

RURAL YOUTH PROJECT

Voices of Youth in Villages

Summary Report of the Impact of Rural Youth Project in 13 districts of Tamil Nadu; 2009-2012



EUROPEAN UNION

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Acknowledgement

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Background of the Project

The revised HIV estimate (National Family Health Survey 3) indicates 2.5 million persons in India live with HIV. Out of these, 38 percent are women. In the general population, more women and young people are being infected with HIV. For example, the female-male ratio shifted from 55 females per 100 males in 2001 to 60 per 100 in 2005. Women are three times more likely to acquire HIV infection than men, primarily due to their biological susceptibility. The National AIDS Control Organisation (NACO) estimates that higher incidence among women is likely to be maintained until 2015 and a large number of low risk women, mainly housewives, will be infected (NACO 2006).

In India gender discrimination contributes to the spread of HIV especially among women; whether it is spouses of high risk men or women engaging in high risk behaviour. Lack of power to negotiate or assert their rights because of societal norms, access to proper information, access to health care, and poverty have contributed to making women more vulnerable to HIV.

The virus has expanded the circle of infected populations to include adolescent girls (married and single); married women of reproductive age; sexually active single women; pregnant women; and women survivors of sexual abuse and rape. In most rural areas, girls drop out of school once they attain menarche (by 12 to 14 years), and remain at home until they get married. Thus access to information, discussion, or resources for sexual or reproductive health is limited, especially because existing public health systems for women cater largely to issues relating to pregnancy and child health. In addition, most young women are not trained in employable skills and work for daily wages on farms, venturing into part-time sex work during times of drought or crop failure, leading to increase in numbers of female sex workers in the last few years in Tamil Nadu (APAC, 2003).

However, there is no national programme that focuses on preventing young women from getting infected with HIV. The PPTCT programme reaches out to women only after they become pregnant and, as the name suggests, whose main emphasis is on preventing HIV transmission to the foetus and early diagnosis in women rather than prevention.

This was the gap that the current 'Rural Youth Project' seeks to address and expand the scope beyond looking only at HIV. Therefore, this project was designed to help young unmarried and married women in rural areas reduce their vulnerability to HIV by increasing access to sexual health education, youth friendly counselling and prevention resources, facilitating discussion within families, and building skills for non-sex work related employment. The project was implemented in 17 Blocks of 13 districts covering 1703 villages in rural Tamil Nadu. The project area was decided on the basis of those districts that had a high prevalence of STIs/HIV and which were located further from the district headquarter hospitals.

The project has achieved increased access of youth to STI, HIV and youth-friendly counselling (YFC) services and linkages with employment opportunities through community counsellors playing the “bridge” between the community and services. Young people from the community volunteered and initiated condom outlets within villages, referred youth for services and assisted in establishing more YFCs. The intervention has witnessed improved openness, especially of women to discuss sex and sexuality related issues through ‘safe spaces’ offered by Youth-Friendly Counselling Centres as well as enhanced women’s empowerment through a combined package of sexual health education and employment opportunities. Active involvement and support of panchayat and local leaders, constant and consistent engagement with youth, their parents, ensuring public-private partnership and conducting periodical social audit for impact assessment are critical factors for ensuring success of the intervention.

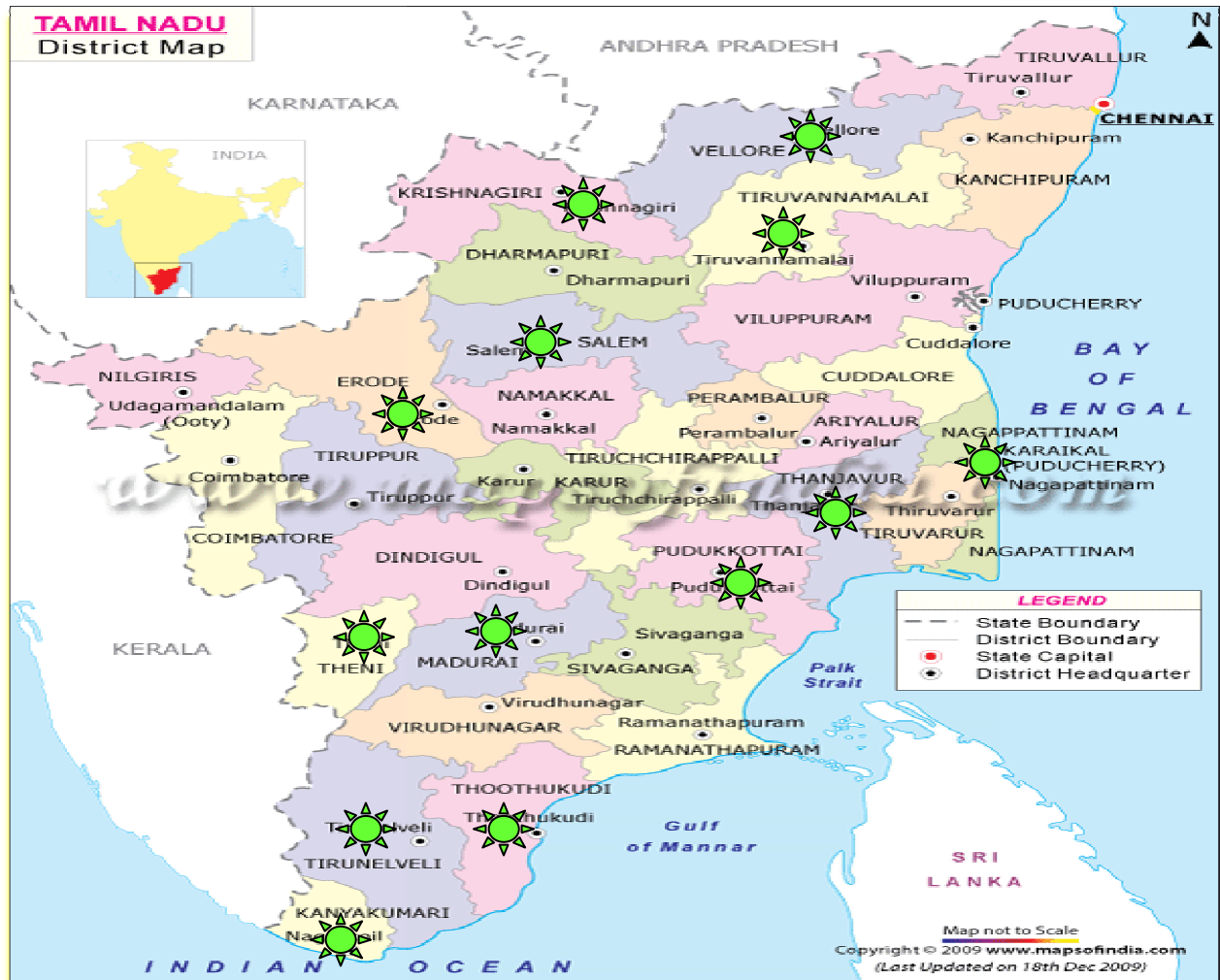


Key Highlights:

1. **Improved access to services:** Educating youth through village meetings, conducting events helped them understand symptoms, realize the importance of accessing diagnostic and treatment services and led to increased condom use. Field counsellors accompanying youth to government hospitals also helped increase access. **Increased voluntary access of young people by 41% to STI and HIV diagnostic and treatment services.**
2. **Increased coverage of target populations:** Village meetings, events, youth-friendly counselling services and employability training were strategies used to reach youth. This was done in small/large groups as well as one-on-one interactions. **Reached out to 3,78,000 youth** in project areas educating them about STIs, HIV and/or sex and sexuality.
3. **Improved quality of programs:** A combined package of providing sexual health education with referrals along with training in employable skills helped address the health and livelihood needs of youth in villages. **Trained 65 Master Trainers across 13 districts** in the “Entry-level Employability Skills Training” module developed by CII; **trained 3241 youth (largely young women)** in this 4-day training programme **on Employability Skills**; of the 3241 youth trained, **1467 found employment** .
4. **Improved evidence-based programming:** Addressing sexual health needs of youth is a key entry point in HIV prevention and helps in destigmatising aspects related to HIV. **Established 52 Youth-Friendly Counselling Centres** offering counselling services to 1,40,000 young men and women



Project Location



The project is being implemented in the highlighted districts (refer to map) in the following Blocks:

- | | |
|-------------------|---|
| 1. Vellore | : Gudiyatham Block |
| 2. Tiruvannamalai | : Chengam Block |
| 3. Krishnagiri | : Uthangarai Block |
| 4. Nagapattinam | : Sirkazhi Block |
| 5. Tanjore | : Tiruvidaimaruthur Block |
| 6. Pudukkottai | : Gandharvakottai Block |
| 7. Madurai | : T. Kallupatti & Sedapatti Blocks |
| 8. Theni | : Chinamanoor & Kadamalaikundu Blocks |
| 9. Kanyakumari | : Thoivalai & Agastheeswaram Blocks |
| 10. Tirunelveli | : Tenkasi Block |
| 11. Tuticorin | : Kovilpatti Block |
| 12. Salem | : Thalaivasal Block |
| 13. Erode | : Gobichettipalayam & TN Palayam Blocks |

Significant Experiences

Challenges:

1. Staff turnover was a major challenge in some districts. The project required selection of young people; however, they would leave when they decided to pursue higher studies or get married. This necessitated training the newly recruited staff and reorienting them all over again, which delayed the process of moving forward.
2. Female counsellors faced challenges in their family set-up (especially from their spouses) because of their field exposure that effected certain changes in their attitude, ways of thinking and working. Spouses found it difficult to adjust to their wives' new found independence and confidence. This adversely affected counsellors' performance even when they were interested in delivering quality services.
3. Stock-out of drugs, test kits for more than 2-3 months forced us to discourage people from accessing government hospitals. Hospitals, in turn used to inform us not to refer people due to these shortages. All this made our task of building people's confidence in the public health system an arduous one. At the same time, collecting data related to access was made impossible as people then accessed the private sector.
4. Motivating young women to participate in the four-day entry-level employability skills training was daunting at times. Parents would, at times, dissuade them from joining even though they were keen to do so. In those cases where they joined as a group from one area, if one dropped out, then many others followed suit.
5. Encouraging young people to access youth-friendly services was difficult as there was stigma associated with these centres as 'pertaining to HIV/AIDS' as strong impression exists in the community that SIAAP works only for HIV/AIDS.
6. Frequent changes in leadership at the Tamil Nadu State AIDS Control Society (TANSACS) hampered our getting support for the project; 7 Project Directors changed in a span of 2 years!
7. Handling men under the influence of alcohol either at village meetings, events or at youth-friendly counselling centres remained a major challenge throughout the project period.

Lessons Learnt:

1. Facilitating open discussion around sex & sexuality is the route to HIV prevention; by addressing immediate key concerns of youth related to sex and sexuality, we will be able to focus on HIV at some point in the continuum. Starting directly by talking about HIV can close many doors to prevention.
2. Creating 'safe spaces' for young people helps in them feeling comfortable to open up and talk about aspects of sex and sexuality that disturb them. It is important to have both a male as well as a female counsellor to provide youth-friendly counselling services at the centre.
3. Creating the right understanding about masturbation among boys/young men and about menstruation among girls is important.
4. Training to deal with negative attitudes of HCPs is important to bring about a positive shift along with ongoing mentoring.
5. Involving young people and panchayat leaders from the stages of designing, planning, implementing and monitoring of the project is key to involvement, ownership and sustainability.
6. It is possible to create positive energy by appreciating and encouraging our own and another's strengths by using tools of the Community Life Competence Process.



Impact of the 'Rural Youth Project'

Qualitative Indicators

Key impact is seen through the voices of young people in villages:

1. Increased Understanding about and Openness to Discuss Sex and Sexuality

- *“Earlier women did not know much about sexuality. They wouldn’t talk much about it. SIAAP staff conducted meetings here and they talked about sexuality. Only then we came to know about it and started to discuss about it. If we had any doubts, we used to clarify with them. Like that, my sister-in-law came to my house one day. She told me that her husband forced her to have sex and that he beat her under the influence of alcohol, when she refused. What she felt now was that her children were grown up, her house was small and her health was not good (to have sex with her husband). I told her what we learnt from them (counsellors). Like this, we talk openly with others. Even though counsellors do not visit our village regularly, we discuss among ourselves” - a woman from Tanjore district.*
- *“There is an increase in openness to talk about sexuality. For example, young boys used to pass comments when we were coming back home from school. We did not know whom to share this with and feared that parents would prevent us from going to school if we revealed this. Finally, we discussed this with the counsellor and she explained about changes happening during adolescence. Now, we are confident of handling such issues” – a young girl from Madurai district.*
- *“As a result of not talking about sexuality issues, I had fear, depression and even suicidal tendencies. I learnt correct information about sexuality from the counsellor. Now, my fears have reduced. Myths and misconception about masturbation was cleared and I got the clarity to deliver the message to others” - a young boy from Madurai district.*
- *“There was no clarity about sexual intercourse. Youth developed self control mechanism only after the arrival of the counsellor to our village” – a young boy from Nagapattinam district.*

2. Reduction of new STI, HIV Infections and Increased Access to Treatment Services

- *“I had an ulcer in my penis and spoke to my mother. She informed me about the symptoms of STIs and I accessed treatment at government hospital after knowing this from my mother” – **an unmarried man from Nagapattinam district.***
- *“We didn’t know anything about STIs. We knew about it only after they (counselors) told us. Earlier, we thought these symptoms occurred due to heat. Now only we came to know why it occurs. Only after their arrival to our area, we came to know about reproductive tract infections. Only after they told about the symptoms, we realized that we are having these symptoms for years, took treatment several times, but did not get cured”.*
- *“Some of us get the chits (referral slips) from them, consult at GH and get reportedly cured. But I am consulting private doctors and taking traditional medicine, but, haven’t been cured. My illness could have got cured if I would have acted upon their words. Then, they talked about condom in the meeting and also demonstrated how to use the condom as well as mentioned where they were available. They also told about benefits of using condom”.*
- *“The VHN already informed us about the need to take treatment for excessive white discharge. But we learnt about the consequences of untreated excessive white discharge only because of SIAAP staff working in our area” – **married woman from Krishnagiri district.***
- *“After SIAAP has started working in the area, people are coming out openly and sharing about STI symptoms such as white discharge” – **one VHN.***
- *“SIAAP staff come to the area and work among people. They go to places that we too are unable to access” - **one VHN.***
- *“There is staff who come from your organization. There are changes after your organization has started working here. People are aware that they need to use condoms while having sex. People fear that if they leave this disease unattended to, it will result in a more serious disease” - **one VHN.***

3. Increased Self-Confidence through Realisation of Potential through Employability Training

- *“I have completed employability training. I have worked even before the training but stopped because of lack of interest. After the training, I joined a computer center. What I learnt from the training was very helpful to handle work place challenges. This training has the capacity to motivate even those people not interested to go to work” – an unmarried woman from Erode district.*
- *“This training is more useful. Motivated me to plan my future. Things that we learnt from the training are helpful to look after the daily accounts in our life” – an unmarried woman from Salem district.*
- *“I have to take up a better job to fulfill my needs. Only after that I will think about my marriage” – an unmarried woman from Madurai district.*
- *“This training helped me to continue my studies. I got a ray of hope in my life. I came to know about the meaning of ‘goal’ through this training” – an unmarried woman from Kanyakumari district.*

4. Increased Procurement of Condoms

- *“We heard about condoms in the past. It was not available in the some of the stores. The Counsellor came here and he demonstrated how to use the condom correctly. HIV/STI can be prevented by using condoms. If anyone in the village needs condom and approaches him, he will readily supply without asking the reason” – an unmarried man from Nagapattinam district.*
- *“It is our husbands who are the reason for our knowledge about condom. Yes, my husband told me that he received the condom from that boy (counsellor). Then, condom is available at GH – a married woman from Nagapattinam district’.*
- *“When I asked a woman to use Copper-T, she told me that she and her husband were using condoms and she even knew where to procure them....I felt very happy” – one Village Health Nurse*

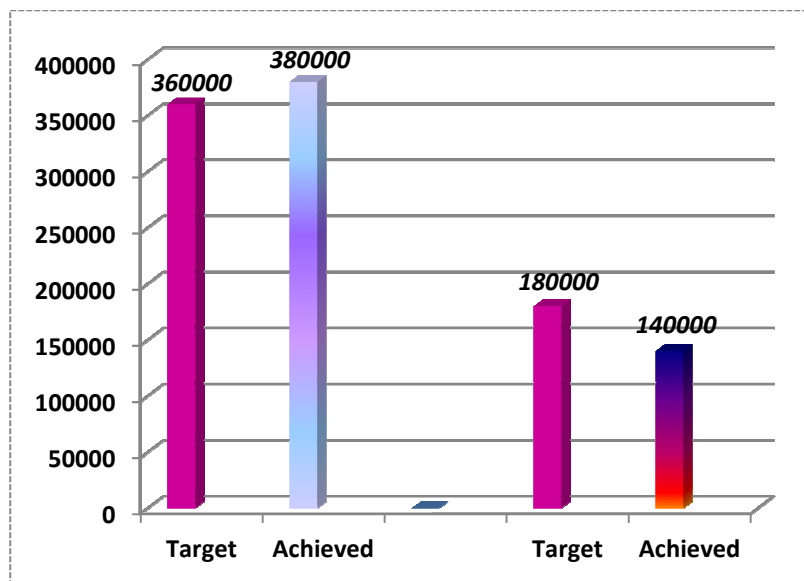
5. Community wants ongoing Counselling, Employability Training and Access to Treatment

- *“We know about the youth-friendly counselling center. We know what they are doing and what services are being offered at the center. Still, we haven’t gone there. But when that boy (counsellor) arrives at the center, these boys used to visit the center. Even our son goes there. After going there, boys are getting better” – a married woman from Nagapattinam district.*
- *“We were married at a young age as my father and mother was not literate. Now, at the age of 35, everything is finished. However, we are offering good education for our children. We don’t know how the future generation will grow up to be. Therefore, services of the center are very much required for our village” – a married woman from Nagapattinam district.*
- *“The services of the counselling centers need to be continued for us. It can be continued with the support of the Panchayat or the government. We will offer all the support to sustain the center” – a married woman from Krishnagiri district’.*

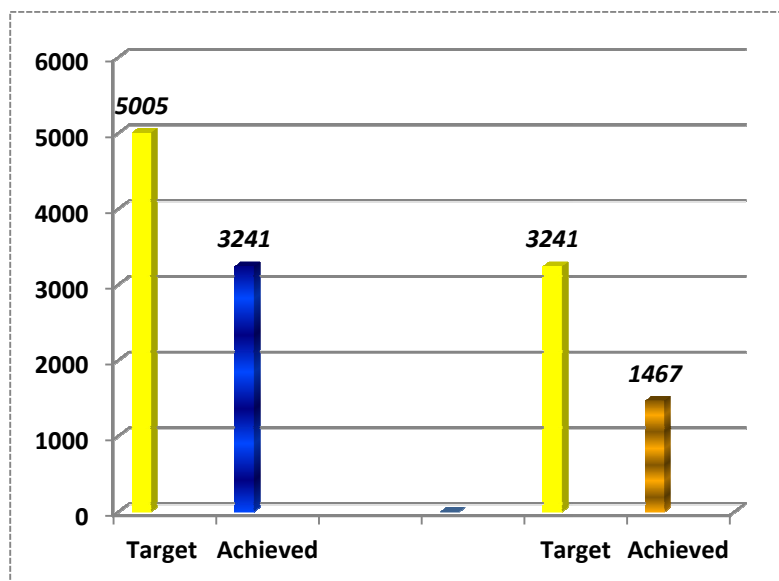
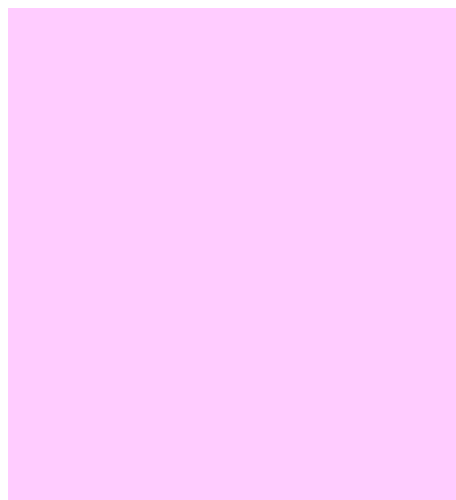
6. Increase in Client Uptake of Youth Friendly Counselling Centers

- *“We trust the male counsellor here in our village and refer our friends to counselors” – an unmarried man from Krishnagiri district.*
- *“After the arrival of the counselling center in our village, not only youth, but, also married people such as, women, elders, people from other villages of this panchayat also visited the center to clarify their doubts related to their children’s marriage” – an unmarried man from Nagapattinam district.*
- *“Information on sex and sexuality is available at the counselling center. In addition, information about government welfare schemes is also available. We seek counselling services based on our needs” – a married woman from Nagapattinam district.*

Quantitative Indicators



is expected to reach 100 youth in 1703. It has actually reached 100 youth (as on 31st Dec 2012), an achievement of 105% till date. Of the 1,40,000 have received quality counselling.



Case Studies

1. HELPING NANDINI DEAL WITH FEELINGS OF SEXUAL AROUSAL¹

Nandini is 21 years of age and doing her third year of graduation in Commerce. She has a younger sister who is studying in high school (Std X). Her parents are engaged in agriculture and are from the middle-income strata. Nandini's strength is her patience and fear, her limitation.

Nandini was suffering from excessive white discharge for the past 2 years. She had been unable to concentrate on studies for the past 6 months. She shared about experiencing some bodily tension while watching romantic scenes and listening to romantic songs. At such times, she was unable to concentrate on other activities, she became tense and it was difficult for her to cope with this. She asked, "Is it normal to have such feelings?" She shared, "I am afraid as to how to cope with this. I don't know why these feelings arise in me and I cannot understand this".

The Counsellor educated Nandini about personal hygiene and reproductive health and the benefits of treatment. The Counsellor explored the reasons for Nandini's bodily tension and she felt that not having an outlet to express her feelings arising from watching romantic scenes on the television was what caused the anger and tightness within. The Counsellor reassured her that such feelings were normal for growing boys and girls and that there was no need to be scared of these feelings. When the Counsellor explored with her about how she wished to deal with these feelings of arousal, she felt that they could be expressed only when she was married and that expression before marriage was incorrect. She was unaware of any method of coping with this arousal before marriage.

The Counsellor spoke to her about masturbation and elicited her views about it. She shared that masturbation was harmless and a way of reducing her tension until marriage. The Counsellor also suggested that she could avoid watching scenes that stimulated her and caused discomfort to whatever extent was possible and divert her attention to other matters.

- Client gained knowledge about personal hygiene and reproductive health
- Client became prepared to take treatment

¹ All names have been changed to for purposes of anonymity

- Client understood ways of handling feelings of arousal and consequent bodily tension and learnt about masturbation

Client shared about feeling lighter and more clear after clarifying her doubts and unburdening with the Counsellor.

2. WHERE COUNSELLING MOTIVATED THE CLIENT TO ACCESS STI SERVICES

Client's name is Vanitha, 27 years of age, married with two sons. Her husband is a daily wage earner (coolie worker). Vanitha and her husband have been separated for the past 5 years as he had several extra-marital relationships with women.

Client was suffering from excessive white discharge and disruption in her menstrual cycle. Though she had taken treatment twice for white discharge, the symptoms went away only for a few days and the trouble started thereafter. Consequently, she was feeling very tired and therefore unable to work. She pleaded with the Counsellor to accompany her to the hospital, explain her situation to the doctor and help her to get cured.

The Counsellor explored with Vanitha as to whether she shared with the doctor about the recurrence of STIs. Vanitha shared that the doctor had asked her to bring her husband along for treatment. Therefore, she did not go back to the hospital as she did not want to reveal the truth about her husband to the doctor. The Counsellor then explained about the significance of partner treatment in the cure and prevention of STIs. She also stated that that was the reason as to why the doctor had wanted her to bring her husband along for treatment. Vanitha shared that the problems had recurred making her very weak and that she desired going back to the hospital and sought the Counsellor's help in this.

The Counsellor gently explored about Vanitha's life after her husband leaving her and she shared about living with another man who was widowed. The Counsellor reinforced the need to take him along for treatment and to use condoms.

- Client began to trust the Counsellor
- Counsellor created a conducive environment for her client to share openly
- Client gained clarity about partner treatment and its importance

Client evinced keen interest in accessing treatment the very next day and promised to share all the information with her partner, make him understand the importance of treatment and sought the Counsellor's help in accessing hospital services.



3. THINKING THROUGH THE PROBLEM HELPS IN MEANINGFUL DECISION MAKING

Client's name is Kavitha, 21 years of age, studied up to high school (Std X) and has been married for the past two years. Her husband is dealing in the real estate business (buying and selling of land, houses, etc). They have a five year old school-going daughter. Kavitha is presently staying with her parents who are engaged in agriculture. Kavitha's strength is her ability to move well with all kinds of people; however, her anger is her limitation.

Kavitha had been separated from her husband for the past one year and had taken up a job with a private company for the past one year; however, she did not report to work for the past 6 months. The reason mentioned by Kavitha was that a man younger than her, who happened to be her colleague showed signs of being in love with her. In the beginning, they were like good friends and therefore Kavitha had shared her problems of being separated from her husband and the reasons for the same with him. Therefore, he began developing feelings for her. She had advised him against deepening the relationship, but he was persistent. Many of their colleagues had looked at them suspiciously even when they were merely friendly with one another, and if they went beyond friendship, Kavitha was sure that they would be humiliated by them. That was the main reason for her quitting her job. However, he was still pursuing her and she was afraid and confused as to what to do in such a situation.

The Counsellor thanked Kavitha for trusting her and sharing her innermost dilemmas with her. The Counsellor appreciated Kavitha for her clear stand on the issue and at such a young age. The Counsellor then gently explored the reasons leading to Kavitha's separation from her husband.

Kavitha shared that they were very happy during the first year of their married life. After this period, her husband began to suspect her fidelity. She was not allowed to wear nice clothes, adorn her hair with flowers and if she did so, he would suspect her of seeing another man. This paranoia led to frequent quarrels between them and she would at such times go and live with her parents. She was unaware for the reasons behind the suspicion and felt that she was not doing anything wrong to cause the suspicion.

Kavitha had not got an opportunity to talk openly about this problem with her husband nor was convinced of the need for doing so, she shared. On exploring whether her husband had made any attempts at reconciliation, she shared that he had invited her many times, but that she had not made any move. Her parents too encouraged them to reunite and live together, but she had asked for time to think through.

The Counsellor then explored about her colleagues feelings for her and her thoughts about the same. Kavitha shared that he was a nice man, but it was wrong on her part to feel lovingly about him and that she was at a loss as to make him understand the same. She also confessed that there was a financial need for her to go to work and that it made matters worse after she stopped working. She requested the Counsellor to keep her informed of any employment opportunities that existed. The Counsellor asked her what she would do if faced with a similar situation in another organisation and she was unable to answer that question. The Counsellor then reinforced that rather than running away from problems, it was important to find a solution to them.

She encouraged Kavitha to talk gently to her colleague and explain that she did not have such feelings for him and that he was too young. When the Counsellor explored about Kavitha's plans for her future, she admitted to being very confused. She felt the need to arrive at a decision soon and expressed a desire to reunite with her husband. She also thought that she needed to explain this to her colleague or take up a job for the sake of her family.

- Client felt supported by the Counsellor and experienced much relief
- Counsellor was able to make Kavitha think through her problems
- Client gained clarity from a point of being confused, through the counselling process

Client shared that her problems seemed insurmountable prior to counselling; however, now she felt that her problem had shrunk and had derived the courage to tackle it. Besides, she experienced good relief after unburdening to the Counsellor.

4. COUNSELLING ENHANCES CLIENT'S ABILITY TO HANDLE PROBLEMS, MAKE DECISIONS

Client's name is Priya, 16 years of age, and studies in high school (Std X). Priya has an older brother studying in Std XII. Priya's mother passed away in an accident two years ago and she presently lives with her father, brother and grandparents. To study well is Priya's goal in life.

Priya is in tremendous grief since her mother's passing away. She shared that her grandmother scolds her often and dislikes her studying all the time. She exaggerated Priya's behaviour to her father and got her into trouble with him and he too ended up beating her. She is judged even if she spoke with a boy and because of all this, her father did not talk with her. She complained that she did not have any peace of mind. Her father asked her what she was going to achieve by studying so much. However, Priya's ambition was to study well in life. She broke down saying that had her mother been alive, she would have encouraged Priya to study well. She also shared that some people entered her house when she was alone and misbehaved with her and that she was afraid of sharing this with her father.

The Counsellor provided emotional support to Priya and allowed her to ventilate. She then gently explored the reasons for her grandmother's anger towards her and enquired about Priya's involvement in household chores. Priya shared that her grandmother disliked her studying. Her grandmother shouldered most of the household chores with Priya chipping in whenever possible. The Counsellor suggested that Priya could begin studying after helping her grandmother with the daily chores and that maybe this would make her grandmother feel more supported; that Priya would need to give priority to studying alone during examinations and would need to explain this to her grandmother/father. The Counsellor also explored the reasons for her father's anger and she shared with sadness that he felt that she may not achieve much by studying and asked her to do household chores instead. When the Counsellor asked Priya what she desired to do, her immediate response was that she wanted to continue studies and would do so. She then shared that she would get high scores in high school and convince her father to support her in studying further. The Counsellor wished her well for achieving her goal and encouraged her to keep putting in the effort.

The Counsellor then explored about and addressed the second issue raised by Priya, that of people misbehaving with her. Priya shared that they spoke things and were touching her in a way that made her uncomfortable. The Counsellor suggested that Priya be bold and tell them that they did not have a right to do such things without her consent and that if they were bold, they would go on the back foot. She also encouraged Priya to share this with either her grandmother or her father so that the problem could be nipped in the bud. She advised her to avoid being alone at home as much as possible and to be safe at all times. She goaded her to concentrate on her studies alone so that her situation could be bettered over time.

After a few days, the Counsellor met Priya and her feedback was very encouraging. She shared that her grandmother scolded her less these days and that she was also helping her much more with household chores. In addition, she had faced those people who were misbehaving with her at home bravely and thereafter they never dared to behave in the same fashion. She stated that she was very peaceful and happy.

- The client experienced support from the Counsellor and was able to unburden herself and felt relief
- The client was enabled to empathise with her family members, consider options put forth by the Counsellor and emboldened to make certain changes in her attitude and behaviour that proved beneficial for all concerned

The client felt relieved after opening her heart out to the Counsellor. She also felt more courageous and confident of handling her problems to an extent and made the decision of being more helpful to her grandmother.

5. COUNSELLING HELPS STRENGTHEN INTERPERSONAL RELATIONSHIPS

Client's name is Pushpa, 26 years of age, divorced and has a ten year old daughter studying in school. She had approached the Counsellor 5 months ago with the idea of remarriage. Talking things through with the Counsellor gave her clarity and she was married 3 months ago. However, she was presently feeling very confused and wanted to talk with the Counsellor.

Pushpa was experiencing severe itching in her genitalia, lower abdominal pain and excessive white discharge after her 2nd marriage. She was afraid to broach this subject with her husband and ask him to go with her to the hospital. She wanted to know if the Counsellor would help by talking with her husband and make him understand about this.

The Counsellor explored the reasons for Pushpa's fears in talking with her husband. Priya responded by saying that her husband might think that she was suspecting him by asking him to come with her to the hospital for a blood test soon after marriage. On the other hand, he might become suspicious of her behaviour thinking that she was having extra-marital affairs with many men.

The Counsellor reassured her by stating that they had decided on marriage only after knowing and understanding each other well. She encouraged her to state lack of personal hygiene as the reason for her problems, educate him about STIs clearly as she had done with Pushpa and motivate him to accompany her to the hospital. Then, they could take the necessary treatment. The Counsellor offered to provide a referral slip to the hospital and help them access services. The Counsellor reinforced that their decision to marry was borne out of mutual consent and liking for one another and encouraged her to go ahead boldly and talk to her husband.

The client met the Counsellor after a few days and shared that she had spoken with her husband based on the Counsellor's suggestion; that both of them had married only after knowing one another well and therefore there was nothing wrong with both of them doing a blood test and taking treatment. She informed the Counsellor that they had decided to seek treatment and asked the Counsellor to help them in accessing hospital services.

- The client obtained clarity and felt more courageous after talking with the Counsellor
- The client was able to think of different perspectives and options to communicate with her husband which ultimately helped her to talk to him and motivate him to access services successfully.

The client experienced relief after talking with the Counsellor. She also felt more confident to talk to her husband after talking with the Counsellor, failing which she would have been pained by not talking to him and that would have disturbed him as well. She would have become fed up with life if this had not happened. She termed her interaction with the Counsellor as being very useful and expressed happiness. She also conveyed their decision to seek treatment at the hospital the next day and said that she was feeling enthused. The couple visited the hospital the next day and accessed testing and treatment services.

6. COUNSELLING HELPS STRENGTHEN RELATIONSHIP BETWEEN HUSBAND AND WIFE

Client's name is Sudha, 28 years of age, married and has a child studying in school. Husband is engaged in agricultural work and Sudha lives in a joint family with her in-laws. Sudha's strength is her confidence that she can do any work well.

Sudha was suffering from excessive white discharge for a prolonged time after marriage. Due to this, she had frequent itching resulting in ulcers in her genitalia in the long run. As a consequence, she also experienced burning during urination and lower abdominal pain. She was very hesitant to talk about these problems with anyone. After engaging in sexual intercourse with her husband, itching followed by ulcers in her genitalia would make their appearance after 2-3 days. She felt that her husband was solely responsible for her symptoms as she was suffering all this only after marriage. Therefore, she was afraid of and disinterested in engaging in sexual intercourse with him and would refuse however much he forced her into it. All this led to frequent quarrels between them and lack of peace at home.

The Counsellor offered support and empathised with the client. The Counsellor also reassured her of confidentiality of whatever was shared during the session. The Counsellor then explored the reasons for her symptoms. Sudha shared that when men indulged in extra-marital relationships with other women and then had sex with their wife, their wife suffered thus. The Counsellor then explored the reasons as to why men looked for other women to have sex with. Reasons cited by Sudha were: refusal by wife, not liking the wife, wife not being in town, or when the man is under the influence of alcohol and not in control.

The Counsellor then explained that these symptoms could also be caused due to lack of personal hygiene and educated her about STIs and RTIs, partner treatment and consequences of not taking treatment. The Counsellor also explored about the husband's response if Sudha asked him to seek treatment. Sudha was very sure that he would refuse and ask her to go instead as she was suffering with the symptoms. She wanted to know if it was not possible to cure this without both partners taking treatment.

The Counsellor encouraged her to make an attempt to talk with her husband about this to whatever extent possible. If that was not feasible, another option was that she alone could seek treatment, but that they must use condoms while having sex. However, it was not necessary that she should abstain from sex because of this.

- The client felt more confident after talking with the Counsellor

- The client was able to talk to her husband about treatment after gaining the necessary courage and knowledge
- The couple accessed treatment and their problem was solved to an extent

The client expressed happiness after talking with the Counsellor. She felt like a huge weight had been lifted off her shoulders and her problem solved to an extent. She shared that she did not expect that her problem would be solved so quickly. She also reported being cured totally after completing treatment

7. COUNSELLING BUILDS CONFIDENCE TO TACKLE PROBLEMS HEAD-ON

Client's name is Baby, 22 years of age, married and has a two year old daughter. Her husband works in a government department out-of-station and comes home once a week. During his absence, one of her relatives used to visit her and help her out with anything that she needed and therefore they shared a comfortable relationship. Baby's strength is her sense of humour and her liveliness.

Baby shared that one fine day, her relative confessed to being in love with her and not being able to cope without seeing her. She was shell shocked upon hearing this and began to worry about what others would think of her if word got around about this. She was also afraid that her husband might start suspecting her, or, that this relative might create problems for her at night knowing that she lived without her husband. She was very confused and sought help from the counsellor to deal with this sticky situation.

The Counsellor acknowledged her feelings and explored about her response when the relative declared his love for her. She stated that she was very scared and did not know how to respond. He then called her up and asked her for her response to which she immediately disconnected the call. There were no further calls after that. She asked the Counsellor for help to tackle this and wondered what she would do if this came to light and her husband picked up a fight with her.

The Counsellor made her realize that if she was scared and failed to respond directly to her relative, he would not know what was going on in her mind. He could interpret her silence to mean assent which would complicate the situation further. The Counsellor encouraged her to talk directly and clearly with him to bring the matter to a close and told her that some action of hers, however unintentional could also have caused these feelings in him. Therefore, the best

way to find out would be to talk openly and boldly with him to prevent such problems from recurring in future. The Counsellor urged her to think about this for a while and then decide.

Baby was silent for while and a few minutes later, the Counsellor probed her thoughts. She shared that by remaining silent or being fearful, the problem was not going to go away and that it was best she spoke openly with her relative as the Counsellor suggested. She expressed that she was feeling peaceful within at this point in time. The Counsellor then asked her as to how she was planning to talk with her relative and communicate her feelings/thoughts.

Baby shared that she would apologise to him if any of her actions had hurt him and ask for forgiveness. She would tell him that her situation would become troublesome if her family life was disrupted and request him to change his behaviour towards her. She would encourage him to find a nice girl and get married as that would be the best solution for both of them. She would reassure him that he would get a good life partner just as she had and make him understand the situation.

- The client felt more courageous after talking with the Counsellor and her fears reduced
- Once her fears reduced, she was able to think through the problem logically and arrive at a decision
- The client was able to gain clarity and her confusion disappeared.

The key learning for the client as expressed by her was that instead of being afraid, it was better to talk boldly about what was in her mind in order to make him understand her situation.

8. COUNSELLING OPENS THE MIND TO NEW PERSPECTIVES FOR PROBLEM SOLVING

Client's name is Sathya, 23 years of age, married and has studied up to Std VIII. She was working in a garment factory before marriage and is presently a home-maker, while her husband works in a private company. Sathya's strength is her patience and her limitation is her fear.

Sathya shared that she was pregnant and into her second trimester (20 weeks). According to her, all women who are pregnant must be happy and peaceful; however, she was neither happy nor peaceful during this time. She shared with sadness that over the last 5 months, there were frequent misunderstandings between her and her husband and that he constantly reacted with anger, found fault and was not affectionate as earlier with her.

The Counsellor acknowledged the client's feelings of frustration and desire to receive love and affection from her husband during pregnancy. However, she encouraged her to remain calm and focus on delivering a healthy baby.

The Counsellor then explored with the client about the reason for her husband's change in behaviour. Sathya remained silent for a while, appeared very uncomfortable and expressed hesitation in sharing the reasons. She relented when the Counsellor encouraged her to talk openly by sharing that she disliked and was afraid of engaging sexually with her husband after becoming pregnant. However, he was persistent and forced her when she refused to cooperate.

She was afraid that this was not good for the baby and when she shared her feelings with him, he informed her that her fears were unfounded as he had already checked with his friends who reassured him that sexual contact was harmless. Sathya did not trust her husband's words and therefore their fights continued unabated.

Sathya had also double-checked with her doctor who informed her to take care to see that her stomach was not pressed/pressured and to be careful during intercourse. Sathya said, "I am scared to have sex and if I do not, it ends up in a quarrel.....I don't know what to do". Sathya said that she had not directly talked about these aspects with her husband when the Counsellor explored. She also expressed keenness in finding a solution to the dilemma at hand to restore peace in her home.

The Counsellor then suggested two options: either they could have sex based on mutual consensus and being convinced that it was harmless for the baby or that Sathya should have a heart-to-heart chat with her husband and explain her position to him and make him see her point of view. When the Counsellor asked her which option was more comfortable for her, she said she needed some time and would certainly arrive at a decision and put an end to this problem.

One month later, Sathya met the Counsellor and informed her that her husband was once again very affectionate with her, that she had shared both options suggested by the Counsellor. This helped him understand her point of view and they were both very happy now.

- The client felt relieved and supported after talking with the Counsellor
- She was able to think through the problem logically and arrive at a decision which helped reduce the burden of her problem

The client expressed feeling unburdened as a result of talking openly with the Counsellor and feeling more confident of tackling her problems.

9. COUNSELLING HELPS IDENTIFY THE ROOT CAUSE OF PROBLEMS

Client's name is Eswari, 23 years of age, married and has studied up to Std V. She has been married for the past 8 years and both she and her husband are daily wage earners (coolie work). They have 2 school going daughters. Eswari's strength is her self-confidence and fear is her limitation.

Eswari shared with much sadness that there was no peace of mind for the past one year and therefore she was unable to concentrate on anything. There were frequent quarrels between her and her husband as he was carrying on an extra-marital relationship with another woman. Whenever she broached this subject, he would hit her and tell her that if she questioned him about it, he would go and permanently live with the other woman and that it was only for his children that he was staying back. This would cause Eswari to remain silent, but she was very afraid that her life might become wasted in this kind of a situation.

The Counsellor acknowledged her feelings of fear and confusion and appreciated her for taking care of the family despite the situation. The Counsellor then explored the reasons for the fights between them. Eswari shared that her husband was angry for anything that she asked and had told her that he did not like her any more. She said she was very confused and was unable to understand as to why he spoke in this manner.

The Counsellor also asked her for reasons as to why her husband disliked her and she said that she had not given it much thought. Then, the Counsellor explored as to why her husband was involved with another woman. Eswari shared that she was doing only those things that pleased her husband, refrained from doing anything that he disliked, and was taking good care of him. However, he still disliked her and she was very confused about the situation.

The Counsellor explored about their sexual life and Eswari remained silent for a while. She then shared that they were not engaging in sex for the past one year, that she did not encourage those kind of thoughts as her children slept next to her. Even if her husband wanted sex, she would not encourage any contact. When the Counsellor asked her how the relationship would be the next morning when there was no sexual contact, she said it would be fraught with tension and quarrels and that he would leave home even without eating any food.

The Counsellor once again asked her to think about possible reasons for this tension between them. She also told Eswari that no matter how much things were alright on other areas, there was bound to be disturbances in their relationship if sexual needs remained unfulfilled and that both pleasure and conflict were usually connected to the couple's sexual relationship. The Counsellor asked her whether she expected her husband to develop disinterest in sex because she was feeling thus. Eswari remained silent for a while and then confessed to not taking their sexual life seriously. She also had not attributed this to be the reason for her husband having sexual relationship with another woman, but rather to her being ugly and admitted that she now understood his liking for another woman. When the Counsellor asked her about what she wished to do now, she shared that she had identified the reasons for the problem and felt confident about solving it too!

The Counsellor met Eswari a few days later and she shared that her husband was more affectionate towards her and more importantly that they were not fighting any more.

- The client was able to identify the root cause of the problem and think through it after talking with the Counsellor
- She developed self-confidence to tackle her problem on her own

The client expressed feeling unburdened as a result of talking openly with the Counsellor and felt very supported throughout the process.

10. COUNSELLING HELPS IN PURSUING HER DREAMS

Client's name is Valarmathi, 23 years of age, married for the past 5 years and has a four year old daughter. She and her husband had been living a life of disinterest ever since they were married. This is because Valarmathi loved one of her colleagues before marriage, but was not in touch with him thereafter. However, her husband always used to suspect that their affair was alive and it used to end up in quarrels. Over a period of time, he separated from Valarmathi and went away, unwilling to understand her earlier relationship. He refused her permission to retain custody of their child. Therefore, Valarmathi was presently living all by herself.

Presently, Valarmathi's colleague with whom she was involved came back and expressed a desire to marry her and live together. However, she was very wary of returning to him as she was worried that all that her husband suspected about her would come true and that is what

people would say as well. Therefore, she was confused as to what decision to take and she shared this with sadness.

The Counsellor paraphrased all that she shared about her husband being suspicious about her relationship with her former lover, her former lover willing to come back and accept her and the neighbourhood forming a bad impression of her. The Counsellor asked her what her thoughts were in spite of the prevailing situation at hand. Valarmathi remained silent for a few minutes and then shared that there was no possibility of reuniting with her husband as he had shifted overseas along with their child and that they were legally separated.

The Counsellor then probed for her feelings towards her former lover and enquired about his family. She shared that he had not made any attempts to get back in touch with her once he knew of her marriage. He was currently living without any family attachments. His elder sister had married out of caste and owing to that shock, his mother had taken ill and ultimately passed away; therefore, he too was living alone. He was without any support too.

She shared that he had got in touch with her only after her separation from her husband. He also did not have any bad habits. She also shared that she was unable to forget him till date and that she liked his affectionate and caring ways. The Counsellor asked her to think of what difficulties there were in accepting the kind of life she desired. Valarmathi replied by saying that she wondered why she gave others' opinions so much importance in her life.

- Counselling helped the client to think through her situation and separate the wheat from the chaff
- This process also helped her to make a critical decision with regard to her future.

The client expressed that in the event that both loved one another, remarriage was the best solution. She also made a decision to talk to her former lover about this.

11. UNDERSTANDING THE NATURE OF THE PROBLEM IS THE FIRST STEP TO RESOLUTION

Client's name is Maheswari, 30 years of age, married for the past 7 years. Her husband works in a vest manufacturing unit. She and her husband frequently quarrel and she desists from talking with him. Due to this, her husband does not return home after work and stays out on many occasions.

Maheswari shared that she had not conceived after marriage for all these years with a lot of sadness. Her husband was staying back in the factory itself as they were fighting on a daily basis. Her mother-in-law was putting her down very much as she did not bear a child all these years. People in her neighbourhood made fun of her and laughed at her. She shared about having visited many temples, walking on fire, fasting for several days. She said, “Does God not have pity on me and look at me with compassion? I feel very bad” and broke down uncontrollably.

The Counsellor acknowledged all that she shared and empathized with her. She then asked her if she had shared all this with her husband and what his views were about their childlessness. She then shared that her husband disliked understanding reasons by analyzing their horoscopes, fasting and doing actions to repent for their sins and that he refused to go along with her whenever she invited him. That was the main reason for their fighting.

He, on the other hand wanted her to go to the hospital along with him and that she was scared because they might give her injections and do tests on her. She was afraid of injections right from childhood and despite these fears had a very bad experience during one of her visits to the hospital; therefore, she told her husband outright that she would not go along. So, he too would refuse adamantly when she invited him to visit the astrologer along with her. These were the reasons for their differences.

The Counsellor asked her how understanding would develop between them if they continued fighting on a daily basis. She also asked her as to how their sexual life might be if she believed in fasting every day. To this, Maheswari replied that her husband worked in shifts. She would be in the shower and getting ready to go to the temple when he came home and would demand sex immediately. She would resist saying that there was a time and place for sex and her would get very angry. He would then pick up a fight with her and stop her from going to the temple and would go and sleep over at the factory. He would switch off his phone so that she was unable to reach him. She admitted that they had sex very rarely and that they were not happy.

The Counsellor reinforced her husband’s intention of taking her to the hospital by undergoing certain tests, would they know their body condition. It was important to have faith in God, but how would conception happen if she lived like a ‘sanyasi’²? Rather, if both engaged in sexual contact and were happy as a couple, chances of conception would be high. Also, no attempts

² A person who gives up pleasures of the human life and leads a simple life in total dedication to God

have been made thus far to find out if there is any problem with either/both of you. The Counsellor asked, "Do you think the problem will go away by fighting with one another?"

Maheswari accepted after a moment's silence that the Counsellor was speaking the truth and that she was fighting with her husband without understanding the real problem. She also took a decision to talk with him about this.

- Counselling helped the client to realise the reasons behind the real problem.
- Counselling was very helpful to help her arrive at a decision.

The client shared, *"I thought sex was wrong and that was what angered him. This is also the reason for the constant fights between us. In future, I will not be like this. I will talk to him about this"*.