The South and Southeast Asia Resource Centre on Sexuality, hosted by TARSHI, aims to increase knowledge on sexuality, sexual health and sexual well-being in this region. In an attempt to create a platform for people to voice divergent views and challenge existing ones, the resource centre has been hosting a series of electronic discussion forums, which offer bi-monthly, structured and moderated discussions on a variety of topics. One of these was the E-Discussion Forum on ‘Sexuality, Young People and Rights’, which was held between April 3 and June 6, 2006. The E-discussion was an effort in creating a space to engage in and explore issues of young people. Topics discussed were: 1) the definitions that various people, laws and policies accord to the term ‘young people’, 2) the range of information and services on sexuality available and accessible to young people, 3) what constitutes ‘sexual rights’ for young people and 4) current practices, strategies and interventions targeting young people’s sexuality issues.

There were 133 subscribers to this forum, to which one could subscribe anonymously. Therefore, not much is known about the participants, except for the information they volunteered on their names, age, gender or profession. Through past experience, we know that revealing one’s identity often acts as an impediment to a free-flowing discussion on sexuality as it is still a taboo subject in most of Asia. Ironically, although this forum was designed to create a space to enable people to talk about issues related to young people and sexuality, participation by young people themselves (as far as they identified themselves in the forum) was limited. The E-discussion forums are largely aimed at activists, advocates and practitioners in the field and are largely publicized through various moderated e-groups. For this topic, however, because of its nature, information generated was also sent to professors and faculties at various colleges of Delhi University. However, not many young people joined the forum and even though they may have, there were hardly many active voices among them.

There was a lot of discussion on who falls into the category of ‘young people’. Although we kept a broad age range of 14 to 24 years, there was room for the participants to discuss and challenge who could or could not be included in the group.

Participants agreed that “there is no one homogenous group of young people and that we all don’t think and act the same way either.” Young people are treated differentially by health staff, information providers and policy makers, especially when it comes to issues of sexuality or reproductive health. According to one professional in the field of sexuality: “married people below 24 years somehow do not get considered as young people. There is also an overall tendency to exclude groups such as that of street children who may not be able to access formal channels of education or young people who are disabled as they are often thought of as devoid of any sexuality.”

**Sexuality, young people and rights in South and South East Asia**

**Using the internet for anonymous discussions on sensitive issues**

**Arpita Das**

“Sexuality is more than sexual activity, and includes feelings, attitudes, values, and skills, then why is there so much reluctance to engage with young people beyond an ‘abstinence-only’ framework?”

Sexuality remains taboo and highly misunderstood with people mistaking it only for ‘sex’ as an activity. The wide array of feelings, behaviours and identities that come with sexuality are often not talked about, which leads to more unease and shame around the subject. In addition, there is also the difficulty of developing a common language or a language adequate to talk about sexuality. Often, there is no clear description of concepts such as sexual and reproductive rights, one being often misunderstood as a part of the other. As one female participant from India pointed out: “If sexuality is more than sexual activity, and includes feelings, attitudes, values, and skills (to say yes, to say no, to
give and receive pleasure, etc.) then why is there so much reluctance to engage with young people beyond an 'abstinence-only' framework?"

Firstly, there is an assumption that young people are not sexual. The silence around sexuality therefore becomes even more pronounced when it comes to young people. One of the female participants had pointed out that "as long as the message is 'no sex for the young' it seems there is no controversy." Most people would like to believe that children and young people are devoid of sexuality, which makes conversations about sexuality in the context of young people a highly controversial issue. Secondly, when we talk of spreading information and awareness on sexuality among young people, older people seem to think that this will encourage them to engage in sexual activities and put them at risk. Yet when information and guidance on sexuality is not accessible in the family and school, young people may find alternative sources, such as peers, porn magazines and websites that may not really provide accurate information.

Young people experience a disproportionate share of unplanned pregnancies, sexually transmitted infections (STIs), including HIV, and other sexual and reproductive health problems. Any intervention on HIV and STIs is incomplete without adequate knowledge and discussion about sexuality. There are, however, very limited spaces for young people to express their sexuality or find more information about it without the fear of being judged or discriminated against.

Interventions

While it was agreed that there already are a number of interventions targeting young people, the messages they receive as a group are mostly to do with reproductive health or how to say ‘no’ to abuse. According to a male participant, “most available information on the subject of young people and sexuality pertains to sexual health – making one wonder if there are any spaces for young people to engage in debates and dialogues beyond HIV/AIDS, pubic hygiene and methods of contraception.”

Whether it is for the purpose of preventing pregnancies or HIV/STIs, young people in the region are increasingly targeted with abstinence-only messages. Interventions targeting young people often exclude positive messages on sexuality. Most messages on sexuality are made for a distinct audience of able-bodied, heterosexual, married, monogamous young couples who meet the age of consent in their respective countries. Others are left out.

Do interventions and services reflect the heterogeneous nature of young people as a group? Do services such as those of access to regular contraception, safe abortion, antenatal services, safe delivery, etc. exist universally? Many participants felt the answer to these questions was ‘no’. Many also agreed that it is necessary for intervention programmes to reflect reality. For example, one of the participants shared the following example. “A group of street kids after learning about the use of condoms to prevent HIV infection wanted to know where they could get smaller condoms that would fit them. The reality of their lives is that they have sex for comfort, fun, protection, to find a safe place to sleep, out of coercion etc. Telling them about responsible choices, abstinence, delayed gratification and other such measures makes no sense in their contexts.”

Age-appropriate sexuality education must be imparted taking into consideration the variety of local contexts and cultures of young people

Making a claim for sexual rights

The category of young people, as we know, is vague and varies between countries, contexts, cultures, genders, sexualities, etc. Young people are most often considered impressionable, devoid of agency and unable to take decisions about their own lives. They are treated more as recipients of benefits rather than being actively involved in processes of decision-making on issues that concern them. Therefore, when it comes to claiming rights for young people, it is most often the ‘significant adults’ around them or the State who control their rights.

Policies and interventions that exist on the ground often adopt a fragmented approach. For example, as a participant has pointed out, “the family planning policy does not serve unmarried people, and sexual and reproductive health services are not available, or if available, they are unfriendly to young people.” When young people have little or no information about their specific rights, it automatically becomes difficult for them to identify, articulate and claim these rights. Strategies and interventions that do not take into account these ground realities
Young people need help in preventing pregnancy and HIV; How will the world respond?
Guttmacher Policy Review, Summer 2007, Volume 10, Number 3 (8 p.)

Many young people in Sub-Saharan Africa are aware of – and taking steps to protect themselves from – HIV and unintended pregnancy, but they do not get the information and services they need. Based on findings from a Guttmacher study, this review identifies a twofold challenge for policymakers. First, they must strengthen and expand fragile education and health systems, for instance by improving school attendance and by expanding the health system’s ability to serve the needs of young people.

Second, they must acknowledge the role that sexuality plays in the lives of many adolescents and counter the harmful social and cultural beliefs that prevent adolescents from getting needed information and services.


The way forward…
Forum participants proposed several suggestions to address young people’s issues of sexuality, such as making changes to the school curriculum, effecting changes to out-of-school activities, and bringing about a synergy between formal and non-formal educational systems. Change cannot be achieved by targeting young people alone. It must be a concerted effort aimed at changing attitudes and mind-sets of parents, teachers and other significant adults to make the changes more pronounced and sustainable. One of the participants shared that: “it may also be a better idea to explore non-formal channels of education” both for young people who have access to formal education and for those who do not, so that “young people have more of an opportunity to articulate their actual realities and concerns”.

Sexuality education should ideally include information not just about the body and bodily functions, but also various gender roles and stereotypes, sexual preferences and identities. Age-appropriate sexuality education must be imparted taking into consideration the variety of local contexts and cultures of young people. It should be made sensitive and also be tailored to cater for specific needs of groups such as street children, transgendered youth and young people living with disabilities.

The discussions and debates through our E-discussion forums have provided a platform for a rich exchange of ideas among people from the South and South East Asian region in terms of introducing diverse and often controversial thoughts, opinions and beliefs. If anything, they help to raise questions on various debatable topics of sexuality. Also, they provide a space where people from diverse countries, contexts, religions and sexualities are able to dialogue. This has also enabled many activists and professionals to get together to reflect on issues of sexuality, while not aiming to develop a unilinearity of thoughts but instead, to allow for diversity and multiplicity of ideas.

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Resources on sexuality education

Overlooked and uninformed: Young adolescents’ sexual and reproductive health and rights
IWHC, 2007 (8 p.)

This is the first in a series of briefs on very young adolescents (10-14 years old). This brief highlights the challenges faced by policy-makers, health professionals, and other adults, as well as young people themselves, in protecting their health and rights.


Walking the Talk: Inner Spaces, Outer Faces. A gender and sexuality initiative
CARE/International Center for Research on Women, 2006 (74 p.)

Walking the Talk details the two-year pilot phase of ISOFI (Inner Spaces, Outer Faces Initiative), a project focusing on gender and sexuality as important factors that influence reproductive health outcomes on multiple dimensions. ISOFI aimed to mainstream gender and sexuality into the HIV/AIDS and sexual and reproductive health work of CARE in sites in India and Vietnam.