

NEEDS ASSESSMENT OF YOUNG PEOPLE



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Executive Summary

Introduction

Young people in the age group of 10-24 yrs. constitute about one-third of the total population of Bangladesh. It is the transitional stage for changing behavior, value, belief and attitude. It is also the prime period of sexuality. Studies show that young students are the second frequent visitors to sex worker; they are at high risk of contacting STD/HIV/AIDS due to lack of knowledge. Maternal Mortality Rate of adolescent mothers (15-19 yrs.) is 2-3 times higher than others. Violence against women, rape, acid throwing, harassment, forced prostitution, trafficking are on rise. At least 50 percent of our adolescent girls and boys are stunted. Son preference is predominant and young girls are discriminated in food intake. Lack of information leads young people to a wrong way of thinking about sex/ SRH.

Health damaging behaviors should be addressed and change in behavior can be made through planned interventions. Both demand and supply side understanding needed to design effective program. Considering deplorable SRH scenario of young people coupled with lack of in-depth knowledge about various dimensions of young people's need for SRH and rights, it is imperative to study the subject.

For this Needs Assessment of Young People the main data collection instrument followed was the RAP-Tool. It has been developed by Youth Incentives, the international program on sexuality of Rutgers Nisso Groep, the Dutch Expert Centre on Sexuality, which promotes the Dutch Approach concerning the sexual and reproductive health of young people. The core elements of Dutch approach are represented in RAP-rule, which stands for Rights-based approach, Acceptance of young people's sexuality, and youth Participation. The RAP-Tool is designed to collect data through (systematic and in-depth) investigations of themes and concerns in order to learn how sexuality and reproductive health are experienced.

Objectives

The objectives of the Needs Assessment are as follows:

1. Assess current status of young people's access to sexuality and SRH information and services.
2. Identify areas of support young people need to make informed and responsible choices about their sexuality and SRH.
3. Find priority areas to address safe abortion and deal with consequences of unsafe abortion.
4. Recommend actions needed to combat sexual violence, exploitation and unequal power relations to decrease unwanted sex and improve safe sexual relations.
5. Recommend actions towards promoting SRH and associated Rights of Young People through youth participation.

Methodology

The needs assessment survey covered the 4 future project sites for the Youth Incentives Project- Chachra of Jessore, Daulatdia of Rajbari, Haliashahar and Patenga of Chittagong, and Ward no. 28 of Dhaka City. Issues covered under Rights, Acceptance and Participation are-

Rights Issues

1. The right to be yourself
2. The right to know about sex and sexuality
3. The right to protect and to be protected
4. The right to have health care

Acceptance Issues

1. Acceptance of sexual orientation
2. Acceptance of young people's sexuality
3. Acceptance of gender equity
4. Acceptance of talking about sexuality

Participation Issues

1. Shared values
2. Organizational strength
3. Election, selection and sustainable youth organization
4. Roles and responsibilities

Again under the Rights issues covered are 16 Components and 206 Statements; under the Acceptance issues there are 90 Statements, and under the Participation issues there are 14 Components and 86 Statements. Therefore, under RAP, the study covered a total of 381 Statements.

Two methods for collection of quantitative and qualitative information were followed in this study. These were in-depth interview and focus group discussion. In order to ensure full participation of the young people in data/information collection, a total of 24 Young Volunteers were recruited (6 from each study location) and were imparted training on data/information collection. Four field teams headed by a Supervisor for each team and two Quality Control Officers for each location were there for performing the relevant implementation issues along with quality assurance of information collection. Data were collected from Sex Worker, Truck Driver, Rickshaw Puller, Garment Worker, Day Laborer, Intravenous Drug User, Student, Ward Commissioner, Member Youth Club, Father, Mother, Teacher, Imam and Businessman. In total 800 young people participated in interview in 147 In-depth Interview sessions. Whereas 177 young people, as-- Sex workers, Truck driver/rickshaw puller/day laborer, Garment workers, Intravenous drug users and Students participated in 21 FGD sessions. A total of 199 stakeholders were also interviewed in the study locations. The stakeholders interviewed were-- Ward Commissioner, Parents, Member Youth Club, Imam, Businessman, NGO Worker and Teacher. Thus 3 sets of data collection instruments were developed based on the RAP-Tool. The tools are as follows:

- One set of interview schedule for each of the categories of married men and women and unmarried men and women age 10-24 years.

- One set of FGD guidelines for each of the categories of male-female participants, sex workers, truck drivers, rickshaw pullers, garment workers, intravenous drug users, and students.
- One set of interview schedule for the stakeholders.
- In addition, a Self-assessment guide prepared according to IPPF tool was also circulated among the 24 young volunteers and 28 adult executives of youth organization of project areas to assess the representation of youth participation.

Seven days training was provided to field investigators-youth volunteers, supervisors and QCOs in the venue of FPAB. Training was conducted through classroom lectures, demonstrative interviews, role-playing, field practice, review of lessons learned and suggested solutions. Training was provided by the PI with active participation of core team members, and FPAB's relevant experts.

The field data/information collection was completed in three weeks. The field team applied random selection techniques to pick the required number of respondents from the list prepared jointly by HDRC and FPAB. The PI and core team members paid field visits for ensuring smooth field data collection and ensuring high quality inputs. The data/information were analyzed, using in-house computer facility of HDRC.

Key findings

Right-based issues

This needs assessment was destined to study and assess the current situation about the young people's rights on sexual and reproductive health, using the RAP-rule. The key dimensions pertaining to the rights issues on which changes are possible and changes shall be made in the future are related with the following four broad areas, namely (A) inaccess to or lack of information, (B) lack of freedom and entitlement to take decision, (C) lack of youth-friendly environment in service facility, and (D) lack of protection. The key findings related to the four areas are presented below:

A. Inaccess to or lack of information

Most boys and girls do not get information about:

Basic body care, birth, (Naming) sex organs, physical changes of the female body, sexual problems, sexual behaviour in relations, emergency contraceptives, unsafe sex, child prostitution, sexual violence, different sorts of STIs/HIV, evidence based information about means of transmission of STIs/HIV/AIDS, evidence based information about existence of symptoms of STIs/HIV/AIDS.

Most girls do not get information about:

Partner choice, abortion, contraceptives, female infanticide.

Most boys do not get information about:

Incest, condom use, family planning methods, same sex relationship.

B. Lack of freedom and entitlement to take decisions

Most girls are not free to take decision

on their life style; as to their sexual orientation; to engage in sexual activity; to express their need for safe sex; to have equal, respectful, loving and caring relationship; on making choices concerning life style (married or single); on marriage as from age of consent; starting family (having children); on time span between the birth/children; on satisfactory sex; to refuse sex.

Most boys and girls are not

allowed to discuss sexuality and reproduction with their relationship; encouraged to talk freely about sexuality and reproductive issues with adults.

C. Lack of youth-friendly environment in service facility

(For most boys and girls) Facility hours are not convenient; service fees are not affordable, contraceptions are not available regardless of marital status; time for interactions between provider and client is inadequate, services are not free from (traditional) practices which are harmful to health; **(for most boys)** peer counselors are not available on site; **(for most girls)** most facilities do not have comfortable surrounding.

D. Lack of protection

Most girls can not protect themselves against STIs/HIV; are unable to protect against unwanted/unplanned pregnancies; can not refuse sex; **(in most cases, neither boy nor girl)** take responsibility to prevent unwanted/unplanned pregnancies; take precautionary measures against STIs.

Acceptance issues

A. Acceptance of young people's sexuality

1. Low level of agreement is found with the statement that parents make sure their sons and daughters are given reliable (evidence based) information on sexuality and reproductive health.
2. Except all truckers, most of the participants do not agree that current situation considers young people's sexuality is a public health issue.
3. Ninety percent boys agree that boys take their own decisions in the area of sexuality and reproductive health while only one-third of girls agree that girls take their own decisions in the area of sexuality and reproductive health.
4. Three-fourths of all boys participants agree with the statement '*Girls who have sex before marriage bring shame on their families and are therefore excluded from the community*' while this figure is 50% for boys.
5. Majority believes that a boy can consult health services on his own (without permission from adults, relationship etc) on reproductive issues. Forty percent sex workers believe that a girl can consult SRH care and services on her own.

B. Acceptance of sexual orientation

1. Three-fourths of all girls and around 65% of all boys show their agreement with the statement that currently sexual orientation is not seen as a choice.

C. Acceptance of gender equity

1. Above 90% of respondents do not agree with the statement that *parents inform their sons on sexual and reproductive health*. In line with this, based on the response of the both boy and girl groups, it is further evident that in our society parents also do not inform their sons and daughters about SRH.
2. Above 95% of boys and girls disagree that schools give SRH education.
3. One-tenth of boys agree that SRH services are available to them while one-fifth of girls agree with the statement, '*Sexual and reproductive health care services are available to girls whatever their civil status.*'
4. More than two-thirds of boys agree that boys require spousal consent regarding sexual and reproductive issues. On the other hand, 67% girls agree that '*girls require spousal consent regarding sexual and reproductive issues*' and 89% are with the statement "*girls require spousal consent when making use of SRH care*'. The participants of all categories agree that spousal consent is vital for girls rather than boys in availing SRH care and services.
5. Two-thirds of boys and over 70% of girls agree that both boys and girls act as equals to care their child.
6. All IDUs think that in the society, boys who have condoms are seen as practiser of safe sex; 90% sex workers and 62% trucker also agree with this.

D. Acceptance of talking about sexuality

1. Neither boy nor girl groups agree that boys and girls are free to communicate with elderly people and parents about sexuality.
2. One-fifth of boys and 40% of girls believe that talking about sexuality is accepted.
3. One-third of boys believe that they are free to communicate about sexuality with peers of the opposite sex and this is similar to what their counterpart, girls think of themselves.

Participation issues

The key issues pertinent to the situation of participation of young people are as follows:

A. Shared Values

1. Low access to information on SRH. The young volunteer of the organization and the adults have no access to SRH information.
2. Lack of gender sensitivity.
3. Less opportunity to learn sharing of power very much visible in youth organizations.

4. Leadership role of youth is not strong.
5. Youths are aware of their participation right.

B. Organizational Capacity

1. No place of youth in the decision making: Structural mechanism of youth organization is weak because of passive participation of youths.
2. There is no mechanism to coach and mentor.
3. Youths and adults are not informed of their voting rights.
4. Full representation of young people in the organization is not ensured.
5. Lack of mechanism and resources for feedback into peer group.
6. Less access of youth to resources and financial management.
7. Less guarantee to take up position in the highest decision making bodies.
8. Lack of coordination in community youth network.

C. Selection, recruitment and sustaining youth participation

1. Organizations fail to attract inclusion of diverse groups of young people.
2. Recruitment and selection criteria is not youth friendly.
3. Role and responsibility of the young people is not determined by the joint agreement of youth and adults.
4. Sustainability of youth participation is questionable.
5. No opportunity for training of new members and trainers.
6. Capacity building program, training and monitoring of young people are not ensured.
7. No scope for open dialogue with the youth and the adult executive.
8. There is a big gap of perception among the adult and the young people of the organization.
9. Lack of information to enable informed decision making of the young people.
10. No system for personal development and self awareness.
11. Young people's governance respected by adults, but no system to protect young people.
12. The perceived need of the adult is not similar with that of young people.

D. Roles and responsibilities

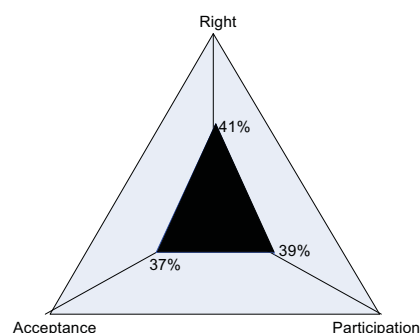
1. Issues of ToR is not available with the young people.
2. Weak interaction and communication between the adults and the young people.
3. Lack of transparent organizational structure for monitoring the role and responsibility of young people.
4. Weak monitoring and evaluation system.

RAP Gap

One of the main purposes of the Needs Assessment study was to find out the status of agreement of rights, acceptance and participation (RAP), and ascertain the RAP Gap within the RAP triangle. For this purpose we had to proceed in steps as follows.

1. At first we compiled the results of agreement/disagreement of Statements under different Components
2. Then we compiled those under 4 Issues each for Rights, Acceptance and Participation
3. After that, we compiled those under Rights, Acceptance and Participation to get the score of RAP in separate. The aggregate score thus obtained is 40.62 for Rights, 37.15 for Acceptance, and 38.90 for Participation.

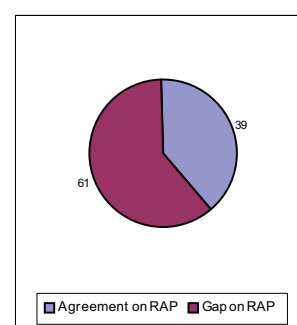
RAP Triangle



4. Finally, we made an average of these three (Rights, Acceptance and Participation) to get the RAP score. In this study the RAP score was 39. This RAP score shows a 39% level of agreement with the statements regarding rights, acceptance and participation about sexual and reproductive health environment in Bangladesh. Or, in other words, the conduciveness of the current overall environment about sexual and reproductive health and rights for the young people in Bangladesh can be scored 39% in a 0-100% scale (the higher the rate the high is the conduciveness of the environment).

5. The RAP Gap was calculated by subtracting the RAP score (39) from 100. The Gap thus calculated was 61. This implies that, in order to reach the level of an ideal situation in terms of congenial pro-youth environment in the society regarding their sexual and reproductive health, right, acceptance and participation – a 61% more distance, in the scale of 0-100, should be traversed. This is, although a long distance considering the socio-cultural reality of Bangladesh, it would be worth attempting to create an environment by establishing a project in the study areas.

RAP score and Gap in RAP



The RAP Gap thus calculated shows the vulnerable situation of the young people in terms of various issues of sexual and reproductive health, associated rights, acceptance and participation of youth. The Needs Assessment also revealed a huge gap in participation between adults and youth. The Focus Group Discussions (FGDs) also complemented the same, and adequately indicated the need for youth participation in various training issues on sexuality, and showed the need for dissemination in electronic media including open discussion with the stakeholders comprising parents, teachers, opinion leaders, UP members and

religious leaders on sexuality and associated rights of the young people to avoid STD/HIV/AIDS.

Recommendations Towards Meeting Needs of Young People

Considering the gravity of the SRH situation of young people and RAP-Gap, the following suggestions and recommendations are forwarded for designing conscious effort toward meeting the needs of young people:

- Young people's awareness on SRH/R should be raised through wide dissemination of relevant information.
- SRH/R of young people should be disseminated using electronic media, advertisement, poster, magazine, cinema, drama serials, meetings, seminars, training, orientation, dialogue, and meetings.
- Sex education including rights and equity should be incorporated in education curriculum.
- Elderly, parents, Imams, teachers, influential persons should be oriented through seminars, publicity, training, counseling, frank discussion – for proper knowledge building as well as convincing these gate-keepers about the multidimensional benefit of such knowledge.
- Local committee should be formed within youth organizations to act as a platform for raising SRH/R knowledge and practice.
- Guardian should be made aware about the need of acquiring sex related information for the young people through TV, Radio, Drama and other mass media.
- Doctors and health workers should be utilized to raise level of awareness of the people (particularly young people) regarding SRH/R.
- Female education should be spread more widely.
- Measures should be taken to stop pornography and blue films.
- Steps should be taken so that girls are not forced to engage in sex.
- Relevant educational materials should be used in sexual orientation.
- Law should be revised to prohibit sexual discrimination due to wrong orientation.
- Program should focus on direct participation of young people in design, implementation, management and assessment for ensuring sustainability and ownership.
- Importance of collaboration and cooperation among various organizations is crucial for sustainability of program.
- Young peer educator need to be developed in youth organization.
- Advocacy program on SRH/R and gender issues is needed for young and adult members of organization.
- SRH/R issues should be disseminated through special efforts, such as essay competition, debate competition and youth assembly.

- Positive attitude should be developed to eliminate gender discriminations and to maintain gender balance in organization.
- Capacity building efforts should emphasise on SRH, gender VAW, youth rights, RAP rules, core values of youth participation, leadership, team building, management skills.
- Possible entry points of SRH/R and gender concerns into program/activities of government (specially, Ministry of Youth and Ministry of Women Affairs) should be identified to ensure effective public-private partnership on the issue.