CHAPTER - 8
SUMMARY, DISCUSSION AND RECOMMENDATIONS

8.1 INTRODUCTION

This chapter summarizes the findings of the study along with discussion, and recommendations so that reproductive health education can be imparted in an effective way. The discussion on various issues raised in the study is based on a review of the earlier studies, results derived from them, and findings of the present study. This chapter is divided into two sections:

First section (8.2) deals with the summary and discussion based on the objectives framed in the chapter of research methodology. Both quantitative and qualitative findings of the data are presented in this section.

Second section (8.3) gives the recommendations given by the adolescent students, teachers and parents on imparting reproductive health education. This section also presents the social work intervention model to impart reproductive health education.

This research is based on interviews conducted with 320 students (160 each from government and private schools) both girls and boys. It also included parents (40) and teachers (40). The study was descriptive in nature and its universe comprised of all the school going adolescents studying between class IX-XII in a co-educational government or private school in the National Capital Territory of Delhi. It also included all the parents and teachers of these adolescents. The Probability sampling method was used to draw the required sample of students. It was done by using Multi Stage Stratified Random sampling technique. A sample of parents and teachers was selected by using non-probability method of purposive sampling. In order to accomplish the objectives of the study, approach to triangulation of both qualitative and quantitative research methods was adopted. Interview of the adolescent students have been conducted with the help of a self-administered inventory comprising both multiple-choice and descriptive questions. Parents and Teachers were interviewed with the help of interview guideline. Parents were interviewed on the day of Parent Teachers Meeting (PTM) and Teachers were interviewed during their rest (free) periods.
8.2 SUMMARY AND DISCUSSION

The findings of the study and discussion presented through the four sub-sections:

8.2.1 National Policies and Programmes on Reproductive Health Education for Adolescents
8.2.2 Profile of the Respondents
8.2.3 Knowledge and Perception of Adolescents on Reproductive Health Issues
8.2.4 Opinion of Parents, Teachers and Adolescents towards imparting reproductive health education

8.2.1 National Policies and Programmes on Reproductive Health Education for Adolescents

The major policies and programmes related to the sexual and reproductive health of adolescents in India were studied by the researcher. Findings suggested that although significant steps have been taken in articulating a commitment to address many of the sexual and reproductive rights of adolescents, there remains a considerable gap between the commitments made in the policies and programmes, the implementation of these commitments. Except the recent National Adolescent Reproductive and Sexual Health Strategy, most policies have overlooked the fact that young people are not a homogenous group.

- The National Population Policy has neglected to discuss whether it is advocating services for all adolescents or exclusively for married adolescents.
- The National Youth Policy remains ambiguous about the extent to which services will be made available to the unmarried or to the girls.
- The National AIDS Prevention and Control Policy (2002) is largely focused on unmarried young people (students in school and college) and to a certain extent, married young men. Even though the Policy advocates reaching out-of-school youth, who obviously include both the unmarried and married, through networks of youth organisations, sports clubs, the National Service Scheme and Nehru Yuvak Kendras, the fact that most of these networks largely cater to young
males suggests that unmarried out-of-school and married adolescent girls and young women are unlikely to be reached by the proposed programmes. The National AIDS Prevention and Control Policy is notably silent about the delivery of any specially packaged services for adolescents.

- The National Health Policy does not contain any reference to adolescents’ need for sexual and reproductive health services or counselling.

Further, policies that have recognised such needs are somewhat ambiguous about the nature of services to be made available to adolescents.

- The National Population Policy is clearly focused on the less controversial aspects of sexual and reproductive health, i.e., counselling and dissemination of information, but not quite as clearly on the provision of services to unmarried adolescents. In this Policy, adolescents are included as a target audience for community-level education campaigns about the availability of safe abortion services and the dangers of unsafe abortion, but they are not included as a target group for safe and legal abortion services. Also, while nutritional services (because of their link with subsequent safe pregnancy) and pregnancy-related care are recommended, other key services are not mentioned.

- The National Youth Policy is not clear on the kinds of services that adolescent clinics and programmes will provide and the extent to which services will be available to the unmarried or to girls.

Findings reflected that various programmes have been adopted to raise awareness about sexual and reproductive health among adolescents.

- The Adolescent Education Programme has been implemented in only slightly more than two-fifths of secondary schools nationally (MOHRD, NACO and UNICEF, 2005). It has been observed that feedback from students who attended the programme was generally positive and the opportunity to explore sexual matters in a safe space appreciated by both girls and boys.
• Under The RCH Programme II steps are to be taken to ensure improved counselling and service delivery for adolescents during routine subcentre visits and through once a week adolescents clinics to be held on fixed days and timings at the primary health centre or community health centre level. Wide-ranging services are to be provided, including contraceptive supplies, pregnancy-related care, management of symptoms of infection, as well as counselling for a range of sexual and reproductive matters including nutrition and menstrual hygiene. There is an information provision activities to be conducted by ANMs and male workers. These are expected to be held on a monthly basis in schools, among adolescent’s groups, in villages and urban areas, and among recently-married couples, but again, it is unlikely that recently-married women will have the mobility or decision-making authority to attend group meetings in most settings. Also it is not yet clear the extent to which services have indeed been expanded in reality.

• The various programmes relating to HIV/AIDS tend to focus on the nature of the disease, and the modes of transmission and prevention, including the role of condoms. Those relating to reproductive health address more generally on contraception and pregnancy-related care; typically topics that are particularly suitable to the young such as opposite or same-sex relationships and sex, how condoms are to be used and appropriate contraceptive methods for young people (for example, emergency contraception and condoms) are not covered.

• Programmes relating to HIV/AIDS make little effort to raise awareness of other sexually transmitted infections (STIs). Similarly, misconceptions, such as the belief that marriage ensures safety from infection or that one cannot become pregnant at first sex, are generally not addressed; nor are such central issues as gender inequities, sexual and reproductive rights and the importance of partner communication. In addition, even where sex education is conducted, for example at the school level, what is emphasised tends to be technical (for
example, human anatomy or modes of HIV transmission) and such key issues as sexuality, sexual behaviour and gender relations are not explicitly covered.

- Despite the fact that programmes have noted the importance of sensitising gatekeepers, efforts have been limited in terms of the number of activities undertaken, the kinds of gatekeepers addressed and the extent to which programme content is intended to orient gatekeepers to adolescents’ needs or to enable gatekeepers to overcome their own discomfort and misconceptions about addressing sexual and reproductive matters among adolescents. Parents are rarely included in gatekeeper programmes, although the importance of parent-child communication has been frequently stressed. Teacher training has not succeeded in enabling teachers to overcome their own embarrassment in dealing with these issues.

Findings reflected that the Policies and programmes, be they related to women and child development, youth, health and family welfare or HIV/AIDS, have all recognized the importance of improving sexual and reproductive health and choice among adolescents. Efforts have been initiated to translate this commitment into practice, as evident from recently introduced strategies to enhance the sexual and reproductive health of adolescents, what is needed is a similar level of commitment to ensuring that programmes do indeed reach adolescents, that the scope and content of programmes are expanded.

8.2.2 Profile of the Respondents

8.2.2.1 Profile of the respondents (Adolescent Students): In the present study the respondents were drawn from the senior classes of the school, i.e., IX-X and XI-XII class. The sample size consisted of 320 students. The equal representation has been given to the respondents according to their class, type of school and gender (Table 8.1).
Table 8.1: Respondents’ distribution according to their Class, Type of School, and Gender

<table>
<thead>
<tr>
<th>Class</th>
<th>Gender</th>
<th>School Type</th>
<th>Total</th>
<th>Gender</th>
<th>School Type</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Government</td>
<td>80</td>
<td>Female</td>
<td>Private</td>
<td>80</td>
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<tr>
<td></td>
<td>Male</td>
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<td>(50.00%)</td>
<td>Male</td>
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<td>(50.00%)</td>
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<tr>
<td>IX – X</td>
<td>40</td>
<td>40</td>
<td>80</td>
<td>40</td>
<td>40</td>
<td>80</td>
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<tr>
<td>XI – XII</td>
<td>40</td>
<td>40</td>
<td>80</td>
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<td>40</td>
<td>80</td>
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<tr>
<td>Total</td>
<td>80</td>
<td>80</td>
<td>160</td>
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<td>160</td>
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The respondents in the age group of 12-16 years were 60 percent while in the age group of 16-20 years were 40 percent. The average age of the respondents was found to be 16 (15.6) years. A large majority (94.38%) of the respondents were Hindus. Nearly equal number of respondents from government and private schools belonged to nuclear, joint and single parent family. In entirety half of the respondents (50.31%) were from nuclear family, 46 percent from joint and 4 percent lived in single parent families. Respondents’ family size varied from three members to nine members, therefore the average number of members of household (mean) could not be calculated. It was observed that less than 1.8 percent respondents were two siblings in a single parent family. It was found that 18.1 percent students came from small families with four or less than four members. Majority (81.9%) of the students came from large families with five or more than four members. Average number of siblings of the respondents was 2.025 (2 siblings). The findings reflected that small percentage (3.1%) of fathers were illiterate. Thirty six percent of the fathers had gone to secondary or senior secondary school. It is noted that almost half of the fathers (49.6%) had gone to the college and did graduation. A small percentage of the fathers (7.8%) had qualification of post-graduation. Like fathers the mothers of the respondents too had diverse educational backgrounds. Some mothers had not gone to school at all, while some (2.81%) were postgraduates. The data reflected that fathers
of the respondents were involved in different occupations. A small number of fathers (5%) were daily wage earners. 18.8% of the fathers were in government service while one fourth (25.3%) of the fathers were in private service. Majority of the respondents’ mothers (83.4%) were housewives, while the minority (16.6%) was engaged in different occupations. The family income ranged from below Rs.5000 monthly to maximum family income in the group of Rs.25000 and above.

8.2.2.2 Profile of the respondents (Parents): Total 40 parents were interviewed, 10 from each school was selected for the study. It is to be noted that Parents were also asked separately on educational qualification, occupation and monthly family income. The parents of the adolescents’ were interviewed on the days they came for the PTM (Parent Teachers meeting) hence total nine fathers and 31 mothers were interviewed. Average age of fathers and mothers calculated were 41 and 39 years respectively. It can be noted from the findings that only 2 mothers were illiterate while in case of fathers among 9, one was illiterate. Rest of the parents had studied upto 12th, Graduation or Post-Graduation. Data on distribution of parents according to their occupation reflected that maximum mothers were housewives. 7.5 percent of the respondents’ had a monthly family income of below Rs.5000. They belonged to the daily wage earners category. The data reflected that another 7.5 percent of the respondents’ family income ranged between Rs.5001 to 10000. The respondents (35%) whose family income was 20001-25000 and as high as Rs.25001 and above, most of them (32.50%) attended private schools. Average income of the family per month could not be calculated.

8.2.2.3 Profile of the respondents (Teachers): The data on age distribution of the teachers reflected that the average age of the teachers was 43 years. The data showed that the school wise age distribution of the respondents were nearly equal in almost all the age group. The distribution of the teachers according to their educational qualification revealed that all the teachers were having requisite qualification of the B.Ed. (Bachelors in Education)/M.Ed. (Masters in Education). The data also revealed that maximum (85%) teachers were Postgraduates and remaining 15 percent were graduates.
8.2.3 Knowledge and Perception of Adolescents on Reproductive Health Issues

Knowledge and perception of adolescent students was assessed on the following components:

8.2.3.1 Process of Growing up

8.2.3.1a Process of Growing up in Boys

8.2.3.1b Process of Growing up in Girls.

8.2.3.2 Knowledge and Perception on Pregnancy

8.2.3.3 Knowledge and Perception on Abortion

8.2.3.4 Knowledge and Perception on Contraceptives

8.2.3.5 Sexual Behaviour

8.2.3.6 Sexual Abuse/Harassment

8.2.3.7 Knowledge and Perception about sexually transmitted infections (STIs)

8.2.3.8 Knowledge and Perception about HIV/AIDS

8.2.3.9 Substance abuse: Myths and misconception related to substance abuse

8.2.3.1 Process of Growing up

Process of growing up in boys and girls was studied separately on level of awareness on physiological changes and sources accessed by them.

8.2.3.1a Process of Growing up in Boys

- **Level of awareness on physiological changes among boys**: Level of awareness of the adolescent boys was examined on physical changes they experienced. These included rapid gain in height and weight, growth of hairs in under arms, growth of hairs in pubic parts, appearance of hairs on the face, change in voice, nocturnal emission/night fall. A significant number of students from both government and private schools were partially aware, i.e., 75 percent and 77.50 percent respectively about the physiological changes among them. The partial awareness of
the respondents implies that the knowledge and information they have on physiologically issues was not always correct. The incorrect information is likely to lead to misinterpretation and misuse. It was noteworthy to observe that 10 percent students from each school government and private were not aware at all. Hence they appeared to be more vulnerable. Overall analysis of data reveals that there is no significant difference in the level of awareness on the process of growing up issues among government and private school students (boys). Data of both types of schools reflects that there was not much difference in the level of awareness on physiological changes among adolescents of secondary classes and senior secondary classes

- **Source of information on physiological changes experienced by boys:** The findings illustrated that the friends (43.13 and 36.88 percent from government and private schools respectively) were considered more appropriate source in discussing about physiological changes as compared to the other sources. Besides friends, adolescent boys felt comfortable with doctors for discussing growing up issues. It might be because of the scientific explanation they received from the doctors satisfied their queries more appropriately. It can be noted that the responses on the basis of type of school did not show much variation. Similar findings have been reflected by Sachdev (1998) that basic knowledge regarding sexual anatomy and function was inadequate among males and this knowledge was obtained primarily from friends and books and rarely from parents.

- **Knowledge and perception of adolescent boys on masturbation:** A very small number of respondents (17.5 and 5 percent from government and private schools respectively) considered masturbation as a natural practice during adolescence period. 17.5 percent from government school did not know about the masturbation while 40 percent from private schools replied that they did not know about the same. Rest of the respondents cited various options considering that it was an unnatural practice. The study conducted by Sharma and Sharma (1995) supports the findings on the low level of knowledge regarding masturbation. They used “The letter-box approach – A model for sex education”, the study found that most of the questions asked by the boys were related to masturbation. In the present study age – wise data reflects that the respondents of 12-16 years age group were more vulnerable
as a large number of respondents (31/49 and 26/49 from government and private schools respectively) had misconception that masturbation leads to dysfunction and deformity in sexual organs. Prasad (2006) also reported that a significant proportion of adolescent boys did not answer about masturbation and bed-wetting. The study reflected that misconceptions regarding masturbation needs to be cleared up.

- **Feelings when experienced nocturnal emission:** Significant number of students (21.25 and 31.25 percent from government and private schools respectively) became disturbed when they experienced nocturnal emission. However, Nocturnal emission does not represent loss of manhood or sexual weakness and are essentially harmless and do not require any treatment. Hence, it does not become a cause for embarrassment or undue worry.

- **Source of Information on nocturnal emission:** Respondents (92.5 and 60 percent from government and private school respectively) of the study considered friends as the most reliable source of information followed by the doctor to discuss on nocturnal emission. The reason to prefer doctor could be because of the scientific explanation adolescents received from the doctor. Again there was not much variation in the preference of the students according to the type of school. The above findings were supported by Thakor and Kumar (2000) who stated in their study that doctors and teachers were preferred as the source for imparting sex education; doctors still remained the first choice for imparting sex education. Bahulekar and Garg (1997) has also stated that seven percent adolescents in their study had received information through health personnel.

### 8.2.3.1b Process of Growing up in Girls

- **Level of awareness on physiological changes among girls:** The physiological changes among adolescent girls includes rapid gain in height and weight, growth of hairs in under arms, growth of hairs in pubic parts, white discharge from private parts, change in voice, development of breast, and onset of menstrual period. The level of awareness of the adolescent girls was examined on the above mentioned physical changes. It was reflected that a small percentage of students (12.5 and 15 percent from
government and private schools respectively) were fully aware, more than half of the respondents were partially aware of the physiological changes. It can be observed that a significant percentage of students were not at all aware (25 and 13.75 percent from government and private schools respectively). Ahuja and Tewari (1995) had also found that the respondents of their study (girls) were aware of the pubertal changes. About three fourth of them were unaware of the physiology of menstruation and experienced a sense of isolation during their periods. It was observed that a considerable percentage of the respondents (partially aware or not aware) were vulnerable as wrong ideas are likely to lead to confusion. The analysis of findings also revealed that there was not much variation in the level of awareness on physiological changes among government and private school students.

- **Source of Information on physiological changes experienced by girls:**

  Girls (respondents) considered friends and mother as the most reliable source of information on physiological changes. It was noteworthy to observe that a considerable percentage of students (18.75 and 22.5 percent from government and private schools respectively) did not discuss about the physiological changes with anyone. School-wise analysis of findings did not reveal any significant variation. It is to be noted that as compared to boys girls are at an advantage as they feel comfortable with their mothers on Physiological issues. Boys do not discuss with parents. But the information the girls are getting from mother is at doubt as how much knowledge mother possesses is questionable. These findings are in conjunction with the previous research by Ahuja and Tiwari (1995) in which they reflected that in the school-going girls, friends followed by the mothers were the major source of information regarding reproductive health matters. Dash (2004) also found in his study titled, ‘reproductive health problems of unmarried adolescent girls’ that girls consulted their mothers mainly on reproductive health problems. Similarly Sharma and Sharma, (1996) found that overall knowledge about human sexuality, reproduction, and contraception was poor among the girls; knowledge scores were significantly higher among girls who had educated parents and had learnt about sexuality from their elders (elder siblings, teachers, and in some cases parents) It was found by Sachdev (1998) that basic knowledge regarding sexual anatomy and function was inadequate among females, and this knowledge was obtained primarily from friends and books and rarely from parents.
• **Reactions of the Girls on the Physiological changes Experienced:** A large percentage of girls (47.5 and 58.75 percent from government and private schools respectively) became disturbed when they experienced physiological changes. A significant number of girls (22/32 and 17/32 girls from government and private schools respectively) belonging to joint family considered physiological changes as natural process than in the nuclear family. Many of the respondents shared that in joint family, they have multiple sources to obtain information as compared to nuclear family. School – wise analysis of findings did not show much variation.

• **Level of Awareness on Menstrual Period:** It was observed that a significant number of respondents (33 and 30 from government and private school respectively) responded that they were fully aware and described menstrual period as a process of shedding dirty blood. Hence they were more vulnerable as they felt that they have the right information although this was partial information. Again the responses on the basis of type of school did not show much variation. Sharma and Sharma (1995) also found in their study (adopted the letter-box approach) that most of the questions asked by girls were about menstruation.

• **Source of Information accessed before starting of menstrual period:** Mother, sister, friends and teacher were most approachable for the adolescent girls (respondents) for obtaining information on menstrual period before the onset. A considerable number of students (15 and 7.5 percent from government and private schools respectively) did not access any source of information. Use of internet is nil as the source of information accessed before starting of menstrual period although respondents shared that they use internet for social networking, e-mailing and for the school assignments given to them.

8.2.3.2 Knowledge and perception on pregnancy

• **Awareness on the process pregnancy:** A large percentage of students (36.26 and 41.26 percent from government and private schools respectively) were not at all aware of the process of pregnancy. Some respondents cited that pregnancy occurs when a boy closely hugs/kisses a girl or either directly said that they did not know.
Sahoo (2004) identified that the knowledge about consequence of early pregnancy was poor among unmarried adolescents. In the present study more than half of the respondents (63.75 and 58.75 percent from government and private schools respectively) responded that a girl gets pregnant when union of sperms and ovum takes place. A study conducted by George (2004) supported the above findings. He found that thirty seven percent of adolescent boys were aware that girls can become pregnant the very first time she had sex with a person as compared to eighty three percent of adolescent girls aware of the same. Twenty four percent of boys were aware as against forty nine percent of girls that even if a girl washed her vagina after sex that she could become pregnant.

- Knowledge and perception of the respondents on the right age of pregnancy: Majority of the students (83.75 and 85 percent from government and private schools respectively) perceived that the right age of pregnancy was 20-29 years. Nevertheless the disturbing fact was that there were a few respondents (5 and 3.75 percent from government and private schools respectively) who perceived that the right age for pregnancy was 13-19 years which comes under the category of teenage pregnancy. Contrary to the above findings Ahuja and Tewari (1995) found that very few of the adolescent students (12-16 years) knew the appropriate age for marriage and childbearing. The study conducted by the Gupta and Khan (1996) looked at the fertility differentials among adolescents (13-19 years of age) and currently married women in Uttar Pradesh (UP). The contribution of teenage fertility to the total fertility rate (TFR) was around 15 percent. This shows that the adolescents without complete knowledge are vulnerable. Atwood and Hussein (1997) reflected that early marriage and childbearing (15-19 age group) may lead to higher mortality rates, because the girls have not attained complete physical maturity. Also the consequent effects on the newborn, such as higher perinatal and neonatal mortality, reduced immunity, and reduced learning ability.

- Person responsible for the sex determination of the child: A significant percentage of the respondents (46.88 percent female and 76.88 percent male from both type of schools respectively) have misconception that either both the parents or female parent was responsible for sex determination. A considerable percentage of
students (32.5 percent female and 12.5 percent male) did not know who is responsible for sex determination of a child. It was found that a very less number of the students, i.e., 9, 7, 13, 21 from the IX, X, XI, XII class respectively were aware about the fact that the male was responsible for the sex determination of the child. Although, there is a detailed explanation on the sex determination of a child in the Science textbook of class X, NCERT, Delhi.

- **Source of Information on pregnancy related issues:** On pregnancy related issues friends were the most popular source of information among both boys and girls of government and private schools. Mother and siblings were considered as source of information by more girls than boys in both types of schools. Use of Internet and books/newspaper is more popular among boys than girls. Similar findings were also highlighted by the Prasad (2006) that more than one-fifth of adolescent boys (22%) were inclined to read sex related issues published in periodicals. Half of the teenage boys (50%) had read letters to editor on sex issues. Two-fifth of teenage boys (40%) opined that sex related articles were useful to unmarried boys. They believed that articles published in magazines were useful and should be made available to unmarried boys. Forty eight percent acquired knowledge on sex indirectly through observation, whereas Thirty nine percent assimilated sex knowledge directly through discussion with peers group or relatives. Many of the studies support the findings of the present research regarding the source of information accessed by the adolescents on reproductive health issues. These studies indicated that Friends, T.V., radio, cinema, books, newspaper, magazines and the internet are the most commonly cited sources of information on sexual and reproductive health matters although the information they provide is not always accurate (Awasthi and Pande, 1998; Abraham, 2001; NACO and UNICEF, 2002).

### 8.2.3.3 Knowledge and Perception on Abortion

- **Perception about the conditions in which abortion can be done:** A large number of respondents (179 out of 320) had correct perception that abortion can be done in case when risks involved in carrying pregnancy for the health of the mother and foetus. However, a significant percentage of respondents perceived that abortion
can be done in case of pre-marital pregnancy (109 out of 320), in case of female foetus (38 out of 320), or as a as a method of family planning (109 out of 320). Above findings were supported by various studies, Thapa and Rawal (1998) summarized information available from various surveys regarding the prevalence of premarital sexual experience among teenage boys and girls in different regions of India. They reported that of the 110 abortions done every month in a medical college in Thiruvananthapuram, 12 percent were to unmarried teenagers. According to the Ministry of Health, in Maharashtra 21.7 percent of all abortions done were for girls younger than 15. Ganatra (2000) conducted a review on abortion related studies. Studies suggested that a substantial proportion of adolescents, both married and unmarried seek abortion services. It is estimated that between 1 and 10 percent of abortion-seekers in India are adolescents, though a few facility based studies report that the proportion of adolescent abortion-seekers is as high as one in three. Jejeebhoy (2000) in his study found that among unmarried abortion-seekers, adolescents constituted disproportionately a large percentage. At least one-half of unmarried women undergoing abortions were adolescents, many of whom were below 15 years.

- **Appropriate person to conduct abortion:** A large percentage of the respondents (78.13 and 70 percent from government and private schools respectively) considered doctor as an appropriate person to conduct abortion. Although, the significant percentage of the respondents had erroneous perception also that abortion can be performed by someone (dais) secretly. The findings overall reflected that there was not much variation in the responses on the basis of gender and type of school. As abortion is such a sensitive topic, levels of induced abortion are difficult to measure directly. It was indicated by the study done by Sahoo (2004) that knowledge about unsafe abortion was very low among adolescents.

- **Sources of information on issues related to abortion:** The findings reflected that the responses on the basis of type of school did not show much variation. A significant percentage of the respondents (51.88 and 40.63 percent from government and private schools respectively) considered T.V./radio as a vital source of information. Though, it has been observed that they considered I-Pill as a means of abortion, it implies partial awareness of the respondents. Gender-wise variations can
be seen in the choice of source of information accessed by the respondents. Friends and T.V./radio was popular among both boys and girls in both government and private schools to access information on issues related to abortion. Mother and siblings were more approachable to the girls than boys. Internet, books/newspaper, and teacher were accessed more by the boys than girls on issues related to abortion. In support of above findings the study by Acharya and Dasgupta (2005) also found that girls usually obtain information from mother, elder sisters and sister-in-law.

8.2.3.4 Knowledge and Perception on Contraceptives

- **Level of awareness on contraceptives:** None of the respondent reported that they were not aware of the contraceptives. All of them were either partially or fully aware. In the previous section (knowledge and perception on abortion), it has already been observed that students considered I-Pill as a source for abortion also. Hence the respondents who claimed that they were fully aware about the contraceptives seem doubtful. It can be said that ability to name one or more contraceptive methods does not necessarily mean knowledge about use or source of supply. Contrary to the findings of present study Khan et al., (1996) found that the awareness of family planning methods was not uncommon among adolescents. More than half of the students (65 percent male and 43 percent female) were aware of safe sex. In the present study gender-wise data showed that more boys were fully aware than girls on contraceptives. The related data depicts that more girls were partially aware than boys on the awareness of contraceptives. Similar findings were supported by the study conducted by George (2004). He found that sixty seven percent of the boys had correct understanding of what family planning was whereas only forty five percent of the girls knew about it. Most of the boys and girls were in favour of small family. Fifty four percent of the boys said that women should not use family planning services before first delivery whereas sixty three percent of the girls disagreed to the same. It was noted in the present study that a few of the respondents shared that they had pre-marital sexual relationship and were not aware of the condoms as a protective measures. They also shared that they used the I-Pill (emergency contraceptive) after having the intercourse. That shows they were at risk of having STI/HIV, or an unwanted pregnancy. United Nations Population Fund (UNFPA) (1998) also found
that use of contraception is low, resulting in adolescent unplanned pregnancies. Although sex outside marriage is considered taboo, study indicated that adolescents (60 percent in Bangladesh, 25 percent in India) do engage in pre-marital sex, raising the risk of unwanted pregnancy and illegal abortion.

- **Sources of information related to contraceptives:** There was not much variation on the basis of type of schools in accessing various sources of information related to contraceptives. Gender-wise data reflected that T.V./radio, books and peer group were accessed by both girls and boys. Internet, posters, counselor and doctors were approached more by boys than girls. Bhatia and Swami (2000) found that a majority of the girls were aware of fertility control methods. Analysis of the study conducted by Sharma and Sharma (1996) revealed that overall knowledge about human sexuality, reproduction, and contraception was poor among the girls. Knowledge scores were significantly higher among girls who had educated parents and had learnt about sexuality from their elders (elder siblings, teachers, and in some cases parents). The results of the study conducted by Acharya and Dasgupta (2005) also supported the above findings. The study reflected that there was absence of a source to satisfy the queries on health and sexual matters, including HIV/AIDS, contraceptives and menstruation related issues. Respondents pointed out that advertisements in doordarshan and radio do not clearly explain the causes and how and why does it happen. All information they get from peers and video films that they watch.

In conjunction with the above findings Khan *et al.*, (1996) provided an analysis of exposure to various mass media. The findings showed that more boys (74%) than girls (57%) read newspaper daily. T.V. was used equally by both groups. Television, books, and magazines were the main sources of contraceptive information. Friends were another important source. Lal *et al.*, (1997) also found that Newspapers (67.4%), followed by T.V. (49.4%), magazines (41.6%), friends (30.4%), and radio (23.6%), were cited as the most common sources of information by the adolescent students.

Contrary to the findings of present study Khan *et al.*, (1996) found a significant difference in the choice of media between types of schools (government and private).
Students in private schools depended more on print media, whereas the public school students favoured the radio.

### 8.2.3.5 Sexual Behaviour

- **Perception towards the act of sexual intercourse:** Almost half of the respondents (51.25 and 56.25 percent from government and private schools respectively) perceived that sexual intercourse was right only after marriage. Many of the respondents (15 and 13.12 percent from government and private schools respectively) cited that it was right only when they grow up into young adults. A significant percentage of the respondents (13.12 and 11.8 percent from government and private schools respectively) perceived that sexual intercourse was right when involved in love affair and nearly 20 percent of the respondents from both type of schools did not know about the sexual intercourse.

- **Perception towards pre-marital sexual relationships:** A significant percentage of the respondents (15 and 13.75 percent from government and private school respectively) considered that premarital sexual relationship permissible. While more than half of the respondents (57.5 and 59.37 percent from government and private school respectively) perceived that it was a taboo. Rest of the respondents did not respond. Sahoo (2004) assessed that few of the respondents (25%) had knowledge about consequences of pre-marital sex. Study conducted by Prasad (2006) found that eighty six percent of the adolescent boys opined pre-marital sex as bad. Similarly Awasthi and Pande (1998) found that among the unmarried boys, eight percent of the boys under 18 years and eight percent of the boys above 18 years were sexually active and engaged in high risk sexual behaviour (man to man sex, visits to commercial sex workers). Sharma and Sharma (1995) threw light on the fact that most of the boys had their first sexual contact with a prostitute and had never used a condom. Some of them reported having their first sexual contact with a girl friend of almost the same age. This again brought light to the fact that some of the unmarried adolescent girls might also be sexually active.

In conjunction with above findings Khan et al., (1996) in his study found that one third of the students favoured premarital sex. Boys indicated a more liberal attitude
than girls. It is interesting to note that students of private schools appeared less liberal towards premarital or extra-marital sex than students from public schools. A study conducted by Abraham (1998) found that boys were sexually more active whereas girls reported low rates of sexual activity. Abraham and Kumar (1999) in their study explored that attitudes towards premarital sex showed variation by gender. Forty-seven percent of male participants and 13 percent of females had sexual experiences, and 26 percent of men and three percent of women did have intercourse. The study also showed an inconsistent relationship between knowledge about sexual issues and sexual behaviour. The researchers concluded that education programs on sexuality should be designed to reach out to the students.

In the present research there was not much variation in the responses of the respondents on the basis of the type of schools. When one says that pre-marital sexual relationship was permissible and normal as part of growth, it implies that the person should be well informed of the consequences or mature enough to take the informed decisions. Finding revealed that the respondents who were having pre-marital sexual relationship and were not aware of contraceptives were at risks of unplanned pregnancy, abortion, RTI/STI, and HIV infection.

8.2.3.6 Sexual abuse

- **Act of sexual abuse respondents’ have heard:** A large percentage of the respondents had heard about one or the other form of the act of sexual abuse in both types of schools. It was significant to note that a considerable number of girls shared that they had been sexually abused by the close relative or the neighbor. They also disclosed that they felt very bad about the incidents and not able to confide to anyone.

- **Measures that can be taken to prevent sexual abuse/harassment:** It was observed that both male and female respondents had similar views on measures to prevent sexual abuse. A significant percentage of respondents (26.88 percent male and 25 percent female) shared that they did not know the measures to prevent sexual abuse, hence they were vulnerable. Self defence training was considered as a significant measure to prevent sexual abuse by both male (47.5%) and female (63%) respondents.
8.2.3.7 Knowledge and Perception about Sexually Transmitted Infections (STIs)

- **Knowledge about sexually transmitted infections (STIs):** Sexually Transmitted Infections (STIs) can be treated (except HIV) if timely recognized (diagnosed) and action are taken to consult qualified doctor. Respondents were asked whether they have heard about the STIs and knew the symptoms of the STIs. 185 out of 320 respondents had heard about STIs and 135 out of 320 respondents had never heard about the same. School wise data showed that a large percentage of the respondents (70.63 and 64.38 percent from government and private schools respectively) were not aware of the symptoms of sexually transmitted infections (STIs). Not much variation had been seen school-wise and gender-wise. The similar findings were indicated by the McManus and Dhar (2008) that knowledge about STIs other than HIV/AIDS was very poor among adolescents. The majority (71%) had not heard about Genital Herpes and almost half had not heard about Gonorrhoea (44%) or Syphilis (43%). Awasthi and Pande (1998) also assessed that the adolescents had poor knowledge regarding STI prevention, placing them at high risk for STI/HIV. While a study conducted by Sahoo (2004) found that few of the respondents had knowledge about STI. Knowledge of HIV was better (60%). In conjunction with the above findings Dash, (2004) found that causes and consequences of reproductive health was low, nearly half of the girls were not aware of hazards of unsafe abortion, knowledge of RTI/STI was low.

8.2.3.8 Knowledge and Perception about HIV/AIDS

- **Knowledge and perception about various issues related to HIV/AIDS:** A large number of respondents were aware of the various means of spread of HIV/AIDS. Though findings depicted that a significant number of respondents either did not know, or had wrong information on the means of spread of HIV/AIDS. The similar findings were revealed by Rahate et al., (1997) who found poor knowledge regarding the etiology of AIDS. About 70-80 percent of the students were aware of high risk groups and modes of transmission of AIDS, but an equally high percentage (60% - 70%) harbored misconceptions regarding the same. Another study done by Aggarwal and Kumar (1997) indicated that though knowledge about AIDS (36% - 59% correct responses) was there but misconceptions about transmission, prognosis, and prevention were also prevalent. Tikoo et al., (1997) analyzed that the Indian adolescent has a limited knowledge of human sexuality and AIDS. The study by
Amalraj et al., (1997). The results reflected that ninety-two percent of the students were aware of AIDS, predominantly through mass media, although misconceptions regarding transmission of HIV existed, more among females than males.

Similar to the above findings Khan and Singh (1997) found that 88 percent of the students were aware of AIDS but several misconceptions persisted. The study by Bahulekar and Garg (1997) also assessed that nearly 10 percent of the students had not heard about HIV or AIDS, 59.8 percent knew nothing about signs and symptoms, most of them had misconceptions about the mode of transmission, 49.6 percent were not aware of prevention methods. Study carried out by Dash (2004) on unmarried adolescent girls represent that most of them knew what HIV/AIDS is but knowledge about transmission and prevention is low. This is clearly an area that requires attention.

8.2.3.9 Substance abuse: Myths and misconception related to substance abuse

- **Perception of Adolescents on various issues related to substance abuse:** A great percentage of respondents were aware that drugs did not sharpen thinking and concentration, drug addiction can be cured by medical and psychological treatment, and self-determination is required to overcome drug addiction. It could also be observed that a significant percentage of the respondents either did not know or had wrong idea about the various issues related to substance abuse.

- **Substance not considered as drug abuse:** A very small percentage of the respondents did not consider smack, brown sugar, charas as a drug abuse in both types of schools. A significant percentage of the respondents did not consider tobacco, bhang, gutaka, and alcohol as drug abuse. Hence, they were not aware that these substances were also come in the category of drug abuse.

8.2.4 Opinion of Parents, Teachers and Adolescents towards imparting reproductive health education

In this section the research findings are presented under the various themes and further sub-categorized in two or three sub-themes namely Parents’ opinion, Teachers’ opinion and Adolescents’ opinion. The data under some of the themes was gathered with the parents and teachers and not with the adolescent students as per the
requirement of the study. Hence some of the themes reflect the opinion of parents and teachers only. The themes evolved from the data include:

8.2.4.1 Adolescents have certain reproductive health needs with regard to their holistic growth and development

8.2.4.2 School has a responsibility to help and guide the students for their holistic growth and development

8.2.4.3 Necessity to impart Reproductive Health education in schools for adolescents

8.2.4.4 An appropriate class from which reproductive health education should be started

8.2.4.5 Reproductive health issues/topics/areas can be included in reproductive health education

8.2.4.6 Appropriate methods for teaching or discussing reproductive health issues with adolescents

8.2.4.7 Appropriate source of information for adolescents to learn about reproductive health issues

8.2.4.8 Reaction, when adolescent asks information on reproductive health issues

8.2.4.9 Need to make parents and teachers aware of their role as an educators and effective communicators to adolescents

8.2.4.1 Adolescents have certain reproductive health needs with regards to their holistic growth and development

- Parents’ Opinion All the respondents (40/40) accepted that the adolescents have certain reproductive health needs. Parents reflected on the fact that adolescents should be aware of personal hygiene, changes they are undergoing in adolescence, balanced diet and right guidance on various issues. It was also observed in the statements given by parents that adolescents are not getting information and those who received it may not be correct all the time. Parents were also convinced that they can not deal effectively with all the issues of reproductive health. Specifically they
pointed out that: “Adolescents get knowledge from their mother but not complete as mothers themselves are not much familiar. Boys should also know as the times are changing (3/40 respondents).” It was noted that parents talked about the rights of adolescents and issues like decision making skills of adolescents (8/40 respondents).

- **Teachers’ Opinion:** There was only one teacher who felt that there is no specific reproductive health need of adolescents for their growth and development, and adolescents did not require any special attention. While other respondents (39/40) of the study articulated that adolescents reproductive health needs ranged from good health, right information, quality literature on reproductive health issues, friendly environment, family support and care, healthy peer interaction etc… The respondents of the study said that “Parents have a vital role in socialization-adolescents need parental affection, interaction, and time. They definitely need guidance on good and bad touch (5/40).” Teachers emphasized on the need of a school counselor. With the words of caution teachers said that: “There is need to give adolescents right information at right age and in right content (5/40)”

**8.2.4.2 School has a responsibility to help and guide the students for their holistic growth and development**

- **Parents’ Opinion:** All the parents (40/40) opined that school has a responsibility to help and guide the students for their holistic growth and development. Parents conveyed that though it is a responsibility of school but teachers should play a significant role (6/40). Besides this there were parents who considered that parents and teachers have equal responsibility (2/40). Few parents felt that the parents have prime responsibility (3/40). Peer Group role was emphasized (7/40) and role of the media was also discussed by parents. Some parents stressed on the duties of the teachers, and they felt even parents also needed reproductive health education (10/40).

- **Teachers’ Opinion:** Two teachers were not in favour that school has responsibility to help and guide students for their growth and development. Some of the teachers were in favour but remaining did not support (12/40), it was conveyed by the teachers that it is an extra responsibility and they felt overburdened. Teachers
stressed on the role of the parents and specifically mother (5/40). They felt that family has a primary responsibility. Media’s role was also highlighted by the teachers (4/40). Many of the teachers were in favour (13/40) and cited that it is the teachers’ responsibility but somehow they have not taken, teachers as the role model. School has a great impact on personality development of the adolescents. With a word of caution, teachers cited that: “School should have proper environment, staff, facilities, and time. Special counselor should be there.”

8.2.4.3 Necessity to impart Reproductive Health education in schools for adolescents

- **Parents’ Opinion:** Except one (3%) parent, all were in favour of imparting reproductive health education in school. Parents opined that as like other subjects reproductive health education should also be given by school. Parents also mentioned that school is the best place because adolescents learn in a better way in the company of their peer group. Few parents stressed on the point that school counselor or expert can take sessions in which parents and teachers should also play an active role. The role of the school was also emphasized since parents felt that most of the time, the messages from the media were misleading.

- **Teachers’ Opinion:** It has been noted that six (15%) of the teachers did not think important to impart reproductive health education in schools. They believed in providing quality literature on issues related to reproductive health, adolescents should learn through their own experiences, the content should be provided in science books so the need to tell about it separately may be avoided purposefully. Bhasin and Aggarwal (1999) also found that the teachers opposed sex education by citing reasons such as irrelevance of topic, not in accordance with the culture, increased promiscuity, and sex related crimes. Another study conducted by Verma and Pauri (1997) found that most of the teachers showed unwillingness to discuss sex-related topics with the students.

The teachers who felt that it is necessary to impart reproductive health education, they opined that imparting reproductive health education is likely to help adolescents to get right information and they will not feel misguided or misinformed. Teachers also
stressed on appointing a counselor for imparting reproductive health education. Some teachers were in favour that reproductive health education should be provided as one of the subject or as a part of Science/Home Science subject. Few teachers also said that school is best as there are same age group adolescents. The significant role that can be played by media was also emphasized. Similar to the above findings a study conducted by Bhasin and Aggarwal (1999) found that majority of the teachers were in favour of imparting sex education and biology teachers were considered to be the most suitable subject teachers, followed by doctors.

- **Adolescents’ Opinion:** 308 students (96%) felt that it is necessary to impart reproductive health education while 12 students (4%) were not in favour. Students cited various reasons in support of their opinion like it will help adolescents to know the harmful effects of the unhealthy risky behaviour, it will broaden our thinking and prevent us from teenage pregnancy, unprotected sex and RTI/STI/HIV/AIDS, it will prevent adolescents from getting wrong information from other sources and prevent from committing mistakes, it will help in taking right decisions, and one can not ask parents directly on each and every aspect of reproductive health issues.

The students who do not feel the necessity to impart reproductive health education shared that they felt shy, it is a personal issue so need not to be discussed. There are many other elements such as T.V, radio, and internet etc. by which a large number of people can get information.

**8.2.4.4 An appropriate class from which reproductive health education should be started**

- **Parents’ Opinion:** One of the parents’ responses was not taken in this component as (s)he was against of imparting reproductive health education in school. Hence 39 parents were interviewed. 23 percent of the parents cited that reproductive health education should be started from sixth class onwards while 33 percent, 18 percent and 26 percent said that it should be started from seventh, eighth, and ninth class onwards respectively.
• **Teachers’ Opinion:** Six of the respondents felt that it is not necessary to impart reproductive health education, hence their view on appropriate class for the same was not taken. Hence 34 respondents were interviewed. Similar to parents’ findings the teachers also suggested that from sixth (44%), eighth (24%) or ninth (32%) onwards reproductive health education can be started. None of the respondent cited that it should start from seventh class. In a study conducted by Bhasin and Aggarwal (1999) teachers cited that the most appropriate age for commencing sex education was considered to be 14 years and ninth class.

It is seen from the findings that both parents and teachers felt that either from IX class or before that adolescent should be given reproductive health education. It was recommended by the researches that it should be given from class VII onwards and both male and female members of the family needs to be educated on reproductive health issues of the adolescents (Yadav, 2003; Ahuja and Tewari, 1995).

8.2.4.5 Reproductive health issues/topics/areas can be included in reproductive health education

• **Parents’ Opinion:** Parents were interviewed to suggest the topic, which can be included in reproductive health education. All the parents suggested that male and female reproductive biology should be included in reproductive health education. Apart from that the issues suggested by the parents included menstrual periods (38), process of pregnancy (32), Prevention of HIV/AIDS (33), Prevention of Sexually Transmitted Infections (33), and methods of birth control (33) to be included in the reproductive health education programme.

• **Teachers’ Opinion:** Six of the respondents felt that it is not necessary to impart reproductive health education, hence their view on appropriate class for the same was not taken. The remaining 34 respondents were interviewed. There were various topics suggested by the teachers, which can be included in reproductive health education. The responses from the respondents included male and female reproductive biology (34), menstrual periods (34), process of pregnancy (26), Prevention of HIV/AIDS (34), Prevention of Sexually Transmitted Infections (29), and methods of birth control (26). Similar to the above findings Bhasin and Aggarwal (1999) explored the teachers’ opinion
on possible content to be included in imparting reproductive health education. Teachers suggested reproductive anatomy and physiology, family planning, sexually transmitted diseases, dating, premarital sex, and sexual perversions to be included.

- **Adolescents’ Opinion:** Adolescents (320) were also interviewed to suggest the topics, which can be included in reproductive health education. The responses received from the respondents included female reproductive biology (235), male reproductive biology (179), menstrual periods (235), process of pregnancy (239), Prevention of HIV/AIDS (294), Prevention of Sexually Transmitted Infections (272), and methods of birth control (263). Aspects to be covered suggested by the various researchers were: knowledge regarding menstruation, physical changes during puberty, reproduction, contraception and birth control, and STIs and HIV/AIDS and sexual behaviour including social interaction between adolescent girls and boys, reaction to sexual harassment, and premarital sexual behaviour. Life skill education on self-assertiveness, self-confidence and negotiation skills should be developed. Capacity building of adolescents needs to be initiated by training and sensitization (Bhende, 1995; Jejeebhoy, 1996; Atwood and Hussein, 1997; Thakor and Kumar, 2000; Dash, 2004; Berger, 2005).

### 8.2.4.6 Appropriate methods for teaching or discussing reproductive health issues with adolescents

- **Parents’ Opinion:** Most of the parents opined that one single method for imparting reproductive health education is not effective. All the methods are equally important. They may be used depending on the requirement. It should be in combination with each other. Discussion with adolescents on reproductive health issues was most preferred method of teaching in parents’ opinion. It has also been believed by parents that discussion should be used with other methods. Some parents preferred problem solving method in combination with other methods. Parents also suggested to use live experiences, discussing case studies, use visual methods, documentary movies can be screened and then have discussions on it, provide counseling then discussion with each student about his/her problem. The other supplementary methods can be experience sharing sessions like interaction with People Living with HIV/AIDS (P.L.H.A.).
• **Teachers’ Opinion:** Similar to parents’ opinion, Teachers also opined that all the methods of teaching should be utilized in combination with each other. Few teachers felt that reproductive health education should be given in the same way as one of the subjects, no need to use special methods. They should not feel that something different/special is being taught. Students should be encouraged to ask questions and discuss so that hesitation are removed. Discussion was considered as a most effective way to communicate with adolescents in combination with other methods. Teachers also opined that interactive educational activities can be conducted along with other methods. Counseling, problem solving and discussing with each student are some of the ways teachers felt can be used together. Teachers stressed on the fact that only lecture method will not be effective.

• **Adolescents’ Opinion:** Students were asked to give priority to the appropriate method for learning on reproductive health issues. Students preferred the discussion method as the most appropriate followed by the lecture method. They cited that lecture method should be followed by some other method also like discussion, interactive activities, slide presentation or case examples etc…

8.2.4.7 Appropriate source of information for adolescents to learn about reproductive health issues

• **Parents’ Opinion:** Parents’ opinion on the appropriate source of information for adolescents to learn about reproductive health issues reflected that teacher (39) were considered as the most appropriate source of information followed by the school counsellor (30), parents (25), doctor (8), friends (5), books/magazine/newspaper (5), T.V./radio (4), internet (3), and siblings (3).

• **Teachers’ Opinion:** Teachers reflected that school counselors (27) were the appropriate source of information followed by the teachers (26), parents (23), doctor (10), books/magazine/newspaper (8), T.V./radio (5), friends (5), internet (3), and siblings (2). One of the teachers also highlighted the fact that some special departments should be there in the school to speak to adolescents on reproductive health issues.
• **Adolescents’ Opinion:** Adolescent students (320) were of the opinion that the appropriate source of information to learn about reproductive health issues should include teachers (195), doctors (83), social workers (72), counselors (68), NGOs (628), and nurses (20).

8.2.4.8 Reaction, when adolescents ask information on reproductive health issues

• **Parents’ Opinion:** Most of the parents (31) felt that they will avoid talking to the adolescents if they are asked information about reproductive health issues or else they will tell it partially. There were parents (8) who responded that they will definitely address the issues asked by the adolescents.

• **Teachers’ Opinion:** Most of the teachers (29) felt that they will explain to the adolescents about reproductive health issues, if they are asked. They expressed that it is necessary to deal with adolescents queries, if left unaddressed it will create curiosity and they can approach wrong source. They strongly felt that teachers should explain each and every detail, do not hide. There were few teachers (5) who want to address the issues of adolescents but expressed that could speak with specific gender, hesitation will be there.

8.2.4.9 Need to make parents and teachers aware of their role as an educator and effective communicators to adolescents

• **Parents’ Opinion:** Only two parents felt that there is no need to make parents and teachers aware of their role as an educator and the need to be effective communicators to adolescents. Rests of the parents (37) strongly agreed that parents and teachers required to become an effective communicators to adolescents. They stressed that there is need to conduct training session with parents and teachers so that they can effectively deal with their adolescent about reproductive health issues. Parents also stressed on the point that parents and teachers can meet during PTM (Parent Teacher Meeting) and discuss on the matters related to reproductive health education. In support of above findings Masilamani (2003) stressed on the fact that parents increasingly recognize the importance of raising awareness among their adolescent children but are inhibited by lack of in-depth knowledge and embarrassment to do this themselves. Another study conducted by
Abraham and Kumar (1999) have explored the links between parental support and protection from risk.

- **Teachers’ Opinion:** Teachers considered that there is need to make parents and teachers aware of their role as educators and the need to be effective communicators to the adolescents. Although they felt that teachers are already trained so they would not require any training, parents might need the same. Most of the teachers shared that there is need to make parents and teachers aware of their role as an effective educator to the adolescents. They conveyed that communication skills are necessary, need to organize meetings and seminars, need to know how to respond and talk to adolescents. They quoted that “there are certain topics, even they are not aware. If a small child is asking something – how to answer, for e.g., I-Pill etc.”

Sharma and Sharma (1995) have conducted a study titled “The letter-box approach – A model for sex education in an orthodox society”, in this study teachers were recruited to impart knowledge to the children, as parents were most reluctant to do so. Very few teachers volunteered because they themselves had a lot of misconceptions and confusions about sexuality. Bhasin and Aggarwal (1999) found that teachers were willing to impart sex education after receiving proper training. Biology teachers were considered to be the most appropriate subject teachers, followed by doctors.

### 8.3 RECOMMENDATIONS

Keeping in view the findings arrived as focal point, this section discusses on the interventions and recommendations which would help in imparting reproductive health education in an effective way. In this context this section is further divided in four sub-sections:

8.3.1 Recommendations by the researcher on the basis of findings of the data collected from the adolescent students

8.3.2 Recommendations given by the teachers on imparting reproductive health education to adolescents

8.3.3 Recommendations given by the parents on imparting reproductive health education to adolescents

8.3.4 Social Work Interventions
8.3.1 Recommendations by the researcher on the basis of findings of the data collected from the adolescent students

In this sub section recommendations were derived by the researcher on the basis of findings of the data collected from the adolescent students (both boys and girls). It was recommended that:

- The adolescents required a right kind of education at right time.
- The reproductive health education should be started from the secondary classes onwards. It can even be started before that.
- Peer education needs to be promoted. Peer education is effective as peers considered to be more reliable.
- Sessions on reproductive health may be organized regularly in schools by experts.
- Adolescents are more vulnerable as they feel that they have the right information, it may be partial information. There is a need to build up on this information responsibly hence, it requires education and support from parents, teachers, and school administration.
- There is a need to provide training to parents too, so that they can help the adolescents to obtain information on reproductive health issues.
- There is a need to create awareness among adolescents about:
  - male and female reproductive biology
  - conditions and consequences of teenage pregnancy and its impact on family, education and health of the mother
  - scientific knowledge, facts and figures related to contraceptives
  - different forms of sexual abuse and different ways to handle abuse.
  - knowledge, awareness and treatment of Sexually Transmitted Infections (STIs)
  - knowledge, awareness on HIV/ADIS (learn life skill to protect them from risky behaviour so that they can prevent themselves from HIV infection).
  - nastiest outcome of drug abuse.
8.3.2 Recommendations given by the parents on imparting reproductive health education to adolescents

As the present research aims to devise interventions to impart reproductive health education in an effective way, the recommendations given by the respondents (parents) themselves were found worth considering which are presented below:

- Reproductive health education should be given to both boys and girls. It should be given to adolescents gradually and appropriately in a culture sensitive manner.
- Parents and teachers should help the adolescents in decision making. Parents and teachers should respect the adolescents’ individuality, decisions, and activities.
- There is a need of interaction between parents and teachers on reproductive health issues. Parent Teacher Meeting (PTM) could be one platform where these issues can be discussed to strengthen the program on reproductive health education.
- School counselors should be appointed to provide reproductive health education.
- Experts can be invited by the schools to conduct sessions on reproductive health education. Parents and teachers should also be involved.
- There is also a need to introduce component on moral values in reproductive health education.

8.3.3 Recommendations given by the teachers on imparting reproductive health education to adolescents

Almost all the teachers suggested on the issues of reproductive health education. Most of them said that there should be school counselors for providing reproductive health education. They recommended that:

- There is a need to appoint school counselors in all schools. Proper funding is required to run programs related to reproductive health education.
- Purpose of imparting reproductive health education should be made clear to the adolescent students. There is a need to tell them about right and wrong,
advantages and disadvantages of reproductive health education. Simultaneously
tell them about the Indian culture.

- Regular monitoring and evaluation is required to know that how the adolescents
  are utilizing the information. Bring modifications accordingly.
- Media has a significant role to play. There is a need to have provision of
telephonic counseling.
- There is a necessity to encourage students to ask questions. Put a box in the school
  in which students can drop their queries and addressed by the experts later.
- There is a need to work in coordination with parents, teachers and
government/policy makers. Like advertisements on HIV/AIDS, create
awareness on reproductive health needs of adolescents.

### 8.3.4 Social Work Interventions

The above reflection on the findings, discussion and the recommendations offered by
the adolescent students, parents, and teachers to impart reproductive health education
to adolescents had set the background for developing the social work intervention
model in order to design and strengthen the programme interventions for adolescents.

For designing any intervention model, the first and foremost issue to be considered is
the target of intervention. The present study being essentially on the adolescents, the
adolescents, their teachers and parents will be considered the target of intervention in
the model. The social worker would create a supportive and congenial environment
for adolescents to gain knowledge on reproductive health issues. The social worker
may liaison with the other professionals and agencies, acting as communicator and
counselor and providing personal and emotional support. The endeavor should be on
holistic intervention advocating for the involvement of people at different levels as
given below in figure 8.1: Social Work Intervention Model.
<table>
<thead>
<tr>
<th><strong>Target</strong></th>
<th><strong>Objectives</strong></th>
<th><strong>Activities</strong></th>
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<tr>
<td><strong>Adolescent students</strong></td>
<td>- Creating Awareness on Reproductive health issues&lt;br&gt;- Promoting Peer education&lt;br&gt;- Forming Adolescents club</td>
<td>- Put a box in which students can drop their queries to be addressed by the experts&lt;br&gt;- To collect Literature related to Reproductive health related issues (from the newspaper, magazines) and prepare magazine&lt;br&gt;- Organizing competitions: Essay Writing/Paragraph Writing, Slogan Writing, Debate, Painting (Poster, Rangoli); followed by group discussion and display (Bulletin Board and Wall Magazine display)&lt;br&gt;- Quiz Contest&lt;br&gt;- Puppet shows&lt;br&gt;- Video shows&lt;br&gt;- Brain storming exercises&lt;br&gt;- Suggesting internet websites, books, novels, scientifically written on reproductive health issues.&lt;br&gt;- Counseling sessions/telephonic</td>
</tr>
<tr>
<td><strong>Parents</strong></td>
<td>- Awareness building and sensitization&lt;br&gt;- Initiating Regular interaction between Parents and Teachers of adolescents&lt;br&gt;- Initiating regular parent-child interaction</td>
<td>- Discussion on emerging issues of adolescents in every Parent Teacher Meeting (PTM)&lt;br&gt;- Biannual - holding orientation, workshop, seminars&lt;br&gt;- Counseling sessions</td>
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Target

Teachers

School Authorities: Principal, Management committee, and other staff members

Team of Professionals

Objectives

Capacity building and sensitization
Initiating Regular interaction between Parents and Teachers of adolescents
Making them accountable for their work

Sensitization on the need and importance of imparting reproductive health education to adolescents
Provision of adequate resource material, funds, other facilities to conduct RH education programme

Networking/ Strengthening linkages with other systems and enable concerted efforts for adolescents’ development

Activities

Discussion on emerging issues of adolescents in every Parent Teacher Meeting (PTM)
Organizing training sessions, orientation, workshop, seminars.
Counseling sessions

Meeting/Presentation with school administration about need, objectives, work plan of reproductive health education.
Counseling sessions (if required)

Holding regular meetings and interaction of the students, parents, and teachers with the professionals in the school
Organize adolescents’ health camp
Develop print and visual material that offer accurate information on reproductive and sexual health issues to adolescents.
Facilitate implementation of reproductive health education programme at school system

- Facilitate in breaking barriers by talking on reproductive health education for adolescents.
- Demand for a special department (consisted of social workers, and other professionals) in each school.
- Demand to improve upon existing infrastructure.

Communicate rationale for addressing needs and concerns of adolescents on reproductive health issues

- Review of T.V. programmes, advertisements by especially constituted experts committee.
- Establish linkages with media and organize talk shows where all the stakeholders (elected representative, teachers, parents, other professionals) can discuss face to face on adolescents needs and concerns.

**Figure 8.1: Social Work Intervention Model**
The study being on reproductive health education for adolescents, the intervention too will focus on imparting reproductive health education to adolescents. For imparting reproductive health education to adolescents in an effective way, the need is of working with various groups like, parents, teachers, principals, management committee of the schools, policy implementing machinery, team of professionals, and media. Interventions related to each target group are explained below:

- **Adolescent Students**

  The need to reach to adolescents with information and skills is of utmost importance. There is a necessity to create awareness on reproductive health issues amongst adolescents. Adolescents are particularly susceptible to peer pressure. Perceptions about what is accepted in their peer group and what their peers are doing have a considerable influence on their sexual behaviour. While peer pressure can lead them to an irresponsible behaviour, it can just as easily be a resource to be utilized for promoting desirable behaviour. The dissemination of information and behavioural change intervention may be routed though peer groups in a systematic manner in order to increase the pace and quantum of change. The findings on source of information also reflected that friends were considered to be the most reliable source of information. Hence, there is a need of promoting peer education, and forming adolescents’ club.

- **Parents**

  The parental acceptance and support is an important component of the success of programmes for adolescents is acknowledged because adolescents, especially girls, often need to be provided with adult permission and support to receive information on reproductive health issues. The findings of the present research suggest that the role of parents is critical in effective and sustainable change. Efforts are needed to develop this component and to make it an integrated part of the strategy. There is a need for awareness building and sensitization among parents on reproductive health issues, so that parents can adjust with changing times, remove generation gap, and increase communication with the adolescents. Schools need to give a platform for more parents’ involvement so that the school together with parents can closely nurture the
adolescents. Schools through the Parent-teacher-association can involve the parents for the developmental needs of the adolescent. If the school and parents work together many issues and problems of the adolescents can be tackled. Thus, there is a need to strengthen parents-teacher-association to initiate regular interaction between parents and teachers of adolescents and also initiating regular parent-child interaction.

Figure 8.2: Pictorial Diagram
• **Teachers**

The present study reflected that the teachers are also not prepared and willing to discuss reproductive health issues with adolescents mostly because they feel uncomfortable while discussing such issues. Teachers, by and large, find the topic embarrassing and avoid it. Orientation and skill-building of teachers on adolescents’ sexuality and reproductive health are urgently needed. Each subject teachers has a role in imparting reproductive health education. Therefore the urgent need is of capacity building and sensitization among teachers on reproductive health issues, initiating regular interaction between parents and teachers of adolescents, and making teachers accountable for their work. The social worker should invite experts to deal and work with the teachers and conduct workshops with them so that they feel comfortable in dealing with the issues of reproductive health with the adolescents.

• **School Authorities: Principal, Management committee, and other staff members**

School authorities can help in enabling environment for implementation of reproductive health education in schools in a proper way. The social worker should sensitize the Principal, Management committee, and other staff members on the need and importance of imparting reproductive health education to adolescents. S/he should demand for provision of adequate resource materials, funds, other facilities to conduct reproductive health education programme.

• **Team of Professionals**

Professionals in the area of reproductive health issues can bring about progress in the health status of the adolescents. They are considered the most knowledgeable persons and trusted source of information on reproductive health issues. The social worker should strengthen the linkages with other systems and enable concerted efforts for adolescents’ development by holding regular meetings and interaction of the students, parents, and teachers with the professionals. The health camp can be conducted regularly. The help of professionals can be sought in developing print and visual
material that offer accurate information on reproductive and sexual health issues to the adolescents.

- **Policy Implementing Machinery**

  The social worker should facilitate implementation of reproductive health education programme in the school system. They should sensitize decision makers (government officials) for pro adolescent approach keeping in tune with globalization, changing perceptions and expected demands as experienced by the adolescents. They should facilitate in breaking barriers by talking on reproductive health education for adolescents at public gatherings and meetings. Organize Conferences, seminars, and workshops, it would help in breaking barriers. demand for a special department (consisted of social workers, and other professional) in each school and also demand to improve upon existing infrastructure.

- **Media**

  Media should play a positive and constructive role by addressing the need of reproductive health education for adolescents. Media should help in breaking barriers on discussion of topic related to sexual and reproductive health. It should establish linkage with schools/teachers and organize talk shows. Media should dedicate columns and programmes to address adolescents concerns. Media can provide a common platform for all stakeholders (elected representative, teachers, parents, and other professionals) to discuss adolescents’ reproductive and sexual health needs. The review of T.V. programmes, advertisements can be done by the experts. In-depth case studies and features on issues for adolescents can be prepared and shown on T.V.

  The social work intervention model as presented in figure 8.1 will be utilized to impart reproductive health education to adolescents. The specific activities undertaken, with the various target groups are projected in the model. Figure 8.2 projected the pictorial diagram of the system where the social worker needs to intervene to facilitate smooth implementation of reproductive health education programme at school system.
Overall the study on reproductive health education to adolescents had been a worthwhile attempt. This study has made an effort to scientifically present the detailed account of the level of knowledge and perception of the adolescents regarding reproductive health issues, and various source of information accessed by them for gaining the knowledge on reproductive health issues. The study found that adolescents as well their parents and teachers recognized the need and importance of imparting reproductive health education at school system. However, being a sensitive issue, talking on reproductive health issues would require adequate knowledge and information in conjunction with the social norms of society. It would also necessitate specialized helping service and time and the Social Work being a helping profession would continue to play a significant role in rendering the appropriate services for the smooth and speedy implementation of reproductive health education to adolescents at school level.