REGIONAL CONSULTATION ON THE STATE OF ADOLESCENT HEALTH

October 13-14, 2019.

Chennai

The regional consultation on the state of Adolescent health for Tamilnadu, Pondicherry, Kerala, Andaman and Nicobar and Lakshadweep was conducted in Chennai was conducted in Chennai on 13 and 14th of October, 2019. The detailed report of the various issues discussed in the consultation is presented herewith.

The consultation began with introductions by the coordinators from the YP foundation. YP foundation is a youth run; youth led organisation that focuses on gender, right and health of young people, both policy and ground work. Ms. Kavya, Ms. Aparna, Ms. Jima and Ms. Gheshna, who regularly collaborate with the YP foundation from South India, stressed the importance of working together in the regional level and the importance of representation of ground level issues at the national level.

Then the various participants of the consultation introduced themselves:

Sl.No	Name	Location	Issues being focussed	Expectation from the consultation
1	Kalvi	Auroville, Pondicherry	Menstruation issues Organisation: Ecofem	No prior idea
2	Jeeni Das	Kerala	Works with National health mission as adolescent health counsellor	No prior idea
3	Bharathi	Tamilnadu	Works with RUWSEC	Collaboration
4	Nandini	Tamilnadu	Works with RUWSEC	To learn new perspectives on rights

5	Vasanthi	Kolli hills, Tamilnadu	ANC	To learn more about health issues of adolescent girls
6	Parameswari	Kolli hills, Tamilnadu	ANC and PNC	To learn more about adolescent health
7	Nasmina	Calicut, Kerala	Coastal communities, Adolescent health	To learn more about adolescent health in South India
8	Arshad	Lakshadeep	Doing +1 science	No prior idea
9	Sabith	Katmat, Lakshadeep	Thanal organisation: Palliative care and Young people empowerment	To learn more
10	Mehboob	Lakshadeep	Dakshin foundation: participation from community, youth clubs	How to engage with youth and do more social activities?
11	Lithiya Thangachan	Trivandrum, Kerala	Women empowerment	More perspectives on adolescent health
12	Ramya	Tirunelveli, Tamilnadu	Menstrual health	-
13	Santhosh	Viluppuram, Tamilnadu	Dalit politics and education based work, sexual harassment, health issues	-

14	Dheer Kumar Sharma	Andaman and Nicobar	Works with government, rural issues	Learning more
15	Ilaiyaraja	Andaman and Nicobar	Yuvashakthi: We give trainings for women self help groups and bridge the gaps for marketing	To learn new ideas
16	Nithin	Idukki, Kerala	Psychological issues, youth health	We can learn from each other
17	Stelvi Peter	Kerala	Adolescent mental health	Learning innovative ideas
18	Nobel Sam Prince	Kerala	Pyschological issues, Disability issues	-
19	Sreejesh	Mahe, Kerala	Clinical psychology, post-disaster psychological issues	To share perceptions
20	Babita	Trivandrum, Kerala	Sustainable menstruation	To learn
21	Arjun	Kozhikode, Kerala	Normalisation of menstruation and addressing taboos	To learn
22	Shivaprashad	Malappuram,Kerala	Tribal issues, poverty alleviation and women empowerment in tribal areas	Learning policies and implementing in grass root levels
23	Akil Gandhi	Kerala	Psychological issues	How to serve adolescents better

24	Rajesh	Tamilnadu	Policies and implementation	Knowledge transfer of quality health care
25	Manjunath	Krishnagiri, Tamilnadu	Tribal issues	Women's issues
26	Oliver	Tamilnadu	Tribal issues, Nutritional diversity and the link to agriculture	Learning

After the introductions, the participants were arbitrarily grouped and were asked to discuss the various issues regarding adolescent health, and also to define what they mean when they say 'health'.

The issues discussed in individual groups are presented:

- Finding factors influencing adolescent health - is it gender?
- What are the social, economic, mental, cultural factors?
- Is sexual health also linked to physical/emotional/mental health?
- Can religious factors be included?
- Political factors or rights?
- There are social factors like money/dowry, early marriage, etc.
- Communication issues, especially while revealing sexual abuse, because sex is a taboo topic.
- Toilet facilities in Government schools during menstruation.
- Uterine cysts and infertility issues.
- Network issues in remote islands: they reduce accessibility to information. This creates issues with awareness: people in islands sometimes do not know how to utilise the government programmes.
- Pre existing Identity crisis in adolescents : Exacerbated by media

- There is an early onset of puberty issue, caused by foods spiked with hormones, vaccinated animal foods and junk foods. This issue is more prevalent in upper middle class families and in urban areas.
- Media creates a better access to information, but there are issues with porn addiction and misinformation.
- Issues related to adolescent pregnancy, including anaemia in mothers and health issues in children.
- Unsustainable menstrual practices are followed in Lakshadweep: Since they have to go from some their house to some distance to reach the dustbin in the road, they are shy. Also the dustbins from homes are being collected by garbage collectors, the girls think that the garbage collectors will know that there is a girl in this house with menstruation, and the girls are shy and embarrassed about it. So they throw the napkins in the sea. Training needs to be given to municipality/corporation regarding menstrual waste disposal
- Sexual harassment of male children
- Caste discrimination issues
- Education issues
- Substance issues
- Child marriage
- Language related issues
- Disability
- Issues regarding family structure
- Vulnerable groups: Dalits, tribals, persons with disability, religious minorities, women, child widows/singles, urban slum dwellers, queer people, orphans, marine communities and communities at a risk of displacement
- Mental health issues: Suicidal ideation
- Character deviation
- Inferiority complex
- Identity crisis

- Bullying
- PTSD
- Body shaming
- Lack of nutrition
- Lack of awareness of parents
- Adolescent-friendly health care is lacking
- Domestic violence
- Inappropriate toilet facilities
- Iron deficiency in urban areas
- Lack of access to diverse diets in rural areas
- Sex as a taboo
- Lifestyle and fitness related diseases
- No training for assertiveness during peer pressure for substance abuse or during sexual abuse.
- Skewed perceptions of happiness: Need to be happy all the time.
- Career planning
- Gender roles and stereotypes
- Power for decision making and choice
- Lack of awareness about body
- Differences in menstrual issues for various women
- Conditioning: We cannot even see the issues
- Self esteem/confidence
- Religion and approach to adolescents, power and hierarchy
- Commodification and capitalism in media affects mental health, especially women

- Environmental health
- Resources and accessibility
- Land and shelter issues
- Water and sanitation issues
- Child labour
- RTI
- Youth Governance
- Equipping teachers
- Risk taking behaviour
- Issues regarding sexual gratification.
- Issues of trans adolescents

Adolescent health programmes and policies

A detailed discussion regarding the various adolescent health policies in South India was carried out. The discussion was mediated by Ms. Manasa and all participants voiced their opinions and participated in the discussion.

RKSK - Rashtra Kishore Swasthya Karikram

RKSK is a programme for 10-19 year old adolescents, available in select districts in various states. In Tamilnadu, it is available in Ariyalur, Krishnagiri, Madurai, Perambalur, Trichy, Tiruvannamalai, Vellore, Virudhunagar, and Tirunelveli (According to Government of India order, 2016). The various aspects are:

1. Adolescent friendly health clinic - AFHC's
2. WIFS - Weekly iron folic acids
3. Peer educators (for creating a person of confidence in peer groups)
4. MHMS - Menstrual health

Issues in AFHC: Issues in AFHC: The word counselling has come to mean mental issue. Parents themselves will say my child is fine. So parents do not

send them. Kerala government has now changed the name from clinic to centre, also because clinic means diseases. Several issues are not acknowledged. Since it is still in a hospital, it is still a taboo, because the child still has to go to a hospital. In Kerala, the AFHC is not in OPD side, it is in separate and private area, so there is no social stigma. The issue in Kerala is that there is already an ICDS counsellor in schools, so when we go, the school teachers and principals say that they already have counsellors. But the ICDS counsellors do not talk about sexual and reproductive health.

Peer educator: It is a community based activity. Friends are giving information to each other.

In every village, under every ASHA worker, 4 peer educators, each PE heads a youth club with 25 to 30 adolescents, focussing on Non communicable diseases, substance abuse, nutrition, sexual and reproductive health, violence and injury. Peer educators are of the age 11 to 19. But generally they will be of the age 15-19. Until they are 19, they get a stipend of 50 rupees per month, every week they have to host a meeting. ANMs conduct monthly meeting for PEs.

Kerala PEs: In 9th to 12th, we select one boy, one girl from each classroom. Children can communicate better with their friends, then teachers or parents. There are 2,600 PEs. They are called “Kutty doctor" (Small doctor). One book is given per PE.

Each state might have different way of PE implementation.

Issues in WIFS: Students in Kerala take these tablets to their homes, and put it in rose plants to make them bloom and grow. In Tamilnadu, the tablets are given to cows. ASHA workers give the tablets to children, and make them take it in front of them. In Kerala, for example in Malappuram district, cultural and religious superstitions regarding tablets and medicines is a huge barrier.

Issues in MHMS: It has become a pad distribution scheme and various other issues related to mental health are not given enough schools. In some states, pads are given only to school girls and this prevents the scheme from reaching out to girls who are not in school.

Issues in RKSK: The presence and activities of the RKSK scheme in various states were discussed. The presence of RKSK in islands was also discussed and it was concluded that more details need to be collected in this regard. Sensitisation of whole communities regarding adolescent health is a major need.

Other schemes

Kishori Shakti Yojana (KSY) 2018

The scheme for 11 to 18 year old girls, focussing on their health and education and stopping early marriage through education was discussed in detail. The need for keeping names in local languages for better implementation was discussed.

Other schemes like Psychosocial scheme for adolescent girls (ORC) in Kerala, Help desk programme for adolescent counsellors in Kerala and How are you helpline for mental health and higher studies counselling in Kerala were discussed.

One participant raised the question: "In Kerala there are many schemes, this is not there in Tamilnadu. Can we request the Government to implement such schemes here also?". Then it was discussed in detail. Targeting decision making bodies, the importance of local committees to bring such schemes and ensuring grass root decision making were discussed. A participant from Kerala said that even though such schemes are there in Kerala, it is implemented less in tribal and coastal areas. A participant from Tamilnadu pointed out that the people of Kerala have more power to question the authorities in case of implementation issues. One participant mentioned that though there are policies, implementation, manpower and awareness about policies are very less.

Three challenges in the implementation of schemes was discussed:

1. Not enough schemes

2. Not enough implementation

3. Lack of qualified people

Then this issue was discussed:

In Tamilnadu, in early 90's, the NACO counsellors were used by the Government for counselling. They had to sit in ICTC locations to provide counselling. But there is a stigma associated with HIV so the adolescents were hesitant to go. This multipurpose is good, but the infrastructure for such facility is associated with a stigma, so it needs to be corrected.

After lunch, Ms.Aparna, through a participatory icebreaking and warm-up session, demonstrated the importance of informed consent, sharing of

knowledge and experiences and the importance of choice in decision making.

Then Ms.Manasa stressed on the importance of the representation of young people in policy making groups. She mentioned that a feedback from groups working in grass root levels is very important. The participants were then asked to submit their recommendations regarding the schemes, implementations and ground level work in Adolescent health.

Recommendations:

Many organisations work together with the same motive. But there is no collaboration, there needs to be a network.

- Information dissemination
- RKSK-AFHC: In Kozhikode, it is not happening. How do we make it a high priority? Instead of selecting a district, selection should be based on problems and regions. On what basis were the high priority districts chosen? In some districts, the project may not even be needed. But they get the scheme.
- In the field, how does one gain the trust of the local people and start working? - If they get participation they will trust. Identify thinkers from the community who want change. We can put one person from the community as a permanent staff (a strategy implemented by Dakshin in Lakshadweep). Also, we collaborate with already existing governmental groups and people for gaining trust. But NGOs can work autonomously, the Government cannot. How do we work together then?
- Monitoring and training for tribal areas
- Funding for ASHA workers
- Government departments need to work together.
- Issues regarding awareness of parents in Tamilnadu: Children do not eat the tablets, parents do not give them, They approach only teachers and give tablets. In our villages, if the child is already sick, then they will think that the sickness is due to the tablets.
- People trust private sectors more
- Stakeholders in Tamilnadu are to be connected

- HIV workers, ICDS workers, Water departments, sanitation departments, all have to come together (Tamilnadu).
- RKSK: Supplementary nutrition, Gender inequality have to be addressed (Tamilnadu)
- Work piled up for ASHA workers - Salary issues, Budget allocations to be made more for ASHA workers, if budget is less, better to increase the budget.
- Significant monetary compensation for PE's.
- Is the teacher equipped to screening for ORC? Clinical psychologists are needed for screening in Government schools.
- In schools, there is medical checkup every year once or twice. So there is an opportunity here to include psychological screening also.
- Quality check for mid day meals
- Mid day meals in Lakshadweep: Need to use the local resources for food preparation. This will reduce the cost and also ensure quality.
- Need for modification of syllabus suited for island schools.

After the participants worked out their recommendations and wrote them in charts, the other participants were encouraged to discuss, comment and criticise the recommendations and give suggestions.

On the second day, three more participants including two medical students and a gramalaya staff (Ms. Jeyachitra) participated in the discussion.

Ms.Manasa discussed the importance of adolescent mental health. She stressed that even though IMR and MMR are considered as important measures of health, there are other issues regarding health. She explained that nowadays the importance of menstrual and geriatric health is being realised nowadays. She put forth the question: "But the quality of life for the rest of the population including women who are not mothers, who do not want to be mothers, is to be considered. From infancy till the maternity, there are a lot of young people, men and women. Who pays attention to such people?". She explained that apart from right to life, there should also be focus on right to equality, health and

wellbeing, right to informed choice and right to self determination. She then encouraged the participants to explain their views on how they envision the national policy working group.

Ms.Kavya explained that in the national meetings, there is a huge diversity in language, opportunities and challenges and there is a need for collaboration. She stressed that while it is a challenge to put more effort to share such experiences and help others, it is also gratifying when we help.

Ms. Gheshna shared her experiences regarding the group, stating that the group was first convened and then people were asked to sign up for further collaboration. While at first it seemed that there is less representation from the south, people from other states also started to attend the meeting. Issues regarding trans adolescents' health and the issues of adolescent health in disaster prone areas were discussed. She explained that since this is an autonomous group without the influence of big NGOs, there is a lot of democracy in this space and that such groups are needed because state is a health subject.

Ms.Jima explained that in the national meeting, she could see the issues of other people working regarding adolescent health. She spoke about how the resonance was similar because the participants were youth. She said that the language barrier in the national meetings was avoided because hindi was spoken less. She stressed the importance of the south representation in national meetings and the need for more coordination. She pointed out that there are discrepancies in the implementation of RKSK in various districts and how it has to reach vulnerable communities.

Ms.Manasa explained that more information and data regarding issues, schemes and implementations from the south are needed. She stressed that the people from YP foundation are able to meet the policymakers and how they can take the issues to them. She explained that there is an international pressure for meaningful youth participation and that the centre has told the YP foundation to conduct such meetings, which also act as policy strengthening programme and an accountability programme. She then asked the participants to provide a list of their expectations from such a policy working group.

Expectations from Union territories and islands:

- They introduce the same schemes for Andaman and Lakshadweep. Andaman Nicobar islands have a migratory population, but Lakshadweep

has native population, hence homogenous group. The population, economics, lifestyle, all are different. We cannot combine them together.

- Lot of schemes are not here in Lakshadweep, we do not have RKSK or school counsellors. Do we have nodal officers, if yes, he might have additional responsibilities also.

- In Pondicherry, in MHM of RKSK, there is no choice given to girls, products are given blindly. Awareness needs to be created regarding product, usage and disposal. There is more focus on products, focus should be on hygiene, body, biological processes. There should be safe spaces for girls to talk and open up. Focus should be on nutrition, pain management during periods, sustainable products.
The existing policies should reach rural areas also.

- School children need to come to the Policy working group.

- People working in solid waste management, women from Self Help groups need to come.

- With regard to islands, more people who are working in ground level should come.

- We expect the group to provide regular updates on policy and policy implementation.

- Creation of implementation agencies

- Proper communication between members

- Regular guidance with mutual respect

- Inclusion of vulnerable communities

Expectations from Tamilnadu

- KVK

- People from all departments who are working on adolescent health

- Adolescent Welfare board **(May be just a committee if welfare board not possible)**

- Grass root level workers - their voices need to be heard; some committees are present only for namesake.

- Bottom up decision making
- We can collaborate with other organisations, but they cannot take over. If the group has a separate identity, then other organisations cannot influence us.
- All learning process has to be bottom up, convergence and collective action.
- All worker voices are to be heard regarding perks, role clarity, linkages
- Agriculture, nutrition, health, panchayat (political), education(ANHEP) - coming together
- Adolescent health and rights book needed
- State LSG and NGO partnership
- Age 10 to 30 can be prioritised and Age 30-35 can be in the advisory group to provide inputs.
- Discrepancies between policies and ground reality need to be address.
- Equality to all vulnerable groups
- Rotation of leadership.
- Accountability
- Voluntary work but sharing of responsibilities.

Expectations from Kerala

- 3 districts, we see 3 different implementations. There should be contact points, especially for policy pushing in state level.
- How will the policy working group help me in bringing out a NEW state policy?
- How are we classifying forward and backward regions?
- Among the forward regions, can classification be different?
- Who do we approach for policy implementations?
- National policy - South Scenarios are to be considered and included.

- How do we ensure the participation of grass root level workers in state policy making meetings?
- We need regular updates on policy
- Periodical national and regional conferences needed.
- Deeper insights are needed regarding specific issues related to adolescent health
- Building effective network - diverse and inclusive
- Research and documentation grassroots level activities: rural, urban, coastal, tribal.
- PEs : Creating effective groups
- Reaching out to the marginalised, minorities, sexual, differently abled, economically weaker sections, underprivileged.
- Awareness, strengthening the deeper insight of adolescent health and policies among parents, teachers, adults, ASHA workers
- Continuous monitoring, evaluation and follow up through effective groups
- Organisational structure: Regional level steering committee, then state committee
- Regional representation in national level policies
- Proper national consultations to the regional teams (those who are working with vulnerable groups)
- Periodic regional conferences
- Need to get the financial support from the national team

Discussions with State Nodal officers

Kerala: Issues and discussion:

The participants from Kerala held a discussion with Dr.Amar Fettle regarding the schemes and implementation in Kerala via Skype.

Ms.Manasa introduced the participants to Dr.Amar Fettle. Then he gave a brief speech about the issues of adolescents. He stressed upon the importance of

mental health issue, substance abuse and outrageous behaviour. He highlighted the importance of anger management. He explained the importance of dealing with obesity, lack of physical exercise and adolescent fitness issues. He explained how counselling will work better if it becomes an essential service and an information service. He stressed the importance of promoting counselling as a positive thing.

Verbatim minutes of the discussions between the participants and Dr.Amar Fettle are presented here:

Sreejesh: I am a psychosocial worker from Kannur. In ORC, PFA is what we give. The clinical screening is missing, and there are issues with the follow up and referral system.

Dr.Amar Fettle: We have a buddy system to look at friends, to look at the way they behave and spot differences. Looking is important, seeing is not enough. Buddies are given training on how to solve these issues, by talking, by giving advice. But some things are more complicated, so such adolescents are referred to APH, ORC, ANM, Anganwadi and Childline officers. Buddies are trained for helping and screening.... to ask what is wrong and why are they not happy. They are trained to be compassionate. In Buddy referrals, there are so many sources of help, they will be well informed so they can help.

Participant: Here there are people from diverse backgrounds, working on physical, mental, menstrual health and sustainability. How can we work together and bring feedback also. We need your guidance on how to bring multiple stakeholders together.

Dr.Amar Fettle: Good idea. There are three possible common platforms, DIET, ORC and Adolescent Health Centers. We can keep shifting these consulting places and share experiences. These are the public spots near schools where we can meet. Kudumbastree can also be linked to this, women will be able to know the issues of the children of the family. During meetings with the community do not use technical words, use simple words.

Participant: RKSK is in 7 districts. Many people from many districts are working regarding adolescent health. We need a proper set up for implementation and for taking things forward. In adolescent policies for Kerala, where can we discuss, why are the policies focused on some districts only? How to make this all come to the grass root level? As nodal officers, how can you bring about change? How can the government and NGOs coordinate?

Dr.Amar Fettle: Government of India has given instructions to select the districts. There might be children with needs from every district. We have to associate with panchayats and kudumbastree and have such things in every block and make it into a focal point. How do we start such a thing in a block, there are 2 linkages. For example, take Trivandrum. Give information about everyone working in grass root level to adolkerala@gmail.com. We will then get a database of who is working, where they are working, what issue they are focussing on. Then we can consult with District Programme Manager, District Adolescent Counsellor and take things forward. There is a phone number also. You can contact the RHC office, District Programme Manager and District Counsellor. They are the contact points for Kerala. This is how we can co-ordinate.

Participant: I am working in Kozhikode, in coastal area, with 150 children. We need support regarding AFHC and RKSK.

Dr.Amar Fettle: You can contact the RHC office, District Programme Manager and District Counsellor. Get these numbers from Disha. There is one more number, 0471-2552056. Start calling after 4,5 days, I can talk to them and make arrangements and then you can talk, we can take the dialogue forward, I will be able to help you.

Mehboob: I am from Lakshadweep. I came to know that RKSK is important, why is that it is not available in Lakshadweep? How do we make it happen?

Dr.Amar Fettle: DHS and DMO are present in Lakshadweep, these officers have also worked in Trivandrum. I know some of them, I will talk to him and I will give full help from Kerala side.

Tamilnadu:

The participants from Tamilnadu had a discussion with Dr.Jerald regarding the issues in Tamilnadu.

The various issues discussed during the session are presented here:

- MHM is just becoming a pad distribution by ASHA workers. The girls need choice of products, awareness about biology, nutrition, hygiene. MHM does not cover everything.
- In the place I work with, there are Dalit students. There are mental health and caste issues. How do we handle this? Social and health issues are

becoming integrated with caste also, there is social discrimination and social biases, this affects adolescent health.

•In Disaster prone regions, if the region is getting again and again affected by disasters, their physical and mental health issues in adolescents. Vulnerable groups of adolescents from Tamilnadu need more priority, including tribals, Dalits and queers. Government programmes are school based, we should make them into community based

•Bathrooms in schools are not properly maintained, no proper disposal system for napkins.

•Education needs to be given priority in tribal areas. There is no awareness, especially about menstrual issues, girls in SC/ST hostels have less awareness. Parents also should get awareness, then they will teach children and adolescents.

•We suggest using PTA, Self Help groups, Panchayat meetings and Religious convening apart from Village Nutrition day for information dissemination.

•ASHA workers or VHN are PE mentors. Village health nutrition committee is active only in 5 districts in Tamilnadu. No platform to disseminate knowledge.

•Sexual health: It is a taboo topic, parents might have cultural issues to talk about menstrual or Sexual and reproductive health.

•ASHA workers have a lot of responsibilities but less salary.

•We need more incentives for PE.

•Who can monitor the PE's and provide proper training for them in case they need guidance?

•There is a need for community based PEs.

•The data regarding PEs and RKSK implementation needs to be available online.

•Menstruation health: Teachers are hesitant to teach the syllabus also, we cannot just see it as an adolescent activity, and it is related to the health. RKSK details and health education in 6th, 7th and 8th standard are stuck

together with Fevicol or stapled together. In exam, questions come like "What is periods?" they do not answer.

•There is a need for sensitisation programmes for parents. In Kerala, Trivandrum they get sensitised about menstruation. But when they go home, the parents undo everything. They think period's needs to be taught only to girls. Teachers talk about how to dispose pads, that is it. Parents say that even talking about periods is a sin.

•In Kerala and Kanyakumari, boys and girls have menstrual health awareness sessions together, rest of Tamilnadu, sessions can be conducted only for girls.

•The burners or incinerators are not functional after 3 months. There is no way to maintain or repair them. The incinerators are placed in ladies toilets, this causes pollution. Incinerators need to be kept further away. After the incinerators stop working, the pads are being burnt in the open.

•Incinerator is one way of disposal; the other used way is flushing. How do we integrate the sanitation department people and make things work?

•Cloth pads are really costly. Puthuyugam product is not of good quality, it tears easily. No one is interested in using puthuyugam, so the girls are forced to shift to commercial products even when they are conventionally used to the practise of using cloth pads.

•Adults are not aware that children have mental health issues. So they need to be sensitised.

•Knowledge transfer is only from 15-19, they can find out issues, but cannot give counselling. PEs were originally for information dissemination and for connection to counselling. This needs to be addressed.

•ASHA workers are used for help with tribal health management also, but incentives are not given. They are given incentives only for pregnancy. Incentives are not given for working with tribals.

•Trans adolescents' issues: Trans rights bill is about to be passed, it criminalises their livelihood method. If the parents are not agreeing to their choice of gender and send them out, the parents will not be penalised. The trans kids are relocated to rehabilitation centres. In Delhi and Uttar Pradesh, they talk to the PEs in confidence. They share issues about violence and

abuse in home. Even if the child does not know what is happening inside, abuse and bullying comes from outside. They do not know who to ask, where to report. Conformity is an issue for Trans adolescents. They drop out of schools, they are sent out of their homes into rehabilitation centres. The children approach PEs, but the PEs do not know what to do. There needs to be a medical service provider to guide the PEs.

- Caste issues: Problem starts with the community, there are separate living quarters. Issues start even before school. Oppressed caste people cannot even participate in Gram Panchayat. In Madurai, Tiruvannamalai and Virudhunagar, there are even more caste issues. Teachers also discriminate. Compared to other adolescents, marginalised adolescents are getting affected more.

- PE's can be given credit points in NCC, NSS or provide certificates or incentives in employment opportunities.

After the discussion, Dr.Jerald suggested that there can be a meeting with the grass root level workers so that he can discuss and understand the issues better.

The participants gave their feedback and mentioned that they learnt a lot, were happy to be a part of such an inclusive group and felt that the representation is very good. Manasa concluded by saying that these recommendations will be taken to the national level meetings and thanked everyone for coming.