

ABORTION ASSESSMENT PROJECT - INDIA

# SEXUALITY, ABORTION AND THE MEDIA A REVIEW OF ADOLESCENT CONCERNS

ANITA ANAND



# **SEXUALITY, ABORTION AND THE MEDIA A REVIEW OF ADOLESCENT CONCERNS**

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**Abortion Assessment Project - India**

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*By*

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# PREFACE

Abortions have been around forever. But at different points of time in history it has received attention for differing reasons, some in support of it, but often against it. Abortion is primarily a health concern of women but it is increasingly being governed by patriarchal interests which more often than not curb the freedom of women to seek abortion as a right.

In present times with the entire focus of women's health being on her reproduction, infact preventing or terminating it, abortion practice becomes a critical issue. Given the official perspective of understanding abortion within the context of contraception, it is important to review abortion and abortion practice in India.

The Abortion Assessment Project India (AAP-I) has evolved precisely with this concern and a wide range of studies are being undertaken by a number of institutions and researchers across the length and breadth of the country. The project has five components:

- I. Overview paper on policy related issues, series of working papers based on existing data / research and workshops to pool existing knowledge and information in order to feed into this project.
- II. Multicentric facility survey in six states focusing on the numerous dimensions of provision of abortion services in the public and private sectors
- III. Eight qualitative studies on specific issues to compliment the multicentric

studies. These would attempt to understand the abortion and related issues from the women's perspective.

- IV. Household studies to estimate incidence of abortion in two states in India.
- V. Dissemination of information and literature widely and development of an advocacy strategy

This five pronged approach will, hopefully, capture the complex situation as it is obtained on the ground and also give policy makers, administrators and medical professionals' valuable insights into abortion care and what are the areas for public policy interventions and advocacy.

The present publication is the third in the AAP-I series of working papers. Anita Anand presents an interesting analysis of media coverage on the issues of Adolescent Sexuality, Contraception and Abortion.

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We look forward to comments and feedback which may be sent to [cehat@vsnl.com](mailto:cehat@vsnl.com) Information on this project can be obtained by writing to us or accessing it from the website [www.cehat.org](http://www.cehat.org)

## ABSTRACT

Is adolescent sexuality on the rise? If so, are adolescents practicing safe sex? What percentage of girls and young women are experiencing unwanted pregnancies?

The numbers of adolescent girls and young women experiencing pregnancies, births and abortions is high. Older women are more likely than younger women to have married early: 39 percent of women currently age 45-49 married before age 15, compared with 14 percent of women currently age 15-19.

Young people are interested in sex because of biological reasons - hormones. The change is that they are experimenting and exploring more than before, and this information is more public.

Reproductive health needs, especially adolescent reproductive health needs, are poorly understood and under served in India. Studies addressing issues of sexual behaviour in general and adolescent sexual behaviour in particular are few and exploratory. Fewer studies discuss female sexual behaviour than male.

Adolescent marriage and adolescent fertility are disturbingly high. Double standards exist whereby unmarried adolescent boys are more likely than adolescent girls to be sexually active.

Studies of abortion in India, particularly

among adolescent abortion seekers are limited.

Adolescents are not learning about sex in schools. Studies suggest that at least 60 percent people in India have probably not learned about sex in school.

A healthy exposure to sex information seems to empower adolescents to distinguish between normal sexual experiences and unwanted sexual attention. Yet, while some discussion and debate on issues such as when adolescents should learn about sex, how the curriculum should be designed, by whom and the role of parents, schools and media has begun, there is as yet no consensus. A start has been made by speaking publicly about sex, and in the context of adolescents, premarital sex.

Till recently, most outreach services were catering to girls and young women. Now there is attention to boys and young men as well. NGOs, government agencies and other civil society groups are making more outreach possible.

The media's coverage of adolescent sexuality is confused and erratic. It tends to be sensational and superficial. It will be a while before media and society are comfortable with the notion of adolescent sexuality. HIV/AIDS has forced some of these issues on all connected and concerned about adolescents and their maturation process.

## GLOSSARY OF TERMS & ACRONYMS

AGI	Alan Guttmacher Institute
CEDPA	Centre for Development and Population Activities
CFAR	Centre for Advocacy and Research
DIET	District Institute of Educational Training
EC	Emergency Contraception
FPAI	Family Planning Association of India
<i>Gauna</i>	<i>Post-marriage nuptial rites</i>
ICDS	Integrated Child Development Services
ICPD	International Conference on Population and Development
IGNOU	Indira Gandhi National Open University
IPD	Integrated Population and Development
MTP	Medical Termination of Pregnancy
NACO	National AIDS Control Programme
NCERT	National Council of Educational Research and Training
PSS	Parivar Seva Sanstha
SCERT	State Councils for Educational Research and Training
SECR	Sex Education, Counselling, Research, Training/Therapy
SIECUS	Sexuality Information and Education Council
STD	Sexually transmitted diseases
STIs	Sexually transmitted infections
TARSHI	Talking about Reproductive and Sexual Health Issues
TRP	Television Rating Points
VIMHANS	Vidyasagar Institute of Mental Health and Neuro Sciences
WFS	Women's Feature Service

# SEXUALITY, ABORTION AND THE MEDIA

## A REVIEW OF ADOLESCENT CONCERNS

### I. BACKGROUND

Is adolescent sexuality on the rise? If so, are adolescents practicing safe sex? What percentage of girls and young women are experiencing unwanted pregnancies? Where are they going for termination of pregnancies? How do today's adolescents perceive their sexual needs, and what are their sources of information and levels of awareness? How much does the media influence their sexual attitudes? And, how does media reflect adolescent attitudes?

There are myths, truths, half-truths and misconceptions about adolescents. If there is concern about adolescents today, there is a good reason. First the sheer numbers. The World Health Organisation (WHO) estimates that about 33 per cent of the Indian population, or about 300 million, is in the age group of 10-24 years, and adolescents (10-19 years) form about 70 per cent of the 10-24 age group.

Looking to the future, the New Delhi office of the Population Council estimates that by the year 2015 India will have a population of 240 million adolescents.

The increasing number of young people by itself is not the concern. It is the high number of adolescent girls and young women experiencing pregnancies, births and abortions which needs attention.

Furthermore, WHO estimates that more than 15 million young women between the ages of 15-19 give birth every year. About 10 per cent of all abortions, or about 5 million a year, are among women of this age group. In

addition, girls and young women are especially vulnerable to rape, sexual abuse and exploitation. (Anand, 1997).

Women in India tend to marry at an early age. Thirty four per cent of 15-19 year old women are already married including 4 per cent who are married but *gauna* (*post-marriage nuptial rites*) has yet to be performed. Older women are more likely than younger women to have married early: 39 per cent of women currently age 45-49 married before age 15, compared with 14 per cent of women currently age 15-19. Although this indicates that the proportion of women who marry young is declining rapidly, half the women even in this age group 20-24 have married before reaching the legal minimum age of 18 years. (NFHS-2).

Since India opened its economy in the late 1980s and early 1990s, the electronic media began to provide more options to viewers via cable hooked to satellites. Western and Indian TV programming became more accessible to millions. At the same time, the quality of the programming changed as well. It became more sexually explicit, challenged Indian traditions and mores, and generated more curiosity about sexuality among young people.

Opening of the economy or liberalisation also meant a middle class boom. Families travelled outside India, and were exposed to different lifestyles and ideas. Young people were experimenting, as they do, and some were revolting - against authority, parents, schools and colleges — and seeking an identity of their own.



Besides the social changes, adolescent and adult sexuality was finally forced out of the closet because of HIV/AIDS. While sex is only one way the virus can be contracted, the discussion waiting to happen is about the kind and levels of sexual activity in Indian society - consensual or forced, legal or illegal, premarital, marital and extramarital, heterosexual, homosexual, etc. This has been resisted in a society that sees itself as moralistic and monogamous and, is in denial mode most of the time.

There is a widespread reluctance among adults, whether parents, teachers or policymakers, to openly discuss issues of sexuality with young people. This lack of openness and leadership is undermining young people's reproductive and sexual health, and in too many cases, threatening their very lives. Young people between the ages of 15 and 24 have the highest rates of sexually transmitted infections (STIs) worldwide, representing over two-thirds of all cases in the developing world. Today, half of all new HIV infections occur among young people under the age of 25 (planetwire.org, 2002).

**This paper focuses on the issues of adolescent sexuality, contraception and abortion; analyses of select media coverage; and exploration of links between these issues. Towards this I talked to adolescents, reviewed research, and scanned the media. My geographical focus was the Delhi area, which is the national centre of policy initiatives and activity, as well as the home of many institutions working on this subject.**

## **II. THE NATURE OF ADOLESCENCE**

When I first proposed this theme, I used the word 'teenage' as opposed to 'adolescent'. As I got involved in the project, I realised that in the professional literature hardly anyone calls teenagers that any more. And, there is a good reason. In the Oxford English Dictionary, the word teenage comes from teen, which is of Kentish origin, meaning 'to fence,

hedge in, make a hedge with raddles; brush-wood for fences and hedges'. The word adolescence, on the other hand, is described as 'a process of growing up, from childhood to adulthood.' The media, however, does refer to teenagers as such, and ironically, adolescents do see themselves being hemmed and fenced in!

Technically, adolescence is a stage between child and adulthood characterised by rapid physical growth, psychological changes and sexual maturity. The term puberty refers to the more physical and sexual maturation of boys and girls, while adolescence refers to the behavioural characteristics, which are influenced by culture as well as physical changes. While the physical changes in this period of growth is almost universal, the behavioural and emotional development during adolescence differs widely between cultures, economies and societies.

One of the biggest changes from childhood to adolescence is the interest in sex and matters related to it. Young people are interested in sex because of biological reasons - hormones. Suggestions about sex in music, radio, advertisements, films and television reinforce this interest, and they talk about sex and have questions about it. Adults have to find the right ways to give youth information so they can make better informed decisions about their sexual behaviour (Finger, 2000)

Two other trends suggest that opportunity for sexual activity prior to marriage is increasing: the age of puberty is falling worldwide, partly due to better nutrition, and the age of marriage in many countries is rising (Keller, 1997)

In India, however, the average age of marriage for women is 16 years. And as many as 40 per cent of all women aged 15-19 are already married [IIPS, 1995].

Non-technically, adolescence is the time when boys and girls, young women and men begin to feel adult emotions. Charged

by their hormones, they are experiencing the world in new ways. They begin to find each other sexually attractive, experience desire, love, lust and a great need for physical contact with each other. While adults talk about safe sex, abstinence, and waiting for the right partner, young people are often giving in to their most basic desires. They want to experiment. The young boy or girl that turned away from the TV or movie screen when grownups kissed or expressed affection between them now avidly watches, taking tips. The young boy or girl that thought the family was their world now spends a great deal of time day-dreaming, and depending on their class - 'SMS'ing, talking on the phone, and spending time with their friends. They are moody, defiant, sensitive, loving, exasperating, confused, dependent, and independent - all at the same time.

### **III. REVIEW OF LITERATURE**

Reproductive health needs especially adolescent reproductive health needs, are poorly understood and under served in India. Studies addressing issues of sexual behaviour in general and adolescent sexual behaviour in particular are few and mainly exploratory. Many studies are concentrated among English language speakers who fall into the better educated and higher income sub-populations. Fewer studies discuss female sexual behaviour than male. Very few studies represent rural populations or low income adolescents. At the same time, studies have varying methodologies, and there are questions about the sample selection, sample loss and potential biases, and how representative the findings are and the reliability of responses in a population as conservative as in India. (Jejeebhoy, 2000).

Jejeebhoy finds that despite the fact that adolescents represent almost a quarter of the population, little information is available, and that adolescents are rarely considered a distinct group with special needs apart from those of children and adults. And, much of

the available information is recent and exploratory.

Yet, some findings, says Jejeebhoy are well established. Adolescent marriage and adolescent fertility are disturbingly high. Unlike most other countries, adolescent fertility in India occurs within marriage. As a result of early marriage, almost half of all young women are sexually active by the time they are 18, and almost one in five by the time they are 15. Correspondingly, the magnitude of teenage fertility in India is considerable: well over half of all women aged 15-19 have experienced a pregnancy or a birth. The sparse information concerning other aspects of adolescent reproductive health suggests that adolescents face a variety of reproductive health problems beyond marriage and fertility. (IIPS, 1995).

Available evidence suggests that between 20-30 per cent of all males and up to 10 per cent of all females are sexually active during adolescence before marriage. Sexual awareness seems to be largely superficial. Social attitudes clearly favour cultural norms of premarital chastity. Double standards exist whereby unmarried adolescent boys are more likely than adolescent girls to be sexually active. They are more likely to approve of premarital sexual relations for themselves and have more opportunities to engage in sexual relations. Both single and married women are vulnerable to being unprotected from pregnancy and STIs. They are also less likely to have decision-making powers in their sexual relationships.

The UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction conducted studies between 1992-1996. These comprised of 146 research projects and of these, 34 studies in 20 countries in Africa, Asia, and Latin America addressing young people, including adolescents (10-19 years) and youth (15-24 years). (WHO, 2001).

These studies cover a variety of socio-cultural settings. In some, premarital sexual activity is taboo, using contraception is forbidden among unmarried youth, and abortion is viewed as the only solution to premarital pregnancy among adolescents. In others, premarital pregnancy may be condoned and childbearing among unmarried women is not unknown.

Most studies focused on unmarried youth. However, there was some focus on special groups such as pregnant young women or those who have terminated a pregnancy, young reproductive health seekers in general, or young clients of services for sexually transmitted infections (STIs).

**Many common themes emerge from these studies that can be lessons for India. In every setting, sexual activity begins during adolescence among many young people. Much of the activity is risky-contraceptive use is often erratic, and unwanted pregnancy and unsafe abortions are observed in many settings. Sexual relations may be forced. There are wide gender-based differences in both sexual conduct, and the ability to negotiate sexual activity and contraceptive use. Despite this, relatively few young people think they are at risk of disease or unwanted pregnancy. Awareness of safe sex practices seems to be superficial and misinformation regarding the risks and consequences of unsafe sex is widespread.**

#### **IV. SEXUALITY AND SEXUAL BEHAVIOUR IN INDIA**

Research on sexuality and sexual behaviour in India is a relatively recent phenomenon. It was not till the early 1990s, when concerns of HIV/AIDS forced public and government attention to the issue (Pelto, 2000).

Researchers in the 1990s lament on the

lack of empirical data, which they feel, led to a complacent attitude towards policies especially towards HIV/AIDS. But the 1994 United Nations International Conference on Population and Development (ICPD), and the global attention to AIDS, helped in focusing research on some 'high-risk' groups such as sex workers, truck drivers and transient populations. This led to the belief that only high risk groups were in danger of contracting HIV infection, and as a result, intervention programmes and general awareness campaigns tended to concentrate mainly on these special groups (Nag, 1996).

At the same time, according to Pelto, early surveys in urban middle class groups suggested that major changes in sexuality and sexual behaviour were occurring in India. In 1989, the *Illustrated Weekly* magazine published results of a large-scale opinion poll on sexual attitudes and behaviour. It said, among other things, that more people seem to be braving societal scorn to indulge in sex with greater freedom. Pelto quotes Nag for the survey of the Family Planning Association of India (FPAI) in 1989 in 16 major cities. The survey found that less than a third of both male and female respondents agreed with the statement that 'it is a sin to have premarital sex' (FPAI, 1990). The 3,486 respondents (2115 men and 1731 women) surveyed were mainly college graduates. Responses to other items in the survey indicated that permissive attitudes towards premarital sexual behaviour were prevalent, compared to earlier, more conservative views (Nag, 1996b).

Evidence of changing attitudes led to questions on the extent of premarital and extramarital sex in communities not usually considered high risk. In the early 1990s, surveys were conducted among college students, middle and upper class men and women and readers of glossy magazines to assess the frequency of premarital and extramarital sexual encounters among various population groups (Pelto).

At least two of these surveys-the questionnaire in the men's magazine *Debonair*, to which 1404 men responded, and in the women's magazine *Savvy* (383 responses)-showed a high prevalence of premarital experience. Of the men reporting premarital sexual activity, 22 per cent said their first sexual encounter was with a sex worker, while 23 per cent married women said they had sex with their husbands before marriage. Peltó warns that results of such magazine surveys should not be considered representative of all college-educated urban men and women. Yet, the picture that emerges from the surveys is that there is considerable premarital and extramarital sexual activity in 'respectable' middle class and upper-middle class populations.

Research on sexual behaviour in the 1990s, using predominantly qualitative methods, largely focused on finding patterns, contexts and conditions under which premarital and extramarital sexual practices take place (Peltó, 2000). Reliable quantitative data on sexual patterns, and more significantly, their relationship to important background variables, such as socio-economic status, education and ethnic religious identity, are not easily available.

Similarly, quantitative data on what is considered socially 'inappropriate behaviour' is difficult to find or is inaccurate (Peltó, 2000). For example, survey data on the number of unmarried girls indulging in premarital sex are likely to be gross underestimates as girls are often unwilling to talk about sexual behaviour even under conditions of anonymity. Case in point, in a survey of girls in 'non-elite' institutions, only 1 per cent of students in Class 11 and 5 per cent of the young women in the third year of college reported sexual activity (Abraham, 1997). In the studies reviewed by Jejeebhoy (1998), the percentage of girls reporting sexual activity ranged from almost none to 9 per cent.

Systematic research into sexual

behaviour in India had to await the mid-1990s, and the results of the first generation studies are just beginning to be seen.

The study of sexual behaviour is essential to understand important social issues. For instance it can explore how sexuality and sexual relations play a key role in the maintenance of patriarchal, male dominated patterns in society. According to Peltó (2000), research so far indicates that male dominance in sexual relations, often with the use of violence and coercion, has deep roots in Indian culture. On the other hand, changing moral standards concerning premarital sex and other issues mean new tensions and social problems within the Indian family. Young people are facing ambiguities in relation to the varied images of sex portrayal in films, TV and other media.

Data from a number of studies on adolescent reproductive and sexual knowledge and attitudes clearly demonstrate that young people in India are struggling with very serious information gaps-gaps that can be dealt with within the education systems as well as with more informed parental guidance. (Peltó, 2000)

A study carried out in the urban Delhi settlement of Tigrí in 1996-97 showed that boys and girls, like modern adolescents everywhere, have a high interest in romance, love and sex - the stuff that modern movies are made of (Sodhi, 1998). Of the sample interviewed, all had a highly developed interest in sexual matters. They had considerable knowledge concerning some aspects of sexual behaviour, but many (especially girls) are relatively ignorant about physical relations, and are not well prepared for dealing with intimate relations that the boys are seeking.

A cross-sectional community based study was conducted on 120 male adolescents in June-July 2001 in an urban slum in Mumbai. 87.5 per cent of the respondents received information about sex and sexual-

ity from their peers and older friends. Nocturnal emissions and masturbation were the major health concerns for 40 per cent of those interviewed. 7.5 per cent were sexually active (Patel, Chaturvedi and Malkar, 2002).

Studies in 2002 in similar situations found that awareness and information among adolescents is still low (Kidavari, 2003).

There is a general recognition in many quarters that any response to reproductive health issues and HIV/AIDS requires working with young people because their attitudes and actions will have a profound effect for future prevention and control of the epidemic.

In November 2001 a round table, 'Affirming the Role of Civil Society in Addressing the Rights of Adolescents and Children', was sponsored by the Australian High commission in New Delhi. Its goal was to bring together various civil society stakeholders - parents, teachers, school principals and counsellors, educational planners, policy makers, media practitioners and representatives of NGOs - working with adolescents and children. (CFAR, 2001)

Prabha Nagaraj, of the NGO TARSHI felt that there was a large unmet need for reproductive health information. The reluctance to openly address the issue coupled with "a" ever-increasing population, rampant rise in sexually transmittable infection, HIV/AIDS and unsafe abortions has further worsened the problem.

'When adolescent sexuality is denied, reproductive health ignored and adolescent queries unanswered, it leads to increased unplanned pregnancies among teenagers, back street abortions and reproductive tract infections, STIs and HIV/AIDS,' said Nagaraj.

Globally, the Global Sex Survey 2002, conducted by the condom manufacturer, Durex is the largest ever research project undertaken by them. In its sixth year, the

project has doubled in size since it was first launched and in 2002 was carried out via its web site [durex.com](http://durex.com). Around 50,000 sexually and non-sexually active adults took part in the youth focussed survey. Responses were analysed by sex and age to give a detailed picture of behavioural differences. (Durex, 2002).

## **V. PREVENTING PREGNANCIES : CONTRACEPTION VS. ABORTION**

### **A. CONTRACEPTION**

A study conducted in 18 schools in Delhi by the NGO Sakshi revealed that 65 per cent of children had been abused within their families, and 25 per cent of these were serious sexual violations-mostly outright rape. Sakshi volunteers also reported that over the last few years, young women, as young as 11, were brought in to them, pregnant. (Anand, 1997).

Could this have been prevented? Maybe yes, if they were aware of the consequences of the sexual act. No, if they were not in a position to refuse or ward off sexual aggression.

Adolescents do not have too many choices when it comes to contraception. For men, the condom and for women, the birth control pill. And, it is only the condom that provides protection against HIV/AIDS and other sexually transmitted diseases (STDs). In the Indian context, there is great deal of social disapproval and disincentive for boys and girls to seek contraception. If girls and young women are single, they will be asked a thousand questions as to why they want it. Young men, too, shy away from buying condoms even though they are more openly available than birth control pills.

It is not surprising that so many girls and young women resort to abortion. Little or no awareness of how their bodies work, and almost no information about where to access contraceptives, they often find themselves pregnant.

Recent efforts to popularise condoms have met with a backlash. In December 2002, a controversy erupted over what some activists were calling 'condomisation' of society and a 'condom-centric' approach to the prevention of HIV/AIDS. They felt that promoting condoms was in fact encouraging promiscuity and sex. Objecting to hoardings in Mumbai, television advertisements in Orissa and in other parts of the country, three NGOs and a government agency were called into the Ministry of Information, and told their campaigns did not empower women and focused too much on condoms. They wanted women's empowerment to be included in the campaigns.

No one could object to this. But for adolescents, condoms are crucial for safe sex, and preventing unwanted pregnancies.

## **B. ABORTION**

Abortion has been legal in India since 1972, under the Medical Termination of Pregnancy Act (MTP). It is estimated that roughly 5 million induced abortions occur every year in India. Of these only half a million are performed under the health services network while 4.5 million occur illegally (UNICEF 1991, Jejeebhoy)

Studies of abortion in India, particularly among adolescent abortion seekers are limited. The majority are hospital based and urban and hence refer to a small proportion of abortion seekers. The few surveys that exist tend to underestimate its prevalence, since investigators rarely ask the questions required to obtain reliable information about abortion experiences, and because they focus on married rather than all women. The limited data gives a disturbing picture of adolescent abortion seekers.

Unmarried adolescents constitute a disproportionately large number of abortions seekers. Large proportions of adolescents who seek abortions are unmarried, and in rural and urban areas. In addition, at least half the women seeking abortions are adoles-

cents and a disturbing number are below 15.

## **There is no specific campaign to address the issue of adolescent abortion.**

Learning from the experience of other countries is sometimes helpful. Abortion rates in the United States in 2003 hit their lowest level since 1974. The availability of the 'morning after pill' played a key role in this decline, according to a study by the Alan Guttmacher Institute (AGI), an independent sexual health research organisation (BBC, 2003).

But, more restrictive laws and lack of access could also explain this fall in the abortion rate. The AGI found that one third of all American women of childbearing age live in counties with no abortion services.

Abortion was legalised in the U.S in 1973. The abortion rate rose sharply after legislation, but has declined steadily since 1981. It fell to 21.3 per 1000 women in 2000, the year on which the AGI report is based.

## **C. EMERGENCY CONTRACEPTION**

In medical terms, girls and young women who do not want to carry a pregnancy to term can use emergency contraception. An emergency is unplanned and unprotected sex, with or without a woman's consent, after which a woman does not wish to risk a pregnancy. An emergency could also be contraceptive failure. And when there is no contraception, or it fails, the two options for women are to carry a pregnancy to term, or to terminate it with an abortion. Emergency contraception can be life saving in cases of rape as political intimidation and terrorism, as seen in Bosnia, Haiti, Rwanda. In India, caste and community rape is often used as revenge to settle disputes, leverage in community politics, or to keep women 'in line'.

Emergency contraception (EC) though now accessible in India is still under discussion and debate as to how it should be made available and if it should be dispensed under

medical supervision. In some other countries such as the Netherlands, there was no moral debate about its use, but on efficacy and side effects. The need for EC was acknowledged and accepted for teenagers, for whom sexual activity is socially sanctioned. As young people begin to search for and establish their sexual identity and contraceptive practice, they may use contraceptives ineffectively and subsequently experience contraceptive failure. EC is also available as part of the health insurance system scheme for Dutch citizens, as it is in the United Kingdom.

## **VI. SOURCES OF INFORMATION**

Where do adolescents get information on contraception? Various studies and anecdotal data indicate it is usually through the media and from each other. Very few get information from parents or medical professionals. Sex education is still not in the curriculum in a user-friendly way. In the home, schools, and colleges, parents and teachers are shy and reluctant to talk about the subject in a manner that can help young people develop a healthy sexuality. The task then, seems to fall on media.

In the urban settlement of Tigri, movies including blue films are one of the sources of information about sexual behaviour, as well as sources of stimulation and arousal. Here, movies not only give adolescents the 'language' to communicate with the opposite sex, but also provide the role models and the situation. Both boys and girls mention specific movie stars—actors that girls admire and talk about and correspondingly the heroines that excite the hearts and minds of young boys. 'Like by watching action movies somebody is becoming Akshay Kumar and somebody is becoming Rahul Roy.' [Sodhi, 1998].

Traditionally, in Hindi movies, censors have discouraged kissing and overtly sexual scenes. But there is a trend towards more sexually explicit films. In Tigri, it's the 'blue films' or pornographic videos that are easily

available from the video shops and are known to all in the community. Boys admitted that they learned about sexual acts from the films. Girls at Tigri also watch blue films. Girls said they had watched parts of the films because their brothers or fathers brought the videos home.

Boys and girls get their ideas about sex and sexuality from TV and films. While some may not have TV, they have access to it. Videocassette recorders (VCRs) are fairly common in the area and the rental shops do a brisk business.

Sodhi points out that the power of films and TV in providing information and scripts for action can also be used to develop more effective intervention programmes. Although the power of TV and movies is sometimes overestimated, carefully designed information strategies using TV can be constructed to educate young people about safer, healthier sexual relations. (Sodhi, 1998)

Certainly young people are not learning about sex in schools. Globally, the main focus of sex education in schools is split between STIs and biological facts about reproduction. It changes across generations—younger people are more likely to have learned about STIs than those who are older. Almost a quarter (23 per cent) claim they didn't receive sex education in the classroom. 60 per cent people in India have probably not learned about sex in school. (Global Sex Survey, Durex, 2002)

In India there is no consensus about when young people should be told about sex and sexuality. When should adolescents have sex? Should they wait till the 'right' person comes along, wait till they marry or what?

The average age of marriage for girls and young women is 15, and there is consensus in the medical and reproductive health community that it is too young an age for her to carry a pregnancy to term. And, what happens if young women are single and choose to marry, if at all, later? Should they not have

sex at all? Would the same be expected of young men? Young women and men are socialised early that women should be virgins and men should have experience.

The U.S. based-Sexuality Information and Education council (SIECUS) has developed sex education guidelines, which could be useful in the Indian context. They suggest beginning early, when children are in primary school, and continuing through adolescence. Teachers need to be trained, and programmes should involve the community, parents, administrators, and religious leaders. The curriculum should include information on human development, reproductive anatomy, relationships, personal skills, sexual behaviour and health, and gender roles. (Finger, 2000)

Notions of preparedness for sexual intercourse also vary.

The Durex survey shows that more than a third (36 per cent) respondents had sex for the first time because they were ready for it and it felt right. Four in 10 people in India didn't have sex until they were married.

A 14-year old in Delhi says 18 is a good age to consider having sex, as he would be ready for it. And he would use a condom.

In presenting reproductive health topics, morality and style become an issue. Nitina, a first year college student in Delhi, says, 'I feel sick every time I read one of the cover articles about all the diseases you get from sex. I am just at the start of my life and want to enjoy relationships with lots of men. Someday I want to get married and have kids. It scares me to think that I could get some disease that will effect my body in the future, but that doesn't mean I am supposed to be suspicious of every new man when we make love.' (Rashtriya Sahara, 1998)

Is this deliberate? Does the media or family life education curricula present the darker side of sex? Do adults do this because they are afraid of young people experiment-

ing with sexuality? Are adults using the HIV/AIDS issue as a tool keeping young people in line? Are they forcing their ideology and morality on youth? It would seem so.

A senior Union Cabinet minister once informed an international meet on HIV/AIDS that India will never face an AIDS-related crisis. 'We are a moral nation and don't have things like this.' The 'things like this' included among other things, homosexual, pre-marital and extra-marital sexual relations.

At an Asia-Pacific workshop organised by the Ministry of Youth Affairs and Sports and the Asia Centre, the Union Minister, Mr. Vikram Verma, highlighted the problems being faced by adolescents. He named the gradual breakdown of the joint family system, a consumerist culture, lifestyle influences of the West, peer pressure and, explosion of the electronic media (Chandigarh Tribune, Online Edition, November 12, 2002).

And most recently, Murli Manohar Joshi, the Union Minister for Human Resource Development, in response to Microsoft Chairman Bill Gates' offer of US \$100 million for HIV/AIDS in India, said Gates was overdoing it. Asked if Gates had created a scare by announcing the funds, Joshi said, 'I will not say he has created a scare because Indians are not scared. It is not in our temperament.' (Anand, 2002).

**Many politicians and bureaucrats, old and young, wise and ignorant, seem to be in denial of the adolescent issues facing the nation. There is a view that India is an ancient (true), moral (untrue), impressionable (not true) culture, that cannot deal with the winds of change. Blaming the media, the West, and consumerism is a convenient escape.**

## **VII. RESPONDING TO ADOLESCENT NEEDS**

What has been the response to the need of adolescents? Who is responsible to ensure that adolescents receive the information



they need? Is it the state, parents, schools, religious institutions? The group responding to adolescent needs has changed and grown over the years.

### **A. POLICY**

In any country, little happens without policy initiatives. In India, the issue of teenage sexuality and reproductive health is a very recent one. To appreciate how it became a category on its own requires a brief historical tour.

In 1952, India launched the Family Planning programme, with the goal of offering information and services to encourage couples to have smaller families. In 1976 and 1977 statements on a National Population Policy and a Family Welfare Programme were tabled in Parliament but never discussed or adopted. It was not till the year 2000 that a Population Policy was adopted (National Population Policy, 2000)

The section on adolescents comes within 'Under-Served Population Groups' and says, 'The needs of adolescents, including protection from unwanted pregnancies and sexually transmitted diseases (STD), have not specifically been addressed in the past. Programmes should encourage delayed marriage and childbearing, and education of adolescents about the risks of unprotected sex.' It goes on to say that information and services are especially needed in rural populations, and nutritional services should be provided though the ICDS programme and the importance of enforcing the Child Marriage Restraint Act of 1976.

In preparation of the Tenth Five Year Plan, the Planning Commission has paid special attention to adolescents and the Ministry of Youth Affairs and Sports has been appointed the nodal agency. A draft scheme has been prepared and should be finalised by the end of the financial year 2002-2003.

### **B. SCHOOLS AND COLLEGES**

Educational institutions in the Delhi area have some part of the curriculum that

is devoted to what can broadly be called life skills education. In the biology sections of the curriculum, reproduction, male and female is presented in a clinical way. Life skills deal more with communication tools, how to negotiate on matters related to sexuality and career counselling as well. There are no norms for life skills education. Each school, private and government, do more or less their own thing.

### **C. GOVERNMENT AGENCIES**

The National Council of Educational Research and Training (NCERT), is the apex body responsible for school curriculum design, implementation and evaluation. Over the last decade their response to the issues of reproduction and sexual health have been varied. In the last few years, they have collaborated with their State counterparts, UN agencies and NGOs to initiate pilot projects on training and curriculum design.

Under the Population Project in 2002, NCERT experimented with a pilot project in skill building in adolescence education. Two national training programmes were held in June and July 2002. The objective of these programmes in schools 'is to make adolescents aware about reproductive and sexual health issues, develop positive attitudes towards them, equip them with the necessary skills to manage the reproductive and sexual health and related concerns to help them to take rational and responsible decisions.' (UNESCO, 2002)

This project is being carried out in select schools in 30 districts of states where the Integrated Population and Development (IPD) project of UNFPA is being implemented. There are also training programmes planned for Master Trainers who in turn will train teachers of schools selected for conducting activities for testing various strategies. In these projects, State Councils for Educational Research and Training (SCERT) and the District Institute of Educational Training DIET are also involved.

For those not in schools or have no access to organisations there is the **Indira Gandhi National Open University (IGNOU)**. Initially a modest effort was made to disseminate an information kit on HIV/AIDS to 3,00,000 students enrolled in IGNOU. But soon the demand for such material grew even from NGOs and in early 1999 it was decided that IGNOU would provide a certificate programme on HIV/AIDS, a decision taken at an inter-agency meeting which brought together physicians, academicians, donor agencies and NGOs.

While such experiments are heartening, every now and then there is a statement that makes one wonder where the issues are headed.

‘Our society is not an open one. Inclusion of sex education in the syllabus can also have an adverse effect.’ Ram Chandra Purbey, State Primary Education Minister, Bihar. (People and Planet. October 30, 2002)

The **National AIDS Control Programme (NACO)** has also targeted adolescents as a special group within its work. Its draft framework on Condom Promotion Strategy has a strong focus on adolescents.

While the Centre and State educational authorities have been somewhat slow, others have stepped in. Research institutions and NGOs have recognised the importance of advocacy and got the media interested. Not surprisingly HIV/AIDS has been a major drawing card for coverage.

#### ***D. RESEARCH AND PUBLIC HEALTH INSTITUTIONS***

In 2000, the Delhi based Vidyasagar Institute of Mental Health and Neuro Sciences (VIMHANS) initiated *Expressions 2000*, a project to sensitise children about sex and reproduction. (Shridhar, 2000). Dr. Jitendra Nagpal, consultant psychiatrist at the institute said that they realised that the root cause of most of stress-related problems of adolescents were linked to their inability to

cope with relationships. Being exposed to various media influences the adolescents were in a quandary with respect to their sexuality. And, not getting the right advice or information, they were confused as to where to draw the line.

Nagpal and his team structured questionnaires for public and government schools to understand what the adolescents wanted. They found that both boys and girls wanted sex education to be part of the curriculum because they felt that their emotional problems were being exacerbated by a lack of knowledge. The goal of the VIMHANS team was to develop modules for adolescents based on this information.

The team found that 40 to 50 per cent of boys and girls reported emotional adjustment difficulties, girls facing more emotional difficulties. Over 50 per cent students reported a wide communication gap with their parents. They said their movements were restricted especially with regard to the opposite sex, and they lacked independence. The parents, on the other hand, found adolescents, ‘defiant, hostile, and demanding excessive interaction with friends’. 60 per cent of the responding adolescents said they were closer to their mothers than their fathers. 80 per cent of the students felt they needed stress management techniques. They also felt that a holistic approach to education would be helpful in dealing with stress.

#### ***E. NON-GOVERNMENTAL ORGANISATIONS (NGOs)***

In the city of Delhi, as far back as the 1970s, organisations have made themselves available to young people on the issues of sexuality and reproductive health, and abortion.

**Family Planning Association of India (FPAI)**, started in India in 1949, is the first organisation of its kind. The International Planned Parenthood Federation (IPPF) was born in Mumbai (then Bombay), India in 1952, and the FPAI its first affiliate.

FPAI today serves adolescents through its 36 Sex Education, Counselling, Research, Training/Therapy (SECRIT) Centres across the country. They offer training sessions for parents, teachers, adolescents, and the physically and mentally challenged.

**Parivar Seva Sanstha (PSS)**, started in 1978, currently has a network of 33 clinics, two mobile units and numerous projects and programmes in 18 Indian states. A major contribution of PSS has been its services to women seeking abortion, and it is one of the few organisations that advertise this service. Their goal has been 'to improve the quality of life of people through interventions pertaining to their reproductive health, with special emphasis on "Children by choice not chance".' PSS works in the area of social marketing of clinical services, marketing of products and reproductive health education and training. PSS is affiliated to the London-based Marie Stopes International. PSS, Delhi has produced a 257 page Reproductive and Health Education and Training Manual for trainers, which covers almost all aspects of these issues.

**Population Council** works to foster policies and programmes to improve reproductive health, reduce gender disparities, and supports sexual and reproductive choice. In India, the Council has worked to inform and get the co-operation of policy makers as well as media professionals to raise awareness of the above goals.

#### ***F. EMERGING NGOS***

In the 1980s and 90s, several NGOs began to enter the arena of reproductive health (a term coined at the 1994 International Conference on Population and Development). Some provided services and others information, outreach and services. Some were catering to the middle and upper classes, while others were based in the low-income areas such as urban settlements.

In the 1990s, organisations such as the **Naz Foundation** and **TARSHI** (Talking About

Reproductive and Sexual Health Issues) began working with schools, operating hotline services and also doing outreach in schools, colleges and communities. Much of this work was supported by the various UN agencies focusing on women, health, children and the more cutting edge private foundations.

**MAMTA** and **Swaasthya** placed their work in urban settlements.

Other organisations have offered information and not services, being cautious and fearing reprisals. In 1996, the Director of the Centre for Development and Population Activities (**CEDPA**) 'Better Life Options' (BLO) programme said that they did not offer contraceptive services to teenagers who are unmarried, because they did not want the programme to die. (Stambush, 1996). **Prerana**, the New Delhi based NGO operating since 1974, has been implementing CEDPA's BLO since 1987. Working in six villages around Delhi they work in literacy, vocational training and income generation, family planning and preventive, curative and reproductive health.

NGOs such as **Swaasthya**, **MAMTA**, **PSS** and **FPAI** serve communities who are not in schools or those who seek services where they have to pay market rates.

Recognising the importance of networking, in the year 2000, 7 NGOs in the Delhi area came together to form **KIDAVRI**, to build skills in adolescents who are out of schools. Within this period, 45 more organisations have joined them. The future plans are to build capacity within the five regions of Delhi.

#### ***G. CHALLENGES AND UNMET NEEDS***

The responses to the needs of adolescents have been addressed by many agencies at various levels. During this time individuals and agencies have been frank to admit the challenges they face and the enormous unmet need. First, speaking publicly about sex, and in the context of adolescents, premarital sex.

'The discussion of premarital sex is delicate in many countries, but more so in India's culture. Often parents don't know or understand enough about the subject of sex to pass it on to their children. And, even if they do, they may be embarrassed to discuss it,' says Dr. Uma Agarwal, Executive Director, Prerana.

Educational planners and educators feel that making the right choices and defining priorities are even more difficult for them compared to other stakeholders, given the sheer size of the personnel they have to deal with. Dr. Janaki Rajan, Director, State Council for Educational, Research and Training (SCERT) says the schools are lobbied by organisations on many issues - reproductive health, environment, consumer issues - and much of this is packaged in a manner that does not take into account the needs and constraints of the system. Hence is not readily accepted by the end-user or integrated into the system. (CFAR, 2001)

J.L. Pandey of NCERT, points out that the two challenges before them were that since every individual had different requirements in dealing with adolescent reproductive health, it was realised that any initiative that tried working in an institutional or collective level is bound to face many predictable problems. Secondly, it would not be easy to develop a workable consensus on what is important or vice versa.

To address this, Mr. Pandey said that NCERT was using a double pronged approach. They had launched a concerted advocacy effort to impress upon the educational system and community of the need for such an intervention. Simultaneously, they developed a general framework on adolescent education. The latter, he said, was being developed in a manner that makes it possible to adapt it to different groups, situations and cultural settings.

Within this framework, the school system needed to be geared to play a more pro-

active role. Equal importance is being given to skill building, attitude formation and behaviour modification, and to dissemination of knowledge. But, with neither the school system nor teachers being entirely ready, willing and capable of addressing these concerns, NCERT is planning for the next five years to collaborate with NGOs and involve them in reaching the target group.

Developing material for sex education has also been a challenge. While there are examples from the US and European countries, and some of this could be adapted for the Indian situation. The material and programmes had to be culture and area specific and available in regional languages.

In the mid-1970s there was no suitable local material specifically developed for sex education. FPAI produced its own pamphlets, books, posters, and puppet teaching aids, videos and films. Two audio-visual productions, 'Growing Up' and 'Marriage: A Partnership' could not use live actors because boys and girls clothed themselves so dissimilarly in different parts of the country. Many customs 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, this material has been used to dispel myths-that girls must not enter the kitchen, pray or have a bath during menstruation-and have dealt with one of the causes of great anxiety in India (Watsa, 1999).

Staff and counsellors at TARSHI and PSS confirm that there is a great unmet need for sources of information and services, as well as spaces to discuss the issues of sexuality. To cater to the school population, these two and other NGOs have been approaching school authorities to do consciousness-raising about sexuality. Their attempts have received a mixed response. Many private schools are reluctant to allow the NGOs to work with the children, often saying that parents object to the subject of sex educa-

tion. School administrators, teachers and parents want awareness programmes to be indirect rather than direct. They would like terms such as 'life skills education' versus 'sex education' to be used. And when sex education or reproduction is part of the curriculum, some students report that teachers often do not want to cover these chapters. Others gloss over them. Government schools are harder to access. Based on these experiences, several NGOs say they plan to work with parents and communities.

The data provided by the experience of emerging NGOs provides insight into young people's needs and anxieties.

Female callers to the TARSHI operated hotline have questions on body image and painful sex. Men have concerns about masturbation, sexual problems, anal and oral sex, HIV/AIDS, homosexuality, abuse, violence, infertility, adoption, legal aid and emotional problems. Most calls are related to information and TARSHI often makes referrals. There are concerns about attraction to the same sex, opposite sex, fear of first time sex, painful sex, missed periods.

NGOs say that parents and teachers need a great deal of consciousness raising before adolescents can be reached. They are the gatekeepers and have the power to stop information reaching adolescents. Therefore almost all NGOs in the field of adolescent reproductive health are now joining hands with other NGOs or governments programmes and agencies.

Earlier boys were more curious. Now girls are also curious and outspoken as well.

## **VIII. WHAT GIRLS NEED, WHAT BOYS NEED?**

Are there differences in how young girls and boys and young women and men are perceived in terms of their sexuality? Are the biological and emotional needs understood when planning for information and services for them?

### **A. GIRLS AND YOUNG WOMEN**

The Naz Foundation reports that only 10 per cent of the telephone calls received are from girls. TARSHI says that 25 per cent of its calls on its hotline are from girls and young women. Questions from younger callers are as diverse as 'can I get pregnant if I kiss a boy?' and 'Is it safe to take an abortion pill?' (Teresa Barat, 2000).

Girls and young women are hesitant to pick up the phone and call help lines. 13-year old Daman says, 'Why ask someone who does not know me? I would much rather my friends or my family.'

During their outreach programmes to raise awareness about issues related to sexuality in schools and colleges, TARSHI counsellors received a flood of questions. Trained workers dealt with doubts about menstruation, growing up, sex and sexual orientation. The Naz Foundation offers face-to-face counselling by 'peer educators' who are generally college students trained to counsel other youngsters, to ensure an open exchange of ideas, experiences and information. (Barat, 2000)

A healthy exposure to sex information seems to empower adolescents to distinguish between normal sexual experiences and unwanted sexual attention. 14 year old Kavita says a talk with her mother when she was ten years old helped her to deal with boys trying to 'act fresh' or even for random touching from male classmates.

At another level, awareness has helped 14 year old Farah, who says; 'contraception is a joint decision and the responsibility of both partners.'

What happens if there is a pregnancy?

'Abortion is the only answer,' says 15 year old Asha. And 18 year old Kamla says, 'it is not practical to thinking of bringing up the child because you are too young to decide whether you want to spend the rest of your life with the boy. So, you end up getting married for the wrong reasons.'

But young girls have no qualms about pre-marital sex, if they are 'in love' and are using protection. 13-year-old Daman says 'I am going to get married when I am 30. I don't want to remain a virgin till then.' (Barat, 2000)

**Indian parents are caught in a time warp. Many are protective about their daughters. Sons, they feel, need more exposure to stand on their feet and face the world.**

- 1 40-year-old businessman, Parveen Kumar Singh, father of two girls says, 'most Indian men want to go out with girls who are smart and outgoing. But when it comes to marriage, they want lily-white virgins. Can you blame the parents for at least trying to keep their girls away from men?' (Gurung, 1996).
- 1 'In our times, virginity was a way of life. Today, values have changed and tomorrow if my daughters aren't virgins, it won't be the end of the world.' Says Poonam Prasad, 42-year-old-mother of 2 college going girls. (Gurung. 1996)
- 1 'In India, virginity is equated with virtue. And, because so much emphasis is laid on it, parents constantly keep their child under check, the message being that sex is bad. This, in later stages, stops women from enjoying sex. On the other hand, a kind of surreptitiousness is given to boys by way of freedom to carry on,' says Dr. Vinay Kehtrapal, a child psychologist.
- 1 Dr. Nalini Sahay, psychologist and counsellor feels virginity is really a personal choice. Whether parents want to admit it or not, she says, there is a lot of experimentation going on among teenagers, even in schools. The attitude of the adolescent is: 'It's my virginity, I'll do what I want.' Sahay says that sexuality is about femininity and masculinity, it is an important part of personality, and its acceptance adds to a person's wholeness.

Parents and young people are challenged by adolescent changes. Growth of breasts and onset of menstruation is a trying time for girls. When boys experiment with masturbating, parents are perturbed and worried.

A group of 20-year old women in their second year at a Delhi co-educational college share their confusion — by the mixed messages of Hindi and English serials on television. Some serials profile emancipated young women, while others show very domesticated husband-worshipping wives. But, these young women also have their own views, are conscious that their families are often different, as are their relationships.

However, they admit they do not have enough information about contraception, and would not go to their parents if they were pregnant. In school they did not learn much about sexuality or reproduction. The teachers were awkward, and the girls were not ready to hear about it, or take it seriously. Ironically, now that they want and need the information, they are not getting it at the college or from grown-ups. They don't use hotlines and are not that aware of the details of AIDS, saying it won't happen to them.

The young women feel their college environment is hostile to their concerns, the authorities cite lack of resources for not encouraging extra curricula activities. There is no room for discussion in college about sexual issues, or any discussion about homosexuality. The women want such issues to be part of the school and college curriculum and not something outside it. They say they are groped (felt up) in public places and in public transport, and have to fend for themselves, as men cannot protect them.

A group of 16-year-olds in a South Delhi co-ed school are alert, confident and rearing to go. They are looking forward to college, wanting to study law, psychology, engineering, and social sciences, focusing on one subject and wearing 'home clothes' and having more freedom.

For them an ideal man is 'hot, must have a good arse, good hair, eyes, and personality'.

Girls know about abortion, but say they would not be caught in that dilemma. They know when to stop. They know about birth control pills, and condoms. They know about AIDS and risky behaviour. But they also say that they would not hang out with the type that could have AIDS. They have incomplete information about birth control pills, many saying that it has side effects like making them fat, prevents conception when they want to/should they want to, and causes painful and heavier periods.

The group felt strongly that teenagers need to know about sex and contraception and should be given information about it. They said they knew when to stop but not knowing about it was worse.

Girls said they hung out with boys, sometimes from their school, and sometimes from other schools. They go to movies, and frequent coffee shops, in groups. They don't always tell their parents about these get together, but wish they could. Some would feel more comfortable telling only their mothers. Parents feel girls should not be given too much freedom as they might get into trouble (read pregnant). But the girls say they would know when to stop and parents should trust them.

They know about their menstrual cycles, and AIDS from school and media. They don't watch too many TV serials, laughing at the Hindi prime time wife-mother-in-law joint family dramas. Spare time is spent on the Internet, chatting. They read *Cosmopolitan*, *Filmfare*, *Outlook*, *India Today*, *Savvy*, etc.

When do they think they should have sex? Ideal age for sex is 18, sometimes below is fine depending on when they are ready for it. There is no magic age defining maturity. Each girl needs to figure out what that stage is for herself.

In the urban settlements of Tigri, young women were more concerned about getting a bad name if they got pregnant, than about the effects of pregnancy or abortion.

## **B. BOYS AND YOUNG MEN**

Boys, like girls, are socialised to behave in certain ways. The myth is that men know more about sex than women. But studies as well as anecdotal data suggest that male adolescents have as much anxiety as female adolescents do. Interviews with adult men can give a picture of what they went through, growing up.

'My parents never discussed issues of sexuality or marriage and sexual matters. Whatever I have come to know has been through friends and colleagues. And I have learnt practically nothing. It was just about how to have sex, or perhaps masturbate and invariably end up feeling guilty,' says 25-year-old Nalin, a graphic designer.

Boys in Tigri were concerned with 'defamation' if they were to pursue young women in the colony. While some were not concerned about getting women pregnant, they were worried about STDs, especially those that visited sex workers.

Till recently, most outreach services were catering to girls and young women. But it was apparent that unless male adolescents were also part of the outreach, it was addressing only half the problem. Now, many NGOs have begun to address the concerns of boys and girls and young men and women, together and separately.

This paper focuses more on girls and young women as they have been ignored for so long, and suffer more acutely the consequences of unplanned pregnancies.

## **IX. MEDIA : FLIRTING WITH ADOLESCENTS**

Does media have an influence on adolescent sexuality and reproductive health behaviour? In reality, media merely flirts

with adolescents, rarely reporting faithfully on the fullness of adolescent reality.

An online search of national dailies such as the *Times of India*, *Hindustan Times*, *Telegraph*, *the Hindu*, *Indian Express* and magazines *Outlook* and *India Today* shows that coverage on issues of adolescent sexuality and reproductive health is very poor. Few studies have been done on how the media actually influences young people and vice versa.

A project on monitoring coverage of population and development issues in mainstream print media in India, was carried out by Women's Feature Service (WFS), an international news feature service headquartered in New Delhi. The objective of the project was to determine the extent to which the ICPD had made an impact on the reportage and coverage of the issues of population and development in four selected print dailies. (WFS, 1997)

Four national dailies, the *Deccan Herald*, Bangalore, the *Telegraph*, Calcutta, the *Times of India*, Mumbai (then Bombay) and the *Tribune*, Chandigarh were scanned from July 1, 1966-June 30, 1997. The WFS selected 12 indicators based on the ICPD Plan of Action. One was teenage sexuality.

The monitoring concluded that issues of child survival, health, nutrition, family planning, maternal mortality, primary education, child labour, AIDS and teenage sexuality were largely missing from the coverage of the four dailies, with a few exceptions. There was no concerted effort for planned reportage, features or editorials. UN agencies do not seem to be impacting adequately print media, and therefore, the general public. When ICPD issues are covered, it is usually because of a special day, report or campaign. Most coverage lacks a gender perspective, and little effort is made to interview women experts or men and women who are being written about. The focus is on information, often reported in a sterile manner.

Each of the dailies monitored has regular op-ed writers and columnists for subjects such as economics, politics. But this is not the case for ICPD issues. Much of the writing is uninformed, biased and distorted.

The WFS study concluded by saying that 'the continuing lack of space and attention to issues such as maternal and child mortality, teenage sexuality, HIV/AIDS, nutrition and family planning is worrying.'

A similar finding occurs in the Ph.D. work of Archana R. Singh. From her study of five English newspapers in New Delhi and Ghaziabad (bordering town in UP), she found that mass media messages are sporadic and inconsistent. They appear during world AIDS Day and never appear again unless there was a sensation raising case of AIDS. Celebrity charity shows held for AIDS were covered with much more enthusiasm but reported in a frivolous manner concentrating on the celebrity rather than the cause. Singh's thesis was on the role of mass communication and the control of AIDS: *Mass Media Strategies in India*. She worked with school adolescents in the two cities. She found that Delhi adolescents are more open to messages in mass media, while adolescents from Ghaziabad preferred message from medical professionals. (Singh, 2002)

The media's coverage of adolescent sexuality is confused and erratic.

Consider this headline: 'Abortion used as contraceptive by teenagers: Study.' The news piece appearing on page 11 *Asian Age* in 2002 cites a preliminary report of a study on gender selective abortion in Mumbai, commissioned by the Maharashtra State Women's Commission. While the report focused on sex selection abortion, the embryo trade, and abortion being used as a back up to contraceptive failure by mature women, the headline focus is on teenagers. News media use catchy headlines to catch the attention of readers.



Adolescent sexuality is reported on through articles such as the above mentioned dailies, which also cover conferences, workshops, reports, and studies, press releases sent by organisations working on sexual health issues. There are hardly any opinion pieces on adolescents, sexuality or abortion, and no special reporters assigned to these issues as there are for politics, economics, crime and the government.

Newsmagazines and other niche publications give more time and space to explore the issue.

Over the last five years English language magazines such as *India Today* and *Outlook* have run cover stories on young people. The focus has been loosening morality, increased sexual intercourse, rising consumer lifestyle, emotional problems. *India Today*, *Outlook* and *The Week* have commissioned research organisations to do surveys on the issues. The samples range from 300-2000 respondents, and the reach is metro to small towns, covering males and females from the ages of 15-50.

Both print and electronic media are businesses. Whenever they have been reminded of their social responsibilities towards their readers or society at large, they have defended themselves. News, current affairs, entertainment and information - they have to put out what sells and what readers, listeners and viewers want. And who knows what viewers want? Sales of newspapers and magazines, Television Rating Points (TRP) and door-to-door surveys give this information.

There is a minor but significant revolution on television: serials have got physical. Sensuality is being shown and celebrated (Bajpai, 2002). TV advertising is bolder and young women and men are often shown in situations having fun, being competitive, and enjoying themselves and each other.

The Internet is a source of information and entertainment for many adolescents. By

the year 2005, India is expected to have 25 million Internet users, up from three million in 2000 and 5.5 million at the beginning of 2001 (BBC)

Bollywood has a strong influence on young people's notions of sexuality. Over the years, the censors have become more liberal, producers bolder with their productions, and a generation of actors/actresses who are ready to bare it. There was a time when viewers had to resort to their imagination when the hero and heroine got closer, the scene moving to mountains, birds and flowers. Not any more. Now, there is premarital sex, pregnancy, abortion, births, and extra marital affairs, rape and violence. A current and popular theme is women involved with younger men, and in 2003 at least two movies will explore homosexuality.

'*Lagaan* wins youth vote' is a headline in the national daily Hindustan Times, reporting on a survey it contracted to research agency Taylor Nelson Sofres Mode, in the cities of Delhi, Mumbai, Bangalore, Kolkata and Chandigarh. Interviews were conducted in one rural area. Young people between the ages of 16 and 24 were polled. (Hindustan Times, January 31, 2003).

*Lagaan* won hands down as best Hindi movie of the year. *And Dil Chahta Hai* got the highest votes from the city youth, along with a film *Bend It Like Beckham*. *Devdas* appealed more to rural youth than urban youth. *Monsoon Wedding* was also on this list, with the *Guru* and *American Desi*.

Watching movies is the favourite leisure time activity for youth-after watching TV, spending time at home and listening to music. Most urban youth watch both Hindi and English films, though more girls than boys say they would rather watch a Hindi film.

The films *Lagaan*, *Dil Chahta Hai*, *Bend it like Beckham* and *Monsoon Wedding* have a common theme — young people as protagonists, putting themselves on the line, fight-

ing for what they believe. These films have love, attraction, sensuality, and deal with issues that youth face.

In Tigri, Sodhi and her team say that interactions between adolescents have become quite open in terms of willingness to talk about and have relationships despite societal pressures. Traditional value systems are challenged by images and catchy messages beamed on TV sets and cinema screens. Here, society is the limiting factor to adolescent sexual behaviour, and electronic media the enabling factor.

It seems that adolescents — whether they are in Tigri or South Delhi — take many cues from the media, but have their inner resources to filter fantasy from reality. They are open to the influences of the media, but not blinded by it.

Media has been effected by adolescents and does give them space, but purely for business reasons. The media sees adolescents as a market, as adults of tomorrow.

Media cannot play any more of a role than it does now. It informs, to some extent, it reports to a smaller extent and titillates to a large extent. Other stakeholders will have to shoulder the responsibility of informing adolescents in a realistic way.

## **X. CONCLUSION**

There are few studies that definitively suggest that adolescent abortion is on the

increase or decline. What is clear is that adolescents are experimenting with sex, are often not protecting themselves, and facing unwanted pregnancies.

The needs of adolescents are pressing and urgent. Over the last decade and in particular the last five years, there has been a response to these needs from various sections of society. But, the highly clinical and technical response to the urgency has ignored and down played their feelings and emotions.

**Adolescents are seen as individuals and a group to be curbed, controlled, and kept in the dark about sex and sexuality. They have been given either none, little, or incorrect information about human reproduction and are often unable to understand and address their sexual needs. They experience shame, guilt and anxiety about this period of their lives.**

The media reflects some of these issues and projects certain trends. However, it is not consistently portrayed, or in depth, and nor have there been sufficient studies on this.

All adults, especially those in close contact with adolescents, have a responsibility in coming to terms with their sexuality and the adolescents in their charge. Youth is a time of joy and experimentation. This is what young people want to experience.

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