

The importance of a positive approach to sexuality in sexual health programmes for unmarried adolescents in Bangladesh

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Abstract: *This article explores the mismatch that exists between what unmarried adolescents in Bangladesh experience, want and need in regard to their sexuality and what they receive from their society, which negatively impacts on their understanding of sexuality and their well-being. The findings provide a picture of Bangladeshi adolescents' (12–18 years) sexual feelings, experiences, behaviours, anxieties and concerns – in particular in relation to desire, pleasure, sexual power, masturbation, virginity, romantic love and dating, and arranged marriage – and how socio-sexual norms and taboos influence these. Curiosity of boys and girls about sex was driven by a need and desire to know and understand, but also because it was exciting to read about and talk about sex. Young people are not just passive recipients of adult norms and messages around sexuality, but agents who actively construe meanings and navigate between what is expected from them and what they want, need and feel themselves. Adolescents have a need for information and support – long before they ever have sex. We call for a positive, rights-based approach to sexuality education for adolescents and a focus beyond health outcomes alone to support adolescents and young people to make sense of the multiplicity of messages they encounter and reduce unnecessary feelings of guilt and anxiety. © 2013 Reproductive Health Matters*

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Increasingly, young people are being involved more actively in sexual and reproductive health and rights (SRHR) programmes that target them. Young people themselves call for this involvement, and there is a growing realisation that their participation is not only their right, but also contributes to improving the effectiveness of interventions that target them. At the same time participatory processes help to build youth–adult partnerships and empower young people to be active citizens who contribute to social change.

Improving young people's access to sexual health information and services is critical. There is a real need to reach adolescents and young people with sexual and reproductive health information and services that respond to their realities and needs. This is necessary for public health reasons, like the prevention of unwanted pregnancies and sexually transmitted infections including HIV, as well as for supporting a healthy sexual development in children, adoles-

cents and young people and counteracting misconceptions, fears and insecurities that arise through incomplete and incorrect information on sexuality.

Despite the importance of sexuality education and services for young people's healthy sexual development and well-being, health-related arguments for work on young people's sexual and reproductive health dominate and dictate that we evaluate the effectiveness of interventions in terms of specific health outcomes and safer sexual behaviour. Such discourses also problematize young people's sexual behaviour and leave little room for more positive and rights-based approaches which accept sexuality as a normal and positive aspect in all phases of a person's life, enabling (young) people to explore, experience and express their sexuality in healthy, positive, pleasurable and safe ways. This can only happen when the sexual rights of young people are respected.¹ A rights-based and sex-positive approach leads

to inclusion of outcomes such as empowerment and reduction of gender inequality, sexual violence, shame, fear and insecurity, discrimination and stigma.

This article presents the findings from a participatory research project entitled “Do They Match?” in which a team of eight young people (17–23 years) in Bangladesh were trained and supported to conduct qualitative research about sexual culture among adolescents aged 12–18 and their access to information and services in Jessore, a city in the northwest of Bangladesh. The research aimed to gather insights into adolescents’ realities, what they want and need and the barriers they experience in accessing information and services. The findings were used to formulate recommendations for strategies to increase the uptake of services by adolescents.²

The research was carried out within the context of a comprehensive youth programme run by the Family Planning Association of Bangladesh (FPAB) in Jessore. The programme includes a youth-friendly sexual and reproductive health service centre called *Tarar Mela*, which provides information and services by youth counsellors under the age of 24 years; a peer education programme; community-based activities aiming to create an enabling environment and community support for the programme; awareness raising; and addresses issues such as early forced marriage.

Methodology

Four young women and four young men (aged 17–23 years) were selected from a group of peer educators active as volunteers for the youth programme of FPAB to become co-researchers in the research project. These eight young people came from four different districts where FPAB is working and were selected on the basis of their performance as peer educators and their letters of motivation. All were unmarried. They underwent an intensive two-week qualitative research skills training, and the research plan and interview questions were developed together with them. Data were collected among young, unmarried adolescents (aged 12–18 years) through focus group discussions (FGDs), in-depth interviews, observations, and content analysis of what adolescents indicated as sources of sexuality information (written and media). The research methodology is described in more detail in

another paper from this study, which is about “eve teasing”, published in the same issue of *Reproductive Health Matters* as this one.³

In this paper, we report on an analysis of questions raised by adolescents visiting the youth centre through the centre’s questions box, and provide examples of those questions. We also describe what adolescent visitors to the youth centre had to say when we presented eight hypothetical cases (four for girls and four for boys) to them of experiences related to sexuality, based on data collected during earlier stages of the research and representing actual experiences of study participants.⁴

During the research project, the youth research team presented their preliminary findings to panels of stakeholders, consisting of community leaders, parents, school teachers, health clinic personnel and staff members of the Family Planning Association of Bangladesh. Together they discussed the findings and developed recommendations for adolescent sexual and reproductive health interventions, which are presented in the discussion section of this paper. The stakeholders provided their views and opinions on the findings, enabling triangulation of the data. The workshop was facilitated by the research coordinators to encourage open and mutually respectful discussion and bring together the young people’s insights and creative ideas and the stakeholders’ and staff experience and realistic views.

One of the major reasons for the decision to train and work with young people as co-researchers was Rutgers WPF’s positive experience with involving young people in the collection of qualitative data for monitoring and evaluation purposes. Compared to adults, it is easier for young researchers to create a safe environment for open and honest discussions with other young people on sexuality issues and to collect data that give a more truthful representation of what is really happening in the lives of young people, from the perspectives of young people themselves. Young informants find it easier to relate to and identify with young researchers and feel less judged and restrained to talk about sexuality issues. Other reasons include the effects such participation in research has on individual and group empowerment and on the establishment of youth–adult partnerships within sexual and reproductive health and rights organisations,

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