

C A M P A I G N R E P O R T



HEALTH OVER STIGMA

ACKNOWLEDGMENTS

Health over Stigma was triggered by listening to stories of young unmarried women that helped us unravel the realities around SRHR (sexual and reproductive health rights). We are thankful to all these women and team members who put trust in the relationships and shared their personal experiences.

This takes us further to acknowledge the enthusiasm and energy of our SRHR Defenders who are young unmarried women leading this campaign on-ground. Their ideas, experiences, and the urge to question the stigma around sexual health and choices of unmarried women and bring more women into the campaign has been one of the strongest motivations in writing the report. It rebuilds our faith that this campaign must remain women-led and we take the campaign to its next peak, which changes reality and behaviours at the doors of the service providers.

The report is backed with data collected through surveys and stories of unmarried women and we would like to thank the entire Health Over Stigma team that worked hard to gather this data, use creative techniques and bring out the collective voice of women on this issue.

As part of the survey, we conducted a focused group discussion with members from the Human Rights Law Network and we are truly grateful to them for giving their valuable time and insights from their current work on SRHR.

We would like to thank the 769 unmarried women who filled out our surveys and shared their experiences. These women have been the amazing participants who have helped us in forming the basis of the report in terms of providing strong data to give meaning to our stories and experiences.



TABLE OF CONTENTS

1

NOTE FROM THE CAMPAIGN LEAD

2

HEALTH OVER STIGMA STORY

3

UNDERSTANDING THE CRISIS

10

RESPONDING TO THE CRISIS

15

WHERE DOES THE OPPORTUNITY LIE?

18

TOP TRENDS ON WORKING ON UNMARRIED WOMEN'S SRHR

19

FACTSHEET

22

ABOUT HAIYYA



YOUNG WOMEN HAVE SOMETHING TO SAY

The 'Health Over Stigma' Campaign is founded by young women in New Delhi with a vision to imagine a reality where young women are free and able to live their life on their own terms - *Which to us is when women are making choices based on their desires and needs, not out of fear.*

When I started working on this campaign I began to understand just how hard it was for most young women in New Delhi to even imagine this for themselves, and how badly we as a collective group wanted it. The Campaign is a path and tool for unmarried women, a group that has been neglected in the Sexual & Reproductive Health & Rights Space, to empower themselves and the larger community.

Leading this Campaign has been one of the most rewarding experiences of my life and that is solely due to the inspiring and wonderful young women I have had the privilege to build relationships with. Despite our different backgrounds, ages, life experiences and countless factors that made us 'different', we were all bounded by our stories. These were stories of the courage it takes to speak up, the isolation created by the stigma around sexual health, the helplessness in situations where we were violated and the solidarity we felt with each other.

Young women need a seat at the table where decisions around changing the sexual and reproductive health services are being taken.

They best understand their realities, motivations and inhibitions. At the same time, the creativity to alter and challenge the current scenarios, and devise long-term solutions is also with them

Through this report we wanted to unearth the experiences and journey of young and unmarried women - what they think, how they feel and uncovering why they make the choices that they do. By keeping women at the center, we have created a tool that can be the foundation or starting point for different stakeholders and allies such as doctors, SRHR Organizations etc to learn, empathize with women and ultimately find avenues to collaborate - *putting women at the center of any decision making.*

Mrinalini Dayal

Head of Grassroots and Strategy, Haiyya



HEALTH OVER STIGMA STORY

THE STORY THAT LAUNCHED A THOUSAND MORE

"It happened 2 years ago. I was sitting on the couch, watching one of my favorite old Hindi movies. I was watching an intense scene, biting my nails, leaning more towards the television every 10 seconds. I was restless, struggling with a lot of parallel thoughts, trying hard to distract myself by focusing on the movie. I was waiting for my best friend to come back from the pharmacy with a pregnancy test. A minute later, she returns and hands me the test. I started walking towards the washroom and those 10 steps felt like 10 kms. My legs were shivering and I felt so anxious and nervous. I closed the door, did the test and was waiting for those 2 minutes to get over. I discovered with horror! What horror! I am pregnant! I hurried back to my room, locked myself inside. I kept feeling mixed emotions - sense of despair, rage, hopelessness. I called my boyfriend and shared it with him. He denied responsibility and told me it's not his, must be someone else's, and hung up on me. I was sitting in one corner of the room and in the brightest hour of the day, I felt the room was dark and gloomy. My eyes were red, my heart was heavy and my throat was choked. I knew I wanted an abortion but I was scared to face it all alone.

When I booked an appointment, the doctor asked me list of personal questions about my life, my family background and kept asking me to go for counseling, telling me the importance of motherhood and childbearing. She took me for an ultrasonography test. I was silent, lying on the bed turning my head away when she inserted the transducer inside my body. The next second, she turns the monitor and says, 'This is your baby and you're going to kill this small life due to your irresponsibility'. It took 1 week for me to complete the procedure. The effect of medicine was violent and I was confined to bed for several days. But more than that, the most traumatic and harrowing memory was the way I was treated in the clinic by the doctors and nurses, the way my dignity and integrity was destroyed by my partner and inside the health clinic, which is supposed to be a safe space."



This was the story that was shared with the Haiyya team that sparked the Health Over Stigma Campaign. When we started we were just as doe-eyed and unprepared to take on this issue as young and unmarried women are when they have to make decisions about their Sexual & Reproductive Health. We were a group of 4 young and unmarried women ourselves and we started asking questions to help us understand the situation- Was this a common problem that women in New Delhi faced? Did we as young, educated and privileged women feel confident in accessing service providers without worrying about shame and stigma? How many others, especially women with diverse identities & backgrounds, had faced a similar situation and kept quiet?

Do we as young, educated and privileged women feel confident in accessing service providers without worrying about shame and stigma?

How many others especially women with diverse identities, backgrounds had faced a similar situation and kept quiet?

These were the questions we started asking our friends, our family members, other women that we knew which resulted in a meet up with 40 unmarried women across New Delhi. Through that 4 hour conversation we realized that the stigma is deeply entrenched in the lives of unmarried women specifically, due to taboos around premarital sex and female sexuality. Women who had stories about getting shamed for being sexually active or even to do with sexual health felt extremely isolated and kept these experiences to themselves and we all constantly put our health at risk due to stigma.



WHY IS THIS THE MOMENT TO ACT?

This campaign has been running for over a year and has transformed into a platform creating a community of empowered young women who have been actively working on uplifting each other's level of information, dismantling stigma, breaking taboos and standing up for each other. We are built upon stories of menstruation related taboos or being 'impure', slut shaming in our formative years, the normalization of harassment in our lives, fear of 'moral policing' from gynecologists.

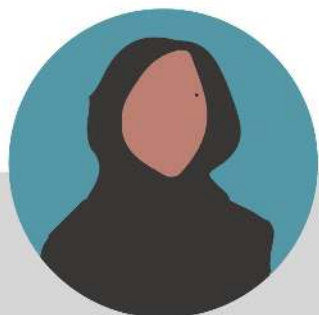
Young women have stood up but it's not enough and they can't do it on their own. The time has come for different stakeholders and players that hold power to come together and support young women as we demand access to non-judgemental sexual and reproductive information and services. This report and data collection serves as a way to highlight just how grave this crisis is (that most often goes unreported), young women are standing up against age old traditions and it's time that everyone plays a role in creating a supportive environment for us. If we don't change something now we leave unmarried women vulnerable to deal with this invisible problem on their own and without any solutions.



3 UNDERSTANDING THE CRISIS

Societal bias and opinions are negative towards young women's sexual health and discussions about these issues are suppressed and not normalised like any other health issue such as cough, cold or cancer. Let's take examples of 3 women, challenges they face, choices they are left with and what does it tell us about the cultural context in which SRHR exists for young unmarried women.

CASE STUDY



Saheba
27 yrs old woman

She is getting married in a few days and she is very nervous about her first night, as she is not sexually active.

Her challenge:

Doubts related to hymen breaking, pain during intercourse and about contraception.

Doesn't know the right person to seek help from.

Where does that leave Saheba?

- She does not visit a gynaecologist for a consultation.
- She remains confused and nervous instead of being informed and confident about her body.
- She may not discuss this with her partner or anyone in the future due to the shame and stigma she has grown up with on this issue not putting her health and body first.



Lisa
19 yrs old woman with a disability

Recently discovered she has Polycystic Ovary Syndrome (PCOS) after irregular periods for past 9 months.

Her challenge:

Was not sure about cause of irregularity in her menstrual cycle.

Only considered going to a gynaecologist when she felt the pain was something she couldn't control.

Where does that leave Lisa?

- She chose to risk her health by delaying visiting the clinic even when she knew something was wrong.
- She went to the gynaecologist only when she realised the PCOS related issues were uncontrollable by herself.



Rimjhim
31 years old working women

Is sexually active and had undergone an abortion a year ago.

Her challenge:

She had to lie to the service provider that she was married to her boyfriend in order to get the abortion done.

Where does that leave Rimjhim?

- She felt the need to lie in order to access a service that is legally her right
- She chose to not question/know more about the existing abortion law in India.
- She had to lie about her marriage despite being an adult independent women.

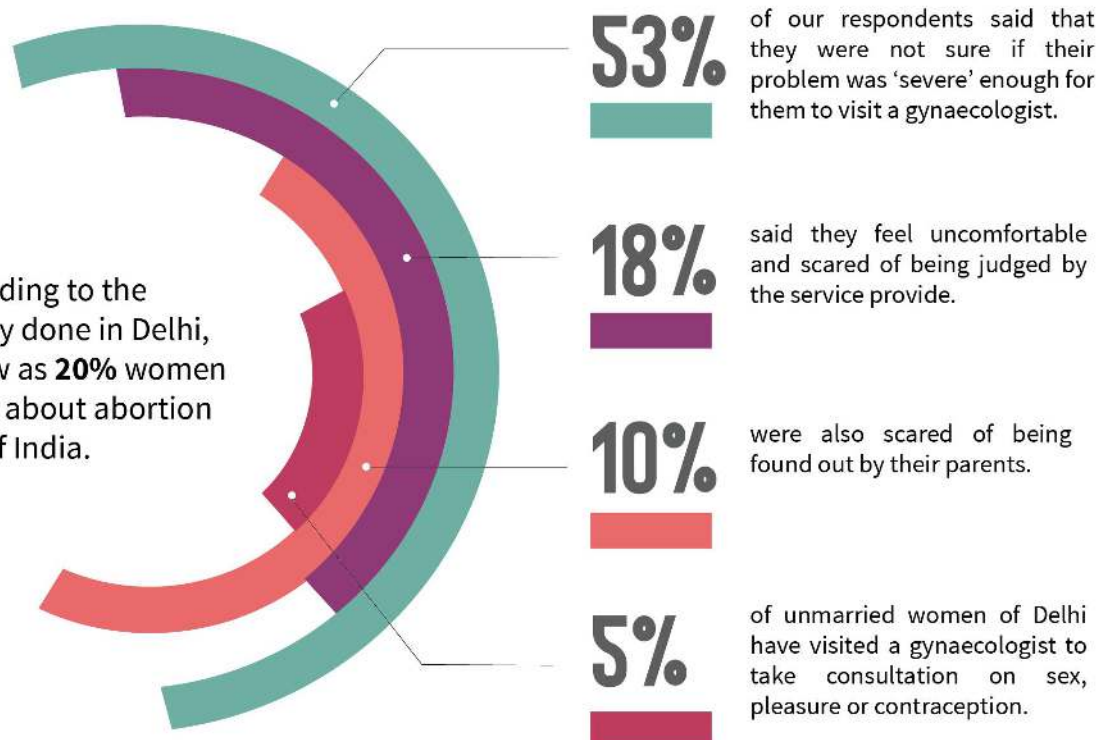
Saheba, Lisa and Rimjhim are not alone in facing these challenges!

Women feel confused, unsure and alone when making decisions about their body and sexual health. The judgement and stereotypes of the society and the service providers makes it difficult for unmarried women to make hassle free decision for themselves.



In a survey we did in Delhi with 769 young and unmarried women, to understand their experiences & stigma with sexual and reproductive health services, the findings revealed: -

According to the survey done in Delhi, as low as **20%** women knew about abortion law of India.



Refer to the detailed factsheet on page 20

WHAT DOES IT MEAN?

Many unmarried women do not have prior knowledge about sex or sexual and reproductive health. When it is brought up, marriage is seen as an essential aspect. The lack of urgency, shame and stigma associated to it has led to many undiagnosed cases in Delhi. Unmarried women take health risks by not diagnosing or prioritizing their sexual and reproductive health due to the stigma.

- *SRHR as a concept and practice is not widely known or accepted by their immediate circles and therefore women are inhibited to even share their stories/experiences.*
- *Gynaecologists are perceived as spaces for married women (who are accepted to be sexually active) or for those who have done something ‘wrong’.*
- *Unmarried women feel inhibited in accessing these services as the doctors and the clinics do not provide safe space or non-judgmental advice*

The crisis has arisen due to the years of domination by the society on women’s reproductive health. A woman’s body is considered as her husband’s or family’s property and hence people tend to consider that the sexual and reproductive issues should only be married women’s concerns. The possibility of other issues that may be related to Sexual & reproductive health are not considered and this is internalized by young women. Therefore women are actually forced to make choices that are not in their best interest and often put themselves at risk.





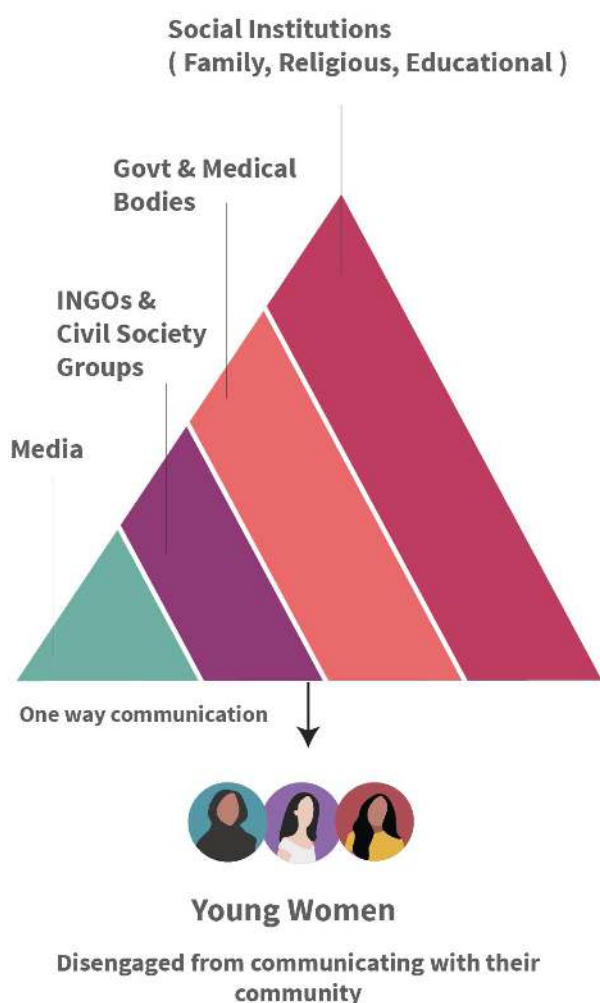
RESPONDING TO THE CRISIS

THE POLITICS OF SILENCE

Throughout history, the only purpose a woman's body served was to protect family honor, tied to her marital status and not being recognised as an independent identity. **For an unmarried woman, it becomes harder as they do not fit into any boxed identity, their body has always been considered the desexualized body, with no sexual feeling, urge or concerns.** Added with menstrual taboos, unmarried women follow and carry on with the silence around their sexuality so as to fit into the definition of a 'good woman'. Women have been silenced when they come

forward with their opinions, raise their voices and question violence. Controlling their sexuality and evading them from anything that concerned their life has been the most convenient path of abiding by the set dominant structures created by some.

Hence the story of unmarried women's sexuality becomes that of shame, stigma and silence.



Power lies with age old institutions and the accountability or onus to make change in their lives is left on young women.

WHY DOES THE SILENCE CONTINUE

- 1 One way information flow that does not give agency to young women.
- 2 Women disengaged from decision making processes that affect their lives.
- 3 Institutions are not enabling creation of safe spaces bringing more players into the discussion.
- 4 Women do not recognise themselves as a group with shared experiences and a collective identity and voice
- 5 Disempowering language used by media and other Institutions for women leaving less scope to question taboos.
- 6 No mechanism to hold institutions accountable and a single woman is marginalised to lead the battle alone
- 7 Women are shamed, held accountable for exploring their sexual health and penalised for any issues they face.
- 8 Perception of a hostile environment at health clinics because those spaces are seen to be reserved for married women.

OUR APPROACH

Build power by organising young unmarried women as a collective, and moving onus and accountability to sexual health institutions.

HEALTH OVER STIGMA



Health Over Stigma is a campaign led by young unmarried women across Delhi who came together to challenge the tokenistic role

women have been made to play in decision making or putting forward what they actually want or need. This group of passionate women are building a movement bringing diverse groups together, addressing the gaps between unmarried women and service providers and using data to put forward their demands for change.

150

Unmarried Women

Trained and built a leadership team in New Delhi as SRHR Defenders and Volunteers

500

Women Canvassed

to create our 10 Commandments of non-judgemental behavior

750+

Women Engaged

for our data collection (online and onground)

60

Vagina Dialogues Held

Community Meetings and Information sessions

50000

Supporters

For our petition on Change.org: [Change.org/healthoverstigma](https://change.org/healthoverstigma)

Covered by

9

national media platforms

100

Stigma & discrimination stories collected

4000

Women Engaged on ground

Through various interventions, including a 4 day menstrual awareness drive around International Women's Day in collaboration with Dilli Pradesh Mahilla Congress

100,000

Engaged Online on Spoken Word Video

40

Collaborations

With issue experts, community groups etc

KEY STRATEGIES THAT WORKED FOR US

Bottom-Up Leadership: SRHR Defenders drive the campaign

To build power, ensure agency lies with young unmarried women and that they have a seat at table in the rooms where decisions are made about, Health Over Stigma had to be campaign led by these women: our SRHR Defenders. It ensures higher ownership of building solutions within the community, deeper understanding of issues from women of diverse identities and development of infrastructure or demands that will sustain.

Listening and Data sourcing: Understanding the issue and building collective demands

Data is power, and our biggest highlight of using the data sourcing and accountability was the building of '10 Commandments' of behavior demanded from gynaecologists in regards to unmarried female patients. To do this, our defenders canvassed around public markets in New Delhi engaging with over 500 women, asking them what stops them from visiting a gynaecologist and what will make them feel comfortable visiting one.

Building power with other players

To amplify the voice and build power of the campaign, we conducted a multi-stakeholder meeting with 27 different organizations who work in the space of SRHR, Gender and Youth Engagement in New Delhi to foster a culture of collaborations, learning and strategizing on how

different players can build power to achieve the common goal of creating an environment of safer access of young unmarried women to sexual health services.

Storytelling: Building a collective and urgency to ACT

Addressing the lack of safe spaces for women to engage in discussions on their sexual health, our SRHR Defenders created a network of women aware of their rights and angered through stories of stigma - thus 'The Vagina Dialogues' were born. The Vagina Dialogue has a unique format and it has a Handbook so that any group can host one. It has been a key strategy to build trust and solidarity within the community, bring out stories of stigma and discrimination.

Innovative on-ground tactics that grow our community

To create visibility for the campaign, and grow our campaign community, we employed various innovative tactics - both online and offline. In the online space, we launched a petition that gained over 50000 supporters, our defenders created a spoken word video that highlighted the stigma that young women face when accessing SRHR services. We engaged women offline through numerous activities, including tying up with Dilli Pradesh Mahilla Congress (DPMC) to host events in 8 geographical areas in Delhi and reaching out to over 2000 women spread over 4 action packed days. Our SRHR Defenders led info sessions on menstruation myths and taboos.

Meet some of our SRHR Defenders



"Do not take our freedom for granted"

Yana Azad



"The campaign aims to affect me and million others"

Diya Ghosh



"What you allow, is what will continue"

Vedika Pillai

CAMPAIGNING FRAMEWORK: COMMUNITY ORGANIZING

Haiyya uses the value based framework of community organizing developed by Professor Marshall Ganz rooted in 28 years of organizing experience, informed by insights of social science and teaching at Harvard Kennedy School and it's incredible adaptation in "Obama's electoral campaign" 2008 & 2012. Community-organizing framework provides a perspective and a set of tools to organize leadership and resources into power to strategically make concrete changes in the world. It has proven successful for both social and political change globally.

Using community organizing framework, we take our defenders through a Changemaking Journey

WHY COMMUNITY ORGANIZING ?

- It is a framework that can be applied across issues, communities and geographies
- Allows scope to bring people from diverse identities and challenges under a big umbrella strategy
- Uses participatory tools that build local community leadership
- Creates social change by building power with what people already have
- Uses storytelling and campaign narratives to connect and inspire communities to act
- Develops leadership teams that can scale

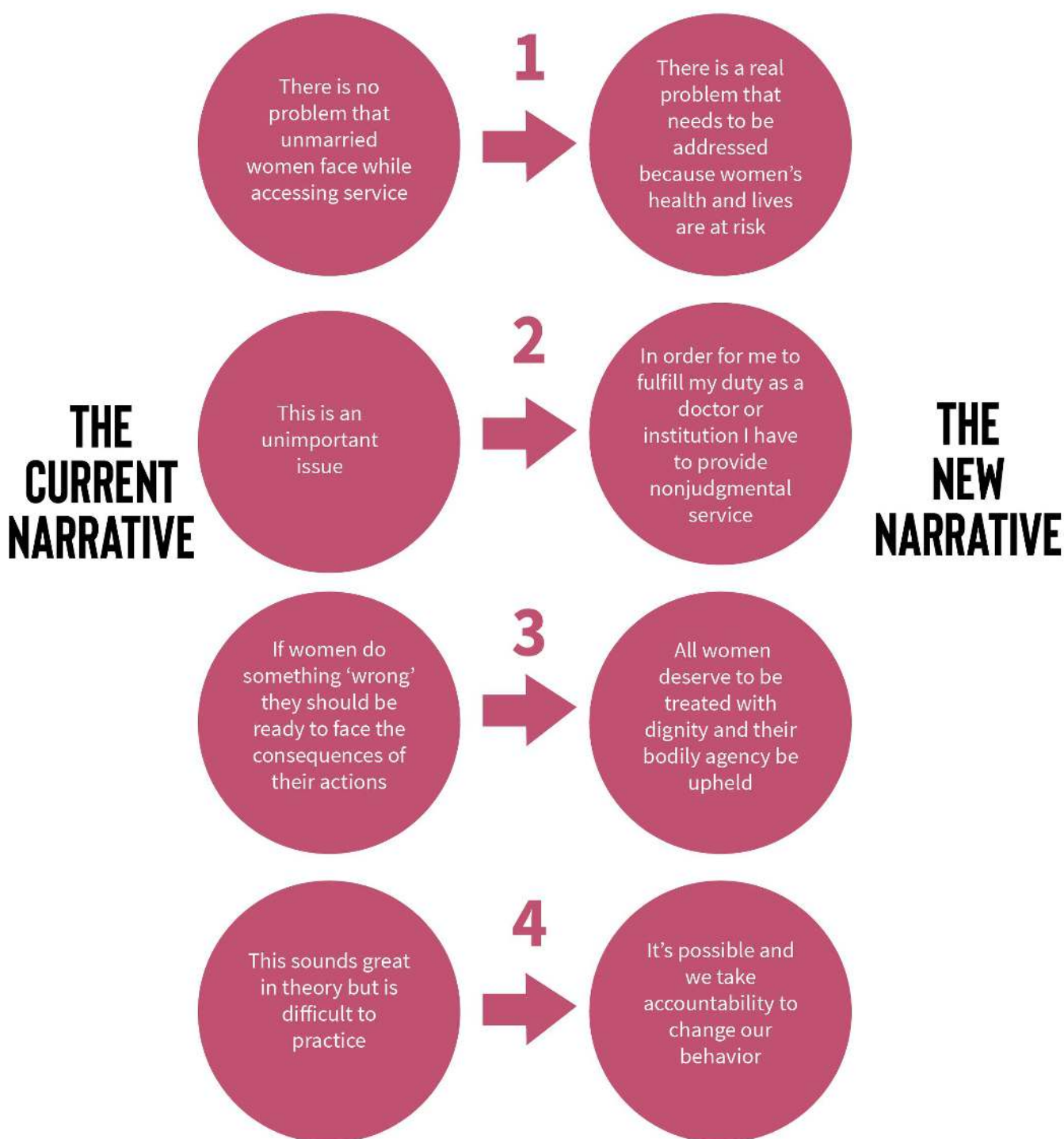


WHERE DOES THE OPPORTUNITY LIE

2019 represents a shift in our Health Over Stigma campaign. We're moving from trying to end multifaceted stigma and instead with a razor sharp focus targeting one aspect of the stigma that stops unmarried women from accessing service - no public accountability from service providers ensuring non-judgmental access.

BREAKING THE NARRATIVES THAT REINFORCE STIGMA

We will target the four foundational narratives that have stopped this problem from getting solved and unmarried women themselves will build new counter narratives that are steeped in values of justice, respect and agency. All of which shifts the onus of accessing nonjudgmental care from women onto service providers and institutions.



HOW UNMARRIED WOMEN WIN IN 2019

Real power shift only happens if we shake up the system and have something concrete and tangible that gets us closer to the ideal world we want to live in. So while deciding the most impactful intervention we honed down to shifting the onus of service from women to institutions and decision makers through:

- *Public commitments from public and private institutions such as hospital chains, government ministries etc to update their code of conduct.*
- *Building a platform that empowers young women by providing resources and amplifies their voice.*
- *Create a community of women in India who catalyse/drive an online conversation in key states on devising informed strategies that increase stigma free access.*



WE CAN'T DO THIS ALONE, JOIN US!

If you believe young women are a force to be reckoned with and stand by the values of this campaign, we want to work with you. If you're a :-



Youth-led or SRHR focused organizations -Join our ally network, create solidarity among other groups with advocacy work, activate your communities for actions and data collection



A funder - Come on board with our campaign to build power and scale nationally by providing resources and networks to carry out our onground and online interventions.



A progressive service provider or member of an institution - Make a public commitment to young and unmarried women and influence other service providers to join the campaign through sensitization trainings



An unmarried woman with a background in SRHR, media, medicine or law - Become part of our leadership and community teams to create our strategy, take actions to build pressure and engage other women.



TOP TRENDS ON WORKING ON UNMARRIED WOMEN'S SRHR

Working with young women we have identified our top trends and learnings to create impact:

1 Peer Networks Work:

For sensitive issues such as SRHR women are less likely to listen 'reputable sources' and instead rely on their friends who they trust. 71% women reported that they would make a decision on which service provider to visit based on positive experiences and references of their networks.

2 Find asks that are comfortable for your community:

Talking about the issue in itself is a huge risk and courageous task for a lot of women. Find actions that are easy for them to take up and makes them feel comfortable.

3 Find the common ground:

Discussing abortion right away will alienate most women, find softer issues such as menstruation to get them to relate to SRHR.

4 Breaking the stigma doesn't look the same for everyone:

This issue affects all unmarried women, but it does so to different degrees, and women will respond differently according to their life experiences. Have multiple call to actions and entry points to women that allows everyone to start talking about SRHR.

5 Stories are key to move women:

Story sharing spaces are infectious for which a safe space needs to be created with trust for women to open up to each other. It is only through emotions and moments that women connect to each other. 77% of our respondents reported that they wanted more safe spaces online to share their stories.

6 Data is key to move providers:

With the stigma surrounding the issue, there is very little open conversation about it. The issue being steeped in a cultural context, all stories and experiences are diverse and different. There is a pressing need for data to give this issue a legitimacy and informed strategy building to tackle the issue.

FACTSHEET

To substantiate the reality that SRHR is not a priority and still a shame and stigma, we reached out to 769 young and unmarried women from Delhi through an online survey. This survey has been an avenue to capture the untold stories of young and unmarried women in Delhi to understand the gap that exists between them and in accessing sexual health services or expressing their sexual choices and the control over their own sexuality which is a basic right.



For information pertaining to SRHR

83.4 %

of young and unmarried women access the internet.

70 %

get to know from their friends

less than **1 %** receive information from their mother, doctor/gynaecs, or through Government propaganda.

Data implies that most young unmarried women rely on information from the internet and friends who are of their age that adds up the risk of perpetuation of misinformation. The information doesn't trickle down through the appropriate channels (mother/parents, elders, doctors). There is either very less or no discussion on the issue at home, within families or with service providers. There is less coverage of state led programmes or schemes covering SRHR of unmarried women.

53 %

of women said that they are not sure if the sexual health problem that they are facing is severe enough to visit a gynaecologist

18%

women said they are uncomfortable and afraid of being judged by the service providers

14%

said they are concerned with the confidentiality

9.5%

are also scared of being judged for their sexuality

Lack of safe space for unmarried women to speak up on sexual health and choices triggered by fear and shame attached to sexual health is a reality. This data is alarming because for half of our participants, sexual health issues are not serious enough for them to visit a doctor implies the less importance and priority attached to this. Most often, these are considered trivial. Lack of safe clinical space and fear and stigma attached to an unmarried woman's sexual practices and choices restrict them from accessing these services.

20 %

of the participants said they know about the abortion law in India.

Abortion has been legalized in 1971 under the Medical Termination of Pregnancy (MTP Act). However, there still persists ambiguities around this with nobody talking about it owing to the socio-cultural baggage that it carries. As a result, there is almost zero coverage on abortion laws denying women the right to take decisions concerning her body and sexual rights.

63 %

said that they have visited the gynaecs for menstruation related issues

30 %

for hormonal/PCOS

1.4 %

for discussing sex/pleasure

3 %

talk about going to the gynaecs for seeking information on contraception

less than **1 %**

for UTI and other infection

Lack of safe and inclusive space for discussing about sexual choices, practices and health with doctors is reflected in the data. The only major purpose remains menstruation and information on contraceptives, whereas safe sex and abortion do not count at all.

77.9 %

feel the importance in engaging in dialogues with women

63.1%

feel the importance of training and sensitizing service providers

69.8%

feel that it is important to form collectives of young women across colleges and universities

66.1%

feel that creating a social media uproar is useful.

77.4%

think creating safe online/virtual spaces for women is good

And the dialogue has to begin with bringing more unmarried women at the centre. Data implies the urgency of opening up on sexual health and treating this as an issue. Virtual space seems to be more comfortable also implying the reluctance and inhibition in expressing out loud, at the same time more accessibility to virtual spaces is highlighted here that is a promise and hope for safer space and better communication. Forming collectives of women is important through which dialogues can begin.

METHODS USED

The feminist method of capturing stories and experiences of young unmarried women and bringing their first person narratives to the forefront, was used.

To reach out to a large number of individuals, we used a mixed method of qualitative and quantitative data collection.

QUALITATIVE DATA COLLECTION



PARTICIPANTS AND GEOGRAPHICAL LOCATION

AGE: 18 YRS & ABOVE

769
Participants



Our respondents/participants are young (above 18 yrs) and unmarried women of Delhi who presently live in the city or have stayed in Delhi for a while.

A survey form focusing on questions around sexual health and choices was administered both online and offline to 769 participants.



The Haiyya Foundation (Haiyya) is a grassroots campaigning and capacity building organization driving the future of social change in India using modern day community engagement framework & practices. We equip social changemakers, organizations and citizen groups to learn, innovate and adapt an organized civic participation, leadership development and bottom-up solutions approach.

We were born as an idea in 2013, a group of young and dynamic young women came together to learn & discuss about “the role of youth in India’s social, civic and political life”. They were social workers, community organizers, campaigners and researchers, who were striving to learn from the history and contemporary world events. Finally, they found the inspiration from the work of “Professor Marshall Ganz”, rooted in 28 years of organizing experience, informed by insights of social science and teaching at Harvard Kennedy School and it’s incredible adaptation in “Obama’s electoral campaign” 2008 & 2012.

place as a community, but the voice and action of leadership is needed in order to spark collective action for change. Founding director Aprajita Pandey with a small team started rolling out the work through local issue-based campaigns, training & fellowship programs for changemakers and offering grassroots consulting services to social change organizations. In two years time, people associated with Haiyya found community organizing approach profoundly transformational and powerful. They wanted to create more opportunities for people trained in this organizing framework to connect, share, collaborate, and ultimately grow the work.


Haiyya became a global affiliate and partner organization of Leading Change Network and Harvard Kennedy Executive Education Program on Leadership, Organizing & Action. These two initiatives are led by Professor Ganz to develop and extend his methodology and practice to guide more social change organizations across the globe.


The Commonwealth Secretariat has recognized Haiyya’s leaders and their work in 2014 and 2018.


Our work has also been featured in India Today, The Quint, Sheroes, Business Economic Diplomacy and DNA India.



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 act@haiyya.in

 Facebook: [@HaiyyaAct](https://www.facebook.com/HaiyyaAct)

 Insta: [@healthoverstigma](https://www.instagram.com/healthoverstigma)

 Twitter: [@Haiyya_Act](https://twitter.com/Haiyya_Act)