THREE DECADES OF MEETING SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF YOUNG PEOPLE

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In a country of diverse cultures, languages, customs and beliefs, introducing the concept of sexual health into the family planning programme was a challenge. It all began in the early 1970s when service providers at the clinics were being confronted by un consummated marriages, unwanted pregnancies, and by husbands worried about sexual performance or, in some cases, their sexual dysfunctions. Lifestyles and sexual behaviour were rapidly changing, and there was a growing demand by adolescents participating in the population education programme for more information about their bodies and sexual concerns.

In the 1970s there were few, counselling centers in India dealing with sexuality and even fewer health professionals, teachers and parents who knew how to deal with sexual concerns. Anything to do with sex was considered unscientific by health professionals and pornographic by the lay person.

Recognizing the need for sexuality education, counselling and therapy, FPAI took the bold step in 1975 of starting a new project SECRT (Sexuality Education, Counselling, Research, Training/Therapy), and set up the first centre in Mumbai. Reactions to this went through the entire spectrum from open hostility, derision, contempt and ridicule, to curiosity, interest, tolerance and reluctant acceptance, and finally to enthusiastic participation. Despite many negative voices from within and outside the Association, SECRT project successfully introduced guidelines to dispel misconceptions and misunderstandings surrounding human sexuality and contraception as well as to promote responsible sexual behaviour and mature decision-making. FPAI India has now a countrywide network of sexual counselling centers staffed by trained, qualified and experienced Counselors who are able to educate, counsel, train and provide therapy for sexuality.

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The lessons learnt was that, shame was stronger than agony, and that to deal with sexuality we must move slowly for, contrary to our expectations, few clients visited the centers. This changed some years later when clients concerned about AIDS started frequenting the centers in much greater numbers. The process of incorporating sexual health into family planning programmes was marked with resistance, frustrations and successes.

**Reaching youth**

But a start was made by FPAI. In what was considered in 1974 to be a foolhardy step, a workshop entitled ‘Tomorrow’s Parents Today’ was organized in Hyderabad to address young people’s sexual problems. For the first time, young people were given an opportunity to discuss their sexual health. They presented their views with each other and discussed them with their teachers and parents. The outcome was an almost unanimous wish of the student to introduce sex education into their learning. Teachers, parents and health professionals agreed, but at the same time expressed their apprehensions.

The next step was to identify, educate and involve those who could promote responsible sexuality as well as provide expertise to youth and service providers. A ground-breaking residential workshop in 1975, involving doctors, social scientists, counselors and journalists was the launch of the responsible sexuality movement in India. It was then that the concept of SECRT was born, and where many of today’s leaders in sexual health were first set on their feet. Subsequent programmes over the years have worked to increase the understanding and acceptance of sexual health by government, NGOs and opinion leaders.

**Sexuality education**

Although access to American and European sexuality education material was available, it soon became evident that a strategic design was required for sexuality education to suit Indian situations. These programmes had to be culture and area specific. Although English is spoken, programmes in the regional languages were essential. Teaching included knowledge of the reproductive system, personal hygiene, nutrition, contraception, sexual health and safe sex, and emphasis on values (i.e., respect, trust), relationships, decision-making, responsible sexual behaviour, gender, and marital and parental responsibility.

In the mid-1970s, there was no suitable local material specifically developed for sex education. Therefore, FPAI produced its own pamphlets, books, posters, puppet teaching aids, video and films. It was not easy to cope with different languages and customs and prepare materials for participants who were not formally educated. For example, two audio-visual productions, ‘Growing Up’ and ‘Marriage: A Partnership’, could not use live actors because boys and girls dress so differently in various parts of the country. Marriage customs also differed and subjects such as sexual intercourse had to be dealt with sensitively. Line drawings overcame some of these problems. For the last 15 years, these educational materials helped to dispel misconceptions — for instance that girls must not enter the kitchen, pray or have a bath during menstruation — and have dealt with misunderstandings about masturbation, a cause of great anxiety in India.

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**SECRT STRATEGY**

- Awareness building and advocacy to gain support from the community
- Equip young people with knowledge and skills required to make informed choices with respect to health and behaviors, develop positive relationships, and plan for their future;
- Help young people value the concept of responsible parenthood;
- Provide SRH information, counseling and therapy services to young people
The young inspirers
The most successful activity among young people to date has been the creation of a large group of peer counselors and leaders. In a programme named Spearhead Youth Health, social-welfare minded young people with leadership skills were selected from schools, colleges, youth associations and the workplace. The programme started with an interactive three-day training session. Subsequently, a selected group was given further intensive training to enable its members to work directly with the community.

A group of young people, called themselves Young Inspirers emerged from this programme. It is now a registered NGO with the mission of spreading information, creating greater awareness on AIDS and promoting youth health. They have, among other things, introduced effective techniques that explain the danger of AIDS – dispelling superstitions and myths – through popular drama.

This programme is being carried in 37 locations spread out in the country.

Indian medical systems of medicine
Ayurvedic, Unani and Homeopathic physicians continue to be the people’s choice for health problems. These health providers far exceed allopathic physicians in number and, moreover, are located where the socio-economically deprived live – in the slums of urban areas and in remote villages. These health providers had been ignored by government and were not permitted to participate in government family planning programmes. In 1978, however, SECRT met with the National Integrated Medical Association (NIMA) (a network of doctors trained in allopathy, including surgery, but practicing the ancient Hindu science of Ayurveda) and a special “Action Now in Family Planning Programme,” was designed, which included sexual and family planning counselling. Their motivation and enthusiasm won the recognition for their services. For instance, in Mumbai, a NIMA group of male and female doctors practicing in slum areas collaborated with FPAI to provide a free walk-in counselling and family planning service. They counsel many youth and young married couples and reach the poorest of the poor in the communities they serve.

The caring and smart male initiatives
Realizing the important role that men play in family planning and reproductive health, FPAI organized a workshop titled ‘The Caring Male’ in 1986. It caused interest in government and NGO circles, but very few of the resolutions were actually translated into action. In 1996, to draw attention to the changing sexual behaviour of men and the action required to involve them in reproductive health programmes, a subsequent workshop was held, ‘The SMART Male’ (Sexual Male and Responsible Ties). It drew a favourable response leading to FPAI, other NGOs and government to take action.

Reaching out to new groups
Education on sexuality has brought many new groups into its fold. FPAI has developed sexuality education programmes for the visually, hearing and mentally impaired. The National Institute of the Mentally Handicapped enlisted FPAI’s for training its field workers across India in sexuality counselling. A manual dealing with the sexual concerns of the mentally handicapped has been published and is now widely used by both parents and teachers.

Integrating HIV/AIDS
It was only logical that given FPAI’s expertise in sexuality issues, it soon also became involved in tackling the HIV/AIDS pandemic. As more and more HIV positive clients visited our centers asking for help, and as greater numbers of clients anxiously requested information on AIDS and other sexually transmitted diseases, it was necessary to adapt to meet these expressed, and growing needs. At the same time, the move from family planning to the much broader field of sexual and reproductive health was occurring. As a first step it was essential that the capacities of existing staff be
Meeting sexual and reproductive health needs of young people

strengthened to help them understand issues pertaining to STI/HIV/AIDS. Accordingly, FPAI began training counselors, developed an extensive information, education and communication programme, and formed linkages with other NGOs and government.

Unfortunately it was fear that conquered shyness and taboo. With the outbreak of the AIDS epidemic, people finally recognized the necessity of sexuality education and sexual health programmes. Today while most Branches are carrying out awareness programs, for various groups such as young destitute girls, commercial sex workers, textile mill workers, military personnel, three-wheeler and truck drivers, jail inmates, hospital and school support staff, as well as for out-of-school and college youth, some also offer voluntary counseling and testing services for HIV.

Needs assessment

In an attempt to make the programs more meaningful FPAI undertook a few studies/surveys to assess the SRH needs of adolescents and youth. Two studies “Attitudes and Perceptions of Educated, Urban Youth To Marriage And Sex” and “Youth Sexuality – A study of Knowledge, Attitudes, Beliefs and Practices Among Urban Educated Indian Youth” conducted in 1992 and 1994, respectively, revealed that there is widespread ignorance of behav-

iors that expose young people to unwanted pregnancies and infections from STIs, including HIV/AIDS and that without interventions, these myths and dangerous practices such as unsafe sex are likely to be carried over to their adulthood, creating problems in future, SECRT decided to focus its work with them.

Responding to young people's concerns

FPAI developed a number of innovative approaches in order to address the changing SRH needs of young people particularly for information and counselling. Young Women's Information Centers (YWICs) where underprivileged girls and young women receive family life education along with livelihood skills and courses in sexual and reproductive health for educators and parents, street children and other vulnerable groups have been increasingly popular. While there are ongoing programs for adolescents in formal settings, FPAI's primary focus is on marginalised young people in non formal settings. FPAI is also actively involved in generating the support and commitment of decision makers in the community, government functionaries on SRH issues of young people, besides implementing IEC activities and service delivery for young people.

These programs emphasise a holistic approach to adolescent health. Multi sectoral

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partnerships are encouraged to ensure that specific need-based programs are designed to address the problems of young people. A number of youth-to-youth initiatives are ongoing such as training of youth leaders, student volunteers and members of community youth groups as peer educators.

**Youth caravan**

A methodology was developed for establishing ‘Youth Movements’, which are formalised groups of young people closely linked to the FPAI at the Branch and national level. Fundamental to this process is that youth members are trained and supported to play a large role in designing and implementing SRH programmes for their peers. The Youth Movement is designed to provide an effective advocacy voice for young people’s needs. The nomenclature for these youth groups in the South Asian Region was “Youth Caravan”. Thirty nine FPAI Branches/Projects having ‘Young Inspirers’, Yuvaak and Yuvaati mandals, were able to initiate action and formed Youth Caravans. These Caravans have formed youth committees which are being involved in program designing and implementation.

**‘Youth friendly’ community-based ARH services**

Keeping in view that linking sexuality education to SRH services is critical for adolescents, FPAI provides services based on the felt and expressed needs of the adolescents. Since FPAI’s work is largely in poor settings, young people cannot afford to pay, they are charged nominally or are provided services free of cost. FPAI, through its network of branches clinical and nonclinical outlets provides a constellation of high quality contraceptive and other reproductive health services including services for men with appropriate counselling. It is through these service outlets that adolescents and youth, both married and unmarried are encouraged to access services. Young people are reached in schools, colleges and the community with SRH information and services which encompass adolescent health and developmental concerns. At a few SECRIT Centers, the counselling services are supported by therapy services provided by Consultants. Wherever needed young people are also referred to other organizations for specialised services such as HIV testing, counseling for sexual abuse, legal issues, career guidance, etc.

Emphasis is laid on providing health services to improve the nutritional status of adolescents, specially girls. Branches and Projects in collaboration with other NGOs and governmental agencies organise general health check up camps including camps for screening for STDs and RTIs where cost-free contraceptives and medicines received from the government are distributed.

One of the important components adopted is training of young people as peer counsellors who consistently provide basic information and counseling to their peers and others in their schools/colleges and their neighborhood. Contraceptive outreach is also widened by strengthening both the CBDs, community retail sales programs and the condom vending machines.

A number of FPAI Branches have introduced phone-in counselling services which has met with a huge success. Questions are answered by the Counsellor and the anonymity of the caller is ensured which adolescents find very reassuring.

The three-decade long efforts with youth empowerment programme directive culminated in the FPAI youth members formulating recommendations for the movement to carry forward their agenda. The 13 points for recommendations are listed below:

- Young people must have information and education on sexuality and the best possible sexual and reproductive services (including contraceptives).
Governments and policy makers must be urged to increase their commitment to sexual and reproductive health education and services for young people.

Young people must receive practical skills and knowledge so they can participate to the best of their ability in society.

Government and policy makers must be urged to take action to support and promote youth participation in society.

Young people must be encouraged to know their own sexual rights and to respect the rights of others.

Society must recognize the right of all young people to enjoy sex and to express their sexuality in the way that they choose.

Quality reproductive health services particularly for adolescents at every level.

Clear strategies to be devised to face the challenges with gender issues, violence against women and HIV/AIDS and to improve the Government’s Youth programme.

SRH programmes in schools must be introduced from the Std VI itself.

The B.Ed and D.Ed course for teachers must include the topics in “Dealing with Adolescent Sexuality”.

There should be a provision for capacity building of teachers in the field of SRH and AIDS.

There should be a broad Youth Welfare Policy, which will have sub policies such as health policies for youth, educational policy/sports policy and so on. Each of these policies must include advocacy programmes, training of policy implementers and provision of SRH services.

RCH should be a part of broad base SRH policy for youth, which should address the needs and concerns of young people in rural villages and urban slums.