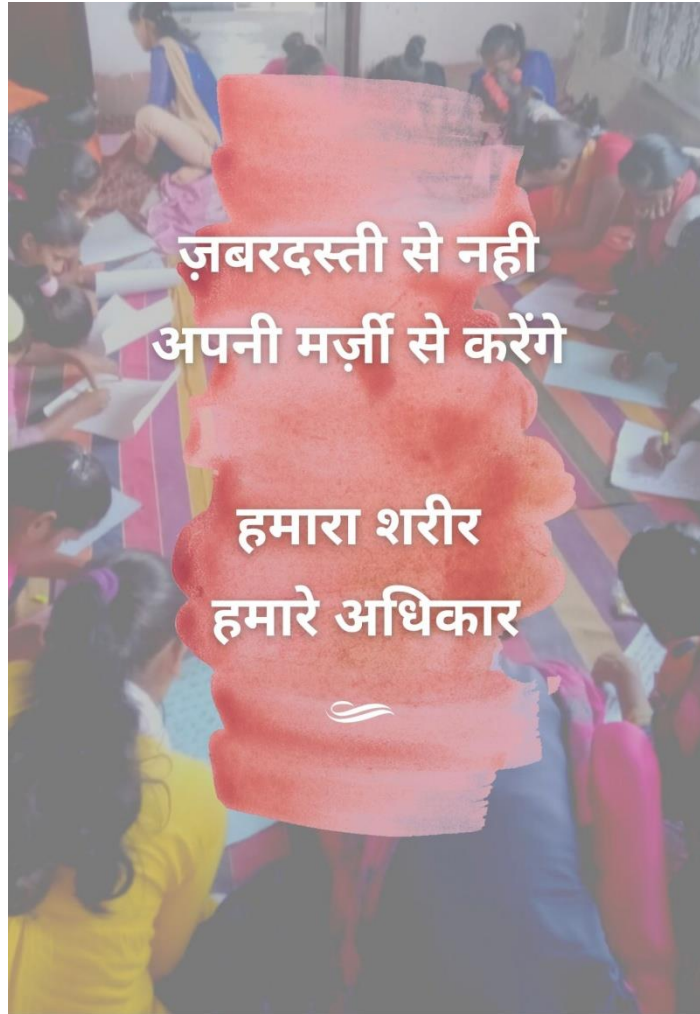


RESTRICTED BUT RESILIENT

**Voices of young girls from marginalized settings:
An Issue Brief**



Sama Resource Group for Women and Health



The main aim of this brief, emerging from the voices of young girls, is to highlight the importance of sexual and reproductive health (SRHR) in their day-to-day lives, and to assess how the existing policies and legislations respond to their experiences with SRHR.

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Introduction

Young people often face barriers to even know about their own rights. That access to knowledge about their rights is mediated by families, socioeconomic conditions, socio cultural norms, and more. As a result, it interferes in their understanding of social protections and services guaranteed to them on the basis of these rights. Young girls in particular face further marginalisation because of gendered and patriarchal surveillance around them. They are usually left bereft of several services, including healthcare.

We, at Sama Resource Group for Women and Health, a feminist organization, working on the issues of public health from a gender, equity and intersectionality lens have always believed in having our ears to the ground and paying heed to people's lived realities. Our work on advancing and/or advocating for the sexual and reproductive health rights of young girls would remain incomplete without the voices of young girls themselves. Interactions with this group also helps us unlearn and relearn. Their words are, after all, a testament to not just their struggles but also resistances to gendered, patriarchal odds.

Owing to Covid-19 there has been a loss of/restricted access to menstrual products, nutritional support, mental health support, learning and socialising opportunities, and healthcare services for young girls. For young girls residing in rural India, the vulnerabilities have worsened and have had several fatal implications. This brief is a humble attempt to acknowledge these new realities, amplify their voices, and urgently put forth the need to fight for full realisations of sexual and reproductive health rights of young girls.

What is SRHR?

In a revolutionary turn of events, Sexual and Reproductive Health Rights (SRHR) took centre stage at the 1994 International Conference on Population and Development (ICPD) at Cairo. Over 170 countries agreed that SRHR includes the right "to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents." These rights are derived from and recognised in several international human rights documents highlighting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Sama believes that SRHR must be located within the perspective that recognises social determinants of health and universal health entitlements. It includes the right to life, liberty and security of the person; the right to health care and information; the right to non-discrimination in the allocation of resources to health services and in their availability and

The Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights defined SRHR as "a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity." The Commission also emphasised the need for contraception, HIV prevention, comprehensive sexuality education, prevention and treatment of STIs and cancers of reproductive systems, counselling and care related to sexuality, sexual identity and sexual relationships, and safe abortion services.

accessibility; the rights to bodily autonomy and the right to informed consent (Lancet, 2018).

Although sexual and reproductive health rights overlap to some extent, particularly in relation to information and services relating to contraceptives, abortion and sexually transmitted diseases; yet, the scope of sexual health is more expansive. Sexual health and well being is recognised as an indivisible aspect of human rights, with its roots in the right to health.

SRHR for young girls is really no different from the rights and guarantees mentioned above. We, at Sama, consistently advocate for better realisation of SRHR for young girls through various modes of advocacy, capacity building, research, activism, and by engaging closely with grassroots communities, organisations and activists in states of Bihar, Jharkhand, Odisha, Rajasthan, Chhattisgarh, and Madhya Pradesh.

Revisiting engagement with young girls in the context of COVID -19

At 243 million, India has the world's largest population of adolescents. This population group became particularly vulnerable during the pandemic, especially girls in the age group of 10 to 19 years.

The COVID-19 pandemic and the subsequent lockdown in India in 2020 have impacted several aspects of the lives of adolescent girls. Studies of past disease outbreaks and other humanitarian crisis have shown that without targeted intervention, COVID-19 will heighten pre-existing risks of violence against girls, arrest their social, economic and educational development, threaten their mental health and sexual reproductive health and enhance the risk of child and early marriages (UNICEF, 2020). It is also likely to severely disadvantage their transition into adulthood and keep their lives confined to poverty and exploitation.

The reallocation of resources to meet the demands of COVID-19 has meant that many key health services for young girls are being disrupted, especially reproductive and sexual health services. For instance, according to the Menstrual Health Alliance of India (MHAI), the lockdown disrupted the access to basic menstrual hygiene needs for an estimated 121 million out of an estimated 336 million menstruating women, according to the National Family Health Survey (NFHS-4) 2015-2016. Sanitary napkins and other menstrual products were initially not included in the list of 'essential' items that were to be exempt from restrictions during lockdown. It was only on 29 March, after reports that stores were running out of supplies, that sanitary napkins were added to the list of essential items. Adding it to the list later did not fully compensate for the losses caused due to inaccessibility of menstrual products. School closures, stigma about menstruation, and lack of political will only added to the fiasco of unmet menstrual needs of young girls and women.

Access to reproductive healthcare services also took a hit during the pandemic and associated lockdown norms in India, restraining of routine healthcare services, suspension of transport and control of movement created additional barriers for maternal health. Reports of young migrant women delivering their babies on highways in complete absence of adequate care before continuing their journeys back home, lack of transport services, and legal mechanisms and judicial deliberation seem to be the recourse in order to ensure access, as is evident from [Sama's Public Interest Litigation](#) in the Delhi High Court. Sama had also appealed to the MoHFW that "many of these women who continued to need essential and emergency health services in spite of the prevailing COVID-19 crisis were enduring adverse consequences to their health and lives due to the apathy of the government and

health facilities” (Sama, 2020). But, more crucially, was it really appropriate for a government to have not thought of a plan of action for such essential services as maternal and reproductive healthcare during a raging pandemic?

Gender affirming surgeries, Hormone Replacement Therapy and Anti-Retroviral Treatment were also severely restricted (Yog Shah & Ghosh Patrantabish, 2021). While these are often considered elective healthcare services, they are in fact essential lifesaving healthcare services for transgender and gender non-conforming persons. This is excruciatingly brutal given the context of how staying locked up with families and following curbs on mobility already affected their trauma and dysphoria.

The pandemic has been affecting the possibilities of education of young people in India. The switch to online education as a unified formula for all surely does not work in a country with a digital divide like ours. As an outcome, school dropouts have become an unfortunate collateral damage. A policy brief released by the Right to Education Forum (RTE Forum) estimates that ten million girls in India are likely to drop out of secondary school due to the COVID-19 pandemic. The rate of enrollment and dropout was found to be worse for young girls from marginalised communities. Projections by UNESCO also corroborate these figures. It estimates 24 million children from 180 countries may never return to education due to the pandemic. Most importantly, the lockdown and physical distancing norms have made access to digital spaces extremely critical for women and girls. Only 8% of households with young people have computers and access to the internet. This gap is also likely to be highly gendered, with boys having more access to mobiles than girls. Recent evidence from Jharkhand confirmed that only 5% live in households that own a computer. The same survey found that few adolescents aged 10-14 own a mobile phone (1-6%), 18% of unmarried girls aged 15-21 own a mobile phone and, although ownership rates are significantly higher, it is far from the universal even among boys aged 15-21 (64%). Girls who have little or no access to technology might miss out on education during the period of lockdown as schools are closed, and/or they are taken off schools for the temporary period of the lockdown.

The RTE Forum policy brief further notes that these dropouts could cause an increase in the risk of early marriage, early pregnancy, poverty, trafficking and violence for young girls. School dropouts for young girls can affect their access to health and nutrition support as well as welfare and agency.

Further, the right to sexual education is often limited to reproduction and disease prevention. Over the years, age-appropriate sexuality education for young people has often faced considerable resistance in the country, as for instance the backlash against sex education for being perceived as ‘immoral and inappropriate’ by certain sections. There was a huge demand from women’s groups and also from UN bodies to emphasise the importance of Comprehensive Sexuality Education (CSE), particularly in a patriarchal context and in making sexual relationships more fulfilling.

There has been a noticeable and worrying spike in child and early marriages. The United Nations Population Fund (UNFPA) estimates 13 million additional child marriages over the 2020-2030 decade owing to the pandemic. In its reply to an RTI, the Union Ministry of Women and Child Development (MoWCD) acknowledged that during the lockdown period (between June to October 2020) there had been an increase of more than 33% in the number of child marriages as compared to 2019. The month of August alone witnessed an increase of more than 88% as compared to the number in August 2019. Decades of progress made in reducing child marriage may now be reversed.

Further, the impact on the mental health of young people in the current context has been devastating. The intersections of gender, poverty, caste, and sexuality leading to everyday experiences of violence, surveillance and control of mobility, education and fear of illness, all lead to considerable anxiety and distress. They emphasise the importance of accessible, safe and supportive spaces, while affirming the agency and resistance of those in situations of mental distress/aspiring for mental health. Thus, the abysmal reality of healthcare, compounded by a narrow COVID-19 health response has imposed serious barriers to healthcare for non-COVID health needs, including for mental healthcare.

Amidst all this, the Union Government also pushed life-altering laws and policies directly affecting the lives and livelihoods of women and young girls at a breakneck speed without adequate stakeholder consultation. Some of these are the Medical Termination of Pregnancy Act (2021), Protection of Children from Sexual Offences Rules (2020), considerations to increase the age of marriage for women from 18 to 21, and more.

This brief is our collective resistance against the persistent onslaught on SRHR and the right to a dignified life for young girls in a pandemic-afflicted world. Our interactions with young girls and community-based organisations from rural India have allowed us the means to learn the need of the hour. Their voices and perspectives truly mark the path towards realising gaps in policy conceptualisations and implementations as well as lay the ground for urgent corrective measures.

Methodology

One of our collaborations was with a team at *Akansha Seva Sadan*, a community-based organisation in Muzaffarpur, Bihar. Since the pandemic disrupted travel, prevented gatherings and adhering to the Covid safeguards, we had planned to develop this brief with help of a few sessions with young girls virtually in small teams, with the help of the local organisation. In our initial conversations with their team, we tried to gauge and support the outreach of the organisation to young girls that got suspended during the lockdown. We also tried to ascertain how we could make sure that the girls will get involved without any hesitation, and what could be the pedagogy. We had many online discussions with the organisation and decided to use simple art forms, such as theatre, music, and visual art, to explore how they perceived and understood sexual and reproductive health in their own contexts and in their lived realities.



Our resource person, Subhadra, who has experience in working with young people from marginalized communities through art, helped us in conducting the sessions and initiating discussions with the participants through video conferencing. She used theatre exercises, singing, playing games, and creating posters to facilitate the discussions, which enabled the girls to articulate their thoughts and experiences freely. The various art forms created spaces for young girls to express their, desires, thoughts and dreams. For example, during the discussions on sexuality, she led the girls through a process that drew on the images and songs that they themselves had come up with. Similarly, while discussing violence or abuse she created safe spaces ensuring privacy and confidentiality so that there

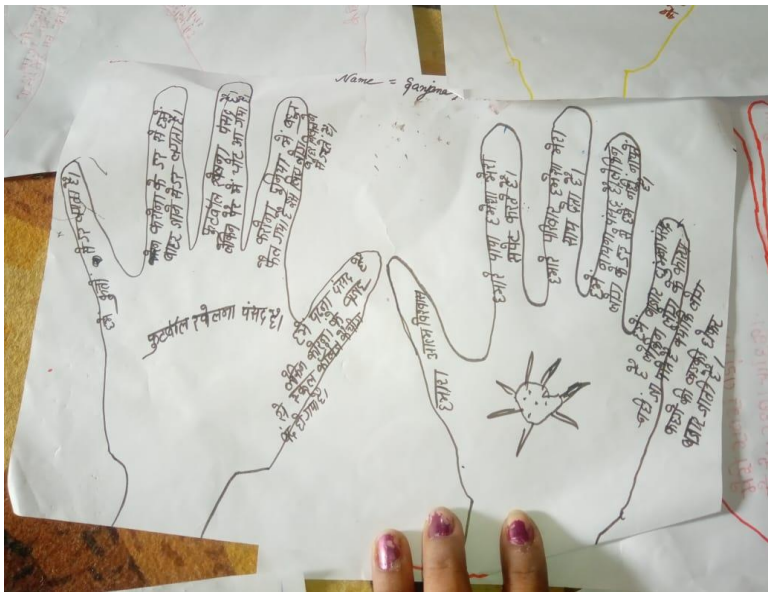
was uninhibited sharing of experience, which may have been difficult otherwise. After each activity, she created a space for reflection. The methodology using different art forms, theatre and music made it easy and comfortable for the girls to share their experiences and emotions, and relate with factual and theoretical information about SRHR.



These conversations provided a critical insight for making interlinkages between the key existing policies, gaps and the ground situations on SRHR as felt, perceived and experienced by girls.

The pandemic-related challenges did affect our field activities in a critical way, but we still managed to build meaningful connections with the girls through the online media, even though their limited access to smartphones and inadequate internet connection in the area did create major barriers initially.

Through this initiative, Sama has been able to revisit conversations with young girls from marginalised groups in rural Bihar about their rights, affirming their expressions as part of SRHR discussions. Through workshops held over the Zoom app, we engaged with almost 125 young girls in Bihar during September-December 2020.



The perceptions and experiences of the girls not only provided us a medium to analyse the situation of SRH in their context, they also pointed towards some important suggestions to address the gaps.

Emerging issues

Screenshot of girls participants with messages during the virtual programme conducted as part of Sixteen Days of Activism Against Violence, 2020



1. Control on Desire and Sexuality

“Why is there a silence around sexuality among young people?”

During the Workshop, we had long conversations around aspects of one’s sexuality – ranging from the desire to dress up, mobility, to sexual explorations, gender transgression, growing up in an environment where desire is linked intrinsically to caste, religion and ‘family honour’, and made to rest on their bodies as they are navigating through the world, to their own desires and exploring their sexuality.

“A boy can have pre-marital sex, which is totally okay with me; but then he cannot demand that the girl he is going to marry has never had sex before marriage”.

This assertion by one of the participants of the workshop illustrates the desire to take charge of one’s sexuality and the roadblocks ahead. In India, often sex is not merely a taboo subject, but one that is understood differently across genders. For boys, it is a display of their sexual prowess and masculinity. For girls, it is often a question about her character in the eyes of the patriarchal society.

For gender non-conforming and transgender persons, the State and society remain inclined towards denying their existence and rights altogether.

The girl quoted above spoke like many others in the workshop. They resolutely expressed their desire to be involved in romantic and sexual relationships. It is the societal demand of ‘chastity’ that hinders them from exercising their bodily autonomy. They lamented the fact that their ‘virtue’ and ‘chastity’ is supposed to be conserved for their marital alliances only. They were very explicit about calling these practices unfair and discriminatory.

Interestingly, the legal mechanisms also support this conservative notion of the society. Consensual sexual activities/relationships amongst adolescents are criminalised under The Protection of Children from Sexual Offences (POCSO) Act, 2012. With the legal age of consent set at 18, POCSO relies on a narrow view of adolescent sexuality and consent. Teenage pregnancies, inter-caste love affairs, and runaway marriages all fall under the scrutiny of POCSO if the girl is younger than 18-years of age. In fact, the mandatory reporting provision listed in POCSO also impedes access to safe abortions. Girls under 18 are required to obtain consent from their legal guardians first. This is actually a departure from the MoHFW guidelines which state that anyone above the age of 12 can consent to medico-legal procedures.

On one hand, the State runs programmes like the Rashtriya Kishor Swasthya Karyakram (RKSK) to provide reproductive health information and services to adolescents, and, on the other, it also criminalises consensual sexual activity between adolescents. That only goes on to illustrate the insatiable need to control and regulate the bodies and sexualities of women and girls, more so from the marginalised communities.

“We always feel accountable whenever we go out. Although my mother, sister or aunt always help me in negotiating with other (male) family members, there is always a lot of pressure on us if we want to stay out during the evening”

“The society thinks that if a girl steps out of the house wearing a pair of jeans, it can provoke sexual violence. Our family keeps telling us – you are the honour of the family; if something happens to you, or you do something that is not acceptable to the society, it will destroy our family honour.”

The girls understood that many of the restrictions they faced are attributed to their ‘growing bodies’. Instead of a positive sexual consciousness, the undercurrents to these conversations are about the need to tame these ‘growing bodies’ and keep them protected for later. Affirmative sexual education and body positivity were largely absent in their testimonies.

Further, gender inequities in the access to digital platforms emerged as a critical concern in the context of the pandemic. While internet availability and its high cost of maintenance makes it less tenable to be used by poorer households, access to mobile phones, internet portals or social media for young girls from such families was even further restricted. Besides, the lack of private spaces within households, coupled with constant surveillance by the family members on how the girls were using the mobile phones/internet, posed an additional barrier for them.

2. Rising number of early/child marriages

“We are aware that child marriage is one kind of violence but we hold ourselves back from intervening because of our society. If we try to raise our voice against it, people around us simply ask us to shut up.”



Inadequate decision-making power in important matters such as marriages was a touchy issue during these conversations since most of them were of the vulnerable age when they could be forced into marriages without their consent. Most of the girls expressed feeling utterly powerless in thwarting marriage decisions forced on themselves or helping out a peer being forced into marriage.

They know that early marriages, a reality for many girls in their villages, are wrong as per the law. They even recognise it as a form of violence. While some of them are able to talk about it with their families, it is still a daunting task for them to convince their elders.

“If our parents or families speak on our behalf, then society will look down upon them too, and they may get into trouble.”

India, despite having a preventive law on child marriage, or marriage below the age of 18 years for girls, it continues to be a reality in many parts of the country.

Early marriages have been on the rise during the pandemic. Community-based activists have cautioned that parents struggling financially in rural India during the pandemic end up forcing the male child into child labour and girl child into child marriage. According to a report released by UNICEF, an additional 10 million girls globally would be at risk of becoming child brides by the end of the decade. The report attributes this to school closures, rising poverty, parental deaths and other factors resulting from COVID-19. It further states that the pandemic threatens the progress made so far on curbing child marriages.

“If I get enough freedom, then I will prefer to choose my life partner instead of marrying a stranger.”

Child marriages also happen to be a part of several cultures in India, particularly in the rural regions. We believe that the best way to handle the situation is not through carrot-and-stick punitive measures but through systemic strengthening of adolescent healthcare information and services. Often young girls engaging in romantic and sexual relationships face biases within the health system as well, which cause further hindrances. We recommend universal access to healthcare for young people in a sensitive, and age appropriate manner instead of relying on a carceral justice system.

DOMESTIC VIOLENCE DURING COVID-19 LOCKDOWN PAN-INDIA LIST OF ORGANISATIONS OFFERING PHONE/ TEXT/ONLINE SUPPORT TO DOMESTIC VIOLENCE VICTIMS		
Nazariya	Delhi	9818151707
Shakti Shalini	Delhi	24373737
Jagori	Delhi	26692700/ 8800996640
Sama Resource Group for Women and Health	Delhi	9871642320/9650971363
Saheli	Delhi	24616485
Women's Manifesto	Delhi	8860454212
ARU Foundation	South Delhi	9911346882
Seher	Delhi-NCR/ Haryana	8826819805
No Tears Foundation Trust & Nitiyaalya	Delhi-NCR/ Lucknow	9911694947
Aali	Lucknow	9415343437
Humsafar	Lucknow	7007629220
Study Hall Educational Foundation	Uttar Pradesh	9839044559/6386193775
Nari Samta Munch	Pune	9987720696
Cehat	Mumbai	9029073154
Moonlight Foundation	Mumbai	8928585479
Majlis	Mumbai	7506732641
Ridhi Sidhi Bahuuddeshiya	Maharashtra	7038816330
Sanstha		756097795
Women's Manifesto	Kerala	9980660548
Bembala Foundations	Bangalore	9830747030/9830204393
Sawayam	Kolkata	1800232244/
Sakhi	Bhopal	8989585097/8959592560
Centre for Criminology and Public Policy	Rajasthan	8110835606/9724906119
Special Cell for Women	Assam	6000015191/8876127539
Grameen Mahila Kendras	North-East Network	Kamrup:9365648832/
		9435017824/9957029961,
		Darrang: 9577576677,
		Golaghat: 8638747110
Invisible Scars	Hyderabad	8008933445
Society for Cyberbad Security Council	Hyderabad	9000885241
Bhumika Women's Collective	Telangana	18004252908
Aakansha Seva Sadan	Muzaffarpur	9905443544
Aadithi	Bihar and Jharkhand	9934029353
Aali	Jharkhand	9693853019
Psychologists for India Helpline	National	9000070839
	National	04027605316

COMPILED AND VERIFIED BY SHAKTI SHALINI
TO ADD YOUR ORGANISATION CALL 011-24373737
(UPDATED ON 15TH APRIL, 2020)

3. Gender-based violence

The pandemic led to a worrying spike in reported cases of gender-based violence (GBV). Yet, these are not commonly treated as a public health issue. At Sama, we acknowledge that GBV is a public health issue, as it can have both physical and psychological health implications.

The national lockdown in 2020 put women and queer persons under tremendous pressure of living in their homes that could be hostile and/or unsafe for them. Between March 25 and May 31, domestic abuse complaints to the National Commission for Women (NCW) helpline increased by at least 2.5 times and complaints of crimes committed against women in 2020 was the highest in the last six years. ChildLine, India's children's helpline, received 4.6 lakh calls reporting child abuse and violence during just 21 days of the national lockdown. About 2,000 of these calls were for preventing child marriage, physical abuse, emotional

abuse, sexual abuse, trafficking, abandonment, neglect, and child labour.

For young girls in rural India, an additional menace was the impact of school closures. They lost access to a shared social space with their peers, nutritional support through mid-day meals, access to menstrual products, and more. The shift to online education also meant that many of the young girls were left in the lurch and dropped out of schools. According to UNICEF, in South and West Asia, 2.8 million girls may not be able to return to education, from pre-primary to tertiary levels. The UNFPA stated that for every three months that lockdowns continue, 15 million more global cases of GBV are expected.

In conversation with the girls, violence and fear of violence outside their homes emerged as a recurring concern. Along with the families and parents, the girls too put pressure on themselves to control their movement and mobility to protect themselves from possible violence.

As one of the participants articulated:

"We ourselves know it is not safe to be outdoors in the evenings. So even if my parents allow me, I myself worry about going out during certain hours to visit my friend, or simply to play or stroll outside in the village. People who harass us outside must also be told to not pass comments on



our dresses or our movements. Simply my parents' permission will not help me if the entire society (samaj) looks at girls in a bad light."

The common shared experiences of controlling the way the girls dress up, their freedom to go outside or choosing to do things that they want to do in their 'free time' after the school, or after finishing household chores, were explicitly voiced by many of the girls.

"My parents always tell me that I am a girl and I should not go out because I am not safe outside my home. I also agree, girls are not safe outside our homes as we face sexual violence whenever we step out. There are lots of restrictions on what clothes I should wear."

"There are so many cases of sexual violence because of which our family does not allow us to go out. When we go out, we face harassment in public places by boys and that's why they restrict our mobility. Sometimes they are also afraid that the girl might run away if goes out."

Girls seemed aware about the overreaching impact of this threat of violence on their lives, and how this was taking away the control from their own hands over their own expressions and choices.

"(Because of the fear of violence) if I want to go somewhere, most of the time I am stopped by my mother and brother. I have to follow their advice all the time. There is no space to pursue my desire or interests."

They were all unequivocal that whatever little freedom or space for negotiation they had managed to create over the years, they lost it all during the lockdown. They were not able to meet or talk to friends, peers and others.

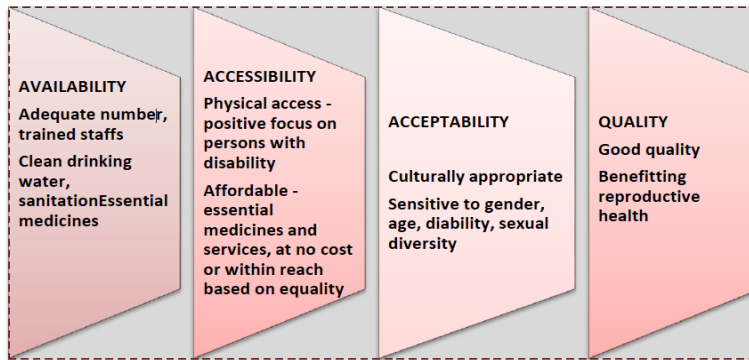
The activist with the local organisation *Akansha Seva Sadan* shared their experiences of responding to the issue of violence during the lockdown. The *Akansha Seva Sadan* along with other women's groups and activists had reached out to the legal officers and other government officials at the local level to refer the cases of violence with the police, administration and other appropriate support structures. They were also circulating government helpline numbers for various needs, but they felt restricted to offer any further support due to the movement restrictions during the lockdown.

"We have created a Whatsapp group with District Legal Services Authority officer and protection officer in the district to coordinate referrals. We are also circulating the government helpline numbers for women to call. Because during the lockdown, we cannot do much on our own. It is important the administration system gets activated – so we are trying to do that."

– Bandana Sharma, Founder, Akansha Seva Sadan.

4. Limited access to services/systems

International human rights standards demand that Sexual and Reproductive Health (SRH) services should be available, accessible, acceptable and of good quality.



An assessment of government schemes and programmes related to reproductive health yielded a plethora of programmes cutting across the areas of family planning, maternal and child health, adolescent health, etc. An analysis of these programmes, however, consistently reflects the lack of application of a rights framework. They also reveal

inherent discrimination, and exclusion of a wide range of young people, particularly from marginalised and vulnerable groups – such as Dalit, Adivasi, Queer, young people with disability, to name a few – all of which result in sustained barriers to access and quality of care. These deficiencies caused an exacerbation of the marginalisation of SRHR during the COVID-19 pandemic.

While engaging on the issues of health and its determinants and their intersections with varied aspects of marginalisation, we at Sama have always believed in the critical role of the State to ensure access to essential health services, particularly for those who remain on the margins. Throughout the past one year, the pandemic and the successive lockdowns have time and again reiterated the gendered fault-lines within access to essential health services.

Rights affirming information, comprehensive sexuality education, access to menstrual hygiene products such as sanitary napkins and others, have remained a concern for many young girls since pre-COVID times. It only got exacerbated as the weakened public health systems had to repurpose much of its functioning towards COVID-19 preparedness and response.

Even the critical information related to the pandemic and pathways to deal with anxieties and stress faced by many young people, remained critically missing in the pandemic response. The heightened surveillance faced by young girls had also impeded their access to Covid related information, leaving them vulnerable to deal with panic and anxieties during the surge periods.

Activists with the local organisation observed that most Primary Health Centres (PHCs) remained closed and people had to head to a district hospital or railway station for an RTPCR test during the pandemic. For those without private transport, travelling to a district hospital or private hospital 15-30 kilometers away meant additional out-of-pocket expenditure.

“Out of pocket expenditures are quite backbreaking. How will people manage this without even any social security measure?”

– Nirala, Akansha Seva Sadan

The socio-economic factors such as loss of livelihood for the families during lockdown, are also linked with further breaking down of continued access to services, opportunities for young girls. The gendered locations of their lives put them at the lesser priority situation within the households which,



if not addressed proactively through a sensitive State policy, leads to the violation of their basic rights and entitlements. Limited access to systems and services, therefore, need very careful attention when talking about the rights of young girls.

Resilience of young girls

“Breaking the gender norms is not very easy. Even if we break some rules once in a while, it is not easy for us. We have to bear a lot of comments. Sometimes people call us ‘dabang’ or ‘jabardast’, these are positive terms and show some power in us.”

It is commendable how much the girls were self-aware of these constraints in their daily lives. They knew this was no unquestionable normal, but it was discrimination enforced due to patriarchal control. To acknowledge the problem is, after all, half the battle won.

Despite the taboos and stigma around their desire and sexuality, the girls were clearly interested in taking charge of their lives and bodies. For them, financial independence and career growth were the roads to this liberty. They wanted to continue their education and get jobs to sustain themselves, although they knew the society expected them to transform into an ideal daughter/wife/mother.

“I want to be a police officer. I have seen how women and girls face sexual violence around my village. I want to make sure that every girl feels safe around me. I want to protect myself and other girls too from sexual violence”

“I want to become economically independent so that I can make my decisions on my own. I also understand that if I earn money, no one will stop me. Not even my parents.”

Despite the pandemic and lack of educational opportunities, mobility and digital divide, many young girls asserted their expressions and were willing to make their voices heard.

Conclusion and Recommendations

This brief essentially attempted to amplify the voices as heard from the young girls at the community level. While many engagements are ongoing in the country towards advancing the SRHR of the young girls, we hope these voices would remind us of the criticality of this engagement. This brief reiterates the need to focus on the rights of young girls from marginalised groups and to not let their voices be silenced as the pandemic remains very much alive and takes much of our priorities to deal with it. The resilient voices from the community are also a reminder of making critical connections between an emerging crisis situation such as the pandemic, and the pre-existing gender-based inequities and discriminations faced by many in the society. Recognising the agency of young girls and building their capacities need to be seen as part of the pandemic response(s) at the community level and upwards.

While many policy-level recommendations are already known within the civil society discourses, a few points are being compiled below to reiterate the key highlights in relation to some of the issues raised above.

Making laws adolescents/young people friendly

It is imperative that the laws concerning the lives of young people should be respectful of their rights and freedom. The government should ensure this principally across varied existing legislations, along with any future proposed legislative processes.

- The criminalisation of consensual sexual activity as per the provisions within the POCSO Act (S.1), must be revisited in this regard.
- The mandatory reporting clause within POCSO Act (S.3), which poses barriers for adolescents, particularly young girls, to access sexual and reproductive health services, should be revised. This is crucial for operationalising the autonomy, confidentiality in the provisioning of comprehensive services by the healthcare providers.
- Child marriage laws/proposed changes in raising the ‘minimum age of marriage for girls’ must be reviewed in accordance with treating the young girls equally and at par with others; the legal provisions must aid empowering of the girls and refrain from deepening parental or societal control over young girls’ lives, decision making, sexual expressions, or choices.

Multi-sectoral and participatory approach to policy formulations

Young people’s/adolescents’ voices are critical to inform the relevant policies determining the varied aspects of their lives – education, health, freedom, safety, non-discrimination, etc. Young people have a right to meaningfully participate in the decision making processes that affect their own lives; and this must be recognized the government. The government must devise mechanisms to pay heed to these voices, following a participatory and decentralised approach. Special attention should be paid to implement these efforts in the locations that fall within poor resource settings.

Recognising evolving agencies of young people

The agencies of young girls/adolescents are often overlooked by different actors building engagements with them. Both the government as well as the civil society actors need to centre stage the agencies of the young girls/adolescents in ways that build their capacities through allowing access to accurate/unbiased information, unhindered access to SRH services, etc. Evolving capacities of young people are laid down within the international human rights framework as well—Convention of the Rights of Child (CRC) General Comment 20: [To enhance understanding of and respect for the evolving capacities of adolescents and the implications for the realization of their rights....The Committee defines evolving capacities as an enabling principle that addresses the process of maturation and learning through which children progressively acquire competencies, understanding and increasing levels of agency to take responsibility and exercise their rights].

Rights affirming knowledge, information material

Ensuring access to knowledge for young girls is a crucial gap that needs a sustained response. Correct, unbiased and right affirming information around sexuality, body anatomy, consent, sexual desires, and sexual choices, contraception and safe sex should be made available to the young girls in a language and medium that is appropriate and accessible to them. For example, having knowledge materials in diverse languages and mediums is important.

Comprehensive approach to young people's SRHR

Access to comprehensive sexuality education, safe contraceptives, safe abortion services, and health services for survivors of violence must be ensured at all times and at varied levels of the decentralised public health system. Clear protocols should be developed within this to respond sensitively to young girls when they access the system for these services. Healthcare providers, staffs must be trained to eliminate any biases or misconceptions they may be having for providing comprehensive SRH services to young girls. Promoting positive SRHR for young girls must form an essential component of these trainings.

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Issue Brief developed by Adsa Fatima, Sweta Dash, with inputs from Sarojini Nadimpally

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Sama Resource Group for Women and Health

B-45 , 2nd Floor, Main Road Shivalik,

Malviya Nagar

New Delhi - 110017

Phone No. 011 - 40666255 / 26692730

Email: sama.womenshealth@gmail.com

Website: www.samawomenshealth.in

Facebook Page: [Sama - Resource Group for Women and Health](#)

Twitter: [@WeAreSama](#)