

HIV and Reproductive Health

Promoting Rights-based Action to Improve Youth & Adolescent Reproductive Health Including HIV/AIDS in India

"I enjoy my work extremely and feel that by being a Youth Animator I have got an opportunity to serve my community. This has motivated my family to work for the betterment of the community. My sister is an Integrated Child Development Services worker and the Secretary of a Self Help Group in our village."

- Jebunnisa Begum, 24 year old Youth Animator

EC Partners

Interact Worldwide

Child In Need Institute
India (CINI)

Nav Bharat Jagriti Kendra
(NBJK)

Facts and Figures

- 236 villages covered
- 35 drop-in centres
- 6 youth health fairs held
- 160 youth groups formed
- 125 youth animators selected

Geographic coverage

- 12 districts of West Bengal and Jharkhand



EUROPEAN
COMMISSION

Working with children and young people

Vast areas of India remain very poor, despite general economic improvement in recent years. Women, children and young people experience a substantial and persistent disparity of opportunity in accessing basic education and health services and have diminished economic prospects. In a tragic and vicious cycle, vulnerable children and young people are further marginalised through experiences of gender based violence, living as street children, illiteracy, or by engagement in transactional sex. These vulnerable individuals have a great need for targeted SRH information and services but access is extremely limited. As a consequence, the most at risk groups experience poor SRH including unwanted pregnancy, maternal and infant mortality, and high risk of HIV transmission. Their vulnerability is compounded by social factors such as expectations of early sexual debut, multiple partners and casual sex, and taboos and misconceptions around adolescent sexuality. With financial support from the European Commission, Interact Worldwide is implementing a project specifically targeting the sexual health behaviours of young people, their exclusion from SRH services, and the need for communities and civil society to address their SRH rights and needs.

Adopting healthier behaviours and accessing appropriate services

- Improved sexual and reproductive health, HIV/AIDS, health-seeking behaviour and reduced sexual health vulnerability including in relation to gender among children and young people (ages 10–24) in 12 districts of West Bengal and Jharkhand

What has been achieved?

- 4,200 service providers trained in youth friendly SRH&R and HIV/AIDS information, services and referral systems
- Accurate and correct information regarding SRH&R and HIV/AIDS provided by over 5,000 trained Peer Educators and 150 Youth Animators
- Youth friendly drop-in centres established as a community-based resource for provision of services and information
- 4,680 adult members of targeted communities such as community leaders, parents and government representatives trained in children & young people's SRH&R and community monitoring of health care services. 90 of these adults will be trained in counselling with a focus on parenting skills.
- Improved community based infrastructure to support youth friendly services and outreach through increased capacity of 30 community-based organisations

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At the age of 11, Lalita was married by her parents to Mahavir, a truck driver who is on the road for 25 days a month. She gave birth to her first child, a stillborn, a year later. Subsequently she gave birth to two more children who did not survive beyond the first month. Now at the age of 15, she has given birth to a baby girl who is too weak to suckle. The Auxiliary Nurse and Midwife who is from a higher caste did not visit her during this pregnancy or any previous pregnancy. Fortunately, Lalita has been attended to by a Rural Medical Practitioner who helped her during delivery and has given her molasses to be fed to the newly born child. Without this care, Lalita's baby girl would not have survived.



15 year old Lalita and her baby girl

Looking at the important role that the Rural Medical Practitioners play in the lives of those who have limited access to health services, Child In Need Institute (CINI) with other local NGOs has been training and building the capacity of the Rural Medical Practitioners on Adolescent Sexual Reproductive Health, and on identifying cases which would require professional intervention and referring these to the nearby Primary Health Centres.

Unlike most girls from her community who drop out of school and are married of early, Jebunnisa Begum is a 24 year old girl from a minority community and is currently working as a Youth Animator. Through her work she counsels, informs and trains married and unmarried adolescents and youth of the community on Sexual & Reproductive Health issues. Despite resistance from her community to use contraceptives, she is a depot holder of contraceptives, and promotes and motivates her community to use contraceptives. She aims to continue with her work as well as inspire other young girls of her community to join her in creating a favourable situation for young people and their reproductive and sexual health.



Jebunnisa Begum in training on Reproductive and Sexual Health with her older colleagues