



Fact sheets on sexual and reproductive health and rights

Key topics for civil society organisations working with and for young people



Fact sheets on sexual and reproductive health and rights

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* International Sexuality and HIV Curriculum Working Group. 'It's all one curriculum: guidelines and activities for a unified approach to sexuality, gender, HIV and human rights education'. The Population Council, Inc. 2009. www.popcouncil.org



1. Human rights

What are human rights?

- Some ethical principles about how people should treat each other are widely viewed as universal. These principles are called human rights.
- Everyone has basic human rights and every single human being is entitled to basic rights and protections.
- Human rights are universal. This means they apply to all of us. They are not conditional and cannot be taken away from us, no matter whether we are boys or girls, rich or poor, married or unmarried, whatever our religion, colour, nationality, sexual orientation, disability or health status, for example, being HIV-positive.
- Human rights give us protections and mean that we are entitled to the things that help us live in dignity. These things include access to basic human needs like clean drinking water, food, education and health facilities to make our lives healthier and happier.
- Universal human rights are rights that countries have approved and are committed to uphold.
- Although all of us should be able to enjoy our human rights, we cannot always do so.

What are fundamental rights?

Human rights have been agreed on by all countries and are written down in formal agreements. Every independent country also prepares a constitution of its own. The constitution is a legal written document according to which the government of a country functions.

The constitution should take into consideration international ideas about human rights, which are ethical principles about how we should treat each other. This means that each person is entitled to the same protections, no matter who they are.

The responsibility for protecting, respecting and fulfilling human rights rests on governments. In reality, however, countries vary in the degree to which they fulfil this responsibility. In some cases, constitutions and laws of a country do not take all human rights fully into account.

Right to health

We all have a right to health as a basic human right. Without our health it is difficult to successfully exercise our other rights to improve quality of life. The right to health means not only that we should have access to health care and related institutions, but also that we should feel comfortable and equal seeking and receiving care. Our right to health allows us to enjoy sexual and reproductive health, and gives us choices and agency in how to live our lives.



Some fundamental rights

The Universal Declaration of Human Rights says that we are all guaranteed human rights. No citizen can be discriminated against on any basis, including religion, HIV status, caste, occupation, sexual orientation, age, place of birth, etc. All humans are equally entitled to basic rights. These include:

- **Right to life.** Everyone has the right to live, grow up and have a healthy life.
- **Right to health.** Everyone has the right to be as healthy as possible and to be able to access the best possible health care services.
- **Right to equality.** We are all equal, according to the law, so laws are the same for everyone. All citizens are guaranteed the rights to equality. No citizen can be discriminated against on the basis of religion, caste, sex or place of birth.
- **Right to freedom.** We can express ourselves without fear as long as we do not hurt anyone. This includes the right to have gatherings in public places, to express our views, to form groups and organisations, and to move and reside and settle in any region.
- **Right to freedom from exploitation and abuse.** No one, including people who care for children, should physically, sexually or mentally hurt someone else. The government should make sure that everyone is protected from abuse and must also take action to help those who have experienced abuse and exploitation.
- **Right to practise our religion and culture.** Everyone has the right to choose and practise their religion and culture, and not to be discriminated on these grounds.
- **Right to constitutional remedies.** If any fundamental rights are violated, everyone can approach the court to fight for the protection of his or her rights.
- **Right to vote and participate.** Everybody, including children and young people, has the right to freely think and believe what they like as long as it does not harm anyone else. Every child and young person has the right to express his or her views. Everyone has the right to meet friends and form groups to express ideas, so long as it does not break the law. We have the right to publicly demand what we are legally entitled to.

Our right to health is not restricted to medical treatment. The government should support people to make healthy choices that respect everyone's rights and should help to create the right environment to help people to be healthy. This includes providing information about our health, specifically sexual and reproductive health, no matter who we are, and setting up policies that respect sexual and reproductive choices. Governments also have to ensure that we live in a clean environment and have access to safe basic living conditions, such as clean water and air, food, sanitation and housing.

We should be able to take advantage of health services with necessary drugs and equipment. The facilities should be physically and financially accessible to all, and everyone should be treated equally by the health care providers. They should offer high-quality services and be medically and scientifically appropriate. The facilities should be culturally appropriate and sensitive to gender and appropriate for the needs of people of different ages. They must be designed to respect confidentiality of those who seek their services.

Do all people enjoy their human rights equally?

In reality, some people in our society are not enjoying their human rights. Some countries have passed laws that restrict the rights of certain people. There are also many different reasons that can limit someone's ability to enjoy their rights. People's social and economic status may also limit their ability to enjoy their rights.

Often, when growing up, we learn to hold negative attitudes toward certain groups of people and we may treat them unfairly and deny them their rights. Some people may be subject to severe social disapproval because of their personal characteristics. This disapproval is called **stigma**. For example, in some places people may be subject to stigma because of their weight, their profession, their sexual behaviour, their religion or their health status.

When people are treated unfairly because of their presumed (or known) identity, such treatment is called **discrimination**. People have a right to live free of discrimination. Discrimination occurs in families, at school, at work, in the community and in society at large. When people experience discrimination, they are not fully enjoying their human rights and it influences their opportunity to receive equal treatment and to feel respected and be treated with dignity.

Members of society who are often subjects of discrimination and marginalization are especially vulnerable to having their rights violated. These include a wide range of groups, who are often minorities in our society. This vulnerability means we all must make a particular effort to ensure that the rights of all people are respected. For example, nationality, sex, race, religion, political views, sexual identity, HIV status, drug use are sometimes used as a reason to treat some people differently and to discriminate against them. This is a violation of human rights.

How can we help to realise everyone's human rights?

Every single person has a responsibility to respect the rights of every other person. Exercising our rights responsibly means

that we must understand that other people have rights too and we have to respect them. When we grow up learning to respect every human being equally, we come to respect human rights. Regardless of our personal attitudes, we all have a responsibility to respect people's human rights.



Ideas to help people realise their human rights

We can promote fairness and human rights in everyday life and in our communities. Sometimes we can do this on our own; other times we can do this within an organization. For example we can:

- ✓ stand up for a friend or classmate who is being treated unfairly. We can defend a classmate who is ridiculed because he is perceived to be homosexual, or a girl expelled from school because she is pregnant
- ✓ help others realize that they have opportunities or choices in life other than the ones being presented to them
- ✓ identify trusted individuals (or organizations) who can help respond to incidents of discrimination
- ✓ accompany a friend on a visit to a school official, the police, a health clinic, or another service
- ✓ talk to people we know in the community about human rights and about the issues we care about
- ✓ ask a local leader to speak out on an issue such as violence
- ✓ inform a local leader when human rights are being violated in the community and help them come up with solutions
- ✓ make sure that everyone in the community (including ourselves) knows about human rights and understands that everyone in the community matters.

Resources



Gordon, Gill. *Choices: a guide for young people*. MacMcmillan: London, UK. 1999.

International Sexuality and HIV Curriculum Working Group. *It's all one curriculum: guidelines and activities for a unified approach to sexuality, gender, HIV, and humanrights education*. The Population Council, Inc. 2009. www.popcouncil.org

International HIV/AIDS Alliance. *Good practice guide: greater involvement of people living with HIV*. 2010. www.aidsalliance.org

UNESCO. *We are all in the same boat. Using art and creative approaches with young people to tackle HIV-related stigma*. 2010. www.aidsalliance.org

International Planned Parenthood Federation et al. *A young person's guide – The UN Convention on the Rights of the Child and SRHR*. www.ippf.org

CHETNA. *Reflections: a workbook for young people*. Ahmedabad. 2005.

2. Sexual and reproductive rights

Only when our basic rights are honoured can we make meaningful choices about intimate relationships, sex and childbearing. When human rights relate to people's sexuality and reproduction we call them 'sexual rights' or 'reproductive rights'. Sexual and reproductive rights sometimes overlap, and many of these rights are acknowledged in international agreements.

What are reproductive rights?

Reproductive rights are for all of us. They are the rights of people to decide whether to give birth to a child or not, without discrimination, coercion or violence. They allow us to control our own reproduction. Everyone should have:

- the choice to have children and freedom to decide if, when, and how many
- information, choices and services related to reproductive health and choices, including family planning
- health care services for pregnancy and reproduction
- the right to make decisions without harassment, discrimination, coercion or violence.

What are sexual rights?

Like reproductive rights, sexual rights are human rights – we all have sexual rights. They let us decide about our sexuality freely and responsibly. We should be able to have pleasure and life-enriching experiences, not only for the purpose of having children. Everyone should have:

- sexual health and access to sexual and reproductive health services
- the ability to seek, receive and give information about sexuality
- respect for bodily integrity – the right to be free from violence, pressure or coercion from a partner, and to practise safer sex
- consensual marriage (above the legal age) and/or partnership – the right to say “no”
- the choice of sexual partner(s)
- the right to decide to be sexually active or not
- the right to pursue a satisfying, safe and pleasurable sex life
- the freedom to discover and develop our sexuality
- freedom from harmful practices like genital mutilation, bride price, and gender role stereotypes.



The right to access to information and services

Access to information and services related to sexual and reproductive health is considered a human right and include:

- Sexual and reproductive health information, education and counselling
- Contraceptive choices and access to contraceptive supplies, including condoms
- Maternal health services – prenatal, natal and postpartum care
- Safe abortion services
- Sexually transmitted infection (STI) screening, counselling and treatment
- HIV prevention, treatment, care and support
- Gender-based violence prevention and response
- Information and support related to the development of sexuality, and sexual and gender identities.

These services need to be provided in a comprehensive manner, and to all people. For young people this means making services and information youth-friendly to meet their specific needs. Young people are not a homogenous group and the needs of all subgroups must be specifically addressed.

Do young people have sexual and reproductive rights?

Sexual and reproductive rights apply to everyone – including young people. Learning about our rights and being able to exercise them can have a profound effect on sexual and reproductive health.

It is sometimes especially difficult for young people to exercise their sexual and reproductive rights. There are many reasons for this. Some people think that young people should not be sexually active. Sometimes young people are not able to access services because the doctor asks for their parents to be present. Information on sex and sexuality for young people is sometimes considered 'immoral' and young people are prevented from having access to information that supports them to be safe. Because of differences in power and control, young people are sometimes not able to voice their opinions and to make own decisions related to their own sexuality and sexual and reproductive health.

However, evidence has shown that providing information and services to young people supports them to make informed decisions related to their sexuality and keeps them safe from violence, unwanted pregnancy and infections.

How are reproductive and sexual rights violated?

In reality, people face many barriers to exercising their sexual and reproductive rights. Unfortunately, some of these barriers and violations are so common they are typically overlooked, excused or seen as culturally 'normal'.

Part of the responsibility for protecting, respecting and fulfilling human rights rests on governments. However, countries vary in the degree to which they fulfil this responsibility. Every single person has a responsibility to respect the rights of every other person. Exercising our rights responsibly means that we must understand that other people have rights too, and we have to respect them. When we grow up learning to respect every human being equally, we come to respect human rights. Regardless of our personal attitudes, we all have a responsibility to respect people's human rights.

Violations of sexual and reproductive rights can take many different forms. These violations may be different everywhere.

Examples of violations of sexual and reproductive rights include:

- A woman is forced to have sex against her will.
- A man faces discrimination and abuse because he has sex with other men.
- A doctor turns a young woman away from the clinic because she has asked about contraception.
- A local NGO is shut down because they were providing information about safer sex to young people in the community.
- A young woman is sterilized without her consent.
- A man living with HIV is denied information about safe ways to have a baby with his wife because the doctor thinks that people living with HIV should not have children.
- Young people in school are not provided with sexuality education because it is banned.



Resources

Gordon, Gill. *Choices: a guide for young people*. MacMillan, London, UK. 1999.

International Sexuality and HIV Curriculum Working Group. *It's all one curriculum: guidelines and activities for a unified approach to sexuality, gender, HIV, and humanrights education*. The Population Council, Inc. 2009. www.popcouncil.org

International Planned Parenthood Federation et al. *A young person's guide – The UN Convention on the Rights of the Child and SRHR*. www.ippf.org

International Planned Parenthood Federation. *Healthy, happy and hot. A young person's guide to rights, sexuality and living with HIV*. 2010. www.ippf.org

TARSHI. *The blue book: what you want to know about yourself, 15+ years*. TARSHI: New Delhi. 2008.

3. Sex and sexuality

What is 'sex'?

'Sex' is the biological identity of a person. Our genitals determine our sex.

From birth to death we are sexual persons, whether or not we are engaged in a sexual relationship. Our deepest feelings for other people, our fantasies, our feelings about our bodies and our sensual pleasures are all part of our personalities and of our sexualities.

We are all sexual; young or old, married or single, heterosexual, homosexual or bisexual, sexually active or not, physically challenged or not. Learning about sex and our sexual selves is a lifelong process.

A person's ability to develop a safe and satisfying sex life depends on the family, community and society in which he or she grows up. Social norms and even laws related to sexuality can promote – or undermine – everyone's feelings of self-worth, dignity, health and sense of belonging and well-being.

What is sexuality?

- Sexuality is a dimension of life. Sexuality is expressed in thoughts, feelings and practices and can be a source of pleasure and meaning in life. It can enhance happiness, well-being, health and quality of life. It can also foster intimacy and trust between partners.
- Developing comfort and confidence about sexuality is part of growing up.
- Our sexuality belongs to us. We decide how to use and express it. No one can take it from us.
- **All** people have the right to enjoy their sexuality irrespective of origin, sexual orientation, HIV status, sex, gender, religion, or any other status.
- A critical aspect of sexual experience is that it be voluntary and wanted by both partners. Sex is pleasurable and positive only when it is a conscious, informed choice with mutual consent. Forced sex is never okay or safe.
- There are many confusing things about sexuality, because many people consider it 'private' and do not like to talk about it. This means it is misunderstood, mystified and distorted for many people.



Key definitions

Body image The picture a person has of his or her body. It includes how our body looks to us, how we think it looks to others, and how others see us. It also determines whether we feel attractive and proud of our own bodies. The process of building of body image begins in early childhood and continues through adolescence.

Gender role How males and females are expected to express themselves in their societies. Gender roles are learned and are not innate or 'natural'.

Social role How we contribute to our society. What we believe in and what we want to become.

Gender identity How we feel about ourselves as male and females inwardly. If we feel feminine, we have a feminine gender identity. If we feel masculine, we have a masculine gender identity. If we feel neither, both or somewhere in between, we may consider ourselves transgender, or have not yet developed clarity on our identity.

Relationships How we relate with other people and express our care for them (family, friends, lovers, etc.).

Eroticism What turns us on physically. What gives us excitement or pleasure.

Sexual diversity Variation in people's sexual desires, behaviours and identities.

Sexual orientation Who we are sexually and emotionally attracted to; same sex, opposite sex or both sexes.

Sexual health Complete well-being in relation to sexuality. This does not just mean the absence of disease, but emotional, social and mental well-being and the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.



Remember!

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences.

What is sexual diversity?

- Variation in people's sexual desires, behaviours and identities.
- People may experience feelings of love, attraction and sexual desire for the other sex, the same sex or both. This variation exists in all societies.
- The term heterosexual is used to describe people who desire people of the other sex. The term homosexual is used to describe people who desire people of the same sex.
- Like everyone else, transgender people (people whose gender identity differs from the sex they were assigned at birth) may be attracted to people of the same sex, the other sex or both.
- People may or may not identify as heterosexual, homosexual (gay or lesbian) or bisexual (attracted to people of both the same and the other sex).
- A person's desires, behaviour or identity may shift over time and from situation to situation.
- Unfortunately rejection, stigma and discrimination toward people who desire or engage in same-sex experiences or relationships is widespread. Such stigma and discrimination harm people and violate their human rights.

What is sexual pleasure?

The brain is an important part of pleasure – something we feel due to a combination of the emotional and physical processes of our body. We can feel sexual pleasure on any part of the body, and each person has different responses to sexual stimuli. **Everyone** has the right to enjoy emotional and physical pleasure.

Sometimes, sexual arousal can reach a peak or climax, called **orgasm**. Orgasm involves involuntary contraction and release of muscles and secretion of fluid (ejaculate, with semen, in males; genital lubrication in females.) Ideally, both partners in a sexual relationship are concerned about ensuring pleasure for their partner as well as for themselves. However, both men and women may have been taught that men (particularly heterosexual men) have a greater right than women to seek sexual pleasure.

As long as sexual activity is undertaken with mutual and meaningful consent and is not harmful, there is no one true or better way to enjoy it.

Masturbation is when we touch ourselves for sexual pleasure, sometimes resulting in orgasm. Most young boys and girls masturbate during adolescence by stroking or rubbing their penis/clitoris.

- Masturbation is a normal activity for both girls and boys.
- It is safe, natural and can even be healthy.
- There are a lot of myths related to masturbation. It does

not, cause acne, insanity, impotence, homosexuality, hairy hands, hair loss, mental retardation, small penis size, or an inability to have erection. It is not harmful to masturbate frequently.

During intercourse, in which the penis enters a vagina or anus, both partners should enjoy each other and discuss what they are comfortable with.

- If a woman does not feel pleasure with sex, there may be different reasons. Her partner may not know what she enjoys, or she could have been taught that women should enjoy sex less than men, or that they should not tell their partners what they like.
- A woman needs to desire sex in her mind before her body is ready for it. If her mind desires sex, it will tell her body to begin lubricating the genital area, which will make sex more pleasurable. She needs time to get excited before intercourse begins.
- When a woman responds to sexual pleasure, the clitoris gets hard and may swell. The lips and walls of the vagina become wet and sensitive to touch. Sexual tension can build up until she reaches a peak of pleasure and has an orgasm (comes).
- When a man responds to sexual pleasure, the penis becomes erect and sexual tensions can build up until he ejaculates (comes).



Resources

International Sexuality and HIV Curriculum Working Group. *It's all one curriculum: guidelines and activities for a unified approach to sexuality, gender, HIV, and humanrights education*. The Population Council, Inc. 2009. www.popcouncil.org

International HIV/AIDS Alliance. *Feel! Think! Act! A guide to interactive drama for sexual and reproductive health with young people*. 2008. www.aidsalliance.org

International HIV/AIDS Alliance. *Keep the best, change the rest. Participatory tools for working with communities on gender and sexuality*. 2007. www.aidsalliance.org

International Planned Parenthood Federation. *Healthy, happy and hot. A young person's guide to rights, sexuality and living with HIV*. 2010. www.ippf.org

Reflections: a workbook for young people. CHETNA: Ahmedabad. 2005.

TARSHI. *The blue book: what you want to know about yourself, 15+ years*. TARSHI: New Delhi. 2008.

TARSHI. *The red book: what you want to know about yourself, 10-14 years*. TARSHI: New Delhi. 2007.



4. The connection between gender inequality and sexual and reproductive health and rights

What is gender?

In every society, gender norms and gender roles influence people's lives, including their sexual lives.

Unlike someone's sex, which is reflected in their biological characteristics and determined by their genes, gender roles are learned and not 'natural'. They are the social roles assigned to males and females by the society or family in which they live. Such roles include, for instance, how they should behave or what jobs they should have.

Almost everything that males can do, females can do too. And almost everything that females can do, males can do too. Beliefs and roles about gender vary from one society to another, and they also change over time.

What is gender identity?

When babies are born, they are identified as being either male or female based on their sex organs.

Some babies whose sex organs are not clearly male or female are called intersex.

Our gender identity reflects how we feel about ourselves as male and females inwardly. If we feel feminine, we have a feminine gender identity. If we feel masculine, we have a masculine gender identity. Some people, no matter how their sex organs appear, do not clearly identify with the gender that was assigned to them, or do not clearly identify with either gender. If we feel neither, both, or somewhere in between, we may consider ourselves transgender, or not yet developed clarity on our identity.

Almost everyone behaves in ways that do not perfectly match the stereotypes associated with their gender.

What is gender equality?

Gender equality occurs when there are equal opportunities, burdens, and social and political and economic power of females and males.

Greater equality and more flexible gender roles give everyone more opportunities to develop to his or her full capacity as a human being. In contrast, restrictive gender roles can limit opportunities. Equality between males, females and transgender people is a matter of human rights. Achieving gender equality is a key part of combating HIV, ending child marriage, reducing unwanted pregnancy and making pregnancy safer.

How do gender roles affect everyday life?

Gender inequality can influence every aspect of life – such as participation in decision-making in the family, community or in politics, access to basic services, support and resources, expectations in the family, freedom and our sexuality and sexual and reproductive health. Rigid gender roles also affect how people treat each other and can contribute to violence and many other social problems.

Gender roles and expectations are shaped early on and can be influenced in the way boys and girls are brought up and supported by their family, community, school and peers. Adolescence is an important time for everyone, and often brings more pressure to conform to gender roles.

What is gender-based discrimination?

Women and girls or against people who do not conform to dominant gender norms may be teased, isolated or threatened based on their gender. Unfortunately rejection, stigma and discrimination toward women and girls and against those who do not conform to dominant gender norms is widespread. Such stigma and discrimination harm people and violate their human rights.

What is the connection between gender inequalities and sexual and reproductive health and rights?

- Gender inequality can result in women having less control over their own bodies. Control over one's body also refers to deciding whether and when to have sex, whether and when to become pregnant, whether to continue pregnancy and even whether and how to change the way one looks or dresses. Unfortunately, both boys and girls may feel that other people are exercising physical or sexual power and control over them.
- If the gender norms create differences in power balances and inequality, it is more difficult to negotiate condom use and to make mutually consensual decisions.
- Those who are excluded because of their gender identity and who don't conform to dominant gender norms may experience exclusion and discrimination. This makes them vulnerable to exploitation, violence and limits their power to keep themselves safe and healthy.
- If gender norms create differences in boys' and girls' access to education, gender norms may limit their access to information on sexual and reproductive health and to life skills.

- In many settings, gender norms restrict women's ability to move about freely in their community. Girls are generally given less freedom and sometimes women who leave their homes alone are considered 'bad'. This can restrict their ability to seek information and services when they need them.
- Sex selection is the practice of testing for the sex of a fetus during pregnancy and choosing to keep or abort the pregnancy according to the test results. This happens in societies where sons are valued more than daughters. Even though sex determination and selection has been outlawed in India, it continues.
- Early marriage and early pregnancy are the result of gender inequality. Due to social expectations, norms and power imbalances that result in girls being excluded from decision making that affects their own lives young girls are married before the legal age of marriage, which is 18 years old. Not only is early marriage a violation of the young woman's right, but it also puts her at increased risk for sexual and reproductive ill-health, pregnancy and delivery-related complications.
- Violence that reflects and reinforces gender norms about male control and dominance is known as gender-based violence. Sexual coercion is a form of violence and occurs when someone forces (or attempts to force) another individual to engage in sexual activity against her/his will.
- Everyone has the right to participate in public life and to have a voice in decisions that affect them. Gender norms can limit the participation of some groups in decisions and political processes.



Remember!

Many people, young and old, are working to challenge these unfair gender stereotypes and inequalities to help everyone receive equal treatment and have access to their rights.

Even young people can try to resist pressures to conform to an idealized gender role and celebrate diversity of identity.



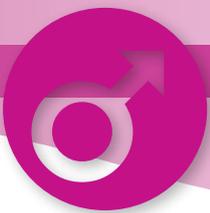
Resources

Gordon, Gill. *Choices: a guide for young people*. MacMillan: London, UK. 1999.

International Sexuality and HIV Curriculum Working Group. *It's all one curriculum: guidelines and activities for a unified approach to sexuality, gender, HIV, and humanrights education*. The Population Council, Inc. 2009. www.popcouncil.org

International HIV/AIDS Alliance. *Keep the best, change the rest. Participatory tools for working with communities on gender and sexuality. 2007*. www.aidsalliance.org

Reflections: a workbook for young people. CHETNA: Ahmedabad. 2005.



5. Gender-based violence

What is gender-based violence?

- Gender-based violence is violence against girls, women, and anyone who does not (or does not appear to) conform to gender norms, such as homosexuals or transgendered people.
- It causes serious damage to physical, sexual and/or psychological health.
- It is influenced by our societies, communities and families, and is cultural, economic and political. It reflects cultural norms about male control and dominance.
- Gender-based violence always violates basic human rights. It is never acceptable.
- Women and girls are particularly vulnerable to violence by people they know, including their intimate male partners.

What are the kinds of gender-based violence?

- **Physical violence** like hitting, burning or kicking.
- **Psychological violence** like criticism, threats, belittling and blame.
- **Sexual violence** like rape, inappropriate touching, forced sexual contact or forced marriage. Sexual coercion occurs any time a partner lacks a sense of choice in refusing sexual advances for fear of repercussions.
- **Controlling behaviour** like financial control, limiting free movement in the house, family or community dominating decisions and not letting someone make their own decisions.

Why does violence happen?

Gender-based violence reflects and reinforces cultural norms about masculinity and male control and dominance.

- Some communities accept violence as normal behaviour.
- In some places men are expected to be violent.
- In some places, men feel that women's bodies belong to them.
- If some people do not conform to gender norms, they are discriminated against by society, sometimes in the form of violence.
- Sometimes boys are raised to believe that men must dominate women.
- The influence of drugs and alcohol can also play a part in violent behaviour.



Remember!

- **Violence cannot be justified under any circumstance.**
- **Violence is not an expression of love.**
- **A real man stands up against violence.**
- **A real man does not use violence as a means to prove his masculinity.**

What are the harmful effects of violence?

Violence can result in:

- **Lack of motivation** or lack of sense of self worth.
- **Mental health problems** like anxiety and disorders of eating and sleeping. Women may begin harmful or reckless behaviour, like drug or alcohol abuse, or having more sex partners.
- **Serious pain and injuries**, such as broken bones, burns, black eyes, cuts, bruises, headaches, belly pain and muscle pains that may continue for many years after the abuse happens.
- **Sexual health problems.** Many women suffer miscarriages from being beaten during pregnancy. Victims may also suffer from unwanted pregnancies, sexually transmitted infections (STIs) or be infected with HIV as a result of sexual violence.

Fear of violence prevents many women from asking their partner to use a condom, increasing HIV transmission. It may also prevent women from getting information about HIV, and getting tested and treated for it

Sexual violence often also leads to a fear of having sex, pain during sex and lack of desire.

- **Death.**

For children living in an abusive environment, for example, who see their mothers being abused, violence can cause:

- **Angry or aggressive behaviour.** They may copy the violent behaviour. Children often feel revenge after childhood exposure to gender-based violence. They may take out these feelings on other women or even men in their lives.
- **Withdrawn behaviour.** They may become very quiet and stay away from the home or family members.

- **Nightmares and fears.** Often children in an abusive environment do not eat well, grow, learn more slowly and have more illnesses like stomach aches, headaches and asthma.
- **Injury and death** if the violence is turned on them.



How can we support people who experience gender-based violence?

- ✓ Promote norms that honour diversity and difference and that support boys and young men who choose not to adopt aggressive male roles.
- ✓ Advocate to pass and implement laws against violence.
- ✓ Promote values of non-violence and no tolerance of violence or discrimination.
- ✓ Encourage them to communicate with partners, friends and communities about their experiences and get help.
- ✓ Participate in community events that teach negotiating and communication skills about expressing feelings without violence.
- ✓ Support those who have experienced violence to seek professional, medical and legal help, support and redress.
- ✓ Change societal attitudes about violence and perpetrators of violence.



Resources

International Sexuality and HIV Curriculum Working Group. *It's all one curriculum: guidelines and activities for a unified approach to sexuality, gender, HIV, and humanrights education.* The Population Council, Inc. 2009. www.popcouncil.org

International HIV/AIDS Alliance. *Keep the best, change the rest. Participatory tools for working with communities on gender and sexuality.* 2007. www.aidsalliance.org

Reflections: a workbook for young people. CHETNA. Ahmedabad. 2005.

TARSHI. *The blue book: what you want to know about yourself, 15+ years.* TARSHI: New Delhi. 2008.

TARSHI. *The red book: what you want to know about yourself, 10-14 years.* TARSHI: New Delhi. 2007.

6. Growing up: changes during puberty

To grow from a child to an adult takes several years. Our bodies go through many physical and emotional changes in a process called puberty. These changes occur early in some people and later in others. Puberty differs between people and is experienced in many different ways and can be both confusing and exciting.

What is puberty?

- It is a sign and milestone of becoming an adult.
- As children approach adolescence, their bodies begin to produce certain hormones that lead to changes in their bodies and emotions.
- At puberty, sexual and reproductive organs begin to mature.

What kind of changes do we experience during puberty?

Girls and boys experience different physical, mental and emotional changes during puberty.

Gender roles solidify during childhood and adolescence due to social norms and factors in our environment. Many adolescents will identify as either a boy or a girl, and some might reject these titles because they do not identify strictly with one or the other.

Puberty is a time of rapid physical growth, so taking care of one's body is especially important. Young people often face particular health issues at adolescence, including the need for safe physical exercise and proper nutrition.

Emotional changes

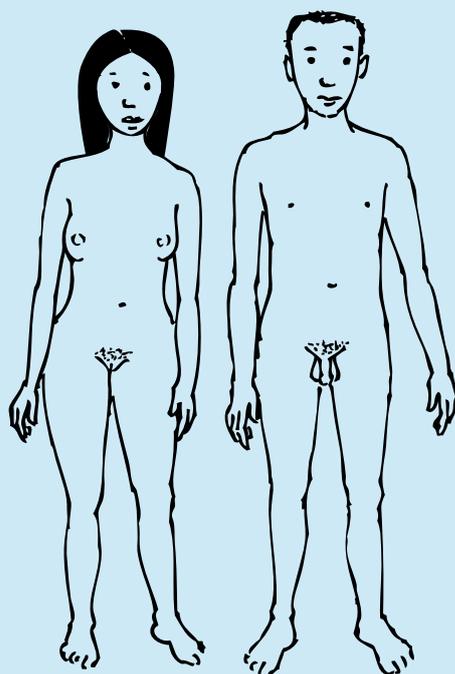
Puberty can be both confusing and exciting. Puberty can bring about changes in how young people feel about themselves and about other people. During puberty, young people may:

- **sometimes want more attention and sometimes want to be alone:** The changes they feel will make girls and boys feel emotional. Sometimes they will want to spend time with family and friends, and sometimes they might want to be alone and away from other people
- **have sexual desires:** Many adolescents become curious about sex and may explore their sexuality by themselves, with a friend, or with a sexual or romantic partner. Girls and boys start becoming interested in each other as more than just friends. Sometimes they feel different inside when they see someone they are attracted to, and they want to spend more time alone with them. This is known as sexual attraction. Attraction can be between two members of the opposite sex, or between members of the same sex
- **want to have close friendships:** Girls and boys will feel a desire to have close friendships with people their own age

Physical changes

Girls will:

- Grow taller
- Become more curved
- Grow breasts
- Find that nipples become distinct from the areola
- Develop body odour
- Grow hair under armpits and around genitals
- Sprout pimples on the face
- Notice vaginal discharge
- Start releasing eggs and menstruating.



Boys will:

- Grow taller
- Become more muscular
- Notice penis and testicles growing larger
- Develop body odour
- Grow hair in the genital area
- Experience involuntary erections and ejaculation from the penis at night (wet dreams*).
- Sprout pimples on the face
- Grow hair on the face
- Hear voice cracking and getting deeper.

* Wet dreams happen to adolescent boys going through puberty. In a wet dream, the boy ejaculates in his sleep and will wake up to find some wetness or stickiness in his bed. This is called also called a 'nocturnal emission' or 'night fall'. This is completely normal for adolescent boys.

Illustration © Petra Röhr-Rouendaal

instead of just with their families. As friends, they can talk about the changes they experience during puberty

- **become more independent:** Girls and boys want to make their own decisions and spend less time with their families and parents
- **experience the dramatic sharpening of gender roles and expectations:** This change is often marked by a growing gap in boys' and girls' equality and opportunities. Boys may experience disapproval if they express certain emotions, and may be pressured to be sexually active. In some settings, girls find their freedom more restricted, their behaviour more constrained and be assigned more duties.

Self-esteem

Some adolescents struggle with their self-esteem when they begin puberty because the body goes through many changes. Everybody's bodies differ in appearance. There is not a 'perfect' or 'normal' body type or appearance. Social and individual factors affect people's confidence about their bodies.

Learning to be comfortable with one's own body – having a positive body image – is an important element of self-esteem. With encouragement, all young people can be comfortable with their physical appearance. They can also develop other sources of self-esteem and self-worth.



Resources

CHETNA. *Our health in our hands: a manual for village level workers*. Ministry of Rural Development: New Delhi. 2004.

Gordon, Gill. *Choices: a guide for young people*. MacMillan: London, UK. 1999.

International Sexuality and HIV Curriculum Working Group. *It's all one curriculum: guidelines and activities for a unified approach to sexuality, gender, HIV, and human rights education*. The Population Council, Inc. 2009. www.popcouncil.org

TARSHI. *The red book: what you want to know about yourself, 10-14 years*. TARSHI: New Delhi. 2007.

CHETNA. *Reflections: a workbook for young people*. Ahmedabad. 2005.

7. Sexual and reproductive organs and function

Sexual and reproductive systems: female

The sexual and reproductive systems share some but not all organs. The sexual system consists of those organs involved in sexual activity and pleasure. The female reproductive system consists of those involved in pregnancy and birth.

The sexual and reproductive system is made of different organs and parts. Some of the parts are inside the body and some are outside.

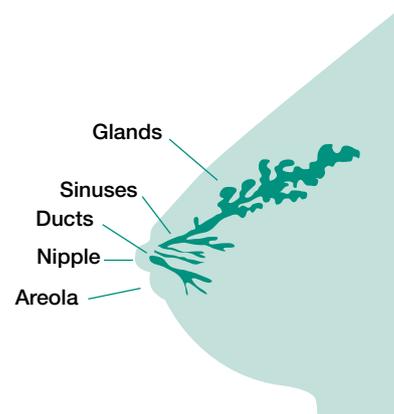
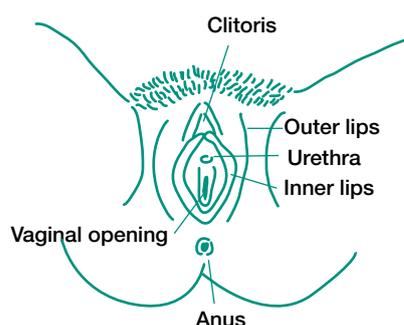
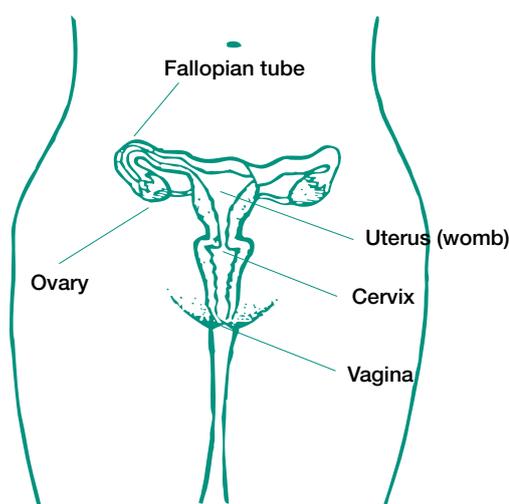
Reproductive parts outside the body

These parts are different in size, shape and colour for each person.

- **Vulva:** consists of all the visible external genital organs of a woman. The folds (**outer lips** or labia majora) cover and protect the vaginal opening. The **inner lips** (labia minora) are smaller and can also swell during sexual arousal.
- **Clitoris:** a pea-sized structure, hidden where the inner lips come together. The only function of the clitoris is to give girls and women sexual pleasure.
- **Hymen:** a thin piece of skin that may cover the vaginal opening. It can easily be torn during sports and other physical activity. A torn or stretched hymen therefore does not indicate that a girl or woman has engaged in sexual intercourse.

There are two more openings near the vaginal opening.

- **Urethra or urinary opening:** urine passes through it and out of the body, right above the vaginal opening. It remains covered under the inner lips.
- **Anus:** faecal material is passed through this opening.



Reproductive parts inside the body

- **Uterus:** a muscular organ above the bladder. Its lining thickens with blood and tissue during the first part of the menstruation cycle. If an egg is fertilized, it implants in the uterus, where the fetus develops.
- **Ovaries:** two organs that store immature eggs, produce and secrete female hormones and produce and release mature eggs.
- **Fallopian tubes:** two narrow tubes that connect the ovaries and the uterus through which eggs travel to the uterus.
- **Vagina:** the canal leading from the vulva to the cervix and uterus. When a woman is sexually aroused, the vagina produces lubrication. In vaginal intercourse, the penis penetrates the vagina. Menstrual blood leaves the body through the vagina, as does the baby when it is born.
- **Cervix:** connects the uterus (womb) and the vagina (birth canal). It has a small hole that lets menstrual blood and sperm pass through. The hole gets bigger during childbirth so that the baby can be delivered.

Breasts

Breasts are an important part of female body and are also considered a reproductive organ. The breasts are situated in left and right side of woman's body in the upper part of the torso. Each contains:

- Glands: make the milk for the new born baby.
- Ducts: carry the milk to the nipple.
- Sinuses: store the milk.
- Nipples: where milk comes out of the breast.
- Areolas: the darker, bumpy skin around the nipple.

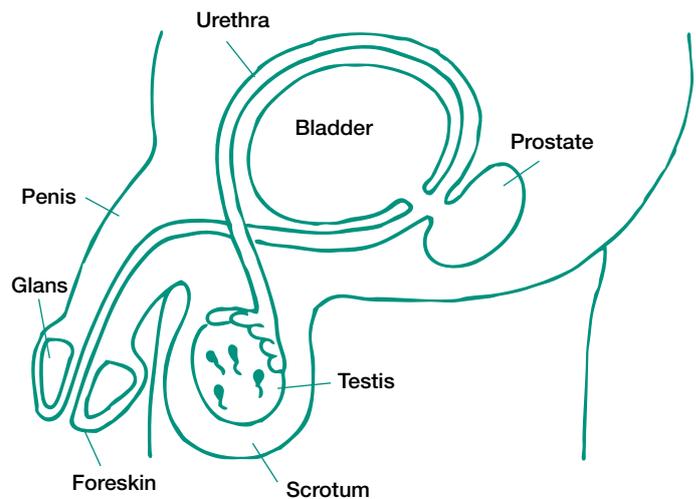
Sexual and reproductive system: male

The sexual and reproductive systems share some but not all organs. The sexual system consists of those organs involved in sexual activity and pleasure. In males, the reproductive system includes those organs that produce, store or transport sperm for reproduction.

- **Penis:** has several functions. It is involved in sexual feeling. For reproduction, the penis delivers semen into the vagina during sex. The penis also excretes urine through the urethra.
- **Foreskin:** the outer layer of skin that covers the penis. It moves back a little during an erection, showing the tip. In some communities, the foreskin is removed through a procedure called male circumcision. The tip of the penis is called **glans** which contains many nerve endings. It is very sensitive.
- **Testicles or testes:** two glands inside the scrotum that produce sperm and the male hormone testosterone. The **scrotum** is a loose bag of skin that holds and protects the testicles.
- **Sperm:** during puberty the testicles start producing sperm. Sperm cells are contained in a white liquid called **semen**. They travel out of the tip of the penis when a man ejaculates. During unprotected vaginal intercourse, these sperms are ejaculated into the woman's vagina. They travel inside woman's body to meet the egg. Very few reach an egg cell, but only one sperm cell is needed to fertilize a woman's egg to make a baby.
- **Urethra or urinary opening:** urine and semen leave the body through the tip of the penis.

Erections

The penis fills with blood and becomes hard and erect in response to sexual stimulation. When the penis hardens, it increases in size and 'stands up'. After an erection, ejaculation can take place, where the semen comes out of the penis. Erections and ejaculation also happens involuntarily during sleep. This is completely normal.



Hygiene for girls/women and boys/men

- ✓ Wash genitals daily with water. Boys and men, when bathing, pull the foreskin back to clean off any substance that collects underneath at the tip of the penis.
- ✓ Always wash from front-to-back.
- ✓ Change underwear at least once a day.
- ✓ Wear cotton underwear.
- ✓ Wash underwear with soap and dry it in the sun.
- ✓ Do not put any unclean objects in or around the genitals, including the anus.
- ✓ Never touch your genitals with dirty hands.

Resources

International Sexuality and HIV Curriculum Working Group. *It's all one curriculum: guidelines and activities for a unified approach to sexuality, gender, HIV, and humanrights education*. The Population Council, Inc. 2009. www.popcouncil.org

India HIV/AIDS Alliance. *Sexual and reproductive health of women living with HIV. A flipbook*. 2006. www.aidsalliance.org

Our bodies, ourselves: a new edition for a new era. Sexual anatomy: the self-guided tour. Available at: www.ourbodiesourselves.org/book/companion.asp?id=13&compID=37

TARSHI. *The blue book: what you want to know about yourself, 15+ years*. TARSHI: New Delhi. 2008.

TARSHI. *The red book: what you want to know about yourself, 10-14 years*. TARSHI: New Delhi. 2007.

8. The menstrual cycle

What is the menstrual cycle?

- It is a normal biological process by which a woman's body experiences cycles of fertility.
- Unlike men, who are fertile from puberty onwards, women can only become pregnant during certain days of the cycle.
- Menstruation means that the body is maturing and functioning well.
- The female body goes through many changes during each cycle. The most obvious part of the cycle is menstrual bleeding.
- The menstrual cycle and menstruation are normal processes that are not unclean and are not reasons to isolate or treat women differently. Unless they experience pain or severe discomfort, women can continue to be active and engaged in their daily activities.

What happens during the menstrual cycle?

- Women's ovaries produce eggs. The egg sac (ovary) releases a ripe egg every month. The ovaries take turns in releasing an egg. One month, the left ovary releases a ripe egg, the next month, the right ovary does the same. This egg travels to the uterus through the fallopian tubes. This takes three days.
- During this time, the womb gets ready to receive the fertile egg to implant on its wall and get nourishment. It makes its lining thicker and adds blood.



Remember!

This is the most fertile time. During this time, if a woman has sexual intercourse without contraception, the sperm can meet the egg, fertilise it and pregnancy can occur.

- If the egg does not meet the sperm, fertilisation does not take place. The egg is eliminated with the inner lining of the uterus. The blood and mucus are excreted through the vagina. This is called menstruation. The lining of the uterus is renewed each month so it is ready to receive the growing egg in case fertilisation has taken place.

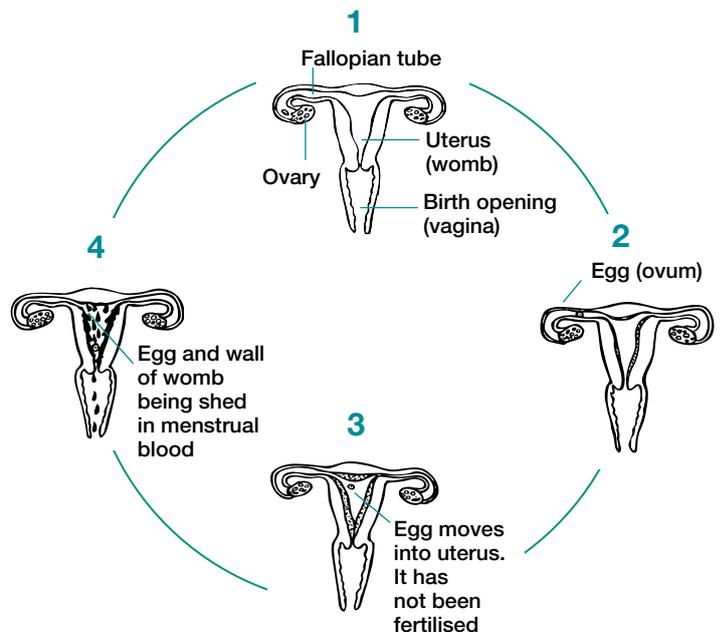
Which are the fertile days?

It is important for everyone to know the fertile days of girls and women. In a 28-day cycle, days 12 to 16 (five days) are the most fertile days. During this period, vaginal discharge is sticky and slippery, like egg white.

Women should keep in mind that having sex during the first and last ten days of her cycle provides the lowest chance of getting pregnant. These are her least fertile days, but there is no guarantee against pregnancy.

What happens during menstruation?

- Menstruation is the shedding and excretion of the inner lining of blood and mucus from the uterus, when no pregnancy has occurred, and happens monthly. Blood will come out of the vagina, little by little, for 2 to 6 days about every 28 days. This time period varies from girl to girl.
- Some women experience some related discomfort, like headaches, lower backaches, belly pains and psychological changes like mood swings.
- When a woman is 45–55 years old, she stops menstruating. This is called menopause.



Menstrual cycle



How do I take care of myself during menstruation?

- ✓ Throughout a woman's menstruating life, it is important to consume a healthy diet since blood is lost each month. Eat and drink foods rich in:
 - protein (pulses and legumes, peanuts, milk and milk products, eggs, animal meat, etc.)
 - iron (green vegetables, jaggary, etc.)
 - calcium (milk and milk products, bananas, etc.)
 - vitamin C (lemons, spouted legumes, guavas, etc.).
- ✓ Eat vegetables and fruits to avoid constipation. Make sure some of the vegetables are green, like spinach and legumes.
- ✓ Bathe daily. Wash genitals with clean water and soap.
- ✓ Use homemade pads, sanitary pads or tampons to soak up the blood.

Prepare homemade pads using layers of clean cloth. Wash the cloth pad with soap and water. Dry in sunlight and keep in a clean place for the next use.

or

Use sanitary pads or tampons from the store. Change them every few hours. Use these only once and then dispose of them.
- ✓ Do light exercise like walking and get enough sleep.
- ✓ If there is pain in the lower back, belly, legs or a headache, apply a warm water bag on the area that hurts. Take a warm bath or drink a hot drink.
- ✓ If the pain is unbearable, ask an older woman or a doctor for a remedy.
- ✓ Drink lots of water!
- ✓ There is no physical reason to not have sex; it depends on both the partners. The couple should use a condom if they do. There is a higher risk of reproductive and sexual infection during menstruation, so it is advisable to use condoms or a dental dam during oral sex.

What are menstrual irregularities?

Sometimes women have problems in their menstrual cycle – called menstrual irregularities. These may be when:

- women do not get periods or get periods too often
- women have unpredictable menstrual bleeding
- the period is painful.

Menstrual irregularities are usually a sign of a larger condition. They could mean pregnancy or an illness and the woman should get examined by a doctor.

Some causes of irregularities:

- Weight gain or loss
- Poor nutrition
- Infection or illness
- Smoking
- Drug and alcohol use
- Hormonal imbalance
- Eating disorders
- Stress
- Medications
- Over-exercise
- Recent pregnancy
- Breastfeeding.

Resources

Gordon, Gill. *Choices: a guide for young people*. MacMillan: London, UK. 1999.

International Sexuality and HIV Curriculum Working Group. *It's all one curriculum: guidelines and activities for a unified approach to sexuality, gender, HIV, and humanrights education*. The Population Council, Inc. 2009. www.popcouncil.org

India HIV/AIDS Alliance. *Sexual and reproductive health. A flipbook*. 2006. www.aidsalliance.org

TARSHI. *The red book: what you want to know about yourself, 10-14 years*. TARSHI: New Delhi. 2007.



9. Safe motherhood and delivery

How does pregnancy occur?

- Most commonly, a pregnancy occurs through heterosexual intercourse.
- An egg is released from the ovaries of a woman. This is called ovulation.
- The egg travels through the fallopian tubes towards the uterus.
- Simultaneously, the uterus prepares itself to nourish an embryo. A thick layer of small blood vessels and mucus forms on the inner side of the uterus.
- During unprotected vaginal intercourse (in which no barrier methods, like condoms, are used) sperm is ejaculated into the birth canal.
- Some sperms reach the egg tube.
- Only one sperm unites with the egg cell. This is called fertilization.
- A pregnancy occurs if the embryo is implanted in the lining of the uterus. This embryo will develop into a fetus if the pregnancy continues.

Initial signs of pregnancy

- Menstruation stops
- Breasts feel sore and grow larger
- Feelings of sickness and/or vomiting
- More frequent urinating
- Tiredness.

A pregnancy test and/or a doctor can confirm a pregnancy. For those who choose to continue their pregnancy, a range of options for care and services exist that every pregnant woman can have access to.

Pregnancy care and services

1. Early registration

Whenever a woman misses her period she may be pregnant (especially with symptoms such as nausea, frequent urination, vomiting or constipation) and she should register herself with the ancillary nurse midwife (ANM) or hospital.

In rural areas, ANMs provide 'Mamta kits' to every pregnant woman. This kit includes supplies for hygiene to support a delivery in case it is not possible to access a hospital or other support. ANMs can provide information about and referrals to existing services, and assistance for medical check-ups, institutional deliveries and newborn and post-natal care.



The natural process of sex determination

- The sex of the child is determined naturally when the egg and the sperm meet. Neither partner can control the sex of the baby and the sex is neither partner's responsibility – it is completely a matter of chance.
- There are special bodies in the woman's egg and the man's sperm called **chromosomes**. There are 23 pairs of chromosomes. The 23rd pair is the sex chromosome. This pair of chromosome determines the sex of the baby.
- Men and women have different sex chromosomes. The pair in a man resembles XY. The pair in women resembles XX. At the time of fertilization, if the X chromosome from the egg meets the Y chromosome, the fetus is male. If the X chromosome from the egg cell meets the X chromosome from the sperm the fetus is female.

2. At least three medical check-ups

On registration, the woman should maintain regular contact with doctor or ANM. At least three check-ups should be done. The check-up includes:

- Weight measurement
- Testing blood for anaemia
- Testing urine for albumin and protein
- Measuring blood pressure
- Abdominal examination to assess the growth of the foetus and position of foetus
- Ruling out any other health complications
- HIV and STI tests and treatment
- Nutritional status and support.

3. Prevention and treatment of anaemia

- Take at least 100 mcg iron folic acid tablets. These are available free from all government health facilities.

4. Prevention against tetanus

- The ANM or doctor should give two doses of tetanus during the pregnancy.
- The first dose is given as soon as the pregnancy is suspected and second is given at an interval of one month.

Labour

When the mother is ready to deliver, it is important to contact the transportation that has been arranged to move her to a medical institution for delivery. If no plans were set, contact a skilled birth attendant in the area to assist with the birth.

The following signs mean that labour is beginning, and you must alert your medical institution or skilled birth attendant.

- A bloody, brown or changed discharge
- Contractions five minutes apart
- Loose stools.

What to do during labour?

- Ensure arrangements for travel are available at any time to the PHC, other government health institute, or government-recognized private institution.
- Ensure that the mother is consuming warm liquid.
- Each contraction brings with it a strong urge to push. When the mother feels like pushing, have her take a deep breath and push as if she were passing a stool, but with all her strength.

Complications and risks

Pregnancy and childbirth usually take place without major problems. In some cases, there can be complications.

Some women are at increased risk of complications during pregnancy and childbirth. Factors that can increase a woman's risk include:

- Young age (16/17 years)
- Older age
- Complications during past deliveries
- Anaemia increases the likelihood of heavy bleeding during delivery and illnesses after delivery
- Diabetes
- High blood pressure
- Women with disabilities
- Women living with HIV.

These women require particular support to have a safe pregnancy and delivery.

The major causes of maternal deaths

- **Haemorrhage:** excessive bleeding during pregnancy; this condition can result in death in merely two hours. The majority of developing countries, especially in rural areas, are not equipped to supply the necessary techniques such as safe blood transfusions, in order to prevent/treat haemorrhage.

- **Eclampsia:** a hypertensive disorder, often accompanied by proteinuria, convulsions and body swelling.
- **Sepsis:** infection in the blood stream.
- **Obstructed labour:** occurs when the infant is unable to pass through the birth canal, often requiring a caesarean section.
- **Unsafe abortion:** can occur when termination of pregnancy is performed by an unskilled or unlicensed person.

There are warning signs that should prompt every woman to seek care because her pregnancy and unborn child are in danger. They include:

- Vaginal bleeding
- Severe lower abdominal pain
- Severe headache with blurring of vision
- Reduced foetal movement
- Drainage of liquor.

These are related to most, but not all, of the five leading causes of maternal deaths.



Remember!

In India, every seven minutes one woman dies due to pregnancy and childbirth-related causes. One of the major risk factors for maternal and infant death is early marriage and early pregnancy.

Post-natal care

Adequate care after delivery is very important for both mother and child. Most maternal and infant mortality occurs during this postpartum period.

Some of the risk signs associated with complications during the postpartum period include:

- Vaginal bleeding or smelly discharge
- Fever or pain
- Feelings of depression
- Red, hard and swollen legs
- Urine or stool leaking out of the vagina
- The baby does not have bowel movements or urinate within 24 hours
- The baby is yellow
- Vomit is expelled very forcefully when the baby spits up
- The baby does not gain weight.

Breastfeeding

Breastfeeding is important for mothers and babies. It helps the baby to stay strong and not get sick, it provides all the nutrients it needs, supports a bonding relationship between the mother and newborn and reduces infant mortality. It slows the mother's bleeding after birth, helps the mother from getting pregnant again soon, does not cost money, encourages the mother's body to recuperate from the birth and calls in the mother's milk supply.

Mothers should be supported to make an informed choice about breastfeeding their babies. Particularly mothers living with HIV need to take into account the risk of HIV transmission along with other benefits and risks of breastfeeding and other alternatives. Integrated counselling and testing centres (ICTC) and antiretroviral therapy (ART) centres can provide counselling and support.

Women living with HIV

Like any other women, women living with HIV have the right to choose if and when they would like to have children. There are several important things to consider to ensure that the pregnancy, delivery and post-natal care keep mother and baby safe and healthy. Some women living with HIV experience more complications during pregnancy and therefore should seek support from a doctor when they would like to conceive or are already pregnant.

Mothers who are HIV-positive can take certain actions to reduce the risk of transmission to the fetus.

- Take antiretroviral prophylaxis and treatment during pregnancy and at delivery
- Monitor and treat infections, especially STIs
- Deliver by institutional delivery and cesarian section
- Long-term treatment and support for the mother, child and family.

After delivery, it is important to ensure that the newborn is tested for HIV and receives co-trimoxazole treatment (CTX). CTX is a medication that helps lower the risk of infections and is especially important among children who have been exposed to or are living with HIV.

Resources

India HIV/AIDS Alliance. *Sexual and reproductive health. A flipbook.* www.aidsalliance.org

Smith, Diane. *Birth with dignity: a guide for training community level midwives and health workers.* JAGORI: New Delhi. 2004.

Prevention of parent to child transmission of HIV. National strategic framework. Available at: www.scribd.com/doc/13265980/AIDS-in-newborn-and-children-Prevention-of-Parent-to-Child-Transmission-PPTCT

CHETNA. Calendar on safe motherhood. National Rural Health Mission (NRHM), Ahmedabad, Gujarat.

CHETNA. Calendar on 'Responsibilities of husband and family towards pregnant and delivered women', National Rural Health Mission, (NRHM) Ahmedabad, Gujarat.

The White Ribbon Alliance for Safe Motherhood. *Safe motherhood factsheet.* Available at: www.whiteribbonalliance.org/Resources/Documents/Safe%20Motherhood%20Fact%20Sheet.pdf



10. RTIs and STIs

What are RTIs?

Reproductive tract infections (RTIs) are infections affecting the reproductive organs. Some RTIs are transmitted through sex and then they are generally called sexually transmitted infections (STIs) (see right-hand column). Some RTIs result from an imbalance in the organisms normally present in the genital tract. Some RTIs are transmitted or spread by certain medical procedures.

RTIs may cause symptoms as itching and vaginal discharge. Many RTIs are easily treated and cured, especially if they are diagnosed early. If left untreated, some can have serious consequences, including infertility or even death.

Non-sexually transmitted RTIs are more common among women and women are more likely to suffer serious consequences.

Some common non-sexually transmitted RTI's are shown in the table below.

How can non-sexually transmitted RTIs be avoided?

- Avoid vaginal douching.
- Avoid the use of vaginal 'drying' or 'tightening' herbs, agents or products.
- After using the toilet, women should wipe from front to back.
- Wear, clean, dry underwear and change regularly.

What are STIs?

- Sexually Transmitted Infections (STIs) are a group of infectious diseases that are usually transmitted through unsafe sexual activity with an infected person (the person may not know they are infected).
- STIs are transmitted through bodily fluids like semen, vaginal secretion and blood. Some STIs can be transmitted through skin-to-skin contact, some through the exchange of bodily fluids. Some can be passed to a baby before it is born, during childbirth or via breastfeeding.

RTI	Causes	Symptoms in women	Symptoms in men
Yeast (candida)	<ul style="list-style-type: none"> ● Occurs when the delicate balance of normal organisms in the vagina is disturbed ● Women who have a weakened immune system, are pregnant, are taking antibiotics are more likely to develop a yeast infection ● Transmission through sharing towels or undergarments ● Wearing wet underwear ● Wearing unclean pads during menstruation and not changing them frequently 	<ul style="list-style-type: none"> ● White, lumpy secretion ● Bright red skin on and around the genitals ● Severe itching ● Burning while passing urine 	<ul style="list-style-type: none"> ● Men may have similar symptoms. They may have fungal growth in the folds of the foreskin
Trichomonas	<ul style="list-style-type: none"> ● Wearing wet underwear ● Sharing towels, undergarments, or clothes ● Sexual intercourse ● It can spread from the anus to the vagina while cleaning/wiping the area from back to front 	<ul style="list-style-type: none"> ● Yellowish, green, frothy secretion from genitals ● Foul smelling secretion ● Red and itchy genital area ● Burning in urine 	<ul style="list-style-type: none"> ● Men may have similar symptoms- usually a burning sensation while urinating, though no symptoms may be present
Bacterial vaginosis	Develops when an abnormal increase in harmful bacteria occurs that affects the biochemical balance of the vagina	<ul style="list-style-type: none"> ● Often without symptoms ● Vaginal itching or soreness ● Bad odour ● Increased vaginal secretion which is of gray, white or yellow in colour 	

- Having one STI can increase the risk of acquiring another STI. Open cuts and sores in the genital area increase the risk of transmission.
- Depending on the type of sexual activity, STIs can affect the mouth, genitals and anus.
- One of the most serious infections that can be acquired through sex is HIV, the virus that causes AIDS.

Some STIs are: gonorrhoea, syphilis, chancroid, herpes, chlamydia, vaginitis, scabies, genital warts, HIV and hepatitis B.

What are some of the common STI symptoms?

General symptoms, in male and females, include:

- Burning or pain during urination or defecation
- Increased frequency of urination
- Itching genitals and/or anus
- Painful genitals and/or anus
- Sores or blisters on the genitals and/or anus
- Sores in the mouth
- Nodules under the skin
- Flu-like symptoms (headache, tired, vomiting, fever etc.)
- Swollen or painful glands in the groin
- Unusual discharge from the genitalia.

See the table on page 3 for a complete list of STIs and symptoms.



Remember!

A person can have more than one STI at one time. Some people have no symptoms. Some people have only one or two of the symptoms, but it still means there could be an infection. Always see a doctor if unsure.

How are RTIs and STIs diagnosed and treated?

If you think you have an STI or a RTI:

- Find a qualified practitioner at a nearby PHC or a private clinic and get tested and treated if necessary.
- Always seek treatment from a qualified doctor or medical practitioner, and never go to an unauthorized person for medical help.
- Sexual partners should also get tested and treated if necessary.
- Complete the treatment – a person who completes proper treatment will no longer have the infection. Remember, some (not all) STIs are not curable
- Always use condoms if there are symptoms or signs of an STI or RTI.

The public health system follows a 'syndromic management system' for the treatment of STIs. Syndromic management refers to an approach of treating STI and RTI symptoms and signs based on the organisms most commonly responsible for each syndrome. **Treatment of these STIs is available free of cost** in every clinic under the National Rural Health Mission.

How can STIs be prevented?

- Use a condom to prevent infection.
- Get tested at least once a year.
- Abstain from sexual intercourse and do other safe activities instead, like kissing, cuddling, stroking, touching and massaging.
- If you are in a relationship: discuss the limits of the relationship and what it means to stay faithful to each other; if there is a chance you or your partner will be sexually active with other people, always use a condom with each other, even if you are married.



Resources

CHETNA. *Our health in our hands: a manual for village level workers*. Ministry of Rural Development: New Delhi. 2004.

Gordon, Gill. *Choices: a guide for young people*. MacMillan: London, UK. 1999.

International Sexuality and HIV Curriculum Working Group. *It's all one curriculum: guidelines and activities for a unified approach to sexuality, gender, HIV, and human rights education*. The Population Council, Inc. 2009. www.popcouncil.org

Reflections: a workbook for young people. CHETNA. Ahmedabad. 2005.

STIs, symptoms and treatment

STI	Symptoms for women	Symptoms for men	Can it be cured?	Is there a vaccine?
Chancroid	Painful sores on the genitalia; swollen lymph nodes on groin. Women often asymptomatic	Painful sores on the genitalia; swollen lymph nodes on groin	Yes. Left untreated, it can lead to complications and infertility, especially in women	No
Chlamydia	Abnormal discharge or burning during urination. Most women are asymptomatic	Pus-like discharge or burning during urination. Often asymptomatic	Yes. Left untreated, it can lead to complications and infertility for men and women	No
Gonorrhea	Abnormal vaginal discharge or burning during urination. Most women are asymptomatic	Discharge or burning during urination. Sometimes asymptomatic	Yes. Left untreated, it can lead to complications and infertility for men and women	No
Hepatitis B	Flu-like symptoms, jaundice, dark urine, sometimes asymptomatic	Flu-like symptoms, jaundice, dark urine, sometimes asymptomatic	No medicine to cure it, but sometimes body cures itself. Can lead to serious complications	Yes
Herpes (herpes simplex virus)	Painful sores on genitals or anus	Painful sores on genitals or anus	No, but can control symptoms with treatment	No
HIV (human immunodeficiency virus)	No early symptoms, often leads to AIDS, which is ultimately fatal and involves infections, cancers, etc.	No early symptoms, often leads to AIDS, which is ultimately fatal and involves infections, cancers, etc.	No, it is ultimately fatal, but treatment (ART) dramatically slows its progress	No
HPV (human papilloma virus)	Genital warts, or can be asymptomatic	Genital warts, or can be asymptomatic	No, but symptoms can be controlled through treatment. Can develop into cervical cancer for women	Yes. The vaccine prevents most strains that cause cervical cancer and genital warts
Syphilis	Painless sores on genitals, rectum, or mouth. Later, skin rashes or lesions on mucus membranes, fever, and malaise. Even later, asymptomatic	Painless sores on genitals, rectum, or mouth. Later, skin rashes or lesions on mucus membranes, fever, and malaise. Even later, asymptomatic	Yes, if treated early. Without treatment, stays in body. Can ultimately cause serious complications or be fatal	No
Trichomoniasis trichomonas or trich	Frothy, yellow-green discharge with strong odour. Also itching or discomfort during intercourse or urination	Often asymptomatic, sometimes mild discharge or slight burning with urination or ejaculation	Yes	No



11. HIV and AIDS

What is the human immunodeficiency virus (HIV)?

- Our blood is made of different types of cells. The white blood cell is one of them. White blood cells fight against infection.
- The virus (HIV) enters the white blood cells and destroys them.
- The virus weakens the immune system, which means the body is less able to fight infections.
- Antiretroviral (ARV) medications can help the body and the immune system get stronger by keeping HIV at low levels.

What is the acquired immune deficiency syndrome (AIDS)?

- HIV causes AIDS. AIDS is the medical condition when the body is too weak to fight against infection.
- When a person has AIDS, it means HIV has hurt their body so much that they can very easily get sick and may not get better.
- There is no cure for AIDS.

How is HIV transmitted?

HIV is transmitted in four common ways:

1. Through unprotected penetrative vaginal or anal sex
2. Through sharing instruments that can pierce the skin, like needles and blades, that have been in contact with the blood of an HIV-infected person
3. Through transfusion of HIV infected blood
4. From an HIV-infected pregnant woman to her baby during pregnancy, during delivery and through breastfeeding the baby after birth.

HIV cannot be transmitted through:

- Casual human contact, like touching, kissing or hugging
- Playing together or sharing food
- Sharing toilets, latrines or a bed
- Caring for someone with HIV/AIDS, particularly if you make sure not to touch their blood
- Insect bites.

Who can get HIV?

Everyone is at risk of HIV, but some people are more vulnerable. Everyone needs the correct, appropriate information to know about HIV and the ways to protect

themselves. Everyone also needs to have access to the services that will help them, such as sexual reproductive health services, condoms, HIV testing and counselling and treatment, care and support.

Some people are more vulnerable to HIV infection because they are more likely to engage in behaviours that increase their risk. For instance, unprotected anal sex has a higher risk of transmitting HIV than unprotected vaginal sex. Sometimes social factors may prevent people from receiving the information and services they need. For instance, gender norms may prevent women from accessing services on their own. Men who have sex who experience discrimination may not feel comfortable visiting a doctor. Power imbalances may also prevent them from negotiating safer sex, including consistent condom use. A sex worker for instance may not be able to ask her client to use a condom, if she fears she will lose her income if he refuses.

People who are more vulnerable to HIV infection include:

- **Sex workers**, who may not have the information, skills or access to condoms to negotiate safer sex.
- **Men who have sex with men (MSM)**: anal sex has a greater risk of HIV infection as there are more chances of abrasion and lesion. Because MSM are often marginalized, they may not have access to the information, skills and services they need to keep themselves and their partners safe.
- **People who inject drugs**: if the user shares a needle or syringe with someone else who may be infected, there is a high risk of getting HIV.
- **People with STIs**: HIV spreads more easily when there are STIs. Many STIs do not have symptoms.
- **Young people** can be more vulnerable to HIV because they don't have access to information.
- **Blood donors and recipients**: if a blood transfusion uses infected blood, the recipient could contract HIV. Never use an unsterilized needle.



Remember!

People living with HIV have the same basic human rights as everyone else. However, because of social norms that can stigmatise people living with HIV, they do experience violations of their basic rights. HIV status should never be the reason for stigma, discrimination or violations of human rights.

How can HIV transmission be prevented?

- Always use a condom during penetrative sex or show love in other ways, like hugging, kissing and touching.
- Have a long-term mutually faithful relationship with an uninfected single partner.
- Accept only HIV-tested blood from certified blood banks.
- Abstain from activities related to drug use. If you use drugs, avoid sharing injecting equipment with others.
- Get tested and treated for all STIs and RTIs. People with STIs/RTIs have a higher risk of HIV. Both partners need the treatment to be cured.
- During pregnancy seek advice and services to prevent transmission to the child. Services can include treatment during pregnancy and delivery, delivery by cesarian section and support for safe feeding of the newborn.

When is it necessary to take an HIV test?

- After unprotected sex with a male or female who is HIV-positive or whose HIV status is not known, especially if the person is not a long-term sexual partner
- If you have symptoms of HIV or AIDS
- When you want to start a faithful sexual relationship with one person or have children
- When you are pregnant and worried that you may be HIV-positive.

What happens after the HIV test?

If the test is negative it means:

- you are not infected with HIV **or** you were recently infected but your body has not reacted enough to the virus for the test to know. If you think you were exposed to HIV, you should get tested again in a month
- you can now learn how to protect yourself so that you stay negative and never get HIV.

If the test is positive it means:

- you are infected with the virus
- you should get care and treatment early to prevent health problems. There are drugs that can help you live a long, happy and productive life
- get support from family, friends, the community and other people living with HIV
- get information and services to support a safe sex life, and to prevent transmission and reinfection with HIV and other STIs. Even if you feel completely well, you can spread the virus to others.

Is there treatment for HIV?

HIV is treated with antiretroviral therapy (ART) – a combination of antiretroviral (ARV) drugs that help to suppress the virus and stop the progression of HIV disease. When ART is used, huge reductions have been seen in rates of death and suffering.

There are many centres that can help to treat HIV. ARVs are free or inexpensive and widely available in many government hospitals. Speak to a doctor at a local health centre about when to begin ART. Side effects can be severe, as it involves a combination of very strong drugs, but it is also very effective. Some doctors will begin ART with patients whose HIV is more advanced.

Is there a cure for HIV?

No, there is no cure for HIV. But if the ARVs are taken correctly at the right times, it can stop the virus from weakening the body. People living with HIV can stay well and productive for extended periods of time.



Living a healthy life with HIV

Join an HIV-positive support group and keep each other happy and healthy.

What are opportunistic infections?

People with HIV can get many infections (opportunistic infections or OIs). Many of these illnesses are very serious and they need to be treated. Some can be prevented. HIV makes these illnesses even more threatening. These include yeast infections, pneumonia, herpes, shingles and other illness.

OIs can have many different symptoms depending on the specific infection. These can include: fever, headache, fatigue, nausea and vomiting, enlarged lymph nodes, rapid weight loss, dry cough, prolonged diarrhoea, white spots or blemishes on the tongue or in the mouth, unusual blemishes on the skin, memory loss and depression. The two most serious OIs are tuberculosis (TB) and hepatitis C.

Tuberculosis

TB is one of the most common OIs and kills nearly a quarter of a million people living with HIV each year. TB is a serious infection caused by a germ that usually hurts the lungs.

It is easier for HIV-positive people to get TB because the body is too weak to fight it. If you are HIV-positive and develop a severe cough, chest pains or spit up blood, see a doctor.

TB can be cured, even in people with AIDS, as long as they start treatment early. Once someone with HIV starts treatment for TB, she or he should also start ART for HIV.

Hepatitis C

Hepatitis C causes severe liver damage and can lead to cirrhosis, especially for those who are HIV-positive. Hepatitis C is spread through blood-to-blood contact. Hepatitis C treatment is less effective when combined with HIV treatment and some HIV treatments need to be avoided. People with both hepatitis C and HIV should make sure their doctor knows this so they can give them treatment advice.

Hepatitis C is transmitted through:

- sharing injection equipment for drug use
- unprotected sex (vaginal or anal)
- accidental needle sticks or unsterilized equipment in a medical setting.

Sometimes there are no symptoms, but when there are, they can be flu-like (fever, fatigue, feeling ill), dark urine and nausea. If these symptoms appear see a doctor, especially if you are HIV-positive.



Resources

International Sexuality and HIV Curriculum Working Group. *It's all one curriculum: guidelines and activities for a unified approach to sexuality, gender, HIV, and human rights education*. The Population Council, Inc. 2009. www.popcouncil.org

India HIV/AIDS Alliance. *'The magic bus' Flipbook on the basics of HIV/AIDS*. 2009. <http://www.aidsalliance.org>

UNESCO. *We are all in the same boat. Using art and creative approaches with young people to tackle HIV-related stigma*. 2010. www.aidsalliance.org

Positive prevention: prevention strategies for people living with HIV. Indian Network for People Living with HIV/AIDS, International Planned Parenthood Federation, Fulfilling People's Aspirations: India. New Delhi. 2010.

Reflections: a workbook for young people. CHETNA: Ahmedabad. 2005.

12. Safer sex

What is sex?

Sex involves attraction, feelings, emotions, different behaviours and expressions of desire, and pleasure. It can be between members of the opposite sex or of the same sex.

The height or peak of sexual pleasure is called an orgasm. It is a feeling of great pleasure that has some physical manifestations. For men, an orgasm is accompanied by ejaculation – expelling semen (which contains sperm) out of the penis.

What is safer sex?

Within our sexual relationships, each of us has the responsibility to protect our partners from harmful health consequences, including STIs, HIV and unwanted pregnancies. The surest way to prevent infections and unwanted pregnancy is not to have vaginal, oral or anal sex. Everyone has the right to refuse unsafe sex (or sex that is unwanted for any reason). Many people, however, cannot or do not exercise this right.

Protecting ourselves and our partners

- Get tested for STIs at least once a year, and more often if you are at risk. Having one STI makes it easier to become infected with HIV or other STIs, and everyone should know their status.
- Avoid getting anyone else's fluids in our body, like semen, vaginal fluids, blood or breast milk. This is called safer sex and protects us and our partners from infection and from the risk of unwanted pregnancy.
- Examples of safer sex include: vaginal or anal intercourse with a condom; caressing, kissing and sharing erotic fantasies; masturbation (when partners touch each other's or their own genitals with their hands) and rubbing against each other.
- Agree with our partner/s to engage in forms of sex that still lead to orgasm but do not carry the risk of infection transmission. These other ways of having sex can be performed by couples of the opposite sex or same sex couples.
- Agree with our partners to use barriers, such as male or female condoms, or dental dams. Condoms are the only way to protect ourselves and our partners from STIs, HIV, and unwanted pregnancy, but they may fail. We must use them correctly every time we have sex. Use a barrier during oral sex. A barrier, will also help prevent transmission of STIs.
- Ensure that the vagina or anus is sufficiently lubricated before penetrative sex. This minimises the risk of tears, abrasions and painful intercourse (and makes it more

Penetrative and non-penetrative sex

Penetrative sex (called intercourse) is a sexual activity in which the penis enters the vagina or anus. Other forms of penetrative sex may involve using the fingers or an object.

Non-penetrative sex is a sexual activity where the penis is not placed inside the vagina, mouth, or anus.

pleasurable!). Particularly for anal sex, this may require using additional artificial lubricant products.

- Both partners can practice mutual monogamy. This means not having any sex partners outside their primary relationship and is known as 'being faithful'. However, a person can already be infected, or may not be completely faithful. Promising to be faithful therefore does not necessarily eliminate the need for practicing safer sex.



Remember!

Less risk is not the same as no risk. There are often risks involved with sex, but there are several ways to make it safer.

What is unsafe sex?

When we have unsafe sex there is risk of transmitting infections and of unwanted pregnancy. In the case of infections, both receiving and penetrating partners are at risk of transmitting and acquiring infections if one partner is infected and condoms are not being used.

Unsafe sexual activities include:

- **Unprotected penetrative and oral sex:** unprotected anal, vaginal or oral sex with a partner who is infected with an STI can result in transmission.
- **Withdrawing before ejaculation:** if a man withdraws his penis from the vagina before ejaculation, pre-ejaculate fluid can enter the vagina, and may contain infections and viruses, which results in the transfer of infection.
- **Using pre-ejaculate as a lubricant:** prior to intercourse, if a man uses pre-ejaculate fluid as a lubricant, the body fluid of one partner comes in contact with the other partner, making them prone to infection.
- **Felching:** sucking semen out of the vagina or anus of one's partner after sex is also a way to transfer infection.

- **Activities involving razors or shaving:** blood can be drawn from small nicks and cuts, transferring infection.
- Any sexual activity that draws blood.
- Do not floss or brush your teeth 30 minutes before unprotected oral sex, as this can cause bleeding or irritation in the mouth and increases chances for infection.

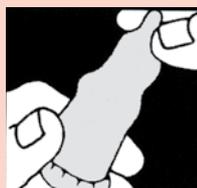
Using a condom (male and female)

Precautions when using any kind of condom

- The condom must be stored in a cool, dry place and not be placed under a heavy weight.
- When using lubricant (especially important during anal sex, to prevent condom breakage), only use water-based brands.
- Only use the condom if the package is not broken and the expiration date has not passed.
- After sex dispose of the condom appropriately. Condoms can be used only once. Do not reuse it.
- Do not use plastic wrap instead of condoms, it is not secure like a condom.

Using a male condom

- Use a new condom every time. Never use plastic wrap or other material instead of a condom. Condoms are made for one use only. Do not wash or reuse a condom.
- Make sure the package is intact and check the expiration date.
- Only open the package right before use.
- Hold the condom tip as you unroll it to save room for ejaculate.
- Only put it on when the penis is erect.
- Unroll the condom all the way.
- If you need to use lubricants; use only lubricants that are water-based. Check during sex to make sure the condom is not rolling off.
- After ejaculation, hold the condom at the base of the penis so it does not slip off, Pull out of your partner before the penis becomes soft.
- Tie up the condom before throwing it away to avoid spillage. Throw the used condom in a latrine or burn or bury it.



Using a female condom

Female condoms are special plastic tube-shaped bags that are closed at one end and are placed inside the vagina before sex. All semen is caught in the female condom upon ejaculation.



Get into a comfortable position (one leg on a chair, squat or lie down). Squeeze the inner ring between the thumb and forefinger and push the folded ring into the vagina as far as it will go.

When you are ready to have penetrative sex, guide the penis so that it enters properly. Don't worry if the female condom moves around during sex. If it slides up and down try using extra lubrication.



After ejaculation, remove the condom before getting up. Pinch and turn the outer ring then pull the condom out gently.



Throw the used condom in a latrine or burn or bury it.

What to do if the condom breaks and you or your partner may be HIV-positive:

- See a doctor.
- Post-exposure prophylaxis (PEP) is a month-long course of medications for people who have been exposed to HIV.
- To be most effective, they should begin PEP within 72 hours of exposure. Take them as early as possible.
- These drugs can have unpleasant side effects such as vomiting and nausea.
- PEP is not an alternative to safe sex.



Remember!

People living with HIV have the right to lead a healthy, safe and pleasurable sex life.

Many people tell their sex partners that they are (or suspect they may be) HIV-positive, even though telling them is not easy. Some people feel that a person has a right to know if his or her sex partner is HIV-positive, even if condoms are being used. Some people however do not tell their sex partners that they are (or suspect they may be) infected with HIV. Individuals who know that they are HIV-positive and want to tell their partners may find support and guidance from a counsellor or trusted health care provider.



Resources

Gordon, Gill. *Choices: a guide for young people*. MacMillan: London, UK. 1999

International Planned Parenthood Federation. *Healthy, happy and hot. A young person's guide to rights, sexuality and living with HIV*. 2010. www.ippf.org

International Sexuality and HIV Curriculum Working Group. *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*. The Population Council, Inc. 2009. www.popcouncil.org

Indian Network for People Living with HIV/AIDS, International Planned Parenthood Federation. *Positive prevention: prevention strategies for people living with HIV*. New Delhi: 2010. www.ippf.org

TARSHI. *The blue book: what you want to know about yourself, 15+ years*. TARSHI: New Delhi. 2008.

13. Contraceptives

What are contraceptives?

Contraception is any method used to prevent pregnancy. A person who intends to have heterosexual intercourse but does not want a pregnancy can use a contraceptive. Using contraceptives allows many people to enjoy their sex lives without having to worry about unwanted pregnancy. Male and female condoms also allow people to enjoy sex with less worry about STIs.

Most contraceptive methods are for use by females; only a few methods are used by males. There are many methods to choose from. Everyone – including young people – has the right to free and informed consent regarding which method to use. No method is perfect and every method has its own characteristics.

Though many methods require the woman to ensure its use, the responsibility for contraception should be taken by both partners.

There are many different methods to choose from and each individual (or couple) can decide which method best fits their needs. Only two methods, the male and female condom, protect against HIV and other STIs.

Prevention of pregnancy and protection from STIs

The male condom



The male condom is the only contraceptive which prevents STIs and also prevents unwanted pregnancy. A condom is a thin latex sheath that is rolled over the erect penis before intercourse. It

prevents the sperm from entering the vagina. It is important to use condoms correctly for them to be effective in preventing pregnancy and infection.

- Open the package and do not rip the condom.
- Only open the package right before use.
- Only put it on the penis when it is erect.
- Hold the condom tip as you unroll it to save room for ejaculate.
- Check during sex to make sure the condom is not rolling off.

The female condom



The female condom is a lubricated plastic sheath with two rings. One remains outside the vagina, and the other is placed in the vagina,

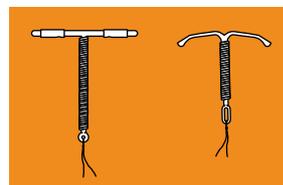
covering the cervix. It can be inserted hours before sexual activity begins. All semen is caught in the female condom upon ejaculation.

Precautions for both types of condom

- The condom must be stored in a cool, dry place and not placed under a heavy weight.
- When using lubricants (especially important during anal sex, to prevent condom breakage), only use water-based brands.
- Only use the condom if the package is not broken and the expiration date has not passed.
- After sex, dispose of the condom appropriately. Condoms can be used only once. Do not reuse it.
- Do not use plastic wrap instead of condoms, it is not secure like a condom.

Prevention of pregnancy only

IUD (intrauterine device)



An IUD is a small, flexible device, shaped like the letter 'T'. It often has copper wire on it.

It is inserted into a woman's uterus (womb) through her vagina (birth canal) by a doctor or a

trained nurse. The IUD has strings, or threads, tied to it that hang through the opening of the cervix into the vagina.

After it is inserted, it stays there and the woman cannot conceive.

IUDs work mainly by preventing sperm and egg from meeting. It makes hard for sperm to move through the woman's reproductive tract, and it reduces the ability of sperm to fertilize the egg. It could also prevent the egg from implanting itself in the wall of the uterus.

Precautions

The IUD must be inserted by a doctor or trained nurse on the fifth or sixth day of menstruation. The woman should check for the string each month that hangs down in the vagina near the womb to make sure the IUD is still in place, or ask a doctor to check this. Women must go to a doctor every six months to a year for a sonographic exam.

Benefits

Once the IUD is in the uterus, the woman does not need to do anything with it. It lasts 3, 5 or 10 years.

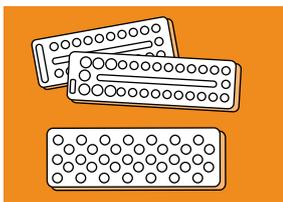
Risks

Side effects include risk of pelvic infection, heavier periods and other complications. See a doctor for severe stomach pain, unusual discharge, infections or a sick feeling.

Who should use them?

- Married women
- Women who have only one sex partner

Oral Contraceptives



Oral contraceptives are small pills that women must take at the same time each day. Some pills have two colours, and some, taken during menstruation, contain extra iron for health.

Take the first oral contraceptive pill on the fifth day of menstrual bleeding.

The fourth week of different-coloured pills will stimulate menstruation.

The oral contraceptive pills stop ovulation (release of eggs from ovaries). They also thicken cervical mucus, making it difficult for sperm to pass through.

Precautions

Pills must always be taken on time, and each time the woman misses a pill, she increases her chances of getting pregnant. If a woman misses a pill, she needs to take two pills within 24 hours. If she misses pills for two consecutive days she needs to ask her partner to use a condom and see a nurse or doctor for advice.

Many women use these to prolong their periods or control when their menses arrive. The pills should not be used in this manner without the advice of a medical doctor or nurse.

Benefits

- Very effective when used correctly
- No need to do anything at the time of sexual intercourse
- Increased sexual enjoyment because no need to worry about pregnancy
- Monthly periods are regular
- Can be used at any age from adolescence to menopause; however it is advisable only for women in a monogamous relationship with one partner, until age 35.
- Fertility returns soon after stopping

Disadvantages

- They do not protect against STIs or RTIs
- Nausea (most common in first three months)

- Spotting or bleeding between menstrual periods, especially if woman forgets to take her pills or takes them late (most common in first three months)
- Breast tenderness
- Slight weight gain
- Dangerous to women who smoke, and over 35 years old
- Using them for too long can cause a hormone imbalance, and mood swings.

Who should use them?

Can be used at any age from adolescence to menopause.

Men should always remind their partners to take their pills. Avoiding unwanted pregnancy is the responsibility of both the man and the woman.

Who should not use them?

- Women who are breastfeeding
- Women who may be pregnant
- Women who are suffering from high blood pressure, cardiac ailments or liver disease
- Women who smoke heavily – more than 20 cigarettes per day



Remember!

Contraceptive pills do not work if the woman is already pregnant before starting the pills.

Always visit a doctor if there is stomach, chest, head, or eye pain, or pain in the legs.

Emergency contraceptive oral pills

Emergency contraception refers to methods of preventing pregnancy that can be used after unprotected intercourse has occurred. Emergency contraception can prevent pregnancy if taken within five days after unprotected sex, but works best when taken as early as possible within this time period. Emergency contraception works by preventing ovulation, preventing an egg and sperm from joining or preventing implantation of the fertilised egg in the lining of the uterus. Emergency contraception does not cause an abortion, because it does not work if the woman is already pregnant. Follow the exact instructions provided with the pills.

Benefits

This is a good backup option if another method fails, or if no contraceptive was used during intercourse.

These pills should not be used on a regular basis, and are only for occasional instances.

Permanent methods: vasectomy and female sterilisation

Female sterilisation is a permanent contraceptive for women who do not want more children. It is a safe and simple surgical procedure and can usually be done with local anaesthesia and light sedation.

A small incision is made by the doctor in the woman's abdomen and the two fallopian tubes are blocked off or cut. These tubes carry eggs from the ovaries to the uterus. With the tubes blocked, the woman's egg cannot meet the man's sperm.

Vasectomy, or male sterilisation, is a permanent contraceptive for men who decide they do not want more children. It is a safe, simple and quick surgical procedure and can be done in a clinic.

The doctor makes a small opening in the man's scrotum (the sac of the skin that holds his testicles) and closes off both tubes that carry sperm from his testicles. This keeps the sperm out of his semen. The man can have erections and ejaculate semen, while his sperm no longer makes a woman pregnant.

It is not castration, and does not affect the testes, and it does not affect sexual ability.

After the surgery, men need to return to the doctor for a check-up and to make sure the surgery was successful.



Remember!

- **If you want to avoid pregnancy, use a contraceptive every time you have sex.**
- **Condoms, IUDs, oral contraceptives and sterilisation procedures are available through the National Health Program free of charge.**
- **There are other contraceptives available in the market, including injectables, diaphragms and implants.**



Resources

International Sexuality and HIV Curriculum Working Group.
It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education. The Population Council, Inc. 2009.
www.popcouncil.org

14. Drug use and harm reduction

What are drugs?

A drug is any substance that alters our physical or psychological functioning. There are three main categories: depressants, stimulants and hallucinogens.

Depressants are drugs that slow down the activity of the brain and other body functions. They are often used to relieve pain, reduce anxiety and help us relax or sleep. They include opioids, cannabis, benzodiazepines and alcohol.

The effects of opioids can include:

- depressing the central nervous system so our functions (including breathing and bowel movement) are slowed down
- a feeling of euphoria and a subsequent sense of profound well being
- pain relief
- drowsiness and lethargy.

Opiates can be injected, snorted, swallowed or smoked. Heroin is 'active' in the body for around five hours. This means that a sustained effect requires around four doses a day.

Stimulants are drugs that speed up the impulses going to and from the brain. Stimulants include amphetamines and amphetamine-type substances (ATS) (such as methamphetamine, dexamphetamine and crystal methamphetamine), ecstasy, cocaine, crack cocaine, tobacco, coffee and some inhalants like amyl or butyl nitrites.

The effects of stimulants can include:

- increase in heart rate and body metabolism and the delay of sleep. Some people experience increased alertness, energy and a feeling of power.
- feelings of confidence, energy and alertness. Sometimes they can stimulate libido and sexual activity. We can become more outgoing and talkative, but we may also feel tense and anxious. The effect usually lasts for three to six hours, after which withdrawal can lead to tiredness, irritability and depression.

Withdrawal symptoms for both opiates and amphetamines are intense when we are dependent on drugs.

Hallucinogens are both natural and synthetic drugs that mix up impulses going to and from the brain, causing changes in our perception of reality. Hallucinogens include LSD, cactus plants containing mescaline, mushrooms containing psilocybin, PCP (phencyclidine) and ketamine.

Why do people take drugs?

People use drugs for many reasons, including: to experience a high, to prevent withdrawal symptoms, escape reality, alleviate mental or physical pain, because of peer pressure or disappointment, to celebrate, to feel relaxed, out of curiosity, to enhance sex or for fun.

Children may observe family members or friends consume drugs and mimic their behaviour, or they may experience peer pressure. They may also be affected by seeing drug use in popular culture. People take drugs for many different reasons, because of their different backgrounds and experiences.



Methods of consuming illegal drugs

There are different ways to consume drugs and different justifications for each. For example, a person might start out snorting amphetamines, but if supplies become scarce could resort to injecting to reap a stronger effect from a smaller amount of drugs.

- **Injection:** this involves using a needle (syringe) to inject the drug directly into the body. If the syringe is not sterilised, this puts the user at risk for HIV infection and other blood-borne diseases like hepatitis C. Injecting causes blood to pump more poorly through the body. It can also cause serious infections at the injection sites if the equipment or drug is not sterile.
- **Smoking:** the user inhales vapours of the drug into the lungs. This can cause lung cancer, narrowing of blood vessels, heart attacks and other serious lung diseases.
- **Insufflation:** the user inhales a drug through the nose. This can cause serious damage to the nose and nasal passages, and can ultimately collapse parts of the nose.
- **Inhaling through the mouth:** inhaling drugs, gases, aerosols or solvents. It can cause hypoxia (lack of oxygen), pneumonia and heart failure.

What is substance dependence?

Drug use can develop into drug dependence, also known as addiction. In the case of opiates, if we use them consistently and over time, adaptation occurs in our body in order to 'normalise' to our usual opiate levels. The brain stops producing its own opiates (called 'endorphins') to regain the usual balance. The pleasure or reward systems in the brain adapt to higher concentrations of endorphins from opiates, and we need more in order to feel 'normal'. This is called 'neuro-adaptation'. Neuro-adaptation explains why opiate users report

needing to take increasing doses to achieve the same effect. This is known as ‘tolerance’.

If a dependent person suddenly stops taking opiates, it takes their body a few days to return to normal endorphine production. In the meantime, with no opiates or endorphins in the body, the person will experience an uncomfortable period of withdrawal. The degree of discomfort correlates with the degree of dependency, or the size and frequency of a person’s usual dose.

How do drugs affect peoples’ lives?

When a person’s drug use intensifies, the problems associated with drugs intensify too. If they are poor, their poverty is usually intensified by the expense of buying illegal drugs. For those who have become dependent, their thoughts and actions for most of the day may be related to ensuring the next dose. The other parts of life – family, work, study – may become less of a priority. This can lead to increased social isolation, family and health problems. See Table 1 for a list of possible health problems associated with drug use.

Problems with the police can become a dominant part of drug users’ lives, as can the pressures that may result if they are desperate for money to buy drugs. This can lead to risky behaviour and increased HIV vulnerability, and the stigma that accompanies injecting drug use can lead to social exclusion, discrimination and incarceration.

Not all of the effects of drugs are experienced badly. A person can experience euphoria, relief from pain, creative inspiration, colourful dreams and other pleasurable effects from opiates. People who use drugs often become part of a close-knit community and value some of the social aspects of being with other people who use drugs. With the help of peer education programmes, people who use drugs can support and care for each other, and educate each other about health, HIV prevention, preventing and managing overdose and how to use drugs safely.

How is injecting drug use linked to HIV and hepatitis C?

Sharing injecting equipment is a very efficient way to transmit the HIV virus, as well as other viruses such as hepatitis C. Sharing injecting equipment has been associated with the rapid expansion of HIV epidemics in Asia and Eastern Europe, and about 10% of all HIV infections occur through sharing injecting equipment.

Many people who use drugs have hepatitis C, which is very contagious and can be transmitted not only by sharing needles and syringes but also by sharing injecting equipment such as cotton swabs, water and spoons, or cookers. Hepatitis C can cause serious physical harm, and when a person is infected with both HIV and hepatitis C, as often happens as a result of injecting drugs and sharing equipment, the consequences can be serious

Table 1: Health problems associated with drug use

Injection-related injuries and infections

Injection-related injuries

- Bruising
- Scarring
- Swelling and inflammation, including urticaria
- Venous injury
- Arterial injury

Injection-related infections

- Cellulitis and abscess
- Thrombophlebitis

Complications of injection-related infections

- Bacteraemia and septicaemia
- Musculoskeletal infections
- Endovascular complications
- Tetanus

Infectious diseases

- Sexually transmitted infections
- Hepatitis B and C
- Respiratory tract infections
- Tuberculosis

Non-infectious disorders

- Psychiatric disorders
- Substance dependence

Other common health problems

- Pain
- Constipation
- Poor dental conditions

World Health Organization Regional Office for South-East Asia (2009), ‘Management of common health problems of drug users’. Available at: www.searo.who.int/LinkFiles/HIV-AIDS_Primary_care_guidelines.pdf

What is harm reduction?

Harm reduction aims to reduce the harms associated with drug use and HIV. It is a pragmatic approach to health comprised of interventions that address harms like HIV transmission, hepatitis C transmission, overdose and unsafe injecting.

The harm reduction approach does not set out to stop people taking drugs, acknowledging that those who are currently unwilling or unable to become abstinent remain at risk of HIV and other preventable harms. Abstinence-based programmes do not have effective HIV prevention outcomes, and some approaches that set out to stop people using drugs have also severely restricted their human rights. Harm reduction, based on public health principles, has a client-driven approach, aiming for improved health at a speed that is acceptable and realistic for the client.

Harm reduction measures for drug users include:

- supplying condoms
- providing clean needles and syringes through needle and syringe exchange programmes
- supplying the drug substitute, methadone, called oral substitution therapy (OST)
- abscess management and other health services
- detoxification/de-addiction and rehabilitation

Harm reduction is also a process. This approach is centred on the 'hierarchy of risk', which is used to categorise HIV infection risk related to injecting drug use. It is as follows:

Never use drugs or stop using drugs.

This is the most effective way to avoid HIV infection related to drug use.

If you use drugs, do not inject them.

This is a very effective way to avoid HIV infection related to drug use.

If you inject drugs, always use sterile injection equipment.

This is the only effective way to avoid HIV infection related to drug use.

If you cannot always use sterile injection equipment, re-use your own injecting equipment.

HIV infection related to drug use can be avoided if you re-use your own injecting equipment (so long as no one else has used the equipment).

Drug dependence treatment

Opiate dependency is a chronic and relapsing condition typically involving cycles of dependence, withdrawal and relapse. When people who have an opiate dependence are ready to receive effective treatment, they stop injecting or reduce the amount of injecting, and this also has a powerful effect on preventing HIV transmission.

There is no one drug dependence treatment that works for everyone, and some treatments are more effective than others. However, opioid substitution therapy (OST) (methadone or buprenorphine) has been proven to be highly successful for HIV prevention, anti-retroviral treatment (ART) adherence, crime reduction, health and lifestyle improvements, and overdose prevention.

OST can be very effective at:

- reducing transmission of HIV and HCV
- helping people to manage opiate dependency
- improving the health and quality of life of people dependent on opiates
- supporting adherence for people living with HIV who use drugs and who need ART.



Resources

International HIV/AIDS Alliance. *Good practice guide: HIV and drug use*. 2010. www.aidsalliance.org

NACO and Emmanuel Health Association. *A manual on working with injecting drug users - a trainers manual*. 2008. www.nacoonline.org

15. Sexual and reproductive health services

Everyone needs to contact a service provider, like doctors, nurses or health educators, to take advantage of various health care services. Both preventive and curative services are available through the public health system in India. People can seek treatment from different health care providers. The government provides primary health care services to everyone, free of cost, through the public health system.

The public health system operates at different levels from village to state. To avail these services one must know the structure and functions of the health care facilities that are operated at different levels.

What primary health services are available?

Different health services are available at village, cluster, block and district levels. These include general primary health services, as well as various sexual and reproductive health-related information and services. There are many services and government programs to help young people stay healthy.

To get more information and to take advantage of these services, contact the local auxiliary nurse midwife (ANM), Anganwadi worker (AWW) or Accredited Social Health Activist (ASHA).

Village level

The sub-centre at village level provides the following health services under various programmes:

- Preventive and prompt referral for communicable diseases and to control any epidemics
- Treatment for minor ailments such as ordinary fever, diarrhoea, dysentery, vomiting, worms infestation and first aid
- Appropriate and prompt referral to the nearest primary health centre (PHC) or community health centre (CHC) if the patient is in a critical condition.
- Disease surveillance and reporting for all national health programmes and endemic diseases.

Sexual and reproductive health

- Antenatal care and institutional delivery (including cash assistance)
- Post-natal care
- Essential newborn and child care and development including nutrition counselling and referral, immunisation, vitamin A supplements
- Nutrition supplementation for pregnant mothers, lactating women and children below six years and partial day care (crèche) for four hours.

- Promotion and supply of contraceptives including IUD insertions and follow-up services for permanent methods
- In some cases, HIV testing and counselling and services to prevent mother to child transmission through integrated counselling and testing centres (ICTCs). ICTCs also provide referrals free of cost, diagnostic tests, information about HIV, and links to care and treatment services.



Where can I get condoms?

- ✓ Non-traditional outlets like *kirana* (grocery) shops, *dhabas*, auto workshops and barber shops in the village may carry condoms.
- ✓ Condom vending machines are installed in some PHCs and city streets.
- ✓ ASHAs may carry condoms in the village.
- ✓ Some NGOs also distribute condoms.
- ✓ Some places carry them only in private medical stores.
- ✓ STI clinics, ICTCs and obstetrics and gynaecology clinics.

Cluster level

At the cluster level a PHC provides most of the health services provided by the sub-centre, in addition to:

- First aid and appropriate management for injuries and accidents and stabilisation of the patient before referral/discharge
- Ayurveda, yoga and naturopathy, unani, siddha and homeopathy treatment other than through allopathic system, as per the local people's preference
- Support to school health programme through regular check-ups and appropriate treatment
- Drinking water tests and purification
- Early detection of disabilities, initial intervention and referral
- Emergency care
- Diagnosis and treatment of major illnesses including tuberculosis (TB), blindness, malaria and microfilaria, dengue and HIV screening
- Routine lab tests related to blood sputum, urine, stool examination and for tuberculosis (TB), malaria, HIV, typhoid, syphilis, RTIs and STIs.

Sexual and reproductive health

- 24-hour services for both normal and assisted deliveries. First aid and referral for serious obstetric emergencies
- Integrated management of neonatal and child health
- Spacing and permanent methods of family planning and follow-up
- Abortion services limited to counselling and early term medical termination of pregnancy (MTP) using manual vacuum aspiration technique. (Only where trained personnel and facility exist.)
- Special operation camps for vasectomy, tubectomy, MTP
- Diagnosis and treatment of RTIs and STIs
- In some cases, HIV testing and counselling and PPTCT services through ICTCs.

Block Level

CHCs are located at the block level. They provide services similar to those available in PHCs, in addition to the following health services:

- Special treatment in endemic diseases like dengue haemorrhagic fever, cerebral malaria, etc.
- Routine surgical procedures and simple operations
- Basic routine pathological tests with advance tests for some diseases as blood transfusion, and testing and treatment for drinking water sources
- Preventing and managing epidemics and outbreaks.

Sexual and reproductive health services

- Essential and emergency obstetric care, and 24-hour services for normal and assisted deliveries
- Emergencies related to reproductive and child health
- Specialised family planning services, laproscopic, gynaecological and safe abortion services
- Counselling and treatment of RTIs and STIs
- In some cases, HIV testing and counselling and PPTCT services through ICTCs

District level

At district level, there are district hospitals and health centres provide specialised in-patient and out-patient services, including surgery and diagnostics.

- Essential and emergency obstetric care, and 24-hour services for normal and assisted deliveries
- Emergencies related to reproductive and child health
- Specialised family planning services, laproscopic, gynaecological and safe abortion services
- Counselling and treatment of RTIs and STIs
- HIV testing and counselling and PPTCT services through ICTCs
- Antiretroviral therapy (ART) through ART centres in district-level hospitals.

In addition to the services available through the government system, NGOs and private providers also provide services. Specifically in relation to HIV, these include:

- Targeted interventions specifically for key populations providing HIV prevention, treatment, care and support services
- Community care centres providing holistic care, treatment, and support to people with HIV including referrals and family support.



Resources

National Rural Health Mission, Ministry of Health and Family Welfare, Government of India.
<http://mohfw.nic.in/NRHM.htm>

National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India.
www.nacoonline.org

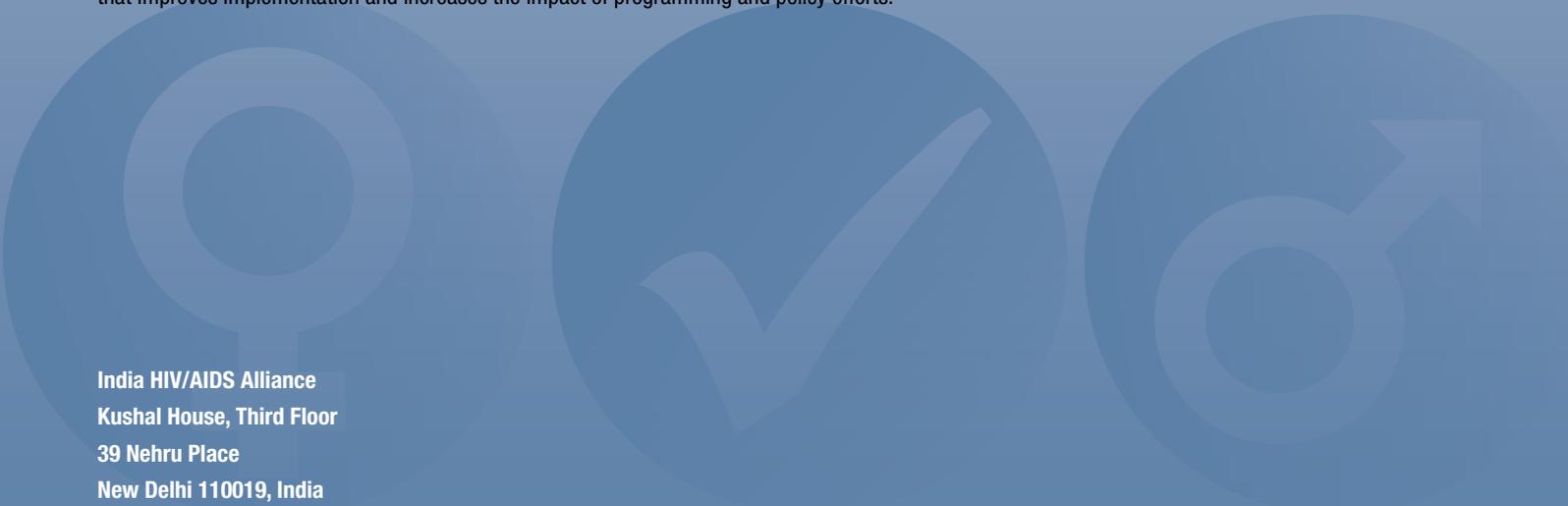
About the India HIV/AIDS Alliance

Since our founding in 1999, India HIV/AIDS Alliance (Alliance India) has supported community action to prevent HIV infection, meet the challenges of AIDS, and to build healthier communities.

Alliance India is a diverse partnership that brings together committed organisations and communities to support sustained responses to HIV in India. Complementing the national response to HIV and AIDS, Alliance India works through capacity building, knowledge dissemination, technical support and advocacy. Through a network of intermediary implementing organisations called Linking Organisations and other partners, Alliance India supports the delivery of effective, innovative, community-based HIV programmes to key populations affected by the epidemic.

Alliance India's response to HIV is guided by certain core commitments. We strive to enable communities to play a central role in the response to HIV and ensure that vulnerable people and communities are meaningfully involved in all aspects of the response. In so doing, we hear and respect the voices of the most marginalised, including people living with HIV, sex workers, men who have sex with men, transgender people, injecting drug users and young people. In all our work, we actively strive to challenge stigma and discrimination at individual, community and institutional levels and support interventions that are gender-sensitive and rights-based.

Alliance India is committed to programming and technical support that are informed by evidence, represent good value for money, and are of consistently high quality. Our expertise has evolved in response to the needs of communities and the evolving nature of India's epidemic. The technical themes at the core of Alliance India's work are HIV prevention, care and support, sexual and reproductive health and HIV integration, drug use and HIV, and TB and HIV integration. Through the Alliance Regional Technical Support Hub (South Asia), we work regionally to provide technical support to civil society organisations, governments and international agencies that improves implementation and increases the impact of programming and policy efforts.



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