

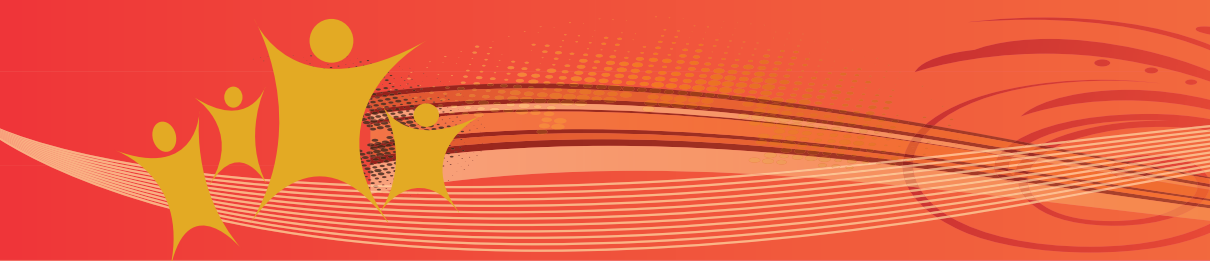
# MULTI-LAYERED REFLECTIVE PROCESSES FOR SOCIAL CHANGE



**SAMRAKSHA**  
**2009**



# MULTI-LAYERED REFLECTIVE PROCESSES FOR SOCIAL CHANGE



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#### Acknowledgement

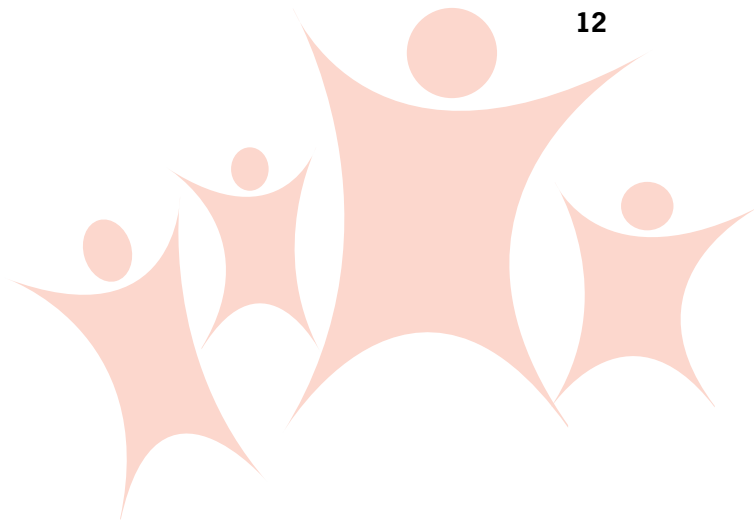
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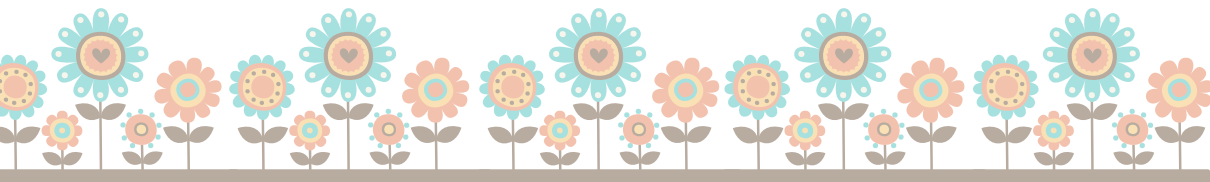
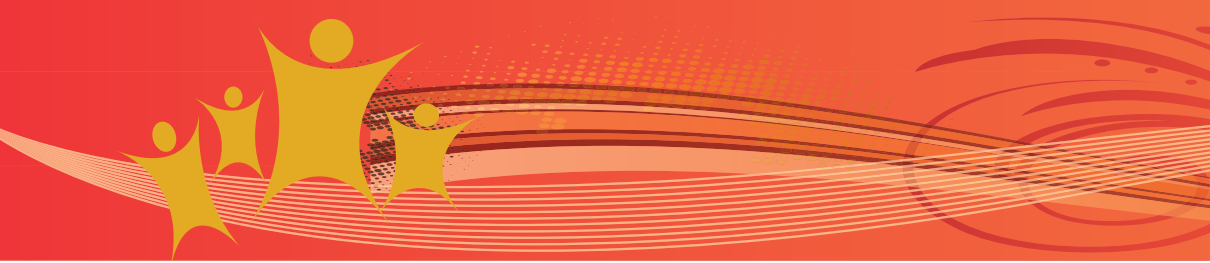
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# CONTENTS

|   |           |
|---|-----------|
| <b>The Concept and its Development</b>  | <b>1</b>  |
| Advancing Adolescent Reproductive<br>and Sexual Health and Rights             | 1         |
| Approach and Methodology  | 2         |
| Materials and Activities Developed  | 3         |
| <b>Multi-layered Reflective Processes</b>                                     | <b>5</b>  |
| Stimulating Discussions: Awareness Activities                                 | 5         |
| Deepening the Discourse:<br>Workshops with Significant Stakeholders           | 7         |
| Contextualising the Issues:<br>Perspective building Sessions with Adolescents | 8         |
| <b>Conclusion</b>   | <b>12</b> |





# THE CONCEPT AND ITS DEVELOPMENT

## 1. Advancing Adolescent Reproductive and Sexual Health and Rights

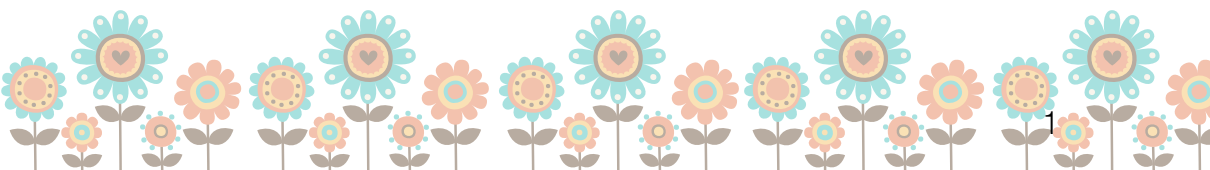
Yuvashakti was an adolescent reproductive and sexual health programme which evolved out of Samraksha's experiences in reproductive and sexual health initiatives with urban women living in slums in Bangalore city. At the start of the programme in 2004, the STI rates in these populations were strikingly high, and it was also seen that both the age of marriage and the age of birth of the first child were low. According to the district level reproductive health survey in Karnataka, nearly 13% of the girls in Bangalore Urban district were married before the legal age. In the slum communities the proportion was far higher.

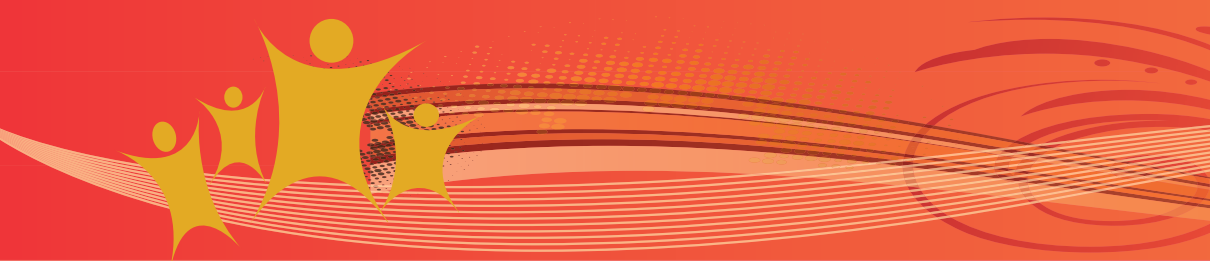
Samraksha's experiences highlighted the vulnerability of adolescents and young people, especially young women, not just to HIV but also to several social, economic and psychological hardships related to early marriage. The key reason for this, which emerged from several informal discussions in the community, was that most were not ready for marriage, parenthood and a life of responsibility in the community. There was also a lack of space for them to discuss issues related to their sexuality and its various forms of expression, and a clear lack of public articulation of reproductive and sexual rights and responsibilities.

Yuvashakti was an initiative that looked at advancing the reproductive and sexual health and rights of young people. The programme focused on 6 areas: Shadabnagar, Dodannanagara, Idgah Mohalla, Shampur, Modigarden and Manorayanapalya, which come under the larger umbrella of Sultanpalya slums. The population of this area was multi-cultural, multi-lingual and belonging to different faiths and there was very little mixing or interaction between the different groups.

The goal of this initiative was to advance the reproductive and sexual health and rights of adolescents and young people through a community-based approach. Samraksha's prior experiences in working with rural and urban communities on the issues of HIV and reproductive and sexual health, clearly showed that working with individuals in isolation was not sufficient to initiate and sustain change within any targeted group. It was necessary to create community norms and pressures to initiate and sustain change and this needed work with the larger community.

Adolescent and young people's expression of their reproductive and sexual rights was shaped by numerous influences within the community. Therefore, the programme worked directly with adolescents and young people below the age of 25, and also





with two other groups within the community. Specifically, the programme identified young men (25–30 years) and older women (above 25 years) as gatekeepers to the community, who could help the young people claim their rights as well as exercise them in a responsible way. Earlier work in the area by Samraksha had shown that the older women, largely mothers and mothers-in-law, spent more time with these young people, especially young women, and significantly moulded their values and attitudes. Younger men (25–30) emerged as another group to work with, as they appeared to influence the behavior of adolescents and young people and served as role models.

In a very complex and heterogenous geographical community such as the one selected, the programme was ambitious because it went beyond the traditional reproductive health education and services and aimed at sowing the seeds of community norm change. The programme tried to get the community to think deeply about two key areas in reproductive sexual health : age at marriage and age at birth of the first child. The goal was to challenge community norms and push back the age of marriage and motherhood.

The attempt of the document is to share the process of engaging different individuals and groups in the community in discussion and reflection on a matter deeply embedded in community culture and tradition.


## 2. Approach and Methodology

As the objectives went beyond looking solely at behaviour change to stimulating processes that could lead to norm change, the approach had to be layered. Different strategies were needed with different groups of people who contributed to the development , guardianship and compliance with norms. The approach taken consisted of deepening perspectives, creating spaces for reflective thinking and critical questioning. Three types of interventions were adopted:

1. Stimulation of discussions in the community through awareness programmes,
2. Deepening the discourse through workshops with significant stakeholders
3. Personalising the context with adolescents and young people through perspective building sessions.

Stimulation and Awareness Activities were designed to attract attention and stimulate thought on certain issues. Broad in their content, they aimed at reaching out to the entire community and also created a visibility for the organization and the implementing team within the community. They set the stage for talking about reproductive and





sexual health, and brought up issues like early marriage and men's involvement in women's health into the public discourse. These matters were obviously not discussed within the home, given their gender and patriarchy contexts. Creating spaces for public discourse on this in a non-didactic manner was critical to developing a comfort level around talking about these issues. The desired community norm change around these issues needed much time for dialogue and discussion. Over a period of time, change would start taking place.

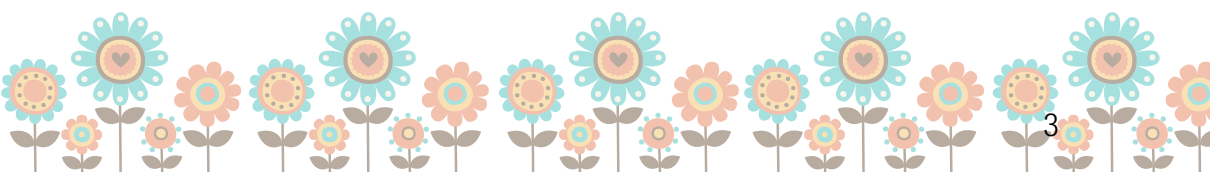
Interactive Sessions/Workshops with older women and younger men focused on the issue of early marriage and challenges and difficulties it posed to both young men and women. They also focused on the need for involvement of men in woman's health, particularly during pregnancy and childbirth. These sessions were designed as group discussions, aided by visuals and stories from the same community.

Reflective Learning Sessions with adolescent boys and girls and young people were a mix of participatory learning sessions, discussions, games, puppet shows, theatre etc. which provided a space for them to articulate their concerns, seek information on reproductive and sexual health related issues, and to clarify myths and misconceptions. These sessions operated within a rights-based framework with an emphasis on supporting and strengthening young people to make informed, responsible choices, rather than directing them towards pre-decided ones.

### 3. Materials and Activities Developed

This approach needed dynamic interactive material which was rooted in the experience of the community. There was plenty of good material available from other different contexts. A balance was needed between adaptation of well-developed material and creating material out of one's own experience. Samraksha developed certain frameworks within which it adapted and used materials developed by other groups and communities as well as by other programmes of Samraksha and also evolved indigenous material.

It especially sought out materials that had been developed by organizations working in similar contexts, and specifically on issues of adolescent reproductive and sexual health and rights. Material from Pathfinder, for example, flipcharts on different reproductive and sexual health issues like pregnancy, contraception, safe abortion etc. were adapted to the local idiom and used for the reflective sessions. Materials on soft skill development, like communication and decision making, were adopted from the material of Life Planning International. Some exercises were also adopted from

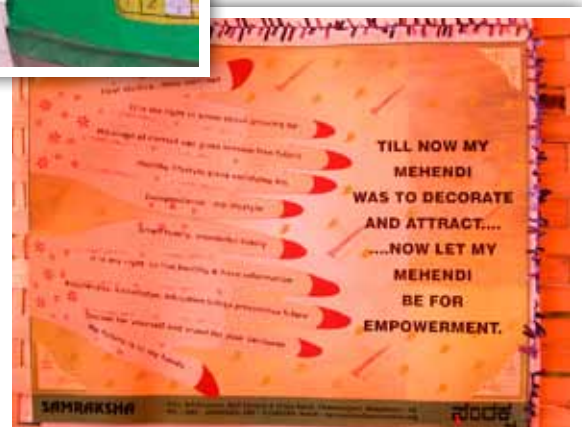


IHMR, Pachod, and Oxfam Translation and adaptation of material was made, with due permission from the original publishers

The material was used not as direct teaching modules, but rather as a backdrop for the reflective sessions. Some of the material was developed by the community members themselves like audio tapes, street play scripts for the mass awareness programmes and a story bank for various workshops and reflective sessions.

The team developed a repertoire of small items from other entertainment mediums. They were trained in using magic and puppetry. They also collected different kinds of games from the local communities and other programmes. These took a different shape as context-specific analogies, stories and metaphors developed around them. Sometimes they used clips from popular films and songs. All these material was used to create insights or highlight or reinforce issues under discussion.

Development of diverse, local material greatly helped in bringing about the engagement of the community at all levels in the discussions.



## 1. Stimulating Discussions: Awareness Activities

Stimulation Activities aimed at introducing an idea into the public discourse through large infotainment events and following up with more interactive street corner activities to stimulate discussion in the community. Thus, mass awareness events like auto awareness and stage shows introduced the issues around early marriage into the community consciousness, while the smaller street- corner awareness activities gave space for more intensive discussions around the pros and cons of it. The most popular of the street corner activity was the “ Chatri Karyakrama” where a beach umbrella was set up in a public space in the street to attract people, and various games and activities stimulating discussion of early marriage took place under it.

The awareness programmes centered on a script, which was developed by the community members themselves, with some support from the team. Several scripts were developed and they primarily dealt with two issues, early marriage and early pregnancy. They reflected everyday situations, which the communities could immediately connect with, in the local language and idiom.

Methodologically, these scripts lent themselves to adaptation for different media. They were recorded and played as audio tapes in public places. They were enacted as street-plays and as puppet shows. Sometimes, the scripts were adapted, and integrated, along with a magic trick, to be played out in the community, and communicate the message in an alternative fun filled way.

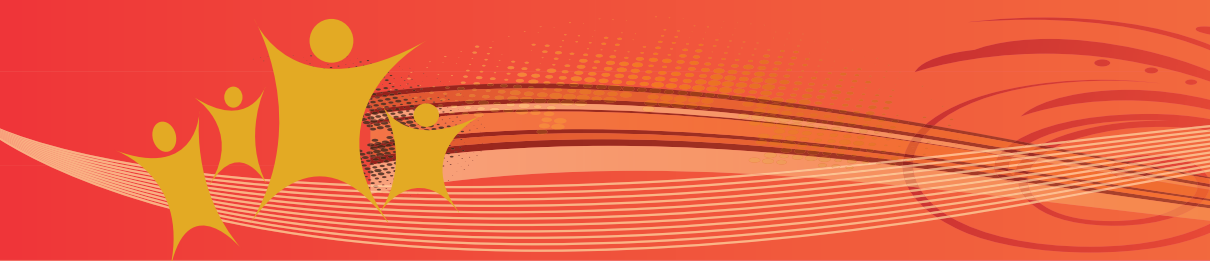
The scripts were used with a varying set of exploratory questions with different audiences. As a discussion stimulation exercise, it was taken around the locality in an auto rickshaw, which would stop at various points and play the tape. The tape was like a radio magazine with songs and the recorded script right in the middle. Once a group collected, the audio version of the script would be played and people would be asked to respond.

For each audience, the sub theme was different and their personal experience of such situations was drawn out and discussions facilitated. In a public place with a mixed

### The Story of Taseem

*This revolves around an 18 year old girl with a two old baby and her frustration at having to manage housework and the baby with no help from her 19 year old husband who spends very little time at home after the birth of the child.*

*The script explores several sub themes Taseem's relationship with her mother in law, her changed relationship with her husband, her anger with her parents, her envy of her friends who are now in college or working, the resentment of her husband at being expected to be more at home, his stress an dbeing expected to provide for the home, etc.*



crowd for instance, the questions were on the lines of: Are young people able to make right choices & decisions? Are elders/parents able to have discussion with their adolescent children? Why do parents look for an early marriage? Are there any risks for young people in the community? Do young people try to understand their family & parents? If there were more young people in the audience, the questions would change to Are elders/parents able to understand young people? Are young people able to take decisions on issues such as marriage or continuing education? Are there people they can talk to in the community? Why do young people want to marry early?

**Street Corner Activities:** Discussion at a small group level was stimulated through a series of activities . One example is “Pick and Speak” This consisted of a game of skill, ringing an item placed on a table, and speaking for 2 minutes on the topic attached to the “prize” before claiming it. All topics would be related to sexual and reproductive health.

Another was using a giant sized snake and ladder game board with statements on a cardboard strip attached to ascent and descent points. As the participants threw the dice and started moving it, they read out the message in the relevant squares. Desirable responses were associated with going up, winning and success and undesirable responses were associated with going down, losing and problems.

The main strategy was to reinforce the main messages in multiple ways .

### **Outcomes from the Awareness and Stimulation Activities**

Over the course of the intervention, the complex issue of early marriage could be explored: especially the different socio-cultural norms that dictate the marriage choices for boys and girls. Several issues, were publicly discussed through the mass awareness programmes.

During these programmes, community members shared instances of early marriages in their community, due to different pressures. In some instances, daughters had been married off early, when there was an opportunity for a good alliance, or it was felt that she may be getting involved in undesirable relationships. There were other examples of where young people chose to marry early, despite parental opposition, and even ran away from home to get married. Community members had also witnessed the negative impact of early marriage; including frequent quarrels among young couples in their communities, and often, the break-up of the marriage. These discussions also gave them an opportunity to reflect on the different kinds of impact that early marriage could have on the couple and the family physically and emotionally.



These programmes created a climate of open discussion, and helped to break down resistance across different cultural and religious backgrounds to send young people for the reflective sessions and workshops on reproductive and sexual health.

## 2. Deepening the Discourse: Workshops with Significant Stakeholders

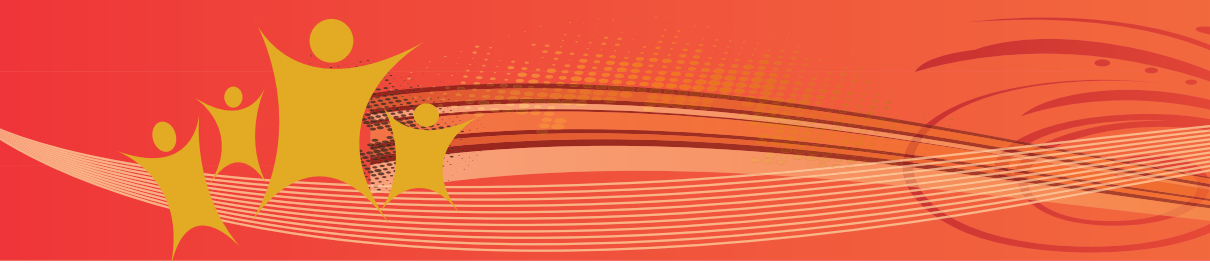
Two groups in the community, older married women (over the age of 25) and young men (working men below 25 years) were identified in the pre-project studies as significant stakeholders, who were seen to be gatekeepers in the community on marriage-related decisions. These two groups appeared to be in a position to influence these decisions in the family, and also considerably influence adolescent thinking and action.

Workshops with these significant stakeholder groups typically lasted about half a day, which was all the time the community members

*In using Taseem's story, for instance, the questions would change. For example,*

*Why did Taseem marry early, what were the problems because of that? Who suffered because of that? What is the situation of Taseem's husband? Can he take responsibility for the family? What would you do if you were Taseem's parents? What could Taseem's husband have done to prevent this? Should they have had a child at this age? Could someone have talked to them about family planning? What can we do to ensure that early marriage does not occur?*





could spare. These workshops were designed as interactive sessions, which would make the participants reflect on the issue and understand how they themselves could influence the situation, towards a positive outcome. They focused primarily on early marriage and men's involvement in women's health especially during pregnancy and after childbirth.

Scripts on early marriage which were used as part of the awareness programmes were also used in these workshops, with a different set of reflection questions. This allowed for a more in depth discussion on the impact of early marriage, on the couple, as well as on the family.


The key strategy was to have no right or wrong answers. Everybody expressed their points of view and there was no effort to push any single point of view. Creating that free and flexible space for discussion led to internalization of some of the facts and conviction about early marriage and its impact on health of women.

Case scenarios were also developed from group discussions on men's involvement and responsibility in the reproductive role and reproductive health of women. These discussions presented the perspective of how early marriage affects young men, when they are plunged into responsibility before they are ready for it. Developed by young people themselves, these were based on what they had observed in the community, sometimes in their own family.

In the older women's groups the discussions went into fear of social strictures, and safety issues. The participants were facilitated to look into the issues from a different perspective. Discussions that flowed from this included questions such as: Was marriage a protective factor? Did it really protect the women? Or was it a question of shifting responsibility? Did young people choose to marry early as that was seen as the only socially sanctioned space available for expression of their emotional and sexual attractions? What was the impact of very early motherhood on the physical and mental health of young women? What role could they play?

### **3. Perspective Building Sessions with Adolescents and Young People**

After creating a positive environment and some support structures through the older women and young men on the issue of age of marriage and age of first conception, the main intervention with adolescents and young people was taken up.



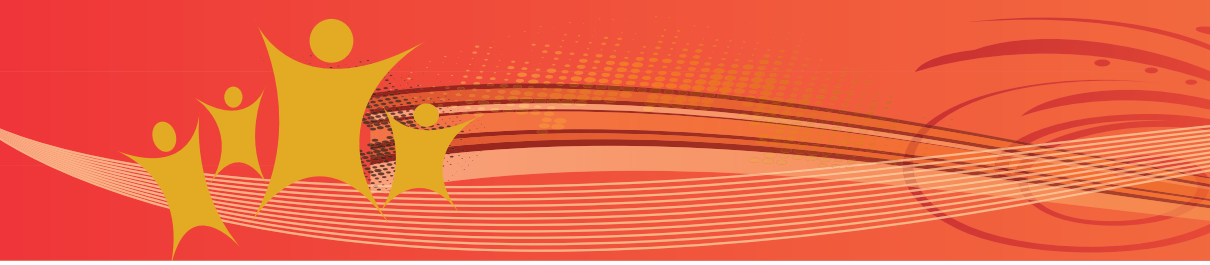
The perspective building sessions started with information generation on a range of topics and then stimulating reflection. Information generation sessions tapped the existing knowledge on various reproductive and sexual health matters, cleared misconceptions and bridged the gaps. They focused on basic aspects of reproductive sexual health and aimed to ensure that the participants had comprehensive information on these subjects, from a rights based social perspective.

These sessions were an interactive space, where the groups could discuss the topics at length and raise questions and concerns. There were reflective sessions which stimulated critical thinking on different issues, for instance on gender roles, expectations and power and how they shaped the differential opportunities given to young boys and girls or on understanding and accepting one's body and protecting it. There were also sessions focusing on general aspects of personality development, communication, assertiveness and decision making.

These sessions helped the adolescents and young people to move from awareness to understanding of reproductive and sexual health matters. They helped them to look at social structures and gender stereotypes that were barriers to their reproductive and sexual health. In the process, they built self confidence and courage to voice their concerns. One of the key outcomes from these sessions was that the young people felt a sense of agency, a belief that they could change some things in their life if they stood up for it. Certain changes actually started taking place. A 17 year old girl stood up to her family and convinced them to delay her marriage till she could complete her studies; a 16 year old boy convinced his parents to drop the marriage proposal for his 15 year old sister. These proved inspirational for the participants.

Field realities modified and shaped the structure and composition of the sessions. For instance, for his methodology, for each group of 10-15 was an ideal number which had to remain constant for subsequent sessions. In the context of this community, the availability of the groups for regular sessions was itself a challenge. Boys who were part of youth groups (Yuvaka Sanghas) attended on a regular basis. Other boys, however, who were loners or in part time or full time work could not follow a systematic schedule. The sequential plan could not be adopted with them. The intervention had to plan sessions that were complete by themselves. So the boys could attend different sessions and not feel lost.

These sessions were held in free spaces in the community, like the playground where the boys gathered. For topics which needed more privacy, closed spaces were sought.



Activities included film shows and role plays, case discussions, all of which were linked up with the issue of reproductive and sexual health. The critical part was the reflection that was built into these sessions. Participants thought about various issues through questions that were raised. It was all about what happened and why? Rather than what was the right or wrong thing to do.

The major difficulty in organizing boys into groups lay in the existing cliques in the community, with a mix of boys of all ages with both married and unmarried among them. They were not interested in forming new age-appropriate groups. The intervention had to change and adapt. The team started trying out different events like competitions, sports programmes etc. to attract the boys, and retain their attention. Sustained group activities with the same group over a period of time was possible, to a limited extent among the boys between 11-15, but far more difficult among the older boys, who might attend a few sessions, but later on seek out the team only for more information on specific issues like masturbation, sexually transmitted infections or risk behavior,. Towards the end of the three year programme, when the team had developed good rapport with the community, an alternative approach was tried. A tent was pitched up in a public place, and the boys could come in after their working hours, for sessions and discussions.


The youth groups provided a relatively more organized structure to work with the boys, and involving them in the organization of the activities created a sense of ownership. But the number of active youth groups in the community were few. Additionally, a major challenge was that many of these groups had political leanings, and retaining the focus on the issue was difficult.

With the adolescent girls, there was a similar situation of regular attendance among the younger school going group and demands of the job and family, sometimes prevented regularity. So the same dual approach was followed. But in general, with the girls, the activity appeared to meet a need for the girls to come out of the house and have peer discussion on common concerns.

These sessions were received in different ways among the different groups, and also threw up some insights on gender dynamics operating in their social settings. For the girls, specially the younger ones, the session, specially the posters showing women in different professions was very motivating. Some of the older girls, who were already married felt disheartened, thinking such avenues were closed to them, but were encouraged by the group to think otherwise. In the sessions with adolescent boys, it emerged that patterns of gender were more complex and were also changing within

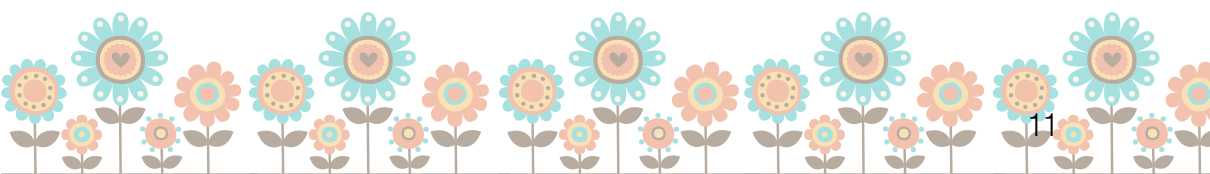






their homes. For instance, some boys said that their father was alcohol dependent, but would give the money to the mother to run the house, and she made all the decisions. Some others said that since the mother was earning more, she was the decision maker, in matters of their education, etc.

Here, too, community-centered material was developed by the group itself. The methodology was all about peer to peer learning, learning through play, critical questioning and insight development. Beyond the sessions, some mentoring and counselling support was provided informally through the availability of the team in the community daily for one to one discussion with those who sought it.



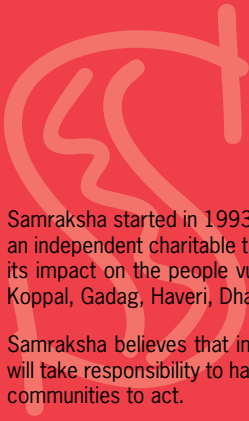
# CONCLUSION

Given the limited time frame of the programme, it is hard to conclude the extent to which the programme was able to influence practices in the community, but it has been a dent on existing community norms. An endline survey conducted in the area indicated substantial differences in attitude towards early marriage among adolescent boys, girls and young women compared to the baseline survey. More than 80 % of all groups felt that ideal age for marriage for boys and girls were after 21 and 18 respectively. There was also substantial increase in openness to giving information on contraception for both boys and girls. More importantly, all groups reported that within the family, young people's opinions were sought on a variety of issues including their education, job and marriage.

Interestingly, during the programme, there were a few instances where the young people had taken decisions to put off marriage and even convinced their elders to accept their decision. What was important was that these people were appreciated. During a peer training programme, when the participants were expected to select a special person among themselves, they chose a girl who had negotiated with her family and the prospective groom to put off her marriage till she completed her studies. Thus role models were beginning to get created.

Yuvashakti as a programme understood that its aim of influencing community norms towards early marriage and childbearing, considering that these practices were steeped in patriarchal norms would take at least a decade of concerted efforts. These issues had not even been publicly articulated so far. In such a context, opening up a space for discussion of these subjects in the community was a major achievement.





Samraksha started in 1993 as the HIV/AIDS sector of larger development organization, Samuha. Now an independent charitable trust, its goal continues to be to prevent the transmission of HIV and reduce its impact on the people vulnerable to and affected by it. Its current areas of operation are Raichur, Koppal, Gadag, Haveri, Dharwad and Uttara Kannada districts of Karnataka.

Samraksha believes that individuals and communities, if armed with information and power, can and will take responsibility to halt the spread of the epidemic. It believes that it is critical to empower entire communities to act.

It also believes that it is the right of every person living with HIV and AIDS to access care and support services in public, private and social sector. It is the responsibility of individuals, communities, private sector and the state to ensure this. Its belief in a prevention to care continuum has led to a range of initiatives across this spectrum.