INTRODUCTION

Adolescence is the period between childhood and adulthood. It is a time of rapid change and difficult challenges. This is the time when boys and girls daydream about what they want to be, when they develop intense idealism and feel a new doseness in relationships with their friends. It is the time when they begin to ask difficult questions about right and wrong. The adolescent goes through a wide variety of physical and psychosocial changes. These changes can overwhelm him or her and this phase is often called a phase of turmoil. Unfortunately, by withholding information about these changes and about different aspects of sex and sexuality from the adolescent, an already troublesome phase has become more complicated for many. Further, there are added confusions due to the various myths, misconceptions that abound around it, and also due to the stigma attached to the various issues of sexuality.

In India, despite the fact that adolescents form one-fifth of the Indian population, their Reproductive Health needs are poorly understood and ill-served. While the needs of children or pregnant women are acknowledged in national strategies and programmes, neither services nor research have focused on adolescents and their unique health and information needs. In a country where adolescents comprise more than 200 million, the health consequences of this neglect take on enormous proportions.

Traditionally, the transition from childhood to adulthood among females has tended to be sudden in India. On the one hand, as a result of the poor nutritional status of the average Indian adolescent, menarche occurs later than in other regions of the world. On the other hand, marriage and consequently fertility occur far earlier, thrusting females early into adulthood. The proportion of world adolescent population is rising faster than that of other age groups. An overwhelming proportion of 84% live in the developing countries. In India, of the estimated 200 million adolescents, over 8 million 15-19 year olds have experienced pregnancy by 16 years of age.

Non-school going adolescents form a significant part of the adolescent population in India. Their Reproductive Health needs are magnified because of their poverty and vulnerability for sexual exploitation (e.g. street and working children). There is a pressing need to devise appropriate Reproductive Health programmes for them, and to make the information and services accessible to such adolescents.

Social science researchers need to explore why adolescent's needs for Sexual and Reproductive Health services and information remain unmet and how services can be structured to respond to these needs, taking into consideration the social, cultural, and economic constraints that adolescents in India face.

In the following pages an attempt to define some of the terms used when talking about adolescence and address some of the current issues and debates associated with the subject.

SECTION ONE

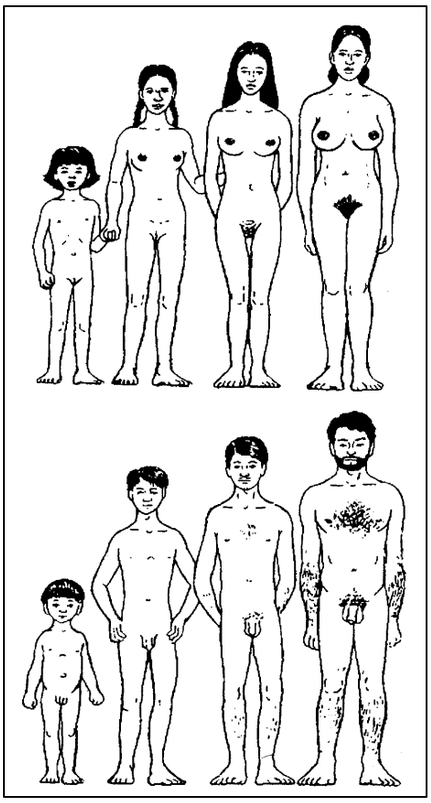
Understanding Adolescence

Adolescents are increasingly becoming the focus of attention in India. For a long time they were considered either children or youth and the special needs of adolescents were ignored. Adolescence can be considered as that period of life where the body and mind undergo changes but the individual also becomes increasingly autonomous, learns life-skills and is begins to manage her social responses and sexuality.

Some Definitions

Adolescence- Adolescence is the period between childhood and adulthood. It is defined as including those between 10 and 19 years of age; "Youth" as those between 15 and 24; and "young people" is a term that covers both age groups (WHO/UNFPA/UNICEF Statement, 1989). The Government of India definition according to the National Youth Policy (2000) is somewhat different and defines youth as those between 10 and 35 years of age, encompassing the age of adolescence (10–19 years) and the age of attainment of maturity (21-30 years)

Puberty- The biological changes that adolescence involves is often called puberty. In this transition, dramatic changes occur. There is the adolescent growth spurt caused by rising sex hormone levels. These sex hormones - mainly testosterone in boys and oestrogen in girls - also trigger the development of secondary sex characteristics. Puberty starts in girls about two years earlier than in boys. During puberty a number of physical as well as emotional changes take place in an individual. For example, girls and boys both experience an increase in the size of sexual organs and in body height. Ovulation and menstruation starts in girls whereas sperm production starts in boys. An important emotional change is that both boys and girls become conscious of their sexual feelings and themselves as sexual beings. Since society expects girls not to be sexual, a girl may feel guilty about having sexual feelings. Boys, on the other hand, seek information and experience in a surreptitious manner, and also end up feeling guilty or confused.



WHO definition of adolescents

WHO defines adolescence both in terms of age (spanning the ages between 10 and 19 years) and in terms of a phase of life marked by special attributes. These attributes include -

- Rapid physical growth and development
- Physical, social and psychological maturity, but not all at the same time
- Sexual maturity and the onset of sexual activity
- Experimentation
- Development of adult mental processes and adult identity
- Transition from total socio-economic dependence to relative independence

Psychological Changes

Adolescence is characterised by the development of a sense of individual identity distinct from that of the parents. It is also a time for experimentation and exploration of one's own body and capacities as well as in relations with others. Media and peers exert a very strong influence on the individual and dictate how she or he will respond to different social situations. Some of the changes that take place within the individual are the development of sexual desire, desire to explore and experiment, capacity to imagine and develop a sense of ideal, developing a sense of shame and guilt, confusion and irritation. It is a time characterised by mood swings which can lead from outgoing behaviour at one time to secretiveness and irritability at another. They learn to deal with sudden changes of social rules (for example - girls who could freely play with other children are now asked to stay indoors and conform to adult standards), as well as with their own growing sexual desires.

Adolescent sexuality

During puberty, rising hormone levels contribute to an activation of sexual sensations and erotic thoughts and dreams for boys and girls. It has been shown that boys and girls who undergo `late' puberty (around ages 15-16) generally have less and later teenage sexual activity - including masturbation and intercourse, than boys and girls who have `early' puberty (around ages 12-13). However, in case of 'precocious puberty' (i.e. when puberty occurs before age 9) there is usually no accompanying change in sexual behaviour. This is probably because the hormonal stimulation alone is not enough to initiate new behaviour patterns without a state of psychosexual readiness that the younger child simply hasn't attained. Sexual fantasies and dreams become

more common and explicit in adolescence than at earlier ages, often as an accompaniment to masturbation.

Many adults seem threatened by adolescent sexuality and try to regulate it in illogical ways. There are always excuses for not introducing sex education in schools ("it would put ideas in their heads"), limiting information about contraceptive methods, censoring what teenagers read or can see in movies (“pure minds, pure thoughts"), inventing school dress codes or simply pretending that adolescent sexuality does not exist. But throughout the world the majority of men and women, married and unmarried, become sexually active during adolescence.

Factors affecting Adolescent behaviour

Peer Pressure

As adolescents struggle to establish a sense of personal identity and independence from parents and other authority figures, interactions with their peer group become increasingly important. They look to each other for support and guidance, vowing to correct the mistakes of the older generations. But they quickly discover that their peer group too, has its own set of expectations, social controls, and rules of conduct. There is a high pressure on the adolescent to conform to the etiquette of the peer group. Many adolescents are pressurised to smoke, drink alcohol, get into sexual activity - even into drugs - by this pressure. Thus the adolescents' need for freedom is usually accompanied by a need to be like their friends, even though these two needs sometimes conflict.

Peer pressure often works by way of ridiculing the victim. At the least, this peer pressure can make some adolescents feel miserable and inferior if they cannot conform. For example, some boys often brag about sexual exploits with the opposite sex (which may or may not be true), and with girls it can be stories about a relationship. Stories of such professed behaviour can make some others of the same peer group feel inferior. Similar pressures can sometimes make a person lose his/her self-esteem and confidence and can

negatively affect his or her personality way into adulthood. The best way to help an adolescent cope with such pressures is by imparting proper education on issues such as sexuality, drugs, smoking, etc. as well as on the skills of coping with such peer pressure, and by providing counseling.

The Generation Gap

During adolescence, movement away from the family continues. Identity formation and developing autonomy are tasks that must be faced during this period. The degree to which an adolescent is able to do this will later affect his or her capacity to develop intimate adult relationships. The task is complicated, because, while adolescents must go through a process of disengagement from their families, they still need guidance from their parents. Not surprisingly, parents and young people often have a great deal of difficulty managing this seeming paradox. This issue is raised because parents sometimes feel that their adolescent sons or daughters are beyond the age when they need or will respond to the opinions or wishes of their parents about sexual behaviour. However, adolescents want and need this guidance, and parents need to maintain their own equilibrium during this period and to continue to support their adolescent sons or daughters. This tension between parents and the adolescent is often referred to as the generation gap.

Anxiety around pubertal changes

The changes that start in a child during puberty are sudden and intense. Since these changes involve the sex organs and sexual feelings, the child is not prepared by society to face them. There is almost no source for him or her to seek information about these changes. Talking with parents or teachers is usually taboo. Peer groups often are ill-informed themselves and tend to give misleading and distressing information, which further mystifies the issue. Whatever an adolescent gathers from her/his environment is that these changes involve 'dirty' parts of the body, and this tend to aggravate the problem.

This anxiety is usually there for what are only common pubertal changes. For example nightfall, masturbation or menstrual bleeding can cause severe anxiety in a child. However, if some of these changes are unusual or socially complicated like homosexuality, the anxiety can also drive the adolescent to suicide. There is an immense pressure on adolescents from the middle class and even poor sections of the society in India to work towards securing a job or employment. All other things, especially the anxiety around pubertal changes, take a back seat. These issues are often left un-addressed and can result in poor Reproductive Health even as adults and affect the personality and relationships of the individual long into adulthood. The adolescent has to

face a lot of psychosocial challenges, e.g. becoming independent from parents, developing skills in interacting well with their peers, devising a workable set of ethical principles, becoming intellectually competent, and acquiring a sense of social and personal responsibility, etc. At the same time

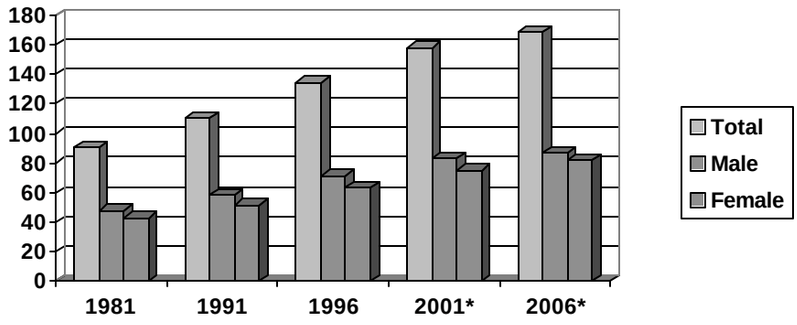
that this complex set of developmental challenges is being met, the adolescent must also cope with his or her sexuality and try to adjust it to social expectations.

What is not usually stressed is that adolescence is also a time of discovery and awakening, a time when intellectual and emotional maturation combine with physical development to create increasing freedom and excitement. An unfortunately paradoxical situation arises in the sexual sphere where social norms prevent this natural desire for discovery.

The Adolescent Population

While the number of adolescents are now significant - more that 20 % of India's population (more than 200 million), they are not a homogenous group. The issues of adolescent girls is distinct from that of adolescent boys. Gender differences and discrimination also start manifesting in the behaviour of adolescents from this age onwards in the most pernicious way. Besides this obvious difference there are differing needs of the school going adolescents and those who never went to school or dropped out. Rural -urban differences also exist.

Chart 1: Population of Adolescents by sex in India (in Millions)
(Source: Office of the Registrar General, Inida, 1996;* projections)



Adolescent Health Concerns

Some of the most important adolescent health concerns are those pertaining to **nutrition, reproductive and sexual health**, **drug and substance abuse** and **violence**. Adolescents comprise a major portion of the reproductive age group. While western countries have the problems of teenage pregnancies and abortion, early marriage and pregnancy are a serious health issue in India. Early marriage and pregnacy is still widespread in India and young girls who have still not completed their physical development and forced to undergo pregnancy and childbirth. Early pregnancy has a deleterious impact on the already undernourished body leading to severe anaemia. High levels of anaemia and low body mass index are common among adolescent girls and women. For boys experimentation with alcohol and drugs leads to habit formation. Urban India is now full of drug de-addiction and rehabilitation centres - a rare sight even a decade ago. In many urban areas sniffing petrol has also taken epidemic proportions. Intravenous drug usage has emerged as a leading cause for HIV transmission in the in young people in the north east. Unsafe sex in this age group is also emerging as a major reason for STDs and HIV/AIDS.

Childhood and adolescents is also emerging as a very high risk period for sexual abuse. A high proportion of rape cases take place in the under 16 age group. This age is also the time when girls are at risk for trafficking. For boys this is the age when patterns violent behaviour start establishing themselves.

Campus violence including violence against women has now become a common feature of Indian colleges and universities.

Sexual behaviour in adolescents

Adolescents practice a wide variety of sexual behaviour. The commonest of them is masturbation. Mutual masturbation among same sex adolescents is also common. In spite of this there is a huge amount of guilt associated with the activity. Other forms of sexual behaviour include necking and petting, which are physical contacts in an attempt to produce erotic arousal without sexual intercourse. Sometimes petting and necking can also lead to orgasm. Sexual intercourse and male and female homosexual relations are some of the other forms of sexual behaviour practiced by some adolescents.

There is not much data available in India about the percentage of sexually active adolescents. Amongst the sexually active adolescents many have single partners, others have more than one partner at a time. Many adolescents enter into a sporadic sexual activity and then keep away from sex. Others indulge in sexual activities regularly. Information about safer-sex practices and its usage is far below optimum levels among Indian sexually active adolescents.

Common myths amongst adolescents on sex and sexuality

As there is no legitimate source for an adolescent to seek information and clarification about pubertal changes, and the curiosity is high, the adolescent tries to gather information from peer groups and from pornography, both of which provide wrong information. Many myths regarding sex and sexuality have become deep rooted amongst the adolescent. These myths stay with the adolescent for the rest of his/her life and are handed down to the peers from generation to generation. Some of the more common myths are:

1. Masturbation is harmful.
2. Nightfall is a disease.
3. Sex is a dirty word.
4. Boys are more sexual while girls are more `romantic' Some adolescents however believe that girls are more sexual.
5. Certain activities are made by nature for boys only while others are meant for girls only.
6. Boys with smaller penises will not be able to give sexual satisfaction to their partners or will not be able to reproduce.
7. Enlargement of breasts in boys during puberty is a sign of being a `female' from inside.
8. Girls with smaller breasts will be less sexual, will not be able to breastfeed the baby and will not be able to sexually satisfy her partner.
9. An intact hymen in a girl indicates her virginity.
10. Boys who have lesser hair on their face are not men enough.
11. A girl becomes unclean during menstruation.
12. One can get pregnant through petting, kissing or anal intercourse.
13. Withdrawal before ejaculation will not make a girl pregnant.

SECTION TWO

Reproductive and Sexual Health and Allied Adolescent Issues In India

As a result of poor nutritional status, menarche occurs relatively late in India; therefore, the biological onset of adolescence, at least among females, may be later in India than elsewhere. On the other hand, marriage and, consequently, the onset of sexual activity and fertility occur far earlier in India than in other regions of the world, thrusting adolescent females early into adulthood, frequently soon after regular menstruation is established and before physical maturity is attained. Unlike in most other countries, adolescent fertility in India occurs mainly within the context of marriage. As a result of early marriage, about half of all female adolescents 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. In general, the sparse information concerning other aspects of adolescents face a variety of reproductive health problems beyond early marriage and fertility. Some of the important issues of adolescent reproductive and sexual health in our country are discussed below.

Adolescents and young people in India
Some facts and figures

- 38% women in the age group 15-19 years are married
- 51% of women aged 20 -24 years began their first marriage before age 18
- The NFHS (92-93) indicates that 36% married adolescents (13-16 years) and 64% of those aged 17 -19 years, or 17% or all adolescent females are already pregnant or mothers
- Approximately 7% of married women aged 15-19 years use a contraceptive compared to 21 % in women aged 20-24 years
- Micro-level studies indicate proportion of young females attending STD clinics is increasing
- Experiences of a large service oriented Family Planning organisation indicates that STIs in the age group 15-19 years have doubled over the course of the 1980s

Early marriage and pregnancy

Although India's Child Marriage Restraint Act prohibits marriage below the age of 18 years for girls, its enforcement has been ineffective, particularly in traditional societies where child marriage followed by cohabitation is a norm. In such situations, parents often take decisions on behalf of adolescents. These young women are vulnerable to being unprotected from pregnancy and sexually transmitted infection. They are also unlikely to have decision-making power in their sexual relationship. Even parents are able to do little to help married daughters confront the problem of an infected husband. Early pregnancy and motherhood occur to females who are married during adolescence, and exposes them to particularly acute health risks during

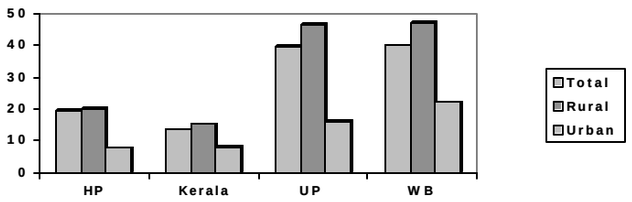


Chart 2 : Percentage of Married Female Adolescents (select states) Source: IIPS, 1995

pregnancy and childbirth leading to high maternal mortality. The extra nutritional demands of pregnancy come close on the heels of the adolescent growth spurt, a period that itself requires additional nutritional inputs. Any shortfall can result in the further depletion of the already malnourished adolescent. All this can result in severe damage to the reproductive tract, elevated risks of mortality, pregnancy complications, perinatal and neonatal mortality, and low birth weight. Available evidence suggests that maternal deaths are considerably higher among adolescents (the risk being upto twice as high) than among older women. Pressure on an adolescent girl to conceive may lead to unnecessary medication and premature investigations at the hands of practitioners. Some invasive tests like injecting dyes in the uterus can themselves lead to infertility.

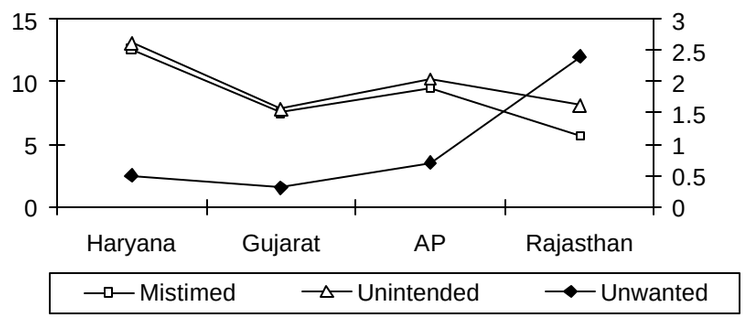
Double standards - While adolescent sexual behaviour, sexual awareness and attitudes remain poorly explored topics, and available findings are not entirely representative, a disturbing picture emerges. The available evidence suggests a significant number of adolescent boys and girls are sexually active before marriage. Sexual awareness seems to be largely superficial. Social attitudes clearly favor cultural norms of premarital chastity. Double standards exist whereby unmarried adolescent boys are far more likely than adolescent girls to be sexually active; they are also more likely to approve of premarital sexual relations for themselves; and they have more opportunities to engage in sexual relations.

Unwanted pregnancies and abortion

As mentioned above adolescents are at risk from unprotected sex which often leads to unwanted pregnancies. Though accurate information about adolescent abortion seekers is limited, what is available gives a disturbing

picture. Unmarried adolescents constitute a disproportionately large proportion of abortion seekers. Especially disturbing is the fact that unmarried adolescents are considerably more likely than older women, to delay seeking abortion services and hence undergo second trimester abortion. This is because of lack of awareness of pregnancy, as well as ignorance of services and fear of social stigmatisation. Health consequences of abortion are particularly acute for adolescents. A large number of adolescents suffer complications. Those seeking abortion experience fear and anxiety regarding the abortion, their own sexual behaviour and its social implications. Studies have also suggested the vulnerability of adolescent abortion seekers to repeat abortions. Adolescent girls, especially for a pregnancy out of wedlock, have to pay much more even at certified MTP centres. This encourages them to resort to cheaper but unsafe alternatives. A disturbing proportion of adolescent abortion-seekers become pregnant as a result of rape or non-consensual sexual activity, suggesting the prevalence of violence against adolescent girls.

Chart 3 : Fertility Planning status among adolescents(select states)
Source: IIPS, 1995



Contraceptive use among adolescents- Though it has been acknowledged by the Ministry of Health and Family Welfare that a 20-30% of adolescent males and 10% of adolescent females are sexually active before marriage (MoHFW Country Paper 1998) there is no provision for providing unmarried adolescents with any contraceptive services. Even among married adolescents the use of contraceptives is very low and the NFHS-1 data suggests that less than 10% of married adolescents were practising contraception as opposed to 20% for married women in the 20 to 24 age bracket and over 60% in the 35 -39 age bracket. This also reflects the fact that contraception in our country is still heavily loaded towards female terminal methods which have very little significance for adolescents. Data from this survey also reveals that adolescent girls have less knowledge about temporary methods than the women in the higher age group.

Adolescent Health

Adolescents and Reproductive Morbidities -Reproductive morbidities are usually associated with slightly older women in the 30+ age bracket but they are also facts of life adolescents. It is far more difficult to deal with reproductive morbidity beginning in adolescence: young daughters-in-law are expected to be fit, robust, and endure high degree of discomfort even while shouldering a heavy domestic work burden. They have little choice about being sexually more active, and also have repeated childbearing ahead of them. Their parental, not marital family are often expected to invest time and money in their medical treatment. These factors make it that much more difficult for them to receive support and proper care. Some of the common reproductive morbidities that adolescent girls have to deal with include - Menstural irregularities including delayed menstruation and heavy bleeding, dysmenorrhoea (pain during periods), white discharge, infertility, spontaneous abortions (both threatened, complete and incomplete). In many cases these girls have very little access to health care services, and the family too doesn't expect them to be sick and seek treatment. Complaining of such problems has the risk of being accused of malingering, this risk being lower in case of older women.

STDs and HIV/AIDS – As mentioned earlier, adolescents in India engage in sexual activity both inside and outside marriage. These relationships could be consensual or coercive. But one fact that is more-or-less universal is the lack of knowledge about safe sex or contraceptive use. Despite campaigns by the government knowledge about AIDS is limited, especially outside the big cities. This ignorance makes adolescents especially vulnerable to these diseases. Unfortunately there is little hard data available on prevalence figures, but there is evidence from micro-studies that knowledge on these issues is limited. Some micro-studies have also demonstrated that young people suffer from STDs. Young people are at high risk due to early onset of sexual activity, low contraceptive use, likelihood of multiple sexual partners, and due to lack of knowledge and appreciation of risks.

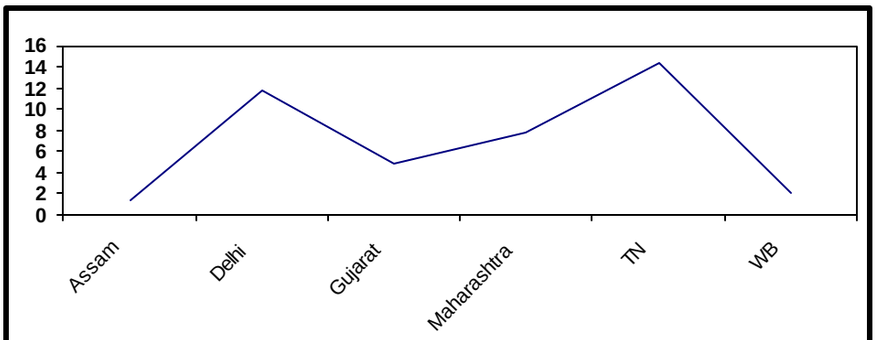


Chart 4 : Percentage of female adolescents who have heard of HIV/AIDS
Source: IIPS, 1995

Nutrition - The adolescent girl is nutritionally very vulnerable. Nutritional discrimination starts early in life but then in adolescence the female body has to start dealing with the phenomenon of menstruation. The monthly blood

loss further straining the already meagre sources of iron. Early childbirth or abortion compounds the problem further. Even without these the problem is serious and Indian girls are known to suffer from stunting and anaemia. The problem of malnutrition is also prevalent in boys because adolescence is the time for growth spurt for both the sexes, but data suggests that boys are less undernourished than girls (20% as compared to 45%- India country paper DWCD-1999).

Adolescent Sexual Behaviour in India

Studies (Jeejeebhoy 1996, Mehta 1998, etc.) on sexual behaviour of adolescents indicates that

- Adolescent sexual activity is higher is boys than girls though there is under-reporting of non marital relationships in girls
- Though attitudes to premarital sex are conservative, both boys and girls engage in premarital sexual activity, boys more than girls.
- Commercial sex workers often serve as partners for first time sexual encounters
- Contraceptive use is low in general and is rare in sex with commercial sex-workers
- Knowledge of HIV/AIDS and safe sex is low
- Parents and teachers play very little roles in giving information and are even reluctant. Peers are often the most important source of information, which is often misleading and inaccurate.

Sex education for adolescents

Sex education for adolescents started in the west many decades ago, but in India it was unimaginable till a few years ago. Had it not been for the onset of AIDS and the special vulnerability of adolescents and young people, it would never have been even considered. We have still not come to the stage where sex education is implemented seriously even in the big metropolitan cities, leave alone smaller towns and villages. Moreover, the contents of sex education leave much to be desired. There is still hesitancy to deal with important sexual issues and emphasis is more on withholding actual information and on enforcing current notions of morality. For example, many

policy-makers in India are still hesitant to talk about condoms and homosexuality in schools.

Sex education for adolescents is a controversial issue in India. The controversy, however, is slowly shifting from whether sex education should be there or not to the topics to be covered in such education, and whether the emphasis should be on anatomic and physiologic facts or on norms and morality. In many cases the name itself is unacceptable and a more sanitised name of Family Life Education is being used. Discussions are also going on about whether regular teachers are best suited for the task or specially trained people should do the job, and whether boys and girls should be taught together on in separate groups. Experiments are going on, on each of these models.

Studies show that adolescents who receive sexual health information and services are less likely to engage in risky sexual behaviour, have unplanned pregnancies or contract an STD. They are more likely to be responsible partners in their relationships, and better able to cope with problems in personal relationships.

Adolescents and Violence

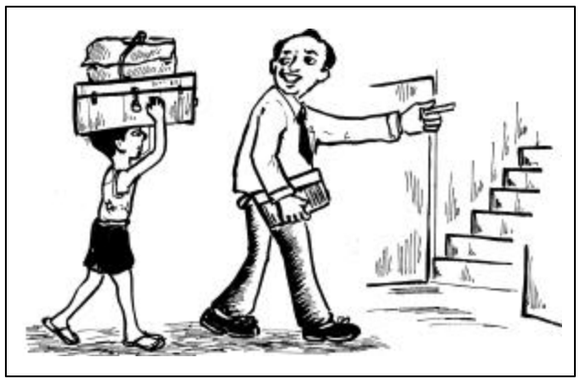
Violence against women and girl children is one the most heinous violations of human rights prevalent in our society. Unfortunately the little data that is avialable on the subject clearly points to the fact that adolescents are at high risk of such violence. Over a third of all rape victims belong to the age group below 16 years . Trafficking of young girls is also a major issue for adolescent girls. Though reliable data is not available a study by the Centre for Concern for Child Labour (1998) indicates that nearly a third of all commercial sex workers (9 lakhs out of 30 lakhs) in the country , were below the age of 14 years.

Violence at home is also a major issue and adolesents are at risk of child sex abuse, dowry related violence and wife-beating. Adolescents are also at risk of sexual violence because of their lack of negotiating ability.

Other Adolescent Concerns

Literacy and Education- Article 45 of the Indian Constitution and the 93rd Constitutional amendment provide for education for all upto the age of fourteen. Over the last few years the Total Literacy Campaign has been able to make some changes in the overall literacy situation in the country, but still nearly a quarter of female adolescents remain illiterate. School enrollment has also increased in the last few years but the rate of school drop-outs is still high and more so among female adolescents. And these gender disparities are greater in different states across the country. According to Ministry of Human Resource Development Reports (quoted in the Adolescents in India: A Profile, UNFPA, September 2000) in Rajasthan the girls enrollment in the age group 11-14 is a mere 33.6% while Kerala this is a high 93.4%. Also in Rajasthan the female enrollment is less than half the male enrollment (78.57%) while in Kerala it is more or less equal (97.15%). The reason for high drop outs are not just related to financial constraints but include the child's lack of interest, lack of interest of the parents and the child's being engaged in other economic activities.

Participation in the Workforce - According to the Census of 1991 a little over 10 million children are part of the work force, and this is considered a conservative estimate. In India child labour , ie. for children upto the age of fourteen, is prohibited by the Child Labour(Prohibition and Regulation) Act 1986 . Studies have shown that working children are likely to be of lesser height and weight than school children and their health considerably inferior. While boys are visible as child labour in many industries - carpet weaving, bangle making, explosives and so on girls are invisible as they are either working in their own homes or as domestic servants. Among older adolescents the iss ue of unemployment is equally vexing. Some of the



reasons for this (ILO, Visaria 1998) are

- Lack of training and experience for work
- Expansion of education focussing on formal education, leading to increased number of unemployed graduates
- Inadequate opportunities and focus on vocational training
- Poor quality of education and training
- Slow economic growth till the 1980s
- Lack of recruitment opportunities due to reduction in mortality and population growth

SECTION THREE

Working With Adolescents

Adolescents in India are not a heterogenous group. There are adolescents who go to school and those who don't. Some are married, others are not. Some work, others are non-working. Out of those who work some get paid, many do not. They may be sexually and otherwise exploited. Some are sexually active, while others are not. And of course there are the two distinct groups of boys and girls. All of these groups and sub-groups are distinct from each other. They have different Reproductive Health and other needs and different values, social codes, aspirations, etc.

Anyone wishing to work with adolescents should understand that a Reproductive Health package which works with one group would not necessarily work with the other. There are different ways of approaching each of these groups. Different organisations work with different groups and sub-groups, specialising in working with their specific target group.

Investing in the second decade of life should be a regular activity at each level of the development community - from grassroots NGOs to government policies. Neglecting young people's health will reduce or negate the benefits of past government investment in child survival, prevention of childhood communicable diseases, and education, as well curtail future economic and social development. Despite their fundamental importance, programmes and policies for young people are fouind wanting. The Reproductive Health needs of young people are only now being recognised - often when it is too late - when they become pregnant, need abortions , or are infected with HIV or other STDs. It is time to end the cultural and policy silence surrounding young people's health and prevent young women and men's problems before they start. It is time to devise programs specifically geared towards the needs of the younger age groups.

Important Issues for working with Adolescents

Health	Reproductive Health
	Nutrition
	Drug and substance abuse
	Sexual Knowledge and behaviour
	STDs and HIV/AIDS
Gender	Discrimination
	Violence
	Male involvement
Education	Literacy
	Non formal education
	Child labour
	Technical education and training

Some factors to be kept in mind while devising programmes for young people

Risks faced by young people - Low mortality among young people has given the falsimpression that they are a healthy group. This false impression grossly underestimates that health risks that young people face

- High prevalence of sexual activity
- Low contraceptive use
- Increasing STI/HIV/AIDS infections
- Increasing adolescent pregnancies
- Unwanted pregnancies and pregnancy-related complications
- Abortion complications

Barriers to good health among young people - To understand why young persons suffer from such high rates of Reproductive Health problems, one has to understand the different barriers to good health

- Low education
- Lack of information
- Lack of access financial, legal, geographical
- Cultural and social restrictions - coercion, unequal power relations, dominant attitudes, lack of decision-making power

Recommendations for action

Adolescent health is now being increasingly acknowledged as an area of major concern in international circles. The ripples are also evident in India and the need of the hour is to take bold steps, challenge existing notions and come up with effective interventions. Some ideas which could be kept in mind while designing such interventions are given below.

Ensuring the health of young people is not the sole responsibility of the health sector, but that of the education and employment sectors as well. At the policy level it must be realised that young people not only represent a large section of the population but are the largest growing section of the

population. As such, it is necessary to invest in the human capital of youth in order to build a healthy workforce that can not only look after itself but also look after the needs of the elderly, as that group is also going to increase. It is important to **integrate** various efforts that address youth issues to avoid duplication, increase effectiveness and improve cost effectiveness .

The health of young people is directly influenced by and in turn influences their educationnal status. Schooling for young girls is continually at risk due to various domestic and financial reasons. It is thus essential to provide an environment which provides girls with easy access to good and gender equitable education. Special efforts should be made to address the discrepancies in girls' education. Some government schemes that could be linked up with are the Balika Samriddhi Yojna or any similar State government scheme.

Provision of **special health care services** for the needs of young people is an aspect which is equally important. This could include simple programmes like health education or sex education, to more elaborate programmes for quality, and confidential, abortion services, and counselling.

Last, but not the least, it must be ensured that young people must be **involved** in the process of planning and implementing the interventions and programmes, so that ownership is built and their crucial insights will help to further align the programmes to their needs.

Some issues for an adolescent sexual health programme

One way to prepare adolescents to cope with this period of turmoil is to give them sexuality education. Here are some suggestions for a sexuality education programme which could be started in schools or even with young people outside schools. Some principles which could be kept in mind are as follows:

1. Individuals yearning for information should be satisfied without imposing a code of model/moral conduct. Instead, suggestions should be given for more responsible behaviour.
2. Information, starting from that of the body and its processes, should be presented as humanly as possible - without either medicalising it beyond comprehension or sensationalising it. The information should be objective and accurate.

3. It must be remembered that there is no one way of living that can be inculcated in the young. People are different, have different norms and values, and they have a right to choose lifestyles which suit them the best, without of course harming others. These classes should promote pluralism and the rich variety of lifestyles it entails. They should work for increased tolerance to other cultural perspectives.
4. The sexuality education programme should question traditional gender roles and work towards increased equality between the sexes.
5. It should promote respect for people who have different sexual preferences like men and women who choose same sex partners.
6. The sexuality education programme should not be too negative. Programmes that emphasise too much on warning against having sexual intercourse, against diseases and unwanted pregnancies etc create a very negative impression of sexuality. Sexual life is something positive and pleasurable, a source of joy and intimacy – the programme should reinforce this aspect.
7. The programme should prepare the participants to establish meaningful relationships.
8. The programme should prepare the individual to say `No' to sex, if they do not want it. They should be prepared to resist all forms of sexual coercion and assault. They should learn that sexual associations of any kind must be voluntary
9. Single partner relationships with emotional relationship between partners should be encouraged
10. Individuals should be prepared to cope with peer pressure that can lead them into risky behaviour
11. The programme should respect individuals and any information that they share must be kept strictly confidential. While participants should be encouraged to share, they should never be forced. The emphasis should be on feeling comfortable.
12. Finally, the programme should prepare the young people to take up the challenge of living their lives – as responsible parents and partners, and last but not the least as responsible individuals.

Government programmes related to Adolescent Health

1. **Adolescent Girls Scheme** (part of ICDS) - This is a special intervention under the ICDS, meant for adolescent girls between the age group of 11-18 years. The main objectives of the programme are (i) to improve the nutrition and health status of girls, (ii) to provide literacy and numeracy skills through non-formal education, (iii) to train and equip adolescent girls to improve or upgrade home-based skills, (iv) to promote awareness of health, hygiene, nutrition and family welfare issues and to encourage girls to marry after 18 years.

2. **Balika Samriddhi Yojna** - This programme was launched by the Department of Women and Child Development in 1997 to raise the status of the girl child in families living below the poverty line. According to this scheme the new-born girl child receives Rs 500 at birth and also a scholarship which is given as a postal or bank investment which can be claimed when she is 18 years, provided she is unmarried.

Barriers to working with adolescents

It is important to work with adolescents but it has to be understood by all persons interested in doing so that it is not an easy task.

- **Adult Attitudes** - Adults still consider adolescents, children whose knowledge of sexual matter should be regulated.Parents and teachers even if they understand the importance of talking to adolescents are often constrained by their own sense of proprieties from doing so. In many cases parent are known to object to classes on Family Life Education in schools for girls and even boys.
- **Adolescent confusions** - Adolescents are by and large very open to new information and knowledge but sometimes their own confusions and socialisation are a barrier to reaching out to them.
- **Lack of appropriate information/data** - This is one of the biggest challenges in working with adolescents.
- **Lack of Services** - A further barrier to working with adolescents is the lack of services for adolescents. There are hardly any counseling services available for them. Contraceptives from the government family planning programmes are not meant for unmarried adolescents. Curative services for adolescents are still unavailable. If there are any services available for adolescents they are mostly restricted to school going adolescents.

3. **The Reproductive and Child Health Programme** - This programme of the Department of Family Welfare includes adolescents as a distinct group. It includes components like Family Life Education, STD and HIV/AIDS education for adolescents.

4. **Young People Talk AIDS** - This programme on HIV/AIDS education is aimed at youth both as the subjects as well as the educators.

Some Innovative Projects Working on Adolescent Health in the NGO Sector

Adolescent health is one of the emerging areas of work in the NGO sector, and since the sector is emerging, most of the work is pioneering and path-breaking. We have tried to provide an idea of the different kinds of experiments that are being tried out in our country. This is a small and non-representative sample of the kind of work that is being pioneered.

1. ACTION INDIA, New Delhi

Action India has been working with adolescent girls in urban slums of Delhi since 1990. Two bodies have been formed – the Nanhi Sabla, a forum for 9-12 year olds and the Chhoti Sabla, a forum for 12-18 year olds. Through these for a, it works on topics like anatomy, menstruation, preparation for marriage, dowry and inheritance, status of girls child sex abuse and so on.
For further details,contact:

Ms Gauri Chowdhury, Director, Action India, 5/27A, Jangpura B, New Delhi- 110014.

2. Action Research and Training for Health (ARTH), Rajasthan

ARTH had conducted a survey of rural adolescents in Rajasthan which clearly established that adolescents are extremely vulnerable as far as their Reproductive Health was concerned, and due to reasons which were

primarily beyond their own control. The interventions include community education and clinical services.
For further details kindly contact:

Dr Kirti Iyengar, ARTH, 67, Adinath Nagar, Fatehpura, Udaipur-313004.

3. Ashish Gram Rachna Trust, Pachod , Maharashtra

Ashish Gram Rachna Trust started its adolescent programme in 1993 because the age at marriage of girls had not gone up in the last 15 years. Its activities include regular sessions with girls in the age group 9-15, at the village level where topics like personal hygiene, menstruation, puberty, as well as social issues like dowry are discussed. They are also taught skills like rangoli. The programme operates in over 50 villages.
For further details of the programme please get in touch with :

Dr Ashok Dayal Chand, Director, Ashish Gram Rachna Trust, Navjeevan Rungnalaya, Pachod, Aurangabad, Mahrashtra, 431 121.

4. SWAASTHYA Project, New Delhi

Swaasthya works with adolescents in the Tigri resettlement colony of Delhi. Their work with adolescents started with a study to understand adolescent Reproductive Health and sexuality issues in the community. The findings of this pioneering study were very revealing and the project is now intervening by providing information and services to adolescents using innovative communication strategies.
For further information, kindly contact

Dr Geeta Sodhi, Director, Swaasthya, Flat-G-4, s-565, Greater Kailash –II, New Delhi 110048 Email-gsodhi@giasdl01.vsnl.net .in

5. Society for Education, Action and Research in Community Health (SEARCH), Maharashtra

SEARCH initiated its adolescent Reproductive Health programme in 1995, with a focus on sex education. The usual method is to hold six–day camps with 50 to 100 boys and girls (separately) where they discuss topics like menstruation, reproductive system, forming relationships, relationships etc. are discussed.
For further details about their work please contact-

Dr Rani Bang, SEARCH, P.O. and District- Gadchiroli, Maharashtra-442 605

SECTION FOUR

Resource Section

List of Resource Materials -

ORGANISATION	TITLE & CONTENT	CONTACT INFORMATION
UNESCO- The Regional Clearing House on Population Education and Communication	Adolescent Reproductive and Sexual Health Catalogue: an expanded collection and database on adolescent Reproductive Health **[P/R]***	Carmelita L. Villanueva Chief, Population Education Clearing House UNESCO Principal Regional Office for Asia and the Pacific P.O. Box 967 Prakanong P.O. Bangkok 10110, Thailand Tel : 391-0577,391-0686 391-0703,391-0815 391-0880,391-0879 Fax : (662)391-0866
FOCUS on Young Adults	Promoting Reproductive Health for Young Adults through social Marketing and Mass Media: A Review of Trends and Practices **[P]**	By Ronald C. Israel/Reiko Nagano FOCUS on Young Adults 1201 Connecticut Avenue, NW, Suite 501 Washington, DC 20036 Tel : 202-835-0818
FOCUS on Young Adults	Health Facility Programs on Reproductive Health for Young Adults **[P]**	By Juith Senderowitz FOCUS On Young Adults 1201 Connecticut Avenue, NW, Suite 501 Washington, DC 20036 Tel : 202-835-0818
FOCUS on Young Adults	Reproductive Health Outreach Programs for Young Adults **[P]**	By Juith Senderowitz FOCUS On Young Adults 1201 Connecticut Avenue, NW, Suite 501 Washington, DC 20036 Tel : 202-835-0818

ORGANISATION	TITLE & CONTENT	CONTACT INFORMATION
FOCUS on Young Adults	Reproductive Health Programs for Young Adults : School-Based Programs **[P]***	By Isolde Birdthistle/Cheryl Vince-Whitman FOCUS on Young Adults 1201 Connecticut Avenue, NW, Suite 501 Washington, DC 20036 Tel : 202-835-0818
World Bank Discussion Papers	Adolescent Health Reassessing the Passage to Adulthood **[P/R]**	The World Bank 1818 H Street, N.W. Washington, D.C. 20433 Tel : 202-477-1234 Fax : 202-477-6391
Studies in Family Planning Vol. 29, #2 June 1998	Adolescent Reproductive Behavior in the Developing World **[P/R]**	John Bongaarts and Barney Cohen (eds.) Population Council One Hammarskjold Plaza new York, N.Y. 10017 Tel : 212-339-0500 Fax : 212-755-6052
Regional Working Papers No. 7	Watering the Neighbour's Garden: Investing in Adolescent Girls in India **[P]**	By Margaret E. Greene Population Council, South & East Asia Ground Floor, Zone 5A, Lodi Road New Delhi 110003, India Tel : 464-2901/2902/4008/4009 Fax 464-2903
Implementing a Reproductive Health Agenda in India: The Beginning	Youth: A Resource for Today and Tomorrow **[P/R]**	By Sagri Singh Population Council, South & East Asia Ground Floor, Zone 5A, Lodi Road New Delhi 110003, India Tel : 464-2901/2902/4008/4009 Fax 464-2903
Implementing a Reproductive Health Agenda in India: The Beginning	Adolescent Reproductive Health: Experience of Community-Based Programmes **[P/R]**	By Masuma Mamdani Population Council, South & East Asia Ground Floor, Zone 5A, Lodi Road New Delhi 110003, India Tel : 464-2901/2902/4008/4009 Fax 464-2903

ORGANISATION	TITLE & CONTENT	CONTACT INFORMATION
WHO- Adolescent Health & Development Programme Family & Reproductive Health	Action for Adolescent Health Towards a Common Agenda **[P]***	World Health Organization Regional Office for South-East Asia I.P. Estate, New Delhi 110002 Tel : 3317802
Network	Adolescents Does sex education work? The Tragic Cost of Unsafe Abortions Teaching Teenagers about HIV **[P/R]**	Family Health International P.O. Box 13950 Research Triangle park North Carolina 27709
Network	Adolescent Reproductive Health **[P/R]**	Family Health International P.O. Box 13950 Research Triangle Park North Carolina 27709
Population Reports	Meeting the Needs of Young Adults **[P/R]**	Population Information Program The Johns Hopkins School of Public Health 111 Market Place, Suite 310 Baltimore, MD 21202
Reproductive Health Matters	Talking About Love and Sex in Adolescent Health Fairs in India **[R]**	Indu Capoor and Sonal Mehta CHETNA Lilavatibai Lalbhai's Bungalow Civil Camp Road, Shahibaug Ahmedabad 380004 Tel : 079-286-8856/6695/5636 Fax : 079-287-6513
International Centre for Research on Women	Adolescent Sexuality and Fertility in India-Preliminary Findings **[R]**	By Kathleen Kurz International Centre for Research on Women 1717 Massachusetts Ave., N.W. Suite 302, Washington, DC 20036 Tel : 202-797-0007 Face : 202-797-0020
Tata Institute of Social Sciences	Understanding Sexuality among the Urban Youth : A Study of Mumbai College Students **[R]**	By Leena Abraham Tata Institute of Social Sciences Deonar, Mumbai 400 088

ORGANISATION	TITLE & CONTENT	CONTACT INFORMATION
K.E.M. Hospital and Research Centre	Adolescent Sexuality and Fertility : A Study in Western Maharashra **[R]***	By Hemant Apte KEM Hospital Research Centre Rasta Peth Pune 411 011
Foundation for Research in Health Systems	Use of Reproductive Health by Married Adolescent Females **[R]**	By Alka Barua Foundation for Research in Health Systems 6 Gurukrupa, 183 Azad Society Ahmedabad 380 015
Christian Medical College, Vellore	A Study on Reproductive Health of Adolescents **[R]**	By Abraham Joseph Community Health Department Christian Medical College Vellore 632 002
Youth Sexuality	A Study of Knowledge, Attitudes, Beliefs and Practices Among Urban Educated Indian Youth 1993-94 **[R]**	By Mahinder C. Watsa Family Planning Association of India Bajaj Bhavan, Nariman Point Bombay 400021 Tel : 022-2874689
Report of an Intercountry Consultation	Strategies for Adolescent Health and Development in South -East Asia Region **[P]**	World Health Organization Regional Office for South-East Asia I.P. Estate, New Delhi 110002 Tel : 3317802
International Centre for Research on Women (Working Paper No.3)	Adolescent Sexual and Reproductive Behavior -A Review of the Evidence from India **[R]**	By Shireen J. Jejeebhoy International Center for Research on Women 1717 Massachusetts Ave., N.W. Suite 302, Washington, DC 20036 Tel : 202-797-0007; Fax : 202-797-0020
Demography India 27(1):1998:117-128	Adolescents in Asia : Issues and Challenges **[R/P]**	By Saroj Pachauri The Indian Association for the Study of Population, c/o Institute of Economic Growth Delhi University Campus Delhi 110007, India
Third party Publishing Company	The Burden of Girlhood: A Global Inquiry into the Status of Girls **[R]**	By Neera Kuckreja Sohoni

ORGANISATION	TITLE & CONTENT	CONTACT INFORMATION
MAMTA	Adolescent Girl-an Indian Perspective **[R/P]***	Dr. Sunil Mehra MAMTA-Health Institute for Mother & Child House No. 33A , Saidulajab Opp D-Block, Saket, MB Road New Delhi 110030 Tel : 685 8067; 648 5203
WHO- Adolescent Health & Development programme	Coming of Age : From Facts to Action for Adolescent Sexual and Reproductive Health **[P]**	World Health Organization CH-1211, Geneva 27 Switzerland
Population Council	The Uncharted Passage Girls' Adolescence in the Developing World **[R/P]**	By B. Mensch, J. Bruce, M.E. Greene Population Council One Hammarskjold Plaza New York, N.Y. 10017 Tel : 212-339-0500; Fax: 212-755-6052
The Alan Guttmacher Institute	Into a New World Young Women's Sexual and Reproductive Lives **[R]**	The Alan Guttmacher Institute 120 Wall Street New York, New York 10005
Family Planning Association of India	Education in Human Sexuality A Sourcebook for Educators **[IEC]**	By Dhun Panthaki Family Planning Association of India FPAI-SECRT, Cecil Courtn, 5th Floor Mahakavi Bhushan Road Mumbai 400039
Youth Health - For a Change	A Notebook on Programming for Young People's Health and Development **[IEC]**	UNICEF 73 Lodi Estate, New Delhi 110003 Tel : 4690401
Choose a Future	Issues and Options for Adolescent Girls: A Sourcebook of Participatory Learning Activities **[IEC]**	The Centre for Development and Population Activities (CEDPA) 1717 Massachusetts Avenue, N.W. Suite 200, Washington, DC 20036 Tel : 202-667-1142; Fax : 202-332-4496
Youth Across Asia	Country Studies on Youth India, Bangladesh, Nepal, Philippines, Indonesia Workshop on Youth Across Asia-Final Report	Population Council Asia & New East Operations Research and technical Assistance Project 53 Lodi Estate New Delhi 110003 Tel : 461-0913/0914; Fax: 461-0912

P, R, IEC refers to whether the principal focus of the material is Programme, Research or IEC.

(This list was kindly compiled and supplied by Ms. Sagri Singh, Population Council, New Delhi)

Some other books and materials that may be useful:

- Bezberuah, S and Janeja, M.K 2000. Adolescents in India : A Profile. New Delhi: UNFPA
- CHETNA .1994. Training on Health and Development of Adolescents Report. Ahmedabad: CHETNA.
- CHETNA 1998. Health Education and Development of Adolescents. Ahmedabad: CHETNA.
- CHETNA. 1989. Sowing Seeds of Fertility Awareness. Ahmedabad: CHETNA.
- CHETNA. 1991. We Can, Because We Think We Can: A Report of A Camp for Adolescent Girls. Ahmedabad: CHETNA
- CINI. Champa: Reproductive Health Teaching Aids for Rural Adolescent Girls. Calcutta: CINI.
- Gupta, R.B. and S. Joshi .1995. Workshop on Strategy Formulation to Reduce Teenage Fertility in Uttar Pradesh. Lucknow: UNICEF.
- K.E.M. Hospital Research Centre. Adolescent Sexuality and Fertility. Pune: K.E.M. Hospital Research Centre.
- Manadhar. T.B. 1998. Education and Adolescents. New Delhi: UNFPA.
- Mehta, S. 1998. Responsible Sexual and Reproductive Health Behaviour Among Adolescents. New Delhi: UNFPA.
- Ministry of H&FW. 1998. India Country Paper for South Asia Conference on Adolescents. New Delhi: Ministry of H&FW.
- Narayan, P et al. 2000. Adolescent Fertility in India: An Analysis based on NFHS data. Delhi: CSRD,SSS, JNU
- Panos Briefing No 35. July 1999. Young Lives at Risk. Panos
- Population Council, South and East Asia Regional Office. 1999 Adolescents in Transition.,Programmes and Practices in India, New Delhi. Population Council
- Ramarao, A. 1992. Adolescent Girl : Mysteries of Adolescence. New Delhi: Voluntary Health Association of India.
- Singh.S. 1997. Adolescent Girls Programme in India: A Strategy Note. New Delhi: Population Council**.**
- Swaasthya Project. Sexual Behaviour Research among Adolescents in Tigri Resettlement Colony. New Delhi: Swaasthya Project.
- TARSHI (1999), The Red book what you want to know about yourself, New Delhi.
- TARSHI(1999), The Blue book what you want to know about yourself, New Delhi.
- Villarreal, M. 1998. Adolescent Fertility: Socio-cultural Issues and Programme Implications. Rome: FAO.

Resource Organisations

The following organisations are involved in working with adolescents either through research or through maintaining documentation centres or by producing material related to adolescent health. They may be contacted for information, materials, trainings or other forms of support. There are many other excellent organisations providing such help and this list can in no way be considered exhaustive.

International Organisations

UNESCO – The Regional Clearing House on Population, Education and Communication (Asia and Pacific)
P.O. Box 967, Prakanong P.O.
Bangkok 10110, Thailand
Tel - 391-0577-3910686, 391-0703-3910815, 391-0880-3910879
Fax- 662-3910866

Population Council
One Hammarskjold Plaza
New York N.Y. 10017 USA
Tel - 1-212-339-0500
Fax- 1-212-755-6052

FOCUS on Young Adults
1201 Connecticut Avenue NW
Suite 501
Washington D.C. 20036 USA
Tel - 202-835-0818

Family Health International
P.O. Box 13950
Research Triangle Park
North Carolina 27709 USA

International Center for Research on Women (ICRW)
Contact Person - Geeta Rao Gupta - President
1717 Massachussets Avenue, NW
Washington D.C. 20036 USA
Tel- 1-202-797-0007
Fax-1-202-797-0020

CEDPA
The Centre for Development and Population Activities (CEDPA)
1717 Massachusetts Avenue, N.W.
Suite 200, Washington, DC 20036
Tel : 202-667-1142; Fax : 202-332-4496

Indian Organisations

CHETNA
Contact Person - Indu Capoor
Lilavatibai lalbhai's Bungalow
Civil Camp Road, Shahibaug, Ahmendabad- 380004
Tel - 079-2628856/6695/5636
Fax- 079-287-6513
email -chetna@icenet.net

UNICEF
Lodi Estate,
New Delhi – 110003
Tel : 011-4690401

FPAI
Family Planning Association of India
Bajaj Bhawan, Nariman Point,
Bombay 400021,
Tel: 022-2874689

VHAI
Voluntary Health Association of India,
Executive Director,
Tong Swasthya Bhawan,
40, Institutional Area, (Behind Qutab Hotel),
New Delhi 110016.

Population Council, South and East Asia,
Ground Floor, Zone 5A, Lodhi Road,
New Delhi 110003, India.
Tel: 011-464 2901/2902/4009
Fax- 011-2903.

Resources on the Web

Some sites that contain useful information about adolescents

www.captive.org
www.fathfind.org
www.icrw.org
www.intrah.org
www.jhuccp.org
www.cedpa.org
www.wagggsworld.org
www.fhi.org
www.oneworld.org/panos
www.siecus.org

Booklet prepared by

Research and Text : *Alok Srivastava, Abhijit Das, Jashodhara Dasgupta*
Additional text and review : *Sagri Singh*
Illustration : *Ganesh Dey*
Layout : *Ravi*

UNDERSTANDING REPRODUCTIVE HEALTH

A Resource Pack

This Resource Pack is an introduction for those who wish to learn about different facets of Reproductive Health. Reproductive Health as a concept is relatively new and , despite the name, is not exclusively a 'health' subject. In its ambit it involves social sciences, medical sciences, women's issues, human rights, population sciences, demography and so on. Thus it could be of relevance to individuals with a wide range of interests. Reproductive Health is an issue of interest to Government planners and managers because of the overwhelming concern for population. Reproductive Health is also a matter of great interest to the NGO sector, because of their concern for the health of women. Concern for women, their rights, well being and health is the underlying theme for the entire Resource Pack.

This Resource Pack has been designed as a series of booklets so that the interested reader may straight-away refer to the issue of her/his interest. The matter and presentation of the material in the different booklets has been kept simple as well as provocative as it is meant for the first-time user. Each booklet has been divided into four sections - the first dealing with theory and concepts, the second with issues of relevance, the third on best practices in the field. Keeping the interest of the practitioner in mind there is also a small resource section at the end of each booklet.

The booklets in this pack are as follows -

Booklet 1	**An Introduction to Reproductive Health**
Booklet 2	**Understanding Numbers** : Population and Demography
Booklet 3	**Changing Paradigms** : RH Policy and Advocacy
Booklet 4	**Exploring New Frontiers** : Reproductive and Sexual Rights
Booklet 5	**Maternal health is still important**
Booklet 6	**The Promise of better health** : Women's Health
Booklet 7	**Beyond Family Planning** : Contraception
Booklet 8	**The Emerging Agenda** : Adolescents
Booklet 9	**Forging new partnerships** : Men's Health and Responsibility
Booklet 10	**Coming to terms with reality** : HIV/AIDS and STDs
Booklet 11	**Acknowledging ourselves** : Sex and Sexuality
Booklet 12	**Women have Minds Too!** : Exploring the interface between Reproductive Health and Mental health
Booklet 13	**Taking a stand** : Violence, Women and Health
Booklet 14	**Data Digest**

KRITI Resource Centre
for
Women's Health , Gender and Empowerment

The KRITI Resource Centre, is involved in providing training support, production and distribution of material, and engaging in creative partnerships with other instituions to strengthen their work of empowering women at the grassroots level, enabling women to lead healthier lives.The primary activities of the KRITI Resource Centre for Women's Health, Gender and Empowerment are as follows

TRAINING - KRITI has considerable experience and expertise in trainings related to Women's Health and Gender and has provided training support to over 100 organisation as well as Government projects and departments in the states of UP, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Delhi, Rajasthan, Haryana and Himachal Pradesh. The Resource centre has been involved in partnerships with other gender training organizations like JAGORI, IWID, and the South Asian Network of Gender Trainers (SANGT).

PRODUCTION AND DISTRIBUTION OF LEARNING AND COMMUNICATION MATERIAL *- KRITI is also involved in designing and producing appropriate material for the special needs of those involved in working with communities on these issues. Much of the material is in Hindi. Copiously illustrated material has also been produced keeping grassroots needs in mind. For the practitioners KRITI has produced newsletters, field manuals, training manuals and kits, briefing kits and information sheets on various relevant issues***.**

RESEARCH AND DOCUMENTATION *- KRITI Resource Centre engages in field level documentation, to get a more holistic understanding of women's health and the socio-economic conditions that influence it. Some of the studies it has conducted and participated in include a study of traditional birthing practices, Abortion and women's health in rural areas of Uttarakhand, customs and practices around menstruation, the possibility of HIV/AIDS, implementing the Target Free Approach in Family welfare programmes in UP, quality of care of health care service is UP, violence against women and so on.*

ADVOCACY - **The resource centre is also actively involved with advocacy on the issues of Women's Health and Population Policies and Violence against Women. It is closely working with other networks and organisations working on these issues.**

SERVICES PROVIDED BY KRITI RESOURCE CENTRE

- Library and documentation centre
- Books, posters and other materials
- Training and internship
- Support for developing gender sensitive community based interventions/training programmes