



Srijan Samvad



A Newsletter of Sexual and Reproductive Health Initiative for Joint Action Network, SRIJAN

Friends,

It's a matter of great satisfaction to present the very first issue of SRIJAN Newsletter. At the outset, we congratulate you on reaching another milestone, in our journey together. We have accumulated a pool of knowledge and experiences of working on young people's sexual and reproductive health and rights (YSRHR) within the network. Especially noteworthy is how our small efforts have contributed towards significant shift in policies and programmes at the national level. The third phase of National AIDS Control Programme (NACP-III), calls for a comprehensive approach to reach young people especially highly vulnerable groups. The overall focus of this five-year plan will be on AIDS education, condom promotion, and the establishment of an improved blood transfusion system, among other areas. The Adolescent Education Programme, Red Ribbon Clubs and Link workers scheme are a few initiatives that have been specifically designed for young people and women who otherwise are often missed out in the HIV education drive.

With young people comprising 30.6% of India's total population, we can't dream of moving ahead without taking into account and addressing crucial concerns of youth. Recent shift in policies at the national level are a reflection of this thought. The good work at the SRIJAN level too needs to be intensified to complement government's effort through capacity building and advocacy on young people's issues. To build a common understanding in the network on current policies and programmes influencing young people's sexual and reproductive health and rights, MAMTA organized a workshop for SRIJAN partners early this year. This encouraged deliberations on the State level policies and programmes and would guide initiatives to redraft or amend them in accordance to specific needs of the respective youth population.

A few months back, the Ministry for Health and Family Welfare has come up with a revised number of HIV cases in the country, estimating it at 2.5 million. It is indeed good news but no way should we allow complacency to set in as far as HIV prevention strategies among youth are concerned. Also, Reproductive and Child Health Programme-II has brought a focused approach through Adolescent Reproductive and Sexual Health Programme (ARSH) and endeavors to promote utilization of health services among adolescents through youth friendly centers and services. It is even more encouraging to find that the National Family Health Survey (NFHS-III) for the first time has included never married women and all men of 15-24 years of age as well in its research survey. Hopefully, the knowledge gap on sexual behaviour of young people will be considerably addressed with this new approach.

In this issue we are bringing together information on all these initiatives by government so as to keep you abreast with the developments at the national level.

We hope the newsletter would become more interactive in the next issue.

Wishing you the best for realization of SRIJAN Goal!

SRIJAN Editorial Board

Ms. Shachi Juvekar, NMP+ | Ms. Neha Nair, Chetna | Mr. K. Krishnamurthi, Navjyothi | Mr. Sailendra Sharma, CINI | Mr. Ranjan Kumar, NIDAN | Ms. Shubha, SABLA | Ms. Roma Bhardwaj, Seva Mandir

“With young men and women bearing the brunt of the disease burden, it is essential that we educate our youth on healthy lifestyles,” | Minister for Health & Family Welfare, Dr. Anbumani Ramadoss speaking on the occasion of the launch of the third Phase of the National AIDS Control Programme (NACP).

INSIGHT

NACP- III:

ARSH (RCH-II)

Young Positive Speakers Forum (YPSF)

Advocacy with PRI

Glimpses from SRIJAN



National AIDS Control Programme-III

Intensifies efforts to protect youth



In last two decades, people's perception about risk of HIV has changed to a large extent. What was commonly linked to promiscuity in past is now seen in light of changing sexual behaviour and various complexities associated with it, that literally puts everyone at risk. In such case it includes young people and also those who are not married. This change in perceptions, validated by various research findings, is guiding country's policies and programmes too. National AIDS Control Programme II and now recently launched National AIDS Control Programme III reflect major shift in strategies to suit the changing scenario.

The revised estimate on HIV shows that currently there are 2.5 million people living with HIV in India. 40% of people living with HIV are women. In 2004, it was estimated that 22 % of HIV cases in India comprised housewives with a single partner. With regard to young people, globally half of new infections of HIV are in the age group of 15-25 while in India, in the year 2005, nearly 33 % of the reported AIDS cases were in the age group of 15 to 29 years.

NACP- III has drawn in heavily from the experiences of NACP-I and II and aims to halt and reverse the tide of the HIV epidemic in India by 2010. The programme seeks to reduce new infections in all categories and prevent spread of HIV from High Risk Groups (HRG) to the general populations.

One of the commendable moves under NACP III is the recognition that 'the risk perception and behaviour of young people are likely to determine the future direction of HIV/AIDS in the country.' Women, Youth and Children in special settings, viz., young people in high prevalence districts, school drop-outs, girls, working children, children of sex workers, those living with or affected by HIV and /or AIDS shall be focused targets for specific interventions. The focus will be on developing safe behaviors and attitudes in terms of human relationships, particularly among the youth and among high-risk groups and with a particular focus on regions most affected.

In line with above, NACP-III has drawn out specific strategies to address youth population in three different settings.

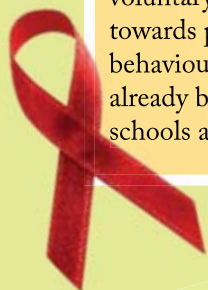
- a. Young people in general population (in school, universities, uniformed services and out of school/non student youth in the community),

Strategy: To be covered through curricular and the mainstreaming efforts initiated by respective ministries

Adolescence Education Programme (AEP) and Red Ribbon Clubs (RRC) Specially Designed to Reach Young People

Red Ribbon Club is a voluntary on-campus intervention programme for students in educational institutions. It is initiated and supported by the State AIDS Control societies (SACS) and implemented through multi-sectoral collaboration, particularly using the services of cadre officers of the State's National Service Schemes. It has been proposed to establish club in every school and college to provide youth with access to information on HIV and AIDS and voluntary blood donation. The club also works towards promotion of life skills to bring about behavioural change among the youth. RRCs have already been established in more than 16,000 schools and colleges.

The Adolescent Education Programme is a key policy initiative under the collaboration of Ministry of Human Resources and Development and National AIDS Control Organisation (NACO) to reach out to youth through a school-based programme to be implemented across 144,409 secondary and senior secondary schools with the objective of reaching out to about 33 million students within two years. AEP is implemented by the Department of Education in collaboration with the State AIDS Prevention and Control Societies. The State AIDS Control Society is also implementing district-wide programmes on peer education to ensure coverage of 80 percent out-of-school youth in 59 high prevalence districts of India. Apart from this access to youth-friendly health services like counselling and treatment for Sexually Transmitted Diseases (STIs) are being stepped up.





- b. Especially vulnerable young people in high and low vulnerable districts (with large concentration of Commercial Sex Workers, Intravenous Drug Users (IDUs), Men Having Sex with Men, significant out-migration, high HIV prevalence etc.)

Strategy: *They will be addressed through behaviour change education efforts of dedicated workers (Link Workers and volunteers)*

- c. Young People most at risk of infection (adolescents in sex work, young IDUs, street children, working children etc.).

Strategy: *Addressed through targeted interventions and the community based efforts through dedicated workers and Community Based Organisations.*

“The risk perception and behaviour of the young people are likely to determine the future direction of HIV/AIDS in the country”

The overall outcomes envisaged under NACP-III for young people are –

- I. Reduction of risk behaviour; and
- II. Reduction in rate of HIV infection among young people.

Women in reproductive age (15-49) and children (below 18) will additionally benefit from other focused strategies that shall address the low level of information and knowledge (especially among women) and problems associated with fast emerging child-headed families. India having the largest HIV population in Asia, education of sex and sexuality to young people cannot be brushed under the carpet in the name of morality. The resistance against Adolescent Education Programme will hopefully be replaced by the air of affirmation, allowing for change to happen.

Link Workers – Bridging the knowledge gap on HIV

Under NACP – III, a cadre of village level workers is being built-up to enhance the knowledge on HIV and initiate behaviour change among especially vulnerable population with focus on young people in A and B category districts. Link workers (LWs) are motivated youth in age group of 19-25, from the community, who are being trained to impart knowledge through a participatory learning process. Around 25% of villages under the each identified high prevalence district will be covered through 200 LWs. These LWs will identify high risk and highly vulnerable households and provide them intensive prevention education to protect them from HIV infection.

Alongside, the LWs are also expected to actively work with the community and mainstream HIV prevention messages with the Panchayati Raj bodies, Mahila Mandals, Self-help groups, Youth clubs, school children etc. The objective is to ensure that these peripheral areas in high prevalence districts are protected from HIV/AIDS.

Link workers are also expected to encourage those they feel may be least willing to undertake testing, provide psycho-social support at the house-hold level to the persons living with HIV, develop an enabling environment in the community. Since, youth will be the focus, the LWs are expected to run youth clinics once a week, where they can impart necessary information, clarify doubts and help the youth to cope up with their vulnerability to the HIV infection.

In the process LWs are also expected to build up a second level of volunteers in villages; 10 by each one, to spread messages on prevention; conduct behavioural change communication activities among target groups practicing high risk behaviors and act as information post for services, linkages and referrals. These volunteers will also act as backup to concerned link workers.

“Samsya Nahin Samadhan Hain Hum...” the young positive speaker’s forum in making

For 17-year-old Geeta of Nagpur, life had come to a standstill, when during a routine visit to the doctor she was informed that she was HIV positive. Married to an engineer, Geeta had no way to prove her innocence to her husband who sought divorce from her on grounds of immoral behaviour. Then, Geeta was six months pregnant. Abandoned by her husband and in-laws, Geeta had no option but to succumb to the social pressures and abort her dreams of motherhood forever. “I could only think of ending my life till one day I was approached by a Peer Counselor who introduced me to the network of positive people”, says Geeta.

15-year-old Rahul of Pune tells how puzzling it was during his early childhood days when his maternal uncle took him on endless visits to various philanthropic institutions, which often bestowed him with money or materials. But it did not take much time for him to realize why this special status was awarded to him. “I received favours like free nutrition, books etc. I felt bad when my friends asked about these favours. They couldn’t understand as why they were not getting all that I used to get. Soon I discovered that I was made to sit in one corner on a separate bench near the dustbin and if I even had a scratch I was given leave till the wound had healed. I have not seen my mother and father but I miss them a lot,” shares Rohit with other seventeen young boys and girls living with HIV, who have come together to form a forum of Young Positive Speakers.

The Young Positive Speaker’s forum is being facilitated by Network of Maharashtra by People Living with HIV/AIDS (NMP+), Pune and MAMTA- Health Institute for Mother & Child, Delhi, under the Sexual and Reproductive Health Initiative for Joint Action Network (SRIJAN). A five-day capacity building workshop was organised, from May 11, 2007 at Pune, for the eighteen young volunteers identified from Maharashtra and Gujarat to train them for public speaking on the need to protect young people through imparting appropriate education and information. They are also entrusted with the task of mobilising other people living with HIV to carry forward the good work in their respective districts.

“With fifty percent of new HIV infection in the age group of 15 to 24, formation of a Young Positive Speakers forum was the need of the hour. The Young Positive Speaker’s Forum will advocate on the rights and concerns of young people living with HIV, spread awareness to reduce stigma and discrimination and will also encourage voluntary counselling and testing,” says Dr. Sunil Mehra, Executive Director of MAMTA.

“Now it does not matter to me as how I got HIV but important is that how can I live a better life with HIV and protect others and myself too because now I know HIV does not mean death,” smiles Geeta. “*Hum Samsya Nahin, Hum to Samadhan Hain* (We are not problem but solution to the problem)”, adds Rahul with a brave smile while bubbly Roopa emphasizes that there is life even with HIV, what they need is care and support. “They are Positive Speakers not because they are HIV positive, but they have a positive outlook towards life, full of energy and strength to bring a positive change in people’s attitude,” says the proud mentor, Manoj Pardesi, Member of NMP+. “They know they are not spreading HIV but its people with unknown HIV status who are, though unknowingly, spreading it. Thus there is a great need for people to volunteer for HIV test, for it will only help you to plan your life better whether you are positive or negative”, Manoj adds.

Hats off to these young crusaders who have learned the hard way that only by spreading awareness and enhancing education on HIV, associated fear, stigma and discrimination can be reduced.



“Break the silence

“AIDS is a war against humanity. We need to break the silence, banish the stigma and discrimination and ensure total inclusiveness within the struggle against AIDS. If we discard the people living with HIV/AIDS, we can no longer call ourselves human.”

Nelson Mandela

Reproductive & Child Health (RCH-II)

Emphasizes focused approach through Adolescent Reproductive and Sexual Health (ARSH) Programme

'Adolescents are not a homogeneous group but their situation varies by age, sex, marital status, class, region and cultural context', says the second phase of Reproductive and Child Health program of MOHFW that commenced from 1st April 2005. The statement validates how RCH programme has progressed from a 'family planning' centric approach to that of 'family welfare'. The main objective of the program is to bring about a change in the critical health indicators i.e. reducing total fertility rate, infant mortality rate and maternal mortality rate. But the contemporary understanding on the interrelation between indicators, growing incidences of STI and HIV among young population and the health seeking behaviour of adolescents discussed under the programme underscores the earnest efforts on part of the government to bring in focused approach to address adolescent reproductive and sexual health. The document says that in context of the RCH program goals, addressing adolescents in the program framework will yield dividends in terms of delaying the age at marriage, reducing the incidence of teenage pregnancy, the prevention and management of obstetric complications including access to early and safe abortion services and the reduction of unsafe sexual behavior.

The two-pronged strategy under the Adolescent Reproductive and Sexual Health (ARSH) programme firstly calls for integrating adolescent issues in all the RCH training programs; in all communication materials and having specific activities to reach out adolescents in all interventions for addressing unmet need for contraception and pregnancy care, prevention of STIs including HIV/AIDS. Secondly, it aims to undertake special efforts in select districts (districts with 60% of marriages below 18) to reorganize services at the PHCs on dedicated days and dedicated timings for adolescents. Actions are proposed at the levels of the sub-center, PHC, CHC and district hospital for delivering services to adolescents through routine out patient desk (OPDs), and a dedicated time (for example, once a month clinic for addressing the needs of unmarried and newly married adolescent girls). A core package of services would include preventive, curative and counselling services for adolescents. Towards building enabling environment for ARSH, various stakeholders would be addressed through appropriate communication messages at the district level and through mass awareness campaigns at the national level. Equipping service providers with knowledge and skills so as to enable them to cater to the RSH needs of adolescents will also be undertaken. The core content will include vulnerabilities of adolescents, need for services, and how to make existing services adolescent friendly. The possibility of engaging private providers for organizing teen clinics on dedicated days/ time and free counselling would also be explored.

Exclusive Database on Young People

MAMTA-Health Institute for Mother and Child has developed a database exclusively on young people in the country. The database presents statistical information on key concerns pertaining to young people's sexual and reproductive health. The 15 broad categories under which data has been compiled are Population Distribution; Fertility; Sexual Practice; Mortality; Family Planning; Health Care; Reproductive Health; Marital Status; Nutritional Status; Education; Work Force; Social; Crime Data; Substance Abuse; Physical Mistreatment; and Quality of Care. Data is available for the State and Districts and have been collected and collated from authentic sources, such as Census of India, NFHS, DLHS-RCH, SRS, NACO and Crime in India by Ministry of Home Affairs. This database is expected to strengthen advocacy, policy formulation and intervention programmes for young people at different levels.

Information presented in each category can be viewed in three ways – (i) Data-Tables; (ii) Graph; and Map. Drop boxes have been provided for easy navigation.



This database can be accessed at www.yrshr.org

Panchayati Raj Members Commit Support to Youth Programmes

SRIJAN is strengthening its advocacy efforts at the village level to enlist the support of elected representatives of Panchayat Raj Institution (PRI) to create an enabling environment for young people's sexual and reproductive health and rights. Though the prime objective is to reduce barrier at the village level in implementing educational programmes on YSRHR for rural youth, willingness and support extended by PRI members in a few districts have been overwhelming.

In this new move, SRIJAN has brought together key officials from administration, health, education, block development, women and child department on one platform, to interact with the elected representatives and other identified stakeholders at the village level, especially Panchayat members and Gram Pradhans. SRIJAN feels that such interactions will facilitate smooth dialogue on young people's sexual and reproductive health which otherwise is difficult in one-way communication. Presently, the interactions with Panchayati Raj members have been initiated in fifteen of the high-risk districts identified by NACO in Maharashtra, U.P, Bihar, Gujarat, and Rajasthan.



State Level Workshop on Policies and Programmes at Jaipur

Seva Mandir, SFA Rajasthan, organised a two-day state level workshop on Policies and Programs on 15-16th May 2007, to bring in better understanding on policies and schemes related to sexual and reproductive health and livelihood concerns of young people. This was a follow-up to the national level workshop organised at Delhi early this year. Dignitaries and eminent speakers from the State Government and INGOs addressed the meet. Shri J.C. Mohanty, Principal Secretary, Ministry of Youth Affairs and Sports, Govt. of Rajasthan discussed the State Youth Policy and various schemes that the Ministry has proposed. Mr. U.D Khan, Secretary, MOYAS, GoR and Mr. Satish Sharma, Secretary, Youth Council too shared their thoughts. Ms. Vaidehi Agnihotri Coordinator, Adolescent Reproductive health programme, Directorate of Medical Health Service in her presentation discussed Rajasthan's pioneering efforts in including life skills education in the school curriculum for adolescents. She informed that estimated 3.5 lakhs students every year are likely to benefit from this initiative.



Representatives of RSACS, NYKS, Rajasthan Mission of Livelihood and CAPART too spoke on youth involvement

SRIJAN's Posters on Prevention of Early Marriage Highly Appreciated



“After my mother’s death, my family wanted a woman in the house and so they got me Married when I was just 14. Soon I became father. Never realized when these responsibilities made me an adult.” | a 19 years boy now a peer educator shares his experience at the State level consultation on Prevention of Early Marriages at Jaisalmer in 2006.



SRIJAN posters on prevention of early marriages have been highly appreciated across seven SRIJAN States. Hon'ble Chief Minister of Rajasthan has sent a congratulatory note to SRIJAN on the two posters. Seen in the picture are Hon'ble Chairman of Rajasthan State Women Commission, Smt. Tara Bhandari, and Secretary, Sports and Youth Affairs, Government of Rajasthan, Shri Manohar Kant releasing the poster "*Bal vivah ke unchabe uphaar*" on the eve of Akha Teej (Top). On another occasion Hon'ble minister of State for Women and Child Development, Govt. of Rajasthan, Shri Kanakmal Kataraji and the Principal Secretary for Department of Women and Child Welfare (DWCD) Mrs. Alka Kala; can be seen releasing poster "*Haldi ki jaaldi kyon*" at a media workshop organised by the DWCD (Middle). Posters were well received in Andhra Pradesh, Bihar, Gujarat and Uttar Pradesh as well.



Information Commissioner, Lucknow, can be seen releasing the poster in Uttar Pradesh on International Youth Day, August 12, 2007. (Bottom)

Building Better Understanding on Migration and HIV

Idea, the zonal co-ordinator in Bihar organized a three-day state level workshop on Migration and HIV/AIDS in Patna from 28th to 30th June 2006. Participants were explained the reasons for and routes of migration and its impact on peoples' health, especially with regard to high-risk behaviors and infection with HIV. Different interrelated issues like empowerment of migrant population, awareness generation on safe sexual behaviour, stigma and discrimination and greater involvement of people living with HIV were also discussed in detail.

Dr. Diwakar Tejaswi, Member, American Academy of Family Physician and Regional Director, International Health Organisation presented a profiling of migrant labour and explained high dependency of people on agriculture. Dr. Tejaswi informed that most of the migrants are young people between 15-24 years and are illiterate. There is high chance that they indulge in unsafe sexual practices making them increasingly vulnerable to HIV.

Rural Employment Guarantee Scheme and Right to Information were also discussed. Later participants developed an action plan to address the issue through a participatory exercise facilitated by Mr. Brajesh Singh of Chhanv. Eminent speakers who enlightened participants included Dr. Sudhir Kumar, expert on migration from A.N. Sinha Institute; Dr. Devendra Prasad, Deputy Director BSACS and Dr. Mukesh Kishor.



Bringing Youth on Center stage

Youth motivated by people's representatives on IYD



Hon'ble Minister for Transport, Government of Bihar, assured free bus passes to all people living with HIV for easy access to care and treatment services in the State.



Hon'ble Member of Parliament, Shri Brajesh Pathak, flagging off a youth rally on August 12, 2006, in Lucknow.

Campaigns on Prevention of Early Marriages in Andhra Pradesh and West Bengal

SRIJAN Andhra Pradesh has written and directed a folk musical play 'Malli', based on a real story of a young girl who was married off at a very early age against her wishes. The heartrending act on early marriage has been very popular with masses and received wide appreciation in media too. The play was also telecast on the State Doordarshan channel. SRIJAN West Bengal is organizing district level campaigns on prevention of early marriages. In total 32 youth drop in centres are running under SRIJAN to provide information to young people especially for the non-school going youth.



Yuva Mela in Mehsana

SRIJAN, Gujarat had organised a Yuva Mela during Bhandari Poonam in Umta Village of Mehsana, the district with lowest sex ratio in Gujarat in 2005. Estimated 5000 people were reached through entertainment programmes – with messages on early marriage, sex selective abortion and HIV among young people – of which majority were youth.



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