

## **What do school children and teachers in rural Maharashtra think of AIDS and sex?**



**Ravi K. Verma, S. Surender and M. Guruswamy**

*International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai - 400 088, India*

### **Abstract**

**This paper discusses findings on issues related to sex and AIDS based on focus-group discussions conducted among students and teachers in the rural areas of Maharashtra. Most students were not sure whether AIDS could affect them, or how it could be contracted; some standard IX girl students stated the need for sex education at early ages. Most teachers did not want to talk about sex or student sexual behaviour; they stressed moral issues.**

In the last few years there has been a growing consensus among academics, policy planners and those directly involved in AIDS prevention that a new approach is needed to prevent the spread of AIDS in India: a community-based approach rather than a risk-group approach. One attempt at prevention is AIDS education at school. A number of studies have in recent years shown an increasing tendency among youth to indulge in risky sexual behaviour (Ramasubban 1992; Sehgal, Sharma and Bhattacharya 1992; Jain 1994; Jejeebhoy 1994; Watsa 1994; Rangaiyan 1996; Nag 1996). Moreover, sexual activity is a major determinant of adolescent pregnancies in both rural and urban areas. A number of studies have documented the prevalence of abortion among adolescents, and among them the unmarried constituted a large proportion (Aras and Jain 1987, reported by Jejeebhoy 1994). While there have been few sexual behaviour studies among rural youth, existing evidence suggests greater experimentation in rural areas than expected in India where sex is a taboo subject. On the basis of physical examinations for assessing reproductive tract infections, a study by Bang and Bang (1989) observed that nearly half of all unmarried girls had already experienced sexual activity. Although this has been often explained in the context of tribal culture which is usually permissive, the findings of the Bang study indicate the existence of risk behaviour in a society which may not have the means to protect itself from silent infections. Even worse is the position regarding sexual knowledge among rural youth. In perhaps one of the earliest studies, among rural adolescents in Maharashtra, Vlassoff (1978) observed that the girls were poorly informed about menstruation, sex and reproduction. Parents generally assumed that girls would learn by themselves and village teachers were too embarrassed to discuss sex and reproduction with their students. Two in five menstruating girls said they knew nothing about menstruation until its onset (surprising since pollution customs are well known); only a few were aware of the physical changes occurring and their relationships to sex and reproduction. In another study on the awareness of human reproduction among rural adolescent girls aged 11-19 years in the Chitoor district of Andhra Pradesh, Murthy (1993) reported a mixed finding. Only about 20 per cent of the adolescents had any knowledge about various reproductive organs. Knowledge about pregnancy and the location of the foetus was widespread only among one-third of respondents. A majority were aware of the exact duration

of pregnancy. Despite an increasing trend in sexual activity among youth, the rate of contraceptive use is very low (Watsa 1994). The lack of information and ambivalent attitude of students in matters of sex, reproduction and AIDS, as suggested by the literature, therefore show the need for a clear understanding of the sexual knowledge and attitudes of rural school and college-going youth. Focus-group discussions were conducted among students in standards IX and XI and teachers in the rural areas of Maharashtra.

## **Method**

This paper is an outcome of an evaluation of a UNICEF-funded AIDS prevention program undertaken by the Government of Maharashtra among school children in the rural areas of the state (Verma et al. 1995). Focus-group discussions were conducted in selected districts to assess the reactions of teachers and students towards the qualitative aspects of the AIDS prevention education program and related issues. For the focus groups a session guide was used to properly monitor the discussions, which were followed by sessions with key informants who were the peer communicators (students) and teachers responsible for the implementation of the AIDS prevention education program in their schools. The focus-group discussions were conducted in randomly selected rural schools at Satara, Akola, Amravati, Ahmednagar, Pune, Solapur and Nashik; care was taken to include *ashram* schools wherever possible. The discussions were conducted separately for boys and girls and for standard IX and XI students and the teachers. Each group consisted of five to six children, either boys or girls, who were selected on the spot, absolutely on the basis of their willingness to participate in the discussion. The group discussions with the teachers, however, were conducted with a mixed group of both male and female teachers. Both the students and the teachers were told about the broad issues to be included in the discussion and only after they consented to participate, was the discussion started. Thus, a total of 38 focus-group discussions among the students of standards IX and XI were held in 18 schools of rural Maharashtra. There were 21 group discussions with the teachers. All the discussions were conducted by one of the authors and notes were taken simultaneously. Detailed transcripts were prepared in order to retain the context of the discussions, all of which were conducted in Marathi or in Hindi or sometimes in both languages.

## **The discussions**

### ***AIDS***

All the focus-group discussions were conducted in those schools where the intervention events were carried out. As a result, it was not surprising that all the students and teachers contacted were aware about AIDS. All the discussions with the students began with a question on AIDS. More specifically they were asked if they had heard about AIDS and if so, what it meant to them. The most common responses were 'It has something to do with sex and happens to bad people', 'People die because of AIDS', 'There is no cure', and 'It is frightening'. Most students had heard about it from the mass media, posters on AIDS displayed in their schools and from the lectures or some event on AIDS conducted in the school. Undoubtedly, these mass awareness efforts have led to a certain amount of curiosity in the minds of students, but there is a need to channel the curiosity to some kind of tangible knowledge. Most students were not sure whether AIDS could affect them or people like them. Endless arguments took place during focus-group discussions, in which some young students asserted that 'even a casual contact with the person with AIDS could lead to contracting the disease' while others argued that 'it could never happen to people from the general public'.

Obviously, this group had 'bad guys' in mind and thought that AIDS could affect only those who are immoral and 'bad'.<sup>1</sup> There were interesting hypotheses regarding the origin of the disease: many thought that the disease came from the forests of Africa and from monkeys. Most peer communicators wanted to know if this was true and felt that their credibility depended on knowing the correct answer. In the absence of correct knowledge there was a tendency to dramatize both the origin and the effect of AIDS.

### ***Sex and sexuality***

Among the most significant events for children of age group 14-16 years are their physiological changes, which bring a tremendous amount of curiosity about sex and sexuality among both boys and girls. If not properly supported by adequate information and understanding, these curiosities among adolescents are likely to result in several misconceptions, a sense of shame and guilt and in the long run poor self-esteem. Poor sexual health and self image linked to this are perhaps more profound in the case of girls. Since the AIDS prevention education program relies heavily on a sound foundation of knowledge and appropriate attitudes to sex and sexuality, an attempt was made during the discussions to assess the students' perceptions. It became abundantly clear that both boys and girls wanted to ask several questions about sex which they had not asked earlier. Most of the students, particularly girls, sought clarification by putting their questions in a box kept in the school for this purpose. However, they revealed that they did not get the answers to their questions as it was not possible for the organizers to deal with every question during the intervention sessions. Also, the boys and girls could not muster enough courage to seek clarifications from the concerned teachers or from their parents. Not only were students, particularly those in standard XI, curious about sex, but they thought that many among them were experimenting with sex. There was an interesting debate between two groups of students about the proportion of their friends who they thought were sexually active. One thought that ten to 15 per cent of their classmates had established sexual relations either within the school or outside in the village; others thought that in most cases the relationship was limited to some degree of physical intimacy like kissing and holding hands rather than intercourse. Boys were willing to bet on who was having sexual relations with whom and to what extent. More important than establishing the validity of these guesses is the fact that the issue of sex is not so much a taboo for an intra-group discussion among the students; this is of course more true of boys than girls. Apart from the age and physiological factors that bring a new awakening to their own sexuality, students very often discussed the role of Cable TV and local video parlours which screened X-rated films, in accentuating their curiosity about sex. One of the standard IX students argued that 'these days students establish relationships with girls not for love but for sex'. Others felt that 'it is very natural to have sex in a love relationship'. While it was not discussed at length, it was evident that many of the younger children (standard IX) were not aware of the penetrative aspect of sex. For them even kissing was an ultimate expression of sex. In the case of the older children (standard XI), the penetrative aspect of sex was known. In contrast, a majority of the teachers and principals did not wish to discuss the issues of sex and sexuality. One senior teacher contended: 'It is a natural process of growth. They (students) would learn to deal with this by themselves. Everybody has to face it and grow'. Teachers obviously did not wish to get drawn into any discussion related to sexual health and curiosity about sex among students. 'This is not the priority', was usually the attitude. According to one principal 'None of my children (students) indulge in this kind of thing'. It is

---

<sup>1</sup>A study by Sureender, Guruswamy and Verma (1996) on the knowledge and attitudes of a similar school population revealed enormous misconceptions about STDs and homosexual behaviour.

perhaps not surprising to find that teachers have this moralistic attitude. What is most surprising, however, is that they do not even want to recognize a problem if they see one. Teachers in *ashram* schools differed from those in other government and private schools on the issue of their students' sexual activity. *Ashram* schools were opened in the rural and tribal belts of Maharashtra to encourage parents to send their children for education with residential facilities. At *ashram* schools boys and girls board in different hostels but at the same place. *Ashram* school teachers were clearly aware of their students' sexual relations.

### ***Sex education***

A majority of the students felt that they need to know more about their sexual health and problems related to physiological changes. Girls from standard IX articulated the 'need for sex education even at younger ages'. They said: 'Several girls start maturing when they are in standard VII, therefore they need to know about these changes and ways of managing them at that age'. Boys were, however not sure when sex education should begin, but at their age they felt there was a definite need. After one of the discussions, a boy approached one of the authors to find out ways to terminate an unwanted pregnancy and the problems associated with abortion. All the students found that the lecture sessions on AIDS prevention were useful and felt that they should be conducted more often; most could not say why, but it was obvious that they had no other formal platform to seek clarification of various issues. These lecture sessions provided the opportunity. Teachers were divided on the issue of introducing sex education in the school curriculum. Debate was not on whether to introduce it but what to introduce. There were extreme opinions. The moral issues and the 'corrupting effects' of sex education were often mentioned. However, the teachers did not see any point in this debate and felt that sex education is inevitable and therefore it should be started soon. One teacher said: 'We had better respond to the changing situation rather than repenting later'. The discussions with the school authorities and those with the teachers seem to suggest that while most recognize the threat that AIDS is posing they are not sure of the best ways to deal with it. 'Sex education could be an extracurricular activity but not part of the regular curriculum', was the opinion of many principals. Many teachers felt that 'the topic of sex education is very sensitive and required special skill and teaching methodology... there are not many teachers who could deal with the issue in a classroom situation'.

### ***Role of peer communicators and nodal teachers***

The effectiveness of the peer communicators and nodal teachers in imparting AIDS-related knowledge is perhaps a major concern from the program point of view. In the absence of any formal sex education in the school system the role of peer communicators and nodal teachers is increasingly important. Most students interviewed during the focus-group discussions were aware that some students were trained in AIDS education, but they did not think much of them. In detailed discussions with the peer communicators it became clear that the exposure to the two-day training program had made them more acutely aware of the problem, although the knowledge gained during the training program was confined to themselves. 'While many of my friends come to me to find out what happened during the training, they do not ask specific questions on AIDS or related issues' said one of the peer communicators. Obviously the information dissemination does not take place as theoretically conceived. Students tend to talk in very small groups. Very often peer communicators had more questions than answers. During focus-group discussions among the students, it became apparent that most received their information on AIDS from older students; a typical channel of information flow in the school system. Most peer communicators helped the nodal teachers during the conduct of intervention events and were therefore seen as active organizers of such programs. While this

had increased their visibility in the school, they felt handicapped by the lack of printed material and a proper network. One of the peer communicators told about one of his friends who had contracted a venereal disease and was in a miserable state. Since the evaluation team was present in the school, the boy could be asked to contact the local doctors. During a discussion with the peer communicators over the sexual behaviour of other school children it was found that some of the students from the senior class were in the habit of deliberately missing classes to visit a local town for movies and some 'cheap fun', which implied prostitutes. The student with the venereal disease was apparently a good friend of the peer communicator and reportedly took part in such activities.

Teachers were willing to organize the local events on AIDS with support from local health authorities. While science teachers felt less inhibited in talking about sensitive issues, in some of the schools women teachers were embarrassed to discover that they had been labelled 'sex experts' by their colleagues after they took the initiative during the intervention program in their school. Does this attitude affect their working for the program? Most women teachers said it did not, but attributed this to their background in science subjects. It is a very common feeling among the teachers and the program personnel that only science teachers can deal with the issue of AIDS. Surely there is a need to change this attitude before it intensifies and further mysticizes AIDS and the efforts to deal with it.

### Conclusions

Given the magnitude of the problem of AIDS and the rapidity with which it is believed to be spreading, it is essential that youth, which is the most vulnerable group, is given appropriate knowledge and rational attitudes as quickly as possible. Mass education by a series of interventions and events at the school level, backed by effective interpersonal communication (peer communicators and nodal teachers), is theoretically a sound approach. The strategy should however recognize the need to strengthen the interpersonal components of the information dissemination. It is also important to recognize that traditional attitudes towards sex and the tendency to restrict the flow of information on human sexual activity, reproduction, STDs and AIDS, are major impediments. If the school system, students and parents fail to recognize STD/AIDS as an integral component of sexual health, AIDS prevention education programs may not succeed in raising correct knowledge and rational attitudes.

### References

- Bang, R.A. and Abay Bang. 1989. High prevalence of gynaecological diseases in rural Indian women. *Lancet* 1,8629:85-87.
- Jain, Kalpana. 1994. Survey shows Delhi school kids sexually active. *Independent* 1 March.
- Jejeebhoy, Shireen J. 1994. Adolescent sexual and reproductive behaviour : a review of the evidence from India. Unpublished report, Mumbai.
- Murthy, M.S.R. 1993. *Sex Awareness among Rural Girls*. New Delhi: B.R. Publishing Corporation.
- Nag, Moni. 1996. *Sexual Behaviour and AIDS in India*. New Delhi: Vikas Publishing House Pvt Ltd.
- Ramasubban, R. 1992. Sexual behaviour and conditions of health care: potential risks for HIV transmission in India. In *Sexual Behaviour and Networking: Anthropological and Socio-cultural Studies on the Transmission of HIV*, ed. T. Dyson. Liège: Derouax-Ordina.
- Rangaiyan, G. 1996. Sexuality and sexual behaviour in the age of AIDS: a study among college youth in Mumbai. Doctoral dissertation, IIPS, Mumbai.

- Sehgal, Virendra N., A.K. Sharma and S.N. Bhattacharya. 1992. KABP study on AIDS among school boys. Paper presented at 2nd International Congress on AIDS in Asia and the Pacific, Sydney.
- Sureender, S., M. Guruswamy and Ravi K. Verma. 1996. Knowledge and attitude of school children about HIV/AIDS: evidence from rural Maharashtra. Unpublished paper, IIPS, Mumbai.
- Verma, Ravi K., S.Sureender, M.Guruswamy, M.Mandar and U.P. Sinha. 1995. Evaluation of AIDS Prevention Education Programme in rural Maharashtra. Report to Directorate of Health Services, Government of Maharashtra, Mumbai.
- Vlassoff, C. 1978. Educating female adolescents: possibilities and limitations for a social change and population learning in rural India. *Demography India* 7,1 and 2:175-193.
- Watsa, M.C. 1994. Sexuality and sexual behaviour among urban educated youth in India: a multicentric study. Unpublished report, Mumbai.