

COLOURS OF LIGHT

A Compilation of Transformative Life Experiences of Adolescents from Rajasthan











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Launched in **2014** by the Ministry of Family and Health Welfare, RKSK aims at the welfare of adolescents and youth between the ages of **10-19** years

In Rajasthan, the RKSK has been implemented in **10** High Priority Districts with technical support from the UNFPA

Over the past 2 years, **83** RKSK counsellors across Rajasthan were trained in a range of counselling topics through Samvaad e-learning platform by iCall



For UNFPA, young people are our core constituency. We uphold equal rights and opportunities for every young person to access integrated and quality SRH services and information and exercise their agency without fear, coercion or violence.

ARGENTINA MATAVEL PICCIN
Representative India and
Country Director Bhutan



Launched in 2014, the National Adolescent Health Programme of the Government of India (Rashtriya Kishor Swasthya Karyakram, RKSK) created a paradigm shift from clinical interventions to health promotion to achieve better social and health outcomes for the 253 million adolescents in India. For the first time, a youth-centered initiative is also prioritising a comprehensive response to mental health concerns of young people. The strategy also responds to other unique health needs of adolescents related to nutrition, Sexual and Reproductive Health (SRH), prevention of injuries, violence, substance misuse and non-communicable diseases.

For UNFPA, young people are our core constituency. We uphold equal rights and opportunities for every young person to access integrated and quality SRH services and information and exercise their agency without fear, coercion or violence. The India Country Office has aligned its priorities and resources to strengthen adolescent and youth interventions in partnership with the Government, civil society organisations, youth groups, academia, private sector and media. We are convinced that investments in the health and well-being of adolescents will yield a triple dividend of benefits in improving the health of adolescents, future adult health trajectories and the health of the next generation of children.

UNFPA is privileged to partner with the Tata Institute of Social Sciences in Mumbai, one of India's leading academic institutions focused on the social sciences, we have together invested in enhancing skills and capacities of the RKSK counsellors at the Adolescent Health Friendly Clinics (AHFCs) to provide effective counselling services to adolescents. As a part of this collaborative venture, innovative methodologies such as onsite and online training programmes using Information Technology were put to use to reach out to the RKSK counsellors in the highly vulnerable districts of Rajasthan. As a result, RKSK counsellors have counselled and guided approximately five lakh adolescents over the past four years through facility-based adolescent-friendly health services. This effort is closely aligned with the UNFPA's commitment to strengthen outreach efforts to deliver services to marginalised sub-groups.

It gives me great pleasure to present to you a casebook as a compilation of case studies developed as a part of this joint effort of UNFPA and the iCALL initiative at TISS. Our deep appreciation to the National Health Mission, Rajasthan for facilitating the activity. These knowledge products can be of great use in enhancing further the quality of counselling at the AFHC's in Rajasthan. In fact, their adoption by other states may also hold great promise. I sincerely hope that these products will act as a guidance and motivation to counsellors and health service providers to provide non-judgemental, gender-sensitive and human rights-based and health service providers to provide non-judgemental, gender-sensitive and human rights-based counselling services to adolescents accessing the health facilities.



RKSK is the largest adolescent health programme which is being rolled out by the Ministry of Health and Family Welfare in all the states of the country.

NARESH KUMAR THAKRAL

Mission Director,
NHM & Special Secretary
Medical, Health & Family Welfare

Adolescents constitute about 23% of the Rajasthan population and investment on their health and social development will reap higher dividends for the country. Looking at the overall needs of the adolescents from their health, nutrition and social aspects, the Department of Medical Health and Family Welfare has rolled out Rashtriya Kishor Swasthya Karyakram (RKSK) since 2014. RKSK programme in Rajasthan is being implemented in 10 districts through the provision of facility based services of Adolescent Friendly Health Clinics through 314 health institutions. Since 2015, through the RKSK clinics outreach services and Adolescent Health Days, the RKSK programme has reached approximately 12 lakh adolescents in the State.

One of the major elements in the RKSK programme is the provision of the specialised counselling services provided by the counsellors at the health facilities on areas pertaining to Nutrition, Sexual and Reproductive Health, Mental Health, Accidents & Injuries and Gender Based Violence, Non-Communicable diseases and Substance Abuse. I am pleased to know that since 2018, the capacities of the counsellors are being built through both online and offline trainings rolled out under the partnership between NHM, UNFPA and iCALL of Tata Institute of Social Sciences (TISS), Mumbai.

For effective Counselling, it is important that the counsellors are provided with protocols for managing clients who are accessing the Ujala Clinics with various health and developmental related issues. I hope that this detailed guidebook will be helpful to strengthen the counselling skills of the RKSK counsellors to address the needs of the adolescents accessing the Ujala clinics.

I would also like to appreciate the efforts of the UNFPA, iCALL TISS and RKSK Division of the NHM Rajasthan in bringing out this casebook as a documentation of narratives and sincerely hope that this would benefit the adolescents in the State. Through this message, I would like to instruct the District Health officials to undertake a series of orientations of the RKSK counsellors.

As adolescents are a crucial building block of the society the casebook will be a path breaking guidance for the RKSK counsellors in 10 districts of Rajasthan.





The RKSK programme envisions enabling all adolescents to realize their full potential by helping them make informed decisions related to their health and well-being through the provision of the services and support they need.

DR. APARNA JOSHI

Assistant Professor,
Project Director, iCALL
School of Human Ecology
Tata Institute of Social Sciences

iCALL partnered with UNFPA & the State of Rajasthan in 2018 to work towards this shared vision. The aim of this endeavour has been to enhance the capacities of counsellors to facilitate the provision of quality health and mental health counselling services to address the psychosocial needs of adolescents.

As an important step towards realisation of this aim, iCALL has developed Samvaad, an E-learning platform for capacity enhancement of the RKSK counsellors. Samvaad is an innovative strategy for imparting long term training and support for RKSK counsellors and enhancing their knowledge, attitudes and skills. Samvaad, built in collaboration with UNFPA and NHM, is a 22-module e-learning- course, developed in line with the broad objectives of the RKSK program.

Counsellors who have undergone this training, have often reported changes in their attitudes and knowledge levels; an increased comfort in dealing with difficult counselling situations; and an enhanced understanding of the counselling process. Though these changes have been documented in the form of numbers and graphs in reports, we were interested in capturing counsellors' everyday work and ways of supporting adolescents and young people.

It therefore gives me immense pleasure, to present this casebook that carries tales of counsellors' work with adolescents and young people in Ujala clinics in Rajasthan. The casebook contains some of the success stories of transformation in adolescent and young people's lives through counselling and support endeavours. The casebook is developed through our conversations with counsellors that have helped in unearthing rich narratives of young people feeling empowered as they navigated through life's difficulties. It has attempted to capture specific and contextually relevant interventions carried out by counsellors while working with adolescents and young people.

I wish to sincerely thank all the counsellors for their contributions and congratulate them for their work. I also wish to thank UNFPA and NHM for their ongoing support and vision. It is my hope that this casebook will be found useful by other RKSK counsellors as well as by those who are important stakeholders in planning and implementation of the programme. I hope that this book serves to expand the conversation on health and mental health of adolescents and young people in India.

iCALL



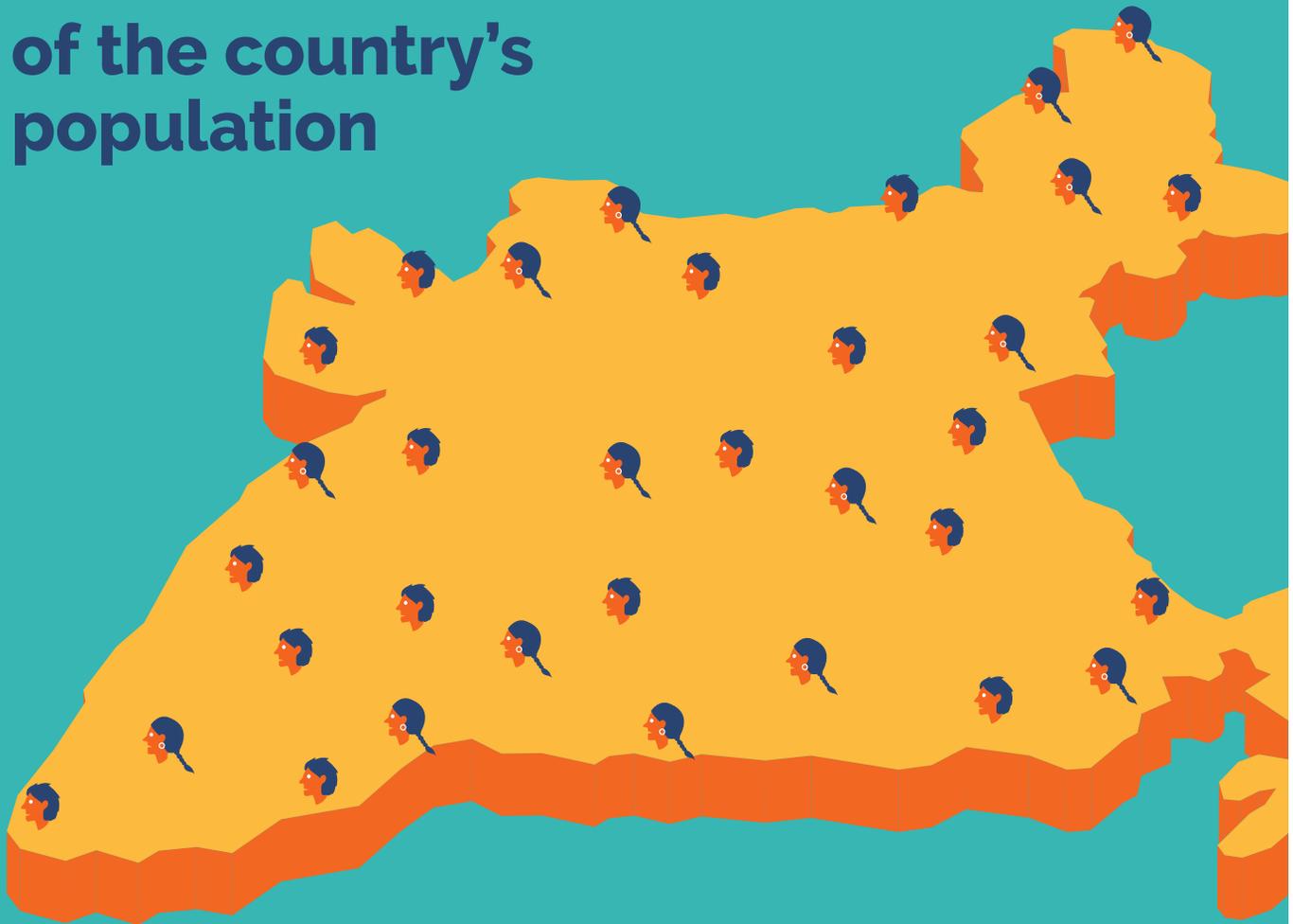
There are

243 million

adolescents in India

21%

of the country's
population



Adolescence marks a critical period of maturation and growth, during which it is imperative for families and communities to meet their health and development requirements.

In India, this translates to responding to the needs of 243 million adolescents, who collectively make up 21% of the country's population (Ministry of Health and Family Welfare, 2014). In a life stage inherently characterized by change, adolescents and young people not only need to transition but also need to navigate through social structures and identities in ways that promote growth and resilience.

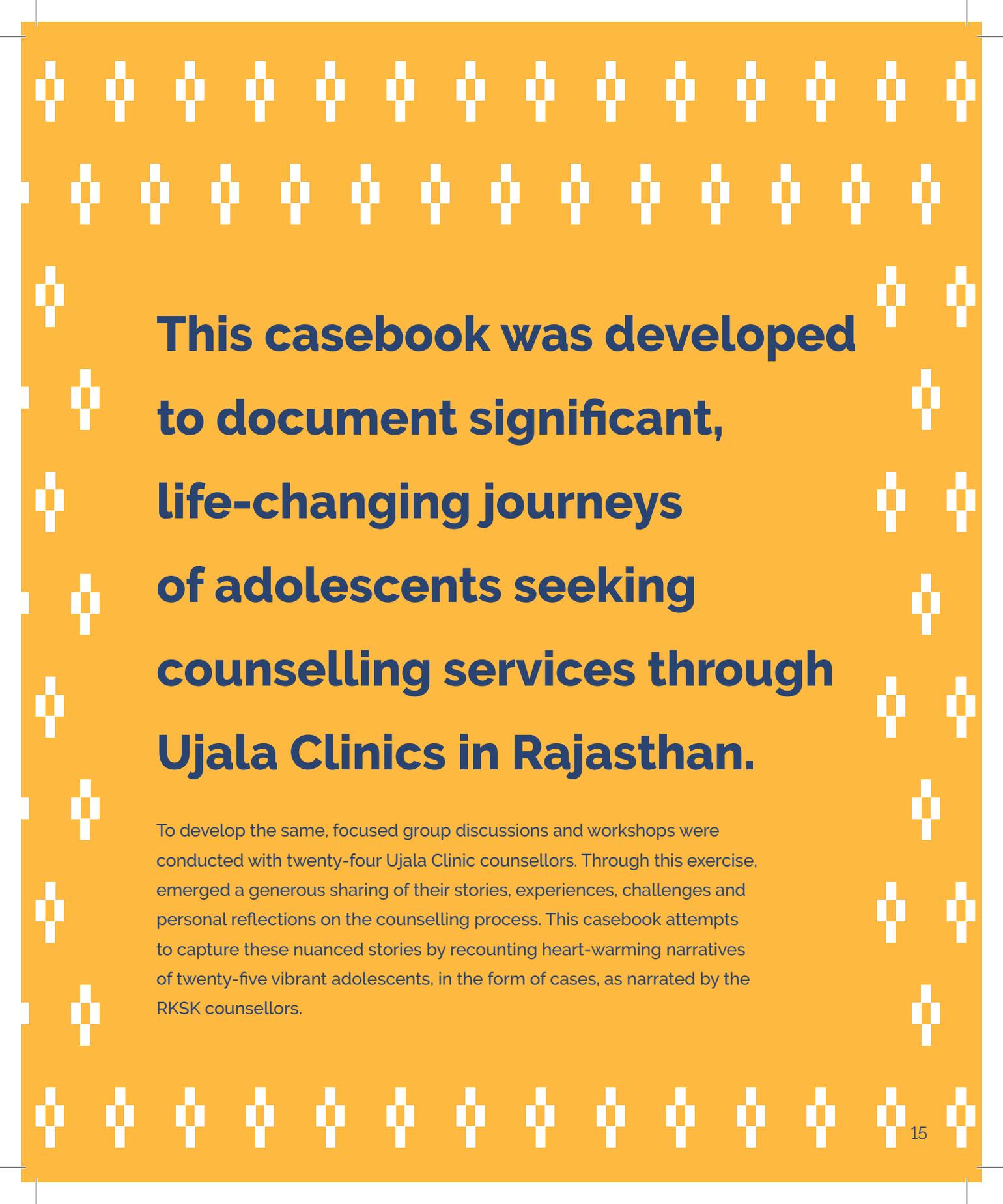
The Rashtriya Kishor Swasthya Karyakram (RKSK) launched in 2014, by the Ministry of Family and Health Welfare, therefore aims at the welfare of adolescents and youth between the ages of 10 to 19 years. In collaboration with UNFPA, MOHFW has developed a National Adolescent Health Strategy. The programme focuses on improving nutrition, sexual and reproductive health, mental health, prevention of injuries and violence and substance misuse.

In Rajasthan, the RKSK Programme has been implemented in 10 High Priority Districts with technical support from the UNFPA. Counsellors offer services on the aforementioned issues through Adolescent Friendly Health Clinics (AHFC), also known as Ujala Clinics in Rajasthan.

To facilitate continuous professional learning of the RKSK counsellors, UNFPA (Rajasthan), in 2018, approached iCALL, TISS, iCALL Psychosocial Helpline, a field action project of the School of Human Ecology at the Tata Institute of Social Sciences, Mumbai is a national level technology-assisted counselling service. Over the past two years, 83 RKSK counsellors across Rajasthan were trained in a range of counselling topics through Samvaad e-learning platform. As an outcome of the e-learning engagement, RKSK counsellors reported changes in their knowledge levels, skills & perspectives on adolescent counselling. This casebook has been developed by iCALL, in partnership with UNFPA & the State of Rajasthan to highlight the experiences of adolescents seeking counselling services from the Ujala Clinic.







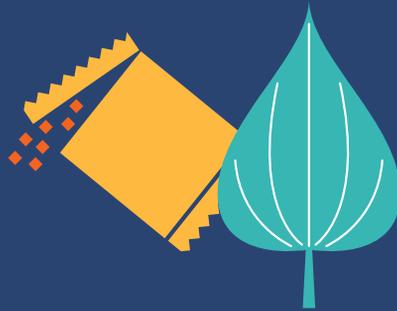
**This casebook was developed
to document significant,
life-changing journeys
of adolescents seeking
counselling services through
Ujala Clinics in Rajasthan.**

To develop the same, focused group discussions and workshops were conducted with twenty-four Ujala Clinic counsellors. Through this exercise, emerged a generous sharing of their stories, experiences, challenges and personal reflections on the counselling process. This casebook attempts to capture these nuanced stories by recounting heart-warming narratives of twenty-five vibrant adolescents, in the form of cases, as narrated by the RKSK counsellors.

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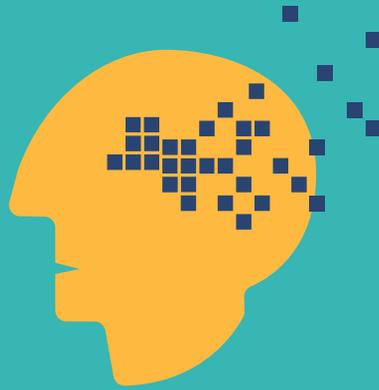
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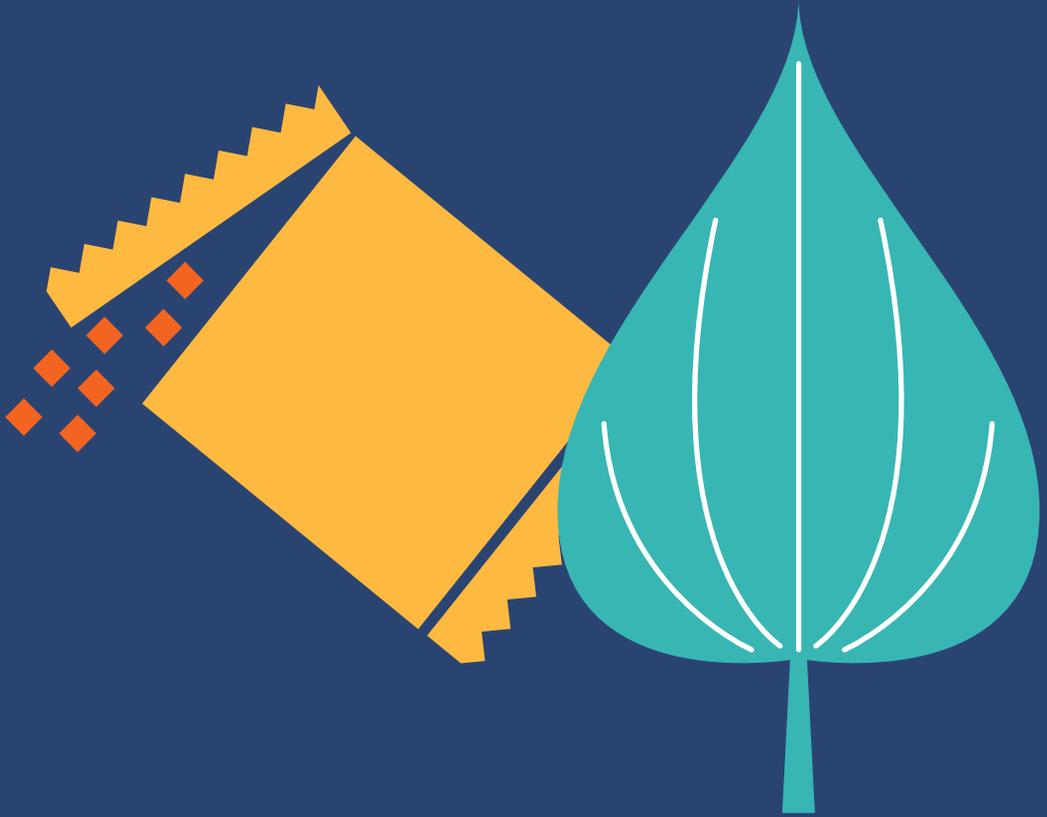
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1



Substance Use

NOT MAN ENOUGH!

It was a regular day at school for Prashant as he sat on the last bench with his friends, chewing tobacco discreetly.

Prashant started consuming tobacco to prove his manhood.

The teacher introduced the class to a young man called Raju Bhaiya, who worked as a counsellor for the *Rashtriya Kishor Swasthya Karyakram* (RKSK) or the National Adolescent Health Programme at the Ujala clinic in the district hospital nearby. Raju explained to the students how the Ujala Clinic helps adolescents. He then engaged the class in a game of passing the parcel. Over the course of their interactions, Raju Bhaiya spoke about the harmful effects of substance use on physical and mental health. Prashant was listening keenly. After the session was over, Prashant quietly approached Raju Bhaiya, whose friendly demeanour made it easy for him to seek help. They agreed to meet at the clinic the following day.

Prashant sat across Raju Bhaiya the next day unsure of how to begin. The latter encouraged Prashant to take his time. 'At Ujala clinic, you can speak about anything that is troubling you. I am here to help,' assured Raju. Prashant felt relieved and began meekly, 'Yesterday you were discussing the harmful health impacts of tobacco. I wanted to talk to you about that'. Prashant said he was initially introduced to tobacco by his friends who called it a 'sign of masculinity'. They taunted him for hesitating, 'You are a coward. You are not man enough!' Under peer pressure, Prashant started consuming tobacco to prove his manhood. Soon he began spending the money his parents handed him for household expenses to buy tobacco or borrowed money from friends to fund his addiction. He confessed to living in fear of being caught chewing tobacco at school or home but he could not concentrate on tasks till he had had his share.

Prashant, I am with you and here to help. It was brave of you to share this with me.

I feel pressured by my friends to consume tobacco in order to prove my manhood

I assure you we will navigate through this problem together.

As he was narrating this, Raju Bhaiya listened patiently. He said, 'Prashant, I am with you and here to help. It was brave of you to share this with me. I assure you that we will navigate through this problem together.' Prashant felt reassured. Raju encouraged Prashant to keep visiting the clinic. Verbalizing his concerns out loud allowed him to gain a clear view of the negative impact that chewing tobacco was having on his relationships and finances. Instead of pushing Prashant to stop using tobacco, Raju asked him about the goal he would like to work towards. The question made Prashant pause and think about the impact tobacco consumption was having on his life; he asked himself if he was becoming addicted to the substance like others in his village. He acknowledged that he had bad breath and was in a constant state of restlessness, waiting for the next kick. After some introspection, during one of the sessions, Prashant declared

that he wanted to stop consuming tobacco altogether. Raju appreciated his determination but alerted Prashant that it would be difficult to kick the habit completely in one go. 'You will have to be patient and remind yourself regularly of the reasons behind your decision to stop,' said Raju. Upon some probing, Prashant remembered that he did not think about tobacco chewing as much as usual when he was either studying or spending time with family. This input helped Prashant and Raju chalk out a daily plan that filled his time with activities that distracted him from his cravings and kept him busy in a productive way. They ended the session with a doctor's consultation and a clinical assessment. The doctor prescribed Nicotex chewing gum (as a substitute for tobacco) and recommended that Prashant chew on a small piece at a time. Prashant knew that the journey ahead was long and challenging, but he was confident that he would be tobacco-free at the end of it with support from the counsellor.



Prashant slipped many times before he successfully weaned himself off permanently.

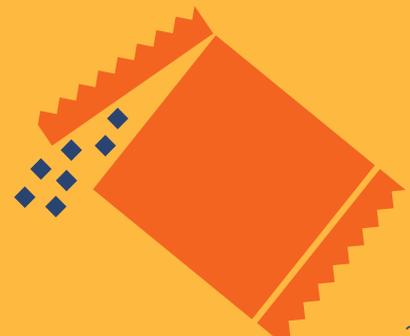
One week after this session, an excited Prashant called Raju to thank him. He told him that he had better control over his cravings

and his tobacco consumption had reduced substantially. However, recovery was not a linear process. Prashant slipped many times before he successfully weaned off permanently. He met Raju Bhaiya regularly for 3 months to discuss strategies and seek support. Raju encouraged him to become more aware of the people and places that triggered the urge so as to avoid them.

One of the most important things that they explored was, 'what it meant to be a man for Prashant', and turned out that it had nothing to do with tobacco chewing!

The average age of initiating 
tobacco use in  Rajasthan, India is
12.76 years for  boys and
12.4 years for  girls.

Meena, R., Meena, S., Mittal, D., Meena, N., & Manohar, R. K. (2017). Tobacco use among adolescent students of grade 8, 9 and 10 from secondary schools, Kota, Rajasthan. *Journal of Medical Science and Clinical Research*, Volume 5, Issue 3, pp: 18583–18590, March.



ROAD TO RECOVERY

Kamal had left home for intensive training at a coaching institute in the city of Kota in order to clear the highly competitive common entrance test for studying medicine.

'I want to quit smoking weed. Else I will never be a doctor.'

It was his life's ambition to become a doctor, wearing a lab coat and stethoscope. However, despite a lot of hard work, much to his disappointment, he failed to qualify for medical school at his first attempt. He decided to reappear the following year but could not seem to muster up the motivation to prepare all over again.

During the summer break, Kamal's parents noticed that he had taken to smoking weed regularly. The habit he had picked up to cope with his failure was hindering the pursuit of his dreams. After a lot

of persuasion Kamal agreed to accompany his parents to the Ujala clinic where he met with Rizwan, the RKSJ counsellor. Rizwan asked for an audience with Kamal, one-on-one, asking his parents to wait outside the clinic. Kamal was unsure of what to expect, but Rizwan gently explained the counselling process to him. 'I want to help you, but you need to tell me how I can do that. I won't start a lecture on what is right and wrong. Instead, we will find ways to help you reach your goals.' Initially hesitant, Kamal eventually opened up to Rizwan. He appreciated Rizwan's discretion and respect for privacy and figured out that confiding in the counsellor could help him cope with his struggles.

Rizwan helped him come up with a plan to deal with peer influence and pressure.

Kamal told Rizwan, 'My hostel friends are always smoking cigarettes and marijuana, and insist that it helps them focus on studies.' Distressed at his initial failure, Kamal had taken to smoking for stress-relief and better concentration. Overtime, Kamal's days as those of his friends, had come to revolve around the substances they would smoke.

At this point, Rizwan probed Kamal on how he thought the substances affected his chances at achieving his goals. Reflecting deeply on the question, Kamal acknowledged the missed classes and lack of focus that had come in the wake of his addictions. His indifference towards substance use in light of the importance of his goals, made way for his determination to quit. Although he knew it would be a difficult journey, he made a commitment, 'I want to quit

smoking weed. Else I will never be a doctor.' Rizwan then sought to examine with Kamal the factors and circumstances that promoted his smoking habit. Kamal had no difficulty in homing in on the main cause, 'Being around friends increases my substance use.' He highlighted how his smoking had reduced substantially since his return home and how, in fact in the 10 days gone by, he hadn't smoked weed at all. However, he knew he would be vulnerable as soon as he went back to Kota so Rizwan helped him come up with a plan to deal with the peer influence and pressure.

Rizwan suggested that Kamal spend more time around people who encouraged healthier behaviours, such as his parents. They discussed ways to find new friends based on common interests and avoid the people, places, or things that encourage his substance use. Kamal could think more clearly about the steps he needed to take to focus on his goals. He said to Rizwan, 'I did not think of my habits in this way before. My dream of becoming a doctor was close to getting

lost. However, now I know the steps I can take to gain control of my choices again.' Rizwan acknowledged that while Kamal's motivation was commendable, he would need to be prepared for those inevitable moments when the craving for a smoke overwhelmed him. He would need to practice techniques for distracting himself or by instead chewing on saunf/fennel. He was not likely to be able to quit all at once and any reduction would be an achievement to begin with. Kamal agreed but was confident that he would progress in the right direction as long as he reminded himself of why he was trying to quit.

With Kamal's permission, Rizwan invited his parents in and expressed how important their support would be for Kamal as he embarked on this brave journey. His parents reassured Kamal, 'Son, we are with you. We know how important it is for you to become a doctor. Your performance in one examination is no measure of your capabilities. We are sure your hard work will pay off.'

Kamal managed to kick his habit and stay off marijuana completely.

In the 12 months that followed the first meeting, Kamal continued regular sessions with Rizwan over the phone. Kamal decided not to return to Kota, and relocated to Delhi instead for a change

of the environment and better learning opportunities. Barring an occasional cigarette, he managed to kick his habit and stay off marijuana completely. His struggle with addictions taught him a few tough lessons on life. He is proud at having climbed over the barriers to his dreams and grateful for the space he had had at the Ujala clinic to rediscover himself and prioritize his goals.

It is no wonder that Kamal cleared the medical entrance test recently with high scores.

 **Tobacco use among school going adolescents in  Rajasthan was higher in 2017 as compared to earlier studies.**

Meena, R., Meena, S., Mittal, D., Meena, N., & Manohar, R. K. (2017). Tobacco use among adolescent students of grade 8, 9 and 10 from secondary schools, Kota, Rajasthan. *Journal of Medical Science and Clinical Research*, Volume 5, Issue 3, pp: 18583–18590, March.

WHAT IT MEANS TO BE A GROWN-UP

Ravi was a bright and earnest XIth grader. He had been a peer educator under RKSK for 7 months, took his role seriously, and enjoyed the responsibilities that it entailed.

'How can I help you, Ravi?'

However, he wasn't completely at ease and was keen on meeting the RKSK counsellor, Aakash, as soon as possible. One day, Akash held an interactive session at Ravi's school on the harmful effects of smoking, the very thing on Ravi's mind. Ravi had known Aakash from the outreach sessions he had conducted at the school previously and found it easy to approach him. Aakash, in turn, invited Ravi to the Ujala clinic after school. Ravi had been looking forward to this conversation and sped off to the Ujala Clinic the minute the school bell rang. When he reached, panting and puffing, Aakash offered him a drink of water

and gently asked, 'How can I help you, Ravi?'

Ravi gathered himself and told Aakash that he had taken up smoking recently. He was ashamed of continuing with his habit despite knowing the ill effects and especially fearful of setting a bad example as a peer educator. 'I want to help all my friends and classmates. However, I too have started smoking.' 'I am being irresponsible,' he said. Ravi admitted to searching for isolated corners to smoke, constantly washing his hands and chewing gum to ensure secrecy. He confided, 'I just wanted to feel like an adult, behave like the older children at school.'



Aakash suggested taking initial baby steps...

Aakash sensed Ravi's distress and reassured him, 'I understand how difficult this must be for you. I want to assure you that together we can find a way for you to deal with the distress better.' Ravi felt relieved and hopeful after having articulated his difficult feelings and received Aakash's support. Aakash inquired, 'What made you take up smoking?' After some hesitation, Ravi acknowledged that he had grown tired of the comparisons his parents kept drawing between him and other children in the neighbourhood. He had taken up smoking to cope with the distressing feelings of inadequacy. Aakash and Ravi discussed alternate ways of dealing with the situation and Ravi leaned towards

the option of sharing his feelings with his family and learning to communicate assertively with them. Although he knew that the ideas would be helpful, Ravi was still a bit sceptical. He said, 'It all sounds very good, but how can I act on this plan?' Aakash suggested taking initial baby steps, like spending some time every day chatting with his family with the aim of building a strong enough bond to eventually confide in them effectively and assertively. In due course, Ravi had to be able to communicate to his parents what he did not like, how it made him feel, and what he needed instead. This structure gave Ravi clarity. Aakash even offered to practice assertive communication at the clinic with Ravi until he felt confident enough to implement it in his life. Ravi smiled and agreed. To curb cigarette consumption, they

discussed Ravi's favourite activities and devised a plan to distract and delay his urge to smoke by visiting a friend, listening to music, or taking a walk after school. Ravi now had concrete ways to deal with both the habit that had been bothering him and the reason he felt like smoking. After this meeting with Aakash, Ravi felt unburdened at having had someone to talk to. He was also grateful for the non-judgemental support he received. Aakash had prepared him for the relapses that would occur during the de-addiction journey, and Ravi knew that he couldn't lose heart midway. After a month of trying various strategies and visiting the Ujala clinic religiously for follow-up sessions, Ravi felt his smoking habit regress substantially.

Ravi realized the importance of developing healthier ways of managing stress.

More importantly, he came to terms with the wider definition of adulthood. In one of his later sessions, he commented, 'Being

a grown-up is about being able to identify and take responsibility for changing behaviours that are unhelpful for oneself.' In that sense, Ravi did become an adult. Ravi was able to change the behaviours he did not want to engage in and be true to himself and others. He has not been thrifty in referring his classmates to the Ujala clinic since!

Once again, he felt pride in his role as a peer educator, knowing that if he could change for the better by asking for help, so could his peers.

51% of current  tobacco users in the age group of 15–25 years said that smoking made them appear mature.

Multani, S., Reddy, J. J., Bhat, N., and Sharma, A. (2012). Assessment of knowledge, attitude, behaviour and interpersonal factors related to the use of tobacco among youth of Udaipur city, Rajasthan, India: A cross-sectional study. *Addiction & Health*, Volume 4, Issue 3–4, p. 14.



THE POWER OF KNOWLEDGE

Lakshmi was all of 18 and pregnant with her first child. She visited the hospital every month to avail a free health check-up under a government scheme.

'You can talk to me about any problem that you might be facing.'

She looked forward to this visit as it was a break from her tiring day as a daily wage labourer. It was an opportunity for self-care and gave her access to necessary nutrition supplements.

During one such visit, she was greeted by a friendly woman called Ashima. Ashima was an RKSK counsellor at the hospital, who was volunteering at the health camp. During the registration process, Ashima noticed Lakshmi look exhausted. When asked to sit down, Lakshmi sank into the chair in front of her and breathed a sigh of relief. Her frail body relaxed and she began to chew on a wad of tobacco placed between her teeth. Ashima offered Lakshmi a glass of

water and introduced herself, 'I'm an RKSK counsellor, and work with adolescents like you. You can talk to me about any problem that you might be facing.' Ashima shared her concern about Lakshmi's lack of weight gain during pregnancy, visible exhaustion, and the use of tobacco.

Lakshmi, surprised at a stranger's concern for her well-being, confided in Ashima, 'Our household depends on daily wage earnings, so I have to work in harsh conditions every day. I only get to eat leftovers. I can't say much in front of my mother in law. I have no option but to chew tobacco to suppress my hunger. After all, I feel hungry enough for two people now.' Ashima said, 'I can see how difficult this is for you. I will try to help you in every way possible.'

I have no option but to chew tobacco to suppress my hunger

I can see how difficult this is for you



'I knew tobacco consumption was bad, but no one explained it in such detail before.'

She helped Lakshmi navigate the tests in the hospital and consultations with doctors to discuss her nutritional and health requirements. The doctors prescribed some supplements and encouraged Lakshmi to eat larger portions of healthy food so that her body could support the changes taking place inside. After the check-up, Ashima invited Lakshmi to the Ujala clinic to talk further about how she could take care of herself and her unborn.

Prior to meeting Ashima, Lakshmi had been unaware of the adverse impact of tobacco on her health and that of the foetus. Ashima's counsel changed her perspective. She commented, 'Now that I know all this, I will never chew tobacco again. I have understood

the impact it has on my health.' Empowered by knowledge, Lakshmi felt motivated to care for herself and her baby in little ways within the constraints she faced every day.

Ashima suggested that Lakshmi talk to her family honestly about her needs. Though hesitant to raise the issue with her mother-in-law, Lakshmi was open to bringing her husband along, who she felt would be supportive, to the clinic on the next visit, so that he could understand her needs better.

Ashima agreed and appreciated Lakshmi for taking these steps towards caring for herself. They discussed ways in which the tobacco consumption could be reduced, perhaps by replacing it with harmless chewables such as saunf or fennel. As Lakshmi walked home that day, she felt empowered to take concrete action towards dealing with her problems.

The following month Lakshmi approached her husband, Ram,

asking him to accompany her to the Ujala clinic. Initially, Ram was hesitant to miss a day at work but when he heard about how the clinic had encouraged Lakshmi to quit tobacco, he wanted to see the place for himself. Ashima greeted them warmly and spoke about the importance of good nutrition, its impact on Lakshmi's health and that of the baby's. She said, 'To ensure the health of your child, you will have to ensure that Lakshmi is well fed and kept away from hard labour.'

This conversation made Ram reflect on whether Lakshmi's nutritional needs were being met at home, an aspect he had not paid attention to earlier. Ram said, 'I knew tobacco consumption was bad, but no one explained it in such detail before. I will ensure Lakshmi is taken care of and fed on time.'

Lakshmi managed to reduce her tobacco consumption by half.

The Ujala clinic became a supportive place for Ram and Lakshmi, the kind they had never experienced before.

Lakshmi met Ashima during every

monthly check-up and by the sixth month of pregnancy, she managed to reduce her tobacco consumption by half. The Ujala clinic, for Lakshmi, was a safe space where she could freely speak her mind, feel cared for, and not be judged. Each month, she looked forward to Ashima's warm smile and standard greeting, 'How may I help you today?'

Going to the Ujala clinic made Lakshmi feel like she had a handle on most of the troubles, and she could find ways to work around the rest.

In  Rajasthan, 1 in 10
adult  women use
 tobacco.



Tata Memorial Centre (2017), *Global Adult Tobacco Survey (GATS-2), Rajasthan, 2016-17*, Ministry of Health and Family Welfare, Government of India; World Health Organization; Tata Institute of Social Sciences. <https://tmc.gov.in/images/act/Rajasthan-GATS2-India.pdf>

PRIYA'S EXPERIMENT

It was at the end of an exhausting school day, when Priya was tired and distracted, that a stranger entered her class.

Most of Priya's family used tobacco routinely.

The teacher introduced him, 'This is Sahil, an RSKS counsellor. He is here to talk about the harmful health impact of addictive substances.'

Priya was slightly irritated at the prospect of being told, 'Tobacco is bad, don't use it,' by a random adult. Most of her family used tobacco routinely as she had too, since the age of nine. Moreover, since Priya only chewed on the tobacco and did not swallow it, she believed it couldn't do much harm. But she did recognize that the amount she consumed had increased over the years, and had recently begun to trigger cravings at school.

Despite her initial trepidations, Priya found Sahil's manner engaging. He did not start a lecture or threaten punishment. Instead, he conducted a fun game to make the class feel more

energized. He then asked the class, 'Who amongst you uses substances? There won't be any consequences of telling the truth. I'm here to help you. You can share your experiences freely.'

When some of Priya's classmates acknowledged their tobacco chewing habit, Sahil warmly thanked them for sharing the information with the class. He encouraged those who consumed *Nirmala Manjan* (tobacco paste) to spit the manjan out on the same spot two days in a row, and observe the spittle once after 2 hours and then again after 24 hours had passed. The experiment intrigued all the students.

Curious, Priya decided to experiment for herself. A couple of hours later, Priya stared down at the dried out lump stuck to the ground and pondered, 'If this is how it looks in 2 hours, what impact must it be having on my body year-on-year?'

I am starting to get worried about the effects of tobacco use on my health

I want to assure you of my support all through your journey of cutting out tobacco

Due to the dangers of long term tobacco use, Priya decided that she wanted to quit.

Worried and unsure, she decided to reach out to Sahil at the Ujala clinic. He extended a warm and friendly welcome, putting her at ease. Given his non-judgemental approach, Priya felt comfortable confiding in him about her concerns. Sahil heard Priya patiently and empathetically and said, 'I can see that you are worried about your physical health. I want to assure you that together we can find ways to cope and work towards reducing your tobacco consumption gradually.' His words of reassurance gave Priya comfort and reduced her fears. Sahil went on to explain, 'Say, you swirl some water about in your mouth before spitting it out. Some of it is bound to get ingested even if you make no effort to gulp it down. The same applies to tobacco paste. Bits of tobacco invariably enter our bodies every time we chew on it even if we don't consciously swallow.' As Sahil and Priya discussed some short and long-term consequences of

tobacco use, the host of new information grew somewhat overwhelming for her. Sahil assured her of his support and guidance through whatever decision she arrived at and goals she set for herself. Keeping in view the dangers of long term tobacco use, Priya decided that she wanted to quit. Sahil expressed appreciation for Priya's initiative and positive determination to take care of her body. Together, they made a plan for Priya to gradually reduce her dependence on tobacco by substituting it with other mouth fresheners such as saunf or fennel and toothpaste/powder that was not tobacco-based. Priya also identified some activities she could engage in to fight the urge to consume tobacco. Though she was armed with the right tools to help her cope, Sahil reminded Priya, 'Do not expect to quit overnight. You may need to gradually reduce your consumption until you are ready to quit completely. It is not a linear journey. You are likely to relapse many times along the way, but I want to assure you of my support all through.'

Priya left the session feeling empowered.

Helpful and correct information, conveyed in a considerate and non-judgemental manner, changed how Priya viewed her habit. She freely shared the information with her family and friends to help others make

better choices. She reduced tobacco use to once a day and felt better equipped to deal with cravings, and learned to fight or delay the urge with Sahil's support, using his easy-to-recall analogies and handy experiments as reminders of her goal.

Quitting completely would not be straightforward but she found strength in the thought that she was investing in her health for the long-term.

15.4%  females of ages 15 and above were not aware about the harmful effect of tobacco in  Rajasthan.

Joshi, N. K., and Joshi, V. (2014). Assessment of Level of Dependence and Awareness among Tobacco Users in Jodhpur, Rajasthan. Journal of Dental and Medical Sciences, Volume 13, Issue 8, Ver. I (August), pp: 49-51. <http://www.iosrjournals.org/iosr-jdms/papers/Vol13-issue8/Version-1/L013814951.pdf>



TOWARDS A HEALTHIER FUTURE

Bilas was a 16-year old school dropout who found a job at a stationery store cum printing press near his village.

Bilas wanted to understand what was happening but was afraid of approaching anyone for advice.

While he enjoyed his work at the press, something seemed comforting about the work environment. After a while, Bilas began to feel restless whenever he was away from the press; only at work did he feel calm and at peace. Fear, irritability, and agitation crowded in as soon as he reached home from work. He yearned for the familiar smells of paint and whitening ink that hovered at the press. He started applying nail paint just so he could sniff at it from time to time. While this provided temporary relief, he knew such an urge was not normal.

He wanted to understand what was happening but was afraid of approaching anyone for advice. Around this time Malik, an RKSK counsellor, visited the stationery shop as a part of his community outreach work. He noticed Bilas look somewhat distracted and decided to introduce himself. He said 'I work at the Ujala Clinic, counselling young people like you. It is a safe space where adolescents can talk freely about their problems and find solutions.' Bilas was quick to fix an appointment, hopeful of figuring out what he was going through. As Bilas sat nervously at the clinic, Malik smiled warmly and welcomed him. 'Whatever we discuss today will remain confidential. I will not share it with anybody without your permission. Please tell me how I can help you.'

Malik suggested a short exercise during one of their weekly sessions.

Bilas felt comfortable enough to narrate his problems to Malik who listened attentively before responding, 'I can see that you are having a tough time. Why don't I visit the press once for a better understanding of the ground situation?' It was decided that he would do so during the next session.

During his visit, Malik noticed that the press was poorly ventilated. The air was strongly laced with paint thinner vapours which Bilas had unknowingly grown addicted to inhaling. Malik explained this to Bilas, clarifying, 'This is not your fault. This addiction can be extremely harmful to your mind and body. This is probably why you have been feeling restless outside the printing press recently. You need to discuss the issue with your employers. A healthier workspace will help you feel a lot better. What do you think?'. Once Bilas understood the phenomenon, he sought Malik's assistance in talking to the press owner.

The two approached the owner and highlighted the toxic and

addictive nature of the fumes. Malik emphasized to the employer, how the decline in his employees' health would also affect the productivity of his press. The owner, who had been ignorant of these effects earlier, readily agreed to do what was necessary to help Bilas and his co-workers. Soon, an exhaust fan was installed and equipment moved around to ensure better ventilation. Bilas was happy to have been heard. He was grateful to Malik and his supervisor for taking care of his health.

However, Bilas still experienced the constant urge to sniff thinner, nail paint, or whitener. To help him cope with these intense urges, Malik suggested a short exercise during one of their weekly sessions. 'Bilas, take a moment to sit comfortably in your chair. Take your time to become connected to these five senses. Keep breathing slowly and deeply. I will give you an activity that helps you feel more grounded. You can use this to distract yourself or delay the urge to inhale thinner.'

Name **5** things around you that you can **SEE**.

Identify **4** things around you that you can **FEEL**, e.g., your feet touching the ground, your body resting on the chair, your hands on your knees.

Slowly try to identify **3** sounds you can **HEAR** around you.

Now think of **2** things you can **SMELL**.

Identify **1** thing you can **TASTE**.



Bilas felt confident of being able to help himself.

The exercise helped Bilas feel more centered; his restlessness and irritability receded. Although Bilas now had a tool to help himself, Malik reminded him that his urges would not disappear overnight. He lauded Bilas for his courage and patience, 'I am proud

of you for taking steps to improve your physical and mental health. I promise to support you through this journey.' Bilas felt assured of Malik's help and more confident of his abilities at self-help too. Malik's support allowed Bilas to bring about positive changes for himself and his peers at the printing press. It even helped his employer become better informed and caring towards his employees.

Bilas found great comfort and value in his sessions with Malik. He continues to reach out to him whenever he feels the need for counsel on anything.

25.14% individuals between the ages of 5–30 years in  Rajasthan engages in substance use.

Qureshi A.A., Acharya R., Sharma G., Sethia R., Shekhawat K., and Kawatra A. (2017), 'An epidemiological study to assess prevalence and behavior related to substance abuse among urban Bikaner population, Rajasthan', *International Journal for Community Medicine and Public Health*, Volume 4, pp: 3338–41.



2



Violence

MAA, IT'S NOT MY FAULT

Rita walked into the Ujala clinic with a slight limp. She stared at the floor as her mother reported Rita's vaginal bleeding ascribed to an injury that she had sustained from a piece of wood while urinating out in the fields.

Rita broke down, venting the emotions that she had been bottling up since the incident.

Sarika, the RSKS counsellor, accompanied Rita and her mother to the doctor's chambers for a consult. The doctor prescribed some pain killers noting no bleeding or signs of external injury at the time. Sarika, however, noticed that Rita seemed shaken, withdrawn, and scared. She asked Rita if they could speak alone. Given the counsellor's caring and considerate approach Rita agreed. Sarika introduced herself to the family as an adolescent counsellor and sought their permission to escort Rita back to the Ujala clinic for a one-on-one session. To begin with, Rita was extremely apprehensive about being forced to discuss sensitive personal

issues with Sarika, who was a stranger. But much to her surprise, Sarika made no move to initiate such a discussion. She simply asked Rita about her friends, family, and her hobbies. The casual conversation eased Rita into a zone of comfort and trust and gradually Rita opened up. Rita said 'I come from a poor family of migrant labourers and I help in any way that I can. The other day, I had taken the cattle to graze and was enjoying a quiet moment in the fields, when my cousin, Harsh, attacked and raped me.' Rita broke down, venting the emotions that she had been bottling up since the incident. Feeling afraid and ashamed, she had been unsure about reporting the matter to her parents though she was in great pain. Perhaps she wouldn't be believed, since the one hurting her was a family member.

I kept wondering if I had done something wrong. I could not even tell my parents

I want to remind you that this was not your fault in any way



To have someone believe in her innocence made a world of difference to Rita.

'I kept wondering if I had done something wrong. I could not even tell my parents. So, when they asked why I was limping, I said I had hurt myself on a piece of wood in the fields.' Sarika gently placed her hand on Rita's back and spoke calmly, yet assertively, 'Rita, Thank you for trusting me enough to share this with me. I can only imagine how distressed you must be. I want to remind you that this was not your fault in any way. Harsh has committed a crime, not you. I am with you and will help you wholeheartedly.' Rita looked up at Sarika with a faint sparkle in her eye. To have someone believe in her innocence made a world

of difference. Recounting the incident had been extremely difficult for Rita and the counsellor's words of empathy, patience and support made her feel comforted and secure. They discussed ways in which they could ensure Rita's safety. She chose to confide in her mother in Sarika's presence. Sarika facilitated the conversation, encouraging Rita to tell her mother about the incident while assuring her of her support and assuaging feelings of guilt or victimhood. At first, Rita's mother was extremely shocked and remorseful at not being able to protect her daughter. Rita hugged her mother tightly and said 'Maa, we are not to blame, Harsh is. It is his fault, not ours,' casting a grateful glance at Sarika. Rita's mother requested her father's presence at the clinic so that they could discuss ways to ensure Rita's safety as a family. Her father was deeply disturbed and contrite at not being there

for Rita when she was in danger. 'From now on, I will ensure that nothing of this sort happens. My wife or I will always be around our children to protect them. What happened was terrible. Rita, thank you for telling us.' Sarika was pleasantly surprised by the parents' reactions and encouraged them to visit the doctor for a consultation considering the new information. Additionally, she informed the family about their legal rights. However, they did not want to take legal action, because they felt that this could pose further risk to Rita's safety. Rita felt that she had the respect, support, and the attention of the people who cared for her.

Rita felt that she had the respect, support, and the attention of the people who cared for her.

She still visits the Ujala clinic for sessions that help her cope

emotionally with the assault but is grateful to not have to carry the burden of it alone. Sarika continues to follow up with her on a regular basis and strengthen her courage and resilience. Rita feels more in control now and her renewed confidence is obvious as she is not afraid to look her audience in the eye and speak her truth. Rita does not feel it is her shame to carry.

Rita draws power from knowing that it was not her fault and that her reputation cannot be tarnished by the wrongdoings of others.

In 2018, out of the total number of cases registered under the POCSO Act* in  Rajasthan, 89.2% had offenders known to the victim.

*Protection of Children from Sexual Offences Act National Crime Records Bureau (NCRB)- 2018



SALMA'S RIGHT TO EDUCATION

Salma was enthusiastic and eager to learn. The school was her favourite place in the world and she willingly made the long commute to get there.

Salma was desperate to convey to her parents how important it was for her to continue studying.

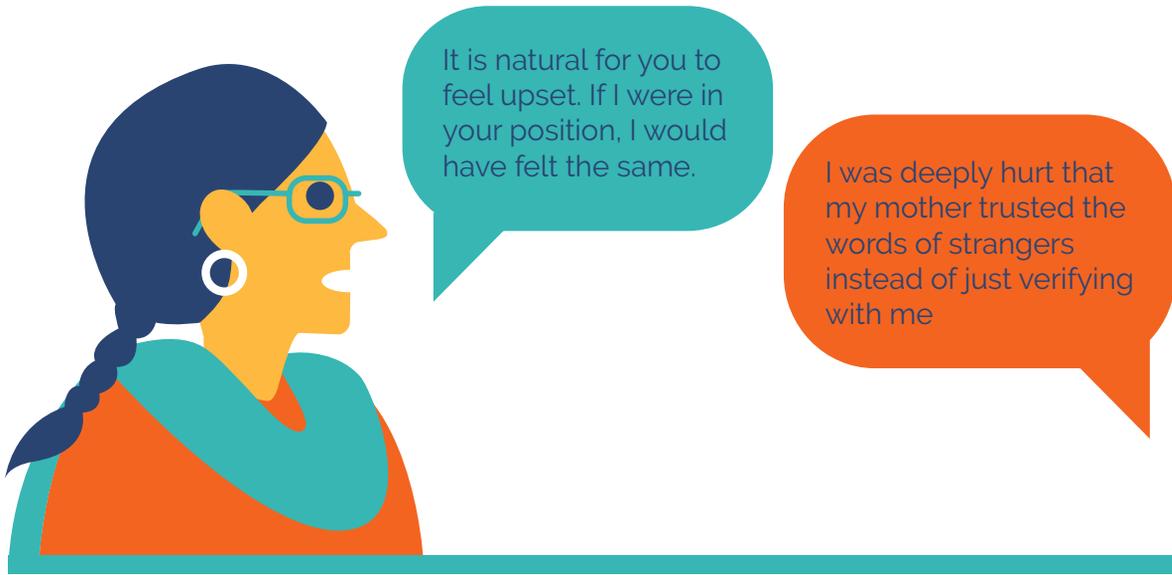
She enjoyed her studies and loved her friends. Everyone knew her to be a bright 9th Grader who scored well and participated in co-curricular activities with gusto. So it came as a shock when she heard that her parents were planning to pull her out of school.

Salma was desperate to convey to her parents how important it was for her to continue studying. She recalled meeting Richa, an RSKS counsellor, during an outreach session at the school. Although Salma was not certain how exactly Richa could help, she remembered her saying, 'Ujala Clinic is a safe space to talk about anything that is troubling you.' So

Salma felt hopeful as she called Richa for an appointment at the clinic the following day.

Richa welcomed her warmly and sincerely. As Salma teared up, she put her at ease, 'I understand how difficult it is for you to talk. There is no rush. Take your time.' Salma was grateful for space and the acknowledgement that her problems mattered. Richa did not dismiss her as a kid (as her family often did) but treated her with respect.

Finally, Salma spoke, 'Some neighbours spread baseless lies that I loaf about at the market after school instead of heading straight home. I have never ever done that. But my parents believed these rumours and discontinued my education.' Salma's parents were conservative. They feared for her safety and were apprehensive about the influence of her friends.



It is natural for you to feel upset. If I were in your position, I would have felt the same.

I was deeply hurt that my mother trusted the words of strangers instead of just verifying with me

'Perhaps, we can explore other solutions together, that allow Salma to continue schooling safely.'

Salma knew of many other girls in her village who had had to drop-out for similar reasons. Salma's friends and family were avoiding her, she felt insecure and distressed. Richa's support was crucial at this stage. Richa assured her, 'It is very natural for you to feel upset under the circumstances. If I were in your position, I would have felt the same.' Salma was relieved and validated. Richa agreed to help her convince her parents and asked her to bring them into the next session. Unfortunately, Salma's mother didn't receive the news well. Salma was reprimanded by her instead, 'Why did you share our

personal issues with an outsider? We are only discontinuing your education to ensure your wellbeing and safety. It is for your own good.' Salma requested her to meet Richa just once to explore ways in which her education could be continued without risking her safety. Her mother agreed reluctantly because she wanted to know where her daughter was seeking counsel. Richa greeted Salma's mother at the Ujala clinic, 'I fully appreciate your concerns about your daughter's safety. She is very precious to you.' This approach made Salma's mother, less defensive and more receptive to Richa's suggestions. She acknowledged that Salma was a promising student but the times were bad and it was easy for young girls to be impacted by the wrong company and risk their safety. Richa heard her throughout patiently and said, 'Your concerns are well-placed but discontinuing her education is not the only

option. Perhaps, we can explore other solutions together, that allow Salma to continue schooling safely.' They discussed the possibility of ensuring supervised travel to school by a trusted adult and building more transparent communication. Salma further submitted to her mother, 'I have always come home straight from school. I was deeply hurt that you trusted the words of strangers instead of just verifying with me. I promise you never to do anything to compromise my safety. Please allow me to study. I have big dreams.' Salma's mother appreciated her daughter's perspective and said, 'I will try to ensure that you get to study again.' Through the conversation, the mother was persuaded to consider ways to achieve both goals of education and safety. She agreed to ensure that an adult accompanied the group of girls walking to school.

Salma was able to win the fight for her right to education.

More importantly, her mother promised to trust her daughter over strangers and troublemakers. Salma was thus able to fight for her right to education. She returned to school and could be spotted easily among the students like the girl with the widest smile

plastered on her face! The simple act of reaching out for timely help, allowed Salma to hold onto what she valued the most. Recently she passed her 10th Grade Board examination and keeps Richa abreast of the new heights she is scaling academically. Salma realized her strengths, the need to protect her rights and her resolve to study further through her sessions with Richa Didi.

Salma's will power, courage, and Richa Didi's support are the greatest allies in her journey to becoming an IT professional.

Only 9% of  girls that had been enrolled in Grade 1 between the ages of 15–18 years completed Grade 10.



Sangeeta and Kumar, J., (2013). 'Rashtriya Madhyamik Shiksha Abhiyan: Promoting Innovations under the Scheme', *Journal of Education, Confab*, 9(2): 14–20.

RUBINA'S STRENGTHS

Today, Rubina is a contented young woman, expecting to bring her first child into the world along with her loving and supportive husband. But things were not always this way.

Rubina was bruised and seemed withdrawn and scared.

As the youngest of six siblings, Rubina grew up in a large family. Home was often a chaotic place, while the school provided respite. During one of the RKSK outreach sessions at the Anganwadi, Amrita, the counsellor, noticed Rubina. She was bruised and seemed withdrawn and scared. After the session had ended, Amrita approached Rubina, 'Can I speak with you alone?' Rubina gave a slight hesitant nod and they found an empty corridor to talk. Amrita asked, 'Rubina, how are you doing? How are things at home? Whatever you share with me will remain between us. You can speak freely. I will not tell anybody

unless I have your consent.' Rubina sobbed, 'My father and brothers take all the decisions in the house. They want to withdraw my admission from school so that I don't befriend boys. I often sleep hungry as my brothers eat more than their fair share of the food. My sisters-in-law are rude and my mother does not care. I feel isolated and unsafe at home.' Amrita acknowledged Rubina's pain, 'Thank you for sharing your experience with me. I can understand how difficult it must be for you. It is natural to feel overwhelmed by it all. Anybody would, including me. I do want to assure you that we can work through this together.' Rubina instinctively reached out to hug Amrita. She did not feel alone anymore.

I cannot tolerate this violence any longer. I want to explore legal options for my safety.

That is indeed a bold move. I am with you.



'Things are this way for me, but I will try to stand up for Rubina.'

Amrita asked Rubina if they could involve her mother in the conversation to ensure her well-being and access to education. She agreed but she was not too hopeful about the outcome. Though Rubina's mother accompanied her to the Ujala clinic, she objected vehemently to Amrita's portrayal of the situation, 'There are no issues at our house that she needs to seek outside help for. She is lying. Please do not pay attention to her stories.' Amrita remained calm and explained, 'I can understand your reluctance to discuss the matter. But this has nothing to do with Rubina spinning tales. The welts and bruises prove that she has been beaten. She has also shared that

she is being forced to discontinue her education. I want to assure you that you can confide in me and I request you to let me help both of you. Rubina's mother looked downcast and decided to open up. Her husband worked in Jodhpur and came home once a month. He routinely mistreated her and threatened divorce. Being financially dependent on him, she was easily intimidated into submission. Rubina's mother realized that she had never had such an empathetic listening ear for her troubles. 'Things are this way for me, but I will try to stand up for Rubina. I will request my husband to allow her to study. I can try.' Amrita thanked her for her cooperation and shared the contact numbers of local organizations they could call in case they were beaten again. They scheduled another session the following week.

As the date for the next session came closer, the news was not good. The father and brothers had beaten Rubina up badly for resisting their requests. Rubina broke down, 'I cannot tolerate this violence any longer. I want to explore legal options to ensure my safety.' Amrita assured her, 'That is indeed a bold move. I am with you.' Soon an FIR was lodged against Rubina's father and brothers under Amrita's guidance, and the physical violence stopped. Unfortunately, when Rubina was married off at 18, her marital home did not seem too different. Her in-laws harassed her constantly. Although her husband was compassionate, he was disempowered and had little say over his parents' conduct. Thanks to her earlier experience, this time Rubina knew how to stand up for herself and exercise her options.

Rubina learnt to unlock the power and resilience to deal with her vulnerabilities.

She contacted Amrita again and took her husband along to the Ujala Clinic. They both worked on Rubina's safety planning and developed long term goals. After

due consideration, they decided to move out of the joint family-home and start afresh.

Through her sessions with Amrita, Rubina learnt to recognize her vulnerabilities and unlock the power and resilience to deal with them. No matter what her father, brothers, or in-laws said, any kind of violence was not justified. She deserved to feel safe, cared for and supported in her family.

Through the turbulent times, Amrita remained her friend, safe space and guiding light. Rubina looked forward to new experiences that awaited her.

60.36%  girls as compared to
39.64%  boys aged 5–18 years in
 Rajasthan experiences physical abuse
from family members.

MWCD (2007), *Study on Child Abuse in India*, Ministry of Women and Child Development, Government of India, New Delhi.



WHAT WOULD YOU LIKE TO DO?

Surekha, the RSKK counsellor at the Ujala clinic, noticed that young Riya, entrusted to her for therapy, was wearing toe rings, bangles, and sindoor, all symbols of married status.

'I knew my parents were against the relationship and would never support me.'

She was puzzled because the family had sent Riya for counselling claiming that she had been raped by a young man and forced to elope. Sureka decided to be direct. 'What help can I offer you at the clinic today? Never mind why your parents have sent you. I want to know what help would you like?' Riya felt reassured to know that Surekha was truly only interested in helping her rather than going by what her parents had said.

Distraught, she began, 'I am in love with Jai who is 21 years old. I have been living with him as his wife in Jaipur for some time now, though I could not legally marry him because I am not 18 years old yet. I have faced a lot of violence from my parents since childhood. I ran away with Jai to escape this violence. I knew my parents were against the relationship and they would never support me. When my parents found out, they grabbed the opportunity to mount rape charges against Jai and extract money from his family.' Riya felt better after purging her troubles to Surekha. Nobody she had spoken to thus far had taken Riya seriously she was young and the charges she was levelling against her parents, were grave.



Surekha respected Riya's decision and recognized the imminent risks of forcibly sending her home.

Surekha considered the situation. She did not launch into a moral lecture asking Riya to abandon her live-in partner and return to her parents. Instead, she simply asked Riya, 'How you would like to

proceed?' Riya was overwhelmed. Before this, nobody had ever asked her what she wanted. She felt empowered to know that she had a real say in how she led the rest of her life. She took a sip of water, collected herself and asserted, 'I don't want to go back home. I will stay anywhere but there till I am 18 and can legally marry Jai.'

Surekha respected Riya's decision and recognized the imminent risks of forcibly sending her home. Surekha contacted Jai with Riya's permission and confirmed his

commitment to her. He said he loved her and was eager to marry her as soon as she attained legal adulthood. Of the many options Surekha outlined for Riya, she chose to stay at a shelter home for the few months in the run-up to her 18th birthday. Surekha arranged her stay at such a home for young women to ensure her physical, emotional, and mental safety.

Riya and Jai are now happily and legally married.

Throughout, Riya continued to meet with Surekha regularly. In their sessions, they also spoke about Riya's relationship, choices of contraception and family planning as well.

Riya and Jai are now happily and legally married. The support they were denied by their family was found in the non-judgemental counsellor, Surekha, at the Ujala clinic.

Riya is grateful to have escaped her violent paternal home.

Riya is in touch with Surekha over the phone and reaches out to her whenever she requires emotional and psychosocial assistance.

Only 10%  women in  Rajasthan between the ages of 18-49 reported choosing their partners and marrying without the family's consent.

Nanda Priya, Gautam Abhishek, Verma Ravi, Khanna Aarushi, Khan Nizamuddin, Brahme Dhanashri, Boyle Shobhana, Kumar Sanjay (2015). *Masculinity, Intimate Partner Violence and Son Preference in India - Findings from Rajasthan*, International Centre for Research on Women, New Delhi.

LOVE THY DAUGHTERS

'You have brought shame to the family, twice over! We should have known better than to choose you for our princely son. What have you given him but the burden of two daughters?'

Aradhana had been called names, taunted, and beaten by her mother-in-law for not bearing sons.

Her mother-in-law's harsh words rang through Aradhana's head repeatedly. She had been called names, taunted, and beaten by her mother-in-law for not bearing sons. Despite the daily rant, Aradhana loved her girls dearly. She felt contentment and pride when her girls scored well in school, displayed small kindnesses, or laughed during their little games. In her weaker moments, though, Aradhana felt distraught at the routine abuse and worried that the ill-treatment would soon pass on to her little girls. On the advice of her friend Sapna, Aradhana visited the Ujala Clinic where she met Nilesch, the RKSK

counsellor. Nilesch invited her to sit down and offered a drink of water. Overwhelmed, Aradhana started to weep, while Nilesch assured her that the clinic was a safe space for her to share her feelings. Aradhana collected herself and narrated her woes. There is constant fighting, taunting, and violence from my mother-in-law at home. She hates me because I could not give the family male heirs.' Aradhana was scared for her own safety and that of her children. She admitted that although her husband was not violent unto her, he didn't try to stop his mother either. 'How can I make the abuse stop when nobody is on my side?', she asked. Nilesch could see that she felt alone and vulnerable. He simply stated 'Giving birth to daughters is not wrong. Violence in every form—physical or emotional, or verbal—is wrong. Nobody deserves to be at the receiving end of it.'

Aradhana was grateful for the practical tips on ensuring safety.

Aradhana kept repeating, 'It is not my fault' as if to remind herself that she was not to blame for the violence. The thought gave her comfort and she felt her body relaxing. To help Aradhana access support to tackle the physical abuse, Nilesh suggested names of local nongovernmental organizations, accredited social health activists, and the domestic violence helpline (104) to call in case of emergencies. Nilesh then informed her about her legal options and made a safety plan with her. Aradhana listened attentively and asked relevant questions about asserting her rights. Nilesh also felt it important to ensure Aradhana's safety within her home. Approaching the police was an option, but Aradhana wanted to try different ways first. Respecting Aradhana's decision, Nilesh assured her that they would decide upon the next steps collaboratively. Nilesh explained, 'Aradhana when you find yourself in physical danger there are some things that you can do to ensure your own safety and that of your daughters. You can lock yourself in a room so that your mother-in-law cannot harm you. If she uses

rolling pins or other weapons, you can hide them or keep them out of reach. You can map your house to know how to shout out for help to your neighbours through the nearest window or door. If the conflicts escalate, you can keep a bag ready with all important documents, money, food and clothing for your children and yourself so that it is easy to leave.' Aradhana was grateful for the practical tips on ensuring safety. Knowing what to do the next time she faced physical violence made her feel stronger and safer than before.

In the end, Nilesh asked if Aradhana could convince her husband to join the next session to help them explore a way forward. Once home, Aradhana approached her husband, Paresh, with trepidation, fearing his wrath at having 'carried tales about the family to outsiders'. Initially, he expressed deep misgivings about confronting his mother but he got past his reluctance once he recognized Aradhana's genuine need for support.

Nilesh greeted the pair warmly at the next session and assured Paresh of full confidentiality. He heard Paresh patiently and explained how the sex of the foetus was determined by the sperm rather than the egg. It was the way of nature and neither parent could control the event.

The violence Aradhana was facing was therefore extremely unjust and uncalled for. Paresh hadn't really thought about his mother's behaviour in these terms before, so he took some time to process the facts.

Although his perspective had changed, Paresh felt stuck since he was not sure how he could assert himself with his mother, whom he had always obeyed. 'I have never stood up to Mother before. She is likely to lose her temper and totally disregard my view', said he, dejected. Nilesh acknowledged the issue and asked, 'What would you like to work towards in this situation?' Paresh accepted, 'I want to support my wife. My kids are precious to me. It's my mother who has the problem.' Aradhana broke down with the sheer relief of knowing that her husband was on her side.

Nilesh suggested ways in which Paresh and Aradhana could communicate assertively with the mother-in-law to ensure safety at home. They rehearsed role-play activities on stalling and discouraging violent behaviour. It took Aradhana and Paresh some practice, but their commitment was clear from their regular follow-up appointments at the clinic.

Aradhana realized that stopping the abuse was entirely up to her.

Over time, the conflicts reduced drastically as Aradhana became more empowered and Paresh, more aware and better informed. Her years of pining for sons just to

escape persecution were behind her. She realized that while having sons or daughters was not in her control, stopping the abuse was entirely up to her. At the age of 24, she felt liberated in the true sense. Through the sessions, Aradhana learned of her rights, how to assert them, and how to protect herself—valuable skills to pass on to her daughters.

The girls could now grow up safely, secure in the knowledge that they were loved and treasured by their parents.

15,094 domestic violence cases were registered across Rajasthan in 2013



National Crime Records Bureau (NCRB), 2013.

COURAGEOUS STEPS

Shriya frowned as the mirror reflected her body. She had not been well the past few months, easily exhausted by minor activity. Her efforts at eating healthy and exercising were not really yielding results.

Shriya was distraught and confused. How could she be pregnant without being sexually active!?

Shriya was starting to believe that she had some major illness, but her mother dismissed her worries about menstrual irregularities, bloating, and nausea as the obsession of a typical 18-year old with her body. She delayed the doctor's appointment thinking minor weight gain was not indicative of deadly disease. Shriya's friend, however, observed her distress and introduced her to Rekha, the RSKS counsellor at the Ujala Clinic. Shriya was very hopeful that Rekha, being a therapist for adolescents would acknowledge her anxieties and help her work through them. When

she described her symptoms, Rekha took her to consult the doctor at the hospital. To Shriya's disbelief, investigations revealed that she was six-months pregnant, too far gone for termination. She was distraught and confused. How could she be pregnant without being sexually active!? Rekha offered her a glass of water and guided her through some breathing exercises to help her relax. She expressed empathy for Shriya's predicament at being faced with this inexplicable and sudden development. She assured her of her support and full confidentiality until they figured out a way to handle the situation together. Shriya relaxed visibly and felt less panic-stricken. Rekha tried to gather more information about Shriya's daily routine and life to decipher how the pregnancy could have occurred.



I understand, but you did nothing wrong.

I should not have trusted those boys. It was my fault. I feel ashamed of myself.

Rekha could see Shriya struggling with anger, horror, and shock all at the same time. She offered gentle counsel...

Shriya suddenly recalled that a few months ago when she had gone picnicking with her college friends. She recounted how she had fallen into a deep sleep after having a soft drink offered by one of the boys at the bus stop. Beyond that, she had no recall of how the rest of the day had panned out. Rekha's gentle probing helped Shriya track what may have happened and she grew extremely agitated as awareness dawned upon her. She realised that someone may have violated her in some way. Rekha could see Shriya struggling with anger, horror, and shock all at the same time. She offered gentle counsel, 'I am sure you feel very

hurt and angry. It would be a good idea to confide in a family member you trust so that your physical and emotional safety can be ensured while, with this person's support, we arrive at a solution. Shriya agreed to bring her mother to the clinic for the next session so that the news could be broken to her with sensitivity and understanding. Shriya's mother was naturally devastated to know that her daughter had been raped and was six-months pregnant. Rekha offered information on the legal options available but they opted out for fear of social repercussions. They discussed the kind of support that Shriya would require instead. In a few weeks, the foetus aborted naturally owing to Shriya's poor health and the word of her pregnancy and subsequent still delivery spread across the village. Shriya moved to the city with her brothers to avoid the slanderous comments and shaming that the community members often indulged in. During this period, she

kept in regular touch with Rekha over the phone. She went through bouts of extreme depression when she blamed herself for the incident. 'I should not have trusted those boys. It was my fault. I feel ashamed of myself. I could not even protect myself.' Rekha constantly reassured Shriya that she had done nothing wrong. The boys were the perpetrators of the crime and not her. She had nothing to blame herself for. There was no reason for her to deny herself the pleasures of a full and happy life. Shriya reached out for counsel whenever she felt angry and distressed and Rekha's patient and non-judgemental presence invariably calmed her down. Over time, Shriya gradually felt the burden of misplaced guilt and shame lifting.

Shriya gradually learnt to love and care for herself again.

With Rekha's constant and unfailing support, she learnt to love and care for herself again. Rekha helped her think about her life ahead and set goals for the future. Shriya took some time to process

the event and reassess how she could make herself feel safe again. She began to gain some clarity into facing the situation and the society at large. She also decided to return to college to finish her graduation and started looking for various career options. She became aware of her legal rights and action she could take against the perpetrators when she felt ready.

Through her sessions with Rekha, Shriya discovered her inner strength, resilience, and courage to take the long road towards healing and achieving her life goals.

An **81.45%** increase in rape cases among  women between the ages of **18-49** was recorded in  Rajasthan in the year **2019** as compared to **2017**.

I AM THE BOSS OF MY BODY

Rupa refused to go to school. It had been this way for months. Were the studies too difficult? Were your classmates quarrelsome? Were the teachers too strict?

Rupa was scared and didn't know how to protect herself at school.

Her mother's probing was met with a wall of deliberate silence. Running out of options, her mother decided to approach Shilpa the RKSK counsellor, at the Ujala clinic attached to the district hospital with Rupa. Rupa was nervous. She was certain the counsellor would take her to school against her will. However, Shilpa exuded warmth and empathy. She listened attentively to Rupa's mother while pausing at regular intervals to confirm with Rupa if the narrative was accurate from her perspective as well. Rupa felt empowered and respected Shilpa for treating her as an equal and not just a 'child with a problem'. Shilpa then requested a private moment with Rupa. She assured her of full confidentiality and encouraged

her to be completely frank about why she was avoiding school. When Rupa continued to seem conflicted and afraid, Shilpa assured her, 'Take your time. I know it is difficult. I am right here for you. I promise to help in any way I can.' Somewhat reassured, Rupa began describing her ordeal. 'Initially, it was just small gifts and simple tips on doing well in tests. I accepted gifts. He was my teacher and cared for me like a father, I thought. He began touching me inappropriately. Once he even summoned me to his office and tried to kiss me!' Rupa broke down. 'I am really scared. I don't know how to protect myself at school. I don't know if this is my fault. I don't know what to do. What if someone at school found out? What if they harassed me more? What if my father beat the teacher up? No. No. I cannot go to school again!'

I don't know if this is my fault. I don't know what to do.

I can only imagine how scared you must be. None of this is your fault.



Shilpa focused on helping Rupa feel safe.

Shilpa spoke gently and calmly, 'Rupa, thank you for trusting me with this information. I can only imagine how scared you must be. Your safety at school is a top priority. None of this is your fault. I am glad you have confided in me. This fear puts you and other children at risk. So have faith. You are doing the right thing.' After more respectful questioning Rupa agreed to reveal the name of her abuser but refused consent to name him publicly. 'I will return to school only if he leaves permanently,' she said. Shilpa respected Rupa's decision and focused on helping her feel safe. 'Nobody has the right to

touch you against your will, you are the boss of your body' Shilpa reiterated. 'If this happens, you can assertively and loudly shout "No" and make yourself heard so that somebody can reach you to help. Also, inform a trusted adult about the incident. He or she will ensure that you get the support you require to prevent this from happening again.' Shilpa thus gave Rupa direction and helped her cope with her complex reactions to her traumatic experience in a safe and non-judgemental space. Knowing her rights and the steps to take (in case she ever felt unsafe again) helped Rupa gain some confidence. 'By breaking your silence, you can save yourself.' Rupa drew strength from Shilpa's words and offered to tell her mother that she felt unsafe at school and wanted

only women teachers to teach her. Rupa was not comfortable making full disclosure to her family as yet; a choice that Shilpa did not try to override. Rupa, however, conceded to keeping Shilpa (as a responsible adult she trusted) informed about all her experiences. Upon hearing Rupa's request, her mother assured her, 'I just want you to be okay. If you don't feel safe at school, I can speak with the principal to see if you can be shifted to classes taught only by women teachers.'

Shilpa uncovered multiple cases of abuse by the same teacher, which eventually led to his expulsion.

Shilpa thanked her mother for her support and requested her to send

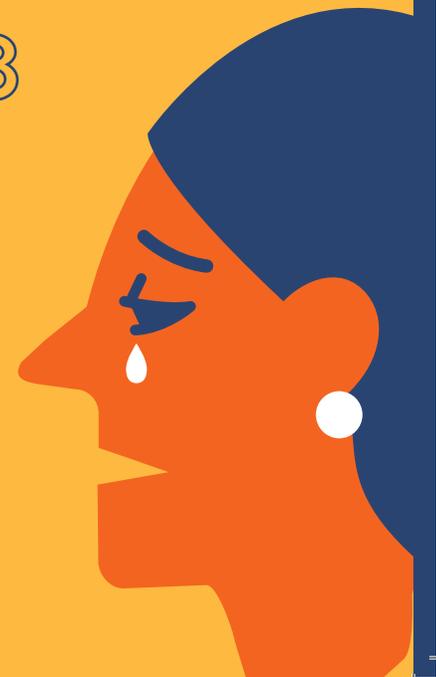
Rupa back to school only when she felt safe and comfortable enough to go. She also asked them to come back for follow-up sessions every week.

Shilpa, through her outreach sessions at the school, uncovered multiple cases of abuse by the same teacher, which eventually led to his expulsion.

Rupa still recalls her trauma but finds strength in the knowledge that she has the support and the means to stop any abuse.

In  Rajasthan, 47.50% of  girls between the ages 5-18 years reported sexual abuse.

MWCD (2007). *Study on Child Abuse in India*, Ministry of Women and Child Development, Government of India, New Delhi.



3



Non- Communicable Diseases

CHANGING PERSPECTIVES

During Sunil's hospitalization for typhoid, the 19-year-old was also diagnosed with chronic diabetes. His blood sugar at 425 milligrams per decilitre was dangerously high.

Sunil's life revolved around health management and hospital visits.

He was immediately administered insulin and instructed to visit the hospital for regular check-ups. From then on, Sunil's life revolved around health management and hospital visits. He found no time and mind space for active college life, to hang out with friends, or do things he enjoyed. He was lonely and miserable. Vimal, an RSKS counsellor noticed Sunil's frequent visits to the hospital. One day, he introduced himself to Sunil and enquired, 'I have seen you often at the hospital. You always look stressed out. Is everything okay?

Would you like to talk about it? I am here to listen to you.' Thankful for the counsellor's kind attention, Sunil requested a private conversation with him. Vimal invited him to visit the Ujala clinic. At the clinic Sunil began, 'I've been very upset, to be honest. I am still in college and have been diagnosed with high blood sugar at such a young age. None of my friends have such problems. I feel isolated because everybody seems to be living a normal life except me. I feel I have lost control over my own body. Will life ever become normal again? Most of my time is spent on hospital visits rather than studying or being with friends. I have to take several medicines and adhere to all kinds of food restrictions. Could I have avoided all this? I am so tired of it!'



Vimal's counsel gave Sunil hope and helped him gain clarity.

Vimal patiently heard Sunil through before replying, 'I am so sorry that you are going through this difficult situation. Diabetes is not your fault and your emotional reaction to it is completely natural. You already understand how dangerous high blood sugar is for your body and how important it is to maintain

it within a certain range. And managing the condition well in youth has significant gains for long-term health too. Do you know that many young people are detected with diabetes across the world? These people go on to live full and healthy lives just by taking necessary precautions and exercising restraint, just as you are doing right now.'

Sunil felt reassured to know that there were others like him across the world who still managed to lead happy lives. Vimal's counsel gave him hope, helped him gain

clarity, and visualize a future that he could look forward to. In consultation with the doctor, Vimal guided Sunil towards some easy lifestyle changes (such as daily walks and intelligent dietary choices) that could promote his sense of well being. Sunil was advised to keep snacks handy for sudden blood sugar dips too. Sunil was reminded that there were still some things in the world that he could control to ensure his physical health.

Sunil was convinced that he could continue to live a normal life despite his condition.

He was grateful for Vimal's support and relieved of many fears and uncertainties. He now had a better understanding of his diagnosis and the ways to manage it. Most importantly, he was convinced that he could continue to live a normal life despite his condition. He did not feel cut off from his friends or college life.

Sunil now looks forward to the hospital visits that he dreaded earlier because these are also opportunities for sessions with Vimal. They continue to discuss the small and big problems in his life.

649  women and 907  men
per 100,000 between the ages of
15-49 years have diabetes in
 Rajasthan.



4



Mental Health

BRAVE HEARTED RESHMA

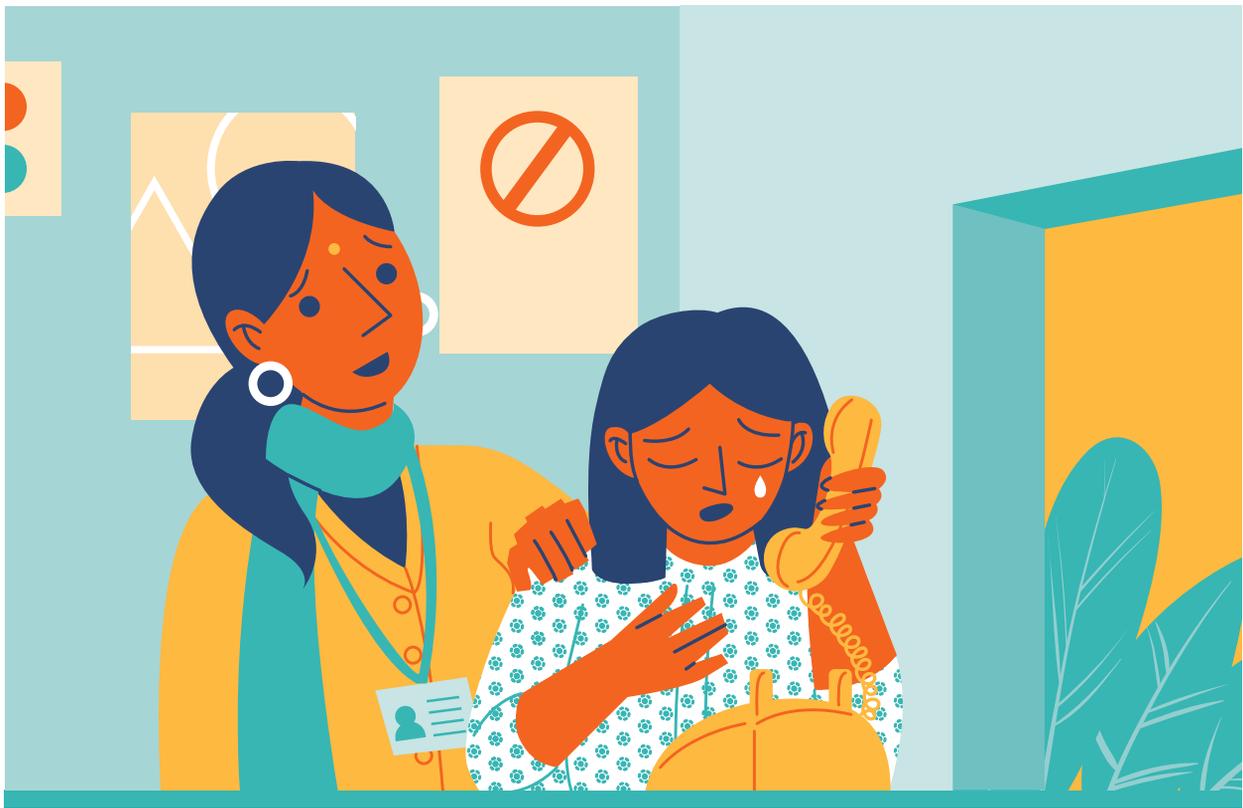
Reshma, at her most vulnerable, had tried to harm herself with an intention to end her life. Her brother found her and took her to the hospital.

Reshma felt angry, shocked, embarrassed, and unsafe.

Beyond that, her family largely ignored her presence and nobody even bothered to ask her what her troubles were. They seemed to assume that she was not thinking rationally. She, therefore, expected much the same from the RSKK counsellor, Damini, who was brought in on her case at the recommendation of the doctor in charge.

To her surprise, Damini didn't disregard her and talked to the family instead. Rather, she requested the family members to wait outside the Ujala clinic and gently turned to Reshma, 'Now you can speak to me freely. Nothing you say will be shared with anyone else without your

permission.' Unused to being taken seriously by anyone, Reshma was initially puzzled. But, assured by Damini's body language that exuded empathy and concern, she felt 'visible' for the first time in her life and confident enough to confide in the counsellor. Shortly after her 10th Grade examinations, Reshma was forced by her family into a marriage they had arranged. On their very first night together, her husband tried to rape her. She felt angry, shocked, embarrassed, and unsafe. She screamed for help, but her in-laws chose to ignore her. To add insult to injury, they shamed her for embarrassing her husband. This hurt Reshma even more as she did not feel supported by her family, her husband, or her in-laws. 'I cannot bear to live in such forced and violent conditions,' she said with deep sadness.



Reshma received understanding and compassion from Damini, which made her feel safe.

Feeling hopeless, worthless, and trapped, she had decided to end her life. Thankfully, she was rescued in time. Damini acknowledged Reshma's pain, 'I can see how difficult all of this must have been for you. You must be very distressed.' For the first time since her wedding, Reshma received understanding and compassion from a fellow human being. This allowed her to form a strong bond with Damini, which made her feel safe. Though grateful for having survived the

suicide attempt, Reshma was sure that she did not want to go back to her husband's home just yet. She wanted to finish her education and prepare herself for her married life before she started living with her husband. Damini appreciated her resolve and together they explored ways in which she could inform her family of her decision. Since Reshma feared being dismissed, even mistreated by her family if she told them on her own, Damini offered to speak to Reshma's father on the phone. The phone call did not start off well because Reshma's father lost his temper and scolded Damini for interfering with his family traditions and community customs. Despite the onslaught, Damini reasoned with him calmly. She stated that his daughter was unhappy, uncomfortable, as

well as underage. Her physical and emotional safety was of the highest importance. Allowing Reshma to be mentally prepared for marriage would take her choice into consideration, which was important for her sense of wellbeing. Although unconvinced, her father asked Reshma, 'Is this how you feel Reshma? What do you wish to do?' The question empowered Reshma to articulate clearly that she would like to wait till Gauna before joining her husband in his home. Reshma stated that she would like to continue living with her parents till she turned 18 and felt ready to enter into marriage, physically, emotionally, and sexually. After some hesitation, her father agreed.

Reshma now wears her assertiveness as part of her personality.

In the months that followed, Damini continued help Reshma work through her negative experiences and triggers, towards building a healthy relationship with her partner. Reshma never missed her weekly sessions at the Ujala Clinic. Two years down the road,

Reshma cleared her 12th Grade exams with excellent scores. She has moved in with her husband since and lives there under much better circumstances. She now comes to Damini to seek pre-natal counselling.

Reshma wears her assertiveness as part of her personality as gloriously as she wears her crown of academic excellence.

Reshma is now known in the village as a Brave Heart for fighting against all odds to secure her right to a safe, healthy, and age-appropriate marital relationship.

The prevalence of marriage among  girls in the age-group of 15–19 years is 89.4% in rural  Rajasthan.

National Commission for Protection of Child Rights (2018), *India Child Marriage and Teenage Pregnancy*, report based on the National Family Health Survey, Round 4, 2015–16, New Delhi. <https://ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=1671&lid=1677>.

VISHAL'S FIRST LOVE

Vishal was in his final school year. He was usually a good student but these days he was falling behind in his course work. He was worried about his studies but was also very happy about a budding relationship with his classmate Priya.

Vishal found it impossible to resist the pull of excessive screen time.

This was Vishal's first romantic relationship and he was very excited about it. Vishal's parents had recently bought him a smartphone and he used it to keep in touch with Priya. The habit of talking on the phone late into the night with Priya had started affecting Vishal's everyday routine. He was sleep-deprived and irritable. He would get into frequent minor arguments with his parents who often objected, 'If you don't use the phone rationally we will return it to the shop. We bought it for your convenience but nowadays you are always glued to it.' While Vishal knew that excessive screen time was damaging for his schoolwork and relationships at home, he found

it impossible to resist its pull and the window it provided into Priya's world which he wanted to be part of all the time. Being forced to choose between his first love and his parents overwhelmed him. He did not know how to manage all these aspects of his life simultaneously. Around this time, Vishal remembered the friendly, easy-going RSKS counsellor Amita, who often conducted outreach sessions at school. He approached her during her school visit on Adolescent Health Day and sought an appointment at the Ujala clinic. He entered the clinic with trepidation, 'Should I open up to a stranger? Is this the right decision? What if she tells my parents? What if she dismisses my concerns and tells me to focus on my studies?' Amita, however, assured him of complete confidentiality as soon as she met him and put him at ease.



I understand, it is natural to feel overwhelmed and worried under these circumstances.

I don't want to stop talking to Priya and I also want to do well in school and get along with my parents.

Vishal readily agreed that a step-by-step approach would be less overwhelming and give him greater control.

Vishal relaxed visibly and articulated his problem, 'My girlfriend and I chat on the phone late into the night. I don't get enough sleep and tend to sleep at school. I also feel irritable and get into arguments with my parents. I can see the issue but somehow can't bring myself to stop using the phone on time. I don't know what to do. I don't want to leave Priya but I also want to do well in school. I feel very confused and overwhelmed.' Amita listened attentively and seemed to understand his predicament, 'Vishal, thank you

for trusting me. It is natural to feel overwhelmed and worried under these circumstances. Equally, this is the phase in life when young people fall in love and want to spend time with each other. This is neither unusual nor wrong. So don't blame yourself. Tell me, what would you like to work towards? We will figure out ways to get to your goals together.' Vishal replied, 'I don't want to stop talking to Priya and I also want to do well in school and get along with my parents.' Amita nodded, 'I can understand that you are struggling with a lot of things at the same time. We could break down the issues into smaller and more manageable pieces and take one step at a time towards solving them. What do you think?' Vishal readily agreed that the step-by-step approach would be less overwhelming and give him greater control. Collaboratively, Amita and Vishal made a plan to structure

and rationalize his cell phone usage. Vishal realized that Priya's academics too would be suffering for the same set of reasons so it would be better for them to mutually agree and adhere to a schedule for daily conversations. Seeing how serious Vishal was about the relationship, Amita also addressed safe-sex and sexual health practices including the use of contraception. She emphasized on 'consent', 'If you consider engaging in sexual intercourse with your girlfriend, it is most important to respect her rights and seek consent.' Vishal was thankful for this non-judgemental approach. It helped him view his own desires as a natural progression of life and not something to feel guilty about. He also understood that sexual activity was as much about consent, safety, and responsibility as happiness and intimacy.

Vishal was learning the art of balance.

At the end of the session, Vishal felt lighter. Amrita had facilitated a transition where he felt empowered to exercise choice in a responsible way rather than have his parents or teachers judge him and impose their will. Vishal

was learning the art of balance. This would give him the breathing space to gradually try out the strategies he and Amrita discussed in their session. He felt equipped with the right tools to cope with his emotions without being scoffed at or reprimanded.

Vishal appreciated that these were lessons that would stand him in good stead in the long run and help navigate life's other challenges too.

93%  boys and 89%  girls between the ages of 15–19 years in  Rajasthan own a mobile phone or use one owned by family.

Jejeebhoy, S. J. and R. Acharya (2014), *Adolescents in Rajasthan 2012: Changing Situation and Needs*, Population Council of India, New Delhi.



JYOTI'S IDENTITY

Jyoti was not herself. The 18-year-old's violent and paranoid behaviour had driven her mother, Anu to first seek help at the temple, where they spent a fortnight invoking Holy Spirits to heal her.

It was clear that Jyoti had severe mental health concerns that needed psychiatric intervention.

When this was fruitless, Anu's friend suggested consulting Smita, the RSKS counselor, who did adolescent-friendly counselling interventions at the Ujala clinic. At the clinic, Jyoti first smiled at Smita but avoided eye contact. After a short while, she suddenly grabbed the bottle of water on the table and stood upon the chair. Immediately after, she began picking up the pens attached to the writing pad. After fiddling with the things around briefly, Jyoti's body stiffened. She sat down, cross-legged, staring fearfully out of the window. 'He is here,' she said.

Smita said firmly but politely, 'Jyoti, I believe there are only three people in the room right now—you, your mother, and I.' This seemed to make Jyoti uncomfortable and she sat down in the chair nervously. 'But do tell me what you can see. I would really like to know,' Smita proceeded. Jyoti was happy to share, 'A man is demanding food from me but I cannot cook it. What should I do?' Smita did not dismiss her outright as nonsensical. She said instead, 'Do you think you could tell him to meet you later? That way you and I can have an uninterrupted conversation. I can see that his presence is disturbing you.' Jyoti seemed relieved at this suggestion and readily agreed. Anu was very impressed by Smita's empathy, patience, and sensitivity. Smita offered Jyoti some water and asked, 'Has anything deeply stressful happened recently, Jyoti?'

There's nothing to this life. So many things happen yet no one comes to know.

This must be very difficult for you, Jyoti.



Smita helped Jyoti understand why the treatment was important and how the disease or the label did not define her.

Anu replied, 'Well, Jyoti failed to clear her Bachelor of Education examination this year. Most of her friends got through and teased her about it. Jyoti has secured a school-teaching job since but I don't think she has settled into the new workplace. I remember her telling me that her colleagues were too stylish for her to fit in with them. Owing to this, she has withdrawn and isolated herself from the school social circle. The other day, Jyoti was looking at some pictures on her mobile phone and screamed because something about them scared her. She had also received a

call that she responded to with a very loud "No". Even now she is fearful of the ringtone. We ensure that all the phones in the house are in silent mode so that Jyoti does not get agitated.' Smita thanked Anu and asked to speak with Jyoti alone. She approached Jyoti in a friendly and frank way without judgement, awkwardness, or fear. 'This must be very difficult for you, Jyoti', she said. Jyoti loosened up and felt surprisingly comfortable. This was very unlike her. She didn't like talking to most people she knew because she always felt judged. She replied, 'Everyone else gets selected. There's nothing to this life. So many things happen yet no one comes to know.' Smita could sense her hopelessness and wanted to delve deeper into her concerns but unfortunately, she couldn't because Jyoti was getting restless. It was clear that Jyoti had a severe mental health concern that needed psychiatric intervention.

The evaluation revealed that Jyoti was suffering from schizophrenia. This diagnosis helped both Jyoti and her family to put Jyoti's experiences and behaviours into perspective and understand what she was experiencing. She was immediately put on medication that helped her immensely. Smita also helped Anu make sense of Jyoti's diagnosis and focus on her treatment and well being by creating a more supportive home environment. Throughout her challenging journey, Jyoti ensured that she spoke with Smita every day as it helped her to understand why the treatment was important and how the mental health condition or the label did not define her. Jyoti conquered her fear of mobile phones to talk to Smita whom she saw as a trusted friend and guide. Smita's genuine concern, willingness to understand Jyoti's experiences and timely help touched Jyoti.

Jyoti came to realize that the disease was neither her fault nor her identity.

Their follow-up sessions focused on how Jyoti could self-soothe through deep-breathing exercises when she felt overwhelmed and needed to relax. They discussed the feelings that Jyoti had about

her diagnosis and her experiences. She shared her fear that people around her only view her as crazy. Smita assured her that the disease was neither her fault nor her identity. As a bright young girl who loved teaching and learning, she was more than just a diagnosis. These powerful words stayed with Jyoti and she smiled every time she reminded herself of them.

After a year of treatment and therapy, Jyoti enrolled in college and proved to everyone, including herself, that she was not defined by the label of her diagnosis!
There was a lot more to her than that.

7% adolescent  boys and 12% adolescent  girls between the ages of 15-19 years in  Rajasthan suffers from mental disorders.

Jejeebhoy, S. J. and R. Acharya (2014), *Adolescents in Rajasthan 2012: Changing Situation and Need*, Population Council of India, New Delhi.



WINDOW OF OPPORTUNITY

Uma, all of 15, was deeply worried about her little sister Nita. She was distracted from schoolwork, often sneaking out of the house at odd hours and returning with expensive gifts.

Uma was tired and conflicted with all the lying she had to do to protect Nita from their parents.

Nita was constantly on her phone even at school. Her parents too noticed Nita's laxity in studies and addictive use of the mobile. But every time they confiscated her handheld as punishment, somebody gifted her a new one. Her parents were alarmed at the prospect of their daughter's involvement in risky and inappropriate activities of some sort.

Uma struggled to mediate the conflicts between Nita and their parents and prevent undesirable fall out. She knew that their father was considering marrying them off before Nita corrupted Uma or did something socially shameful. Short-tempered and impulsive,

Father might carry through his threat, putting both the girls in harm's way, Uma feared. She was tired and conflicted with all the lying she had to do to protect Nita from their parents. She felt anxious, jittery, and breathless whenever Nita got into arguments with Mom and Dad. Gnawing worries about their future eroded Uma's peace. She could neither focus at school nor at home. She wanted somebody to talk to but did not know who could help. When she heard of the adolescent counselling support extended by the Ujala clinic, she approached Ashwini, the RKSK counselor there. When she learnt that she could talk about anything she needed to with Ashwini and that her conversations would be completely confidential she felt a rush of relief. She described her home situation in detail and shared her anxieties with the counsellor.

I want my sister and myself to be protected. There are a lot of conflicts at home.

I understand. We will find new ways for you to cope with all the conflicts at home.



Uma felt hopeful of having some practical tools in the future that would help her cope.

Ashwini acknowledged her problems, 'I understand how worried you have been. In such a situation, it is natural to feel this way. How you have coped all this while is commendable. How would you like me to help you?' Uma was very clear about her goals, 'I do not want either Nita or me to be married off so young. I also want my sister to be protected. There are a lot of conflicts at home. My parents do not listen to me.' Ashwini suggested, 'Considering the circumstances, it is important that we first pay attention to your own mental health and well being. We could find new ways for you to cope with all the conflicts at home. We can try out strategies that you could use to communicate with your parents and Nita. We could focus on ways that help you assert without getting into arguments. We can use our sessions to practice these strategies so that you feel more ready to have those

conversations with your father. At the same time, we could also work on ways for you to calm yourself and feel more in control when you have breathlessness or experience tremors during fights at home.' Uma felt hopeful of having some practical tools in the future that would help her cope. Coincidentally, Nita approached Ashwini independently when she was conducting an outreach session at the school. In this way, both sisters started individual sessions with Ashwini. Ashwini also suggested some joint sessions to strengthen their relationship and understand how they could help each other. Eventually, Ashwini requested that Nita and Uma invite their mother in as well for a joint session so that they could discuss the threat of underage marriage. Addressing their mother, Ashwini said, 'Uma and Nita are very young girls and are currently feeling a little unsettled and overwhelmed. I believe that the situation in the house and their relationship with their father might be aggravating these negative experiences and emotions. I wanted to ask you how you feel about what is happening and what you think you would like to do about it.'

Uma and Nita now feel much safer at home.

The mother acknowledged that the daughters were in distress and wanted to support them. Ashwini discussed how she could do so and help manage their relationship with the father. Nita also worked through her issues independently. Uma could see the change in Nita who had once again, become

more aware of and focused on her personal goals. She continues to stay in touch with Ashwini. She now feels much safer at home. Ashwini also informed Uma about her legal rights that would protect her against child marriage. The knowledge really helped Uma feel more confident and in control. She is glad that she decided to go to the clinic when she did.

Uma believes that it not only strengthened her relationship with Nita, but also gave her tools to set healthy boundaries at home. She now knows how to take care of herself.

The suicide rate for  adolescents in  Rajasthan between the ages of 14-17 years is 5.17 per one lakh people.



THE UNWANTED GUEST

Sita was helping her mother at home when Tasneem, an RKSK counsellor she recognized from school, came to visit. Sita, realizing that her mother had invited her home, became visibly angry.

Sita couldn't bring herself to attend classes and confined herself to her room.

She was sure that Tasneem had been tasked with making Sita 'well behaved' again. Throughout lunch Sita felt her anger mounting at her mother as she dwelt on the harsh exchange of words with her recently. Sita, who had been pursuing a course in Biology in the nearby town, was among the handful of girls from her village to have been studying beyond its borders. Some meddlesome relatives from the town had spotted her hanging out with friends and called her mother, alleging that she was socializing with boys instead of studying. Soon after this incident, Sita received an angry call from her parents, 'There is no need for you to study. Come back home and

we will get you married.' Shocked by this sudden development, Sita couldn't bring herself to attend classes in the subsequent days and confined herself to her room. Eventually her parents were called to take her home. Sita had already lost out on a year of classes. Sitting for lunch with her mother and Tasneem, the memories came flooding back. She had never got a chance to explain her side of the story, that she had made new friends in her school and some of them were boys. However, that didn't mean that she was not focused on her studies. Sita was hurt and angry. She welled up at the thought that her dream of becoming a lab technician was lost in the distance. She did not trust anybody; certainly not someone invited by her mother, and so she decided to not talk to Tasneem. She was sure that Tasneem too believed her mother's version of the story.

I feel very hurt that my parents believed a stranger over me. I have lost out on a year of education.

I want to let you know that it is natural to feel these emotions in this situation.



Sita felt hopeful about finding a way out of her predicament.

As Sita started clearing the table, Tasneem smiled warmly and asked her, 'How are you Sita? It has been long since we last met.' Tasneem treated Sita like an adult and understood her reluctance to speak in front of her mother. After some hesitation, Sita, agreed to accompany her to the Ujala Clinic. On the way, Tasneem asked her general questions about her friends and daily routine, instead of harping on the problem. This deepened Sita's trust in her. At the clinic, Sita took Tasneem through her ordeal. Tasneem saw that she was crying and offered her a drink of water so that she could compose herself. Tasneem said, 'I can see how difficult it has been for you to share this. Thank you for trusting me. I want to assure you that everything that is spoken in these sessions will

remain confidential.' Seeing the complex emotions that Sita was struggling with, she continued, 'I can see that you are angry and hurt. I want to let you know that it is natural to feel these emotions in this situation. If I was in your position, I would also probably feel the same way.' Sita was relieved to know that someone understood her. She said, 'Yes I feel very hurt that my parents believed a stranger over me. I really wanted to study Biology and this was my only chance. Now I don't know what to do as I have lost out on a year of education.' Tasneem empathized, 'I understand the difficulty of the situation. But you have shown so much courage by asking for help and trying to find ways to cope with this situation. Together, we can decide on a goal and discuss how to move forward.' At this acknowledgement of her courage, Sita smiled. She felt hopeful about finding a way out of her predicament. She confided in Tasneem that she had tried and

failed at explaining to her family how she felt. Tasneem asked Sita if she would be comfortable with having a joint session with her parents. Though Sita was somewhat relieved and optimistic about being able to assert herself with Tasneem's support, she was still apprehensive about confronting her parents. Tasneem suggested, 'We could practice speaking with your parents in these sessions. We could do role-play exercises as well, if you're comfortable.' Sita immediately agreed. She practiced the conversation she wanted to have with her family. During the role play exercises, Sita also realized how deeply hurt she was by her parent's conduct. When Sita felt ready, Tasneem organized the joint session with her parents. The clinic provided a safe space to for them openly discuss the issues affecting their relationship.

Sita slowly started communicating better with her family and went back to school.

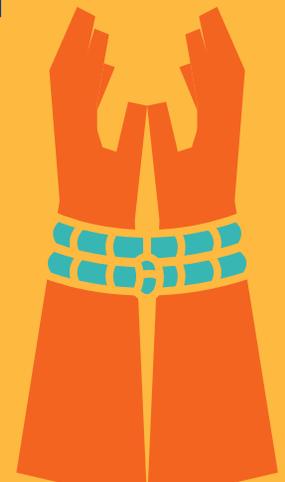
Sita's parents had never thought of the incident from this perspective. They could now see that there might have been another side to the story and that they had hurt their daughter. They were grateful that they had had an

honest discussion about it. Over the next few sessions her parents understood the need for better communication. Sita and her family jointly decided that she would return to school to complete her education. With Tasneem's help, Sita slowly started communicating better with her family and went back to school, reassured by the improved relationship with her parents. Sometimes, she still went for sessions with Tasneem.

Through these sessions with Tasneem, Sita realized the importance of drawing boundaries with her family and seeking timely help.

70% married  adolescents between the ages of 15-19 years in  Rajasthan had little involvement in the decision to marry.

Moreau, C., Mmari, K., Shannon, A., Khanna, A., Ahmad, D., & Radloff, S. (2019). *Adolescent Health Module in Rajasthan, India*. Performance Monitoring and Accountability 2020. https://www.pma2020.org/sites/default/files/Adolescent_Report_Raj_FINAL032819.pdf



BEYOND LIMITS

One day, in the school corridor, Arun saw Sapna, the RKSK counselor, who usually came to his class for outreach sessions. He appreciated Sapna for sharing information about 'taboo' topics frankly with students.

Arun had been obsessing over how different he was from others.

He has also observed that Sapna always encouraged discussion in her sessions and respected the students' views. Arun looked forward to attending these sessions. Lately, Arun had been finding it difficult to focus. He seemed to only obsess with how different he was from others. He was not being able to deal with the issues by himself and needed someone to talk to. So, when Arun saw Sapna, he decided to approach her.

Sapna spotted him from across the hall and walked over, 'How are you Arun? It's been a while.' Arun was relieved that she recognized him and he didn't have to start the conversation from scratch. He responded, 'Yes, it has been a long time since we had an outreach session in our class. I was hoping to come by to the clinic one of

these days. Do you have some time to talk now?' She agreed immediately and they found a quiet spot where they could talk privately.

Sapna could sense Arun struggling with his emotions. She assured him, 'Take your time. There is no rush. What you say will remain strictly between us and I won't share it with anyone without your consent. So please feel free.' Arun collected his thoughts and said, 'These days I don't find anything interesting. Neither at home nor in school can I concentrate on work. In fact, I don't feel like coming to school at all. Here, I am either bullied or pitied for my motor disability. Even the teachers discuss my condition amongst themselves in my earshot. Things are no better at home. My family is ashamed of my disability. They try to conceal my condition as if it were a crime I have committed. I feel very disturbed,' Arun was on the verge of tears.

Sapna was aware that addressing discrimination against disabilities would require a community-level approach.

Sapna offered Arun some water and they paused for a moment. She spoke gently, 'I can see how disturbing it is for you. It is very brave of you to share your concerns with me.' Arun continued, 'I am sick and tired of the whole thing. Perhaps, I am indeed at fault in some way. My brother hardly talks to me. My father is an alcoholic and often fights with my mother. I feel I am responsible for all these issues.' Sapna assured Arun, 'I can see that this is very painful for you. I am here to help you. We can work on the issues together to help you cope better. Sapna was aware that addressing discrimination against disabilities would require a community-level approach beyond individual sessions with Arun. She asked Arun, 'How about organizing an outreach session at the school

about disability awareness? Are you comfortable with the idea?' Arun was enthusiastic because the indirect approach would serve the broad purpose without putting him in the spotlight. Taking the engagement to the next level Sapna said, 'Arun if you are okay with it, it would be great if you could bring your brother and mother for the next session.' They did come and after some initial scepticism, they settled down and listened intently to Sapna who said, 'Arun needs your support. He feels very lonely at home. He thinks that his disability is the cause of all the problems at home.' The family members found it hard to believe that Arun felt isolated he had never expressed such feelings before. His mother reassured him, 'Son, you make us proud. We only want to see you happy. We did not realize how the situation at home was impacting you.' Arun felt happy to have the space and opportunity at the Ujala clinic to talk frankly to his loved ones about his feelings. Sapna also gave the family referrals for organizations that dealt with domestic violence in their area.

I don't feel like coming to school at all. I am either bullied or pitied for my motor disability.

It is very brave of you to share your concerns with me.



Arun learnt to acknowledge that there was nothing wrong with him.

Arun left the session that day with a smile on his face knowing that he was valued, accepted and that he could reach out to his family and Sapna for support whenever he needed to.

Arun continues to have sessions with Sapna and has gained greater self-confidence over time. Through the sessions, he learnt to value himself and acknowledge that there was nothing wrong with him. He became aware that if he had low self-worth, the society too would mirror the same perception.

So now, Arun speaks up openly without fear of being mocked in class. He realizes that he deserves respect like everyone else.

The number of disabled people in

 Rajasthan was recorded at **15.6** lakh, which is **5.83%** of the total disabled population in India.

ORGI (2011), *Census of India 2011*, Office of the Registrar General and Census Commissioner of India, Ministry of Home Affairs, Government of India.



5



**Sexual &
Reproductive
Health**

STRINGS OF SEXUALITY

Gagan, an RKSK counsellor and adolescent therapist was conducting an outreach session at a school. In his audience sat Bala listening attentively. Bala lived in a remote village so for him to attend such a session was a rare chance.

To distract himself from the pressure of exams, Bala started watching pornography.

Gagan discussed common adolescent issues and shared the contact details and timings of the Ujala clinic where any adolescent could walk in to seek counsel in private whenever they needed to. Bala decided to pay a visit. Though the clinic was a long way off, he made it there. He was nervous and toyed with the idea of turning back many times over. But he knew he needed to seek help so he gathered himself and entered the premises. Gagan could see that Bala was really uneasy so he offered him a drink of water and made small talk about Bala's long journey to the clinic. Once Bala seemed more comfortable, Gagan said 'Bala, you are free to talk about anything here. All

our discussions will remain confidential. Counselling is not about giving advice. Here, I can help you make your own decisions but not make them for you. I will help you to explore your feelings. Is there anything you want to ask me at this point?'

Bala gained clarity on what to expect from the sessions and his nervousness receded. He spoke up, 'My exams are drawing near but I am not able to prepare. When I open my books, my head starts to hurt and I feel stressed out. There are so many topics left to cover and I don't know how to manage.' Gagan nodded empathetically, 'I can see that you are very distressed. It is natural to feel anxious about such a situation. Since when have you been getting these headaches? Have you gone to the doctor yet?' Bala replied, 'I have not been to the doctor though my headaches started about a month ago.'



Thank you for trusting me. There is nothing wrong with masturbation.

I enjoyed giving pleasure to myself and felt relaxed enough to sleep soundly right after.

Bala felt relief at knowing that his issues were more commonplace than he imagined.

Gagan asked Bala, 'And did something change around that time that can be linked to the onset of these headaches?' By now Bala was comfortable enough in Gagan's company to reveal his real worry, 'Yes, I started using my phone rather heavily. Maybe because of this....' Bala stopped mid-sentence. As Gagan waited patiently he reminded Bala, 'Please do not worry. As I mentioned earlier, everything you say will remain confidential. I will listen with an open mind. If you are not comfortable right now, we can talk about this some other time.' Bala looked down at the floor as he spoke, 'I have been very

worried about the exams. So in order to distract myself, I use my phone a lot. Initially, I watched some videos, but later I started watching pornography. I enjoyed giving pleasure to myself and felt relaxed enough to sleep soundly right after.' Gagan was not judgemental, 'I can imagine how difficult it must be for you to share this. I want to thank you for trusting me with this information. There is nothing wrong with masturbation. It is a completely normal way of expressing oneself sexually. Sexual health is considered taboo in our society. This is the reason so many people, especially adolescents, are ashamed of talking about these issues. Like you, they have similar feelings about such topics.' Bala felt relief at knowing that his issues were more commonplace than he imagined and he was not going through some uniquely embarrassing individual experience. While Gagan normalised self-pleasure

for Bala, he added a word of warning, 'Masturbation is a safe and normal activity as long as you engage in it in private without impinging on the rights of others. If you have a partner you decide to get intimate with, remember to obtain consent and use protection such as a condom.' Bala was surprised at Gagan's non-judgemental tone and glad to receive accurate information. Since the exams were the immediate source of anxiety, they decided to focus on how they could help Bala cope with it. Gagan said, 'We should start with setting small goals. Is there a way we can fix a few hours each day only for studying? What do you think?' Bala also thought this was a good idea. He said, 'This seems ok for now. I don't think I will be able to stop everything suddenly.'

Bala felt a greater sense of control over his situation.

Gagan and Bala discussed how they could schedule other activities around the main task of studying. They also agreed that small goals would help with daily motivation. Gagan reiterated that masturbation was a natural and acceptable way of achieving

sexual satisfaction as long as it did not interfere with other aspects of routine life.

Bala felt greater sense of control over his situation. His problems seemed more manageable. Gagan and Bala continued to have telephonic sessions through which Gagan provided simple practical tips that helped Bala to pass his exams.

Bala realized that there was no shame in masturbating as long as he made time for everything else and led a balanced life.

41% of  boys and 18% of  girls between the ages of 15-19 years have access to pornographic materials on the internet.

Jejeebhoy, S. J. and R. Acharya (2014), *Adolescents in Rajasthan 2012: Changing Situation and Needs*, Population Council of India, New Delhi.



MEERA'S DREAMS

Meera loved school and had a passion for the sciences. She was curious to know how things worked and was full of questions in class. She studied topics ahead of her peers and was sure she wanted to study sciences in college and build a career around scientific studies.

Meera had been having irregular periods.

Her friends always encouraged her and said she was lucky that she discovered her passion so young. However, her father did not agree, 'No point in studying pure sciences, Meera,' he said to the 16-year-old. 'What is the future in that? You should pursue Computer Science or Commerce instead. That way, job opportunities will open up sooner and you will be able to support the family. Given our financial condition, it is not practical for you to consider a long drawn academic pursuit of pure sciences.' Meera was completely devastated. She tried to reason with her father many times but such conversations only ended in

conflict. She felt frustrated, helpless, and drained. She really wanted to talk to someone but didn't know whom to trust. She had heard about the Ujala clinic from her friends and decided to pay a visit. She promised herself that if she felt unsure once she reached, she could always turn back, but she had run out of options and counselling was worth a shot. Besides, Meera had been having irregular periods so she thought she could address that issue at the clinic, to begin with. It was in this context that Meera first met RKSK counsellor, Naina, at the Ujala clinic. At the clinic, Naina introduced herself, explained what the clinic was about, what the process of counselling entailed, how confidentiality was maintained, etc.

I am tired of struggling and losing hope of being able to live the life that I dreamed of

Let us gather some information about career options in your area of interest



Over time, Meera came to trust Naina enough to tell her about her troubling home situation.

Meera felt reassured and started by sharing her concerns about her irregular periods over the past 3 or 4 months. Naina told her that irregular periods were common among adolescents during hormonal changes. She also shared a referral to the gynaecologist should Meera feel the need for a consult. After that first session, Meera started visiting the Ujala clinic frequently. Over time she came to trust Naina enough to tell her about the home situation, 'I have been very disturbed about this. I have tried to explain to my family that I can support them financially even if I choose a career

in the sciences but they are not convinced. They are forcing me to study Commerce but I am not interested in the subject at all. I am tired of struggling and losing hope of being able to live the life that I dreamed of.' Naina thanked Meera for sharing her story and assured her that they would together work on ways to communicate with her family in a firm yet polite manner. Meera sought Naina's support and facilitation in taking up the matter again with her family. Naina suggested, 'Let us gather some information about career options in your area of interest that can also provide financial stability. It may be easier to convince your parents if we are armed with this knowledge. Besides, we may practice having this conversation with them through role-play so that you feel better prepared to deal with it.' Meera practiced role play with Naina as planned. However, she tried and failed at yet another conversation on

the issue with her parents. She felt less upset though because she knew she had Naina's support when she tried again. As Meera's exams drew close, Naina helped her with scheduling, preparations, and tips on time management. Meera scored well and the time was ripe for her to broach the topic of higher education with her parents for the final decision. Naina asked Meera if she would be comfortable bringing her family into the sessions with her. Meera agreed enthusiastically, relieved that she wouldn't have to negotiate with her family by herself. For the next session, Meera's brother accompanied her. Naina worked with him to strategize how he could be Meera's ally in building a case with their parents in her favour.

Naina helped Meera to pursue her dream and also boosted her confidence.

Her brother agreed to take them through various career options and show them how Meera could provide financial support to the

family while pursuing her passion. It took some time and collective effort in persuasion, but ultimately Meera's parents submitted before her zeal and allowed her to choose her calling.

Meera is happy that she reached out to the Ujala clinic in time. The sessions with Naina not only allowed her to pursue her dream but also boosted her confidence immensely.

Meera realized that while seeking help takes courage, she can always unlock the strength and resilience she has by thinking through her problems in a safe space.

For 65%  youth* from rural  Rajasthan between the ages of 16-30 years, parental influence largely determines their career goals.

* Youth respondents. Hari, R., Chander, M., & Sharma, N. K. (2013). Comparison of Educational and Occupational Aspirations of Rural Youth from Farming Families of Kerala and Rajasthan. *Indian Journal of Extension Education*, 49(1and2), 57-59.



MATTERS OF INTIMACY

At the district hospital, Kajal and Akshay looked around for help, confused and worried. Mirza, the RKSK counsellor, noticed them sitting on a bench outside the Ujala Clinic and asked, 'Are you waiting for someone here?'

Kajal and Akshay had been in an intimate premarital relationship for a year.

Kajal and Ajay looked at each other but couldn't answer Mirza's question. In order to extend the conversation and know their minds, Mirza informed them about the clinic timings and introduced himself. He smiled, 'You can talk to me about anything that may be bothering you. The Ujala clinic is here to help young adults like you.' He returned to his office to give them space to consider his offer. Both Kajal and Akshay found Mirza approachable and felt that they could trust him.

As they entered the Ujala clinic, Mirza greeted them warmly and explained at length how the confidential counselling process worked. This created a neutral space for conversation where Kajal felt reassured enough to confide that Akshay and she had been in an intimate relationship for a year. In the recent past, she had been experiencing genital irritation and itching. She knew she needed to seek medical help but was not sure how she could reach out without being judged and reprimanded for her active premarital sex life. She did not want her friends and family to find out but hiding and lying was making her feel, lonely isolated and insecure.

I was not sure how to reach out for help without being judged.

Your anxiety and hesitation are completely natural given the situation.

Both Kajal and Akshay were relieved to not be subjected to a moral lecture and felt comfortable asking questions.

Mirza patiently listened to Kajal before responding, 'I can imagine how difficult it is for you to talk about this. Thank you for trusting me with this information. Your anxiety and hesitation are completely natural given the situation. In our society conversations around sexual health are considered taboo. As a result, seeking help becomes a problem but I want to assure you that help is indeed available.' Both Kajal and Akshay were relieved to not be subjected to a moral lecture. Instead, Mirza was friendly, helpful, and practical in his approach. He asked if they were comfortable going to the doctor and provided adequate referrals within the hospital. He also

shared information on safe-sex practices to protect against sexually transmitted diseases and unwanted pregnancies. He even gave them a booklet on the subject. This was the first time that the couple had non-judgemental adult guidance on safe sex and it made a world of difference to them. They sought clarifications on aspects that confused them, questions that Mirza readily addressed. 'What happens if the condom ruptures? Can Kajal still get pregnant if we have sex during her periods? If not, is it necessary to wear a condom at that time too?' Mirza clarified, 'Only a condom can completely protect you from accidental pregnancies and sexually transmitted diseases at any time of the month. If it is correctly used, the chances of a condom rupturing are very low. In case it does happen, one can use emergency contraceptives. But please remember that these contraceptives are meant for emergencies only. Their regular use has many dangerous side effects.'

With comprehensive information about their bodies and rights, Kajal and Akshay felt self-assured and calm.

Armed with Mirza's counsel and support, Kajal and Akshay felt confident and comfortable as

they proceeded to the doctor's chambers. They now knew that they could come to the Ujala clinic to discuss their problems whenever they wanted to. With comprehensive information about their bodies and rights, Kajal and Akshay left the hospital self-assured and calm. This visit also helped them speak to each other about their sexual needs and safe practices based on the booklet.

The session made Kajal and Akshay more accountable for their sexual health and safety. They continue to occasionally visit Mirza both as a couple and individually.

Only **54%**  boys and **27%**  girls between the ages of **15-19** years in  Rajasthan seek help for sexual and reproductive health concerns.

Jejeebhoy, S. J. and R. Acharya (2014), *Adolescents in Rajasthan 2012: Changing Situation and Needs*, Population Council of India, New Delhi.

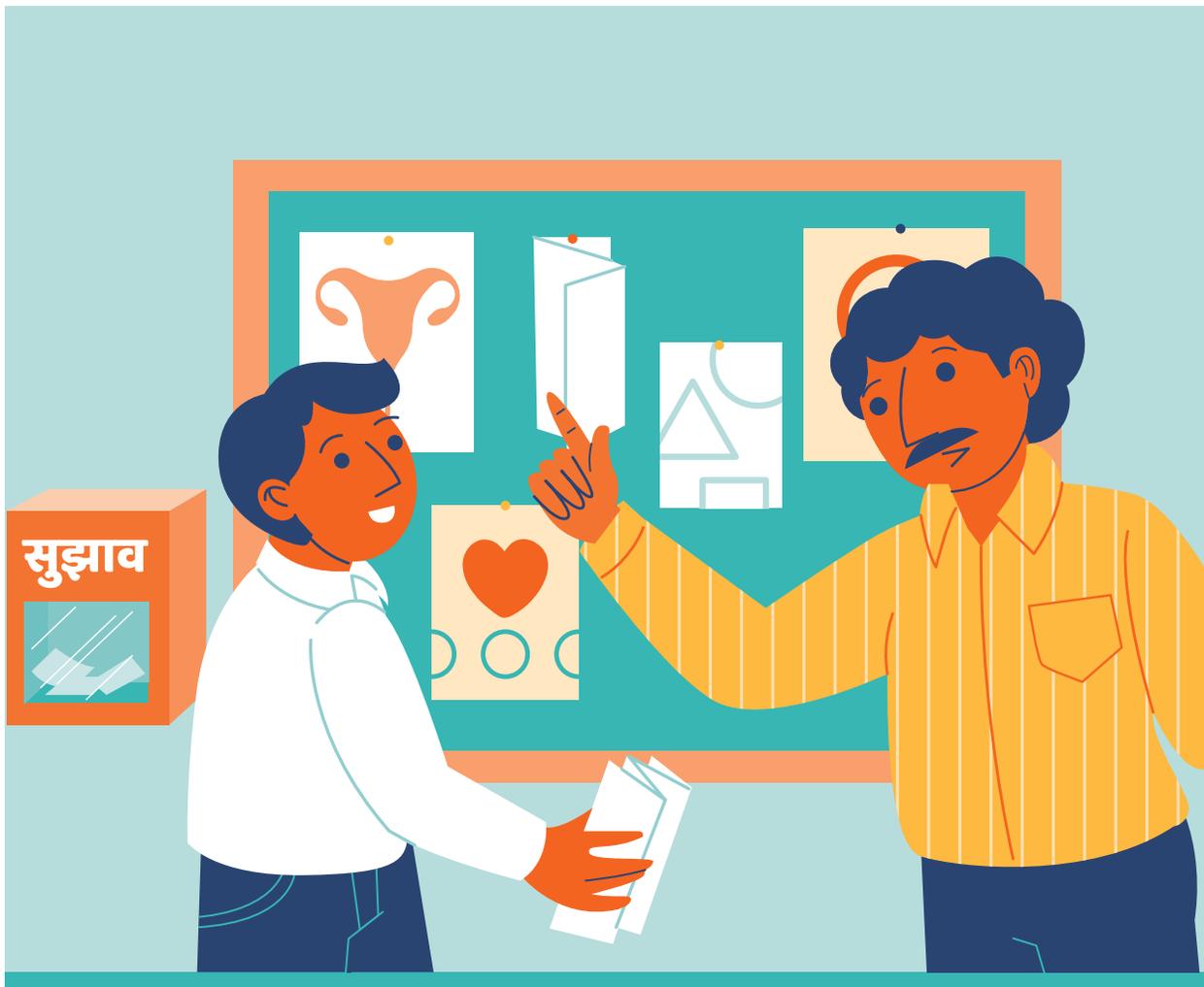
BUT THEY TOLD ME SO

Vivek was very scared. Used to masturbating 3-4 times a day, the words of the local healer stayed with him, 'One drop of semen is equivalent to a hundred drops of blood.'

Vivek grew increasingly convinced that masturbation was negatively impacting him.

Then his friends corroborated that masturbating would make him weak. On top of that, a message painted on the town wall declared, 'Masturbation leads to Infertility!' Overall, Vivek grew increasingly convinced that masturbation was negatively impacting him. He was desperate for advice from a knowledgeable

and responsible adult whom he could trust and who would not shame him for his habit. He had heard of Rohit, the RKSK counsellor at the Ujala Clinic from his friends and after some hesitation, he made it to the clinic. Rohit greeted him warmly and assured him of the confidentiality of the discussions. He encouraged Vivek to take an easy deep breath and collect his thoughts before he spoke. There was no rush, and experiencing some stress when talking about your concerns was normal. In fact, it was not even mandatory for Vivek to talk; they could do whatever else that allowed him to relax.



Rohit provided Vivek adequate and accurate information on a range of topics including sexual health, masturbation, and satisfaction.

Vivek was pleasantly surprised at Rohit's approach and confided in him about his anxieties. Rohit heard him through and responded,

'It was very brave of you to seek counselling on such a sensitive and personal subject. I am sure it was not easy for you given the needless stigma attached to discussions on sexual health in our society. Let me assure you that masturbation is a normal and natural way of satisfying oneself sexually. There is nothing wrong with masturbating as long as it is safe, hygienic, and done in private without intruding into anyone else's space, rights, security, and privacy.' Vivek asked Rohit, 'If I masturbate 3-4 times a day, will that shrink my penis or make me weak?' 'Absolutely not,' Rohit

replied, 'Just because there is no honest discussion around these topics in our society, such myths become widely popular.' Rohit provided Vivek adequate and accurate information on a range of topics including sexual health, masturbation, and satisfaction, as also a sexual attraction, consent and companionship. 'It is important to have the correct information about sexual health to know more about how to remain healthy, take care of yourself and take care of others. How will you protect yourself if you don't know enough about your body?'

Vivek felt relieved as his load of anxieties lifted.

Vivek went on to say, 'My penis is not straight; it curves to one side. I feel very embarrassed because of this. Should I seek treatment?' In response, Rohit emphasized that each human body is unique and different. There is no one standard body type and it is very

common for a penis to be curved to one side. 'You have been burdened with a lot of distress due to misinformation from friends and other sources. Why don't you encourage your friends to come to the clinic as well so that they too gain access to appropriate information regarding sexual health?' Rohit said. At the end of the session, Vivek felt relieved as his load of anxieties lifted.

Vivek felt assured and safe knowing that he could approach Rohit anytime for reliable information and friendly non-judgmental advice.

Only 5%  boys and 1%  girls in  Rajasthan obtained information on sexual health from a health care provider.



Jejeebhoy, S. J. and R. Acharya (2014), *Adolescents in Rajasthan 2012: Changing Situation and Needs*, Population Council of India, New Delhi.

SURESH'S SAFETY

Suresh had been feeling restless for a couple of weeks now. Moreover, pretending to family and friends that all was well was becoming increasingly tiresome.

Suresh thought he had a deadly disease and no one to turn to for help.

He had had sex with Vandana and he was terrified of being found out. On top of that, he had boils on his penis, severe itching, and a constant urge to urinate. He thought he had a deadly disease and no one to turn to for help. Sexual health was never discussed at home; he could definitely not approach his parents. The one time a sex education outreach session had been conducted in his class, his teacher had left the classroom in embarrassment.

So there was no question of approaching the teacher either. Lonely, scared, and overwhelmed, Suresh wondered what to do. As he turned over options in his mind, he recalled Rakhi, the RKSK counsellor from the Ujala clinic, who had conducted that outreach session at school. Suresh distinctly remembered her addressing issues of sexual health and hygiene in class and emphasizing on the significance of having the correct information on the topic. She spoke directly, frankly, and with confidence. Suresh felt that he could trust her to provide the right guidance and decided to go to the Ujala clinic as soon as possible.

I have been feeling uncomfortable since I had sex with a friend.

The use of condoms will protect you from sexually transmitted diseases.



Rakhi told Suresh about safe sex practices, contraception, partner consent, and sexual and reproductive tract infections.

Once he got there, he sat unsure of how to begin. Rakhi assured him that their discussions were strictly confidential and he could use the space to speak his mind without fear. Suresh started hesitantly, 'I have been feeling uncomfortable since I had sex with a friend.' As Suresh trailed off, Rakhi knew he was feeling hesitant. She acknowledged the difficulty in talking about these concerns and assured him that there was no shame in sharing. Suresh slowly opened up and confided in her. Rakhi reiterated that his feelings were natural and

normal for any adolescent and there was no reason for him to be embarrassed. She provided information to Suresh about safe sex practices, options available for contraception, partner consent, and sexual and reproductive tract infections. 'The use of condoms will protect you from sexually transmitted diseases. Safe sex also includes consensual sex. Both you and your partner should consent to any sexual activity. In case consent is withdrawn at any point during sexual intercourse, it must be respected at all costs.' Rakhi also referred Suresh to the doctor and once he received his medication, she provided relevant and accurate information about the infection in a simple way. 'If you want to know more about sexual health, please read the materials we have at the Ujala clinic. That will give you accurate information on sexual health and rights,' she emphasized.

Suresh left the clinic feeling a lot more at ease as he had received the guidance that he needed.

Rakhi strongly urged Suresh to talk to his partner about the facilities at the Ujala Clinic. She asked him to share the information booklets with her if she felt comfortable.

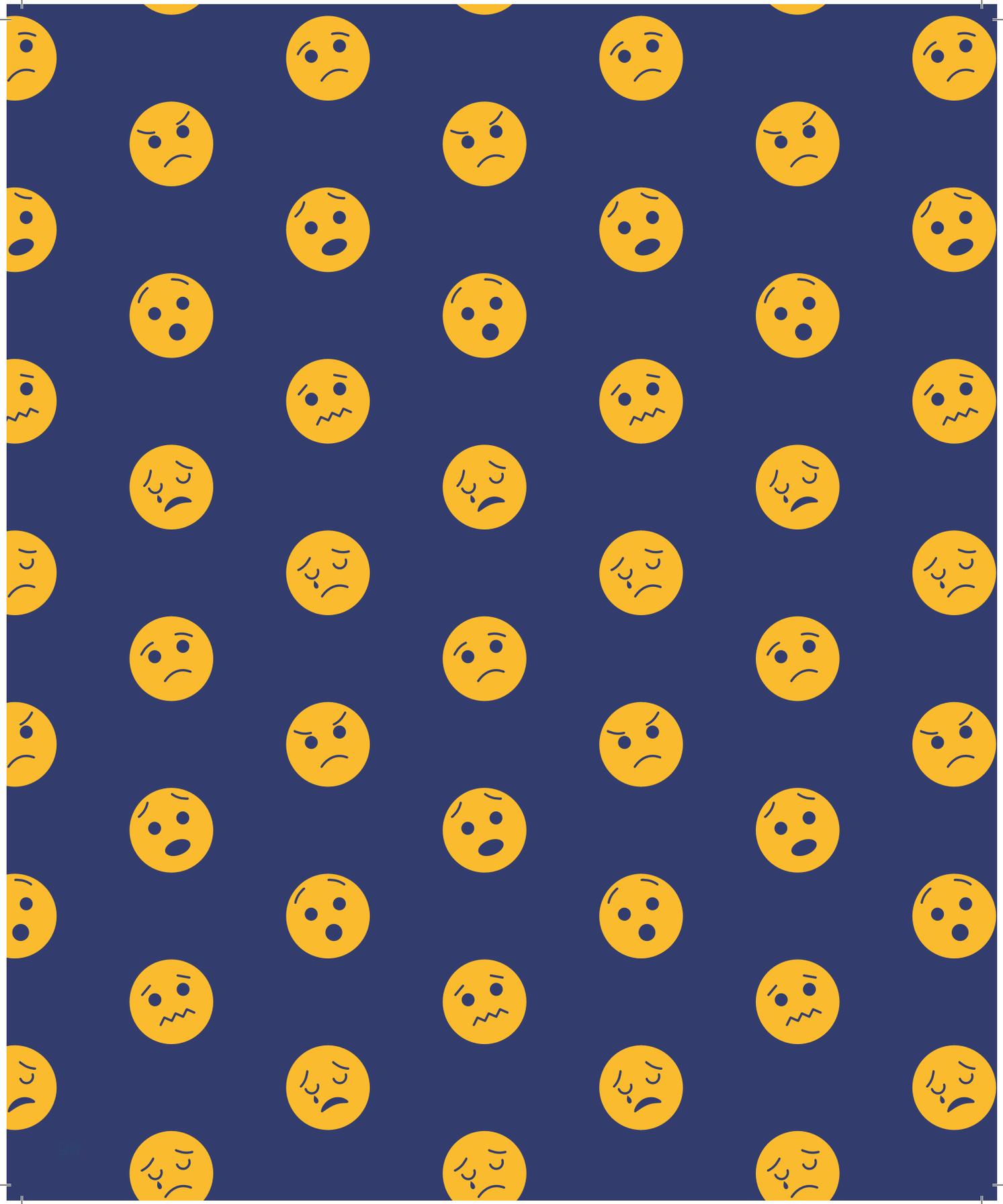
She also asked him to request Vandana to come into the clinic for a check-up. Suresh left the clinic feeling a lot more at ease as he had received the guidance that he needed and the resolution to his problem. Suresh had regular sessions with Rakhi for three months. The sessions helped him to acknowledge and respect his sexual needs, access necessary information for better decision-making about his own body.

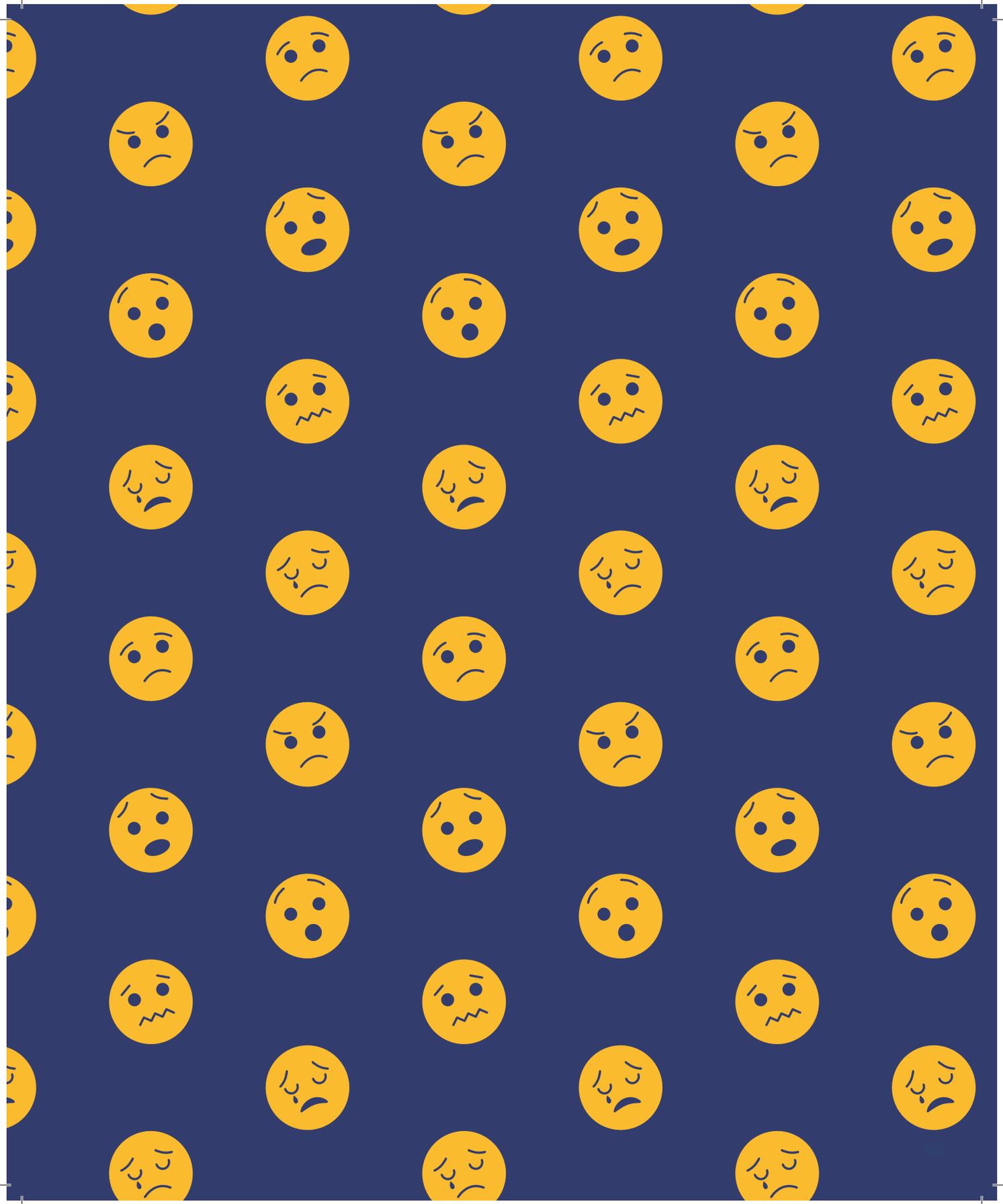
Suresh was able to climb over feelings of shame and reach a space of self-confidence, accountability, and knowledge.

56%  boys between the ages of 11-19 years hesitate to approach health care providers or medical pharmacies for contraceptive supplies.

Bagla, J., Mayanger, A., Bagla, R., Gupta, P. P., & Gupta, A. P. (2014). Knowledge, attitude, and perception of adolescents regarding reproductive health and human immunodeficiency virus/acquired immunodeficiency syndrome in Rajasthan. *Indian Journal of Child Health*, 1(3), 122-27.







This casebook was developed to document significant, life-changing journeys of adolescents seeking counselling services through Ujala Clinics in Rajasthan.

To develop the same, focused group discussions & workshops were conducted with twenty-four Ujala Clinic counsellors.

Through this exercise, emerged a generous sharing of their stories, experiences, challenges and personal reflections on the counselling process. This casebook attempts to capture these nuanced stories by recounting heart-warming narratives of twenty-five vibrant adolescents, in the form of cases, as narrated by the RKSK counsellors.

