



Vardaan
Foundation

Policy Action Brief¹
on
**Reproductive & Sexual Health Issues for
Adolescent Groups**

Developed by
Adolescent Project Team members²



Center for Action
Research and
Developmental
Studies

This policy action brief is prepared for the unexplored issues of sexual and reproductive health of adolescent groups of our country. The idea behind such initiative is to promote sexual and reproductive health rights for youth; recognition of young people as individuals entitled to rights, and as key player in their own development. It provides key elements for understanding current policies targeting young people's reproductive health. It highlights successes and mistake, and shows us how individuals, institutions, and policy makers committed to youth must find innovative way to address young people's necessities and life circumstances.

The Problem: Today all over the world, adults in changing society wring their hand over the behaviour of young people, yet are often unable to communicate effectively with them about their sexual and reproductive lives. Parents, teachers and other adults widely fail to prepare young people with the information, skills and resources needed to chart a steady, healthy course through the transition to adulthood. Parent's difficulties in managing their own sexuality, combined with cultural beliefs about parenting, sexuality, and gender all constrain their ability to prepare young people. Failing to provide critical information, skills and support to young people sends them out into the world inadequately prepared for life.

Today, there is no doubt that young people continue to be viewed as incomplete human being as their sexual and reproductive health issues are least addressed either in their family or outside in the school. Thus, adolescent groups are at the crossroads of life and are consider gateway to the promotion of health. This is because, this period of age is a time of learning, which necessarily includes risk taking, but the conditions in which those risks are taken will often make the difference between constructive and destructive outcomes. Many of the behavioral patterns acquired during adolescence will last a lifetime. They will affect the health and well being of future children. The most burning issues is of unprotected sexual relations increase risks of unwanted pregnancy and too early childbirth, unsafe abortion and sexually transmitted disease (STD) including HIV resulting in AIDS. Among this group, majority sexual relations begin in adolescence, in or outside of marriage. Lack of knowledge, skills, and access to contraception, and vulnerability to sexual abuse puts adolescents at highest risk of unwanted pregnancy. Globally, UNAIDS and World Health Organizations estimates^a (1996) more than half of all new

¹ Based on field experience; literature survey; research and individual observation, the Policy Action Brief is developed and presented in four pages with suggestions for concrete actions so as to sensitize policy makers, programme managers, and public administration for swift action to the problem. It also intended to share the depth of this problem within the funding agencies and civil society for future action.

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HIV infections are among 15-24 year-olds. Of the estimated 333 million new STDs that occur in the world every year, at least 111 million occur in young people under 25. Now the question arises, why should we care about young people's sexual and reproductive lives? Doing literature survey; incorporating personal experience and looking the media reports, the following inference were summarized for the current issues:

1. Most young people around the world become sexually active between the age of 10-20 years^b;
2. In most of the countries, most adolescent childbearing occurs within the marriage^{c-d};
3. In developing countries, young parents, especially girls, are often compelled to leave school, resulting in social and economic challenges that negatively affect their well being;
4. Custom and tradition and other social norms are the main hurdle that limit information, guidance and services to which young people have access^e;
5. It has been observed that girls are vulnerable to more reproductive health problems than boys for both biological and social reasons and often have little or no right to explain over the conditions of sexual relation and childbearing;
6. Usually boys are exposed to other risks by ideas of what it mean to attain manhood;
7. The society or the community generally hold young women – but not young men – responsible for the consequences of unprotected sex;
8. Premarital unintended pregnancy can be disastrous for young women's educational and other prospects, they are forced to seek abortions;
9. As per UNFPA (2001)^{f-h} estimates, many young women (especially in sub-Saharan Africa and Middle East) confronted with short/long term psychological effects of FGC*;
10. As per UNAIDS (1999)^{i-j} worldwide, over ten million young people between the ages of 15 and 24 have HIV or AIDS.

* Female genital cutting – a procedure that often takes place just before adolescence

SEVEN REASONS TO CARE ADOLESCENT'S SEXUAL & REPRODUCTIVE RIGHTS

- ✓ Adolescent groups have a human right to receive the information they need to be able to make healthful decisions about their lives;
- ✓ Since the globalization and urbanization are influencing young peoples, the long neglected reproductive health needs of adolescent groups must be urgently addressed;
- ✓ All policy and programme managers must face the reality that there are greater number of young people alive now than ever before (1.7 billion between 10 – 24 years);
- ✓ The social and developmental consequences of sexual and reproductive decisions are often further reaching than the health consequences;
- ✓ Health is an important part of human physical and mental growth but, the custom-traditions and other social taboos related to sex, often overlooked the their such problems;
- ✓ The roles - responsibilities of parents and teachers sometimes compromise the rights of young people;
- ✓ After ICPD conference, 179 countries pledged to construct an international agreement to protect and support reproductive health and rights for young and adolescents

ALARAMING SITUATION IN INDIA

| | |
|--|------------|
| Total population, year 2000 ('000) | 1,008,937 |
| Population ages 0-24 (% of total population) | 52% |
| Population ages 10-24 (% of total population) | 30% |
| Annual Population growth rate | 1.69% |
| Average births per women 15-49 (TFR) | 2.9 |
| Births to women ages 15-49 (as % of all births) | 9% |
| Births to women ages 20-24 (as % of all births) | 40% |
| % of 15-19 year-olds ever married (male/female) | 10% / 36% |
| % of 20-24 year-olds ever married (male/female) | 40% / 83% |
| % of young married women (15-19) using any CM* | 8% |
| HIV prevalence in females 15-24 | 0.4 – 0.8% |
| HIV prevalence in males 15-24 | 0.1 – 0.6% |
| Year of schooling required | NA |
| Literacy among youth ages 15-24 (male/female) | 79% / 59% |
| Primary Gross Enrollment Ratio (male/female)** | 109 / 90 |
| Secondary Gross Enrollment Ratio (male/female)** | 59 / 39 |



NOTES: * Contraceptive Method ** Total number of children enrolled for every 100 school age children.

Sources: United Nations Population Division, 2001. World Population Prospects: The 2000 revision, New York; UN.

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- : International Institute for Population Sciences (IIPS) and ORC Macro, 2000; National Family Health Survey (NFHS-2) 1998-99.
- : United Nations Population Division, 2000. World Marriage Pattern 2000 (Wall chart), New York; United Nations;
- : UNAIDS, 2000. Report of the Global HIV/AIDS Epidemic; June 2000 Geneva, UNAID
- : UNESCO 1999, Statistical Yearbook, Paris UNESCO.

A Way Out

In spite of acknowledging the problem in India's National Population Policy of 2000 and launching incentive and investment schemes affecting³ girls and young women, the five point agenda will make sense to policy and programme managers:

1. The government needs to have complete thought to break silence, for draft on **National Youth Policy** and make sure that it is put forward for action programme.
2. With the changing economy through globalization and industrialization, India should overcome her discomfort with sexuality and face up the challenging task of addressing adolescent's reproductive and sexual health problems by **integrating** it with schools and public health institutions like SC/PHC/CHC. Make sure that these institutions take up as **mandatory activity** and integrate with **state run, and NGO** adolescent health programme.
3. Develop an information network (**Through Information Technology**) that not only educates the youth but also their peer groups (**Parents and Teachers**). Thus advocacy on the right of young people to reproductive health information and services is desperately needed in India.
4. The government should give special **attention to NGOs**, as they tend to have more experience working on adolescent reproductive and sexual health.
5. **Sustainability** of such youth initiative programme in school, college, PHC etc could be linked up with some **economic activities**, so that the benefits directly goes to the most vulnerable and under privilege adolescents groups for their **education** and **social custom**

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- d. McCauley, AP, and C Salter, 1995. "Meeting the Needs of Young Adults" Population Report. Baltimore. MD. USA: Population information Program, John Hopkins University.
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- f. Amnesty International, 1998. "Female Genital Mutilation" Available from website accessed on 8th January 2002 <http://www.amnesty.org/ailib/intcam/femgen/fgm1.htm>.
- g. UNFPA 2000 Lives Together, Worlds Apart: Men and Women in a Time of Change. New York; NY, USA: UNFPA 15.
- h. Senderowitz, J. 1995. "Adolescent Health Reassessing the Passage to Adulthood." World Bank Discussion Paper 272. Washington, DC, USA. World Bank.
- i. UNAIDS. 1999. Young People and HIV/AIDS Geneva, Switzerland: UNAID.
- j. UNAIDS 1999, Facts and Figure: 1999 World AIDS Campaign. Geneva, Switzerland: UNAIDS.

An Appeal

Vardaan Foundation has taken these burning issues and is quite interested to explore the problem through action cum research project. We seek joint collaboration for seeking financial support and implementing the programme at the desired level of institutions. We look forward joint collaboration with international donors; government bodies and other experts and individuals to make the programme viable and sustainable. Thus we will be highly obliged in becoming partner organization and seek organizational supports for facilitating resource mobilization and development of the people organization; delivering services at very low cost; reaching to the vulnerable and underprivileged adolescent groups residing in both urban and rural areas of our country.

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³ Balika Samridhi Yojana; Maternal Benefit Scheme; Fertility Reduction Schemes; in states like Andhra Pradesh, Haryana; Gujarat; Orissa.

Three Tier Conceptual Framework for Adolescent Health Programme (VARDAAN Model)

Key Players: Parents; Teachers; Students; PHC personnel; Young couples; Village-level youth and women groups ...etc

Key Institutions: Schools; Home; Health centers; Community centers; Social occasions (Youth Festivals); workplace ... etc

Developed by Dr. Harshit Sinha

| Challenges ¹ | Action ² | Propagating Youth Issues ³ |
|--|---|--|
| <ul style="list-style-type: none"> ❑ Building Political Consensus & Commitment: <ul style="list-style-type: none"> ○ Youth represents reproductive stage of life ○ It is a sensitive issues ○ Young people contributes more in national economy ○ Youth have fundamental rights to receive information on sensitive issues ❑ Identifying Priorities for action programme: <ul style="list-style-type: none"> ○ Myths and Realities ○ By age and sex and economy ○ Identify target groups ❑ Monitoring and Evaluation: <ul style="list-style-type: none"> ○ Establish and use indicators ○ Explore coverage and quality of services ○ Understand the impact of the entire project ❑ Sustainability of Intervention: <ul style="list-style-type: none"> ○ Foster relationship between Adult and youth ○ Reorient training session ○ Continuing education to peer groups ○ Intact interest of youth with their problems | <ul style="list-style-type: none"> ❑ To promote safe Health: <ul style="list-style-type: none"> ○ Early unprotected unwanted sex ○ Avoid substance uses ○ Seek right information ○ Caring relationship ○ Safety Belonging ○ Self Esteem ❑ To build competencies <ul style="list-style-type: none"> ○ Mental – Psychological – Empathy ○ Social – Behaviour – Communication ○ Physical – Sober and healthy appearance ○ Moral Responsibilities ○ Vocational and professional training | <ul style="list-style-type: none"> ○ Address their multiple health problems ○ Put youth at focal point of discussion ○ Strengthen programme management ○ Develop linkage and rapport ○ Make them key persons ○ Gender Consideration ○ Share success story |



NOTE:

1: Key Health Problems: *- unsafe pregnancy; maternal morbidity and mortality; abortion; sexually transmitted diseases, gender equality etc*

2: Major Interventions: *provide right information, build skill, improve health services, provide counseling, create safe and supportive environment...etc*

3: Guiding Concepts: *removing misconceptions, gender consideration, youth development; creating positive attitude ... etc*

For Public Circulation

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