

Comprehensive Sexuality Education: Reflections from Boudh, Odisha, India

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ABSTRACT

Comprehensive sexuality education is seen as a key intervention to address the holistic development of adolescents with proper knowledge at the grassroots level. Lack of inclusion of the learners in the school curricular, discussions at community level, many a times imposes the superstitious practices those are restricting proper development. Breaking the Silence approach, is designed with a curriculum implementation was developed and tested in the district of Boudh. . This paper is a formative evaluation using case study method to capture the best practices.

Comprehensive sexuality education (CSE) is being implemented with a greater commitment to practice as a result of global networks and initiatives. The expertise in guidance, designing curricula, and strengthening implementation tools and techniques is coming up with a wide range of approaches. The present study suggests a behavior change approach through sharing best practices in the Boudh district of Disha, India, for CSE implementation.

This report provides an overview of the status of CSE implementation, drawing on specific information generated through analysis of the qualitative data collected from the field. The report examines the evidence base for CSE and, through a series of case studies, explores initiatives that are setting the standard and pioneering new practices in the delivery of CSE.

REVIEW OF LITERATURE

A review of the literature regarding the issue and its challenges throughout the world is as follows:

The World Health Organization (WHO) defines adolescents as those between 10 and 19 years of age.[1] Adolescent girls account for over 600 million people in the world today. Around five hundred million adolescents are living in countries with low and middle income.[2] Girls constitute half of the adolescent population. There is not much attention given to the specific challenges and problems faced by adolescent girls.[3]In India, the adolescent population constitutes about 21% (243 million) of the total population.[4]The adolescent represents the vibrant part of society in India. 20.9% of the population is of teenagers in the age group of 10 – 19 years, India (Census of India 2011). According to WHO, "Sexual and Reproductive Health (SRH) encompasses dimensions of physical, emotional, mental and social wellbeing concerning sexuality; it is not merely the absence of disease, dysfunction or infirmity." [5]The major public health challenges faced by adolescent girls include early pregnancy, higher rates of maternal and infant mortality, STDs, RTIs, and HIV/AIDS.[6]The existence of social taboos regarding SRH renders women often forgo health services. Around eight lakh adolescent girls give birth every year in low and middle-income countries. The 2014 World Health Statistics reveal that the average birth rate among 15-19-year-olds is 49 per 1000 girls globally.[7],[8]Complications arising due to pregnancy and childbirth constitute the second leading cause of death for 15- to 19-year-old girls globally, next to suicide.[9]Each year, 3.9 million girls aged 15-19 years undergo unsafe abortions, and around 39,000 child marriages happen every day. In the year 2013, about 60% of new cases of HIV infections among the age group between 15 and 24 years occurred among adolescent girls and young women.[10]

The lack of SRH knowledge makes them adopt various risk-taking behaviors, affecting their mental as well as physical health. They are not trained at the secondary school level in coping with various critical life situations; as a result, they don't have the skill of a prompt response to these situations. Hence, a comprehensive SRH and Life skill education is necessary, which will empower them in decision-making and adopting a healthy sexual and reproductive lifestyle.

Since the 1990s, the importance of delivering comprehensive sexuality education (CSE) to adolescents and promoting gender equality at an early age has been established and emphasized, both by research and epidemiological evidence and decades of programmatic learning [(Federation)2009 &(UNESCO), 2018]. Furthermore, it is widely recognized that CSE is an important tool to build essential life skills (such as communication, agency, decision-making, and the ability to seek appropriate support and advice) and promote the adoption of healthy sexual practices [3]. Despite the substantial need for CSE and proven effectiveness, some challenges that implementing organizations and policy-makers continue to grapple with are especially related to building community support for CSE and responding to resistance [4]. While this topic is frequently noted as a major barrier to CSE (and AEPs in India), there is a lack of research and detailed discussion on specific strategies that can be used to overcome it. This study tries to explore the impact and challenges in terms of knowledge, attitude, practices, and life skills regarding CSE among adolescents. It aims to analyze YCDA's experience in designing, implementing, and managing CSE in the district of Boudh, Odisha, India, with support from the Ajim Premji foundation.

Major Objectives:

- Capture any good practices happening in the project areas as regards project objectives and deliverables.

Approaches and Methodologies of the Study:

The study is a qualitative study where the primary data-based study collected from the operational area through a case study method. The impact assessment process primarily focused on the achievement of outputs/ results and outcomes of the project. The assessment process primarily focused on the achievement of outputs/ results and outcome of the project as mentioned in the log frame. It also focused on the strategic, implementation, and organizational levels of project management. The evaluation was also considered OECD/ DAC evaluation criteria were mostly used in the study namely:

- Relevance
- Effectiveness
- Efficiency
- Impact and
- Sustainability.

A review of program-related literature and documentation (both published and grey literature) was undertaken to gather information and understand the strategies to build support and respond to resistance during its planning, implementing, and scaling-up stages. The literature review identified a set of questions for further inquiry to better capture the nuances of the project experience, with particular attention to the aspect of resistance. Key informant interviews were conducted with those who were involved in the design and management of the project to respond to the questions for further inquiry. Purposive sampling was applied for the qualitative survey.

Case Study I: Breaking the silence and Accessing services

The girls of Badikata village under the Ainlapali Grampanchayat possess strong beliefs in various myths related to menstruation. The girls strongly believe in the ancient social taboos related to menstruation and still believe in the ancient type of society by not exploring themselves and not stepping out of the current societal changes and advancement of females in society. They are still lagging in seeking health services, and specifically, menstrual-related issues. Still, "Menstruation"- "Masikia" in the local language is non-utter able words in a public place.

YCDA intervened in the program in this Panchayat through the APPI supported called “Life Skill-Based Comprehensive Sexuality Education”. This was projected from July 2019, and it has continued till today. When the team started working with the adolescents of this area and formed Udaan Clubs in villages by accumulating both adolescent boys and girls, it had been observed that they were not expressive and not cooperative with the team in discussing such topics related to their menstruation, child marriage, and other issues. But the continuous effort of the team with adolescents enhances their curiosity to know more about this, and finally, 3 girls, Babina Bhoi, aged about 16, Payal Deep, aged about 15, and Ankita Mahanandia, aged about 14, discussed their menstrual-related issues with Bhabani, the project associate working with them. Then they referred to the Adolescent Friendly Clinic-“*Shradha Clinic*”. The preliminary issues were identified, i.e., irregularities of the menstrual cycle, white discharge, and heavy menstrual blood flow during the period for a long time in Sradha Clinic, and provided medicines for three months, a 2nd consultation with the doctor was made after three months, and another 2 months of medicine were provided – free of cost. Presently, these girls were completely cured. Now they are confident and ignore the social taboos and give heartfelt thanks to team YCDA for their good efforts.

Case Study II: The right information can improve access to quality services and break the barriers

Pinki Barik, a 15-year-old girl belonging to Kampara village under Telibandh GP of Boudh Block, Boudh District, lives in a middle-class family. The main occupation of her father was farming. After the attainment of puberty, Pinki was suffering from irregular menstruation issues; in 4 to 5-month intervals, she got a menstrual problem. This was created worried for her parents and simultaneously for Pinki since they did not find a way how to discuss this issue with anyone and even a doctor. In June 2019, YCDA started working in the Boudh and Kantamal block with a project called Adolescent Health and Development Project; the main target group was adolescents aged 11 to 19 years. After this project intervention, the project staff started forming an adolescent group at the village level and discussed various adolescent health and development issues along with various services provided by the government. After a continuous engagement with them and community members, service providers, they started to open up to discuss their issues. In the meantime a 3 days peer training was organized and very systematically discussed various emerging topics which touched them, and as per the plan, the peer leaders discussed the learning's with them at the village level. This discussion triggered Pinki to share her issues in the group. With the help of group members and project personnel, this issue was discussed with her parents. Finally, her parents agreed and visited the Sradha clinic in Boudh, and she has been diagnosed and provided medicines. After a regular treatment of two months, Pinki had a monthly menstruation and felt good and happy; her parents also thanked YCDA for this piece of work and the information provided to them.

Case Study III: Active engagement of peers able to stop child marriage

Ahalya Sethi is one of the members of the UDAAN club is about 17 years old. She was under the guidance of her father, Raghunath Sethi & mother, Panchami Sethi. Her father was not interested in entertaining her to participate and get involved in the UDAAN club meeting. One day, her father forced her to get back to her house while she was participating in the meeting. Ahalya was surprised to understand why she has been called for. In the next meeting, Ahalya came with a pale face and shared her difficulties with peers that her parents had fixed her marriage without her consent and willingness. The members discussed these issues with the leadership of Bhabyashree (The peer leaders) and decided to discuss with her parents and other stakeholders as well. Then Bhabyasri and the UDAAN club members discussed these issues with the front line workers like Asha, Angan Wadi Worker (AWW), teachers and gained confidence and finally, they discussed with Ahalya's parents, the consequences and laws related to child marriage, though initially their parents were not convinced, with all the stakeholders did counseling them and able to convince her parents so after all they got agreed to stop the marriage, then the situation went normal for quite some times, all of saddened Ahalya marriage was finalized in the same place on Dated 24th March 2021, then with the leadership of Bhabyashree and other front line workers discussed this issues and the penalty provisions with her parents and informed them that unless they stop this marriage, they will intimate childline, police, and CMPO. After all, Ahalya's marriage was stopped and Ahalya felt very happy being joined in the Udaan club meeting regularly. Further, the UDAAN club members, with the support of front-line workers and teachers, organized a village oath-taking ceremony to stop child marriage in their village.

Case Study IV: Towards an adolescent-friendly village

Kampara village is situated under the Telibandh GP of Block Block, with more than 200 households residing in the village, with diverse caste groups. Before the intervention in the village, people had a very scanty understanding of adolescent health and development issues. Discussing child marriage, menstrual hygiene management, and even sitting together (adolescent boys and girls) was restricted in the village.

However, our interventions, such as mobilization with parents, village meeting, formation of the adolescent club, peer training, GP level consultation workshop with various stakeholders, training of teachers and classroom session transaction, regular meeting with UDAAAN club on various issues, learning exhibition, and continuous engagement with front-line service providers from July 2019, changed the situation.

At present, the existence of the UDAAAN group is recognized in the village. They are doing a fantastic job with trained and active peer support, organizing their monthly meeting, and discussing various topics as per the developed modules. Identifying various SRHR issues among adolescents and connecting them with the SRADHA clinic, organizing oath-taking meetings among villagers to stop child marriage, etc. Further, it has been observed that since last year, there have been no such child marriage cases found; of course, there are some instances found (attempt of child marriage), but that has been stopped by the active involvement of the UDAAAN group. We can proudly say presently 100% of adolescent girls are using sanitary Napkins and practicing safe disposal. No adolescents are out of school in the age group of sixteen years. All the adolescents are taking IFA tablets weekly. Besides this, the engagement of the UDAAAN club to spread awareness is remarkable. Parents are supporting the program and sending their children to various activities organized by the project team.

Upper Primary School Teacher Sibakumar Pradhan said it is a successful model to work with adolescents, we have been involved in this activity and simultaneously implemented the activity in our school, which has a good impact on the adolescent. It should be implemented in all the schools to help adolescents make a safe transition from adolescence to young adulthood and make informed decisions in their lives.

AWW, worker Kamala dash said it is a nice initiative, helping us to discuss the topic in the meeting; working with YCDA together increased the participation of adolescents in the meeting and practice level change. Their involvement in various programs helped me to perform my duty easily.

Concluding Remark

Effective implementation of CSE requires moving beyond curriculum design to address delivering the inclusive right based approach with community involvement. It also requires investing in monitoring, evaluation, and policy alignment. The goal is not only to prevent risk, but to be locally adapted.

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