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

JANUARY 2026

Picture of a Restorative Circle kept with children

unicef for every child

enfold

The Metropolitan Institute

Institutionalizing Student Well-being in Karnataka Schools Through a Holistic Framework and Restorative Practices

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By Enfold Proactive Health Trust

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Glossary of Key Terms and Acronyms

Akka Force: A community engagement initiative referenced as a model for Karnataka. It involves collaboration with local Panchayats and NGOs to conduct orientation programs for parents and community leaders on topics like puberty, digital safety, and respectful relationships.

Bharosa Centres: Specialized support centers that provide integrated assistance to victims of violence. Along with Childline (1098), they are identified as a direct referral pathway for students requiring support regarding safety, abuse, and mental health.

Comprehensive Sexuality Education (CSE): A curriculum-based process of teaching the cognitive, emotional, physical, and social aspects of sexuality. It aims to empower young people with knowledge, skills, and values to realize their health and dignity. The brief recommends integrating this from Grade 6 onwards, rather than waiting for Grade 8 as currently proposed.

DSERT (Department of State Educational Research and Training): The state academic authority in Karnataka. It is responsible for the design and implementation of the new Value Education model and oversees teacher training through District Institutes of Education and Training (DIETs).

Karnataka Child Rights Observatory (KCRO): A monitoring body whose 2025 report highlighted high incidences of corporal punishment in Karnataka schools, revealing that 38% of surveyed students had experienced physical or verbal abuse by teachers.

Restorative Approach (RA) / Restorative Justice: A pedagogical strategy that shifts focus from punitive discipline to relationship-building and accountability. Instead of asking "Who is to blame?", it utilizes practices like community circles to ask "Who has been harmed and how can we make things right?".

State Education Policy (SEP): Karnataka's proposed educational framework. Currently, the draft SEP proposes introducing Comprehensive Sexuality Education (CSE) for Grades 8 to 12. The brief advocates expanding this to start earlier to address early puberty and digital risks.

UDAAN (Jharkhand): A government-led adolescent education program in Jharkhand. It is cited as a successful, scalable case study for integrating Comprehensive Sexuality Education (CSE) into government school curricula.

Value Education Curriculum (Karnataka): A transformative curriculum launching in the 2025-26 academic year for Grades 1-10. It covers 10 core areas, including empathy, digital safety, gender equality, and scientific temper, serving as the foundational platform for the proposed well-being framework.

EXECUTIVE SUMMARY

National and state-level initiatives such as the Rashtriya Kishor Swasthya Karyakram (RKSK), the Adolescent Education Program (AEP), the School Health Program, as well as Karnataka's own landmark Value Education curriculum (covering gender equality, empathy, and digital safety) have laid a strong base for promoting child health, protection, and education. Karnataka is also one of the few states in India that has its own Child Protection Policy.[1] The next step towards student well-being in Karnataka schools would involve taking these measures that cater to specific risks and transforming them into a cohesive proactive system that addresses the interconnectedness of these problems, thereby encompassing the whole child and the environment they inhabit.

At least 11 children, on average, are reported victims of a crime every day in Karnataka.[2] Findings underscore that there is a culture of silence around puberty, consent, and discrimination (especially towards transgender and intersex students), resulting in unsafe practices, delayed reporting of abuse, misinformation and digital risks due to early smartphone exposure, all of which compromise learning outcomes and attendance.[3] Moreover, at least 94.5% of Karnataka adolescents have smartphone access at home.[4] This introduces risks, including digital sexual abuse, which necessitates a proactive school-based response.[5] 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 amongst these groups despite legal mandates such as the Transgender Persons (Protection of Rights) Act, 2019 and Supreme Court directives.[6]

The Government of Karnataka has already laid the groundwork for a transformative response. The state is launching a Value Education curriculum for students in Grades 1-10, starting from the 2025-26 academic year, to instill strong values, civic responsibility, and emotional intelligence.[7] This program will cover 10 core values like empathy, digital safety, gender equality, and scientific temper through activities and experiential learning activities. Furthermore, Karnataka's proposed State Education Policy (SEP) proposes Comprehensive Sexuality Education (CSE) for Grades 8th to 12th. While this is a commendable step, waiting until a child is in 8th grade to introduce them to Gender and CSE is neither adequate nor safe.[8] Pubertal changes start as early as 8 years of age,[9] and early smartphone access and social exposure necessitate intervention at a younger age.

[1] Department of School Education and Literacy, Government of Karnataka. (2025). Karnataka Child Protection Policy.
[2] Crime in India 2023, NCRB
[3] Appendix C
[4] Annual Status of Education Report 2024, Pratham Foundation
[5] Mehra D, Lakiang T, Kathuria N, Kumar M, Mehra S, Sharma S. (2022). Mental Health Interventions among Adolescents in India: A Scoping Review.
[6] National Council of Educational Research and Training, Department of Gender Studies. Inclusion of transgender children in school education: Concerns and roadmap.
[7] Vyas, A. (2025, November 18). Karnataka's new textbook takes on bullying, body shaming, and stereotypes. The Times of India.
[8] Express News Service. (2025, August 12). Karnataka SEP recommends sex education, RTE expansion. The New Indian Express.
[9] Ammerman, R. T., & Hersen, M. (Eds.). (2023). Child abuse and neglect. StatPearls Publishing.

A critical need exists to move beyond independent measures to establish a cohesive, curriculum-driven framework that addresses the holistic well-being of the whole child. This brief proposes that the Karnataka Education Department integrates a**ge-appropriate CSE into existing textbooks starting from Grade 6 onwards,** while introducing **a standalone curriculum for Grades 11 and 12.** We also recommend embedding **Restorative Practices** throughout the school environment to replace punitive responses with relational repair and shared accountability. Schools can then replace fear and punishment with empathy and accountability, and create safe spaces for all.[10]

This integrated approach is highly feasible through policy realignment, phased implementation, and leveraging existing mechanisms like the **Department of State Educational Research and Training (DSERT)** and **District Institute of Education and Training (DIET)** centres. By embedding these pillars, supported by teacher training and institutional protection mechanisms, into the school curriculum, the Karnataka Education Department can effectively strengthen child protection, improve adolescent health and gender equality, and help build a generation of empathetic, resilient, and responsible citizens, ensuring alignment with the National Education Policy (NEP) 2020, Karnataka's Value Education program, the proposed SEP, the Constitution of India, Supreme Court judgements, and contributing to Sustainable Development Goals (3, 4, 5, and 16).

[10] Katherine Evans & Dorothy Vaandering, The Little Book of Restorative Justice in Education, - Fostering Responsibility, Healing, and Hope in Schools.

INTRODUCTION

Children and adolescents in Karnataka today face pressing, interconnected challenges, a high incidence of **child marriage, teenage pregnancies, school-related gender-based violence (SRGBV),** and silence and **stigma surrounding pubertal changes.**

Table 1. Key Challenges Overview

Teenage Pregnancy (Age 15-19)

NFHS-5 (2019-21)
Karnataka Health Department's Reproductive and Child Health (RCH) portal.

5.4% of women aged 15-19 have begun childbearing, 7.3% in rural areas.

Over 2021-24, the state recorded 33,621 teenage pregnancies, with Bengaluru Urban alone contributing over 4,300 cases

Higher than the National Average of **6.8%** in rural areas.

Child Marriage

NFHS-5 (2019-21)

21.3% of women aged 20-24 were married before the age of 18

Lower than the National Average (23.3%), yet requires continued protective measures.

Child Abuse (POCSO Act Cases)

NCRB, Crime in India, 2023

Karnataka saw a more than **9% increase** in POCSO cases from 2022.

The sharp increase in registered cases points to a concerning trend in child safety and increased reporting, necessitating preventative education.

Digital Risk / Smartphone Use

ASER, 2024; Indian Adolescent Mental Health Studies

94.5% of adolescents (14-16) use a smartphone at home.

Rapid digital adoption without guidance increases risks of online sexual violence, and problematic use, which necessitate a proactive school-based response.

The lack of early sexuality education results in misconceptions about their changing bodies, confusing or harmful beliefs about gender and relationships, and shame around natural bodily developments. Without correct information on consent or boundaries, young adolescents may be unable to identify inappropriate behavior or report it.

RESEARCH METHODOLOGY

The brief is based on the following comprehensive analyses: Review of Karnataka state board textbooks, 13 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 Karnataka State Curriculum Framework of 2011 comprised of the following textbooks: English Syllabus from Grade 1 to Grade 10, Social Science Syllabus from Grade 6 to Grade 10, Environmental Studies Syllabus from Grade 3 to 5, and Biological Science Syllabus from Grade 8 to Grade 10. The benchmark to evaluate their contents was the standards set by the curriculum design team at Enfold Proactive Health Trust, International Technical Guidance on Sexuality Education by UNFPA, and Technical Guidance issued by the WHO, and the directions given by NEP 2020.

Topical Mapping of the newly-launched Value Education Curriculum

Key Informant Interviews

Interviewed 13 experts: 5 civil society organizations including those that have worked in the context of Karnataka, and officials from Karnataka's DSERT, Child Welfare Committee, District Child Protection Office, and Karnataka Police.

Desk Research

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

BACKGROUND

The Karnataka government has some standout initiatives, such as its recently introduced Value Education curriculum and the proposed State Education Policy (SEP) on Comprehensive Sexuality Education (CSE),[11] that provide a strong foundation for promoting child well-being.[12] However, school-going children in Karnataka continue to face systemic obstacles to their holistic well-being.

Gaps in Gender Equity and Sexual Health:

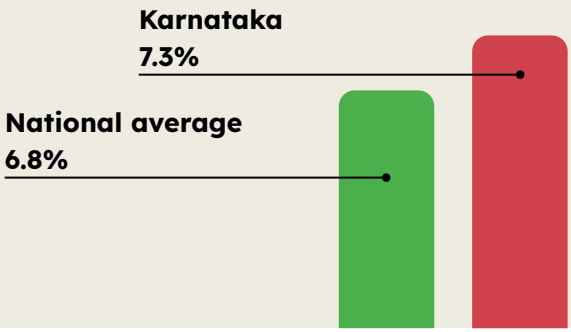
Deep-seated gender inequities in society contribute to student anxiety, increased dropout rates, and underperformance. These issues include girls facing a disproportionately high expectation to handle domestic duties, boys being discouraged from expressing emotions, and gender-diverse students experiencing harassment and misgendering.

[11] Express News Service. (2025, August 12). Karnataka SEP recommends sex education, RTE expansion. The New Indian Express.
[12] Vyas, A. (2025, November 18). Karnataka's new textbook takes on bullying, body shaming, and stereotypes. The Times of India

A significant public health concern is the rate of teenage pregnancy, which stands at 5.4% overall for women aged 15-19 in Karnataka, rising to 7.3% in rural areas.[13] This is higher than the national average of 6.8% in rural areas.[14] Such pregnancies lead to increased maternal and neonatal complications, unsafe abortions, school dropouts, and social stigma.[15] Teenage mothers are more likely to dropout of school, face poverty, and pass on this cycle of disadvantage to their children.[16] The issue's criticality was acknowledged by the Chief Minister, who also launched a central task force involving seven departments to coordinate interventions, noting that a lack of sexual awareness is one of the primary reasons for the crisis.[17]

Women aged 15-19 who were already mothers or pregnant

NFHS-5 (2019-21)



Although Karnataka's child marriage rate **(21.3% for women aged 20-24 married before 18)** is lower than the national average (23.3%), continued protective measures are necessary.[18] While the State Education Policy (SEP) proposes CSE for Grades 8 to 12, key information on puberty and consent is needed much earlier, as pubertal changes can start as early as 8 years old.[19] Currently, the curriculum's coverage of sexuality education is limited to basic biology, often ignoring critical topics like menstrual health, genital health, body image, consent, and safe practices. Integrating age-appropriate CSE early would counter misinformation and address the shame young people feel around natural bodily developments.[20]

The UDAAN initiative in Jharkhand serves as a pioneering, scalable case study, demonstrating how school-based CSE can be successfully integrated to promote gender equity and health awareness among adolescents.[21] The Karnataka government has announced plans to expand gender equity and reproductive health awareness programs in the 2025-26 academic year to educate adolescents and promote preventive measures.[22]

[13] NFHS-5 (2019-21), Karnataka Health Department's Reproductive and Child Health (RCH) portal.
[14] National Family and Health Survey (NFHS) - 5
[15] World Health Organization. (n.d.). Maternal and reproductive health. Global Health Observatory (GHO)
[16] Bijapur, N. (2025, September 8). Teenage pregnancies in Karnataka: Despite strict laws, social malaise still remains. The New Indian Express.
[17] The Hindu Bureau. (2023, December 12). Govt. to set up a task force to prevent female foeticide. The Hindu.
[18] National Family and Health Survey (NFHS) - 5
[19] Cooper, J. M. S., & Tiwana, S. S. (2024). Child abuse and neglect. StatPearls Publishing.
[20] Khubchandani J, Clark J, Kumar R. (2014). Beyond controversies: sexuality education for adolescents in India. J Family Med Prim Care.
[21] Centre for Catalyzing Change (C3). (2019, September). UDAAN: Adolescence education program, Jharkhand: In school. At scale.
[22] Hindustan Times. (2025, January 30). Karnataka records over 33,600 teen pregnancies in 3 years: Bengaluru Urban tops report.

Rising Child Safety Concerns:

Child sexual abuse (CSA) is a major concern, with Karnataka seeing a more than **9% increase in POCSO cases from 2022.**[23] The issue of online-facilitated CSA is also rising, coinciding with rapid smartphone use.[24] This concerning trend in registered cases necessitates preventative education.

While the POCSO Act and schemes like Samagra Shiksha provide the legal and programmatic framework for child protection, structured, age-appropriate Personal Safety Education (PSE) must be embedded into the curriculum from Grades 1 to 12. PSE teaches children essential concepts, including appropriate vocabulary for their body, rules for safe interpersonal behavior (touching and talking), the No-Go-Tell guide, and the idea of safe adults, which are vital for identification and reporting of inappropriate behavior.

Karnataka's State Child Protection Policy lays out duties of institutions, including schools, to prevent all forms of abuse, conduct staff background checks, ensure safe infrastructure, provide access to complaint mechanisms, and extend special protection to children in hostels and residential care.[25]

A 2024-25 state-level study by the Karnataka State Commission for Protection of Child Rights (KSCPCR) and ChildFund India shows rising online sexual exploitation and abuse, including grooming, blackmail and sharing of images, with a significant share of reported online abuse linked to social media platforms.[26] The chairman of Karnataka State Commission for Protection of Child Rights emphasised the role of social media in exposing teenagers to inappropriate content, leading to risky behaviours early in their lives.[27]

To enable the same, KSCPCR and ChildFund India have jointly launched campaigns such as "#WebSafeAndWise" and conducted multi-stakeholder consultations in Karnataka to address online sexual exploitation and abuse of children, involving education, IT and police departments for children, parents and teachers.[28]

[23] Crime in India 2023, NCRB
[24] Ibid
[25] Department of School Education and Literacy, Government of Karnataka. (2025). Karnataka Child Protection Policy.
[26] Express News Service. (2025, June 14). More children falling prey to online sexual abuse in Karnataka. The New Indian Express.
[27] The Hindu Bureau. (2024, August 26). Most children suffer mental stress due to social media addiction, says KSCPCR chief. The Hindu.
[28] ChildFund. (2023, August 30). 3 takeaways from the first stakeholder meeting to prevent online sexual abuse in Karnataka State, India.

Increase in Peer Violence and Corporal Punishment:

Schools in Karnataka are struggling with peer conflict and violence, as well as corporal punishment by teachers, despite legal prohibitions. A 2025 Karnataka Child Rights Observatory (KCRO) report revealed that 38% of surveyed students across 150 Karnataka schools reported experiencing corporal punishment (including slapping, caning, verbal insults, or public shaming). Rural schools had especially high incidences (45% vs. 32% in urban schools).[29]

38% of surveyed students across 150 Karnataka schools reported experiencing corporal punishment

Bangalore Education. (2023, November 23).

These issues negatively affect children's safety, mental health, and academic engagement. The Restorative Approach (RA) offers a transformative shift from punitive measures to relational repair, shared accountability, and empathy, by asking, **"Who has been harmed, what are their needs, and how can we make things right together?".**

Restorative practices like community circles and dialogues help students reflect on the impact of their actions and cultivate empathy. This approach has proven highly successful in Indian settings; for example, in Bengaluru schools, the work of Enfold Proactive Health Trust resulted in 77% of students feeling heard and respected at Innisfree House School, and teachers at Saandeepani Academy observed reduced peer conflicts.[30] Critically, the Karnataka government has already introduced Restorative Practices (RA) in teachers' training programs. Scaling this whole-school restorative model, aligned with NEP 2020's focus on safe and holistic education, can replace fear-based discipline with trust and shared responsibility, creating schools where every child feels safe, valued, and ready to learn.

> **"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

[29] Bangalore Education. (2023, November 23). Concerns over corporal punishment: Karnataka urged to enforce stricter measures and foster compassionate discipline.
[30] Ibid.

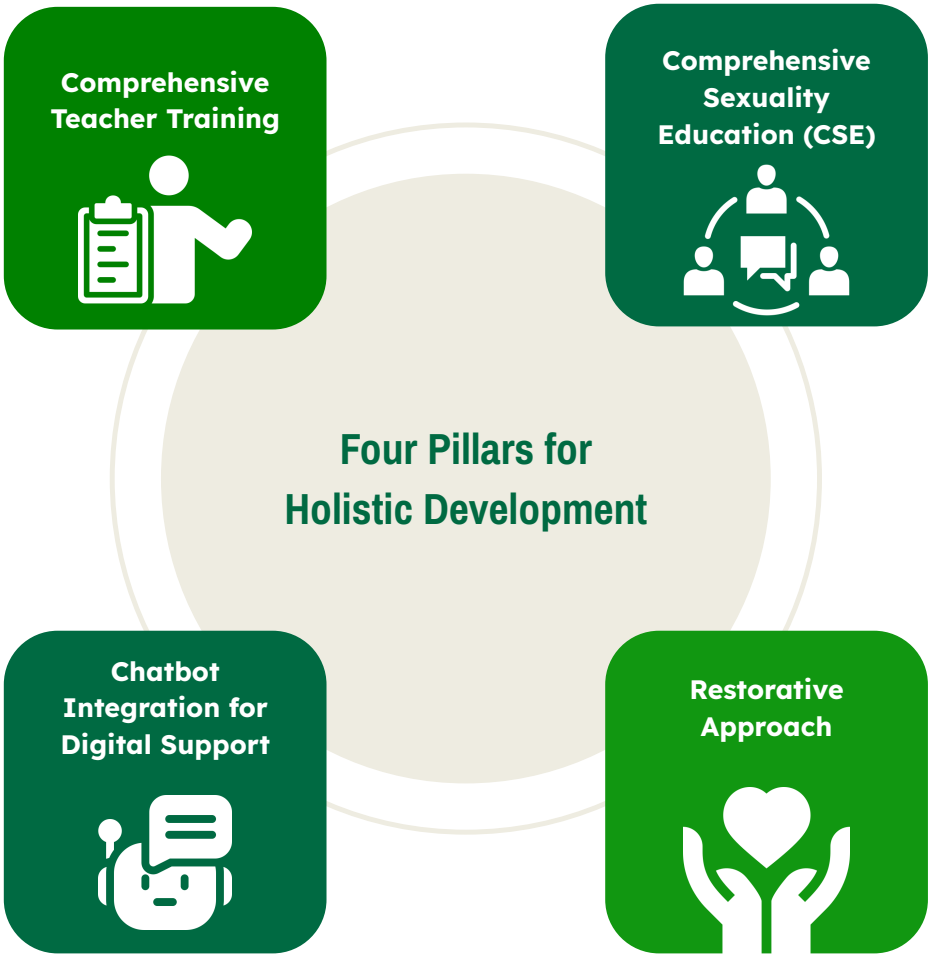
The Five Pillars of Student Wellbeing

A comprehensive and integrated educational response includes gender equity and sexuality education incorporated through restorative practices. The transformative power of these pillars is realized when they are implemented as a cohesive integrated system, especially complementing them with Karnataka's Value Education Curriculum. For eg, research has shown that when the competencies taught in the State's new Value Education, like say SEL, is combined with sexuality education, children display rates of increased empathy, respect for others, improved communication, managing feelings, positive self-image, and an increased sense of self-control and safety, while establishing and maintaining positive relationships.[31] Restorative practices present multiple opportunities to develop, practice, and reinforce the five socio-emotional competencies.[32] Embedding restorative justice [33] principles within sessions on socio-emotional learning, personal safety, gender and sexuality education and digital safety could create safer classroom environments, strengthen peer support, and ensure that curriculum delivery promotes both knowledge and well-being, while cultivating a culture of responsibility and accountability.[34]

[31] 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.
[32] Restorative Practices and SEL Alignment. CASEL Guide to Schoolwide SEL 2020. (In collaboration with International Institute for Restorative Practices (IIRP)).
[33] EU Forum. (2021). Manual on Restorative Justice Values and Standards for Practice. European Forum for Restorative Justice
[34] Enfold Proactive Health Trust. Restorative Practices

RECOMMENDATIONS

We recognise that the Government of Karnataka and its Department of State Educational Research and Training (DSERT)'s decision to launch the Value Education model is a landmark step forward in the state's educational landscape.[35] Its focus on 10 core values that are taught in an age-appropriate manner across all ages could be made even more effective by complementing it with the following actions:



[35] Vyas, A. (2025, November 18). Karnataka's new textbook takes on bullying, body shaming, and stereotypes. The Times of India.

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). Jharkhand's UDAAN scheme is a model case study on such an integration.[36]

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 Karnataka'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 Karnataka's existing digital safety support initiatives.

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

[36] Centre for Catalyzing Change (C3). (2019, September). UDAAN: Adolescence education program, Jharkhand: In school. At scale.

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.

Limitations and Scope

This brief focuses solely on Karnataka 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 age-appropriate sexuality education with restorative practices, this framework will help realise an education system that prepares students for life's challenges and not just examinations and the job market.

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.

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
Karnataka	Kalika Chetarike (Learning Recovery Programme)	Activity-Based Learning, and bridging learning gaps caused by the pandemic through "joyful learning" modules.	Reducing anxiety by meeting children at their current learning level rather than grade level. Prioritizing understanding and skill acquisition over syllabus completion.
	Digital Nagarik Programme	Cyber Safety Curriculum: Training for teachers and students (Grades 6–10) on internet safety, cyberbullying, and digital etiquette. Collaboration: Partnership with Meta (Facebook) and DSERT to create a "Digital Nagarik" toolkit.	Teaching students to be safe, respectful, and critical users of technology.• Prevention of Online Harm: mitigating risks of phishing, grooming, and addiction.
	Manochaitanya & Tele-MANAS	"Super Tuesday" Clinics: Mental health consultations available at Taluk hospitals every Tuesday. Tele-Counselling: Access to the Tele-MANAS helpline (14416) for 24/7 mental health support. Kishora Swavalamban: Adolescent participation initiative.	Mental healthcare is not separate but integrated into primary healthcare. Removing stigma and logistical barriers to accessing mental health support.
	Proposed Adolescent Education Programme (AEP)	Two dedicated sessions per week for Grades 8-12 covering physiological and hormonal changes. Sessions conducted by medical professionals and counsellors rather than regular teachers to ensure accuracy and comfort.	Replacing myths/taboos with medical facts about growing up. Focus on understanding boundaries, consent, and protection (POCSO Act awareness).
	Moral & Value Education (Aarivina Arivu / Sathya Vikasa)	Curriculum: Mandatory moral science classes (Grades 1-10) focusing on values like honesty, empathy, and constitutional values, in an interactive storytelling and value-based discussions.	Education is not just about marks but about forming a "good citizen." Focus on universal human values rather than religious dogma.

Mandate	Provision	Key Principle(s)	Relevance
Legal	Kaavya Mukherjee Saha v. Union of India & Ors. (2025) (Judgement Pending)	Petitioner argued that NCERT, and various SCERTs have failed to implement CSE in school curricula. The petition contends that this failure constituted a direct violation of judicial mandates from Nalsa and Society for Enlightenment judgements, mandating CSE, failure of statutory mandates under sections 2(d) and 13 of the Transgender Persons Act, 2019, which explicitly require inclusive education.	A favorable ruling in this case would provide a directive to NCERT and SCERTs to overhaul their curricula.
	Sukdeb Saha vs The State Of Andhra Pradesh (2025)	The Court explicitly declared that the Right to Life (Article 21) includes the Right to Mental Health. This elevates mental well-being from a policy goal to a justiciable fundamental right. Schools are no longer just academic providers; they are legally bound custodians of their students' psychological integrity. The judgment shifted the narrative of student suicide from "individual failure" (weakness, lack of resilience) to "structural violence." It established that if an institution fails to provide mandated support systems or ignores bullying/harassment, and this negligence contributes to self-harm, the institution is legally liable. The ruling recognized that safety is not uniform. It highlighted that students from marginalized backgrounds - specifically mentioning LGBTQ+ individuals, SC/ST/OBC communities, and persons with disabilities - face higher risks of harassment and isolation.	The guidelines mandate that all teaching and non-teaching staff undergo training to engage sensitively with students from LGBTQ+ communities. The judgment requires the integration of "life skills education" into orientation programs. Educational Institutes with over 100 students must appoint qualified full-time counselors and psychologists. Institutions must prominently display contact details for Tele-MANAS (the national mental health helpline) and local crisis centers across campus and on websites.
	Society for Enlightenment and Voluntary Action & Anr v. Union of India & Ors. (2024)	The State's duty to protect children from the social evil of child marriage cannot be fulfilled solely through punitive legislation. It also requires a proactive preventative approach. Court explicitly linked child marriage to a direct violation of Article 21, stating that it denies children personal autonomy, bodily integrity, ,and access to mental and physical health, forcing them into adult roles for which they are not prepared.	The court issued a direct and unambiguous mandate to states and union territories to integrate CSE into school curricula.

Mandate	Provision	Key Principle(s)	Relevance
Legal	Navtej Singh Johar & Ors. v. Union of India (2018)	Primacy of constitutional morality	Curriculum content must be based on constitutional principles of equality and non-discrimination, and not on prevailing social, cultural, or religious norms that may be discriminatory.
		Right to dignity and privacy in sexual orientation	Educational materials must portray diverse sexual orientations as natural variations of human identity and must not contain stigmatizing or derogatory content.
		Right to self-identification of gender	Curricula must move beyond a rigid binary and respect the concept of self-identified gender. Medical and social science courses must not pathologize non-binary identities.
	NALSA v. Union of India (2014)	Non-discrimination on the basis of 'sex' includes gender identity	Professional training must include modules on preventing discrimination against transgender persons in all spheres, including employment, healthcare, and education.
		Freedom of expression of gender	Educational institutions must foster an environment where students and faculty can express their gender identity without fear of reprisal supported by inclusive campus policies and a sensitized curriculum.
		Positive obligations of the state	This creates a positive duty for state-regulated educational bodies to proactively design and implement curricula that combat stigma and educate students about the rights and realities of LGBTQIA+ communities.

APPENDIX B
Insights from Key Informants

This appendix summarizes findings from interviews with legal experts, medical professionals, and education advocates regarding the integration of **Gender Equity, Mental Health, Comprehensive Sexuality Education (CSE), Restorative Practices, and Personal Safety Education (PSE)** into the school system, with specific insights into the Karnataka context and broader Indian landscape.

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

A. Conceptualizing the Curriculum

- **Life Skills Approach:** Experts emphasize that CSE must extend beyond biological facts to include life skills, body image, bullying, and power dynamics. This forms a foundation for healthy development and empowers students to make informed choices.
- **Addressing Misinformation:** There is a critical need for accurate information to counter rampant misinformation adolescents encounter on social media regarding sexual and reproductive health (SRH).
- **Legal Support:** While the law is often silent on mandating CSE, various High Court and Supreme Court judgments support imparting this education as a preventive measure against abuse.

B. Implementation Challenges and Resistance

- **Institutional Inhibitions:** A primary barrier is the inhibition of parents and teachers who struggle to discuss sexuality despite recognizing the need for such programs.
- **Karnataka Context:** Interviews noted that college students in Karnataka were found to be more open to discussing sexuality compared to other regions, suggesting a receptive environment for higher education interventions.
- **Issues with POCSO Reporting:** The mandatory reporting provision of the POCSO Act may inadvertently deter schools from engaging in sexuality education due to fears of legal complications arising from disclosed consensual activity.
- **Academic Resistance:** Resistance often comes from science and engineering faculties who may view these topics as "soft" or irrelevant to professional training.

II. Gender Equity and Mental Health

A. Gender Dynamics and Violence

- **Violence Prevention:** Programs like the "Critical Social Justice and Citizenship" module were developed specifically to respond to gender-based violence (GBV), emphasizing the university's role in producing ethical citizens.
- **Inclusion of Boys:** There is a vital need for interventions that include boys to foster gender equality and address the social construction of masculinity.
- **Diversity:** Curricula should include discussions on gender and sexuality diversity as core aspects, moving beyond binary frameworks.

B. Mental Health and Childhood Trauma

- **The Impact of Trauma:** Experts highlighted the link between Adverse Childhood Experiences (ACEs) and long-term physical and mental health issues, including chronic diseases and compromised immunity.
- **Non-Medicalized Approach:** While mental health support is crucial, advocates caution against over-medicalizing issues, suggesting a focus on social aspects like family dynamics, body image, and life skills.

III. Restorative Practices and Moving Away from Corporal Punishment

A. Child-Centric Legal Frameworks

- **Best Interest of the Child:** Implementation should be guided by the "paramount principles" of the child's best interest and their right to participation in processes that affect them.
- **Preventive Legal Measures:** The POCSO Act is described as a preventive tool that allows for complaints to be filed if a child is *likely* to be abused, which has been used to secure safety in school environments.

B. Flaws in Preliminary Assessments

- **Assessment Concerns:** Under the Juvenile Justice Act, the process for assessing a child's mental state (preliminary assessment) is often criticized as flawed and superficial due to a lack of trained personnel and standardized parameters.

IV. Implementation Gaps and Structural Recommendations

A. Strengthening School Infrastructure

- **Child Protection Committees:** Although mandated, many government schools and those in remote areas lack functional child protection committees.
- **Trained Personnel:** There is a severe shortage of competent personnel. Experts suggest that at least one trained biology teacher in every school should be equipped to handle CSE and sensitive health inquiries.

B. Government and Departmental Coordination

- **Inter-Departmental Synergy:** Effective implementation requires better coordination between the Health, Education, and Social Welfare departments at the local district level.
- **Mandates over Philanthropy:** Rather than relying on the goodwill of individual schools, CSE and safety programs should be integrated into educational board curricula and assessments to ensure they are prioritized.
- **Governance Focus:** Experts suggest that stronger governance and education policy are more critical than creating new laws, as the current legal frameworks (like POCSO) are strong but poorly implemented.

C. Training for Gatekeepers

- **Healthcare Workers:** Frontline workers (such as those in the RKSK program) often lack contextualized training and can be judgmental toward adolescents seeking SRH services.
- **Legal Professionals:** There is a significant lack of trauma-informed training for lawyers and judges, with legal education largely focusing on rote learning of laws rather than the intent behind child protection.

APPENDIX C
Curriculum Analysis

This Annexure summarizes the findings from the analysis of Karnataka State Curriculum textbooks (Classes 1-10 English, EVS, Science, and Social Science) regarding Gender Equity, Child Sexual Abuse (CSA) recognition and reporting, Consent, and related biological topics.

I. Gender Equity (GE)

Gender Equity is addressed with **Moderate** extent in primary EVS textbooks, though coverage in English textbooks remains **Minimal** or **Absent**.

A. Highlights and Successful Disruptions

- **Primary EVS (Classes 3-5):** These textbooks actively attempt to challenge stereotypes. For instance, Class 3 EVS highlights **sharing chores** among family members. Class 4 EVS successfully disrupts traditional roles by depicting a **girl as an auto-driver**.
- **Secondary Levels (Class 8):** Social Science and EVS textbooks at this level focus on **rights, equality**, and the sociological aspects of gender.

B. Gaps and Recommendations

- **Traditional Bias in English Textbooks:** Primary English readers (Classes 1-5) often lack diverse representation or maintain traditional gender roles.
- **Recommendations for Visuals:** Sources suggest including more diverse examples, such as **men performing household chores** (cooking, laundry, or cutting vegetables) and **women in leadership or sports roles** to further break stereotypes.
- **Inclusivity:** There is a recommendation to ensure that "Gender Equity" content is more inclusive of all gender identities beyond the binary.

II. Child Safety, Protection, and Consent

Coverage of child safety is concentrated in the primary years but lacks depth in reporting and legal frameworks.

A. CSA Recognition and Reporting

- **Recognition:** Class 3 and 4 EVS cover **"Safe Touch and Unsafe Touch"** with a moderate extent. By Class 5 EVS, the curriculum becomes more explicit, mentioning **Clothing, Touching, and Talking Rules**.
- **Reporting:** Reporting mechanisms are only **minimally** mentioned in Class 5 EVS. There is a noted need to strengthen the steps a child should take after recognizing unsafe behavior.
- **Naming Private Parts:** Classes 4 and 5 EVS include the **naming of private parts** using scientific terminology. However, recommendations suggest that diagrams need to be clearer and more anatomically accurate for better student understanding.

B. Legal and Safety Frameworks

- **POCSO:** The analysis indicates that the Protection of Children from Sexual Offences (POCSO) Act is **absent** across all analyzed textbooks from Classes 1 to 10.
- **Consent:** The concept of Consent is largely **absent** or not explicitly defined in the primary and middle school curriculum.
- **Safety Skills:** While "Good/Bad Touch" is introduced, the sources recommend shifting to the more contemporary language of **"Safe and Unsafe Touch"**.

III. Bodily Awareness and Sexual Health (Science/Biology)

Biological aspects of reproductive health are primarily addressed in higher grades (Classes 8 and 10).

A. Adolescence and Puberty (Class 8):

- The Science curriculum includes a chapter on **"Reaching the Age of Adolescence,"** which covers pubertal changes, reproductive health, and addresses **myths related to menstruation**.
- **Anatomical Gaps:** While the female reproductive system is illustrated in Class 8 Science, the **vagina is not labelled** in the diagram, which is noted as a significant omission for complete bodily awareness.

B. Reproduction and Public Health (Class 10):

- Class 10 Science covers "How do Organisms Reproduce?" which includes detailed information on **human reproduction, birth control methods, and reproductive health**.
- It also addresses social and health issues such as **teenage motherhood and sex determination**.

IV. General Absences

The following areas were identified as having **Nil** or **Absent** coverage across the analyzed subjects:

- **POCSO Act:** Entirely missing from Classes 1-10.
- **Consent:** Not explicitly taught as a standalone or integrated concept.
- **Middle School Gap:** There is a noticeable drop in personal safety education (PSE) and CSA topics in **Classes 6 and 7** compared to the primary years.
- **Safety Skills in English:** Most English textbooks across all grades (1- 10) do not cover safety, recognition, or reporting of abuse.

APPENDIX D
Topical Mapping of the recently-launched Value Education

This Annexure maps the newly-launched (2025) Value Education curriculum topics against specific themes: **Comprehensive Sexuality Education (CSE), Personal Safety Education (PSE), Gender Equity, Mental Health and Wellbeing (MHW), Digital Citizenship (DC), and Restorative Practices (RP).**

Theme	Coverage Status	Supporting Topics from the Curriculum (Grades 6-10)
Comprehensive Sexuality Education (CSE)	Basic Coverage	The curriculum includes "Understanding Gender" and "Preventing Gender Based Violence," which are essential components of the social and rights-based aspects of CSE. However, explicit topics related to reproductive health, puberty, psychological aspects, and consent are covered only at the basic level. And these are covered only from Grade 8th onwards.
Personal Safety Education (PSE)	Covered	Personal safety is covered in depth and is a recurring topic listed for every grade from Grade 6 through Grade 10.
Gender Equity	Covered	This theme is explicitly addressed through the core value of "Gender equality" and specific topics like "Understanding Gender" (Grades 6 & 8), "Gender Equality" (Grade 7), and "Preventing Gender Based Violence" (Grades 9 & 10).
Mental Health and Wellbeing (MHW)	Covered	Extensive coverage is provided under "Emotional Intelligence & Resilience" and "Empathy and Compassion". Specific topics include "Emotional Regulation," "Positive Self Talk," "Non Judgemental Attitude," "Accepting People as They are," and "Forgiveness".
Digital Citizenship (DC)	Covered	The curriculum includes "Digital Safety" for Grades 6 through 9. In Grade 10, it specifically addresses "Preventing Cyberbullying," which is a critical pillar of digital citizenship.
Restorative Practices (RP)	Basic Coverage	While the term "Restorative Practices" is not explicitly used, the foundational values are present through topics like "Courage to Admit Mistakes," "Accountability," "Forgiveness," and "Classroom Agreement" (listed for all grades). These focus on harm-repair and community building.

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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