

**Topic:** Disability, Sexual and Reproductive Health and Violence

**Empowering caregivers and trainers to teach Personal Safety**

**Sexuality Etiquette and Reproductive Care-**

**Focus on Children with Intellectual Developmental Delay**

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### **Abstract**

#### **Rationale**

Disabilities, especially intellectual disability, increases the likelihood of violence and sexual abuse due to several factors including the unique features of the disability itself.

Personal safety education could reduce child sexual abuse. This education upholds children's right to safety and dignity. Discussion on sexuality would help adolescents with IDD navigate puberty with dignity. Teaching girls Reproductive care and Menstrual management would help them uphold their sexual and reproductive rights against forced medical procedures and sex abuse.

#### **Need**

Indian parents and teachers are not equipped to handle these subjects due to social taboos, lack of awareness, skills and unavailability of culturally appropriate teaching materials.

Focused on empowering children and families to recognize, resist and report perpetrators of sexual abuse and equipped with over 16 years of experience in the personal safety and life-skills

education for the mainstream population, Enfold Trust undertook project Suvidha with focus on children with IDD.

### **Objectives:**

1. Develop a Toolkit – “Suvidha”- for caregivers and teachers in inclusive/ non-inclusive settings to:
  - Help adults develop comfort with the topic of sexuality, understand sexual development in children.
  - Help children/adolescents
    - develop self-esteem, manage their feelings and learn Personal Safety
    - learn basics of reproductive health and sexuality etiquette
2. To train teachers /parents as Personal Safety and Sexuality Etiquette Educators for children with ID

### **Method:**

For Suvidha kit and manual, core messages were drawn from Enfold’s existing curriculum for the mainstream children.

#### Steps involved

- Researching existing material and Need analysis
- training sessions and workshops
- Develop an interactive learning tool kit “Suvidha”
- Field testing of the test prototypes
- Feedback received, revisions are being done
- Mass production of the kit by Vocational training centres for individuals with disabilities
- Release the final kit
- Train teachers /parents as Personal Safety and Sexuality Etiquette Educators for children with special needs
- Adapt the kit for children with AI and VI.

## **Results:**

### Need analysis

- 95% of teachers and 85% of parents feel teaching personal safety is very important; 89% of teachers and 79% of parents feel that teaching basics of reproductive health and hygiene to children will enhance the safety of children with ID.
- 51% of teachers and 54% of parents agree that such children are at higher risk for sexual abuse than others
- 34% of teachers and 46% of parents said that they have do not feel equipped in any manner to manage difficult sexual experiences and abuse
- Only 11% of teachers and 5% of parents know how to seek legal and medical help in case of need.

### Testing of activity:

31 parents - children learning to keep private parts covered in public at all times increased from 32% to 56%.

32 teachers- ease with naming private parts increased from 53% to 92%.

Analysis of reproductive care field testing is ongoing.

**Conclusion:** Field test results are encouraging. After relevant changes, Suvidha Kit will be made available for use.

## Full Paper

### Rationale

The status of children in India is maintained through the practice of antiquated social norms, as objects of protection rather than citizens with equal rights. While adults are educated about their rights and responsibilities, children are often left out of the fold, especially in matters of personal safety, sexuality and reproductive health. The lacunae in information prevents children from being able to recognise, resist and report abuse, whether emotional, physical or sexual. This inherent disadvantage is exemplified by the dismal statistics on crime against children.

In a 2007 study on Child Abuse in India conducted by the Department of Women and Child Development, among 12447 children (without disability) in 13 states,

- 53.22% children reported having faced one or more forms of sexual abuse.
- 21.90% child respondents reported facing severe forms of sexual abuse.
- in 50% of those reporting abuse, the persons were known to the child.

A study by Tharinger, Horton and Millea<sup>2</sup> (1990) found that children and adults with intellectual disabilities are particularly vulnerable to sexual abuse. Sullivan and Knutson<sup>3</sup> (2000) found that children with intellectual disabilities are at slightly greater risk of sexual abuse than disabled children in general, who in turn were at 3.14 times greater risk of experiencing sexual abuse. and at 2.9 times greater risk of sexual violence than non-disabled children

Accounting for 12 lakhs of India's population, the silence around the sexual, physical and emotional abuse of children with disabilities is astounding. Partly due to the dearth of research across the areas of sexuality, child rights and disability in India and paucity of a quality



education, the information gap around sexuality and prevention of sexual abuse has not been bridged appropriately. This may be because caregivers, parents, and other adult stakeholders may assume that there are larger concerns looming in their lives, than puberty or sexuality.

Children with disabilities are systematically denied basic information about sexual health and relationships, to either shield them from the realities of life or because they are considered asexual. Without such fundamental lessons, children with disabilities have no language to describe what has happened to them when they are abused. (Smith, N., Harrell, S. et. al (2013)<sup>4</sup>

People with disabilities are often assumed to be either 'asexual' or 'oversexed'. Society largely considers them unattractive and therefore incapable of being in sexual or in intimate relationships, leading to the belief that people with disabilities do not get sexually assaulted or abused as no one will desire them.( Kaufman, M, Silverberg, C and Odette 2003)<sup>5</sup>.

However, the fact is that children and adults with disability experience these bodily changes and feelings just as their neurotypical counterparts and may express them in socially inappropriate ways as their rights to dignity and education have not been addressed. Recognising that they are equal humans, citizens and participants and not just passive recipients of resources or information, is as vital to their empowerment, as it is to preventing abuse and maltreatment.

**Status of women and girls with disability:** (Women with disabilities in India. WwD India Network)<sup>8</sup>

Women and girls experience the combined disadvantages associated with gender and disability and live an invisible existence on the fringes of society; exclusion, stigma and prejudice are a routine aspect of their lives. Autonomy, respect, dignity and equality of personhood are denied to them. They fare less well in the Indian educational arena than either their male counter parts or other women without disabilities.



In India's flagship programme on education the Sarva Shiksha Abhiyan, 430% of the out of school girls are those with disabilities. The gender gap continues at all levels of education and among different disabilities.

There are several hurdles to girls with disabilities accessing and remaining in Education. From familial reluctance to investing in education of a girl child with disability, to lack of facilities like accessibility to safe commuting options, absence of special teachers and basic infrastructural facilities such as accessible toilets, absence of specialized equipment and assistive devices designed to address the need of girls with visual and hearing impairments are major barriers to education of girls with disabilities

Girls with hearing impairments suffer due to non-provision of sign language interpreters in educational institutions, work places both government and private and public places especially when sexual abuse is to be reported; Instruction in alternative forms of communication is not adequately guaranteed.

The neglect of, reproductive health education of girls with disabilities is of major concern as they are more vulnerable to sexual exploitation, forced medical procedures like hysterectomy, forced abortions and forced use of contraceptives. Forced sterilization, hysterectomies are often used for menstrual management instead of proper education on sexuality and reproductive care.

### **(I) The Need for Education in Personal Safety and Sexuality Etiquette**

A WHO and UNFPA document- Promoting Sexual and Reproductive Health for People with Disabilities<sup>7</sup> says, “Like everyone else, persons with disabilities have SRH needs throughout their lives, and these needs change over a lifetime. It is important to assure that SRH services are friendly to youth with disabilities.”

Although child sexual abuse is rampant in India, Teacher Training courses often lack effective, culturally appropriate teaching materials on sexuality and safety for neuro- typical as well as neuro - atypical children. There is a dearth of indigenously developed culturally appropriate educational material on sexuality and safety education for these children in India.

Lack of teaching aids and tools has been cited as the most common reason for trainers and schools ignoring personal safety and sexuality education.

Indian society, parents and teachers either shy away from discussing sexuality and personal safety with children or do not think it as necessary. There is a real lack of awareness about the possibility or extent of sexual abuse due to the silence and stigma around sexuality . Such ignorance and indifference makes children more vulnerable to sexual abuse.

Disabilities, especially intellectual disability, increases the likelihood of sexual abuse due to several factors including the unique features of the disability itself.



Enfold Proactive Health Trust has worked with over 1.6 lakh regular school going children from 1<sup>st</sup> to 12<sup>th</sup> grade since 2001, and has developed culturally appropriate modules on how to teach children personal safety and impart value based sexuality education. With adequate experience and expertise gained through working in the mainstream education field for more than 16 years, we took up the challenge to address the need of helping neuro- atypical children learn personal safety and sexuality etiquette in non inclusive as well as inclusive settings. Developing a teaching learning ‘Suvidha’ kit was taken up as a way forward in this field.

Enfold’s existing curriculum for neurotypical children, in use since 2002, needed to be modified to accommodate the requirements of children with disabilities. In November 2016, we began the Suvidha Project, to develop a one of its kind, interactive, easy to use teaching learning tool, the Suvidha Kit.

### **Goals:**

To develop culturally appropriate teaching and learning modules and kit on Personal Safety, basics of reproductive health and sexuality etiquette for caregivers of children with intellectual disabilities, visual and auditory impairments

1. To break the silence around discussion on sexuality and reporting of sexual abuse. Bring about a cultural shift by placing shame in the behaviour of a person and not in a part of the body and by shifting the shame, blame and responsibility of sexual abuse and sexual violence from the victim to the perpetrator.
2. To empower caregiver, teachers and parents of children with intellectual, visual and or auditory impairment to recognize, resist and report sexual abuse.
3. To provide materials, tools, concepts and principles to caregivers, teachers and parents of children with intellectual, visual or auditory impairment that will enable them to support children and adolescents to-
  - a. build their self- esteem
  - b. develop a positive body image.



- c. learn personal safety rules in a comfortable, non threatening manner
  - d. learn how to report if personal safety rules are broken by someone.
  - e. Learn basics of reproductive health and sexuality etiquettes.
4. To train facilitators in 36 states and union territories as Personal Safety and Sexuality Etiquette Educators for children with intellectual disabilities, visual or auditory impairments

## **( II ) Methodology**

To develop the Suvidha Kit , a need analysis was done among parents and teachers of children with IDD. It helped us identify areas which required more emphasis. Existing material was researched, and methodologies used to help children with IDD learn concepts and skills were identified. Based on the need analysis, simple basic concepts from our existing curriculum were used to develop learning modules, each module consisting of important core messages for which activities were designed and developed as prototypes. Opinion of Experts working in this area was sought and incorporated.

### **Activities Undertaken**

1. Research existing material used to help children with intellectual, visual or auditory impairment learn concepts and ideas
2. Need Analysis: Interact with parents, caregivers and teachers of children with intellectual, visual and or auditory impairment to understand the materials currently in use and their difficulties vis a vis teaching personal safety and sexuality related concepts.
3. Develop content of the Suvidha Kit which includes a manual for adults and activities for children and adolescents, which are value based, socially and culturally appropriate to Indian society.
4. The prototypes for various activities have been tested through caregivers and teachers at our collaborating schools in Bangalore and other cities across India and in Kuwait.

5. After analysis of the field test result and the feedbacks received , relevant modifications are being made in the kit and the final kit will be made available for use by the end of the year.

A part of the manufacturing and assembly of the kit will be done at vocational centres which are training and employing differently abled individuals. A couple of such centres have been identified in South India. Our future plan is to have the manufacturing done at centres spread across India, to ensure better reach and inclusivity.

**In this paper we present**

**(a) The need analysis**

**(b) The results of testing of activities on Personal Safety Rules, sexuality etiquettes and reproductive care**

**(c) Way forward**

**(d) Frequently asked questions by the audience during teacher and parent workshops/training sessions**

**(e) Feedback and testimonials from parents and teachers**

**a. Need Analysis: Identifying challenges**

**Study sample:** 158 adults comprising of 65 teachers/trainers and 93 parents/caregivers working with children with IDD in Bangalore and Raipur.

**Procedure:** The assessment tool was created by Enfold Experts with inputs from external Experts and was administered either directly or as a Google form in English, Kannada and Hindi in Bengaluru and Raipur.

**Results and Discussion:**

Key findings of the need analysis:

- 52% of teachers and 56% of parents said that they find it difficult to teach sexuality etiquette, 14% of teachers and 30% of parents admitted not being able to teach anything.
- 34% of teachers and 46% of parents said that they have do not feel equipped in any manner to manage difficult sexual experiences and abuse of children with IDD.
- Only 34% of teachers and 23% of parents are able to talk about safe unsafe touch with the children.

- 54% of teachers and 61% of parents disagreed with the statement that teaching adolescents' sexuality etiquette will lead them to exhibit such behaviour. However 45% of teachers and 39% of parents agreed with the statement.

Based on the challenges identified, the following topics have been included in the Suvidha Kit:

### **Contents of the Suvidha Kit:**

Suvidha Kit is for use with children between the age group of 6-18yrs, with activities designed to cater to the needs of young children as well as adolescents; and children at a higher functioning level as well as those at the lower functioning level.

The Kit contains

1. A Caregivers Manual with
  - a. Concepts and information pertaining to the activities that need to be done with children.
  - b. **Further reading material and references**
2. A Tool Kit with
  - a. Teaching-learning materials for use with children and adolescents,
  - b. Activity guide for each set of activities.

The concepts and activities cover the following topics:

#### **Module 1 My Abilities and Behaviour**

- a. I have many qualities and abilities
- b. I can help my brain and body develop
- c. Girls and boys can do many different activities
- d. *I neither take pride in nor feel ashamed of my body.*

#### **Module 2 Body Image and Behaviour**

- a. I know the parts of my body
- b. I keep my body clean

- c. Body changes as it grows older.
- d. *My behaviour is more important than how my body looks.*

### **Module 3 My Feelings**

- a. I have many different feelings.
- b. Expressing different feelings
- c. Romantic feelings - how can I manage them?
- d. *Telling my feelings to others can get me the help I need.*

### **Module 4 My Body and Body Safety Rules**

- a. Rules are for my safety.
- b. I follow Personal Safety Rules
- c. I can be safe while using the phone/ camera/internet
- d. *People's behavior may be safe or unsafe.*

### **Module 5 Getting Help, Stopping the Rule Breaker**

- a. I say No – Go away – Tell
  - b. *It is not my fault if someone troubles me.*
  - c. *Safe Adults follow Personal Body Safety Rule.*
  - d. *It is never too late to tell*
- (In italics - these topics will be for higher functioning children)*

### **Developing the Suvridha Kit**

A comprehensive research was done of existing material. Various online resources from UK, USA and Australia as well as India, catering to children with IDD were referred to, to draw ideas and information. The core messages for the activities were taken directly from Enfold's existing curriculum for school students from grade 1 to 12. This curriculum has been used since 2001 and has evolved to cater to the changing needs of the target audience. It is scientific, value based and culturally appropriate.

Although the online sites and materials served as good resources, personal experiences from teaching and working with children of all abilities, field observations and study of materials currently being used at Bubbles Centre for Autism and ASHA at Bangalore, served as the most important source of inspiration and ideas.

Most activities have been designed on the principles of Structured Teaching Approach. As compared to the existing materials (mainly used in Europe/ USA), a scientific yet more simple approach, with explicit illustrations is being used to present reproductive health details and care of self.

Some images used in the preliminary field test kit are downloads which have been modified and adapted to suit our needs. All images are being illustrated afresh for specific use in the final Suvidha Kit. The Kit for use by children with visual impairment will have suitable embossed drawings, audio files and text in Braille. Some tools will contain videos in sign language for use by children with auditory impairment

The materials are being designed to make them socially and culturally appropriate to Indian society. We aim to have the Caregiver's Manual translated in Hindi and other languages.

### **(b) Results and discussion of Pre and Post- test on learning names of private parts and Personal Safety Rule on Clothing**

#### **Procedure:**

This activity was introduced to 40 parents and 40 teachers through interactive sessions at 4 schools in Bangalore between April and November 2017. The parents answered to questions pertaining to their child only whereas the teachers had to answer questions taking their student group as a whole into account.

#### **Study sample:**

69 adults in Bangalore - 37 parents and 32 teachers took the Pre-test.

61 adults -34 parents and 27 teachers took the Post-Test after a period of 3 months.

S. No	Questions and their answer options	Parents		Teachers	
		Pre-Test	Post-Test	Pre-Test	Post-Test
	<b>Study sample</b>	37	34	32	27
<b>Q.1</b>	<b>Parts of the body that the child/students know</b>				
	None at all	10.8	0	0	0
	Basic - Eyes, ears, nose, hands, chest, legs	13.5	14	28.1	29.6
	Quite a few -	21.6	23.3	65.6	51.9
	<b>All the parts - Including private parts of the body</b>	<b>54.1</b>	<b>62.8</b>	<b>6.3</b>	<b>18.5</b>
<b>Q.2</b>	<b>Your child knows and has learnt to keep her/his private parts covered in front of others ( for parents only)</b>				
	Not at all	16.2	4.7	NA	NA
	Maybe, at times	16.2	9.3	NA	NA
	Most of the time	37.8	32.6	NA	NA
	At all times	29.7	53.5	NA	NA
<b>Q.3</b>	<b>Your students know and has learnt to keep their private parts covered in front of others (for teachers only)</b>				
	Less than 25% of the students	NA	NA	62.5	25.9
	More than 25 - 50% of the students	NA	NA	21.9	25.9
	51-75% of the students	NA	NA	9.4	37
	76-100% of the students	NA	NA	6.3	11.1
<b>Q.4</b>	<b>Thoughts on the importance of child/students knowing the names of the private parts</b>				
<b>a.</b>	No, there is no point in child knowing the names of private parts	2.7	0	15.6	2.3

b.	<b>Yes, it will help the child to feel free to talk about all their body parts and communicate in case of need</b>	86.5	85.3	<b>75</b>	<b>86%</b>
c.	Not really, it would not make any difference if the child knows the names of private parts	5.4	2.9	9.4	2.3
<b>Q.5 Do you feel comfortable teaching your child/students the names of private parts?</b>					
a.	I do not feel comfortable and I do not teach	5.4	6.1	3.1	4.8
b.	I am ok teaching names of other body parts but not private parts	10.8	21.2	31.3	19
c.	<b>I am comfortable teaching names of private parts</b>	<b>70.3</b>	<b>66.7</b>	<b>53.1</b>	<b>69</b>
d.	I do not feel comfortable, yet I teach names of private parts	13.5	6.1	12.5	4.8
<b>Q.6 Do you feel that the child/student needs to keep his/her private parts covered in front of others?</b>					
a.	Yes, always in front of others	94.6	93.9	81.3	<b>95.2</b>
b.	It is ok to be naked in front of close friends & family	5.4	3	6.3	2.4
c.	There is nothing wrong if she/he removes clothes in front of others, after all he/she is just a child	0	0	6.3	0
d.	There is nothing wrong if she/he removes clothes in front of others as people know that he/she is a special child	0	3	6.3	2.4
<b>Q.7 How do you feel about talking and teaching your child/students to cover private parts?</b>					
a.	I feel too shy. I am unable to talk and teach	2.7	2.9	3.1	4.7
b.	I feel hesitant. But talk about it, though not very freely	21.6	14.7	40.6	16.3
c.	<b>I feel confident about talking and teaching freely about it</b>	70.3	<b>73.5</b>	53.1	<b>72.1</b>
d.	I do not feel the need to teach all that	5.4	8.8	3.1	7



<b>Q.8</b>	<b>Your thoughts on the importance of caregivers keeping their own private parts covered in front of the child</b>				
<b>a.</b>	Very important. It is important to be a good role model	97.3	<b>100</b>	87.5	<b>97.7</b>
<b>c.</b>	Not so important as the child is not capable of learning by watching me	0	0	9.4	0
<b>d.</b>	Not at all important now as my child is too young	0	0	0	0
<b>Q.9</b>	<b>Here are some statements regarding clothing and dressing. Please tick the option that applies to you. (for parents only)</b>				
<b>a.</b>	I am always clothed appropriately in front of my child.	70.3	86	NA	NA
<b>b.</b>	Sometimes I am in my undergarments when my child is around	2.7	4.7	NA	NA
<b>c.</b>	Sometimes I change clothes when my child is around/in front of my child	24.3	7	NA	NA
<b>d.</b>	I do not maintain privacy in front of my child while toileting, bathing or changing clothes	2.7	2.3	NA	NA

### **Inference:**

Even though most of the parents/teachers admitted to not working regularly or in a dedicated manner with their child on the activity, the data analysis shows a marked increase in awareness among the adults and improvement in the child's learning.

Few highlights:

- Before the activity, only 29.7% of parents said their child had learnt to keep the private parts covered in public at all times. This increased to 53.5% of parents after the activity.

- Before the activity only 9% of the teachers said that 51-75% of their students kept the private parts covered in public, this increased to 37% after the activity
- On the ‘importance of the child knowing the names of the private parts percentage of teachers agreeing increased from 75% to 92.6%.
- About being comfortable teaching names of private parts, the responses of teachers increased from 53% to 74.1% after the activity.
- Parental behavioural change regarding being clothed appropriately in front of the child- increased from 70.3 % to 86%.
- On parents and teachers feeling confident and comfortable in teaching, talking and naming private parts , as evident from the percentages ,there was a marked increase in the confidence and comfort levels.

### **Parent’s Pre test on Personal Safety Rules - Touching Rules**

Field testing of this was initiated in December 2017, with 37 parents with children in the age group of 10-17 years, through a 2.5 hour workshop. The post- test data is still being collected . Presenting a few questions and the responses.

**Pre-test results:**

S.N o	Questions and their answer options	Pre-Test (Responses in %)	Pre-Test (Responses in %)
	<b>Study sample</b>	37 Parents	9 parents
<b>Q.1</b>	<b>Does the child touch her/his private body parts to scratch, in front of others?</b>		
	Never	24.3	22.2
	Rarely	35.1	55.6
	Occasionally	32.4	22.2
	Frequently	8.1	0
<b>Q.2</b>	<b>Does the child touch her/his private body parts to play/ stimulate, in front of others?</b>		
	Never	64.9	77
	rarely	24.3	22.2
	occasionally	5.4	0
	Frequently	5.4	0
<b>Q.3</b>	<b>Does the child touch others' private parts (breast, pubic area, thighs) intentionally? If yes, mention the body part</b>		
	Never	83.8	77.8
	rarely	13.5	22.2
	occasionally	2.7	0
	frequently	0	0
<b>Q.5</b>	<b>Does the child respond by saying "No" or pushes away anybody who touches her/his private parts?</b>		

	Never	8.6	
	Can't say, have not observed	42.9	100
	Sometimes yes, sometimes no	14.3	
	Always	34.3	

**Parent's Pretest: Changes in my body and Reproductive care**

S.N o	Questions and their answer options	Pre-Test (Responses in %)
	<b>Study sample</b>	11 Parents- 8 boys and 3 girls
<b>Q.1</b>	<b>If shown pictures of private and public places, the child is able to distinguish between the two.</b>	
	knows both public & private places	54.5
	Knows public places only	0
	Not at all	18.2
	Can't say	27.3
<b>Q.2</b>	<b>The child labels verbally her/his own private parts of the body, when asked</b>	
	none at all	9.1
	labels a few independently	45.5
	labels but need prompts	18.2
	labels all independently	27.3

<b>Q.3</b>	<b>The child labels verbally on a given picture the private parts of the body, when asked</b>	
	none	18.2
	labels but need prompts	18.2
	labels all independently	18.2
	label only a few independently	45.5
<b>Q.4</b>	<b>Does the child touch private parts/ masturbate intentionally in public?</b>	
	yes only in private	36.4
	Both in private & public	36.4
	Never	27.3
	Can't say	0
<b>Q.5</b>	<b>How frequently does the child touch private parts/ masturbate intentionally in public?</b>	
	Never	36.4
	Occasionally	36.4
	Rarely	27.3
	Frequently	0
<b>Q.6</b>	<b>Does the child communicate to you if he has any night falls/emissions? (boys only)</b>	
	No	27.3
	Sometimes	0
	Yes, always	0
	NA	82.7

Q.7	<b>Does the child ask for help or changes the sheets himself if they have been soiled by semen? (boys only)</b>	
	Sometimes	9.1
	No	18.2
	Always	0
	NA	82.7
Q.8	<b>Is the child able to manage himself if he has an erection in public ? (boys only)</b>	
	No, seems unaware	18.2
	Can't say	36.4
	NA	45.5
	Yes. Hides it	0
	Yes, moves away to a private place	0
Q.9	<b>Is the child able to maintain proper personal hygiene (cleaning the genitals)?</b>	
	Needs help in cleaning	18.2
	Needs reminding but cleans himself/herself	45.5
	Can't say	9.1
	Yes, always	27.3
Q.10	<b>Does the child change her/his undergarments and clothes if they have been soiled?</b>	
	Needs to be reminded but does it himself/herself	45.5
	Yes, always	54.5
	Needs help and reminder to change	0
	Can't say	0

Q.11	<b>Is there an open communication between you &amp; your child regarding sexuality and its management?</b>	
	No, I find it difficult	10
	Sometimes yes sometimes no	70
	Yes, always	20
	No, there is no need	0

### (c) Way forward

The results of pre-test and post- test on the activities tested are encouraging. They show a positive change in knowledge of children and attitude and behaviour of parents and teachers. From anecdotal accounts from teachers and parents it appears that Personal Safety and Sexuality Etiquettes can be taught in an inclusive school or home setting. Parents can reinforce the learning at home for neuro-atypical as well as neuro-typical children.

**Enfold proposes to undertake the following activities to scale the product effectively:**

➤ **Illustration of the complete kit & adaptation for children with AI & VI**

Some images used in the preliminary field test kit are downloads which have been modified and adapted to suit our needs. All images are being drawn afresh for specific use in the final Suvidha Kit.

The Kit for use by children with visual impairment will have suitable embossed images and text in Braille, along with audio files. The material to be used by children with auditory impairment will have videos with sign language.

The Kit is being illustrated by Bangalore based artists, and will be ready for manufacturing in February 2019.

➤ **Adaptation of the Kit to suit linguistic abilities**

In 2019, the Kit will be made available in Kannada and Hindi, to meet the requirements of the community. The long term goal however, is for the Kit to be made available in as many regional languages as possible for ease of access.

➤ **Production**



We estimate that the number of institutions catering to children with disabilities are approximately 2000 across India. In order to empower not just children with disabilities, but also adults with disabilities in need of employment opportunities, Enfold intends to partner with an organisation providing such opportunities to individuals with disabilities, in each state. They would translate and/or produce the kit.

➤ **Training facilitators of the Suvidha Kit across the 29 states and 7 union territories**

The population of children with disability is spread all across the country, with 69% concentrated in rural areas. While Enfold has worked extensively with urban education children in metro cities, we would like to extend our network to reach out to children living in all rural, semi rural areas.

In a phased manner, Enfold will be providing training and capacity building sessions for 2 members in every partner organisation in 29 states and 7 union territories.

Each Educator will be trained for a minimum of 100 hours in a stepwise manner. Certificate will be given at the end of successful completion of 100 hours of training.

**Step 1. Face to face or online training:** Theoretical inputs on the concepts, aims and objectives of the Suvidha Kit; Mock practice and classroom observation of use of the kit (35 hours) + 1 hr feedback.

**Step 2. Self- study and assessment on subject:** under take at least 12 hours of self – study and 1 hr written assessment, one interview (1 hr) with Enfold faculty.

**Step 3. Use the kit for 50 hours with children** with intellectual disability, visual and auditory impairment.

**(d) FAQs by the audience ,during parents and teachers training sessions/workshops**

- Boys touching their genitals / masturbating in public/ home/classroom. How to redirect this behaviour and teach them to do it in private?
- Boys grabbing their teachers' breasts. What to do ?
- How do explain to girls about puberty and use sanitary pads, disposal and hygiene?
- Adolescents feeling their parent's private parts when sharing the same bed. What to do?
- How to teach to respect personal space of own sisters ? found peeping into their bedrooms often while they are changing or sleeping
- What to do if daughter/son is watching porn?
- How to teach personal space and social distance ?
- Girls spending too much time in the bath/toilet using the hose/faucet to stimulate their genitals. Should we stop them? What do we say ?
- Teenage boys having a crush for a particular lady teacher. How to deal with it ?

### **(e) Feedback and Testimonials**

#### **Founder director , an Autism centre, Bengaluru:**

*The fact is that even the mainstream population doesn't feel comfortable talking about anything related to gender, sexuality and personal safety, still every child is expected to know without being taught.*

*For our children who are so vulnerable this is a teaching material which is so comprehensive that it has not left any area unaddressed. I would think that this is one of India's most needed in the teaching sector & something which will be very valuable for the years to come.*

#### **Principal , Special needs school, Bengaluru:**

*Sividha Kit covers the areas that people dread to tread. It removes the inhibitions of both the tutor and the child. It is indeed the need of the hour.*

#### **Chief Co-ordinator of a Special Needs School , Bengaluru**

*“The Sividha Kit for testing is quite elaborate and easy to administer. It has detailed out sexuality education in a manner that teachers understand how to teach students and has made their planning easy.*

*It is a comprehensive kit also detailing out activities along with the materials to be used. We look forward to incorporating it into our syllabus.”*

**Sp.Ed 1 (from Kuwait):** *The kit's activity based approach has made our job easier to plan for IEPs. It has equipped us & given us ideas to teach children on PS, hygiene and sexuality etiquettes in a systematic manner. It has given us the confidence to guide parents to engage in a healthy discussion with their children on sexuality.*

**Sp.Ed 2 :** *The Suvidha kit has filled a void in the space of teaching sexuality and adolescent behaviour to Special Needs Individuals. The presentation and content of the material are unique, specific and very meaningful.*

### **Parents' testimonials:**

**Parent 1 :** ( boy 17 yrs) *The materials are very useful for son with Autism as he is going through most of the issues being addressed in the materials. I will be using the social story books with my younger (neurotypical) son also , as I feel it will be more convenient to communicate and he can learn easily all those concepts which are difficult to talk about freely.*

**Parent 2:** ( girl 12 yrs) *The materials cover areas where we find very few resources to work with. These are important areas that we need to address and this is done in a way that is visually appealing and helps the children understand in a way that isn't overwhelming for them. I have started working on these with my daughter and she is very interested in going through the visuals as they give her the feeling of a story. All the same, it is depicted in such a way that the children are able to understand the concepts and use them in their day to day lives. I think what is significant is that it is all conveyed in a scientific yet lucid way for ease of understanding. Overall very useful!*

**Parent 3:** ( girl 13 yrs) *Finally I had some simple , practical and easy to use material in my hand . I didn't have any more excuse to procrastinate, so I started. Instead of using gestures and description which might leave the process up to to her imagination , I had a material in my hand which I feel is completely acceptable and easy for her to understand. Menstrual cycle book and cards were most helpful, for step by step execution process .*

**Parent 4:** ( boy 10 yrs) *The materials contain appropriate visuals that children can relate to. They are written in a simplistic style using key words that are important for their comprehension. They assist parents and caretakers to address these important issues using*

*pictures that make it more interesting for the child. I plan to use the social stories with my elder 12 year old son along with my 10 year old son with Autism.*

**Parent 5-** *(boy 17 yrs) it covered most of the sensitive issues we know about but don't know how to teach them or the right ways to tackle those issues. The kit is very carefully made. I have been successfully able to teach him that masturbation is a very private thing & where he should do it ... thanks to the pics provided in the kit & the simple yet very effective language used.*

**Parent 6 :** *( boy 17 yrs) I find the social story books are very well illustrated and explained. They tackle a wide range of topics relevant to our growing young adults with sensitivity. The books help us with behaviour modification strategies in easy steps by way of listing our acceptable and unacceptable behaviour. On the whole a great resource to have - thanks a lot!*

**Parent 7 :** *The material is very thoughtfully made according to the needs of special kids. It is in the form of pictures which makes it easy to understand. A very useful kit for parents to educate their kids about all the appropriate social etiquettes and behaviours . It is also very handy in teaching personal hygiene and safety*

**Parent 8 :** *It will be helping my daughter for more understanding. As she is a girl, I had a very big fear of how to make her understand about menstruation and the body changes. But after seeing the materials, I got confident in myself to teach her. Thanks a lot for such help and giving confidence to parents.*

**Parent 9 :** *The simple, lucid language and illustrations make it a must have for our children. Growing up isn't easy and this kit helps you understand the changes taking place in one's body in an easy way.*

**Parent 10 -***The Suvidha Kit is one of a kind aid and in my opinion not just for special needs children also for all the kids . It is high time that kids should be made aware to avoid abuse*

### **( III ) Conclusion**

Children with disabilities have been living their lives under the radar for far too long, struggling to realise their rights and agency. Enfold plans to reach children, parents, caregivers and teachers all over India to ensure that they have an equal platform for safety and dignity

### **(IV) Bibliography**

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