Summer Training at
Family Planning Association of India,
Pune
(April - June, 2013)

SEXUALITY EDUCATION PRAGRAMME FOR ADOLESCENTS GOING ON IN URBAN SLUMS OF PUNE

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CERTIFICATE

This is to certify that, Dr.Dinansha Varshney, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur has undergone summer training in, Family Planning Association of India, Pune from April 8th to June 7th 2013.

The candidate has successfully carried out the study assigned to her during summer training and her approach to study has been sincere, scientific and analytical.

I wish her success in all her future endeavors.

30/9/13

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TO WHOM SOEVER IT MAY CONCERN

This is to certify that Dr. (Miss.) Dinansha Varshney from Jaipur, has attended summer training from 8th April, to 7th June, 2013.

She was involved in the activities of Outreach Services and has handled Sexuality Education Programme for Adolescent alone.

She is very hardworking, sincere, polite and honest in her work.

We wish her all the best.

Dr. Sanjay G. Gavane
Honorary President

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I

ABSTRACT

This report provides details about a survey conducted, to find out the effectiveness of structured Sexuality Education program (administered in urban slums of Pune by FPAI), in improving knowledge and attitude of school going adolescents on reproductive health.

It will also give an insight to the sexual health condition of adolescent in developing countries and in particular India. This study also looks into the various factors which make the adolescent's sexual health issue the most vulnerable one.

The major findings of these studies have been formulated as recommendations and implementation for further research. Since sexuality is ever changing and a long experience, there is a need for continuous acquisition of correct sexual knowledge.

Carefully designed Sexuality Education programme can serve to dispel myths, clear confusions, diminish fear, enhance communication among the family members and finally will help in promoting health and wellbeing of adolescents.

The study concludes the finding of the survey and how much changes the programme has brought in behavior and attitude of adolescents.

INTRODUCTION

The notion of adolescence inspires conflicting emotions and ideas. To parents, educationists, social scientists, public health specialists and perhaps to adolescents themselves, this period is an intriguing mix of excitement and vulnerability.

A body that can respond and behave in ways that are thought of as 'adult', and a mind and heart, that may still be as sensitive as a 'child's'.
It was perhaps first through the eyes of science and public health that adolescent's experiences were seen in terms of the threats posed to their health and well-being.

In India, however, this is a curious situation, for the words 'child' and 'adult' are laden with deep-rooted cultural connotations. Children are seen as a gift from God, yet as in any hierarchical society, their place is clearly at the very bottom they are treated as vulnerable beings and are given utmost protection. At the same time physical growth is considered the greatest predictor of behavior, as soon as puberty approaches children are started being considered as adults and other expectations like marriage and propagation of family also get attached, especially to young girls. In this entire scenario the needs and desires of the adolescents are mostly ignored.

To contribute for the same FPA India, Pune branch, a Non Government Organization which mainly works in field of Reproductive & Child Health & Sexual and Reproductive Health and rights, HIV and RTI/STI is running an "Awareness programmes" on Sexuality Education under project, "SECRT" (Sexuality Education Counseling Research Therapy)
Under this project various comprehensive Sexuality Education programmes are being conducted for adolescents and youths for their holistic development from formal and non – formal sectors.

Under the SCERT programme some youth clubs are also formed involving young people of age group (10-24 yrs) of the community. Aim of these youth club is to provide Adolescent Education Programme+ [AEP] sessions as well as "innovative skill development programmes" and entertaining activities to motivate young people to come to the center and access information and services.

The following study has been carried out for knowing the impact of Sexual Education Programme attended by the adolescents residing in urban slums of Pune.

Various sexuality education programmes are being conducted under SECRT for adolescent boys as well as girls. The issues covered were:

1. Gender
2. Sexual and Reproductive Health and HIV
3. Sexual rights
4. Pleasure of being one ’s self
5. Abuse
6. Diversity
7. Relationships

Keeping in mind all these topics a Questionnaire was prepared and for the evaluation purpose some parameters were set.

BACKGROUND

The rising population of young people in the developing world is great concern. India is also showing the same trend. It has more than 50% of its population below age 25 yrs. For this young population period of adolescence plays very important role. Many of these young people experience adolescence as an extended crisis that exposes them to life changing—and sometimes life-threatening—situations as most are not prepared for the abrupt changes that are coming. They lack information and life skills, protection and decision making power

More than 1.75 billion individuals in the world today are young people (aged 10-24 years) (WHO, 2008). Adolescents (aged 10 to 19 years) have specific health and development needs, and many face challenges that threaten their well being, including poverty, a lack of access to health information and services, and unsafe environments. Considering that youth aged 15 to 24 accounted for an estimated 45% of new HIV infections worldwide in 2007 and about 16 million girls aged 15 to 19 give birth every year (WHO, 2010), adolescents' and youths' sexual and reproductive health needs, particularly girls deserve considerable attention and resources.

Period of adolescence is a time where there is great curiosity about sexuality of oneself and of the opposite sex. They have a maximum sex drive and are easily influenced and therefore likely to go astray and land in problems of unmarried motherhood, abortions, STD/HIV infections, sexual abuse and thus form a high risk group.

Recently exposure to mass media, increased access to family planning services, and changed values and attitude of modernized society has created more confusion among the adolescents. They are curious to know about all these things but some time get wrong information via peer group.

Thus topic such as career, love, extramarital affair, relationship, masturbation, sexual experimentation, STDs/AIDS and drugs are all the subjects of interest and demands an explanation. These questions are important to be answered as adolescents wants to know and understand. This can be interpreted as a need to understand and to be understood.
Unfortunately, adolescents often have neither access to accurate information on these issues nor solutions for their problems, due to socio-cultural barriers. They gather information about sexuality from friends and through the print and electronic media. Often this information is wrong and unscientific.

In a study of AIDS prevention programme done by UNICEF of selected Municipal Schools in Bombay (Mumbai), it was found that student’s queries ranged from sexual intercourse to marriage and sexual harassment. Many women’s organizations feel that the girls should not be ignorant about basic facts of life and become victims of sexual abuse, unwanted pregnancy and deception.

A survey shows that 50% of the daily clientele of an STD clinic comes from (15 – 25) age group. Children are not less informed but they are misinformed. Ignorance and misinformation provide the ideal environment for all sorts of risky behaviour. It is such behaviour that spreads HIV/STD infections among youth.

It has been found countries where nicely structured Sexuality Education programme are being conducted for youth, adolescents of those countries have better knowledge regarding sexuality and they are well informed regarding their choices and decisions. Along with this the sexual and reproductive health conditions are also in better shape.

The studies on the effects of sex education in schools show that sex and AIDS education often encourages young people to delay sexual activity and to practices safer sex, once they are active. This is contrary to the popular belief that teaching young people about sexuality and contraception encourages sexual experimentation.

In a study of AIDS prevention programme done by UNICEF of selected Municipal Schools in Bombay (Mumbai), it was found that student's queries ranged from sexual intercourse to marriage and sexual harassment. Many women's organizations feel that the girls should not be ignorant about basic facts of life and become victims of sexual abuse, unwanted pregnancy and deception.

SECONDARY DATA ON ADOLESCENT REPODUCTIVE AND SEXUAL HEALTH

Realities of adolescents in today's India

- 30% of India's population (327 million individuals) is in the age group of 10-24 years (Source: WHO, 2007).
- Youth are vulnerable to sexually transmitted infections, including Human Immunodeficiency Virus, and account for 31% of AIDS burden in the country (Source NACO, 2007).
- Though age at marriage is increasing; data from NFHS-3 (National Family Health Survey 3 shows that 27% young women and 3% young men in the age group of 15-19 year were married at the time of the survey (2005-06).
- 30% women in the age group of 15-19 years have had a live birth by the age of 19 years (Source: NFHS 3).
- 7% married and 9% unmarried girls reported current use of modern contraceptive methods (Source: NFHS 3).
- 60% girls in the age group 15-19 were found to be anemic (Source: NFHS-3). Anemia is a contributing cause of increased age-specific mortality among female adolescent.
- The sex ratio in the age group 10-19 years is 882 females per 1000 males, and is lower than the sex ratio of 927 females per 1000 males in the age group of 0-6 years.
- Among the 15-19 years old, 25% of adolescents in rural areas and 10% in urban areas are illiterate. Gender disparities persist in the education sector despite improved school enrolment rates. Girls account for less than 50% of enrolment at all stages of schooling. Rural girls are the most disadvantaged. The male–female differences grow with each level of education.
- Largest proportion of estimated 3 million drug abusers and 0.6 million drug dependents in India are in the age group 16 -35 (Source: UNODC and Ministry of Social Justice and Empowerment, 2004).
- Among 12,447 children surveyed across 13 states in India, 50% reported some form of sexual abuse. 53% victims were boys (Source: Study on Child Abuse, Ministry of Women and Child Development, 2007). A majority of nonconsensual sexual experiences (eve teasing, abduction) go unreported.

Facts regarding reproductive and sexual health situation of adolescents.

- The average age of menarche is 13.4 years and 50% of rural and urban girls have no information or understanding of this basic biological process.
- India has more than 10 million pregnant adolescents and adolescent mothers.
- One in six girls begins childbearing between the ages of 13 and 19 years.
- One source suggests that 44.7% of girls between the ages of 15 and 19 years in rural areas are married.
- Approximately 56% of adolescent girls are anemic.
- Only 7.4% of married girls between the ages of 15 and 19 years use contraception.
- 68.7% of mothers under the age of 20 receive prenatal care from a skilled health worker and 41.6% give birth with the assistance of a skilled birth attendant.
- Unsafe abortions account for half of all maternal deaths of girls between 15 and 19 years.

Facts regarding adolescent's information level:

- 25% thought that menstrual blood was located in the uterus.
- 56% of married and 71% of unmarried male adolescents reported that there is a common opening for urine and menstrual blood.
- 51% of unmarried girls did not know that a baby is delivered through the vagina.
- Only 15% of married male adolescents and 8% of unmarried male adolescents had information about sexually transmitted diseases.
- 44% of married males thought HIV/AIDS was a curable condition.
- For adolescent males, married or otherwise, the prime source of information on sexual intercourse, menstruation, and pregnancy has been the peer group.
- 87% identified at least one symptom that could indicate the presence of RTI. Nearly 40% correctly identified three or more RTI symptoms. The most commonly identified symptom was vaginal discharge followed by painful urination and genital itch.
- In this sample nearly 24% reported that they currently experienced a symptom suggestive of an RTI with 8% reporting multiple symptoms. Another 19% had experienced an RTI symptom in the last year with vaginal discharge being the most common.
- In most cases women sought treatment for symptoms experienced in the last year (75%) than for symptoms they currently experienced (57%).

A VIEW ON GOVERNMENT POLICIES FOR YOUTH

- The National Youth Policy (2003) visualizes active participation of youth, including adolescents, at all levels of social enterprise. It recommends youth empowerment through education, nutrition, leadership development and equal opportunity.
- The National Health Policy (2002) has recognized the nutritional needs of adolescent girls as well as the necessity of implementing school health programmes.
- · The National Population Policy (2000) and the National Policy for the Empowerment of Women (2001) both recognize adolescents as an underserved and vulnerable population group with special sexual and reproductive health needs.
- The National AIDS Prevention and Control Policy (2000) recognize street children and sex workers as vulnerable groups and recommend the inclusion of HIV/AIDS issues in population education.
- The National Policy on Education (1986, modified in 1992) aims to equalize education opportunities in the 15–35 years age group, implement free and compulsory elementary education for all children up to 14 years and imparts functional literacy to adult illiterates. It recognizes the role of adolescents in population stabilization and parenthood.

REVIEW OF LITERATURE

1. An evaluation study on sexuality education programme for young adolescent in Jamica, was done by *Elizabeth Eggleston, Jean Jackson.*

The study aimed to evaluate the influence of sexuality education programme organized for class 7^{th} standard students. In the afore said study they evaluated knowledge and perception of the student regarding sexual related activity and practices.

The study was done on group of students of a particular age (12-14 yrs).

2. Evaluation of Sexual Education Programme for Indian adolescents, by *Sheila Narran*.

The study was carried in Indian high school to evaluate the impact of sex education on the life of the students of the school.

In this study only students of school were covered, where as in the current study formal, non formal groups of adolescents were covered.

3. A cluster randomized trial of sex education in Belize, Central America by *Cathleen Steel and O'Conner*

The study was, A cluster randomized design randomizing high school classes in Belize City. Subjects were 13–19 years old.

This study's primary objective was to evaluate the effectiveness of a responsible sexuality education programme (RSP) in changing knowledge associated with sex and sexuality; secondary objectives were to evaluate changes in attitudes and behavioural intent

RESEARCH QUESTION

How much is the sexuality Education Counselling Research Therapy programme effective to bring behavioral and attitude changes in adolescents….??

RATIONALE of STUDY

Improvement in health status of adolescents has inter -generational impact. Youth comprise a substantial proportion of the country's population. India can take advantage of this 'demographic dividend' by investing in young people to achieve a healthy, socio-economically productive and poverty free society.

There is an urgent need to provide age/experience– appropriate and accurate information to young people as they are accessing unreliable sources that often misguide them. Along with this it is important to link young people with appropriate services. Certain social realities need to be changed. All this can be done with a help of Sex Education.

Sex Education should be provided to all however, priority is adolescents because of the following reasons:

1. They have a maximum sex drive.
2. They form a high risk group.
3. They are eager to get information because of the physical and physiological changes.
4. Their common sources of information (misinformation) are their friends, blue films and pornographic literature.
5. They are easily influenced and therefore likely to go astray and land in problems of unmarried motherhood, abortions, STD/HIV infections, sexual abuse.
6. They are going to be the responsible citizens of tomorrow.

AIM

The aim of the study is to evaluate the success of sexuality education programme in enhancing the knowledge of community's adolescent about the sex and sexuality and in bringing the desires attitude and behavioral change

OBJECTIVE

- To evaluate the impact on attitude and behavior of adolescents by measuring the changes in knowledge regarding sex and sexuality by the Sexuality Education programme.
- To identify various difficulties faced by the staff while organizing these programmes.
- To make recommendations to further improve the planning and implementation in the Sexuality Education programme.

OPERATIONAL DEFINITION

ADOLESCENCE: "Adolescence is a period of change and, consequently, one of stress, characterized by uncertainties in regard to identity and position in the peer group, in society at large and in the context of one's own responsibilities as an adult. The compulsions of parental approval often encounter the emerging aspirations of independence. Adolescents exhibit mood-swings and might even indulge in self destructive activities, such as use of alcohol, drugs and violence…"

SEXUALITY: Sexuality is influenced by different factors including socio-cultural and psychological factors as well as biological capacity and political ideologies and systems. It is a personal and intimate part of life and is also interwoven with myth, taboo and morals. It encompasses eroticism, sexual behaviour, social and gender roles and identity, relationship and the personal, social and cultural meanings that each of these might have.

REPRODUCTIVE HEALTH: Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility…and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."

METHODOLOGY

- Area of Study: Urban slums of Pune city.
- Study Period: One and half month(15 April – 30 May)
- Study Design: Descriptive Study design, in which exploration about the co-relation between Sexuality Education programme and level of increased awareness and desire behavioral and attitude change among the adolescent would be done
- Tool used for the study: Self administered mixed questionnaire, survey was done by distributing the questionnaire to the adolescents staying in different operational area of urban slums of Pune.
- Sampling technique and sample size: Purposive sampling was done (For the purpose of convenience), Sample size: 20 samples for control group and 20 samples for experiment group were selected.
- Analysis plan: Sorting of data was done by coding the questionnaire Q1 for control group (those have not attended the Sexuality Education programme) and Q2 for experiment group (Those who have attended the Sexuality Education programme)
- Geographical scope of visit for administering the questionnaire: For administering the questionnaire I visited households and distributed the questionnaire in the awareness programme held for adolescents.

GEOGRAPHICAL DETAILS OF THE AREA WHERE THE QUESTIONNAIRES WERE ADMINISTERED

Following were the areas where I distributed the questionnaire

1. Bopodi
2. Malwadi
3. Ramnagar
4. Sutarwadi

Following were the few parameters on which the analysis was done.

1. Awareness regarding AIDS
2. Knowledge regarding ways of HIV transmission
3. Knowledge regarding ways by which HIV/STI transmission can be prevented
4. Ideal age for a female to get married
5. Awareness regarding Family Planning center or STI/RTI treatment center.
6. Awareness regarding physical changes occuring during puberty.
7. Sources of all these above information.
8. What all things are preventable by condom use?
9. Prenatal sex determination is right or wrong
10 Masturbation causes damage to health- right/wrong
11. Position of male and female in a society is same or not.
12. Buying condoms is a shameful act-yes/no
13. Female is responsible for adopting family planning methods- yes/no
14. Comfort level in discussing about sexual activities with parents.
15. Ideal age for male/female for having sexual intercourse.

GENERAL FINDINGS:

TABLE No.1 Depicting the level of awareness regarding various parameters of Sexual Education

RESPONSES	Level of awareness among adolescents who have attended SECRT (out of 20 adolescents)		Level of awareness among adolescents who haven't attended SECRT (out of 20 adolescents)	
INDICATORS	Figures	Percentage	Figures	Percentage
1. Awareness regarding AIDS.	17	85%	13	65%
2. Awareness regarding STI/RTI.	16	80%	8	40%
3. Awareness regarding centers providing treatment for AIDS/STI/RTI.	16	80%	4	20%
4.Awareness regarding methods used for Preventing HIV/STI/RTI.	15	75%	7	35%
5. Awareness regarding condom and its use.	15	75%	14	70%
6. Awareness regarding Family Planning.	14	70%	4	20%
7. Awareness regarding puberty and changes occuring during puberty.	16	80%	12	60%

Response regarding

Ideal age for a female to get married

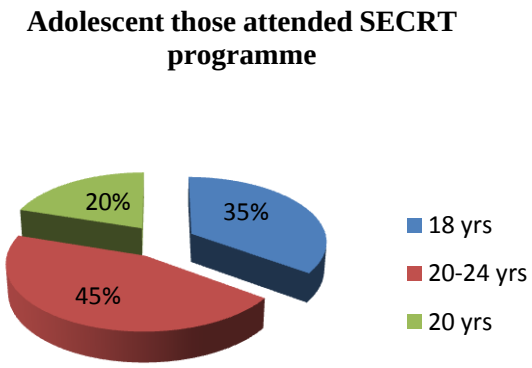

Figure 1

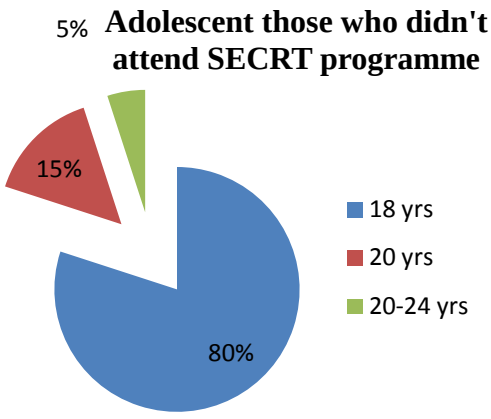

Figure 2

How many ways (out of 6) they know by which AIDS spread

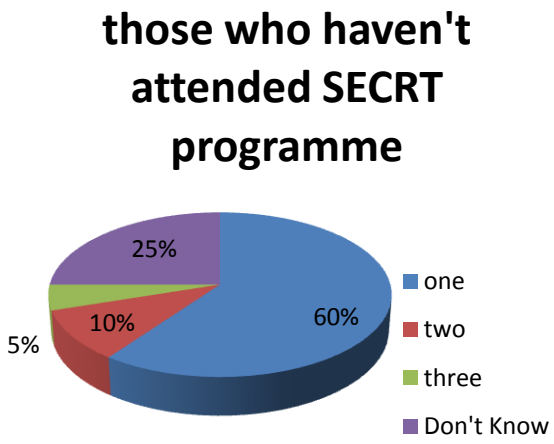

Figure 3

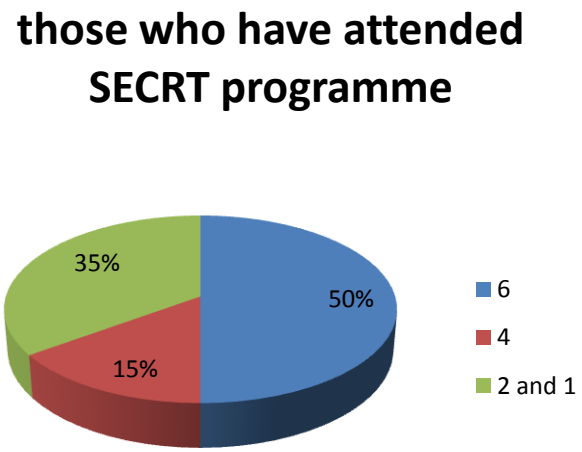

Figure 4

INTERPRETATION OF ANALYSIS

It has been found that adolescents, who have attended SECRT programme has been benefited in both ways, enhancement in knowledge and awareness as well as the programme is able to bring desired behaviour and attitude changes too.

For example 100 % of the adolescents know about AIDS after attending SECRT programmes
Whereas, those who haven't attended these programmes 20% students were there who haven't even heard about the syndrome.

Example of behaviour and attitude change is:

Adolescents those who have attended the programme do no find buying condom a shameful act, whereas those haven't attended such programme 55% adolescent find this act shameful.

RECOMMENDATIONS:

In last recommendations I want to suggest is:

To start any survey we always acquire a baseline data to compare the pre test and post test position.
And in this manner we evaluate success of any programme.

1. A base line data should be acquired to know the situation before the intervention.

2. Certain indicators should be set to map the result against which the result can be compared with base line data.

SOME SUGGESTIONS:

- Existence of supportive adolescent and youth sexual and reproductive health policies
- Adolescents are/were involved in the design of materials and activities and in the implementation of the program
- Number of young people trained as peer educators
- Percent of young people trained as peer educators who are active during a reference period
- Number/percent of health workers trained to provide adolescent and youth-friendly services
- Percent service delivery points providing youth friendly services
- Sexual and reproductive health education curriculum conformity to "best practices"
- Number/percent of schools offering comprehensive sex education
- Percent of adults in community who have a favorable view of the program
- Percent of adolescents aware of the program
- Number/percent of adolescents served or reached by the program
- Sexual and reproductive health knowledge
- Percent of adolescents who have "positive" attitudes toward key sexual and reproductive health issues
- Percent of adolescents who are confident that they could refuse sex if they didn't want it
- Percent of adolescents who are confident that they could get their partner(s) to use contraceptives/condoms if they desired
- Percent of youth who believe they could seek sexual and reproductive health information and services if they needed them
- Use of specified sexual and reproductive health services by young people
- Age at first intercourse
- Percent adolescents who have ever had sex
- Number/percent of adolescents who have experienced coercive or forced sex
- Number of youth who have ever received money or other form of exchange for sex
- Age mixing in sexual partnerships among young women

CONCLUSION:

In a cultural milieu where parents and teachers cannot be relied upon to provide adequate information and support on reproductive health and sexuality, the State and community based organisations must step in to fill this gap. Yet, as we have seen, the Government of India policy on adolescents has until recently reflected a blinkered focus limited to addressing reproductive health concerns. The discomfort with the realities of adolescent sexual behaviour in India has sharply constrained India's ability to address the sexual and reproductive health needs of young people. Accurate information on sexuality is scarce, and health care of any kind is hard to come by for young people in India, who are seen as essentially healthy and not in need of services.

Factors contributing to this limited approach include:

♦ Lack of recognition of the specific needs of adolescents.
♦ Confusion over the critical age at which to build awareness on issues or provide information to the young.
♦ Discomfort of parents and elders in talking about reproductive and sexual health issues although they are considered to be important stakeholders in creating awareness among adolescents.
♦ Lack of acceptance of a framework of sexual rights, which could enable the conversations on issues of adolescent sexual and reproductive health to take place.
♦ No recognition of adolescents as young adults who require information and are capable of making decisions regarding their own bodies and sexuality.
♦ The linking of sexuality and sexual health only to disease control and reproductive behaviour.

In order to award adolescents the right to know how to lead healthy and fulfilling lives there are perhaps five key ingredients. These components serve to encompass adolescents' needs and truly move towards an achievement sexual and reproductive rights:

♦ Information about sexual and reproductive processes and the interpersonal skills to implement and use this information.
♦ A family, peer, and community environment that supports such information and life skills.
♦ A supportive media and cultural environment that meets the information and education needs of adolescents.
♦ Recognition of adolescent needs in policy and in the design of programmatic interventions.
♦ Adolescent friendly health services where adolescents can access sexual and reproductive health care without the fear of judgment and in total confidentiality.

To conclude this report I want to state that:
SECRT programme has been a real success in enhancing awareness and bringing desired behaviour changes among the youth.
Such kind of programmes should be encouraged in future.

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