

EDITORIAL

Editorial

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I

This is the second of the two special issues of *The Indian Journal of Social Work* on 'Sexuality in India'; the first was published in October 2004. Broadly, the papers in the first special issue discussed the conceptions of sexuality, sexual behaviour patterns of selected groups and the relationships between gender norms and masculinity construction.

The first five articles in the present volume ponder on reproductive health of adolescents, sexual behaviour, and construction of sexuality awareness among young people. The subsequent three articles explore various aspects of sexuality among four special groups: female sex workers, clients of female sex workers, substance users, and persons with visual disability.

The paper by Surinder Jaswal presents the findings of an exploratory study which examines the magnitude and patterns of child and adolescent sexual abuse (CSA) reported in a cross-section of public health facilities near Mumbai. The paper examines the process of identifying CSA in public health facilities in urban low-income populations near Mumbai as well as the health-seeking behaviour and the handling and management of CSA by health care providers. The study findings reveal that reporting of CSA in health facilities is age- and sex-specific. Female infants, street children and minor married females were seen to be particularly vulnerable to CSA. Health providers noted that the presence of Sexually Transmitted Infections (STIs) and emotional and behavioural problems were indicative of CSA. Further, reporting of CSA in street children seeking health care was particularly late, that is when severe symptoms related to the abuse persisted. Lack of information, feelings of guilt, shame and fear and attitude of health providers were seen to be the main deterrents to reporting and seeking early treatment for CSA.

Using quantitative approach, the paper by Jyothi Kamalam and Rajalakshmi studies reproductive health awareness and attitudes towards marriage and fertility preferences among post-graduate and professional college girls in Kerala. Despite the proclaimed social advancement in this state and the high educational level of

respondents, the study reports a low level of reproductive health awareness. Such a low level of awareness points to the probable situation in other states, which are socially less advanced, as well. Also, unlike the common view that today's young people have liberated attitudes, this study shows that students, more or less, conform to traditionally held beliefs and values.

Reddy and others, in their study of reproductive health awareness among school-going adolescent girls in Andhra Pradesh also found a low level of awareness, and the existence of a high extent of reproductive health problems. Many of the adolescents suffered from symptoms of psychological stress, both during menstruation and otherwise.

Sandhya Rani uses a combination of survey research and case studies to examine the reproductive health status of married adolescent and young girls in the age group of 15-20 years. Low marriage age, teenage fertility among a quarter of married adolescents below 18 years, inadequate ante-natal and post-natal care, and height and body weight lower than the recommended standards were observed. The study points to some pertinent sexual and reproductive health problems among married young girls, through case studies.

Rangaiyan and Verma study the state of college-going males regarding reproductive health knowledge, sexual activity and condom use. Lower reproductive health knowledge, moderate extent of high-risk sexual activity, and less extent of condom use, especially in casual sex relationships, characterise this group. Erotic exposure, liberal attitudes and perceived peer norms are significant factors deciding sexual experience among male students.

Abraham examines the construction of sexuality awareness through a study among unmarried low-income college students using a combination of quantitative and qualitative methods. The author argues, based on the study findings, that the prime flaw of 'scientific', 'objective' information imparted through sex education programmes is the lack of understanding of the desires and concerns of young people. Now that sex education has gained some legitimacy among parents (a group that vehemently opposed such programmes), the paper advocates for sexuality education programmes that recognise and understand the cultural constructions of sexuality, and the consequent levels and differentials in the desires, aspirations and needs of the young people.

Anil Kumar, in his paper, examines the linkages between contexts and sexual behaviour in two high-risk groups through a study that uses survey method and in-depth interviews. The paper views that sexual behaviour and its modifications are dependent on the contexts (social, economic and demographic) and the changes in them. Implications of the existing situation of female sex workers and the sexual demand pattern of their clients are discussed. Sexual behaviour of persons with substance use has received attention only in recent times with the epidemic of HIV/AIDS, more so focusing on intravenous drug users.

Through an extensive review of existing studies, the paper by Rego and Gandevia brings out the linkages in both directions, between substance use and sexuality. The paper advocates the need to consciously incorporate the component of sexuality in the programmes that address issues of substance use. Persons with disability are sexual beings with similar needs and desires as their able-bodied counterparts. No one is too disabled to be sexual; yet people with disability are treated by and large as asexual beings, both by researchers and interventionists.

The study by Juvva, Biswas and Rego found that sexuality in persons with visual disability centres more at the cognitive and emotional levels, with differing notions of concepts of beauty and attractiveness. The authors maintain that disability can influence the conceptualisation and understanding of sexuality. The visually disabled have a clear disadvantage in terms of opportunities of socialisation, and access to information affecting their understanding, experience and expressions.

The research presented in these articles follow the general trend in sexuality studies to mainly explore the status, giving relatively lesser importance to the analysis of factors that lead to such a situation. However, some of them try to go beyond this general trend and explore the interplay of various determinants that result in a particular level of awareness or pattern of sexuality expression. This is a welcome change and more research in this direction would add substance to the ongoing efforts at designing appropriate interventions be they directed at general reproductive health improvement or at the prevention of specific diseases.

II

By the late 1990s sexuality research in India had become dominated by the focus on sexual behaviour and its implications for HIV/AIDS. While recognising the growing need of such research, it was also felt that social science focus on sexuality research should not ignore the constructions and expressions of sexuality, differences in meanings attached to the term 'sexuality', the changes in 'sexualities' over time and space and variations across class and gender. Understanding these is an essential pre-requisite in effectively dealing with issues including HIV/AIDS prevention and care. This was a major concern of the 'Working Group on Sexuality in India' formed at the TISS in 1999. The primary research initiated by the Group and the papers presented at the National Workshop in 2000 reflect this view point. This concern resulted in these two special issues to cover a wide range of sexuality topics.

Most of the researches presented in this volume were carried out in the second half of the 1990s or early in this decade. They, in general, conform to the then existed trend of researching the designated high risk groups. Welcome deviations from the general trend are the attention given to

general reproductive health issues, exploration of sexuality among less researched groups, child sexual abuse and construction of sexuality education. More detailed research need to be undertaken, addressing sexuality issues of substance users, persons with disabilities and other under-researched population groups, with a focus on how sexuality is socio-culturally constructed and the spectrum of inter-linkages that result in differential expressions of sexuality. Also, somewhat missing is research on the needs of specific groups as perceived by them. While the researchers' interpretations and perceptions remain very important, those of people and groups about sexuality and solutions to problems should form a vital component in designing interventions.

III

It is argued that the progression to sexuality research has been from women studies to gender to sexuality (Murray, 1995; Altman, 2001). In India, this change has been from fertility and family planning to Maternal and Child Health (MCH) to reproductive health and to sexuality. Though an independent stream of sexuality research focused on broader issues related to sexuality construction and dispositions, it always remained in the shadows and did not get sufficient avenues for interactions with the 'mainstream' 'sexuality' research. There have been only scant efforts at integrating 'basic' sexuality research with 'applied' sexuality research in India.

When sexuality became more and more a public topic of discussion, the focus of sexuality research had implications of sexual behaviour for HIV/AIDS. In fact, it was mainly the HIV/AIDS epidemic that has contributed to the transition of 'sexuality' discussion from a primarily private to a more public domain. Whereas the transition from a family planning focus to maternal and child health focus took a long time to happen, that from MCH to reproductive health happened in a short span. The phase of reproductive health focus of sexuality research was soon replaced by HIV/AIDS related sexuality research. Thus, in the Indian case, the transition from MCH-RCH to sexuality in the broader sense seems to be obscure. The early 1990s witnessed a spurt in research interest on reproductive health. This was to some extent curtailed as the official acceptance of the RCH approach and the visibility of HIV/AIDS spread almost coincided, thus reshaping the sexuality research in the country as almost directed at HIV/AIDS related issues. Reproductive health began to draw much lesser attention than would have otherwise happened.

IV

Reviews of sexuality research in India during the last one and a half decade show that a wide range of aspects were subjected to research, that many groups of special interest were studied and covered a variety

of geographical peculiarities (Chandiramoni, *et al*, 2002; Verma, *et al*, 2004). As widely known, the prime attention during the late 1980s and most of the 1990s was given to the so designated high risk groups like female sex workers, truck drivers and to a lesser extent, intravenous drug users. The aim was to examine the sexual behaviour pattern, condom use and their implications. The focus gradually shifted to include other vulnerable groups such as street children and men having sex with men. Subsequent studies used a broader definition of risk groups and vulnerability and thus included student and non-student young people among the others. The spread of HIV/AIDS to rural areas, however, resulted in a temporary abandonment of the term 'high risk group' and research tended to focus also on rural and remote areas.

Thus, research on the sexuality in the second half of the 1990s also focused on the general population, comparison of the conceptions of sexuality among boys and girls, reproductive health of young people, and the role of societal control on sexuality construction and disposition. Yet, some of the immensely relevant aspects were left out from sexuality research during this period. Despite the growing body of sexuality research in the country, we do not yet have adequate in depth knowledge on many aspects of sexuality. For example, while there exists some research on pornography perceived as pervasive knowledge, the political economy of its existence and increasing availability are not at all discussed. Similarly, research on violence within marriage and its implications for sexual and reproductive health have at best remained descriptive. Non-consensual sex outside marriage, including child-adolescent sexual abuse also remains an under-researched area in India. Ageing and sexuality in the time of an increasing life expectancy and sexuality among the disabled are given only scant attention.

The social science research on HIV/AIDS in India during the past one decade or so also failed to answer many pertinent questions. For instance, research in the country has not adequately addressed the micro and macro level consequences of HIV/AIDS epidemic by studying specific groups and geographical areas. Only recently, studies began to document and compare the coping strategies to deal with the effect of the disease, adopted by individual, households and communities. What are the restraints to behaviour change especially of the high risk groups despite having imparted awareness through massive intervention programmes? What is the association between migration and sexuality in the changing contexts? How does cross border migration as well as sections? These are some of the issues that future research on sexuality in the country needs to address.

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