

10. Seek help immediately from a counsellor, healthcare worker or a doctor if an adolescent is depressed and talks about committing suicide, taking poison or running away from home.
11. Observe safety at farms and at work places as well as in the school at all times.
12. Protest situations of coercion like sexual violence, physical violence like beating, slapping, kicking etc., and seek help to stop it.
13. Never have sex without using protection and be faithful to your partner.

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 behaviour. 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 certain activities which can help divert their attention towards productive work. An injured person should be given first aid instantly. A PE should provide assistance to transfer the injured to a hospital immediately and safely.

Some Basic First-Aid Tips

Bleeding

- Pressure should be applied with a towel or gauze until the bleeding stops.
- Minor cuts and scrapes should be treated with hydrogen peroxide.
- Sealing it with an antibiotic ointment and a Band-Aid 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 compress.
- See a medical professional if blistering occurs.
- Antiseptic spray can provide relief of sunburn or minor burns temporarily.

Sprains

- Apply a cold compress or ice immediately and intermittently to control swelling.
- Talk to a medical professional as soon as possible to prevent further damage.
- Elevate arms or legs to help swelling.
- If fracture in any part of the body is suspected, seek medical/expert help to transfer the patient.

Bites and Stings

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

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 like beat, slap or kick.
6. It is not right to give in to pressures and coercion. One should protest physical or sexual violence and avoid any kind of exploitative situation.
7. Substance misuse affects our decision-making abilities and hence leads to risk-taking behaviour.
8. It is important to be informed and knowledgeable about the consequences of risk-taking behaviour.
9. 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 and 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 such as conflict resolution, negotiation, assertive communication and managing emotions
3. To educate adolescents about risk-taking behaviour and tell them that it is neither macho for boys to take risks nor feminine for girls to be submissive
4. To make peers aware that to be popular one doesn't need to take risks but try to become a responsible human being and follow the rules as per the state law
5. To promote healthy competition to gain popularity
6. To help adolescents with risk-taking behaviour by taking them to counsellors
7. To create a positive peer influence in the community to discourage such behaviour
8. To encourage adolescents to take up recreational activities like sports, yoga, meditation, regular exercise etc., to channelize energy in constructive ways

module V

adolescent sexual and reproductive health



Session 9

Preventing Child Marriages

Introduction

In India 47% of females are married as children that is, married before 18 years of age. Child marriage is the most prevalent harmful practice in our country cutting across boundaries of region, religion and cultures. The legal age for marriage is 18 years for girls and 21 for boys. Marriage before the legal age is a violation of the rights of a child and is an offence. 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.

Child marriage has a significant impact on the life of adolescents, especially girls. It disrupts the normal path of growth and development. Many adolescents married early are forced to leave school halfway and seek employment. Girls especially are expected to take care of all domestic chores and, if required, expected to work outside too to lighten the financial load. Such couples also face increased pressure to become parents (within one or two years of marriage). The younger the girls are married, the more vulnerable they are to domestic violence by the husband and his family members, including slapping, beating, kicking and forced sex. Most of the situations in child marriages are exploitative (unfair) and unhealthy. This only contributes to a vicious cycle of poor nutrition and growth, poor health, poverty and illiteracy and hence is a big setback to the progress of an individual, the family, the community and the country as a whole.

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Activity 1



Child Marriage: Causes and Consequences



Facilitation Steps:

- Invite the group members for a session on preventing child marriages.
- Share a case given below and discuss it with the help of points given. You may share both cases (on boys and on girls) with their group members.

A. Discuss the stories of Meena and Raghav



Meena's Story:

Meena is a 14-year-old girl living with her parents and two younger siblings in a village in Bihar. She has had to leave school after Class 7 to help her ailing mother with the household chores and caring for her siblings. Her mother is worried about her marriage and wants to see her married before anything happens to her and has requested her relatives to suggest a suitable match for Meena. One day an aunt from a neighbouring village visits Meena's house with a marriage proposal for her from a family whose son is 19 years old and good looking. He is the youngest of four siblings, the rest of whom are married with families of their own. The family has enough wealth and are almost ready for the marriage as they like Meena's photo. The aunt tells Meena's parents that if they agree she can invite the family and finalise the details of the marriage. Meena's parents are very happy and consent to invite them home. Meena is disturbed and sad.



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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 aunt being 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?



Raghav's Story:

Raghav, a boy of 20 years, lives in a joint family and is the youngest of four siblings. He has just completed his intermediate (higher secondary). One day he returns home to find his parents talking to a lady from the village about his marriage. His father shows him the photograph of a girl and informs him that he is going to fix his marriage with this girl in a week. They 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 to be unrelenting. He is thinking of asking some of his friends or elderly persons in the village to help convince his parents.



Discussion Points:

1. Do you think Raghav's case is common?
2. Are his parents right in planning Raghav's marriage early? Why?
3. Is Raghav right in deciding not to marry so early?
4. How can Raghav convince his parents?
5. If his parents do not agree, from whom can Raghav seek help?
6. If you were Raghav's friend, would you have helped him? How?

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Help the group members understand the situation better with the help of the answer given below.

Answer:

Yes, 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 for other reasons like safety, cost of travel to school, distance from home, or as we see in Meena's case to help out at home. They get married early in life. 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 as she may not be interested in marriage and probably expects to return to school some day. She may also be confused with such a sudden proposal and may have queries about her future husband and in-laws. She may be scared at the thought of living with strangers. Meena, her parents and her aunt need to be counselled and informed about her rights and the legal age for marriage. They need to be educated on the negative consequences of child marriage and be convinced to postpone the marriage at least till she completes 18 years of age. Meena can take the help of the ASHA *didi*, ANM *didi*,

teacher, PRI member or any other respected member of the community or a PE to convince her parents. If they do not agree, she should also inform the child marriage prohibition officer 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 decides to get married, Meena should be allowed to attend school or take up vocational classes so that she has the means for a livelihood and employment in future.

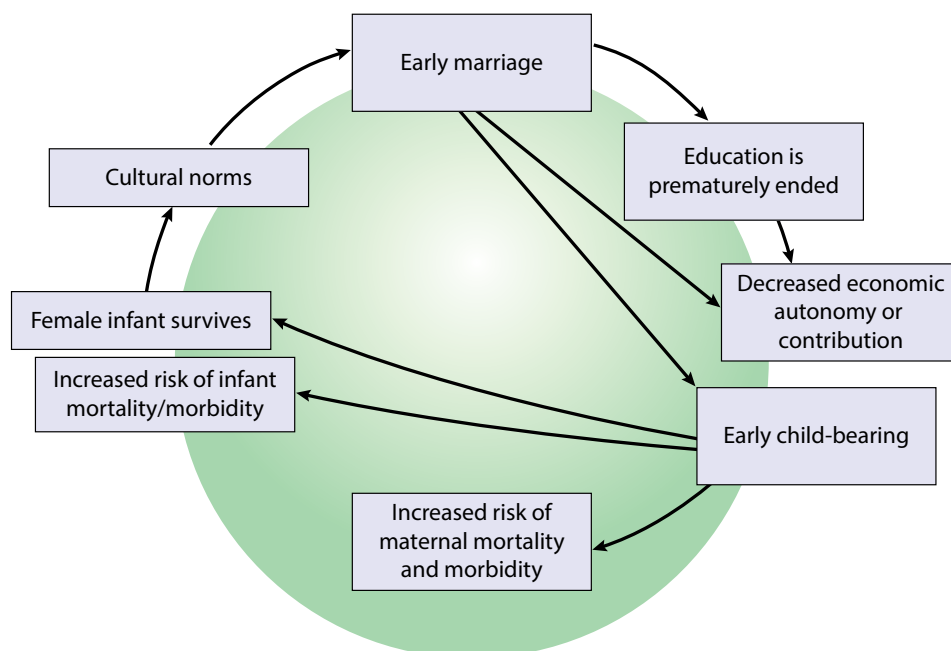
Raghav is right to decide not to marry so early, as he is still below the legal age for marriage and because he needs to complete his education if he wants to study more or learn some vocational skill to be financially stable to take on the responsibility of marriage and a family. He can seek help from PEs like you, the village *Sarpanch*, *Mukhiya*, teachers, *ANM didi*, *ASHA didi* or some elderly and respected people in the community who understand that child marriage is harmful and can convince his parents to delay his marriage.

- B.** Discuss how early marriage may impact the lives of Meena and Raghav and their spouses. With the help of the picture explain how child marriage leads to a vicious cycle of poor health, poor education and poverty.

By marrying at this age and without livelihood skills and options, Meena and Raghav and their spouses will get into a vicious cycle of poverty, dependency, abuse, violence and poor health. The children born to an adolescent mother are likely to have low birthweight and there is a risk of death of mother and/or baby. Meena and Raghav's parents will be devastated to see their children in such a state.

Consequences of Child Marriage for a Girl

- Girls married early are denied their right to education as they do not go to school after marriage.
- Child marriage is associated with several health risks for the young mother, as it may cause complications in pregnancies at a tender age when the body is not fully prepared for childbearing.



- Young girls are segregated from family and friends at a very young age in an effort to limit their interaction within the community.
- Risk of early pregnancies, repeated pregnancies and various STDs, HIV/AIDs is high in young married girls as their negotiation skills to ensure a healthy sexual life are negligible.
- Young girls are more vulnerable to domestic violence and abuse as they have less power and skills.
- Babies born to young mothers under 18 are more likely to die in their first year. And those who survive are more likely to suffer from, malnutrition and late physical development.

Consequences of Child Marriage for a Boy

- Child marriage denies a boy's right to decide when to marry, whom to marry and when to have children.
- A boy is pressurized into taking on the responsibility of a spouse and later children.
- This pressure generally results in the boy dropping out from school for employment.
- This also increases the potential to get exploited by the employers.

Summarize the activity with the following:

- Every individual has free and full choice to take decisions related to his/her marriage. This includes choosing whether to marry or not, selecting a partner and deciding when to marry. The consent for marriage should be the will of the person to be married.
- It is good to obey parents but one should not hesitate in talking to parents and elders to negotiate for one's choice in decisions regarding marriage like whom to marry and when to marry.
- Marriage/committed relationship brings new responsibilities. Hence one needs to be prepared before deciding in favour of either.
- One should plan marriage and children after ensuring some level of education and financial stability in one's own life.
- Choices for a compatible life partner and hence a good marriage after completing education and financial security are more with fewer risks.
- If both husband and wife are educated and have vocational and professional skills, they can complement each other and share responsibilities equally.
- An educated couple also understands the significance of family planning and how to take care of health and nutrition of self and family.
- Each individual, whether a man or woman, has his/her 'right age' and 'right time' for marriage and planning children. Hence, one should not give in to unfair social pressures.

Activity 2



Child Marriage: The Legal Framework – Prohibition of Child Marriage Act, 2006



Facilitation Steps:

Ask peer members what they understand by 'child marriage'. Ask some of them to explain it.

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
- An infant
- All those up to 5 years of age
- All those up to 10 years of age
- An adolescent girl is a child
- An adolescent girl or boy is a child

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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

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 their husband's house), 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 multiple pregnancies as also sexually transmitted infections like HIV.

Role of a Peer Educator 'A Trusted Friend'

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

Session 10

Adolescent Pregnancy

Introduction

Child marriage is one of the major factors contributing to early and closely spaced pregnancies among women. A woman is subjected to enormous physical and mental torture with regard to her fertility and sex of the child born. Our society expects a woman to have a child within the first year of marriage. If a married girl does not get pregnant soon, she has to face undue criticism, stigma and discrimination. An adolescent girl has poor information, knowledge and skills to decide and negotiate for safe sexual practices that protect her from unwanted pregnancy and the risk of sexually transmitted infections (STIs). Unwanted pregnancy may also result due to sexual abuse and violence against girls. An unplanned and unwanted pregnancy is a huge risk to the physical and mental health of an adolescent mother who herself is a child. Also it increases the cost of living and hence the burden of physical labour on both parents who may not have good education and vocational skills to be eligible for better-paying jobs.

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

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Activity 1



Adolescent Pregnancy: Causes and Consequences



Facilitation Steps:

Invite group members 15–19 years of age for a session on adolescent pregnancy.

If possible invite the ASHA *didi* or Anganwadi *didi* or a teacher/male mentor to help you conduct this session.

Narrate the following story to your peers and facilitate a discussion on the story with the help of questions given.



Nilofer and Shahid's Story:

Nilofer is married at the age of 16. Her husband Shahid works in a tannery. The guests and the elders in the family bless them and express a wish to see the couple with a baby soon. Nilofer and Shahid do not want that and are using contraception to delay pregnancy.

A few months after their marriage, Nilofer often has to face questions about her pregnancy, "Are you going to give us some good news soon?" Her in-laws and her own mother have also started pushing her for pregnancy. One day her mother-in-law suggests that she go for a medical check-up to see if she has any problem getting pregnant.

Nilofer is very disturbed and does not feel like talking to anyone. She does not visit relatives or meet guests visiting their house in order to escape any discussion around pregnancy. Shahid has also started avoiding friends and family.



Discussion Points:

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

Answer:

It is very common that newly-wed couples are expected to prove their fertility and give birth to a child soon. A couple, especially a woman, if they chose to delay pregnancy or for some reason have not been able to conceive a child has to face a lot of criticism. In this story as well the neighbours, Nilofer's mother-in-law and mother want her to get pregnant. Such expectations are unfair as every individual and couple has the right to make an informed decision about whether to have children or not; when to have them and how many. A young couple particularly needs to see whether they are physically, emotionally and financially



prepared to take on the responsibilities of children independently. Hence, Nilofer and Shahid are right in postponing the pregnancy for some years. They are probably tired of people's interference in their personal matter. You can help them by showing empathy and telling them that you support their decision. Also tell them to seek the help of the ANM *didi* or ASHA *didi* to explain to the parents that their decision is right.

With the help of the table given below, summarize causes and consequences of adolescent pregnancy.

Causes of Adolescent Pregnancy

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

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 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>High debt and loans</i> • <i>Low quality of life</i> 	<ul style="list-style-type: none"> • <i>Poor nutritional status of mother (a situation created wherein 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>Low birthweight babies</i> • <i>Maternal and/or neonatal</i> • <i>Death</i> • <i>Lifelong illness/health complications</i> • <i>Poor health and nutrition of father due to increased burden of work and less 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>

Activity 2



Adolescent Pregnancy: Preventing Unwanted Pregnancy

(to be discussed with peers of age 15 years and above)



Facilitation Steps:

Narrate the following story to your peers and facilitate a discussion on the story with the help of questions given.



Raji and Surendra's Story:

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



Discussion Points:

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

Use the questions and answers given to help group members enhance their knowledge on pregnancy, responsibilities of both partners and suitable contraceptives for young people.

Activity 3



Adolescent Pregnancy: Medical Termination of Pregnancy (MTP)

(to be discussed with peers of age 15 years and above)



Bindiya's Story:

Bindiya is a 15-year-old girl who lost her parents in early childhood. She is brought up in a poor relative's family. Sometimes, Bindiya is forced to have sex with some village goons. She is scared of them and gives in to their pressure as her relatives also do not want to get into trouble with them. 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 Bindiya, ASHA *didi* has some doubts and takes her along for a medical check-up. After some tests, the doctor confirms that Bindiya is pregnant and her pregnancy could be around 3 months now. The doctor, ASHA *didi*, ANM *didi* are disturbed and tense. Bindiya is in tears and pleading with them to help her out.



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 a pregnancy of 3 months or above be terminated? How?
5. How will the doctor, ANM *didi* and ASHA *didi* help Bindiya in such situation?
6. Who else can help Bindiya in such a situation?
7. How can such situations of violence be averted?

With the help of questions and answers given, help group members enhance their knowledge on unwanted pregnancy, responsibilities of both partners, contraceptives to prevent unwanted pregnancy and the option of safe abortion services if a woman decides not to continue with a pregnancy.

Summarize the activity with the following:

- There can be numerous situations that may involve the risk of forced and/or unsafe sex and result in an unwanted pregnancy for an adolescent girl, such as child or early marriage; love relationships; influence of alcohol or drugs; prostitution for exchange of money or other favours; in the name of religious or cultural practice; sexual abuse (physically and/or mentally challenged girls are even more vulnerable) and so on.
- In situations 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 seen as tradition in some communities.

- Sexual act with any one 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.
- Most of the young girls and women subjected to sexual abuse face social, cultural barriers in accessing protection from such violence.
- In some cases adolescent girls may not be able to relate their discomfort or illness with the possibility of pregnancy and so are unable to seek timely help. This is also because adolescent girls have poor information and negotiation skills to protect themselves from forced sex and unwanted pregnancy; identify the signs and symptoms of possible pregnancy (like missed menstrual cycle etc.) and seek medical or legal help as per the need of the situation.
- Sexual intercourse can be risky any time if it happens without adopting any modern contraceptive method.
- The male partner should share the responsibility of pregnancy equally with the pregnant woman.
- Every individual has the right to decide when and whom to marry.
- A couple has the right to make an informed decision on the timing and number of children (when and how many) they want.
- Every individual (including an adolescent) has the right to access information, knowledge and services to make an informed decision related to marriage and children.
- The services to help an adolescent prevent, manage or terminate unwanted pregnancy have to be provided ensuring privacy, confidentiality, with respect and without the adolescent client being judged.
- The doctor, ASHA *didi*, ANM *didi* and the PE are required to help such adolescents and youth with correct information and referral services (for both medical and legal help as required).
- The first pregnancy is better after completion of 20 years of age. The appropriate age may differ for couples depending on the health and nutritional status of the female, educational and livelihood aspirations of partners etc. Recommended gap between the first and second child is minimum of 3 years (and more if the mother is an adolescent). This helps the mother regain her health and take good care of her first child as years of infancy need utmost care.
- Just as one has the right to make a free and full choice in decisions related to marriage, one with a partner also has the right to make informed decisions about planning pregnancy and children (when and how many).
- It is beneficial if one achieves at least basic (compulsory) level of education to understand the needs and responsibilities of parenthood before planning for a child.
- It is always better to have a steady source of employment/income and some personal savings before planning the first or second child.
- Better financial standing helps one to carry out parental responsibilities with respect and dignity.
- Parenthood means providing the best possible care and support to your child to grow into an educated, healthy and socially responsible person.

Questions and Answers

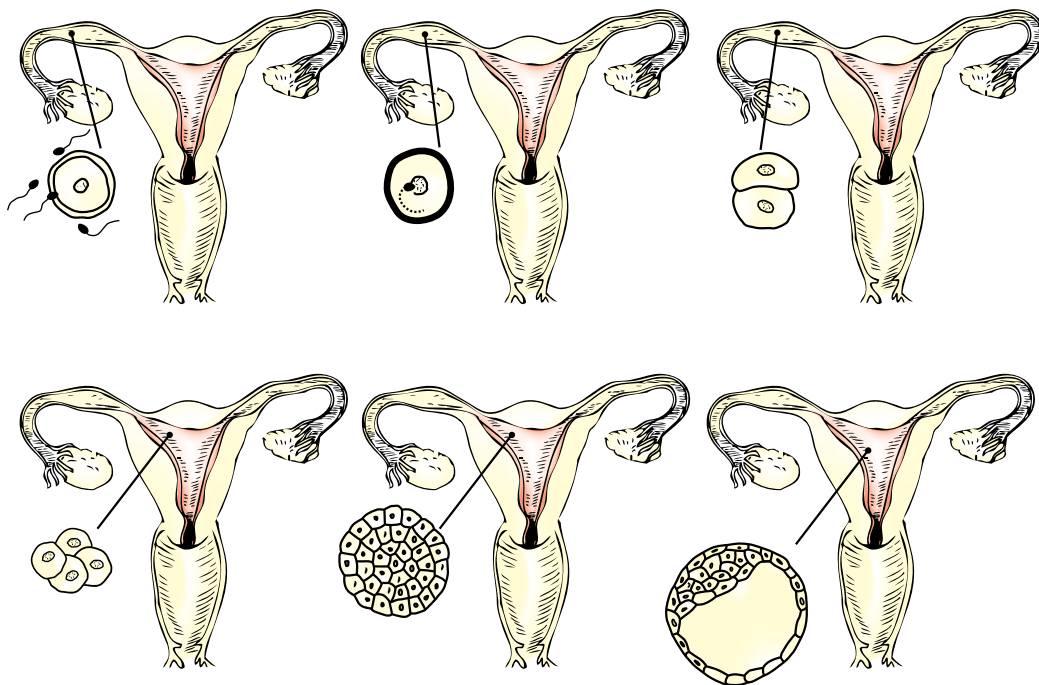


(for sessions with adolescents 15–19 years of age)

1. How does pregnancy happen?

Pregnancy happens when a male and female have sexual intercourse, that is, when the male reproductive organ (erect penis) penetrates the female reproductive organ, the vagina and ejaculates semen (male sexual fluid white in colour) into the vagina. The semen carries sperms (male egg) in large numbers. Sperms travel into the female body through vagina to the fallopian tubes and only one sperm is needed to fertilize the ovum (female egg) in the fallopian tube. Mature ova are released every month from one of the two ovaries in the female body (refer to menstrual cycle). If the ovum is fertilized by the sperm, the fertilized egg gets implanted in the uterus for development during pregnancy. The inner lining of the uterus thickens to receive the fertilized egg and support its implantation for growth till birth as a child. This is conception or pregnancy.

How conception takes place



If fertilization does not happen, the thick 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 fertilized egg implanted in it.

2. What is contraception?

Contraception is a method by which pregnancy/conception may be prevented

3. Why should a couple use contraception?

Couples should adopt contraception to prevent unwanted pregnancies and to plan their family.

4. Who should be responsible for practising contraception, man or woman?

Both 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.

5. What are the different contraceptive methods for men?

The contraceptive methods available for men are condoms, which are simple and easy to use and also provide protection against RTI/STI and HIV infection.

6. What are the different contraceptive methods for women?

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

7. 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 other contraceptive method adopted, sex under the influence of alcohol and drugs and in cases of forced sex, sexual violence/assault (date rape, sexual abuse etc.). It is available in the form of a pill and is available with the ASHA *didi* and at all health facilities. It should be taken as soon as possible after unprotected sex – and definitely within 72 hours. Consuming this pill after 72 hours may not prevent pregnancy.

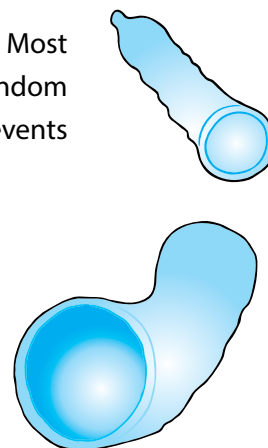
Note: ECP is not to be consumed on a regular basis or as an OCP.

8. What are the best contraceptive methods for adolescents and young couples?

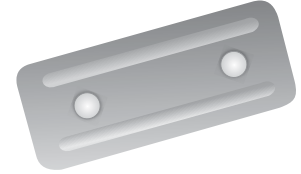
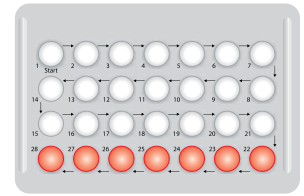
Condoms: Condoms are available for both men and women, but more commonly and at cheaper price for men.

- **A male condom** is a sheath or covering made to fit over a man's erect penis. Most commonly available brand in the public health system is 'Nirodh'. A condom prevents semen (carrying sperms) from entering the vagina and hence prevents fertilization of the ovum by the sperm.
- **A female condom** is closed at one end and is inserted into 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 also provide protection against STIs including HIV. This makes it the most suitable contraceptive for adolescents and young couples. But condoms need to be used correctly and consistently.

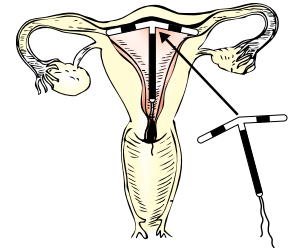


- **Hormonal contraceptive pills:** OCPs are a combination of hormones that can be taken every day to prevent ovulation in women. Some of the commonly available OCPs are Mala-D, Mala N.
- **Emergency Contraceptive Pills or 72-hour pills:** ECP is indicated for the prevention of pregnancy within 72 hours after unprotected or unsafe sex. It is most suitable in situations of contraceptive failure, unprotected sexual intercourse, forced sex, sexual abuse and violence like rape or sex under the influence of alcohol and drugs such as date rape.



Other methods (only for those with a child):

- **Intra-uterine contraceptive device (IUCD):** This is a device which can be placed inside the uterus of a woman that prevents the fertilization of egg. This method is not suggested for unmarried women and those without any child.



9. What are safe sexual practices?

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 infections through sexual route. This includes the following:

- Masturbation
 - Commonly understood as self-stimulation of sexual organs with hands for sexual pleasure.
 - It may be practised alone or with a partner.
 - There is no scientific evidence for its negative effect on health, loss of sperms, on 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.
- Avoid sexual intercourse.
- Correct and consistent use of condom (condom provides triple protection)
- Use of 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)
- Abstinence from sex (delay sexual debut till adulthood)

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

10. What is safe abortion or MTP?

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

Safe abortion is the procedure performed by certified doctors in a certified clinical or hospital setting only (authorized under the provisions of the MTP Act). It is legal in India. The MTP Act gives well-specified grounds for abortion that include failure of contraception, pregnancy due to sexual violence like rape, if continuation of pregnancy poses a threat to the life of a woman, risk to physical health and mental trauma to woman, or when there is a substantial risk that the child, if born, would suffer from deformities and diseases such as 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. An MTP can be done only up to 20 weeks of gestation as per the guidelines of the Medical Termination of Pregnancy Act, the law that provides the legal framework on safe abortions in our country. Any woman of 18 years or above can give consent for an abortion and those below 18 years can access the service with the consent of the guardian.

11. When is abortion unsafe?

An abortion is unsafe when done at uncertified clinics or hospitals and by an untrained person/doctor and has serious risks like partial abortion, damage to internal organs, excessive bleeding and may prove fatal as well.

12. When is abortion illegal?

Abortion can be illegal if

- Performed by an untrained and uncertified person
- Performed in an uncertified clinic or hospital. The Government of India has certified select clinics and hospitals based on availability of necessary infrastructure – to provide safe abortion services.
- Duration of pregnancy is above permitted 20 weeks of gestation or without the opinion of a second doctor if gestation period is between 12 and 20 weeks
- It is conducted based on the sex of the foetus (female foeticide)

Also, pregnancy can be terminated only through government-approved clinical methods. Termination of pregnancy through non-clinical methods (like those performed at home, using force etc.) is illegal as it can jeopardize the health of the woman and may even cause excessive haemorrhage and damage to internal organs, such as puncturing or tearing of the uterus. Long-term complications include chronic pain, pelvic inflammatory disease (PID) and infertility.

Note: *Termination of pregnancy after determining the sex of the child is a criminal offence on the part of both the doctor performing and the couple and their family members supporting such an act.*

13. What are the different methods to terminate a pregnancy?

Pregnancy can be terminated surgically or non-surgically depending on the gestation of the pregnancy, but under the strict supervision of a trained and certified doctor.

14. When can a woman have the next pregnancy after a miscarriage or induced abortion?

The recommended minimum interval before the next pregnancy is 6 months. This will help reduce risks of adverse conditions for the mother and child.

Activity 4**Adolescent Pregnancy: Management of Adolescent Pregnancy****Facilitation Steps:**

Ask the peer group members what care should be given to an adolescent girl if she is pregnant. Note down the answers and supplement the points left out. Explain that adolescent pregnancy is risky and if proper care is not taken it may even cause the death of mother and child. Ideally the first pregnancy should be delayed up to 20 years of age. Adolescent girls also need to be informed on antenatal care, institutional delivery and postnatal care. She also needs to be informed on the option of an MTP if the pregnancy is unplanned or unwanted. In case of a planned pregnancy, special care should be taken by family and service providers to minimize associated risks as listed below:

- She should be taken for antenatal check-ups at least four times during pregnancy; as soon as her pregnancy is identified she should be taken to the nearest health centre for registration and first check-up.
- She should be administered two TT injections and 100 IFA tablets.
- She should drink plenty of fluids and eat healthy, hygienically prepared and served nutritious food. She should eat extra over and above her normal diet.
- She should sleep for at least 8 hours each night and at least two hours during the day.
- She should maintain personal hygiene.
- She should do light work and no heavy physical work and should not lift heavy weights like water bucket or pots.
- 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 opt for institutional delivery.
- The family should start saving money and planning for emergencies such as transport, identification of referral centre, person who will accompany her during emergencies and what needs to be carried to the hospital during emergency.
- She and her husband/partner should seek proper information from the ANM, ASHA or health care provider for post-natal care, child care and contraceptive methods for spacing between pregnancies.

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, postpone 'Gauna', a practice in some regions where the bride is sent after a few months or years to her husband's house. This is to prevent the consummation of marriage.
3. It is better to have the first child only after completing 20 years of age.
4. There should be a minimum of 3 years 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 one of the best suited contraceptives 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 pregnancy can be terminated through safe abortion. Safe abortion is abortion by certified doctors and in government-certified clinical or hospital settings. Also pregnancy should not be beyond 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 and 14 years and those unmarried: discuss as appropriate to age and situation
2. To inform peers about the advantages of delaying sexual initiation and risky situations
3. To inform peers on sharing the responsibility of adolescent pregnancy and parenthood with partner
4. To educate adolescents and community on causes and consequences of adolescent pregnancy
5. To educate peers about best suitable methods of contraception
6. To counsel newly married peers on contraception and safe sexual practice
7. To report the case of adolescent pregnancy to ASHA *didi* or ANM *didi*

Session 11

Reproductive Tract and Sexually Transmitted Infections and HIV and AIDS

Introduction

Reproductive tract infections (RTIs) are commonly experienced by young men and women. These may be due to poor personal hygiene or transmitted through unsafe and unprotected sexual contact. So, not all infections of the reproductive tract are due to sexual transmission. However, vulnerability to sexually transmitted infections (STIs) increases with pre-existing condition with RTI that may have caused lesions on the skin. A person with RTIs avoids talking about it because of shame and guilt and unnecessarily suffers in silence. Such infections if left untreated may cause discomfort and severe health problems that will impede normal functioning like studies, play and social interactions. If untreated, they may also become a reason for embarrassment at times. 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 such as human immunodeficiency virus (HIV).

Timely diagnoses in such conditions are 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 as well 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 of age. 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.

Part I (Reproductive Tract and Sexually Transmitted Infections)

Activity 1



Understanding Reproductive Tract Infections and Sexually Transmitted Infections



Facilitation Steps:

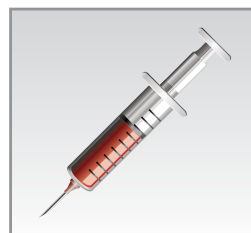
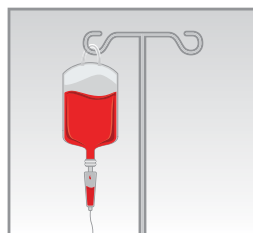
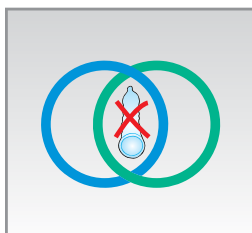
A. Ask the participants if they have heard of infections of the reproductive tract. If yes, ask them to name some. Also ask them if they have heard about HIV and AIDS. If not, continue the session. Tell them that in this session you will inform them about infections of the reproductive tract and also about HIV and AIDS.

B. Write the words on the blackboard or flip chart as given below and point out how the terms are different.

- **RTI:** **R** – Reproductive **T** – Tract **I** – Infections (any infection of the reproductive system)
- **STI:** **S** – Sexually **T** – Transmitted **I** – Infections (infections of the reproductive tract passed from one 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 (getting something 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 of a disease)

Explain that:

- RTIs may occur either due to poor sanitation and personal hygiene or through unprotected sexual contact with an infected person. Hence, not all infections of the reproductive tract are sexually transmitted.
- STIs are transmitted through unprotected sexual contact. HIV has many modes of transmission and one of them is through unprotected sexual contact.
- HIV is transmitted through unprotected sexual contact as well as other modes like transfusion of infected blood, use of infected needle and from mother living with HIV to her unborn child.



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

Activity 2



Narrate the following stories and discuss the questions given below.



Reena's Story:

Reena, a 14-year-old girl uses cloths 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, Reena faces many difficulties as due to heavy rains, the cloths do not dry properly. Since she has no other option, she continues using the slightly damp cloths. She stores her sanitary cloths in a small store room in the courtyard. Most of the time she has to dry them inside that room itself. 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 her mother or anyone else about it.



Discussion Points:

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



Ajmal's Story:

Ajmal is a 16-year-old boy working in a transport company. He lives far away from parents in a city. He is sexually active but never uses a condom as he is ashamed to buy it from a shop. For the last few days Ajmal has a burning sensation while urinating. He also has itching in the genital area. He has been ignoring it but when he sees rashes around his genital area and discovers a foul-smelling discharge from his genitals, Ajmal is scared and doesn't know what to do. He discusses his problem with one of his friends. 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 even not do a physical check-up.

Ajmal is thankful to the friend and prepares to go to the *hakim*.



Discussion Points:

1. What was Ajmal's problem?
2. What do you think is the reason for this problem?
3. What should Ajmal have done?
4. Was his decision to approach the hakim for treatment right?
5. What he should have done for treatment?

Help the participants understand the situations with the analysis given below for each story.

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 sun-drying them. In fact at times she has used damp cloths as well. Also, the place where she stores her sanitary cloths is not clean and hygienic. Such infections are common among adolescent girls and women. Reena need not hesitate or feel shy. She should immediately contact a health service provider or visit the nearest health facility. RTIs if left untreated may cause serious health implications and also increase vulnerability to STIs and HIV.
2. Ajmal has been sexually active and may also be sexually abused as he is away from parental care and guidance. He has been 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 prescribe appropriate treatment. Also, a visit to the *hakim* will not confirm if Ajmal is also infected with HIV or not. 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 health facility after any encounter with unprotected sex.*

Activity 3



With the help of questions and answers given below help group members learn more about STIs, HIV and AIDS.

1. What are the signs of STIs?

Symptoms/Signs in Males	Symptoms/Signs in Females
<p><i>Remember, do not wait for signs or symptoms to get yourself tested medically in case of unprotected sexual contact</i></p> <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; painful or non-painful • Nodules under the skin 	<p><i>Remember, do not wait for signs or symptoms to get yourself tested medically in case of unprotected sexual contact</i></p> <ul style="list-style-type: none"> • Irregular bleeding • Lower abdominal/pelvic pain • Abnormal vaginal discharges (white, yellow, green, frothy, bubbly, curd-like, pus-like and odorous) • Swelling and/or itching of the vagina • Burning sensation during urination
<ul style="list-style-type: none"> • 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 testicles <p><i>There is no symptom for HIV, it can only be screened for and confirmed through a test.</i></p>	<ul style="list-style-type: none"> • Sores on genitals • Painful or difficult intercourse • The infection in women may be sometimes asymptomatic until much later <p><i>There is no symptom for HIV, it can only be screened for and confirmed through a test.</i></p>

2. Are RTIs and STIs curable?

RTIs: Yes, if the patient seeks timely advice and treatment from a qualified doctor or health practitioner, all RTIs can be treated.

STIs: Most STIs are easy to treat if they are detected and treated early. If not, the infection may spread and cause various complications.

HIV and AIDs: HIV usually has no symptoms for a long time. A person will not know about his/her HIV status unless he/she gets tested. There is no cure for HIV but it can be treated to maintain the immunity levels and increase the lifespan of the person. A person who gets infected with HIV can live a healthy life for many years with proper medication and management.

It is important that RTIs and STIs are adequately treated. If not, they can become chronic and cause serious complications. For adequate and effective treatment it is necessary to go to a **qualified doctor**. **Self-treatment or treatment by medically untrained professionals is not advisable.**

One should not feel ashamed to go to a doctor. Every person, including an adolescent, has a right to be tested, treated and counselled in privacy, with respect and non-judgemental attitude and the assurance that his/her case is kept confidential.

3. How does one get infected by RTI, STI or HIV?

RTIs may occur either due to poor personal hygiene or due to unprotected sexual contact. Not all RTIs are sexually transmitted. Some infections are due to poor sanitation and hygiene that includes using unclean toilets, sanitary pads, improper cleaning of genitalia during daily bath and for girls especially during menstrual cycle.

In case of STIs, unprotected sexual contact (sex without a condom) with an infected person may lead to STIs like gonorrhoea, syphilis and HIV. HIV can be transmitted through unprotected sexual contact and also through transfusion of infected blood, use of infected needles and from infected pregnant mother to her unborn child or during breastfeeding (this can be easily prevented through timely medical intervention).

STIs including HIV do not spread through hugging; sneezing; being bitten by a mosquito; shaking hands; using public toilet; sharing or eating food in same utensils, using objects handled by people suffering from it, or spending time in the same house, school or public place with a person who is suffering from STIs and/or HIV.

Remember, even the first unprotected sexual encounter can lead to infection with STIs including HIV.

4. What is safe and protected sexual practice?

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 infections through sexual route. This includes the following:

- Masturbation
 - Commonly understood as self-stimulation of sexual organs with hands for sexual pleasure
 - It may be practised alone or with a partner
 - There is no scientific evidence for its negative effect on health, loss of sperms, on 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
- Avoid sexual intercourse
- Correct and consistent use of condom (condom provides triple protection)
- Use of 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)
- Abstinence from sex (delay sexual debut till adulthood)

Note: PE must explain and emphasize on 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.

5. Discuss some of the myths related to RTI and STIs.

Read out each of the following statements to the participants and ask them whether it is a myth or fact. Provide correct information with the answer given with each statement.

Statement 1: RTIs occur as a result of use of unclean toilets.

Yes, unclean toilets may be one reason for an RTI but it is not the only reason. RTIs can also happen due to unprotected sexual contact with an infected person.

Some of the other non-sexual factors leading to RTI are using unclean sanitary pads, improper cleaning of genitalia, and unsafe abortion.

Statement 2: STIs, if left untreated, can cause severe complications.

Untreated STIs can lead to some serious health consequences including PID, infertility and even cancer. Untreated STIs can also lead to complications during pregnancy and in newborns and death in case of syphilis. STIs like HIV cannot be treated but can be managed on timely diagnosis.

Statement 3: Having sex with a virgin female can cure STIs/HIV.

No! STIs cannot be cured by having sex with a virgin. In fact it will put the girl at risk for STIs including HIV. Putting a person to risk of STIs and HIV by hiding one's status and not using a condom is a violation of the other person's rights and a serious offence.

HIV can be prevented by having sex with 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).

Activity 4



With the help of the chart given below discuss how adolescents are at increased risk for RTIs including those transmitted through unprotected sexual contact and HIV.

Risks and Vulnerabilities to RTIs, STIs and HIV in Adolescents

- 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 possess 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 pressures of 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 partners 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 activities though the couple is poorly informed on safe and protected behaviour.
- Young women may have their first sexual experience with older men (marriage to older men). This causes barriers in negotiating for 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 lining.
- Influence of alcohol and drugs also leads to unsafe and unprotected sex.
- Adolescents have poor access to information, counselling and services on ways to prevent such infections and get testing, counselling and medical treatment due to social and cultural norms that make it inappropriate for them to seek such information and service. The stigma with regard to adolescent sexual behaviour is very high

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Activity 5



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

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

Signs in Males	Signs in Females
<ul style="list-style-type: none"> • <i>Discharge from penis (green, yellow, pus-like) pain or burning during urination</i> • <i>Swollen and painful glands/lymph nodes in the groin; blisters and open sores (ulcers) on the genitals painful or non-painful</i> • <i>Nodules under the skin</i> • <i>Warts in the genital area</i> • <i>Non-itchy rash on limbs</i> • <i>Itching or tingling sensation in the genital area</i> • <i>Flu-like symptoms (headache, malaise, nausea, vomiting)</i> • <i>Fever or chills</i> • <i>Sores in the mouth</i> • <i>Heaviness and discomfort in testicles</i> 	<ul style="list-style-type: none"> • <i>Irregular bleeding</i> • <i>Lower abdominal/pelvic pain</i> • <i>Abnormal vaginal discharges (white, yellow, green, frothy, bubbly, curd-like, pus-like and odorous).</i> • <i>Swelling and/or itching of the vagina; swelling of the cervix</i> • <i>Burning during urination</i> • <i>Sores on genitals</i> • <i>Painful or difficult intercourse</i>

Long-Term Consequences of RTIs/STIs

RTIs (including those transmitted sexually), if left untreated, can lead to some serious health consequences including pelvic inflammatory disease, 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.

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Social	Health (The long-term health consequences of RTIs/STIs are more serious for women.)
<ul style="list-style-type: none"> • <i>Discrimination and exclusion from mainstream and social groups</i> <ul style="list-style-type: none"> • <i>Loss of friendship groups</i> • <i>Diminished income potential</i> • <i>Possible eviction from community/school</i> • <i>Blamed and treated as a 'bad person'</i> • <i>Difficulty in finding marriage partner</i> • <i>Cannot participate fully in community activities/education due to ill health</i> • <i>Infertility and the loss of community credibility</i> • <i>Possible judgement and/or rejection by service providers</i> 	<ul style="list-style-type: none"> • <i>Women and girls are less likely to experience symptoms; so many STIs go undiagnosed until a serious health problem develops.</i> • <i>Adolescents who contract STIs are also at risk for chronic health problems, including permanent infertility, chronic pain from PID and cancer of the cervix.</i> • <i>Adolescents who contract syphilis may develop heart and brain damage if the syphilis is left untreated.</i> • <i>STIs are a risk factor for HIV transmission and for acquiring HIV, which leads to chronic illness and death.</i> • <i>STIs can be transmitted from an adolescent mother to her infant during pregnancy and delivery.</i> • <i>Infants of mothers with STIs may have lower birthweights, be born prematurely and have increased risk of other diseases, infections and blindness from ophthalmia neonatorum.</i>

Activity 6

Discuss with participants how vulnerabilities and risks to RTIs, STIs and HIV can be minimized. Note down their 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 to prevent RTIs.
2. Proper management of menstruation that includes using washed and sun-dried cotton cloths or disposable sanitary pads, washing genitals, changing underwear and daily bath will help prevent RTIs.
3. Delay marriage till one is physically and emotionally mature. This will help delay early initiation of sexual activity and so prevent STIs.
4. Delay sexual debut and enhance life skills to negotiate for safe sex, resist peer pressure and say 'No' to coercion.
5. Inform situations of sexual coercion/abuse to parents, teachers or service providers for 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 has risky behaviour (including addiction to alcohol or drugs) or has signs of RTI until medical diagnosis and treatment is completed.
8. Always use condom '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. Get tested after any unprotected sexual encounter (be it the first time or any time later); if there are signs of RTI contact trained health service providers (at primary health centre or district hospital or in private clinics) at the earliest possible.

Part II (HIV and AIDS)

Activity 7



To discuss the issue of HIV and AIDS narrate the following story to your peer group and discuss the questions given at the end of the story. Use the answers given below to help them understand the situation.



Payal's Story:

Raja and Payal have been married for 2 years. Payal is pregnant and registered for antenatal care at the primary health centre. After a few days of the first antenatal check-up, she 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?

Answer:

Payal and Raja both may have been infected with HIV if they were ever exposed to 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 intravenous drugs
- Infection from the mother if parent of 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 better treatment and management. 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 the risk of being infected by HIV but now there are medical interventions to prevent this if pregnant mother gets timely medication. This facility is known as prevention of parent to child transmission and is available at all district hospitals.

1. What is HIV and what is AIDS?

HIV	AIDS
<p><i>HIV stands for human immunodeficiency virus (HIV) that causes AIDS. HIV attacks the body's immune system that helps the body fight off infections and other diseases. Over a period of time, HIV gradually destroys this ability of the body, making people more susceptible to different infections like tuberculosis and diarrhoea but with weak immunity to fight them.</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 even cause death.</i></p> <p><i>A = Acquired (to get something that you are not born with)</i></p> <p><i>I = Immuno- (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 in a disease)</i></p>

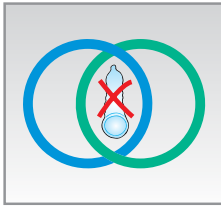
2. Does HIV kill a person?

HIV does not kill person but leads to a condition wherein body immunity becomes extremely low and in such conditions the body is not able to fight against the infection. This condition is called 'AIDS'. But with timely treatment (known as antiretroviral therapy, ART), nutritious food, physical exercise, healthy lifestyle and positive attitude towards healthy living one can delay AIDS.

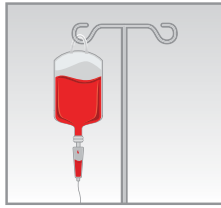
3. What are the different modes of transmission of HIV?

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.

4. How can HIV be prevented?

Infection by HIV can be prevented through

- Correct and consistent use of condoms (male or female or both)
- Being faithful to partner
- Abstinence from sexual intercourse (or sexual contact) without condom
- Transfusion of blood obtained from authorized blood banks

- Use of disposable syringes
- Not sharing injecting equipment during drug use
- Preventing parent to child transmission (PPTCT) by registering pregnancy for institutional delivery and PPTCT care and support

5. What are the signs and symptoms of HIV?

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

6. How and where can HIV be tested?

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

- Screening test (Enzyme linked immunosorbent assay – ELISA)
- Confirmatory test (Western Blot test)

There is no cure for HIV or AIDS; however treatment helps the 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.

7. What is 'Window Period' in HIV Testing?

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 until the body has developed detectable antibody levels is called the 'window period'. The window period is approximately 3 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 3 months to confirm the result taking care of possible window period (when a person may not test positive even if he/she may be infected with HIV).

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' (STIs).
3. Personal hygiene is very important to prevent some common RTIs which are not STIs.
4. Not all RTIs are STIs but any inflammation in the reproductive tract needs to be treated medically.
5. RTIs may cause lesions on skin and hence increase the risk of getting infected with STIs and also HIV if sexual intercourse has taken place without a condom.
6. HIV can be transmitted sexually as well as through use of infected sharp objects like a needle or razor, transfusion of infected blood or from an infected pregnant mother to her baby in the womb. HIV leads to AIDS in later stage.
7. The best way to prevent STIs is to adopt safe sexual practice. This involves (i) correct and consistent use of condom; (ii) being faithful to partner; and (iii) abstinence from sexual intercourse.
8. One needs to consult the nearest health facility or AHC on 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 treatment as per medical advice.

Role of a Peer Educator 'A Trusted Friend'

1. To educate peers on RTIs, STIs and HIV and help them understand the difference between each
2. To inform youth (**only 14 years of age 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 significance of seeking medical help in case of RTIs
5. To encourage compassion and non-discriminatory attitudes and practices towards persons with HIV and their families. In case of a peer with HIV, be sensitive to him/her, maintain confidentiality and help him/her access health services and participate in normal social and developmental activities in the community
6. To talk to your mentors for support in arranging for a condom demonstration, if required, and providing referral for STI and HIV testing

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 or worshipping 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 through social networking sites known as cyber crime. Adolescents are at risk for most of them. Much of the violence is perpetrated in the name of tradition, culture, religion or superstition and some of it stems 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 themselves in the name of discipline or poverty respectively. In many cases violence is also met by peers such as in ragging and bullying that is overlooked as the process of making friends. The problem becomes even graver as prevalent social norms create an unequal power equation between an adult and a child. It also prevents children, especially girls, from seeking help and support. Children have to go through serious injuries, mental trauma or even death. Any form of violence against children or adolescents is a criminal offence.

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Activity 1



Understanding Violence against Adolescents



Facilitation Steps:

- A. Ask your peers what they understand by the term violence. What comes to their mind when they hear the term violence? Some of the responses you will get will be *beating, hitting, slapping, burning with a hot rod or cigarette, starving children, locking them in a dark room, killing, fighting, rape, riots and murder*.
- B. Further ask them what they think about **child marriage, child labour, sexual abuse, corporal punishment, bullying and honour killings**. Do they feel these also constitute violence?

C. Narrate the following story to your peers and discuss the questions given below.



Rahul's Story:

Rahul, 12 years old, studies in Class 6. One day after school, Rahul insists that his father take him to the market with him. When his father asks him if he has school work to finish, Rahul lies that he does not. He thinks he can complete it after returning from the market and if he tells father now, then he will not take him along. Rahul really does not want to miss the chance to go to the market. By the time Rahul and his father return from the market, it is dark and they find there is no electricity at home. His mother asks everyone to finish dinner and go to bed as the lamp does not have enough oil. Rahul is unable to ask his mother for the lamp fearing that his father will know the truth about his homework. As he is tired, he thinks he will do his homework in the morning. Next morning, Rahul is unable to finish his homework and goes to school without it. When the teacher asks everyone to submit the homework, Rahul tells the teacher that he has not done his. The teacher is very angry, "You are such 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 his palm with a wooden ruler and makes him stand on the bench. Rahul's palm is red and burning and he has tears in his eyes.

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Discussion Points:

1. Was Rahul wrong? Why? What should he have done?
2. Was the teacher wrong? Why? What should the teacher have done?
3. Does this story show any kind of violence?
4. Who is the victim and who is the perpetrator?

Discussion:

Yes, this is violence known as **corporal punishment**. Any form of physical, verbal or sexual abuse is violence. Rahul is the victim and the teacher is the perpetrator. Rahul may be wrong in not understanding his duties and should have finished his home work on time. But to err is human and more so in the case of children. The teacher is wrong in not using positive ways of disciplining Rahul by reasoning with him and making him understand his fault, the importance of time and his responsibilities as a good student, and helping him to complete his homework in the games/free period. Children should be taught through positive disciplinary action.



Tell your peers that this is one type of violence which is not considered violence by the perpetrators and the victims. Ask them what other type of violence they can think of. Give them examples of internet crime, bullying, ragging, sexual abuse, trafficking of children, forcing a child into child labour or child marriage.

D. Violence can be in any form.

- **Physical:** An act which harms a child physically and causes injury, it can be in the form of punching, kicking, shoving, beating, slapping, ear/hand twisting. Corporal punishment is a type of physical violence.



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. On the first day of school a few boys come to them during recess and tell them that to be in the school they need to keep them happy and follow their commands. They ask them to bow down, holding their ears for 30 minutes while they take away their lunch box. After that they start using abusive language and some of them even hit them. Rizwan is in tears while Gaurav is red with anger and embarrassment. While 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 with girls as well?

Discussion:

This is a form of violence known as **bullying or ragging**. Rizwan and Gaurav are the victims and the other boys are the perpetrators. The elders including teachers and parents who tend to overlook such practices are also perpetrators. Bullying/ragging is found in schools, colleges, playgrounds, canteens or any place where we meet our peers. 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 less known, and still is violence. Adolescents facing bullying go through physical injury, mental depression, humiliation and social isolation as they stop going to school, playgrounds or any public place where they might meet their peers. In some cases, children who are not able to cope with it commit suicide. One should immediately inform elders, especially parents, and the authorities about it.

- **Verbal:** An act to harm a child by using verbal language, words, slang, embarrassing a child (like in the case of Rahul who was embarrassed in front of his classmates), narrating sexual jokes in front of someone who does not like it, using derogatory language (can be eve teasing or bullying someone in the class, or calling someone by names like chotu, motu, kalu, gattu etc.). It can be in the form of abusive or derogatory language a husband uses against his wife or parents against their children, it can be in the form of whistling, passing remarks against anyone, especially girls.
- **Emotional:** This is the most difficult form of violence for an adolescent to identify. Anything which hurts a child emotionally – insults, humiliations, threats, lack of affection, discrimination – is emotional violence which can lead to mental stress in the child and it becomes very difficult for the child to understand it.
- **Sexual:** Pressuring or forcing someone to perform sexual acts (can range from kissing to penetrative sex) against their will or consent. It can be in the form of brushing past girls, touching them inappropriately, undressing in front of a child, asking a child to undress in front of an adult, etc.

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Case Study (to discuss sexual abuse):

Raju, a 12-year-old boy, has to be at home 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 home to make sure he is okay. One day this uncle comes when Raju is changing his school dress and volunteers to help him change and starts pulling Raju to him. Raju feels uncomfortable and pushes his uncle away saying he can take care of himself. The uncle is angry and threatens to tell Raju's father about his behaviour and that his father will beat him. Raju is scared.



Discussion Points:

1. Is Raju a good boy?
2. Was his uncle right to help Raju change his dress when he does not need any help?
3. Was Raju right to be curt with the 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 situation?

Discussion:

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 his/her will and not at all in a way 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 the right to privacy and life with dignity. Looking at a child when he/she is bathing or dressing, forcing them into sexual acts or to look at sexual pictures, or undressing in front of a child all constitute violence. Raju is a good boy and not guilty of anything, so he should not be scared at all. He can go and stay out of the house till his uncle leaves, run to a neighbour's or a place where there are many people, keep the doors closed and not allow anyone to come in without his permission. He should inform his parents the very first time he has any kind of discomfort with anybody. Raju should try his best not to get into any kind of confrontation with the perpetrators when he is alone as they may harm him for fear of being exposed in the community. Parents should help their children talk about any discomfort related to their body or private parts so that they do not go through unnecessary stress and helplessness related to any concern including abuse. If parents are not able to understand the child, he/she can access a child helpline or talk to peer educators who will help the parents understand the situation.

E. Refer to the following facts for discussion.

1. A child may face violence like bullying by adults or by peers.
2. A child may be a victim or perpetrator of violence, but in both situations children suffer the most and their health and development is affected seriously.
3. No child should ever be hit, beaten up, slapped, undergo ear/arm twisting, be locked in dark rooms, discriminated against with respect to access to nutrition, health, education and recreation.
4. It is human to err and more so in the case of 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 increased 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 like forced sex, sexual abuse, dowry-related torture, beating, hitting and verbal abuse.
8. In any such situation where a child is not comfortable, he/she should call the helpline (give the child the helpline number) and inform parents, teachers and any adult whom he/she thinks is a well-wisher.
9. A responsible adolescent should never engage in a situation where violence is inflicted on anyone. If you feel that you are being forced to be violent, control your anger, keep your cool and try to resolve conflicts peacefully.

Other Points for Discussion:

1. Violence in any form is crime.
2. The perpetrator can be anyone; a child may face violence from adults or by peers like bullying.
3. Whether a child is a victim or perpetrator of violence, it is children who suffer the most and their health and development is affected seriously.
4. Violence can lead to more serious repercussion for the victims than the perpetrators. Especially if the victim is a girl, she is not allowed to go out of the house, forced to discontinue studies and often deprived of available opportunities for skill building and independence. So violence does not only harm the present of the victim but also influences his/her future. Violence only increases if we remain quiet about it and do not discuss it or raise our voice against it.
5. Violence against children should be stopped at home, school or in any other place.
6. A child is usually the victim and not the guilty party.
7. A child who has faced any form of violence should not feel ashamed, scared or isolated but should be supported in his/her fight for justice.
8. Both girls and boys are at increased risk for violence; however girls are more affected by violence. It may be in the form of female foeticide or infanticide, gender discrimination, dowry related, domestic violence, sexual abuse or forced sex.
9. Violence can have an adverse effect on a child's growth and development, affecting health, education and nutrition.
10. Child marriage, child labour, honour killings are also forms of violence against children.
11. CHILDLINE (telephone no. 1098) stands for a friendly *didi* or a sympathetic *bhaiya* who is always there for vulnerable children 24 hours of the day, 365 days of the year.
12. Rights of a child (anything that obstructs achieving these rights is violence)
 - Right to compulsory education up to 14 years of age
 - Integrated Child Protection Scheme
 - Nutrition Improvement Projects
 - Rashtriya Kishor Swasthya Karyakram
 - Protection of Women from Domestic Violence Act, 2005
 - The Protection of Children from Sexual Offences Act, 2012
 - The Juvenile Justice (Care and Protection of Children) Act, 2011
 - Prohibition of Child Marriage Act, 2006
 - Immoral Traffic (Prevention) Act
 - Right to Food Bill, 2013
 - Mahatma Gandhi National Rozgar Guarantee Scheme/Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)
 - Any other scheme available in the state and district

- F. Ask your peers how many of them use the internet. Ask them if anyone has experienced internet crime. Tell them that as more and more adolescents are using the internet they are also becoming victims of internet crime. Therefore it is very important that they protect themselves. Tell them about the various steps for protection and prevention.
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 your friends) in chat rooms or other social networking sites like Facebook. Once it is out there it is public and you cannot take it back.
 3. Meeting someone you only know online in person can be dangerous. Never agree to meet anyone in person alone. Only do so with your parent's permission, meet in a public place and take a friend or a trusted adult with you.
 4. Remember that online people often lie about who they are (Angel 14 could be a person aged 48).
 5. Never respond to nasty, suggestive (sexual solicitations) or rude emails or postings.
 6. Be a good online citizen and treat others as you would like to be treated yourself.
 7. 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.
 8. Never give your internet password/s to anyone, not even to your best friend.
 9. Never accept emails, instant messages (like on Yahoo messenger), or open files, pictures, texts from people you do not know.
 10. Always tell your parents or someone you trust if you experience anything that makes you uncomfortable, such as bad words, offensive pictures, nudity or anything scary.
 11. Remember online crime can also be reported to the police and the perpetrators can be easily tracked. So do report.

Some points to remember:

- It is important to know and accept that any violence is not justifiable and it should be reported.
- It is not for others but you as an adolescent to decide whether a particular act is violence or not.
- Reporting (either to parents or concerned authorities) can save you from bigger or repeated violence in the future.
- You should develop better analytical, communication and assertiveness skills to report the violence.
- In some cases realizing the negative consequences of reporting an act of violence one should analyse the situation and act at the appropriate time. Though withdrawal from the situation will not solve the problem, it might aggravate it.
- Any form of violence on adolescents is a violence of constitutional, legal and human rights.

Key Messages

1. All adolescents regardless of gender are vulnerable to violence.
2. Caste, class, religion or regional disparities or situations of civil war and conflict increase risk of violence.
3. Adolescents with disability or those with different sexual identity are at increased risk.
4. Violence against adolescents can be caused 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 to name a few.
6. It is important to raise your voice against any act of violence, even at the very first occurrence.
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 and 19 years about different forms of violence
2. To discuss among adolescents their experience of violence and help them seek help
3. To inform adolescents about the child helpline 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 on supporting girls and women by not stigmatizing them but taking collective action against perpetrators
7. To maintain the confidentiality and trust of victims and survivors

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, and that is based on socially ascribed (gender) differences between males and females. While GBV is usually targeted at girls and women, boys and men may also be victims of GBV. It may occur within a family or in a community and is perpetrated by persons in positions of power, including at times parents, police, guards, armed forces. It can take place in or be condoned by families, communities and institutions including schools, detention centres and religious facilities.

Some of the commonly heard 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 and rape (forced sex). GBV affects the survival of the girl child and steers her off the normal 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 23-year-old Nirbhaya in Delhi has raised 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 will continue from the previous session on gender identity and roles and will inform us more about what forms of violence take place based on the gender of a person, especially on girls and women.

Activity 1



Understanding Gender-Based Violence



Facilitation Steps:

- A. Discuss with your peers about the previous session on violence against children and adolescents. Ask them who the victims are generally. Most of the time we see the victims are children or female, a girl or a boy, an adolescent girl, woman etc. Explain to them that in the case of violence the victims are always

the vulnerable group. And in our society the most vulnerable group is women and therefore they suffer violence the most. (Refer to the session on Gender and Identity.) Ask the participants what is expected from women and men in the context of the gender role. Ask them what can happen if anyone does not fit into the role: is the attitude of the family, society the same towards both men and women?

Inform peers that when a girl does not conform to the gender role expected by the society, most of the times, abuse, violence and power are used against her to outrage her modesty. However, when a boy does not conform to gender expectations, he rarely faces violence or harassment. Therefore some forms of violence are termed as gender-based violence as they are committed by those in power against those perceived as powerless or weak (here adolescent girls and women). However, boys are also vulnerable to such violence. Generally child abuse is perpetrated by adults or people much older than a child because the child is perceived as weaker than the adult.

Definition: The term 'gender-based violence' is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females.

B. Role plays to understand different forms of GBV:

Prepare slips with some of the cases given below. Remember, even though most of the cases are on girls/women, these should be done in both the boys' and girls' group. Divide the peer members into small groups and give one slip/case to each. Ask them to enact the case through a role play. Inform the other 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 himself/herself, then he/she can say 'STOP' or 'FREEZE' and replace the victim and then demonstrate the way he/she would deal with such a situation. This can be continued till some interesting ways of dealing with such situations come from participants. Discuss the positives and negative of each suggested way to help the participants identify smart, assertive and safe ways of dealing with risky situations.

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

Rehana's Story:

Rehana is a bright 15-year-old girl studying in Class 9 who loves going to school. She is friendly with everyone in her class. One day one of the boys of her class approaches Rehana and tells her that he likes her. She ignores it and does not respond. He continues to approach her in different ways like stalking her on her way home, passing comments on her, leaving notes in her notebook, writing her name on the blackboard with love messages and sending messages through her friends. One day a teacher finds a chit lying on the floor, reads the message and 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 and take them to school with her. She has stopped going to school and is thinking of discontinuing her studies.





Radha's Story:

Radha, 18 years old, is married to Dharmendra. She has left school because of marriage on the assurance that she can continue her studies from her in-laws' place. But when Radha requests permission for school admission, they refuse on the grounds that her mother-in-law is not well and they need someone to take care of the household work.

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 morning till late in the evening. She eats only after everyone has finished eating. She is also beaten up for some reason or the other by Dharmendra and her in-laws do not protect her. Last evening, Dharmendra came late and because Radha took some time to open the door, Dharmendra thrashed her with a cane. She has bruises all over her body and is crying and cursing her fate.



Lily and Vishal's Story:

Lily and Vishal are in love. All boys of her college know that. One day when she is having her lunch, two boys come to her and throw a chit saying, "We will wait for you". Lily is scared and opens the chit in which she is asked to meet the boys after school or else they will tell her family about her affair with Vishal. What should Lily do?



Sofia and Shishir's Story:

Sofia is a very beautiful girl whom all boys want to befriend. Shishir is Sofia's classmate. One day the boys planned to tease Sofia after tuition classes. Shishir opposes this but is made fun of saying that he is not a 'man'. He sees Sofia coming and his friends moving towards her. What should Shishir do? What should Sofia do?



Ragini and Lalit's Story:

Ragini and Lalit are siblings. A few months ago a distant uncle visited their house and stayed for some days. Ragini and Lalit don't like this uncle as he tries to touch their bodies in a way that makes them uncomfortable. The siblings had 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 town. Ragini and Lalit do not want the uncle to come home but don't know how to convey their feelings to their father.

Discussion:

The stories of Rehana and others are not uncommon in our society. GBV has serious repercussions on a girl's life and future. Many times girls are forced to discontinue their education, forced into early marriages and are treated unfairly by all – 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 make girls responsible for any act of violence committed against them. Men are rarely criticized. Rehana knew that if her parents

or other people in the community come to know about the incident they will also be judgemental towards her and will doubt her character. Similar is the case with the 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 husbands or in-laws. They are further victimized due to associated stigma and discrimination which is wrong and unfair.

Tell the participants that violence is so much rooted in our tradition and culture that people refrain from reporting it to 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 the violence and will cause long-lasting harm to the victim.

C. Now ask your peers whenever a woman faces domestic violence or GBV in the community what people say about her. Are the women always blamed for the violence against them? How? Some of the answers which you get might be as below:

- The woman should not argue with her husband
- She should obey her husband
- She should listen to her in-laws
- It is the girl's fault for going out to places where there are more men.

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D. Now discuss the following unjust and unfair statements which people generally make when there is violence against women.

Statement: Why does she have to argue with her husband?

Women are beaten up, abused and insulted whether they argue or not. In situations that are unfair or even otherwise, if a woman argues no one has the right to verbally, physically or sexually abuse her. Violence is used by husbands only to control wives and demonstrate that they are powerful and in authority. Violence against a woman harms her self-esteem and confidence level and she is prevented from living a life of dignity. We as aware citizens need to dismiss such thoughts and empower women to exercise their rights and protect themselves from such violence.

Statement: It is their family matter

When two people fight in a public place or in a shop or in a restaurant, why do people interfere and try to stop it? When a father beats his son or if a woman beats her children, generally people interfere and try to solve the problem. But when a woman is being beaten up by her husband or his family, people don't interfere.

This is only because society at large feels that the husband and in-laws have the right to control the wife/daughter-in-law and what they are doing would be in the good interest of the woman. Remember, no one has the right to abuse any woman, verbally, physically, sexually be it parents, siblings, husband, children, in-laws or anyone else. If it happens, it is a legal offence and the perpetrator is liable to rigorous imprisonment.

Remember if we raise alarm against domestic or other violence against women, we are contributing towards a fair and just society. Men as fathers, brothers, husbands and friends have an important role in ensuring fair and just environment for their female relatives and friends.

Activity 2



Narrate the story of Nirbhaya as given below and with the help of questions and answers help peer members understand the situation and how justice was meted out to Nirbhaya.



Nirbhaya and her boyfriend were returning from the movies and took a bus home. They never thought that the other people in the bus were not actually passengers but a group of ruffians who were on the lookout for easy prey to loot and abuse. Suddenly a few of them started passing indecent comments on Nirbhaya. When she and her boyfriend objected they became violent. They were brutally assaulted and Nirbhaya was raped by the men on the moving bus. They cried for help but no one heard. Later they were thrown out of the bus.

Badly wounded, Nirbhaya and her friend were spotted by some local people and police and taken to the hospital. The police arrested the men who committed this crime and they were put behind bars. The court has given death sentence to all accused except one below 18 years of age, who will be in a 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 of the country and make spaces (private or public) safer for them to live.

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Discussion Points:

1. Have you heard of Nirbhaya's case in Delhi?
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 spaces unsafe for girls and women?
6. Do girls and women have the right to live with respect and dignity? Do a girl and woman have the right to engage in recreation, sports and fun activities?
7. Is a girl or woman wrong 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 society has some influence on the behaviour of such men who commit violence?
9. How can we make our homes, community and public spaces like buses, trains, cinema halls, markets, schools and colleges safe for our girls and women?
10. It is good to raise your voice against and report all cases of violence against women. Comment.

Answer:

Nirbhaya, also known as Jyoti, was gang-raped on a moving bus in December 2012 in Delhi. Besides the perpetrators, we and our system are also responsible for this incident or any such violence against women. We promote unequal norms in the society by not raising a voice against them. While our silence makes a girl helpless, it gives a wrong signal to a boy about his strength that is often used to violate the rights of a girl or woman. '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 home and hearth. In case of Nirbhaya, that was an unfortunate day as there were no other genuine passengers to oppose or help them. But in many such instances, even if there are witnesses to any violence or discrimination against girls, they prefer to remain quiet which is wrong. Our boys and men need to learn to respect the rights of a girl/woman. She has all the rights just 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 authority. It is not for the victim to feel guilty or shame, it is the perpetrators and their families who have to hide their face. 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 and providing care and support to help them return to the path of health and development at the earliest possible.

Statement: Why was she travelling alone at night? (Refer to Nirbhaya's story)

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If a rule is passed that all men who need to go out of their houses after 6 p.m. should be accompanied by a female member of their family, will that not be a better way to reduce the risk of violence against women in late evenings and night? You will say that this is unfair. Then isn't it unfair to impose such restrictions on women? Society needs to work together to ensure that all public spaces, transport, educational institutions or workplaces are safe for women irrespective of day or night hours.

It is important for people who make such statements to know that women are vulnerable to sexual abuse even when they are at home and also by husbands and other family members. And hence restriction on women's mobility is not a solution and the need of the hour is to work towards making private and public spaces safe for women. Men have an important role to play in this.

Statement: These days girls have become modern, they wear jeans and top, so sexual violence is natural

Violence, especially sexual harassment or abuse, has no relation to how the female is dressed. Cases of sexual abuse or rape have been reported even with 5-year-old children and 50-year-old women.

Statement: You must have done something to grab their attention

It is an excuse to further victimize the woman and safeguard the culprit. It is very important to understand that it is the fault of the perpetrator in all the circumstances and not the victim even if the victim is a female. No female ever would like to be sexually harassed or abused. No matter what her conduct is, no one has the right to harass or abuse her, verbally, physically or sexually. It is a criminal offence.

Statement: GBV is due to poverty or lack of education

GBV is common across different strata of the society including the rich and educated. To prevent it, one needs to sensitize and educate men and women at large (including those in authority like village leaders, policy makers, police, lawyers etc.) on unfair gender norms and also empower women with education and livelihood options to make them self-dependent.

Statement: Alcohol and drug use is a major cause of violence

Yes, influence of alcohol and drugs may affect the decision-making ability and alertness of the victim but one cannot become violent unprovoked under the influence of alcohol and drugs if one does not already have such intentions. Although alcohol and drugs are often associated with domestic violence, they do not cause the violence. Many men who beat their wives do not drink. Men who drink and beat their wives usually do not beat random people on the street, their parents or their bosses. They direct their violence only at their wives.

Statement: Men are victims of GBV as often as women

Research shows that women are victims in 95% of domestic violence cases. In most of the cases violence committed by women is in self-defence. There are cases where violence is committed by women against men, but these are few and are not stigmatized as women are. However, the law protects both men and women against any form of violence.

Statement: Men who abuse are violent because they cannot control their anger and frustration

GBV is intentional conduct, and batterers are not out of control. Their violence is carefully targeted at certain people at certain times and places. They generally do not attack their bosses or people on the streets, no matter how angry they are. Abusers also follow their own rules about abusive behaviour. Studies also indicate that in fact some batterers become more controlled and calm as their aggressiveness increases.

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Statement: GBV is a problem, but only in remote rural areas

GBV has been documented in both rural and urban areas. It is a problem across all sections of society.

Summarize the activity with the following points:

- GBV is a serious violation of women's human rights.
- Keeping the violence and the abuse a secret does not protect anyone from being abused, it only makes it more likely that the abuse will continue. **BREAK THE SILENCE AGAINST VIOLENCE AGAINST WOMEN.**
- GBV is not a sign of discipline and love; it is a sign of domination and control.
- Balancing power does not mean losing power because power does not come in limited supply. It is not a quantity, it is a feeling.
- Victims of GBV need to be immediately taken to the 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.
- Boys and men in the community need to change their attitude towards women.

- A victim of GBV should not be stigmatized, she should be provided support. Remember, **IT IS NOT HER FAULT.**
- When a girl says 'No' it always means 'No'.

Activity 3



Seeking Institutional Support

- Tell your peers that GBV is rooted in our tradition and culture, and that is why 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 the violence and will cause long-lasting harm to the victim. Ask your peers if they know from where a victim of GBV can get support.
- Ask the peers to list the names of people who they think they can report on GBV. Help them by giving the names of the ANM and ASHA, doctors, PRI members, *Mukhiya*, *Sarpanch*, teachers, NGO workers (if there are any in your area) and the local police who could be approached.
- Inform them about Child Protection, Child Probation and Child Marriage Prohibition Officers available in their blocks and districts (refer to the session on child marriage). 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 cases 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 have any possibility of the statement being overheard by a fourth person.
- **Time doesn't 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 can't say no:** A rape victim can register her police 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 or before sunrise.

A few helplines for women in distress:

Women's Helpline: 1091

Central Social Welfare Board/
Police Helpline: 1091/1291

Child Helpline: 1098

- **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 of not being 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 media can make known the name of the victim in public. Section 228-A 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 not taken place. A victim of rape needs to be medically examined as per Section 164-A of the Criminal Procedure Code, and only that report can act as proof.

- D. Ask how young men and women together can work towards building a just and fair society for women and create a safe environment for women to realize their full potential.

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 anyone from being abused, it only makes it more likely that the abuse will 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 immediately taken to the 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 and 19 years about GBV
2. To discuss how boys can help reduce violence against women within family as well as in community
3. To inform adolescents about the rights and entitlements of women and various legal provisions
4. To inform adolescents about child helpline 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 people on supporting girls and women by not stigmatizing them but taking collective action against perpetrators
7. To maintain the confidentiality and trust of victims and survivors

module VII

my rights and entitlements



Session 14

Child Rights and ARSH Rights

Introduction

All human rights are applicable to adolescents (10–19 years of age) as to any adult. The Constitution of India has a special provision to ensure survival, protection, development, health and happiness of its children. Our constitution also 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 also ratified the Convention on Rights of a Child (CRC) of United Nations which means that the Government of India and our state governments are committed to ensure the Rights of Children as stated in the CRC. Besides, our country is also a signatory to the Convention on Elimination of All Forms of Discrimination against Women (CEDAW).

Some rights have to do with our basic physical needs to grow and be healthy. For example, one has a 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 a 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 will learn more about your rights and entitlements.

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Activity 1



- A. Tell your peers that they have got Aladdin's magic lamp. Tell them that each one of them can ask for two or three wishes that will be fulfilled by this lamp. List the responses. Some of the responses may be as follows:
1. A good house
 2. Life with parents
 3. Chocolates and cola
 4. No beating at all
 5. Meeting with a celebrity of choice
 6. Good paying job
 7. Three meals a day
 8. Higher education
 9. Become a famous person
 10. Disease-free life

- B. Now tell the group that what they wished for are mostly their rights and that they are entitled to them as citizens of India, such as education, nutrition, a life free of abuse of any kind, learning and earning opportunities, health information and services.
- C. Tell them that the **“The Indian constitution has given some 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/Government includes some special provisions and laws for children”.**
- D. Tell the group that the constitution of India has provided six Fundamental Rights to every child of the country, as listed below. Elaborate on these six basic rights.
- **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**
- E. Now narrate the following story and discuss the questions given below.



Sona's Story:

Sona is a hardworking 17-year-old girl. She works at a shop in the town as a helper and helps her family. For the last few days Sona has been feeling nauseous and dizzy. She shares this with a co-worker who asks Sona if she had her period on time. Sona replies that she has missed her period for the last few months but didn't care much as her periods are often irregular. The lady tells Sona that she should immediately see a doctor and not tell anyone about it. Sona is scared. 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 exactly. 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 her co-worker and the doctor to save her. With the help of the co-worker she tries to call the man who had promised to marry her but the man denies having made any such promise and says that he is not responsible for this pregnancy and that she should not call him again. The next day when Sona reaches the clinic, the doctor informs her that if she wants an abortion, she has to bring her parents along as well as 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 a 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 the service? Why?
5. Does Sona have other options for an abortion?

F. Refer to the following information and discuss the questions listed above.

1. Like any other right, adolescents also enjoy sexual and reproductive health rights.
2. These rights are reflected in the international charters and conventions and have been ratified by the Government of India.
3. To ensure these rights to adolescents, the government has introduced a special programme called Adolescent Friendly Health Services under the **Rashtriya Kishor Swasthya Karyakram** and you all are important links in this programme.
4. The key features of the Adolescent Friendly Health Services are as follows:
(These are your rights. Demand them.)
 - Separate health centre or room in the existing clinic for adolescents with a separate waiting area
 - Separate timings for boys and girls; timing convenient for adolescents
 - Dedicated service provider
 - 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 the basis of the act that caused the medical condition
 - Doctors and other staff to be gentle while talking to adolescents and avoid harsh words
 - Sensitivity to adolescents and their mental condition at that time
 - Help with positive action
 - Counselling to help them deal with the situation and take caution to prevent them in future
5. People living with HIV are entitled to all human rights, children infected or affected with HIV are entitled to all human rights and rights assured under CRC. They have the right to live without discrimination of any kind.

Some of the other rights provided to children (until 18 years of age)

1. **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 after 20 weeks of 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.
2. **Right to Protection:** A child has the right to be protected from neglect, exploitation and abuse at home and elsewhere.
3. **Right to Participation:** A child has the 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.
4. **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.

Key Messages

1. All human rights are applicable to all children, including the children of India.
2. Our government and commissions on human rights and children rights are accountable for violation of rights of children.
3. In spite of all good efforts, many children and adolescents are devoid of even 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 a violation of rights.
5. Children have the right to voice their opinion and those above 18 years have the right to vote and can fight elections in early youth after attaining the age of 21 years.
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 and 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 the realization of their rights
5. To inform adolescents about child helplines and other avenues to seek support
6. To be vigilant and observe surroundings to identify adolescents whose rights are being violated
7. To promote the rights of children through awareness campaigns involving the adolescents, key persons and government and non-government workers in the community

module VIII

health and environment



Session 15

Community Health and Sanitation

Introduction

Poor community hygiene and environmental conditions are major causes of illness and death in our country. Common illnesses are diarrhoea, intestinal parasites, malaria, pneumonia and tuberculosis. To protect human health it is important to keep our environment safe. But we often ignore this aspect of living. 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 open defecation is widely practised. Our soil, water and air are getting contaminated every day. Availability of safe drinking water is still a challenge. Our environment is increasingly being polluted to meet the growing demands of human life and comforts. Factory waste is let out into rivers without being treated. Waste that is not biodegradable like plastics is being used uncontrolled. Smoke through factories and vehicles has raised levels of harmful pollutants in the air. Bronchial asthma and other respiratory conditions are on the rise among children and young people. Our agriculture is exposed to chemicals in the form of pesticides and fertilizers beyond the permissible limits to meet market demands. So is the case with cattle treated with harmful drugs for increased milk production. Besides, many human activities like uprooting green areas are leaving fewer trees to absorb carbon dioxide exhaled by us.

Healthy living demands action towards maintaining community hygiene and 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.

Activity 1



- A. Start the discussion with your peers by asking them about the hygiene and sanitation situation in their community. Ask them what are the different methods they use or can think about to help maintain hygiene and sanitation and reduce contamination of water in their locality.
- B. List the answers in your notebook. Now explain some of the ways that are crucial and can be addressed by adolescents such as the following:
 - 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 being handled or children are being fed.
 - 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 utilities when out of home; do not urinate on walls and trees.
7. Promote waste disposal system through latrines or burial under the ground. Burial of excreta into deep pits is one of the convenient ways of disposal. Covering it with mud or soil also helps in preventing flies from contaminating food and spreading infections.
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 the toilet or doing other household work) should pass through a separate conduit.
11. Avoid bathing, using soap for cleaning utensils and clothes near the hand pump, wells or in rivers.
12. Do not dump waste in water bodies like ponds, rivers, *naalas*; they will only become the breeding ground for mosquitoes; also check that there is no water stagnation around you, such as in water coolers, flower pots, vases, old containers etc.
13. Advocate community mechanism for waste collection.
14. Separate biodegradable (easily decomposed like vegetables, food products etc.) from non-biodegradable waste (that do not decompose but can be recycled like paper, plastic, glass etc.).
15. Make a pit in the backyard to dump biodegradable waste rather than throwing it on the streets; give away paper, plastics and other non-biodegradables for recycling.
16. Promote community mechanism to dump and dispose 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.

C. Now narrate the following story and discuss the question given below.

Seema's Story:

Seema is 30 years old and the mother of three children. Her eldest daughter is 14 years old and younger sons are 4 and 2 years old. She finds it very difficult to manage the kids and the household work. She also has to bathe her kids and feed them. Since two of her children are young, they go to toilet two to three times daily 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 is suffering with high fever and diarrhoea. Later the doctor diagnoses that the child has a severe attack of poliomyelitis.

Seema's daughter who is an adolescent is embarrassed that she has to defecate in the open. She has heard of the sanitary latrine from the ANM and suggests to her mother that they install one in their house, but Seema's mother-in-law refuses saying, "We cannot have the latrine inside the house. It is against our culture". Seema and her daughter are very sad and don't know to what to do.





Discussion Points:

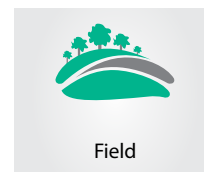
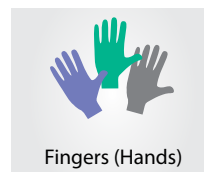
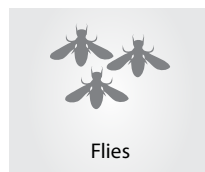
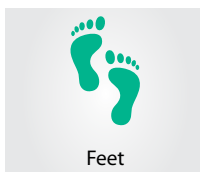
1. What do you have to say about the above story?
2. What do you think can be the source and transmission of infection the child is suffering from?
3. What precaution should Seema have taken?
4. Does defecation in the open lead to infections? How?
5. Is defecation in the open embarrassing for females only?
6. Why do you think people are against building latrines inside the house?

Discussion:

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. Explain that 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 used to feed the child who becomes the host for such infections. Highlight the traditional mindset of parents on hygiene and sanitation which prevented the adolescent's participation in decision making in the above case study.

Summarize by informing the group the following:

1. For good health it is important to ensure community sanitation and hygiene.
2. Defecation in the open and poor waste disposal are two major reasons for infections.
3. Human life needs all three natural resources: water, air and soil. Contamination of any one will impact our health adversely.
4. The common cause of illness and death among infants and children in our country can be easily eliminated if we take care of hygiene and sanitation at personal as well as community levels.
5. Defecation in the open 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 or pollution.

Key Messages

1. Defecation in the open and improper hand washing are 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 and manage waste as biodegradables and non-biodegradables.
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 and 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 the community on hygiene and sanitation

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