

CHALLENGES OF THIRD GENDER EDUCATION

Written by *Meenakshi Sharma** & *Ritik Sharma***

**3rd Year BA LLB (Criminal Law) Student, University of Petroleum and Energy Studies,
Dehradun, Uttarakhand*

***2nd Year B.Com LLB (Taxation Law) Student, University of Petroleum and Energy
Studies, Dehradun, Uttarakhand*

ABSTRACT

To provide every citizen the right and the freedom to develop and realize his/her potential, is the determination of the Indian Constitution, irrespective of caste, creed, gender, sex or religion. In India, categorization of gender is in three parts, that is Male, Female and Transgender. The existence of such transgender people is nothing new, and has been carved into history since ancient times but with the development of the society, this gender has been confronted with prejudice and persecution, despite of the equal rights among the other genders. Even without special attention, many members of the transgender community are also torchbearers of changes in historical events. Their discrimination has always been a long-term problem, and it turns out that as time goes by, they become falser. Discrimination against members of transgender communities based on their class and gender makes them one of the most powerless groups in Indian society.

But the present progressive and advanced society is forwarding with the concept of recontextualizing the idea of gender, expanding its limitations and providing opportunities for their growth. Further, this article will scrutinize the concept of societal, educational and employment stature of the third gender in India.

INTRODUCTION

The word "transgender" depicts the individuals which are beyond the strict dual gender structure. This kind of resistance can be promoted by disintegrating and obscuring culturally prevalent gender roles. Transgender category mostly includes cast-cut males, whose history

can be traced back to the 9th century BC. For instance, during the reign of Emperor Akbar, transgenders males are employed as guards for the protection of women in royal family.

The right to choose one's own gender identity is an important part of living a dignified life, which falls within the scope of Article 21. The judiciary while illustrating the concept of neutrality and the right of liberty, pointed out that the gender of a person belongs to the person concerned and grants the right of gender identity to the citizens of India.

All identifications, semblance and conduct which obscure the preexisted gender boundaries are covered under the concept of the Third Gender. According to the definition of Merriam Webster- [transgender means a person whose gender identity is different form the sex which was identified at his birth.](#)

According to the definition provided in the Transgender Persons (Protection of Rights) Act, 2019, transgender includes all individuals whose gender identity is opposite to the gender identified or assigned to the individual at the birth, and also includes trans-man and trans-women, such as Hijra, Kinner, etc.

Therefore, this article will focus on the educational lifestyle of the transgender community and the challenges and discrimination faced by them.

STATUS OF THE THIRD GENDER

In the landmark case of [National Legal Service Authority v. U.O.I, 2014](#), the third gender, is a new category of gender incorporated in the Indian Constitution. This new gender appears as a large population which are under privileged of their right to participate in society and culture, with limited access to education, equality rights, medical rights and constitutional protection. The social status of the transgender community confronted discrimination, prejudice and since a long time a perception of being an outsider and unacceptable has been attached to their identity, because of this stigma and non-acceptance from society they have fewer opportunities in every arena, be it academics, workplace, hospitals etc. it is because of this discrimination and rejection, they engage in begging and prostitution. They are forced to engage in sex work,

which exposes them to the HIV Contractions because they agree to unprotected sexual intercourse.

They have been deprived of their home and school surrounding, and transgender people have terminated their education and risked future career opportunities. A careful analysis of various reports and discussions with the community and stakeholders show that trans people are most or least educated and are reluctant to continue school. The average qualification is middle school (matrix) or high school. The enrolment rate is very low, and the dropout rate in primary and secondary schools is still high.

CHALLENGES

The term "third gender" is itself a problem: it treats sex as a ladder-like structure, where the lowest step is occupied by the Queer community. Although it earned them legal recognition, it did not alleviate their preexisted standards because they continued to be part of the marginalized class of society and were not considered equal to the rest of India's population. Finally, India has finally been able to successfully adopt the principle of inclusiveness that it has long hoped for but failed to take action. It is also important to pay attention to the various ways of failure.

1. The third gender youth confront rejection and denial from their own family and relatives, which expose them to the violence and they are forced to not disclose their identity to anybody else.
2. The procedure of providing equal opportunity to the category is quite challenging because of the fact that government can only imposed the legal recognition but can't develop the feeling of inclusion.
3. Another challenges associate with the education of transgender are use of restrooms, that is non adequate restrooms facilities.
4. The use of impertinent names, gestures by other gender students and public.
5. Discrimination and harassment in workplace

Need for Sexuality Education

In most of the countries, sexual education has always been regarded as not of much importance in the field of academics. Recently, in the landmark judgement of NALSA, Supreme Court upheld the decision of decriminalization of the Section 377 of Indian Penal Code, 1872 and classify the bisexual community as Other Backward Classes. To remember this milestone development, we must understand the meaning of philosophy, psychology, anthropology and biology connotation as a whole. This will enable higher education teachers to improve their knowledge and professional skills while coping with this scenario.

Comprehensive Sexuality Educationⁱ

The comprehensive sexuality education is based on the teaching process on the cognitive, emotional, physical and social aspects of sex. It helps build respectful social and sexual relations. Consider how choice affects the happiness of yourself and others. There is an urgent need to understand and ensure that their rights are protected throughout their lives.

Comprehensive sex education includes scientifically accurate information about human development, anatomy, and reproductive health, as well as information about contraception, childbirth, and sexually transmitted infections (STI) including HIV.

But this is not just information. It can also help young people explore and cultivate positive values about sexual and reproductive health. This education includes discussions on family life, relationships, culture, and gender roles, as well as human rights, gender equality, and threats such as discrimination and sexual abuse.

Taken together, these programs can help young people develop self-esteem and life skills, thereby encouraging critical thinking, clear communication, responsible decision-making, and respectful behaviour.

Young people transition from childhood to adulthood in this state of confusion, so CSE is needed. CSE has led to a growing demand for reliable information from young people, which prepares them for a safe, productive and fulfilling life. If delivered properly, comprehensive sex education can achieve its goals. This will empower young people to make informed decisions about sexual relations and, in a situation that does not face the consequences of violent inequality and unplanned pregnancy, HIV and other sexually transmitted infections

pose a serious threat to their health and well-being Development in the world. High-quality age and stage of development, proper sex and relationship education can promote social equality. Young people apply the learner-centric approach to human rights, gender equality, interpersonal relationships, reproduction and sexual behaviour, and the risk and prevention of poor health. It provides an opportunity to introduce sexual behaviour in a positive manner, emphasising values such as respect for tolerance, non-discrimination, equality and responsibility.

This is still important evidence and shows that sexual education has broader relevance. It commits to the SDGⁱⁱ agenda related to health, well-being, quality education, gender equality and reducing inequality, as well as achieving the 2030 goals.

Impact of Comprehensive Sexuality Educationⁱⁱⁱ

1. The knowledge about the facts asserted with this, makes an individual more vigilant about the reproductive system and behaviour.
2. Sex education in or out of school does not increase the rate of sexual activity, sexual risk taking, or sexually transmitted infections/HIV infection.
3. A program that combines the focus of deferred activities with other content is effective.
4. Compared with the “gender blindness” plan, the “gender blindness” plan is much more effective in achieving health outcomes (such as reducing the rate of unintended pregnancy or sexually transmitted infections).
5. This program will have an assertive impact on the children because it is backed by the institutions along with the support of the parents.

CSE supports the empowerment of young people by improving young people's sexuality, human rights, values, healthy and respectful relationships, cultural and social norms, gender equality, non-discrimination, sexual health, well-being analysis, communication and other life skills , Violence and gender-based violence, consent, sexual abuse and bad behaviour.

Need for Adolescents^{iv}

Current statistics highlight the importance of providing sex education to this important population in a timely manner. The data shows that almost every fifth of the world's population are teenagers. They accounted for 18% (1.2 billion) of the global population in 2009, of which 88% lived in developing countries. India has the largest youth population (243 million, of which more than 50% of the youth population lives in urban areas). These figures show the importance of specifically addressing the health care needs of this considerable population, especially for developing countries like India. Affect their short-term and long-term health quality and survival possibility in their lifetime. Therefore, meeting the needs of such a vulnerable group and overcoming the existing shortcomings in providing tailor-made primary prevention measures will significantly improve the future survival and overall health, nutritional status and sexual and reproductive health of the Indian adult population. Examples include early pregnancy, unsafe abortion, sexually transmitted infections including HIV, and sexual abuse and violence.

The Indian healthcare system currently ignores or does not understand the sexual and reproductive health needs of Indian adolescents. This may be due to a lack of knowledge of scientific evidence and serious inadequate preparation of the public health system. Medical personnel often lack knowledge, which affects the transmission of information to groups of young people seeking information. Due to social culture and traditional norms, there is often no comprehensive sexual history and no public discussion of sexual health. Misinformation can cause misunderstandings among young people, making them less likely to adopt healthy sexual behaviours and attitudes towards sex, thereby allowing them to maintain lifelong sexual health.^v

In addition, the skills adolescents acquire from sex education are related to more general life skills, such as communication, listening, decision-making, negotiation, and learning requirements, and to identify sources of help and advice, such as parents, caregivers, and through the family, community, and Professionals provided by health and welfare services. These useful life skills are not only applicable to sexual relations, but also to other aspects of life. They were recognized by the church as to how they were being pressured by others, how to resist and cope with these pressures, and the challenging long-term biases they face in their daily lives.^{vi}

Cultural Obstacles

In Indian society, public discussions on the topic of sexuality are generally regarded as taboo, so this is an obstacle to the provision of appropriate and effective sex education to Indian youth. Sex education at the school level has aroused strong opposition and concerns from all sectors of society, including parents, teachers and politicians, in Maharashtra, Karnataka, Gujarat, Rajasthan, Madhya Pradesh and Chattisgarh, Six states prohibit this. Lawmakers believe that this kind of behaviour undermines young people and offends "Indian values", which leads to promiscuity, experimentation and irresponsible sex. Some opponents believe that sex education has no place in a country with rich cultural traditions and spiritual customs like India. These views are at the core of traditional Indian psychology. When challenged, they need to be dealt with temporarily through psychological insight. The professional knowledge, patience and time of medical staff are required so that the existing conservative attitude may gradually change.

LEGISLATURE REGARDING SEXUAL EDUCATION^{vii}

The current sex education program currently included in the Indian curriculum is called FLE for adolescents and was proposed by the National AIDS Control Organization and the Ministry of Human Resources and Development. The main goals of family life/sex education (FLE) can be roughly described as follows:

1. Cultivate emotionally stable children and adolescents who feel safe and capable enough to make decisions about behaviours without being disturbed by emotions
2. Provide comprehensive knowledge about the physiological aspects of sexual behaviour, as well as its psychological and sociological aspects, in order to treat sexual experience as part of an individual's overall personality.
3. Develop attitudes and standards of behaviour to ensure that young people and adults determine their sexual behaviour and other behaviours by considering their long-term impact on their personal development, the interests of others, and the welfare of the entire society.

More specifically, the plan includes but is not limited to the following topics: human sexual anatomy, sexual reproduction, reproductive health, reproductive rights and responsibilities,

emotional relationships, contraception, and other aspects of human sexual and non-sexual behaviour.

Limitation of the Legislature

Previous strong opposition to providing sex education in schools meant a conservative attitude. When it comes to reproductive and sexual health issues (TARSHI), a non-governmental organisation in New Delhi, after reviewing the materials covered by the new course, believes that the course lacks an essential component of comprehensive sex education.^{viii} Their criticism of the new curriculum stems from the more than 60,000 calls they received in the sex service information hotline. People of all ages can call the confidential hotline to seek information about sexual anatomy and physiology, and to consult and refer on sexual and reproductive health issues.^{ix}

Analysis shows that 70% of callers are under the age of 30, and 33% of callers are between the ages of 15-24, which shows that young people do need it, but lack sufficient real sources to obtain appropriate and correct information. Provide information in a positive way. It shows that the course imposes beliefs and values on young people, which prevents them from clarifying their beliefs and values and prevents them from making their own decisions. Topics that seem to be unsolvable in the current course include adolescence and the body, conception and contraception, healthy interpersonal relationships and communication, gender identity, body image and HIV prevention.

Among those who have received formal family life/sex education, family surveys show that most people do feel that FLE answers many of their anxieties/questions, and the teacher/trainer explains the topic well. However, 21% of men and 37% of women also said they felt embarrassed when receiving family life/sex education. In a sense, this shows that the curriculum and teaching methods should be based on specific circumstances and cultural sensitivity.

A closer look at the demographics of callers at the TARSHI hotline help desk can reveal that there are more people calling from married than unmarried. This shows that the query is not only caused by the experiment of adolescents, but for older people with spouses, occupations

and children, sexual information is also necessary. By reading popular columns in Indian newspapers, such as Dr. Mahendra Watsa's column in the Mumbai Mirror, it can even explain myths about sexual issues, even including the elderly and educated people. By improving sex education in schools, youth clubs and government programs, this existing lack of knowledge can be corrected in the long term. In addition to youth, another method for the adult population is to actively train general practitioners and other health professionals to impart important knowledge at the primary care level, which is obviously a considerable part of the adult population in India.

CONCLUSION

Providing sexual education may bring multiple benefits to adolescent boys and girls, including delaying the initiation of sexual activity, reducing unplanned and early pregnancy and its related complications, reducing unwanted children, reducing the risk of sexual abuse, and completing more education and Subsequent marriages will reduce the means of resorting to abortion and the consequences of unsafe abortion, and curb the spread of sexually transmitted diseases, including HIV. The balance between NGOs' enthusiasm for diversified sex education in schools and ambitious proposals, and the restrictive approach of politicians must ensure that the process of sex education for stakeholders is properly measured and disputes reduced. Absorbing the expertise of healthcare professionals such as psychologists, social workers, psychiatrists, obstetricians and gynaecologist and genital physicians can help customize existing plans, so they are more likely to influence attitudes and Indian adolescents effectively in the medium to long term The behaviour in this way positively reflects their overall health and sexual health.^x

REFERENCES

-
- ⁱ Comprehensive Sexuality Education, United Nations Population Fund, available at <https://www.unfpa.org/comprehensive-sexuality-education>. (Last Accessed on 29 June 2020)
- ⁱⁱ Sustainable Development Goals, United Nations Organisation, available at <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>. (Last Accessed on 28th June 2020).
- ⁱⁱⁱ Comprehensive Sexuality Education, United Nation Educational, Scientific and Cultural Organisation. available at <https://en.unesco.org/news/why-comprehensive-sexuality-education-important>. (Last Accessed on 28th Aug 2020).

-
- ^{iv} Adolescent Sex Education in India: Current Perspectives, Shajahan Ismail, Ashika Shajahan, T. S. Sathyanarayana Rao, Kevan Wylie, National Centre for Biotechnology Information, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4711229/>. (Last Accessed on 29th June 2020)
- ^v Gott, M., Hinchliff, S., & Galena, E. (2004). General practitioner attitudes to discussing sexual health issues with older people. *Social science & medicine* (1982), 58(11), 2093–2103, available at <https://doi.org/10.1016/j.socscimed>. (Last accessed on 01 July 2020)
- ^{vi} Andrew G, Patel V, Ramakrishna J. Sex, studies or strife? What to integrate in adolescent health services. *Reprod Health Matters*, available at <https://pubmed.ncbi.nlm.nih.gov/12800709/>. (Last Accessed on 29th June 2020)
- ^{vii} Adolescent Sex Education in India: Current Perspectives, Shajahan Ismail, Ashika Shajahan, T. S. Sathyanarayana Rao, Kevan Wylie, National Centre for Biotechnology Information, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4711229/>. (Last Accessed on 29th June 2020)
- ^{viii} TARSHI. A Review of the Revised Sexuality Education Curriculum in India, available at http://www.tarshi.net/downloads/review_of_sexuality_education_curriculum.pdf. (Last Accessed on 1st July 2020)
- ^{ix} Adolescent Sex Education in India: Current Perspectives, Shajahan Ismail, Ashika Shajahan, T. S. Sathyanarayana Rao, Kevan Wylie, National Centre for Biotechnology Information, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4711229/>. (Last Accessed on 29th June 2020)
- ^x Youth in India ready for sex education? Emerging evidence from national surveys, available at <https://pubmed.ncbi.nlm.nih.gov/23951197/>. (Last Accessed on 2nd July 2020)
- 