

D. Discuss with peers how to handle injuries with the help of basic first aid tips

Try to prevent injuries as far as possible. Educate your peers about safe behaviours. You can also spot/identify boys and girls who seem to be more violent in their daily behaviour. Try to talk to them and suggest activities which can help to divert their attention towards productive work.

A person who has been injured should be given first aid immediately. A peer educator should provide assistance to transfer the injured to the hospital immediately and safely.

Some Basic First Aid Tips

Bleeding

- Pressure should be applied with a towel or gauze until bleeding stops.
- Minor cuts and scrapes should be treated with hydrogen peroxide.
- Sealing the wound with a 'Band-Aid' and antibiotic ointment can reduce the chance of infection.

If bleeding is profuse, seek medical help immediately.

Burns

- Minor burns can be treated with cool running water or a cold compress.
- Seek the help of a medical professional if blistering occurs.
- An antiseptic spray can provide temporarily relief from sunburn or minor burns.

Sprains

- Apply a cold compress or ice immediately to help reduce swelling.
- Talk to a medical professional as soon as possible to prevent further damage.
- Elevate arms or legs to help reduce swelling.

If fracture in any part of the body is suspected, seek medical/expert help to transfer patient

Bites and Stings

- Ice or cold compress should be applied immediately.
- Remove the sting if at all possible.
- Elevate the location of the bite or sting.
- Seek the help of a medical professional for treatment for any side-effects such as shortness of breath or swelling.

Other Precautions

- In case an adolescent is bleeding, it is essential to stop the bleeding immediately. The peer educator should know the correct method to stop the bleeding. This can also be learnt through first-aid training.
- In case there is a head or neck injury, lay the injured person with the head low and feet raised. This should be done with as little movement of the injured person as possible.
- Keep the injured person warm. Cover with a blanket. If s/he is awake, give her/him clear fluids to drink but do not give anything to eat.
- If you suspect that there is a broken bone then the affected area should be given some kind of support.

Key Messages

1. Anger is natural but its management is a skill and needs practice.
2. Anger and risk taking are seen among both boys and girls.
3. Anger and risk taking are two major causes of accidents and injuries among adolescents.
4. Anger is one of the causes of delinquency among adolescents.
5. It is not 'Macho' to be angry, show aggression, or be physically violent (beating, slapping, kicking etc.).
6. It is not a good practice to give in to pressures and coercion. One should protest against physical and sexual violence and avoid any kind of exploitative situation.
7. Substance use like alcohol affects our decision making abilities and leads to risk taking behaviours.
8. It is important to be informed and knowledgeable about the consequences of risky behaviour.
9. Unprotected sex, multiple partners, reckless driving, bullying, sexual violence, eve teasing, violence against those perceived as powerless are some forms of such behaviour.
10. It is important to manage anger and minimize risk taking in life to prevent accidents and injuries.

Role of a Peer Educator, 'A Trusted Friend'

1. To educate adolescents between 10–19 years on mental health issues and factors triggering such conditions in adolescents.
2. To help adolescents recognize situations that cause anger and help them manage it with life skills like conflict resolution, negotiation, assertive communication, managing emotions.
3. To educate adolescents about risk-taking behaviours. Tell them that it is not 'macho' for boys to take risks nor is it 'feminine' for girls to be submissive and take risks.
4. To make peers aware that to be popular one doesn't need to take risks. One must try to be a responsible human being and follow the rules as per the State law.
5. To help adolescents with risk-taking behaviour by taking them to counsellors.
6. To create a positive peer influence in the community to discourage such behaviour.
7. To encourage adolescents to engage in recreational activities like sports, yoga, meditation, regular exercise etc., to channelize energy in constructive ways.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to **Accidents and Injuries**

module V

adolescent sexual and reproductive health



Session 9

Child Marriage

Introduction

Globally, more than 60 million girls under the age of 18 are married, many to men twice their age or older. Half of those are in Asia, with a significant proportion from India, where almost half the women are married by the age of 18 years. Child marriage is the most harmful practice prevalent in our country cutting across the boundaries of region, religion and cultures. It often occurs in the shadow of poverty and gender inequality, impeding efforts to empower girls and boys to achieve long-term sustainable development. Though child marriage happens among both women and men, it has lasting and damaging consequences to the health, development and well-being of young women and compromises their right to take part in informed decision making. It is a critical human rights violation, particularly to 'consent to marriage' and at its worst, can be tantamount to bonded labour or enslavement as it denies basic rights to health, nutrition, education, freedom from violence, abuse, exploitation and deprives the child of his/her childhood. It increases vulnerability to frequent domestic and/or sexual violence. The right to 'free and full' consent to a marriage is recognized in the **Universal Declaration of Human Rights** – with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. Consent to marriage means every individual has the right to decide whether to marry or not, whom to marry and when to marry and to give consent based on his/her choices.

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Learning Objectives:

1. To understand child marriage as per the legal framework in the country
2. To understand the right age for marriage
3. To understand the consequences of child marriage
4. To practise and enhance life skills to prevent child marriage
5. To learn about the Prohibition of Child Marriage Act, 2006



Time:

40 minutes



Material:

Chart papers; sketch pens



Methodology:

Brainstorming, group discussion, exercises like goal setting

9.1 Child Marriage – The Legal Framework

Activity 1



Write the words 'Child Marriage' on a flip chart or the blackboard. Ask the participants whether they understand the term and ask some of them to explain. Some of the responses could be

- A marriage that takes place during childhood
- When a child is married

Then ask the participants, "Who is a 'child'?"

Some of the responses could be

- A newborn baby or an infant
- All those up to 5 years of age
- All those up to 10 years of age
- An adolescent girl is a child
- Adolescent girl or boy is a child

Thank all the participants. Ask them if they have heard of 'Prohibition of Child Marriage Act, 2006' (PCMA, 2006). Inform them about the salient points of the Act and explain the definition of a 'child' as per the Act with the help of the slide given below.

1. In India the legal definition of a child in the context of marriage is
 - **For girls:** all those below 18 years of age
 - **For boys:** all those below 21 years of age
2. The PCMA, 2006 is the legal framework under which all marriages below the defined age (i.e., 18 for girls and 21 for boys) are illegal.
3. A child being forced into marriage or anybody else who has information of such marriages to take place has a legal obligation to inform the Child Marriage Prohibition Officer (CMPO) (*please give the name and designation of all officials in charge as CMPO in your area*) or the local police station.
4. The CMPO has the power to request for issuing injunction (stay) on the reported marriage and is required to counsel the child, parents and families involved to cancel or delay the marriage.
5. Any person promoting or supporting or involved in any way in solemnization of such marriage is liable for punishment (imprisonment or fine or both).
6. In case of the victim of child marriage, the CMPO needs to ensure the safety of the victim and realization of his/her basic rights like the right to live with own parents and siblings with the same love and respect, enrolment in school/college, access to counselling on health and his/her rights as per the PCMA 2006, health services and medico-legal aid if required.
7. If a child marriage has happened due to ignorance, it stands as legal till its nullification is requested.
8. A victim of child marriage has the right to request for the marriage to be declared null and void (meaning the marriage does not have any legal standing and the victim is free of that marriage) up to 2 years of reaching the age of majority (i.e., up to 20 years for girls and up to 23 years for boys).

SLIDE 1

9.2 Child Marriage – Causes and Consequences

Activity 1



Divide the participants into two groups. Ask one group to list the causes of child marriage and the second group to list the consequences of child marriage. The causes and consequences can be listed under the following heads:

- Educational
- Socio-cultural (including gender-based situations)
- Economic
- Health related

Allow 15–20 minutes to the group to discuss and prepare 'Causes' or 'Consequences' on a chart paper. Invite each group to present it to the larger group. The group responses might be as follows:

Causes of Child Marriage

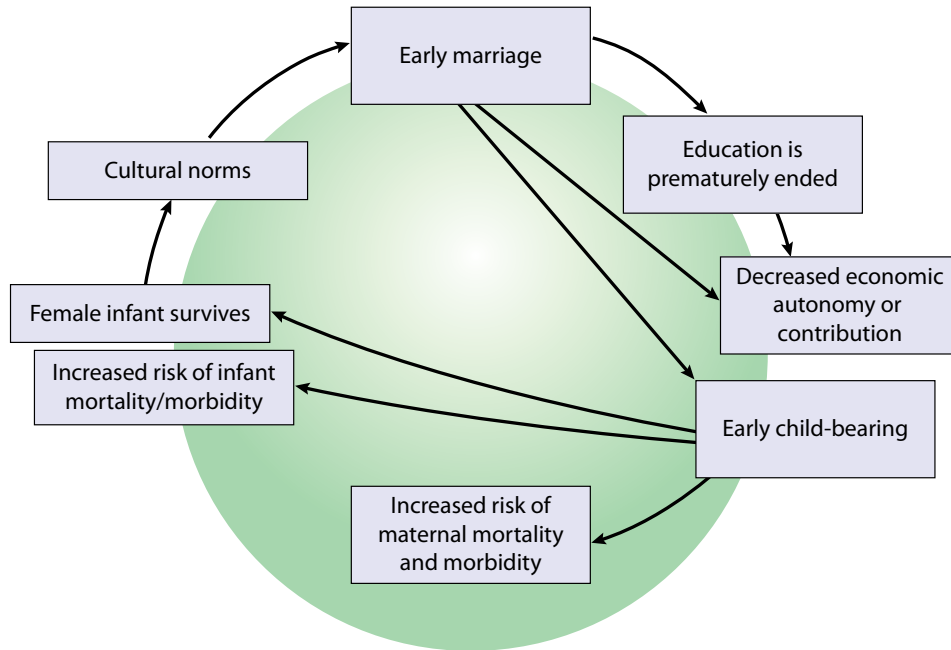
Educational	Socio-cultural (including gender-based situations)
<ul style="list-style-type: none"> • Illiteracy • Leaving school in between (school dropout) • No school nearby • High cost in travel to school and overall expenditure on education • No toilet in school • No drinking water in school • Poor quality of education • Teacher very strict/rude • Teacher always absent • Punishment (corporal) • Not interested in studies 	<ul style="list-style-type: none"> • Girl child as burden • Girl child as a responsibility • Discrimination against girls denying right to education and vocational opportunity • Exercising control on girls and women • Safety and security a concern • To make young boys responsible from early age • Early marriage ensures longer reproductive years • To have children early in life • Limited choice for a match because of region, religion and caste restrictions • Young girls and boys may marry someone on their own or from another caste
Economic	Health related
<ul style="list-style-type: none"> • Cost of marriage to be borne by girl's parents • Expectation of high dowry • Poor financial status • Low income • Exchange of young brides for money • Kidnapping and trafficking of young girls for money (forced to marry or engage in commercial sex) 	<ul style="list-style-type: none"> • Poor health and nutritional status • Adolescent mothers tend to marry their children early (practice continues for generations in the absence of information and education)

The other group may have more or less similar responses as consequences.

Consequences of Child Marriage

Educational	Socio-cultural (including gender-based situations)
<ul style="list-style-type: none"> • <i>Leaving school in between (school dropout)</i> • <i>Poor information and knowledge</i> • <i>Poor skills to manage responsibilities of self and family well</i> • <i>Poor professional skills to earn good living</i> 	<ul style="list-style-type: none"> • <i>Vulnerable to discrimination and violence</i> • <i>Separation from parental care</i> • <i>Expected to behave as adults when still children</i> • <i>Risk of early and frequent pregnancies, abortions</i> • <i>Become parents when they themselves are children</i> • <i>If the child born is a girl, double discrimination</i> • <i>Denied right to education and vocational opportunities</i> • <i>Exploitative situations</i> • <i>Vulnerable to physical and sexual abuse and torture</i> • <i>Boy as the bread earner forced to work and earn for his family</i>
Economic	Health related
<ul style="list-style-type: none"> • <i>Burden of poor health due to adolescent pregnancy</i> • <i>Increased expenditure due to family size but low income</i> • <i>Poor earning</i> • <i>May get into exploitative situations</i> • <i>Exchange of young brides for money</i> • <i>Kidnapping and trafficking of young girls for money (forced to engage in commercial sex)</i> 	<ul style="list-style-type: none"> • <i>Poor health and nutritional status of both boy and girl</i> • <i>Early initiation of sexual activity</i> • <i>Increased risk of sexually transmitted infections (STIs) like HIV</i> • <i>Adolescent pregnancy</i> • <i>Grave nutritional status of adolescent mother as her own body and the child in the womb compete for nutrition for growth (adolescence is the phase of physical, mental and emotional maturity)</i> • <i>Low birthweight babies</i> • <i>Illness among mothers and babies</i> • <i>In some situations may lead to the death of adolescent mother and/or baby</i>

Inform the participants that from the charts prepared by each group a vicious cycle of poverty, poor education, poor health and harmful socio-cultural norms and practices is evident.



9.3 The Appropriate Age for Marriage

Activity 1



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Setting Goals for Life

Ask the participants to think about what they aspire to be in life or what their dreams are for themselves, their family, village or country. Ask them to then write it down in their notebook. Give them 5–10 minutes to do this.

Tell them that now that they have reflected upon their aspirations and know the legal age for marriage in our country, they need to prepare a plan for their own lives for a period of 10–15 years from now in a way that will help them achieve or realize their aspirations and dreams. The plan should highlight major events/ or milestones in life like compulsory education, marriage, children etc. They have to do an age-wise goal setting for life as given below:

- 15 years: Complete higher secondary school
- 18 years: Admission in college with (subject of interest)
- 22 years: Graduation in (area of interest – arts, science, commerce), marriage
- 24 years:
- 26 years:
- 28 years:
- 30 years:

Similarly they need to list other events that could be related to education, personal life, relationship, profession, philanthropic or charitable work etc. (such as to be a successful business person; have own shop; be a doctor, an engineer, a Panchayat leader; select a life partner; love, marriage, first child, second child, son or daughter's marriage etc.)

As most of the participants are between 15 and 19 years, the life plan can start from the age of 15 years and go up to 25–30 years. Those who are older than 15 can list events in their life that took place after the age of 15 years for reference.

Give a blank sheet and a sketch pen to each participant and ask him/her to prepare an age-specific goal to be achieved individually. Give them 15 minutes for this. Invite a few volunteers to present their work to a larger group. Ask them to keep it safely for reference later. Do not comment at this point.

Activity 2



Divide the participants into three groups and give the case study of Meena given below to each group with a different set of questions.



Case Study:

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Meena is a 14-year-old girl living with her parents and two younger siblings in a village in Bihar. She left school after Class 7 as her mother was not keeping well. She helps her mother with the household chores and looks after the younger siblings. Meena's mother is worried about her marriage and wants to see her settled before anything happens to her. She has shared this with other relatives and requested them to suggest a suitable match for Meena. One day an aunt who lives in the neighbouring village visits Meena's house and informs her parents that she has spoken to a family in her village about a match for Meena's. The family has a good-looking 19-year-old son. He is the youngest of four siblings. All the other siblings are married and have families of their own. The family has good farm land and has more than enough wealth. And the good news is that the family liked Meena's photo and is agreeable to the marriage. Her aunt tells Meena's parents that if they agree she can invite the family to meet them and fix the details for the wedding. Meena's parents are very happy and agree to invite them home. Meena is disturbed and sad.





Discussion Points:

1. Do you think Meena's case is common?
2. Do we know anyone who has left school for any reason, maybe even for marriage?
3. Is her mother right in planning Meena's marriage early? Why?
4. Is her being aunt nice to Meena and her parents? Why?
5. Do you think Meena's parents should accept this proposal? Why?
6. Why is Meena disturbed and sad?
7. How can Meena convince her parents to delay the marriage?
8. What would you have done to help Meena?

Meena's story is common and many girls in our country go through such situations. Many girls are forced to leave school for marriage or other reasons like safety, cost of travel to school or distance from home as in Meena's case. These girls get married early. Meena's parents are ignorant about the consequences of early marriage and do not understand that their daughter will be safe and competent only if she completes her education and becomes self-dependent. They also do not understand that Meena at this age is not physically and mentally prepared to take on the responsibility of marriage and family.

Meena is disturbed and sad for she may not be interested in marriage at that age and would probably be expecting to return to school some day. She may also be sad or confused with the sudden proposal and may have queries about her future husband and in-laws. She may be feeling scared at the thought of living with people whom she doesn't know at all. Meena, her parents and her aunt need to be counselled and informed on her rights and the legal age for marriage. They need to be educated on the negative consequences of child marriage and need to be convinced to postpone the marriage at least till Meena is 18 years of age. Meena can take the help of ASHA *didi*, ANM *didi*, teacher, PRI member, any other respected member of the community or peer educators to convince her parents. If her parents do not agree, she should also approach the CMPO to prevent her marriage.

Meena should have an alternative plan for self-development and skill enhancement and not merely wait for a suitable match. Till she is ready for marriage, she should be allowed to attend school or take vocational classes so that she has scope for a livelihood and employment in future.

Activity 3



Invite a few volunteers and give them a role play to prepare and enact. Conduct this as a forum theatre (process explained below).



Role Play

Raghav lives in a joint family and is the youngest of four siblings. One day he returns home to find his parents talking to a lady from the village about his marriage. His father shows him a photo and informs him that he is going to fix his marriage with this girl in a week's time. They also want the marriage to be solemnized this winter itself. Raghav is upset and tells them that he is not ready for marriage. On hearing this, his parents get angry and accuse him of being rude and disrespectful to his elders. They say that their decision is final. Raghav is trying to convince his parents but they seem unrelenting.

The interaction between Raghav and parents will continue with each arguing his/her stand. While arguing, Raghav has to be polite and respectful to his parents and can seek help from others like teacher, PRI member, ASHA *didi*, ANM *didi*, peer educator or CMPO to convince and counsel his parents.

Option: Meena's story can also be used for role play and forum theatre.

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Allow the role play to continue for as long as the volunteer playing the role of Raghav is able to give convincing arguments. When you feel that Raghav's character has no fresh argument to make, ask the volunteers to 'STOP' or 'FREEZE'. Now ask the others if they find Raghav's arguments convincing. Ask them if anyone wants to replace the volunteer playing Raghav and start the interaction with his parents afresh. Allow as many participants as are willing to play the role of Raghav with fresh arguments. They have to follow the same rule of 'STOP' and 'FREEZE' to stop the volunteer and replace him/her. At the end, thank all the participants and summarize the activity by pointing out arguments that were legally correct and convincing (e.g., *the legal age for marriage; that saying no to early marriage is not being disrespectful to elders; you don't love and care for me if you force me to marry; I want to become a responsible son, husband and father; alternative plan for life; career plan, to complete education and get a job; to be financially stable; early marriage may be harmful for self and spouse; children born of early pregnancy may be low birthweight and not healthy*) and some that were impolite or incorrect or leading to any form of abuse or violence (e.g. *If you don't agree I will leave home; or physical violence or use of abusive language*).

Activity 4



Now ask all the participants to take out the sheet on which they noted the plan for their life in the coming 10–15 years. Ask them to review their plan and see if they are satisfied with it or need to change the sequence of some life events. Tell them that from the above activities, we know that it is very important to be physically and emotionally mature and financially stable before we marry and plan for children. Education and financial independence help us and our family to live and carry out our responsibilities with respect and dignity.

Work out a general plan for a youth on a blackboard or flip chart.

Plan for Life

(A general plan based on realistic targets for education and employment and possible situations with regard to relationship and marriage)

15 years or above: Complete matriculation; may or may not like to have a boyfriend or a girlfriend

18 years and above: Complete senior secondary/intermediate; may or may not have a love affair

20 years and above: Pursue graduation in subject of interest/pursue a vocational skill; may or may not have made a choice for marriage

22 years and above: Complete graduation and go for higher studies/apply for jobs/complete vocational training and join internship; may or may not have a steady love relationship

24 years and above: Have a source of livelihood and some savings; may have or may not have a steady love relationship

26 years and above: Have a decent job/stable employment/own business/shop and good savings; may think of marriage or a new love relationship

28 years and above: Look for new avenues in professional life; promotions; maybe marriage for some; or a decision to have a child for some

Some youngsters may decide on marriage and children even later in life depending on personal dreams and aspirations.

Remember:

It is your right to decide when to marry and whom to marry. Your consent is important for your marriage. It is your right to decide when to have children and how many. One should always take an informed decision about such important events in life.

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Ask them at what age they would like to place events like marriage, first child and second child. Tell them to assume that they get married between 15 and 21 years of age or even younger and see how their life plans may change. It may be as follows:

15 years: Out of school and marriage/huge age gap with spouse/poor negotiation skills and communication gap with spouse

18–20 years: One or two abortions/children/poor health/no time and finances for vocational opportunities; spouse not able to share responsibilities well

21–24 years: Responsibilities of family and children; low-paying jobs/poor savings

24 years and above: Increased financial pressure and large loans

Summarize the activity with the following:

1. One should plan marriage and children after ensuring a certain level of education and financial stability.
2. Chances of a good marriage and life partner after completing education and becoming financially secure are more with fewer risks.

3. If both husband and wife are educated and have vocational and professional skills, they can complement each other and share responsibilities equally.
4. It is important to have some personal savings before you plan marriage and children so that you carry out responsibilities with respect and dignity.
5. An educated couple also understands the significance of family planning and how to take care of health and nutrition of self and family.
6. Each individual, whether a man or a woman, has a 'right age' and 'right time' for marriage and children. Hence, one should not give in to unfair social pressures.

Note for Facilitator

Child marriage is a common and serious problem, and the person most affected is the girl child. In India, under Prohibition of Child Marriage Act, 2006, the legally accepted age for marriage is 18 for girls and 21 for boys. If a girl is married at an early age, she is likely to face many problems. Early marriage is usually followed by early childbearing and this is dangerous for both the mother and the baby. Girls who marry young are more likely to be victims of violence and abuse. They have little or no decision-making power and negotiation skills to safeguard their interests.

The minimum legal age for marriage tries to safeguard the interest of a child so that children are able to achieve a minimum level of physical, sexual, and emotional maturity before they marry, which otherwise would be detrimental to his/her physical, sexual and mental health. However, the 'right age for marriage' is an individual decision depending on the dreams and aspirations of that individual.

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The factors for deciding the 'right age for marriage' may include the following:

- Completion of education as desired
- Acquiring skills for a job/employment
- Getting employment or have potential to exploit some earning opportunities
- Have the information and life skills to make informed decisions and protect oneself and partner from risky situations
- Have financial stability/some savings
- Have knowledge and life skills to plan a family
- Ability to take care of spouse, children and parents in a better way and bring harmony to relationships

Possible health risks and consequences of child/early marriage and pregnancy are:

- Poor nutritional status
- Injuries and depression due to physical, sexual violence and verbal abuse/torture
- Frequent pregnancies and abortions
- Complications in pregnancy and delivery like obstructed labour, fistula, poor health outcomes such as anaemia
- Death of mother in some cases
- Poor outcomes of pregnancy such as low birthweight children, pre-term birth and death of infant etc.
- Fertility outcomes (high fertility, low fertility control and poor fertility, no use of contraceptives, unwanted pregnancy, pregnancy termination, stillbirths, miscarriages or abortions).
- Violence (domestic violence and abuse, increased economic dependence, denial of decision-making power, inequality at home)

Child or forced marriages undermine a number of rights guaranteed to a child or a person as per the Constitution of India and the UN Convention on the Rights of the Child:

- *Right to education*
- *Right to health and nutrition*
- *Right to live with own parents*
- *Right to rest and leisure*
- *Right to economic enablement*
- *Right to be protected from all forms of physical or mental violence, injury or abuse, including sexual abuse, and from all forms of sexual exploitation*
- *Right to the enjoyment of the highest attainable standard of health*

...and many more

Key Messages

1. Legal age for marriage is 18 years for girls and 21 years for boys.
2. The law that provides protection from child marriage is the Prohibition of Child Marriage Act, 2006.
3. Child marriage is a violation of child rights and basic human rights.
4. It is a harmful traditional practice that has long-lasting impact on health and development of the victim, especially girls.
5. It leads to discontinuation of education, poor opportunities for skill enhancement, separation from parental care (especially for girls who have to move to husband's house) and increased risk of physical, mental and sexual violence.
6. Early marriage results in early initiation of sexual activity.
7. A child bride is highly vulnerable to closely spaced and numerous pregnancies and STIs like HIV.

Role of a Peer Educator, 'A Trusted Friend'

1. To talk to young people between 10–21 years of age about the legal age for marriage.
2. To educate community on consequences of early marriage.
3. To help young girls and boys and the community to decide an appropriate age for marriage through a goal-setting exercise.
4. To help friends and peers delay their marriage.
5. To inform village elders or the CMPO if you have information on possible child marriage.
6. To enlist the help of ASHA *did*i, ANM *did*i, AWW *did*i, teachers, doctors and other workers in village to counsel parents and families to stop or postpone the child marriage.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to **Child Marriage**

Session 10

Adolescent Pregnancy

Introduction

Child marriage is one of the major factors contributing to early, closely spaced and too many pregnancies among women. Early marriage leads to early initiation of sexual activity and the risk of unplanned and unwanted pregnancy is high. Biased social norms expect a young bride to prove her fertility by bearing a child in the very first year of marriage. Any failure to conform to such a norm draws undue criticism, stigma and discrimination to the bride and her parental family. A woman is subjected to enormous pressure with regard to her child bearing ability. An adolescent girl has poor information, knowledge and skills to decide and negotiate for safe sexual practices that protect her from unwanted pregnancy and risk of STIs. Unwanted pregnancy may also result due to sexual abuse and gender based violence against girls. An unplanned and unwanted pregnancy is a huge risk to the physical and mental health of a mother, especially adolescent mothers who themselves are children.

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[**Note:** It is suggested that information pertaining to this session be discussed preferably with married adolescents or those above 15 years of age.]



Learning Objectives:

1. To understand the factors leading to pregnancy among adolescent girls
2. To understand the consequences of adolescent/early pregnancy
3. To understand the concept and benefits of a small family
4. To learn about modern ways to prevent unwanted and unplanned pregnancies
5. To decide the right age for planning the first child and gap between two children
6. To practise and enhance life skills to negotiate for safe sex



Time:

40 minutes



Material:

Chart papers; sketch pens



Methodology:

Brainstorming; group discussion; exercises like goal setting, case studies

10.1 Adolescent Pregnancy: Causes and Consequences

Activity 1



Note for Facilitator

This activity is a value exercise. Value exercises help participants identify their own values about an issue, know the opinion of other participants, learn to respect other opinions and know that a person's value or opinion about an issue may change. This activity is to help participants learn about different values related to sex and contraception from the point of view of adolescents. It will also help them practice a '**non-judgmental**' approach so as to be a good peer educator.

As a facilitator, you are not supposed to comment on the stand taken by participants. You will respect the decision or choice of all participants. You should try your best to avoid changing your facial expression, nodding or using words like 'Good' or 'Okay' as these may create misunderstanding among participants and may influence their decision. The objective of the exercise is to help participants make their own decisions without being influenced by anyone.

Ask participants to stand in a row in the middle of the hall. Tell them that they will be playing a game. In this game, the facilitator will read out a few statements. The participants need to decide on their own (without any discussion) whether they agree with the statement or not. If they agree they will move a step forward and if they do not agree, they will move a step back. Each participant has to decide on his/her own.

Read out following statements one by one. Repeat the statement if it is not understood by the participants. After each statement ask some of them to explain the reason for agreeing or disagreeing. Then tell them that if anyone wants to change their position they can, without saying anything. Give them a few seconds to do so and do not make any comment. Then move to the second statement. Follow the process till you finish reading out all the statements. **(The rule of the game is that no one is allowed to convince, comment or interrupt any participant sharing his/her reasons for agreeing or disagreeing).**

Statements for the exercise:

- Not many adolescents are exposed to sexual activity.
- Adolescents should delay sex till they reach adulthood.
- Adolescents have the right to sexual and reproductive health.
- All adolescents need to be educated on risky situations that may impact their sexual and reproductive health.
- Contraceptive methods are available for both males and females.
- Adolescents need to be informed about the causes and consequences of adolescent pregnancy.
- Older adolescents (those above 15 years of age) need to be informed about safe sex and contraceptive methods so that they can protect themselves from the risks of STI and unwanted pregnancy.
- Adopting or using a suitable contraceptive method is the responsibility of both partners.
- The condom is the best contraceptive method for young people.
- Adolescents should access information and services on contraception.

At the end of the exercise thank participants and say, "As we saw in the exercise, there was no right or wrong decision. Everyone agreed or disagreed based on their own values, the information and knowledge that they had on the issue." Tell participants that they will learn how adolescent girls are vulnerable to unwanted or unplanned pregnancy. Different activities in this session may also inform our opinion about many other situations or issues related to adolescent or teenage pregnancy.

Activity 2



Divide the participants into three groups and provide them with a printout of the case studies given below to discuss.



Case Study 1: Nilofer and Shahid's story

Nilofer got married at the age of 16. Her husband Shahid works in a tannery. After marriage, guests and elders bless them and express the wish to see the couple with a baby soon. However, Nilofer and Shahid have decided to postpone the first pregnancy for some years. They want to spend some time getting to know each other well. Nilofer wants to do something in life and was very sad when she had to drop out of school to get married.

It is now a few months since the marriage. One day a neighbour tells Nilofer, "Are you going to give us 'good news' soon?" Nilofer has to face such questions quite frequently and this is making her uncomfortable. Her in-laws and her own mother have also started pressurizing her to become pregnant. One day her mother-in-law suggests that Nilofer go for a medical check-up, to see if she has any problem in getting pregnant. Nilofer is very disturbed and does not feel like talking to anyone. She avoids meeting relatives or guests visiting their house to escape any discussion about pregnancy. Shahid has also started avoiding friends and family.

Nilofer and Shahid are tense and now they have started blaming each other. Nilofer feels helpless and wants to run away from everyone.



Discussion Points:

1. What does everyone, including her mother and mother-in-law expect from Nilofer?
2. Is their expectation unreasonable? Why?
3. Is the decision to not have a child soon by Nilofer and Shahid right? Why?
4. Why are Nilofer and Shahid tense?
5. How can you help Nilofer and Shahid deal with this situation?



Case Study 2: Radha and Jatin's Story

Radha (18 years) and Jatin (20 years) are in love with each other and have decided to marry after a few years so that they can complete their studies and have good jobs by that time. Both of them are in college in different cities pursuing graduation. They visit each other during holidays. On one such visit, the couple have sex with each other. They think there is no risk since it is the first time and they do not have sex on a regular basis. Jatin returns to his city at the end of the holiday. After a couple of months, Radha is unwell and has nausea. She takes a tablet and decides to rest. But the tablet and rest are of no help. She visits a doctor. After the initial check-up, doctor asks her if she has had her menstrual periods on time. Radha recollects that she has not had periods for the last couple of months. The doctor asks her about her marital status and sexual relations and then suggests a urine test. The test confirms pregnancy. Radha is shocked. She informs Jatin. Jatin is tense and asks her to come to his place soon. Radha does not know how to cope or what to do and is in tears.



Discussion Points:

1. Is Radha's pregnancy an unplanned and unwanted pregnancy? Why?
2. Where did Jatin and Radha go wrong? Why?
3. Is first time sex free of risks? Why?
4. Why are Radha and Jatin shocked and tense?
5. What should Radha and Jatin do now?
6. Is it difficult for Radha and Jatin to visit a clinic or a hospital for an abortion? Why?
7. Should the doctor help them with counselling, referral service for abortion and information on contraception? Why?
8. Is abortion a legal way to terminate an unwanted pregnancy?
9. How can Jatin console Radha and share the responsibility?
10. What precautions should they take in future?



Case Study 3: Bindiya's Story

Bindiya is a 15-year-old girl who lost her parents in early childhood. She was brought up in the family of a poor and distant relative. Sometimes, Bindiya is forced to have sex with some village goons. She is scared of them and gives in to their pressure. For some days, Bindiya has not been well. She approaches ASHA *didi* for medicine. After a month or so, ASHA *didi* visits Bindiya's house. On seeing her, ASHA *didi* has some doubts and takes Bindiya along with her for a medical check-up. After some tests, the doctor confirms that Bindiya is pregnant and her pregnancy could be around three months now. The doctor, ASHA *didi* and ANM *didi* are disturbed and tense. Bindiya is in tears and pleads with them to help her.



Discussion Points:

1. Was Bindiya going through a situation of sexual violence?
2. What has happened to Bindiya?
3. Why are the doctor, ANM *didi* and ASHA *didi* tense and disturbed?
4. Can pregnancy of more than three months be terminated? How?
5. How will the doctor, ANM *didi* and ASHA *didi* help Bindiya in such a situation?
6. Who else can help Bindiya in this situation?
7. How can such situations of violence be averted?

Invite each group to present its discussion summary one by one. Help the participants understand the context and possible solutions.

Summarize the activity with the following:

1. There can be numerous situations that may pose risks for forced and/or unsafe sex and which may result in an unwanted pregnancy for an adolescent girl like child or early marriage, love relationships, influence of alcohol or drugs, prostitution in exchange for money or other favours; in the name of religious or cultural practices; sexual abuse (physically and/or mentally challenged girls are more vulnerable) and so on.
2. In situations like that of poverty, social inequality and discrimination, loss of parents, lack of parental care and support, young girls and women are forced to engage in sex work. Forced sex also occurs in some harmful practices that are considered as 'tradition' in some communities.
3. A sexual act with anyone without the consent of the person or in situations where consent has been taken in deceitful ways (like luring, making false promises, cheating etc.) is violence and a criminal offence.
4. Most young girls and women subjected to sexual abuse face social and cultural barriers and threats to keep them from accessing protection from such violence.
5. In some cases adolescent girls may not be able to relate their discomfort or illness to pregnancy and so are unable to seek timely help. This is also because adolescent girls have poor information and negotiation skills and are unable to protect themselves from forced sex and unwanted pregnancy; cannot identify the signs and symptoms of possible pregnancy (like missed menstrual cycle etc.) and so do not seek medical or legal help as per the need of the situation.
6. Sexual intercourse can be risky any time if it happens without adopting any modern contraceptive method.
7. A pregnancy is not the sole responsibility of an adolescent girl but also that of her partner/husband.
8. The male partner should share the responsibility of pregnancy equally with the pregnant woman.
9. Every individual has the right to decide when to marry and whom to marry.
10. Every individual (including an adolescent) has right to access information, knowledge and services to make an informed decision related to marriage and children.
11. The services provided to help an adolescent prevent, manage or terminate an unwanted pregnancy have to ensure privacy, confidentiality, and respect without judging the adolescent client.

12. The doctor, ASHA *did*i, ANM *did*i and the peer educator are required to help such adolescents and youth with correct information and referral services (both medical and legal as required).

In India, medical termination of pregnancy is legal up to 20 weeks of pregnancy under the Medical Termination of Pregnancy Act, 1972, but the opinion of a second doctor is necessary between weeks 12 and 20 weeks. It is advisable to undergo an abortion in the early weeks to avoid health complications. There are various procedures for inducing medical abortion, depending on the period of gestation of the pregnancy. (For more on medical termination of pregnancy or safe abortion refer to the table 'Understanding pregnancy and contraception'.)

Activity 3



Divide the participants into two groups. Give a chart paper and sketch pens to each. Ask them to prepare a list of causes and consequences of adolescent pregnancy as done in the earlier session on child marriage. Help the groups to add factors and explain the risks associated with each. Also explain terms like fistula, obstructed labour, eclampsia, pre-term baby and low birthweight baby.

Causes of Adolescent Pregnancy

Educational	Social (including unfair gender and social norms)
<ul style="list-style-type: none"> • Poor information on safe sex • No knowledge about contraceptive methods • Surrounded by myths and misconceptions 	<ul style="list-style-type: none"> • To prove fertility in first year of marriage • A woman is complete only when she has a child • A couple cannot be happy without a child • Preference for sons • Control over women's sexuality; forced sex; violence • Sex without the consent of female partner
Economic	Health
<ul style="list-style-type: none"> • Poverty • Contraceptive services not affordable • Sex for money or favours • Prostitution 	<ul style="list-style-type: none"> • Substance abuse • Abortion or pre-term or death of first or earlier children • Couple blackmailed on grounds of poor health of older people in family – they would like to see the grandchild before they die. • Mental illness of mother/woman who cannot assess risky situations • Failure of contraceptive method adopted

Consequences of Adolescent Pregnancy

Educational	Social (including gender norms)
<ul style="list-style-type: none"> • <i>Forced to leave school</i> • <i>Poor opportunity for knowledge or skill enhancement</i> • <i>Poor vocational or professional skills for good employment</i> 	<ul style="list-style-type: none"> • <i>One gets trapped in a vicious cycle</i> • <i>Uneducated mother may bring up children with biased norms</i> • <i>Discriminated against for giving birth to a girl child</i> • <i>Girl child faces discrimination</i> • <i>Social stigma and isolation if unmarried or out of marriage</i> • <i>Judgemental attitude of service providers and other members of society</i>
Economic	Health
<ul style="list-style-type: none"> • <i>More mouths to feed, fewer hands to work</i> • <i>Increased burden of health expenditure</i> • <i>No financial stability</i> • <i>Poor income; no savings</i> • <i>Large debt and loans</i> • <i>Poor quality of life</i> 	<ul style="list-style-type: none"> • <i>Poor nutritional status of mother (a situation created because the adolescent mother's body and the child in her womb compete for nutrition to grow at the same time)</i> • <i>Anaemia in adolescent mothers</i> • <i>Abortion or pre-term babies</i> • <i>Prolonged and obstructed labour causing health risk to mother and child (Explain.)</i> • <i>Damage to reproductive tract of expectant mother; fistula (Explain.)</i> • <i>Low birthweight babies</i> • <i>Maternal and/or infant death</i> • <i>Lifelong illness/health complications</i> • <i>Poor health and nutrition of father due to Increased burden of work and not enough food</i> • <i>May result in mental illness, depression for some mothers and fathers</i> • <i>High risk of closely spaced pregnancies and abortions</i> • <i>High risk of STIs like HIV</i>

10.2 Adolescent Pregnancy: Appropriate Age for Planning a Child

Activity 1



Note for the facilitator: This activity has a 'Goal-setting exercise'. This exercise will help participants take informed decisions to plan for a child.

Give the case study to each group of participants and ask them to discuss and prepare a plan.



David and Shelly's Story:

David (20 years) is a very hardworking boy. His father is a great fisherman and they have a shop in the town from where they supply fresh fish to other vendors. David has two younger brothers and two sisters. The two sisters are married with children and live with David's father as one big happy family. As the size of the family is increasing, David's father wants to expand the business but they need a new and better boat that can take them to the deep sea where they will get more and bigger fish. They also need bigger fishing nets. David wants to help his father in his business and have a boat of his own. David doesn't have any personal savings and has been dependent on his father so far. David has also got married recently. He and his wife Shelly (18 years) are often teased by friends and relatives to plan their first child.



Discussion Points:

Help David and Shelly plan their first child.

1. At what age they should have their first child?
2. Can they plan for a second child or not?
3. If they plan for a second child, when should they have it?

Now give a chart paper to each group and ask them to refer to the goal-setting exercise in the earlier session about child marriage. Ask them to prepare a similar plan for David and Shelly together for the next 10 years at least. The plan should help them have a boat for themselves; some skill enhancement course; some work for Shelly; some savings; a first child; a second child, if they wish; any contraceptive method to be adopted etc. The chart should look like this:

David (20 years) and Shelly (18 years):

David (21 years) and Shelly (19 years):

David (22 years) and Shelly (20 years):

David (23 years) and Shelly (21 years):

Summarize the activity with the following:

1. Medically, the right age for the first pregnancy is after the woman completes 20 years. The appropriate age may differ for couples depending on the health and nutritional status of the woman, educational and livelihood aspirations of the partners etc.
2. The recommended gap between the first and second child is a minimum of 3 years (more if the mother is an adolescent). This helps the mother regain her health and at the same time take good care of her first child as the years of infancy need utmost care.
3. Just as one has the right to free choice in decisions related to marriage, one also has the right to make an informed decision about planning pregnancy and children (when and how many) along with one's partner.
4. It is beneficial if one achieves at least basic (compulsory) level of education to understand the needs and responsibilities of parenthood before planning a child.
5. It is always better to have a steady source of employment/income and some personal savings before planning the first or second child.
6. Better financial standing helps one carry out one's parental responsibilities with respect and dignity.
7. Parenthood means providing the best possible care and support to your child to grow into an educated, healthy and socially responsible person.

10.3 Adolescent Pregnancy: Preventing Unwanted Pregnancy

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Activity 1



Divide the participants into four new groups and give each a case study to discuss and prepare their response.



Case Study 1:

Raji (18 years) and Surendra (24 years) have a 1-year-old son. Raji got pregnant in the first year of marriage and they don't know anything about contraception. They fear that Raji may get pregnant again. They have not adopted any method of contraception. One day ASHA *didi* visits Raji and enquires about her and her son's health. Raji is debating whether she should share her fears with ASHA *didi* or not.



Discussion Points:

1. What is Raji and Surendra's problem?
2. Should Raji and Surendra share their fears with ASHA *didi*?
3. How can ASHA *didi* help them?
4. What are the different contraceptive methods available and suitable for the couple?



Case Study 2:

Gyanendra and Nandini met each other at a wedding. It was love at first sight. They decide to marry soon. After a few months Gyanendra visits Nandini's town and they meet at a friend's house. During that meeting they have sex. Gyanendra leaves that evening and Nandini returns home happy. She calls her best friend and shares her experience. The friend tells her that she understands her feelings and is happy that they have decided to marry but that she needs to be careful. Her friend asks if they used a condom. Nandini says, "No". The friend explains that she is at risk for pregnancy which could be devastating for her and Gyanendra at this stage of their relationship. The friend, who is a trained peer educator, helps Nandini understand the seriousness of the situation and suggests that she visit a doctor to get an emergency contraceptive pill immediately.



Discussion Points:

1. Do you think Gyanendra and Nandini could have been a bit more careful?
2. Was it responsible behaviour on the part of Gyanendra to have sex without a condom?
3. Was it responsible behaviour on Nandini's part to have sex without a condom?
4. Is Nandini's friend right to tell her about the risk associated with unprotected sex?
5. Why does her friend want Nandini to visit the doctor and get an emergency contraceptive pill immediately?
6. What is an emergency contraceptive pill and how can it help Nandini now?
7. What is the most suitable contraceptive for such couples?



Case Study 3:

Suhail and Ameena are newly married. During intercourse Ameena wants Suhail to use a condom but Suhail says, "Condoms are used by people who are not faithful to their partners. You don't trust me". Ameena replies, "It is not about trust, it is about being safe and we don't want a child so early in our life together". Suhail is upset as he does not want to use a condom but he too does not want a child so early. Ameena is firm in her decision and says, "If you love me and trust my love for you, please use a condom always, except when we plan for a child".



Discussion Points:

1. Is Suhail right in pressurizing Ameena to have sex without a condom? Why?
2. Is Ameena right to persuade Suhail to use a condom? Why?
3. Is a condom the most suitable method for young couples? Why?
4. What could be other methods of contraception for Suhail and Ameena?
5. Is it a wise decision to not have unprotected sex till both partners get to know and understand each other?
6. What are the different contraceptive methods available and suitable for the couple?



Case Study 4:

Pramila (20 years) finds out that she is pregnant. She informs her husband, Ravindra, who is surprised as he too is not prepared for a child. Pramila is very disturbed as she feels that she is not mentally prepared for this pregnancy. She also had severe typhoid a few months back and has still not regained her health. She wants to go for an abortion. Ravindra informs his parents. His parents are angry with them about this decision. Pramila and Ravindra are confused and feeling helpless.

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Discussion Points:

1. What do you think Pramila and Ravindra should do? Go for an abortion or not?
2. Will this pregnancy harm Pramila's physical and mental health?
3. Can this pregnancy be risky for the foetus/unborn child?
4. Is abortion of unwanted pregnancy legal in such cases? Why?
5. What are the different contraceptive methods available and suitable for the couple?

Activity 2



Give a chart paper to each group and ask them to list the names of the contraceptive methods they know and start with those that are best suited for an adolescent or young couple. Give 15 minutes for the exercise. Invite each group to present their case study, summary of discussions and list of contraceptives suitable for an adolescent and young couple.

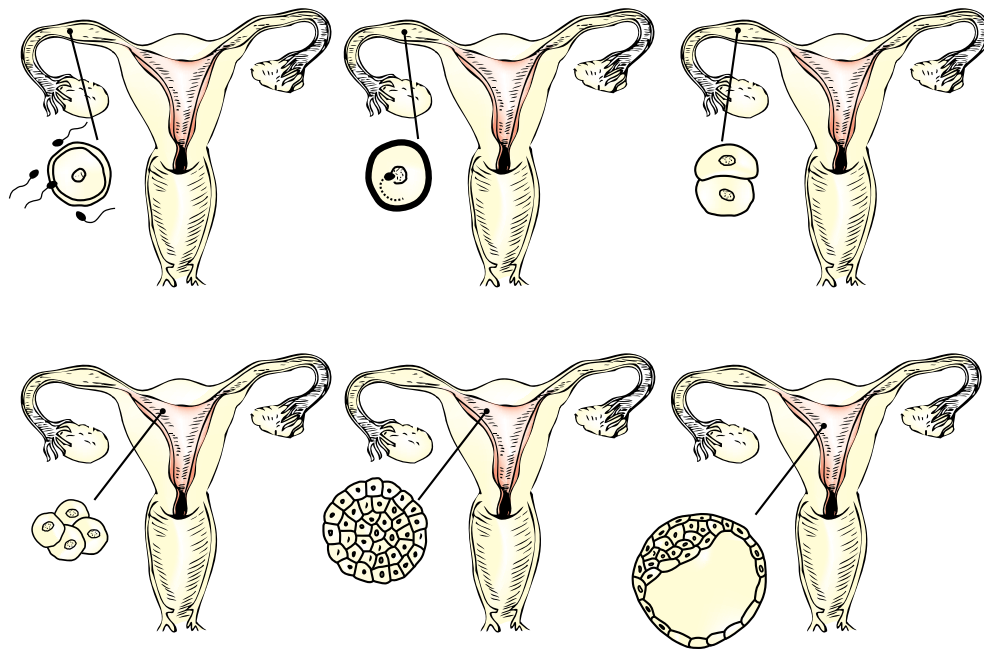
If possible show various contraceptives or pictures of contraceptive methods available in our public health system. Explain each method and its advantage and suitability to young couples. Put the contraceptives on display so that the participants can see and discuss them during the break. But before discussing contraceptives, **conception must be explained to the participants.**

Understanding Pregnancy and Contraception

How does pregnancy happen?

Pregnancy happens when a male and female have sexual intercourse. The male sex organ (penis) penetrates the female vagina and ejaculates semen (white male sexual fluid) into the vagina. The semen carries sperms (male reproductive cells) in large numbers. Sperms travel through the vagina to the fallopian tubes; only one sperm fertilizes the ovum (female egg) in the fallopian tube. Ova are released every month from the ovary in the female body (refer to process of menstrual cycle). The fertilized egg gets implanted in the uterus (where inner lining thickens to receive the fertilized egg) to grow and take birth as a child. This is conception.

How conception takes place



If fertilization does not happen, the thickened inner lining of the uterus bleeds. This is known as menstruation or monthly period. When pregnancy happens, a woman's menstruation stops as the uterus has the implanted fertilized egg.

What is contraception?

Contraception is a method by which pregnancy/conception may be prevented, or a method by which the fertilization of sperm and egg is prevented.

Why should couples adopt contraception?

To prevent unwanted pregnancies.

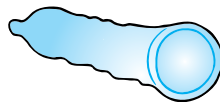
Who should be responsible for practising contraception – husband or wife?

Both the partners need to mutually decide on the method of contraception considering the suitability, advantages, risks associated and convenience for the user. Contraception is not the sole responsibility of the female partner.

A couple may use two methods simultaneously, say a condom by the man and an oral contraceptive pill (OCP) by the woman to ensure protection.

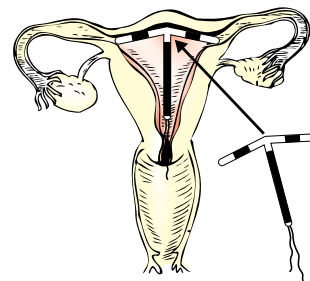
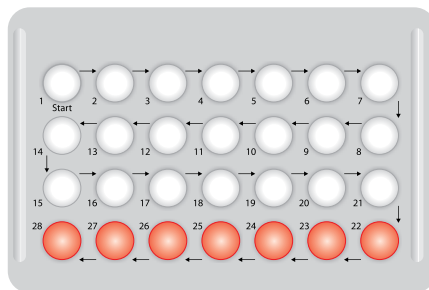
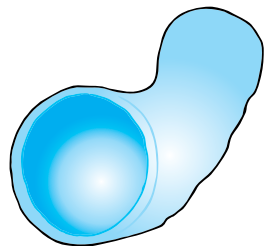
What are contraceptive methods for men?

Condoms



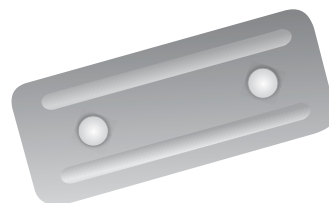
What are contraceptive methods for women?

Female condom, OCPs, intra-uterine device (IUD) like Copper-T (*only for those with one or more children*).



What is emergency contraception?

Emergency contraception is a way to prevent pregnancy within 72 hours of unprotected sex. Unprotected sex may happen due to non-use of condom, incorrect use of condom, tearing of condom, no contraception adopted, sex under the influence of alcohol and drugs and in cases of forced sex, sexual violence/assault (date rape, sexual abuse etc.). This contraceptive is available in the form of a pill on a doctor's prescription. One has to access a doctor as soon as possible after unprotected sex so as to take the pill within 72 hours. If consuming this pill within 72 hours does not prevent pregnancy, the person should go for a pregnancy confirmation test and consult a certified doctor for medical termination of pregnancy.



Note: *The emergency contraceptive pill is not to be consumed on a regular basis or as an OCP.*

Most Suitable Contraceptive Methods for Adolescents and Young Couples

Condom: Condoms are available for both men and women but more commonly and at cheaper rates for men. A male condom is a sheath or covering made to fit over a man's erect penis. The most commonly available brand in the public health system is 'Nirodh'. The condom prevents the semen carrying sperms from entering the vagina and hence prevents fertilization of ova by the sperm. The female condom is closed at one end and is inserted inside the vagina with the help of fingers with the open end outside the vagina. This creates a physical barrier for the semen ejaculated into the vagina from coming in contact with the ovum.

Both male and female condoms provide protection against STIs including HIV and hence serve a dual purpose. This makes condoms the most suitable contraceptive for adolescents and young couples. But condoms need to be used correctly and consistently.

Hormonal contraceptive pills: The OCP which is a combination of hormones can be taken every day to prevent ovulation in women. Some of the commonly available oral pills are Mala-D, Saheli and Pearl.

Emergency contraceptive pill or the '72-hour pill': ECP is indicated for the prevention of pregnancy within 72 hours of unprotected or unsafe sex. It is most suitable in situations of contraceptive failure, unprotected sexual intercourse, forced sex, sexual abuse and violence such as rape, sex under the influence of alcohol and drugs like those in the case of date rape.

Other methods (only for those with a child)

Intra-uterine device: This is a device which can be placed inside the uterus of a woman that prevents the fertilization of egg. This method is not recommended for unmarried women or those without any children.

Some other methods (not recommended for adolescent mothers)

Lactational Amenorrhea Method (LAM), a traditional method, is the use of breast feeding as a temporary family planning method. This method is effective for about 6 months following childbirth, provided the mother practices exclusive breastfeeding (with no substitutes for breast milk) and the interval between feeds is less than 6 hours. Further, the menstrual period should not have returned after childbirth. For all post-partum women, especially adolescent mothers, use of one of the modern contraceptives (like condoms, oral pills or intra-uterine device) is recommended, as all the criteria for LAM may be difficult to follow.

Permanent methods of contraception (to be adopted only in later adulthood and by couples who have completed their family): Permanent methods are those which provide permanent contraception, also called 'sterilization'. This is a simple surgical process, and can be performed on both males (vasectomy) and females (tubectomy). Permanent methods only block the passage of semen that carries sperms (if performed on males) and block the passage of ova (if performed on females) to protect a couple from pregnancy and in no way affect sexual strength of the male or female who has undergone the surgery. However, it is recommended only for those who have completed their family as, unlike temporary methods, it is non-reversible. Temporary methods allow a couple to discontinue with the method when they plan a pregnancy.

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Safe Abortion or Medical Termination of Pregnancy

In India, medical termination of pregnancy (MTP) has been legalized through the MTP Act that came into effect in 1972. Any woman above 18 years of age, irrespective of marital status, can opt for an abortion. In the case of minors (below 18 years of age), written consent from a parent or guardian is necessary.

Safe Abortion

Safe abortion is the medical termination of pregnancy performed by certified doctors in a certified clinical setting. It is legal in India on well-specified grounds that include failure of contraceptive method, risk to physical health and mental trauma to mother, risk of congenital defects in foetus/child to be born.

Abortion in India can be done till 20 weeks of pregnancy, but the opinion of a second doctor is necessary between 12 and 20 weeks.

When is abortion unsafe?

Unsafe abortion (that is, abortion at home or at non-certified clinics or hospitals and by non-certified person/doctor) has serious risks like partial abortion, damage to internal organs, puncturing, tearing etc. This may lead to excessive bleeding and may also prove fatal.

When is abortion illegal?

Abortion can be illegal if

- Performed by untrained person,
- Performed in an uncertified clinic or hospital. The Government of India has certified select clinics and hospitals based on availability of necessary infrastructure like facility for blood transfusion etc. to provide safe abortion services.
- Duration of pregnancy is above permitted weeks of gestation
- The necessary procedures (*like approval of two or more doctors*) have not been followed in cases of pregnancies beyond 20 weeks.
- It is conducted based on the sex of foetus (like female foeticide)

Note: *Termination of pregnancy after determining the sex of child is a criminal offence by both the doctor performing it and the couple and family going in for the heinous act.*

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When can a woman plan the next pregnancy after a miscarriage or induced abortion?

The recommended minimum interval for the next pregnancy is at least six months. This will help reduce risks of adverse conditions for mother and the unborn child.

Activity 3



Write each statement given below on a different card. Tape two chart papers on the wall and write a heading on one as '**Myth**' and the other as '**Fact**'. Explain to the participants that you have some cards with statements written on each. You do not know whether the statement on the card is a myth or a fact. Ask them to help you paste the card under the right heading on the two chart papers. Read out the statements one by one. After each is read out, discuss with the participants whether the statement is a myth or a fact and with their help put it up on the chart paper. The statements are listed below.

1. There are other contraceptive methods like 'safe period' and 'withdrawal of penis' that are effective and risk free.
2. Taking birth control pills makes you fat.
3. Wearing two condoms will provide extra protection.
4. Using emergency contraceptive pill is the same as performing abortion.
5. Usage of contraceptive pills by mother may have harmful effect on the health of the child she has subsequently.

Statements	Answers
<i>Withdrawal method and safe period methods for contraception</i>	<p>Myth: The withdrawal method is not effective as there may be ejaculation before orgasm which may have sperms that could travel into the female body through the vagina. This can cause pregnancy or even infection. Often men, especially young men, have trouble 'pulling out' in time.</p> <p>The safe-period method for girls is not safe at all as (i) the duration of the menstrual cycle may not be same in all months; (ii) the calculations are cumbersome and it is difficult for an adolescent girl to keep track of her menstrual cycle for six months; (iii) no period is completely safe and no sexual activity is safe without using appropriate contraceptive method. Hence, this is not at all effective or risk free.</p> <p>These methods are not at all recommended for adolescents and young people.</p>
<i>Taking birth control pills makes you fat</i>	<p>Myth: There is no evidence of a causal relationship between taking birth control pills and weight gain. Some women may experience minor weight gain depending on their physiology and the pill taken. A good exercise regime and a healthy nutritious diet can prevent or minimize weight gain.</p>
<i>Wearing two condoms will provide extra protection</i>	<p>Myth: Wearing two condoms at the same time, one on top of the other, is often referred to as 'double bagging'. This does not reduce the chances of pregnancy or STI. In fact, double bagging may actually cause problems due to slippage or breakage. (Using more than one condom creates friction and can cause the condoms to rip.)</p>
<i>The 'emergency pill' is same as the 'abortion pill'</i>	<p>Myth: The emergency contraception pill when taken within 72 hours of unprotected intercourse prevents fertilization inside the fallopian tube. When fertilization is prevented, pregnancy does not happen. Hence it is not the same as an abortion. The 'abortion pill' is used for medical abortion, a method of safe abortion done only under the supervision of a certified doctor.</p>
<i>Usage of contraceptive pills by mother may have harmful effects on the health of the child she has subsequently</i>	<p>Myth: This myth persists because of the mild side effects (nausea, dizziness, vomiting and irregular periods) of oral pills in many women. Contraceptive pills only contain synthetic female hormones (progesterone and oestrogen or derivatives), and no other chemical or pharmaceutical substance that can affect the baby in the long run. They contain such a low dose of hormones that, fertility returns as soon as it is stopped. They have no relation to or effect on the health of the child to be born.</p>

Optional: If required, you can discuss myths associated with other contraceptives and provide correct information based on information given below.

Some Basic Facts	
Condoms	<ul style="list-style-type: none"> • Do not make men sterile, impotent or weak • Do not decrease men's sex drive • Cannot get lost in the woman's body • Prevent STIs
Oral Contraceptive Pills (MALA-D, MALA-N)	<ul style="list-style-type: none"> • Do not build up in a woman's body • Women do not need a 'rest' after taking oral contraceptive pills • Do not make women infertile • Do not cause birth defects or multiple births • Do not change a woman's sexual behaviour • Do not collect in the stomach. Instead, the pill dissolves each day • Do not disrupt an existing pregnancy • Must be taken every day, whether or not a woman has sex that day
Intra-uterine Device (Copper-T)	<ul style="list-style-type: none"> • Does not cause infection of uterus or genital tract • Does not make women infertile • Does not cause birth defects • Does not cause cancer • Does not move to the heart or brain • Does not cause discomfort or pain for the woman during sex
Lactational Amenorrhoea Method (LAM)	<ul style="list-style-type: none"> • Highly effective when a woman meets all three LAM criteria • Just as effective among overweight or thin women • Can be used by women with normal nutrition. No special foods are required • Can be used for a full six months following childbirth without the need for supplementary foods
Emergency Contraceptive Pills (ECPs)	<ul style="list-style-type: none"> • Not effective if taken before sex • ECPs may have some temporary side effects like nausea, dizziness or tiredness • ECPs do not protect from STIs/HIV and AIDS • ECPs cannot cause abortion, they only prevent pregnancy • ECPs should not be taken frequently

Activity 4



(It is suggested that this session be held separately for girls and boys)

Write the terms 'Unsafe Sex' and 'Unprotected Sex' on the flip chart or blackboard. Ask the participants to say what they understand about these terms. Note down their responses and explain the terms to them and about 'Safe Sexual Practices'.

Safe Sexual Practices (for those who have an active sexual life)

The term stands for sexual activities that are protected and safe. That means there is no or minimum risk of unwanted pregnancy or transmission of sexually transmitted infections. This includes the following:

- **Masturbation**
 - Commonly understood as self-stimulation of sexual organ with hands for sexual pleasure
 - It may be practised alone or with a partner
 - There is no evidence about its negative effect on health, loss of sperms, fertility etc.
 - However among adolescents and young people, preoccupation with masturbation may impede other activities like study, play, social interaction etc.
- **Holding hands, touching, kissing, cuddling** are some safe ways to show affection and love
- **Avoiding sexual intercourse**
- **Correct and consistent use of condom** (condom provides triple protection)
- **Using a suitable contraceptive method (only protection from unwanted pregnancy but not from STIs and HIV)**
- **Being faithful to partner** (not engaging in sex with multiple partners)
- **Abstaining from sex** (delaying sexual debut till adulthood)

Note: You must explain and emphasize delaying sexual initiation till adulthood, having a single partner and being faithful to that partner and correct and consistent use of condoms to protect oneself from associated risks.

Summarize the activity with the following:

1. Unwanted pregnancies can be prevented by seeking information and services on contraception and safe sexual practices.
2. It is beneficial to have knowledge on methods of contraception before planning marriage and sexual initiation.
3. One should not hesitate to consult ASHA *didi*, ANM *didi* or the local doctor to get information regarding risks associated with unsafe or unprotected sex (*sex without using condom and other contraceptive method*) and safe sexual practices.
4. Unwanted pregnancies can be prevented by not giving in to any undue pressure through good decision making and negotiation skills.
5. Convince partner to adopt safe practices which will be beneficial to both.
6. Untimely and unplanned pregnancy may be a risk to both mother and child and timely abortion may prevent such harm.

7. Unplanned pregnancy may cause mental trauma to mother and hence the mother has the right to decide to have a safe abortion.
8. For an adolescent couple, the condom is the most suitable contraceptive method as it provides double protection – from unwanted pregnancy and STIs like HIV.
9. Use of condom reflects how responsible and caring a partner is.
10. Other suitable methods are ECPs, OCPs and IUDs like Copper-T for those with one or more children.
11. A couple has the option to undergo sterilization later in adult life and/or on completion of family.

10.4 Adolescent Pregnancy: Management of Adolescent Pregnancy

Activity 1



Discuss care to be taken in the case of an adolescent pregnancy (if pregnancy is wanted) with the participants.

All adolescent pregnant girls should be counselled on the option of safe abortion and should be helped in accessing a medical facility to decide whether they want to continue with the pregnancy or not. In case of wanted pregnancy:

- The adolescent pregnant girl needs to be registered with the ANM *didi* for compulsory antenatal and post-natal care and institutional delivery. She should be taken for antenatal check-ups (at least four times during pregnancy).
- She should be administered two TT injections and 100 iron and folic acid (IFA) tablets.
- She should sleep for eight hours each night.
- She must rest or sleep for two hours during the day.
- She should maintain personal hygiene.
- She can undertake light exercise, for example walking for half an hour every day.
- She should wear loose, comfortable clothing and low-heeled shoes that support her feet.
- She should drink plenty of fluids and eat healthy, hygienically prepared and served nutritious food.
- She should go for institutional delivery.
- She and her husband need to be counselled on post-natal care, child care and contraceptive methods to avoid pregnancy for 3 to 5 years.
- Support from the husband and family is crucial during these days. She should be kept happy and not face any physical, verbal or emotional abuse.

Key Messages

1. Adolescent pregnancies can be prevented. Child marriage is a major cause of adolescent pregnancies in our country.
2. If married early or as a child, postponing 'Gauna', a practice in some regions where bride is sent to her husband's house after a few months or years. This is to delay consummation of marriage.
3. It is advisable to have the first child only after completing 20 years or later.
4. There should be a minimum of three and preferably five years' gap between two children.
5. Gap between two children not only ensures health of mother and child but also increases opportunities for parents to enhance their skills and knowledge.
6. Condom is the most suitable contraceptive for adolescents and young couples.
7. Emergency contraceptive pills are available for emergency situations, to be taken within 72 hours of unprotected sex.
8. An unintended/unwanted pregnancy can be terminated through safe abortion. Safe abortion is abortion by legally certified doctors and in government certified clinical or hospital settings. The duration of pregnancy should be below 20 weeks.
9. In case of adolescent pregnancy, thorough care should be taken including antenatal care, institutional delivery and post-natal care.

Role of a Peer Educator, 'A Trusted Friend'

1. To be careful and selective in discussing topics with adolescents between 10–14 years and those who are unmarried: discuss as appropriate to age and situation.
2. To inform peers about advantages of delaying sexual initiation and risky situations.
3. To inform peers about sharing responsibility of adolescent pregnancy and parenthood with partner.
4. To educate adolescents and the community on causes and consequences of adolescent pregnancy.
5. To educate peers about most suitable methods of contraception.
6. To counsel newly married peers on contraception and safe sexual practices.
7. To report cases of adolescent pregnancy to ASHA *didi* or ANM *didi*.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to **Adolescent Pregnancy**

Session 11

Reproductive Tract and Sexually Transmitted Infections and HIV and AIDS

Introduction

Reproductive tract infections (RTIs) including sexually transmitted infections (STIs) are the second largest cause of poor health among women of reproductive age, after maternal morbidity and mortality. Reproductive tract infections are common among young men and women. These may occur either due to poor personal hygiene or through unsafe and unprotected sexual contact. Although not all RTIs are due to sexual contact, vulnerability to STIs increases with pre-existing RTIs that may have caused lesions on the skin. Adolescents suffering from RTIs avoid talking about them for fear of stigma and discrimination and unnecessarily suffer in silence. If left untreated, RTIs may cause discomfort and embarrassment in social life, impede other activities such as studies, play and social interactions and may lead to serious health complications. Any form of inflammation in the reproductive tract needs to be treated medically. Also, medical test helps in early diagnosis of any other infection that could be sexually transmitted as well such as the human immunodeficiency virus (HIV).

Timely diagnosis of such conditions is very important to initiate early treatment. STIs, if left untreated, may lead to complications such as infertility, ectopic pregnancy and cervical cancer. Pelvic inflammatory disease (PID) is another condition that is the result of untreated RTIs/STIs. HIV has sexual transmission as one of its transmission routes and causes AIDS in the later stage. Globally, nations have experienced loss of generations due to HIV and AIDS. In India, half the new infections were reported from young people between 15 and 24 years. As our country is moving towards reversing the spread of HIV, all adolescents and youth need to enhance their knowledge and skills to be able to identify risky situations, have protected sex, seek medical care and support and fight stigma and discrimination against people living with HIV or other STIs.



Learning Objectives:

1. To understand modes of transmission and prevention of RTIs, STIs
2. To understand common signs and symptoms of RTIs and STIs
3. To understand prevention and management of RTIs and STIs
4. To learn about HIV and AIDS, modes of transmission and ways to prevent transmission
5. To examine common myths related to RTIs, STIs, HIV and AIDS
6. To understand the importance of seeking timely help from a qualified doctor
7. To practise some core life skills in situations related to the topic

**Time:**

60 minutes

**Material:**

Chart papers; flip chart; sketch and marker pens, copies of case studies, blank paper slips

**Methodology:**

Brainstorming, group discussion, case studies, quiz, participatory games

Part I

Reproductive Tract and Sexually Transmitted Infections

11.1 Understanding RTIs and STIs: Signs, Symptoms and Prevention

Activity 1



- A. Ask participants if they have heard of infections of the reproductive tract. If yes, ask them to name some. Also ask them if they have heard about HIV and AIDS.

Tell participants that today you will inform them about infections of the reproductive tract and also about HIV and AIDS.

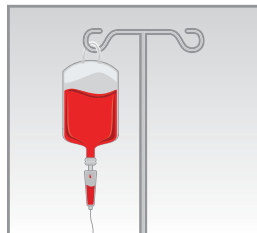
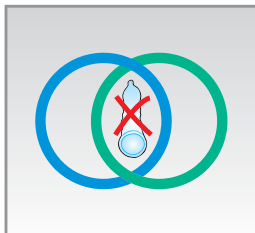
- B. Write on the blackboard or flip chart as given below and inform participants about different terms associated with infections of or through the reproductive system and how they are different.

- **RTI:** **R** – Reproductive **T** – Tract **I** – Infections (are defined as any infections of the reproductive system)
- **STI:** **S** – Sexually **T** – Transmitted **I** – Infections (infections of the reproductive tract transmitted by infected person to another person through unprotected sexual intercourse)
- **HIV:** **H** – Human (only found in humans) **I** – Immunodeficiency (weakens the immune system) **V** – Virus (a type of germ)
- **AIDS:** **A** – Acquired (to get something that you are not born with) **I** – Immuno- (the body's defence system, which provides protection from infections) **D** – Deficiency (a defect or weakness, lack of something) **S** – Syndrome (a group of signs and symptoms in a disease)

Explain that:

- Reproductive tract infections may occur either due to poor sanitation and personal hygiene or through unprotected sexual contact with an infected person. Hence, not all infections of reproductive tract are sexually transmitted.
- Sexually transmitted infections are transmitted through unprotected sexual contact. HIV has four modes of transmission and one of them is through unprotected sexual contact.

- HIV is also transmitted through transfusion of infected blood, use of infected needle and from mother living with HIV to her unborn child. Though HIV can be transmitted through the reproductive tract (unprotected sexual contact), the infection affects the entire immune system and not the reproductive tract alone. Hence, in case of HIV infection, there are no symptoms like itching, pain in genitals or difficulty in urination etc.



- AIDS is the advanced stage in a person living with HIV. AIDS can be delayed through timely treatment and management of HIV in an infected person (including good nutrition, healthy lifestyle and having a positive attitude)

Activity 2



Addressing Myths and Facts

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1. Give each participant two or three cards or half-sheets of paper and ask them to write two or three main things they know or have heard in the community (true or untrue) about RTIs/STIs and HIV. They should write only one statement on one card or piece of paper.
2. In the meantime, draw a line down the centre of the flip chart. Label one side '**Myths**' and the other side '**Facts**'. As the participants finish writing, collect the papers.
3. Read what is written on the first paper. Ask the participants to decide whether it is a myth or fact. On the basis of the response of the majority, tape the paper under the chosen heading and proceed to the next one. Anything that cannot be decided should be taped in the middle. Some of the statements could be (the facts are also given below to be discussed later):
 - A person can always tell if she or he has an STI
 - All infections of the reproductive tract are caused due to sex
 - With proper medical treatment, all STIs except HIV can be cured
 - The organisms that cause STIs can only enter the body through the woman's vagina or the man's penis
 - You cannot contract STIs by holding hands, talking, walking or dancing with a partner
 - Many curable STIs, if left untreated, can cause severe complications
 - RTIs occur because of unclean toilets
 - Foul smelling discharge from the vagina is not a cause for worry
4. The facilitator should not provide correct information at this time and tell participants that they will revisit this at the end of the session to see if the responses are correct or not.

Statements	Answers
<i>A person can always tell if she or he has an STI</i>	<p>Myth</p> <p>People can have STIs without having any symptoms. Symptoms of HIV are not specific as in case of RTIs or STIs and hence one may not associate his/her illness like cold, sneezing etc with HIV.</p>
<i>All infections of the reproductive tract are caused due to sex</i>	<p>Myth</p> <p>Not all infections of the reproductive tract are sexually transmitted. RTIs also occur due to poor sanitation and personal hygiene, like using unclean sanitary napkins or cloths during menstruation, improper washing of genitals during daily bath. It is common among both adolescent girls and boys.</p>
<i>With proper medical treatment, all STIs except HIV can be cured</i>	<p>Myth</p> <p>Herpes, an STI caused by a virus, cannot be cured at the present time. However most of the other STIs can be cured and it is important that the sexual partner of the infected person is also treated.</p> <p>Yes, HIV cannot be cured. Treatment is for management of HIV to help maintain the body's immunity.</p>
<i>The organisms that cause STIs can only enter the body through sexual contact</i>	<p>Myth</p> <p>Bacteria and viruses causing infections that are mostly sexually transmitted can also enter the body through cuts and lesions, wherein the body fluid of the person comes in contact with the body fluid of an infected person as in the case of HIV. HIV has other modes of transmission as well, like use of infected needles and transfusion of infected blood. Infection with HIV may also happen through tears and lesions on the skin, exposing the person to body fluids of an infected person (blood, semen, saliva). However such cases are rare.</p>
<i>You cannot contract STIs by holding hands, talking, walking or dancing with a partner</i>	<p>Fact</p> <p>STIs are transmitted through unprotected sexual contact with an infected person</p>
<i>Many curable STIs, if left untreated, can cause severe complications</i>	<p>Fact</p> <p>Some complications can lead to infertility in women. Other complications can lead to heart failure or even damage to the brain</p>
<i>RTIs occur as a result of use of unclean toilets</i>	<p>Myth</p> <p>RTIs can also occur due to personal poor hygiene that includes use of unclean pads, improper washing of genitals and transmission of infections through unprotected sexual contact</p>
<i>Foul smelling discharge from the vagina is not a cause for worry</i>	<p>Myth</p> <p>This is a sign of an RTI that could also be an STI. One should seek medical help as soon as possible.</p>

Activity 3



Divide the participants into three or four groups. Give each group a photocopy of the case studies given below. Ask the groups to discuss the cases with help of the discussion points given with each case.



Reena's Story:

Reena, a 14-year-old girl, uses cloth as sanitary pads. Her mother has given her 4-5 pieces of cloth that she has to wash and use during her menstrual cycle every month. During one cycle, due to heavy rains, Reena is not able to dry the cloths properly. Since she has no other option, she has to use the cloths that are not well dried. She stores her sanitary cloths in a small store-room in the courtyard and most of the time she has to dry the cloths in that room as well. For the last few days Reena has been having itching in her private parts and pain while passing urine. She finds it unbearable but hesitates to talk to mother or anyone about it.



Discussion Points:

1. What is Reena's problem?
2. Why and how did she get this problem?
3. What she should do for treatment?

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Ajmal's Story:

Ajmal is a 16-year-old boy working at a transport company. He lives in a city, far away from his parents. Ajmal is sexually active. He never uses a condom as he is ashamed of buying it from the shop.

Of late Ajmal has been having burning sensation while urinating and itching in the genital area. He has been ignoring it but now sees that there are rashes around his genital area and a foul smelling discharge from his genital organs. Ajmal is scared and doesn't know what to do. He discusses his problem with one of his friends who works in same company. The friend tells him that he had similar problem and advises him to go to a *hakim* who will keep the matter confidential and will not even do a physical check-up.

Ajmal is grateful to his friend and is preparing to go to the *hakim*.



Discussion Points:

1. What is Ajmal's problem?
2. What do you think the reason for this problem can be?
3. Is his decision to approach the *hakim* for treatment right?
4. What should he do for treatment?



Payal and Raja's Story:

Payal and Raja have been married for two years. Payal is pregnant and she has registered for antenatal care at the primary health centre. A few days after the first antenatal check up, Payal is informed that she is HIV positive.



Discussion Points:

1. How may Payal have got HIV? Should Raja also go for HIV testing?
2. What are different modes of transmission of HIV?
3. Will their HIV status affect the child? What can be done to prevent the child from being infected?
4. Can Payal and Raja lead a normal life?

Once the group discussion is over, invite each group to present their story and help participants understand the case with the analysis for each story given below.

1. Reena is probably having an infection of the reproductive tract due to poor sanitation and personal hygiene. She has been using cloths as sanitary pads without drying them in the sun. In fact, at times she has used damp cloths as well. Also, the place where she keeps her sanitary cloths is not clean and hygienic. Such infections are common among adolescent girls and women. Reena need not hesitate or feel shy and immediately contact a health service provider or visit the nearest health facility. If left untreated, RTIs may have serious health implications. They also increase vulnerability to sexually transmitted infections and HIV.
2. Ajmal has been sexually active and may also have been sexually abused as he is away from parental care and guidance. Ajmal may be having unprotected sexual encounters (sex without condom). His friend's advice to visit the *hakim* is wrong as any infection needs to be treated by a medically trained person and physical examination of the private parts is an important procedure for the doctor to provide appropriate treatment. Further, visiting the *hakim* will not confirm whether Ajmal has also been infected with HIV. HIV testing can be done only at HIV testing centres.

Note: It is also important to know that HIV does not have any symptoms and even the first unprotected sexual encounter can lead to infection with HIV. Hence, it is advisable to go for HIV counselling and testing at the Integrated Counselling and Testing Centre (ICTC) at the nearest government hospital after any unprotected sex encounter.

3. Payal and Raja may both have been infected with HIV if they were ever exposed to any of the following four modes of HIV transmission:
 - Sexual intercourse with HIV infected person without a condom
 - Transfusion of HIV infected blood
 - Use of HIV infected needle like in administration of intravenous drugs
 - Infection from the mother if any one of them or both are living with HIV (HIV can be transmitted from HIV infected mother to the unborn child)

When one partner is detected with HIV or any STI, the other partner should also get tested. As HIV can only be prevented and not cured, timely knowledge of HIV status helps treatment and management in a better way. Payal and Raja, with the help of testing and counselling centre and staff (that keeps their information confidential), can lead a normal life that includes good nutrition, physical exercise, healthy lifestyle and positive attitude.

The unborn child has a risk of being infected with HIV but now there are medical interventions that can prevent it if the pregnant mother gets timely medication. This facility is known as prevention of parent to child transmission and is available at all district hospitals.

Activity 4



With the help of the chart given below discuss how adolescents have increased risks and vulnerabilities to RTI infections including those transmitted through unprotected sexual contact and HIV.

Adolescents' Risks and Vulnerabilities to RTIs, STIs and HIV

- Adolescents have inadequate information and facilities to maintain personal hygiene including management of menstruation.
- Adolescents have poor information on safe and protected sexual behaviour, have no access to condoms, and poor skills to seek support.
- During adolescence, there is increased risk-taking behaviour that also includes experimenting with sex.
- During adolescence, sexual encounters are often spontaneous and unplanned.
- Adolescents may give in to pressure to have unprotected sex under peer influence or poor skills to say 'No'.
- Young people often confuse sex with love and engage in sexual relations before they know and understand their partner well.
- Communication with spouse or partner on safe sex is limited.
- Adolescents are also vulnerable to situations of sexual abuse and violence (sexual coercion).
- Child marriage leads to early initiation of sexual activity though the couple is poorly informed on safe and protected sexual behaviours.
- Young women may have their first sexual experiences with older men (marriage to older man). This causes barriers in negotiating safe sex even if the girl is informed and knowledgeable.
- Adolescent girls are biologically more susceptible than older women to STIs because of immature vaginal linings.
- Adolescents may engage in unsafe and unprotected sex under the influence of alcohol and drugs.
- Adolescents have poor access to information, counselling and services on ways to prevent such infections, as well as to testing and counselling and medical treatment due to social and cultural norms that make it inappropriate for adolescents to seek such information and service. The stigma with regard to adolescent sexual behaviour is very high.

Activity 5



Inform participants about signs and symptoms of RTIs (including those transmitted sexually) and long-term consequences of RTIs and STIs

Inform participants that many individuals infected with STIs will have no symptoms. Hence, the only way to know for sure is to see a health care provider and get tested. Also, there is no way to tell if the person with whom sexual contact has been made has an STI or not if the person himself/herself does not disclose it.

Signs and Symptoms in Males	Signs and Symptoms in Females
<ul style="list-style-type: none"> • Discharge from penis (green, yellow, pus-like) • Pain or burning during urination • Swollen and painful glands/lymph nodes in the groin • Blisters and open sores (ulcers) on the genitals which may or may not be painful • Nodules under the skin • Warts in the genital area • Non-itchy rash on limbs • Itching or tingling sensation in the genital area • Flu-like symptoms (headache, malaise, nausea, vomiting) • Fever or chills • Sores in the mouth • Heaviness and discomfort in the testicles 	<ul style="list-style-type: none"> • Irregular bleeding • Lower abdominal/pelvic pain • Abnormal vaginal discharge (white yellow, green, frothy, bubbly, curd-like, pus-like, and foul-smelling) • Swelling and/or itching of the vagina; swelling of the cervix • Burning during urination • Sores on genitals • Painful or difficult intercourse

Long-term Consequences of RTIs/STIs on Adolescents

RTIs (including those transmitted sexually) if left untreated can lead to serious health consequences including pelvic inflammatory disease (PID), infertility, and certain kinds of cancer. Untreated STIs can also lead to complications during pregnancy and in newborns. Some STIs, such as HIV and syphilis, can lead to death.

Long-term Consequences of RTIs/STIs on Adolescents

Social	Health (The long-term health consequences of RTIs/STIs are more serious among women)
<ul style="list-style-type: none"> • Discrimination and exclusion from mainstream and social groups <ul style="list-style-type: none"> ▪ Loss of friendship ▪ Diminished income potential ▪ Possible eviction from community/school ▪ Stigmatized and treated as a “bad person” • Difficulty in finding marriage partner • Inability to participate fully in community activities/education due to ill health • Infertility and loss of credibility in the community • Possible judgment and/or rejection by service providers 	<ul style="list-style-type: none"> • Women and girls are less likely to experience symptoms, so many STIs go undiagnosed until a serious health problem develops • Adolescents who contract STIs are also at risk of chronic health problems, including permanent infertility, chronic pain from PID, and cancer of the cervix • Adolescents who contract syphilis may develop heart and brain damage if the disease is left untreated • STIs are a risk factor for HIV transmission and for contracting HIV, which leads to chronic illness and death • STIs can be transmitted from an adolescent mother to her infant during pregnancy and delivery • Infants of mothers with STIs may have lower birth weights, be born prematurely, and have increased risk of other diseases, infection, and blindness from ophthalmia neonatorum

Activity 6



Discuss with participants how vulnerabilities and risks to RTIs, STIs and HIV can be minimized among adolescents. Note down responses on a chart paper and summarize at the end.

Minimizing risks and vulnerabilities to RTIs, STIs and HIV

1. Maintain personal hygiene, especially of genitals.
2. Proper management of menstruation that includes using washed and sundried cotton cloths or disposable sanitary pads, washing genitals, changing underwear, daily bath.
3. Delay marriage till physically and emotionally mature. This will help delay early initiation of sexual activity and prevent STIs.
4. Delay sexual debut. Enhance life skills to negotiate for safe sex, resist peer pressure and say 'No' to coercion.

5. Inform parents, teachers or service providers about situations of sexual coercion/abuse so as to access timely help.
6. Be informed on safe sexual behaviour that includes masturbation and other ways to demonstrate love and affection like kissing, holding hands, hugging etc.
7. Abstain from unprotected sexual intercourse if the partner indulges in risky behaviour (including addiction to alcohol or drugs) or has signs of RTI until medical diagnosis and treatment is complete.
8. Use condoms 'Correctly' and 'Consistently' (if possible facilitator can demonstrate condom use). The male condom is the most effective way to prevent STIs and transmission of HIV through sexual intercourse.
9. Getting oneself tested after any unprotected sexual encounter (be it the first encounter or at a later age). If one has signs of RTI contact trained medical professional (at primary health centre, district hospital or private clinic) at the earliest.

Note for Facilitator

What are reproductive tract infections?

- Reproductive tract infections (RTIs) are defined as any infection of the reproductive system. They include sexually transmitted infections (STIs) and other infections of the reproductive system that are not caused by sexual contact.
- RTIs can happen to both men and women. These are caused by bacteria, viruses or protozoa. The infection affects the genital tract and can affect female or male reproductive organs. RTIs can be present without producing any symptoms.
- RTIs include all infections of the reproductive tract whether transmitted sexually or not.
- The infection may come from the use of unhygienic toilets or faulty genital hygiene.
- RTIs may even occur due to imbalance of the normal bacteria in the reproductive tract.
- Practice of proper genital hygiene in males and females and menstrual hygiene in females can prevent RTIs.
- For cure of RTIs, patient should seek advice and treatment from qualified doctors.
- RTIs may lead to serious complications, especially in women, if they are left untreated. In addition, RTIs increase the risk of acquiring or transmitting HIV, the virus that causes AIDS.
- RTIs occur following miscarriage and pregnancy or with the use of contaminated instruments during surgery.

What are sexually transmitted infections?

- Sexually transmitted infections (STIs) – also known as sexually transmitted diseases (STDs) – are infections primarily passed from an infected person to another person through unprotected sexual contact (sex without condom).
- Infections transmitted during unprotected sexual activity with an infected partner are called STIs. The infections are transmitted via the mucous membranes and secretions of the genital organs, throat and rectum.
- Not only do they affect genital organs but they are also harmful for overall health.
- There is strong evidence that STIs put a person at greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STIs. There are various types of STDs.
- Most STIs are easy to treat if they are detected and treated early. If not, the infection may spread and cause various complications.

Transmission

- Different STIs spread in different ways. Some are passed through infected body fluids including blood, semen, vaginal fluids and breast milk. Others are passed through skin-to-skin contact. All STIs can be transmitted during oral, vaginal or anal sex with an infected partner. STIs that are present in body fluids can be passed from one person to another if they share needles, such as for using drugs. Also, some STIs can be passed from mother to child during pregnancy, childbirth or breastfeeding.
- In general, a woman's risk of infection is higher than a man's. The vagina and rectum are more easily infected than the penis. Women also generally have fewer symptoms than men. As a result, they are less likely to know if they are infected.
- STIs are not transmitted through hugging, shaking hands, sharing food, using the same utensils, drinking from the same glass, sitting on public toilet seats or touching doorknobs.

Testing and Treatment

- Individuals who have any symptoms should see a health care provider immediately or visit an ARSH clinic.
- The most common ways that health care providers test for STIs include collecting urine, taking blood and/or swabbing the mouth, throat, penis or cervix.
- Because many STIs show no symptoms, all sexually active individuals should consider being tested for STIs regularly.
- If tests come back positive, health care providers help individuals decide what to do. If the infection is curable then they will be prescribed medication, which the individual has to take for the prescribed amount of time even if the symptoms subside before the course of medication is over.
- If STIs cannot be cured, health care providers can help individuals treat the symptoms and advise on management.

HIV and AIDS are discussed in detail in the latter part of the session.

Note for the Facilitator (Some Common Sexually Transmitted Infections)

<i>Dis- ease</i>	About	Transmission	Symptoms	Testing/treatment	Long term health concerns
<i>Chlamydia</i>	<p>Infection is caused by bacteria.</p> <p>In men and women, chlamydia can infect the urethra, anus or throat.</p> <p>In women, chlamydia can also infect the cervix, uterus or fallopian tubes.</p>	Chlamydia is passed from an infected person through semen or discharge from the vagina or cervix.	<p>Most people infected with chlamydia don't have any symptoms.</p> <p>Men who have symptoms may feel heaviness and discomfort in their testicles, pain or burning during urination or pus coming out of their penis.</p> <p>Symptoms in women may include itching, vaginal discharge or burning during urination.</p>	<p>Health care providers check for chlamydia by testing urine or swabbing the penis, cervix or throat.</p> <p>Chlamydia can be cured with antibiotics.</p>	If left untreated, chlamydia can cause scar tissue in the urethra, uterus or fallopian tubes. This can make it very difficult to get pregnant.
<i>Gonorrhoea</i>	<p>Infection is caused by bacteria.</p> <p>In men and women gonorrhoea can infect the urethra, anus, eyes or throat.</p> <p>In women, gonorrhoea can also infect the cervix, uterus or fallopian tubes.</p>	Gonorrhoea is passed from an infected person through semen or discharge from the vagina or cervix.	<p>Most people infected with gonorrhoea don't have any symptoms.</p> <p>Men who have symptoms may have a yellowish discharge from their penis, burning or pain during urination, frequent urination and pain or swelling in their testicles.</p> <p>Symptoms in women may include a yellow or bloody discharge from the vagina and pain or burning during urination.</p>	<p>Health care providers check for gonorrhoea by testing urine or swabbing the penis, cervix or throat.</p> <p>Gonorrhoea can be cured with antibiotics.</p>	If left untreated, gonorrhoea can cause scar tissue in the urethra, uterus or fallopian tubes. This can make it very difficult to get pregnant.

Contd...

Dis- ease	About	Transmission	Symptoms	Testing/treatment	Long term health concerns
<i>Trichomoniasis or "trich,"</i>	Genital inflammation is caused by the protozoa <i>trichomonas vaginalis</i> .	Trichomoniasis is transmitted through skin-to-skin contact.	<p>Most men with trichomoniasis do not have signs or symptoms; however some men may temporarily have an irritation inside the penis, mild discharge or slight burning after urination or ejaculation.</p> <p>Symptoms in women may include a frothy, yellow-green vaginal discharge with a strong odour. Women may also experience discomfort during intercourse and urination, as well as irritation and itching of the genital area.</p>	<p>Health care providers test for trichomoniasis by swabbing the urethra or vagina.</p> <p>In women, health care providers may also be able to see sores that indicate trichomoniasis during a physical exam.</p> <p>Trichomoniasis is curable with antibiotics.</p> <p>Both partners must undergo treatment at the same time to prevent passing the infection back and forth. They should be sure to finish the full course of antibiotics even if symptoms subside.</p>	Infection with trichomoniasis makes individuals, women in particular, more susceptible to other STIs, including HIV.
HPV	<p>HPV stands for human papillomavirus.</p> <p>The virus can cause warts to grow on the cervix, vagina, vulva, penis, scrotum, urethra or anus.</p> <p>There is no cure for HPV.</p>	HPV is passed from an infected person through direct skin-to-skin contact.	<p>Warts are small, raised bumps that do not itch or hurt. Most warts are hard for individuals to see because of their small size and their location.</p> <p>Many people infected with HPV will never know they have it.</p>	<p>Health care providers may see warts during an exam.</p> <p>In women, the virus might be detected during a gynaecological test called a Pap smear.</p> <p>The warts may disappear on their own, or there are a number of procedures and medications that can remove them.</p> <p>HPV, however, stays in the body and the warts could come back.</p>	<p>Most HPV infections that cause warts do not cause long-term harm in either women or men.</p> <p>Some HPV infections can lead to cancer of the cervix, vulva, vagina, anus, throat or penis.</p>

Contd...

Dis-ease	About	Transmission	Symptoms	Testing/treatment	Long term health concerns
<i>Genital herpes</i>	<p>This recurring skin condition is caused by a virus.</p> <p>The virus causes sores on the mouth, vulva, penis, scrotum, anus, buttocks or thighs.</p> <p>There is no cure for herpes but some medications can help individuals heal faster and have fewer outbreaks.</p>	<p>Genital herpes is passed from an infected person through direct skin-to-skin contact.</p>	<p>Many people with genital herpes may experience very mild or no symptoms and not realize that they have the virus.</p> <p>Other people get sores, blisters, cuts, pimples, bumps, or rashes that may itch, burn or ooze. These symptoms can go away on their own but the virus remains in the body.</p> <p>Some people might only ever get one outbreak of genital herpes; for other people sores may reappear throughout their life.</p>	<p>Health care providers can see genital herpes if an individual has an exam during an outbreak; they may want to swab them to confirm that it is herpes.</p> <p>There is also a blood test for genital herpes.</p>	<p>Most genital herpes infections do not cause long-term harm in either women or men.</p> <p>People with genital herpes are at increased risk for contracting other STIs, including HIV.</p>
<i>Syphilis</i>	<p>This is caused by bacteria called spirochetes.</p> <p>It causes sores (chancres) to appear mainly on the external genitals, vagina, anus or in the rectum.</p> <p>They can also appear on the lips and in the mouth.</p>	<p>Syphilis is transmitted through direct contact with sores during unprotected anal, oral or vaginal sex with an infected person.</p> <p>Syphilis can also be transmitted from mother to newborn during childbirth.</p>	<p>There are three stages of syphilis.</p> <p>During the primary stage, which usually occurs within 10 to 90 days after exposure, a sore may appear.</p> <p>During the secondary phase, which usually occurs within 17 days to 195 days after exposure, a rash may appear on various parts of the body.</p> <p>If left untreated, syphilis can proceed to the latent stage during which it may have no visible symptoms.</p>	<p>Health care providers can test for syphilis by swabbing any sores or chancres that they see or by performing a blood test.</p> <p>Syphilis is curable with antibiotics prescribed by a health care provider.</p>	<p>If left untreated, syphilis can proceed to the latent stage during which it can cause irreversible damage to internal organs.</p>

Part II HIV and AIDS

11.2 Understanding HIV and AIDS

Activity 1



Elephant Game

Ask for one volunteer, this volunteer will be a baby elephant. Ask him/her to stand in the front of the room.

1. Ask for six more volunteers. These volunteers are the adult elephants. Their job is to protect the baby elephant. They should form a circle around the baby elephant and join hands.
2. To show them the importance of their job, you should try to hit the baby elephant with a paper roll. In response to the attack, the adult elephants will quickly close ranks to ward off the attack. The adult elephants should stand very close to the baby elephant.
3. Now, request four or five more volunteers to join the game. These volunteers will pose as lions. Their job will be to attack the baby elephant. The lions will try to touch the baby elephant (if they manage to touch the baby elephant, it counts as an attack).
4. When you say 'Go!' the lions should try to touch the baby elephant. Let this continue for about 30 seconds or 1 minute – until the baby elephant has at least one contact from the lions – but the baby elephant should not be hurt.
5. After a few attempts stop the activity and ask the following questions (the volunteers should stay where they are):
 - What is the baby elephant? What does the baby elephant represent?
The baby elephant is the human body.
 - What are the adult elephants?
The adult elephants are the immune system. Their job is to protect the body from invading diseases.
 - What are the lions?
The lion represents diseases, illnesses and infections that attack a human body. (There may be a few people who say that the lions are HIV. That is not so; ask another participant to tell you the meaning of the lion.)
6. Now go to each of the lion volunteers and say, "These diseases, such as tuberculosis (touch the first volunteer), malaria (touch the second), diarrhoea (touch the third) and cholera (touch the fourth) may attack the human body, but are they usually able to kill the human body?" The answer should be 'No'. Diseases or germs attack the human body every day, but the immune system (point to the adult elephants) manages to fight them off and protect the body. The human body might get sick (such as the hit or kick that the baby elephant suffered) but it does not die, because the immune system is strong.
7. You continue, "But suppose I am HIV. I come to this body (the baby elephant) and I attack and kill the immune system." At this point, you should touch all but two of the adult elephant volunteers and ask

them to sit down. Touch each person (adult elephant) as you remove them, acting as if HIV is killing the immune system. Then say, “Now, will the baby elephant be protected? Will the human body be safe with the immune system gone?”

8. Again tell the lions to attack (touch only) on the word ‘Go!’ The lions are able to easily get to the baby elephant this time! After a while stop all volunteers and thank them.

Summarize the activity by informing how HIV destroys the immune system in the human body. HIV infection makes the infected person easy prey to different infections and in some cases with very poor immunity, such infections are fatal.

Activity 2



Ask someone to tell the group the differences between HIV and AIDS.

HIV	AIDS
<p><i>HIV stands for human immunodeficiency virus (HIV) that causes AIDS. HIV attacks and gradually destroys the body’s immune system that helps it fight off infections and other diseases. This makes people more susceptible to other infections like tuberculosis and diarrhoea</i></p> <p><i>H = Human (only found in humans)</i></p> <p><i>I = Immunodeficiency (weakens the immune system)</i></p> <p><i>V = Virus (a type of germ)</i></p>	<p><i>Acquired immune deficiency syndrome (AIDS) is the stage wherein HIV infection has brought the immunity of the body to a very low level, when an infected person becomes susceptible to different minor and serious infections that may also cause death.</i></p> <p><i>A = Acquired (to get something that you are not born with)</i></p> <p><i>I = Immune (the body’s defence system which provides protection from infections)</i></p> <p><i>D = Deficiency (a defect or weakness, lack of something)</i></p> <p><i>S = Syndrome (a group of signs and symptoms constituting a disease)</i></p>

To be sure participants have understood the effect of HIV infection on a human body, ask the participants, “Does HIV kill a person?” Whether the response is ‘Yes’ or ‘No’ ask why they think so.

Inform the participants that HIV does not kill a person but leads to a condition wherein the body’s immunity becomes extremely low and in such conditions the body is not able to fight any infection. This condition is called AIDS. Tell them that with medication (known as anti-retroviral therapy or ART), good nutrition, physical exercise, healthy lifestyle and a positive attitude one can delay the onset of AIDS.

Activity 3



Modes of Transmission of HIV and Prevention

HIV transmission game

Explain to the participants that they are now going to play a game that will help them to better understand how HIV is transmitted from one person to another. Tell them that for this exercise, they must assume that they live in a community where the HIV virus is present. Prepare slips of paper marked 'X' and 'C'. Ensure that at least 5 per cent of the slips are marked 'X', 10 per cent are marked 'C' and the remaining 85 per cent are blank. You can also consider being a participant in this game as it will reassure the participants and allay their fears.

Place the folded slips in a box or container. Invite the participants to pick up one slip each from the box but not to read it. Invite them to walk around the room and greet their friends or someone they would like to know better. (The participants should be given 3–5 minutes for this; each participant should try to meet as many people as possible and remember whom they have met, ask them their names and shake hands with them.

Stop the activity after a few minutes. Ask everyone to look at his or her slip of paper. Ask all those who have 'X' on their slip to come forward to the middle of the room and make a circle. It is assumed that those participants with 'X' on their slips are HIV positive. (Make sure that the participants understand that this is only a game and not a reflection of reality.)

Ask the participants who shook hands with these 'positive people' (with 'X' slip) to come forward. Explain that the handshake here represents having a sexual contact and as these participants have come in contact with those with the 'X' slip (people with HIV), they are at risk of being infected with HIV. Once again emphasize that this is a game and HIV **does not spread through handshakes**.

Now ask those participants with 'C' on their slips to come forward. These participants are instructed to sit down. Explain that they represent people who use condoms and hence they are safe as condoms reduce the risk of HIV transmission.

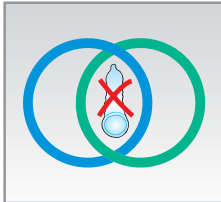
- a. Discuss the following points with the participants:
 - How many people were originally infected with the virus?
 - How many others are now at risk of being infected?
 - How many remain uninfected and why?
 - What does this tell us about the spread of HIV in our community?
- b. Ask the group how they could have avoided infection in this game, other than using condoms. (Possible answers can be as given below. Reinforce the method of prevention.)
 - They could have refused to shake hands (abstinence from sex).
 - They could have insisted on knowing their partner's HIV status (HIV testing of partner before getting into a relationship).

- They could have only greeted one partner (risk reduction – being faithful).
- Remind the group that they must check the card before being faithful with that partner (testing).

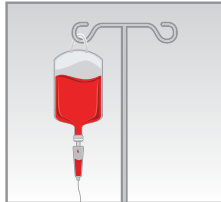
c. Ask the participants for other modes of transmission of HIV.

Transmission of HIV

Modes of transmission



Unprotected vaginal and/or anal sex with an infected partner



Transfusion of infected blood and blood products



Use of infected needles, like sharing needles with infected drug users



From parents living with HIV to their unborn child

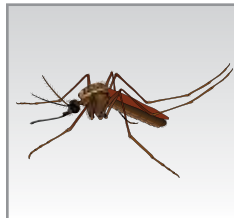
HIV is NOT transmitted through



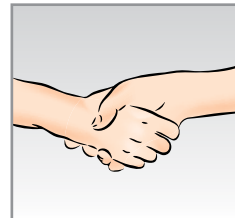
Hugging



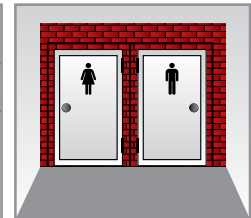
Sneezing



Being bitten by a mosquito



Shaking hands



Using public toilets



Sharing or eating food in same utensils, or using objects handled by people with HIV



Spending time in the same house, school or public place with a person who has HIV.

It is very unlikely that HIV is transmitted during kissing. It could only happen if the partners were bleeding from their gums or had other sores in their mouths.

d. Ask the how HIV can be prevented.

HIV can be prevented by

- Correct and consistent use of condoms (male or female or both)
 - Being faithful to partner
 - Abstinence from sexual intercourse
 - Transfusion of uninfected blood and blood products
 - Use of disposable syringe
 - Not sharing injecting equipment even during drug use
 - Preventing parent to child transmission (PPTCT) by registering pregnancy for institutional delivery and PPTCT care and support
- e. Ask the participants if they have heard about testing for HIV infection and the treatment available. Explain the testing and treatment with the help of information given below.

Signs and Symptoms of HIV

Generally a person does not know that he or she has HIV without getting tested for it as symptoms of illness post HIV infection will be similar to an infection the person has caught, say diarrhoea or tuberculosis, and one may be misled and continue treatment only for the other infection and not HIV.

Testing HIV Status and Treatment

Any person who has ever been exposed to at least one of the above mentioned four modes of transmission of HIV should contact an Integrated Counselling and Testing Centre (ICTC). The HIV testing is confidential and free treatment is provided if required. The most important part of ICTC is counselling that helps one inculcate healthy practices. There are two kinds of diagnostic tests for HIV:

- a. *Screening test (enzyme-linked immune sorbent assay – ELISA)*
- b. *Confirmatory test (western blot test)*

There is no cure for HIV or AIDS; however treatment helps the affected person manage the infection well so that he/she lives with less risk of other infections. Antiretroviral drugs are the most effective intervention to date in managing HIV infection. These drugs have the potential to dramatically improve the health and extend the lives of many people living with HIV/AIDS.

Window Period

The most frequently used HIV tests detect the presence of antibodies to HIV, not the actual virus itself. A positive HIV antibody test indicates the presence of antibodies to the virus. A negative test result indicates either no antibodies or an undetectable level of antibodies to the virus. It is possible that these tests can miss infection in a person who was recently infected with HIV and has not yet developed enough antibodies to show a positive result.

The period of time from infection with HIV till the body has developed detectable antibody levels is called the window period. The window period is approximately three months on an average. A person who feels that he or she may be exposed to infection is encouraged to seek HIV testing. If the test is negative, it needs to be repeated after three months to confirm the result thus taking care of the possible window period (when a person may not test positive even if he/she may be infected with HIV).

Activity 4



Addressing common myths

Refer to Section 11.1 Activity 2 on Myths and Facts and tell the participants that the group will now work together on myths and replace them with facts.

Take out the sheet which was used in Section 11.1 Activity 2. Read out each statement again and ask the participants whether it is a myth or a fact. Add information wherever necessary. You can add some statements and have a discussion. Some statements and responses are as follows:

Statements	Response
<i>It is possible to have an STI and not even know about it</i>	Fact <i>Some STIs have easily recognizable symptoms; others may have no symptoms at all. Not everyone who has an STI has signs and/or symptoms. Sometimes these don't appear for weeks or months and sometimes they go away, but you can still have the infection and pass it on to someone else.</i>
<i>Having sex with a virgin can cure STIs/HIV</i>	Myth <i>STIs cannot be cured by having sex with virgin. In fact, it will put the girl at risk of contracting an STI including HIV. Putting a person at risk of STI and HIV by hiding one's status and not using a condom is violation of the rights of the other person and a serious offence.</i> <i>HIV can only be prevented by correct use of condom every time one has sex. It is not curable and can be managed with treatment and positive living (that includes good nutrition, physical exercise and healthy lifestyle).</i>

Activity 5



Safe Sexual Practices

Refer to the session on safe sexual practices during the session on adolescent pregnancy. Tell them that with safe practices, though risk of STIs may still be present (for example due to incorrect use or tearing of condom), it is reduced substantially. Some safe sexual practices are given in the box under Section 10.3 Activity 4.

Activity 6



- A. If possible demonstrate condom use (optional). A condom needs to be used for every sexual contact/intercourse. The male condom is used on the erect penis.

Inform participants that condoms provide triple protection:

1. From unwanted pregnancy
2. From sexually transmitted infections
3. HIV (that has other modes of transmission as well)

- B. Ask participants what prevents people from using condoms. If there are some responses, note them on the flip-chart and thank participants. Invite three pairs of volunteers. It is advisable to pair girls together and boys together as the exercise may cause inhibitions.

Give each pair a copy of the list of excuses and options as given below. If possible, provide a copy to all participants. Ask one member of each pair to read the excuse and the other member to read the most appropriate option from the options given in order to counter the excuse. Though appropriateness of the option or answer depends on the situation of the person being pressurized and his/her relation with the partner, a better choice will be the one which is assertive, firm, polite, and nails the excuse appropriately.

This will help participants learn and practice some assertive statements to deal with pressures for unsafe and unprotected sex.

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At the end ask participants to share their feedback. Do they think that some of the excuses are used by adolescents as well? If yes, ask them to inform the larger group which the commonly used excuses among adolescents are.

Excuse	Option
<i>You think I have a disease.</i>	<ol style="list-style-type: none"> 1. <i>I don't want either of us to take a chance of getting HIV.</i> 2. <i>Many people infected with HIV have no symptoms at all.</i> 3. <i>Probably neither of us has a disease, but isn't it better to be sure?</i>
<i>But condoms don't work.</i>	<ol style="list-style-type: none"> 1. <i>They're okay if we use them the right way.</i> 2. <i>Condoms may even be fun.</i> 3. <i>I have never had a condom break.</i>
<i>They spoil the mood.</i>	<ol style="list-style-type: none"> 1. <i>It will be okay once we get used to them.</i> 2. <i>Why don't you try condoms a few times and see?</i> 3. <i>But it would make me feel more relaxed if I felt safe.</i>

Contd...

Excuse	Option
<i>They don't feel good.</i>	<ol style="list-style-type: none"> 1. But we know condoms can protect us. 2. <i>I know you don't like the idea but condoms are so important now.</i> 3. <i>Think about the fun we are going to have and not the condom.</i>
<i>They make me feel cheap and dirty.</i>	<ol style="list-style-type: none"> 1. <i>These days condoms have become a way of life for everyone. You would be surprised how many people use them.</i> 2. <i>You know I care for you and respect you. That is what is important.</i> 3. I want to use condoms because I don't want you to get pregnant before we both plan for it. Also it will protect both of us from infections. 4. <i>There is nothing cheap and dirty about that.</i>
<i>I'm already using pills for birth control.</i>	<ol style="list-style-type: none"> 1. We have to use condoms as well because the pill doesn't stop infections. 2. <i>That doesn't help against HIV and STI.</i> 3. <i>Too bad – no condoms, no sex.</i>
<i>I'd be embarrassed.</i>	<ol style="list-style-type: none"> 1. It won't be so awkward after the first time. 2. <i>I'll buy them, so we'll have them next time.</i> 3. <i>Embarrassment never killed anyone.</i>
<i>They cost too much.</i>	<ol style="list-style-type: none"> 1. When it comes to our health we shouldn't think about the cost. 2. <i>I can pay for them.</i>

Explain to the participants various reasons for adolescents being more vulnerable to unsafe sexual practices.

Some Reasons for Unsafe Sexual Practices among Adolescents

<i>Ignorance</i>	<ul style="list-style-type: none"> • <i>Thinking that they are not vulnerable to pregnancy or STIs/HIV</i> • <i>Lack of adequate or accurate information about protection</i> • <i>Misleading information, like the media giving unrealistic notions of sexuality and usually omitting any mention of protection</i>
<i>Myths vs. Facts</i>	<ul style="list-style-type: none"> • <i>Various myths related to contraceptive methods and their side effects, danger of contraception</i> • <i>'Real men' do not use contraception</i>
<i>Misconception</i>	<ul style="list-style-type: none"> • <i>May believe that protection is not needed with a regular partner or if the partner looks healthy</i>

Contd...

Some Reasons for Unsafe Sexual Practices among Adolescents

Denial attitude	<ul style="list-style-type: none"> • Sex just happened; I wasn't prepared • I trust my partner and he/she would not expose me to any risk • Sex cannot be planned, it has to be spontaneous • None of my friends use protection, and it does not give satisfaction
Lack of access and availability	<ul style="list-style-type: none"> • Access to contraceptive services for adolescents is limited by law, custom or clinic/institutional policy • Availability and cost of different methods may restrict access • Irregular supply of methods available • Spontaneous act – contraception not available when needed • Provider's attitude towards contraception may restrict availability to adolescents
Coercion	<ul style="list-style-type: none"> • Partner not allowing use of protection • Boyfriend wants her to get pregnant • Forced sex • Family coercion to conceive
Denial /Fear/ Embarrassment	<ul style="list-style-type: none"> • Rejection from partner, peers • Breach of confidentiality by people who make it available (health care providers, shopkeepers), judgemental attitude of people about adolescent sexual activity • Fear of using something new – fear of the unknown • Side effects from the method used • Fear of keeping the contraceptive method at home, people will know that they are sexually active

Key Messages

1. Reproductive tract infections (RTIs) may be caused due to poor personal hygiene or through unprotected sexual intercourse/contact.
2. RTIs that are transmitted sexually are called sexually transmitted infections or STIs.
3. Personal hygiene is very important to prevent some common RTIs which are not STIs.
4. Not all RTIs are STIs but all/any inflammation in the reproductive tract needs to be treated medically.
5. RTIs may cause lesions on the skin and hence increase risk of getting infected with STIs including HIV if sexual intercourse takes place without a condom.
6. HIV can be transmitted sexually as well as through use of infected sharp objects like needle or razor, transfusion of infected blood or from infected pregnant mother to baby in the womb. HIV leads to AIDS in the later stage.
7. The best way to prevent STIs is to adopt safe sexual practices. These involve (i) correct and consistent use of condoms; (ii) being faithful to partner; and (iii) abstinence from sexual intercourse.
8. One needs to consult the nearest health facility or Adolescent Healthcare Centre (AHC) in case of any discomfort or inflammation of the reproductive tract.
9. Refrain from sex during treatment of STI. Treatment of partner is equally important.
10. Complete the course of treatment as per the medical advice.

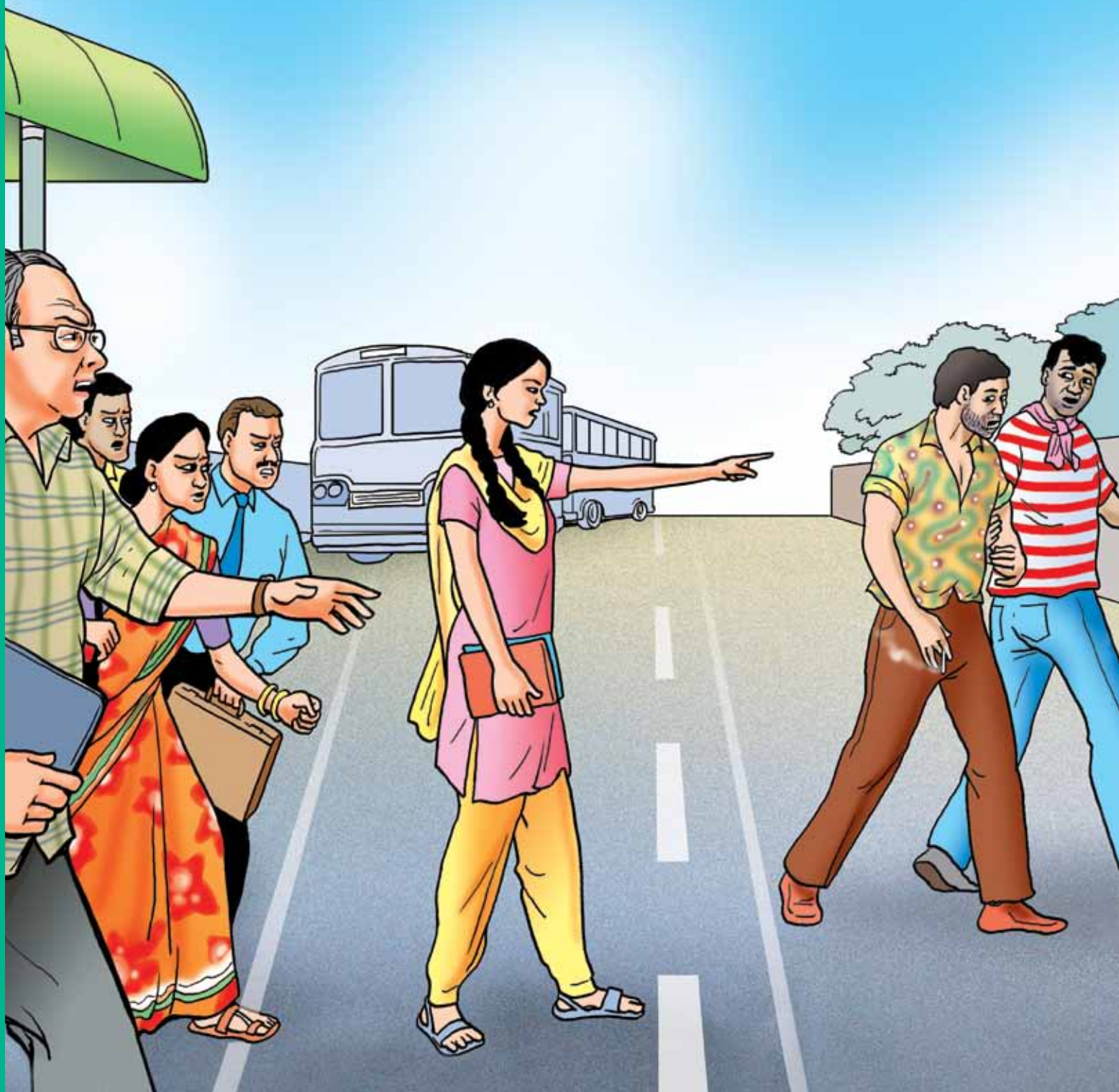
Role of a Peer Educator, 'A Trusted Friend'

1. To educate peers on RTIs, STIs and HIV and help them understand differences between them.
2. To inform youth (only 14 years and above) about safe sexual practices.
3. To inform peers about HIV, its modes of transmission, consequences and ways of prevention.
4. To educate and convince peers about the importance of seeking medical help in cases of reproductive tract infection.
5. To encourage compassion and non-discriminatory attitudes and practices towards people living with HIV and their families.
6. In case of an HIV-positive peer, be sensitive to him/her, maintain confidentiality and help him/her to access health services and participate in normal social and development activities in the community.
7. To talk to your mentors for support in arranging for condom demonstration if required; providing referral for STI and HIV testing.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to
Reproductive Tract and Sexually Transmitted Infections and HIV and AIDS

module VI

responding to violence



Session 12

Violence against Adolescents

Introduction

Violence against adolescents takes many different forms and the adverse effects of such violence are devastating. Some commonly identified forms of violence against adolescents in India are child/forced marriage, dowry-related harassment and killing, honour killing, accusation of witchcraft, worshipping the child as god or goddess, exorcism, corporal punishment (that includes slapping, hitting, burning etc.), ragging and bullying, forced labour, sexual abuse or forced sex. There are some new emerging forms of violence such as through social networking sites, also known as cyber crime or bullying. Adolescents are at risk for most of them. Much of the violence is perpetrated in the name of tradition, culture, religion or superstition and many stem from incorrect information about the methods of disciplining a child. There is also a huge information gap on the health, development and parenting needs of adolescents among parents themselves and society at large. Often violence like corporal punishment and child labour is condoned by parents and teachers in the name of discipline or poverty. In many cases violence perpetrated in the name of ragging and bullying and is overlooked as part of the process of making friends. The problem becomes even more serious as prevalent social norms create an unequal power relation between an adult and a child. It also prevents children, especially girls, from seeking help and support. Children have to endure serious injuries, mental trauma or even death. Any form of violence against children or adolescents is a criminal offence.

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This section discusses violence, different forms of violence and its impact on adolescents.



Learning Objectives:

1. To understand 'violence' and different types of violence in the context of adolescents
2. To understand the impact of violence on adolescents and why they are at risk
3. To understand the rights and entitlements of a child and an adolescent
4. To practise life skills to respond to situations of violence



Time:

2 hours



Material:

Photocopies of story and handouts; flip chart; loose sheets of blank paper; marker and sketch pens



Methodology:

Brainstorming, group discussion, case studies

12.1 Types of Violence and Identification of Perpetrator and Victim

Activity 1



Write the word 'VIOLENCE' at the centre of the board/flip chart and ask the participants to say aloud anything that comes to their mind in relation to that word. Write all the responses around the word 'VIOLENCE'.

Some of the responses may be *beating, hitting, slapping, burning with hot rod or cigarette, keeping children without food, locking in dark places, killing, fighting, rape, riots or murder*.

Thank the participants and help the larger group understand the different responses. Inform the group that there are some forms of violence that children are subjected to by adults, often by people who are expected to be their well-wishers. On the flip chart, circle the responses that are or reflect **child marriage, child labour, sexual abuse, corporal punishment, bullying and honour killing**. Tell the participants that these will be discussed through group work.

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Activity 2



Divide the participants into five groups. Give each group a case (given below) to discuss. Ask the group to choose a leader to present the discussions.



Group 1:

Rahul, aged 12 years, studies in Class 6. One day after school, Rahul insists that his father take him along to the market. When his father asks him if he has school work to finish, Rahul lies that he doesn't, thinking that he can complete it after returning. By the time Rahul and his father return from the market, it is quite late and they find that there is no electricity. His mother asks everyone to finish dinner and go to bed as there is not much oil in the lamp. Rahul is unable to ask his mother for the lamp to finish his homework as his father will then know the truth about his homework. As Rahul is tired, he feels he can do his homework in the morning. Next morning, Rahul is again unable to finish his homework and goes to school without it. When the teacher asks all students to submit their homework, Rahul states that he has not done his and the teacher gets very angry, 'You are a lazy boy and you have no interest in studies. Why are you wasting your father's money and my time? You should ask your father to put you in some job.' When Rahul tries to apologize, his teacher hits him on the palm six times with a wooden ruler and makes him stand on the bench. Rahul's palm is red and burning, he has tears in his eyes.



Discussion Points:

1. Does this story show any kind of violence?
2. Who is the victim and who is the perpetrator?
3. Was Rahul wrong? Why? What should Rahul have done?
4. Was the teacher wrong? Why? What should the teacher have done?
5. If you have to send a message to all elders against such violence, what will you say?

Yes, this is violence and is known as **corporal punishment**. Any form of physical, verbal or sexual abuse is violence. Rahul is the victim and his teacher is the perpetrator. Rahul may have been wrong in not understanding his responsibility and should have finished his home work, but children tend to make such mistakes. The teacher is wrong for not using positive ways of disciplining Rahul by reasoning with him, making him understand his fault, the importance of time and his responsibility to be a good student by completing his homework on time or perhaps during the games period. Children should be taught through positive disciplinary actions.



The messages to elders against crude disciplinary action may be as follows:

1. Listen to me before passing judgement.
2. Help me understand my fault.
3. Make rules easy for me to understand, learn and practise.
4. Give us only as much as we can handle.
5. Accept that I can't be the best in everything always.
6. Don't beat, slap, hit, lock me up or scare me even if I am wrong.
7. Don't shout at me, it is hazardous to your health as well.
8. Talk gently, be firm and calm when you discipline me.
9. Praise me when I am good.
10. Encourage me to carry out my duties well.

**Group 2:**

Sangeeta, aged 15 years, lives with her parents and three younger siblings. Sangeeta's mother is not well and so Sangeeta has to be at home to look after her mother and siblings. One day, Sangeeta's aunt comes to meet them and tells her parents that she knows of a very good alliance for Sangeeta. She advises her parents that since their financial condition is not too good and Sangeeta is now a grown up girl, they should get her married this year itself. Sangeeta's parents are grateful to the aunt and agree to Sangeeta's marriage.

**Discussion Points:**

1. Why is Sangeeta not at school?
2. Do you think Sangeeta is enrolled in a school?
3. Is her aunt's suggestion in the best interest of Sangeeta?
4. Are her parents right to accept the aunt's proposal?
5. Is it a situation of violence? Who is the victim and who is the perpetrator?
6. What should the parents have said?
7. What should Sangeeta have done?

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This is a situation leading to **child and forced marriage**, which is not only violence but also a crime. Sangeeta is the victim while parents, aunt and our society at large are the perpetrators as they treat a girl child as a burden and *paraya dhan*. Helping parents and taking care of family is a good thing but it should not take away one's right to education, to marry after the legal age, to health and well-being and to have a career. Besides, Sangeeta's marriage will not solve her parents' problem as she will be at increased risk for child pregnancy, poor health, malnutrition and likely abuse at the husband's house which will only add to their concern. Parents and Sangeeta should have refused this proposal and tried to explain to the aunt that this is not in anyone's interest. Also, Sangeeta can seek help from friends, peers, senior members of the community like *Mukhiya* or *Sarpanch* to negotiate with parents and if necessary, she can inform the Child Marriage Prohibition Officer or Child Protection Officer.

**Group 3:**

Pakhi is a 13-year-old girl who has been brought to the city by an uncle to work as a housemaid. Where Pakhi works, there are two children almost her age. Pakhi is happy to see the house and the children as she has seen such houses only on television. Pakhi loves watching television and playing with friends near the river in her village. But in the new house, Pakhi has to wake up at 5:00 am and help the lady of the house prepare breakfast and lunch packs for 'Saheb' and the children. Then she sweeps and swabs the floor, cleans utensils and helps another maid wash and dry clothes. At times she also has to go to the bus stop to bring the children back from school and carry their heavy school bags. Pakhi at times misses her parents and her friends at the village.



Discussion Points:

1. Is Pakhi really happy and safe? Why?
2. Was her uncle right in bringing Pakhi to work as a housemaid? Why?
3. Are Pakhi's parents also responsible for this? Why?
4. Does this story show any kind of violence?
5. Who is the victim and who is the perpetrator?
6. What should Pakhi have done?

This is a grave form of violence and a crime as it involves forcing a **child into labour** and also involves **trafficking of children**. Many children are trafficked, either with the consent of parents or family members or through deceptive means, making it lucrative for the parents/family. No place is safer than one's own home and no companionship is more reassuring than that of one's own parents and childhood friends. Children should not be engaged in any form of labour (domestic or occupational) that is hazardous for their health and keeps them away from education, fun activities, parents and friends. Every year children go missing in huge numbers. They are kidnapped and trafficked for labour, prostitution, entertainment etc. In such cases, the child or a well-wisher should immediately report to police, Child Protection Officer, Panchayat members, NGOs through child helpline numbers or other government service providers (like teachers, ANM *didi* and doctor).

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Group 4:

Raju, a 12-year-old, has to be at home all alone after school as his parents return from work only late in the evening. One of his uncles, who lives near Raju's house, often comes to see if he is okay. One day this uncle walks in when Raju is changing out of his school uniform. The uncle tells Raju that he will help him change and starts pulling Raju towards himself. Raju feels uncomfortable and pushes the uncle aside saying that he can take care of himself. The uncle is angry and threatens to complain to Raju's father about his behaviour. Raju is scared that his father will beat him.



Discussion Points:

1. Is Raju a good boy?
2. Was his uncle right to help Raju change his dress when he doesn't need any help?
3. Was Raju right to be curt with his uncle?
4. Is this a situation of violence?
5. Who is the victim and who is the perpetrator?
6. Will his parents really punish Raju for his behaviour?
7. What should Raju do?
8. Do girls also face such abusive situations?

Yes, this is a situation of **sexual abuse** that can be encountered by both girls and boys. It may happen at home or school or in any public space. It may be caused by close relatives, strangers, people in authority or even peers. No one can touch a child against the will of the child and not at all in a manner that makes the child uncomfortable, especially touching the private parts. Parents and doctors may examine the child's body for cleanliness or if medical treatment is required. Every child has a right to privacy and a life with dignity. Watching a child when he/she is bathing or dressing, forcing him/her into sexual acts or to look at sexual pictures, or undressing in front of a child are all forms of violence. Raju is a good boy and not guilty of anything, so he should not be scared at all. He can go out of the house till his uncle leaves, run to a neighbour's house or a place where there are many people or keep the doors closed and not allow anyone to come in without his permission. He should have informed his parents the very first time he felt any kind of discomfort with anybody. Raju should try his best not to confront the perpetrator when he is alone as he may harm him due to fear of being exposed in the community. Parents should help children talk about any discomfort related to their body or private parts so that they do not undergo unnecessary stress and helplessness related to any concern including abuse. If parents are not able to understand Raju, he can talk to the child helpline or peer educators who will help his parents understand the situation.



Group 5:

Rizwan and Gaurav are 14-year-olds and have just been admitted to a higher secondary school. They are very excited and decide to go to school together. But on the first day of school, a few boys come to them during recess and tell them that to be in this school they need to keep them happy. They tell them that every student has to follow their commands. They ask them to bow down, holding their ears for 30 minutes. In the meantime they take away their lunch box. After that they use abusive language and some of them even beat and kick them. Rizwan is in tears while Gaurav is red with anger and embarrassment. While they are returning home, some seniors come and tell them that they should not speak about this to anyone and just accept it as a friendly gesture.



Discussion Points:

1. Was this a friendly gesture?
2. Have we ever faced such situations? How have we felt?
3. Were the other boys wrong? How?
4. Is it a situation of violence? Who is the victim and who are the perpetrators?
5. Should Rizwan and Gaurav talk to someone about this?
6. Does this happen to girls as well?

This form of violence is known as **bullying** or **ragging**. Rizwan and Gaurav are the victims while the other boys are the perpetrators. The elders, including teachers and parents, who tend to overlook such practices are also perpetrators. It is done by peers at schools, colleges, the playground, canteen or any place where peers meet. A gentle exchange of words can serve as an icebreaker between peers but abusive language,

hitting, slapping, punishing or any physical, verbal or sexual abuse can never be a friendly gesture. Yes, it happens among girls as well, though it is less common, and still is violence. Adolescents facing bullying go through physical injury, depression, humiliation and social isolation as they stop going to school, playgrounds or any public place where they could meet peers. In some cases, children who are not able to cope with it commit suicide. One should immediately inform elders, especially parents and school authorities, about it.



Group 6:

Angabeen, Silvia, Rehana, Senthil, Rashid, Laishram and Gayatri are friends from school and also on a popular social networking site. Each one of them has more than a hundred friends and they boast of their increasing number of online friends. One day Senthil gets a comment on his post ridiculing his favourite political leader. Senthil is very angry and writes back. He is threatened with a beating. This continues for some days. Senthil doesn't remember this friend but goes to his page and writes more. Angabeen has posted a picture with her other friends (including Senthil, Rashid and Laishram) at a picnic party and tagged Silvia and Gayatri. This post also receives embarrassing comments. They are unable to track these people. They continue hiding the comments from their timeline, but they fear that people might have already read them. The friends are extremely upset and are thinking of closing their account. One day the friends got a message saying, *"Hey friends, Surprise!! Don't be upset. We were just joking – April Fool! Have fun. Let us meet in the park behind the city mall, with your school friends only:)"*



Discussion Points:

1. What is the problem? Is it violence? Who is the victim and who is the perpetrator?
2. What is social networking? What are the popular sites? Do you use the internet?
3. Can violence happen on the internet?
4. How can one be careful on the internet so that we have the benefits without the risks?
5. How can we refrain from committing any online crime ourselves?
6. Do you think the friends should go and meet the perpetrators? Or should they close their account?

The problem in this situation is that the friends are poorly informed and careless in making online friends through social networking site. Yes, it is violence known as **cyber crime**. The friends are victims while the unknown online friends are perpetrators. There is no need to close the account but one can bar all those one does not know and report their posts, tags etc., as an offence (option available on your own networking site). Yes, violence and crime happen on the internet, phone or any other modern medium. Modern technology if used with care is very valuable but if used carelessly may create huge risks and may endanger life too. However simple steps as listed below can help us prevent such risks:

1. Never give personal information (such as full name, phone number, address, email address, school name etc.) to people you meet online.
2. Be very careful about what you say and post (about yourself or friends in chat rooms or other public places like social networking sites like Facebook). Meeting someone you only met online can be dangerous (Never agree to meet anyone in person alone. Only do so with your parents' permission; meet in a public place along with friends and/or a trusted adult).
3. Remember that people often lie online about who they are (Angel 14 could be a 48-year-old person).
4. Never respond to nasty, suggestive (sexual solicitations) or rude emails or postings.
5. Be a good online citizen and treat others as you would like to be treated.
6. Even if you are posting a picture that includes other people or friends, take their consent before uploading and tagging them. Not everyone likes their personal pictures to be online.
7. Never give your internet password/s to anyone, not even to your best friend.
8. Never accept emails, instant messages (like on Yahoo Messenger), or open files, pictures, texts from people you do not know.
9. Always tell your parents or someone you trust (if you experience anything that makes you uncomfortable like bad words, offensive pictures, nudity or anything scary).
10. Remember online crime can also be reported to police and the perpetrators can be easily tracked. So do report.

Activity 3



Understanding the Harmful Effects of Violence

(You should be aware that this discussion may disturb those who have experienced/witnessed abuse. Tell all the participants that if anyone wants to share his/her personal experience, he/she can share it with you and that it will be kept completely confidential. Also, one should not disclose anything or make fun of anyone based on the discussions during the training.)

Explain to the participants that the purpose of this activity is to talk about violence in our lives and our communities. Now, tape five pieces of chart paper to a wall. On each paper write one of the five categories listed in the table.

Categories	Probable Responses
<i>Violence used against me</i>	<i>Bullying by friends, discrimination, punishment in school, eve-teasing etc.</i>
<i>Violence that I use against others</i>	<i>Bullying a friend or junior, hitting siblings, hitting friends etc.</i>
<i>Violence that I have witnessed</i>	<i>In school by teacher, at home by father hitting mother, discrimination, eve-teasing, online threats, sexual messages etc.</i>
<i>How I feel when I use violence</i>	<i>Good, satisfied, angry, bad etc.</i>
<i>How I feel when violence is used against me</i>	<i>Bad, frustrated, sad, angry etc.</i>

Signs and symptoms of a child/adolescent going through any kind of violence:

1. Irritability
2. Poor appetite or overeating
3. Insomnia or hypersomnia
4. Low energy or fatigue
5. Poor concentration or difficulty making decisions
6. Feelings of hopelessness, self-criticism, self-blame
7. Depression
8. Suicidal thoughts
9. Anger or aggressive behaviour
10. Alcohol/drug abuse

Summarize the activity with the following facts:

1. A child may face violence such as bullying by adults or peers.
2. A child may be a victim or perpetrator of violence, but both ways it is the child who suffers the most affecting his/her health and development seriously.
3. No child should ever be hit, beaten up, slapped, undergo ear/hand twisting, be locked in dark places, discriminated against with respect to access to nutrition, health, education and recreation.
4. It is human to err and this is especially true for children.
5. Children can be disciplined through positive disciplinary actions like reinforcing the benefits of truth, honesty and disciplined life, helping them do their homework, spending time with them and giving them enough time for play and recreation.
6. Both girls as well as boys are at risk of violence, however girls suffer the most.

7. Child marriage in itself is violence but also leads to increased risk of a number of other violent acts such as forced sex, sexual abuse, dowry-related torture; domestic violence (includes beating, hitting, verbal abuse, forced sex by husband and his family).
8. In any such situation where a child is not comfortable, he/she should call the helpline (give child helpline number) and inform parents, teachers and any adult whom they think is a well-wisher.
9. A responsible adolescent should never engage in a situation where violence is inflicted on anyone. If one feels that one is being forced to be violent, control your anger, keep your cool and try to resolve conflicts through peaceful means.

Key Messages

1. All adolescents, both girls and boys, are vulnerable to violence.
2. Caste, class, religion or regional disparities or situations of civil war and conflict increase the risk of violence.
3. Adolescents with disability or those with different sexual identity are at increased risk.
4. Violence against adolescents can be by an adult or minor, by elders or peers.
5. Violence takes various forms: corporal punishment, child/forced marriage, trafficking, sexual abuse, child labour and internet-based crime are some common forms of violence against children and adolescents.
6. It is important to raise your voice against any act of violence, even at the first instance.
7. Silence only increases the frequency of violence and is not a solution.
8. Unite to fight violence and impunity for perpetrators.

Role of a Peer Educator, 'A Trusted Friend'

1. To talk to adolescents between 10–19 years about different forms of violence.
2. To discuss with adolescents their experiences of violence and help them seek help.
3. To inform adolescents about child helplines and other avenues to seek support.
4. To help adolescents who are victims of violence to access first aid in case of injuries, medical and counselling services.
5. To inform adolescents about various legal provisions protecting them from violence and ensuring justice to the victim.
6. To educate elders and other community people about supporting girls and women by not stigmatizing them and taking collective action against perpetrators.
7. To maintain confidentiality and the trust of victims and survivors.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to **Violence**

Session 13

Gender-Based Violence

Introduction

The term **gender-based violence (GBV)** is an umbrella term for any harmful act that is perpetrated against a person's will based on socially ascribed (gender) differences between males and females. While GBV is usually targeted at women and girls, boys and men may also be victims. GBV may occur within a family or in a community and is perpetrated by persons in positions of power, including at times parents, family members, friends, police, guards and armed forces. It can take place in or is condoned by families, communities and institutions including schools, detention centres and religious facilities.

Some of the common forms of GBV in our country are female foeticide, female infanticide, honour killing, child/forced marriage, kidnapping for marriage, domestic violence, eve-teasing, stalking, molestation, rape (forced sex). Gender-based violence affects the survival of the girl child and veers her off the path of health and development like education, recreation, learning vocational skills, earning opportunities etc. The fear of such violence restricts her mobility and her life is controlled by elders, mainly male members in the name of protecting her sexuality, dignity and family honour. The social and health consequences include emotional trauma, neglect, isolation, stigmatization, depression, acute or chronic physical injury, unwanted pregnancy, sexually transmitted infections, HIV/AIDS, emotional and psychological trauma and sometimes death. Survivors of GBV (including rape, sexual exploitation and domestic violence) are at heightened risk of being abused again.

The brutal gang rape and death of a 23-year-old student, Nirbhaya, in Delhi has drawn international attention to the pervasive and extreme nature of GBV in our country. The people of India have demonstrated extraordinary sensitivity, support and activism and have stood with the government to bring justice to Nirbhaya.

This session is in continuation to the Day 1 session on gender identity and gender roles and will inform us more about what forms of violence take place based on the gender of a person, especially in the case of girls and women.



Learning Objectives:

1. To understand GBV and factors leading to it
2. To learn about forms of GBV
3. To learn how GBV can be prevented and addressed



Time:

150 minutes



Material:

Photocopies of story and handouts; flip chart; loose sheet of blank papers; marker and sketch pens



Methodology:

Brainstorming, group discussion, case studies

13.1 Gender Roles and Associated Risk of Gender-based Violence

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Put up the flip chart where the activity on 'Violence' was done. Ask the participants to point out forms of violence against at girls and women. Ask them what creates such situations of violence and why.

Note down the responses and discuss them one by one. Tell the participants that much of such violence is rooted in the low status of girls and women in our society. Also there are some gender norms that expect a boy/man and a girl/woman to behave in a particular way. Such expectations create the risk situations for GBV.

Refer to Section 4.3 and discuss how some of the expectations can lead to risky behaviour.

Gender Roles	Risk of Gender-based Violence
1. <i>Boys are smarter, know everything</i>	<ol style="list-style-type: none"> 1. <i>May indulge in high-risk activities – sexual initiation at an early age; experimenting with tobacco, alcohol etc., driving motorised vehicles without being fully trained.</i> 2. <i>May give in to peer pressure for alcohol or drugs. Over-consumption of alcohol influences decision making and increases vulnerability to forced or unsafe sex.</i> 3. <i>May engage in eve-teasing and harassing of girls to demonstrate their 'smartness'.</i>

Contd...

Gender Roles	Risk of Gender-based Violence
<p>2. Girls are innocent, shy and simple</p>	<ol style="list-style-type: none"> 1. May not share their opinion about choice of partner and marriage. 2. May give in to coercion. 3. May fear seeking help or support in situations of coercion and abuse. 4. Shyness or quietness may be misinterpreted by some boys/men as consent. 5. Promotes the misconception that when girls say 'No', they mean 'Yes' – extreme risk.
<p>3. Boys never cry</p>	<ol style="list-style-type: none"> 1. Prevents boys/men from expressing their anguish. 2. May resort to anger and violence to vent their pain. 3. May not be able to seek support even in coercive and abusive situations and continue under stress for a long time. 4. May even resort to substance misuse.
<p>4. Men are brave and successful</p>	<ol style="list-style-type: none"> 1. May feign bravery and courage through unfair means including harassing girls/women. 2. Exercise unnecessary control over sisters, wives and other female members of family and punish them if they protest. 3. Prone to become self-appointed moral police, extremely hazardous for girls and women.
<p>5. Husbands control wives and wives should be submissive to their husbands</p>	<ol style="list-style-type: none"> 1. One of the key reasons behind domestic violence. Women are prone to physical, sexual, mental and verbal harassment by husbands/partners. 2. Prevents women from resisting unreasonable demands of husbands and in-laws. 3. Don't raise their voice against exploitation and coercion (rape, domestic violence). 4. Have limited or no control over reproductive health and may be vulnerable to unwanted pregnancy, sexually transmitted infections like HIV.
<p>6. Boys/men work hard and so need comfort</p>	<ol style="list-style-type: none"> 1. Household chores by women are not recognized as hard work. 2. Forced sex by husband and others.
<p>7. Daughters represent family honour</p>	<ol style="list-style-type: none"> 1. Son preference and bias; female foeticide and infanticide. 2. Girl child faces discrimination in nutrition, education, recreation and other opportunities for health and development. 3. Undue restriction on girl child in the name of family honour and at times killed. 4. Early marriage to transfer related responsibility to her husband and in-laws. 5. Sexuality of a female is controlled by men – father, brother, husband or son.

13.2 Reducing Risks of Gender-based Violence among Adolescent Girls

Activity 1



Divide the participants into six groups. Ask each group to prepare a role play based on the case given to them. Tell them that they will all get a chance to be part of the group act.



Group 1:

Rehana is a 15-year-old girl studying in Class 9. She loves going to school and is a very bright student. Rehana is friendly with all the boys and girls in her class. One day, one of the boys approaches Rehana and tells her that he likes her. Rehana ignores him. He continues to harass Rehana in different ways – stalking her on her way home, passing comments about her, leaving notes in her notebook, writing her name on the blackboard with love messages, sending messages through her friends. One day a teacher finds a note lying on the floor and reads the message. The teacher scolds Rehana in front of the class and tells her to bring her parents to school the next morning.

Rehana is very scared to tell her parents about this and ask them to come to the school. She has stopped going to school and is thinking of discontinuing her studies

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Group 2:

Radha, an 18-year-old girl, is married to Dharmendra. Radha had to leave her school when she got married but was assured that she could continue her studies from her in-laws' place. However, when Radha requests her husband and in-laws to allow her to take admission in school, they refuse. They tell her that if she goes to school there will be no one to take care of the household work since her mother-in-law is not keeping well.



Group 3:

Radha tries her best to keep her husband and in-laws happy, but she never gets any appreciation for her hard work. In fact she is made to work from early morning till late in the evening. She eats only after everyone else has finished eating. She is also beaten up for one reason or another by Dharmendra and her in-laws do not protect her. Last evening, when Dharmendra came late and Radha took a while to open the door, Dharmendra thrashed her with a cane. Radha has bruises all over her body. Radha is crying and cursing her fate.



Group 4:

Lily and Vishal are in love. All the boys of her college know that. One day when she is having her tiffin, two boys come to her and throw her a chit saying, "We will wait for you". Lily is afraid that they will tell her family about her affair with Vishal. What should Lily do?

**Group 5:**

Sofia is a very beautiful girl. All the boys want to be friends with her. Shishir is Sofia's classmate. One day some boys plan to tease Sofia after tuition classes. Shishir opposes this and says that they should be ashamed to think of doing such a thing. The boys make fun of Shishir and say that he is not a 'man'. Shishir sees Sofia coming and his friends moving towards her. What should he do? What should Sofia do?

**Group 6:**

Ragini and Lalit are siblings. Few months ago a distant uncle had visited their house and stayed for some days. Ragini and Lalit don't like this uncle as he tries to touch them in a way that makes them uncomfortable. The siblings have shared their dislike for this uncle with each other. One day their father informs them that the uncle will be visiting them again as he has some work in the town. Ragini and Lalit do not want the uncle to come home but don't know how to convey their feelings to their father.

Invite the groups to enact the roles. Inform the participants that this is an activity in which all of them have an opportunity to act. First they need to identify the problem and the victim. The rule is that if anyone feels that the victim is not able to properly safeguard herself, then he/she can say 'STOP' or 'FREEZE' and replace the victim. Then demonstrate the way he/she would like to deal with such a situation. This can continue till some interesting ways of dealing with such situations come from the participants. Discuss the positives and negatives of each suggested way to help the participants identify smart, assertive and safe ways of dealing with such risky situations.

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Discussion

The stories of Rehana and others are not uncommon in our society. Gender-based violence has serious repercussions on a girl's life and future. Often, girls are forced to discontinue their education, forced into early marriages and are treated unfairly by parents, husband and in-laws. In the case of Rehana, in spite of the fact that it was not her fault she was scolded and blamed by her teacher. Unfair gender norms hold girls responsible for any act of violence that is committed against them. Men are rarely criticized. Rehana knew that if her parents or other people in the society got to know about the incident they would also have a judgmental attitude towards her and would question her character. The situation is similar for victims in the other stories who fear being stigmatized if they complain against the perpetrator. Radha too is suffering unnecessarily. Violence by husband and in-laws is called 'domestic violence'. The Protection of Women from Domestic Violence Act, 2005 protects women against such violence but there are very few women who ever complain against their husband or in-laws as victims are further victimized due to associated stigma and discrimination.

Tell participants that domestic violence is so rooted in our tradition and culture that people refrain from reporting it to the police. Also, sometimes the police or those who need to protect us do not treat it as violence and the complainant is further victimized. However, not reporting violence is extremely dangerous for the victim as the violence will only increase and cause long-term harm to the victim.

Tell the participants that often such violence can be prevented by acting on time. As adolescents, they need to learn to say 'No', communicate their thoughts and feelings assertively and not give in to any kind of force, pressure or threat. It is always better to share secrets with family and trusted friends rather than give in to blackmail.

Activity 2



Read out the case given below and conduct a discussion.

Group 4:

Nirbhaya and her boyfriend are returning from the cinema and take a bus home. The two never think that the other people in the bus are not actually passengers but a group of ruffians on the lookout for easy prey to loot and abuse. Suddenly a few of them start passing indecent comments about Nirbhaya. When she and her boyfriend protest, they become violent. The two of them are brutally assaulted and Nirbhaya is raped by the men on the moving bus. No one hears their cries for help. Later they are thrown out of the bus.



Badly wounded, Nirbhaya and her friend are spotted by some local people and police and taken to the hospital. The police catch the men who committed this crime and they are put behind bars. The court has awarded the death sentence to all the accused except for one who is below 18 years, who will be in the custody of the juvenile home. Today Nirbhaya is no more but the courage shown by her, her friend, her parents and the whole nation will guide India to empower girls and women and make spaces (private or public) safe for them to live with high self-esteem and dignity.

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Discussion Points:

1. Have you heard of Nirbhaya's case in Delhi in 2012?
2. Who is the victim and who are the perpetrators?
3. Who else is responsible for such incidents? How?
4. Are public spaces safe for girls and women? Why?
5. Who makes public and private spaces unsafe for girls and women?
6. Do girls and women have the right to live with respect and dignity? Does a girl/woman have the right to engage in recreation, sports and fun activities?
7. Is it wrong for a girl or woman to aspire to make a place for herself in the society? Is she wrong to come out of her house to contribute to the nation's growth and development?
8. Why did these men behave the way they did? Do you think that the expected role of men in a society has some influence on the behaviour of men who commit such crimes?
9. How we can make our home, community and public spaces like buses, trains, cinema halls, markets, schools, colleges etc., safe for our girls and women?
10. It is good to protest against and report all cases of violence against women. Comment.

Discussion

Nirbhaya, also known as Jyoti, was gang-raped on a moving bus in December 2012 at Delhi. Besides the ruffians in the bus, we and our system are also responsible for this incident or any such violence against women in our community. We promote unequal norms in the society by not raising our voice against them. While our silence makes a girl helpless, it gives the wrong signal to a boy about his strength that is often used to violate the rights of girls and women. 'Masculinity' in our society is perceived more as physical power and strength which some boys and men take pride in demonstrating on weaker persons. They also have the wrong perception about women – that they are weak and should be confined to their houses. But in many instances, even if we witness any such violence or discrimination against girls, we prefer to remain quiet which is wrong. Our boys and men need to learn to respect the rights of girls/women. They have the same rights as any male member of the society.

Yes, it is our responsibility to raise our voice against any form of violence and report it (including sexual abuse and rape) to the authorities. It is not the victim who should feel guilt and shame, it is the perpetrators and their families who should have to hide. The courage shown by Nirbhaya, her friend and her parents is proof of the strength of a girl and her family. We can help a victim/survivor of such violence by being sensitive and empathetic, providing care and support and helping them return to the path of health and development at the earliest possible.

Activity 3



Give the participants a photocopy of the cases given below. Tell them to discuss the cases among themselves after the training and ask for clarifications if required.



The father of a 17-year-old girl tells her that he has fixed her marriage. The girl has no choice but to agree.



14-year-old Reema is asked to leave school and stay at home. This way she can take care of her younger siblings while her parents are away at work. Reema doesn't want to give up her studies and requests her parents to allow her to continue. Her parents agree on the condition that she completes all the household chores before leaving for school and takes care of the home, her siblings and the cooking after returning from school.



Rano is scared to learn that one of her uncles is coming to their house and will be staying for a week. She doesn't like this uncle. A few months back, he had forcibly had sex with her and told her that she should not tell anyone, not even her parents, as this was their personal secret. Rano didn't like it but was scared to tell her parents fearing their anger. Also, this is a matter of family honour. When this uncle left, Rano thought she was safe and tried to forget the incident. Now that he is coming again, Rano is scared and wishes she could hide somehow.



Seventeen-year-old Gudiya lives in a small town with her husband and in-laws. A year ago her parents married her off to Kunal, a 19-year-old shop owner. Gudiya is now three months pregnant and does not feel comfortable. Kunal wants to take her to the doctor. He asks his mother about it and she says that this is normal and that Gudiya should work hard as it will help the baby be active. She also tells Gudiya to eat less as it will make the pregnancy more comfortable. Gudiya follows her mother-in-law's advice.



Discussion Points:

1. Who are the victims and who are the perpetrators?
2. Do these situations reflect some form of discrimination or violence? How?
3. Why do girls or any adolescent fear raising their voice against violence?
4. Are parents and elders always understanding and supportive if informed?
5. How can the victims be informed that they are being violated?
6. Who should be scared and feel guilty?
7. Is silence a solution to violence?
8. Is a girl victim a blot on the family honour?
9. What are the different ways to deal with such situations?
10. How can parents, siblings, friends and society help a survivor of violence return to the normal course of health and development?

13.3 Seeking Institutional Support

Activity 1



Ask the participants to remain in their respective groups and discuss and prepare an inventory of all persons in the community or in authority who can be approached for intervention and help in cases of GBV. Once they have completed the task, ask them to present what they have discussed. Discuss each presentation, providing inputs on key government authorities responsible for action on cases of GBV. It would be good to invite the local Child Protection Officer, Child Marriage Prohibition Officer or representative from the police/ local *thana* to talk to the participants.

Tell the participants that as such violence is rooted in our tradition and culture, people refrain from reporting it to the police. Also, sometimes the police or those who need to protect us do not treat it as violence and the complainant is further victimized. However, not reporting violence is extremely dangerous for the victim and will only increase violence and cause long-term harm to the victim.

Help the participants improve their list by giving the names of persons in the departments of Health (ANM, ASHA, doctors), Panchayati Raj (PRI members, *Mukhiya, Sarpanch*) and Education (teachers), NGO workers and the local police station who can be approached. Inform them about Child Protection, Child Probation and Child Marriage Prohibition Officers available in their blocks and districts. Also inform them about helpline numbers (child helpline, domestic violence helpline), if any.

Refer to various legal provisions to protect women from violence and bring justice in case of violence. Highlight the following as the right of every victim or complainant of GBV (to be arranged and provided by the police):

- **Free legal aid**
- **Right to privacy while recording statement:** Under section 164 of the Criminal Procedure Code, a woman who has been raped can record her statement before the district magistrate when the case is under trial, and no one else needs to be present. Alternatively, she can record the statement with only one police officer and woman constable in a convenient place that is not crowded and does not provide any possibility of the statement being overheard by a fourth person.
- **Time does not matter:** The police cannot refuse to register an FIR even if a considerable period of time has elapsed since the incident.
- **Email to the rescue:** If, for some reason, a woman cannot go to the police station, she can send a written complaint through an email or registered post addressed to a senior police officer of the level of Deputy Commissioner or Commissioner of Police.
- **Cops cannot say 'No':** A rape victim can register her complaint at any police station under the Zero FIR ruling by Supreme Court.
- **No arrests after sunset:** According to a Supreme Court ruling, a woman cannot be arrested after sunset and before sunrise.
- **You cannot be called to the police station:** Women cannot be called to the police station for interrogation under Section 160 of the Criminal Procedure Code. This law provides Indian women the right to not be physically present at the police station for interrogation. The police can interrogate a woman at her residence in the presence of a woman constable and family members or friends.
- **Protect your identity:** Under no circumstances can the identity of a rape victim be revealed. Neither the police nor the media can make the name of the victim public. Section 228A of the Indian Penal Code makes the disclosure of a victim's identity a punishable offence.
- **The doctor cannot decide:** A case of rape cannot be dismissed even if the doctor says rape has/had not taken place. A victim of rape needs to be medically examined as per Section 164A of the Criminal Procedure Code, and only the report can be taken as proof.

A few helplines for women in distress:

Women's Helpline: 1091

Central Social Welfare Board/

Police Helpline: 1091/1291

Child Helpline: 1098

Key Messages

1. Gender-based violence is a serious violation of women's human rights.
2. Break the silence: Keeping the violence and the abuse a secret does not protect any one from being abused, the abuse is more likely to continue.
3. When we treat GBV as a private issue, we allow it to continue.
4. GBV is not a sign of discipline and love; it is a sign of domination and control.
5. Balancing power does not mean losing power because power does not come in limited supply. It is not a quantity, it is a feeling.
6. Victims of GBV need to be taken immediately to nearest medical/health centre for first aid, treatment and counselling support. Most of the health centres have good referral contacts to ensure legal aid, care and support to the victim/survivor.

Role of a Peer Educator, 'A Trusted Friend'

1. To talk to adolescents between 10–19 years about GBV.
2. To discuss how boys can help reduce violence against women within the family as well as in the community.
3. To inform adolescents about the rights and entitlements of women and various legal provisions.
4. To inform adolescents about child helplines and other avenues to seek support.
5. To help adolescents who are victims of violence access first aid in case of injuries, medical and counselling services.
6. To educate elders and other community members on supporting girls and women by not stigmatizing them and instead taking collective action against perpetrators.
7. To maintain the confidentiality and trust of victims and survivors.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to **Gender-based Violence**

module VII

my rights and entitlements



Session 14

Child and Adolescent Rights

Introduction

All human rights are applicable to adolescents (10–19 years) as to any adult. The Constitution of India has special provisions to ensure survival, protection, development, health and happiness of its children. In addition, our Constitution grants all the states positive discrimination in favour of girls and women. We also have a National Committee for the Protection of Children's Rights (NCPCR), an independent body to take measures to protect the rights of children across the country. The Government of India has ratified the Convention on Rights of a Child (CRC) of United Nations, which means that the Central and State Governments are committed to ensure the rights of children as stated in the CRC. In addition, our country is also a signatory to the Convention on Elimination of All Forms of Discrimination against Women, CEDAW.

Some of the rights have to do with basic physical needs to grow and be healthy. For example, one has the right to food, water, shelter and basic health care. Some of the rights have to do with how other people treat us – with dignity and respect – while some have to do with our need to be cared for, to grow and develop and be a part of a community. An adolescent has the right to education, to express his/her ideas and opinions, to access information and to participate in making decisions about issues that affect him/her. He/she also has the right to be protected from all forms of violence and discrimination (irrespective of class, caste, religion, region, sex, gender identity, sexual orientation, sex or age). In this session, we learn more about the rights and entitlements of adolescents.

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Learning Objectives:

1. To build awareness of the rights of a child and an adolescent
2. To understand why it is important to know our rights and entitlements
3. To learn about various rights and entitlements enjoyed by children in India
4. To learn about various legal provisions, programmes and schemes that extend protection to rights of children and adolescents



Time:

40 minutes

**Material:**

Chart papers; flip chart; sketch and marker pens; slide projector

**Methodology:**

Brainstorming, group discussion, case studies, PowerPoint slides

14.1 Understanding Rights and Entitlements

Activity 1



Divide the participants into three groups. Tell them briefly about Aladdin's magic lamp. Tell them that each of the groups has found a magic lamp and each participant is allowed to ask for two or three wishes that will be fulfilled. Ask the participants to prepare a list including every member's wish and present it to the larger group. Some of the responses may be as under:

- | | |
|-------------------------------------------|---------------------------|
| 1. A good house | 6. Job that pays well |
| 2. Life with parents | 7. Three meals a day |
| 3. Chocolates and cola | 8. Higher education |
| 4. No beating at all | 9. Become a famous person |
| 5. Meeting with celebrity of their choice | 10. Disease-free life |

Go through the lists one by one and help the participants understand what in their wish list is a right that they are entitled to as citizens of India, such as education, nutrition, a life free of abuse of any kind, learning and earning opportunities, health information and services.

Inform the participants that '***The Indian Constitution accords rights to children as citizens of the country and acknowledges their special status. Recognizing that children are especially vulnerable and need urgent attention and protection in childhood which is time-bound (as children outgrow childhood), the Constitution includes some special provisions and laws for children.***

Six Fundamental Rights (as per the Constitution of India)

- The right to equality
- The right to freedom
- The right to freedom from exploitation
- The right to freedom of religion
- Cultural and educational rights
- The right to constitutional remedies

14.2 Rights of a Child and an Adolescent (Optional)

Activity 1



With the help of a PowerPoint presentation, inform the participants about the Constitutional Rights (as per the Constitution of India) of all children and adolescents.

Clauses under The Constitution of India protecting the rights of a child:

- **Article 14:** Guarantees equality before law and equal protection of laws to every citizen
- **Article 15:** Provides the right against discrimination on grounds of race, caste, sex, place of birth or residence
- **Article 15(3):** Special provisions for girl children
- **Article 21:** Ensures all citizens right to personal liberty and due process of law
- **Article 23:** Provides protection from trafficking and bonded labour
- **Article 29:** Interest of minorities
- **Article 46:** Deals with rights of weaker sections to be protected from social injustice and all forms of exploitation (SC, ST, OBC, gender, lower economic strata, minorities)
- **Article 46:** Promotion of educational interests of weaker sections
- **Article 47:** Raising level of nutrition and standard of living of its people and the improvement of public health.

Special Child Rights under the Indian Constitution

- **Article 21A:** Right to free and compulsory elementary education for all children 6–14 years
- **Article 24:** Protection from any hazardous employment up to age 14
- **Article 39(e):** Protection from abuse and being forced by economic necessity to enter any occupation unsuited to their age or strength
- **Article 39(f):** Right to equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guaranteed protection of children and youth against moral and material abandonment

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Activity 2



Ask the participants if they know about child rights and United Nations Convention on the Rights of the Child (UNCRC). Inform them that the CRC is an international resolution proposed by the United Nations (*a platform where all countries discuss their international and national level concerns and look for solutions*) and the Government of India is a signatory to the convention. This means that the Government of India is committed to ensuring these rights to children.

According to the UNCRC, child rights are minimum entitlements and freedoms that should be afforded to all persons below the age of 18 regardless of race, colour, gender, language, religion, opinions, origins, wealth, birth status or ability and therefore apply to all people everywhere. One right cannot be fulfilled at the expense of another right. There are four broad classifications of these rights. These four categories cover all the civil, political, social, economic and cultural rights of every child.

Convention on the Rights of the Child

Right to Survival: A child's right to survival begins before it is born. According to the Government of India, a child's life begins 20 weeks after conception. Hence the right to survival is inclusive of the child's right to be born, right to minimum standards of food, shelter and clothing and the right to live with dignity.

Right to Protection: A child has the right to be protected from neglect, exploitation and abuse at home and elsewhere.

Right to Participation: A child has a right to participate in any decision making that involves him/her directly or indirectly. There are varying degrees of participation as per the age and maturity of the child.

Right to Development: Children have the right to all forms of development: emotional, mental and physical. Emotional development is fulfilled by proper care and love of a support system, mental development through education and learning and physical development through recreation, play and nutrition.

Activity 3



Divide the participants into two groups and provide each group with a case study as given below.

Group 1:

Sona is a 17-year-old hard-working girl. She works at a shop in the town as a helper and helps her family. For the last few days, she has been feeling nauseous and dizzy. Sona shares this with a co-worker who asks her if she has had her period on time. She replies that she has missed her period for the last few months but she didn't worry much as her periods are often irregular. The lady tells Sona that she should immediately see a doctor and not tell anyone else about this. Sona is scared. The next day after work the lady takes Sona to a nearby lady doctor's clinic where the doctor examines her. The doctor is harsh with Sona and asks her if she is married. On learning that Sona is unmarried, the doctor loses her cool and says something to the nurse and another helper present there. She asks Sona since when she has missed her period, but Sona doesn't remember the exact month. The doctor confirms that Sona is pregnant and that she needs to conduct an ultrasound to assess the stage of pregnancy. Sona is crying all through and pleads with the lady and the doctor to help her. With the help of the lady she calls a man who had promised marriage to her but the man denies any such promise and says he is not responsible for this pregnancy and that she should not call him again. Sona and her co-worker continue trying his number but it is switched off.

The next day, when Sona reaches the clinic, the doctor informs her that if she has to conduct an abortion, Sona has to bring her parents along and Rs. 20,000 in cash. She says that it will be done in another place and no one else will come to know about it.





Discussion Points:

1. Do you think that there is violence happening in this situation? If yes, who is the victim and who is the perpetrator?
2. Was the lady right in taking Sona to the doctor?
3. Was the doctor's behaviour 'friendly'? Why?
4. Was the doctor charging too much for her service? Why?
5. Does Sona have other options for an abortion?



Group 2:

Mohsin, 16 years, and Sunder, 17 years, are friends. They are often together and spend a lot of time with some other older men in the community. One day Sunder complains of mild flu and discomfort during urination. Mohsin confirms that he is also not well and is having some discharge from his penis. The boys are very uncomfortable and don't know whom to talk to. But when the symptoms become really painful, they visit the local health centre. When they reach, there are a number of patients walking in and out of the doctor's cabin. The male attendant in the waiting area asks them about their problem. The boys just say that they need to see the doctor. The male attendant keeps insisting that they tell him why they need to see the doctor and then gives each of them a waiting number. After two hours, Mohsin's turn comes and he goes in to see the doctor. Since the doctor is tired, he calls in a few more patients so that he can clear the crowd quickly. The doctor keeps asking Mohsin about his problem, but Mohsin is embarrassed to tell him the truth in front of other people and instead tells him that he has fever. The doctor gives him medicine for the fever and suggests rest. When Sunder goes inside, he tells the doctor that he is having some pain during urination. The doctor looks at him and asks him to tell him everything in detail. Other patients also start looking at Sunder. Sunder cannot say a word. The doctor asks him to hurry as he has many more patients to attend to. Sunder is shaken.



Discussion Points:

1. Do you think that there is a violation of rights happening in this situation? If yes, who is the victim and who is the perpetrator?
2. What might Mohsin and Sunder be suffering from?
3. Were Mohsin and Sunder right in consulting a doctor?
4. Is it right for the male attendant to ask too many questions?
5. Was the doctor's behaviour 'friendly'? Why?
6. Do you think the doctor should have showed a little more patience with the boys?
7. If you were a doctor, how you would have dealt with Mohsin and Sunder?

Inform the participants about the sexual and reproductive rights of adolescents with the help of the following slides:

The following sexual and reproductive rights are based on rights that are grounded in core international human rights instruments and other international conventions and charters.

1. The right to life
2. The right to liberty and security of the person
3. The right to equality, and to be free from all forms of discrimination
4. The right to privacy
5. The right to freedom of thought
6. The right to information and education
7. The right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children
8. The right to health care and health protection
9. The right to benefits of scientific progress
10. The right to freedom of assembly and political participation
11. The right to be free from all torture and ill treatment

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Rights of adolescents infected with or affected by HIV

1. People living with HIV are entitled to all human rights.
2. Children infected with or affected by HIV are entitled to all human rights and rights assured under CRC.
3. They have the right to live without discrimination of any kind.

SLIDE 3

Summarize the activities with the following:

1. Like any other right, adolescents also enjoy sexual and reproductive health rights.
2. These rights are reflected in international charters and conventions and have been ratified by the Government of India.
3. To ensure these rights to adolescents, the Government of India has introduced a special programme called Rashtriya Kishor Swasthya Karyakram (RKSK) and the participants are all important links in this programme.
4. The key features of the (RKSK) are as follows:
 - Separate health centre or room in the existing clinic for adolescents with separate waiting area
 - Separate timing for boys and girls; timing convenient for adolescents
 - Dedicated doctor for the adolescent health centre
 - Privacy to adolescents when sharing their concerns with the doctor
 - Confidentiality of the concerns or condition of the adolescent client
 - Doctors and other staff not to discriminate, judge adolescents on basis of the act that caused the medical condition
 - Doctors and other staff to be gentle while talking to adolescents and avoid using harsh words
 - Doctors and staff to be sensitive to adolescents and their mental condition at the time
 - Help them with positive actions
 - Provide counselling to help them deal with the situation and take precautions to prevent them in future

14.3 Laws that Protect Rights

Ask the participants to speak of any legal provision, programme or scheme they know that protects these rights of children. Write down the responses.

Summarize the activity by talking about the following:**1. Laws to Ensure Protection of Child Rights**

- Right of Children to Free and Compulsory Education Act, 2009
(provides for free and compulsory education up to 14 years of age)
- Prohibition of Child Marriage Act, 2006
- The Child Labour (Prohibition and Regulation) Act, 1986
- The Juvenile Justice (Care and Protection of Children) Act, 2000
- The Immoral Traffic (Prevention) Act, 1956
- Protection of Women from Domestic Violence Act, 2005
- The Protection of Children from Sexual Offences Act, 2012
- The Young Persons (Harmful Publications) Act, 1956
- The Commissions for Protection of Child Rights Act, 2005
- The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995
- Decriminalization of same sex relation (Article 377)
- Food Security Bill

2. National Policies, Programmes and Strategies on Protection of Child Rights

- National Youth Policy, 2000
- National Population Policy, 2003
- National Plan of Action on Children, 2005
- National Strategy and Plan of Action on Child Marriage, 2013

3. National Programmes and Schemes to Realize Child Rights

- Sarva Shiksha Abhiyan (universal access to primary education)
- Integrated Child Protection Scheme
- Integrated Child Development Services
- Rajiv Gandhi Adolescent Girls Empowerment Scheme, SABLA
- Rashtriya Kishor Swasthya Karyakram (with focus on sexual and reproductive health and rights of adolescents)
- Mahatma Gandhi National Rozgar Guarantee Scheme(also known as Mahatma Gandhi National Rural Employment Guarantee Scheme – MGNREGS) for parents and adolescents above 18 years

Other schemes available in the state and district may be added.

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4. Committees, Bodies and Key Persons to Ensure Child Protection

- National and State Human Rights Commissions
- National Commission for Protection of Child Rights (NCPCR)
- State Child Rights Committees
- Elected members from district and Panchayat
- District Magistrate
- Child Marriage Prohibition Officer
- Child Protection Officer
- Teachers
- Doctors
- Parents
- All adults

Reiterate that the primary responsibility for the care and upbringing of children remains that of the parents, with the community and the larger society also having their respective obligations towards them.

Key Messages

1. All human rights are applicable to all children, including children of India.
2. Our government and commissions on human rights and child rights are accountable for violation of rights of children.
3. In spite of all efforts, many children and adolescents are devoid of even the basic rights due to extreme poverty, gender, caste or religion.
4. Discrimination and violence against a child due to his/her caste, religion, region, disability or sexual orientation is violation of rights.
5. Children have right to voice their opinion and those above 18 years have the right to vote and can fight elections after 21 years of age.
6. With all basic rights of survival, an adolescent has the right to compulsory education upto 14 years, right to delay marriage, right to information, counselling and service on sexual and reproductive health concerns.

Role of a Peer Educator, 'A Trusted Friend'

1. To talk to adolescents between 10–19 years and make them understand what are rights and entitlements.
2. To inform adolescents about rights and entitlements.
3. To inform adolescents about various legal provisions, national and state programmes and schemes to protect their rights.
4. To build the capacity of adolescents to raise their voice and demand realization of their rights.
5. To inform adolescents about child helplines and other avenues to seek support.
6. To be vigilant and identify adolescents whose rights are being violated.
7. To promote the rights of children through awareness campaigns involving adolescents from the community, key persons in community and government and non-government workers.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to **Rights and Entitlements**

module VIII

health and environment



Session 15

Community Sanitation and Hygiene

Introduction

Poor community hygiene and environmental conditions are important causes of illness in our country. Waste disposal in houses and in communities is inappropriate while stagnant water and open potholes become breeding grounds for mosquitoes causing malaria and dengue. Sanitation coverage is very low and there is widespread open defecation. Our soil, water and air are getting contaminated every day. Availability of safe drinking water is still a challenge. Factory waste is let out into rivers without being treated. Smoke from factories and vehicles has raised the levels of harmful pollutants in the air. Bronchial asthma and other respiratory conditions are on the rise among children and young people. Our agricultural produce is exposed to chemicals in the form of pesticides and fertilizers beyond permissible limits to meet market demands. Cattle are treated with harmful drugs to increase milk production. In addition, many human activities like encroaching into green areas are leaving fewer trees to absorb carbon dioxide exhaled by us.

Healthy living demands action to maintaining community hygiene and a pollution-free environment. We receive a lot from nature and it is time that we give back to Mother Nature in our own small ways. Each one can contribute towards maintaining community hygiene and sanitation reducing activities that pollute our water, soil and air. This session attempts to illustrate the connection between health and environment.

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Learning Objectives:

1. To understand the significance of community hygiene and waste disposal
2. To learn ways in which community hygiene can be maintained
3. To understand the impact of global warming and climate change on health
4. To learn how an individual can contribute to reducing the pace of climate change



Time:

30 minutes



Material:

Chart papers; sketch pens



Methodology:

Brainstorming, group discussion, case study

15.1 Community Hygiene and Waste Disposal

Activity 1



Divide the participants into three groups and name them 'Water', 'Air' and 'Soil'. Tell each group that it has to act as per the name given to it. Ask each group to discuss its importance for a healthy life within the group and make a list. Also, each group should prepare a detailed list of reasons for its contamination and its effect on human life. The group work would look somewhat like this:

Group 1: Water

Water is important because...	Water is being contaminated by...	Stagnant water or consumption of contaminated water will lead to...
<i>Our body needs water to survive.</i> <i>It quenches our thirst.</i> <i>We need water to bathe.</i> <i>We need water for cooking food.</i> <i>We need water to rear fish.</i>	<i>Human and animal faeces; bodies</i> <i>Dumping of solid wastes including glass, plastic and aluminium</i> <i>Household waste dumped in open water bodies</i> <i>Hospital waste</i> <i>Industrial Waste (contains pollutants like asbestos, lead, mercury and petrochemicals)</i>	<i>Breeding ground for mosquitoes</i> <i>Infections like malaria and dengue</i> <i>Diarrhoea, jaundice, typhoid</i> <i>High toxic content in agricultural crops and fish consumed by human beings</i>

Group 2: Air

Air is important because...	Air is being contaminated by...	Breathing polluted air will lead to...
<i>We need fresh air to breathe.</i> <i>Without air no life can survive.</i> <i>Without fresh air, we will choke.</i> <i>We need air to make fire for cooking and other work.</i>	<i>Cutting down of trees, hence fewer trees to absorb carbon dioxide</i> <i>Emission of harmful gas from factories; comfort amenities like air conditioners, refrigerators etc.</i> <i>Example: Bhopal tragedy</i>	<i>Bronchial asthma</i> <i>Acute respiratory disorders</i> <i>Tuberculosis, pneumonia – more due to coughing by infected person without covering mouth (for example, with a handkerchief) or improper sputum disposal.</i>

Contd...

Air is important because...	Air is being contaminated by...	Breathing polluted air will lead to...
	<p><i>Smoke due to crackers; burning fossil fuels like wood, coal, oil; burning plastics etc. Smog keeps the pollutants trapped in lower atmosphere</i></p> <p><i>Vehicles unchecked for pollution</i></p> <p><i>Cement industries</i></p> <p><i>By virus and bacteria through coughing of infected person (without covering mouth with cloth) or spitting</i></p>	<p><i>This leaves the virus and bacteria in the air.</i></p>

Group 3: Soil

Soil is important...	Soil is being contaminated by...	Contaminated soil will lead to...
<p><i>To grow our crops and vegetables</i></p> <p><i>To grow trees and plants</i></p> <p><i>To construct buildings</i></p>	<p><i>Human and animal faeces</i></p> <p><i>Use of fertilizers beyond permissible limits</i></p> <p><i>Pesticides and other chemicals through factory waste</i></p> <p><i>Frequent crops preventing soil from recovering its nutrient value</i></p> <p><i>Household waste that is non-biodegradable and those like menstrual cloths and pads</i></p> <p><i>Hospital waste</i></p>	<p><i>Skin problems, may even result in cancer</i></p> <p><i>Severe health conditions due to exposure to chemicals and toxic waste</i></p> <p><i>Vegetables, fruits and crops with high levels of harmful chemicals</i></p> <p><i>Poor yield and nutrient value of agricultural products</i></p> <p><i>Some vegetables like spinach have high levels of chemical deposit that do not go even after washing and cooking</i></p>

Once the groups have prepared their charts, ask each group to stand facing another one. Now ask each group leader to present the group's work. Add wherever required to make the list comprehensive and ensure that the participants are able to recognize the effects of poor sanitation, waste disposal and environment-polluting activities resulting in infections and diseases. Once all three groups have presented, thank the participants.

Explain to the participants that it is very important to maintain sanitation (both at personal and community levels) in order to avoid risk of various diseases like diarrhoea, malaria and dengue. Drinking impure water can cause diarrhoea, dysentery, typhoid and hepatitis. Similarly, improper sewage and garbage disposal can lead to the spread of contagious diseases through rats, mosquitoes, flies, cockroaches and stray dogs. Also, apart from sanitation, there are other human activities (like cutting trees and burning fossil fuels) that cause more than 80 per cent of environmental pollution and climate change. It is equally important to educate people about how certain activities pollute the environment and contribute to climate change and how this can be addressed.

Activity 2



Ask the participants to regroup into three new groups. Give each group a case study to discuss. After 10 minutes, ask the groups to present their response.



Case Study 1:

Sona and Shefali are 17-year-old girls. They are embarrassed that they have to defecate in the open. They hear about sanitary latrines from the ANM and talk to their parents about building one in their home. But their parents refuse saying, "We cannot have a latrine inside the house. It is against our culture." The girls are very disappointed and don't know what to do.



Discussion Points:

1. Why do you think Sona and Shefali are disappointed?
2. Is it possible to convince their parents?
3. What will you do to sort out this problem?



Case Study 2:

Seema is the 24-year-old mother of two children. The older one is 4 years old and the younger one is 1½ years old. Seema finds it very difficult to manage the children and household work. Since the children are young, they go to the toilet two to three times a day and Seema has to clean them every time. Sometimes she washes her hands with ash or soap, sometimes she forgets. One day her younger child falls sick with high fever and diarrhoea.



Discussion Points:

1. Can you identify the source and transmission of infection the child is suffering from?
2. Do you know that diarrhoea is the major cause of infant death in India?
3. What precautions should Seema have taken?
4. Can you list few health messages on hygiene and sanitation?



Case Study 3:

Mohit is a 16-year-old boy who is very worried due to increasing incidence of diarrhoea in the village. The villagers don't maintain hygiene and sanitation. Most of the time, people dump garbage outside their house and prefer to go out to the fields for defecation.



Discussion Points:

1. What do you think is Mohit's concern?
2. Can he do something about it?
3. How would you convince the villagers to take measures to maintain hygiene and sanitation?

Derive the important points from the case studies. Discuss the importance of hygiene and highlight that we need to not only maintain hygiene and sanitation at home but also maintain clean surroundings to prevent diseases. Highlight the traditional mindset of parents on hygiene and sanitation which prevented the adolescents' participation in decision making in the first case study. Explain that in the second case study, the source could be the mother who is not regular with hand washing with soap, a hygienic practice; the human excreta contaminates our hands and the food fed to the child who becomes the host for such infections. Make sure that the participants identify the problem and suggest possible solutions.

Activity 3



Ask the participants to list how we can help our community maintain hygiene and sanitation and reduce contamination of water, air and soil. Ask a volunteer to list the responses on a chart paper. Put up the chart paper on the wall for reference. Explain some of the ways that are crucial and can be addressed by adolescents such as the following:

- Stopping defecation in the open by promoting toilet use
- Management of biodegradable and non-biodegradable waste
- Keeping water bodies clean
- Reducing carbon emission
- Minimizing use of fertilizers and pesticides in agriculture

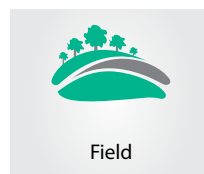
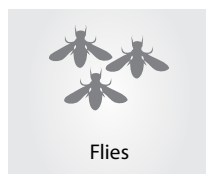
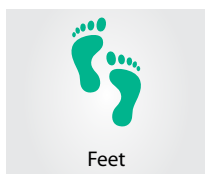
The chart may read as under:

1. Stop defecation in the open by promoting use of toilets and hand washing with soap.
2. Promote hand washing with soap every time eatables are handled or before eating.
3. Always keep eatables covered and away from flies.
4. Ensure proper washing and storage of utensils (with clean water and away from flies).
5. Construct sanitary latrines at home (it is important for both privacy and safety, especially for females, and community hygiene).

6. Use public toilets when out of the home; do not urinate on walls and trees.
7. Promote waste disposal system through latrines or burial in the ground. Burial of excreta in deep pits is one of the convenient ways of disposal. Covering it with mud or soil also helps in preventing flies from sitting on it and contaminating food and spreading infections, but should be avoided as it may not be totally risk free.
8. Advocate building separate public toilets for men and women with continuous water supply.
9. Educate people to keep toilets and public utilities clean and sanitized. Ventilators or inlets for light and air are important to ensure that toilets are free of germs and flies that contaminate food.
10. Create awareness that unclean water (such as water after washing, from the toilet, from other household work etc.) should be allowed to pass through a separate conduit.
11. Avoid bathing, using soap for cleaning utensils and clothes near the hand pump, wells or in rivers.
12. Don't dump waste in water bodies like ponds, rivers and *naalas*; they will only become breeding grounds for mosquitoes; also check that there is no water stagnation such as in water coolers, flower pots, vases, old containers etc.
13. Advocate for a community mechanism for waste collection.
14. Separate biodegradable waste (easily decomposed waste like vegetables, food products etc.) from non-biodegradable waste (that does not decompose but can be recycled like paper, plastic, glass etc.).
15. Make a pit in your backyard to dump biodegradable waste rather than throwing it on to the streets; give away paper, plastics and other non-biodegradables for recycling.
16. Promote community mechanism to dump and dispose of waste at a place far from habitation.
17. Promote facilities at home and in schools for disposal of menstrual pads.
18. Hospitals should follow rules for the disposal and management of hospital waste strictly.

Summarize by informing the participants of following:

1. It is important to ensure community sanitation and hygiene for good health.
2. Open defecation and poor waste disposal are two major reasons for infections.
3. A human life needs all three natural resources, that is, water, air and soil. Contamination of any one will impact our health adversely.
4. The common causes of illness and death among infants and children in our country can easily be eliminated if we take care of hygiene and sanitation at personal as well as community levels.
5. Open defecation is most commonly spread by these Fs:



6. It is our duty to educate people about community hygiene and sanitation and take steps to keep our environment free of any kind of infection and pollution.

Key messages

1. Open defecation and improper hand washing is the root cause of infections like diarrhoea.
2. Every house should have sanitary toilets (pour-flush sanitary toilets).
3. Community and public places, especially schools and colleges, should have separate toilets for men and women with continuous water supply.
4. Every house and village should have a proper waste disposal mechanism.
5. One should learn how to differentiate between and manage biodegradable and non-biodegradable waste.
6. Plant trees and reduce cutting of green trees so that carbon dioxide is absorbed adequately.
7. Reduce carbon emission and use of pesticides.

Role of a Peer Educator, 'A Trusted Friend'

1. To talk to adolescents between 10–19 years and make them understand why community hygiene and sanitation is important.
2. To educate peers on how to maintain community hygiene and sanitation.
3. To create awareness in community on hygiene and sanitation.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to elements of **Community Sanitation and Hygiene**

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