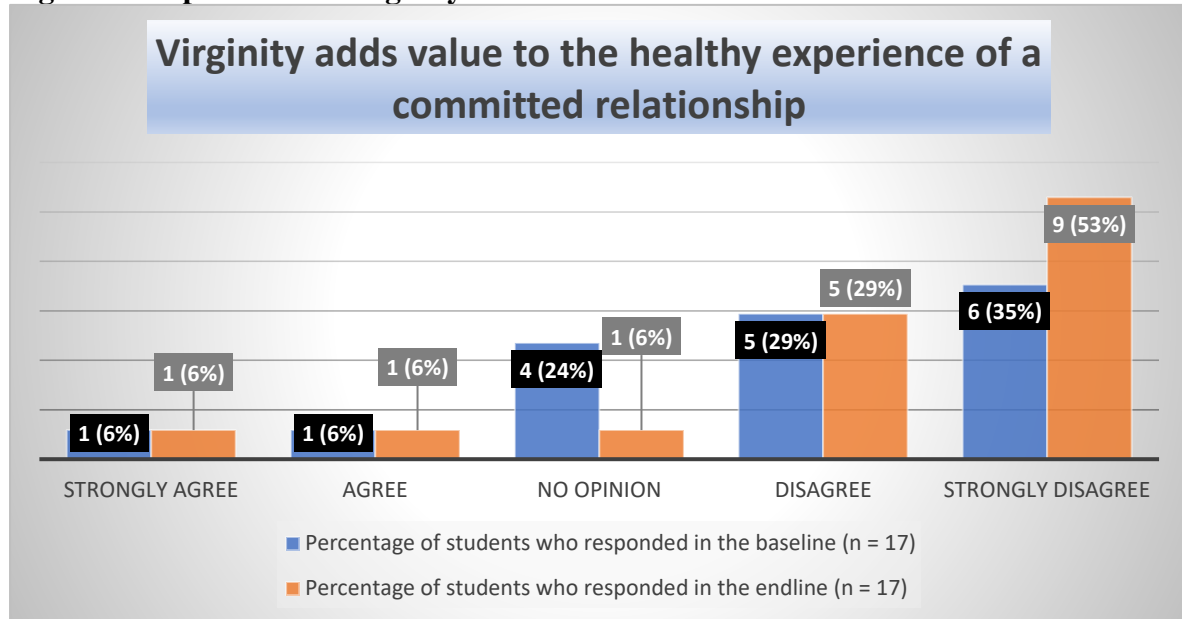
<b>BASELINE</b>	<b>ENDLINE</b>
<p><i>“As long as it’s safe and with consenting adults, it is not my place to judge.”</i></p> <p><i>“One needs to know about safe sex practices and has to ensure that each partner will not be hurt physically and emotionally.”</i></p> <p><i>“I do have such a friend. I do not necessarily agree with multiple partners but it is an individual decision and I have no right to judge her.”</i></p> <p><i>“I would talk about personal safety.”</i></p>	<p><i>“In case they still want to continue, I’d advise them to take care/ precautions about sexually transmitted diseases.”</i></p> <p><i>“I’d explain to my friend the risk of STDs associated with such a relationship.”</i></p> <p><i>“I will advise my friend to be mindful of the rights of the immediate family on whom it may have a bad impact.”</i></p> <p><i>“I would discuss sexual safety with my friend.”</i></p>

This might indicate a certain ambiguity resulting from accessing new information (that might also conflict with earlier held beliefs). Thus, the teachers may need further time to process and internalise this. The objective of the course is to shift their opinions towards becoming more respectful of one’s own and other’s rights, especially those of their students. Attitudes take time to transition to a place of acceptance from deep-rooted beliefs. Hence, if most teachers have shifted towards more desired responses, it is still a positive shift towards the intended outcome.

**Attitudes towards virginity**

In many parts of the world and especially India, a high premium has been placed on virginity, as it is linked to chastity and moral uprightness. This expectation is placed squarely only on the woman’s shoulders. This course attempted to encourage teachers to regard virginity as a personal choice, not an enforced social value.

**Figure 7: Importance of virginity**



The figure above reveals an **increase** in the desired ‘**strongly disagree and disagree**’ categories from 11 (64%) in the baseline to 14 (82%) in the endline, with a **major positive decrease** in ‘**no opinion**’ responses in the endline scenario {from 4 (24%) to 1 (6%)}. This outcome suggests that a good number of teachers **already had a positive attitude in this area**.

**Virtually no change** was seen in the combined ‘**strongly agree and agree**’ categories. It is possible that the same teacher may have maintained their position in both scenarios.

A caveat needs mention here. The purpose of the course is to demystify the sanctity of virginity and to delink it from morality. It is a personal choice and should be respected. The teachers may have understood this but may still feel that people should stay virgins until in a committed relationship. The intent of this intervention is not to make them shift their actions regarding virginity, but to make them question conventionally held beliefs and attitudes towards it.

**Attitudes towards non-normative sexual acts**

Certain non-normative approaches to sexual pleasure have gained attention in the last few decades owing to more cinematic, televised and easily accessible erotic content and exposure to practices like, BDSM (Bondage/Discipline, Dominance/Submission, and Sadism/Masochism). This refers to (sexual) experiences where mutual consent, physical restraint, intense sensorial feeling and/or fantasy about dominance and submission play a key role. Often there is roleplay involving power exchange between consenting persons (Holvoet et al., 2017).

It need not involve penetrative sex, though some sessions may include it. Other common acts are animal roleplays, flogging, spanking/impact play, flagellation, suspension, and tickle torture.

The teachers were asked about their awareness of BDSM as well as their moralistic standpoint on it. Their awareness levels are consolidated in the table below.

**Table 19: Level of awareness pertaining to BDSM practices**

S. No.	Type of sexual practice	Level of awareness	Baseline	Endline	Nature of shift
1	Bondage and discipline	Completely aware Somewhat aware Not at all aware	0 9 (53%) 8 (47%)	9 (53%) 8 (47%) 0	In the endline, all the teachers indicated that they were either ‘completely aware’ or ‘somewhat aware’ which is a <b>highly positive outcome</b> , with more than 50% teachers feeling completely aware.
2	Domination and submission	Completely aware Somewhat aware Not at all aware	0 14 (82%) 3 (18%)	10 (59%) 7 (41%) 0	The number of teachers who felt completely aware increased from 0 to 59%, indicating a more than suitable measure of awareness. No teacher indicated that they were unaware in the endline. This is a <b>highly positive development</b> .
3	Sadism and masochism	Completely aware Somewhat aware Not at all aware	2 (12%) 7 (41%) 8 (47%)	8 (47%) 7 (41%) 2 (12%)	This is an <b>overall positive outcome</b> , as even prior to the intervention, only 53% teachers felt ‘completely aware’ or ‘somewhat aware.’ In the endline, almost all the teachers indicated a highly desirable level of awareness, as the number of ‘completely aware’ responses expanded from 12% to 47%. Only 2 teachers felt unaware of the concepts in the endline.

This table reveals a series of **highly positive shifts** in perceived awareness levels almost across the board. On an average, in the baseline situation, 53% - 82% of the teachers indicated a suitable level of awareness (a combined measure of ‘completely prepared’ and ‘somewhat prepared’ responses). There was a major increase to 88% - 100%, in the endline.

Following this inquiry, the teachers were then **asked if they felt that any of these practices are morally wrong**.

In the baseline, 10 teachers (59%) believed these practices were a moral turpitude, while 6 teachers (35%) thought it was not abominable and quite natural, of the consenting individual’s own accord. One teacher had no opinion on the matter.

In the endline, only 4 teachers thought these sexual practices were morally wrong, which is a **major positive shift** (59% to 24%). Nine teachers (59%) answered **in the affirmative**.

Four teachers had no comment to make on the subject, which can also be viewed as a positive, since these teachers moved from a stance of regarding these as morally wrong to now being less judgemental. Non-normative sexual acts can be regarded as shocking in the context of strongly held socio-cultural beliefs around the sanctity of sex, especially in India, which holds a strong premium in adhering to traditional norms.

**Hence, this is an overall desirable outcome.**

As a final round of questioning on BDSM-related sexual practices, the teachers who felt these practices were morally wrong were further asked **which practices were morally incorrect**.

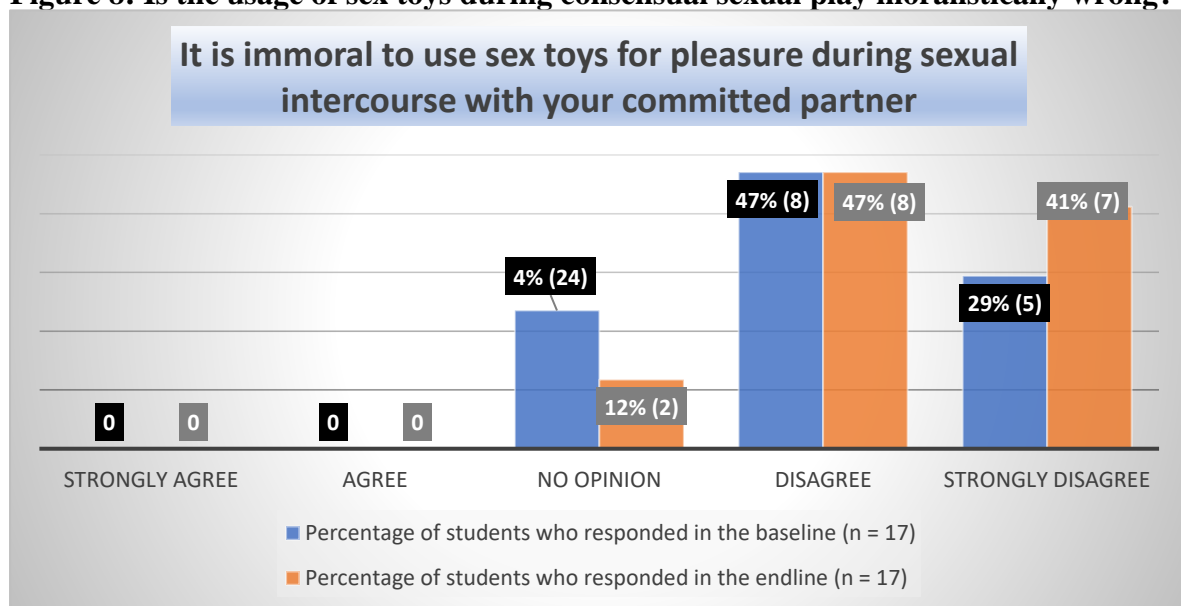
**Table 20: Perceptions of different types of sexual practices**

S. No.	Type of sexual practice that is morally incorrect	Baseline (N = 10)	Endline (N = 3)
1	Bondage and discipline	5 (50%)	3 (100%)
2	Domination and submission	8 (80%)	2 (67%)
3	Sadism and masochism	7 (70%)	2 (67%)

This data may be of interest to the Enfold team, who may want to seek more qualitative responses from the teachers as to why they thought these practices were morally incorrect.

***Morality versus deriving sexual pleasure***

**Figure 8: Is the usage of sex toys during consensual sexual play morally wrong?**



A comparison of the baseline and endline situation revealed a **moderate positive shift** in the desired response categories – ‘**strongly disagree**’ and ‘**disagree**’ from 13 (76%) to 15 (88%), **implying that there was an already high level of acceptance in the baseline.**

Only 2 teachers maintained a ‘**no opinion**’ stance in the endline.

This finding is indicative of an **overall positive outcome**.

This sub-section on **Sexuality, Sexual Relationships, Sexual Preferences, and Practices** reveals an **overall positive outcome**. However, some teachers will benefit from opportunities to share their personal insights and individual concerns<sup>39</sup> regarding heteronormativity, polyamory, and virginity. These are sensitive topics and seem to have generated some discomfort in discussing them. They need further inputs in these areas. This is an expected outcome.

## **7.6 Sexuality and Disability**

People tend to avoid discussions on sexuality itself in the Indian context. Consequently, the topic of ‘sexuality and disability’ is even more problematic. People with disabilities are often ridiculed for expressing themselves as sexual beings. They are regarded as asexual, sexually inactive, sexually incapable, and/or sexually underdeveloped. The Demystifying Sexuality course aimed to debunk these negative stereotypes and normalise the sexuality of persons with disabilities.

The attitudinal shift on this dimension was explored by:

- a) understanding what teachers felt about persons with disabilities having children; and
- b) whether sexuality should be discussed with people who have intellectual disabilities, so that they can explore their own sexuality.

### **Reproduction and disability**

The Demystifying Sexuality course emphasises that persons with disabilities have as much a right to enter sexual relationships and a choice to have children, as somebody without disabilities.

It is often presumed that neurotypical people, who could be irresponsible or insolvent, have a right to bear children, without any questions asked about their competency as parents or properly evaluating their readiness to have children. The same entitlement is not extended to persons with disabilities. Provisions should be made for enabling them access to caretakers and extra assistance when required, so that they are able to exercise their rights in this domain.

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<sup>39</sup> The self-administered form was primarily a quantitative assessment with a few qualitative questions in the endline form. Regarding the quantitative questions, qualitative reasons for teachers' responses were not sought (as was done through the interview schedule), as the primary focus was to obtain an understanding of shifts in teachers' knowledge base and attitudes rather than the reasons for the shift or lack of it therein.



**Table 21: Should a person with severe disabilities reproduce?**

Statement	Agreement level	Baseline	Endline
<b>A responsible person with severe disabilities should not reproduce.</b>	Strongly agree	3 (18%)	0
	Agree	6 (35%)	3 (18%)
	No opinion	8 (47%)	2 (12%)
	Disagree	0	7 (41%)
	Strongly Disagree	0	5 (29%)

In the baseline, the data shows that all the teachers held strong reservations about the reproductive rights of persons with disabilities, they either agreed or had no opinion on the subject.

In the endline, the teachers **responded highly favourably** with 70% (12) either ‘**strongly disagreeing and disagreeing**,’ with the above statement, which can be attributed to the **downward shift** in the undesirable categories – strongly agree and agree.

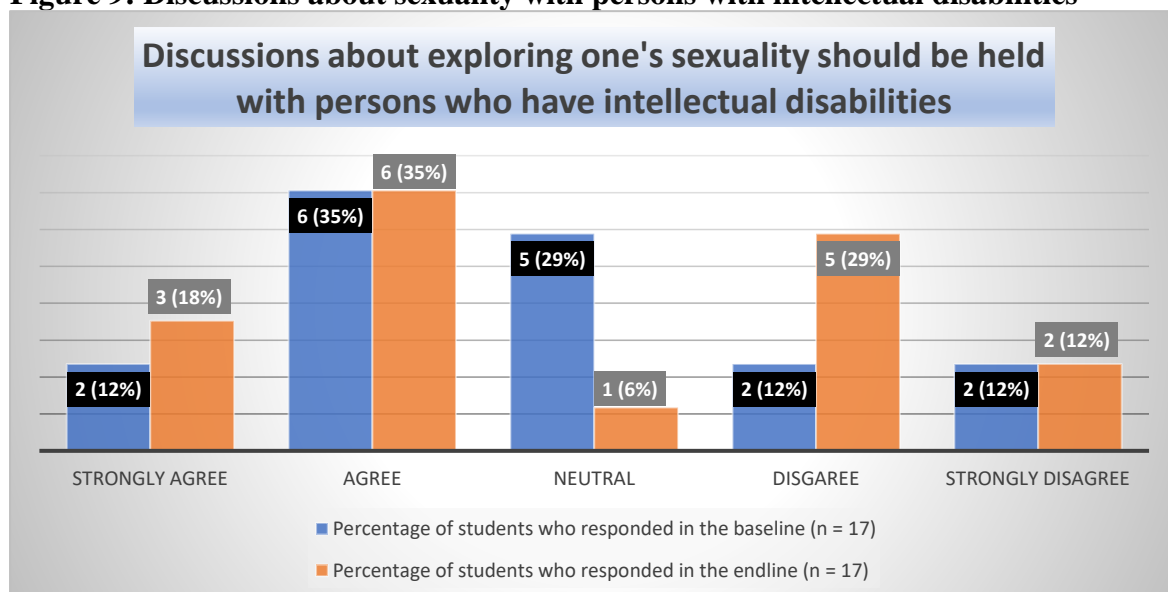
There was a corresponding **major positive decrease** in ‘**no opinion**’ (from 47% to 12%) and ‘**agree**’ responses (from 35% to 18%) with a complete reduction of ‘strongly agree’ responses.

Though most teachers are aligned towards the intended outcome, 30% may warrant further inputs in this area to deal with their reservations about the reproductive rights of persons with disabilities.

### ***Sexuality and intellectual disability***

The DS course suggests that discussions on sexuality are critical for persons with intellectual disabilities, as they, like persons without disabilities, have the need and right to explore their sexuality in safe and healthy ways. These can be simultaneously empowering; inclusive; and reduce the incidence of sexual abuse, which is not uncommon among these vulnerable groups.

**Figure 9: Discussions about sexuality with persons with intellectual disabilities**



The figure above indicates that there is a **negligible increase (positive)** in the ‘**strongly agree and agree**’ categories from 8 (47%) to 9 (53%). This suggests that half the teachers already understood the importance of these discussions with persons who have intellectual disabilities and maintained their stance on it.

There is also a corresponding **major positive decrease** in ‘**no opinion**’ responses from 29% (5) to 6% (1).

However, an upward (undesirable) movement in ‘**strongly disagree and disagree**’ responses was observed {from 4 (24%) to 7 (41%)}

It is a matter of concern that 47% of teachers may still be unclear on this matter. This is a large percentage of teachers. In light of the fact that they are ongoing educators who will be engaging with future batches of students about these sensitive topics, they require a measure of understanding of this domain.

Further, the DS manual holds that “certain myths”<sup>40</sup> that surround the sexuality of persons with disabilities, especially those with intellectual disability, may harm and deprive the individual of natural, normal experiences that others enjoy as their right. Our physical, emotional, and psychological spaces are shaped by non-disabled majority - also called the ableist or “normate” world, which comes with exclusionary consequences.

To reiterate the importance of educating teachers about these discussions, a study showed that people with disabilities are often chastised and ridiculed by their caregivers and even special educators for expressing their sexuality (Nagaraja & Aleya, 2018).

Furthermore, during the course evaluation, some students had reported that the topic of ‘Sexuality and Disability’ was new and difficult to comprehend. Observation of one of the sessions on this topic indicated that the class could have been handled better with effective illustrations and innovative teaching methods.

Considering these findings, an in-depth exploration is warranted, followed by a targeted intervention in this area by the Enfold observers.

### **7.7 Common Sexual Health Issues**

The topic of sexual health is a beleaguered one, thereby preventing individuals from having open conversations about sexually transmitted infections, etc. It is ignored at both an individual as well as a public health level in India, as health care providers continue to contribute to the stigma, discrimination and silence that surrounds this sensitive topic.

To explore a shift in attitude in this area, the teachers were asked to indicate their comfort levels while interacting with HIV positive persons, and their awareness of sexual dysfunction conditions.

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<sup>40</sup> For detailed information on the myths that prevail around the topic of sexuality rights for persons with disabilities, please refer to chapter 12 in the DS manual, titled: Sexuality and Disability.

***Interaction with persons with STIs***

**Table 22: Level of comfort while interacting with a friend who is HIV positive**

Statement	Response	Baseline	Endline
You learn that a colleague is HIV positive. You will - <sup>41</sup>	Think that it is a just punishment for being sexually promiscuous	0	0
	Display sensitivity in case your colleague wants to confide in you	9 (53%)	13 (76%)
	Inform the authorities for the safety of the students and staff	3 (18%)	3 (18%)
	Continue to interact socially with the concerned colleague but not share food	2 (12%)	0
	Stand up for your colleague without them necessarily knowing	9 (53%)	17 (100%)
	Do nothing at all	0	0

A comparison of the data from the baseline to the endline scenario indicates a **major positive expansion** in the desired (ideal) responses – “Display sensitivity in case your colleague wants to confide in you” {from 9 (53%) to 13 (76%)}; and “Stand up for your colleague without them necessarily knowing” {from 9 (53%) to 17 (100%)}.

There was a complete **reduction** in the undesired responses – “Continue to interact socially with the concerned colleague but not share food” {from 12% to 0}.

None of the teachers thought that contracting HIV was a punishment for being promiscuous; or that they wouldn’t do anything at all, in both the baseline and endline situations.

It appears that the same number of teachers (3 - 18%) would choose to inform the authorities, in the endline.

As the majority of responses were proactive in nature, this validates the course objectives in debunking myths and misconceptions around people with HIV, showing an overall positive shift in attitude. This is a promising response.

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<sup>41</sup> The teachers were given the liberty to select more than one response as well as provide their own input on this item.

**Knowledge of sexual dysfunctions**

**Table 23: Awareness of sexual dysfunction conditions**

BASELINE	ENDLINE
<p>The teachers listed the below (correct) conditions in the baseline, encompassing their existing knowledge and awareness of sexual dysfunction conditions:</p> <ul style="list-style-type: none"> <li>● Dyspareunia (genital pain that can be experienced before, during, or after intercourse)<sup>42</sup></li> <li>● Sterility</li> <li>● Erectile dysfunction</li> <li>● Vaginismus</li> <li>● Early ejaculation</li> <li>● Ejaculation dysfunction</li> <li>● Impotency</li> <li>● Asexuality</li> <li>● Not being able to achieve an orgasm</li> </ul> <p><b>Three</b> teachers mentioned the following conditions which are technically <b>not sexual dysfunction conditions</b>:</p> <ol style="list-style-type: none"> <li>a. Sexual addiction (or nymphomania)</li> <li>b. Paedophilia</li> <li>c. Voyeurism</li> <li>d. Swapping sexual partners</li> <li>e. Group sex (orgies)</li> <li>f. Sadism</li> <li>g. Lack of interest in sex</li> </ol>	<p>These responses were deemed as a correct understanding in the endline:</p> <ul style="list-style-type: none"> <li>● Erectile dysfunction</li> <li>● Penile dysfunction</li> <li>● Infertility</li> <li>● Vaginismus</li> <li>● Lack of sexual desire</li> <li>● Impotence</li> </ul> <p><b>Four</b> teachers mentioned the following conditions which are technically <b>not sexual dysfunction conditions</b>:</p> <ol style="list-style-type: none"> <li>a. Fertilisation failure</li> <li>b. PCOS (polycystic ovary syndrome)<sup>43</sup></li> <li>c. Infertility</li> </ol>

The table provides a summary of the responses collected on this item. Most teachers had a correct understanding of sexual dysfunctions in both the baseline and endline. Though in the endline the incorrect list was shorter but with an additional misinformed teacher.<sup>44</sup>

<sup>42</sup> Dyspareunia. 2022, June 11. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK562159/#:~:text=Dyspareunia%20is%20defined%20by%20genital,specific%20etiology%20can%20prove%20challenging>.

<sup>43</sup> The diagnostic criteria for PCOS are the presence of two of the following - irregular periods, polycystic ovaries and excess androgen. Sirmans, S. M., & Pate, K. A. (2013). Epidemiology, diagnosis, and management of polycystic ovary syndrome. *Clinical epidemiology*, 6, 1–13. <https://doi.org/10.2147/CLEP.S37559>

<sup>44</sup> It needs mention that the intervention sought to recognise different conditions that curtailed one’s own sexual pleasure as well as the ability to give pleasure to one’s partner/s. It did not aim to highlight medical conditions but instead to build awareness about sexual dysfunctions that can be addressed with the aid of psychological assistance or medical help.

The most common conditions stated were as follows:

- a. Erectile dysfunction (Baseline: 8; Endline:10)
- b. Vaginismus (Baseline: 3; Endline: 7)
- c. Impotence (Baseline: 4)

This sub-section on **Common Sexual Health Issues** reveals that, while there were improvements observed in the quality of responses received in the endline, there were still 4 teachers (34%) who were not comfortable with engaging with HIV + persons. Regarding sexual dysfunction conditions, even in the endline a few teachers lacked clarity on what these constituted.<sup>45</sup>

### 7.8 Contraception and Pregnancy

Contraception is a part of safe sex practices, as it ensures the freedom of a woman to choose to be in a physical relationship without the fear of an unwanted pregnancy. Using barrier method contraceptives could also reduce the chances of contracting sexually transmitted diseases.

Teachers’ attitudes towards contraception and pregnancy were covered by the following questions:

- a) whether teaching adolescents about contraception would encourage sexual exploration;
- b) attitudes towards decision-making around abortion;
- c) awareness of contraception

#### Adolescence and contraception

**Table 24: Adolescents should not be taught about contraception as this would encourage them to become sexually active**

Statement	Agreement level	Baseline	Endline
<b>Adolescents should not be taught about contraception as this would encourage them to become sexually active.</b>	Strongly agree	0	0
	Agree	0	0
	No opinion	1 (6%)	1 (6%)
	Disagree	7 (41%)	3 (18%)
	Strongly Disagree	9 (53%)	13 (76%)

The table above shows **virtually no change** in the overall shifts on this item **across all response categories**. This indicates that half the teachers had a satisfactory attitude towards contraception and its importance, need for awareness and safe usage among adolescents, even in the baseline. More teachers {from 9 (53%) to 13 (76%)} **strongly disagreed** with the statement, which is a promising outcome.

<sup>45</sup> These nuances may be of interest to Enfold facilitators for handling such topics innovatively for future batches, as well as communicating these findings to the teachers who can arrive at a better understanding of this domain.

### Attitudes towards abortion

The Medical Termination of Pregnancy Act, 1971 (MTP Act) specifies the conditions under which pregnancies can be lawfully terminated by registered medical practitioners. Even with existing laws in place, often, women in India resort to unsafe practices or seek help from untrained professionals when abortion is denied by the trained professionals or when they face stigma.

**Table 25: How would you respond to a friend who is contemplating an abortion?**

Statement	Response	Baseline	Endline
<b>Imagine you are a professional working in an organisation that supports women. Someone (a student/colleague) approaches the organisation contemplating an abortion. What would be your position on it?<sup>46</sup></b>	Abortion is a sinful act	0	0
	Abortion is a woman's right	15 (88%)	16 (94%)
	Abortion should only be done with the partner's consent	1 (6%)	2 (12%)
	Abortion should only be done for medical reasons	9 (53%)	2 (12%)

**The ideal response to this scenario is “Abortion is a woman’s right.”**

The DS course aims to empower people with scientific information in order to make informed choices. It also encourages people to respect the choices of others, just as they would expect others to respect their choices.

In the baseline, a majority of teachers chose the **desired response**, as 88% (15) already had prior understanding that it is the concerned woman’s prerogative to undergo an abortion.

The endline saw a **minor (positive) increase** in this response to 94% (16), with a reduction in the response – “Abortion should only be done for medical reasons” - from 53% in the baseline to 12% in the endline. This is a promising outcome.

There was a slight adverse increase in the response – “Abortion should only be done with the partner’s consent” (from 6% to 12%). Hence, 2 teachers may still subscribe to an antiquated notion that an abortion cannot be carried out without spousal or parental consent.

Two teachers elaborated their position on abortion:

Baseline: *“I do feel that abortion is a woman's right. At the same time, I am conflicted. If there is a caring partner/father (of the unborn child) in the picture, would his opinion not be valid? It is not binding, but I feel they should be given an opportunity to express their opinion.”*

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<sup>46</sup> The teachers were given the option to select more than one response as well as provide their own input on this item.

Endline: *“Counselling may also be provided to the woman to discuss her situation if she needs to share it with a professional.”*

The DS manual explains that - “there is no legal requirement for spousal consent or authorisation for an abortion to take place, the insistence of it stems from the patriarchal notion that women cannot decide for themselves and the decisions are to be made by the husband or a parental figure and moral policing of the unmarried sexually active women.”

Though there was an overall positive outcome on this item, there are also minor adverse shifts that should be acknowledged.

**Awareness of contraceptive methods**

The inherent implication of ‘Contraception’ (meaning: against ‘conception’) is in the prevention of sexually transmitted infections (STIs) and the freedom to share a physical relationship with someone without the constant fear of an unwanted pregnancy (Jain and Muralidharan, 2011).

There are multiple ways in which contraception can be used: continuous abstinence, natural family planning, barrier methods (condoms), hormonal methods (usage of contraceptive pills), shots/injections, implantable devices, intrauterine devices (IUD), surgical sterilisation and the emergency contraception methods (‘morning after’ pill).

The DS course emphasised the usage of contraception and designated a 2-hour session with the trainee teachers on how this information can be effectively taught to students from various disciplines.

The understanding of this area was explored with the below scenario:

***Imagine you are a 25-year-old single woman. You are suffering from a cough and nasal congestion. You go to see a general practitioner. You are waiting your turn in the reception area. You start looking at the posters on the wall. You notice one about contraception which has information about condoms, hormonal pills, etc.***

After the teachers<sup>47</sup> were exposed to the scenario, they provided self-reported responses to the following questions -

**A. What would you do?**

**Table 26: Response to publicly displayed information on contraception**

<b>BASELINE</b>	<b>ENDLINE</b>
<p>All the 17 teachers displayed curiosity and reported that they would read the information on contraceptive methods.</p> <p>Three teachers elaborated by saying that they would try to gather the information to further inquire into or explore, and would also share it with their peers.</p>	<p>The teachers had a <b>similar stance</b> in the endline.</p> <p><i>“I’ll read it and gain more information and later, maybe, google more about the information.”</i></p> <p><i>“I will read it carefully, and update and</i></p>

<sup>47</sup> All the 17 teachers responded to all the questions in this sub-section on the awareness of contraceptive methods.

<b>BASELINE</b>	<b>ENDLINE</b>
<p><i>“I would read the poster and maybe gather more information on some of the words, such as hormonal pills, that are unknown to me.”</i></p> <p><i>“If I don't have enough information on the different contraceptives, that would be educational to me and will also start sharing with my friends who are or might be sexually active.”</i></p>	<p><i>increase my knowledge of available contraceptive methods.”</i></p>

## **B. What would you feel?**

**Table 27: Feelings about publicly displayed information on contraception**

<b>BASELINE</b>	<b>ENDLINE</b>
<p><i>“I would feel good that many people can read and understand the importance of it.”</i></p> <p><i>“I feel for a 25-year-old woman, it would not cause awkwardness but instead it will be educational.”</i></p> <p><i>“I would feel a little shy to read the poster about contraception publicly.”</i></p> <p><i>“I would feel embarrassed to stare too long at the posters. I do not want people wondering if I am sexually active.”</i></p> <p><i>“This doesn't affect me, so I would feel normal.”</i></p>	<p><b>The endline showed a consistent set of responses from the baseline</b>, where they felt curious, happy, and unashamed to see information about contraceptive methods and its usefulness.</p>

## **C. Do you think this kind of information should be publicly displayed?**

In the baseline, 15 teachers (88%) felt that information on contraception **should be publicly displayed**, while 2 teachers did not think so. This **increased to 16 teachers in the endline**, while 1 teacher maintained their stance on not wanting to display such information in public.

Some of the positive responses are detailed in Annexure 7.

In this sub-section on **Contraception and Pregnancy**, the teachers demonstrated a strong baseline understanding on all counts of adolescent use of contraception, awareness of contraceptive methods, as well as their attitudes towards abortion. The endline data reveals that this mind-set was further strengthened after the intervention.

## **7.9 Sexuality Development in Children and Adolescents**

The sense of a sexual self begins in childhood and continues to develop in adolescence and into adulthood. Given the silence, shame and stigma that surround sexuality, any ‘early’ understanding and exploration is considered inappropriate and rendered problematic. The Demystifying Sexuality course dedicated an entire module towards normalising sexual development across various age groups by encouraging teachers to start conversations with children and adolescents about respecting each other’s and their own bodies, and explaining how there is no shame in any part or function of the body.



To understand the shifts in this domain, the questionnaires explored the teachers' understanding and attitude regarding:

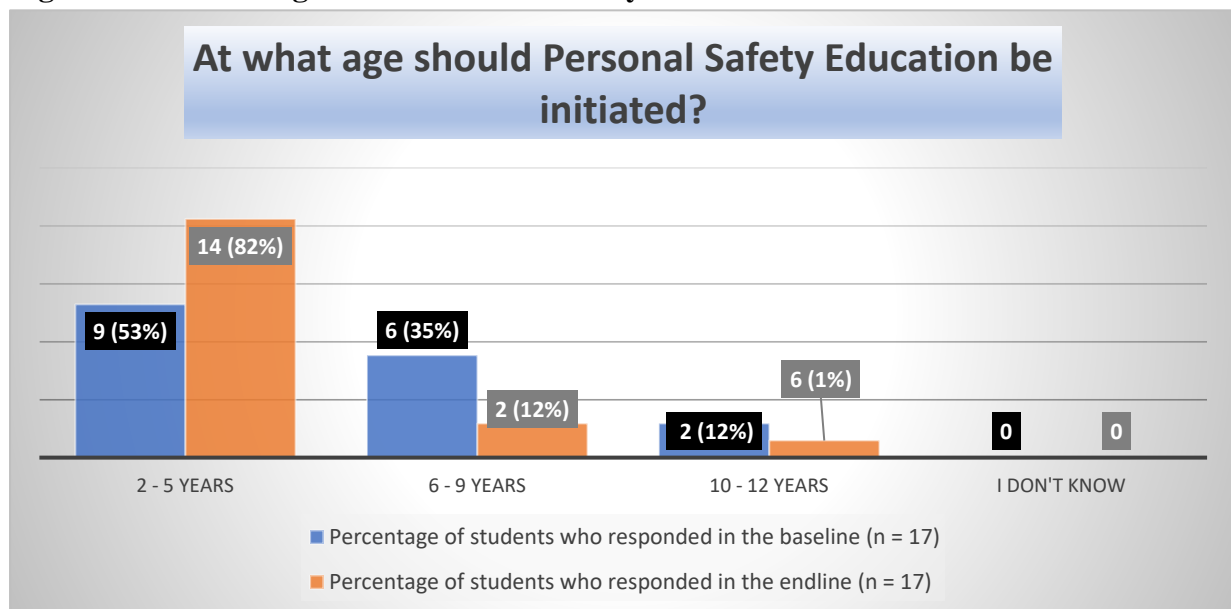
- a) suitable age for initiating personal safety education;
- b) age at which children become sexual beings;
- c) whether discussions on diverse sexuality with adolescents will encourage experimentation.
- d) teachers' comfort levels with teaching small children the biological names of genitals

**Suitable age for initiating Personal Safety Education**

Numerous studies establish that children are sexually abused and exploited at a very young age. They are often accepting of this, as they are either fearful or believe it to be normal. (Finkelhor, 1994; Carson, Foster and Tripathi, 2013).

Some parents ignore the abuse of children between the ages of 2-5 years, as they do not think it is possible. They often shy away from educating their children in this domain, since it is thought as unnecessary, confusing, and tabooed.

**Figure 10: At what age should Personal Safety Education be initiated?**



The data indicates a **major positive increase** in the correct response - i.e., 2 – 5 years, from the baseline {9 (53%)} to the endline {14 (82%)}, suggesting that most teachers had a clear understanding on the importance of imparting personal safety education rules to children, from a very young age.

There was a corresponding **positive decrease** in the responses – 6 to 9 years {35% (6) to 12% (2)}; and 10 to 12 years {12% (2) to 6% (1)}.

Although most teachers chose the correct answer, 3 were still not clear of how early a child's personal space can be violated, as they chose the incorrect responses.

It needs mention that these teachers were exposed only to the 2-month abridged course, after which, no structured inputs were provided to them for the remainder of the year. This may have led to a difficulty in long-term retention of these key facts.

*Age at which children become sexual beings*

There are numerous myths regarding this, which the DS course sought to question.

**Table 28: Age at which children become sexual beings**

Question asked	Age-range	Baseline	Endline
At what age do you think children become sexual beings?	At birth	5 (29%)	12 (70%)
	Early childhood: 4 - 5 years of age	3 (18%)	4 (24%)
	Prepuberty: 7 - 8 years of age	1 (6%)	0
	Onset of puberty: 11 - 13 years of age	8 (47%)	1 (6%)
	I don't know	0	0

The table reveals that there was a **major escalation** from 5 (29%) to 12 (70%) teachers, who chose the correct response in the endline scenario, which is: **At birth**.

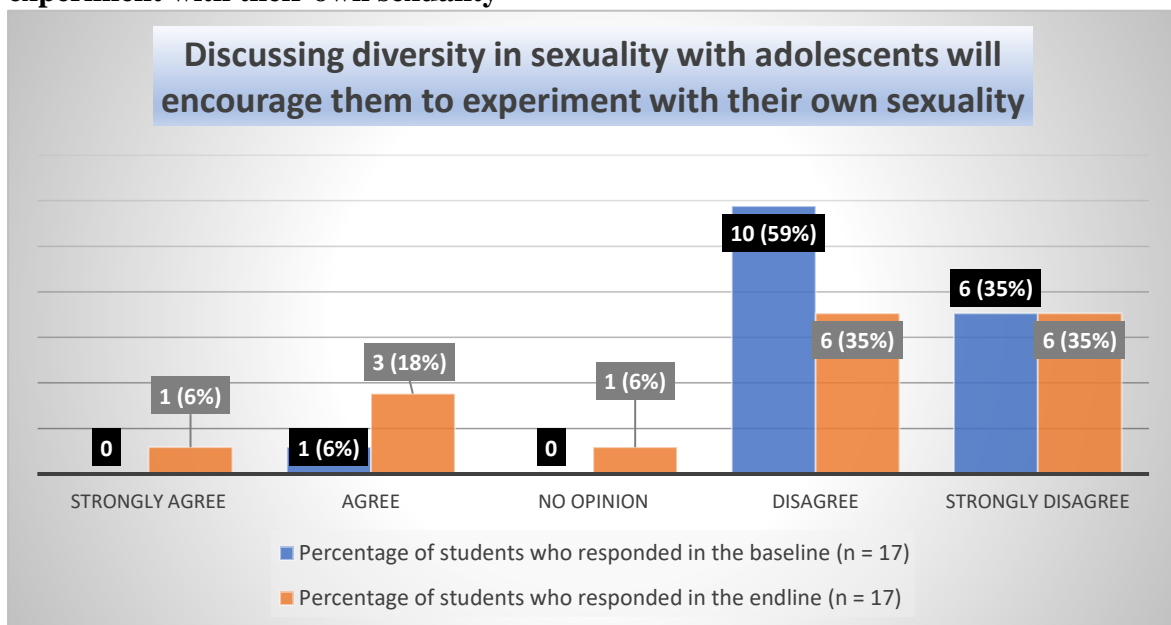
Even after the course, 4 (24%) teachers {from 3 (18%) in the baseline} were still inclined to think that early childhood is the advent of sexuality.

There was a significant corresponding **positive decrease** in those who felt that puberty is the right answer from 8 (47%) in the baseline to 1 (6%) in the endline.

*Implications of discussions on sexual diversity with adolescents*

Sexual curiosity and sexual expressions are normal during adolescence. The DS course sought to highlight the importance of age-appropriate discussions.

**Figure 11: Discussing diversity in sexuality with adolescents will encourage them to experiment with their own sexuality**



The figure reveals a **major (adverse) decrease** in the combined ‘**strongly disagree and agree**’ response categories from 16 (94%) in the baseline to 12 (70%) in the endline. This implies that in the baseline, almost all the teachers felt it was important to have these discussions with adolescents but their numbers decreased in the endline.

There was a corresponding adverse **increase** in ‘**strongly agree and agree**’ responses from 1 (6%) to 4 (24%).

A **slight adverse, but negligible shift** was seen in the ‘**no opinion**’ responses from 0 to 1 teacher.

Additional engagement will be useful to understand why they feel so. It is important to address their concerns with relevant information. This could help them understand that discussing sexuality with adolescents can, in fact, develop greater discretion and safe sexual behaviours in them.

With regard to student views on discussions regarding sexual exploration among adolescents, 32% (123/385) **did not respond in the affirmative** (from 37% in the baseline). This finding corroborates the need for enhanced facilitation in this area for both teachers and students.

**Teaching children biological names of genitals**

The practice of not using biological names of genitals around children could perpetuate the silence and shame associated with genitals and result in them being unable to report their experience of abuse. Sexual abuse may not be acknowledged due to the use of substitute misleading/ambiguous words. The DS course drew attention to this possibility.

**Table 29: Comfort level in teaching small children biological names of genitals**

Statement	Agreement level	Baseline	Endline
<b>I feel awkward telling small children the biological names of genitals.</b>	Strongly agree	0	0
	Agree	4 (24%)	0
	No opinion	1 (6%)	3 (18%)
	Disagree	7 (41%)	6 (35%)
	Strongly Disagree	5 (29%)	8 (47%)

The table above reveals a **moderate positive expansion** in this sensitive area, wherein, 12 (70%) teachers **already “strongly disagreed or disagreed”** in the baseline. This increased to 14 (82%) in the endline, owing to a corresponding **reduction** in ‘**agree**’ responses from 4 (24%) to none.

Given the nature of an overall positive outcome on this item, there was an unexpected **adverse shift** in ‘**no opinion**’ responses, with an **increase** from 1 (6%) to 3 (18%), which may suggest that there is still some hesitancy in teaching small children the correct terminology for genitals among the same group of teachers, as they may have shifted from previously agreeing to not wanting to have an opinion on the matter.

This sub-section on **Sexuality Development in Children and Adolescents** shows improvements across the board in the endline regarding personal safety education should be initiated; the age at which children are deemed as sexual beings; whether discussions about sexual diversity with adolescents will encourage them to experiment; and regarding teaching children the biological names of genitals. About 3-5 teachers need additional inputs in these areas.

### 7.10 Sexual Violence against Adults and Children

Sexual violence pervades the fabric of patriarchal societies. The perpetrators are not held responsible or accountable. They continue to abuse their power over others, and victimise vulnerable groups with impunity. Women, children, and sexual minorities are blamed, shamed, and victimised in the event of sexual violence.

To gauge the teachers' position on this area, an exploration was undertaken on the following topics:

- a) whether any form of sexual harassment should be dismissed as harmless
- b) recognition of marital rape
- c) whether victims of sexual harassment are culpable
- d) whether it is better to not report sexual harassment when there is a power difference between the perpetrator(s) and victim(s) because of possible adverse consequences
- e) whether consent for sexual engagement can be withdrawn once it has been given
- f) awareness of the #MeToo movement

#### Forms of sexual harassment

Sexual harassment assumes multiple forms along a spectrum of so-called 'harmless' persistent (unwanted) flirtation, 'eve-teasing', 'appreciative' stalking to physical molestation and rape. The DS course sought to generate awareness about this phenomenon, where tolerance of any form of sexual harassment (apparently benign) may become a gateway to other more violent forms.

The following case scenario was created to ascertain whether teachers regarded 'eve-teasing' (a euphemism for persistent unwanted sexual/romantic attention towards a person) as a violation of one's personal space or not. Popular media has normalised and even lauded this.

**Table 30: Is a hero pursuing a reluctant heroine and her friends considered harmless fun?**

Scenario	Response	Baseline	Endline
<b>Think of a Bollywood film where the hero and his friends are dancing, singing, and pursuing the reluctant heroine and her friends. Do you think this is -<sup>48</sup></b>	Harmless fun	2 (12%)	1 (6%)
	A form of flirtation	7 (41%)	4 (24%)
	Flattery	0	3 (18%)
	Sexual harassment	8 (47%)	12 (71%)
	Appreciation	0	1 (6%)

<sup>48</sup> On this item, the teachers were given the option to select more than one response as well as provide their own input.

The response that was deemed as desirable in this context is: **Sexual harassment.**

The table reveals a **major positive increase** in this response option from 8 (47%) in the baseline to 12 (71%) in the endline, implying that nearly half the teachers already had a good understanding of ‘personal space’ in both the baseline and endline scenarios.

A **maintenance** of undesired responses by 5 teachers on the subject of ‘harmless fun,’ ‘flirtation,’ ‘flattery,’ and ‘appreciation’ is a matter of concern. They could benefit from further inputs in this area.

An **adverse expansion** was seen in the selection of problematic responses in the endline, when these were not chosen in the baseline { flattery (0 to 18%); appreciation (0 to 6%) }.

Two teachers further enunciated their position on their awareness and understanding of the spectrum of sexual harassment:

Baseline: *“This sort of behaviour is unacceptable.”*

Endline: *“These are unnecessary acts that encourage people in real life to think that it is alright to flirt and harass women just because they are attracted to them. Instead, “respect” should be encouraged.”*

### **Recognition of marital rape**

Even though many women experience unwanted or forced sexual intercourse during marriage, “marital rape” has not been regarded as a criminal offense till date in India. The Indian Penal Code (IPC) states that “sexual intercourse by a man with his own wife” does not count as rape, if the wife is above the age of 18.<sup>49</sup>

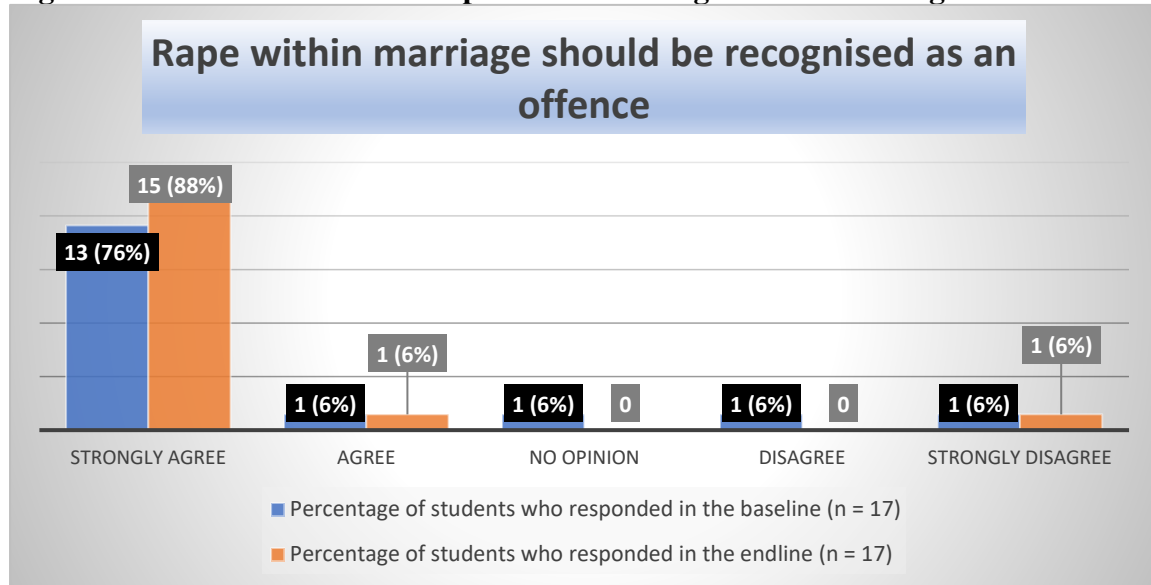
This area is currently under discussion for legal enactment. The legal recognition of marital rape can be highly empowering for women who will have the option of questioning sexual violation, which is currently justified under the guise of the exercise of the man’s conjugal rights.

The DS course has attempted to generate awareness around this beleaguered area.

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<sup>49</sup> *Independent Thought v. Union of India* (2017) 10 SCC 800.

**Figure 12: The conviction that rape within marriage should be recognised as an offence**



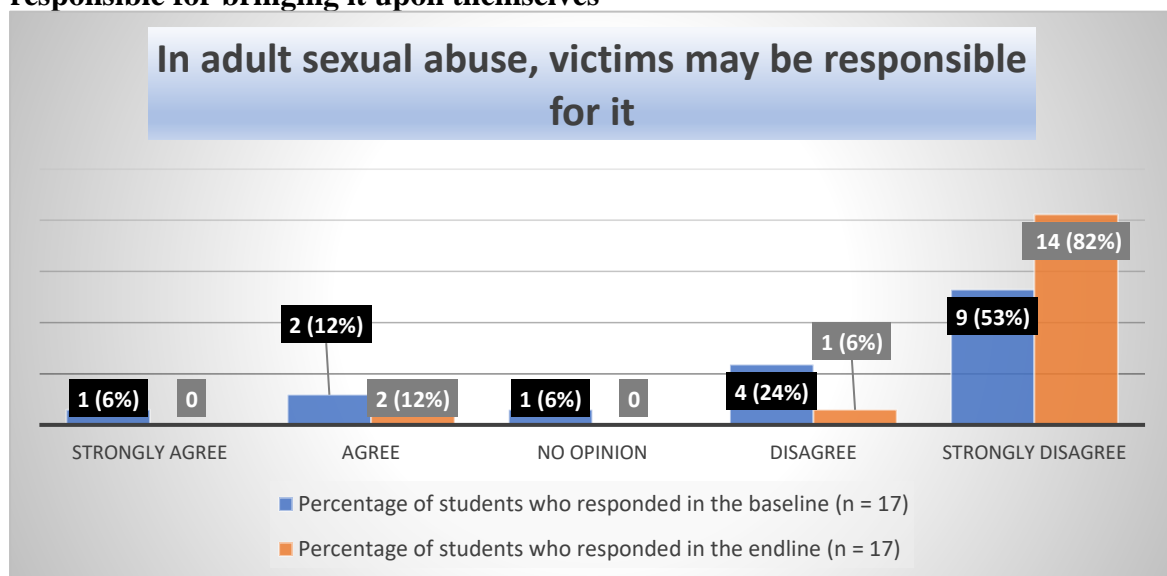
The chart shows a **moderate (positive) increase** in the combined ‘strongly agree and agree’ responses from 84% (14) in the baseline to 94% (16) in the endline. This is an **overall positive outcome**.

Only one teacher maintained a ‘strongly disagree’ stance with the legalisation of ‘marital rape’ even after the intervention.

**Culpability of the victim in adult sexual abuse**

Patriarchal mores tend to shame and blame the victim. The report of sexual abuse is often met with disbelief or dismissal. The DS course focuses on removing the blame and shame from the victim, bringing in the understanding that a person is solely in control of their actions and responsible for them, and that the perpetrator needs to be held responsible and accountable.

**Figure 13: The notion that in some cases of adult sexual abuse, the victims may be responsible for bringing it upon themselves**



In the baseline scenario, the figure shows that as many as 13 (77%) teachers had ‘**strongly disagreed and disagreed**’ with the statement. This increased to 15 (88%), which is a **moderate positive shift**. A similar corresponding **positive decrease** was also seen in the ‘**strongly agree**’ and ‘**no opinion**’ response categories from 6% to none.

There was **no substantial shift** in ‘**agree**’ responses, as it remained at 12% in the endline.

Thus, 2 teachers still require clarity or input regarding the repercussions of ‘victimisation’ in cases of adult sexual abuse.

### **Sexual harassment within a power structure**

Studies show that people (teachers, bosses, family elders) often abuse their power, and perpetrate sexual harassment on those over whom they have power (MacIntosh et al, 2010).

This often goes unchecked due the hierarchical nature of the relationship between the abuser and abused, wherein the victim sometimes cannot afford to pay the price of retribution. Victims often experience fear, despair, and a loss of control. Laws have been designed to enable and empower those subjected to sexual harassment to report the offence and seek redressal. Despite this, there is a hesitation to do so.

**Table 31: Can filing a complaint against a supervisor who makes sexual advances towards a female colleague adversely affect her career?**

<b>Scenario</b>	<b>Response</b>	<b>Baseline</b>	<b>Endline</b>
<b>Your colleague tells you that she has been sexually abused by the supervisor of the department in which you both work. The supervisor is well liked in the department. She wants you to accompany her to the HR department to make a complaint.<sup>50</sup></b>	You advise her against filing a complaint to safeguard her job.	0	2 (12%)
	You extend emotional support and let her know that you respect her decision.	14 (82%)	15 (88%)
	You ask her a series of questions to gauge the veracity of the complaint.	7 (41%)	2 (12%)
	You accompany her to the HR department to make a complaint.	10 (59%)	14 (82%)
	You choose to not get involved.	0	0

<sup>50</sup> On this item, the teachers were given the option to select more than one response and to elaborate further by providing their own inputs.

In both scenarios, **most of the responses** were: ‘You extend emotional support and let her know that you respect her decision’ and ‘You accompany her to the HR department to make a complaint.’ The positive impact of the course is most evident in an expansion in the response to the latter statement of accompanying the complainant to the HR department { 10 (59%) to 14 (82%)}.

A corresponding **positive reduction** in the response – ‘You ask her a series of questions to gauge the veracity of the complaint,’ was seen in the endline {7 (41%) to 2 (12%)}

In the endline, 2 teachers chose to advise the colleague not to make a complaint, which contrasts with the teaching input provided on the topic of sexual harassment faced in the workplace.

The DS manual addresses ‘how sexual harassment at the workplace is difficult for women to redress, due to the pre-existing imbalance of power between men and women at the workplace, and more so for women combating sexual harassment by a superior as opposed to a colleague. Raising grievances under the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013, therefore becomes more difficult for women who are twice, or thrice, discriminated against, on account of gender, class, and caste.’

### **Withdrawal of consent for sexual engagement and intercourse**

The course aims at establishing that “consent” once given can be withdrawn at any point of time, that consent is dynamic, and it is not permanent or binding. Boundaries must be respected. It is acceptable to say “No” at any point.

The following **scenario** was used to elicit responses on **three targeted questions** to gauge the teachers’ moral standpoint and attitude towards ‘consent’ in a romantic/sexual relationship/encounter.

*“Imagine you are a woman watching a movie with your male friend. In the movie, there is a scene where the two protagonists go out for dinner. After dinner, they go to the man’s apartment. They start hugging each other and the woman consents to having sex with the man. However, after a few minutes, she changes her mind and says she does not want to continue because she is tired. The man ignores her and coerces her into sex with him. At this point, your male friend says that he fully identifies with the man’s feelings and that women can be very fickle. Men do not need to pander to women’s whims.”*

They were first asked: **What will you tell your male friend?**

In the baseline and the endline, all the 17 teachers gave a vociferous response that a woman has a right over her body. She is free to and entitled to withdraw her consent at any point of time. She should be respected for her decision. At this point of time, if the man forces himself on her, it amounts to rape even though she had earlier consented to sexual intercourse. “No” means “No.” Men should change their outlook towards women and not use words like “fickle.”



The second question was: **Do you think that people should be allowed to change their minds in such a context?**

In both scenarios, all 17 teachers responded in the affirmative citing numerous reasons:

*“It is a woman’s prerogative.”*

*“A sexual act involves two people, so both partners’ wishes need to be respected.”*

*“Sexuality is a huge concept, because one’s body is one’s right.”*

*“No explanations are required for changing one’s mind.”*

The third question was: **Is it fair to the other person?**

**With regard to the baseline**, all the teachers felt that it was fair to the other person, as it becomes even more unfair to the woman if she is coerced into sexual intercourse. In all relationships, there should be respect and mutual understanding. Being able to say “No” means that there is open communication. This will prevent the partner from feeling rejected if the woman changes her mind. At that moment, it may seem unfair but it will not be unfair if the situation is explained properly and the man is willing to listen.

Four teachers had some of the following ambiguous responses:

*“It is partly unfair because there should be a valid reason provided for the cessation of a sexual activity. When a person is emotionally invested in the act, and the partner withdraws or retreats, it can hurt the person immeasurably.”*

*“It is hard to say whether it is fair or not.”*

**In the endline**, there were similar responses to the baseline except for the fact that none of the teachers displayed any ambiguity. They indicated that if the partners understand each other and respect each other’s feelings, this will strengthen the relationship in the long run.

### **Awareness of the #MeToo movement**<sup>51</sup>

The #MeToo movement gained prominence in October of 2017 when women from all over the globe were given an opportunity to openly speak about instances of sexual abuse and harassment at the workplace.

The movement was put into motion in 2006 by Tarana Burke. She sought to support survivors of sexual violence, particularly young women of colour from low-wealth communities by addressing the scarcity of resources for survivors of sexual violence and to build a community of trained advocates and allies.<sup>52</sup>

In the interest of gauging their knowledge of this movement, the teachers were asked the following questions:

<sup>51</sup> For more information on the #MeToo movement, visit - <https://metoomvmt.org/>

<sup>52</sup> “*Gender Justice Movements*”. Global Fund for Women, 2003.  
<https://www.globalfundforwomen.org/movements/me-too/>

**A. Have you heard of the #MeToo movement?**

There was **no significant change between the baseline and endline** as 14 teachers (82%) were aware of the movement in the baseline, while 15 (88%) were aware in the endline, indicating a high awareness level even prior to the intervention.<sup>53</sup>

**B. Why do you think women came out on this issue in such large numbers?**

Those who were aware of the movement were then asked why they thought women may have spoken out on the issue. In both the baseline and the endline they put forth valid reasons for women joining this movement. For details, please refer to Annexure 8.

**C. Did you think some women were exaggerating their experiences?**

**9/15 teachers in the baseline** and **4/15 in the endline** felt that there may have been such instances of misuse for a myriad of reasons. The table below showcases these reasons.

**Table 32: Possible reasons for women exaggerating their experiences in the #MeToo movement**

<b>BASELINE</b>	<b>ENDLINE</b>
Two teachers felt that it may be the case in as few as 2% to 10% of the reports filed.  In some cases, women may have been undermined so this became an opportunity to punish the perpetrator.  They may have been denied equal opportunities in terms of position and remuneration hence they may have made false allegations to address this.  They may have lost their jobs or may be seeking revenge for some personal reasons.  Some women may have wanted monetary compensation; regarded this as an opportunity to spring into fame; they may have faced rejection and wished to punish the offender.	In a few cases, the Movement may have been used to advance professional careers; to secure media coverage and to become newsworthy.  Two teachers cited the example of Amber Heard and Johnny Depp.

<sup>53</sup> This topic was explicitly covered in the DS course. The intention behind including this in the assessment was to gauge prevalent ideas about victimhood, cultural and social shaming of the victims who came out as part of the movement as well as a perception of sexual violence from the lens of a bystander.

**Six teachers in the baseline and 3 in the endline** elaborated on the possible motives the women may have had in exaggerating their experiences. Similar responses were garnered in both scenarios:

- a) To secure monetary benefits
- b) To ruin someone's career
- c) For gaining publicity; for gaining popularity on social media
- d) To get a foothold in showbiz
- e) To increase one's TRPs
- f) Personal vendetta, to defame someone
- g) To get ahead in the film industry as this can give one an edge over other actors

The data, thus, shows that there was a (positive) **reduction** in the number of teachers who felt that women were falsifying their statements considering the growing number of complaints against their perpetrators following the #MeToo movement. After the intervention, the teachers seem to have understood the importance of showing support and not questioning claims of sexual abuse, harassment or violence made by women. The unconditional acceptance of such claims could potentially limit the incidents of re-victimisation and re-traumatisation.

This sub-section on **Sexual Violence against Adults and Children** reveals that the DS course has positively impacted the teachers' outlook in most areas. It does need mention that a few teachers still need inputs in nuances pertaining to attitudes towards victims (their assumed culpability), their perception of sexual harassment and reporting of the same in a workplace setting.

### **7.11 Rights and Laws in the Context of Gender and Sexuality**

Rights play a critical role in enabling entitlements and tackling discrimination. Laws have been devised to allow for the assertion of rights. Despite the existence of these laws, social norms and social structures can stand as rigid barriers. It is a matter of concern that often the most vulnerable are either unaware of their rights and associated laws, or they are incompletely or incorrectly informed. Battling social norms without this knowledge can be even more tough and ineffective.

The teachers need to be well-versed in this while teaching students who go out and work with vulnerable groups such as children. This will provide them with the necessary agency to make rightful claims to safety, respect, dignity, and equality.

The DS course has a section on rights and laws regarding - protection of children from sexual offences, transgender rights, rights of persons with disability, prevention of sexual harassment at the workplace, domestic abuse, etc.

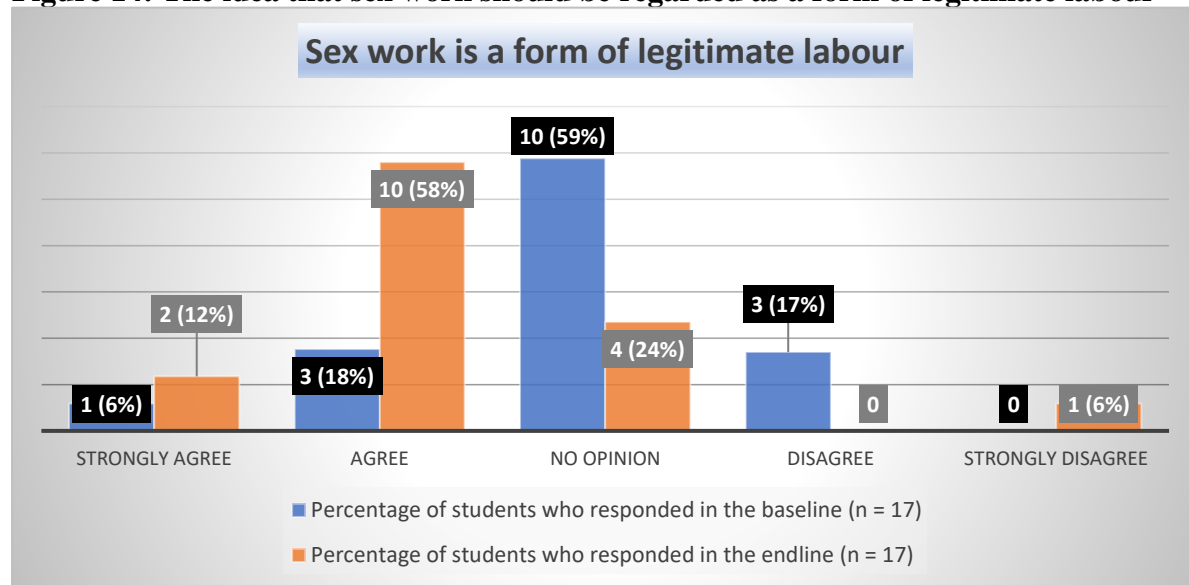
This section also explores the shift in knowledge base and attitude pertaining to the following areas:

- a) Attitude towards sex work
- b) Awareness of rights and laws pertaining to gender and sexuality
- c) Confidence level regarding the assertion of rights in the context of gender and sexuality
- d) Attitude towards perpetrators of gender and sexual violence
- e) Knowledge of what constitutes rape

### Attitude towards sex work

Sex work is governed by Immoral Traffic Prevention Act (ITPA), 1956. Sex work is not illegal but associated activities of running a brothel and soliciting sex for money are not legal. The DS course sought to contextualise this for the teachers. This study explored whether teachers felt that sex work should be treated at par with other types of labour.

**Figure 14: The idea that sex work should be regarded as a form of legitimate labour**



The figure reveals a **major positive shift** in ‘strongly agree and agree’ responses from 4 (24%) in the baseline to 12 (70%) in the endline, with a corresponding **moderate (positive) decrease** in teachers who **strongly disagreed and disagreed** {3 (17%) to 1(6%)}.

There was a corresponding **reduction** of ‘no opinion’ responses from a large percentage of teachers – 10 (59%) to 4 (24%). This is a largely positive outcome.

However, there may be two possibilities for those who chose to maintain a ‘no opinion’ stance:

- some of them may not have chosen to openly state that they disagree, as they may feel that it is politically incorrect;
- these could also be teachers who earlier disagreed but now are in the process of shifting towards agree.

This further implies that even after course completion, 5 teachers (30%) need inputs in this area. Additional engagement is required to explore the concepts of morality; to deconstruct the idea that sex is always a sacred act; or that sex for money is always forced and conducted in the context of a lack of agency for the sex worker.

### **Awareness pertaining to Rights and Laws**

To gauge the teachers' awareness levels about Rights and Laws<sup>54</sup> in the context of Gender and Sexuality,<sup>55</sup> they were first asked whether they were aware of the following:

- a) Laws for protection of children from sexual offences
- b) Laws on transgender rights in India
- c) Rights of persons with disability
- d) Laws for protection of women in the workplace
- e) Laws against domestic violence

The data presented below was collected through the interview format, wherein, the teachers had to conceptualise and express their answers from a quick mental recollection. Hence, they were assured that there are no right or wrong responses. A caveat needs mention, this was not an easy exploration for the teachers as it required a systematic retelling of specific components without any preparation. After confirming their awareness of the Right or Law, the participant was then asked to name a few components. These responses are presented in the tables below.

### **Laws against child-related sexual offenses**

Child sexual abuse (CSA) is classified as both, a sexual violence, and a criminal offence, perpetrated by an adult on a child. These sexual violations include: intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for sex trafficking or pornography.

The Protection of Children from Sexual Offences Act, 2012 (POCSO Act, 2012)<sup>56</sup> criminalises different forms of sexual activities with children and does not create any exception for non-exploitative consensual sexual activity among adolescents. It rests on the assumption that persons below the age of 18 years are incapable of giving consent for sexual activities.

In India, underreporting of child sexual abuse poses a huge challenge. Some of the reasons for this are: fear of the perpetrator, association of shame with the victim rather than the perpetrator of sexual violence, reluctance to have a close family member incarcerated, and reaction of parents or guardians. These factors pose major threats in cases of CSA being reported to the police (Chandran et al., 2018).

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<sup>54</sup>The teachers' responses on this sub-section pertaining to Rights and Laws in the context of gender and sexuality were vetted by an Enfold facilitator as well as a lawyer from the research team at Enfold. Hence, an extra layer of analysis was provided by them.

<sup>55</sup> It needs mention that the teachers were not expected to know the Rights and Laws in its entirety. The assessment aimed to understand to what extent they had imbibed and internalised the components of these important factual/constitutional amendments, which could help in effectively transacting it to their students.

<sup>56</sup> For more information on child sexual abuse, refer to Chapter 13: 'Sexual Violence', in the DS manual.

In the **baseline**, **9 teachers** were able to **accurately name the Act** associated with sexual offences against children, namely – **POCSO**. In comparison, **15 in the endline** correctly identified the Act associated with this law.

Further, in the baseline situation, a few teachers had a complete understanding; more had a partial understanding and a few had a wrong conception of the law. This shifted to a large extent in the endline, where most of the teachers showed a better understanding across the board while a few had a flawed understanding. For details on responses, refer to Annexure 9. This is a promising outcome.

It also needs mention that Enfold addresses gender and sexuality with a special emphasis on **child sexual abuse**, through education, training, research, advocacy, and tangible support.

### **Law and transgender individuals**

The Transgender Persons (Protection of Rights) Act, 2019, ('Trans Act') was enacted for the welfare and non-discrimination of queer persons in India. The DS course aimed at building awareness around several significant mandates prescribed by the Supreme Court of India,<sup>57</sup> specifically, the recognition that transgender persons are entitled to all fundamental rights, under the Constitution of India and as established by international law. The Court also established a third gender identity category, 'transgender,' and directed state governments to set up mechanisms to realise the rights of transgender persons, such as transgender welfare boards.

In both the **baseline and endline situations**, **9/17 teachers (53%) were aware of transgender rights** in India. However, none of them in either scenario was able to name the Act associated with transgender rights.

Eight teachers (47%) were still unsure of these rights, even after undergoing the programme, which is a matter of concern. As this is nearly half the teachers, Enfold may want to focus on this area. For further details on teacher responses, refer to Annexure 10.

The teachers found it difficult to recall information on it during the endline interview. Some of them were also apprehensive about mentioning anything wrong and chose not to attempt the question.

### **Attitudes towards disability rights**

UNCRC (The United Nations Convention on the Rights of the Child) also emphasises children's right to dignity, safety and protection from abuse and exploitation.

In extension, The Rights of Persons with Disabilities Act (2016) defines a person with a disability as, "A person with long term physical, mental, intellectual or sensory impairments which, in interaction with barriers, hinders their full and effective participation in society equally with others" (Census, 2011).

However, given these elaborate rights, the silence around the sexual, physical, and emotional abuse of children with disabilities is quite alarming.

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<sup>57</sup> *National Legal Services Authority (NALSA) v. Union of India*, (2014) 5 SCC 438

This is more so in India, where children with disabilities are further isolated, ignored, rendered invisible and denied their rights especially for children with intellectual disabilities (Sharma & Sivakami, 2019).

Furthermore, discussions on one's sexuality is often considered taboo in India, wherein, even to this day, parents and teachers continue to perpetuate the silence and shy away from discussing sexuality or personal safety with adolescents and children. (Saksena & Singh, 2018). Thus, most adults with disabilities have grown up without access to sexuality education.<sup>58</sup>

Considering the above, the DS course placed special emphasis on the education of comprehensive sexuality (CSE) within the community of persons with disabilities and how this knowledge can be transacted to them.

In the **baseline situation, 11/17 teachers** had knowledge of the rights assigned to persons with disabilities. This increased to **14/17 teachers** in the endline (from 65% to 82%), showing a **major positive shift** in awareness and understanding in this area.

Out of the **11 teachers who responded in the baseline, 5 were able to identify the Act** associated with persons with disabilities. The **endline** situation saw an improvement in this regard, with **12/14 accurately naming the 'The Rights of Persons with Disabilities Act.'**

For further details on teacher responses, refer to Annexure 11 which displays nuanced differences in the rights for children and adults with disabilities. **This is a very positive outcome.**

Three teachers may still require inputs as they had no knowledge of disability rights even in the endline. 4/17 teachers may have had an added advantage regarding the awareness of the Rights of Persons with Disabilities Act, as they came from the Special Education discipline. But this does not discount the fact that the teachers from MLCU especially (as noted by the in-house Enfold facilitator who observed their sessions) demonstrated a highly empathetic attitude during the presentation of this chapter to their students across two batches.

### **Law and special protective provisions for women at the workplace**

The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 ('POSH Act') explicitly recognises the inherent power dynamic that exists between men and women in workplaces, making workplaces function differently for different gendered groups. Under this Act, domestic workers and informal workers can approach the Local Committee (LC), while women who work in more formal settings can approach their employer's Internal Committee (IC) to report sexual harassment.

However, sexual harassment at the workplace remains a difficult topic for women to redress, especially while combating sexual harassment by a superior as opposed to a colleague. Raising grievances under the Act becomes even more difficult for women who are discriminated against on account of gender, class, and caste.

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<sup>58</sup>For more detailed information on this topic, refer to Chapter 12: Sexuality and Disability, in the DS manual.

An intersectional framework would help the teachers understand the interplay of gender, sexuality, and class. The Enfold facilitators endeavoured to do this in the DS training with the teachers.

For details on teachers' awareness levels on the POSH Act, refer to Annexure 12. This reveals that **12 (71%) in the baseline compared to 11 (65%) in the endline indicated that they were aware of the POSH Act.** This is an **undesirable outcome** as, not only did the number of teachers who had knowledge of the Act decrease, but given the nature of responses in the endline, there was a substantial reduction in the quality of responses, with some repeated errors carried forward from the baseline.

Additionally, only **3/12 teachers were able to name the Act in the baseline, with a negligible shift in the endline with 4 teachers accurately stating the 'POSH Act'.**

This warrants some focused exploration by Enfold, followed by a structured intervention.

However, it is interesting to note that, on observing one of the sessions on this topic, the teacher utilised an intersectional lens (by initiating a small group discussion with the help of a case study) to shed light on the different identities that could potentially make someone vulnerable to sexual harassment at the workplace. This demonstrated a holistic application of the DS learnings as opposed to approaching each topic in isolation, which is a promising development.

### **The law and domestic violence**

The Protection of Women from Domestic Violence Act, 2005 ('Domestic Violence Act'), explicitly recognises abuse (actual or the threat of abuse) against women in the home. It covers all forms of abuse: physical, sexual, verbal, emotional or economic abuse.<sup>59</sup>

The DS manual states that 'The Act exposes oppressive socio-cultural norms, wherein, male partners subject violence on women for several reasons such as dowry, 'disobeying' the husband, for not bearing a son, etc.' A pitiful consequence of this is that such practices remain commonplace in India and occur at a frightening rate.

In addition, the Domestic Violence Act specifically recognises forceful marriage as a form of domestic violence. Moreover, the predominance of child marriage in rural parts of India as well as some urban areas, puts young brides at a high risk of sexual violence and abuse.

As it weaves a vicious cycle, children too, who are exposed to domestic violence, may be neglected, or physically and emotionally abused in their homes, and become likely targets by abusers.

The Enfold facilitators exposed the teachers to this Act during the DS course training.

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<sup>59</sup> The USSD Country Report, 2007 [2c] (Section 5).  
<https://www.refworld.org/pdfid/4b6fe24a0.pdf>



In the baseline situation, 14/17 teachers (82%) felt that they understood domestic violence laws in India, but this was not the case as some components were **incorrectly stated**. In comparison, 12/17 teachers (71%) in the endline stated that they **understood the tenets of the law**, which is presented in Annexure 13.

Five (29%) teachers could benefit from inputs in this area. A refresher session with these teachers on the rights and laws may foster a stronger position on the subject.

**Assertion of rights in the context of gender and sexuality**

The violation of gender and sexual rights occurs along a spectrum from gross to very subtle (but disempowering) forms of violations. The assertion of these rights, thus, warrants a measure of self-confidence. The DS course sought to imbue the teachers with this confidence by providing them with the requisite information; by generating awareness around manifestations of violations; and suggesting ways in which these rights can be asserted.

**Table 33: Confidence level in the assertion of rights pertaining to gender and sexuality**

Statement	Confidence level	Baseline		Endline	
<b>At this point of time, I feel confident about standing up for my rights in the context of gender and sexuality.</b>	1 – 10 (1: Not at all confident; 10: Completely confident)	1	0	1	0
		2	0	2	0
		3	1 (6%)	3	0
		4	0	4	0
		5	2 (12%)	5	1 (6%)
		6	2 (12%)	6	0
		7	2 (12%)	7	1 (6%)
		8	5 (29%)	8	10 (58%)
		9	4 (24%)	9	4 (24%)
		10	1 (6%)	10	1 (6%)

The teachers’ confidence level ranged from **3 - 10** in the baseline with 10 of the teachers at a confidence level of **8 - 10**.

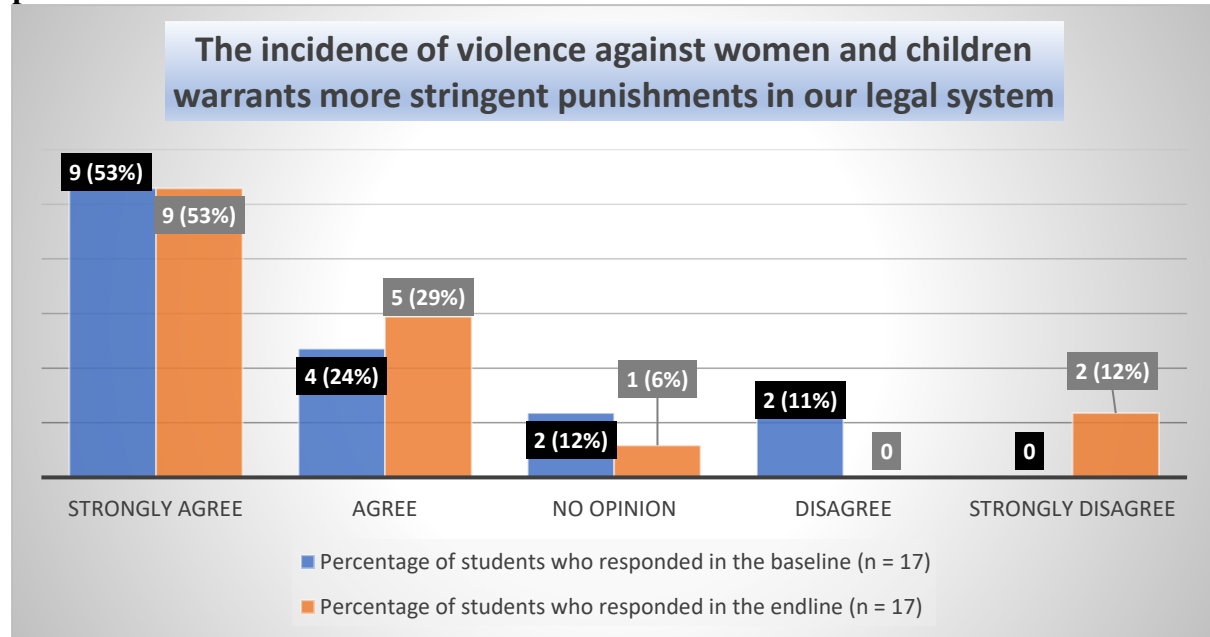
In the endline, the confidence level ranged from **5 - 10** with as many as 15 of the teachers located at a confidence level of **8 - 10**, which is a promising outcome. This may also suggest that, post the intervention, the teachers were more equipped to assert their rights pertaining to gender and sexuality.

The teachers were also asked to illustrate their assertions **using examples**. These are presented in Annexure 14.

### Attitude towards perpetrators of gender and sexual violence

Harsh and stringent punitive measures are intended to deter potential offenders. Studies on sexual offences establish that this approach has not yielded the desired results. Hence, awareness measures and a system of inculcating accountability and responsibility in the offender may prove to be more efficacious (Keenan et al., 2016).

**Figure 15: Perpetrators of violence against women and children deserve more stringent punishments**



The data shows that **most teachers** (except the 2/17 teachers who ‘strongly disagreed’ with the statement) **have not internalised the key message the DS course sought to transmit in either the baseline or the endline.**

They either **strongly agreed, agreed, or did not have an opinion.**

**A similar response was seen among the students**, wherein, only 4% (15/385) seemed to have understood the primary takeaway of this lesson, post the intervention. This is an expected finding given the teachers’ responses.

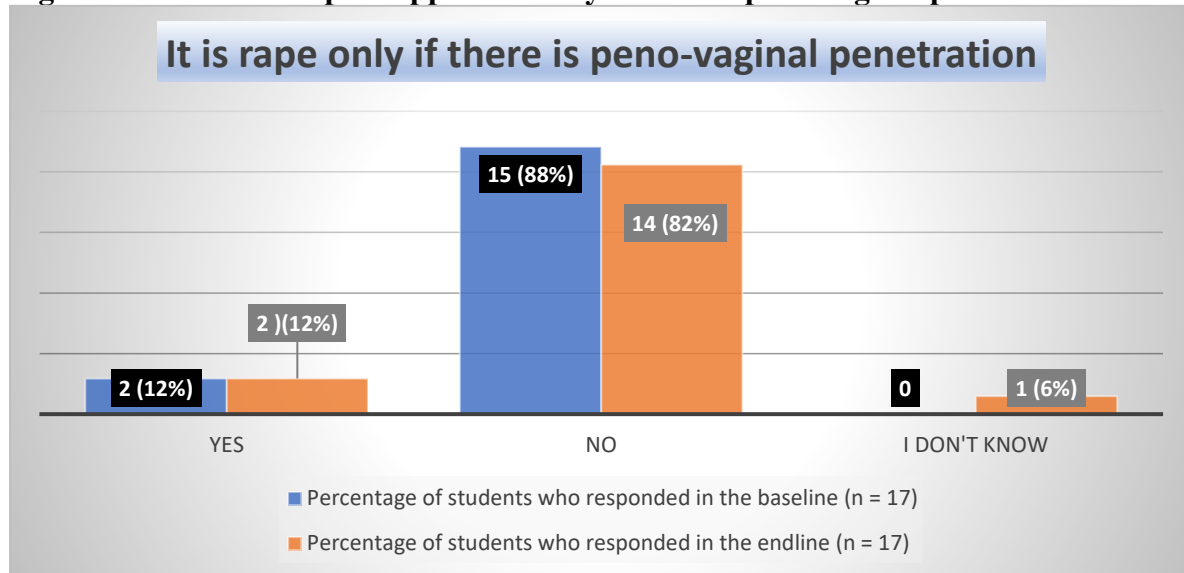
This can be attributed to the fact that the sense of outrage that a victim feels when a crime is committed is difficult to overcome. The desire to hold the perpetrator accountable is very high, which is what makes them seek punitive measures. When suggestions are made towards restorative measures, this can be easily characterised as condonement or leniency. It is against this backdrop that the DS course sought to educate the teachers about structural/holistic measures. This absence of a positive shift could also be attributed to the fact that the teachers did not go through restorative practices like a restorative circle. It is difficult to grasp what Restorative Justice is and its effectiveness, without having the knowledge or experience of such practices.

The findings presented above indicate that inputs are warranted for the teachers to enable them to see ‘justice’ as a quality, which is fair, impartial, and restorative rather than only punitive.

### What constitutes rape?

As per the Criminal Law (Amendment) Act, 2013, penile penetration is not necessary for establishing the event of rape. Due to an unawareness of this component, rape cases are often not registered. This law was discussed with the teachers in the DS course.

**Figure 16: The term rape is applicable only if there is peno-vaginal penetration**



The teachers' understanding of this law **showed an adverse shift in the endline** - 14 (82%) - as compared to the baseline – 15 (88%). This implies that, prior to the intervention, the teachers already had a good understanding of the basic legal tenets related to rape.

Two teachers continued to believe that penile penetration is required for the act to be considered as rape, while one teacher was still not aware of this distinction in the endline. There is also corresponding evidence of the students' lack of knowledge regarding rape laws in India, as **48% remained unclear in the endline**.

This sub-section on **Rights and Laws in the Context of Gender and Sexuality** overall showed promising outcomes, especially regarding attitudes towards sex work and teachers' confidence levels regarding the assertion of rights in the context of gender and sexuality.

However, further work is required to enhance some of the teachers' awareness on a few of the rights and laws pertaining to gender and sexuality, perpetrators of sexual violence, and their understanding of what constitutes rape.

### **7.12 Intersectionality**

The genesis of the term 'Intersectionality' goes back to 1989, when an American lawyer and civil rights activist, Kimberlé Crenshaw documented her experiences as an African-American woman in the United States. She attempted to shed some light on the disparate lens of discrimination faced by white women and even Black men in conjunction with her own. Her marginality was an eventual product of "intersecting patterns" of both racism and sexism (Crenshaw, 1989).

Since then, activists, academics, and organisations all over the world, including in India, have begun to understand how a person’s religion, language, gender, caste, or their sexual orientation can influence their or a group’s experience of marginality. These identities also play a role in how we experience the world through a set of advantages and disadvantages.

The Enfold facilitators helped the teachers understand this complex but relevant topic to use it as a framework for analysis of the multiple levels of discrimination and the unique structures of domination that exist in society.

**Table 34: Definition of Intersectionality**

BASELINE	ENDLINE
<p>In the baseline, 4/17 teachers knew the correct definition of the term ‘Intersectionality’:</p> <ol style="list-style-type: none"> <li>1. Layers or dimensions of a person's identity that intersect and can put them in a disadvantageous position, i.e., a person who identifies as transgender; a religious minority, such as a Muslim and belongs to a lower socio-economic background.</li> <li>2. The intersection of disadvantageous and advantageous aspects of one's social categories, such as being a tribal woman from a matrilineal community.</li> <li>3. How an individual is hindered by racism, sexism, the community at large and other cultural factors, like her upbringing, her current family system, her workplace, her religious background, etc.</li> </ol>	<p>12/17 teachers knew the correct definition of the term ‘Intersectionality’ in the endline scenario. They maintained that:</p> <p><i>“Intersectionality is the interconnected nature of social categorisations, such as race, class, and gender, that creates overlapping and interdependent systems of discrimination or disadvantage.”</i></p>

**The correct definition is:** “The interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.”<sup>60</sup>

The table above reveals a **major positive shift** from 4 (24%) in the baseline to 12 (70%) in the endline of the teacher’s understanding and imbibing of the concept of Intersectionality.

Five (30%) teachers still require nuanced inputs.<sup>61</sup>

<sup>60</sup> Taylor, B. (2019, November 24). *Intersectionality 101: what is it and why is it important?* <https://www.womankind.org.uk/intersectionality-101-what-is-it-and-why-is-it-important/#:~:text=More%20explicitly%2C%20the%20Oxford%20Dictionary,systems%20of%20discrimination%20or%20disadvantage%E2%80%9D>.

<sup>61</sup> 115/341 (31.68%) students found that the topic on Intersectionality was new to them. Additionally, 7 students also reported finding the topic difficult to comprehend.

It needs mention that all these students were from Batch 1: MLCU students. In comparison, no student from Batch 2: MLCU found the topic new. This may lend further evidence to the teachers who felt more prepared

In the current social milieu, it is imperative to assess one’s power and privilege in order to use it responsibly in working with those less privileged, towards a universal access to respect, belongingness, and worthiness. Hence, the Enfold team can step in to support the teachers who may need more scaffolding in this area.

### 7.13 Restorative Practices

Restorative Justice (RJ) was born out of the concerns of victims, offenders and community members who felt that the prevailing criminal justice system did not adequately meet their needs. It deepened societal wounds and conflicts rather than contributing to peace. It is a relatively new approach that requires a deep understanding of the core objective of Restorative Justice, which centres on repairing harm and fostering healing by empowering parties to move forward, while ensuring accountability.

The DS course discussed the definition of Restorative Justice and how it is different from the traditional approach to the Criminal Justice System.

**Table 35: Definition of Restorative Practices or Restorative Justice**

BASELINE	ENDLINE
<p>Only one teacher who (out of four who responded) was aware of the term ‘Restorative Justice’ had a <b>partial understanding</b>.</p> <p>She held that punishment alone is not the answer to reparation for crimes committed. Thus, RP would enable people to learn the difference between "right" and "wrong" and how to leave a life of crime behind. It is viewed as a preventive and a corrective measure. The offender would undergo counselling as a form of rehabilitation.</p> <p>Here the term ‘corrective’ is perceived as problematic. RJ is about prevention, understanding and justice to all people who were part of the incident.</p> <p>However, there was one aspect that was completely <b>flawed</b>:  <i>“An example of RP - Juvenile Justice Act.”</i>            The Juvenile Justice Act is not a part of restorative justice. It exercises a</p>	<p>In the endline, 10 teachers claimed they understood these terms. But the responses reveal that four of them did not.</p> <p>6/10 teachers were aware of RJ in the endline. They showed a <b>correct understanding</b> as demonstrated in the responses below:</p> <ol style="list-style-type: none"> <li>1. It involves an interaction between the victim and offender, to address harm done, and to make the offender accountable for their actions.</li> <li>2. Have elaborate discussions about the harm caused till a resolution is found.</li> <li>3. This can be done through restorative circles. E.g., When a CICL is arrested for a petty crime, they try to reform the victim in a restorative way - through joint sessions or circles; like in a student-teacher dichotomy.</li> <li>4. It is an alternative to traditional forms of punishment.</li> </ol> <p>One participant had a <b>partial understanding</b>.</p> <p><i>“A system of criminal justice which focuses on the rehabilitation of offenders through reconciliation with victims and the community at large.”</i>            RJ is not a system of criminal justice (it is a system of</p>

with the help of the 2-year teaching programme versus the teachers who did not get the required intervention benefits.

BASELINE	ENDLINE
punitive approach to punishment as opposed to restorative practices that take both the victim and offender's sentiments into consideration.	justice). Harsh words like 'criminal' or 'crime' are avoided. The intention is to restore and bring about healing for all parties involved (victim, offender, family members and community), the perpetrator takes responsibility and is accountable and has the obligation to repair the harm.

According to the DS manual, **the correct definition is:** "A restorative justice-based approach shifts the focus from the act of crime to the harm caused, centres the voices of survivors, and recognises the impact the harm had on the community. This gives the perpetrator an opportunity to fully recognise the impact their actions had on multiple levels, and move towards taking accountability and responsibility for it.

The Restorative Justice approach offers a 'different frame for crime, offenders and victims' and a space to 'address needs of those affected by harm.'"

The data shows that there was a **positive shift** from one teacher in the baseline to six teachers (35%) in the endline that knew what the term Restorative Justice or Practices mean.

It is still a matter of concern that 11 (65%) teachers were unsure, unclear or unaware of the term in the endline scenario.

Additionally, 122/341 (33.61%) students who had undergone the DS programme, had reported in the course evaluation, that they found the topic on Restorative Practices new to them.

As it is a difficult concept to comprehend, an experiential activity or in-depth study may help the teachers to fully understand the advantages of the Restorative Justice system.

### **Overview of course impact**

A review of the data in this section reveals that almost across the board, there are positive shifts in the teachers' understanding and attitudes. It does need mention that these shifts vary in magnitude. This can be summarised in the following manner:

- a) There are areas where the course has had a highly positive impact (Refer to Annexure 15 for details.)
- b) There are areas where the teachers already had a satisfactory understanding in the baseline scenario, which further improved with course inputs. (Refer to Annexure 16 for details).
- c) There are areas where there were only very slight positive; no shifts; or negative shifts (Refer to Annexure 17 for details).<sup>62</sup>

Given these varying shifts in understanding and attitude, it is now useful to explore the teachers' perceptions regarding their preparedness levels for engaging with the different domains of the course in their professional and personal lives.

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<sup>62</sup> It is useful to note that across the different domains of inquiry, 5/17 teachers that underwent the 2-month abridged course as opposed to the 2-year long intervention, usually showed undesirable shifts when compared to the other teachers that had ample opportunity to internalise the DS inputs.

## 8. SHIFT IN PREPAREDNESS LEVELS FROM THE BASELINE TO THE ENDLINE SCENARIO

Table 36 presents teachers' perceptions of their preparedness in the baseline situation regarding Demystifying Sexuality domains.

**Table 36: Perception of preparedness with reference to the Demystifying Sexuality domains in the baseline<sup>63</sup>**

S. No.	Topic/Course concept	Number of teachers	Percent
1	Intersectionality and Positionality	1	6%
2	Structure and Function of Sexual and Reproductive Systems	11	65%
3	Diversity in Sex, Gender, and Sexuality	9	53%
4	Gender Bias	7	41%
5	Life-Skills, Self-Esteem, and Body Image	9	53%
6	Sexual Development through the Lifespan	8	47%
7	Attitudes towards Sexuality	4	24%
8	Sexuality and Disability	3	18%
9	Common Sexual Health Issues	5	29%
10	Sexual Relationships	6	35%
11	Sexual Preferences and Practices	2	12%
12	Paedophilia	3	18%
13	Sexual Violence against Adults and Children	9	53%
14	Rights and Laws in the context of Gender and Sexuality	3	18%
15	Restorative Practices	1	6%

One teacher reported that they were **not prepared to teach any of the topics**, prior to the intervention.

Table 37 presents teachers' perceptions of their preparedness levels in the endline situation regarding Demystifying Sexuality domains.

<sup>63</sup> During the pre-test assessment (or before the intervention was due to begin), the teachers were asked to indicate which topics they felt prepared to transact to their students. These are listed in Table 36.

**Table 37: Preparedness levels with reference to the Demystifying Sexuality domains**

S. No	DS Domain	Level of preparation	Endline	Nature of preparedness
1	<b>Intersectionality and positionality</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	7 (41%) 10 (59%) 0 0	There is an evident positive escalation in preparedness as only one teacher felt prepared in the baseline compared to the endline, where all the teachers indicated feeling completely or somewhat prepared. None of the teachers felt unprepared.
2	<b>Life skills, self-esteem and body image</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	14 (82%) 3 (18%) 0 0	A major positive shift was observed in the endline as all the teachers felt adequately prepared, compared to only 9/17 teachers (53%) that reported feeling prepared in the baseline.
3	<b>Structure and function of human sexual and reproductive systems</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	11 (65%) 5 (29%) 1 (6%) 0	Nearly all the teachers felt completely or somewhat prepared in the endline, compared to 11 (65%) teachers in the baseline. Only one teacher felt very slightly prepared.
4	<b>Sexual development through the lifespan</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	12 (71%) 5 (29%) 0 0	An overwhelming positive response was noted in the endline, as all the teachers (17) felt either completely (71%) or somewhat prepared (29%). In the baseline, only eight teachers (47%) indicated feeling prepared to execute this lesson.
5	<b>Diversity in Gender and Sexuality</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	11 (65%) 6 (35%) 0 0	All the 17 teachers felt a high level of preparedness in the endline as compared to the baseline (9 -53%).
6	<b>Paedophilia</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	7 (41%) 9 (53%) 0 1 (6%)	In comparison to the baseline, where only 3 teachers (18%) felt prepared, the endline showed a highly positive outcome with almost all the teachers (16) responding in the affirmative (94%). Only one teacher did not feel prepared at all.
7	<b>Gender Bias</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	12 (71%) 5 (29%) 0 0	This area shows a perceivably high level of preparedness from all the teachers in the endline as all of them reported feeling completely (with a majority choosing this response) or somewhat prepared. In the baseline, only seven teachers felt prepared.
8	<b>Attitudes towards sexuality</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	10 (59%) 6 (35%) 1 (6%) 0	In the baseline, only four teachers (24%) felt prepared to teach this topic. There was a major positive shift in the endline as 16 teachers felt adequately prepared. Only one teacher felt very slightly



S. No	DS Domain	Level of preparation	Endline	Nature of preparedness
				prepared, while no teacher had indicated feeling unprepared.
9	<b>Sexuality and disability</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	11 (65%) 6 (35%) 0 0	Compared to three teachers (18%) in the baseline situation, the endline situation saw a highly positive outcome with all the teachers feeling prepared in this area.
10	<b>Sexual relationships</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	11 (65%) 5 (29%) 1 (6%) 0	The number of teachers that felt prepared increased from six (35%) to 16 (94%) implying a major positive escalation in preparedness levels. Only one teacher felt very slightly prepared.
11	<b>Sexual preferences and practices</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	9 (53%) 7 (41%) 0 1 (6%)	Almost all the teachers felt completely or somewhat prepared in the endline, which is a highly positive outcome (only two teachers had indicated feeling prepared in the baseline situation). Only one teacher did not feel prepared at all.
12	<b>Common issues with sexual health</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	11 (65%) 6 (35%) 0 0	In comparison to the baseline, where only five (29%) felt prepared, the endline showed a highly positive shift with all the teachers feeling the requisite level of self-reported preparedness.
13	<b>Sexual Violence against adults and children</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	12 (71%) 5 (29%) 0 0	A major positive shift was seen from nine in the baseline to 17 teachers (with 71% feeling completely prepared) in the endline, feeling prepared to execute this lesson. This is a highly desirable outcome.
14	<b>Rights and Laws in the Context of Gender and Sexuality</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	4 (24%) 11 (64%) 2 (12%) 0	Fifteen teachers (88%) reported feeling completely or somewhat prepared in the endline compared to three teachers in the baseline, which is a promising outcome, as this is a relatively difficult area to comprehend. Two teachers did not feel adequately prepared.
15	<b>Restorative practices</b>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	5 (29%) 10 (59%) 2 (12%) 0	In the baseline, only one teacher felt prepared to teach this topic. In the endline, this increased to 15 teachers (88%) which is an overwhelmingly positive response. Only two teachers felt very slightly prepared.

S. No	DS Domain	Level of preparation	Endline	Nature of preparedness
16	<b>Personal safety education</b> <sup>64</sup>	Completely prepared Somewhat prepared Very slightly prepared Not prepared at all	11 (65%) 6 (35%) 0 0	Almost all the teachers felt adequately prepared. This is a highly positive development.

This table reveals a series of **highly positive shifts** in perceived preparedness levels almost across the board. On an average, in the baseline situation, 6% - 53% of the teachers felt prepared to teach the DS topics to their students. In the endline, there was a **major positive shift** as nearly all the teachers (88% - 100%) indicated a suitable level of preparedness (a combined measure of ‘completely prepared’ and ‘somewhat prepared’ responses).

The domains of Structure and Function of Human Sexual and Reproductive Systems, Attitudes towards Sexuality, Sexual Relationships, Rights and Laws in the Context of Gender and Sexuality, and Restorative Practices garnered a few responses in the ‘very slightly prepared’ category; while two teachers felt completely ‘unprepared’ to tackle the domains of Paedophilia and Sexual Preferences and Practices, indicating that the teachers need further time and inputs to feel well prepared in these domains.

A word of caution for interpreting this table is warranted. This **data is based purely on teachers’ perceptions**. Therefore, prior to the course, the teachers may have felt they were well prepared or somewhat prepared but exposure to the Demystifying Sexuality course may have brought the realisation that they needed considerable inputs (which the course provided) to be able to engage with these domains effectively.

Additionally, a juxtaposition of this section with the data from Section 7, which deals with the actual impact of the course, counters some of the teachers’ claims. This is particularly evident in the area of Intersectionality and Positionality, Diversity in Gender and Sexuality, Sexuality and Disability, Sexuality Development in Children and Adolescents, Rights and Laws in the Context of Gender and Sexuality and Restorative Practices.

In the light of these shifts and the perceived levels of preparedness, it is now relevant to understand: 1) the different components of the intervention; 2) teachers’ perceptions regarding how they were able to use the Demystifying Sexuality course inputs in their professional and personal lives.

## 9. TRAINING COMPONENTS OF THE DEMYSTIFYING SEXUALITY INTERVENTION

This section examines the different components that constituted the Demystifying Sexuality training programme. These include:

- a) number of programme components completed as part of the training programme
- b) satisfaction level with these different components

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<sup>64</sup> This area was not explored in the baseline because it was not included in the first list of core topics that were generated. However, during the programme, the Enfold team recognised it as an important domain, hence it was added in the post-test questionnaire.

## 9.1 Completion of Training Components during the Intervention

**Table 38: Components completed in the training programme**

S. No.	Training component	Number of teachers	Percent
1	Attended online training in Demystifying Sexuality	17	100%
2	Attended capacity building sessions	14	82%
3	Attended practical mock training sessions	12	70%
4	Conducted sessions for Batch 1 students	12	70%
5	Conducted sessions for Batch 2 students	11	65%

## 9.2 Overall Satisfaction with the Components of the Training Programme

This section attempts a consolidation of the teachers' overall satisfaction level with the training components.<sup>65</sup>

**Table 39: Level of satisfaction with the training components**

S. No	Training component	Level of satisfaction	Percent
1	<b>Online training in Demystifying Sexuality</b>	Not at all satisfied	0
		Slightly satisfied	0
		Somewhat satisfied	1 (8%)
		Very satisfied	11 (92%)
2	<b>Mock training after completion of the DS course</b>	Not at all satisfied	0
		Slightly satisfied	0
		Somewhat satisfied	3 (25%)
		Very satisfied	9 (75%)
3	<b>Facilitator observation and feedback while conducting DS sessions for your students</b>	Not at all satisfied	0
		Slightly satisfied	0
		Somewhat satisfied	1 (8%)
		Very satisfied	11 (92%)
4	<b>Capacity building sessions</b>	Not at all satisfied	0
		Slightly satisfied	0
		Somewhat satisfied	3 (25%)
		Very satisfied	9 (75%)

This table shows that all the teachers were either very satisfied or somewhat satisfied with the training components provided as part of the DS intervention. **This is a highly positive response.**

<sup>65</sup> The data from 12/17 teachers who taught the course to their students was included in this sub-section.

## **10. TAKING THE DEMYSTIFYING SEXUALITY INTERVENTION INPUTS INTO THE TEACHERS' PROFESSIONAL AND PERSONAL LIVES**

This section explores multiple elements pertaining to the course utility of the Demystifying Sexuality programme in the teachers' professional and personal lives. It examines:

1. topics found to be most useful by the SSK, MLCU and CU teachers as part of the DS programme
2. topics incorporated by the Nursing and Public Health teachers into their regular teaching
3. whether the topics used with any other groups of students went beyond what was mandated in the intervention
4. topics used; and persons who benefitted from these inputs in their personal engagements
5. whether there were challenges associated with working with any of the DS topics in their personal lives
6. topics that caused discomfort
7. whether the course impacted their understanding of their own sexuality and relationships
8. whether any further inputs are required
9. What were the expectations from the course? Were these expectations met post the intervention?
10. whether there were concerns prior to the intervention. If yes, did these concerns remain after programme completion?
11. whether they received help from Enfold during the teaching programme.
12. whether they would recommend this programme to their students, peers, or colleagues
13. whether they will be able to teach future batches of students without Enfold's assistance.

## 10.1 Utility of the Different Topics During the Teaching Process

This section dwells upon whether the teachers found the different DS topics useful while conducting the DS sessions and during their other classroom interactions.<sup>66</sup>

**Table 40: Extent to which DS topics were useful for teaching**

S. No	DS topic	Usefulness level	Baseline
1	<b>Structure and function of reproductive systems</b>	Not at all useful	0
		Slightly useful	0
		Useful	2 (17%)
		Very useful	10 (83%)
2	<b>Attitude towards sexuality</b>	Not at all useful	0
		Slightly useful	0
		Useful	2 (17%)
		Very useful	10 (83%)
3	<b>Diversity in gender identity and sexual orientation</b>	Not at all useful	0
		Slightly useful	0
		Useful	3 (25%)
		Very useful	9 (75%)
4	<b>Gender bias and its effect on all genders</b>	Not at all useful	0
		Slightly useful	0
		Useful	3 (25%)
		Very useful	9 (75%)
5	<b>Life skills, self-esteem and body Image</b>	Not at all useful	0
		Slightly useful	0
		Useful	2 (17%)
		Very useful	10 (83%)

<sup>66</sup> As only 12 teachers taught the course to the students of various disciplines, the percentage of these teachers has been calculated in this table. The remaining 5 teachers were asked not to respond to this question.

<b>S. No</b>	<b>DS topic</b>	<b>Usefulness level</b>	<b>Baseline</b>
6	<b>Common issues with sexual health</b>	Not at all useful	0
		Slightly useful	0
		Useful	5 (42%)
		Very useful	7 (58%)
7	<b>Pregnancy, contraceptives, abortion</b>	Not at all useful	0
		Slightly useful	0
		Useful	4 (33%)
		Very useful	8 (67%)
8	<b>Sexual preferences and practices; sexual relationships</b>	Not at all useful	0
		Slightly useful	1 (8%)
		Useful	5 (42%)
		Very useful	6 (50%)
9	<b>Intersectionality</b>	Not at all useful	0
		Slightly useful	1 (8%)
		Useful	3 (25%)
		Very useful	8 (67%)
10	<b>Child sexual abuse: dynamic, signs and impact</b>	Not at all useful	0
		Slightly useful	0
		Useful	3 (25%)
		Very useful	9 (75%)
11	<b>How to answer children's questions regarding reproduction, sexuality, and gender-based violence?</b>	Not at all useful	0
		Slightly useful	0
		Useful	4 (33%)
		Very useful	8 (67%)

S. No	DS topic	Usefulness level	Baseline
12	<b>POCSO; and sexual and reproductive rights</b>	Not at all useful	0
		Slightly useful	0
		Useful	4 (33%)
		Very useful	8 (67%)

The table above reveals that most of the teachers found the topics ‘**very useful**’ (ranging from **50% to 83%**), further suggesting nearly all the teachers felt the DS course helped them effectively engage with the students.

### 10.2 Utility of the Different Topics by the Untrained Teachers

This section explores whether the teachers from Nursing and Public Health, who were exposed to the 2-month abridged course, used any of the topics while teaching their students over the course of one year. These teachers were later approached for an endline assessment. This was done to ascertain whether there has been an **incremental use of this course**.

**Table 41: Topics used by the untrained teachers during their regular classroom interactions**

S. No.	Topic/Course concept	Number of teachers who used the topic in their regular teaching format	Percent
1	Diversity in gender identity and expression and sexual orientation	4	80%
2	Diversity in sex	3	60%
3	Attitude towards sexuality	3	60%
4	Sexual violence against children	3	60%
5	Gender bias and intersectionality	2	40%
6	Attitudes towards reproductive and sexual health; elderly sexuality	3	60%
7	Sexual development in children and adolescents	3	60%
8	Preventing sexual violence against adults	2	40%
9	Sexual violence against children	2	40%

Only one out of the five teachers indicated that **they did not use any of the DS topics in their regular teaching**.

The most used topic was: **Diversity in gender identity and expression and sexual orientation.**

### **10.3 Utility of the Different Topics with Other Groups of Students**

Six teachers<sup>67</sup> reported using the DS topics with groups of students beyond what was mandated in the intervention.

The teachers conducted sessions with **9 to 202 participants**. The age of the participants ranged from **9 to 24 years**. These individuals were pursuing various disciplines, such as – school children, college dropouts who are usually employed into agriculture-related professions, vocational groups for adolescents with disabilities, students from Life-Skills, Reproductive Health, Gender and Sexuality, Tourism, Management Studies, Theology, Allied Health Sciences and Environmental Sciences. They were enrolled in certificate, undergraduate and postgraduate courses.

**Some teachers expanded on their professional usage by giving examples.**

**Diversity in gender and sexuality** - *“In my work, I am closely associated with an organisation working with the LGBTQIA community. I consciously interact with these members, so that students, too, learn the required respect and values.”*

**Sexual development through the lifespan** – *“The topic of sexual development through lifespan has helped me understand adolescent behaviour and also discuss the same with my colleagues to help them gain a better understanding of the adolescent.”*

### **10.4 Use of DS Course Inputs in Personal Life**

This section delves into the ways the teachers used these inputs in their personal lives.

All the 17 teachers reported that they shared this information in their individual interactions with various groups of people, like their students, colleagues, peer groups, family (parents and siblings), and other extended family members like cousins.

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<sup>67</sup> The question that was asked in this section was: **Did you use the DS topics with any other groups of students beyond what was mandated in the intervention?**

Out of the 12 teachers who had transacted the course for either one or two batches of students, six responded to this question.



They used the following pieces of information (topics) during their interactions –

**Table 42: DS topics that were used in their individual interactions**

S. No.	Topic/Course concept	Number of teachers who used the topic in their personal lives	Percent
1	Gender bias	11	65%
2	Intersectionality and positionality	10	59%
3	Life skills, self-esteem, and body image	14	82%
4	Diversity in gender and sexuality	11	65%
5	Attitudes towards sexuality	11	65%
6	Sexual relationships	10	59%
7	Personal safety education	13	76%
8	Sexuality and disability	6	35%
9	Sexual preferences and practices	6	35%
10	Common issues with sexual health	9	53%
11	Sexual violence	6	35%
12	Rights and laws	6	35%
13	Restorative practices	5	29%
14	Sexual development through the lifespan	9	53%
15	Structure and function of human sexual and reproductive systems	12	71%
16	Paedophilia	2	12%

The data reveals that the topics were **used in varying degrees** from 12% to 82% of teachers.

The topics that were **most used** were: Life skills, self-esteem and body image; Personal safety education; Structure and function of human sexual and reproductive systems.

The topic that was found to be **least useful** was ‘Paedophilia’.

The teachers further noted that they used these topics in the following ways:

**Sexual development through the lifespan** - *“I am very conscious about the developmental stages in children and adolescents, with the children in my house.”*

*“I spoke to my younger cousins about the proper names for genitals.”*

**Diversity in gender and sexuality** – *“I have discussions around the dining table or discussions after watching movies about sexual diversity, relationship issues and personal safety among others.”*

*“How to approach sexuality as right-based along with awareness about reproductive health.”*

**Personal safety** – *“I taught my daughter to be aware of who her safe persons are and to be able to tell me if she does not feel safe.”*

*“I teach my children (ages 4, 7 and 11 years old) Personal safety education, like No-Go-Tell, naming body parts.”*

**Common issues with sexual health** - *“The topic on sexual health has helped me share information that was useful for my daughter.”*

**Life skills, self-esteem, and body image** - *“My cousin likes to tease my niece about being fat with a big stomach. I reassured my niece that being fat does not define who she is and in turn, I taught my cousin about body image and how this can affect one’s self-esteem in the long run.”*

**Gender bias** - *“Sensitised my relatives on the different issues such as gender bias, by disabusing notions like when a man helps a wife cook, that is degrading to a man’s pride and self-esteem.”*

## 10.5 Challenges in using DS Inputs

Figure 17: Did you face any challenges while discussing the topics with these individuals/groups in your personal life?



Six teachers stated that they faced challenges in using the DS inputs in their personal lives.

The problematic areas for them were:

*“Diversity in sexuality was a new concept for one of my friends.”*

*“Given any chance, I am very adamant about personal safety and gender rights with my family. However, I do not still feel entirely comfortable to openly discuss sexual relationships.”*

*“I found it difficult to find the right words to speak about sex with my child (did not go too well on my part).”*

*“Some family members do not like such discussions and immediately cut people off.”*

Additionally, the teachers were also asked if they faced any **challenges from their college/institutions** in teaching the DS course. 9/12 teachers did not face any challenges. 2/3 teachers elaborated on the challenges they faced:

*“The second-year students were challenging, as it was a mixed group. Scheduling sessions during Diwali holidays was challenging.”*

*“The students were hesitant to attend classes when the topics pertained to reproduction and its functions; and even about relationships. This is especially true for students from Delhi, Kolkata, Bengaluru, who have experience and awareness in these topics.”*

### **10.6 Topics that generated Personal Discomfort prior to the intervention and during the course of the DS programme**

In the baseline situation, **8/17 teachers felt no discomfort associated with any of the DS topics.**

The remaining nine teachers listed the following topics that they found uncomfortable to engage with during student interactions.

**Table 43: Topics that generated discomfort during discussions with students**

<b>S. No.</b>	<b>Topic/Course concept that caused discomfort during discussions with students</b>	<b>Number of teachers</b>	<b>Percent</b>
1	Diversity in gender	6	35%
2	Sexual relationships, sexual preferences, and practices	6	35%
3	Sexual violence	4	24%
4	Paedophilia	4	24%
5	Rights and laws	4	24%
6	Human reproductive systems and sexual development	3	18%
7	Intersectionality	5	29%
8	Gender bias and attitudes towards sexuality	4	24%

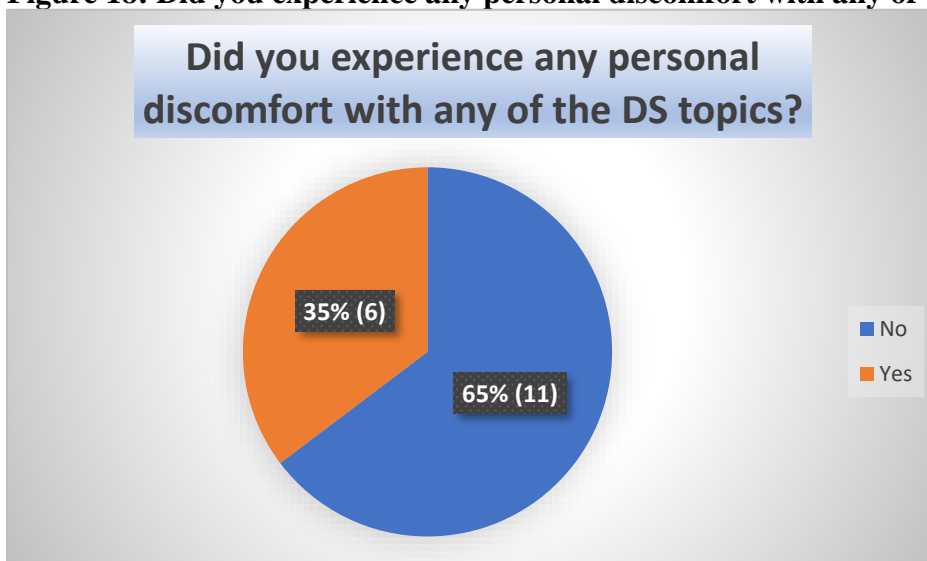
S. No.	Topic/Course concept that caused discomfort during discussions with students	Number of teachers	Percent
9	Restorative practices	4	24%
10	Self-esteem and body image	2	12%

The topics that many teachers found uncomfortable to discuss were:

**Diversity in gender; and Sexual relationships, sexual preferences, and practices.**

This sub-section explores which topics the teachers experienced personal discomfort with during the intervention.

**Figure 18: Did you experience any personal discomfort with any of the DS topics?**



Eleven teachers were **comfortable with all the topics**.

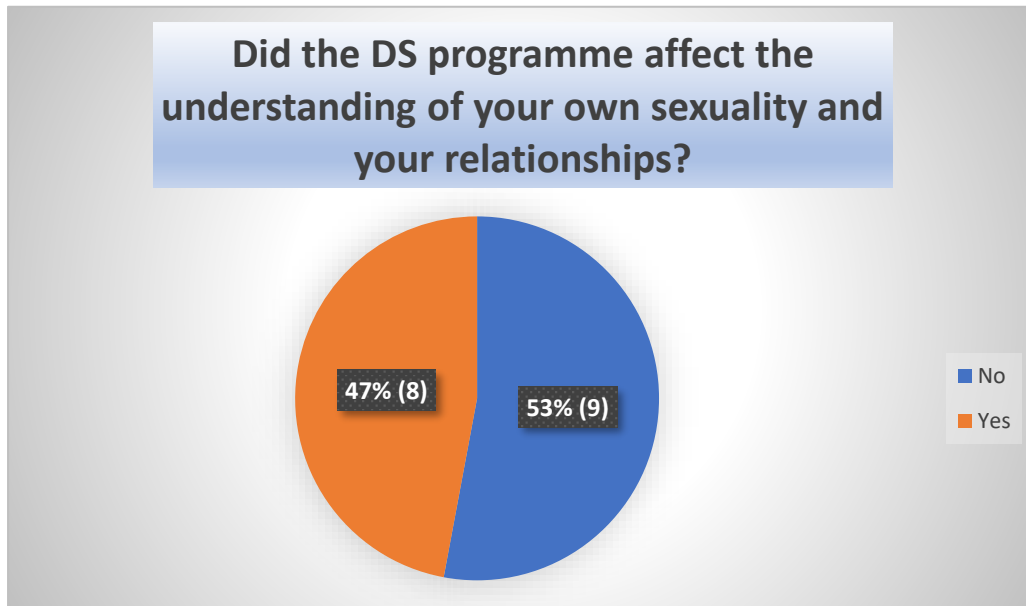
Six teachers who **expressed some discomfort**, stated that the following topics made them uncomfortable.

1. Paedophilia
2. Personal safety education
3. Sexual preferences and practices
4. Sexual violence
5. Structure and function of human sexual and reproductive systems
6. Diversity in gender and sexuality
7. Attitudes towards sexuality

These findings might warrant some exploration as the teachers may benefit from individualised instruction to alleviate some of their discomfort while interacting with students on these topics.

## 10.7 Use of DS in understanding One's Sexuality

**Figure 19: Did the DS course affect the understanding of your own sexuality and your relationships?**



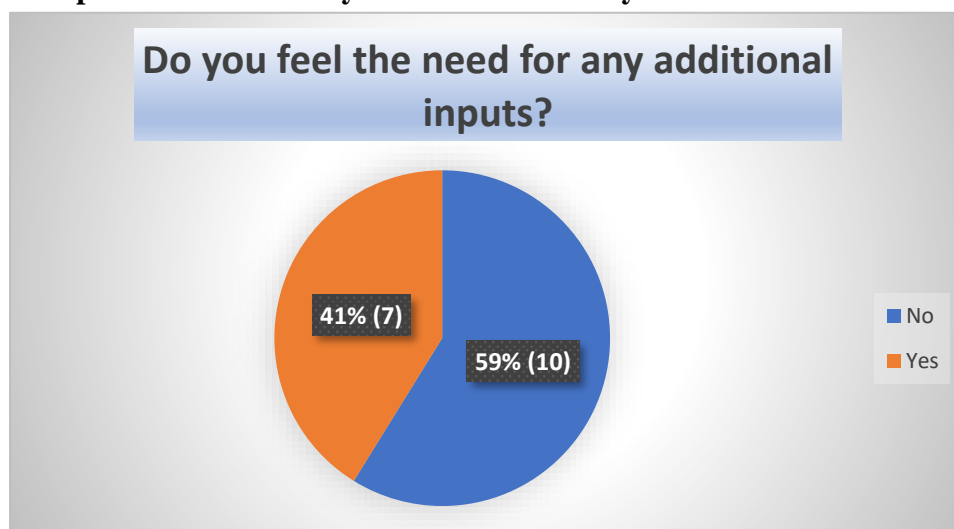
Eight teachers indicated that the DS course **impacted the understanding of their sexuality and their relationships**. 2/8 teachers gave the following reasons:

*"I learnt a lot of terminology. Earlier I would say "taking permission." Now I know it is consent. Though I had little knowledge about LGBTQIA+, I was not at all aware of intersex. I also understood a lot about sexual relationships and preferences like BDSM."*

*"The DS program was an eye opener. It helped me in respecting human relationships and gave me a new dimension to understand relationships."*

## 10.8 Need for Additional Inputs to the Demystifying Sexuality Programme

**Figure 20: Do you feel the need for any additional inputs in the area of Gender Equity, Comprehensive Sexuality and Personal Safety Education?**



Ten (59%) felt that the Demystifying Sexuality intervention was completely comprehensive. Seven (41%) teachers felt that they needed additional inputs.

These teachers requested inputs in relation to the following DS topics:

1. Intersectionality
2. Paedophilia
3. Sexuality and disability
4. Rights and laws
5. Personal Safety education

**Intersectionality** - *“It would be nice to have more examples on the kind of activities that we can have during a session on intersectionality with undergraduate students, as the topic seems a bit tough for them to comprehend.”*

**Paedophilia** – *“This could be a separate topic in another workshop since it’s a very new topic for me in light of what I have learned in this module.”*

## 10.9 Course Expectations

This section explores the various expectations that the teachers had from the course prior to intervention:

### **A. To become better teachers and responsible citizens by obtaining suitable inputs on some of the key course topics –**

- i. Gender diversity – to obtain detailed information of sexual minorities, their characteristics, issues, and their numbers
- ii. Gender equality including the equality of sexual minorities
- iii. Gender, sexuality, personal safety – some wanted a basic understanding while others sought in-depth knowledge
- iv. Positionality regarding gender – gender discrimination and bias; gender violence
- v. Restorative practices and justice

- vi. Appropriate age of sexuality education
- vii. Unwanted pregnancies; technical terms regarding reproductive system
- viii. Sexually Transmitted Diseases (STDs)
- ix. Implications of sexual encounters at an early age
- x. Sexuality and disability and the right to sex for those living with disability
- xi. Information on the legalities surrounding child sexual abuse and the route to be adopted for tackling this issue

**B. To develop the following skills -**

- i. How to provide scientific and biological explanations to a mostly Christian student population
- ii. How to demystify and nuance the complex topics of the course (including sex)
- iii. How to teach children about ‘good’ and ‘bad touch’
- iv. How to empower sexually abused children regarding personal safety
- v. How to deal with issues pertaining to adolescent girls (ages 11 to 19) and learning how to work with their parents effectively
- vi. How to enable digital literacy and personal safety for children by working with children, parents, and teachers
- vii. How to develop meaningful communication around these challenging topics while engaging with children, parents, and teachers
- viii. How to openly discuss one’s own sexuality
- ix. How to address misbeliefs and misconceptions associated with these topics
- x. How to deal with mental health issues that life’s challenges bring about
- xi. How to approach mental health issues in the nursing context
- xii. How to change mindsets of student regarding the equality of sexual minorities
- xiii. How to effectively engage with parents of children with disabilities to ensure that they understand their sexual ‘urges’ and respond suitably.

**C. To engage with the intensive learning format of the course.**

In the endline, **all the teachers reported that the course met their expectations.** This is a promising development.

Additionally, one teacher expressed that they would like to learn more about how to teach adolescents about interpersonal relationships, especially those students who come from broken homes, or deal with family members who are difficult. This teacher wanted to learn how to deal with conversations pertaining to romantic relationships with her students.

**10.10. Concerns regarding the DS course**

This section examines the concerns some of the teachers had before the intervention began. 7/17 (41%) reported the following concerns:

*Logistical issues:*

- a. Time consuming DS classes
- b. Failure to provide the timetable ahead of time
- c. Clash in the timings of DS course classes with the main course classes
- d. Possibility of inconvenient frequent meetings being held outside of the online sessions
- e. The online format may inhibit interaction as compared to an offline format

*“My personal biases and beliefs that may impede or hamper the learning process of various DS-related topics.”*

There were concerns regarding students’ current conditioning to these topics:

*“How do I reconcile prevailing notions of morality that are associated with sexuality and what may be potentially taught in the course?”*

*“It will be difficult for me to discuss these topics with narrow-minded students as they come with a cultural baggage.”*

*“I expect resistance as students may not be open to topics like sexuality and sexuality practices.”*

After the intervention, 14 teachers (82%) reported that they had no concerns regarding the course.

Only three teachers stated the following concerns:

a. Concerns about situations that may be beyond the teacher’s expertise.

E.g., The case is of a child at their school who is non-binary and the parents are not able to understand the gender identity of the minor. In this case, they have referred the case to Enfold, who is now handling it

b. Concerns about a person having a paedophilic orientation

c. Request for more support and direction when it comes to teaching Bachelor’s students about sexual practices and preferences

### **10.11 Need for Assistance from Enfold during the course of Teaching**

The 12 teachers **felt adequately supported by the Enfold facilitators.**<sup>68</sup>

*“Enfold staff was present to help them at all times.”*

*“Sangeeta was a big source of support during the program.”*

*“I received help while trying to teach the biological aspects of the DS course, like sex and reproduction.”*

*“The facilitator comments and their continued support, along with the resources provided were very helpful and useful.”*

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<sup>68</sup> The question posed to the teachers in this section was: **Did you need support from Enfold during the time you taught the DS course?**

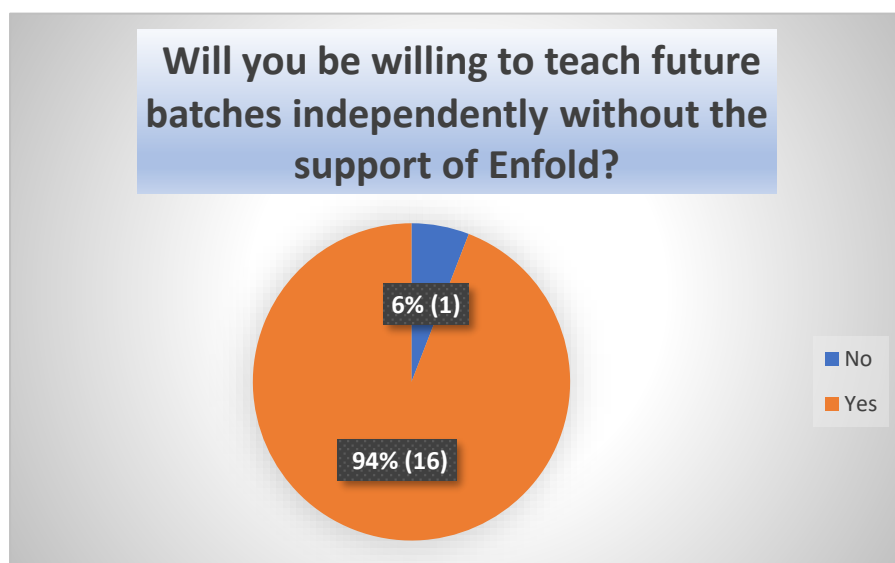


## 10.12 Course Recommendation

All 17 teachers reported that they would actively recommend the DS programme to their students, peers, and colleagues. This outcome speaks volumes about the successful intervention facilitated by the teachers, who were trained and guided judiciously by the team at Enfold.<sup>69</sup>

## 10.13 Confidence to train Future Batches of Students without Enfold's Support

**Figure 21: Will you be willing to teach future batches independently without the support of Enfold?**



This chart shows **all teachers** except one, are willing to teach this course independently.

## 11. SUMMARY AND CONCLUSIONS

To highlight the key findings of this report, a few contextual caveats need mention. This intervention uses a Training of Trainers (ToT) approach where the teachers were trained to teach this course to the students. It is inevitable that the teachers will not be able to deliver exactly what they were exposed to, as this would depend on what they internalised. In addition to this, the Demystifying Sexuality course is not an easy one to execute due to the sensitivities associated with this subject.

Given the age profile of the teachers, it is also unlikely that they will internalise the inputs in a uniform manner. Therefore, a secular positive shift and impact cannot be expected.

Further, the questionnaire has been designed to access information at two levels:

- a) Uncover teachers' perceptions
- b) Corroborate the extent to which these perceptions have a valid base.

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<sup>69</sup> The question asked in this sub-section was: **Will you actively recommend this course to your students/peers/colleagues?**

As a result of all the above, there is evidence of some interesting and sometimes contradictory findings.

**The primary finding is that the overall impact of the Demystifying Sexuality course is positive.**

An exploration of shifts in knowledge base and attitude reveals there were **positive shifts in most topics**, but these shifts were of **varying magnitude**.

This study examined 14 major domains and 42 sub-topics. Significant findings emerged with regard to the following:

- a) In 18 sub-topics of 10 major domains, there is evidence of highly positive shifts. (Refer to Annexure 15 for details)
- b) In 22 sub-topics of 9 major domains, there was already a satisfactory understanding in the baseline scenario, which further improved with course inputs. (Refer to Annexure 16 for details)
- c) In 4 sub-topics of 4 major domains, there is still the need to enhance teachers' understanding. (Refer to Annexure 17 for details)

It needs mention that the teachers who attended the 2-month bridge course on the whole displayed fewer positive shifts in their knowledge base as compared to the other teachers.

Regarding the area of perceived preparedness, the teachers reported a series of **positive shifts in preparedness levels almost across all the domains**. However, a juxtaposition of the impact data with teachers' perceptions on preparedness reveals that in some areas the teachers were not as suitably prepared as they believed themselves to be.

All the teachers were either **very satisfied or somewhat satisfied** with the training components provided as part of the DS intervention.

Regarding the teachers' perception on the **practical utility of this course**, most of the teachers found the topics '**very useful**' (**ranging from 50% to 83%**), further suggesting nearly all the teachers felt the DS intervention helped them effectively engage with the students.

Among the teachers who only attended the two-month bridge course, 4/5 indicated that **they used DS topics in their regular teaching formats**.

6/17 (35%) teachers reported **using the DS topics with groups of students beyond what was mandated in the intervention**.

All the 17 teachers reported that they **shared this information in their individual interactions** with various groups of people, like their students, colleagues, peer groups, family (parents and siblings), and other extended family members like cousins.

Six (35%) teachers stated that **they faced challenges** in using the DS inputs in their personal lives. Eleven (64%) teachers were **comfortable with all the topics**, while six (35%) teachers expressed some discomfort. Eight (47%) teachers indicated that the DS intervention **impacted the understanding of their sexuality and their relationships**. Seven (41%) teachers **felt the need for additional inputs**. Fourteen (82%) teachers reported that they had **no concerns regarding the course**. All the teachers were **keen to recommend this course**. 16/17 teachers felt **confident about teaching this course** to future batches without Enfold's support.

The above findings indicate that the intervention has achieved most of its objectives to some extent. Given the sensitivities that surround these topics, this is creditable. This report focuses on understanding the overall impact while simultaneously drawing attention to specific areas where further inputs are required for both teachers and future student batches.

The following recommendations have been put forth for enhancing the implementation of future DS interventions.

## **12. RECOMMENDATIONS**

The following recommendations have been put forth for enhancing the implementation and future recipients of the DS intervention.

### **Recommendations for teachers**

1. A more suitable teacher-student ratio is recommended to ensure that a single teacher does not have to deal with the pressure of executing this course single-handedly to a very large group. Given the sensitive nature of some of the topics, students may benefit more if they have more time with the teacher in small groups, to process information and seek out clarifications.
2. The teachers could give the students repeated inputs throughout the academic year. This can be undertaken in a staggered manner, starting at the time the students are at their field practice until they graduate into the next semester or out of college.
3. The teachers could provide the students with the additional DS resources (DS handbook, reference book and videos) given by Enfold to complement their learning outcomes as this will give them a comprehensive outlook towards Demystifying Sexuality, as well as facilitate effective self-learning.
4. The teachers could seek out learning methodologies to break the tedium in the classroom: energisers; ice breakers; teaching props, etc. This will animate classroom processes.
5. The teachers could engage in brainstorming sessions with the Enfold team to develop mechanisms to help the students to transact the DS inputs in their local context. They will need to devise and tailor examples to fit the milieu.
6. The teachers could engage in self-learning as sexuality is an intimate and personal experience.
7. The teachers could consider encouraging peer-to-peer education in this area. They could closely supervise these engagements.

## Recommendations for Enfold trainers

1. The Enfold trainers could develop a support mechanism for the teachers. This is essential for sustaining learning inputs. This could be operationalised through any social media platform (Email/ WhatsApp/Facebook). It would act as a forum for teachers exposed to the DS intervention, to access information, contribute and share experiences/information used in the field from any stream - Education, Nursing, Social Work, Counselling Psychology and Special Education. They would be able to engage with the trainers at Enfold to clarify doubts or queries. This could enable peer support and learning. It could also serve as a platform for cultural exchange, as this intervention is being implemented in different parts of the country. This could also enrich the understanding of the Enfold staff, as it would bring to the table different ways of understanding and working with Gender, Sexuality and Personal Safety.
2. The Enfold trainers could vet the learning materials/methodologies utilised by the teachers, during their sessions as they have been empowered to create their own case studies and use their own illustrations. This will ensure that these are relevant and factually sound and the methodologies are suitable and effective.
3. The Enfold trainers could provide refresher inputs to the teachers for building and strengthening their perspectives on the course in general and specifically on topics that the students found difficult to comprehend (Intersectionality, Sexuality and disability, Rights and laws related to gender and sexuality, etc.) or felt uncomfortable with (Sexual violence against adults and children, Sexuality, sexual relationships, sexual preferences and practices, Paedophilia). This will help the teachers deliver the course with confidence and conviction. The Enfold trainers could provide them with inputs on content, attitude, and methodology before they engage with the next batch of students.<sup>70</sup>
4. The mock sessions need to be carefully monitored to ensure teacher readiness (along with all the above parameters) before they start delivering this course.
5. In the future, the Enfold facilitators who served as observers could step in to support the teachers when the latter are not able to deliver the course in the required manner. This will enable the concerned students to get the full benefit of the course. It will also reduce the pressure on the teachers and expose them to effective teaching styles and inputs, while on the job.
6. They could conduct a separate session for these teachers on teaching methodologies to build familiarity with “facilitation” techniques like small/large group activities, reflective exercises, and other experiential methodologies.

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<sup>70</sup> It needs mention that the teachers from MLCU and SSK were given improvement inputs through a feedback session that was conducted after the students had completed their first batch of the DS course, including their internship periods. This was done before the second batch of teaching was initiated, to enable the teachers to modify their planned sessions as per the requirements of the students who expressed various concerns and suggestions about how best to enhance course delivery.

7. Enfold could provide the teachers with access to additional resource material on select topics (Intersectionality, Restorative Practices, and Paedophilia), to enable the latter to build and strengthen their perspectives.
8. There is a measure of learning loss in the ToT methodology. To address this, a self-learning App could be developed. This could enable peer-to-peer discussions and students-teacher exchanges.

## **Annexure 1. Enfold facilitators' observation of classes and feedback mechanism<sup>71</sup>**

The Enfold facilitators also functioned as observers for the DS sessions conducted by the teachers in Year 1 and 2. Barring a few sessions where the observers physically went to the session, the observations were mainly made through online Zoom or Google meets.<sup>72</sup>

The following information was recorded by the observers towards the improvement of teacher performance:<sup>73</sup>

- a) Setting context, introduction, recap, setting values
- b) Facilitator preparedness: Material required for session prepared and ready/  
Familiarity with topic
- c) Presentation skills including articulation, rate of speech, tone of voice, gestures/  
pacing across room
- d) Engagement with learners: ensuring interactivity, using Q&A for reflection,  
responding to questions, appreciating contributions, treating with respect
- e) Ability to clarify concepts, answer questions
- f) Classroom management: ability to elicit participation, manage disagreements and  
distractions, ensure focus on topic
- g) Teacher's domain knowledge: relevance, current or not, depth of understanding
- h) Use of storytelling, anecdotes, experiences and examples to explain a topic, to bring  
more clarity

After the completion of each observation session (during Year 1), the Enfold observers provided the trainee teachers with feedback. These teachers were expected to integrate these inputs into their ongoing teaching practices.<sup>74</sup>

## **Annexure 2. DS Course Resource Material Preparation**

### **Preparation of resource material**

#### **The development of the DS manual**

Enfold's DS training material dates back to 2007. It first started out as reading material, which was later repurposed as a handbook. As part of its metamorphosis, the handbook was given a proper structure in 2014. Additionally, Enfold translated their outputs into various regional languages. The Facilitation Manual was translated into Telugu and Kannada, and the DS manual was translated into Hindi, to cater to a wide range of audiences within the Indian subcontinent. They have also curated apps with UNICEF and CEDAC in 10-12 Indian

<sup>71</sup> In addition to the input provided by the Enfold observers, the research team had also observed a few sessions in Year 1 and 2 to gauge how the teachers were transacting the DS content in the classroom. The observations were arranged to be viewed through a Google Meet by the coordinators from SSK, MLCU and CU.

<sup>72</sup> The online observations were encountered with a few challenges, such as, unclear audio, lack of visibility (to evaluate the seating arrangement of the students), network issues, and having to log in and out frequently.

<sup>73</sup> It needs mention that as this is an action-based, research-driven intervention, the inputs – 1) provided by the observers coupled with the feeder reports generated by the researchers about the impact seen in Year 1 and; 2) the course evaluations done for the first batch of students; were fed directly into the ongoing intervention to help improve its quality as well as to empower the trainee teachers to enable a better teaching experience.

<sup>74</sup> It was also observed that if the teacher revealed an incorrect understanding of a certain topic, the Enfold observers would step in to make clarifications in real-time (during the online/offline classroom session). On some occasions, the trainee teachers sought the help of these observers to explain a particular topic/concept that they found difficulty communicating to their students.

languages.

Thereafter, they recognised the need to make the DS manual robust, scientifically rigorous, insightful, culturally valid, and relevant to the current zeitgeist. In response to this, from March 2020 to January 2021 concentrated work went into making it comprehensive and properly referenced. While earlier it was deemed as scientifically heavy, it is now more balanced in its content, capturing various socio-cultural aspects and practical ways to approach topics about gender and sexuality.

The writing process involved contributions from 19 experts and the subject matter was later reviewed by 23 different professionals,<sup>75</sup> adept at transacting theory and training in various social science fields (For information on the names and designations of the individual contributors, please refer to the Acknowledgement section of the Demystifying Sexuality manual).

These contributors have worked extensively with Enfold in the past, with high clarity about Enfold's stance on various issues related to gender and sexuality.

### **Demystifying Sexuality resources**

The original manual was further refurbished into the following material:<sup>76</sup>

- a) **Demystifying Sexuality Reference Book** – a compilation of reading material including research and practitioner viewpoints, for each topic covered in the course (Please refer to Annexure 2a. for the list of chapters)
- b) **Demystifying Sexuality Handbook for Students and Teachers of Special Education and Special Educators, Social Work, Psychology, and Education** - a set of exercises, case scenarios and reflections
- c) A set of **videos** from professionals and practitioners in the space of gender studies and personal safety (Please refer to Annexure 2b. for the list of videos)
- d) A set of 17 PPTs for information and teaching purposes (Please refer to Annexure 2c. for the list of PPTs)

### **Annexure 2a: Demystifying Sexuality Course Chapters**

Chapter 1. Diversity in Sex

Chapter 2. Structure and Function of Sexual and Reproductive Systems

Chapter 3. Diversity in Sex, Gender, and Sexuality

Chapter 4. Development of Gender Identity and Sexual Orientation

Chapter 5. Gender Bias

Chapter 6. Self-Esteem and Body Image

Chapter 7. Attitude towards Sexual Health and Issues with Reproductive Health

<sup>75</sup> It needs mention that six of these reviewers are faculty at MLCU and had participated in the DS intervention. Hence, they were already exposed to the content prior to the intervention start date. Although this may have given them an advantage while answering some of the knowledge questions in the pre-test, they had not yet enjoyed the practical benefits of the intervention, which was one of the main components.

<sup>76</sup> The add-on material was created during the three-year intervention as Enfold recognised that the different cohorts from varying disciplines required more course-relevant case studies and application insights that can be used with specific trainees.

Chapter 8. Sexual Development in Children and Adolescents  
Chapter 9. Attitudes toward Sexuality  
Chapter 10. Sexuality and Disability  
Chapter 11. Sexual Relationships  
Chapter 12. Sexual Preferences and Practices  
Chapter 13. Paedophilia  
Chapter 14. Intersectionality  
Chapter 15. Sexual Violence against Adults  
Chapter 16. Sexual Violence against Children  
Chapter 17. Restorative Practices

### **Annexure 2b: Demystifying Sexuality Course Videos**

1. Structure and Function of Human Sexual and Reproductive Systems
2. Diversity in Gender Identity and Sexual Orientation
3. Gender Bias
4. Self-Esteem, Body Image, and their effect on Sexual Self-Esteem
5. Common Issues in Reproductive Health - Part 1
6. Common Issues in Reproductive Health - Part 2
7. Sexual Development in Children and Adolescents
8. How to Talk to Children About Personal Safety
9. How to Discuss Sexuality with Adolescents
10. Attitudes toward Sex and Sexuality
11. Sexuality and Disability
12. Intersectionality and Positionality
13. Masculinity and Femininity
14. How to talk to a child when there is suspicion of Sexual Abuse?
15. Consent
16. Sexual Violence
17. Restorative Practices

### **Annexure 2c: Demystifying Sexuality Course PPTs**

1. About Enfold
2. Diversity in Sex; Structure and Function of Reproductive System
3. Diversity in Gender Identity and Sexual Orientation
4. Sexuality Development in Children and Adolescents
5. Gender Bias
6. Self-Esteem and Body Image
7. Common Sexual Health Issues
8. Contraception and Pregnancy
9. Attitudes towards Sexuality
10. Disability and Sexuality
11. Sexual Relationships
12. Sexual Preferences and Practices
13. Paedophilia and Fetishism
14. Intersectionality
15. Sexual Violence against Adults
16. Sexual Violence against Children
17. POCSO and other laws related to CSA



### **Annexure 3. Implications of online DS course training and course delivery**

It is important to note that the course was not originally curated as an online intervention. It was done so to continue the planned intervention during the COVID-19 pandemic. Therefore, both the training inputs and the actual course delivery had to be modified to an online format. It is well established that in person training and teaching enables a different kind of engagement and absorption. This held true to some extent for the training sessions in this intervention as well.

#### **Implications of executing the course online**

##### **For the teachers**

As the Year 1 DS course was largely taught in the online mode. The teachers faced an array of issues regarding:

- a) connectivity issues and postponement of sessions due to poor Wi-Fi connectivity;
- b) lack of interaction with the students;
- c) inability to gauge whether the students were paying attention;
- d) issues in effectively engaging with their students (answering sensitive questions, etc.);
- e) difficulty in encouraging participation in the form of questions and debates;
- f) challenges in effectively teaching the course to make it adequately interesting wherein the students were able to grasp key course components.

##### **For the students**

The Demystifying Sexuality course was delivered in the following format:

In Year 1, the course was taught online at SSK due to the COVID-19 pandemic.

The students at MLCU and CU had a hybrid exposure (both online and offline sessions).

In Year 2, the course was delivered in a purely in-person fashion at MLCU, and the students at SSK had a hybrid learning experience.

While most of the students felt that the learning outcomes were met (even in the online mode), some students highlighted a few issues that adversely affected their experience of the course:

- a) fatigue from excessive screen-time;
- b) network issues;
- c) distractions;
- d) boredom;
- e) lack of class interactions.

### **Annexure 4. Teachers' ability to address gender bias**

<b>BASELINE</b>	<b>ENDLINE</b>
Gender bias can be addressed by debunking stereotypes within the personal home space first, and by living it out oneself.	Gender bias can be addressed by debunking stereotypes within the household, and by personal demonstration.
Examples of how this can be done:	a. <i>'As a mother I do not differentiate between male and female children.'</i>

BASELINE	ENDLINE
<p>a. Ensure male spouses share household responsibilities. Encourage girls and boys to perform similar tasks at home. Create opportunities for role exchange so that both genders understand each other</p> <p>b. Ensure women should have an equal say in decision making</p> <p>c. Question the attitude of favouring a male child over a female child when a baby is born</p> <p>d. Not being discriminatory in any way from the time children are toddlers</p> <p>e. Give children of all sexes the option of playing with the same toys</p> <p>f. Ensure equal educational opportunities to all</p> <p>g. Ensure that girls get the opportunity to choose their extra-curricular activities without any judgement</p> <p>h. Ensure girls get equal opportunities to excel in sports</p> <p>i. Ensure equal inheritance to property</p> <p>j. Discussions should be conducted with children along the following lines:</p> <ol style="list-style-type: none"> <li>i) Draw attention to the different forms of gender bias</li> <li>ii) Question the notion that there are certain things girls cannot do to establish that girls are equal in every way</li> <li>iii) Question social norms on morality of girls if they go out late at night</li> <li>iv) Talk about biases in the law</li> <li>v) Develop an understanding of non-binary genders</li> <li>vi) Talk about how safety is important but one must not be fearful or feel limited</li> </ol> <p><b>In the professional space, there are multiple avenues:</b></p> <p>a. There should be no restrictions on persons of different genders being segregated into gender-specific career roles</p> <p>b. Restrictive norms pertaining to gender in the workspace should be questioned</p> <p>c. When biases arise in the workspace, these should be questioned</p> <p>d. One should put up a fight when needed irrespective of adverse responses</p>	<p>b. <i>'I will create equal opportunities for all my children whether it is a choice of toy or a desire to pursue any sport. Opportunities will be based on merit and not gender.'</i></p> <p>c. <i>'I make all my children partake in household chores.'</i> <i>'I live by example. My husband and I divide all household responsibilities so my son learns first hand.'</i></p> <p>d. <i>'I have educated my daughter about her reproductive rights and about contraceptive methods she can use.'</i></p> <p>e. <i>'I plan to tell her about the LGBTQIA+ community.'</i></p> <p>f. <i>'I am willing to have 'difficult' conversations with my daughter if she has questions about her gender identity, i.e., if she identifies as non-binary.'</i></p> <p>g. <i>'After the DS course experience I am going to change my thoughts, attitude, behaviour, body language towards genders I do not identify with. Micro-change is important.'</i></p> <p>h. <i>'In my house the men, take all the important decisions, but after this I will ensure that me and my sister get a say as well.'</i></p> <p>i. <i>'I will initiate conversations about DS topics at home.'</i></p> <p>j. <i>'I will make my family and friends re-examine sexist jokes.'</i></p> <p><b>In the professional setting:</b></p> <ul style="list-style-type: none"> <li>● There should be equal opportunities for all (male, female, transgender) with an atmosphere of healthy competition.</li> <li>● More women should join the psychiatry field as it has been a male dominated field.</li> </ul>

BASELINE	ENDLINE
<p>e. Work towards pay parity for men and women holding similar jobs</p> <p>f. Empowerment workshops on gender and sexuality can be conducted where one focuses on the notion of gender equality through self-empowerment.</p> <p><b>Teachers from different streams put forth suggestions specific to their roles:</b></p> <ol style="list-style-type: none"> <li>1. As a member of the Centre for Gender, the teacher stated that she generates awareness through talks, workshops, education programmes, on topics like sensitisation on gender discrimination, gender bias, tackling inequality.</li> <li>2. A teacher from the social work profession, worked with her domestic helper's daughter to get her educated and found her some suitable work opportunities. She stopped her from being coerced into domestic work by her family.</li> <li>3. A teacher said that she uses education to draw attention to gender biases where discrepancies are seen in education opportunities for males and females.</li> <li>4. A teacher from the Nursing professions wanted to see more men take to this role and profession.</li> <li>5. A college teacher felt that there should be school-based programmes for acknowledging and addressing this issue.</li> </ol>	<ul style="list-style-type: none"> <li>● <i>'As a teacher and a social worker, I will generate awareness to all age groups, especially adolescents through seminars. I will initiate self-help groups and empowerment programmes to address this issue. All women should be economically independent.'</i></li> <li>● <i>'As the Head of Department (HOD) I have broken the glass ceiling that women encounter in climbing the professional ladder. I have faced tremendous backlash in doing so. This has helped tackle the area of gender bias where we are now better placed to talk about salaries and promotions.'</i></li> <li>● <i>'I will build awareness about the need for skill-based employment for girls so that they can become economically independent rather than being married off at the age of 16 or 18.'</i></li> <li>● <i>'As an employee of Spastics Society of Karnataka, I have ensured that all my students get equal employment opportunities in all our work areas: bakery, tailoring, computer training, etc.'</i></li> <li>● <i>'In my teaching profession, I would like to make my students changemakers in this specific domain.'</i></li> <li>● <i>'I will take the relevant DS topics on gender bias to schools in Coimbatore.'</i></li> <li>● <i>'I will make an effort to bring this learning into rural areas and give women a voice in public spaces like Panchayat meetings.'</i></li> <li>● <i>'I will ensure that there is zero tolerance for gender bias in my classroom.'</i></li> <li>● <i>'As a teacher I will advocate for a personal choice of subjects regardless of gender. I will spread awareness about gender equity, and encourage the selection of extra-curriculars as per interest.'</i></li> </ul>

BASELINE	ENDLINE
	<ul style="list-style-type: none"> <li>● <i>‘I have intervened with client families to ensure that daughters get equal educational opportunities.’</i></li> <li>● <i>‘I will initiate conversations about DS topics at work.’</i></li> </ul> <p><b>At the community level:</b></p> <ul style="list-style-type: none"> <li>● <i>‘I intervened in a case of domestic violence when all the other neighbours stood by and did nothing. I refuse to succumb to the bystander phenomenon.’</i></li> <li>● <i>‘I will spread awareness of DS topics on social media.’</i></li> <li>● <i>‘I want to get involved in policy making regarding gender equity. I would like to draft rules within institutions about gender-appropriate behaviour.’</i></li> </ul>

#### Annexure 5: Description of varied personal identities

BASELINE	ENDLINE
<p>Five teachers were able to identify <b>multiple identities within their beings</b> in terms of the following:</p> <ol style="list-style-type: none"> <li>1. as an individual</li> <li>2. by profession</li> <li>3. by one’s position in professional life (teacher)</li> <li>4. by membership in one’s natal family (daughter, sister, uncle)</li> <li>5. by membership in one’s marital family (wife, mother)</li> <li>6. by membership to one’s tribe (Khasi)</li> <li>7. as a responsible citizen of one’s nation</li> <li>8. by gender</li> <li>9. by sexuality (being straight; heterosexual)</li> <li>10. by being a care-giver, a people pleaser with patient personality</li> </ol> <p>Five teachers spoke of a <b>multiplicity of identities but with one primary identity</b>:</p> <ol style="list-style-type: none"> <li>1. <i>‘My main identity is that of a mother.’</i></li> </ol>	<p>There were <b>similar responses in the endline</b>, indicating an enduring representation of varied and personal identities.</p> <p>Seven teachers spoke of a <b>multiplicity of identities</b> within themselves, eight of them alluded to a <b>singularity in their identity</b> and two had one <b>primary identity with multiple layers to it</b>.</p> <p>One teacher elaborated on and categorised the different layers to her identity:</p> <ol style="list-style-type: none"> <li>1) a teacher (role model to her students)</li> <li>2) tribal identity: Khasi woman in N.E. India</li> <li>3) religious identity: Christian</li> <li>4) gender: woman</li> <li>5) sexual identity: heterosexual/straight</li> <li>6) professional: mental health professional</li> <li>7) social roles: mother, wife, teacher’</li> </ol>

BASELINE	ENDLINE
<p>2. <i>'I am a confident Khasi female who is empowered, informed, and educated. I hold Khasi values of dignity, respect, optimism, leadership, and team spirit. Due to my matrilineal heritage, I do not discriminate between men and women.'</i></p> <p>Six teachers spoke of a <b>singularity in their identities</b>:</p> <ol style="list-style-type: none"> <li>1. <i>'My primary identity is that of a man.'</i></li> <li>2. <i>'I am a heterosexual man.'</i></li> <li>3. <i>'I am a proud heterosexual woman.'</i></li> </ol>	
<p><b>One teacher spoke of concerns surrounding their identities.</b></p> <ul style="list-style-type: none"> <li>● <i>'I feel that as a girl I was disadvantaged as boys are more easily accepted in society as compared to girls and they have much more freedom.'</i></li> <li>● <i>'Sometimes I wonder whether I would have stayed 'straight.' I felt the need to talk to somebody about my identity but there was nobody, so I could not explore or experiment.'</i></li> </ul>	<p>The only key difference was that <b>no concerns were articulated</b>. This indicates a more clear and confident understanding of one's identity.</p>

#### Annexure 6. Privileges and drawbacks associated with identity

BASELINE	ENDLINE
<p><b><u>Privileges</u></b></p> <p>The teachers from Shillong claimed that Khasi society is egalitarian, close-knit, and collectivistic. It is predominantly matrilineal in nature and women's rights are upheld to high standards in this community.</p> <p>Being tribals, they had access to:</p> <ol style="list-style-type: none"> <li>a. scholarships</li> <li>b. education</li> <li>c. property rights</li> <li>d. enjoyed the benefits of ST reservation in multiple areas, including jobs.</li> </ol> <p>All the above enables them to live with confidence as compared to women in other parts of India.</p>	<p><b><u>Privileges</u></b></p> <p>In the endline as well, the teachers from Shillong reiterated the same privileges they mentioned in the baseline which related to their tribal identity.</p> <p>Some of the other responses, in support of different privileges enjoyed in conjunction with their identities were:</p> <ol style="list-style-type: none"> <li>a) Women get seats in buses.</li> <li>b) Women get to rest during pregnancy and menstruation.</li> <li>c) It is a privilege to experience pregnancy, childbirth and motherhood.</li> <li>d) Women get maternity leave.</li> </ol>

BASELINE	ENDLINE
<p>One teacher spoke of feeling empowered by her positions as a teacher in MLCU where she was able to educate her students in areas like gender and sexuality. She also mentioned that her husband helps in child rearing, so they do not feel overburdened by carrying the domestic burden singlehandedly.</p> <p>Women are sensitive, look good, sensual, dynamic, strong, emotional, resilient, enduring, determined, etc. This is often lacking in men which makes their life quite dull.</p> <p>A special educator from Bengaluru spoke of how some of her identities intersected to put her in a privileged position.</p> <p>As a teacher, her inputs to parents on special education are taken seriously. As a wife, she has received support from her husband in pursuing her career and caring for their two special needs children. As a sister and a working woman, she has been able to financially support her younger brother who, in turn, gives her moral and counselling support. Thus, this teacher had a sophisticated understanding of how drawbacks can become empowering opportunities resulting in privileges.</p> <p>A nursing teacher from Bengaluru stated that in her profession, they are more privileged than their male counterparts in both nursing practice and the nursing teaching profession.</p> <p>There are no drawbacks to being heterosexual.</p> <p>One male teacher further reiterated that as a man he was able to assume leadership roles in his professional life. Within the home, he was given due respect by taking care of the elders and guiding the younger members.</p>	<p>e) Women are emotional and sensitive to issues they encounter.</p> <p>f) Men have the privilege of being taken seriously and listened to.</p> <p>g) It is a privilege to get the opportunity to play the role of a responsible male: husband - elder sibling, etc.</p> <p>h) As a woman I play a multiplicity of roles, this helps me in my personal relationships and understanding society at large.</p> <p>Two of the teachers stated that as well-educated women, they experience equity in the workplace and feel safe and free to move about at will. They have never experienced eve-teasing and catcalling.</p>

<b>BASELINE</b>	<b>ENDLINE</b>
<p>A gender sensitive male teacher spoke highly appreciatively of the role performed by women and indicated that men and women need to function collaboratively within the domestic sphere. He found the parenting role personally challenging and therefore, did not undermine what women do.</p>	
<p><b><u>Drawbacks</u></b></p> <p>Women are generally perceived to be lower than men and are reduced to housewives who must obey their husbands. Marriage into an orthodox family pushed one nursing teacher into gender specific roles within the home even though she is a working woman.</p> <p>Another teacher claimed that the restrictions she encountered in her marital family were more accentuated because her natal family was liberal. There were restrictions on her mobility.</p> <p>Women have to deal with physical safety issues when they move out of the home. They lack decision- making power when it comes to politics and financial areas. They are subject to degrading comments if they dress up according to their will.</p> <p>The Khasi-Jaintia women stated that, despite their matrilineal heritage, the maternal uncle was the key decision maker regarding the disposal of inherited property which they found somewhat disempowering.</p> <p>A teacher from MLCU maintained that when she is outside of her home state, she becomes vulnerable due to her distinct appearance. Society thinks that women are lucky to have supportive husbands but society does not appreciate all the work women do. As Khasi women, they are countering these opinions.</p> <p>One teacher held that in her professional life, she regularly faces the challenge of breaking the glass ceiling where she has to put in double the effort as compared to her male colleagues.</p>	<p><b><u>Drawbacks</u></b></p> <p>Men are not allowed to be emotional beings. It is viewed as a sign of weakness. They are regarded as the sole providers with broad shoulders.</p> <p>Women are vulnerable and have to deal with safety issues in both public and familiar places. Women and transgenders are susceptible to sexual violence. This places restrictions on mobility.</p> <p>A male child is preferred over a female child. They are still regarded as the main heirs.</p> <p><i>'The workplace is gender blind and women are discriminated against in the professional world.'</i></p> <p>For women, there is a pressure to procreate and if they fail to do so, they feel rejected and incapable.</p> <p><i>'Being a girl, I was prevented from going to University and pursuing my higher studies.'</i></p>

BASELINE	ENDLINE
One of the teachers' responses indicated that she had confused the concept of identity with personality type/traits.	

#### Annexure 7. Positive stances to publicly displayed information on contraception

BASELINE	ENDLINE
<p><i>“In a society, where parents are too embarrassed to talk about sex openly, I do feel the need for as much information as we can get about sex, contraception, pregnancy.”</i></p> <p><i>“It is important that information about reproductive health is easily available.”</i></p> <p><i>“It is good to educate the public about the available products, so that many health issues related to unprotected sex can be prevented.”</i></p> <p><i>“Many of us would not read it otherwise.”</i></p> <p><i>“Since such things are not talked about openly, posters do help in giving out information especially to individuals who are curious to know more.”</i></p> <p><i>“People should be aware of their reproductive rights, how to have safe sex, get an idea about family planning and to enjoy a healthy life. “</i></p> <p><i>“There are many people who are not aware of the forms of contraception due to various reasons. If they are put up at appropriate places where people can be informed, then why not?”</i></p> <p><i>“This will be beneficial to many people, especially those who feel uncomfortable/shy to ask doctors or any others.”</i></p> <p><i>“We can get scientific information on taboo subjects.”</i></p>	<p><b>The reasons provided in the endline were similar to the baseline</b>, indicating an understanding of the importance of effective dissemination of contraception information.</p>



## Annexure 8. Reasons for women joining the #MeToo movement

BASELINE	ENDLINE
<p><i>“When celebrities talked about this issue, it inspired several women to come out on the issue in large numbers. They felt validated by the fact that famous people face the same issues. It was initiated by the elite but it represented issues faced by many women in their daily lives.”</i></p> <p><i>“For the first time, there was a proper platform to talk about this beleaguered issue. This gave them a voice; they felt empowered by numbers. It created a sense of a collective where they realised that victims are not to be blamed and shamed. They felt validated; they felt heard; they felt unafraid. They felt that this was an opportunity for change. Women felt supported by this platform.”</i></p> <p><i>“It became an outlet for pent up emotions and adverse experiences from people in power (bosses; public figures) that had been suppressed.”</i></p> <p><i>“It brought out into the open how sexual harassment prevails in different walks of life, wherein, people in power, use this as tool to determine the career trajectories of junior staff. Sexual favours are exchanged for salary raises and promotions and sometimes even job retention.”</i></p> <p><i>“Women realised for the first time that they would not be judged if they laid open their experiences in this difficult area. In the past, women have been treated like ‘liars’ when they spoke of sexual abuse. The Movement changed this.”</i></p> <p><i>“The #MeToo movement gave women a platform to alleviate the hurt and pain that was caused by incidents mentioned above. It was like a women’s rights movement that addressed issues like mistreatment, sexual harassment, sexual abuse, violence, non-consensual sex, etc.”</i></p>	<p>There were similar responses in the endline as well. The teachers provided additional details about sexual abuse in the Tamil film industry and abuse faced by Dalit women. The Movement spread awareness around the different degrees of sexual abuse. One teacher spoke of Kimberle Crenshaw’s seminal work on intersectionality that explains this phenomenon. The movement gave voice to all genders that had faced abuse.</p>

BASELINE	ENDLINE
<p><i>“It was an opportunity for re-conditioning as women have been socialised to not talk about these experiences as sexual abuse. It often comes from within the family, in the workspace and it is committed by respected people. The #MeToo Movement changed this and so-called respected powerful figures were named and shamed instead of the victims.”</i></p> <p>The Movement addressed some deep-seated issues of women:</p> <ol style="list-style-type: none"> <li>their inferiority as compared to men</li> <li>the social pressure to succumb both emotionally and physically to men.</li> </ol> <p>Social media played a pivotal role in enabling women to come out on this issue. Women felt confident and safe while using this medium.</p> <p>The Movement also provided anonymity when needed.</p>	

#### Annexure 9. Laws for protection of children from sexual offenses

BASELINE	ENDLINE
<p>The teachers revealed a <b>complete understanding</b> by stating the following components:</p> <ol style="list-style-type: none"> <li>It includes details on the direct helpline: ChildLine – 1098.</li> <li>Any person under the age of 18 cannot give consent to sex. In such cases, the perpetrator is automatically at fault or criminally liable.</li> <li>Pertains to all gender types - male, female, transgender: gender-neutral.</li> <li>There are support persons available for the child victims.</li> <li>If the child is uncomfortable, they can make the complaint elsewhere and not only at the police station.</li> <li>Perpetrators are guilty and liable for punishment; and the victim can file an FIR. The perpetrator can be sentenced to jail and even made to pay a fine.</li> </ol>	<p>In the endline, most of the teachers’ awareness and knowledge of the <b>components of POCSO was complete:</b></p> <ol style="list-style-type: none"> <li>The law is gender-neutral.</li> <li>The onus of responsibility to report the crime falls on the adult.</li> <li>The victim need not be taken to the station.</li> <li>The victim need not be exposed to the perpetrator.</li> <li>The guilty are accused until proven innocent.</li> <li>There are child-friendly courts for POCSO-related cases.</li> <li>The person/convict is arrested (And there have been revisions in the age component of the perpetrator as well - for juvenile categories).</li> <li>It is mandatory to report child abuse.</li> <li>An FIR can be filed - by the caretakers,</li> </ol>

BASELINE	ENDLINE
<p>7. It has rules for the safety of children at school and at home.</p> <p>8. The case must be dealt with in a calm and smooth manner. Care must be taken to not re-traumatise the child.</p> <p>9. The law covers: illegal sex with minors; sex trafficking of children; aggravated penetrative sex warrants another sort of punishment.</p> <p>Some teachers also showed a <b>partial understanding</b> of the law:</p> <p>1. <i>“It covers the protection from all forms of abuse or harassment: mental, physical, emotional, sexual.”</i> The law specifically covers sexual crimes against children and does not account for other forms of abuse. Sexual assault, sexual harassment and pornography of varying degree are covered under the act.</p> <p>2. <i>“After the Nirbhaya incident, even juvenile criminals can be tried under this law. There was a revision in the age category for child abuse.”</i> This answer is partly incorrect, as a category for sexual offenses by juveniles existed even before the Nirbhaya incident took place. It was not easy to get away with a crime even if the person was under the age of 18. In some cases, persons between 16-18 years are tried as adults and not as children, if the crime is heinous.</p> <p>3. <i>“If a person is cognizant of a child being abused or has been abused, they are liable to report it by law.”</i></p>	<p>and not just the victim.</p> <p>10. For those who do not report a crime, a case can be lodged against them.</p> <p>11. No one under the age of 18 can give consent to sex.</p> <p>12. They do not reveal the identity of the victim.</p> <p>13. There is a separate grievance cell for minors.</p> <p>14. Post an assault, they should be taken for a medical examination at the hospital.</p> <p>15. Punishment is prescribed for any kind of sexual activity with a minor.</p> <p>16. It pertains to any form of abuse (molestation - physical or non-physical)<sup>77</sup> - not only related to peno-vaginal penetration.</p> <p>Thus, most teachers had a <b>complete understanding</b> of the law with a <b>few flawed</b> components:</p> <p>1. <i>“Awareness of grooming, intimidation - someone usually known to the child. It also covers concepts like grooming, chauvinism, exhibitionism.”</i> There is no existing law against “chauvinism,” but practices like grooming and exhibitionism are included in the law.</p> <p>2. <i>“There is an imprisonment period of 7 years. And it can go up to 15 years, with a monetary penalty as well.”<sup>78</sup></i> This is partially true as the term of sentence can extend up to 20 years for some</p>

<sup>77</sup> While POCSO is mainly concerned with sexual offenses, offenses comprising acts other than penetrative in nature are covered as well. Examples: sexual assault, sexual harassment, and pornography. Even penetrative sexual assault under section 3 of the Act, covers oral rape, inserting any objects in sexual organs of child, making child do such acts with other persons, etc.

<sup>78</sup> Section 376AB, for rape on a woman below the age of twelve punishable, there is a minimum sentence of twenty years’ rigorous imprisonment or life, which may extend to life imprisonment which shall mean imprisonment for the remainder of that person's natural life, and with fine, or death. Section 376DB covers gang rape of a woman below the age of twelve, the minimum punishment of which is life imprisonment, which shall mean imprisonment for the remainder of that person's natural life, and with fine, while the maximum is death. Section 6 of POCSO Act (for aggravated penetrative sexual assault) provides punishment for minimum twenty years which may extend to imprisonment for life and shall also be liable to fine, or with death. Under section 4 for penetrative sexual assault, punishment ranges from minimum 10 years (minimum 20 years in case the child is below 16) to maximum life imprisonment.

BASELINE	ENDLINE
<p><i>Further, if a person witnesses a child being sexually abused, the person can be liable to jail time (legal action) for aiding and abetting the offense.”</i></p> <p>The statement is partly flawed in stating that the witness is “aiding and abetting the offense.” Failure to report makes a person liable. Someone who is “aware” may also be punishable. Section 19, 20 and 21 of the POCSO discuss mandatory reporting, obligation of media, hospital, etc. to report; and punishment for failure to report or record a case respectively.</p> <p>Some responses were <b>flawed</b> and unrelated to the Act:</p> <ol style="list-style-type: none"> <li>1. <i>“There are child labour laws in place.”</i> Child labour laws are not covered under POCSO. There is Child Labour (Prohibition &amp; Regulation) Act, 1986 for this specifically.</li> <li>2. <i>“Children should be allowed to fight for their rights (through the legal route).”</i> Parents, NGOs, guardians, etc. are brought in to represent the child, as the child cannot pursue the case by themselves.</li> <li>3. <i>“There is a separate court for dispensation of child-related cases. Their processes are child-friendly and it follows a speedy process where the verdict must be passed in 48 hours.</i> This is partly incorrect as a verdict cannot be passed in 48 hours. Adequate time must be provided for the process. Section 35(2) says one year, as far as possible. "The Special Court shall complete the trial, as far as possible, within a period of one year from the date of taking cognizance of the offence."</li> </ol> <p>This shows that the teachers had an adequate understanding of the law, even in the baseline.</p>	<p>POCSO-related crimes.</p> <ol style="list-style-type: none"> <li>3. <i>“It is about the prevention of child abuse (child labour, trafficking, and illegal child marriage, prevention of child pornography) - including criminalisation).”</i> It is largely true, except for the component of child labour, and child marriage which is not covered in POCSO.</li> </ol> <p>Some responses were <b>flawed</b>:</p> <ol style="list-style-type: none"> <li>1. <i>“Age is specified: abuse under the ages of (male - 18) female (17).”</i> This is incorrect as it is abuse under the age of 18 for all genders.</li> <li>2. <i>“The act was initiated and enforced after the Nirbhaya incident.”</i> This is incorrect as talks to bring such legislation were in place long before passing the Act. Hence, it was passed before the Nirbhaya incident.<sup>79</sup></li> <li>3. <i>There is also a child protection committee to investigate CSA cases - to safeguard children's interests.</i></li> <li>4. <i>There are special child protection officers assigned under this law.</i> Points 3. and 4. are not a part of POCSO. These are Child Protection Policy (CPP) requirements. Only a few states like Karnataka and Madhya Pradesh have a CPP. India does not have a National CCP.</li> </ol> <p>The findings indicate that the teachers presented a more nuanced documentation of the POCSO Act in the endline as compared to the baseline.</p>

<sup>79</sup> Chapter 1 of this report discusses the history of the POCSO act in brief - [https://vidhilegalpolicy.in/wp-content/uploads/2022/11/221117\\_Final-POCSO-Draft\\_JALDI.pdf](https://vidhilegalpolicy.in/wp-content/uploads/2022/11/221117_Final-POCSO-Draft_JALDI.pdf)

### Annexure 10. Laws on transgender rights in India

BASELINE	ENDLINE
<p>Some teachers showcased a <b>complete understanding</b> of transgender rights in India:</p> <ol style="list-style-type: none"> <li>1. Right to equality and right against discrimination.</li> <li>2. There is reservation for job opportunities for people who identify as transgender - in the state and central government (Government sector); universities; and the service industry.</li> <li>3. There is protection against sexual or physical harassment (in general) e.g., getting beaten up, of the transgender person.</li> <li>4. Right to vote.</li> <li>5. Decriminalising Article 377 - There has been the decriminalisation of LGBTQ practices.</li> <li>6. Recognition of the "third gender" - This title/option is included in Government forms as well. E.g., male, female, transgender.</li> <li>7. Education opportunities (in general - across all sectors/ any field of study)</li> </ol> <p>Given that this is a relatively new Act the teachers demonstrated an impressive level of awareness and did not state any incorrect components of the Act.</p>	<p>The teachers displayed a <b>similar understanding</b> of these rights in the endline:</p> <ol style="list-style-type: none"> <li>1. Equal opportunities in employment (public and private sector) and education.</li> <li>2. Access to medical facilities.</li> <li>3. General participation in societal activities - politics, media, social gatherings, public places. etc.</li> <li>4. Introduction of the third gender into legislation.</li> <li>5. People who identify as transgender can undergo gender-affirming surgeries.</li> <li>6. Right against discrimination (Transpersons deserve the same benefits as any other individual).</li> <li>7. Space provided for gender-neutral toilets.</li> </ol> <p>One teacher noted that she was aware of the right to marriage and adoption for transgender persons in other countries but understood that was not introduced in India yet.</p>

### Annexure 11. Rights of persons with disability

BASELINE	ENDLINE
<p>The teachers revealed institutionally unique insights into the facets of disability rights in India. Thus, demonstrating a <b>more than partial level of awareness</b> even in the baseline:</p> <ol style="list-style-type: none"> <li>1. Right to education and employment (in any sector, private or public).</li> <li>2. Job reservation or quota for PwD. E.g., in government jobs. There is reservation at work (31% reservation at MLCU). E.g., Lift operators (as is the case in one of the respondent's workplace).</li> </ol>	<p>Similar <b>levels of awareness</b> were displayed at the endline:</p> <ol style="list-style-type: none"> <li>1. There are various facilities available for efficient and easy mobility for persons with disabilities. <ul style="list-style-type: none"> <li>- Access to ramps in buildings (ramp service for entry/exit access into buildings).</li> <li>- There are seats reserved for PwD (persons with disabilities) on public transportation.</li> <li>- There are handles on transportation and even in bathrooms.</li> </ul> </li> </ol>

BASELINE	ENDLINE
<p>3. Special facilities for people with physical impediments, in mode of transportation and in the form of lifts in building spaces.</p> <ul style="list-style-type: none"> <li>- Installation of special facilities, like wheelchairs, ramps, elevators; handlebars in public transport, special passages, etc.</li> <li>- Some institutions make the campus disabled-friendly.</li> <li>- access to special facilities like ramps, or a scribe/proctor for the visually challenged.</li> <li>- a support person/assistant <ul style="list-style-type: none"> <li>i. An exclusive helper (for daily tasks, like going to the bathroom, bathing, etc.)</li> <li>ii. Or A special teacher (in the classroom)</li> </ul> </li> </ul> <p>4. Fair education must be granted to children with mental health issues.</p> <ul style="list-style-type: none"> <li>- Slow learners with an IQ of 70-80 - they can avail facilities like a disability card (Unique Disability Card for children with cerebral palsy). Because they do not have a physical disability, they are often ignored from inclusion in the category. Hence, seeking admissions for these students becomes difficult.</li> <li>- There are special education schools that offer vocational training.</li> <li>- Inclusive education is encouraged in mainstream schools.</li> </ul> <p>5. They are granted compensation/funding for small scale businesses.</p> <p>6. The government offers financial assistance every month.</p> <ul style="list-style-type: none"> <li>- There is a "percentage" given to a student with multiple disabilities. If they meet the required percentage of disability, they are provided monetary support from the Government.</li> <li>- Parent's pension will be transferred to a special child.</li> </ul> <p>7. Welfare opportunities, e.g., medical assistance and various other incentives for poor families.</p>	<ul style="list-style-type: none"> <li>- Wheelchair facilities are also available for PwD.</li> </ul> <p>2. They have a right to education.</p> <ul style="list-style-type: none"> <li>- Inclusiveness in school settings. For instance, they provide reasonable accommodation for individual students to enable them to access an inclusive education on an equal basis with others.</li> <li>- There is also a reservation/quota available for CwD (children with disabilities).</li> </ul> <p>3. They have a right to employment.</p> <ul style="list-style-type: none"> <li>- Reservation for jobs in private and public sectors (seats in government setups).</li> <li>- There are lift operators in one of the teacher's work buildings - there is a certain percentage of seats reserved for PwD in government jobs - which is mandatory.</li> </ul> <p>This is done to include them in day-to-day jobs - to enhance their physical and mental growth.</p> <ul style="list-style-type: none"> <li>- Reservation/quota is also available.</li> </ul> <p>4. There are funds provided if they want to start a small business.</p> <p>5. PwD are also provided with financial assistance.</p> <p>6. No forced sterilisation or removal of the uterus is permitted.</p> <p>7. The number of disabilities has been expanded in the revised PwD Act.</p> <ul style="list-style-type: none"> <li>- Aside from autism, there is a recognition of other forms of disability.</li> </ul> <p>8. The other individual rights specified by the teachers were:</p> <ul style="list-style-type: none"> <li>● Right to inclusivity</li> <li>● Right to accessibility</li> <li>● Right to sexuality education as well. They have a right to a sexual life - regardless of their gender, and with any gender of their choice</li> <li>● Right to a decent life</li> </ul>

BASELINE	ENDLINE
<p>8. They can also avail a disability certificate from the Government and travel for free within the city and outside the city. There is also a concession available for rail travel.</p> <p>9. They have sexual rights (right to sexual intercourse).<sup>80</sup></p> <p>9. Different categories of disability have accommodations and provisions in the law.</p> <p>One teacher had a <b>flawed understanding</b> of one of the components of the law:</p> <p>1. There is a 20% reservation for PwD in any organisational setup. This is incorrect as there is a 4% reservation for PwD in the government sector as per the Meghalaya State Policy for Empowerment of Persons with Disability.</p>	<p>One teacher had a <b>flawed understanding</b> of one of the components of the law:</p> <p>1. There is 40% reservation for employment as per state regulation.</p>

#### Annexure 12. Laws for protection of women in the workplace

BASELINE	ENDLINE
<p>At the baseline, there was considerable variation regarding teachers' awareness of the POSH Act. While some had prior experience in either serving as a committee member or hearing first-hand distressing accounts of colleagues or peers, some others mentioned incorrect components of this Act.</p> <p>A few teachers who had a <b>complete understanding</b> of the law, stated the following:</p> <p>1. Every institution has a committee for protecting women in the workplace. 2. If anyone is at the receiving end of rude</p>	<p>At the endline, the teachers had a <b>complete understanding</b> but not without significant flaws. This is seen in the responses below.</p> <p>The teachers stated the following <b>correctly</b>:</p> <p>1. A complainant can report to and file a complaint to the committee in the organisation. 2. Every organisation has a POSH committee. For an organisation that has more than 10 employees, there is an internal committee.<sup>86</sup> 3. There is a separate IC for education and</p>

<sup>80</sup> It needs consideration that the Act does not expressly mention sexual rights. It does provide that government and relevant authorities shall take necessary measures for sexual and reproductive healthcare especially for women with disability. Regarding sexual offences, Section 25(k) mentions punishment for sexual abuse of women and girls with disabilities [also see: Section 92(d)]. Additionally, POCSO counts sexual abuse of children with disabilities as an aggravated offense (aggravated penetrative sexual assault).

<sup>86</sup> As per the POSH Act, an employer has 10 workers or more is required to set up an Internal Complaints Committee for the redressal of 'sexual harassment complaints at such entity and to regulate and administer complaints on sexual harassment. An Internal Complaints Committee is required to be constituted which shall submit an annual report to its employer and District Officer. Every company needs to have in place an effective IC, else the company can be penalized for non-constitution of IC.

For more information, visit - <https://www.livelaw.in/supreme-court/supreme-court-directions-posh-act-sexual-harassment-workplace-228580>

BASELINE	ENDLINE
<p>remarks at the workplace<sup>81</sup> (by a boss or a colleague), or inappropriate sexting, this can be filed as a complaint, i.e., a victim can lodge a complaint against the perp.</p> <p>3. The complainant can make a formal complaint to the institution or even go to the police.</p> <p>4. It doesn't pertain to just physical abuse, but also inappropriate comments being passed at the workplace.</p> <p>5. Different kinds of harassment, such as eve teasing, inappropriate flirtation, emotional, verbal, physical, monetary/fiscal abuse;<sup>82</sup> against bribing for sexual favours, vulgar words, comments, leching, staring, etc.</p> <p>6. The person can be sued at the internal committee for cases of sexual harassment within their workplace.</p> <ul style="list-style-type: none"> <li>- There is an enquiry that starts.</li> <li>- Each case has a different file.</li> <li>- If required, the police are also notified.</li> <li>- Can report to the ICC<sup>83</sup> within six months to a year.</li> </ul> <p>7. A special grievance cell for women, where they can report sexual misdemeanours.</p> <ul style="list-style-type: none"> <li>- There is usually an investigation done and could lead to termination of employment as a punishment to the perpetrator.</li> </ul> <p>8. The committee must be chaired by a woman for a term of three years on a rotation basis.</p>	<p>corporate organisations as well.</p> <p>4. It was known as CASH before. Now it is the IC.</p> <p>5. It also protects women from gender-coloured comments.</p> <p>6. The POSH Act explicitly defines harassment and the types it covers.</p> <p>However, the following components are <b>flawed</b>. These featured in the baseline as well. This warrants clarification.</p> <ol style="list-style-type: none"> <li>1. <i>“The case must be disposed of in 120 days.”</i></li> <li>2. <i>“The complainant can also have a lawyer present.”</i></li> <li>3. <i>“The accused is usually terminated by the end of the case.”</i></li> </ol> <p>While there is termination involved, it is not the goal. POSH is intended as preventative, not punitive (in the likeness of restorative justice).<sup>87</sup></p> <ol style="list-style-type: none"> <li>4. <i>“It covers different categories of abuse - rape, assault, and harassment.”</i></li> </ol> <p>POSH does not cover rape and assault. POSH deals with civil complaints. Rape/assault is a criminal complaint. Not all sexual harassment is covered under the POSH Act. Confidentiality cannot be maintained if it is a criminal case.</p> <ol style="list-style-type: none"> <li>5. <i>“A complainant can also be accompanied by a friend. They can also ask for someone else aside from a woman member.”</i></li> </ol>

<sup>81</sup> POSH Act - Section 2 (n) “sexual harassment” includes any one or more of the following unwelcome acts or behaviour (whether directly or by implication) namely: (i) physical contact and advances; or (ii) a demand or request for sexual favours; or (iii) making sexually coloured remarks; or (iv) showing pornography; or (v) any other unwelcome physical, verbal, or non-verbal conduct of sexual nature. Courts have been interpreting the definitions over the years. For example, courts in some judgments have held that there has to be a 'sexual tone' in the acts committed.

<sup>82</sup> A distinction should be borne in mind that ‘fiscal abuse’ can feature in the Act if it is used in the context of bribing for sexual favours. However, a purely 'fiscal abuse' case does not come under the POSH Act.

<sup>83</sup>It needs mention that since 2016, it has been known as IC (Internal Committee). It is no longer ICC. But the usage has been restored here to capture the essence of the required understanding by the participant.

<sup>87</sup> There are wide range of orders and directions that can be given such as a written statement by the accused, attending awareness sessions on gender, personal safety, etc. An example of termination is present in the link here <https://singhania.in/blog/delhi-hc-judgement-upholds-termination-of-senior-executive-for-sexual-harassment-at-workplace>



BASELINE	ENDLINE
<p>Some stated attributes were <b>flawed</b>:</p> <p>1. <i>“The case can also be vetted by a lawyer.”</i> Delhi High Court held that a lawyer or next friend cannot represent a person in POSH proceedings as the same would be prejudicial against the other party. The court observed that if a person is allowed to take help from a lawyer to represent them, prejudice against the other party, whose case the POSH Committee is also hearing, will be created.<sup>84</sup></p> <p>2. <i>“The case must be dealt with within 3 months to a year.”</i> ICC has to conduct an enquiry within 90 days [Section 11(4) of POSH Act]. But a complaint cannot be quashed if this was not done.</p> <p>3. <i>“Reporting is done verbatim.”</i> This is usually deemed as impermissible. The statement has to be made in writing with a signature. Anonymous writing is also not acceptable.<sup>85</sup></p> <p>4. <i>“The members are seen as representatives of the complainant. In some cases, a lawyer is also present.”</i> This is incorrect. IC representatives must remain neutral. They do not represent the complainant. They are unbiased in their approach and conduct an inquiry in a fair and equitable manner with no preconceived notion. Both parties are heard, and given an opportunity to explain the act in question. There is no lawyer present at these meetings.</p> <p>5. <i>“It can also be transferred from department to department depending on who is approached. Therefore, there is a speedy redressal for such issues.”</i> IC is seen as a unit, and the case is not transferred from department to department.</p>	<p>A person facing a sexual harassment enquiry cannot be represented by a lawyer or a friend before the IC.</p> <p>Regarding requesting for a new member, this can be done but the complainant has no say in the person that the committee brings in.</p>

<sup>84</sup> For more details, visit - <https://www.livelaw.in/news-updates/posh-act-party-right-legal-representation-internal-complaints-committee-prohibited-rules-delhi-hc-212223>

<sup>85</sup>For details on how the complaint must be submitted, visit - <https://www.ungender.in/anonymous-complaints-under-posh-act/>

BASELINE	ENDLINE
<p>6. <i>“There is a complaints hierarchy within the institution and a formal complaint can be filed against the perpetrator/accused.”</i> There is no hierarchy present in the IC regarding the severity of the case/statement. All complaints are treated with due diligence to the prescribed norms of the IC.</p> <p>7. <i>“Right to equal wages (equal pay for men and women) - equal compensation or pay grade for the same hours.”</i> This is not a component of POSH.</p>	

### Annexure 13: Laws against Domestic Violence

<p>A few teachers reported on the Domestic Violence Act (DV Act) <b>with a complete understanding in the baseline.</b></p> <ol style="list-style-type: none"> <li>1. If a person has faced any kind of abuse in the household - mental, sexual, physical, etc it is defined as domestic violence.</li> <li>2. The victim can lodge a complaint at the police station (FIR).</li> <li>3. The victims are protected by the police under this law.</li> <li>4. There is also a separate office for women’s rights.</li> <li>5. This can be reported by anyone from any socio-economic status.</li> <li>6. The woman can report a crime against the husband or any other family member</li> <li>7. Certain protections are available, such as: providing temporary shelter, provision for counselling services that are court mandated and being accompanied by a female constable or female officer to the counselling centre.</li> </ol>	<p><b>More teachers had a complete understanding of the DV Act in the endline.</b> Their responses were:</p> <ol style="list-style-type: none"> <li>1. A complaint can be filed against the immediate family,<sup>88</sup> not just the husband.</li> <li>2. The law covers protection of women against abusive partners (physical, mental, sexual abuse). This applies to people who are in live-in relationships as well.</li> <li>3. Offenses can be punishable through imprisonment. The accused are also fined for such crimes.</li> <li>4. There are clauses for consent, and how it can be revoked once given.</li> <li>5. There is a women's commission, where a complainant can file a DV complaint here by writing a letter/ or even file an FIR and get their own lawyer. In addition, they can also get legal aid from the government, or commission.</li> <li>6. A domestic violence incidence report is filed. Anyone can report the crime, not just the victim.</li> </ol>
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<sup>88</sup> It needs mention that this clause is highly contextual, wherein, if the family is aware and did nothing to prevent the abuse, then they are culpable. However, in many instances, the family is unaware of abuse taking place within the household, especially when the wounds are inconspicuous such as burn marks in genital areas. In this case, only if the victim had informed the family, would they be accountable for not acting on the same.

Some components were **flawed**:

1. *“A person cannot beat one’s helper who works in the household. The law is against emotional blackmailing or physical harassment of the hired help within the household.”*

Though this may be a valid suggestion, it is not covered under the DV Act.

2. *“There is repeated assault (more than one time).*

The accused is culpable even if the abuse occurred only once. It is possible that certain social mores may have seeped into the understanding of the participant, where the law is called upon only in extenuating or extreme circumstances, e.g., when hospitalisation is required. For instance, facing abuse when the husband is drunk or for failure to prepare food on time, is often excused as a one-time occurrence.

One of the teachers was not sure if the law “protects men in such cases of domestic violence” -

Unfortunately, men are not protected under the Act. The definition of aggrieved person does not include men.

3. *‘The perpetrator is removed from the household after the complaint is made.’*

This is not true.

4. *There is a consideration of marital rape, or the forceful penetration during sexual activity, which is penalised.*

This is not true.

One teacher also expressed that she would want the law to “include women who abuse men” -

Though physical abuse by a woman is covered under the law, it does not account for sexual offenses against men.

There were three components that were **flawed**:

1. *“It is reported for abuse that’s occurred more than once.”*

This may warrant looking into as the participant has mentioned a flawed component of the DV Act in both scenarios.

2. *“This act also covers marital rape.”*

This is incorrect as the definition of domestic violence under the DV Act covers sexual abuse, and does not provide a separate provision for marital rape.

3. *“The perpetrator is removed from the house immediately once the complaint is made.”<sup>89</sup>*

This is incorrect as the Magistrate first grants the aggrieved person and the respondent an opportunity to be heard, and if satisfied that domestic violence has taken place or is likely to take place, they pass a protection order in favour of the aggrieved person and lay certain prohibitions for the perpetrator.

<sup>89</sup> For detailed information on protection and residence orders, please refer to this website -








[https://www.indiacode.nic.in/bitstream/123456789/15436/1/protection\\_of\\_women\\_from\\_domestic\\_violence\\_act%2C\\_2005.pdf](https://www.indiacode.nic.in/bitstream/123456789/15436/1/protection_of_women_from_domestic_violence_act%2C_2005.pdf)

## Annexure 14. Examples of asserting one’s rights pertaining to gender and sexuality

BASELINE	ENDLINE
<p>The teachers cited numerous examples to substantiate their ranking on confidence levels:</p> <p><i>“I helped a cousin lodge a DV complaint against her husband.”</i></p> <p><i>“I express my thoughts and opinions in both my natal and marital home.”</i></p> <p><i>“I opted to have a baby out of wedlock.”</i></p> <p><i>“I refused to accept personal comments on my appearance at work. I registered a complaint against the guilty party. When this was dismissed, I resigned.”</i></p> <p><i>“I have conducted workshops on diversity in sexuality.”</i></p> <p><i>“I ensure that there is no distinction between roles and responsibilities in both the home and work spaces.”</i></p> <p><i>“When my husband cheated on me, I used my social work background effectively to get a divorce. But I do find it challenging raising a child as a single divorced parent.”</i></p> <p><i>“I counter and question gender unequal statements.”</i></p> <p><i>“I opted to get a tubectomy done after I had three children even though my family opposed it. It is my body and my choice.”</i></p> <p><i>“As a concerned gender equal man, I have been advocating for three months paternity leave. I also believe that women should be entitled to 5 extra leave days in case they need this during their menstrual cycles.”</i></p> <p>A teacher spoke of how in her class, she was one of 4 girls, while the rest 36 were boys. On one occasion, the boys had put up a crude cartoon of one of her female classmates. She took up the issue and registered a complaint.</p>	<p>In the baseline, four teachers stated that they were not confident. In the endline, all 17 seemed to be completely confident.</p> <p><i>“I can speak confidently on these issues.”</i></p> <p><i>“I have initiated conversations on sexuality and sexual rights with parents of my students. I have defended a transgender person who was being harassed.”</i></p> <p><i>“I have countered the dismissiveness displayed towards non-binary people.”</i></p> <p><i>“I have told my relatives that children of both sexes need to be treated equally. I have accompanied my cousin to the Women’s Development Office to register a DV complaint against her husband.”</i></p> <p>One male teacher said that he stood up for and supported his 40-year-old sister when she got into a relationship with a man in his 20s. He felt that there was both gender bias and ageism at play. He also supported his brother-in-law when he came out as being gay.</p> <p>Some more examples are as follows:</p> <p><i>“As a woman, I feel it is important for me to be financially independent as one never knows when exigencies arise.”</i></p> <p><i>“I ensure that there is effective division of labour at home.”</i></p> <p><i>“I have had to put up many fights -</i>  <i>a) I fought for a well-deserved promotion and broke a glass ceiling for other women who came after me.</i>  <i>b) I performed the last rites for my father which is a male role.</i>  <i>c) I prevented my relatives from stripping my mother of her mangalsutra and bindi when my father died.</i>  <i>In addition to this, I am on the Internal Enquiry Committee on sexual harassment in my organisation and I play a role in</i></p>

BASELINE	ENDLINE
<p>One teacher stated that she ensured that no disparaging comments are made about LGBTQIA+ students in her class. She has participated in pride marches.</p> <p>A few more examples are as follows:</p> <p><i>“Within the home, I ensure that all household tasks are shared by both genders. I have brought up my daughters to be assertive and to refuse to succumb to demands for sexual favours.”</i></p> <p><i>“When my mother was widowed, I encouraged her to dress the way she wanted and not succumb to social pressure.”</i></p> <p><i>“My identity is my own, it is not caught up with my husband’s identity. I have an internal thirst that I have quenched by not just being a wife but finding meaning in my work outside the home. I faced a lot of resistance from my in-laws but now I am a confident working woman.”</i></p> <p>One teacher stated that she was not very confident of standing up for her rights due to familial and social pressure. There is a tendency to trivialise and normalise abuse in her community.</p> <p>Two teachers held that they were not properly informed about their rights, so they do not feel equipped or confident to stand up to defend these. They are not aware of laws or the correct authorities in case of violations.</p> <p>One teacher stated that she did not know too much about the area of gender and sexuality, so she was not equipped to stand up for herself.</p>	<p><i>interpreting laws and ensuring that justice is done.”</i></p> <p><i>“I have raised my daughters to believe that they can do anything. I give all my students the same message.”</i></p> <p><i>“My daughter is a person with a disability and I have seen how she sometimes gets taken advantage of. So, I have worked to make her learn to take care of herself and today I feel she is self-sufficient.”</i></p> <p><i>One of the male teachers reported that - “I have encouraged my friend to stand up for herself against her abusive boyfriend.”</i></p>

**Classification of minor, moderate and major shifts FOR ANNEXURES 15, 16 and 17**

<b>Legend</b>	
<b>Minor positive shift</b>	
<b>Moderate positive</b>	
<b>Major positive shift</b>	
<b>No shift</b>	
<b>Minor adverse shift</b>	
<b>Moderate adverse shift</b>	
<b>Major adverse shift</b>	

**Annexure 15. Areas of Positive Change** <sup>90</sup>

S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
1	<b>Diversity in Gender and Sexuality</b>	Definition of the term 'cisgender'	23% (4/17) <sup>91</sup> to 93% (14/15) gave the correct answer (major <sup>92</sup> positive shift)				
		Definition of the term 'intersex'	17% (3/17) to 82% (14/17) had a partial or a correct understanding of the term (major positive shift)				
		Definition of the term 'transgender'	52% (9/17) to 88% (15/17) had a partial or a correct understanding of the term (major positive shift)				

<sup>90</sup> As the report is focused on impact assessment, this table only contains sub-topics where the course enabled a positive shift in understanding, where both these requirements have been met: a) at least 30% or more teachers knew the 'correct' answer at the endline; b) there is evidence of an increase in numbers of teachers (positive shifts) who knew the 'correct' answer.

There was 2/16 sub-topics – a) '**I feel uncomfortable when I see homosexual behaviour**' (29% to 24%); b) '**I feel awkward telling small children the biological names of genitals**' (from 6% to 18%) where: there is a large percentage in the 'no opinion' category in the endline. The increase in the percentage of teachers who have 'no opinion', could be the result of teachers who had an incorrect understanding in the baseline but opted for 'no opinion' in the endline. This can be regarded as a shift in the 'right' direction.

<sup>91</sup> The teachers who answered/responded to a specific question/statement differs from item to item. Hence, this has been provided in brackets for an enhanced understanding of the percentages mentioned in Annexures 15, 16 and 17.

<sup>92</sup> The term 'minor' shift is used when the percentage increase is 6% or less; the term 'moderate' shift is used when the percentage increase is 7% to 13%; the term 'major' shift is used when the percentage increase is 14% and more.

S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
		Definition of the term 'pansexuality'	29% (5/17) to 65% (11/17) had a partial or a correct understanding of the term (major positive shift)				
		Definition of the term 'genderfluid'	6% (1/17) to 59% (10/17) had a partial or a correct understanding of the term (major positive shift)				
		I feel uncomfortable when I see homosexual behaviour	53% (9/17) to 76% (13) 'disagreed' (major positive shift)				
2	<b>Self-Esteem and Body Image</b>	My looks influence the way I feel about myself	59% (10/17) to 70% (12/17) 'disagreed' (moderate positive shift)				
3	<b>Sexual Health and Issues with Reproductive Health</b>	A woman's sex drive lasts till the end of the life	53% (9/17) to 64% (11/17) knew the correct answer (moderate positive shift)				
4	<b>Sexuality, Sexual Relationships, Sexual Preferences, and Practices</b>	Attitude toward polyamorous relationships - Desired responses: Thank your friend for confiding	A major positive shift: from 24% (4/17) to 71% (12/17); and a moderate positive shift: 47% (8/17) to				



S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
		in you; Tell your friend that you understand and respect their decision	59% (10/17) in the desired responses.				
		Awareness of non-normative sexual acts: (Bondage/Discipline, Dominance/Submission, and Sadism/Masochism)	53% - 82% of the teachers indicated a suitable level of awareness (a combined measure of 'completely prepared' and 'somewhat prepared' responses) in the baseline. There was a major increase to 88% - 100%, in the endline.				
5	<b>Sexuality and Disability</b>	A person with severe disabilities should not reproduce	0 to 70% (12/17) 'disagreed' (major positive shift)				
6	<b>Common Sexual Health Issues</b>	Level of comfort while interacting with a friend who is HIV positive – Desired responses: Display sensitivity in case your colleague wants to confide in you; Stand up for your colleague without them necessarily knowing.	A major positive shift in the desired responses - 53% (9/17) to 76% (13/17); 53% (9/17) to 100% (17).				

S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
		Awareness of sexual dysfunction conditions	Most teachers had a better understanding of sexual dysfunctions in the endline in comparison to the baseline.				
7	<b>Sexuality Development in Children and Adolescents</b>	2-5 years is the suitable age at which personal safety education should be initiated	53% (9/17) to 82% (14/17) gave the correct answer (major positive shift).				
		Children become sexual beings at birth.	29% (5/17) to 70% (12/17) answered correctly (major positive shift)				
8	<b>Rights and Laws in the Context of Gender and Sexuality</b>	Sex work should be regarded as a form of legitimate labour	24% (4) to 70% (12) 'agreed' (major positive shift)				
9	<b>Intersectionality</b>	Definition of the term 'Intersectionality'	23% (4/17) to 70% (12/17) had a partial to a correct understanding of the term (major positive shift)				
10	<b>Restorative Practices</b>	Definition of the term 'Restorative Justice'	6% (1/17) to 35% (6/17) had a partial to a correct understanding of the				

S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
			term (major positive shift)				

**Annexure 16. Evidence of a Satisfactory Understanding in the Baseline which Improved with Course Inputs<sup>93</sup>**

S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
1	<b>Diversity in Gender and Sexuality</b>	Gender identity which is non-binary is unnatural	88% (15/17) ‘disagreed’ in both scenarios (no noticeable change). The teachers had already responded favourably in the baseline.				
		Homosexuality is a matter of choice and can be changed	70% (12/17) to 82% (14/17) ‘disagreed’ (moderate positive shift). There was already a high proportion of teachers who disagreed in the baseline.				
		Sexual abuse against the LGBTQIA+ should be treated differently in comparison to sexual abuse against non-LGBTQIA+ people	76% (13/17) to 94% (16/17) ‘disagreed’ (major positive shift) The desirable responses were already at a suitable level in the baseline.				
2	<b>Gender Bias</b>	The basis of gender bias lies in biological differences	53% (9/17) to 65% (11/17) ‘disagreed’ (moderate positive shift). A fairly high number of				

<sup>93</sup> The sub-topics where teachers had a satisfactory understanding even in the baseline, which either remained the same, or had minor, moderate or major shifts in the endline, are documented in this table. Although these may be critical in their professional lives, they do not suggest that the course played a role in bringing new insights.

S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
			teachers had already disagreed in the baseline.				
		Willingness to spread awareness about gender bias	94% (16/17) to 100% felt that they could do something about gender bias (no noticeable change). A high level of willingness was already present in the baseline.				
3	<b>Self-Esteem and Body Image</b>	Description of one's unique identity	94% (16/17) to 100% had thought of their identity and were able to describe it (no noticeable change). There was a high degree of conceptualisation even in the baseline.				
4	<b>Sexual Health and Issues with Reproductive Health</b>	A menstruating woman should not enter prayer rooms	70% (12/17) to 88% (15/17) 'disagreed' (major positive shift). The teachers already had a favourable understanding of the topic in the baseline.				
		Sex is primarily for reproduction	94% (16/17) to 100% felt that sex is not meant only for reproduction (no noticeable change). There was a desirable level of disagreement even in the baseline.				

S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
5	<b>Sexuality, Sexual Relationships, Sexual Preferences and Practices</b>	Committed relationships should be formed only between heterosexual pairs	70% (12/17) to 94% (16/17) 'disagreed' (major positive shift). A fairly high number of teachers had already disagreed in the baseline.				
		Being a virgin is important until one is in a committed relationship	64% (11/17) to 82% (14/17) 'disagreed' (major positive shift). A majority of teachers already had a positive attitude in the baseline.				
		It is immoral to use sex toys during erotic play with one's committed partner	76% (13/17) to 88% (15/17) 'disagreed' (moderate positive shift) A large number of teachers responded favourably even in the baseline.				
6	<b>Sexuality and Disability</b>	Discussions about exploring one's sexuality should be held with persons who have intellectual disabilities	47% (8/17) to 53% (9/17) 'agreed' (moderate positive shift) Nearly half the teachers responded favourably even in the baseline.				
7	<b>Contraception and Pregnancy</b>	Teaching adolescents about contraception will	94% (16/17) 'disagreed' in both scenarios (no noticeable change). The				

S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
		make them sexually active	same number of teachers disagreed even at the baseline.				
		Attitudes towards abortion – Desired response: Abortion is a woman’s right	88% (15/17) to 94% (16/17) chose the desired response (minor positive shift). A large number of teachers already had a favourable outlook in the baseline.				
		Attitudes towards contraceptive methods	All 17 teachers showed more or less the same level of curiosity in both scenarios (no noticeable change).				
8	<b>Sexuality Development in Children and Adolescents</b>	I feel awkward teaching children the biological names of genitals	70% (12/17) to 82% (14/17) ‘disagreed’ (moderate positive shift) Comfort levels were already at a suitable level in the baseline.				
9	<b>Sexual Violence against Adults and Children</b>	A hero pursuing a reluctant heroine is harmless fun. Desired response: It is sexual harassment.	47% (8/17) to 71% (12/17) ‘disagreed’ (major positive shift) A satisfactory attitudinal level was already present in the baseline.				

S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
		Marital rape should be recognised as an offence	88% (15/17) to 94% (16/17) 'agreed' (major positive shift).				
		In some cases of adult sexual abuse, the victim may be responsible	77% (13/17) to 88% (15/17) 'disagreed' (moderate positive shift) A good percentage of teachers had a favourable outlook in the baseline.				
		Complaints of sexual harassment towards those in authority – Desired response: You extend emotional support and let her know that you respect her decision; You accompany her to the HR department to make a complaint	A minor positive shift in the desired response of extending emotional support and showing solidarity to a colleague who has reported abuse by a supervisor, from 82% (14/17) in the baseline, to 88% (15/17) in the endline				
		Response to a friend regarding consent for sexual engagement	All 17 teachers seemed to maintain a similar (positive) stance towards consent in both scenarios, suggesting that there was already a favourable outlook in the baseline				



S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
		Awareness of the #MeToo movement	82% (14/17) to 88% (15/17) (no noticeable change) were aware of the #MeToo movement. More or less the same teachers responded in both scenarios with a similar stance				

**Annexure 17. Areas Where Suitable Changes Did Not Occur<sup>94</sup>**

S. No.	Topic	Sub-topic	Shift from baseline to endline	No shift	Minor shift	Moderate shift	Major shift
1	<b>Sexual Health and Issues with Reproductive Health</b>	Masturbation is unhealthy	94% (16) to 88% (15/17) 'disagreed' (a minor adverse shift, as more teachers disagreed in the baseline). 2 teachers need further inputs				
2	<b>Sexuality Development in Children and Adolescents</b>	Sexual diversity discussions with adolescents may encourage sexual experimentation	94% (16/17) to 70% (12/17) 'disagreed' (major adverse shift). 30% need inputs				
3	<b>Rights and Laws in the Context of Gender and Sexuality</b>	There should be more stringent punishments against sex offenders	Only 2/17 teachers 'disagreed' (major adverse shift). 88% need inputs.				
		It is rape only if there is peno-vaginal penetration	88% (15) to 82% (14) 'disagree' (minor adverse shift). However, there was already good understanding in the baseline.				

<sup>94</sup> Suitable changes did not occur, pertains to sub-topics where: a) percentages of teachers giving the 'correct' response even in the endline is low (40% and less); additionally this percentage is the result of no shifts, which indicates that there has been low impact; b) sub-topics where teachers who gave the 'correct' answer in the baseline, gave the 'incorrect' answer in the endline, which has resulted in adverse shifts; c) sub-topics where there are very minor positive shifts but a very large percentage of the teachers (80%+) did not know the 'correct' answer.

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This report presents varying aspects of the teachers' experience of the Capacity Building Intervention in Gender, Comprehensive Sexuality and Personal Safety Education. These are teachers of Education, Special Education, Nursing, Public Health, Social Work and Counselling Psychology from colleges and institutions of Bengaluru and Shillong.

It realistically captures the impact of this intervention after the teachers received training inputs from the Enfold facilitators and subsequent to them transacting the 'Demystifying Sexuality Course' to their students. It throws light on the domains and sub-topics that teachers effectively internalised and reveals positive shifts in their knowledge base and attitude. It also dwells upon areas where further inputs are required. It assesses teachers' preparedness levels to engage with these topics in their professional and personal lives.

*Founded in 2002, Enfold Proactive Health Trust addresses gender-based violence and sexual abuse. Its Prevention Team conducts Gender Equity, Sexuality & Personal Safety Education for children, including children with disabilities, college students and adult stakeholders. The Support and Rehabilitation Team assists children who have faced sexual violence through the criminal justice system and conducts training on the POCSO Act, workplace sexual harassment and redressal mechanisms. The Restorative Practices Team facilitates Circles and trains Child Care Institution staff, school teachers, counsellors, and social workers in building a restorative culture and addressing conflict through Restorative Practices. The Research Team works on issues of child protection to advance children's rights and implementation of laws.*