INSTITUTIONALIZING STUDENT WELL-BEING IN ANDHRA PRADESH SCHOOLS THROUGH A HOLISTIC FRAMEWORK AND RESTORATIVE PRACTICES

DECEMBER 2025

Picture of a Restorative Circle kept with children

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The Metropolitan Institute

Institutionalizing Student Well-Being in Andhra Pradesh Schools Through a Holistic Framework and Restorative Practices

December 2025

By Enfold Proactive Health Trust

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TABLE OF CONTENTS

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Glossary of Key Terms and Acronyms

Comprehensive Sexuality Education (CSE): A curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that empower them to realize their health, well-being, and dignity. Ideally, this includes age-appropriate topics such as puberty, menstrual health, relationships, and consent.

GMSK (Grama Mahila Samrakshana Karyadarshi): Also known as Mahila Police, these are functionaries within the Andhra Pradesh Grama Sachivalayam (Village Secretariat) system. They are responsible for the protection of women and children within their jurisdiction, raising awareness on relevant laws, and acting as liaisons between the police department and the community.

LEAP (Learning Excellence in Andhra Pradesh): A state government model focusing on foundational learning, 21st-century skills, and value-based education. It serves as a platform for integrating holistic learning objectives and life skills into the state curriculum.

Manabadi Nadu Nedu: A flagship initiative by the Government of Andhra Pradesh dedicated to strengthening school infrastructure and transforming existing government schools into vibrant, competitive institutions. It focuses on nine key infrastructure components, including toilets, drinking water, and electrification.

PARAKH (Performance Assessment, Review, and Analysis of Knowledge for Holistic Development): A national standard-setting body established under the NCERT. It oversees assessments such as the Rashtriya Sarvekshan (National Achievement Survey) to monitor learning outcomes and school safety indicators, including student mental health and well-being.

Personal Safety Education (PSE): A structured educational approach designed to teach children appropriate vocabulary for body parts, rules for safe interpersonal behavior, and safety guides such as the "No-Go-Tell" rule. It aims to empower children to recognize and report unsafe touch or behavior.

POCSO Act: The Protection of Children from Sexual Offences Act, 2012. A comprehensive Indian law that defines child sexual abuse, establishes special courts for speedy trial, and mandates the reporting of offenses, placing a legal duty on educators and staff to report suspected abuse.

Restorative Approach (RA) / Restorative Justice: A pedagogical strategy that shifts focus from punitive discipline to relationship-building and empathy. Instead of asking "Who is to blame?", RA asks "Who has been harmed, and how can we make things right?", utilizing practices like community circles to resolve conflict and build inclusive learning communities.

Sachivalayam: The Village/Ward Secretariat system in Andhra Pradesh. It acts as a decentralized administrative unit where functionaries such as the Auxiliary Nurse Midwife (ANM) and Mahila Police deliver government services directly to citizens and schools at the grassroots level.

SAKHI Initiative: A specialized adolescent empowerment program (referenced in the context of the Vizianagaram district/UNICEF partnership) that addresses adolescent health and child marriage. It utilizes peer groups ("Sakhi Groups") to provide health services, counseling, and life skills.

Socio-Emotional Learning (SEL): The process through which children acquire the knowledge and skills to manage emotions, set goals, show empathy, and establish positive relationships. It is widely recognized as a pillar of value-based education that improves academic engagement and mental health.

SRGBV (School-Related Gender-Based Violence): Acts of sexual, physical, or psychological violence that occur in and around schools, perpetuated as a result of harmful gender norms and stereotypes. It includes bullying, corporal punishment, and harassment that compromises a student's well-being and ability to learn.

UDAAN (Jharkhand): The Udaan project in Jharkhand is a state-led adolescent health education program. It is frequently cited as a successful case study for integrating Comprehensive Sexuality Education (CSE) into government school curricula at scale by navigating community sensitivities.

EXECUTIVE SUMMARY

National initiatives like the Integrated Child Development Services, Beti Bachao Beti Padhao, Rashtriya Kishor Swasthya Karyakram, the Health and Well-being Program, as well as the Government of Andhra Pradesh's initiatives like the Learning Excellence in Andhra Pradesh (LEAP) model[1] and the landmark appointment of 255 dedicated career and mental health counsellors in government schools signifies a strategic commitment to foundational learning, holistic learning, and value-based education. An integrated framework for student well-being in Andhra Pradesh schools would involve tying these measures that tackle specific risks, into a cohesive, proactive system that addresses the interconnectedness of these problems, and caters to the whole child and their environment.

At least 9 children are reported to be victims of crime every day in Andhra Pradesh.[2] There is a lack of integrated well-being education across grades,[3] and our research indicates that this contributes to serious issues like school-related gender-based violence, child marriage, teenage pregnancies, trafficking, mental health issues, bullying, and cyber risks, and compromises learning outcomes and attendance.[4] [5] Moreover, at least 93.8 percent of Andhra Pradesh adolescents have access to smartphones at home.[6] This introduces new digital risks including cyberbullying and image-based abuse, which also demand a proactive school-based response.[7]

According to Andhra Pradesh's PARAKH Assessment, up to 46 percent of students in Andhra Pradesh have found it "not easy / comfortable to talk to someone" when upset or stressed.[8] Bullying and exclusion are key issues in the state, with up to 31 percent of students reporting that their classmates made fun of them, and 22 percent reporting being teased. While most schools have appropriate policies in place, a small but critical percentage of schools reported not having an Anti-Bullying Policy (30%) or a Child (POCSO) Protection Policy (21%).[9] Discrimination against vulnerable groups, such as transgender and intersex children, children with disabilities, and those from marginalized backgrounds continues to lead to exclusion and high dropout rates despite progressive legal mandates such as the Supreme Court judgement in NALSA v. Union of India (2014) and recent judicial reinforcement for transgender-inclusive Comprehensive Sexuality Education.

[1] Hans News Service. (2025, April 9). LEAP to overhaul state edu model. The Hans India.
[2] Crime in India 2023, NCRB
[3] Appendix B
[4] Appendix C
[5] Crime in India 2023, NCRB
[6] Annual Status of Education Report 2024, Pratham Foundation
[7] Mehra D, Lakiang T, Kathuria N, Kumar M, Mehra S, Sharma S. (2022). Mental Health Interventions among Adolescents in India: A Scoping Review.
[8] PARAKH Rashtriya Sarvekshan, NCERT. (2024).
[9] PARAKH Rashtriya Sarvekshan, NCERT. (2024).

It is crucial to move beyond independent measures to implement a cohesive, curriculum-driven framework that addresses the holistic well-being of the whole child.[10] This brief proposes that the **Andhra Pradesh Education Department** consolidate its efforts by creating a robust **Value Education-based framework across Classes 1-10**, built on **five interrelated pillars: Socio-Emotional Learning (SEL), Gender Equity and Sexuality Education, Personal Safety Education (PSE), Digital Well-Being and Citizenship, and Restorative Justice-based Pedagogy.**

The recommendations also include a **separate curriculum to be designed for grades 11-12** focusing on **reproductive and sexual health, and life skills for pre-university students,** and an **updated biology curriculum for grades 6-10** that goes beyond reproductive development and includes **emotional, sexual and physiological development during puberty.** Additionally, we recommend updating the social science curriculum to include **gender based discrimination, gender based violence and transgender experiences.** These curricular changes along with **restorative practices** embedded in the pedagogy throughout the school environment can replace punitive responses with relational repair and shared accountability.[11]

Examples such as Karnataka government's recently introduced Value Education program[12] and the UDAAN initiative in Jharkhand[13] among others show that such an integrated approach is highly feasible through policy realignment, phased implementation, and leveraging existing mechanisms like the SCERT and DIETs. Our recommendations align with the Learning Excellence in Andhra Pradesh (LEAP) model and the National Education Policy (NEP) 2020, while meeting Sustainable Development Goals (SDGs 3, 4, 5, and 16). By embedding these pillars into the school curriculum, supported by teacher training and institutional safeguards, Andhra Pradesh's Education Department could effectively strengthen child protection, improve adolescent health, and help build a generation of empathetic, resilient, and responsible citizens.

[10] Slade, Sean & Griffith, D.. (2013). A whole child approach to student success. KEDI Journal of Educational Policy. 21-35.
[11] Enfold Proactive Health Trust. (September, 2025). Restorative approaches as a pathway to good schools: A white paper
[12] Vyas, A. (2025). Karnataka's new textbook takes on bullying, body shaming, and stereotypes. The Times of India.
[13] Centre for Catalyzing Change (C3). (2019, September). UDAAN: Adolescence education program, Jharkhand: In school. At scale.

INTRODUCTION

Children and adolescents in Andhra Pradesh today face pressing interconnected challenges like high incidences of child marriage, teenage pregnancy, school-related gender-based violence (SRGBV), and bullying, with a backdrop of digital risk, silence and stigma surrounding mental health and pubertal changes.[14]

Table 1. Key Challenges Overview

Teenage Pregnancy

NFHS-5 (2019-21)
Young Lives (2018)

12.6% of women aged 15-19 have begun childbearing.

Health workers often feel that it is only appropriate to discuss contraception with married women, and only after their first child.

Nearly double the National Average of **6.8%.**
Third highest in the country.

The window for prevention of early pregnancy is being missed.

Child Marriage

UNICEF, NFHS-5 (2019-21)
NCRB, Crime in India, 2023
Young Lives (2018)

29% of women aged 20-24 were married before 18.

Many young people enter married life with little knowledge about contraception, fertility, and safe sexual practices.

Sixth highest in the country. Significantly higher than the national average (23%).

[14] Table 1.

Child Sexual Abuse

NCRB, Crime in India, 2023

Sexual offenses constituted **67%** (1,918 out of 2,844 total cases) of all crimes against children in 2023.

Starkly different from the national average of **39.7%.** Indicates a high vulnerability to sexual abuse.

Child Trafficking

NCRB, State Data (2016–2022)

The average number of trafficked children increased from 50 to **210 per year** post-COVID (2021–2022).

Third largest prevalence in the country. Highlights severe vulnerability and organized exploitation risks.

Digital Risk / Smartphone Use

NCRB, Crime in India, 2023
ASER, 2024; Indian Adolescent Mental Health Studies

93.8% of adolescents (14-16) use a smartphone at home; 74.4% for social media.

Fifth highest among Indian states for overall cybercrime cases (2,341 incidents reported in 2022).

Rapid digital adoption without guidance increases risks of cyberbullying, grooming, misinformation, and problematic use (linked to **39-44%** of Indian adolescents).

Mental Health (Anxiety & Depression)

PARAKH Rashtriya Sarvekshan - Andhra Pradesh, NCERT, 2024

15% of students reported feeling not safe or happy with the school environment; **57%** felt optimistic about their ability to achieve future goals.

Social-Emotional Learning is inconsistently implemented and is not integrated across Andhra Pradesh's school ecosystem.

Key informants working in Andhra Pradesh have indicated that a lack of accurate information on sexuality, gender, and reproductive health has left adolescents susceptible to misinformation, early pregnancies, unsafe practices, and poor mental health.[15] Global and national reviews also document the mounting adolescent mental-health burden and its correlation to violence, stigma, and digital stressors,[16] [17] [18] and recommend that schools be the primary platforms for promotive and preventive support.[19]

[15] Appendix B
[16] World Health Organization. (2025). Adolescent mental health.
[17] Mehra D, Lakiang T, Kathuria N, Kumar M, Mehra S, Sharma S. (2022). Mental Health Interventions among Adolescents in India: A Scoping Review.
[18] Moitra M, Owens S, Hailemariam M, Wilson KS, Mensa-Kwao A, Gonese G, Kamamia CK, White B, Young DM, Collins PY. (2023). Global Mental Health: Where We Are and Where We Are Going.
[19] O'Reilly M, Svirydzenka N, Adams S, Dogra N. (2018). Review of mental health promotion interventions in schools.

RESEARCH METHODOLOGY

The brief is based on the following comprehensive analyses: Andhra Pradesh state textbooks' review, 5 key informant interviews, literature review of available secondary knowledge resources on the topics, international and domestic case studies, and government schemes and policies at the national and the state level.

The research methodology involved:

State Textbooks' Review

The analysis of the Andhra Pradesh State Curriculum Framework of 2011 comprised of the following textbooks: English Syllabus from Class 1 to Class 10, Social Science Syllabus from Class 6 to Class 10, Environmental Studies Syllabus from Class 3 to 5, and Biological Science Syllabus from Class 8 to Class 10. The benchmark to evaluate their contents was a combination of standards set by the curriculum design team at Enfold Proactive Health Trust, the International Technical Guidance on Sexuality Education by UNFPA, UNESCO, UNAIDS, UNICEF, UNFPA, and WHO,[20] and the directions given by NEP 2020.

Key Informant Interviews

Interviewed 5 experts: 4 non-governmental organizations including those that have worked in the Andhra Pradesh context, and the Women and Child Protection Officer (CDPO) of Nandyal district.

Desk Research

This review covered constitutional and legal obligations, government policies, schemes and programs, international and domestic case studies.

[20] The UN International Technical Guidance on Sexuality Education (ITGSE) was published by UNESCO, UNAIDS, UNICEF, UNFPA, and WHO in 2009

BACKGROUND

The Andhra Pradesh government has been in the forefront of educational reforms like Manabadi Nadu Nedu and LEAP. However, school-going children continue to face the following obstacles to their well-being:

Socio-Emotional Stress:

Students face intense academic pressure and exam anxiety, and these stressors are exacerbated by incidents of bullying.[21] Studies across Indian schools show that bullying is strongly associated with absenteeism, reduced academic performance, and an increased risk of self-harm.[22] Research conducted in parts of AP, such as Vizianagaram district, indicates an alarmingly high prevalence of mental health problems in school-going adolescents with **48.78 percent of adolescent girls screening positive for Common Mental Disorders (CMDs).**[23] Another cross-sectional study in rural Andhra Pradesh found the prevalence of depression among adolescents to be about **2.7 percent, with a majority (57.14%) having borderline depression.** Stressful life events like interpersonal losses, social rejection, and exposure to suicide were significant risk factors.[24]

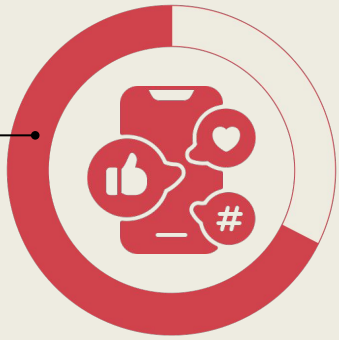
[21] Vasudevan, N., & Ramesh, G. (2025). Addressing the mounting academic pressures of Indian students: The need of the hour. Journal of Economics, Finance and Management Studies
[22] UNICEF. (2019). Behind the numbers: Ending school violence and bullying.
[23] Babu, Manchikalapudi & Pavani, Angati & Madhav, Gajarao & Suvvari, Nagaraju. (2024). Screening for common mental health problems in school-going adolescent students in Vizianagaram district, Andhra Pradesh. Telangana Journal of Psychiatry.
[24] Latha, K., & Harika, T. K. (2023). A cross-sectional study on prevalence of depression among adolescents and its associated factors in rural areas of Andhra Pradesh. International Journal of Scientific Research,

For transgender and gender-diverse students, harassment and exclusion lead to high dropout rates and poorer mental health.[25] Furthermore, increased penetration of social media amongst adolescents adds other layers of risk. About 74.4 percent of kids aged 14-16 in Andhra Pradesh are engaging with social media content,[26] and national studies suggest **39-44 percent of Indian adolescents exhibit problematic smartphone use** correlating with anxiety and depression.[27]

The Andhra Pradesh government's two major initiatives, the Learning Excellence in Andhra Pradesh (LEAP) framework and the appointment of 255 dedicated career and mental health counsellors to government schools, are great opportunities to include socio-emotional learning (SEL) and build resilience in students, thereby filling these critical long-standing gaps in psychosocial support.[28]

74.4 percent of kids aged 14-16 in AP are engaging with social media content

Annual Status of Education Report 2024, Pratham Foundation



Gaps in Gender Equity and Sexual Health:

According to key informants and experts,[29] deep-seated gender inequities in society contribute to student anxiety, increased dropout rates, and underperformance. These inequities include girls disproportionately shouldering domestic duties that affect attendance, boys being discouraged from expressing emotions, and gender-diverse students experiencing verbal harassment, misgendering, and a lack of safe facilities. These can be reinforced in schools when the curricula perpetuates stereotypes by portraying only women in caregiving roles, and men in positions of authority. A major concern is the rate of early marriage and childbearing. According to the National Family Health Survey (NFHS-5, 2019-21), **the percentage of women aged 15-19 who were already mothers or pregnant in Andhra Pradesh is 12.5** (higher than the national average of 6.8%), indicating a significant public health and social challenge.[30]

[25] United Nations Girls' Education Initiative. (2016). Out in the open: Education sector responses to violence based on sexual orientation and gender identity expression.
[26] Annual Status of Education Report 2024, Pratham Foundation
[27] Prevalence of Smartphone Addiction in School-Going Children. (2023).
[28] Appendix A
[29] Appendix B
[30] National Family and Health Survey (NFHS) - 5

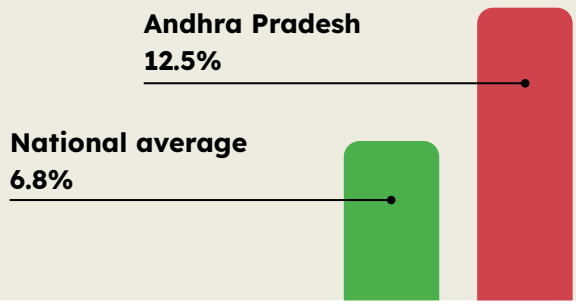
Comprehensive sexuality education (CSE) is currently limited in the curriculum. Current curricula only cover basic biology, often ignoring critical topics like menstrual health, genital health, consent, and safe practices. Our research indicates that girls face barriers around menstrual health management, child marriage, and teenage pregnancies, while boys lack guidance on puberty, respect, and shared responsibility.[31]

The SAKHI initiative in Vizianagaram stands as a powerful example of a successful multi-stakeholder model that has effectively prevented child marriages and addressed adolescent issues at a local level.[32] The program's success stems from its ability to bring together government functionaries, NGOs, and community leaders, an approach that can be scaled statewide through a formalised curriculum-based strategy.

Another case study is the UDAAN initiative in Jharkhand - a pioneering school-based program that integrated comprehensive sexuality education into government school curricula through teachers training, interactive materials, and youth-friendly services.[33] It successfully overcame community resistance by engaging stakeholders and adapting content, ultimately promoting gender equity, sexual health awareness, and empowerment among adolescents. This scalable model has been recognized for its impact in improving adolescent life skills and health knowledge.

Women aged 15-19 who were already mothers or pregnant

National Family and Health Survey (NFHS) - 5



Rising Child Safety Concerns:

Child sexual abuse (CSA) is a major concern, with Andhra Pradesh consistently reporting a significant number of cases under the Protection of Children from Sexual Offences (POCSO) Act. The issue of online-facilitated CSA is also rising, coinciding with rapid smartphone use.[34]

The School Education Department has designed standard operating procedures to address bullying and sexual harassment in schools.[35] All schools are required to promote school safety, ensure child abuse monitoring, and form complaints committees. Teachers and staff receive training on the POCSO Act and child protection norms, and students are sensitized to seeking support. Posters with helpline numbers and complaint boxes have also been introduced for students to report problems confidentially.

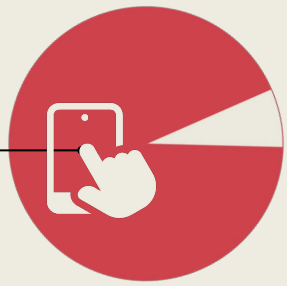
[31] Appendix B
[32] UNICEF India. (2023, March 7). Sakhi Initiative: Awareness to action.
[33] Centre for Catalyzing Change (C3). (2019, September). UDAAN: Adolescence education program, Jharkhand: In school. At scale.
[34] Crime in India 2023, NCRB
[35] NDTV Education Desk. (2022, August 8). Andhra Pradesh government initiates steps to make schools safer. NDTV.

While the state utilizes digital platforms for remote education and teacher training, structured age-appropriate personal safety education (PSE) that helps children learn appropriate vocabulary for their body, clothing, rules for safe interpersonal behaviour involving touching and talking, the No-Go-Tell personal safety guide, and the idea of safe adults, is yet to be embedded in the curriculum and school textbooks from grades 1 to 12. The POCSO Act and schemes like Samagra Shiksha already provide the legal and programmatic framework for such education.

Digital Vulnerability:

Over **93 percent of Andhra Pradesh adolescents use smartphones at home,** and over 74 percent use them primarily for social media.[36] This exposes them to cyberbullying, grooming, scams, and mental health risks.

93% of Andhra Pradesh adolescents use smartphones at home



Annual Status of Education Report 2024, Pratham Foundation

The state recently conducted the world's largest Parent-Teacher Meeting involving over 35 lakh students, 71 lakh parents, and nearly 2 lakh teachers, focusing on themes such as substance abuse and mobile phone addiction.[37] The Chief Minister called for greater parental involvement and monitoring of children's smartphone use, and introduced 'holistic progress cards' that include academic and health metrics aimed at identifying and addressing behavioral or emotional issues early. Andhra Pradesh has partnered with organizations like Cisco to provide digital skills, cybersecurity, and responsible technology use training for students. These programs focus on IT skills while also emphasising digital safety, ethics, and resilience against online threats including cyberbullying.

Embedding digital well-being and citizenship into the curriculum with modules on privacy, consent, healthy screen habits, identifying misinformation, verifying credibility, and choosing what one 'feeds one's brain', alongside teacher and parent sensitisation, is essential to ensure students become not only digitally skilled but also safe and resilient users.

[36] Annual Status of Education Report 2024, Pratham Foundation
[37] Lanka, V. (2024, December 7). CM Naidu's urgent warning: Combatting student drug and mobile addiction in Andhra Pradesh.

Increase in Peer Violence and Corporal Punishment:

Across Andhra Pradesh, schools continue to grapple with peer conflict, violence and corporal punishment by teachers despite legal prohibitions.[38] All of these issues harm children's safety, mental health, and academic engagement. The Restorative Approach (RA), inspired by indigenous practices like India's panchayats and now widely adopted in countries such as the USA, UK, Australia, and Hong Kong, shifts the focus from punishment to relationship-building, empathy, and accountability. Instead of asking, "Who is to blame and how should we punish them?," schools could start asking,

"Who has been harmed, what are their needs, and how can we make things right together?" RA is being increasingly recognized not just as a disciplinary framework but also as a pedagogy for building inclusive and empathetic learning communities.[39] UNESCO highlights that restorative practices such as community circles, dialogues, and collective problem-solving help students reflect on the impact of their actions, repair harm, and cultivate empathy.29 Global studies show that schools adopting whole-school restorative models see reduced bullying and fighting, improved attendance, stronger teacher-student relationships, and enhanced emotional well-being, as well as a decrease in zero-tolerance disciplinary measures that often push students out of learning.

Enfold Proactive Health Trust's work in Bengaluru schools illustrates this potential clearly. At Innisfree House School, 77 percent of students felt heard and respected, and 67 percent reported better emotional regulation, capacity to manage anger, fear, and disappointment more effectively after participating in restorative circles. At Saandeepani Academy, teachers observed reduced peer conflicts, stronger classroom relationships, and students voluntarily requesting circles to resolve tensions early, fostering empathy and collaborative problem-solving.[40]

The Karnataka government has also introduced RA in teachers' training programs on recommendation from Enfold. Scaling such a model across Andhra Pradesh's government schools, aligned with NEP 2020's focus on safe, inclusive, and holistic education, can replace fear-based discipline with trust, dialogue, and shared responsibility. This would reduce violence and corporal punishment, resulting in schools where every child feels safe and valued. Karnataka's Value Education as well as RA integration is a useful case study for Andhra Pradesh.

> **"The Circle brought the class closer, and it helped many people to solve their problems, understand their mistakes, become a group and stand with each other."**
>
> – Student of Class 7 in Innisfree House School, Bengaluru, India

[38] Morrow, V., & Singh, R. (2014, May). School violence and bullying: A review of the literature for the Young Lives school survey. (Young Lives Working Paper 123). University of Oxford.
[39] Enfold Proactive Health Trust. (September, 2025). Restorative approaches as a pathway to good schools: A white paper
[40] Ibid.

The Five Pillars of Student Wellbeing

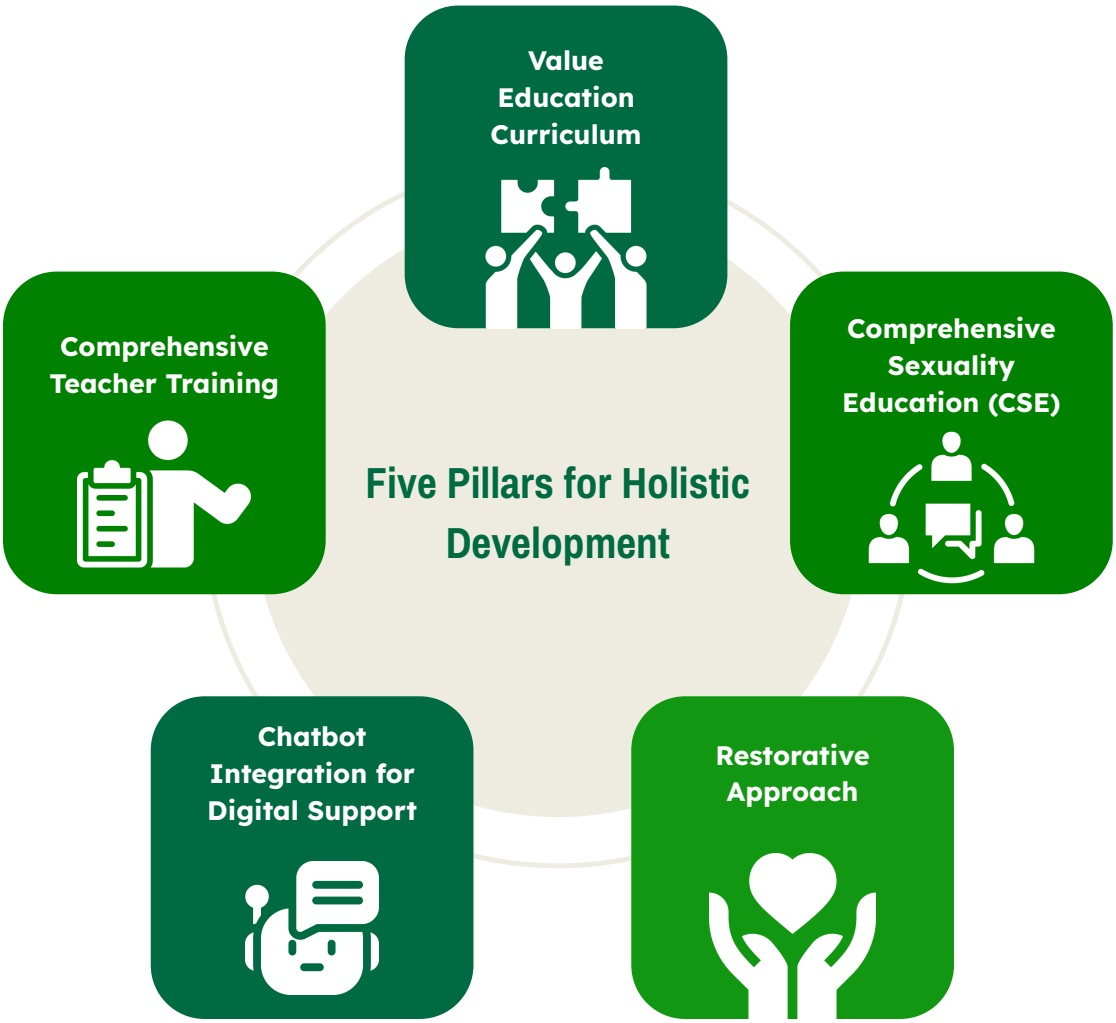
A comprehensive and integrated educational response includes **socio-emotional learning (SEL), gender equity and sexuality education, personal safety education, and digital citizenship,** with a backdrop of **restorative practices.** The transformative power of these pillars is realized when they are implemented as a cohesive integrated system. The competencies taught in SEL are the foundational skills that enable the success of all the other pillars. Self- awareness and self-management are essential for digital wellbeing and managing online impulses. Similarly, responsible decision making is a skill that applies across all five domains, from personal safety to online conduct.[41] An emotionally safe learning environment, which is a direct outcome of effective SEL, is a prerequisite for students to feel secure enough to discuss sensitive topics in CSE or engage in the vulnerability required for restorative circles.[42]

Research has shown that when SEL is combined with sexuality education, children display rates of increased empathy, respect for others, and improved communication, managing feelings, positive self-image, and an increased sense of self-control and safety, while establishing and maintaining more positive relationships.[43] Restorative practices present multiple opportunities to develop, practice, and reinforce the five socio-emotional competencies.[44] Embedding restorative justice principles within sessions on socio-emotional learning, personal safety, gender and sexuality education and digital safety could create safer classroom environments,[45] strengthen peer support, and ensure that curriculum delivery promotes both knowledge and well-being, while cultivating a culture of responsibility and accountability.[46]

[41] Roger Weissberg, Joseph A. Durlak, Celene E. Domitrovich, and Thomas P. Gullotta. Why Social and Emotional Learning Is Essential for Students. 2016.
[42] Emotional Safety. National Center on Safe Supportive Learning Environments.
[43] Goldfarb, E. S., & Lieberman, L. D. (2021). Three decades of research: The case for comprehensive sex education. Journal of Adolescent Health, 68(1), 13-27.
[44] Restorative Practices and SEL Alignment. CASEL Guide to Schoolwide SEL 2020. (In collaboration with International Institute for Restorative Practices (IIRP)).
[45] EU Forum. (2021). Manual on Restorative Justice Values and Standards for Practice. European Forum for Restorative Justice
[46] Enfold Proactive Health Trust. Restorative Practices

RECOMMENDATIONS

We recommend a framework comprising five interconnected pillars, each designed to address the specific societal challenges identified in the study. These pillars are not intended as separate subjects but as thematic modules seamlessly integrated into the existing school curriculum from Grade 1 through Grade 12. The Government of Andhra Pradesh's decision to launch the Learning Excellence in Andhra Pradesh (LEAP) model is a significant step forward in the state's educational landscape. With its stated focus on foundational learning, 21st-century skills, and, most critically, "holistic learning" and "value-based education," LEAP provides the ideal platform for integrating the proposed life skills framework. We suggest the following actions in collaboration with this landmark educational initiative:



Value Education Curriculum (Grades 1-10)

Mandate a strengthened Value Education curriculum (or equivalent life-skills subject) for Grades 1-10. This curriculum systematically incorporates the integrated content for SEL, Gender Equity, Personal Safety, and Digital Well-being in an age appropriate manner.

This leverages the existing slot/subject time of Value Education, minimizing the need for new timetable allocation. Karnataka's Value Education is a good case study on the same.

Comprehensive Sexuality Education (CSE) Integration (Grades 6-12)

1. **Grades 6-10: Update and add age-appropriate CSE and Gender topics** (reproductive development and includes emotional, sexual and physiological development during puberty, gender based discrimination, gender based violence, and transgender experiences) into existing core subjects (e.g., Biology, Social Science).
2. **Grades 11-12: Develop a separate, dedicated, and comprehensive curriculum** that expands upon critical topics such as responsible reproductive and sexual health, complexities of consent, gender identity, diverse relationships, and life skills for pre-teen university students.

   This integration aligns with the Supreme Court's notice demanding transgender-inclusive CSE and follows global best practices for adolescent health education (e.g., UNESCO's Technical Guidance).

Restorative Approach in All School Practices

Adopt and embed Restorative Justice in existing teachers' programs, school-level policies (anti-bullying, SRGBV), and disciplinary practices. This includes training all staff to use **restorative language** and conduct **restorative circles** for conflict resolution and community building.

This is a programmatic and pedagogical shift, utilizing existing resources to change the way staff interact with students, leading to reduced disciplinary issues and a safer climate.

Chatbot Integration for Digital Support

Integrate a secure, AI-powered Chatbot on the AP's online educational platforms. Children and adolescents are increasingly engaging with digital spaces on a daily basis. This engagement presents an opportunity to utilise technology to allow children and adolescents to seek age-appropriate and accurate information, along with preliminary support, regarding concerns related to gender, sexual and reproductive health, mental health, safety, and digital risks. This tool would be backed by trained counsellors and would provide anonymous 24/7 triage-based support, and direct referral pathways to AP's existing digital safety support initiatives.

This leverages existing digital infrastructure, providing a scalable low-stigma entry point for student support.

Comprehensive Teacher Training

Invest in systematic, mandatory teacher training for all teachers, school heads, and non-teaching staff (Grades 1-12). Training must cover:

- Content for the five pillars.
- Restorative Justice facilitation skills.
- Methods to create a non-judgmental, inclusive classroom environment (esp. for gender-diverse and specially-abled students).
- Mandatory Child Protection Policy, training and reporting protocols under the POCSO Act and referral mechanisms for mental health and safety concerns.

This systemic educational shift will enable the state to meet its obligations under the NEP, the POCSO Act, the Transgender Persons (Protection of Rights) Act, 2019, and advance its progress toward SDG 3 (Health), SDG 4 (Quality Education), and SDG 5 (Gender Equality) while complying with relevant Supreme Court and Legal Mandates.

Theory of Change

Problem	Intervention	Expected Outcome	Long-Term Impact
Fragmented approach; societal stigma on sensitive topics.	Curriculum Integration (5 Pillars) & Teacher Training.	Age-appropriate, accurate knowledge; increased self-efficacy and resilience in children.	Reduction in teenage pregnancies and child marriage; improved academic engagement and reduced dropout rates.
Punitive discipline; lack of accountability for harm (bullying, SRGBV).	Restorative Justice Pedagogy.	Safer school climate; increased empathy; students learn to take accountability and repair harm.	Reduction in bullying and SRGBV; improved mental health indicators; creation of genuinely inclusive school spaces.
Rising cyber risks; mental health distress.	Digital Well-being & Chatbot Integration.	Students become safe, resilient digital citizens; immediate, anonymous access to support.	Reduction in online grooming and cyberbullying incidents; stronger psycho-social support network.

Limitations and Scope

This brief focuses solely on Andhra Pradesh Education Department's institutional mandate (curriculum, training, school policy), especially aimed to operationalise these key objectives already embedded within the state's education policy, and does not propose changes to the State's health, social welfare, or policing sectors. The primary constraint is teacher capacity and willingness to teach sensitive topics, addressed through mandatory in-depth training and pedagogical support. By incorporating socio-emotional, safety and digital skills, this framework will help realise an education system that prepares students for life's challenges and not just examinations, and the job market.

APPENDIX A
Constitutional and Legal Framework (International, National, and State policies)

Mandate	Provision	Key Principle(s)	Relevance
Constitutional	Article 15(1) & 15(3) (Prohibition of Discrimination)	Prohibits sex-based discrimination; allows special provisions for women & children.	Supports protective and educational measures for children.
	Article 21 (Right to Life and Personal Liberty)	Includes the rights to education, dignity, privacy, bodily autonomy, and freedom from sexual violence.	Provides the foundation for a constitutional right to education and sexual well-being; establishes that sexual violence is a violation of the right to life.
	Article 19(1)(a) (Freedom of Speech and Expression)	Supports the right to express one's identity and access information.	Backs the right to express gender identity and sexual orientation, and to access sexuality and health information.
	Article 14 (Equality Before Law)	Guarantees equal protection under the law.	Essential for addressing gender-based violence and ensuring justice for survivors.
	Article 39 (e), (f) (Directive Principles of State Policy)	Directs the state to protect children from abuse and ensure their healthy development.	Establishes a state obligation to protect children and foster their healthy growth.
	Article 51A(e) & (h) (Fundamental Duties)	Encourages citizens to renounce practices derogatory to women and develop a scientific temper.	Encourages the development of respectful and inquiry-based thinking regarding gender and sexuality.
International	UN International Conference on Population & Development (ICPD), 1994	Member states, including India, affirmed the sexual and reproductive rights of adolescents.	Obligates the government to provide free and compulsory CSE.
	UN Convention on the Rights of the Child, 1989	Obligates states to protect the "best interests of children" and shield them from all forms of violence, including sexual abuse.	Establishes a global obligation to protect children, which is supported by comprehensive education.
	Article 51(c), 253, and 73 of the Indian Constitution & International Law	Directs India to respect international law and empowers the central government to take executive action to implement international commitments.	Overrides the quasi-federal structure of India for the purpose of fulfilling international obligations, enabling nationwide programs related to health and education.

Mandate	Provision	Key Principle(s)	Relevance
National	Section 29, Right of Children to Free and Compulsory Education (RTE) Act, 2009	Mandates an educational curriculum that ensures the "all round development of the child" in an environment "free of fear, trauma and anxiety."	Creates a proactive legal imperative for preventative education to ensure a safe learning environment.
	Protection of Children from Sexual Offenses (POCSO) Act, 2012	Defines child sexual abuse and mandates reporting of offenses.	Provides a framework for justice after abuse has occurred; CSE/PSE empowers children to use these reporting mechanisms.
	The School Health and Wellness Program (SHWP)	Promotes physical and mental health, well-being, and educational outcomes for students through designated 'Health and Wellness Ambassadors'.	Covers themes like emotional well-being, gender equality, substance abuse prevention, and reproductive health.
	Rashtriya Kishor Swasthya Karyakram (RKSK)	India's first holistic adolescent health program, which adopts a health promotion approach beyond traditional sexual and reproductive health.	Aims to address nutrition, mental health, violence, and substance misuse, using peer educators and health clinics.
	Beti Bachao Beti Padhao (BBBP) Scheme	Tri-ministerial effort to address declining Child Sex Ratio (CSR) and promote the education and empowerment of girls.	Aims to improve the Sex Ratio at Birth (SRB) and increase girls' enrollment in secondary education.
	Mission Shakti	A comprehensive, convergence-based mission to holistically empower women and uphold their safety, security, and dignity.	Integrates safety components like One-Stop Centres and helplines, as well as empowerment initiatives like skill development and financial inclusion.
	Mission Vatsalya	Provides holistic care, protection, and rehabilitation for children in vulnerable situations, prioritizing family-based care.	Aligns with the POCSO Act and focuses on institutional care, emergency outreach, capacity building, and community engagement.
	Childline 1098	India's first 24-hour, toll-free phone outreach service for children in distress, integrated with Mission Vatsalya.	Provides emergency response, rescue operations, and links children to essential care, legal, and counseling services.
	Scheme for Adolescent Girls (SAG) - SABLA Yojana	Aims to improve the nutritional and health levels of adolescent girls and impart essential life skills.	Provides supplementary nutrition, health check-ups, life skills training, and vocational training, with a focus on out-of-school girls.

Mandate	Provision	Key Principle(s)	Relevance
National	Kishori Shakti Yojana (KSY)	Aims to empower adolescent girls by addressing nutritional and gender disadvantages, with a focus on skill development.	Promotes health awareness, hygiene, and vocational skills training for adolescent girls.
	National Health Policy 2017	Emphasizes adolescent and school health programs along with mental health.	Emphasizes school health programs and integrates health and hygiene into the school curriculum. The policy references psychological problems that can be linked to the misuse of technology, indicating an awareness of modern issues affecting adolescents.
	National AIDS Control Programme (NACP)	Educates adolescents on HIV/AIDS prevention and sexual health.	Focuses on behavior change, targeted interventions, and stigma reduction to combat HIV spread.
	Rani Laxmibai Atma Raksha Prashikshan (2023)	Aims to empower all girl students with self-defense skills.	Provides training in martial arts like judo and karate for personal protection and awareness.
	National Education Policy, 2020	Promotes a flexible, multidisciplinary curriculum for holistic development.	NEP prescribes to approach gender as a cross-cutting priority to achieve gender equality in education with the partnership of states and local community organizations. Provides for setting up a Gender Inclusion Fund (GIF) especially for girls and transgender students to build the nation's capacity to provide equitable quality education for all girls as well as transgender students.

Mandate	Provision	Key Principle(s)	Relevance
Andhra Pradesh	AP Cyber Mithra Program	Aims to raise awareness about cyber safety and prevent online fraud and harassment.	Educates citizens, especially youth, on safe online practices and how to report cybercrimes, ensuring digital well-being.
	Mental Health & Career Guidance Project (under Samagra Shiksha)	To integrate mental health and career guidance into the school education system for holistic student development.	Appointment of Counsellors: Plans to recruit 679 counsellors (one per mandal) and 255 already appointed. * Training Programmes: Residential training for District Counsellors and Project Management Units. * Focus on Adolescents (Classes 9-12): Emotional mentoring and career advice for informed life choices.
	School Safety Guidelines & Child Protection Initiatives	To make schools safer places by preventing and addressing bullying, sexual harassment, and abuse, as mandated by the POCSO Act, 2012.	SOPs: Standard Operating Procedures for student safety and security. * Committees: Establishment of a School Safety Committee, Child Abuse Monitoring Committee, and School Complaints Committee in each school. * Complaint Box: Specially designed boxes for students to lodge complaints confidentially. * Awareness: Sensitisation of teachers/staff on the POCSO Act and child protection norms. * Special Sessions: Conduct of sessions on Good Touch-Bad Touch, psychological counselling, and abuse prevention.
	SAKHI Initiative (Vizianagaram District, supported by UNICEF)	A comprehensive adolescent health and development programme focusing on health, nutrition, education, protection, and socio-economic empowerment for adolescents (aged 9-21).	Sakhi Groups: Monthly community and school-level meetings to discuss critical themes: health, cybercrime, child marriage, women's safety. * Training & Support: Mentorship by Anganwadi workers and teachers; self-defence training for girls. * School Health and Wellness Programme: Trained 'Health & Wellness Ambassadors' conduct interactive sessions for students (Grades 6-12) on eleven thematic areas (including digital safety). * 'Sakhi' Corner: A walk-in resource centre for health services, counselling, life skills, and career guidance.
	Digital Learning & Smart Classrooms Implementation	Part of the state's broader educational and infrastructural reforms (like Mana Badi – Mana Bavishyathu) to integrate modern digital tools.	IFPs and Smart TVs: Installation of Interactive Flat Panels and Smart Televisions in classrooms. * Digital Content: Use of interactive digital content via Diksha, IFPs, and pre-loaded BYJU'S content on tabs distributed to Class VIII students. * Integration of AI: Strategic Action Plan (2024–2026) includes integrating AI and digital tools in curriculum delivery.

APPENDIX B
Analysis of AP State Curriculum Textbooks

This appendix summarizes the findings from the analysis of select Andhra Pradesh State Curriculum textbooks (Classes 3–10 EVS, Science, Social Science, Biology, History, Politics, and Geography) concerning the coverage of Gender Equity, Child Sexual Abuse (CSA) recognition and reporting, Consent, Proactive Safety Skills, and related biological topics.

I. Gender Equity (GE)

Gender Equity coverage is present but often minimal in lower classes, relying on challenging stereotypes through limited examples, while higher classes incorporate significant sociological content.

A. Highlights and Successful Disruptions:

- Class 3 EVS addresses Gender Equity with **Minimal** coverage by discussing **sharing chores among family members.**
- From Class 8 onwards, important content regarding **women, women's rights, and their contributions to society** has been included.
- Class 8 and up cover sociological topics such as the **wage gap, gender issues, feminism, and perceptions of an ideal woman.**

B. Gaps and Recommendations:

- **Stereotype Reinforcement:** Gender roles are evident in some examples and depictions across the curriculum.
- **Representation Gaps:** A large proportion of the illustrations feature boys. It is recommended that textbooks include **more illustrations of girls or other genders** and depict genders engaging in unconventional roles to break and avoid reaffirmation of existing stereotypes.
- **Language:** Textbooks should replace gendered pronouns like 'his/him' and 'he/she' with **gender neutral pronouns** like 'they/them' when referring to the entire population.

II. Child Safety, Protection, and Consent

Coverage of child safety is extensive in classes 3 and 4 EVS but is missing in subsequent middle-school classes (Classes 5–7).

A. Child Sexual Abuse (CSA) Recognition and Reporting & Proactive Safety Skills:

Extensive Coverage in Lower Primary:

- Class 3 EVS covers **"How to be Safe" extensively.** This includes **Good Touch and Bad Touch** and mentioning that bad touch can happen from **known people and strangers.** The topic also addresses **how to respond to bad touch** and mentions the **Child Helpline.**
- Class 4 EVS also covers **How to be Safe extensively,** addressing **"Good and Bad Touch" and private parts.**
- Class 4 EVS extensively covers **Recognising Child Sexual Abuse** through **Clothing, Touching and Talking Rules** and mentions the **signs of sexual abuse.**
- Class 3 EVS includes the **naming of private parts extensively.**

Gaps and Recommendations (Primary):

- Classes 1 and 2 currently have **no mention of child sexual abuse, including safe and unsafe touch.** This content (safe adults and reporting) should be introduced age-appropriately as early as possible (from first standard or KG onwards).
- **Terminology:** It is suggested that "Good and Bad Touch" be relabelled as **"Safe and Unsafe Touch."**
- **Focus on the Abuser:** Wording such as **"don't let anyone touch the private parts"** (found in Class 3 EVS), puts the **onus on the child** and should be avoided.
- **Scope of Abuse:** In Class 3, only sexual abuse in the form of unsafe touch is mentioned. Other forms of abuse, such as clothing, touching, and talking rules, should be sensitively introduced.
- **Depictions:** The depiction of unsafe touch currently shows it only happening to girls or only men doing it; this needs to be changed through sensitive depictions or written content.
- **Abuser Profile:** While Class 3 EVS notes that bad touch can happen from known people and strangers, Class 4 textbooks seem to place an emphasis on **strangers,** even though anyone can be an abuser (known or unknown).
- **Labeling Clarity:** In Class 3, the labeling of private parts needs modification: "between the legs" should be relabeled as 'susu place'/'genitals' to avoid ambiguity. Furthermore, a drawing for the back of the body is needed for clarity on where the 'bottom' is located, as current pictures only label parts from the front.

- **Reporting:** While reporting to a safe adult is mentioned, the text specifically lists parents and teachers; it is noted that this **need not be the case** (as trusted adults). Children should also be informed whom they can talk to about private parts if they have general questions.
- **Delivery:** All CSA content must be depicted and explained in a **child-friendly and trauma-informed manner.** Teachers require instructions on how to convey this information sensitively, especially as pictures used might disturb students who have been targeted for abuse.

Gaps (Middle Grades):

- Classes 5 to 7 show **no mentions of CSA, recognising or reporting it; no mention of POCSO; or safe adults.**
- A recommendation suggests extending the Class 7 Social Studies chapter on Road Safety to include **personal safety education (CSA and POCSO).**

B. Consent and Relationships:

Consent is currently absent but is suggested as additional content from Class 8 onwards, along with topics like **healthy vs unhealthy relationships.**

III. Bodily Awareness and Sexual Health (Biology)

Classes 8 and 10 Biology cover sexual health and reproduction extensively, but labeling inconsistencies are noted.

A. Adolescence and Puberty:

- The chapter on **Adolescence** is included in Class 8. This covers pubertal changes, secondary sexual characteristics, reproductive health, **adolescent pregnancies, and myths about pregnancy and menstruation.**
- **Recommendations:** Since puberty can begin around age 10 in girls, some of these topics can be introduced in earlier classes. Additional content on **menstrual management, wet dreams, and ejaculation** can also be considered.

B. Sexual Reproduction and Reproductive Health (Classes 8 & 10):

- Class 8 Biology covers **Sexual Reproduction** basics.
- Class 10 Biology covers Reproduction extensively, including **Reproductive Health, Birth Control methods, Sex determination, Teenage motherhood, female foeticide, and STDs** (Sexually Transmitted Diseases).

- **Labeling and Clarity Gaps:**
  - In Class 8 Biology, the **penis has been labelled, but the vagina hasn't been.** It is considered equally important to label parts of the female sexual and reproductive system.
  - In Class 10 Biology, while the penis and vagina are labelled, they **have not been explained through text.** It is recommended that text explaining how the sperm enters the female body be included.
- **Language Recommendations:** The language concerning early pregnancy should be altered to separate marriage and pregnancy. Statements like "Girls below 18 should not be married because of pregnancy complications" should be avoided.
- **Additional Content Suggested:** Suggestions include adding content on **Abortion Rights** and including information about **intersex** across Classes 8 to 10.

IV. General Absences/Nil Coverage

The analysis indicates **No related topics are found or Nil coverage** in the following subjects/grades regarding gender equity, CSA, or safety topics:

- Class 5 (EVS/Science)
- Class 6 (Science/Social Science)
- Class 7 (Science/Social Science)
- Class 9 Biology

APPENDIX C
Key Informant Interviews

This appendix summarizes the findings from interviews with District Welfare Officers (DWO) in the region regarding the current state, challenges, and proposed strategies for integrating comprehensive support—including education on Gender Equity, Mental Health, Comprehensive Sexuality Education (CSE), and Personal Safety Education (PSE)—into the public school curriculum, focusing specifically on challenges and structures within the Andhra Pradesh ecosystem.

1. Comprehensive Sexuality Education (CSE) and Personal Safety Education (PSE)

Experts emphasized that education in these areas is crucial and currently "totally lagging behind".

A. Scope and Critical Gaps

- **Essential Need:** It is "very necessary" and "must and must" to inculcate this education, as children are already aware of adult things in this generation.
- **Curriculum Deficiencies:** While science curricula teach the reproductive system (the mechanics of reproduction), they do not cover **exploitation** within that area.
- **Age-Appropriate Concerns:** Disturbing observations include the fact that 20% of girls in some institutions may be engaged in lesbianism, surprisingly occurring even in rural areas, and instances of sexual activity being observed in children as young as four years old. This underscores the urgency of early intervention.
- **Risk Profile:** Rural children are considered **more prone** to safety incidents than those in urban areas, often being taken to fields or hidden areas by perpetrators.
- **Critical Topics:** Key areas that require specific education include **safe touch** vs. **unsafe touch**, **mobile phone safety** (especially regarding pornography and cybercrime), and **awareness of various types of abuses.**
- **Legal Awareness:** The **POCSO Act** is largely unknown, not only by children but also by teachers. Education is needed to ensure that boys understand the depth of the law, including how it addresses sexual activity involving minors even with consent.

B. Educational Approach

- **Practicality over Theory:** Experts stressed that programs must be **practically oriented** and not theoretical, suggesting methods like showing children the difference between comfortable and uncomfortable touch on various body parts.
- **Continuous Guidance:** Each school should ideally have one **expert teacher** who is oriented on these sensitive topics and can continuously speak to students about incidents, changes during puberty (body, voice, hormones), and sexually untouched areas, at least **weekly once.**

2. Gender Equity and Child Protection Challenges

A major obstacle identified in the region is the deep-rooted resistance to addressing child rights and gender equality, particularly surrounding child marriage and traditional attitudes:

- **Prevalent Concerns: Child marriages and child abuses** are prevalent concerns in the districts.
- **Major Obstacle: Child marriage** is cited as one of the largest obstacles to girl child education and the full enjoyment of their rights.
- **Resistance:** Efforts to stop child marriages frequently face **resistance** from local leaders who cite traditional patterns (e.g., grandmothers marrying at 12 or 13). Parents also often oppose such programs.
- **Low Literacy:** Some rural areas face challenges due to **lower literacy and awareness** of basic girl child education.

3. Mental Health and Emotional Well-being

Mental health is a critically overlooked area in the current public education system:

- **Widespread Stress:** Experts have personally observed that **every child is in stress,** which reduces their capability and capacity.
- **Lack of Priority: No one is bothering about mental health.** Trainings provided to school staff do not focus on sensitivity, mental health, or women's/child interests; they only focus on curricular activities and increasing marks.
- **Absence of Activities:** There is a lack of focus on physical activity, with the designated period often taken over by academic teachers. Furthermore, there is **no yoga, mental exercises, or calm-down activities** to address children's stress.
- **Parental Pressure:** Parents are criticized for prioritizing marks and **corporate education systems** over the child's **overall development.** Parents often impose their thoughts and expectations on children instead of understanding their needs and interests.

- **Nutrition Gap:** Education on **nutrition** (such as required levels of iron, protein, and understanding calories) is also lacking in the curriculum, despite its importance for preventive health.

4. Implementation and Resource Strategy

Implementation must be strategic, addressing local logistical and cultural hurdles:

A. Coordination and Existing Mechanisms (AP Context)

- **Formal Structures:** Andhra Pradesh has the Sachivalayam system. In this system, the **ANM (Auxiliary Nurse Midwife)** visits schools every Thursday to check anemic levels and provide supplements.
- **Protection Personnel:** The state has appointed **Gmsk (Gramma Mahila Sama Kartikshi)** workers, who are graduate-level, paid workers, deliberately for the **protection of women and children.** These Gmsk workers, who are trained on laws pertaining to women and children, can be oriented and utilized to deliver services in schools.
- **Child Protection Infrastructure:** Existing child protection mechanisms include the District Child Protection Unit (DCPU), Childline (1098), Village Child Protection Committees, ICPS, and the Sakhi Center. The DCPU staff (including Protection Officers, Social Workers, and Legal Counselors) work around the clock, receiving and addressing cases from various sources (press, public, police).

B. Implementation Strategy and Challenges

- **Multi-Layer Approach:** Successful sensitization must follow a multi-layer approach: first targeting **local leaders and community,** second addressing **parents,** and lastly reaching **teachers and students.**
- **Parental Engagement:** Engaging rural parents is a difficult process, as their main focus is on the economy and livelihood. Achieving behavioral change requires a sustained effort, taking multiple years and repeated exposure (five to seven times) before topics move from the ear to the mind. Identifying crucial persons, such as Gmsk workers, to serve as liaisons with parents is necessary.
- **Teacher Training Gap:** Teachers currently receive awareness through **occasional programs** but lack formal training on identifying and responding to child protection concerns, including the POCSO Act.
- **Logistical Hurdles:** Schools are often too busy with regular duties to prioritize these initiatives. Reaching communities with migratory populations is also a significant challenge.
- **Impact Measurement:** No clear mechanisms are currently in place to measure the effectiveness of child protection awareness programs, suggesting a need for adapting impact measurement approaches for CSE and PSE.

Enfold was founded in 2001 (and registered as a trust in 2002) by two gynaecologists, Dr Shaibya Saldanha and Dr Sangeeta Saksena, in response to the lack of discourse on sexuality, silence and apathy around gender-based violence and child sexual abuse in India. Enfold works to create safer spaces where children feel valued and their rights are respected, and where people of all genders feel empowered, accountable, and responsible. This is achieved through field-based engagement across different settings, association with national and international agencies such as UNICEF, UNESCO, and State Governments, and advocacy.

- Its **Prevention and Suvidha** project team pioneered Gender Equity, Sexuality, and Personal Safety education for children, including children with disabilities, college students and adult stakeholders - like parents, teachers and those involved in offering services to victims and perpetrators of gender-based and sexual violence.

- 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 child protection issues to advance children's rights and the implementation of laws.

Reach till March 2025

As of March 2025, Enfold has sensitized over 2,57,682 children and adolescents in 1078 schools, Colleges, and Child Care Institutions; 90,502 parents, teachers, and support staff; 18,431 police, doctors, and judiciary personnel, 3272 Government Officials, JJB members, and Child Care Institution staff and 15,453 social workers and counsellors in over 60 cities / rural areas of India. This includes 5,180 adults reached under Enfold's Suvidha Project for persons with disability.

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