Communication and advocacy strategies for adolescent reproductive and sexual health

Case Study
India

R.G. Sharma
Communication and advocacy strategies
adolescent reproductive and sexual health

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Although adolescent reproductive and sexual health education is a new programme area when taken under the context of the ICPD POA framework, not a few efforts had been ventured though by a number of forward-looking countries in the region to implement educational, advocacy and communication activities in the areas of human sexuality, HIV/AIDS, and family life/population education, and of course more recently, adolescent reproductive health.

Without doubt, these programmes and activities are characterized by weaknesses and gaps as planners and implementors are usually held back from trying out innovative approaches by opposition and objections from concerned quarters. However, there is also not a dearth of successful innovative strategies and approaches which can documented and shared for others to learn from and even replicate.

Sexuality and reproductive health education is an area that generate misconceptions, confusion, fear and unwarranted caution, to say the least. These can be ascribed by many factors. First, policy makers, community members, parents and teachers are reluctant to confront issues of sexual and reproductive health. Teen-agers often get their information from their peers who may be ignorant of the topic or the mass media which may provide sensational and inaccurate information. In many programmes, curriculum and textbooks continue to limit their focus on biological, demographic, population and development and family life education issues. Sometimes, in spite of a well-designed curriculum, an ill-prepared or uncomfortable teacher can render a programme ineffective. Teaching methods used are often not suited to the sensitive nature of sexual and reproductive health education issues.

However, the developments in this field have not been held back by a few conservatives and traditionalists. Many organizations, especially the non-governmental and voluntary organizations as well as bold government agencies have taken steps to undertake innovative strategies to introduce reproductive and sexual health messages into their programmes to reach the adolescents and influence them into taking responsible decisions regarding their sexual and health behaviours.
These strategies and approaches range from energizing in-school education through co-curricular or community support from out-of-school sector; setting up counselling services inside a school campus; counselling through telephone hotlines; peer group counselling and discussions; development of IEC materials and interactive Internet discussion forum; youth camps and debates and competitions and campaigns in recreational places. Some of these strategies have worked and some failed. How is it that in one country the setting up of counselling centre for youth within a school campus is acceptable and not in another? Why is it that the use of peer approach in reaching the youth is effective in one cultural setting and not in another? How has religion been an obstacle in the introduction of reproductive and sexual health education in a few countries and how has this been overcome?

Some countries and some sectors of society have raised fears and caution in introducing reproductive and sexual health which could be unwarranted. The perceptions could be emanating from their own perspective alone and may not be shared by other sectors or even the recipients themselves, i.e., adolescents. Or even if these fears are justified, these are not really unsolvable. Bold, innovative strategies and approaches are now called for if the ICPD POA recommendations dealing with adolescent health are to see reality. As Dr. Nafis Sadik, Executive Director of UNFPA states:

“The largest challenge facing us does not lie in resources or delivery systems or even infrastructures, but in the minds of people. We must be sensitive to cultural mores and traditions, but we must not allow them to stand in the way of actions we know are needed. We have to overcome the obstacles of superstitions, prejudices, and stereotypes. These changes may not be easy and we face formidable challenges. They involve questioning entrenched beliefs and attitudes, especially toward girls. Lifelong habits must be given up, but they have to be, because in the end Asia’s future depends on all its people: and it will depend as much on adolescents as on adults”.

In order to document the experiences of the countries in the planning and implementation of best practices and innovative strategies in the field of adolescent reproductive and sexual health, these series of case studies are being commissioned to selected countries which have accumulated a pool of knowledge and experiences which can be shared with other countries.
OBJECTIVES

To document the experiences of countries engaged in planning and implementing adolescent reproductive and sexual health in the areas of advocacy and IEC (information, education and communication), the UNESCO Regional Clearing House on Population Education and Communication carried out an activity whereby selected countries were asked to document their experiences in order to:

1. Identify the profile and characteristics of adolescents in various areas such as demographic profile, fertility, teen pregnancies, sexual behaviour, STDs, contraception, etc.

2. Describe the policy and programme responses of the country to address the problems and issues dealing with adolescent reproductive and sexual health

3. Document the strategies, best practices and innovative approaches used in undertaking advocacy and IEC activities on this topic and the results or impact of these strategies on the target recipients

4. To examine and bring out the factors/conditions which have contributed to the success of these best practices or failure of some strategies and from these highlight the lessons learned or guidelines for future consideration

5. To identify organizations which have achieved successes in carrying out programmes/activities on adolescent reproductive and sexual health

This third series covers the following countries: Cambodia, China, People’s Republic of, India, Lao PDR, Maldives, Nepal and Vietnam. The first series covered also seven countries, namely, Bangladesh, Iran, Malaysia, Mongolia, Philippines, Sri Lanka and Thailand.

This volume presents the experiences of India in planning and implementing the advocacy and IEC strategies for promoting adolescent reproductive and sexual health programmes. It was compiled by Dr. R.C. Sharma, Chairman from RAM-EESH Institute of Education, Noida, India.
The Department of Women and Child Development of the Ministry of Human Resource Development, Government of India, in its Integrated Child Development Scheme (ICDS), includes all those between the ages of 11 to 18 as adolescents. In India, there are over 190 million adolescents, which is nearly one-fifth of the total population of the country. While the adolescent population in almost all developing countries is increasing, the opposite trend is observed in India. Between 1990 and 1992, the percentage share in the 10-14 age group remained constant and then declined. The percentage share in the 15-19 age group initially increased and then declined as well.

The sex ratio among the adolescent population is the same as that of the total population, with males outnumbering females. According to a 1991 census, there were only 407 million females compared to 439 million males. In the districts of Madhya Pradesh and Tamil Nadu, the ratio is 1,000 girls to more than 1,150 boys. Likewise, in other districts, the number of males predominates over that of females.

### A. POPULATION COMPOSITION OF ADOLESCENTS

Due to the poor nutritional status of the average Indian adolescent, the biological onset of adolescence may occur later compared with other developed countries. However, marriage and consequently the onset of sexual activity and fertility occur earlier in India than in other regions of the world. The system usually exerts tremendous pressure on girls to get married upon reaching menarche. Consequently, adolescent females are thrust early into adulthood, frequently soon after regular menstruation is established and before physical maturity is attained (Jejeebhoy, 1996).

Fourteen per cent of all girls aged 15-19 are married and about half of them are sexually active by the time they are 18 years old (International Institute for Population Sciences, 1995). In 1996, an average of 38 per cent of girls in the 15-19 age group were married. In the rural areas, this percentage was even higher at 45.6 per cent.

In general, the median age at marriage is 16 years but the actual range varies from state to state. In Andhra Pradesh, Bihar, Madhya Pradesh and Rajasthan, over half of the girls in the 15-19 age group are married. In Haryana and Uttar Pradesh, this percentage is about 45 per cent, whereas in Goa, Kerala, Manipur, Mizoram and Nagaland, it is less than 15 per cent.
Moreover, there is a gradual decline in the number of girls married in their teens all over the country. This trend, along with the gradual advancement in the age of menarche, longer period of schooling and increasing trend of migration has led to an extended period of adolescence.

C. EDUCATIONAL LEVEL

Article 45 of the Constitution provides for free and compulsory education to all children up to the age of 14. However, this commitment remains unfulfilled largely because of the inability of the system to enrol and retain girls. The enrolment ratio has gone up to 116.61 per cent for boys against 88.09 per cent for girls. At the upper primary level, the girls’ enrolment ratio is only 47.4 per cent compared to the 74.19 per cent for boys (1991-1992). Urban females are twice better off than rural females in literacy (Table 1).

Female literacy is considered to be a more sensitive index of social development compared to overall literacy rates. It is inversely related to fertility rates, population growth rates, infant and child mortality rates, and shows a positive correlation with female age at marriage, life expectancy, participation in modern sectors of the economy and female enrolments.

The literacy gap between males and females has widened through the years. By 1991, a literacy rate of around 63 per cent was recorded for males but only a little less than 40 per cent for females.

Moreover, only 40 per cent of students are girls. This proportion goes down with every successive higher level of education. Females comprise 46 per cent of the enrolments at the primary stage, 38 per cent at the upper primary stage, 34 per cent at the secondary and 32 per cent at the higher secondary level. An earlier survey (Nayar, 1991) on the educational participation of girls in rural and urban areas revealed that girls lag behind boys at all levels. Male-female gaps are closing in the urban areas but continue to be wide in the rural areas. Rural girls were also shown to be extremely disadvantaged. They constitute 74.1 per cent of all girl students at the primary level. This drops to about 30 per cent at the higher secondary level. Considering that 74 per cent of the country’s population lives in the rural areas, educational opportunities after the primary level are disproportionately bagged by the urban girls.

### Table 1. Literacy Rates of Males and Females in Different Categories (1991)

<table>
<thead>
<tr>
<th>Category</th>
<th>Literacy rates (%)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Urban</td>
<td>81.09</td>
<td>64.05</td>
</tr>
<tr>
<td>Rural</td>
<td>57.87</td>
<td>30.62</td>
</tr>
<tr>
<td>Schedule Caste</td>
<td>49.91</td>
<td>23.76</td>
</tr>
<tr>
<td>Schedule Tribe</td>
<td>40.65</td>
<td>18.19</td>
</tr>
</tbody>
</table>
Early marriage, pregnancies and motherhood result in acute health risks leading to maternal and infant/child deaths, miscarriages, low birth weight babies, excessive bleeding, infections and severe damage to the reproductive tract.

There is evidence of the direct correlation between infant mortality rate (IMR) and total fertility rate (TFR) in some states. The higher the IMR, the greater is the desire of the parents to bear more children (Table 2).

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Rajasthan</td>
<td>72.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>85.2</td>
<td>3.9</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>99.9</td>
<td>4.8</td>
</tr>
<tr>
<td><strong>LOW</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kerala</td>
<td>23.8</td>
<td>2.0</td>
</tr>
<tr>
<td>Goa</td>
<td>31.9</td>
<td>1.9</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>50.5</td>
<td>2.9</td>
</tr>
</tbody>
</table>


Among females of all age groups, there is greater loss of life from birth to the age of 34, with the trend reversing after that. The age-specific death rates for children below five years in the rural areas are twice as high as those in the urban areas.

Among the causes for higher female mortality are female foeticide, female infanticide, conscious neglect of health and nutritional needs of females from birth through adolescence to youth, early marriage, unsafe motherhood, lack of medical attendance of childbirth, poor health and development infrastructure. Illiteracy and discriminatory socio-cultural values and attitudes, beliefs and practices further compound the already precarious condition of females, especially in large parts of rural India where three quarters of the population live.

Other facts on the health of adolescents and females are:

- One out of every six female deaths is caused by gender discrimination and gross neglect.
- A strong preference for sons leads to neglect of female children and their mothers.
- Female foeticide is a growing menace and if the present trend continues, this could cause significant demographic imbalances. Of forty thousand female foetuses aborted in Bombay in 1984, 16,000 were aborted in one clinic alone.
In a particular hospital only one out of 8,000 abortions was performed to terminate a male foetus.

More girls are underfed which leads to malnutrition and low resistance to disease.

Hospital records show that more boys are brought in for treatment, while girls are usually admitted only when the illness has become critical.

E. EMPLOYMENT

Adolescent participation rates in the labour force are relatively high. About one third of adolescents (51 per cent of which were boys and 18 per cent were girls) aged 15-19 were reported to be working in 1981 (Ministry of Health and Family Welfare, 1993). As usual, these figures grossly underestimate female economic activity rates. In terms of household work, adolescent girls contribute long hours to the household economy, but their activities are invisible and undervalued since they draw no income.

Most of the employed adolescents are engaged in labour intensive, less remunerative occupations in the unorganised sector. Here they are exposed to unsafe and unhealthy working conditions. This has significant implications on their health, especially for females, as it is aggravated by their low nutritional and general health status. While illiterate adolescents may be employed in occupations ranging from work in glass factories to domestic labour, the semi-literate and literate adolescents face greater pressures since job opportunities for them are extremely limited.

F. FERTILITY, TEEN PREGNANCY AND ABORTION

Adolescent girls in India are confronted with the hazards of early childbearing. Seventeen per cent of total fertility in India is still attributed to young women in the 15-19 age group, exposing them and their children to greater health risks.

Low rates of educational attainment, limited sex education activities and inhibited attitudes towards sex greatly contribute to the continuing ignorance on sex and reproduction. Seeking abortions to avoid social condemnation and being ostracised is therefore common among both married as well as unmarried adolescent girls. The services available and sought may not be professional and safe, placing the young girls at further risk.
The AIDS pandemic has added urgency to introduce adolescence education in schools. Studies have found that adolescents constitute the largest group among the victims of HIV infection. Since there is no vaccine or cure available for HIV/AIDS, preventive education is the only means to promote behavioural changes against the spread of HIV infection.

The limited available data indicate that approximately 14 million new infections of sexually transmitted diseases (STDs) and of the reproductive tract occur every year; and the number of adolescent victims is substantial. Among the HIV-infected persons, the adolescents constitute the largest number – a trend which is likely to continue if appropriate interventions are not made. According to the National Family Health Survey (1992) the knowledge of HIV/AIDS and STDs is very low among girls in the age group of 13-19.

H. KNOWLEDGE, ATTITUDE AND BEHAVIOUR ON SEXUALITY AND REPRODUCTIVE HEALTH

Most adolescents tend to be extremely unaware of their own bodies, their health, physical well being and sexuality. This is particularly true among the younger adolescents. Half of adolescents aged 12-15 years and residing in rural and urban slum areas did not know about menstruation until its onset (Rasheed et al., 1978). However, the findings of another study (Bhende, 1994) indicated that young boys have considerable interest in filling up the gaps in their knowledge. Between 11-13 years old, their interest centres on normal sexual behaviour, nocturnal emission and male/female anatomy. Among boys aged 14-16 years, this interest shifts to more specific and personal questions on masturbation, body size and condoms. Older boys have an interest in and a curiosity pertaining to mature sexual behaviour and sexual satisfaction.

Attitudes towards marriage and sex among adolescents in India continue to be conservative and accepting of traditional norms that oppose marriage with self-selected partners, social interaction between adolescent boys and girls and premarital sex. Moreover, marriage decisions are rarely discussed with adolescents, particularly girls. Responsible sexual behaviour, in the opinion of both boys and girls, is to stay away from the opposite sex and most traditional cultures allow few opportunities for interaction of girls with boys.

On the other hand, there are also studies indicating a growing trend of pre-marital sexual activities among Indian adolescents. Yet, it has been observed that knowledge regarding reproductive health among them is limited. They have very little accurate information on the process of growing up and on pre-marital, marital and extra-marital sexual relationships.
A National Population Policy was declared in the Parliament on 16 April 1976 by Dr. Karan Singh, former Minister of Health and Family Planning. On 29 June 1977, a Second National Population Policy Statement was announced by the Government of India. Basically there were no major differences in the two policies. Both emphasised the need to stabilise the growth of the population. The policies also realised the expansion, consolidation and integration of family planning with maternal and child health care.

The adoption of the ‘National Policy on Education 1986’ has been the most significant development in policy making and implementation. The policy reflected the magnitude of the demographic situation and all the concerns related to the causes and consequences of rapid population growth. The policy believed that education can play the role of a catalyst in this complex and dynamic process.

The government departments whose programmes include adolescents are the Health and Family Welfare, Social Welfare, Education, Rural Development, and the Department of Women and Child Development. Government programmes have the potential to reach thousands of young people. After the ICPD Conference in Cairo in 1994, it has been realised that population issues need to be holistically approached for maximum impact. If adolescents are well informed and sensitised to the various issues of population and development, this group could serve as catalysts for the desired change and would have multiplier effects on future generations and programmes. Toward this end, Population Education, Adolescence Education and Life skill Education have become integral parts of population education programmes in India.

UNFPA is financing four population education projects which have adolescent education as an integral component. These projects are:

1. **National Population Education Programme in Schools**

The National Population Education Programme (NPEP) launched in India in 1980 has been making efforts to attain its overarching objective of institutionalisation of population education in the existing education system of the country. The project has completed three phases of its implementation. During the first phase (1980-1985), the main focus of activities was on the expansion of the project throughout the country by developing the necessary infrastructure, preparing materials and imparting training to different categories of personnel at the national and state levels. The second phase (1986-1992)
was devoted to facilitate the integration of population education elements in the content and process of school and teacher education. During the third phase (1993-1997), the process of integration was reinforced as activities were conducted in line with the revision and enrichment of the content and process in all stages of school education and teacher education.

During the current phase (1998-2000), the project was given the new nomenclature of *Population and Development Education in Schools* in order to bring focus on the new thrusts and strategies. The two major thrusts are:

➲ Integration of the elements of Post-ICPD Reconceptualised Population Education
➲ Introduction of Elements of Adolescent Reproductive Health, conceptualised as Adolescence Education

The following new strategies are employed:

➲ The network of the Project has been extended to include almost all important institutions working for the school education sector. These are the Central Board of Secondary Education (CBSE), National Council of Teacher Education (NCTE), Kendriya Vidyalaya Sangathan (KVS), Navvyug Vidyalaya Sangathan (NVS), National Open School at the national level and State Boards of School Education at the state level.
➲ Efforts are being made to effect greater coordination among projects on population and development education being implemented in school education, university education and adult education sectors.

### 2. Population and Development Education in the Higher Education System

In 1986, the University Grants Commission (UGC) initiated the UNFPA-funded Population Education project through twelve Population Education Resource Centres (PERCs) and Population Education Clubs (PECs). The PECs were started in 1983 by the UGC to create awareness among college students and through them, in the community regarding various population issues. The PEC was visualised as an agent to establish inter-linkages between the College, the community and the Departments of Adult, Continuing Education, Extension and Field Outreach (ACEE & FO) in universities. It was also meant to generate co-curricular activities in the universities/colleges with an accent on outreach and extension activities.

The Population Education Resource Centres (PERCs) were set up in the Departments of Adult, Continuing Education and Extension in twelve universities. The PERCs provide technical support to the university system in organisational, research, training and monitoring activities.

Population education concepts in the context of the ICPD Programme of Action are being incorporated in various undergraduate and post-graduate courses. Special courses in population education and appropriate educational materials are also being developed. New areas to be covered include qualitative research, participatory training methodology and adolescence education. To the extent possible, half of the beneficiaries are women.

During the second phase of the project, the Population Education Unit
(PEU) was established in the UGC in 1994. The programme at the end of the second cycle has expanded to 17 PERCs that covered 186 universities and 1,400 colleges, distributed over 32 states and union territories. These PERCs work through 1,400 PECs reported to have a membership of about 3 million students.

A number of innovative programmes have also been introduced under this project, which includes Helpline counselling, personal counselling, peer-group counselling and referral services.

3. Population and Development Education in Post-literacy and Continuing Education

The Ministry of Human Resource Development in collaboration with UNFPA undertook the programme for integration of population education in the adult literacy programmes. Population education project in adult education has been in operation since 1987 and is implemented by the Directorate of Adult Education (DAE) with the technical support of 21 State Resource Centres and three National Population Education Documentation Centres (Delhi, Jaipur and Hyderabad).

The focus of the project during the first phase was on developing and strengthening capabilities of the resource agencies in organising population education activities through centre-based adult education programmes. In the second phase of the project emphasis was laid on institutionalisation of population education in Total Literacy Campaigns (TLC). Population education now constitutes an integral component of literacy programmes at all stages. The Improved Pace and Content of Learning (IPCL) Committee at the national level approves literacy primers for basic and post literacy programmes only after ensuring that the thrust areas identified for disseminating important reproductive health messages have been suitably incorporated in the primers.

During the third phase (1998-2000), the literacy campaign has entered the post-literacy and continuing education phase. Neo-literates can avail the benefits of services provided at the continuing education centres.

4. Population Education in Vocational Training Programme

The Directorate General of Employment and Training (DGE & T) has been organising training programmes to meet the country’s needs for emerging skills under two major schemes. These are the Craftsmen Training and Apprenticeship Training being implemented through a network of over 3,000 Industrial Training Institutes/Centres (ITIs/ITCs) and over 2,500 industrial establishments in the country. The purpose is to train young persons in the age group of 14 to 25 years, who hail from the less privileged sections. This group forms an important segment of the educated youth on the threshold of work-life and family formation for providing population education on a systematic basis. The UNFPA sponsored project started in 1988 and the second phase started in 1996. The Reproductive Health component is being integrated in the Social Studies curriculum.
A number of NGOs are involved in the implementation of IEC programme for adolescents. Activities or programmes of a few NGOs are summarised here.

1. Salaam Baalak Trust

Salaam Baalak Trust has been working for over a decade with a large number of disadvantaged groups of children who work on railway platforms, at crowded bus stops and in congested business areas and slums. Some of the older boys visit commercial sex workers. These youth and children belong to the 3-25 age group. The largest number is in the 3-15 age group. The street children are at an increased risk of acquiring HIV/AIDS due to unsafe sexual behaviour, drug abuse and sexual abuse by older boys. The main target groups are abandoned street children and slum children and youth.

The major objectives of Salaam Baalak Trust are to: (1) generate awareness about HIV/AIDS, STDs, drug abuse prevention among children at railway stations and (2) develop awareness about normal physiology, anatomic functions, sex and sexuality among adolescent street children. The programme includes health education, service delivery, HIV testing after pre-test counselling, drug detoxification activities, vocational training programmes and various types of income-generating activities.

2. Ruchika Social Service Organisation at Bhubaneswar, Orissa

The Ruchika Non-formal Education Programme provides functional education with a strong component on health education to children from slum areas and railway platforms. They belong to the age group of 6-14 years old. Most of the children are rag pickers, shoe shine boys, vendors and porters. They are prone to sex abuse and suffer mentally and physically due to the unkind social and economic environment.

The main focus of the Ruchika programme is the provision of literacy along with health, hygiene, life skills and sex education. Building up the self-concept of learners and improving their quality of life are other important objectives as well as generation of awareness among the targeted children and wider community to organise them for total development of the society.

The organised activities include the following:

- Vocational training for children above 14 years in tailoring, laundry, shoe making and hotel services
- Health education, life skills education, prevention of HIV/AIDS, family life education including children’s psychological, emotional
and social health, economic welfare and cultural development, the rights of the children and civic rules.

Counselling services for boys and girls passing through physical and mental stress situations to acquire life skills to get over the mental and physical problems and lead a healthy life.

Some of the methods that are frequently used are problem solving, street plays, story telling, discussion sessions in a free and relaxed atmosphere, games and quiz competition, puppetry, question-answer sessions using flash cards on health issues and painting competition. The entire approach is informal and participatory.

3. Other NGOs

The other NGOs involved in adolescent reproductive and sexual health and related activities include Prerana-Delhi, SEWA-Ahmadabad, Chetna, Sutra-Himachal Pradesh, NIMHANS-Bangalore, Institute of Social Services-Delhim and ADITHI-Bihar. The works of some of these organisations have been discussed in the section on IEC strategies.
1. National seminars

National seminars on Population Education and Adolescent Education have created the necessary awareness and commitment among the decision makers for the acceptance of these programmes. The National Seminar on Adolescence Education organised by the National Council of Educational Research and Training (NCERT) in April 1993 recommended the introduction of adolescence education in schools. As a follow-up of the recommendations of this seminar and of ICPD Programme of Action, adolescence education has been made an integral part of the current project on Population and Development Education in schools. The general objectives of adolescence education are: (1) to provide authentic and accurate information about physical, physiological, psychological, socio-cultural and interpersonal issues of reproductive health to students in order to develop in them proper understanding of the process of growing up and (2) to inculcate in them a healthy attitude towards sex and respect for the opposite sex and responsible sexual behaviour.

The project includes a variety of activities related to reproductive health issues, AIDS, STDs and Family Life Education concerns.

For generating AIDS awareness among adolescents and adults, the following content areas are covered:

- AIDS and its present scenario
- AIDS-causes, symptoms, high-risk groups and precautions
- Myths and misconceptions about AIDS
- AIDS-its effect on social life
- Question-answer sessions on vital issues that are critical areas of concern for adolescents

A variety of materials are used in the transactional process. These are video cassettes, flash cards, flip charts, posters, booklets, films and leaflets. They are used as supplementary to lectures, discussions, debates and group activities. The educational programmes are mainly transacted through a series of workshops that take place in one to three days. The contents have been developed under the three major topics of Process of Growing Up, AIDS and Drug Abuse.

2. Inter-country study visits

Inter-country study visits by decision makers and key personnel to population education and IEC programmes in Asia have been a very effective strategy in creating awareness about commitment to the population education programme. These study visits were organised by the UNESCO Regional Office in Bangkok with the financial support of UNFPA.
3. Regional and national training courses

The regional training courses organised by the UNESCO Regional Office in Bangkok for project personnel and decision makers have been very useful in developing a sound knowledge base and generating interest and commitment to the population education programme. Similarly, training programmes organised at the national level by different projects have also been very useful.

B. INFORMATION, EDUCATION AND COMMUNICATION (IEC) STRATEGIES

1. In-school approach

The UNFPA-assisted population education programme in schools started in April 1980. Since then, the programme has been implemented in three phases. From a modest participation of ten states/union territories in 1980, the programme is now implemented in 30 states and union territories. The main objective of the programme was to institutionalise population education at all levels of education from grades 1-12 as well as in teacher training institutions.

In view of the needs of post-ICPD (1994) developments and the experiences of previous phases of the implementation of NPEP, the theoretical framework of Population Education has been reconceptualised. The new framework reflects six basic themes focusing on the critical population and developmental issues. These are: i) population and sustainable development, ii) gender equality for empowerment of women, iii) adolescent reproductive health (Adolescence Education), iv) family: socio-economic factors and quality of life, v) health and education: key determinants of population change and vi) population distribution, urbanisation and migration.

With a view of facilitating the introduction of a sensitive area of Adolescent Reproductive Health in school education, it has been conceptualised as Adolescence Education. Its conceptual framework covers three major components: i) process of growing up, ii) HIV/AIDS and iii) drug abuse. The frameworks are complementary to each other and aim at attaining the population and development goals envisaged in the Programme of Action of ICPD, 1994.

The target groups are students and teachers of primary to higher secondary, pupils and teachers of elementary and secondary teacher education, all the functionaries of the school education system and opinion leaders.

The following were the main achievements of the programme:

- Population and development education programme is being implemented in 30 states and union territories.
- Population education elements had been integrated into the syllabi and textbooks of all stages of school education.
- More than 550 titles on population education in 16 Indian languages and English had been published;
audiovisuals had been produced, disseminated and used in different kinds of project activities.

➲ Nearly 2.8 million teachers and other educational functionaries had been trained/oriented in population education.

➲ Population education had been offered as a separate elective course in B.Ed. and M.Ed. programmes in some universities.

2. Materials development

A variety of materials had been developed under different programmes implemented by governmental agencies and NGOs. By and large, most of the IEC materials developed fall under three categories:

a. Materials that seek to motivate specific target audiences to modify/influence their perception. These materials may be called advocacy materials that are generally in the form of leaflets, handbills and others and are aimed at policy makers, teachers and parents. They take the form of supportive materials for orientation and seminars to strengthen the programme.

b. Materials that tend to create awareness or carry messages of general nature, such as posters, newsletters and others.

c. Materials that are developed in support of specific activities, such as training of various categories of teachers, field workers and students. These materials are in the form of teacher's guides, resource books, supplementary reading materials, training modules, students/learners' manuals, etc. Some of these materials have been produced in audio-visual form, such as videocassettes, audiotapes and films.

3. Decentralised approach

The United Nations Population Fund (UNFPA) is supporting district reproductive health projects (DRHPs) as part of its Fifth Country Programme (1997-2001). Under RH interventions 37 districts spread across eight states have been identified for district level projects. Five of these district projects are designed as pilot reproductive health projects and have been taken up for more intensive RH interventions, so that they may serve as a laboratory for the purpose of operation research and to provide learning for other districts. These five projects are being implemented in Sirmour (Himachal Pradesh), Patna (Bihar), Malappuram (Kerala), Wardha (Maharashtra) and Bundi (Rajasthan) for the last two years. The DRHPs are planned as a modest response to the challenges faced by the family welfare programme in the country as it shifts from demographic to reproductive health perspective. Among the interventions visualised for each district, is an exercise to develop detailed IEC plans for reproductive health.

The following were some of the accomplishments made in the IEC area of the DRHPs during the year 1998-1999:

➲ District IEC strategy (IEC plans and management plans) had been developed in four of the five DRHPs.

➲ Based on baseline data, the strategy was fine-tuned and IEC indicators had been established.

➲ The IEC plans of DRHPs were focused on the behaviour change process.
Five DRHPs had influenced the behavioural change of selected men in their respective districts.

Three out of five DRHPs had conducted IPC and counselling training for capacity building of service providers.

Four out of five DRHPs had organised communication material adoption/development workshop to procure suitable materials for the IPC activities.

The UNFPA-Technical Unit has played a significant role in developing and implementing RH-IEC strategy for the DRHPs. This strategy has proven successful for replication. It has been suggested that UNFPA should support the present IEC model for an effective communication on reproductive health issues which can be adopted by GOI, NGOs and other donor agencies.

4. Telephone counselling

Telephone counselling services has been envisaged as one of the significant components of the third phase of the Population and Development Education in the Higher Education Project. Telephone and personal counselling are significant and effective means of communication for adolescents. Counselling services were therefore made available at all Population Education Resource Centres (PERCs). The four major areas, considered as thrusts for adolescents are adolescent sexuality, HIV/AIDS, drug abuse and career-related questions.

Services are given free, confidential and done by experts/trained medical officers or peer educators. The telephone counselling approach has been found to be very useful in providing correct information and guidance to students.

5. Outreach and extension approach

One of the approaches used under the Population and Development Education in the Higher Education System Programme was to establish linkages between the colleges and the community through the Department of Adult, Continuing Education and Extension. The objective of the programme was to create awareness among the college students and, through them, in the community regarding various population issues. The programme is being implemented in 1,400 colleges through Population Education Clubs (PECs). The messages include gender equality and equity, adolescent reproductive health, population and development, among others.

This approach has been quite successful in creating awareness among the college students and the community about population issue.

6. Co-curricular approach

Co-curricular activities are undertaken by the National Population and Development Education Programme of the NCERT to strengthen the classroom learning and to enhance the process of institutionalisation of population education programme in the school education sector. Not all the components of population education can be integrated into the textbooks of various subjects at all school stages because of the limitations of subjects concerned. Even those components, which are there in the textbooks, may be communicated much more effectively if reinforced through co-curricular activities.
The Project Evaluation Study conducted by the Indian Institute of Population Studies (IIPS), Bombay also revealed that population education co-curricular activities organised by the NCERT have generated a lot of interest not only among students and teachers but also among the parents and the community.

The NCERT has successfully organised a number of population education co-curricular activities during the past few years. Examples were the All India Children's Drawing/Painting Competition, National Population Education Essay Competition and National Population Education Quiz Competition. All the three contests were organised at all levels beginning from school level to district, state and finally, national level.

The Village Adoption Scheme, which sets up Population Education Laboratories in the schools and Observation of Population Education Week every year throughout the country has created awareness among the students about population issues. Another important activity, which has been conducted for the last seven or eight years, is the National Component of International Poster Competition organised by UNFPA. These activities have proved quite effective in bringing about awareness and attitudinal and behavioural changes.

7. Youth camps

The Society for Social Uplift through Rural Action (SUTRA) established in 1977 in the hilly region of Jagjit Nagar, Himachal Pradesh regularly undertakes training programmes and seminars/workshops and courses for capacity building among various groups. These groups include mahila mandals (women's groups), panchayats (local governing councils) and yuvati sangathans (adolescent girls’ groups). The organisation operates in five districts (Solan, Sirmaur, Mandi, Hamirpur and Kullu) and ten development blocks of Himachal Pradesh. The staff works closely with 400 mahila mandals, 131 yuvati sangathans and 100 gram panchayats directly through training and convening meetings or through sister organisations.

The activities are geared toward wide understanding of reproductive health. The encompassing issues are body care, menstruation, reproductive tract infections, abortion, family planning, sexual relations, violence, liquor and adolescent health.

SUTRA started the Yuvati (adolescent girls) Programme in 1991-1992. It consisted of a series of continuous activities that had three main components:

- **Yuvati shibirs** (camps for adolescent girls)
- **Yuvati sangathans** (adolescent girls’ groups) including block-level meetings and village-level meetings
- **Yuva sathin** (Adolescent Companion, a magazine for and by the girls)

Unmarried adolescent girls between 12 and 22 years were the main target of the camps, which had the following objectives:

- Provide a platform for adolescent girls to come together to discuss and understand the situation of women from a feminist perspective
- Sensitise girls about the patriarchal value system inculcated within them
- Enable girls to deal with the injustices resulting from an
The residential camps for adolescent girls cover a period of five days. SUTRA conducts four to six such camps per year. The average number of participants at the camps is 20-25. The camps are usually conducted during holidays when girls are free from school to participate. The profile of participants includes in- and out-of-school or ongoing college students, unmarried girls between the age of 12 and 22 years from the different districts of Himachal Pradesh.

Approximately 42 camps have been held since 1991, covering a total of 920 unmarried adolescent girls in the 12-22 years age group. The programme strategy of adolescent girls' camps followed by the development of yuvati sangathans at the village level has helped increase outreach and information, making the programme sustainable.

8. Health and reproductive health education approach

In order to meet the needs of school dropout adolescent girls, the State Resource and Centre of Education, Pune has initiated a programme for reproductive health education for adolescents in selected districts of the state of Maharashtra.

The objectives of the programme are to: (1) provide information about reproductive health aspects to enable them to exercise reproductive rights and maintain reproductive health and (2) help them develop awareness about social aspects, sex roles and status of women.

The main themes covered in the programme are physical, mental and social aspects of a girl's life, infection, STDs and AIDS, reproduction process and menstrual cycle related hygiene. Aside from these, discussions are also held on gender equality, age at marriage and its consequences. Training programmes are also organised for peer educators. The methodologies used are lectures by experienced resource persons followed by participatory discussions in the form of group discussions, questionnaires, interviews, the Reproduction Health and Education approach and others.

The Institute of Social Services, Delhi has evolved over the last ten years an integrated programme for health education. The Institute has introduced a special programme for imparting health education and life skill education components through discussion and brainstorming sessions. The target group consists of women and children from Mohammedpur village in Delhi and surrounding slum areas. The main objectives of the organisation are to: (1) facilitate healthy development of children, especially girls and women who are underprivileged and (2) provide counselling services to young and old people to effectively face stress, strain, emotional disturbances and physical hazards.

The programme of the Institute covers a wide range of activities. These include:

- Health awareness activities
- Inter-slum Mela, cultural activities, visits to different places at regular interval of time
- Open sessions for free discussions about mental, social and health problems with workers, educators and experts from the medical profession with discussion sessions related to sexual health
Vocational education for skill development
Income-generating activities

Some of the themes that have helped in critically analysing issues related to women and girls’ concern areas are:

- Alcoholism and domestic violence
- Inadequate sanitation and hygiene
- Problems related to HIV and other health concerns
- Gender disparity in the cultural settings
- Issues related to roles of girls and boys and their capabilities
- Maintenance of hygienic principles during menstrual cycle
- HIV-basic misconceptions about the transmission process

The methodologies used are lectures, games related to health, hygiene and day-to-day problems, brainstorming and role playing. A series of workshops on HIV/AIDS spread was conducted over a period of six sessions.

Another NGO, CHETNA, is also engaged in Health Education programme for adolescents. CHETNA, which means “awareness” is an acronym for the Centre for Health Education, Training and Nutrition Awareness. The organisation is based in Ahmedabad, Gujarat and has a regional office in Jaipur, Rajasthan. It was established in 1980 and started its work in the field of child health in 1984 through a child survival project funded by the Ford Foundation and supported by the Nehru Foundation for Development. The objective was to train health workers of non-governmental organisations in an effort to develop standardised educational and training materials.

CHETNA works at four inter-related levels to develop a supportive environment for innovative programmes and strategies. Its objectives are to: (1) pilot innovative outreach activities in collaboration with local grassroots organisations, such as yuvati shibirs (camps for adolescent girls) and health fairs; (2) build capacity of government and non-government functionaries to design and implement effective programmes in health and education; (3) develop need-based, gender-sensitive education, training modules and materials for teachers, supervisors and trainers; and (4) establish network with various actors such as participants at camps programmes, grassroots-level workers and policy makers.

CHETNA organises yuvati shibirs over a period of three to four days that are residential in nature. The objectives of the yuvati shibirs include:

- exploring and highlighting factors that affect the integrated development of girls
- creating an opportunity for girls to discuss and share their problems and experiences
- providing an environment that would enhance community spirit and strengthen their confidence and self-esteem

The girls attending the shibirs gain greater awareness and knowledge about their bodies and about reproductive and sexual health. They demonstrate greater confidence and leadership skills in their lives with the assistance of a woman representative.

Since 1991, CHETNA has trained approximately 1,000 individuals representing nearly 100 organisations in Gujarat, Rajasthan and a few other Hindi-speaking states.
9. Skill development approach

ADITHI (Agriculture, Animal Husbandry, Dairy Industry, Tree Plantation, Handicrafts, Handlooms and Integration), a non-governmental development organisation, was established in Bihar in 1988 with the purpose of empowering poor women through economic and social development.

ADITHI's primary strategy was to organise marginalised women into self-help groups, develop their capabilities through awareness generation, education and skills formation; and provide them with working capital for small businesses. It was felt that these initiatives would make the women economically self-reliant and would facilitate their control over resources and the decision-making authority within their family and community. ADITHI works with over 5,000 women in 277 villages. Its work is concentrated in the six districts of Bihar, four in the North and two in the East.

ADITHI conducts literacy and livelihood initiatives for adolescent girls as well as awareness and self-development programmes. ADITHI's programmes, and those of its affiliates, have reached over 11,000 girls and 1,000 boys. Currently, ADITHI works with 5,000 girls through its non-formal education centres and the Balika Kishori Chetna Kendras (unmarried girls' awareness centres) and about 500 boys through its Balak Vikas Kendras (boys' learning centres).

In 1995, ADITHI, catalysed by the findings of a study on female infanticide, decided to start centres that would focus specifically on adolescent girls between 11 and 18 years.

ADITHI started the Balika Kishori Chetna Kendras (awareness centres for young unmarried girls) with support from UNICEF. The aim of the kendras was to build a community where women and men have equal status and importance.

In 1998, there were 18 kendras or centres in 18 villages, with a total of 465 participants, of which 351 participated regularly. These kendras are now being run with support from Action Aid. There are about 20-25 girls in each centre. Unlike the non-formal education centres, which are targeted at girls who either have never attended or dropped out of school, these centres are open to all, including girls attending schools or non-formal education centres.

The curriculum at these centres includes legal literacy, health and sex education, sensitisation to the ways in which the patriarchal system undermines the status of girls and women, and ways on dealing with sexual harassment and abuse. The kendras go beyond literacy and provide life skills education to teach girls several coping mechanisms. These kendras attempt to broaden girls' horizons and encourage them to think about and question their position in society, the discrimination they face in their everyday lives within and outside their homes and the restrictions placed on them by society. The primary focus is on helping girls understand the social system and its functioning and to provide them with life skills that will help them resist oppression and negotiate their way through life.
10. Community-based approach

Prerana, established as a non-governmental organisation in September 1974, has been involved in implementing programmes in the areas of Population, Reproductive Health Education and Community-based Capacity Building. Prerana initiated adolescent programmes in 1987 following the realisation that this special target group was being left from most of the development policies and programmes. In 1990, Prerana further enhanced its initiatives by launching the Better Life Demonstration Project for Girls and Young Women and a parallel programme of Better Life Development Programme for Boys and Young Men. The objective of each programme was to create an environment of dignity and opportunity for adolescents, enabling them to achieve their full potential of personal growth and ability to contribute to family, community and societal development.

The programmes were implemented in six villages along the periphery of Delhi as a development project. The programme targeted individuals, their peer groups, family and community. Learning modules included information, education and services in the areas of personality development, education, health, reproductive health, economic participation and life skills training.

Some of the outputs of this programme were:

- Over 5,000 adolescent girls and 1,800 adolescent boys had been reached through direct field programmes.
- Nearly 20 self-sustained centres run by alumni girls trained peer educators/master trainers had been established in the project area.
- Seventy-eight (78) government officials and news media persons were reached through the sensitisation workshops in Bihar, Rajasthan, Madhya Pradesh and Uttar Pradesh.
- Programme Support Material in the form of Multi-Media kit comprising audio visual aids, posters and newsletters on adolescent development had been produced.

11. Family life education

The ‘Shiksha’ project focuses on family life education and AIDS awareness. The main beneficiaries of the programme are adolescent boys and girls from lower economic strata of society. The target group comes from the slum population and belongs to the age group of 15 to 25.

The objectives of Shiksha are:

- To equip young people to grow up into reasonable adulthood and provide them with a healthy quality of life
- To prepare them with knowledge and skills required to face the challenges of every day life
- To assist them to get acquainted with the major social institutions and enable them to realise the significance of these for the well being of society as a whole
- To enable them to know and appreciate the norms governing family relations and family life

The main focus of the project is to provide education and awareness in totality in the areas of family life education, health concerns and improvement of quality of life. It envisages educational intervention in a wider sense as a planned effort to stimulate and help adolescents to
acquire knowledge, skills and behaviour patterns for responsible and confident adulthood.

12. Life skills approach

In some backward areas of Rajasthan, there are hardly any educated women available to work as teachers in primary schools. The Shiksha Karmi project identifies locally educated men and women to serve as para-teachers or “Shiksha Karmis”. In some of the villages where there are no educated women, a unique scheme has been initiated to enable those identified as potential or prospective Shiksha Karmis to upgrade their skills and pass the fifth class examination to become eligible for the Shiksha Karmi training. The Shiksha Karmi Board and UNFPA have initiated a pilot project to train the teachers of Mahila Prakishan Kendras (MPKs), who are working with potential Shiksha Karmi women.

13. Non-formal education approach

It is estimated that the number of out-of-school children in India is about 84 million and the number of children enrolled in formal school is about 112 million. These children mostly belong to the age group of 6 to 14 and come from socially and economically deprived sectors of society. They continue to remain outside the formal system due to economic and cultural compulsions. A large number of them come from school-less habitations, dropouts and over-age children.

By the end of the VIII Plan, the scheme has covered 7 million children in 21 States and Union Territories. Over 750 NGOs are supplementing the government efforts by running about 8,000 NFE centres in various states.

The National Council of Educational Research and Training (NCERT), New Delhi as an apex body prepares the curriculum framework at the national level. The framework provides the basic guidelines to the States. The States and Union Territories translate the general framework in operational terms keeping in view the local variations.

The NFE Curriculum Frame of NCERT was initially developed in 1975-1976. The main focus of the curriculum at the primary level was to provide basic learning skills to out-of-school children so that there is improvement in their quality of life. Another focus of the NFE curriculum was enabling these children to enter into the formal school at multiple points.

The NFE curriculum at the primary level is for two years. It is divided into four semesters each of six months duration. The learning materials were developed semester-wise.

During 1990-1991, the country switched over to Minimum Levels of Learning (MLL)-based approach to curriculum development. The focus was on the competencies rather than on content areas. At the national level, MLLs for the five grades of formal schools were identified in relation to language, mathematics and environmental studies (Science and Social Sciences clubbed together). Later, MLLs for Art, Physical Education and Work Experiences were identified. The major competencies were spelled out in terms of sub-competencies.

Middle level NFE centres are being run by seven states of the country, namely Arunachal Pradesh, Andhra Pradesh, Chandigarh, Madhya Pradesh, Mizoram, Orissa and Uttar Pradesh. The duration of Middle level NFE centres is three years. These centres
provide educational opportunities to primary students to continue their studies through middle level NFE delivery system in case they are not able to join full time school. Many school dropouts also avail of educational opportunities offered by the middle level NFE centres.

In 1998-1999, NCERT developed detailed guidelines for middle level NFE programme. The broad guidelines are presented in the context of subject areas. The guidelines put special stress on the following three aspects:

➲ During the first year of middle level NFE programme, attention is paid to reinforcement of learning skills covered in the last semester of primary level NFE (equivalent to formal school Grade V).

➲ Integration of skills into the different areas of the curriculum is necessary.

➲ In health and physical education areas adequate coverage is given to the components of social, emotional and physical problems of adolescent boys and girls - the process of growing, preventive health education, HIV/AIDS and sex abuses and drug addiction.

The content relating to population, reproductive health and sex education has been integrated into the syllabi and textbooks of non-formal education.
1. Political commitment

Political commitment at the national, state and local levels is very essential for the success of IEC programmes. The Government of India is strongly committed to population stabilisation as is reflected in the population policy and programmes since independence. Government policies favour population education as an integral part of a strategy to operationalise a holistic approach to population and development. This has created a favourable condition for the success of IEC programmes.

On 14 December 1999, a UNFPA-sponsored project for opinion leaders was launched by Dr. Nafis Sadik, UNFPA Executive Director, along with Mr. N.T. Shanmugam, Honourable Minister of State for Health and Family Welfare and Mr. P.M. Sayeed, Deputy Speaker of the Lok Sabha. The project focuses on involvement of elected representatives for advocacy on population, reproductive health, reproductive rights and women’s empowerment issues. Executed by the Ministry of Health and Family Welfare, Government of India, it is being implemented by the Indian Association of Parliamentarians on Population and Development (IAPPD). The purpose of the project was to sensitise the elected leaders on the local issues that affect the quality of life of individuals and community, especially with regard to reproductive health and gender concerns.

2. Lack of effective inter-sectoral coordination and networking

The population programme has emerged as a multisectoral initiative backed by strong political commitment at the central and state levels. Integrating population concerns into other social sectors is critical, especially in education, women’s empowerment, agriculture extension services, forestry, the organised labour sector and environment and resource management groups.

Building networks, coalition and strategic alliances are key to strengthening adolescent programmes and policies. The number of organisations working with adolescents have expanded in recent years. A number of committees at the national and state levels have been set up by the government to coordinate the programmes and activities of various agencies. However, coordination has been one of the weakest areas so far leading to duplication and waste of effort and money.
B. SUCCESS/FAILURE FACTORS FOR IEC STRATEGIES

1. Lack of a strategic master plan

There is no strategic master plan for IEC and advocacy programmes to guide various activities at the Central and State levels. As a result, states and districts devise their own action plans for implementing programmes. A recent evaluation of IEC activities by the Central Government and the states identified the following deficiencies:

➲ Target audiences are not properly defined.
➲ Pre-testing IEC materials are not emphasised.
➲ Monitoring of the implementation of IEC activities is not properly done.
➲ Proper communication skills and knowledge among many IEC personnel are lacking.
➲ IEC strategies tend to adopt a top-down approach.
➲ States do not release funds for IEC activities on time to districts; some states divert IEC funds to other activities.

2. Capacity building

Different types of strategies of training different categories of personnel have been adopted. These training courses include Massive Teacher Training, School Complex Teacher Training, Three/Four Tier Cascade Modality and face-to-face Teacher Training. As a result, thousands of teachers, field workers and other functionaries have been trained. However, there are a number of issues and problems which are still unanswered and thus make training programmes less cost effective. Some of these issues are as follows: (1) coverage in terms of number of teachers and other personnel to be trained, (2) time frame within which the training of all personnel should be completed, (3) duration of training programme, (4) selection of teachers who need training, (5) nature of training for each category of personnel, (6) availability of financial and (7) physical and human resources. The evaluation studies have found that the independent teacher training approach is not cost effective.

3. Weak linkages with grassroots-level organisations

The weak linkages with the grassroots level organisations has also weakened the successful implementation of IEC programmes. Since adolescents are part of the community and some adolescent issues are rooted in the socio-cultural norms of the society, efforts have to be made to involve community groups, such as parents, teachers and guardians in adolescent programmes.

At the grassroots, involvement of the Panchayati Raj institutions is critical since the success of the community-based approach is vital for the success of the new population policy. The elected members in the Panchayats can be effective agents for change. The grassroots level organisations can complement the initiatives taken by local governing bodies.
4. Lack of involvement of adolescents in planning

At present, there is no systematic effort on the part of the government and NGOs to involve adolescents in the planning of programmes for them. This has an adverse effect on the achievement of the objectives of IEC programmes and activities. Adolescents themselves should be involved in designing, planning and implementing programmes for them.

5. Integration of reproductive health content into the curriculum

The overarching strategy of integrating the elements of population education into the content and process of school education, adult education and higher education has proved successful. The content of population education has been increasingly integrated in the syllabi/courses of studies and textbooks of various stages of school education and teacher education, as well as in higher education, vocational education and adult education.

With the International Conference on Population and Development (ICPD) in Cairo in 1994, there has been a paradigm shift from the demographic or population control approach to a broader sustainable development approach. In this context, it is necessary to integrate the new areas of concern in the teaching-learning process. These include family life, gender equity, adolescence and reproductive health, HIV/AIDS, health and education for sustainable development, aging, urbanisation and migration. The concerns of adolescents have to be addressed in the new curriculum and textual materials, both for students and teachers.

6. Lack of conceptual clarity

Population IEC is a value-laden area. There are many issues which one is bound to face in implementing this programme. These issues arise because of the differences in the social, cultural, religious, economic and political systems and values of the people. Most of the values are deeply rooted in the socio-cultural milieu of the people that a concerted and continuous effort is needed to change them. The goals of most population education programmes generally refer to developing understanding, awareness, attitude and responsible and informed decision-making and behaviour as the various end-products of the educational activity. Most goal statements are somewhat ambiguous and do not specify the nature of the behaviour to be achieved. The nature and scope of RH is also not fully understood by all the agencies implementing the programme.

In view of the lack of conceptual clarity on the nature and scope of population education, reproductive health and IEC as well as ambiguity of the specific objectives to be achieved by these programmes, it is difficult to measure them in terms of their success or failure.

7. Operational strategy

Population education programmes in India have been an integral part of the National Council of Educational Research and Training, Department of Adult Education and of the University Grant Commission, which are responsible for the preparation of syllabi and textual materials for general
education. This strategy has proved successful in integrating population education content into the syllabi and textbooks of different subjects.

8. Institutionalisation of population education programme

During the past few years, the population education programmes have moved towards its institutionalisation in the system of education by integrating content into the syllabi and textbooks of in-school and out-of-school programmes, pre-service and in-service training of teachers, and by including questions on population education in the public examinations.

9. Methodologies of teaching

A variety of methodologies has been suggested for teaching population education. The discovery or inquiry approach, role playing and values clarification are some of these. However, there are still many unanswered questions such as which methods are effective in teaching population education. What is the possibility of using discovery or inquiry approach in teaching population education in view of the existing situations and constraints in schools? Is it not a contradiction to expect teachers to use discovery or problem-solving approach when they use traditional methods of teaching the subjects in which population education has been integrated?

By and large, the methodologies of teaching being used in the classroom in teaching population education are the same as those used for teaching core subjects.

10. Curriculum overload

There are no clear-cut boundaries of population education content with the new emerging problems and issues that need to be incorporated in the curriculum and textbooks. There is a tendency on the part of the projects to include content, which sometimes is not directly related to population education. The result is that hardly 30-40 per cent of the population education content have been integrated into the curriculum and textbooks because of overcrowding of the curriculum of core subjects. Many times, more important concepts and content are left out. In addition to this, the integration of population education content into three to four core subjects dilutes and diffuses its focus and identity.

11. Involvement of NGOs

There is an increasing involvement of NGOs in the implementation of IEC programmes on RH. This has reinforced efforts made by government agencies. While most NGOs are committed in introducing innovative approaches and facilitating communication between the government (or the service provider) and the people, there are apprehensions about accountability and their ability to do long-term planning. A strategy has to be planned to involve NGOs at three levels - as partners, as a resource and as recipients of assistance.

12. Co-curricular activities

Co-curricular activities have been a very rewarding experience in India. Evaluation studies have found that these
activities have considerable impact on students. These activities should become an integral part of the school Curriculum. These can be quite effective in bringing about attitudinal and behavioural changes. There is an urgent need to evolve and employ innovative strategies to utilise co-curricular activities as an effective means to introduce adolescence education to in-school and out-of-school IEC programmes without waiting for its contents to be integrated into the syllabi and textbooks.

13. Research and its utilisation

Any strategy should be based on research findings. However, almost all strategies of IEC have a very poor research base in spite of the fact that the country has hundreds of research, training and policy-oriented institutions in the population field, some of which are known internationally as centres of excellence. There is a need to involve these institutions in the national effort to strategically achieve population and development goals. It is also necessary to recognise the intrinsic links of demographic research with other disciplines, including social anthropology, historical and social demography, gender studies, state policy and economic strategies and policies.

In addition to a poor research base of IEC strategies for reproductive health, whatever researches are available are not fully utilised in planning and developing strategies and programmes.

14. Financial allocation

According to the Ministry of Health and Family Welfare, the budget for IEC activities is less than three per cent of the family welfare budget. The amount is inadequate in view of the expanding role of advocacy and IEC in reproductive health.

C. OVERALL LISTING OF LESSONS LEARNED

1. On involvement of government and NGOs

Devise a strategic master plan to guide all central, state and district level activities of both the government and NGOs on IEC and advocacy of reproductive health of adolescents. This master plan should include efforts to identify target audiences properly, emphasise pre-testing of IEC materials, monitor systematically all implemented activities and train personnel in communication skills. The plan should also include the schedule of the release and liquidation of funds.

2. On participation of adolescents

Consult adolescents, who are the main target of advocacy and IEC programmes, with regards to their reproductive health needs. Consequently, the programmes to be implemented will become more focused and their objectives well identified and stated.
3. On forming linkages with the grassroots

Form strong linkages even with the grassroots level organisations. Adults in this level should be mobilised since some of the issues on adolescent reproductive health stem from the socio-cultural aspect of society.

4. On methodologies of teaching

Identify the methodologies appropriate for teaching population education. Also address inquiries regarding the effectiveness of strategies used for core subjects to the teaching of population education.

5. On curriculum overload

Identify which topics or issues should take centre stage in teaching population education to avoid overcrowding of content.

6. On integration of population concerns into other social sectors

Integrate population concerns into other social sectors like education, women’s empowerment, agriculture extension services, forestry, the organised labour sector and environment and resource management groups.

7. On research

Involve and maximise the capabilities of research, training and policy-oriented institutions, especially those recognised as centres of excellence in coming up with a solid ground of information as bases for instituting programmes geared towards adolescents. Only through research will the problems be properly addressed. This will also clarify and refine the objectives of each programme since the primary areas of concern have been identified.

8. On budget allocation

Influence the government through advocacy campaigns to give priority to family welfare and adolescents. In this way, sufficient funds will be made available not just for implementation of existing projects but also for expanding these to secondary areas of concern and to initially unreachable target groups.
Strengthen the linkages with and involvement of grassroots level organisation such as Panchayats to ensure community-based participation for implementing population policy.

Strengthen advocacy efforts to create a better understanding of the comprehensive population issues and maintain a high level of political commitment at the central, state and district levels. Advocacy should be aimed at policy makers, mass media, law enforcement authorities and others who have influence on the community at various levels.

Empower women with decision-making authority to enable them to better regulate their fertility and participate fully in community development. The National Policy for the Empowerment of Women needs to be integrated into the processes and mechanisms of development planning. To make their empowerment effective, girls and women should be educated. At the same time, illiterate women should be made aware of their rights and duties. Formation of women's groups should be encouraged. To ensure their economic empowerment they should be given adequate credit, skill development and managerial training.

Make gender sensitisation part of the overall strategy to stop discrimination and eliminate violence against women. Men and boys should be made more aware of the responsibility they share concerning family formation and their roles as brothers, husbands and fathers.

Coordinate all adolescent related activities and programmes of different government and non-government agencies at the national, state, district and panchayat levels in order to maximise the use of financial and human resources.

Organise advocacy activities for various educational functionaries working at all levels to bring about a change in the mind-set regarding population issues. Advocacy activities for promotion of adolescence education in schools are still urgently needed because educational functionaries and teachers have been resisting the introduction of these elements in schools and out-of-school primarily on account of their apprehensions and misconceptions of the nature and scope of educational inputs regarding adolescent reproductive health.

Conduct further studies to help identify reasons why adolescents do not seek services from existing
health clinics. This information could be used for shaping strategies that stimulate demand among adolescents for health services. There is a need to conduct operations research in designing, implementing and evaluating adolescent programmes. Programme staff should help determine what aspects of their strategies should be tested through operational research.

### B. GUIDELINES FOR IEC PROGRAMMES

- Give serious attention to regular monitoring and evaluation of all IEC strategies and approaches. It is essential that these activities are built into each programme. Monitoring functions and criteria should be clearly identified prior to the implementation of any activity. The main goal of such move is to assess the relevance and enhance the quality of adolescent education programmes.

- Collect in-depth information on adolescent reproductive health needs. Document and evaluate existing programmes so that the lessons learned from these projects can be used for scaling-up successful interventions.

- Adopt different types of cost effective strategies of training teachers and other functionaries to reach out the maximum number in the shortest possible time.

- Integrate the emerging concerns, as a follow-up of ICPD in the curriculum and materials for in-school and out-of-school students. Review IEC and advocacy programmes to include post-ICPD messages. Quality messages and materials need to be developed in line with the new reproductive and child health approach. While considerable efforts have been devoted to print, radio, television and other mass media, interpersonal communication has to be adequately emphasised.

- Broaden the nature and scope of the content of IEC to include emerging concerns. At the same time, core concepts which students must learn at different grades/levels should be identified to overcome the problem of overloading the curriculum. The content should be integrated into not more than three subjects to maintain focus and identity of the programme.

- Make the co-curricular activities in IEC an integral part of the on-going school and out-of-school activities.

- Conduct operations research in designing, implementing and evaluating adolescent programmes. Programme staff should help determine what aspects of their programme strategies should be tested through operational research.
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<table>
<thead>
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<th>Title/Position</th>
<th>Address</th>
</tr>
</thead>
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## APPENDIX 2: GLOSSARY

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACEE &amp; FO</td>
<td>Adult, Continuing Education, Extension and Field Outreach</td>
</tr>
<tr>
<td>ADITHI</td>
<td>Agriculture, Animal Husbandry, Dairy Industry, Tree Plantation, Handicrafts, Handlooms and Integration</td>
</tr>
<tr>
<td>CBSE</td>
<td>Central Board of Secondary Education</td>
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<tr>
<td>DAE</td>
<td>Directorate of Adult Education</td>
</tr>
<tr>
<td>DGE &amp; T</td>
<td>Directorate General of Employment and Training</td>
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<tr>
<td>DRHPs</td>
<td>District Reproductive Health Projects</td>
</tr>
<tr>
<td>IAPPD</td>
<td>Indian Association of Parliamentarians on Population and Development</td>
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<tr>
<td>ICDS</td>
<td>Integrated Child Development Scheme</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>IIPS</td>
<td>Indian Institute of Population Studies</td>
</tr>
<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
</tr>
<tr>
<td>IPCL</td>
<td>Improved Pace and Content of Learning</td>
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<tr>
<td>ITIs/ITCs</td>
<td>Industrial Training Institutes/Centres</td>
</tr>
<tr>
<td>KVS</td>
<td>Kendriya Vidyalaya Sangathan</td>
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<tr>
<td>MLL</td>
<td>Minimum Levels of Learning</td>
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<tr>
<td>MPKs</td>
<td>Mahila Prakishan Kendras</td>
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<tr>
<td>NCERT</td>
<td>National Council of Educational Research and Training</td>
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<tr>
<td>NCTE</td>
<td>National Council of Teacher Education</td>
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<tr>
<td>NFE</td>
<td>Non-formal Education</td>
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<tr>
<td>NPEP</td>
<td>National Population Education Programme</td>
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<tr>
<td>NVS</td>
<td>Navyug Vidyalaya Sangathan</td>
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<tr>
<td>PECs</td>
<td>Population Education Clubs</td>
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<tr>
<td>PERCs</td>
<td>Population Education Resource Centres</td>
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<tr>
<td>PEU</td>
<td>Population Education Unit</td>
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<tr>
<td>SUTRA</td>
<td>Society for Social Uplift through Rural Action</td>
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<tr>
<td>TFR</td>
<td>Total Fertility Rate</td>
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<tr>
<td>TLC</td>
<td>Total Literacy Campaigns</td>
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<tr>
<td>UGC</td>
<td>University Grants Commission</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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