

Reproductive Health Concepts, Attitudes and Practices of Privileged Urban Adolescents

CHAPTER ONE

INTRODUCTION AND OBJECTIVES

Introduction

The world is fast becoming a global village in a departure from a fragmented group of countries and cultures. It is also urbanising rapidly. The values are changing. No one has been left untouched by the economic liberalisation, media explosion and technological advances that have been taking place in most countries (WHO, 1999).

Caught in the web of transition from childhood to adulthood, adolescents and youth between 10 and 24 years of age are most acutely affected by such unprecedented, and often unmanageable, changes. The rapidly changing global conditions are placing significant strains on the young people, modifying their behaviour and relationships and exacerbating their health problems.

Young people do not live in isolation. Much of what they do is determined by what others do including the leading adults in their families, in their communities, in health and education programmes, in the workplace, and in policy and lawmaking positions (Network, 1993).

One-third of the world's population is between the age of 10 and 24, and four out of five of these young people live in the developing countries. They form a great pool of resources for humanity with their energy, idealism and fresh views. But at the same time, they can be quite vulnerable to the fast changes taking place around them.

The world in which they live has changed rapidly in recent decades. The tremendous flow of population towards the cities, the spread of telecommunications across cultural and geographic boundaries, increased traveling, a generally earlier beginning of puberty and a later age at marriage, a decrease in the influence and strength of the family as an institution, the advent of AIDS, increase in violence, and easier access to potentially harmful tobacco, alcohol and other drugs have significant impacts on the behaviour and health of young people.

The needs of young people have traditionally been given low priority. While they do not appear frequently in morbidity and mortality statistics, a longer-term view of their behaviour and its consequences leads to a persuasive public health argument for giving the needs of adolescents a high priority.

It was only in the late 1980s, however, that the world community formally recognised how seriously the health of young people impacts the health and development of future generations. With the further realisation of the fact that the current and future health of young people depends very much on their own actions, choices and behaviours, the World Health Assembly passed a special resolution in May 1989 to highlight these issues. This resolution urged member states to give priority to the health needs of adolescents and youth and to develop socially and culturally acceptable programmes and services in order to meet these needs. It also emphasised the role of families and communities, and most importantly, of the young people themselves. Thereafter, the International Conference on Population and Development (ICPD) held in Cairo in 1994 also emphasised the special needs of adolescents

and youth. Since then, government and non-government organisations carried out some activities that are related to certain aspects of adolescents' health. But, by and large, most countries and communities are neglecting this age group.

The behaviour of young people can have both short and long term consequences. Unprotected sexual relations are at the heart of the problems associated with unwanted or too early pregnancy and childbirth, induced abortion, including HIV infection leading to AIDS.

Profile of Adolescents in Bangladesh

The adolescent population categorised by those between the age of 10 and 19 constitute about 32.3 percent of the total population in Bangladesh. The absolute size is about 42 million and is projected to reach 58.6 million (40 percent of the total population of 146.4 million) by 2010.¹

Studies show that especially in developing countries like Bangladesh, the understanding about reproductive health needs of adolescents is very poor and thus it is a neglected area of research and intervention without any insight into the unmet needs for information, education and communication (IEC). As a result, adolescents cannot protect themselves against reproductive ill health.²

If we consider existing reproductive health programmes in Bangladesh, we will find that all the programmes deal with vulnerable groups including women, men and adolescents residing in both rural and urban (slum) areas, representing the underprivileged section of the country.

There is a view prevailing in the society that education and health status have positive relationship, i.e., if a person is educated he or she will be more conscious about his or her health condition, which, in turn, will ensure sound health of that person. Education here refers to health education. Reproductive health is one of the major areas of health education.

Information available from newspaper reports, sporadic studies and social service agency reports indicate that adolescents are more vulnerable in large cities. Of the total adolescents, nearly 22 per cent live in urban areas.³

Adolescents in urban areas are victims of family disintegration and anomic situation caused by cultural conflict, drug abuse, extortion, sex crime, etc. There is no estimate of such population. However, it is commonly felt that the increase in their numbers is alarming.

Moreover, major cultural influences, to which the urban adolescents are conspicuously exposed, have found their origin in the adolescents' increasing familiarity with foreign cultures through various means such as films and other modern modes of electronic media. They are also experiencing conflict of values between generations and sub-cultures.

Alien culture infiltrates into our indigenous culture in the guise of so-called modernisation or development and liberal civilisation along with the process of economic or technological development. Maladjustment in the behavioural patterns that occurs under such situation is termed by sociologists as 'anomic behaviour'. This problem is the product of interaction

¹ Barkat Abul (2000). *Adolescent Reproductive Health in Bangladesh: A Challenge*, Keynote Paper presented at the Divisional level Workshops on Adolescents Health and Clinical Contraception Service Delivery Programme, organised by Essential Services Package (Reproductive Health) Unit, Directorate of Family Planning and AVSC International, BCO, Dhaka, Barisal, Rajshahi.

² Akhter HH et al (2000), *Needs Assessment on Reproductive Health Information and Care Among Adolescents in Paurashava Schools and Colleges*, BIRPERHT.

³ *Statistical Pocket book, BBS, 1997.*

between individual's psychic condition and socio-structural condition, and calls for interventions at micro and macro levels.

According to official reports, the situation regarding adolescents' reproductive health is 'unsatisfactory'. That is why married adolescents and those who are soon-to-be-married (unmarried adolescents) have been targeted to be the most critical and un-addressed population segments requiring priority attention in the Government's new programme – the Health and Population Sector Programme (HPSP).

It is an established fact that a person irrespective of his or her gender and socio-economic status is always under the threat of STD/RTI/AIDS. Several studies conducted so far have found that adolescents have very poor knowledge about important issues of reproductive health. Regarding STDs, about half of the adolescents participating in a study could not correctly identify a single STD symptom. About 60 percent of the adolescents did not respond or responded incorrectly to questions regarding reproductive tract infection (RTI) symptoms. Majority of adolescents could not correctly identify any preventive measures against STDs/RTIs or AIDS.⁴ Concerned reproductive health departments/organisations are ignoring adolescents belonging to the middle and upper classes of the society who are potential agents as well as victims of sexual diseases. Society's adolescents do not reside in isolation; rather they are free to maintain both horizontal and vertical relationships, which expose them to sexual health risks. That is why this study makes an attempt to capture this very group's concepts, attitudes and practices related to sexual and reproductive health, access to RH information, help-seeking behaviour and reproductive problem management which are important issues for researchers, policy makers and service providers.

Objectives

The objectives of the study are

- To assess concepts, attitudes and practices of the urban educated and privileged adolescents regarding sexual and reproductive health, and primary healthcare;
- To assess the accessibility and availability of information;
- To investigate socio-cultural values, beliefs and concerns related to issues mentioned above;
- To explore the scope, strategy and medium of family life education for privileged urban adolescents, and its acceptability to families, schools, community and experts;
- To compare reproductive health concepts, attitudes and practices of privileged adolescent groups with those belonging to the underprivileged groups.

⁴Population Council (1997). *Study of adolescents: dynamics of perception, attitude, knowledge and use of reproductive health care*. Dhaka. Population Council.

CHAPTER TWO

METHODOLOGY AND SCOPE OF THE STUDY

In order to obtain a comprehensive picture of reproductive health situation of the urban adolescent students, information were collected from adolescents, their parents, teachers, researchers, policy makers and health service providers.

Focused Group Discussions (FGDs) with the adolescents and their parents were conducted separately using different checklists. Panel discussions were conducted with teachers, researchers, policy makers and health service providers.

Participatory methods were used at the above sessions. The tools used for gathering information included body mapping, Venn diagram and trend analysis. Triangulation among various qualitative techniques was used to validate the information.

Though it was planned that each session would consist of 10 adolescents, it could not be arranged for all the sessions. However, each session included 7-10 adolescents. Each session lasted for two and a half hour on an average.

Study Participants

In order to explore the overall scenario of the urban literate and privileged adolescents, the study included only school- and college-going students belonging to families with good socio-economic backgrounds. Adolescent of both the sexes were selected from schools and colleges located in different places in Dhaka city. Of those, schools were divided into two categories: Bangla and English medium schools. It was designed for the survey that students of class VII, VIII and IX would form the Junior Group, while those of class X, XI and XII would form the Senior Group. However, in the survey, no student of class VII was found. It should be mentioned here that the team approached the institutions formally with the checklist, though discussions held were arranged both formally and informally.

For sessions with the parents the study selected those representing expected SES.

Sessions

A total of twelve FGDs/participatory sessions (4 with junior groups and 8 with senior groups) were conducted separately in the institutions (see table below):

Institutions		Male adolescents		Female adolescents	
School	Bengali medium	Junior (2)	Senior (1)	Junior (1)	Senior (1)
	English medium	Junior (1)		Junior (1)	Senior (1)
College	Bengali medium	Senior (1)			
	English medium	Senior (1)			Senior (2)

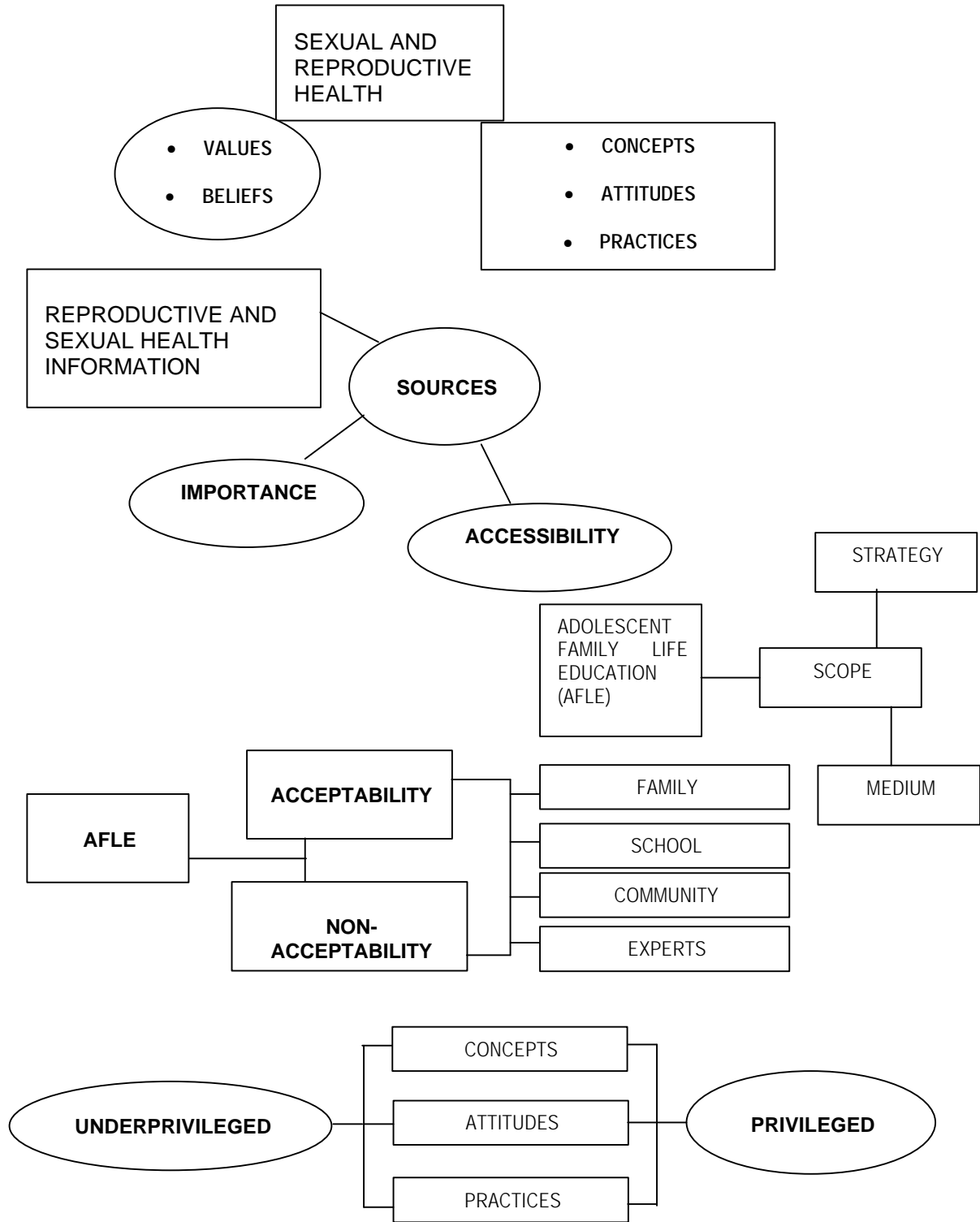
In the college level (grade 11 and 12) the study included four participatory sessions (two FGDs for either sex). Besides, two sessions with parents were conducted: one with fathers and one with mothers. All the adolescents, parents and panelists participating in the discussions allowed us to record the discussions on tape and writings. Tape recordings and notes from the FGDs and panel discussion were studied through content analyses.

Limitations

A number of limitations and problems were encountered in carrying out the study. The more prominent ones are stated below:

- Most institutions did not allow the study team to hold the FGDs. The main reasons put forward (verbally) by them were: “(the students are) too young to know reproductive health”; “parents will not allow us to do so”; “students are busy with their studies”; “the checklists are too sensitive”.
- The target was to get information from an estimated 120 adolescents (male=60; female=60), but the actual number of adolescents participating in the study was 83. The main reasons for not having the desired number of participants were:
 - Some schools were closed for summer vacation at the time of the survey.
 - Examinations and admission tests were going on in some colleges and students of those classes were not available for interview.
 - Some of the participants, especially English medium students, were attending extra classes (after school) with private tutors. They were hard-to-reach even during the weekends. Some of them could not attend the session despite the fact that it was scheduled with their consent.
 - It was difficult to organise parents’ group as they were busy with their working schedules.

CONCEPTUAL DESIGN OF THE STUDY



REPRODUCTIVE HEALTH CONCEPTS ATTITUDES AND PRACTICES OF
 PRIVILEGED URBAN ADOLESCENTS
 [CPD-UNFPA PROGRAMME]

CHAPTER THREE

BACKGROUND CHARACTERISTICS OF THE ADOLESCENTS

Information about the adolescents (such as institutions they belonged to, age, number of siblings, number of family members, parents' monthly income, parents' occupation, their educational status and ownership of assets) were collected. These information are presented in this section.

Table 3.1: Distribution of adolescents according to their institution

Institution	Male		Female		Participants
	Junior	Senior	Junior	Senior	
Aga Khan School		6			6
City College, Dhaka		2			2
Dhaka Commerce College		4			4
Hermann Meiner	6				6
St. Josephs School		11			11
Notre Dame College		1			1
Udayan Madhyamik Bidyalaya	10		10	6	26
Holy Cross College				5	5
Lalmatia Girls' College				6	6
Manarat School				3	3
Mastermind				2	2
Rajuk Uttara Model School and College	5		6		11
Total	21	24	16	22	83

Table 3.1 shows the distribution of the participants by class categories, by gender and by their institutions. Students of Udayan Madhyamik Bidyalaya were the most in number. This is because a junior group and a senior group of girls along with a junior group of boys came from this school.

Table 3.2: Percentage distribution of adolescents according to their age, gender and medium of education

Age	Gender		Medium	
	Male	Female	Bengali	English
	n=45	n=38	n=61	n=22
13	2.2	0	1.6	0
14	15.6	13.2	13.1	22.7
15	37.8	28.9	34.4	27.3
16	22.2	18.4	27.9	0
17	13.3	15.8	9.8	27.3
18	2.2	21.1	8.2	18.2
19	6.7	2.6	4.9	4.5
Total	100	100	100	100
Mean	15.6	16.1	15.7	16.0

Among the total of 83 adolescents, about 48 per cent were boys and 52 per cent were girls. Mean age of the participants was 15.8 years. Girls were slightly older than the boys and the English medium students were older than the Bengali medium ones. About 95 per cent of the junior students were aged between 14 and 15 years, while 80 per cent of the senior students were aged between 16 and 19 years. (table 3.2).

The mean number of siblings was found to be equal for both the sexes. It differed, however, with respect to the medium of education (table 3.3). One of the noteworthy findings from the table is that some of the Bengali medium school students had up to eight siblings. In comparison, English medium students had a maximum of three siblings. It should, however, be mentioned here that most students had only one brother or sister.

Table 3.3: Percentage distribution of adolescents by the number of siblings

No. of siblings	Gender		Total	Medium	
	Male n=45	Female n=38		Bengali n=61	English n=22
0	13.3	13.2	13.2	13.1	13.6
1	42.2	44.7	43.4	39.3	54.5
2	17.8	26.3	21.7	22.9	18.2
3	17.8	5.3	12.0	11.5	13.6
4	4.4	5.3	4.8	6.6	0
5	4.4	0	2.4	3.3	0
6	0	2.6	1.2	1.6	0
8	0	2.6	1.2	1.6	0
Total	100	100	100	100	100
Mean	1.7	1.7	1.7	1.8	1.3

The educational status of the adolescents' parents is shown in table 3.4. More than 80 per cent of the mothers and almost all of the fathers were found to be graduate. Mothers of English medium students were generally more educated than those of Bengali medium (table 3.4).

Table 3.4: Percentage distribution of adolescents according to parent's education

	Mothers' education					Fathers' education				Total n=69
	Gender		Medium		Total n=64	Gender		Medium		
	Male	Female	Bengali	English		Male	Female	Bengali	English	
	n=32	n=32	n=43	n=21		Not received=35	n=34	n=48	n=21	
Below SSC	0	6.0	5.0	0.00	3.0	0.00	6.0	4.0	0.00	3.0
SSC	6.0	13.0	12.0	5.0	9.0	0.00	0.00	0.00	0.00	0.00
HSC	9.0	13.0	16.0	0.00	11.0	0.00	3.0	2.0	0.00	1.0
Graduate	31.0	34.0	28.0	43.0	33.0	40.0	18.0	23.0	43.0	29.0
Post-graduate	41.0	28.0	30.0	43.0	34.0	17.0	50.0	31.0	38.0	33.0
MBA	0.00	3.0	2.0	0.00	2.0	11.0	0.00	6.0	5.0	6.0
MBBS	13.0	0.00	5.0	10.0	6.00	23.0	0.00	13.0	10.0	12.0

LLB/LLM	0.00	0.00	0.00	0.00	0.00	3.0	3.0	4.0	0.00	3.0
Ph.D.	0.00	3.0	2.0	0.00	2.0	6.0	21.0	17.0	5.0	13.0
Not stated	13	6	18	1	19	10	4	13	1	14

In terms of participants' mothers' occupation, over 68 per cent of the mothers were housewives. Teaching was the second most common profession among them. Another noteworthy finding is that 40 per cent of the mothers of English medium school students were found to be working outside the home. However, in case of Bengali medium school students, only one-third of the mothers were working outside the home. (table 3.5).

Table 3.5: Percentage distribution of adolescents according to mothers' occupation

Occupation	Mothers' occupation				Total n=83
	Gender		Medium		
	Male	Female	Bengali	English	
	n=45	N=38	n=61	n=22	
Housewife	68.9	68.4	72.1	59.1	68.7
Business	2.2	0	1.6	0	1.2
Doctor	6.7	2.6	3.3	9.1	4.8
Government Officer	0	2.6	1.6	0	1.2
Private service	0	10.5	6.6	0	4.8
Teacher	17.8	13.2	14.8	18.2	15.7
NGO	2.2	2.6	0	9.1	2.4
Police Officer	2.2	0	0	4.5	1.2

Over one-fifth of the participants' fathers were businessmen. About 16 per cent reported that their fathers were teachers and more than 13 per cent reported that their fathers were private service holders (table 3.6).

Table 3.7: Percentage distribution of adolescents according to fathers' occupation

Occupation	Fathers' occupation				Total n=83
	Gender		Medium		
	Male	Female	Bengali	English	
	n=45	n=38	n=61	n=22	
Business	17.8	26.3	18	31.8	21.7
Doctor	17.8	-	9.8	9.1	9.6
Engineer	8.9	7.9	6.6	13.6	8.4
Government Officer	8.9	10.5	8.2	13.6	9.6
Private service	13.3	18.4	18.0	9.1	15.7
Teacher	6.7	21.1	16.4	4.5	13.3
Army officer	2.2	-	-	4.5	1.2
Banker	11.1	2.6	8.2	4.5	1.2
Artist	-	2.6	-	4.5	1.2
Lawyer	4.4	2.6	3.3	4.5	3.6
Retired	4.4	2.6	4.9	-	3.6

The economic status of the adolescents was assessed by their families' possession of electronic goods and other assets reported by them. Over 70 per cent of the adolescents had computers; over 80 per cent had access to cable television. A higher proportion of households of English medium school students possessed computers, cable television and cars (table 3.8). About half of all the boys and 41 per cent of the girls reported that they lived in their own house.

Table 3.8: Percentage distribution of adolescents according to their possession of assets

Assets	Total		Medium			
	Male	Female	Bengali		English	
			Male	Female	Male	Female
n=45	n=38	n=34	n=27	n=11	n=11	
Computer	69	74	65	67	82	91
VCD	27	39	26	37	27	45
VCR/VCP	62	34	62	41	64	18
Dish Channel	78	87	74	85	91	91
Radio	53	76	59	93	36	36
Car	53	32	47	26	73	45
House owned	51	42	48	41	60	45

Data collected from the adolescents' parents indicated that the average monthly income of a father was Tk. 30,000 and that of a mother was Tk. 16,250. Of the five fathers who participated, one had a masters degree and the rest were bachelor degree holders. Of the mothers, two had Ph.D. degrees, while others were holders of bachelors degree. The level of education of the participating fathers' wives was: Ph.D., masters, bachelors and HSC. The level of education of the participating mother's husbands was Ph.D. and master degree. In terms of occupation, fathers were businessmen and service holders. All mothers were teachers except for one who was a housewife. The fathers' wives were by profession businesswoman, private service holders, teachers, government service holders and housewife; and the mothers' husbands were teachers and government service holders. All of them came from well-educated and affluent families; their parents were also educated. Their families also possessed computers, VCD players, VCRs, cable televisions and cars.

SUMMARY FINDINGS

Age:

Mean age of participants was 15.8 years. The girls were slightly older than the boys. English medium school students were older than the Bengali medium ones.

Siblings:

Most of the participants had only one brother or sister.

Education of parents:

More than 80 per cent of the adolescents' mothers and almost all fathers were found to have at least a bachelors degree. Mothers of English medium students were more educated than those of the Bengali medium school students.

Parents' occupation:

Over 68 per cent of the participating adolescents' mothers were housewives. Teaching was the second most common profession among the mothers. Some 40 per cent of the mothers of English medium students were found to be working outside the home. Contrastingly, in case of mothers of Bengali medium students, only one-third was working outside the home.

Possession of assets:

Over 70 per cent of the adolescents had computers and more than 80 per cent had cable television. A higher proportion of households of English medium students possessed computers, cable televisions and cars.

Income:

Average income of the adolescents' fathers was Tk. 30,000 and that of the mothers was Tk. 16,250.

CHAPTER FOUR

SENSE ON ADOLESCENCE

The changes that occur in the bodies of adolescents as they mature into adults are amazing. Within a period of few years, these little children become adults capable of reproducing (Brown, 2000). They grow several inches taller, their faces change in proportion, the genitals and secondary sexual characteristics develop, muscles develop, and fat shifts to different locations.

During puberty, increased production of gonadal hormones have a large effect “secondary sexual characteristics”. Increased production of Estrogen in girls makes the breasts enlarged, and causes the lining of the vagina to change and the uterus to start having periods. A hormone from the adrenal glands, is responsible for the growth of pubic hair and hair in the armpits. In boys, increased testosterone production causes the testicles to produce sperms, and promotes facial and body hair development.

Age of Adolescence

Defining the end of adolescence and the beginning of adulthood is not an easy task. “Adolescence begins in biology and ends in culture.” The entry into adolescence is determined by the onset of pubertal maturation and the entry into adulthood is determined by cultural standards and experiences. Defining entry into puberty is not altogether easy. Various indicators appear gradually over a period of time.

There are multiple definitions of adolescence. The age-range used for adolescence can be as wide as 10 to 19. Sometimes, the age of 15 to 19 is used to denote adolescence (Barkat, A., 2000).

World Health Organisation (WHO) defines the term ‘adolescent’ as those between the ages of 10 and 19 having three specific characteristics. These are: (i) biological development from the onset of puberty to full sexual and reproductive maturity; (ii) psychological development; and (iii) state of total socio-economic dependence to relative independence. Officially, Bangladesh follows this definition.

Brown (2000) suggests that puberty starts as early as 6 or 7 years of age and no later than 12 years in case of girls. It occurs as early as 8 or 9 years of age and no later than 13 years in case of boys. The whole process lasts about 4 years. Boys generally start about 1 or 2 years later than girls, and the rapid increase in height – the growth spurt – comes earlier in case of girls than boys. The result is that in sixth, seventh, and eighth grades, girls are usually much taller than boys. Boys catch up in the ninth and tenth grades.

Most adolescent girls who participated in the study felt that the period of adolescence starts between the age of 10 and 12 and ends between the age of 20 and 22 when they start their undergraduate education. They consider the stage as ‘*boro howa*’ (growing up). The stage begins when they experience menarche and when they feel that their breasts are enlarging. On the other hand, the mothers thought that the adolescence stage started between the age of 10 and 12 and it ended between the age of 17 and 18.

Results of Group Discussion: Girls' Group	
<i>Age of adolescence</i>	
Frequently mentioned	10-12 to 20-22
Sometimes mentioned	12 to 18
Mentioned by one or two people	9 to 16

According to adolescent boys, puberty for both boys and girls begins at around age of 12. Most of them didn't have any idea when pubescence ended. Some participants in the boys group mentioned that it was 16 years for boys. A few participants even said that puberty of boys never ended. Interestingly, one of the participants stated that puberty for girls does not end before 40. Probably, he confused it with menopause.

Results of Group Discussions: Boys' Group				
<i>Age of adolescence</i>				
	Boy		Girl	
	Start	End	Start	End
Frequently mentioned	12 years	No idea	12 years	No idea
Sometimes mentioned	14 years	16 years	10 years	-
Mentioned by one or two people	11 years	Never ends	9 years	40 years

Fathers were observed to be very confused in defining 'age of adolescence'. According to them, adolescence captures the school going age of a person starting from class III. It continues till class X, i.e. a boy or girl enters into adolescence when they are at the age of 6 and they continue being in adolescence till the age of 14/15. They also said, "There is an English word called 'teenage' which means the age starting at the age of 13/14 and continue up to the age of 19." So it seems that fathers confused 'puberty' with 'teenage'.

Finally, they came to the conclusion, "It starts at the age between 9 and 12 for a girl and between 11 and 14 for a boy if we consider physical changes".

Physical Changes

Puberty is the most important indicator of the onset of adolescence. Puberty is a rapid change to physical maturation involving hormonal changes and other changes in the body that occur primarily at the time of early adolescence.

During childhood, a small area in the base of the brain (the arcuate nucleus), and a gland in the same location — the pituitary gland — interact with the child's gonads (ovaries in girls, testicles in boys) in a very finely tuned system that keeps the output of all three areas very low. In other words, the amount of hormones secreted is kept very low.

Sometime in late childhood — and we don't know why these changes start when they do — the arcuate nucleus starts becoming less sensitive to the hormones from the gonads (estrogen in girls and testosterone in boys). This allows the brain to produce more of its hormone with the result that the gonads are allowed to produce more of their hormones. This increase in hormones continues throughout puberty until the hormones reach adult levels in the blood. The amount of estrogen or testosterone on the blood increases to a level where they have significant impacts on the child's body. That is when we see the beginning of puberty. A second effect of these rising levels of estrogen or testosterone is the stimulating effect that they have on the pituitary gland's production of growth hormone. This causes the child's

body to begin growing at a faster rate than it had been doing, and the rapid growth quickly – in just 3-5 years – brings the child to her or his full adult height. The growth areas of the bones are also affected, and they solidify, after some years to end growth.

Girls' periods usually begin in mid-late puberty after they have had their growth spurt. Therefore, when a girl has her first period – menarche – she only has 1 or 2 inches of growth left. Early in a girl's menstrual life, her ovaries usually don't put out an egg each month (ovulate). In most girls, regular ovulation occurs 3 or 4 years after menarche. Boys grow taller before their bodies devote much effort to building muscles. When they have their growth spurt, their testicles begin to manufacture enough sperms so that they are able to impregnate a girl during sexual intercourse.

Girls do not lose body fat during puberty – they just shift it around. In a child the fat tends to accumulate around the waist, but as she matures, it shifts to the breasts, hips, and thighs. Boys, on the other hand, do lose fat during their growth spurts. If they get fatter after they've finished growing, it's because they didn't reduce their food intake after they finished growing (Robert, 2000).

During the focused group discussions, girls mainly mentioned menstruation and breast enlargement, while beard, moustache, hair (on chest, hand, and leg), developed penis, and voice changes for boys as the markers of puberty.

Results of Group Discussion <i>Physical changes</i>	
Frequently mentioned	Menstruation, breast enlargement for girls; beard and moustache, hair (on chest, hand, leg), penis development, and voice changes for boys
Sometimes mentioned	white discharge, pimples
Mentioned by one or two people	masturbation, night emission, hair (underarm), widening of shoulder, hip enlargement, pubic hair

The most remarkable change the girls felt at adolescence is menstruation. They heard about menstruation either from their friends or cousins or textbooks before they experienced it. Then they conferred with their mother or elder sister about it. Those who heard of it earlier did not get frightened when their menstruation began. With the help of mother or elder ones in the family (elder sisters or aunts), they could shed undue fears about it.

While sharing their first menstruation experience some of them mentioned that 'what to do and what not to do' were imposed mostly by other members of the family (grandmothers, aunts, sometimes mother).

Some had misconceptions about menstruation.

"My mother told me that during menstruation, if you eat fish, it will create a bad smell, if you eat pickles, you will have heavy bleeding."

Results of Group Discussion: <i>Girls' Values/beliefs about menstruation</i>	
Frequently mentioned	not to play during menstruation, not to eat pickles and other sour foods
Sometimes mentioned	cannot perform religious activities, avoid fish, maintain privacy
Mentioned by one or two people	not to sit or stand close to boys, not to eat vegetables, pineapples, sea fish

Some of the expressions of the girls were: “My mother forbade me to eat pickles and other sour foods”; “My grandmother told my mother about not eating fish”; “Don’t play much” during menstruation. Some adolescents demanded to know the reasons for such embargoes and some didn’t. Some got the answers, while others didn’t.

Most girls found menstruation to be a botheration.

In some of the FGDs, topics like ‘night emission’ and ‘masturbation’ appeared. Senior Bengali medium (college group) and English medium (A Level) girls defined wet-dream to be when ‘a male person (unmarried) experiences a dream when he is in deep love with a girl’.

One of the college students (a girl) said, “I asked my brother-in-law (Dulabhai) about this. I wanted to know whether it happened after marriage. He informed me that it happened till marriage. After marriage and satisfied conjugal life, it goes away.”

Very few adolescents (girls) had heard about those earlier. Their sources were: friends, newspapers, and brothers-in-law. In the body mapping exercise, they have pointed out the physical changes of both boys and girls although most adolescents seemed uneasy in drawing body maps and showing the organs with which those changes occur during puberty. After probing, they were able to point out the differences between males and females and the changes they themselves faced.

Regarding physical changes, adolescent boys frequently mentioned the development of moustache, beard, penis and pubic hair, and the occurrence wet dreams and masturbation for males. They mentioned enlarged breasts, pubic hair and menstruation for females. They also mentioned growth of hair in armpit, legs, hands and chest for male, and hip enlargement and attractive facial development for female.

Results of Group Discussion: Boys’ Group <i>Physical changes during adolescence</i>		
	For boys	For girls
Frequently mentioned	Moustache, beard, penis development, pubic hair, masturbation, wet dream	Breasts, pubic hair, menstruation
Sometimes mentioned	Hair in armpit, leg, hands, chest	Long hair, sweet voice
Mentioned by one or two people	Voice, physical appearance	Dress, hip enlargement, face (modest/attractive)

Knowledge About Masturbation, Menstruation and Wet Dreams

While asked, almost all the participants responded that they knew about masturbation prior to their first experiences. Friends, senior friends, and cousins were the main informers. Only one adolescent heard about this from his father.

Results of Group Discussion: Boys’ Group <i>Knew about masturbation earlier</i>	
Frequently mentioned	Yes
Sometimes mentioned	No

Senior Bengali medium (college group) adolescents defined wet dream as: a male person dreaming that he is about to penetrate his genitals into a girl’s vagina. At the time of such a dream, he cannot but release his sperms.

They made distinction between masturbation and wet dream. “Each and every adolescent boy masturbates. During masturbation, a male person uses soap to rub on his penis and releases sperm. A male always masturbate when he feels excited. Excitement arises when he sees a blue film or naked photographs of a woman or reads pornographic materials.”

This group also guessed, “Other than menstruation, females also masturbate just like the males do.”

According to the senior boys of English medium colleges, during menstruation uterus breaks down and this happens in a 4 week cycle. They knew clearly that a male releases sperm while masturbating. “A male infant cannot release sperm. He has to wait until his puberty starts.”

Senior boys from Bengali medium schools guessed that something happens to a girl in every month. “We don’t know clearly what it is. But we heard that it is something called *maashik*.”

One said, “I read a feature on *maashik* from the daily *Janakantha*. It says, after being matured blood spreads from the urinary of a girl. It happens each month.”

Interestingly, all participants from the Bengali medium junior group (class IX) knew about *maashik* (menstruation). “In every month woman faces this physical affair. If the egg of a woman fails to mix with a sperm, then it comes out through her urinary along with blood.”

They also knew about wet dream. “Wet dream happens if sperm is released as an outcome of any dream.”

“Sperm can also be released by *hosto-moithun*.” They did not know the English for *hosto-moithun* is ‘masturbation’.

Boys of class VIII from Bengali medium school have very scanty knowledge about masturbation or menstruation. They just mentioned that chest of a male is flat, and it is rounded (with breasts) for a female. They also mentioned that moustache and beard develop in a male’s face. They did not have any clear idea about pubic hair and hair in other any region of the body. Only one heard the term *swapnodosh* (night emission) but did not know what it was. None of the group ever heard about *maashik* (menstruation) and did not have any idea who experiences it.

One Bengali medium school teacher shared her experiences with us. They had confiscated pornographic books and cassettes from students of class VI and VII who are about 12 to 13 years old. According to her, students buy these forbidden materials from Nilkhet and other places in the city. They are curious to know about sexual issues and cannot restrain their curiosity in spite of knowing that the materials are forbidden.

Regarding menstruation, she said, “We don’t have any means to explain it to them. Even parents do not inform their daughters about menstruation. Sometimes many girls start crying when they first experience menstruation. We make them understand and ask them not to cry. We explain it to them that this is not a problem. Rather, it is natural and a part of their regular health.”

“Now parents are becoming conscious about these problems. We asked them why they didn’t inform their children about these things. As our institution is a co-educational one, different problems may arise. I think, since we cannot provide information to them in a decent manner, they are getting informed in a distorted way. They are being informed mainly by drivers, friends, and servants in a distorted manner and thereby making mistakes. Thus, the scope for making mistakes remain wide open.”

Mental Changes

Most of the adolescents mentioned that they felt uneasy (shy) in any social gathering. The reasons they identified included physical change, people's 'look' towards them etc. A student of class X of a Bengali medium school said, "Sometimes I feel lonely and alienated; nothing attracts me. Then I listen to Hindi songs or *Gazals*."

A girl who is an HSC examinee described a conflict with her sister that she said was unusual.

"When we were in class VI or VII, we were completely inconsiderate. We used to break fragile things like glasses, plates etc. if our demands were not met. But now we have become more responsible. Gradually our thoughts have become more realistic."

Results of Group Discussion: Girls' Groups <i>Mental changes</i>	
Frequently mentioned	Becoming emotional, feeling that they have grown up and act accordingly (boys), feeling shy to mix with unknown and relatives (girls), observe that parents cannot understand them
Sometimes mentioned	Smoking and drug addiction (boys), boys talking about girls
Mentioned by one or two people	Feeling lonely, tendency of being independent and of getting importance, wider thoughtfulness

When the discussion turned to the 'mental changes of the boys' the girls noticed that that "they (the boys) suddenly become older than us and become guardian to us. They help us to go back home from school 'safely'. They are always curious whether we have any problems, or whether anyone teases or disturbs us."

Results of Group Discussion: Boys' Groups <i>Mental changes during adolescence</i>		
	For boys	For girls
Frequently mentioned	Feel confident, independent, like to stay in groups, emotional, look for girls	Shy, hardly mix with unknown people (specially relatives), fond of beautification,
Sometimes mentioned	Smoke, become addicted to substances, become romantic, like to show heroism	Feel lonely, emotional, jealous, depressive
Mentioned by one or two people	Eye teasing, leader-like attitude	Tendency of getting importance, wider thoughtfulness

Some comments about the mental changes among the adolescents were:

"During childhood we were supposed to abide by our parents' commands but now (at puberty) we want to do things according to our own wishes. We love to think freely and we try to implement our plans without external interference."

“This is the stage when a boy searches for his dream girl and vice versa.”

“Now my family members (especially parents) suspect every girl I talk to or mix with to be my fiancée (even though she is only my classmate). I don’t like their attitude. I believe that I am able to distinguish between good and bad. To overcome this problem, I told all my female friends at college not to speak if other family members pick up the phone.”

Adolescent boys admitted of thinking of many other things such as their current and future life, friends, family problems, films, film stars, cricket stars, co-education, politics, sweet dreams, breaking values, destroying properties, ‘how to develop high-class personality’, ‘how to be mad’, ‘how to create a software to be a billionaire’, ‘how to be an actor in Bollywood’, etc.

The range of their thought suggested that they were very conscious about the ‘real life’. Although it is true that they bear some destructive thoughts like ‘destroying properties’, ‘how to be a mad’, ‘breaking the values’, ‘kicking the policies’ they also would like to develop ‘high-class personality’, and they think over their lives and future.

Senior boys from English medium college mainly thought about how they would go to the United States for their undergraduate studies.

Parents views:

Mothers of the adolescents noticed the following changes among the adolescents:

“They want things immediately. They lose their temper suddenly. They prefer to listen to their friends. They talk on the telephone a lot. Instead of going to social gatherings, they prefer to be busy with the computer”.

A father noticed that her daughter became shy when she approached her adolescence and distanced herself from him. Another, however, related a contrary experience. “I don’t feel any distance from my daughter,” he said. “She still mixes with me as she did during her early childhood. It may be because she rarely gets me at the house as I am out most of the time”

From their long experiences, fathers had a close observation: “There is a difference between mental changes of adolescents from the rural areas and those from the urban areas. Mental changes of a person differ according to his or her socio-economic status. A girl from a very needy family dreams of a job at her adolescence. But our daughters belonging to a similar age group do not dream the same. Similarly, a boy from a poor family tries to engage herself in a job or get involved with teaching students for earning money. A boy of a well-off family spends time with friends and has fun. They also get admitted to computer coaching centres. Therefore, it is not possible to identify changes among adolescents with any one particular formula as it varies person-to-person, house-to-house, and family-to-family.”

Psychological Changes Toward Parents

A senior girl from a Bengali medium school shared her feelings, saying: “I don’t get along very well with my parents. They try to dictate how I dress, how much I study, what I do on weekends, and how much time I spend talking on the phone. They are intruders in my life. Why won’t they let me make my own decision? I’m matured enough to handle these things. When they interfere with every little thing I do, it makes me mad and I utter words to them that I probably shouldn’t. They just don’t understand me well enough. Parents should be neither punitive nor aloof from us; rather they should develop rules and be affectionate towards us.”

Another one from an English medium school said, “My mother and I depend on each other. I know that my mother continues to have an important influence on me. She sometimes gets on my nerves, but I still basically like her, and respect her a lot. We have our arguments, and at times, I don’t get my way; but she is willing to listen to me. I love my mother a lot, really.”

“We have our arguments and our differences. There are moments when I get very angry with my parents and have heated discussions. I have to say what I think is correct because I don’t think they (my parents) are always right. Sometimes, the reverse occurs. However, most of the time, when there is an argument, we can discuss the problem and eventually come up with a solution that we all can live with. It doesn’t happen every time though, because there are some occasions when things just remain unresolved. Still, I must say that I get along pretty well with my parents”, said a college student.

“A girl can share her menstrual problems with her mother but I can’t ask my father how to shave my newly grown moustache, beard and pubic hair,” said one boy.

Experts on adolescents have also discussed parents’ role. For example, Chief of Party from Engender Health shared his experience:

“When my elder son was admitted to an university, I felt very anxious to talk to him about this issue. The tendency of young people is to explore and experiment. We must tell them where to explore and what to experiment. I failed to address these issues with my son who was going to a bigger environment to study. In spite of the fact that we are both physicians and involved with public health we could not ask our son due to our cultural barriers.”

“So I would like to say that parents also need some of lessons to help them communicate with their children. It is not sufficient to provide information to the adolescents only. I sent my son to my friend Dr. Faruq who has an organization named ‘Paricharja’. He often conducts workshop with adolescents, and discusses about reproductive health and AFLE. I contacted him and sent my son with some of his friends to him. They got some books and saw pictures over there and then he (my son) started talking with me. Thus, I could not break that barrier. I had to take assistance from others. But there was no barrier in case of my younger son; it became very easy for him. He discussed these issues with his elder brother, mother and with me. Therefore, we need to think how to overcome the barriers between children and parents.”

Urge for Co-Education

Senior adolescent boys of the Bengali medium schools feel that co-education is essential for growing up psychologically. According to them, co-education helps them to become better social creatures. “If boys and girls are allowed to study together from class III, they learn to respect the opposite sex. A boy of class III usually does not think about a girl. He starts to have such thoughts sometime between class VII and class X. We think about sex but we cannot share our ideas with them (girls). We are not even allowed to mix with them. Because of these restrictions, we sometimes become very aggressive and we go as far as watching blue films. The increasing trend of sexual abuse and harassment in Bangladesh is the outcome of conservative outlook towards gender equity.”

“Parents usually discourage us to make friends with girls. They always tell us to work hard to get admitted to an engineering university instead of wasting time talking with girls. They indicate that they will allow us to have friendship with girls if we fulfill their expectations. But they don’t understand that talking with the opposite sex is necessary for changing our outlook and mentality.”

“Co-education reduces many problems. It gives students the opportunity to behave properly and to respect the opposite sex. If provided with co-education, they would be interested to develop friendships instead of love affairs. A girl can also be a close friend to a boy. Students who are not at the co-education institutes also develop simple friendship with the opposite sex when they study together at the coaching centres or at the private tutor’s residence.”

“I think the gap between parents and teenagers are widening day by day. That’s why they fail to read our minds. They should realize that we, the teenagers, do not always get aggressive.”

Junior boys of English medium school who study in a co-educational system said, “We have co-education in our school. We think it is good because we can develop friendly relationship with girls. We can avoid being introverts. It will help us in future as we will study in a mixed group in the varsity and work in a mixed group after that. We are confident in mixing with people irrespective of gender.”

Adolescent boys believe that girls also have a demand for co-education.

Junior girls studying in the Bengali medium school under co-education system said, “We have very good friendship with our classmates (boys). We were astonished when we were divided into two sections from class V, and then joined again at class VIII. We can even feel that they know about our changes. If they see something unusual (for example, blood spot on school dresses during menstruation) they don’t tease us or laugh.”

“The person who does not study in a co-education institution will suffer a lot in the future. He will find difficulties in dealing with different situations. He will be an introvert. He will suffer from inferiority complex if he sees a boy talking with a girl.”

“Number of crimes will be reduced if the educational institutes introduce co-education from primary level.”

“A boy who did not study in a co-education school falls in love with a girl even if she talks to him casually. He will mess up friendship with love affairs. Then if the girl does not respond, he may become violent.”

Junior boys of a Bengali medium school said, “In our school, we don’t have co-education after class III. Again co-education starts from class IX. We don’t understand why we are separated for the five years. We believe co-education should be maintained all along.”

Teachers’ Outlook Criticised

Some of the senior girls as well as the junior ones criticised the outlook of some of their teachers. “If we sit on the same bench with a boy in the class, some teachers look at us in such a way as if we have committed a crime. It is needless to say how they look at us, when we talk with them standing in the corridor.”

Another girl said “One day a senior student, a boy, teased me. I informed this to one of our madams. But she rebuked me and indicated that it was my fault. She suggested that I should have behaved properly. However, she assured me that she would punish that boy. I don’t know whether she did so or not.”

Senior boys of the Bengali medium schools also criticised their teachers’ outlook. “Just like the parents, many experienced teachers also fail to read our minds as they are still influenced by backdated ideas about life. This gives rise to misunderstandings between teachers and students. As a result, neither of the parties can rely on the other.”

“Teachers also discourage us from making friendship with girls till the time we pass higher secondary examinations. But my point is that making friendship with a girl does not necessarily mean that I am going to marry her in the future. Friendship is friendship – gender should not matter at all in companionship.”

“Friendship does not mean ‘love’. If I like a girl because of her outlook, her attitude, her way of talking, then I may become close friends with her. Of course, it doesn’t mean that I am in love with her! But our poor parents and teachers do not understand this simple thing.”

Breaking the Rules!!

Adolescent boys do want to break the rules as they believe that there is a big difference in mentality between parents and children. “Our parents do not want to be up to date. They fail to understand the demands of the time. They don’t understand that the world is becoming more modern each passing day. Therefore, at times, we become so impatient that we wish to break the rules.”

“In the past, when our parents were growing up, boys rarely had any chance to speak to girls because of social restrictions. Usually they just exchanged their ‘*salaam*’ (greetings such as ‘may God bless you’) when they met each other. But these days we look forward to talk to girls about our society, culture, affairs, sex and what not!”

“We have our own national culture and heritage. In addition, thanks to the cable televisions, we are getting exposed to western culture. Sometimes, our parents try to impose upon us our national culture. But I think both the cultures should be open to us so that we can choose for ourselves which one we should to embrace. We need to be more constructive and open-minded. We don’t like to have any restrictions in selecting cultures. We believe culture is for the sake of life and not vice versa. Culture changes over time but our elders cannot accept this because of their inherent conservatism.”

Our parents and teachers do not rely on us. No trust prevails in our society! They think that if a boy talks with a girl, it may end up in an affair. If we got the chance, we could prove that their apprehension is not justified.”

Longing for Forbidden Things

According to the senior boys of the Bengali medium schools, forbidden things include those, which their parents do not want them to do at this stage of their life.

“After completing my studies in the evening, I spend some time chatting. But my parents do not like this. They treat it like something that is forbidden. So they try not to let me indulge in chatting. But I believe I am not doing any wrong. I am not inattentive to my studies. So, I continue to do this so called ‘forbidden’ thing along with my studies.”

“Our parents are not as liberal as they pretend to be. For example, my parents discourage me to meet anyone, especially girls, outside the house, but tells me to bring in any friend I like. But whenever I bring any friend, whether a girl or a boy, they start investigating about him or her, which is very embarrassing for both me and my friend. Also, it is difficult to talk with a friend if the home atmosphere is not favourable. So I ask my friends not to come to my house. Instead, I meet them somewhere outside. So you see, it’s my parents who needlessly push me out of the house.”

“We want to talk with girls for unlimited time, but we don’t get the opportunity due to a number of social barriers.”

“In the past, people used to express their thoughts through writing in diaries; but nowadays we express our thoughts by chatting and conversing over telephone, including cellular phone. Moreover, a concert is a very nice place to meet and talk.”

In a study, it has been found that 68 per cent of the Internet users in the world browse adult sites. These sites mainly contain naked photos, adult jokes, and pornographic stories. “To browse these sites one has to be 18 years old. But we always manipulate our age and enter the sites. Our parents do not allow us to browse for long. That’s why whenever I get the opportunity I browse the porn sites.”

“We rarely browse general sites. We visit sites like ‘yahoo’ or ‘hotmail’ only when we are exhausted.”

Behavioural Changes

Senior boys of the Bengali medium college think that at this stage of their life they start avoiding their parents and prefer to remain in a group of friends. “We, a group of friends, started watching X-rated movies (pornographic films).”

“Just after the completion of school, these sort of curiosities arise.”

“We also discussed how our parents met their curiosities when they were adolescents.”

At this age, they usually get involved with political parties and terrorism. Some become reserved in behaviour with a leader-like attitude. “So we behave as if we were adults. We talk about forbidden things with our close friends.”

Senior girls of English medium college added: “Some of our friends (boys) watch blue films regularly. We tried several times to watch those at the residences of different friends. After some time (20-30 minutes), we did not want to watch any more and turned it off.”

According to the fathers, “We are models for our growing children. We are admired by them. But at the same time, they are also very critical about us. My son often says, “Dad, you made a mistake and so on ...”

One father said, “Children often complain that I do not take them out.” Others agreed.

Fathers suggested, “If we fail to give them time, then we should make some alternative arrangements so that they can pass their time with proper recreational activities.”

One father said, “I advised my wife to tell our daughter about menstruation before she experienced it. I don’t know whether she did so or not.”

“My daughter discusses about irregular period with her mother”, another father added.

Regarding relationship with his son, one father claimed that they were very close. He said, “My son does not have many friends. He studies in a co-educational institution and mixes with girls. Recently, I noticed some changes in him. I guess he’s hiding something from me.”

Another added: “This is the time when boys start smoking. They prefer to spend their time outside the house with friends.”

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Three out of five fathers said, “We should avoid our sons when they start experiencing masturbation. Otherwise, they will become more curious about sexual matters.”

According to the fathers, “They (sons) come to know about sexual changes from watching movies, TV programmes, talking to friends and reading books. Guardians must be cautious so that they cannot enjoy sex at this age.” Fathers informed that they have kept their computers in a common place in the house so that their sons cannot browse any adult sites. However, during conversation with boys, they informed that: “VCD is more suitable than a videocassette for watching adult movies. We do not need to turn on the TV (which is usually placed in the living room or at the centre of the house) if we opt for a VCD show. We can watch 2X, 3X or even 4X movies in our room using the computer. We browse adult sites whenever our parents are outside the house.”

Regarding behavioural changes one mother claimed: “After reaching puberty, suddenly my restless daughter became shy and quiet.”

Use of Free Time

Most of the girl participants were busy with school and private tutors over the whole week. Whenever they get time, they “watch TV (Star Plus, MTV, Sony, adolescent serial on ETV – *Beprateep*)”; “listen to music (English, Hindi, Bengali, Band)”; “eat and go out with friends”; “chat on the internet”; “read story books”; “draw pictures”: “compose poems”.

It appears from the discussion that there is a clear difference between the adolescents studying in the English medium schools and those in the Bengali medium irrespective of gender regarding utilisation of free time. Most of the English medium students preferred to eat and go out with friends, watch movies together, and chat *on* the Internet.

Results of Group Discussion: Girls’ Groups	
<i>Use free time</i>	
Frequently mentioned	Watching Television (Star Plus, Sony, M-TV, ETV news, serial ‘Beprateep’), eating out, listening to music (Bangla, Hindi, English, Band)
Sometimes mentioned	Internet chatting, shopping, reading story books
Mentioned by one or two people	Going for a rickshaw ride, helping mother in household works, drawing, composing poems, talking with friends over telephone

“Usually on Friday (the day we don’t have any tutorial class), eight or nine of us go out in the late afternoon. We go shopping, eat at fast-food outlets, then go to places quite far from the city, like Ashulia, pass time on our own, then come back at about 8 or 9 pm. Certainly, we have cars with us. Sometimes, our parents reprimand us for the delay. When they do so, we come back even later, around 9 or 10 pm, the following week. It hurts our ego when they reprimand us. Aren’t we matured enough?” “...Our male classmates also accompany us. Parents do not mind that; they know them very well. After all, they can be a source of security for us.”

Some of the girl participants are members of cultural organisations, and an organisation to help acid victims.

According to the fathers, girls are mainly involved in beautification (making themselves more attractive), taking coaching classes, watching serials on TV, and spending time with computers.

Adolescent boys usually spend their time gossiping, using computers (watching movies and browsing adult sites, chatting, playing games, downloading web materials, browsing, e-mailing, typing and printing), watching TV (mainly movies and music), reading books and magazines, playing games (indoor and outdoor), talking on the telephone with friends, outing, eating out, listening to music etc.

Results of Group Discussion: Boys' Group <i>Use of free time</i>	
Frequently mentioned	Gossip, use computers (watch movies and adult sites, chatting, games, download web materials, browsing, e-mail, type, print), watch TV (mainly movies and music), read books and magazines, play games (indoor and outdoor), telephone conversations with friends, outing, eating outside, listen to music
Sometimes mentioned	Cyber café, attend coaching classes, draw pictures, write stories, think about dream girls, assist in household activities, attend concert, go to markets
Mentioned by one or two people	<i>Chilla</i> , tease, smoke, drug, give time to politics, <i>mastani</i> , read newspapers, tutoring, meditation, exercise, take care of pet animals, dating, walking, cycling, perform hobbies (stamp collection, coin collection), sleep, prepare food, water plants

Bengali medium college boys watched movies with greater X-ratings than their English medium counterparts. They have watched the highest level (5X rated) adult movies, while senior English medium boys have watched up to 4X porno movies. But this trend is reversed when we considered visiting adult sites on the Internet. Senior boys of English medium school seemed to be more updated than other groups. They have visited most recent sites.

Results of Group Discussion <i>X-rated films that boys used to watch</i>	
Frequently mentioned	2X (above the abdomen parts; only breasts and hip), 3X (full nudity: intercourse)
Sometimes mentioned	4X (human being with animals)
Mentioned by one or two people	5X (animals with animals)

ADULT SITES THAT BOYS USUALLY VISIT			
BENGALI SENIOR	ENGLISH SENIOR	BENGALI JUNIOR	ENGLISH JUNIOR
Deshibaba.com; sexworld.com; ultimatesex.com; fuckerworld.com; majormelons.com; obsession.com; indiansex4lk.com; smutland.com; playboy.com; xxx.com; teen.com; bisexualgirls.com; sexspy.com; euroangels.com; afterschool.com (15)	Tanbazar.com; ametuerpages.com; playboy.com; sex.com; uploaded.com; babylonX.com; deshibaba.com; worldsex.com; sleazydream.com; indianpassion.com; whitehouse.com; sex4u.com; schoolgirls.com; reenmovies.com; nude-celebrities.com	Deshibaba.com; playboy.com; sex.com; nudelink.com; ftv.com; sexteenxxx.com; aquavideos.comgirls .com	deshibaba.com; teensex.com; girls.com; vol5.com; nakedpictures.com; bluepictures.com; hawww.guitar.com ; wwf.com; sex.com; wow.com; deshimama.com; extreme.com
(15)	(15)	(15)	(15)

Not all the adolescents have computers but they have easy access to cyber cafés. They spend a lot of time attending coaching classes. Adolescence welcomes creativity, they also spend a good deal of time drawing pictures, writing stories, and composing poems thinking about their dream girls. Some of them also assist in household activities, attend concerts and go to markets.

Senior Bengali medium adolescents mentioned some other activities which adolescent boys usually indulge in during puberty. They were *Chilla* (staying in the mosque for some definite period of time for religious purposes), dating, teasing, smoking, taking drugs, indulging in politics, *mastani* (terrorism), reading newspapers, tutoring, meditating, exercising, and taking care of pets.

Walking, cycling, spending time on hobbies (stamp and coin collecting), sleeping, preparing food, and watering plants were some other activities that adolescents are involved in.

The table below shows places where boys usually go during their free time. It gives a hint that their movement is not restricted to the house and fast food outlets alone. Rather, they travel to many distant places including Savar, Aashulia and Narayanganj. They enjoy traveling by AC coach, train and boat if they have their ‘fiancée’ or ‘lover’ with them.

According to the senior college boys, park is not a suitable place to visit. Usually, park is used as a dating venue. Finding almost no other alternative, boys who have ‘fiancée’ usually go to a park.

“We rarely have any proper place to meet with our friends. So, we usually sit together on the roadside. We gossip with friends for hours. It is very exhausting watching TV or sitting idly in the house continuously.”

Results of Group Discussion <i>Places where boys usually spend off-time</i>	
Frequently mentioned	Fast food shop, parks, parliament house, friend’s house
Sometimes mentioned	ZIA, cyber café, Aashulia, museum, Eastern Plaza Market (for CD, VCD), cinema halls
Mentioned by one or two people	Zoo, botanical garden, Chandrima Uddyan, Dhanmondi Lake, Baldha Garden, Savar, travel by Premium Bus, NIRAPAD bus, travel by Dhaka–Narayanganj Train, boat journey, etc.

“While gossiping, we discuss mainly our affairs. Very rarely do we talk about sex.”

There are some adolescents who are very fond of playing computer games. Chatting is their favourite pastime. Usually, adolescents chat with people of the opposite sex irrespective of age. “One of my friends has developed a relationship with a girl through chatting in the Internet and currently they are having an affair.”

While asked about the types of movies that boys prefer to watch, they gave a long list of English movies (some of them are mentioned in the table below). Mostly they liked watching X-rated movies.

Results of Group Discussion: Boys' Group <i>Types of movies that boys prefer to watch</i>	
Frequently mentioned	X-rated movies (blue films), Action (Die Hard, Romeo Must Die), Thriller (Speed, Predator), Science Fiction (Matrix, Terminator), Horror (House on Haunted Hills, Exorcist), Comedy (American Pie, Scary Movie), Forbidden movies (Basic Instinct), Romantic (Titanic)
Sometimes mentioned	Tragedy
Mentioned by one or two people	Social (<i>Sarano Shur, Shakha Proshakha, Dui Duari, Pather Panchali, Sravan Megher Din</i>), Political (<i>Jibon Thekey Neya</i>) Historical, Fairy Tales (<i>Gupi Gain Bagha Bain</i>)

To them Bengali commercial films were simply trash and they always avoid watching those movies.

Only the boys of Bengali medium junior groups (class VIII and class IX) mentioned that they have watched some Bengali movies including *Harano Shur, Shakha Proshakha, Dui Duari, Pather Panchali, Sravan Megher Din, Jibon Thekey Neya, and Gupi Gain Bagha Bain*.

They are very fond of watching different TV channels. They categorised these channels as for adults only and for all. According to them, TV5, TB6, Mega, FTV, AXN, VCD channel, and Star Movies show adult scenes. To the junior boys, National Geographic Channel (channel for education) is also not suitable for adolescents as it shows naked ethnic groups!

Results of Group Discussion: Boys' Group <i>TV channels for adults</i>	
Frequently mentioned	TV5, TB6, Mega, f TV, AXN, VCD channel, Star Movies,
Sometimes mentioned	Ren TV, HBO, MTV, Channel V
Mentioned by one or two people	CNTV, Arirang, MTV, Star World, National Geographic, MTV (Hindi), Chinese Channel V

“We also go to cinema halls to see hardcore scenes. In some cinema halls, footage from blue films is added. It is called ‘cut pieces’. The main audiences of movies of this sort are mainly truck, bus and scooter drivers, slum-dwellers and adolescents aged from 14 to 19 years.”

“Girls also watch adult movies through satellite cable channels. They usually get these information from school/college friends.”

Fathers informed that their sons usually spend their off times playing outdoor games, indoor games (billiard, table tennis, badminton, cricket), and reading books (fiction, thriller in English). “They also use the computer a lot. They turn on computer to play games, and learn graphics designing.”

“The computer of my house is located in a common place, so there is less scope for browsing adult sites. Children will obviously visit adult sites if parents are not careful,” added one father.

Fathers agreed that children of this age are very obedient. They are used to abiding parents’ commands. They also follow their teachers’ advice. They try to do their work independently from higher secondary classes. “This age is very critical. This is neither adolescence, nor adulthood. This is a transitional period. But daughters get matured at this stage, so we can call them adult females.”

Alas! The poor fathers do not know that their sons have become 'smart' in utilising their time with the computer. Table shows that boys spend their times in many ways but most commonly through browsing adult web sites. Other than the junior most group (class VIII), all groups have experiences of watching films with nudity. They have watched 2X (exposes only breasts and hip) and 3X (full nudity with intercourse) movies.

SUMMARY FINDINGS

Age for adolescence:

Most adolescent girls feel that the period of adolescence starts from the age of 10-12 and ends at 20-22 when they start their undergraduate education. They call this stage as '*boro howa*' (growing up).

On the other hand, the mothers think that adolescence stage starts between the age 10 and 12 and ends between the age 17 and 18.

According to adolescent boys, puberty begins at around 12 years of age for both the sexes. Some participants in the boy's group mentioned it is 16 years for boys. Few participants also commented that puberty of boys never ends.

Fathers were found very confused at defining the 'age of adolescence'. According to them, adolescence captures the school-going age of a person starting from class III. It continues *till* class X, i.e. a boy or girl enters into adolescence when they are 6 years of age and they remain in adolescence up to the age of 14/15.

Finally they said, "It starts about the age of 9 to 12 years for a girl and 11 to 14 years for a boy if we consider physical changes."

Physical changes:

All participants could mention their prominent physical changes during puberty, but they were confused in stating the same for the opposite sex. Almost all of them could say very clearly about their mental, psychological and behavioural changes at this stage.

Girls mainly mentioned menstruation and breast enlargement for girls, and development of beard, moustache, hair (on chest, hand, and leg), developed penis, voice change for boys as signs of puberty.

Adolescent boys frequently mentioned moustache and beard growth, penis development, pubic hair development, masturbation and wet dream for boys, and enlarged breasts, pubic hair growth and menstruation for girls as physical changes during puberty. They also mentioned growth of hair in armpit, legs, hands and chest for boys. They also mentioned hip enlargement and attractive faces among signs of puberty in girls.

Mental changes:

Girls mentioned becoming emotional, feeling that they have grown up, feeling shy to mix with unknown people and relatives, observing that their parents cannot understand them.

Adolescent boys noted that a big change comes in their mentality during puberty. This is the time when they start thinking about their dream girls.

Adolescent boys begin to think about many other things such as their future, friends, family problems and so on.

Mothers of the adolescents noticed changes for both boys and girls: "They want things without delay"; "They lose their temper suddenly"; "They prefer to listen to their friends"; "They are on the telephone a lot"; "They do not want to go to social gatherings and instead prefer to be busy with their computers".

Fathers highlighted the differences between mental changes of adolescents who resided in rural areas and those residing in urban localities. They observed that mental changes of a person differ according to socio-economic status.

Psychological changes:

Adolescents have mixed feelings about their parents. Some considered them "intruders in life." Others said that they depended on their mother and that they got along pretty well with their parents. Boys regretted that they could not share their physical changes with fathers

while the girls could do so with their mothers.

Some boys feel co-education is essential for healthy psychological growth. It helps to develop social skills. Those (both boys and girls) who are in a co-educational system think that it is good for developing friendly relationships.

Most of the adolescents criticised their teachers' outlook.

Adolescent boys want to break the social rules, as they believe that there is a big difference in mentality between parents and children.

Behavioural changes:

Senior boys admitted that at this juncture of life they start avoiding their parents and prefer to remain with friends. Some watched X-rated movies (blue films) with friends.

Mothers reported that some of their daughters became shy and quiet, while some became aggressive. They reported that their sons became closer to their friends rather than their parents.

Use of free time:

Most girl participants were busy with school and private tutors throughout the week. Whenever they get time they watch TV, listen to music, eat and go out with friends, chat on the Internet, read story books, draw pictures, and compose poems.

Some of the girl participants are members of cultural organisations, and organisations to help acid victims.

Most boys gossiped, spent time with their computers (specially to visit adult sites), watched TV (mainly movies and music), read books and magazines, played games (indoor and outdoor), talked on the telephone, went and ate out, and listened to music during their free time.

CHAPTER FIVE

PERSONAL HYGIENE, NUTRITION AND PRIMARY HEALTH CARE

Personal Hygiene

During FGDs with girls, it was noticed that all of them knew how to maintain cleanliness of body and how to use clean cloth or pad for management of menstruation, though most of them use sanitary pad to avoid washing cloths and reuse those. Some of them mentioned the consequences of not maintaining personal hygiene during menstruation. The consequences that they seemed to know well are: itching and becoming sick. The mother of an adolescent girl is the major source of information about cleanliness and consequences of lack of it. It appeared from the discussion that the adolescents were reasonably aware about personal hygiene but they did not appear to be quite competent in tackling post-menstruation cleaning.

It appeared from discussions with the boys that they, just like the girls, were also aware of their personal hygiene. But not all of them knew how to clean up the private parts of their body regularly. Some of them referred to religious books and suggested cutting hair, including pubic hair, every 40 days. They also considered releasing sperm out of the body (masturbation) as a part of hygiene for males. So they suggested masturbating once a week.

Results of Group Discussion: Boys' Group <i>Measures to ensure personal hygiene</i>	
Frequently mentioned	Take shower everyday, wash hands with soap after defecation, wash hands and mouth after coming home from outside, wear fresh clothes, trimming nails regularly.
Sometimes mentioned	Girls should wear sanitary pads during period, boys should change their clothes and bed sheets, and have showers after wet dreams, clean up sexual organs
Mentioned by one or two participants	Cleaning up of hair (in every 40 days including pubic hair), masturbating once a week

Boys also know that a girl should wear sanitary pads to keep her germ-free during her menstruation.

General expectation of fathers is that their children should always keep themselves neat and clean.

Nutrition

All adolescents were in favor of having a nutritional diet. Among the reasons they cited, the most prominent one was physical growth. Other reasons mentioned by them for an improved nutritional diet were: maintenance of good health, protection from diseases, supply of vitamin/protein, mental growth etc. However, they reported that they preferred to eat fast food and street food or snack like *chotpoti-fuchka*. Mothers reiterated what the adolescents said. For physical growth at this stage, the mothers were in favour of providing equal food to both boys and girls. They emphasised that girls should receive more food containing protein-energy-calorie during menstruation.

At the beginning, college-going boys opined, "A male should take more food than a female of the same age as he works harder than she does." But they could not conclusively defend their

argument. Finally, they agreed that there should be no discrimination between boys and girls with respect to the food intake.

But interestingly, fathers did speak in favour of discrimination in food intake between boys and girls. “Boys should be given more food than our girls as they play outside.”

Addiction

Senior college boys from Bengali medium were very worried about the fact that they witnessed many of their friends getting addicted to various addictive substances over time.

“There is a growing trend among many people of our age to get addicted to various substances. Not all of us fall into the same trap. Those who are already addicted to harmful substances play a vital role in leading their friends into addiction. Many adolescent try out tobacco, alcohol and other drugs out of curiosity and gradually become addicted to them.”

“Some adolescent girls from well-off families are also found to abuse addictive substances. I know one girl who takes heroin regularly. She comes from a very wealthy family.”

When asked, they mainly mentioned tobacco and phensidyl as addictive substances. Senior boys mentioned ganja, alcohol, heroin, and cocaine.

Results of Group Discussion: Boys' Group	
<i>Addictive items</i>	
Frequently mentioned	Tobacco, phensidyl
Sometimes mentioned	<i>Ganja</i> , alcohol
Mentioned by one or two people	Heroin, cocaine, excess tea/coffee, pornography

Usually adolescent boys start smoking out of heroism. But gradually they become addicted to it. They start having ganja out of curiosity. The common reasons for addiction to ganja are curiosity, tension, and bad company. Adolescents from both poor and rich families take ganja. They collect money for the drugs from their friends. Sometimes, they become so desperate that they even adopt unfair means. They start stealing and hijacking people.

Sometimes, they even follow the concept of cooperatives in raising funds for alcohol and drugs. A group of privileged adolescent boys was reported to maintain a ledger book and collect money from every member of the circle.

Because of price, only adolescents from well-off families can afford wine. According to their information, beer per can costs Tk. 50 and a foreign wine costs Tk. 3000.

“Many girls smoke. I saw some girls taking phensidyl. But their rate is still very low. Many girls take sleeping pills if they fail in love.”

Drugs are available in old Dhaka and different slums of Dhaka city. Some adolescents become embroiled in terrorism. One participant saw one of his classmates carrying bullets in his pocket. He collects those bullets from an ‘elder brother’, the participant reported.

Senior boys termed ‘pornography’ as a kind of addiction. “It is alarming that adolescents are getting addicted to pornographic books, movies and photographs. It hampers our health.”

Protective Factors

During the discussions, adolescents said that they had a lot of complaints against their parents.

The participating adolescents and the mothers seemed be very concerned about smoking, substance abuse and addiction among adolescents. They mentioned the following reasons for such behaviour in adolescents: “parents neglecting their children”; “bad company”; “feeling grown up”; “effect of divorce of parents on adolescent”. The participants confirmed that a sense of insecurity, loneliness and depression lead them to act that way.

What will be the Protective Factors?

Adolescents identified family as their most expected area from where they will get proper guidance.

Results of Group Discussion <i>Protective factors</i>	
Frequently mentioned	Family
Sometimes mentioned	friends, school

“Parents should give time to their children. Some parents are exceptionally committed, while others are virtual strangers (especially fathers) to their children although they reside under the same roof. We think that a child’s development can significantly benefit from interaction with caring, accessible and dependable parents who foster the sense of trust and confidence.”

Then the question arises: “How can the working parents of today be more attentive towards their children?”

“We know that they work, and that they have little time in hand to spend with us. But we can at least have our dinner together. We can watch a movie together, and thus we can share our feelings.”

“The family is instrumental in the protection of children against drug abuse. Friends are also influential in this respect. I think if someone gets addicted, friends should come forward to help him or her to overcome the addiction, the depression and the sad part of his or her life. We should spend more time with him or her.”

“School has a prominent influence on children. The teacher symbolises authority. S/he controls the classroom environment, conditions of social interaction, and the nature of group functioning. Good institutions can administer the students properly and counsel those who’re in need of help. Interaction between teachers and students should be strengthened,” mothers argued.

Senior school girls of English medium (A Level) informed, “Once some of the students of class VII threatened the principal of our school because they were warned of disciplinary action for bringing illegal stuffs to school and behaving badly. They had arms with them. The school authority managed the situation with the help of the police.”

One concerned mother said, “I have two sons and a daughter. I have very friendly relations with my daughter as well as my sons. The boys have just passed their adolescence and the girl has entered the stage two years ago. When they were in high school and college they

sometimes said to me, ‘Maa, this boy takes drug, that boy smokes’. I informed them in a friendly manner the harmful effects of those things. Children nowadays know every thing – there is nothing to hide from them. I think my children were convinced. They did not take those. As their father was busy whole day, I shared with them our feelings and thoughts in the evening. We went out together in the weekends and spent couple of days in Cox’s Bazar or outside Bangladesh for the sake of their amusement. When we were young, we lived in joint families. There were many to share our feelings with – cousins, aunts, uncles and grand parents. Now, in nuclear family structures with busy working of parents, children have become lonely, which make them depressed and cause a feeling of helplessness in them. Thus, they become addicted to many bad habits. Therefore, we have to give them time and a friendly atmosphere to grow up in. Usually, I checked my sons’ room, toilets for remains of cigarettes and other substances because I thought these rooms were secret areas to practice prohibited things. I also encouraged my sons to be engaged in playing games like cricket and tennis.”

Another one said, “I have two children – the son is the elder of the two. Both of them are adolescents; the elder one entered the stage three years ago. They have a lot of friends. They like to talk to them over the telephone and share homework. I do not ask them not to do so. I know their friends and families. I (and sometimes my husband) visit their homes. They also come and spend time with us. I never allow them to go with the driver alone in the car. I have made up my mind that I have to go with them wherever they go – especially to tutors, schools, friends’ houses at least up to the HSC level.”

Along with adolescents and parents, experts also spoke on protective factors.

Brian Barber, an Assistant Professor of Institute of Child and Mother Health (ICMH) identified four protective factors for adolescents.

1. *Connection*
2. *Regulation*
3. *Physical anatomy*
4. *Ideology or Religious aspect*

Relationships - between parents and children, between school and students, and between friends – are very important. It is observed that better the connection the more protected he or she is from risky behaviour. The life of the adolescent has to be structured. We have to take measures to determine the limits of their activities and to supervise them.

Primary Health Care

With regard to immunisation against six diseases, the FGDs with girls suggested that most of the adolescents know about the most common and dangerous diseases (tuberculosis, whooping cough, diphtheria, tetanus, polio and measles). They are aware about the fact that immunisation prevents disability among children. Most of them mentioned the name of TT injection and some of them knew exactly about the benefits of it. However, very few had knowledge about the actual number and time of TT injection.

All the girl participants irrespective of school and college could correctly mention breast milk as the ideal food for a newborn. They also mentioned that only breast milk can be given for the first five months. Some of them know about colostrums feeding and its advantages. New mothers (sister-in-law, aunt) in the family and television were the sources of their knowledge.

Bengali medium college-going boys and girls knew that six vaccines are to be given to a child. They did not know the exact diseases for which these vaccines are to be given. They only mentioned polio, tetanus and whooping cough. They don't know about TT for mothers.

Senior boys of English medium school knew that pregnant mothers are to be vaccinated.

Junior boys of English medium school knew the correct number of vaccines (6); they stated that these vaccines were for polio, tetanus, DPT and whooping cough.

SUMMARY FINDINGS

Personal hygiene:

Girls know 'how to maintain a clean body' and 'use clean cloth or pad' for managing menstruation. Most used sanitary pads to avoid washing clothes. Some of them mentioned the consequences of menstruation were "*itching* and *becoming sick*". The mother of an adolescent is the major source of information about cleanliness and consequences of not maintaining hygiene during the menstruation. The adolescents were reasonably aware about their personal hygiene but they were not quite competent in tackling post-menstruation cleanliness.

Boys were also aware of their personal hygiene. But not all of them knew how to clean up the private parts of their body regularly.

Nutrition:

All adolescents were in favour of having a nutritional diet for themselves. Among the reasons they showed, the most prominent one was physical growth. Other reasons mentioned by them for an improved nutritional diet were: maintenance of good health, protection from diseases, supply of vitamin/protein, mental growth etc. However, they reported that they preferred to eat fast food and street food like *chotpoti-fuchka*. Mothers reiterated what the adolescents said. For physical growth at this stage, the mothers were in favour of providing equal food to both boys and girls. They emphasised that girls should receive food containing more protein-energy-calorie during menstruation.

Addiction:

Adolescents mainly mentioned smoking and phensidyl as addictive substances. Senior boys mentioned *ganja*, alcohol, heroin and cocaine. Senior boys also mentioned 'pornography' as a kind of addiction.

Protective factors:

Adolescents identified the reasons for aberrant behaviour in adolescents to be: "parents neglecting their children"; "bad company"; "feeling of being older"; "effect of divorce on adolescents" "insecurity", "loneliness" and "depression". Adolescents identified family as the most important source of guidance.

Mothers argued that good institutions could administer the students properly and counsel those who needed help. Interaction between teachers and students should be strengthened.

One researcher identified four protective factors for the adolescents. They are: 1. Connection; 2. Regulation; 3. Physical anatomy; 4. Ideology or religious values.

Primary Health Care:

Most adolescents mentioned immunisation, TT injection, and benefits of breast milk. Very few had knowledge about the actual number and time of TT injection or vaccines.

CHAPTER SIX

SEXUAL AND REPRODUCTIVE HEALTH

“A determining point in the history of gynecology is to be found in the fact that sex plays a more important part in the life of woman than in that of man, and that she is more burdened by her sex” - Henry E. Sigerist (1891–1957)

Concepts and Attitudes

None except one among the girls was able to identify what reproductive health was. After making the issue clear to them, everybody shared their opinions. They were positive about the fact that birth can be limited or spaced by the use of FP method. Most of the participants knew about condom and birth control pills as FP methods, while a few were able to mention some more methods (e.g., injection, Norplant).

Knowledge of various issues of maternal health such as ante-natal care, need for TT immunisation during pregnancy, delivery care, post-natal care, and knowledge of five danger signs were deplorable in the groups. Science book or/and TV were the main sources of information for those who had the knowledge.

Results of Group Discussion <i>Concepts about Reproductive Health</i>		
	Girls' Group	Boys' Group
Frequently mentioned	Menstruation, family planning, AIDS	AIDS, menstruation, family planning
Sometimes mentioned	Breast feeding, delivery care	Breast feeding, delivery care, TT
Mentioned by one or two people	ANC, PNC, TT	ANC, PNC

All boys (except the ones from the junior most group) knew about AIDS, menstruation and family planning. Some boys could talk about breast-feeding, delivery care, ANC, PNC and TT. They are aware of these by reading posters at the chambers of some of their parents who were physicians. But during conversation, all the boys appeared to be very confused about these issues.

When asked about family planning methods, the boys could mention only birth control pill and condom without any doubt. Interestingly, senior boys from both Bengali and English medium schools mentioned 'abortion' as a FP method. The boys from the junior most group mentioned only 'pills' for female. They did confess that they had heard about condom but did not have any idea who used it – a male or a female. Again, they appeared to be confused about whether males took pills for birth control or not.

Results of Group Discussion: All Groups <i>Knowledge about FP methods</i>		
	Girls' group	Boys' group
Frequently mentioned	Male: Condom; Female: Birth control pills	Male: Condom; Female: Birth control pills
Sometimes mentioned	-	Male: Vasectomy (Operation); Female: Injections
Mentioned by one or two people	Female: Injection, Norplant	Male: Injections, Safe Period; Female: Diaphragm

Senior boys from English medium also mentioned ‘diaphragm’ as a FP method for female.

Both boys and girls expressed the view that a person should be given proper knowledge about FP methods well before their marriage, during adolescence.

Results of Group Discussion: Boys’ Group		
<i>When should a person be informed about FP method</i>		
	For girls	For boys
Frequently mentioned	Before marriage; during adolescence	Before marriage; during adolescence
Mentioned by one or two people	After marriage	After marriage

A negligible portion of the participants thought that such messages should be given to a person after his or her marriage.

Senior boys from Bengali medium college appreciated knowledge about FP methods before marriage, as they thought, “It is possible to have pre-marital sex and a girl may conceive before marriage. So, to be risk-free, all should know about FP method in detail beforehand. It will also be helpful for his or her conjugal life.”

About Marriage

Marriage to senior college-going girls is the ‘turning point’ of life. They want to take it as a not-disturbed chapter of their life. Some have reservation or fear in getting married because of incidents they come across in newspapers, and learn from relatives and other sources of information. “I’m not going to get married. I have parents, siblings. I think, those should marry who have none in this world”, one added.

Definition of marriage is very simple to the boys: “A man marries a woman to have sexual intercourse and to reproduce.”

Some of the boys appeared to be disappointed for possibly not being allowed to live together if they desired to in future. “Nowadays, people are living together in the developed countries. I wish I could live together with a girl! But our society does not approve of it.”

Regarding age at first marriage, boys know very well that the minimum age for a woman is 18 years and for a man it’s 21 years.

According to most of the college-going girls, “Both girls and boys should get married whenever they are financially stable. Minimum age in light of this should be increased.”

According to boys from Bengali medium colleges, reasons behind fixing 18 years for a girl to get married is that: “At the age of 16-17, a girl usually does not reach mental maturity. She may look matured because of her physical growth. So, it is not wise to marry her off at this age. Her body at this stage is not fit enough for carrying a baby.”

Junior boys from English medium schools explained why the minimum age limit is 18 years more clearly “Because,” they said, “a woman will give birth to many children if she is married early. As a result, both the mother and the babies will become sick. Possibility of infant mortality will increase. Husband and wife will not have a happy conjugal life. If they have a baby at a very immature age, there is a chance that the mother may die. A baby is pre-

maturely born in case of early childbearing. It will cause difficulties in the baby’s overall development.”

Boys said they would like to get married at the age of 25 to 30. They said that their life partners should be at least 22 years of age. They won’t mind if their life partners are of the same age. They categorically mentioned that they would try to be financially established before they went for marriage.

Birth of a Child

According to senior boys from English medium schools, “To give birth to a baby, a male and a female must have physical intercourse. Sperm from the male goes to the ovary of the female. It germinates with the ovum in the ovary and comes to uterus. Here male gamete and female gamete produce a cell body (embryo). The embryo increases in size inside the uterus day by day. It takes its food from its mother’s body. After nine months, the baby comes out from the mother’s womb.”

Junior boys of Bengali medium (class IX) and girls in all the FGDs expressed their concerns about early child bearing. They said, “It is not wise for a woman to conceive a baby before she arrives at the age of 18. Before this age, she is not physically matured for carrying a baby. The possibility of a woman having more babies (more than two) increases if she marries early.”

The girl participants know that in Bangladesh, a large proportion of women get are married and become pregnant or have their first babies within their adolescence. They are in favour of child bearing at the age of 25-26 or above.

Junior boys of Bengali medium (class VIII) think that marriage is the precondition for having a child. To them, “It is absurd to have a baby before marriage! We did not ever hear of any woman giving birth to a baby before her marriage.”

On the other hand, junior boys from English medium (class IX) schools know that it is a biological process – marriage is not a factor at all. “Marriage just influences the process – but not a major factor. A girl can have a baby before her marriage. It is not a common occurrence in our country. Usually, a woman conceives a baby after marriage.”

Practices

Almost all adolescent girls mentioned that they discussed reproductive health issues with their mothers and friends. Some of them shared some of their experiences with their cousins, and elder sisters.

Results of Group Discussion <i>With whom they usually talk about reproductive health</i>		
	Girls’ group	Boys’ group
Frequently mentioned	Mother, friends	Friends, senior friends, cousins
Sometimes mentioned	Cousins	Teachers (if friendly)
Mentioned by one or two people	Elder sisters, sisters-in-law, aunts	Brothers-in-law, NGO activists

Some girls had white discharge, severe pain during menstruation. Some of them consulted their mother and others, but some refrained from soliciting help.

“I had severe abdomen pain during menstruation and I became anemic. My mother noticed it and asked me about it. She took me to the gynecologist. The doctor prescribed me iron tablets and painkillers. I am following her instructions accordingly. Now I feel better, though I am not totally cured.”

Another added, “I have white discharge and sometimes I feel weak. I informed my mother. She told me not to worry, ‘it will be okay if you take enough high calorie food’.”

“I am very close with one of my cousin brothers; he is five/six months younger than me. We discuss many different issues such as textbooks, band music, friends, cinema actors, actresses, latest hit films, etc. One day, I was reading health tips in the daily *Janakantha* in front of him. Suddenly my eyes struck on a feature, it was about night emission and masturbation. I was going through it; few moments later I realised that he blushed in shame. He went away from the place. However, I had some questions I couldn’t ask him. After that day, he did not come to our house for about four/five months. I checked with my sister (who is a medical student) about the matter.”

Boys usually talk with friends (both of same age and elder ones) and cousins about sexual and reproductive issues. They are not used to talking with their fathers on these issues at all. They also talk with teachers, if he is friendly, known NGO activists and brothers in law.

Fathers think, “A person remains honest up to higher secondary level. So it is rare that adolescents will be sexually involved.”

Aberrant Sexual Behaviour:

One college girl living in a posh area described:

“There are some adult men who have unusual sexual practices. I have heard of one such person. He has a beautiful house. He does not have sex, but rather he enjoys watching it. He brings smart, young couple aged 18-22 at his place, entertains them with delicious meal. Then he takes the couple to a room which is glass-fitted. He asks them to have intercourse and he enjoys watching them from the other side of the glass. I have also heard that there are some guest houses in this area where even university going beautiful and smart (English-speaking) students entertain foreign, elite guests at high rates.”

Pedophilia:

Fathers did not stick on their above comment as one of them started to talk about ‘Sugar Daddy’.

During the early-1990s in the South of Zimbabwe, where the HIV virus had hit hard, a competition was arranged for the young people to identify who the “Sugar Daddy” was. The term “Sugar Daddy” was used loosely to describe an older man having sex with a young woman in exchange for gifts, money or other favours.

During our discussion we heard a father saying, “I am surprised when I hear of a male, 60 to 65 years of age, having sex with a girl of 8/9 years of age or a woman, 40 to 45 years of age, having sex with a domestic servant or a boy 12/13 years of age!”

Adult-child sex is a taboo and so little is known about it [Robinson, 1981]. The above statement inspired the study group to speculate about ‘pedophiles’. Pedophile is a person whose sexual attraction is always towards children.

According to Dutch psychologist *Loes Rouweler-Wutz*, “Pedophilia is a human condition in which feelings of attraction toward children, including sexual feelings, are so important to that individual that they determine his whole life.” The relatively few Americans who have heard the term pedophile equate it with ‘child molester’ (as indicated by the title of a California Television programme: *Pedophiles pick on kids*).

Even liberal sexologists usually dismiss the pedophile as an inadequate person. They profile him as someone who is fearful of rejection in ‘normal’ sexual relations; who molests helpless minors to feed his own lusts – a person both pathetic and dangerous, who can only do harm to his young victims.

Fathers in the discussion acknowledged that although rare, there exist pedophiles in our society. It directs us to the reality that many children and adolescents are the prey of adults’ untamed lusts!

One college girl shared her own woeful experience in this regard: “It happened to me 10 years back. I was then hardly six or seven. Shuparna was my close friend. We used to pass our time together. Their family was also very well-known to mine. They used to live close to our house. I used to go there to play. She had a paternal uncle staying at her house as he was studying at a college. One day (she sighed), I went to Shuparna’s house. Her uncle asked to bring something from another uncle’s (they live in adjoining houses) house. She wanted me to go with her. I agreed to accompany her. Suddenly her uncle told not to take me with her. She did so accordingly. Minutes passed on. I was eagerly waiting for her. She was not coming back. Her uncle told me to come closer. He put his hand inside my frock and began touching all over my body lightly. After a while, he touched my pants. I asked him, ‘What are you doing?’ He told me that it was a kind of a way to show affection. I was about to cry. Suddenly, someone came and he freed me and forbade me not to tell this to anybody. Till now, I cannot forget the dreadful memory of the abuse (to me, it was near to rape), even though it was for a moment. I didn’t want others to know about it. I didn’t know how to face my parents and relatives, or even Shuparna. I never went to their house after that. It made me feel that all men were of this type – even my own uncles. I know that now I am, what you call, mentally devastated.”

During panel discussion as a part of this study, a child psychologist described two cases of adult-child sexual relationship.

“I saw a child of 13 just 4/5 days ago. She is very interested in stimulating herself by manipulating her own body. She engages in a very disturbing behaviour, like stealing her mother’s bra and indulging in very peculiar activities. It is not easy to stimulate oneself. I was informed that a newly divorced maid servant came to their house when she was 7-8 years old. She was married for 2-3 years before her husband left her. Naturally, she had her physical demand. So she used to abuse the little girl physically. We know that a girl gets excited if she is physically abused (but not to the extent of rape). In that stage she does not abide by any principle. She got such pleasure from physical stimulation that she indulged in it again and again.

“I am sorry to say that I am handling a case in which a girl was raped by her own father and her mother divorced him in charge of raping her. The father returned to them to show his legal right over his daughter after she grew up and was studying A-level. It was found that he attempted to rape his daughter again. This is an experience of privileged household. Many boys and girls belonging to that segment of society come to me.”

Homosexual Behaviour:

One college girl shared: "Shumi is one of my closest friends at college. I think ... yeah, we think she has some attitudinal problems. She dresses up like boys — wears shirts and trousers. Some girls feel attracted to her. Once I asked them why. They told me that she has the 'power'. Of them, Luna is closer to her as a friend. We found them sitting closely at the corner of the stair-case, walking holding each other's hands tightly. They even hug and kiss when they meet after a vacation. If one gets sick and taken to the sick room, another one suddenly 'pretends' (we think) to be sick and also goes to that room. Over there, they are found lying together in the same bed. Certainly, it is embarrassing to us. The college authority has taken this (behaviour) into account. The authority has talked to them."

Sexual Practices of Adolescents:

Parents usually tell their children in a very stern way to abstain from sex – without telling them why and giving them enough reasons. And of course, adolescents, especially boys, try to find out the reason. When they are unable to learn about sex from parents, they try to learn about it from sex-oriented movies, magazines and songs. There is also an ever-present peer pressure. All these lead ultimately to the real thing – sexual intercourse (Network, 1983).

College-going boys from Bengali medium backgrounds shared their knowledge about sexual practices of privileged urban adolescents in our country. Here is an excerpt from what they said:

"One of my friends once told me that first sexual experiences vary with the socio-economic status. According to him, the poorer section of the community gain sexual experiences very early in their lives (pre-teen age) because of living arrangements. Elderly people abuse opportunities of having sex with children and adolescents. In case of middle class families, adolescents gain their first sexual experience from cousins, maidservants, guards or drivers. But adolescents from wealthy families are so smart that they enjoy intercourse with their friends."

From their own observations, senior boys acknowledged that urban privileged adolescents usually have sex with floating prostitutes. They are available in cinema halls, parks (*Ramna Park, Chandrima Uddyan, Suhrawardi Uddyan*, and Wonderland Park in Gulshan), outskirts of the parliament house, rest houses in Gulshan and different hotels.

"You can have sex with a girl even if you have only Tk. 20. You have to spend more for a sophisticated professional. Prostitutes in any ordinary hotel of Dhaka city cost only Tk. 200-250. I heard that many actresses of our film industry sell their body only for a few bucks!"

"Most of the prostitutes come from poor families. They were forced to come to this profession due to harsh realities. I once attended a fashion show where I saw a few young girls moving around wearing short dresses. My friend informed me that they sold their body for money. He also told me that their economic condition was not good." This implies that irrespective of socio-economic condition, pre-marital sexual relationships exist in our society.

Another boy added, "Many adolescent boys are mixing with prostitutes. They have sex in hotels. Alarmingly, not only adolescents of our age but also boys younger than us are going to these hotels for sex!"

“Just arriving at puberty,” says another one, “a person experiences some physical changes, which create the urge to have sex. But this age is not appropriate for sex. Because of changes in the mental world, boys have affairs with girls and try to fulfill their physical desire if the girl agrees. Some of them fulfill this demand with commercial sex workers in exchange of money. They are available in hotels, at Ramna Park, around the parliament house, and at various places in old Dhaka. For hotel booking you need only Tk. 200–500. If you desire to have sex in a better place, you have to spend Tk. 1,000 or in the case of any posh area you need to have Tk. 10,000. Hotel Star Palace, located in the old part of the city, is very popular among adolescents.”

Senior boys gave another information regarding commercial sex workers. They said, “Not only the poor girls, but even girls from Eden Girls’ College and Dhaka University act as commercial sex workers. You will be surprised to know that in Chandrima Uddyan you can have sex with a girl if you have only Tk. 10 in your pocket! In Ramna Park you may enjoy all these in the broad day light!”

“For prostitution, there is a group of people who act as *dalaal* (mediator/agent). The role of *dalaal* is to collect clients and bring them to the prostitutes and *vice versa*. Let me say about one of my college mates who has been working as a *dalaal* for the last few years (see the next box).

CLIENT TURNED DALAAL

One of my close friends in college, who is 20, has been enjoying sex with commercial sex workers for the last few years. One day, he asked me to go with him and have sex with a girl. Honestly speaking, I refused. But later, I came to know from another friend of mine that one prostitute offered him (the proposer) the privilege of having sex with her free of cost if he could bring other clients on a regular basis. From then on, he has been engaged in collecting clients from our college and non-college friend circles. I heard a number of students have already had sex because of his relentless efforts! This way, he has turned into a *dalaal* for the prostitutes.

A child psychologist in the panel discussion suggested that this group could be categorised into three sub-groups according to their activities.

1. *Those who belong to the first group understand easily that stimulation means one has to go to a girl soon. The researches so far conducted on prostitution reveals that 50 per cent or more of the customers are below 18. It is a dangerous reality. To spend money on prostitutes, they sometimes have to steal money or engage themselves in activities that are subversive to their family. They are probably given the information that if they do not perform this, they may suffer from different problems.*
2. *Another group consists of those who practice masturbation to an extreme level. Not only their health is affected because of this practice but they also suffer morally from it. They think that they are doing something wrong and that God will punish them. Some, however, do not realise that they are doing something wrong. Their health may get affected because of this and make them unable to get married and continue healthy conjugal life. They practice masturbation because the organ naturally gets stimulated. They make themselves suffer.*
3. *This group suppresses their own feelings. For example, I met a boy who used to write dirty poems addressing his teacher. A young student of Scholastica came to me once. He told me that he does not compose poems addressing young women, as their figure does not attract him. The mature body of his teacher attracted him. The school authority is*

thinking of getting rid of him. In another case, a child was found drawing very nasty pictures and he was getting sick day by day.

I think it is highly important to address their problems right now. Now, we need to arrange group counseling instead of individual counseling. We already formed a group that will start its programme next year. We are conducting another programme named “parenting today”.

Consequences

Many children in the developing world struggle daily just to survive. A disease like AIDS that may strike in the future years can easily seem meaningless compared to an empty belly or a cold stove, thus making successful prevention efforts unusually difficult to achieve.

Yet the need for prevention strategies for young people is clear. About half of the HIV infections worldwide now occur among people younger than 25 years, estimates the World Health Organization, and rates of sexually transmitted diseases (STDs) are higher among adolescents than among any other age group (Seeking Better Ways to Teach Youth about AIDS; p-16).

Ana Vosconcelos, a charismatic woman from Brazil, calls AIDS “the invisible enemy.” Because of unsafe sexual practices, a person can be at high risk of contracting the disease. So it is necessary to ask adolescents whether or not they know the overall consequences of risky behaviours in sexual practices.

Knowledge about AIDS/STDs was found to be very scanty among the study participants. It was apparent from the FGDs that the participants were more knowledgeable about AIDS than STDs. Television is the major source of information. Discussion with parents also supported this. Even the privileged urban adolescents have misconceptions about STDs. Boys from Bengali medium college stated Phylaria as a sexually transmitted disease.

Results of Group Discussion		
Knowledge about STD/AIDS		
	Girls’ group	Boys’ group
Frequently mentioned	Concept of AIDS, causes of AIDS and prevention of AIDS.	Concept of AIDS, causes of AIDS
Sometimes mentioned		Prevention of AIDS, Syphilis, Gonorrhoea,
Mentioned by one or two people	Gonorrhoea, Syphilis	Phylaria, Piles,

“I don’t think our children know much about flu, chicken pox, fever, but you know, they can very well describe you the causes and symptoms of AIDS, even the prevention of AIDS. They have learnt it from the TV.”

The processes of transmission of AIDS, as identified by the respondents, were: “sexual contact with the affected person”; “through blood transfusion”; “sharing syringes”; “affected pregnant mother to baby”; “through mosquito bite”; “through any surgery”.

“The reasons behind AIDS,” fathers reported, “are illegal sex, blood transfusion and drug.”

The symptoms of AIDS described by the adolescents were: “gradual deterioration of health”; “loss of immunity”; “anemia”.

The measures of protection from AIDS identified by the participants were: “avoiding sexual contact with affected person”; “testing blood before transfusion”; “using disposable syringe”; “using condoms”.

The junior most boys heard about AIDS from the dailies, but they don’t know the reasons behind AIDS clearly. “We don’t know anything about sexual diseases other than AIDS.”

Fathers did not believe that there was any relationship between sex and sexual diseases. “If you have sex at an early age, you may mature in sex beforehand but there is no chance of catching syphilis or gonorrhoea.”

“Syphilis and gonorrhoea are diseases, which may spread through intercourse, but it is not true that the diseases occur because of sex.”

Concerns

Girls always feel disturbed with their monthly period (menstruation). To them, it is a hassle. They wonder whether boys experience anything like them or not.

At puberty, girls are teased by boys. Boys make faces, whistle and tease when they pass by. “Boys sometimes become so crazy that they disturb us over telephone, follow us and even chase us. Such behaviour scares us.”

College boys from Bengali medium were found a bit disappointed as there is no provision of living together in the society. “If I could live together with a girl in the future!” was a longing of an adolescent boy. But unfortunately, the society is still not so permissive. “There are many people in our country who are more interested in living together than getting married but due to societal disapproval they have to mercilessly suppress their will,” he added.

The same group also showed respect for women. They thought that they (women) were always at risk in the society. “Women are always at risk of being sexually abused. Usually males (of any age) look for chances to harass a girl. Sometimes, females do not *even* understand that they are being abused.”

Senior boys of Bengali medium school were very concerned about the roles of their parents. According to them, because of improper roles played by parents, many adolescents show aberrant behaviour.

Junior boys of Bengali medium school were very worried that they will be given transfer certificates (TCs) if the school authority learnt about the topic they were sharing with the study team. Although the discussion took place with formal approval from the school authority, the so-called ‘fear’ was still haunting them.

SUMMARY FINDINGS

Concepts and attitudes:

Almost all the participants were unaware of the term reproductive health. After defining and describing the content, they shared their opinions. Both boys and girls irrespective of their medium of education, thought that a person should be given proper knowledge about FP methods, delivery care, ante-natal and pre-natal care, etc. before their marriage, during adolescence.

Birth control pills and condoms were the only FP methods that adolescents (both boys and girls) mentioned.

Participants have a very vague idea about FP methods. Senior boys from both Bengali and

English medium schools mentioned 'abortion' as a FP method!

About marriage:

To senior college-going girls, marriage is the 'turning point' of life. Some have reservations about getting married because of the incidents they come across in newspapers, and learn from relatives and other sources of information.

According to boys: "A man marries to have sexual intercourse and to reproduce."

Some of the boys appeared to be disappointed as they will not be allowed to live together if they desired *so* in the future. Regarding the age at first marriage, boys know very well that the minimum age for a woman is 18 and for a man it is 21. Most of the adolescent girls think that both a girl and a boy should get married whenever they are financially stable. Minimum age in this context needs to be increased.

Birth of a child:

The adolescents are concerned about early child bearing. They said, "It is not wise for a woman to have a baby before she arrived at the age of 18. Before this age, she is not physically matured or fit enough for carrying a baby. There is possibility of having more babies (more than two) if a woman gets married early."

Practices:

Adolescent girls discuss reproductive health with their mothers, friends, cousins and elder sisters. Boys group share mainly with friends (contemporaries and seniors) and cousins regarding sexual and reproductive issues. They are not used to talking to their fathers about these issues at all. They also talk with teachers, if they are friendly, known NGO activists and brothers in law.

Adolescents find their parents and teachers ill equipped or hesitant to teach them on sexual issues.

College going boys and girls talked about sexual practices of privileged urban adolescents. Adult-child sex issue also featured in the discussion. Senior boys and girls gave information about commercial sex workers among educated groups. The boys also informed that there was a group of people who worked as *dalaal* (mediator/agent) for prostitution.

A portion of privileged urban adolescents indulge in pre-marital sex with partners from underprivileged group (such as floating prostitutes).

Consequences:

The adolescents were more knowledgeable about AIDS than STDs. Even privileged urban adolescents had misconceptions about STDs. Boys from Bengali medium college stated phylaria as a STD.

Concerns:

Girls always feel disturbed with their monthly period (menstruation). To them, it is a hassle. They wonder whether boys experience anything like them. Girls are also teased by boys.

Boys were concerned about the roles of their parents. According to them, because of improper roles played by parents – many adolescents of privileged families display aberrant behaviour.

CHAPTER SEVEN

ACCESS TO AND PREFERENCES OF INFORMATION SOURCES

Access

The girl participants reported that their accessible sources were: “friends and cousins with (or without) clear conceptions”; “*Shananda*”; “health column/feature in the newspapers”; “mother (depending on what type of information they wanted)”; “elder sister (medical student)”; “teacher if she is friendly”; “documentary films shown in the school”.

Results of Group Discussion		
<i>Sources of information on reproductive health</i>		
	Girls' group	Boys' group
Frequently mentioned	Friends and cousins (with clear and correct conception and sometimes misconception), magazines (<i>Shananda</i>), books, and newspaper	Friends, Cousins, Internet, VCDs, Books and Magazines, Cable Television
Sometimes mentioned	Mother, TV, elder sister	Radio, Poster, Newspaper, Leaflet
Mentioned by one or two people	Family doctor (relatives), teacher, documentary films shown at school, father, aunt	Parents, Teachers, Maidservants

Adolescent boys reported friends and cousins to be their informants. They were also familiar with electronic media including computer (Internet), VCD and TV (cable television) as sources of information. Like the girls, they were also fond of magazines but it was not *Shananda* that they read. Magazines that senior boys of Bengali medium school usually read are Playboy, Cosmopolitan, Esquire, and Double Way, whereas magazines reported by senior boys of English medium school are: Readers' Digest, Time, Playboy, PC World, and Rising Star. Junior boys of English medium schools reported that they usually read Indian cine magazines including Stardust, Filmfair, Zee Premier and Cinibeeze. Besides, they also read Readers' Digest; Fashion Magazine (sometimes not suitable for them); and newspaper supplements (Rising Star of the Daily Star). Junior schoolboys of Bengali medium school also read the Playboy magazine.

Radio, poster, newspaper (mainly the *Daily Janakantha*) and leaflets are also some very important information *tools*.

A senior college boy from Bengali medium reported 'maidservant' as a source of information on sexual and reproductive health issues.

Other than Sattyajit Roy, Jafar Iqbal and Humayun Ahmed, English medium senior boys do not read any Bengali books. They are also fond of English novels by *Vikram Seth*. Their other favourite writers are *Allister Macklain*, *Le Carres*, *Sir Arthur Canon Doyle*, *Agatha Christie*, *Asimov*, *Crichton*, *Stephen King*, *R L Stine*; *Jeffrey Archer* and *Jack Higgins*. Besides, they are also fond of comic books such as Archies, Tintin, Marvel Comics and Asterix.

Irrespective of medium of education and seniority, many of the adolescent girls like to read comics and watch detective movies. Almost all the girls stated that they read novels by

Humayun Ahmed. They also read books by Sattyajit Roy, Sunil Gangapaddya, Samaresh Majumder, Rabindranath Tagore, Shahriar Kabir, and Jafar Iqbal.

Bengali medium school boys read Bengali books by Jafar Iqbal, Abu Kaiser, Shahriar Kabir, Abul Bashar, Sattyajit Roy, Nazrul Islam, Rabindranath Tagore, Rakib Hasan (*Tin Goenda*) and Bibhutibhushon Banerjee (*Pather Panchali, Aparajita*). They also read translation of Shakespeare's works.

Books that provided reproductive and sexual information to boys are Medical Sex Guide, *Masud Rana* series, *Shodh* by Taslima Nasrin, *Naari* and *Ditiyo Lingo* (translation of *Second Sex* by Simon de Bovaire) by Humayun Azad.

The boys found the parents and teachers very distant and difficult to reach regarding RH information.

College boys of Bengali medium divulged, "Those who do not have computers watch adult films in cinema halls. Others view such films on their friends' computers. Friends may be of same age or of different age. We treat our elder cousins as friends."

"In foreign countries, teachers give lessons to their students on reproductive and sexual health issues, but in our country teachers are distant from us."

Fathers reported that other than the Internet, books and cable television, the main sources of information on sexual and reproductive health issues for their children were domestic servants and maidservants.

"We usually shut down the TV if there is any odd scene. We do keep all adult books beyond their reach. We do not want them to learn all these at this tender age," one father said.

"Friends are the main source of information. We don't know how 'these friends' know all these," said another father.

"Parents can play a vital role. Mothers can be more effective than fathers in conveying messages on reproductive and sexual health. For mothers, it is easier to talk to their children but fathers feel embarrassed in such situations."

"School authority can arrange some classes on these very issues."

Fathers recalled that during their adolescence they used to spend time reading books, playing games, and gossiping with friends until 8 o'clock in the evening. They used to sit to study not before 8 pm. "The children of today cannot enjoy their lives as we did though they have computer, TV, cable channels within their reach."

"We used to read books, help our mothers with household chores, sew, play indoor games, gossip with cousins and aunts," mothers said, recalling how they used to spend their time during adolescence.

At that time their favourite writers were Banaful and Sharat Chandra Chatterjee. "We used to get sex related information from books like Masud Rana." There were *choti* (pornography) books that used to come from India. It was hard to collect. Senior friends of the locality used to collect these books. If anyone could manage a book, all of us would gather to have a look at it. Besides, the weekly *Bichitra* and the Weekly *Chitralli* were two other sources from where we could see some adult photos.

According to the mothers, they used to get RH related information from their newly wedded friends, aunts (with whom the age gap was less).

Fathers predicted that their grand children would completely depend on the Internet for sexual and reproductive information. Influence of the media will grow tremendously, they believed.

One mother stated, “In the next generation, adolescents would be more open with their parents. I think they will tell their parents where and with whom they are going to date today.”

Preferred Sources

Although they have a number of information sources regarding reproductive and sexual health, they would prefer others to convey messages and information. With the help of Venn diagram they depicted their preferences. Most of the participants prefer friendly, knowledgeable and elderly persons (irrespective of gender).

One of the girls mentioned that father could be a good source of information if he is friendly. She shared her experience. “Two years ago, I had vaginal rash with severe pain and virus fever. That time my mother was not at home. I was groaning from pain, and I told my father about it. My father told me, ‘If I cannot see, then I cannot prescribe you any medicine. Can you allow me to have a look?’ I allowed my father to see. Then my father consulted a gynecologist and brought medicine accordingly. So, I think even if I have any question regarding this issue, my father can help me out very well.”

Results of Group Discussion		
<i>Preferred sources of information on reproductive health</i>		
	Girls’ group	Boys’ group
Frequently mentioned	Friendly, knowledgeable and elderly person, friends (with proper knowledge), newspapers (special pages or columns)	Friendly, knowledgeable and senior person, parents, books
Sometimes mentioned	Mother, media (TV or documentary film which can be shown at school), books, newspaper	Friends (knowledgeable), teachers, TV
Mentioned by one or two people	Family doctor, teacher	Internet, poster, leaflet, radio, relatives

“If some of our friends (who have good communications skills) can be trained on this subject, then it will be easier for us to get correct information from them. We won’t have any hesitation to ask them anything.”

“We all are regular readers of newspapers. If there is a specific page/feature section/column/day for adolescents, then we can share queries and if we have any question to ask we can easily write to that specific section to get the answers, (perhaps anonymously).”

“I think parents are the most reliable source of information. They won’t deceive us or give us false information. We can easily get our preliminary answers from them.”

“Teacher could be a good source of information because we have direct interaction with them. We prefer to have male teacher for boys and female teacher for girls for carrying out this task. But he or she has to be friendly. In our science class, the science teacher (female) became

shaky describing menstruation in front of the boys. Also, most of the teachers can not draw properly.”

“In certain cases, textbooks are preferable to teachers as things are well-described there with pictures and illustrations. The teachers often cannot do this.”

“There can be bulletin-type information in the media, especially a programme which deals with adolescents’ problem, changes, etc. with interaction with other adolescents. Presence of parents, doctors and psychologists can make this sort of programme more effective.”

Just like the girls, boys also believe that friendly and knowledgeable person who is a bit senior to them is suitable for delivering messages on reproductive and sexual health.

Senior boys of Bengali medium said, “We believe parents can be of great support in this area as they have passed through this stage of life themselves.”

But a few of the junior boys from Bengali medium backgrounds disagreed. They said, “It is not possible to discuss these issues with parents or elderly people.” The boys thought it was safe to confine these discussions within the circle of friends.

We heard a complaint from the boys about their status in the family: “Girls have their mothers ready to help them during their reproductive and sexual problems, but we don’t have our fathers beside us at such times. Really, we are so helpless!”

“If parents were more friendly and approachable, we would not feel the urge to share these issues within our friend circles alone.”

“Some TV ads make us curious. In a *Hindi* ad, an adolescent girl says, ‘*Maa, mujhey kapda nehi chahiye*’ (mom, I don’t need cloth any more); but I could not understand the message of the ad. Later, while talking to a friend, I came to understand that it is an ad on sanitary napkins to protect girls from menstrual bleeding. So, I believe TV also can be a very good source of reproductive health information.”

Boys preferred knowledgeable friends and teachers as their informants. They thought that sites with relevant information on reproductive and sexual health should be developed in the Internet and it should be highly publicised through other electronic (TV, radio) and non-electronic (dailies, weeklies) media. Boys also relied on posters, leaflets, radio programmes and relatives (cousins) as sources of their information.

SUMMARY FINDINGS

Access:

The girl participants reported that their accessible sources are: friends and cousins with or without clear conception; *Shananda*; health columns and features in the newspaper; mothers (depending on what type of information they want); elder sister (medical student); teacher if she is friendly; and documentary film shown in the school.

Adolescent boys reported friends and cousins as their informants. They are familiar with electronic media including computer (Internet), VCD and cable television. They are also fond of magazines. Radio, poster, newspaper and leaflets are also very important information sources.

Preferred sources:

Both boys and girls preferred friendly, knowledgeable and elderly person for delivering sexual and reproductive health messages; they also preferred to have parents (mother for daughter and father for son) as a source of such information.

Adolescent girls also wanted a bulletin-type information source in the media, especially a programme that deals with various adolescent issues.

Boys would also like to have friends and teachers as their informants.

CHAPTER EIGHT

ADOLESCENT FAMILY LIFE EDUCATION

“The vast majority of people who make the decision to become sexually active do so with inadequate information. Young people have the right to appropriate information to make decisions and access to the means to help them act responsibly” – Lindsay Stewart

As adolescents under this study have shown a genuine concern about their own sexual health and that of their peers, the study team attempted to explore whether or not there was a genuine demand for sex education among the privileged urban families of Bangladesh.

Many adults and policymakers worry that sex education may encourage young people to have sex earlier or lead them to promiscuity.

Even before the AIDS epidemic, many countries had curricula for sex education. “But these were not being implemented, partly because of real constraints such as lack of funds and lack of training and partly because it was a controversial topic,” says Dr. Baldo. “When AIDS appeared, it forced people to reconsider the whole issue of sex education. Because of AIDS, sex education is moving again.”

As puberty brings multifaceted changes (physical, mental, behavioural and psychological) in a person’s life, sex education only is not enough to address their entire needs. It may only solve a part of a more comprehensive problem. In order to bring a positive change in their lives, an integrated approach is needed. Experts in this field introduced a curriculum, which is known as Adolescent Family Life Education (AFLE). The curriculum contains several chapters that cover both primary health and reproductive health messages. Contents may vary programme-to-programme and country-to-country but the basic philosophy of AFLE remains the same.

Adolescents want to know about sex and many other things but are afraid to ask. AFLE helps them to know such information.

Concept

In general, almost no adolescents or parents had any idea about AFLE. Only a few people claimed that they heard about this special and targetted education for adolescents.

A Bengali medium college boy said, “I heard, in Scotland, there is provision for sex education at school level. Their society is so liberal that father asks his son whether he enjoyed sex the night before.”

A senior girl of English medium school said, “When I was at class II in England, sex education or this sort of reproductive health information started to be provided to us. I can recall some of those.”

Results of Group Discussion		
<i>Concept of AFLE</i>		
	Girls’ group	Boys’ group
Frequently mentioned	Don’t know	Don’t know (no idea at all)
Mentioned by one or two people	Know	Know

Bengali medium college boys confessed, “We are not interested at all in acquiring lessons from movies that we usually watch. We watch those only for recreation and to satisfy our excitement. We do not have appropriate knowledge on reproductive and sexual health. Some of us have wrong information. We should have knowledge of correct information at the time of puberty.”

All but one in the group of senior students of English medium schools said, “We don’t have any idea about AFLE.” Only one said, “I heard about this. My aunt informed me. She works at SMC.”

Junior students of Bengali medium school (class IX) said, “Adult sites contain all dirty stuffs. Those sites misguide us. If we had sex education from our early life, we won’t have gone for 2X or 3X movies.”

“At the beginning of puberty”, they continued, “we are usually more eager to visit adult sites and watch adult movies. Sex education at this time can help to reduce our eagerness.”

All agreed that they would not feel shy or embarrassed in presence of girls if they are taught about different issues of reproductive and sexual health.

Junior English medium school boys said, “We don’t know anything about AFLE. There is no well-written chapter in our textbooks on reproductive health. We should be given this education.”

Additionally, they think that sex education must be given to girls. “They (girls) must know that early marriage hampers their life and education.”

“At times, we hear from the TV or other sources about sex. If we ask our parents about those, they just discourage us by saying that those are not our topics. Curiosity remains in our minds. We then go to our friends to discuss the issues. Hence, we get wrong conceptions and distorted views about any sex related topic.”

Some of the adolescents suggested that sex education should be given from class VIII or IX.

Scope

Girls irrespective of medium of education said, “Boys have many sources of information. They can go out and mix with many people. They can even get information about girls. Unlike them, we have only friends as a source; sometimes what we get from them are distorted or incomplete. It is not often that we can talk with mothers and elder sisters about these issues. So we need this sort of education.”

“I had an Italian friend in Libya”, said one of the fathers. “He sent his children to the school for sex education when they were 8/9 years old. He believes that this education will help his children to protect themselves against sexual accidents or possibility of being sexually harassed. I too believe that sex education can play a positive role in our children’s lives.”

Senior Bengali medium college boys were very disappointed with their parents’ role. They said, “When I will be a father, I will try to be friendlier with my children and give them those facilities/opportunities which I did not get from my parents.”

They also added, “A person should have proper knowledge about RH before marriage. Beginning of puberty is the ideal time for this.”

Senior English medium school boys said, “Information that we receive do not come to us through proper channels. We receive much distorted information through the Internet, books and other sources. Therefore, there is a need for this education in our society so that all of us can get proper education on reproductive and sexual health.”

According to senior Bengali medium school boys, “Education on reproductive and sexual health is essential for a girl because she would have to carry a baby in her womb some day.”

They also assured, “As we realise we lack proper sex education, we will let our children have this education in time. I think our next generation will not face this problem.”

Junior Bengali medium school boys said, “In the context of our country, introducing sex education is not an easy task. Our families are more conservative than those belonging to underprivileged segment of the society. So, you can provide sex education in slum areas. But you cannot succeed in privileged families like ours.”

“Guardians think that we will be spoiled if we are given this education, but we do not agree with this. I think there are some families who will accept this by dint of their liberal outlooks.”

The junior most boys (class VIII) are very confused about this education. They said, “Adolescents should be informed about family life education if you (the study team) think they are the correct audience for this.”

Finally, they suggested that education on reproductive and sexual health should be introduced after secondary school examinations.

Fathers suggested, “If anyone is not informed from any source, s/he will come to know through natural processes. But s/he may become scared with the changes that s/he may encounter and may react improperly. So it is wise to let him or her know about the changes s/he is likely to encounter and other related issues beforehand.”

Like the fathers, the mothers of the adolescents also suggested that information about the physical and mental changes that occur during puberty among the adolescents should be provided to them.

Strategies

It was both important to ask how this family life information could be disseminated to the privileged urban adolescents. Adolescents suggested workshops, discussions meetings, cultural programmes, and seminars at school level and parent-child education at household level.

Results of Group Discussion <i>Strategy for AFLE</i>		
	Girls' group	Boys' group
Frequently mentioned	Parent-children education, school curriculum (step by step from class IV onwards)	Workshops, discussion meetings (ensure two-way communication), seminars, cultural programmes, parent-children education

Sometimes mentioned	TV programmes, documentary films, weekly lectures, knowledgeable friends	Inclusion in school curricula, training of parents and teachers to create favorable atmosphere at home and at the school, documentary films, advertisements, TV programmes
Mentioned by one or two people		Class-based conferences, peer education

They also suggested inclusion of sexual and reproductive health issues in their school curricula. According to girls, this education should be given step by step from class IV. Boys recommended dissemination of information through documentary films, attractive advertisements, class-based conferences and peer education.

Senior English medium school boys also preferred to have workshops on reproductive and sexual health issues at the school and they suggested that all the students should be invited to the workshops as participants. At the same time, they felt that discussions should be arranged to remove barriers to the free flow of information at home and at the school.

The adolescents suggested some more alternatives:

“You just talked to us, but I believe it would be more effective if you discussed this with all of our classmates.”

“Teachers can give us proper information on sex. They have to become skilled in talking about these sensitive issues. There must also be two-way communications between teachers and us.”

“Teachers must be efficient and knowledgeable in providing this education. Consequences of AIDS, risks in premarital sex, primary healthcare and other sexual issues should be incorporated in the syllabus.”

“Friends will not be that helpful in disseminating information on sexual and reproductive health topics as we are not used to relying on a friend as a ‘resource person’. Instead, parents and teachers can play a vital role. In that case, parents and teachers are to be more free and frank with us.”

“We should not ask our parents; rather they should provide us with sex related information time to time. They have to come closer to us.”

“If parents allow their children to ask questions on sexual issues, then it will be a common practice in the society. Otherwise, if a boy suddenly asks his father on sex, it will be treated as disgraceful and disrespectful in the eyes of our conservative society.”

“We don’t differentiate friendships with boys and girls.”

“You (NGOs or GOs) can arrange seminar or discussion meetings and invite us to participate.”

The specialists shared their experiences in this regard as follows:

“We took classes on reproductive health at several schools in Dinajpur. At first, the authorities did not allow us to take classes. But the students were very eager to know.”

Regarding separate sitting arrangements, they asked why they do not sit together. They have been asked to realise the fact that they are not separate, they are same and it is they who have to solve these queries. We have to think about the proper source of information. It is observed that most school authorities do not want to have discussions on reproductive health issues. For this reason, we started our programme separately. After we started discussing, we became astonished to observe their accepting attitude. The school teachers also appreciated our efforts and participated in the discussions. Their participation was so lively that it seemed to me that they understood my untold words even if I could not continue my speech due to hesitation. We talked freely to each other irrespective of gender. We delivered clearly each topic before them. We started with group discussion to be sure about their positive response. I think, we should inform both privileged and underprivileged groups in the same manner. We have to find the way of making our discussion effective.” [One programme officer from her BWHC experience.]

There are arguments and counter arguments for peer education.

“Peer education may not be effective in privileged society because guardians will not allow their children to give enough time to others. To guardians, their children will perform better in exams if they go to tutors instead of giving time to others for the sake of peer education. Usually, none is found to support or help others in this society”, said a child psychologist. Instead, she suggested counseling, which could be carried out in the following three ways:

- 1. Strengthening family bondage so that trafficking may not occur;*
- 2. Providing proper training to make those efficient who counsel with little effort but not attained required efficiency;*
- 3. Conducting long-term programme with those who studied psychology or clinical psychology.*

Again, some go for peer education along with parents’ positive attitude towards it. For example:

“Peer education will be helpful. Everybody should have the mentality to appreciate the individuality of the adolescent. No measure will be successful if guardians and the society always try to strictly control the behaviour of the adolescents. If the mentality to appreciate adolescent grows, only then the measure taken to provide knowledge regarding reproductive health through pocketbook or any other way will be successful. I think intervention is necessary to ease the environment”, noted a Professor of Marketing and researcher on adolescents.

The Assistant Director (IEC) of FPAB added:

“Children have desires to become leader. If proper strategy can be taken along with correct approach, then it is possible to make the peer education approach effective. It would be of great benefit if we can convince the parents to provide necessary information to their children through peers what they are not able to give them otherwise.”

Besides, the idea of adolescent-friendly service has come up from discussion.

“AFLE contains reproductive health issues. But the issues of adolescent-friendly service delivery facility are absent there. The privileged group does not even know about a good child specialist. There is tremendous information gap everywhere. We have not given proper information to the mass on many issues. If providing information is taken as a strategy, then service-delivery must be there side by side which is now absent”, suggested a Professor of Economics and researcher on adolescents.

Regarding government programme on adolescents, the Deputy Programme Manager informed:

“We don’t have separate programmes to reach privileged urban adolescents. We are working with all, such as underprivileged adolescents in slums, garments factories, combined school health programme, family planning service for married adolescents etc.”.

The Programme Officer of Population Council has mentioned some strategies that were used by them to address the issues of adolescents. The first one was telephone hotline although at their organisation it was not working well. Others were as follows:

“We met the parents and the religious and community leaders prior to community interventions. After that a leaflet containing parents’ responsibilities towards their adolescents was supplied with the book list at the beginning of the year. All of the parents were given this and it worked well. It was given during the mid-term. During the final leg it was given again. Students were given routines along with messages. We hope it will work well.”

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The child psychologist suggested a multi-pronged approach.

“The approach should be multi-pronged. It is not possible with peer education, group counseling and reading materials only. In the same way, a good number of approaches are required including the integrated approach. Again, we should not focus on schools only to achieve this. To me if the family does not play a strong role, the role played by the school will not be sufficient.”

Media

In spite of having many complaints against the parents, adolescents eventually prefer them (parents) as the best media for sexual and reproductive health information.

Results of Group Discussion		
<i>Media for AFLE</i>		
	Girls’ group	Boys’ group
Frequently mentioned	friendly, knowledgeable and elderly persons, parents, teachers	Resource persons (must be trust-worthy, friendly, and knowledgeable), NGO activists, parents (father-to-son and mother-to-daughter)
Sometimes mentioned	Knowledgeable friends (peer counsel), Television (for example, ‘Balte Chai’ on ETV)	School authority, senior students (senior female student to girls and senior male student to boys), TV programmes

Other than parents, the participants mentioned that friendly, knowledgeable and elderly persons would be the best ones to convey the messages. It can be a two to three hour class in a week. However, they clarified that this education should be given step by step from class three or four up to the higher secondary level.

Another suggested measure was that parents could be taken as a group to get the knowledge about how they can tackle their children.

Mothers acknowledged the need for parent-children education and communications at this stage, but felt that it is very difficult for them to discuss RH issues with their children especially with sons. They believed that school would be a better place along with parents for such education. However, they said that it should be taught step by step from the age of eight or nine.

Senior Bengali medium schoolboys said, “We all are watching adult movies and web-sites hiding from our parents, but I think it should not be like this. Actually, our parents should inform us about different changes in our body and precautions to be taken, about our mental and behavioural changes.”

The person to teach the adolescents is very important. Some researchers and programme officers in this regard shared their experiences.

“We find that female teachers teach efficiently, but we are sorry to say that male teachers do not even make eye contact with the students. In the community, there are male graduates of 22-23 years. They are eager to take the classes. And the boys agreed to take part in the community sessions. They are so eager to know, yet the teachers are not able to fulfill their expectations. For this, more female teachers were appointed instead of male teachers who were not being able to teach them properly”, said the Programme Officer of the Population Council.

Not only SRH information, orientation of parents is needed for other social issues. An expert from ICDDR,B mentioned:

“The need for the underprivileged is different but the basic need for both the groups is information. In case of privileged group, we have to consider the social issue, especially the parents-children relation. I think we have to consider drug, emotion and several special issues in the context of privileged children.”

“World Vision conducted this type of activities with parents near the Mongla port. They worked with parents prior to the adolescents. Making a group with the parents of the students of each school they arranged for counseling. They provided different books each week and discussed with them twice a week. I think this arrangement is better. It is easier to provide counseling to the parents of privileged group because mothers are available in front of the schools”, said the Chief of Party of Engender Health.

Again some has mentioned that among parents, fathers do not want to discuss about reproductive health with neither sons nor daughters. So fathers’ involvement is required for providing information.

About teacher’s role in this period an English medium teacher thinks:

“As a teacher I think, we have to deal them with sympathy and understanding. Sometimes parents hesitate to give information because they feel shy. Outlook of all the parents are not the same. If we want to give them knowledge in this regard in the school, some parents may not find it agreeable. They think that children will be informed automatically as they themselves were.”

Expected Contents

It is not possible to resist all negative information that come through media. “Our only aim should be”, said senior Bengali medium school boys, “to reduce aggressiveness of teenagers. Co-education and sex education may be two possible solutions to this. The former will help

develop respect for the opposite sex and will reduce aggressiveness among male adolescents. Meanwhile, sex education will enable them to lead a secure and sound life.”

They suggested that all relevant and natural information should be provided through proper ways if sex education is at all introduced to them. They are also in doubt about whether this education can be introduced for the privileged group. “Due to religious conservatism and prejudices, it is very hard to initiate this education in our country. Our families are more sensitive about sex education than the families in rural or slum areas.”

“Guardians and teachers understand the situation but they chose to ignore it. In our education system we have a chapter on population control. The write up suggests us to have small families in future but do not explain about contraceptives clearly. It is really contradictory that in the curricula we have birth control messages but the authority does not allow us to have proper knowledge through sex education. Particular reproductive and sexual health issues should be included in our textbook. Experts should decide on the content.”

Adolescents suggested that the syllabus for sex education should vary according to adolescents’ age. At the very beginning, this education should cover primary health issues and some messages about human body for the junior adolescents. Then, all other reproductive and sexual health issues should be taught phase-by-phase to the senior adolescents.

One of the fathers appeared very authoritative. He did not want to hear any request or demand from the children, as he believed, “Only the adults can do well for the children. We should not concede to their demands. We should rather provide them with what we think is better for them.”

Another father added, “Children are like clay. You can shape them as you like.”

However, all the fathers acknowledged that adolescence is a time of risk: “During physical changes, a boy or a girl confront risky situations. For a female, she may become pregnant if she does not take precaution. For a male, he may suffer from skin diseases. Our society does not allow pre-marital sex. So, it is advisable to provide sex education before marriage.”

Another one justified the need for this education saying, “Children get information from forbidden sources. They are more curious about these sources because of their forbidden nature. Through the forbidden sources they get distorted and incomplete information. So, providing them with proper information is all the more necessary.”

Though the fathers supported AFLE before marriage, they gave different opinions about whether it should be rendered formally or informally. According to some, there is no need to impart this information formally.

Citing examples from the western societies, they argued that there are more sexual problems over there than here though the authority there is very liberal. Therefore, there is no need for introducing any formal sex education. This section of the fathers’ group acknowledged that there is an increasing tendency of sexual problems in Bangladesh. That’s why they think that children should be given proper knowledge in informal ways.

Acknowledging that adolescence is a risky stage in human life, the mothers said, “Because of the age, they are curious about information on sex. In our culture, neither the parents nor the schools are able to provide them with the required information. Hence, the adolescents opt for forbidden sources, most of which provide distorted information. The school and college curricula should be designed in such a manner that the children can be informed in a proper way.”

“I don’t support that they should know everything by age of 12. Information can be supplied gradually according to the age and gender. For example, menstruation and its management can be included at class IV/V, while other changes (physical and psychological) can be included in the upper classes. Then girls won’t be frightened whenever they experience it.”

But all of the parents expressed their concerns over the contents and media for AFLE. They said that they would feel comfortable if the curricula for adolescent education do not concentrate only on sexual matters but also include other relevant information that are helpful for their overall development.

They suggested father, mother and peer as informal media for this education. “Parents should give time to their children. They should inform their children casually.”

At the same time, both the mothers and the fathers approved TV, radio and journals as effective media to disseminate these messages.

Fathers, who were in favour of sex education, suggested that adolescent family life information should be incorporated in school curricula. “To provide sex education to our children obviously does not mean that they will be taught about Kama Sutra. Rather, they will be given proper knowledge. So, why shouldn’t this education be given formally?”

Fathers also considered the religious point of view: male resource persons should teach the boys and female resource persons should teach the girls. Through this education children should learn that puberty is not the perfect age for sex. Just to alert them, the contents of the education should include issues like contraceptives and risks involved with sexual intercourse.

There was a brief discussion on existing content of school curriculum on reproductive health.

“Regarding curriculum, I would like to say that the authority may prepare such syllabus according to their own rules that may not be pleasant for the students and it may not have sufficient information. For example, at present there are some information regarding menstruation in home economics. In the biology book, the picture for male reproductive system and its similarity with the life cycle of a frog has been shown. This is ridiculous and frustrating”, shares the Programme Officer from BWHC.

The Programme Officer from Population Council added:

“I purchased several books from the market to see the existing curriculum. I found that there were some information regarding menstruation, changing adolescent, food and nutrition. There is nothing other than that the books on social science, biological science and home economics. There are some contents regarding sex education in the textbook of class VIII and IX. In the social science books there is just a mention of the population problem.”

One of the English medium schools is thinking to start RH education in their school. The Vice Principal of that school shared:

“We are reviewing the school curriculum and we hope that lessons will be given from class IV not from the V-VI or VII-VIII levels. However, it is yet to be implemented. But we hope to start it very soon, possibly by the next year. Because, we face many difficulties with the students especially from class V and VI. We have to think how to arrange the content and teach it to them properly. It is still not finalised.”

However, the Bengali medium schools had different opinions:

“The English medium school may include sex education in its curriculum but it is not possible for us as we follow the government syllabus. We follow what is given in the curriculum. It is not possible for us to include anything outside that. It is not also possible to teach them by forming groups, because objection may come from the government. It could be possible to explain a bit more about population when population-related chapters are studied. I can try it in my institution, but I am not sure whether others can”, the Principal of a Bengali medium school said.

Again, another English medium teacher added:

“In our school, the chapter on reproduction in the Biology Book of class VII contains vivid pictures and descriptions and the students can get information from there. Since the age of adolescence starts a bit earlier (class III/IV), they should be given some information regarding puberty before they face it.”

Discussion was also held on what would be the content of the curriculum. Many comments in this context were made. Examples below:

“There are two more issues that should be discussed along with sex. One is smoking and the other is drug addiction. These two issues have some relationship with and influence on sex. The privileged children have easy access to these. Therefore, I think our discussion should not be limited to sex only; rather we should include these two issues. Another important issue is relationship. We often ignore the issue of having a relationship with the same sex – that is, men having sex with men. The number of such cases is very insignificant in Bangladesh. It’s non-existent. It is still a sensitive issue and I think we should discuss it”, suggested one public health physician.

“... At the same time, we need to provide training to the teachers who will follow the curriculum. To ensure the acceptability of curriculum, it is necessary to interact with the parents and community leaders. The main thing is to evaluate the need in the context of our country and not the Western culture. We need to pay importance to our values. We need to involve the ministries and NGOs in designing the curriculum. The programmes are there, but they are scattered. The BWHC and FPAB people told us about their programmes. Since our goal is the same, there will be a positive impact on the whole nation if we proceed together with the government, NGO and the private sector. Since the discussion is mainly regarding the privileged group and they are ones under the study, curriculum must have an impact upon them. We should also provide training to one or two staff from each school. The government as well as NGOs may take the responsibilities”, he added.

The Deputy Programme Manager of Maternal Nutrition and Adolescent Health, Directorate of Family Planning, MOHFW emphasised on the orientation of schoolteachers to teach and train the school-going adolescents on reproductive health education.

“Cultural conservatism needs to be used to ensure good sexual practices,” added the Assistant Professor of Pediatrics, ICMH.

A Professor of Economics and researcher on adolescents suggested:

“Adolescents should be separated into two age groups of 10 to 14 and 15 to 19 for the sex education programme. The groups should also be sub-divided according to gender. There can be four matrices:

	Age group	
	10-14	15-19
Boys	√	√
Girls	√	√

SUMMARY FINDINGS
<p>Concept: Almost all adolescents and parents do not have idea about AFLE.</p> <p>Scope: All the participants (both adolescents and parents) agreed that AFLE should be introduced for privileged adolescents; the education should be given step-by-step since early puberty.</p> <p>Strategy: Both boys and girls suggested child-parent education at household level; adolescent boys suggested workshops, discussion meetings, cultural programmes and seminars to be introduced at the school level and adolescent girls suggested the inclusion of SRH issues in the school curricula. Experts think that an integrated approach (combination of peer education, parent-child approach, and school curriculum) is needed.</p> <p>Media: Adolescents preferred parents as the media for SRH information. Besides parents, they mentioned friendly, knowledgeable and elderly persons as suitable for conveying the messages. Mothers acknowledged the need for parent-children education and communication but felt that it was very difficult for them to discuss this issue with them.</p> <p>Expected contents: Adolescents suggested that the syllabus for AFLE should vary according to adolescents' age and gender. Just like the adolescents, experts suggested that curriculum should be different for them. The topics may be the same but the content will be different. Experts suggested inclusion of protective factors in the content.</p>

CHAPTER NINE

PRIVILEGED VERSUS UNDERPRIVILEGED ADOLESCENTS

Social Awareness Issues

Usually maintenance of values and character in line with religious teaching is considered important by the underprivileged adolescents (Barkat et al, 2000). Privileged adolescents, on the other hand, consider favourable atmosphere at the household and community level to be important.

Human Sexuality

Thorough knowledge about the functions of reproductive organs is absent among the adolescents in rural areas. Moreover, wrong information sometimes compounds their confusion (Barkat et al, 2000).

Just like the underprivileged ones, privileged adolescents also lack comprehensive knowledge about functions of reproductive organs.

Knowledge on Changes During Puberty

Adolescents of both privileged and underprivileged groups can mention their physical changes during puberty. But probably because of added exposure, the privileged group is more vocal in stating other changes (mental, psychological and behavioural) that occur during puberty.

According to the underprivileged group, changes begin in a boy and a girl at the age of 10 to 12. Privileged group reported that puberty starts at 12 for both boys and girls. No group could mention the age when puberty ends.

Rural adolescents are less concerned about their physical changes compared to privileged urban adolescents; their (adolescents from rural area) psychological changes can be observed when they complete the SSC exam.

Sources of Information

Television and radio are the main electronic media for acquiring information for the underprivileged adolescents. Cousin, friends, sister/brothers in law, grandmother/grandfather, canvassers in the bazaar are some other sources of sexual and reproductive health information. Socio-cultural barriers act as the main inhibitors in accessing information and services on reproductive health.

Television with multiple foreign channels, computer, VCD, VCP/VCR, radio are the electronic sources of information for the privileged urban adolescents. Friends, cousins, newspapers, magazines, posters, leaflets are other sources of information for them. They face relatively fewer socio-cultural barriers.

Marriage and Fertility

Early marriage and child bearing are still common among the underprivileged adolescents. A study (Haider et al, 1997) reveals that there was a difference of 4.2 years between the actual mean age of first marriage (14.8 years) and the ideal mean age of marriage (19.0 years)

among the female married respondents. Such early marriages are rare among privileged adolescents.

Menstruation

During puberty, most adolescent girls in rural areas got frightened because they did not have accurate knowledge/information about the physical/emotional changes that their bodies were going through. About one-third of them mentioned 'friends' as their first source of information on menstruation (Haider et al, 1997). Another study (Barkat et al, 2000) reveals that major sources of information on menstruation were mother, sisters-in-law, elder sister, friends, health/FP workers and books.

Most of the underprivileged girls did not hear about menstruation before menarche but nearly 50 per cent girls of this study from privileged group were informed earlier about it. As a result, most underprivileged girls experienced their menarche with fear, whereas, it was not a scary experience for half of the privileged urban girls.

Knowledge of menstruation and its biological aspect is limited among the underprivileged adolescents. Their privileged counterparts know about menstruation, but don't have a clear idea about its biological aspects.

Half of the unmarried female adolescents were not aware of 'using clean cloth or pads', and 'cleanliness of body' during menstruation (Barkat et al, 2000).

Underprivileged girls use dry cloths for soaking blood during menses but privileged group use sanitary napkins.

Both the groups have some misconceptions regarding menstruation:

Underprivileged group: Fish, milk, meat, leafy vegetables and sour food are prohibited for them during menstruation. They think that they are not supposed to attend a wedding ceremony, walk by the riverside, and go outside after dusk. According to them, if restricted food is given during menstruation, it will cause severe abdominal pain called '*kaal-drishti*'.

Privileged group: Fish, sea fish, pineapples, pickles and other sour food are prohibited for them also during menstruation; they are also not supposed to sit before a boy, jump or play during that time.

Use of Contraceptives

Contraceptive awareness is vague among adolescent boys and girls of both privileged and underprivileged groups as they only know names of some of the methods.

Demand For Adolescent Family Life Education

Adolescents irrespective of their socio-economic status (privileged or underprivileged) and location (rural or urban) have already gathered some knowledge about sexual and reproductive health issues from various sources, but none of them are satisfied because they do not know whether it is right or wrong. There is a spontaneous demand of acquiring appropriate knowledge about sexual and reproductive health issues.

Sex Related Information

In rural areas, the junior adolescents rarely have an opportunity to watch adult movies, but for the urban privileged adolescents, it is very common. In rural areas, adolescents usually watch blue films after crossing secondary school age. Urban privileged group begins watching such movies from class IX. It is evident among the urban privileged adolescents that the age for

experiencing pornography has been going down day by day. Nowadays, by the blessings of some profit-mongering people, blue films have arrived at the doorsteps of the village people. It may tempt rural adolescents to start watching adult movies earlier.

Independence

In rural areas, parents usually let their children free when they arrive at their matriculation age. They rarely enjoy family guidance and the society treats them as 'matured' at this age. Just like the privileged urban adolescents, they want to disobey all family rules and social norms.

In case of privileged adolescents, the working parents guide their children from behind the scene, which is sometimes not welcome by their growing children. They don't like interference from their parents in their affairs.

Involvement With Politics

In rural areas senior adolescents used to engage in politics because of local demand and interests. But urban privileged adolescents reported that they were tired of politics. For the latter group, there is still a minor trend of being involved in politics.

Addiction

Smoking is a common practice among senior adolescents – for both the privileged and underprivileged groups. Knowledge on addiction to drugs is common among the underprivileged and urban privileged (male) adolescents. Privileged urban adolescents are more familiar with alcohol than with drugs. Heroin is also a popular drug among them.

Access to Meeting with Girls

The rural male adolescents have fewer opportunities to meet girls out of their family circle, but the urban privileged ones have more opportunities due to the existence of co-educational institutions such as schools and coaching centres. Group study with private tutors also facilitate greater interaction.

Concern About Changes in Puberty

Rural adolescents are less concerned about their physical changes compared to the privileged urban adolescents; their (rural adolescents) psychological changes can be observed when they complete the SSC exam.

Father-Son Relationship

The relationship between father and son is not as the adolescents expect it to be, and there is no difference between the rural and urban adolescents regarding this matter.

SUMMARY FINDINGS

Knowledge on changes during puberty:

Just like the underprivileged adolescents, privileged adolescents lack thorough knowledge about functions of reproductive organs. According to the underprivileged ones, changes begin to boys and girls at the age of 10 to 12. Privileged adolescents reported that puberty starts at 12 for both boys and girls. No group could mention the age when puberty ends.

Sources of information:

Television, radio, cousins, friends, sisters/brothers in law, grandmother/grandfather, canvassers in the bazaar are the sources of sexual and reproductive health information for the underprivileged adolescents. Socio-cultural barriers act as the main inhibitors to the access of information and services on reproductive health.

Television with multiple channels, computer, VCD, VCP/VCR, radio, friends, cousins, newspaper, magazines, posters, leaflets are the sources of information for privileged adolescents. This group faces relatively less socio-cultural barriers.

Demand for adolescent family life education:

Adolescents irrespective of socio-economic status (privileged or underprivileged) and location (rural or urban) have a spontaneous demand for appropriate knowledge about sexual and reproductive health issues.

CHAPTER TEN

FINDINGS AND RECOMMENDATIONS

Major Findings

Background Characteristics of Adolescents

Age: Mean age of participants was 15.8 years. The girls were slightly older than the boys. English medium school students were older than the Bengali medium ones.

Siblings: Most of the participants had only one brother or sister.

Education of parents: More than 80 per cent of the adolescents' mothers and almost all fathers were found to have at least a bachelor's degree. Mothers of English medium school students were more educated than those of the Bengali medium school students.

Parents' occupation: Over 68 per cent of the participating adolescents' mothers were housewives. Teaching was the second most common profession among the mothers. Some 40 per cent of the mothers of English medium school students were working outside the home, whereas, in case of Bengali medium school students, only one-third of them was working outside the home.

Possession of assets: Over 70 per cent of the adolescents had computers; over 80 per cent had cable television. A higher proportion of households of English medium students possessed computers, cable televisions and cars.

Income: Average income of the adolescents' fathers was Tk. 30,000 and that of the mothers was Tk. 16,250.

Sense on Adolescence

Age for adolescence: Most of the adolescent girls feel that the period of adolescence starts from the age of 10-12 and ends at 20-22 when they start their under graduate education. They call this stage '*boro howa*' (growing up).

On the other hand, the mothers think that adolescence stage starts between the age 10 and 12 and ends between the age of 17 and 18.

According to adolescent boys, puberty begins at around 12 years of age for both the sexes. Some participants in the boys group mentioned it is 16 years for boys. Few participants also commented that puberty of boys never ends.

Fathers were found very confused at defining the 'age of adolescence'. According to them, adolescence captures the school going age of a person starting from class III. It continues until class X, i.e. a boy or girl enters into adolescence when they are 6 years of age and they remain in adolescence up to the age of 14/15.

Finally they said, "It starts about the age of 9 to 12 years for a girl and 11 to 14 years for a boy if we consider physical changes."

Physical changes: All participants could mention their prominent physical changes during puberty but they were confused in stating the same for the opposite sex. Almost all of them could say very clearly about their mental, psychological and behavioural changes at this stage.

Girls mostly mentioned menstruation and breast enlargement for girls, and growth of beard, moustache, hair (on chest, hand, and leg), developed penis, voice change for boys as signs of puberty.

Adolescent boys frequently mentioned moustache and beard growth, penis development, pubic hair growth, masturbation and wet dream for boys, and enlarged breasts, pubic hair growth and menstruation for girls as physical changes during puberty. They also mentioned growth of hair in armpits, legs, hands and chest for boys. They also mentioned hip enlargement and attractive faces among signs of puberty in girls.

Mental changes: Girls mentioned becoming emotional, feeling that they have grown up, feeling shy to mix with unknown people and relatives observing that parents cannot understand them.

Adolescent boys noted that a big change occurs in their mentality during puberty. This is the time when they start thinking about their dream girls.

Adolescent boys begin to think about many other things such as their future, friends, family problems and so on.

Mothers of the adolescents noticed changes for both boys and girls: “They want things without delay”; “They lose their temper suddenly”; “They prefer to listen to their friends”; “They are on the telephone a lot”; “They do not want to go to social gatherings and instead prefer to be busy with their computers”.

Fathers highlighted the differences between mental changes of adolescents who resided in rural areas and those residing in urban areas. They observed that mental changes of a person differ according to socio-economic status.

Psychological changes: Adolescents have mixed feeling about their parents. Some considered them “intruders in life.” Others said that they depended on their mother and that they got along pretty well with both their parents. Boys regretted that they could not share their physical changes with fathers while the girls could do so with their mothers.

Some boys feel co-education is essential for growing up psychologically. It helps develop social skills. Those (boys and girls) who are in a co-educational system think that it is good for developing friendly relationships.

Most of the adolescents criticised their teachers’ outlooks.

Adolescent boys want to break the rules, as they believe that there is a big difference in the mentality between parents and children.

Behavioural changes: Senior boys said that at this stage of life they start avoiding their parents and preferred to remain in with friends. Some watched X-rated movies (blue films) with friends.

Mothers reported that some of their daughters became shy and quiet, while some became aggressive. They reported that their sons became closer to their friends rather than their parents.

Use of free time: Most of the girl participants were busy with school and private tutors throughout the week. Whenever they get time they watch TV, listen to music, eat and go out with friends, chat in the Internet, read story books, draw pictures, and compose poems.

Some of the girl participants are members of cultural organisations, and organisations to help acid victims.

Most of the boys gossiped, spent time with their computers (specially to visit adult sites), watched TV (mainly movies and music), read books and magazines, played games (indoor and outdoor), talked on the telephone, went and ate out, and listened to music during their free time.

Personal Hygiene, Nutrition and Primary Health Care

Personal hygiene:

Girls know 'how to maintain a clean of body' and 'use clean cloth or pad' to manage menstruation. Most of them used sanitary pads to avoid washing clothes. Some of them mentioned the consequences of menstruation were "*itching* and *becoming sick*". The mother of an adolescent is the major source of information about cleanliness and consequences of not maintaining hygiene during menstruation. The adolescents were reasonably aware about their personal hygiene but they were not quite competent in tackling post-menstruation cleaning. Boys were also aware of their personal hygiene. But not all of them knew how to clean the private parts of their body regularly.

Nutrition:

All adolescents were in favour of having a nutritional diet for themselves. Among the reasons they cited, the most prominent one was physical growth. Other reasons mentioned by them were: maintenance of good health, protection from diseases, supply of vitamin/protein, mental growth etc. However, they reported that they preferred to eat fast food and street food *or snacks* like *chotpoti-fuchka*. Mothers reiterated what the adolescents said. For physical growth at this stage, the mothers were in favour of providing equal food to both boys and girls. They emphasised that girls should receive food containing more protein-energy-calorie during menstruation.

Addiction:

Adolescents mainly mentioned smoking and phensidyl as addictive substances. Senior boys mentioned *ganja*, alcohol, heroin and cocaine. Senior boys also mentioned 'pornography' as a kind of addiction.

Protective factors:

Adolescents identified the reasons for aberrant behaviour in adolescents to be: "parents neglecting their children"; "bad company"; "feeling of being older"; "effect of divorce on adolescents" "insecurity", "loneliness" and "depression". Adolescents identified family as the most important source of guidance.

Mothers argued that good institutions could administer the students properly and counsel those needing their help. Interaction between teacher and students should be strengthened.

One researcher identified four protective factors for the adolescents. They are: 1. Connection; 2. Regulation; 3. Physical anatomy; 4. Ideology or religious values.

Primary Health Care:

Most adolescents mentioned immunisation, TT injection, and benefits of breast milk. Very few had knowledge about the actual number and time of TT injection or vaccines.

Sexual and Reproductive Health

Concepts and Attitudes:

Almost all participants were unaware of the term reproductive health. After defining and describing the content, they shared their opinions. Both boys and girls irrespective of their medium of education, thought that a person should be given proper knowledge about FP methods, delivery care, ante-natal and pre-natal care etc. before their marriage, during adolescence.

Birth control pills and condoms were the only FP methods that adolescents (both boys and girls) mentioned.

Participants have a very vague idea about FP methods. Senior boys from both Bengali and English medium schools mentioned 'abortion' as a FP method!

About Marriage:

Senior college-going girls defined marriage as the ‘turning point’ of life. Some have reservations about getting married because of the incidents they come across in newspapers, and learn from relatives and other sources of information.

According to boys: “A man marries to have sexual intercourse and to reproduce.”

Some of the boys appeared to be disappointed as they will not be allowed to live together if they desired to in the future. Regarding the age of the first marriage, boys know very well that the minimum age for a woman is 18 and for a man is 21. Most adolescent girls think that both a girl and a boy should get married whenever they are financially stable. Minimum age in this context needs to be increased.

Birth of a Child:

The adolescents are concerned about early child bearing. They said, “It is not wise for a woman to have a baby before she arrives at the age of 18. Before the stated age, she is not physically matured or fit enough for carrying a baby. There is possibility of having more babies (more than two) if a woman gets married early.”

Practices:

Adolescent girls discuss reproductive health with their mothers, friends, cousins and elder sisters. Boy’s group share mainly with friends (contemporaries and seniors) and cousins regarding sexual and reproductive issues. They are not used to talking *with* their fathers about these issues at all. They also talk with teachers, if they are friendly, known NGO activists and brothers in law.

Adolescents find their parents and teachers ill-equipped or hesitant to teach them about sexual issues.

College-going boys and girls talked about sexual practices of privileged urban adolescents. Adult-child sex issue also featured in the discussion. Senior boys and girls gave information about commercial sex workers among educated group. The boys also informed that there was a group of people who worked as *dalaal* (mediator/agent) for prostitutes.

A portion of privileged urban adolescents indulge in pre-marital sex with partners from underprivileged group (such as floating prostitutes).

Consequences:

The adolescents were more knowledgeable about AIDS than STDs. Even urban privileged adolescents had misconceptions about STDs. Boys from Bengali medium college stated phylaria as a STD.

Concerns:

Girls always feel disturbed with their monthly period (menstruation). To them, it is a hassle. They wonder whether boys experience anything like them. Girls are also teased by boys.

Boys were concerned about the roles of their parents. According to them, because of improper roles played by the parents – many adolescents of privileged families display aberrant behaviour.

There is a bog difference between boys of class VIII and class IX. Participants of class VIII seemed really “innocent”. The life of class VIII student is more restricted – they lead their life abiding family rules and regulations. Class IX appeared to be crucial stage in the life of privileged urban adolescents. This is the time they start exploring the adult world through films, web sites etc.

Access to And Preferences of Information Sources

Access:

The girl participants reported that their accessible sources are: friends and cousins with or without clear conception; *Shananda*; health columns and features in the newspaper; mother (depends on what type of information they want; elder sister (medical student); teacher if she is friendly; and documentary film shown in the school.

Adolescent boys reported friends and cousins as their informants. They are familiar with electronic media including computer (Internet), VCD and satellite cable television. They are also fond of magazines. Radio, poster, newspaper and leaflets are also very important information sources.

Preferred Sources:

Both boys and girls preferred friendly, knowledgeable and elderly person for delivering sexual and reproductive health messages; they also preferred to have parents (mother for daughter and father for son) as a source of such information.

Adolescent girls also wanted a bulletin-type information source in the media, especially a programme that deals with various adolescent issues.

Boys would also like to have friends and teachers as their informants.

Adolescent Family Life Education

Concept:

Almost all adolescents and parents do not have idea about AFLE.

Scope:

All participants (adolescents and parents) agreed that AFLE should be introduced for privileged adolescents; the education should be given step-by-step since early puberty.

Strategy:

Both boys and girls suggested child-parent education at household level; adolescent boys suggested workshops, discussion meetings, cultural programmes and seminars to be introduced at the school level and adolescent girls recommended the inclusion of SRH issues in the school curricula.

Experts think that an integrated approach (combination of peer education, parent-child approach, and school curriculum) is needed.

Media:

Adolescents preferred parents as the media for SRH information. Besides parents, they mentioned friendly, knowledgeable and elderly persons as suitable for conveying the messages.

Mothers acknowledged the need for parent-children education and communications, but felt that it was very difficult for them to discuss this issue with them.

Expected Contents:

Adolescents suggested that the syllabus for AFLE should vary according to adolescents' age and gender.

Just like the adolescents, experts also suggested that curriculum should be different for them. The topics may be the same but the content should be different. Experts suggested inclusion of protective factors in the content.

RECOMMENDATIONS

Though many sources of information remain within the reach of privileged adolescents, the study reveals that their knowledge on sexual and reproductive health is not sound enough. It led participants to demand proper information about SRH before marriage.

Because of pre-marital sexual practices, a portion of urban privileged adolescents is at risk. There is a tendency among some privileged boys who are having pre-marital sex to inspire others to have sex with commercial sex workers. At the same time, they (privileged urban adolescents) have very little knowledge about STDs and FP methods. This is a cause for concern. The adolescents should be made aware of fatal consequences of unsafe sexual practices.

The study suggests the existence of pedophiles and sugar daddies in the society, which implies that children are also at risk. To free our children from any harassment, abuse or trap, some awareness programme would be helpful. For example, as in South Africa, we may also raise our voice in echoing similar slogans like:

BEWARE OF SUGAR DADDY! THE SHORT TERM BENEFITS BUT LONG TERM PROBLEMS!! REMEMBER: HE COULD BE YOUR FATHER!!!

This study suggests that some effective programmes should immediately be launched for addressing the overall unmet and partially met needs of the urban privileged adolescents.

Effective programmes offer accurate information, train educators, and deliver messages about abstinence and safer sex.

Effective programmes make services accessible and they operate within the community norms.

Effective programmes address adolescents holistically, not just sexually. We need to keep in mind that 'sexuality' does not refer only to having sexual intercourse.

"For young people, sexual relationships are only a part of their social relationships, and social relationships are important," says Jane Ferguson, technical officer of WHO's Adolescent Health Programme. "We have to concentrate on how to assist young people to develop and maintain healthy relationships, not just how to say 'no' to sex."

Evaluations generally show that such programmes improve knowledge about sexuality, delay intercourse and increase contraceptive use. Sex education works best when it reaches youth before their first intercourse.

There are some myths regarding adolescents that prevail in the society. Some are as follows:

- Young people are sexually promiscuous.
- Giving adolescents information and help to prevent pregnancy and STDs will make them more sexually active.
- The best way to help adolescents is to tell them what not to do.
- Adults are inherently equipped to talk and listen to young people about sex related matters.

Overcoming obstacles for good adolescent health requires doing away with such myths and clearly articulating other positive ideas for the decision-makers. Information from young

people themselves is needed to accomplish this, because they know more about their own behaviour than the adults do.

Evaluations of adolescent programmes can be costly and difficult: data are hard to collect because of the personal nature of questions; programmes vary in contents and intensity, making comparisons tricky; and experts disagree about what constitutes success.

Despite the obstacles in obtaining data, scientific evidence shows that many sex education programmes seem to change sexual behaviour.

The most important finding from different programmes on adolescents is that there is a low level of communications about relationships in general and about sexuality in particular (Network, 1993).

Serious problems could be avoided by more honest and open communication. Better communication can only occur when both adolescents and adults gain confidence and trust on each other.

To make reproductive health programmes for adolescents more effective, we have to keep in mind four suggestions of Friedman (1993):

- Youth participation

It is vitally important that young people be invited to help plan, implement and evaluate programmes meant for their own benefit. Not only is it crucial to the success of the programme, but for those adults who have experienced it, it is a great pleasure.

- Interactive approaches

Using approaches that enable both side of the human equation to participate is very important. Health workers need to listen and learn from young people as well as give them the benefit of their own experience and wisdom.

- People, not problems

A holistic approach that takes into accounts the adolescent person and not simply the adolescent 'problem' is likely to be more effective and more sustainable than single solutions to single problems.

- Links between services

It is essential that adults talk to each other, as well as to the youth, about adolescent programmes. Establishing links among people at the district levels working in family planning, education, maternal and child health, STDs and other relevant services should be given high priority. In short, "partnership is the key."

Increasingly, experts recommend that in-school programmes should not only convey information but also teach skills. These should include identifying risky situations and behaviours, recognising potential sexually abusive or violent situations, and evolving and using adolescent-friendly services.

Ideally, such skills should be learnt in the human relations and value development context.

During this study, we heard the demand for AFLE from urban privileged adolescents and parents. Experts including policy makers, researchers, teachers, service providers, psychologists, physicians who deal with adolescents also suggested that these adolescents (urban privileged) should be brought under intervention with multiple approaches.

They suggested reaching them with an integrated approach combining, among other things, peer education, group counseling, educational curriculum, parent-child education, media programme etc. It was also suggested by them that family could play a strong role in preventive behaviour (protective factor) among this age group.

In addition to those suggestions, we, the study team, would like to put forward some more means to reach this specific group. These are:

- Initiating public awareness campaigns involving film stars, public singers and others having influence on young people
- Using band music groups for delivering the needful messages
- Publishing comics and cartoons on the theme
- Involving popular drama troupes
- Initiating competitions and contests
- Holding exhibitions
- Printing messages on T-shirts
- Through posters
- Through brochures
- Bringing out stickers
- Buttons
- Organising life-skill workshops
- Through desktop materials

Finally, the young people need to learn to express love and intimacy in appropriate ways, take responsibility of their own behaviour, promote the rights of all people in accessing accurate information on sexuality and interact with both genders in respectful ways.

STRATEGIES FOR WORKING WITH ADOLESCENTS

[synthesised outcome from panel discussion with experts]

Adolescent Programme: Multiple approaches

- Home
 - School
 - Community
-

Ensure adolescent-friendly environment

Active participation of adolescents

Listening to and showing an interest in adolescents' concerns

Community involvement

Include in existing school curricula

Introduce a separate course

Peer education

Educating parents

Educating teachers

Teaching parenting skills

Individual counseling

Group counseling

Multi-service centres or integrated services

Adolescent-friendly service centres

Use of film, video, and other media

Telephone hotline

Calendar routine

Basic information pack

TIPS FOR PARENTS

Talk to your son or daughter about sex

[The “facts of life” are just the beginning. Make sex education a part of family life from the start, and keep the lines of communication open at all ages]

It’s natural for parents to feel uncomfortable talking to children about sexuality, according to Felix Gardon, outreach coordinator at SIECUS. But by avoiding such conversations, you will be indirectly conveying the signal that you are not willing to talk. By approaching the issue when your children are still toddlers, you will have the opportunity to talk first about more comfortable issues like love and responsibility, and then, as they grow, could eventually discuss complex issues such as relationships and sexual behaviour.

Parent-Child Dialogue: Effective parent-child communication is the basis of a continuing dialogue about sex, says Barbara Kemp Huberman, RN, BSN, MEd, Director of Training and Sexuality Education at Advocates for Youth, a Washington, DC, an organisation that’s dedicated to helping young people make safe, responsible decisions about sex. “Be truthful,” advises Ms. Huberman. “Admit when you don’t know something and offer to look up the answer together. Always respond in a caring way. Don’t suggest to a child that there’s shame attached to asking questions. On the contrary, say, ‘I’m glad you asked me that. Let’s talk about it.’”

Urge your children to ask you about the truth of things they hear from their peers. You’ll be amazed at the fallacies your child has fed with. And don’t wait for a “right time” to raise topics and answer questions. “Kids raise questions at the funniest times,” says Dr. Johnson, the mother of two boys. Bedtime is a favourite option. Though you may want to turn off the light, she says, “Seize the moment. If you wait, it’s gone.”

Learn What to Say and When to Say It.

Know what to expect from your children and give answers that are appropriate to their age and experience.

Infants and Toddlers (0–2 years). Help children name all the parts of their body, using correct names (penis/vulva). At this age, they are absorbing information about what is male or female, and the roles of boys and girls and men and women in their life.

Pre-school Children (3–4 years). At this age, children ask many questions about their bodies and why girls and boys have different genitals. Create an environment in which they feel free to ask questions and get answers about their body, health, and sexuality.

Young Children (5–8 years). At this age, children are able to understand more complex issues and are interested in learning more about life. They may have questions/fears about sexuality and are ready to hear what you think and feel. Tell them how a woman gets pregnant, how a fetus grows in a woman’s body, and why men cannot become pregnant.

Pre-teens (9–12 years). Children are concerned about their bodies, their appearance, and what is “normal.” Encourage them to ask questions and come to you with their concerns. Talk to them about pregnancy and disease prevention. Explain the possible consequences of intercourse, and that it is adult behaviour and not for the young people. They need to know

how sexually transmitted diseases (STDs) and HIV are transmitted and about condoms and other methods of protection. Reinforce your values and encourage communication.

Teens (13–19 years). Give clear messages about your values. Recognise that teens need skills and information to act on their values. Realise that teens frequently do not wait until they are adults to become sexually involved. Talk about methods to reduce the risks of STDs. If your child is sexually active, talk to him/her about the full range of pleasurable sexual behaviours that will not transmit HIV or cause pregnancy.

SOURCE: “Talking to Your Kids About Sexuality,” Sexuality Information and Education Council of the United States.

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