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Shying Away From Sexuality: Government Reproductive Health Programme

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While it is laudable that the Indian government has made the effort to initiate a holistic reproductive health programme, its failure to address issues of sexuality that arise in this context is puzzling.

When the government announced its intention to initiate a comprehensive reproductive and child health (RCH) programme in India, there was little debate on the long term implications of this 'paradigm shift' (as it is referred to by the government). In the post-Cairo period the international development community signaled its intention to support a more holistic reproductive health (RH) programme in which the RH needs of people in all age groups is addressed. This 'life cycle approach' starts with adolescents and goes on to the RH problems of postmenopausal women. As a result, the sexual health of adolescent boys and girls, of people who are past their reproductive phase (within and outside the institution of marriage) comes within the gamut of the new programme. Theoretically we now have a programme that addresses sexuality. But is this happening? Does the revamped and redesigned family welfare programme of the government really deal with sexuality?

Anyone who is introduced to India through official policy documents and statements/declarations made in international meetings will definitely place it among the most progressive countries in the world. But when they actually visit the field, they are in for a rude shock. While our policy documents have kept pace with the changing jargon and concepts, there is little evidence of this change on the ground. Attitudes and mindsets remain archaic and often hypocritical. The government's ostrich-like behaviour of sticking its head into the sand is legendary. This paradox is more than apparent in the health and family welfare sector. People shy away from uttering the word 'sexuality'! Scanning through government orders, RCH project documents, circulars and other official communication material on the new

RCH programme, it gradually became obvious that there is almost no mention of sexuality. This aspect of the post-Cairo agenda has just not found a place in India's new RCH programme.

If that is the case, then how do our programmes deal with the RH needs and care of adolescents? How about the growing, demand for abortion services and related mortality and morbidity? What about post-abortion family planning counseling? Does the HIV and AIDS prevention programme make any mention of sexuality and sexual habits of people? This paper explores how the government programme deals with these issues without coming to terms with sexuality.

Let us start with initiatives for adolescent girls and (in rare cases) boys. The new RCH programme highlights the need to introduce family life education (in place of population education) for adolescents. The official justification given is that the adolescents of today are the parents of tomorrow and in many parts of the country adolescent girls marry early and have their first child even before they turn 18. Therefore, it is necessary to reach out to the 12-18 age-group and give them information about their bodies, reproduction, contraception, menstrual/genital hygiene and (may be in some cases) safe sex. When administrators and policy-makers are confronted with evidence on sexual activity among adolescents, the problem of sexual abuse of young people, child prostitution and sexual violence - they come up with a predictable response: 'These cases are more an aberration than a norm. India is not like the West, ours is a traditional society...' and so on. Recent discussions in the Education Department about the need to introduce sex education in high schools met with a similar response: 'We do not officially recognize adolescent sexuality'. That is the bottom line.

Contradictory Phenomenon

Let us look outside the official health programme. The film censor board talks a different language. Adolescent sexuality is the theme of most films. Combined with provocative clothes, daredevil 'eve teasing', sexual violence and other predictable *masala* this is passed off as a reflection of reality on the ground. The advertisement industry also highlights adolescent sexuality in many ways. So we have a rather strange situation. While the media barons and the official guardians of Indian culture acknowledge adolescent sexuality, the official health and family welfare programme and the education department continue to look the other way. This seemingly contradictory phenomenon is also quite representative of the way families continue to deal with the sexuality of the young. The urban, educated middle class choose to ignore adolescent sexuality and cry out in alarm when some progressive educationists argue for introducing sex education in high schools. We have not even begun to talk about RH services for the young.

Let us turn to abortion. Here again we are faced with a bundle of contradictions. There is growing evidence, mostly anecdotal and indirect, about the staggering increase in the number of abortion clinics across the country. Gynaecologists will admit that there is a lot of money in abortion. Who are the clients? Are most of them married women resorting to abortion as a means of family planning?

Pretending that 'sex happens only within marriage' is not only foolhardy but outright irresponsible

Talking to researchers who have worked on this issue and to abortion care providers in different parts of the country surprisingly revealed that, at best, 60 per cent of abortion seekers are married women who resort to it to plan their family. This includes sex selective abortions. The rest of the clients are young, unmarried girls, girls who are married but have not yet had their gauna (ceremony to celebrate reaching of puberty), widows, deserted women and so on. A significant, number of them are brought by the family and many show signs of abuse. The situation of widows being exploited by family members has been documented extensively. Yes, a proportion of such women are, in relationships voluntarily. In cities like Jaipur, Chandigarh and Delhi, legal abortion care providers admit that the number of young girls/women coming to them for abortion is steadily rising. Unfortunately, we do not have authentic data on abortion seekers.

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Voluntary organizations working on RH issues also report a similar phenomenon. While talking to select organizations working in West Bengal, Rajasthan, Maharashtra and Gujarat, it emerged that when they did routine screening for RTIs and STDs they were quite surprised to find young girls barely in their teens reporting white discharge or pelvic inflammation! In addition, some of these girls have undergone repeated abortions. They also discussed the problems of older, postmenopausal women. Similar observations were also made by workers in a women's empowerment programme.

The phenomenon of sexual abuse of the young, of widows and other single women is more than evident in the daily newspapers. In the last five years we have seen many sex-blackmail-prostitution rackets, the most infamous being the Ajmer and Jalgaon cases. This aberration, if you like, is symptomatic of an undercurrent of sexual violence. It also tells us something about the vulnerability of young women. Social values are changing and it is not uncommon to see young boys and girls together in movies, cafes, picnics and so on. It is quite natural that when they spend time with each other, there will be attraction and

may be even sexual activity. Parents do not object to boys and girls studying together or going out in large groups, say, for instance, on a school / college picnic. But, here's the catch. Our society is not yet open enough to permit free mixing. Films, advertisements and popular media send mixed messages. Therefore, if a girl happens to have sexual relations with a boy, she is a vulnerable target for blackmail. The Ajmer and Jalgaon (both traditional, small towns) blackmail rackets thrived on this contradiction. Casual contact leading to casual sex landed the girls into frightening spiral of rape, blackmail and prostitution. Gang rape of unwitting victims have, hit the headlines on several occasions.

The Ajmer and Jalgaon cases were not only hushed up by the administration but even, the parents wanted to keep it out of the press. When one girl in Jaipur finally mustered up the courage to expose it (the infamous J C Bose Hostel gang rape case), the entire media, the administration and even the 'respectable' community leaders called the girl a nymphomaniac and a prostitute who was having 'fun'. Despite the growing incidence of this kind of sexual racket, we are not willing to come to terms with the sexuality of the young even to educate them to protect themselves or seek help.

Another Myth

Let us now explore another myth: only certain kinds of people have multiple relationships or casual sex. In the early years of the HIV prevention programme there was a notion of 'high risk' groups, namely truck drivers, medical representatives, migrant workers and so on. Therefore, the entire weight of the HIV prevention programme was targeted on these groups till all hell broke loose. Routine surveillance in ante-natal clinics has revealed that ordinary housewives in monogamous relationships are also at risk! The popular weekly India Today did a feature on the vulnerability of 'ordinary' people - those who are not part of any 'high risk' group. Voluntary organizations working with HIV and AIDS victims highlight the point that all kinds of people men and women - indulge in unsafe sex, with multiple partners. Many of them get infected when they are still very young. Studies done in red light areas have shown that young boys, barely in their teens, visit sex workers for their first sexual experience. This is not only the case in big cities, which have clearly demarcated areas, but also in villages and small towns, where casual sex workers are part of the community.

There is obviously a lot of sexual activity among all age groups and the government's RCH programme has not even acknowledged the need to understand this dimension for effective implementation of existing programmes. The writing on the wall is that unless we, as a community and as a government, are willing to come to terms with sexuality - we really cannot plan and

implement a holistic reproductive health programme. Similarly, we cannot even begin to get a handle on HIV and AIDS unless we are willing to understand sexual behaviour among people of all age groups. Pretending that 'sex happens only within marriage' is not only foolhardy but outright irresponsible. Encouraging community based studies, creating non-threatening and non-judgmental fora where young people can seek counselling, talk and access services, reaching out to the young in schools through the media and so on are necessary not only for delivering services, but also for preventing the spread of sexually transmitted diseases including HIV and AIDS. And talking about these issues openly may give some courage to young girls trapped in sexual blackmail.