

YOUTH FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

THE ROLE OF ASHA WORKERS





PREFACE

There are 251 million young people in India between the ages of 15-24 years, contributing to nearly one fifth of its total population. Youth is the most valuable section of the population, with highest potential for development. Life events and circumstances during adolescence and youth shape individuals' entire lives, and nations in consequence. That period of life provides them with opportunities to achieve a satisfying life and ability to contribute to the society. The onset of adolescence brings not only opportunities, but also, along with changes to their bodies, new vulnerabilities in the areas of sexuality, marriage and childbearing.

Both unmarried and married young people in the age group 15-24 years face significant challenges in obtaining age-appropriate sexual and reproductive health (SRH) information and services in India and many parts of the World. Even when a young person is able to overcome their family and society level challenges, they may face barriers in a health facility, including negative provider attitudes.

The needs of young people are reflected in the fact that 27 percent of girls in India are married before the age of 18, and only 5.6 % of married women use a modern contraceptive before having their first child (NFHS-2015-16). These factors increase the likelihood of a pregnancy during adolescence or young age, which in turn can adversely affect the health of the girl, as well as her ability to pursue educational aspirations and employment opportunities.

In order to improve access of health services for young people, it is essential to go beyond the providers in Adolescent Friendly Health Clinics. It is important that all health care providers in facilities as well as community, follow the principles of youth friendliness. Such a mainstreamed approach will have a much larger impact; this has been demonstrated to be both scalable and sustainable in many countries.

UNFPA has developed this Youth Friendly Services (YFS) training package, which consists of a handbook and a facilitator's guide. Through a series of case scenarios, this training package enables the health providers to understand the common SRH needs of young people, and helps to build their skills to provide respectful, confidential and non-judgmental SRH services to young people.

We expect that by addressing the health system barriers faced by young people, the package will enable improved health outcomes and help to contribute to India's efforts towards achieving its commitments for FP 2030, and SDG indicators 3.7 and 5.6.

A handwritten signature in blue ink, appearing to read 'Argentina Matavel Piccin'.

Argentina Matavel Piccin
Representative India and Country Director Bhutan

ACKNOWLEDGEMENTS

This set of training resource package was conceptualized by the United Nations Population Fund, India. It is based on a review of various reports and related research findings on the status of youth friendly services, and interactions with service providers, health managers and community level workers, such as ASHAs.

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Recognising the rapidly changing situation of young people especially under the challenges posed by the Covid -19 Pandemic, the contents may have to be adapted for different situations. The content may be used freely for non-commercial purposes, with acknowledgement to UNFPA India.

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ABOUT THE BOOKLET

This booklet on “Young People’s Access to information and services on sexual and reproductive health: The Role of ASHA” has been developed keeping in mind the role of community health providers, specifically ASHA workers, in making health services youth-friendly. Young People form a substantial part of the Indian population. The World Health Organisation has classified the age group 10-19 as ‘adolescents’ and 15 -24 years as ‘youth’. This booklet is focused on ‘youth’ falling in the age group 15 – 24 years. According to the 2011 Censes there are 23.1 crore youth in India. Despite this, their access to health services in the country is poor. This booklet intends to strengthen the reach and access of community health service providers to young people.

ASHA workers generally live amongst the communities they hail from and are well aware about the lives of the community, including the young people and their families. Being a health-service provider on one hand, and members of the community to whom they are accountable on the other hand, ASHA workers, are often caught in dilemmas. This booklet discusses how ASHA workers can cope and resolve these contradictions and dilemmas.

This booklet will enable the community health-service providers and ASHA Workers in identifying and understanding the various obstacles and challenges that young people face in accessing health services. Additionally, it will also help them in understanding their own dilemmas, addressing these and providing solidarity and support to young people in accessing qualitative health services and their sexual and reproductive health rights.

The booklet discusses the gendered dimensions of sexual and reproductive health services to help ASHA workers in addressing the violations of sexual and reproductive rights of marginalised communities, and their role in protecting these rights.

Community health-service providers and ASHA workers play a critical role in raising awareness and securing the sexual and reproductive health rights of young people. It is through their supportive action that the young people can gain access to these rights. “Young people’s Access to information and services on sexual and reproductive health: The Role of ASHA” is meant to be used by community activists, health service providers and ASHA workers with the following objectives:

To enable Community health-service providers and ASHA workers to

- To evolve their own understanding
- To reform reproductive health services and build a positive relationship with youth for the same
- To assess and evaluate their own role and assumptions about society and to ensure provision of services in an unbiased manner, prioritising the autonomy and needs of young people
- To build their own capacities in order to improve young people’s access to information and awareness on qualitative sexual and reproductive health services

This booklet has been developed by the joint efforts of United Nations Population Fund (India), Centre for Health and Social Justice and The Y.P foundation. We hope that this booklet will provide the necessary support to community health workers and its use will strengthen young people's access to sexual and reproductive health services.

How to use this booklet?

Conservative societal attitudes and norms around gender and sexuality pose serious barriers for young person to approach a community health worker, especially if they happen to be members of their community. As a health worker, the role as service-facilitator on one hand, and member of the community on the other, might feel conflicting and one's position within the community tends to dominate the thought process of the worker. This booklet will focus on how health workers can support the youth in accessing services. Having access to adequate & correct information and services on sexual and reproductive health can contribute positively towards the overall health of youth. This booklet has been divided into three parts:

Part 1: Key Principles for Youth friendly health services

This part focuses on the key principles and values that need to be practiced by health workers in order to provide non-judgemental health services which are in line with the rights of the youth. This part highlights the key elements of good practices for health workers.

Part 2: Case Studies

In this part several case studies have been used to illustrate the real-life issues and challenges that youth face. It can provide insights for health workers on the aspects to be kept in mind while building a relationship with young people. This part also addresses the common myths around sexual and reproductive health, which will aid health workers in challenging these at the community level.

Part 3: Role of ASHA Workers in ensuring participation of Adolescent boys and Young Men

In this part we stress on the importance of working with adolescent boys and young men and the steps to be taken by ASHA workers in this direction.

Part 1: Key Principles for Youth friendly health services

Here we discuss the critical practices for health workers that will enable them to have a dialogue with youth and also assess their own attitudes, in order to build a positive relationship with them. These are essential for any health worker to be able to create a friendly and open relationship with the youth.

1. Accepting the autonomy of young people: It is important to treat youth as adults, who can take their own life decisions and have the complete right to do the same. Do not behave like their parents or protectors based on your own personal moral beliefs. Do not advise them and instead be a listener providing full information according to their need. (Here X indicates 'inappropriate practices' and ✓ indicates 'appropriate practices')

For instance:

If a 19-year-old young woman has approached you for information related to abortion, which are the responses from you that show or indicate openness:



While having fun with your friend you should have thought of the outcome! Now bear with the consequences! Just think about what your parents will go through when they find out about what all you have been upto!



Do not worry. You have done the right thing by approaching me. The decision to have an abortion is entirely yours. I will take you to the health centre and will ensure that this remains confidential. If there is anything that is bothering you, please do not hesitate to share with me.

2. Maintaining Privacy: Protecting the privacy of youth, especially those who approach health workers for advice and information about their problems, especially on issues such as contraception is very critical. It is important to ensure that counselling sessions or sharing of information is done with privacy in the absence of other people. It's common for people to be curious when they see a young person talking to a health worker. In such a scenario the health workers should be ready to respond tactically so that the curiosity is also responded to and privacy of the person involved is maintained.

For instance:

If a young married woman has approached you for an emergency contraceptive pill at the Anganwadi centre and there are other older women of the village present there, how will you talk to her?



Ask in front of the others why she has come and what help she needs. And send her back without a one-on-one private sharing.



Start a casual conversation with her in front of the rest and then look for an opportune moment to talk to her in private or set up another time and date to meet her personally. If any elder women asks about the topic of conversation, you could think of something else to say, like “she had come to ask about fever or stomach upset or vaccinations etc”.



You could request the older women to leave the centre by excusing yourself saying that you have a report to complete. You could then speak to the young woman after everyone has left.

3. Maintaining confidentiality: Considering that community health workers often belong to the community itself, it is challenging to provide information and extend support to young members and ensure that confidentiality of the matter is maintained. It is natural for young people to hesitate in sharing their personal issues with ANMs and ASHA workers who often have day to day interactions with their families. Thus, it is important for health service providers to work on building trust and assure that whatever is shared with them will not be spoken about with anyone and will remain confidential. It is important to remember that in case of vulnerable groups like HIV positive or persons with different sexual orientation (LGBTQIA) persons, confidentiality is of the utmost importance. Community health workers need to stress frequently that all matters would be kept confidential.

For instance:

There might be a situation when a newly married young girl from the village is asks you about contraceptive pills and methods, you know her family and are aware that her mother-in-law is keen on having grandchildren in the family soon.

What would you do in such a circumstance?



Go and tell her mother-in-law that the daughter-in-law is planning to take contraceptive pills.



You will keep the matter confidential and give her counselling about the contraceptive methods. You allow her to take contraceptive pills in a confidential manner. If the mother-in-law asks, you will not inform her about what the daughter-in-law is taking, you will take the call to counsel or not counsel the mother-in-law.

4. Sensitive and Respectful behaviour: Apart from respecting the freedom of youth, it is important to treat them with dignity. Address them by their name, do not threaten or intimidate them instead listen to them in a non-judgmental way. This is the duty of a health worker.

For instance:

If a young woman talks to you about her irregular menstrual cycle, then what would be the appropriate sensitive and respectful response?



You are so thin and weak, you don't eat properly and so you are facing these problems. If you don't take care of your health then your menstrual cycle will remain irregular.



This is common when girls are growing up. There is no need to worry. First, could you tell me a bit about your diet? Do you eat three proper meals a day?

5. Non-critical attitude: A non-critical attitude makes health workers more approachable for young people. If health workers have a non-judgemental attitude about pre-marital sex, abortion, sexual orientation etc. and are able to behave in a non-discriminatory manner, then young people will be encouraged to share their thoughts without hesitation.

For instance:

If an unmarried young girl speaks about her pregnancy, how would you respond to her?



Oh, what have you done? Boys will be boys, but you are a girl and should have known better. You should've thought about the honour of your parents! If anyone finds out, you will not be able to face people!



There is no need to be fearful. I'm here with you. Could you share if this was a consensual relationship or if you were forced or pressurised in any way? Even if you have made this choice you can tell me openly. There is nothing wrong about it. You can speak to me without any hesitation, these are your options now. I will help you in whatever way you would like.

6. Accepting the sexual rights and sexuality of young people: Young people have the complete right to make decisions about their own bodies and also to choose their sexuality. If they choose to exercise this right, which might be against societal norms, their choices should not be questioned. Health workers should not question their choices citing their young age as a reason. You have to accept their choices and provide them the service and support they need as per their requirements with dignity and respect.

For instance:

If young unmarried men or women ask for condoms, how would you talk to them?



You are not yet married and too young, what will you do with a condom? This is only for married people.



You can take this pack of condoms. Do remember that your sexual relationship must be consensual.

7. Providing clear, correct and complete information: Sexual and reproductive health are sensitive issues around which there are several pre-existing notions and myths in the society. A community health worker can play an important role in dismantling these myths and preconceived notions. It is thus critical that health workers are equipped with full and clear information about their subject matter, and it is only that they can provide the same to the youth.

For instance:

If a young woman does not want to continue with her unintended pregnancy but is concerned that if she carries out an abortion, she will never be able to get pregnant again. What will be your response in such a situation?



You will deter her from having an abortion and tell her that it will hamper her ability to conceive again since she wants to have a child.



You will inform her that if a safe procedure of abortion is provided by a trained medical practitioner then there will not be any complications in the future and her future fertility will not be affected. With this information she will be able to make her own decision. You extend support to help her by providing her access to a safe and trained medical practitioner at a health centre.

8. Taking Consent: Since young people are adults, before sharing any information about them with anyone else, taking their consent is a must, be it a medical practitioner or a family member. Before seeking consent provide detailed background information as to why sharing the matter is important.

For instance:

If a woman would like to go in for an HIV test. You feel that you need to discuss the matter with a medical practitioner before providing support for the test service. How will you discuss the matter?



Good you have brought this matter to me. I will discuss your case with the doctor so that the tests may be carried out.



Good that you have brought this matter to me. Testing will require a visit to the hospital. Before we do that, may I share the details of your case with the doctor? In case any other tests need to be done I will find out the details. I will not be sharing your name with the doctor - you can share it as per your level of comfort.

9. Accepting the diversities amongst the youth: It is important to understand that young people are part of different communities, based on their sexuality, caste, ethnicity, ability, religion, income, region, occupation etc. Their diverse backgrounds may affect their sexual and reproductive health needs. It is important to be sensitive and conscious of the social context of the communities that youth come from when they approach you. Apart from this, adolescents and youth are in the process of understanding their sexualities and bodies and therefore assure them about confidentiality at every stage.

For instance:

How will you ensure participation of a young girl in your village who is visually impaired and cannot attend meetings on her own?



You will wait for the young girl to turn up for the meeting and if she doesn't turn up you will start the meeting without her.



You will talk to her privately whether there is a friend or neighbour whom she could tie up with to come for the meeting. You could then help her by assigning the task to that friend or neighbour. You will also ensure that she is engaged in the meeting. If, for instance, if you are talking about menstrual hygiene and using a sanitary napkin you will ensure that you provide her with a napkin which she can touch and feel to understand how to use it.

Young people are the foundations of supportive health care services and it is critical to respond to their challenges sensitively and with respect, protecting their sexual freedom and rights in providing them the necessary health services.

Part 2: Case Studies

In this part we try to understand the challenges faced by youth in accessing sexual and reproductive health services with the help of case studies. The case studies will help the ASHAs and other health workers understand their own role in resolving issues and providing better health care services to youth for a happier and fulfilling future life. The case studies are based on situations that you may have already faced in your everyday work environment. While you read these, you may review your own situations and assess how you could better address dilemmas and solve issues that you faced in those circumstances.

Case Study 1: Reshma's Confusion - Menstrual Hygiene Management

Reshma is a 13-year-old adolescent girl who started her menstrual cycle about 6 months ago. Since there are no toilets in her school, she does not go to school during her menstrual periods. Rohini, an ASHA worker in the village found out about this. On further inquiry she learnt that there are many other girls in the village who do not attend school during their periods due to absence of toilets in the school campus.



Rohini first shared this information with other Anganwadi workers and then called for a meeting of the adolescent girls in the village to discuss the matter. She offered them sanitary napkins and tried to convince them to attend school during their periods. The girls urged that they would need a place to change the pads during school hours. The girls suggested to Rohini that she should speak to the school teachers and headmaster on this subject. This put Rohini and the Anganwadi workers in a tough spot as their task was to distribute sanitary napkins only. Now what should they do?

Questions:

1. Why were the adolescent girls refusing to go to school during the periods despite having access to sanitary pads?
2. Do you think that the ASHA and Anganwadi worker can intervene in this situation? If yes, then how?

Points of Discussion:

Question 1: Why were the adolescent girls refusing to go to school during the periods despite having access to sanitary pads?

Answer: Due to the absence of fully functional toilets and dustbins adolescent girls were not ready to attend school during their periods. Toilets are essential for managing the periods. Not just a fully functional and clean toilet, but also one that has running water and a dustbin with proper disposal mechanism (cover) for the sanitary napkins is essential. The absence of this makes it difficult for adolescents to attend school and many a times they even end up dropping out of school at this age, due to these issues.

Question 2. Do you think that the ASHA and Anganwadi worker can intervene in this situation? If yes, then how?

Answer: When Rohini and the Anganwadi worker found out that the girls had stopped attending school during their periods due to absence of toilets, they could approach the school authorities, headmaster and principal with this problem so that the necessary arrangements for the toilets could be made. If this does not yield a positive response, then Rohini and the Anganwadi worker could raise the issue with the Panchayat representatives on the Village Health, Hygiene and Nutrition day.

What are your responsibilities as a health worker in such a situation?

- As a health worker your responsibility is to not just distribute the sanitary napkins but also explain the proper method of using and disposal to the adolescent girls.
- Additionally, an important role is to break any myths and remove misconceptions with regard to menstrual cycle and taboos.
- Just providing sanitary napkins is not enough, but enquiring about and facilitating the availability of toilets, dustbins and other sanitary measures is also a key responsibility.

How can menstrual hygiene be maintained during periods?

- During periods a sanitary napkin should be used. If sanitary napkin is not available, then a clean cloth or cloth pad must be used to absorb the bleeding. This needs to be placed/lined inside the underwear.
- Hands must be washed with soap before changing the napkin. Cloth and underwear must also be washed well with soap and put to dry in the sun so that no bacteria is formed.
- A sanitary napkin is made of materials that completely absorbs the menstrual bleeding.
- This should be used for about 4 to 6 hours and then needs to be disposed in a dustbin after covering and wrapping with a newspaper.
- A sanitary napkin cannot be reused.

- After changing the sanitary napkin or pad hands must be washed with soap
- During periods bathing daily and washing the genitals with clean water is essential.

Some myths and misconceptions about menstruation

Myth	Fact
Menstrual Blood is dirty and impure	<p>There are many myths in our society related to menstrual blood, which is often considered impure and dirty. It is due to this belief that entry of women in the kitchen or temples is often restricted during periods. Many communities even have beliefs like women who are menstruating should not touch pickles else the pickle will get spoilt.</p> <p>This belief is not based on facts. The fact is that the discharge during menstruation is made up of different elements like blood, cells and tissues. In fact, the discharge is composed of less blood and more of other material. The discharge is the outer lining formed in the uterus that is supposed to aid the development of the foetus when/if conception happens.</p>
Excessive bleeding or the early onset of menstruation is a sign of increased sexual urges	<p>The onset of menstruation is one of the key bodily changes in the female adolescence phase. The age of onset of menstruation varies for everybody. The time of onset of menstruation could be hereditary and depends on different body types and nothing more than that! Similarly, the amount of menstrual discharge is also different for different women. Regular excessive bleeding could also be an indicator of some health issues and this needs to be assessed by a health practitioner.</p>
Women use menstrual pain as an excuse to avoid working	<p>The menstrual cycle is experienced differently by different women. It is common to experience aches and pains in the abdomen, thighs, breasts and muscles during periods due to which carrying on heavy activity and physical labour may be difficult. Some women experience very severe pain in abdomen during this period and are unable to work. In such a situation forcing and pressurising women to carry on with daily chores is a violation of their basic human rights.</p> <p>Additionally, stopping women who choose to carry on with daily physical and other activities just because they are on their menstrual period and maybe experiencing discomfort is also a violation of their basic human right.</p> <p>The decision to carry out work during period, should be left to the woman and whatever choice is made by her needs to be respected.</p>

Myth	Fact
Not having a menstrual period is an early indication of pregnancy	In young adolescent girls, periods may not be regular in the first few years and this is normal, however if a woman misses a period or menstrual cycle after being sexually active, it could be a sign of having conceived. In order to ascertain pregnancy, a pregnancy test is important and may be used. Several times there could be other factors for a late period. It could happen that someone who has not been sexually active and has a regular cycle may get a late period. This could be due to some other health issue and needs to be examined by a doctor.

Case Study 2: Kavita's decision

Kavita is a 19-year-old woman who lives in a small town with her parents. She takes tuitions for little children. She has a boyfriend and once had unprotected sex with her friend, after which she got pregnant. She was 3 months pregnant and unable to share about the pregnancy with anyone.

She visited a female doctor at Primary Health Centre located 3 kms from her home, with her boyfriend to inquire about



having an abortion, because the centre closer to her home had many people who knew her. She applied sindoor (red vermilion applied in the hair-parting used by married women) but when the doctor asked her how long she had been married, she was not able to give a clear answer. This made the doctor suspicious and she asked Kavita to return again with her mother-in-law.

An ASHA worker who had heard this conversation that Kavita had with the doctor told Kavita that she could support her getting an abortion and that no one would find out about the same. She told Kavita that she would introduce her to a private nurse who could give her some abortion pills for Rs 5000/-. Kavita had no clue what to do.

Questions:

1. The doctor refused to give Kavita an abortion. Was this the right thing to do?
2. Did the ASHA worker give Kavita the correct advice?
3. What kind of support should the ASHA worker have provided to Kavita?

Points of Discussion:

Question 1. The doctor refused to give Kavita an abortion. Was this the right thing to do?

Answer: The doctor had figured that Kavita was unmarried and that she was sexually active. She refused to extend medical support for abortion to Kavita because in our society pre-marital sex is considered to be taboo. The doctor should not have done this because 19-year-old Kavita had the right to decide if she wanted to terminate the pregnancy. According to the Medical Termination of Pregnancy Act 1971, any unmarried woman who is not physically and mentally ready to continue with her pregnancy can approach a certified medical practitioner for the termination of her pregnancy. Considering that Kavita was above 18 years of age, this did not require the consent of her family members.

Question 2. Did the ASHA worker give Kavita the correct advice?

Answer: The ASHA worker did not give Kavita any advice related to Medical termination of pregnancy. It was completely wrong of her to direct Kavita to a private nurse for abortion. She was perhaps attempting to take advantage of Kavita's helplessness. Only a certified medical practitioner can advise on the procedure for abortion of pregnancy.

Further, since Kavita was 3 months pregnant, abortion pills would not have been effective in her case. What the ASHA worker did was illegal and could have put Kavita's life in danger.

Question 3. What kind of support should the ASHA worker have extended to Kavita?

Answer: The ASHA worker should again discussed with the doctor and helped Kavita to access the correct information and services for abortion at the hospital. If the doctor did not agree, she should have told Kavita about another hospital where safe and legal abortion is provided. She should have also provided Kavita with information about contraception methods and safe sex.

What are your responsibilities as a health worker in such a situation?

- Health Workers should support young people by maintaining privacy and confidentiality.
- Without any preconceived notions or questions, the person should be provided with information about hospitals where safe and legal abortion services are available.
- In order to protect privacy, you could take the person to a centre where they are not identified or known by others.
- After the termination of pregnancy, adequate follow up is important to help identify any complications and in case of a problem support must be given to access medical help/facilities.
- Provide all information about various available contraceptive methods.
- Provide information related to the negative implications of unprotected sex like sexually transmitted diseases and unwanted pregnancy. Talk to them about the importance of safe sex.

Is abortion legalised in India?

Yes, the Medical Termination of Pregnancy Act 1971 allows the medical termination of pregnancy under certain conditions. The law allows termination of pregnancy at any certified clinic, hospital or health centre.

Under what conditions is the Medical Termination of Pregnancy considered legal?

- The pregnancy is life threatening for the woman or puts her in physical or mental stress
- If the pregnancy is due to sexual assault or rape
- If the pregnancy is due to failure of a contraceptive method used by the couple
- If the foetus has shown signs of physical, mental or other disability

Does Medical Termination of Pregnancy require the consent of any other person?

Any woman above the age of 18 years can give her own consent for the termination of pregnancy.

In case the woman is below the age of 18 or she is unable to give her consent due to a mental condition then the termination of pregnancy requires the consent of parents/guardian/an adult (who maybe relative or friend).

What is the period for getting a pregnancy terminated?

A pregnancy can be terminated upto 20 weeks of conception. Under “2020 Amendments to Medical Termination of Pregnancy Act” the gestational limit for termination of pregnancy has been increased up to 24 weeks under special circumstance. In case of congenital anomaly termination of pregnancy can even be

done beyond 24 weeks. For this an opinion of medical board constituted at state level is essential.

What are the various methods of terminating a pregnancy safely?

There are 2 ways of terminating a pregnancy safely. One is through medicines & the other through a surgical intervention. A pregnancy upto 9 weeks a pregnancy can be safely terminated by using medicines for medical abortion.

Termination of pregnancy should always be carried out by a registered and certified medical practitioner after appropriate advice. It is unsafe and illegal to use 'other' methods of aborting a pregnancy and could lead to severe complications which may be life threatening for the concerned woman.

Where can termination of pregnancy be carried out?

Whether through medication or surgery the termination of pregnancy must always be carried out at an approved facility and a certified provider after proper screening.

What could be the negative implications of not providing the right information about termination of pregnancy?

When healthcare provider does not provide services as per woman's situation or fails to give full and clear information about termination of pregnancy women often come under pressure to opt for unsafe methods of terminating their pregnancy. This could lead to complications, infections and even cause death in extreme cases.

Some myths and misconceptions about Abortion

Myth	Fact
It is illegal for an unmarried young woman to get an abortion	A certified medical practitioner may terminate the pregnancy of any unmarried woman who decides the same. If the pregnancy is due to sexual assault or the pregnancy could cause mental or physical harm to the health of the woman it is not illegal.
An unmarried young woman needs the consent of her parents or guardians to terminate her pregnancy	Any woman above the age of 18 can give her own consent for the termination of pregnancy and this will be entirely her decision. Legally there is no need for parental or guardian's consent, medical practitioner cannot insist on the consent of parents or guardians for the same. In case the woman is below the age of 18, the termination of pregnancy requires the consent of either parents/ guardian/ or any adult (who may be a relative or a friend). The medical practitioner cannot insist that the consent be from 'parents'.

Myth	Fact
Medication used for termination of pregnancy is dangerous for adolescent girls.	Medical abortion (abortion using pills) is a very safe method if the duration of pregnancy is within the 9 weeks period. It is not harmful for the health of the adolescent girl neither is it illegal.

For further information on medical termination of pregnancy/ abortion see part B, section on 'Safe Abortion' here - [ASHA Module 7: Skills that save lives](#)

Case Study 3: Rama's Dilemma - What has happened to me?

Rama is a 19-year-old unmarried woman. She is doing her graduation at a college close to her village. Rama has a boyfriend who mostly lives in the city. When he visited the village recently he and Rama had unprotected sex. A few days later Rama found a yellow discharge from her vagina. At first, she ignored it but later she found pus formation around her genitals. She was scared to find this and after much thinking she decided to approach an ASHA worker for advice. The ASHA worker asked Rama about her sexual activity and then scolded her.



She told her that she did not approve this and she helps only the married women in cases of reproductive health related problems. She not just refused to help Rama but also told her that she would tell Rama's family members about this.

Questions:

1. What had happened to Rama?
2. Did the ASHA Worker do the right thing by scolding Rama?
3. What kind of support should the ASHA worker have extended to Rama?

Points of Discussion:

Question 1. What had happened to Rama?

Answer: Rama had had unprotected sex and the symptoms she had (yellow discharge from the vagina) was indicative of a sexually transmitted infection. This could be identified through a medical examination.

Question 2. Did the ASHA Worker do the right thing by scolding Rama?

Answer: The ASHA worker should certainly not have scolded Rama for being sexually active without being married. Being sexually active at this age is natural. The decision about the same has to be made by the persons themselves, what is important is that the sexual relation are consensual and safe. The ASHA worker should not have let her own preconceived notions influence her providing the right information to Rama.

Question 3. What kind of support should the ASHA worker have provided to Rama?

Answer: The ASHA worker should have informed Rama about the implications of unprotected sex such as, sexually transmitted infections, pregnancy etc. The worker should have given full information about the symptoms of sexually transmitted infections and suggested that she get a medical examination done at a health centre.

The ASHA workers should also have given information about protected and safe sex and use of the condom, she could have also given her information about sexual hygiene. ASHA worker should have assured her about confidentiality in the matter.

What are Sexually Transmitted Infections? (STIs)

Sexually Transmitted Infections (STIs) are the infections transmitted from one person to another primarily by sexual contact. They can occur due to unprotected sexual activity with an infected partner or having unsafe sex with multiple sexual partners. Chlamydia, Gonorrhoea, Hepatitis B, Herpes Simplex, Syphilis, HIV (which develops into AIDS) are some common sexually transmitted infections.

Some of the common symptoms of STI include: Burning, itching, boils, pus, discharge, swelling, foul smell, pain during sexual intercourse, frequent urination, disruption of menstrual cycle etc

What are the ways of having safer sex?

- ✓ Use of condoms can prevent infections
- ✓ Never use two condoms at once

- ✓ Having a dialogue with your partner and taking consent before indulging in sex, discuss past partners and history of STIs and drug use with your partner
- ✓ Avoid (unprotected) sexual contact, if either of the partner has an STI
- ✓ Do not neglect any unusual discharge and seek help early
- ✓ Ensuring complete treatment of self and sexual partner (partner treatment)

Some myths and misconceptions related to this case study

Myth	Fact
Providing information on sexual health and contraception to adolescents and unmarried youth is not right. This leads to youth indulging in dangerous activities.	No! Providing information on sexual and reproductive health has nothing to do with youth indulging more in sexual activities. Neither does it lead to 'dangerous or risky behaviour'. As we are aware, children start experiencing changes in their bodies from the age of 10 years. Also, adolescence is a phase where getting attracted to others is common and so is curiosity about sexual activity. Providing full information about sexual health gives them an opportunity to understand their bodies, the various changes they are experiencing and protect themselves from unsafe sex and violation of their sexual and bodily space and rights. Having logical and factual information about sexual health also equips adolescents to take better decisions for a healthy, secure and content life.
Medical examination for STIs should be done only when the symptoms of the same appear	Some STIs like HIV and Chlamydia for instance do not show any symptoms initially. Thus, if any person has had unprotected sex with a new partner, it is better to get a regular medical examination for STI done two weeks after having unprotected sex.
Medication for STIs should be taken till symptoms disappear	No! Medications should be continued as per the advice of the medical practitioner. Sometimes the infection stays in the body even after the symptoms have disappeared. If identified in a timely manner, all STIs can be treated, however, if not treated completely then they can cause more serious health issues and complications.

To get more information about these Infections see Part B 'Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs)' here - [ASHA Module 7: Skills that save lives](#)

Case Study 4: Which contraceptive is right for me?

Preeti is a 23-year-old woman who is married and lives in the city with her husband and his family. She has a one-year-old daughter. Preeti does not want to have her next child for the next 5 years. She spoke about this to her husband and he is also in agreement for the same. She went to an ASHA worker to seek help and information about family planning methods.



The ASHA worker gave her information about Copper-T, an IUD, and called Preeti over to the Primary Health Centre to get the IUD insertion. Preeti was not keen to get the IUD inserted and asked instead for some contraceptive pills or injection that she could use.

The ASHA worker said that the IUD was the best option for Preeti and that she shouldn't give it so much thought.

Questions:

1. Do you think Preeti was given the right advice by the ASHA worker?
2. If someone comes to you seeking advice on contraceptive methods what should you do?

Points of Discussion:

Question 1. Do you think Preeti was given the right advice by the ASHA worker?

Answer: No! The ASHA worker should not have insisted that Preeti get the IUD inserted. Also, Preeti was vocal about not wanting the IUD, and the ASHA worker should have respected her decision.

Question 2. If someone comes to you seeking advice on contraceptive methods what should you do?

Answer:

- Give complete and accurate information about all available contraceptive methods.

- Clear out any misconceptions about existing contraceptive methods.
- Do not insist on the use of any one type of method.
- Inform about the centres where different contraceptive methods would be available to them. If a method of client's choice is not available at the public health facility, inform them about other facilities.
- All information should be provided irrespective of the marital status of the person.
- Provide information to young people about emergency contraception pills and provide them the emergency contraception pills if needed.

Some myths and misconceptions associated with contraceptive methods	
Myth	Fact
ASHA workers are responsible to provide contraception to only married women	ASHA Worker may provide condoms, emergency contraception and contraceptive pills like Mala-N to unmarried (single) young men and women.
If any young woman asks for a new pack of Mala-N contraceptive pills, the ASHA worker needs to take her to the doctor before providing the pills	For the first time users, dose it is critical that it is prescribed by the doctor/Staff nurse/ANM/SLHV after proper screening of the client. However, the same is not required from the second dose onwards. ¹ For second dose onwards, home delivery of Mala-N contraceptive pill can be done by ASHA.
Women require consent of their male partners before deciding to use contraception.	If a woman wants to use a contraceptive method, consent of her husband/male partner/family member is not needed. Some men do not prefer using condoms during sex as they believe it reduces the experience of pleasure. Getting consent from the male partner would mean that women's access to birth control measures may get restricted. Thus, it is important to let the women or the individual be primary decision makers in choice of contraception.

¹ https://nhm.gov.in/images/pdf/programmes/family-planing/guidelines/Reference_Manual_Oral_Pills.pdf

Myth	Fact
<p>The primary responsibility for the use of contraception lies on women.</p>	<p>Irrespective of the nature of the relationship, partners need to discuss openly about the use of contraception amongst themselves. Often, the burden of ensuring birth control falls on the women, simply because the women are affected to such a large extent by the birth of a child. Still, men have an important role and responsibility in birth control:</p> <ol style="list-style-type: none"> 1. Learn about the different birth control methods available by accompanying your partner to the health centre/clinic or procuring a contraceptive method from a pharmacy 2. Support the choice of contraceptive method that your partner is making 3. Ensuring the proper use of condoms during sex 4. Choosing to have a vasectomy, if a couple decides to have a permanent method

For more information on contraceptive methods see Part 'B', section on 'Family Planning' here - [ASHA Module 7: Skills that save lives](#)

Case Study 5: With whom should Vimla share her feelings?

Vimla is a 20-year-old woman who has been married for around 5 months and lives with her husband in the village. He works in a cloth factory. Vimla has been experiencing a yellow vaginal discharge for a few days. She also started experiencing some pain during sexual intercourse. When this started troubling her more, she decided to visit an ASHA worker. She was seeking information about the symptoms and also wanted ASHA to accompany her to the Primary Health Centre.

But when Vimla did visit the ASHA worker, she was unable to communicate about her problem openly. She told the ASHA worker that she was experiencing some pain in the abdomen. The ASHA worker was also unable to read Vimla's expressions. She assumed that Vimla was probably going through some menstrual period related pain, gave her advice to cope with the pain and sent her home. And so Vimla returned without having her problem addressed.

Questions:

1. What was the reason for Vimla's hesitation in talking about her health issue?
2. What should have been the response of the ASHA in this situation?

Points of Discussion:

Question 1. What was the reason for Vimla’s hesitation in talking about her health issue?

Answer: Vimla was unable to speak about her problem due to shame and fear. She was feeling conscious to discuss the issue because it was about her sexual and reproductive health. She was scared of being judged by the ASHA worker and perhaps anxious that someone may get to know of her problem and she would be shamed for it.

Question 2. What should have been the response of the ASHA in this situation?

Answer: The ASHA worker should have gauged Vimla’s expressions and inquired some more about her health conditions. She could’ve reassured her by using words like, “Don’t be afraid, what you tell me will be absolutely confidential. I’m here to help young women with their health-related problems”. She should’ve made Vimla comfortable and created an atmosphere of openness, so that Vimla would have trusted her. Then the ASHA worker could have spoken to her about the problems of unprotected sex and advised that she and her husband get a medical examination and treatment at the health centre.

What should be done when a young person approaches you with a sexual health related problem?

- The shame around sexual-reproductive organs prevents many people from talking about the problems related to these parts of the body openly and freely. It is important to create a safe space so that young people are able to trust the health workers and talk freely about their sexual and reproductive health related concerns.
- ASHA worker should understand that young people may not state their actual need right in the beginning and they might be hesitant and try to give them time to open up. It is important to be as sensitive as possible and to listen to what the person is trying to communicate to slowly build trust.
- Reassuring about protecting their privacy and maintaining confidentiality is essential.
- Give them the complete information about the various sexual health related issues and refer them to the right place for further examination and treatment.
- If required accompany the young person to the health centre.

Some myths and misconceptions related to this case study

Myth	Fact
If any person is suffering from a sexually transmitted infection, it is indicative that they have multiple sexual partners	STIs are spread predominantly by sexual contact, including vaginal, anal and oral sex. Some STIs can also be spread through non-sexual means such as via blood or blood products. Some STIs – like Syphilis, hepatitis B and HIV etc. can also be transmitted from mother to child during pregnancy and childbirth.

Myth	Fact
	So sexually transmitted infections are not just because of unprotected sex but could be due to several other factors as well. Thus, an STI is not necessarily indicative of the person having multiple sexual partners.
Vaginal wetness or any kind of vaginal discharge is a symptom of sexually transmitted disease	Vaginal wetness and some discharge from the vagina are common. In fact, these are natural self-cleansing mechanisms of the body to keep the vagina free of infections. The nature and amount of vaginal discharge varies depending on the menstrual and ovulation cycle. However, a marked change in the amount, colour and smell of discharge can be indicative of infection. This can be ascertained through a medical examination by a certified medical practitioner.

For more information about these Infections see Part B, section on 'Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs)' here - [ASHA Module 7: Skills that save lives](#)

Case Study 6: Thankyou, Sarita Didi!

Kamla is a 23-year-old who is pregnant. Her husband Raju does labour work for a living in a city 200 kms from the village. Recently, when Kamla was visiting Raju in the city, Kamla went for ante natal check-up to the clinic. The day she went to fetch her results the nurse told Kamla that she has tested positive for HIV. She also informed her that her foetus could also be HIV positive. The day Kamla collected the result, the doctor had not arrived so she was asked to come again the next day. However, since her mother-in-law in the village suddenly fell ill Kamla had to go back to the village. Raju told her that he would take her to the health centre in a few days when he would visit home.



Back in the village Kamla kept worrying about the child in her womb and whether it would also be infected with HIV. She was scared for the future. Kamla did not want to share about her being HIV positive with her family. After going through some days of anxiety she decided to meet the ASHA worker named Sarita, in her village.

Sarita had not dealt with such a case before. Though Sarita had known about HIV through training, she did not have practical knowledge and information on the subject. She told Kamla, "Don't worry. I'll try to find out more about this soon and let you know". The next day Sarita got the complete information from the doctor at the P.H.C and the doctor also told her that she could bring the HIV positive patient to the hospital anytime in the next few days. The next day Sarita took Kamla to the P.H.C. The doctor gave Kamla the full information and clarified her doubts. Additionally, the doctor advised Kamla on precautions to take and tests to be done and asked her to visit the PPTCT centre.

Sarita reassured Kamla that she would not tell anyone about her condition and Kamla was relaxed and went home at ease.

Questions:

1. According to you, why was Kamla hesitant about disclosing her HIV status to her family? Was she right in thinking this way?
2. What did you learn from Sarita's response in this case?

Points of Discussion:

Question 1. According to you, why was Kamla hesitant about disclosing her HIV status to her family? Was she right in thinking this way?

Answer: There are several myths around HIV prevailing in our society even today. Many still believe that an HIV infection can spread by touching a positive person or eating with them. There is social stigma around HIV infected persons and they have to face discrimination in their community. This could be the reason why Kamla was not comfortable about disclosing her condition to the family.

The decision to share about her condition only lies with Kamla and no other person has the right to disclose her status.

Question 2. What did you learn from Sarita's response in this case?

Answer: Sarita did not have full information about HIV and thus she chose not to counsel Kamla on it. She decided to first equip herself with the complete information. She made the effort to go to the PHC and reassured Kamla that she would maintain full confidentiality in the matter. Similarly, if you are approached by someone who has a condition about which you are not sure of, it is always advisable to visit a medical practitioner and not provide half-baked or misleading information. Also, confidentiality and privacy of the infected person is to be maintained.

Some myths and misconceptions about HIV

Myth	Fact
If someone is HIV positive, their life is destroyed as there is no treatment for HIV	While there is no complete treatment for HIV as yet, the anti-retroviral therapy is said to be effective in controlling and regulating the impact of the virus. The medication is available across the country at ART centres and it improves the quality of life and life expectancy of HIV infected persons.
If a person is HIV positive it is the duty of a health worker to inform other members of the community about it so that they are protected from the infection	It is important to remember that HIV does not spread through touch, sharing food, and mosquito bites etc. Due to these misconceptions, there is social stigma around HIV and AIDS and infected persons face exclusion and discrimination. In order to protect infected persons from discrimination, it is important to maintain privacy and confidentiality about their identity.

For more information about HIV, see Part B, section on ‘Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs)’ here - [ASHA Module 7: Skills that save lives](#)

Case Study 7: Chintu’s worries

Chintu is a 14-year-old boy living in Bhagalpur village. Since the last few days Chintu has been experiencing pressure around his penis and when he wakes up in the morning, he finds that his underwear is wet. This makes Chintu feel ASHA and he wants to talk about this with someone but not sure who. He is worried that he may be suffering from some illness. Listening to the conversations amongst his peers in school, he feels even more concerned about this.



He once heard the ASHA worker in his village discussing sexual health with some young girls. He is wondering if he should speak to her about his ‘condition’ but feels hesitant about this. There are many questions in his mind which also affect his confidence, for e.g., “What if ASHA didi thinks badly about me when I talk to her? What if she tells others about it? What would I tell her about this?”

Questions:

1. Do you think it is difficult for adolescent boys to obtain information about sexual and reproductive health? What could be the negative implications of this?
2. Do you think Chintu's hesitation is justified? What could be the reasons behind it?

Points of Discussion:

Question 1. Do you think it is difficult for adolescent boys to obtain information about sexual and reproductive health? What could be the negative implications of this?

Answer: It is natural for adolescents to be concerned about the bodily changes that they experience because there are few safe spaces for them to talk about these openly. The main source of information on sexual and reproductive health for boys are their peers or the internet. However, this information is half-baked and inaccurate and this makes it even more concerned. It could even impact their health and emotional state negatively.

Question 2. Do you think Chintu's hesitation is justified? What could be the reasons behind it?

Answer: Since most of the ASHA workers, ANMs and staff of the Primary Health Centre are also members of the community, it is natural for adolescent boys to feel anxious about approaching them. Also, sexual and reproductive health is a taboo topic in society and it is considered 'bad' or 'dirty' or 'unnecessary' for adolescent boys to talk about it. Since young people who try to access information about sexual-reproductive issues are often looked down upon they hesitate to talk to ASHA workers on the subject.

If any adolescent boy approaches you to seek information about their bodily changes or sexual and reproductive health, then the following need to be kept in mind:

- If you have some hesitation on the subject, it's best to deal with it first. It is your responsibility to equip yourself with accurate and full information on sexual and reproductive health issues. We must not let our own personal dilemmas interfere or influence our work.
- Reassure them about confidentiality and keep the discussion private.
- If the person approaching you is hesitant, inform them that having questions related to bodily changes is absolutely normal and this does not make them bad or dirty.

Common Myths and misconceptions amongst adolescent boys and young men	
Myth	Fact
Nightfall is a disease	Nightfall is not a disease. During adolescence and onset of puberty it is a common occurrence (mostly at night) when a person feels sexually excited and reaches ejaculation (expulsion of semen through the penis). This can happen even without any external stimulation or conscious sexual activity.
Masturbation causes impotency and blindness.	<p>No, masturbation does not lead to blindness or impotency. Neither does it lead to a loss of sperms because they are being regularly produced by the body.</p> <p>Masturbation is a natural and completely safe and secure method of obtaining sexual pleasure through stimulation of one's own sexual organs. It is nothing to be Ashamed about. All of us have sexual needs and this is a common way of fulfilling them. Only if it starts interfering with our day-to-day functioning in any way then a counsellor or medical practitioner may be referred to.</p>

Case Study 8: Mansi's question- My body, whose rights?

Mansi is a 21-year-old young woman who just got married to Naresh. About 2 months after marriage, Mansi missed her period by one week. After using the pregnancy test, she found out that she was pregnant. Mansi was not mentally prepared to have a child given her own young age and the fact that Naresh too was not ready for the responsibility. She didn't want to continue this pregnancy.

In this matter Mansi decided to approach Savitri, an ASHA worker in her village. She had decided to have an abortion and needed her support for the same. Savitiri was a little shocked to hear this. She asked Mansi whether her in-laws are aware about this decision. Mansi informed her that she had only spoken to Naresh about the pregnancy and both of them had decided to terminate it. She did not want to tell her in-laws, in case they would pressurise her to continue the pregnancy. Savitri said "Oh child! You are young and this is a good age to have children. If you have kids now, they will be healthy.

After terminating the pregnancy, you may face problems in future childbirth. It's a very dangerous process. And without the permission of your in-laws, I will not be able to help you. If they ask me, what will I tell them?"

Questions:

1. Why do you think Savitiri was against Mansi's decision to terminate the pregnancy?
2. If you were in place of Savitri would you have responded similarly? If not, then what would you say?

Points of discussion:

Question 1. Why do you think Savitiri was against Mansi's decision to terminate the pregnancy?

Answer: Our society believes that every woman should become a mother as early as possible after marriage. Due to this belief, women's own choice is often disregarded and their right to take decisions about their body is not respected. Further, it is also believed that pregnancies are more successful at a younger age and the health of the child is impacted in late pregnancies. Such misconceptions can occur because of lack of proper information about termination of pregnancy. It was due to these reasons that Savitri was not supportive of Mansi's decision.

Question 2. If you were in place of Savitri, would you have responded similarly? If not, then what would you say?

Answer: The decision to terminate a pregnancy lies with the woman, who has the full right to choose whether or not and when she wants to have a child. No consent of family members is required when an adult woman decides to terminate her pregnancy. Women may choose not to have children for various reasons – pursuing higher studies, or lack of emotional, mental, physical or financial readiness to have a child. So, if someone approaches you for information on termination of pregnancy it is important to provide the full and clear information and also help her in accessing services for the same.

Some myths and misconceptions about Abortion

Myth	Fact
Termination of pregnancy (abortion) will lead to problems to conceive in the future	<ol style="list-style-type: none"> 1. Termination of pregnancy if carried out by a registered and certified medical practitioner safely will not cause infertility. 2. Medical termination of pregnancy (using medical abortion) does not impact the ability to conceive in future. 3. If termination of pregnancy is done by unsafe methods or by untrained persons then it may lead to infections which may affect the fertility of the woman hence it is critical to provide the correct information about abortion to the concerned person

Myth	Fact
<p>Abortion is an immoral act.</p>	<p>Any woman in her reproductive age may face the need to have an abortion. It is due to their unique circumstances that most women decide to terminate their pregnancy. The following could be the reasons for unwanted pregnancy.</p> <ol style="list-style-type: none"> 1. Sexual assault or forceful sexual intercourse by the partner, 2. Failure of contraceptive method. 3. Change in life circumstances of the pregnant woman - separation or conflict with partner for instance 4. In some circumstances, women might be under pressure to engage in sexual intercourse 5. Women are unable to use contraception because they are unable to exercise control over their own bodies. <p>Under the Medical Termination of Pregnancy Act 1971 certified and trained medical practitioners are to provide full services related to medical termination of pregnancy, under certain conditions. These are:</p> <ul style="list-style-type: none"> • The pregnancy is life threatening for the woman or puts her in physical or mental stress • If the pregnancy is due to sexual assault or rape • If the pregnancy is due to failure of a contraceptive method <p>Beliefs like 'abortion is an act of murder' are a violation of a woman's reproductive rights and her freedom of choice/control over her own body. The health, choice and freedom of women should be given primacy.</p>

For further information on medical termination of pregnancy/ abortion see part B, section on 'Safe Abortion' here - [ASHA Module 7: Skills that save lives](#)

Case Study 9: Simran didi - ASHA worker and a friend too!

Shobha who is 16 years old has had a very irregular period for some time. Her abdominal cramps have also been more severe. She considered visiting the health centre, but was hesitant to go on her own.

She wanted to ask her mother to accompany her, but she would leave for the farm early in the morning and would return only late in the evening.

Shobha thought of speaking to Simran didi, who was an ASHA worker in the village and had once held a session with adolescent girls in the village on menstruation. "Yes, she will help me out", thought Simran to herself. Simran didi was popular in the village and usually friendly with people.

Shobha visited Simran didi and told her about her problem. "Didi please come with me, please!" she said.

Simran thought to herself "Oh, today is the last day of the month and I still have to complete my targets. How can I get out today and go with Shobha"? After Shobha's repeated insistence, Simran felt it was best to accompany her and hence went with her to the PHC.



Questions:

1. Have you ever faced such a dilemma as an ASHA worker? If yes, how did you respond?
2. What did you learn from this story about the role of an ASHA worker?

Points of Discussion:

Question 2. What did you learn from this story about the role of an ASHA worker?

Answer: Through this story we can learn that an ASHA worker can play a critical role in addressing issues faced by adolescents. This is because adolescents not only have information about sexual and reproductive health but also face societal restrictions and lack the confidence to seek service on their own. Hence It is critical that ASHA workers engage with adolescents on issues of bodily changes through regular sessions and dialogue and they should provide support in accessing the services.

What are the causes of irregular menstrual cycles?

The average duration of menstrual cycle is 28 days, however in some it may be of a duration of 21 days and in few it may last up to 35 days (counted from the 1st day of the menstruation). Under certain circumstances this can become irregular. One of the reasons for irregular periods are hormonal changes. When the two main hormones (Oestrogen and Progesterone) responsible for regulating the menstrual and ovulation cycle become imbalanced they impact the menstrual cycle. Such imbalances are common during adolescence.

Some myths and misconceptions about Irregular menstrual cycle

Myth	Fact
If any adolescent girl has irregular periods it is a sign of pregnancy	Irregular periods occur due to hormonal changes in the body. It cannot simply be assumed that a late or irregular period is due to pregnancy. Irregular periods are common during adolescence.
Is pain during menstruation seen in girls who are weak?	It is normal to have pain during menstrual bleeding. It is because the uterus squeezes to push out the lining. The squeezing can cause pain in the lower belly or lower back. The pain may begin before bleeding starts or just after it starts. Counsel her to relax and take it easy. If pain is unbearable refer to a doctor who may give some pain killer. Intake of these pain killers during first few days of menses does not mean that the girl is having a disease.

Case Study 10: Zubeida's Dilemma

Zubeida and Shahid (both 20 years old) were neighbours and knew each other for the last two years. They would often meet and go out. A few days ago, they decided to meet at Shahid's friend's room. This was the first time they were sharing a private space. That day they mutually agreed on having sex. That day Zubeida told Shahid to use a condom, but Shahid responded saying that since she was having sex for the first time and it's not possible to get pregnant the first time. Moreover he didn't know where to buy condoms from.



The next day Zubeida was anxious about getting pregnant. She had heard about the emergency contraception pill but did not know where or how she could access it. Zubeida did not want to share about her sexual relationship with anyone else but was very concerned. So she decided to approach Kalyani, the ASHA worker in her area. Kalyani said to Zubeida, “You should be Ashamed of yourself for indulging in these acts before marriage.

I'm warning you if you come again, I will tell your parents about this”. Zubeida went back to Shahid and the next day Shahid finally got her emergency pills from a chemist shop. After taking the pills, Zubeida was relieved.

Questions:

1. Shahid said that it is not possible to get pregnant during the first sexual intercourse. Do you think that is correct?
2. Do you think Kalyani’s response to Zubeida was right?
3. Now that Zubeida has taken the emergency pill she need not worry. Is that true or false?

Points of Discussion:

Question 1. Shahid said that it is not possible to get pregnant during the first sexual intercourse. Do you think that is correct?

Answer: No! After the commencement of menstrual periods a girl can get pregnant even during the first sexual encounter if it is unprotected sex because the ovulatory cycle has begun and the ovaries are mature enough.

Question 2. Do you think Kalyani’s response to Zubeida was right?

Answer: Kalyani’s behaviour towards Zubeida was not right. She should not be non-judgemental interacting with her. She should have given her informed het on safe sex and given her solution to her current problem and helped her prevent unintended. At the same time she should have discussed with her safe sex behaviours and given information and counselling on contraceptive methods and choices available.

Question 3. Now that Zubeida has taken the emergency pill she need not worry. Is that true or false?

Answer: The emergency pill is effective if taken within 72 hours of having unprotected sex. Since Zubeida took the pill 2 days after having unprotected sex the risk of pregnancy is reduced. While providing information about the emergency pill, it is important to tell the person that the medication is most effective when taken soon after unprotected sex. It is critical to provide information about various other contraceptive methods for regular use.

Some myths and misconceptions associated with emergency contraceptive pills	
Myth	Fact
Emergency contraceptive pills are harmful if taken regularly.	<p>Emergency contraceptive pills are not dangerous to a woman's health and have no known serious medical complications. There is no evidence that if a woman uses ECPs multiple times, it causes any health risks. They can cause minor side effects, such as menstrual irregularities and nausea, which typically last only a short time. This is because the dose of hormone is very small, and there is only one dose involved. These effects are not medically harmful.</p> <p>Women should feel free to use the emergency contraceptive pill whenever they think it's necessary. Each woman should decide for herself whether they are acceptable for her.</p>
If the ASHA worker provides the emergency contraceptive to a woman who asks for it and then the woman conceives, it is the responsibility of the ASHA worker.	<p>The emergency contraception pill is available over the counter at medical stores and can be purchased by anyone. It does not require a special prescription and the medication comes with instructions. If a person conceives despite having taken the emergency pill, then the ASHA worker cannot be held responsible. The person needs to be told that the emergency pills reduce the chance of conception by 59 to 95% and that they can fail in some cases.</p>
Emergency contraceptive pills are not safe for adolescent girls.	<p>Emergency contraceptive tablets are safe for adolescent girls. In a study carried out for the age group 13-16 years it was found that ECPs were safe and this age group was also able to use this pill with ease. Also, access to ECPs does not influence sexual behaviour.^{2,3} Infact young women may need to use these pills due to several reasons – like failure to use contraception properly, lack of agency to plan sexual intercourse, intercourse under pressure/force, taboos around young women and contraception.</p>

² Gold MA. Emergency contraception. a second chance at preventing adolescent unintended pregnancy. *Curr. Opin. Pediatr.* 1997 Aug;9(4):300-309.

³ Gupta V and Goldman Ran D. emergency contraceptive. option. available. for. adolescents. *Can. Fam. Physician.* 2006 Oct 10; 52(10): 1219-1220.

Case Study 11: Kamlesh: Addressing issues of Violence

Kamlesh is an ASHA worker in a village. While going home today she saw a group of girls. The girls were serious and a bit worried and were standing around Parwana who was crying. Kamlesh was known well to the girls and had sessions with them regarding several health issues. The girls liked Kamlesh as well.

Kamlesh approached the girls to find out what was going on but all the girls became quiet as she came. Even Parwana became a bit conscious. When Kamlesh asked again she replied, "My life is destroyed didi, I just don't know what to do?!" Kamlesh consoled her that perhaps she may be able to help her. As she calmed down, Parwana told Kamlesh that she had been in a relationship with a boy from her college. She said that during this time she had also had a sexual relationship with him. Her boyfriend had quietly taken some pictures of them getting intimate. A while ago when Parwana tried to tell him that she was not interested in continuing the relationship with her anymore, he blackmailed her saying that he would make their pictures public.

Kamlesh told Parwana, "I am here with you. You have not done anything wrong by being in a relationship with someone. Infact it is the boy who has done wrong by taking your pictures without your consent and is now using them to blackmail you. Don't worry. Let me think what we could do in this situation. Until then, please feel free to come to me when you need to talk."

Kamlesh understood that this was a sensitive issue and that it was important to get more support to deal with it. Taking care of Parwana's privacy, she inquired about organisations who work on these issues in their district and suggested to Parwana that she seek their help. Parwana got support from the concerned social organisation, while Kamlesh tracked the case closely.

Questions:

1. What do you think about Parwana's situation?
2. If you were in Kamlesh's place, how would you help/support Parwana?

Points of discussion:

Question 1. What do you think about Parwana's situation?

Answer: Parwana was a victim of violence. Her boyfriend took her pictures without her consent and then used them to blackmail her. Any such verbal or non-verbal behaviour that violates the right of the other person is considered a form of violence, it could be verbal, mental or emotional.

Adolescents and young people have to face many such instances of violence in their life though it's not always a physical form of violence. Also due to societal attitudes many adolescents are unable to talk about their problems openly and in a safe space. Many times,

in such situations, young women and girls are blamed for being careless and reckless and held responsible for inviting the violence. This has a deep impact on their health and future life.

Question 2. If you were in Kamlesh’s place, how would you help/support Parwana?

Answer: The response to situations of violence will vary from case to case. In this particular situation we learnt the following:

1. Because of the regular contact and a friendly relationship that Kamlesh had with the girls Parwana was able to share openly with her about her personal crisis.
2. After listening to Parwana’s issue Kamlesh was sensitive enough to tell her that she was abused (victim of violence) in this situation and it was not at all her fault, so she should not blame herself for it. Further, she reassured Parwana that she was not alone and that they would find some or the other support for her to get out of this situation.
3. Further, Kamlesh’s reassurance that she would ensure that the matter remains confidential is a sign of right attitude by an ASHA worker.
4. Because Kamlesh herself was not really familiar with this issue, she identified the correct organisation and was able to help Parwana access support from those who were well versed with such matters. Had she herself jumped into it without adequate knowledge, called the police hurriedly or delayed her response then the situation could have got more complicated or worsened for Parwana. Crisis involving violence can be very daunting and complicated and require proper strategizing. There are several organisations in India that work on issues of violence against women and below is a list of some of them.

Women Police	1090/ 1091/ 1291	Cyber Crime Helpline	155260
Women’s Helpline (WCD)	181	Jagori Helpline	011-26692700 +91 8800996640
National Helpline on Domestic Violence	181	Nazariya Organisation helpline (for LGBTQIA + persons)	+91 9818151707
Police	100	Samarthyam India (for persons with disabilities)	+91 9711190806 +91 9810558321 011-41019389

Emergency Response Helpline	112	Saheli Helpline (Legal Aid helpline)	011-24616485
National Commission for Women	011-26944880 011-26944515 011-26944890 +91 7217735372 (WhatsApp)	iCall (Mental Health Helpline run by TISS)	+91 9372048501 +91 9920241248 +91 8369799513

Role of ASHA workers in cases of violence -

In order to address the issue of violence against women in your community or to support survivors of violence/abuse the following points may be helpful:

1. What could you do to support someone who is a survivor of violence/abuse?

- a. If someone in your community is facing violence, then it is important to reassure them that what is happening with them is wrong, and not their fault. Extending emotional support and asking the person how they would like to handle the situation.
- b. Give options to the survivor. For instance, counselling of the abuser or family members. Inform her of her rights as per the Domestic Violence Act, 2005 and also give the option of registering a formal complaint.
- c. Sometimes the situation takes a lot of time to turn around and for the violence to stop. In such a situation you could also contact any organisation working on violence against women and other vulnerable communities or help the survivor to approach such organisations to address the crisis. You could provide contacts from the list above or tell them about One Stop Crime Centre or District protection Officer etc.
- d. If the survivor needs medical attention, you could accompany them to the health centre.

2. For prevention of violence -

- a. Organise a trauma or violence response committee in your community including members or representatives of the Village Health, Cleanliness and Nutrition Committee, Gram Panchayat, Mahila Mandal etc.
- b. Build your own knowledge and awareness about the provisions of Domestic Violence Act, 2005, Criminal Law Amendment Act, 2013, Protection of Children from Sexual Offences Act, 2012.

- c. Have regular meetings with adolescents in the community to raise awareness about forms of violence and breaking the silence around them. Ensure that you are not just highlighting physical forms of violence but mental, emotional, psychological and other forms too.
- d. Keeping a track of emerging issues of violence in the community and keeping in touch with members of vulnerable groups like Muslims and Dalits.
- e. Spread awareness that violence is not a personal or familial issue and that there are laws to prevent violence and it is the role of an ASHA worker also to respond to the issue.

Some myths and misconceptions about Gender based violence

Myth	Fact
If women don't go out in public spaces then gender-based violence will reduce in the community	Restricting the mobility of young women and stopping them from getting out of the house is a form of gender-based violence. By placing restrictions on their mobility, we are not going to address violence against them but instead stop them from participating in play, work and studies. It is important to acknowledge that abusers are not just strangers but also persons known to the survivor. Thus, restricting mobility is not a solution for gender-based violence.
If a young woman wears revealing clothes or is friendly with boys, she is inviting abuse/violence against herself	Several studies have shown that women who wear conservative clothing like salwar-kameez or sarees also experience violence. Clothes are not the reason for sexual violence. It is the patriarchal society and thinking that gives some men the thought that they have the license to abuse women. Therefore, this idea that women invite violence through their clothes needs to be challenged. It is important to stress the need for consent in any sexual relationship rather than blame women.
Domestic Violence is a personal matter in which outsiders should not interfere/intervene	No, domestic violence is not a personal matter. The government has made laws on this and providing support to a victim or survivor of abuse is her legal right.

Myth	Fact
Gender based violence is only physical or necessarily involves beating up someone	Violence is not just physical. It's also emotional , for instance pressurising someone to have sex with you, verbal abuse , for instance, showing someone down by repeated bullying and nagging, economic violence , for instance, when a husband does not provide wife financial support for household work, Sexual violence , for instance touching, feeling someone without consent, staring, masturbating in front of someone, sex without consent etc are all forms of gender-based violence. It is important to acknowledge these various forms of violence and also know that you can seek support if faced with such violence.

To understand your role in situations of violence against women, see this booklet - [Mobilising for Action on Violence Against Women: A Handbook for ASHA](#)

Part-3: Role of ASHA workers in ensuring participation of adolescent boys and young men

Why is it important to dialogue with adolescent boys and young men on sexual and reproductive health? How can ASHA workers help adolescent boys and young men access information on this?

There may be many people in the community who believe that an ASHA worker is only supposed to speak to adolescent girls and young women. However, this is not true and it is important to also engage with young men in the community because of the following reasons:



- To raise awareness about women's sexual and reproductive health issues and rights amongst men especially concerning consensual sex, unwanted pregnancy, and the impacts of these on the mental and physical health and well-being of women
- To encourage safer sexual behaviour and practices
- To improve communication and respect in relationships between couples (married or unmarried)
- To ensure the participation of men in family planning, contraception and health of women during pregnancy and childbirth and child rearing
- Providing men solutions to reproductive and sexual health problems
- To transform the societal attitudes towards gender norms and work towards gender balance

Having regular monthly meetings with groups of adolescent boys to build a rapport with them. The following issues may be discussed in these meetings and individual counselling sessions:

- Providing information to adolescent boys about their sexual and reproductive health issues through individual counselling sessions to remove societal myths and misconceptions. For instance, the myths around masturbation and its impacts on male potency etc.

- Engaging with young men who are abusive towards their partners through individual and couple counselling sessions depending on the situation. Counselling sessions should also address issues like consensual sex and issues around sexual pleasure. Talk about the existence of laws that are meant to prevent domestic violence and the importance of mutual respect in couple relationships.
- Talk openly about family planning and contraception in individual and group counselling sessions with young men and adolescents. Make them conscious about decisions around having children and that parents and elders in the family cannot be the decision makers for these. This decision lies with the partner and it is the duty of the male partners to provide support to the partner and ensure she can exercise her choice.
- Provide condoms or emergency contraceptive pills during one-on-one as well as group meetings and counselling sessions as per the need and talk about how these are used. Try and convince them that sexual pleasure is not reduced by using condoms and in fact this method ensures protected and safe sex.
- Encourage young men to visit health centres when their partners need to go for a medical exam etc. If you are accompanying a young mother-to-be to a health centre for pre-natal check-ups encourage the partner to also join as well as continue accompanying her for future visits.
- Respond to curiosity and questions about sex during counselling sessions. Remember that not having access to proper information about sex leads them to obtaining this from unreliable sources.
- Talk about encouraging them to support in household chores, taking care of children and health of their partners and supporting their life choices and the opportunities they get to move towards changing established gender roles and norms.
- To provide advice on issues such as attitudes on gender norms, GBV.
- ASHA can engage with men for the following purposes:
 - a. To encourage couple communication
 - b. To encourage men to accompany women to facilities and child care
 - c. To encourage men to procure SRH products (condom, oral pills, pregnancy test kits etc.)
 - d. To facilitate services for men needs like STI/HIV, contraceptives
 - e. To provide counselling for sexual dysfunction, masturbation etc.



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