

**Research Study on
Status of Access to Comprehensive Sexuality Education for
Poorest of the Poor Blind Girls and Women from Developing Countries**

Research Summary

**Under aegis of the ‘Stars in Global Health Award 2019’ Grant for the Innovation:
Creating Access to Comprehensive Sexuality Education for
Poorest of the Poor Blind Girls and Women from Developing Countries**

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Background:

There are 2.4 million blind girls & women in India, especially 0.52 million of them in poverty, who hardly have any access to comprehensive sexuality education. This is despite the fact that these girls & women are highly vulnerable to Sexual & Gender Based Violence (SGBV). The conservative socio-cultural & gender norms further impede any discussions around the sexual & reproductive health / CSE needs of women & in particular differently abled women.

Due to socio-cultural taboo on discussing Sexual & Reproductive Health (SRH) aspects in general & specifically of women, these blind girls and women are further marginalised because of the dual stigma of being female & being blind.

The Govt. of India has initiated & implemented programmes for promoting access to reproductive & sexual health education & services to adolescents. These include Out-of-School programme ‘National Adolescent Health Mission’ or ‘Rashtriya Kishore Swasthya Karyakram’ (earlier known as ‘Adolescent Reproductive & Sexual Health’) since 2014 and in-school programme ‘Adolescence Education Programme’ (AEP) since 2007 which was revamped between years 2010-2014. Despite these efforts there is huge unmet need for imparting CSE for 253 million adolescents & young persons and in particular 26.8 million differently-abled persons who form the most vulnerable group. According to Census of India 2011, 8.3% of the total differently abled population has either intellectual impairment or severe mental illness. A significant proportion of this group, 4.5% is below 20 years age¹.

India shoulders the greatest burden of the world’s 1.3 million blind children in developing countries.

Over 90% of the affected children are unable to obtain an education and fewer than 50% survive to adulthood. More than 80% are unemployed as adults.

For blind girls, the outlook is even more dire.

75% of girls with disabilities suffer physical or sexual abuse.

Source: <https://www.projectprakash.org/mission>

A global study from UNFPA reveals that girls and young women with disabilities face up to 10 times more gender-based violence than those without disabilities.

Girls with intellectual disabilities are particularly vulnerable to sexual violence.

Source: <https://www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence>

Around 15 percent of the world’s population lives with some form of disability, according to the World Health Organisation.

But people with disabilities are left out of the conversations on sexual & reproductive aspect, a consequence of society’s general ignorance about disability and sexuality.

“Most often, in mainstream culture, people with disabilities are seen as simply asexual”

Source: <https://observers.france24.com/en/20180228-india-ngo-teach-people-disabilities-sexual>

¹https://www.researchgate.net/publication/318393228_Sex_Education_In_India_Why_What_When_Where_Whom

There is lack of awareness, sensitivity, knowledge & resources for imparting comprehensive sexuality education (CSE) from the perspective of differently-abled persons specifically those that are blind, hearing & speech challenged.

Blind, hearing & speech challenged persons lack access to information & knowledge on comprehensive sexuality education (CSE) and there is hardly any work that is being done in this arena. The blind girls & women specifically those from the poor socio-economic backgrounds face multiple barriers in accessing comprehensive sexuality education compounded by mobility constraints, lack of resources, burdening poverty, & neglect of their SRH needs with a widely held perception of differently abled persons as ‘asexual beings’.

Another area of grave concern is vulnerability of children to various forms of abuse including emotional, physical & sexual abuse. The nation-wide study (2007) by the department of Women & Child Development, Govt. of India says that **53.2% of children have faced one or more forms of sexual abuse and at least half the perpetrators were known to the child or in a position of trust and responsibility.** The survey found that two out of every three children have been physically abused. The children in the age group of 5-12 years reported higher levels of abuse. The child victim in such cases generally does not report these incidents which may occur repeatedly over a period of time².

While all children are vulnerable to abuse (even more so in a context where there is silence and shame around the issue), children with disabilities are exposed numerous times to various forms of abuse. A global study from UNFPA reveals that **girls and young women with disabilities face up to 10 times more gender-based violence than those without disabilities**³.

Therefore comprehensive sexuality education can help the vulnerable children & adolescents to be aware about their sexual rights and empower them to protect themselves from any undesired act of violence, sexual abuse, and molestation.

Providing Comprehensive Sexuality Education to blind, hearing & speech challenged adolescent girls & young women attains greater significance as they are highly vulnerable to sexual abuse. Empowering them with

Research at the international level has shown that **children with disabilities are 3.4 times more likely to be abused compared with non-disabled children.**

Other studies have concluded that **risk of sexual abuse is doubled when a child is disabled** (Child Abuse & Neglect, Feb 2005 & Mar 2004).

Considering that almost **12 million children in India are disabled (differently abled)**, the possible prevalence of sexual abuse of such children in India is alarming. The issue assumes greater significance considering **societal denial of child sexual abuse, compounded by the fact that children, especially those with disability, are viewed as "asexual" and hence kept away from any information on sexuality.** The myth that disabled children cannot be abused, since abusers find them unattractive and feel sorry for them, is also widely prevalent.

Source: Adolescent Education Programme of Govt. of India implemented by National Council of Educational Research & Training.
<http://www.aeparc.org/frequently-asked-questions.php?&ln=en>

²Source: National Commission for Protection of Child Rights, Govt. of India, POSCO e-Box Booklet, www.ncpcr.gov.in

³<https://www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence>

knowledge on SRH/sexuality will help to address child sex abuse & gender based sexual violence which is rampant in the country and rising.

There is hardly any research done related to needs assessment and effective strategies for delivering CSE for the differently abled children/adolescents, the most vulnerable group at heightened risk of various forms of abuse.

About the Action-Research Project:

This research study was conducted under the aegis of the action-research project ‘Creating Access to Comprehensive Sexuality Education (CSE) for Poorest of the Poor Blind Girls and Women from Developing Countries’. The action-research project focuses on the extremely marginalised but hitherto neglected populations of blind girls & women from the poor sections. Lack of comprehensive sexuality education for blind girls & women makes them highly vulnerable. This vulnerability resulting into sexual violence & exploitation increases multi-fold for those in poverty. The non-poor can afford to have some kind of protective mechanism but the blind girls from the poorest sections cannot afford such measures. Moreover their parents do not have much awareness about the issue and they have poor educational status constrains uptake of developmental messages. In addition, there is lack of understanding about this issue & related resources among the concerned stakeholders - government health services, blind girls’ schools, and NGOs.

Despite being the most vulnerable & large in numbers, the issue of provision & use of comprehensive sexuality education for blind girls & women from the poor sections of the society in Low and Middle Income Countries (LMICs) has been hitherto neglected. But the SDGs on Gender Equality & Health cannot be attained without addressing this issue.

As a result, there is lack of globally replicable, accessible & affordable: customized pedagogy & curriculum, audio & tactile training aids & prototype training modules.

This global innovation will transform the sexual & reproductive health sector by centre-staging & addressing the issue for the first time in the context of differently abled while engaging all concerned stakeholders.

Project Objective: Enable access to comprehensive Sexual and Reproductive Health and Rights (SRHR) education to blind adolescent girls and women in Maharashtra State of India by developing and customizing curriculum, pedagogy, audio & tactile training aids. The proof of concept will be demonstrated by: - 510 adolescent blind girls from 21 schools for the blind girls have improved access to SRHR education (90% success rate, targeting 567 adolescent blind girls).

Poorest of the poor blind girls & women in LMICs despite being vulnerable to sexual & gender based violence and not having access to CSE, there are no related research studies. This primary research aims to provide insights into all the factors.

Research Design:

Research Aim:

To develop an in-depth understanding of the current status of and issues concerning Comprehensive Sexuality Education for blind girls & women.

Research Objectives:

To

- Study the status of access to Comprehensive Sexuality Education (CSE) to blind girls & women
- Study the approach and role of concerned multiple stakeholders in imparting SRHE/CSE
- Understand the challenges & barriers in imparting CSE to blind girls & women
- Explore possible solutions to improve awareness & access of CSE to blind girls & women

Research Methodology:

The primary research adopts a multi-stakeholder approach to understand the current status & various issues pertaining to Comprehensive Sexuality Education for the Blind Girls & Women. The concerned stakeholders include - blind adolescent girls & women, their parents (mothers), schools for blind girls, NGOs working with the blind girls & women, and government representatives associated with 'National Adolescent Health Mission' (Rashtriya Kishore Swasthya Karyakram) which has focus on creating awareness & promoting access of Adolescents to Reproductive & Sexual Health education and services through 'Adolescent Friendly Health Clinics'.

The primary research adopts qualitative research methodology in the form of qualitative research tools of Focus Group Discussions (FGDs) and In-depth Interviews (IDIs).

As the project involves adolescent blind girls, due ethical approval from the institution & relevant informed consent for voluntary participation has been taken prior to conducting the FGDs & IDIs. Study participation was voluntary, and the participants were informed that they could withdraw from the study at any time.

Primary Research: Sample Size

As part of primary research the discussions were conducted with all the concerned stakeholders-

1. Focus Group Discussions (FGDs) with blind adolescent girls of age 14 years and above & Women - 9 FGDs (6 FGDs with adolescent blind girls and 3 FGDs with blind women)
2. In-depth Interviews (IDIs) with-
 - a. School teachers/ headmaster at schools for blinds - 6 persons/respondents.
 - b. NGO functionaries working with the blind girls & women - 6 persons/ respondents.
 - c. Govt. Functionaries of Govt. of India supported 'National Adolescent Health Mission' (Rashtriya Kishore Swasthya Karyakram) - 6 persons/ respondents.
 - d. Mothers of blind girls - 3 persons/ respondents.

6 schools for blinds were selected as purposive samples to conduct FGDs with the blind adolescent girls and for conducting IDIs with school representatives. The criteria for school selection were – 1) Schools for blinds with high number of blind girls from poorer sections of the society, (2) uniform geographical

representation of urban, rural & tribal areas across districts. 2 schools for blinds were selected from each - urban, rural & tribal context thus covering total 6 such schools.

Total 6 FGDs were conducted with the adolescent blind girls from 6 blind girls' schools in which 65 girls participated. In addition to it 3 FGDs were conducted with blind women - 1 from each - urban, rural & tribal context in which 25 women participated. Total 90 blind adolescent girls & women participated in FGDs.

The Focused Group Discussions (FGDs) with the blind adolescent girls & women were conducted to understand the current level of awareness & knowledge about comprehensive sexuality education (also referred as Sexual & Reproductive Health Education (SRHE)), current sources of information on CSE, need for access to CSE information & services, availability of customized CSE curriculum and knowledge resources tailored around needs of blind adolescent girls & women, understanding the challenges faced and possible solutions for accessing knowledge/information about CSE.

Table 1: Locations of the FGDs with adolescent blind girls:

S. No.	Geographical Context	District Name	City/Town/Village Name	School Name	No. of FGDs conducted with Blind Adolescent Girls
1	Tribal	Chandrapur	Anandvan, Warora Taluka	Swaranand	1
2		Palghar	Jawhar	Divya Vidyalaya	1
3	Rural	Pune	Alandi	Jagruti Blind School	1
4		Latur	Budhoda	Andh-Apang Punarvasan Kendra	1
5	Urban	Pune	Pune	The Poona School and Home for the Blind Girls	1
6		Nashik	Malegaon	Andh Shikshan Aani Prashikshan Sanstha	1

Table 2: Locations of the FGDs with blind women:

S. No.	Geographical Context	District Name	City/Town/Village Name	Institution Name	No. of FGDs conducted with Blind Women
1	Tribal	Chandrapur	Anandvan, Warora Taluka	Sandhiniketan - Anandvan	1
2	Rural	Raigad	Alibag	National Association for the Blind (NAB) Raigad	1
3	Urban	Solapur	Solapur	National Association for the Blind (NAB) Solapur	1

The In-depth Interviews were conducted to understand felt-need for imparting Comprehensive Sexuality Education (CSE), also referred as Sexual & Reproductive Health Education (SRHE) to blind adolescent girls & women, current sources of information on CSE, availability of customized CSE

curriculum and knowledge resources, to understand the work done by various stakeholders working for blind girls on imparting CSE, challenges faced in the same and possible solutions to improve awareness & access to CSE for blind girls & women.

Total 6 IDIs were conducted with teachers/ headmaster at ‘School for Blinds’ which are working with the blind girls & women. These schools were selected as purposive samples with uniform representation from urban, rural & tribal areas.

Table 3: Locations of the IDIs with Teachers:

S. No.	Geographical Context	District Name	City/Town/ Village Name	School Name	No. of IDIs conducted
1	Tribal	Chandrapur	Anandvan Village	Sandhiniketan - Anandvan	1
2		Palghar	Jawhar	Divya Vidyalaya	1
3	Rural	Pune	Alandi	Jagruti Blind School	2
4	Urban	Solapur	Solapur	National Association for the Blind (NAB) Nivashi Andh Karyashala	1
5		Nashik	Malegaon	Andh Shikshan Aani Prashikshan Sanstha	1

Total 6 IDIs were conducted with functionaries at NGOs that are working with the blind girls & women. These NGOs were selected as purposive samples with uniform representation from urban, rural & tribal areas.

Table 4: Locations of the IDIs with NGO Functionaries:

S. No.	Geographical Context	District Name	City/Town/ Village Name	NGO Name	No. of IDIs Conducted
1	Tribal	Chandrapur	Anandvan	Anandvan	2
2	Rural	Raigad	Alibag	National Association for the Blind (NAB) Raigad Center	1
3		Latur	Budhoda	Andh-Apang Punarvasan Kendra	1
4	Urban	Nashik	Nashik	National Association for the Blind (NAB) Nashik Center	1
5		Pune	Pune	Deepstambh Foundation	1

Total 6 IDIs were conducted with the Government functionaries working for the ‘National Adolescent Health Program’ (Rashtriya Kishor Swasthya Karyakram) with representation from urban, rural & tribal areas. The ‘National Adolescent Health Program’ has been implemented in select districts in the State.

Table 5: Locations of the IDIs with Government Functionaries

S. No.	Geographical Context	District Name	City/ Village Name	Government Functionaries Designation	No. of IDIs Conducted
1	Rural & Tribal	Beed (also has high Denotified & Nomadic Tribes Population)	Rajuri	AFHC Counsellor (under Rashtriya Kishor Swasthya Karyakram (RKSK)) at Rajuri Primary Health Centre.	1
2		Ahmednagar (also has high Denotified & Nomadic Tribes Population)	Jeur	Medical Officer at Jeur Primary Health Centre.	1
3	Urban	Pune	Pune	RKSK District Coordinator and Adolescent Health Counsellor at Aundh District Hospital in Pune City	1
4		Ahmednagar	Ahmednagar	RKSK District Coordinator & Adolescent Health Counsellor at Ahmednagar District Hospital	1
5		Beed	Beed	District Reproductive & Child Health Officer at Beed District training health centre.	1
6		Latur	Latur	RKSK District Coordinator and Adolescent Health Counsellor at Latur District Hospital.	1

Total 3 IDIs were conducted with mothers of blind girls with representation from urban, rural & tribal areas.

Table 6: Locations of the IDIs with Parents of Blind Girls

S. No.	Geographical Context	District Name	City/Town/ Village Name	No. of IDIs Conducted
1	Tribal	Palghar	Jawhar	1
2	Rural	Pune Rural	Alandi	1
4	Urban	Pune Urban	Pune	1

Research Limitation:

This research focuses on status of access to Comprehensive Sexuality Education (CSE) to blind in institutional/organized set-ups. Researchers recognize the need for conducting similar research for non-institutional blind. Due to limited project scope, and time & resource constraints, though it is not covered as part of this research study, it is an important future direction envisaged. Another limitation is that it focuses on one of the two genders. Similar action research with blind boys and men is earmarked as an important future direction.

Primary Research Findings:

The findings, observations & perspectives of multiple stakeholders vis-à-vis access of blind girls & women to Comprehensive Sexuality Education (CSE), role of concerned stakeholders in imparting CSE, challenges & barriers faced and possible solutions to improve awareness & access of CSE to blind girls & women are narrated in the Detailed Research Report.

Research Findings & Conclusions:

- The blind girls and women are highly vulnerable to sexual exploitation. The situation is intensified for those among them from poorer sections. Due to lack of CSE, in some of the cases the exploitation is misinterpreted by the girl as 'normal'.
- Currently there is impoverished access to Comprehensive Sexuality Education (CSE) for blind girls & women in India. Whatever the limited efforts are, they are more focused on menstruation related aspects and good touch & bad touch related.
- There is urgent need for CSE for blind girls and women, as well as for blind boys and men.
 - It was expressed by some respondents that customized CSE is also needed for other types of differently abled such as speech and hearing challenged.
- The CSE for blind girls and women needs to be tailor-made so that it is easily understandable by them:
 - Good resource material in Braille needs to be created.
 - But the effort needs to transcend much beyond it to incorporate modern tools such as audio-tactile training aids.
- The schools for blinds are conducting sexuality education but these efforts need to be augmented to conduct CSE regularly, comprehensively & effectively. The need is to strengthen capacities of these schools - building teacher's capacity in delivering CSE from blindness perspective and strengthening teaching-learning resources.
- Parents have a very important role in instilling positive body image & self-esteem in their blind girls. They also need to share basics of CSE/SRH with their blind children in an age-appropriate manner as the blind girls are highly vulnerable to abuse from an early age.
- NGOs are taking dedicated efforts for empowerment of the blind. The CSE issues need to be centre-staged along with these efforts.
 - The resource constraints need to be overcome by making available for free customized knowledge resources through web sources and low-cost and effective tools which can easily be prepared.
- The two government programs (AEP, RKSK) have vital significance for the CSE for blind girls and women. But concerted efforts are needed to enable the programs outreach, and blind populations' access to these schemes. A missing link is the pro-disabled proactive posturing of these schemes. This has to be a consciously ingrained parameter for in program design, monitoring and performance assessment of these schemes.
- In a society less focussed on and engaged with disabled, challenges are and will be enormous. Poverty magnified the marginalisation faced by the blind. Thus wider sensitization efforts among the parents and wider community are needed through use of media which are more frequently used by the poor, such as radio. Moreover, the audio medium will also be highly effective in imparting CSE to the blind.

Socio-Cultural Taboo discussing Sexual & Reproductive aspects:

- There is reluctance and cultural shying away from discussing matters related to SRH & sexuality education, particularly with children including adolescents. Adults find it difficult and embarrassing to talk about the subject with children because often they themselves have not received and have no idea how to have 'the talk'. In the absence of teaching and appropriate knowledge, ignorance and myths around sexuality pervade, leaving children, especially adolescents, ill-informed and at risk.
- Age-appropriate sexuality education/Sexual and Reproductive Health (SRH) Education for adolescents has often faced considerable resistance in the country. The notion of imparting SRH education/CSE seems to be objectionable as society at large feels that it will encourage immoral & inappropriate behaviour (promiscuous or risky sexual behaviour) among adolescents/children. This notion exacerbates for differently abled persons as it is considered inappropriate for them.
- Also, if at all the related sessions are conducted ~~in schools~~, these are limited to imparting knowledge on menstrual health and hygiene and to some extent good touch & bad touch.
- Even when the information is shared it is filtered by many taboos associated with socio-cultural norms, gender stereotypes, prejudice against differently abled persons, limited understanding and information regarding the topic, religious beliefs, and individual inhibitions.
- Though schools, NGOs & Govt. functionaries recognise the need for imparting SRHE/CSE to blind adolescent girls & women more concerted efforts are needed for the same.
- Stigma associated with sexuality education/SRHE, gender discrimination & prejudice against differently abled (disability) are key barriers to access to comprehensive sexuality education of blind girls and women.

Challenges faced for Imparting CSE to Blind Girls & Women

- With already existing socio-cultural taboos on imparting knowledge on sexual and reproductive health, it becomes difficult to impart similar knowledge to blind persons and 'persons with disabilities'. This coupled with unavailability of accessible teaching-learning methods, teaching materials and lack of expertise & experts addressing SRH issues from the perspective of disability/differently-abled.

Conservative socio-cultural and gender norms contribute to Neglect/Denial of Sexual & Reproductive Health Needs/CSE Needs of Blind Girls & Women

- There is also lack of acceptance in the society about need for imparting SRH education/CSE in general to adolescents and in particular to differently abled adolescents as most often they are seen as 'asexual' beings hence their SRH needs are ignored. This is ironical as differently able persons/women/girls are most vulnerable to sexual abuse & exploitation.
- The general perception goes SRHE/CSE is considered to be unnecessary for differently abled adolescents especially those who are blind, hearing & speech challenged.
- Socio-cultural prejudice against blinds & gender based discrimination against women in Indian society deprive access by blind girls & women to SRH/CSE' as they face dual stigma of being blind and female.

Need to include all Concerned Stakeholders to Impart CSE to Blinds

- To enable imparting/access of CSE/SRHE for blind adolescent girls and women, the need is to include various other important stakeholders like schools, educators, parents and caregivers which is often ignored.

In most cases, parents, educators/schools, care-givers shy away from introducing/initiating dialogue/discussion on SRH issues with adolescents especially those who are differently abled. Hence it is important to include them in the discussions and make them comfortable around the topic.

Also it came to fore that the schools for blinds are not equipped to conduct SRHE/CSE sessions as they lack relevant teaching-learning methods, teaching-learning materials and lack of training for teachers to conduct these sessions for addressing SRH issues. It is also realised that there is dearth of experts to conduct SRH/CSE sessions from the perspective of disability/differently-abled/blinds.

Therefore there is an urgent need to conduct teachers' training to transfer the SRH/CSE knowledge, teaching learning material & tools to schools for blinds to equip educators/teachers to conduct dedicated SRHE/CSE sessions in schools. Teacher training on Comprehensive Sexuality Education needs to focus on not just imparting information but also capacitate teachers on the content, the importance of the subject matter and tactical ways to navigate cultural resistance to these topics.

- It is also important to make blind, hearing & speech challenged persons comfortable about the SRHE/CSE topic before imparting knowledge on sexual and reproductive health.

Need for Age-appropriate & Culturally Appropriate CSE

- The knowledge on SRHE/CSE should be given in age-appropriate and culturally acceptable/appropriate manner or else it may scare/or leave a dent in the psyche of these adolescents. For example, after a focus group discussion a blind adolescent girl in person asked the FGD moderator ‘What is Rape?’, as she had heard about this on news. But providing this information directly to her without any prior or basic knowledge about sexuality/SRH aspects, the direct information on ‘Sexual Assault’ (Rape) could create fear & mentally/emotionally scare/scar her for life. Hence it is important that age-appropriate SRH/CSE education is imparted from an early age. For example- introducing the concept of ‘private body parts’ as normally as we explain other body parts e.g. hands, legs, eyes and ears to children below 6 years of age. It is crucial to explain to children in pre-adolescence age (6-10 years age) about ‘good touch’ & ‘bad touch’, ‘safe & unsafe spaces’ and basic conventions of ‘privacy’, ‘different types of relationships’, ‘gender norms’, etc. They need to be introduced the concept of ‘personal safety’, ‘boundaries between different types of relationships’, ‘personal boundaries’. Also need to emphasise that they/adolescents/children have a right to say ‘No’ to any unwanted & inappropriate touch of any kind by anyone including family member, distant relative known & unknown person. And if they face it then they should raise an alarm. They need to make it understood that ‘secrets about touching’ are not Ok.
- Imparting age-appropriate CSE/SRHE holds special significance and it needs to start early. This is vital as persons working with the blind girls (NGOs, School teachers) shared that these girls many a times have already gone through abuse by the time they reach puberty as abusers often target younger girls who have not begun menstruating.

Age appropriate Comprehensive Sexuality Education (CSE) is widely recognised as the way of enabling children and young persons in schools to become aware about their bodies, personal hygiene, gender identities as well as safe sex practices. Notably, this helps build capacities to recognise sexual harm and abuse, enabling young and adults alike to secure help to seek protection and redress. In adults, scientific, accurate and non-judgmental sexuality information is foundational to making informed choices, exercise of affirmative consent, safe sex; and for addressing stigma, prejudice and discrimination on grounds of gender, gender identity, and sexual orientation. Thus, sexuality education is not about biological reproduction as is commonly understood through terms like ‘sex education’, but about gender relations, roles, identities, body and relationship of the self with the body, positive and negative sexual contact, harm and pleasure, disease prevention, amongst others.

Often these blind girls are unaware of the basics of sexual & reproductive aspects of their body/sexuality education (concept of private body parts, good touch & bad touch to name a few) therefore when they face sexual abuse they perceive it as a normal behaviour faced by every girl and do not realise that they are getting sexually abused/exploited.

Also it is important for the parents, care givers and educators to understand and take notice of any behavioural change/alarmed behaviour/warning signs as it may be indicative of the children/adolescent blind girls facing something severe which needs to be addressed immediately.

Imparting SRHE/CSE from an early age has attained more significance due to many gory instances of child abuse/child sexual abuse coming to fore in recent years.

Poverty & marginalisation contributes to neglect of blind girls & women and their needs

- Though the blind girls, especially those from poorer sections of the society, are highly vulnerable to sexual abuse and exploitation, the need of imparting SRH knowledge to them is often ignored. The society at large (including parents/family) is focused on their disability and struggle to fulfil their basic needs in life. Most of the times their parents/family/care givers are so focussed on their disability and struggle to fulfil their basic needs in life that it never occurs to them that their blind girl/daughter may experience the similar changes during adolescence and may have similar expectations to live a normal life like sighted girls. Also parents do realise that their blind daughter is highly vulnerable to abuse but the grind of poverty & struggle to provide for the family puts the need of their daughter on the back burner. Also being blind & a girl is seen as an additional burden for the family amplified with poverty laden with lack of resources to provide for the family.

Blind women & girls are denied the right to make decisions about their reproductive and sexual health.

- The common perception is that differently abled/disability of a person (especially for blinds, deaf & mute persons) is seen as a constraint for them to live a normal life and experience all facets of life (e.g. being married & having children). Hence differently abled persons (in this case blind women) are not seen as needing information about their sexual and reproductive health and rights. Because of this prejudice their sexual & reproductive health needs are often neglected. It is observed during the study that blind women are denied the right to make decisions about their reproductive and sexual health.

Young people with disabilities have the same sexual and reproductive health needs and rights as their peers without disabilities. Yet, too often, stigma and misconceptions about disability – along with a lack of accessible health services, limited personal autonomy, and little to no sexuality education prevent them from leading healthy normal lives like persons without disabilities,

<https://www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence>

A blind woman shared that *'my younger sister got married but no one in the family talks about me getting married'*. She felt that she is being denied a normal life like her sister and denied the right to make her own decisions for life.

In another instance an NGO member shared that *'a couple where wife & husband both are blind and their respective families got them married with their consent, now wishes to have children but both of their respective families are against the idea and denying them to make that choice. The families feel that who is going to take care of the child'*.

Researchers observed that being a woman in patriarchal society along with stigma associated with being blind, these blind women have limited say in their lives & are not allowed to make life choices & take life decisions. This coupled with lack of financial independence, and lack of education & other resources limits their personal autonomy.

The denial of SRHE & rights can also make differently abled persons (in this case blind women) susceptible to engage in risky sexual behaviours or makes them highly susceptible to perpetrators. The blind girls & women are often low on self-esteem and they easily start trusting the abuser on receiving a little extra attention and 'love' from the person.

In an instance shared by an NGO member 'A blind girl went through an emotional turmoil as she realised that her younger sister & her other friends are getting married and no one is talking about her marriage. In this emotionally vulnerable phase she met a man (a neighbour who used to often visit their home) and started developing a soft corner for him as she received attention & care from him and he sexually exploited her. The blind girl's family only came to know about this sexual abuse when they realised that their daughter was pregnant.

Hence it is important to provide SRHE/CSE to differently abled persons.

Blind Girls & Women face Violence in Many Forms:

Blind Girls & women are exposed to a broad range of violence that can be perpetrated by parents, family members (including distant relatives), neighbours/known persons, in institutions (teachers/educators/care givers), service providers and others. Violence can take many forms e.g. verbal & emotional abuse by parents/family members (e.g. that the blind girl is a burden on them and that it's better that she dies, denying her right to get education/health services saying that it is of no

All children are at the risk of being abused. However, some children are more at risk than the others such as:

- **Children with disabilities**
- **Children from lower socio-economic backgrounds**
- Children with low self esteem
- Children who are isolated and have limited peer support/friend circle

Source: User Handbook on Protection of Children from Sexual Offences Act, 2012, www.ncpcr.gov.in

use to her, denying her to work, travel because of fear that it may harm her), bullying & physical discipline at the hands of caregivers, sexual harassment & abuse at home or outside home by family members or known/unknown persons or service providers.

Blind Girls & Women are Highly at Risk of Sexual Violence:

- Women and girls with disabilities (including blind) continue to be at a heightened risk of abuse. Several instances of sexual abuse have come to the fore during the course of discussions. Blind girls are found to be facing repeated sexual abuse by the same offender. In some cases family members (father of the girl), friends (neighbour), Caretaker (school teacher) found to be responsible for the sexual abuse.

The risk of repeated sexual assault is very high for blind girls.

Many of the sexual abuse cases go unreported, more so for blind girls & women from marginalised poorer communities. And they continue to suffer in silence. Amongst many reasons are victim blaming, fear of shame, social stigma & social ostracisation associated with it. Another reason is tolerance to gender-based violence due to patriarchy that pervades the society. The taboos associated with sexual crimes lead to a culture of shame and silence around any issue related to sexuality, including child sexual abuse, which is shrouded in silence.

Also due to lack of knowledge & information on sexual & reproductive aspects these blind girls never realise that they are victims of sexual abuse and continue to suffer in silence, thinking that this is normal and every girl (including sighted girls) experience it. Hence many such cases go un-noticed and such heinous crimes of child sex abuse & sexual exploitation only comes to fore when the blind girls/women become pregnant.

During discussions it came to light that the blind girls are afraid to share when they face sexual abuse because of the threat by the perpetrator that they will tell their families/friends/teachers and even when they share no one believes them or blame the girl herself as she is blind. Also the culture of adults holding power over children adds to this where any protest from the children is seen as 'dis-obedience' and gender relations where women/girls are considered inferior to men/boys hence children especially girls are trained since early childhood that 'obeying elders' is important and any dis-obedience will not be tolerated.

POCSO Act, 2012

Protection of Children from Sexual Offences (POCSO) Act, 2012'. The Act has come into force with effect from 14th November, 2012 along with the rules framed under. The Act defines a child as any person below the age of 18 years and provides protection to all the children from the offences of sexual assault, sexual harassment and pornography.

POCSO E-Box

Protection of Children from Sexual Offences (POCSO) e-Box, is an online complaint box for reporting child sexual abuse for easy and direct reporting of sexual offences against children and timely action against the offenders under the POCSO Act, 2012. POCSO e-Box was launched in August 2016.

Hence imparting CSE needs urgent attention as it will contribute to empower children & adolescents with knowledge and contribute to prevent cases of child sexual abuse.

- More importantly there is hardly any discussion and work being done on how these blind girls & women can protect themselves from 'sexual abuse' and 'from where they can seek help'. It's crucial to share toll free 24x7 helpline numbers (e.g. Child helpline number 1098, Women helpline number 1091, Police number 100, Ambulance 108) with them.

Emergency Contact Numbers:

- Child Helpline: 1098
- Women Helpline: 1091
- Police: 100
- Ambulance: 108

Key Recommendations:

Based on the research findings following key areas of interventions are proposed to enable access of blind girls & women to Comprehensive Sexuality Education.

- Key intervention area 1: Need for policy & programmatic impetus for making existing programmes on CSE (AEP, RKSK) blind population inclusive. Differently abled persons have a right to Comprehensive Sexuality Education (CSE) on par with others.
- Key intervention area 2: Mainstreaming concerns of blind populations' inclusion into CSE programmes implemented within schools & in non-school settings like health facility based programmes & community based programmes so that differently abled persons particularly girls and young women have improved access to CSE. Currently there is a huge blind spot vis-à-vis delivery of CSE programmes for differently abled population.
- Key intervention area 3: Focus on developing CSE curricula, pedagogy, knowledge resources and teacher training from the blind persons' perspective. Currently there is dearth of knowledge resources, curricula & pedagogy for the same.
- Key intervention area 4: Sensitising & building capacity of concerned stakeholders (schools, parents, NGOs, Govt. programme functionaries) to address conservative socio-cultural norms, discriminatory gender norms & prejudice against imparting CSE to blind persons.
- Key intervention area 5: Enhance protective social factors, to encompass blind people's learning and social environment to reduce vulnerability of blind children to abuse.

While the study was focussed on blind girls and women, most recommendations have relevance to other disabled too.