

2020

Prevention of Child Sexual Abuse

A Campaign to Educate Children (5 to 8 years) and their Parents

Student Name : Mili Jain

Student ID : 201814005

Guide : Prof. Binita Desai



Dhirubhai Ambani
Institute of Information and Communication Technology

Feedback Page

I. Acknowledgement

My sincere gratitude to Prof. Binita Desai, Prof. Madhumita Mazumdar, and Prof. Vishvajit Pandya. I am indebted to the professors at M.Des who saw more potential in the project than I did.

I would like to thank Professor Binita Desai for agreeing to become my project guide knowing that I had done very little research in my third semester, and seeing what the project will look like before I did. The project would not have been anything even close to what it is now without her.

I am thankful to my parents for their unconditional support and motivation and to my friends, colleagues and juniors for always being there, whenever I needed.

I would also like to thank all the M.Des professors for equipping me with skills to complete such a task. Last but not the least I would like to thank Mr. Prabhunath Sharma and the department of M.Des for providing all the equipments and the technical support I needed and the resource center at DA-IICT for arranging books I required for my research on the subject.

Index

- I. Acknowledgement
- II. Introduction
- III. Research phase
 - i. Field report 1
 - a. Introduction
 - b. Observations with the children
 - c. Observations with the parents
 - d. Conclusion
 - ii. Field report 2
 - a. Introduction
 - b. Observations with the children
 - c. Observations with the parents
 - d. Conclusion
- IV. Literature Survey
 - i. Initiatives by local NGO's
 - i. Other Initiatives
- V. Formulation of the Problem Statement
- VI. Campaign Strategy
- VII. Developing a Narrative
- VIII. Developing a Style
- IX. Initial Approach
- X. Product Design
 - i. Flashcards
 - ii. Device
- XI. Future Scope
 - ii. Field Testing

- ii. Extensibility
- iii. Language
- XII. Conclusion
- XIII. Bibliography

II. Introduction

Child sexual abuse (CSA) is a universal problem with grave life-long outcomes. The World Health Organization (WHO) defines CSA as “the involvement of a child in a sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child is not developmentally prepared, or violates the laws or social taboos of our society.” The term CSA includes a range of activities like “intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography.

India is home to a significant number of children in the world. More than one-third of the country’s population, around 440 million, is below the age of 18. Child sexual abuse is a serious problem within our society and occurs more frequently than people wish to admit or realize. According to the National Crime Records Bureau, a child is abused sexually every 15 minutes in India. In the majority of these cases, the accused is an acquaintance or a family member. It is essential to understand what child sexual abuse is, how it happens, and how to recognize behavior that may signal distress to protect our children amidst the issues of societal ignorance and indifference about this grave issue; in the absence of which, ignorance and myths around sexuality will pervade, thus leaving children uninformed and at risk.

In India, the concerns of the family stay within the family, primarily concerning issues and actions that are considered inappropriate. This is primarily due to the cultural aspects of blame and shame; families would go to great lengths to protect the reputation of their family within the

community. People could go to great heights of blaming children for their abuse because the rights and statements of adults tend to trump those of children. Moreover, since the child's identity is rooted in the family's status, anything that would embarrass the family or tarnish their name is kept private – it could in some cases, even be from other immediate or extended family members. This practice of secrecy only serves to protect the sexual perpetrator and allows the cycle of abuse to continue. Besides, the parents' or caregivers' refusal to believe the child victim about sexual abuse or the tendency to cover it up further aggravates the child's distress.

The trauma associated with sexual abuse can contribute to arrested development, or set off a host of psychological and emotional disorders, that some children and adolescents may never overcome. When sexual abuse goes unreported, and children are not given the protective and therapeutic assistance they need, they are left to suffer in silence.

The stigma associated with sex education leads to parents not educating children about sexual advances or threats, which could protect them from abuse. On the other hand, keeping children ignorant is the primary problem. Starting at an early age children need to be able to differentiate between good and bad touch, creating awareness gradually but positively from the first signs on issues like sexual abuse and exploitation is imperative.

The project aims to convey to the parents the need to talk to their children about the body and its safety and make the information available to them in such a way that it aids them in talking to their children. With my research,

I found several reasons why we do not provide sex education to children. One reason is that we do not understand the need for it. Both parents and school teachers shy around when it comes to talking about the body. If the need is recognized, parents find it uncomfortable and are afraid that they might give their children too much information, which might make them lose their innocence.

Child sexual abuse is only primarily addressed by two systems – the child protective system and the criminal justice system. Both these systems address child sexual abuse only after the abuse has already occurred. Furthermore, both are concerned with dispensing justice rather than preventing child sexual abuse.

Therefore, my project aims to provide a comprehensive prevention strategy that gives parents and children the knowledge and understanding to prevent instances of CSA.

It was almost the end of the third semester, and I was struggling to decide on a topic for my final project. I remember how I wrote this topic down in my book, looked some things up about it, and nervously presented it in one of my last meetings. I told my professors how child sexual abuse was frighteningly common around us and how I wanted to work with children to educate them about it. As soon as I said it, the questions began. My professors were worried not only because we were practically out of time, but because I presented an idea of which I did not fully understand the challenges. Talking about sex in India is such a taboo, making children

understand abuse seemed like a mammoth task.

But I took up the challenge and decided to visit a few schools in my area to examine what children and their parents' understanding and knowledge were of the problem. What looked like a massive problem in the beginning only grew in complexity with every further step I took, and my determination to contribute to the understanding of it grew even higher.

III. Research phase

III. i. Field Visit 1

a. Introduction

On my first field visit, I observed and interviewed school children (aged 5 to 10 years) and their parents. I visited three schools in the suburbs of Mumbai, JS Jangid High School, Mira Road; Tapovan Vidyalaya, Mira Bhayandar; Holy Cross Convent School, Mira Road, and talked to ten children and each of their parents.

I aimed to get a sense of their social world and their understanding of human development, personal space, and sexually appropriate and inappropriate behaviour.

I chose these three schools because all the three schools had children from a cross-section of economic and cultural backgrounds; the mix would allow me a better understanding of a wider group of children.

b. Observations with the children

The life of these children revolves around places like their home, school, attending tuition classes, friends' homes, and the playground. They go to most of these places unaccompanied by a trusted adult. Mom, dad, siblings were part of most children's families. Some others lived in a joint family with their grandparents, uncles, and aunts. Children said that they were closer to their moms as they got to spend more time with them. The children had friends(both their age and older) at school and where they lived. They said that they talked about their day at school to their mother or grandparents. Most kids were comfortable reading English and speaking Hindi. Some children were aware of the idea of stranger-danger and that they were not

supposed to take things from such people. The children said that they identified a good person from a bad person based on their appearance and politeness. They did not consider intentions to be a factor, nor did they understand the concept of personal space, body safety, and good and bad touch. They said that their parents insisted upon the use of good language, respecting people, eating healthy food, finishing their homework, and not indulging in fights. At no point identifying good and bad was discussed concerning the body.

c. Observations with the parents

They did not impart to their children the necessary information to protect themselves from sexual abuse because of several reasons -

- They do not understand the gravity of child sexual abuse in our society.
- They cannot find a way to explain sexual abuse in a way appropriate for the child.
- Lack of knowledge.
- The stigma associated with sex education in India is so deep-rooted that they hesitate to talk to children about sexual advances and threats.
- They think the schools would provide children with the necessary sex education.

d. Conclusion

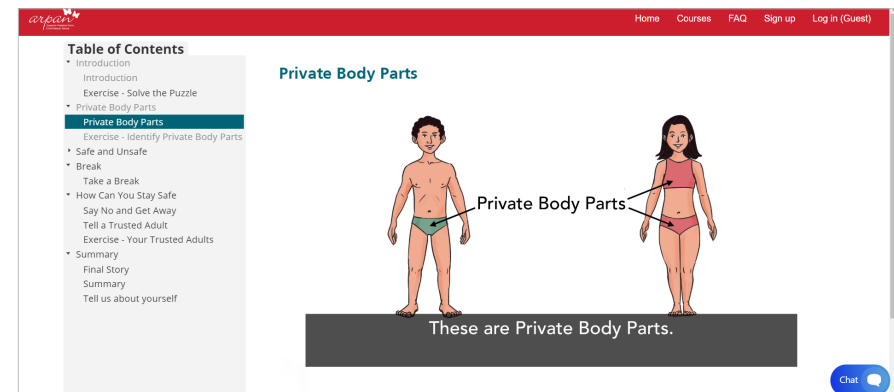
Parents do not think that providing information about sexuality is about protecting their children. They feel that their children cannot be sexually abused but that it could happen only to others. Also, the lack of information, initiative, and indifference transfers the responsibility to either the

government or to schools. The home needs to confront it first; the schools need to add to it and substantiate it further. There is a need for a material that will provide the children with information about body development, personal boundaries, health and hygiene, concerning sexual behaviour, in a comfortable, age-appropriate, and easy to comprehend manner.

III. ii. Field Visit 2

a. Introduction

My second field visit was to a tuition class which had children from the ages of 8 to 10 years. It involved making them take an online personal safety course by Arpan, a Mumbai based NGO working on the issue of Child Sexual Abuse in India. The course deals with three main topics - Private body parts, safety rules, and ways to stay safe, each followed by a test.



Online Personal Safety Course by Arpan, Mumbai

b. Observations with the children

- Children have a short attention span. They cannot sit alone for the 40-minute course unless stressed upon by an adult.
- Each found discussing the other genders' body irrelevant and embarrassing.
- The children said that they would be more comfortable discussing the topic with their parents than an outsider.
- Not every child answered the test correctly at the end of the lecture,

suggesting different learning curves and the need for a moderator during the process.

c. Observations with the parents

- Parents said that they wanted to talk about safety and sexual health but were very shy and could not do it.
- They thought that aid like the online course could help them in talking about body health and safety with greater ease.
- Parents felt that unless reiterated, the kids might forget about the course in a day or two. They felt that for the best retention, the learning should be gradual and not all at once.

d. Conclusion

Knowing about body health and safety will help children identify and respond correctly to any unwarranted and dangerous situations. It can only happen gradually, and with people they trust. Parents have the greatest ability to create safe environments for their children, reducing the likelihood of abuse. There is a need for material that could assist parents in providing children with education and skills to prevent instances of CSA.

IV. Literature Survey

IV. i. Initiatives by local NGOs

1. Personal Safety Course by Arpan, Mumbai



Classroom Safety Course by Arpan, Mumbai

a. Medium

Workshop

b. Target Audience

School going children (Class I - Class X) and adult caregivers.

c. Purpose

The Personal Safety Education (PSE) Program is Arpan's flagship program, which comprises 85% of Arpan's work. Personal Safety Education Program is a 22-hour comprehensive model to empower children to prevent the risk of Child Sexual Abuse (CSA) and seek support in case of violation. This life skill education module developed by Arpan is conducted in schools with children from Grade I - Grade X. It aims to provide them with knowledge,

skills and ability to prevent instances of CSA as well as to seek support when an incident occurs. It aims to reduce the risk factors that are likely to increase the chances of sexual abuse, both online and offline, by strengthening the protective factors. It intends to teach the core life skills of decision-making, problem-solving, critical thinking, interpersonal relationships, self-awareness, gender awareness, resilience, empathy building, and de-stigmatization. It supports children with counselling post-disclosure and also works with children and adolescents who violate other children's boundaries. The program also works with adult caregivers, for example, parents, teachers, and service staff, so that they can create a safe environment for children and respond effectively in case of violations.

d. Expectations

Schools have the opportunity and training to work with large groups of children. Most of the wakeful hours of a child are usually spent at school. The idea of conducting a personal safety program with school children should help the NGO to impart knowledge to a large group of children effectively.

e. Analysis

The workshop is conducted for two days. On day 1, children are taught about private parts, safety rules and safety circle. The teachers do not graphically show or use correct names for the private parts. The syllabus covered in the program focuses sadly, only on a hasty exploration of biological developments, ignoring the complexity of psychological and relational components. They only use the blackboard to teach and do not use the opportunity to teach children by doing role-plays or group discussions.

Besides, for a child to understand and remember something, communication has to be constant, frank, clear, and friendly. There should be room for addressing the children's doubts, but these classes are just a one-off lesson.

On day 2, the teachers have a one-on-one discussion with each child trying to identify if they have been in an abusive situation. A 22-hour program is very brief because it does not provide the children enough time to open up to the people conducting the workshop. The program focuses more on identifying children who have suffered from child sexual abuse rather than preventing it. In the program for caregivers, parents should not only be told to be extremely alert, but they should be taught how to take the dialogue further, how to teach the children about sexual abuse prevention regularly.

2. A Parent's Practical Response to Child Sexual Abuse by Tulir

a. Medium

Textbook

b. Target Audience

Parents

c. Purpose

The book aims to address parents' anxieties regarding child sexual abuse and give them information to assist them in protecting their children. Besides providing information on child sexual abuse, it suggests to parents as to how

they should respond if they suspect their children are in an abusive situation. The guide provides information to help them identify signs and behaviour that may indicate that a child is in distress and provides guidelines on how to report if they suspect someone.

d. Analysis

Parents do have the ability to create safe environments for their children, reducing the likelihood of abuse. Children despite this still have to visit places where adults cannot accompany them, and therefore children should have the information and skills to protect themselves from any impending dangers on their own. The book very briefly talks about asking parents to take the initiative and talk to their children about sex and sexual abuse. It does not suggest ways or give information on what to discuss. It focuses more on identifying abuse and obtaining help for the same.

IV. ii. Other initiatives

1. Blog: Sex Ed Rescue by Cath Hakanson



Sex ed rescue blog by Cath Hakanson

a. Medium

Online Blog

b. Target Audience

Parents

c. Purpose

One day, the author, struggling to find an answer for her daughter's doubt about sexual organs, understood how difficult it could be to talk about

the body with a child. She then spent her time researching the topic and questioning friends with older kids and finally started this blog to share her tips and experience with the world. Her blog provides the right tools and knowledge to have age-appropriate conversations that will empower children to make smart decisions about love, sex, and relationships.

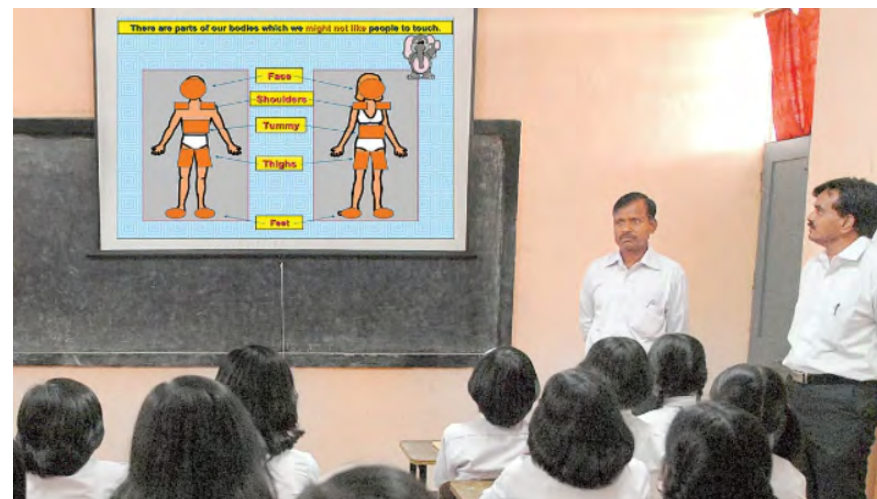
d. Analysis

The steps and solutions are generalised for the entire population, and the information available for free is in bits and pieces. There are books available on her blog for each topic, but having more than one book is an expensive affair. Also, the reach of print media is limited. The blog is also not tied up well, and hence one comes across a lot of unwanted information in the process of finding what they need.

2. Sex Education Curriculum by the government

In 2007, when the sex education curriculum was being promoted by India's Ministry of Human Resource Development, a controversy developed. The module addressed various aspects of growing up, including sexual and reproductive health, sexual abuse, good touch and bad touch, nutrition, mental health, sexually transmitted diseases, non-communicable diseases, injuries and violence, and substance abuse in an age-appropriate manner.

Many opponents believed that sex education would corrupt our youth and be disgraceful to traditional Indian values. They also thought that it would



Sex education introduced to the curriculum(2007)

lead to promiscuity and irresponsible behaviour. Finally, they argued that sex education was a western construct that was being forced upon India. These arguments caused states like Gujarat, Madhya Pradesh, Maharashtra, Karnataka, Kerala, Rajasthan, Chhattisgarh, and Goa to ban sex education in their curriculum.

In March 2007, the Maharashtra state government banned sex education in schools. The ban came after the ruling and opposition Members of the Legislative Assembly claimed that western countries had forced the Central government to implement the program. The Karnataka education board said that the program had been put on hold after complaints from the teachers

that the books were oriented towards increasing the sales of condoms and that the material was sexually provocative.

On May 15, 2007, the Chief Minister of Madhya Pradesh Shivraj Singh Chouhan removed sex education from the state curriculum because it offended Indian values, acting on the advice of Rashtriya Swayamsevak Sangh (RSS) ideologue Dinanath Batra. Batra suggested that yoga be added to the curriculum instead. S. Anandhi criticised this view, a scholar of gender issues, who wrote that sex-education was vital for combatting child sexual abuse and the spread of HIV/AIDS. Later that year, Batra wrote a letter on behalf of the Shiksha Bachao Andolan Samiti, which stated that teachers who followed the sex-education curriculum could be jailed for two years on the charge of “outraging the modesty of a woman.”

In May 2007, the Rajasthan Chief Minister Vasundhara Raje wrote a letter to Arjun Singh, the Union Minister of Human Resource Development in which she stated that children in Class IX and X did not require sex education because they were in the early stages of puberty. The state Education Minister, Ghanshyam Tiwari, stated that they already had a life skills course called Jeevan Shaili, which was sufficient. The Jeevan Shaili course teaches communication skills, professional skills, leadership skills, and universal human values to make children ready for the job world. The course, in no way, provides them with the skills to protect themselves from abuse. In June 2009, the Orissa Education Minister Bishnu Charan Das indicated

that they were delaying the introduction of sex education by a year as a result of protests by teacher organisations and students’ political groups. Rajendra Burma of All India Democratic Students’ Organisation (AIDSO) claimed that it would cause innocent students to become too curious about sex.

In July 2009, a teachers’ association protested the introduction of sex education in Uttar Pradesh. Om Prakash Sharma, the chief of the association, said that it would result in embarrassing questions from students. He threatened to burn the books in a bonfire if they were not withdrawn. Ram Madhav of Rashtriya Swayamsevak Sangh (RSS) called sex education unfit for Indian society. He instead proposed that workshops be held for adults only to warn them against a promiscuous lifestyle. Prakash Javadekar of the Bharatiya Janata Party (BJP) proposed that sex education should consist of abstinence-only training. Another BJP leader Murli Manohar Joshi stated that the course would disturb the mental development of children and claimed that multinational companies were behind this to boost the sales of condoms.

One of the main reasons for the occurrence of sexual assaults is a lack of awareness. The stigma associated with sex education in India is so deep-rooted that we make almost no effort to address it. Unless people start talking and educating themselves and their children about it, the risk of CSA is going to exist.

Research shows that something as little as knowing the correct anatomical terms enhances kids' body image, self-confidence, and openness. It also discourages their susceptibility to molesters. When children are abused, having the right language helps both the child and adults deal with disclosure and—if necessary—the forensic interview process.

Sexuality education, according to UNESCO, “provides opportunities to build decision-making, communication and risk reduction skills about many aspects of sexuality. It encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality”.

Research shows that comprehensive sexuality education delays sexual initiation and leads to a fall in sexually transmitted diseases.

Myth is that sex education will make everyone talk about sex. But it is in fact about knowing your body, consent, interaction with the opposite sex, colleagues and friends,” says Dr. Mehra, Executive Director of MAMTA Health Institute for Mother and Child.

The No Means No Worldwide organisation conducted experimental ‘consent classes’ in Nairobi, Kenya, and found positive and immediate results. Rape cases in certain areas dropped as much as 50%, and the percentage of young boys who intervened in an incident of harassment increased from 26% to 74%. These classes not only teach about consent but also about positive gender roles and respecting women. On the contrary, a lack of sex education is linked with an increase in sexual violence.

While abstinence theoretically is effective in preventing pregnancy, in actual practice, intentions to abstain from sexual activity often fail. In other words, comprehensive sexuality education helps young people remain abstinent, while abstinence-only education does not.

3. Riverside School's Wellbeing Program, Ahmedabad

Wellbeing is a critical part of how young people learn and grow. Research shows that children's wellbeing affects their ability to engage with their education. Riverside school's wellbeing program focuses on the following -

- One's body
- One's emotions
- One's thoughts and processes

Children are made aware of their body, the different emotions, and how to manage them, their mental and physical safety, their gender identity, their roles, social status, sexuality, and sexual orientation. They are taught to break stereotypes about themselves and the community in which they live. The idea of regulation of their own body, emotions, and health are built using the following methods and means -

- Experiences
- Theatre
- Stories

- Individual sessions
- Role play
- Reading
- Discussions
- Coffee with experts

Children spend most of their day in school and create a family-like bond with their teachers and classmates. When classes like these become a part of the curriculum from a very young age rather than just a one-of lesson, the learning becomes gradual, and the child is more confident. Teachers are professionals who can ensure that the child is in the best hands. Also, regular discussion with the teachers and class friends assures a child that it is alright to talk about the body and other related topics. The program would fail if the teachers appeared to be awkward and embarrassed around the child when delivering the course. The program also informs the parents about every lesson in advance and is open to answering any doubt a parent might have back at home in taking the conversation further.

4. Dutch Sex Education

The Dutch are practical about dealing with issues that many other countries find to be a struggle. Rather than sticking their heads in the sand and advocating abstinence-only (a policy that has proven to be a dismal failure)



Sex education classes in Netherlands at the age of four

From the age of 4, all children in Dutch schools receive compulsory age-appropriate sexuality education classes. It is not just about the nuts and bolts (so to speak) of sex. The main emphasis is on building respect for one's own and others' sexuality. Dutch sex education classes teach children to respect others' boundaries, stressing the importance of sex in the context of a respectful, loving relationship. Dutch schools use a sex-ed curriculum called Kriebels in je buik (Butterflies in Your Stomach). The yearly lessons begin with 4, 5, and 6 year-olds talking about differences between male and female bodies, learning about reproduction, and discovering their sexual likes, dislikes, and boundaries. Third-graders learn about love, including how to be kind to your crush. Before middle school, children get lessons on sexual

diversity, gender identity, deciding when to have sex, and how to use barriers and contraceptives. All along, students are schooled in healthy relationship and how to reject gender-role stereotypes.

A recent study from Georgetown University shows that starting sex ed in primary school helps avoid sexual abuse, unintended pregnancies, maternal deaths, unsafe abortions, and STDs. The Netherlands is a real example that shows that starting sex ed early in life can help prevent sexual abuse and even unwanted pregnancies later down the road.

5. Study on Child Abuse: India 2007

The purpose of the “Study on Child Abuse: India 2007” under the Ministry of Women and Child Development Government of India was to develop a dependable and thorough understanding of the phenomenon of child abuse in India. It aimed to facilitate the formulation of appropriate policies and programs meant to curb and control the problem of child abuse effectively.

The specific objectives of the study were to -

- Assess the magnitude and forms of child abuse in India among children between the age of 5 to 18.
- To study the profile of abused children and also the social and economic circumstances leading to their abuse.

- To facilitate analysis of the existing legal framework to deal with the problem of child abuse in the country.
- To recommend strategies and program interventions for preventing and addressing issues of abuse.

They selected two states from each of the six zones: North, South, East, West, Central, and the Northeast. The state of Maharashtra was added as it is the commercial hub of India and has a large migrant population. Based on the literacy rates, two districts from each state were selected- one from the upper quartile and one from the lower quartile. Similarly, based on the crime rate, two blocks were selected from each district. Respondents included children (5–18 years), young adults (18–24 years), and stakeholders. There were five specific categories of children: (1) children in a family environment, not attending school; (2) children in schools; (3) working children; (4) street children; and (5) children in institutional care. They selected fifty children from each of the above five evidence groups. Twelve thousand four hundred forty-seven children respondents belonging to the five different categories were selected. They attempted to have an equal number of boys and girls in each evidence group. They used child-friendly tools and techniques to create an enabling environment for children to respond with ease and share their experiences of abuse. The tools and techniques used included focus group discussions (FGDs) and one-to-one interaction with the children.

Findings

- Younger children (5–12 years of age) reported higher levels of abuse than the other two age groups across the types of abuse suffered.
- Boys and girls faced an equal risk of abuse.
- People in positions of trust and authority were the primary abusers. 50% of the abusers were cousins, uncles and friends, and class fellows.
- The majority (72%) of abused children never reported the matter to anyone.
- Approximately half (53.2%) of the children reported having faced at least one form of sexual abuse.
- Across the country, 20% of children faced severe forms of sexual abuse.
- According to the statistics, sexual abuse began at the tender age of 5 years, and it rose sharply after that.
- Andhra Pradesh, Assam, Bihar, and Delhi, reported the highest percentages of sexual abuse among both boys and girls.
- The prevalence of CSA in the upper and middle class was proportionally higher than in the lower or lower-middle class.

It is evident from the findings that children from a very young age are vulnerable to sexual abuse. There is a need for understanding the importance of breaking the silence around child sexual abuse by empowering children and the stakeholders with the knowledge and skills to provide children with the information to protect themselves from lurking dangers.

6. Research on Prevalence & Dynamics of Child Sexual Abuse Among School Going Children in Chennai (2006)

A study on Child Sexual Abuse carried out by Save the Children, and Tulir in 2006 looked at the prevalence and dynamics of child sexual abuse among school-going children in Chennai. They conducted the study to add to the scarce indigenous body of knowledge on child sexual abuse, to break the silence around the issue, dispel certain myths, and to provide research-based information on child sexual abuse. The team followed major ethical standards of confidentiality, freedom to participate, informed consent, and a multi-disciplinary team.

The main findings of this study were -

- Out of the total of 2211 respondents, 42% of children faced at least one form of sexual abuse.
- Among respondents, 48% of boys and 39% of the girls faced sexual abuse.
- The prevalence of sexual abuse in the upper and middle class was proportionately higher than in the lower or lower-middle class.
- Sexual abuse was prevalent in both joint and nuclear families.
- The majority of the abusers were people known to the child.
- Sexual harassment in public places and exhibitionism was higher by strangers.
- Sexual abuse of children was very often a pre-planned insidious abuse of a relationship by an abuser over the child.

- The age of the onset of abuse coincided with the age of the onset of puberty for both boys and girls.

7. Research on Child Abuse in India (2011) by Dr Mohammad Reza Iravani

According to Iravani's examination based on lengthy interviews with four hundred and seventy adults, approximately 30 % of men and 40 % of the women remember having been sexually molested during childhood; with "molestation" defined as actual genital contact and not just exposure. He noted that about half of these incidents were directly incestuous with family members, and the other half occurred with perpetrators outside the immediate or extended family. These experiences were not just pieced together from fragmentary memories but were remembered in detail. The molestation usually continued for an extended period and has been confirmed by the follow-up reliability studies in 83% of the cases, so they are unlikely to have been fantasies. These seductions occurred at much earlier ages than had been previously assumed, with 81% occurring before puberty and an astonishing 42% under the age of 7.

Starting sex education early in life could protect children from sexual abuse and assist in raising healthy individuals.

V. Formulation of the Problem Statement

Baed on the field visits and literature survey, the following problem statement was formulated -

Problem Statement

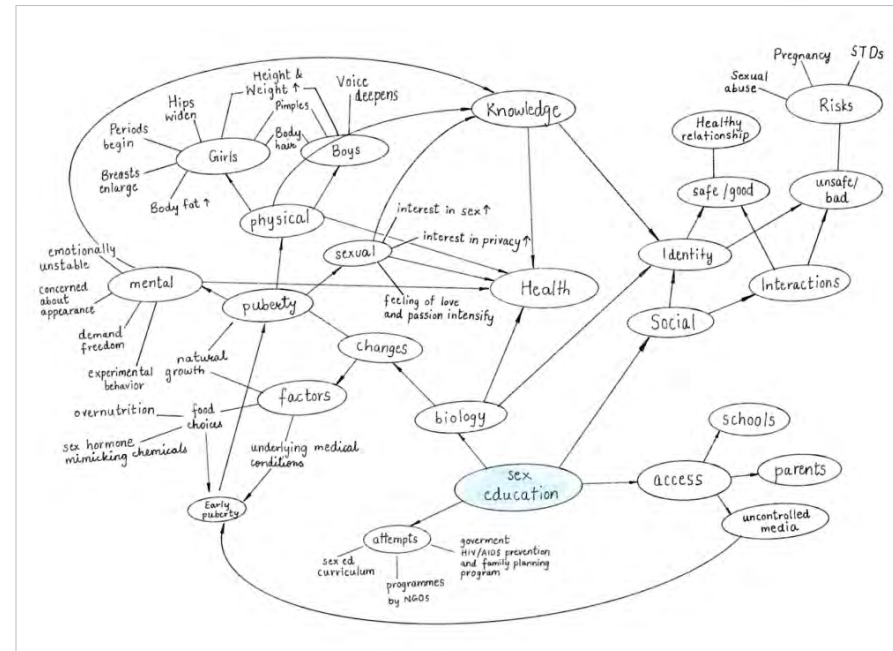
To develop material to educate children (5 - 8 years of age) about the body and their parents about preventive measures for child sexual abuse.

Target Audience

School going children (5-8-year-old) and their parents/guardians. The communication material for the project is limited to children and parents who have English language skills and could be later interpreted and translated for other contexts, which is currently outside the purview of this project.

VI. Campaign Strategy

At the beginning of the fourth semester, my guide asked me to lay down all the information I had come across related to the topic. Once I lay all the info down, I tried to establish a connection between the issues. Mapping helped me focus on the area of interest keeping in mind all the other aspects it affects. This approach enabled me to get a tighter grip on what I wanted to address and why.

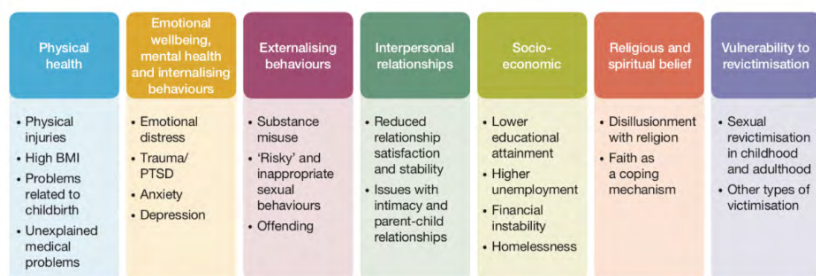


Concept mapping diagram

The following points were considered in the making of the strategy -

1. Preventive Measure

There are different types of child sexual abuse. Each kind is equally damaging to a child's health. The experience of CSA can have a detrimental effect on general emotional wellbeing, physical and mental health.



Detrimental effects of CSA on the health

Experiencing CSA has been associated with a wide range of adverse physical health outcomes. Acute physical injuries to the genital area can result from penetrative abuse, as can sexually transmitted infections. Physical health outcomes include increased body mass index (BMI), heart problems, and issues surrounding childbirth. The experience of CSA can have a disturbing effect on a child, leading to low self-esteem and loss of confidence. Mental health outcomes/internalising behaviours include depression, anxiety disorders, post-traumatic stress disorder (PTSD), self-harm, and suicide, as well as a range of other mental health conditions.

Children depend on adults – especially parents and people in roles of authority – to care for them and to look out for their best interests. Their dependency and the need to trust makes them vulnerable to manipulation, exploitation, and abuse by adults, teenagers, and other children. When children are subjected to unwanted or abusive sexual experiences by adults or older children, they experience betrayal, violation, and destruction of trust. Trust can be undermined even more if a child tries to speak up but is not listened to, or not believed. So, after such experiences, a child can have a hard time trusting anybody. And then there's the flip side: wanting so badly to find someone worthy of the trust that they get fooled easily by untrustworthy people, and end up being betrayed over and over again.

Therefore children who have been abused, exploited, or otherwise harmed by trusted adults can find themselves cycling back and forth between having no trust and being too trusting. This pattern can continue into adulthood, with each new betrayal feeding into the cycle.

Though therapy can help children heal from abuse and protect them from further abuse, most cases of sexual abuse are not disclosed in India. Therefore it is essential to have a preventive measure rather than a post-problem approach. My strategy is that children learn about body safety to be able to approve/disapprove interactions with people based on their knowledge.

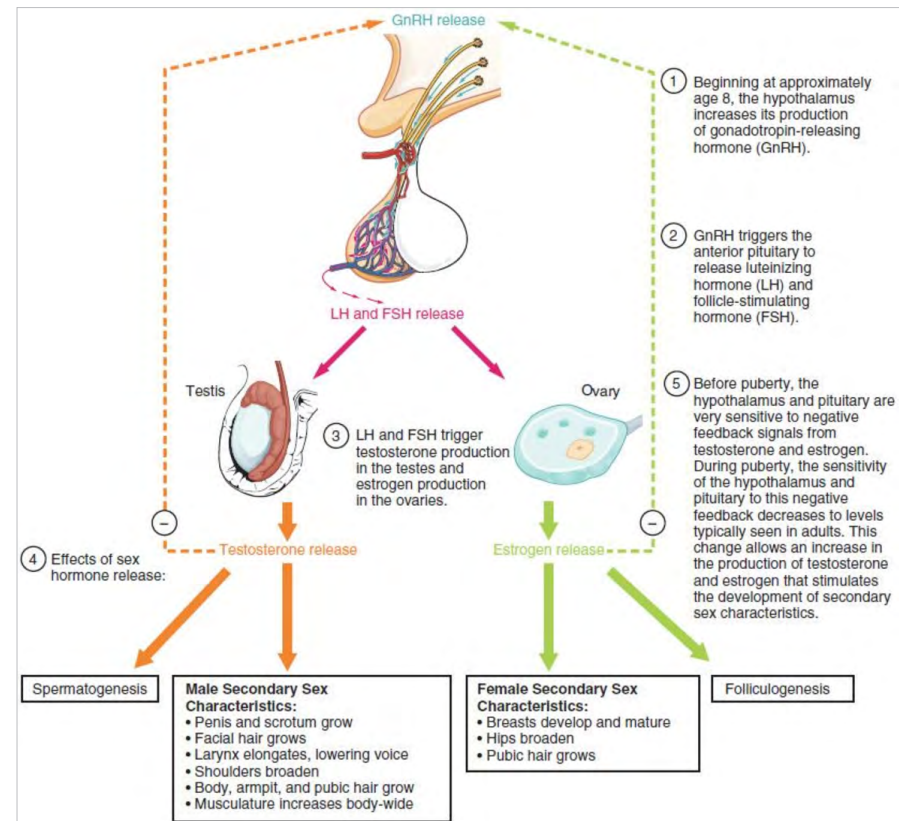
2. Develop a vocabulary gradually

Early puberty puts a child at a higher risk of sexual abuse because they have a sexually developed body but not the appropriate mental development to comprehend all the complexity. Also, earlier sexual desires —because of a mature body and immature mind—can lead to sooner sexual encounters. If puberty hits a kid at 8, it gets essential to start talking about the body in advance so that the kid is prepared for it. A 5-6-year-old has a vocabulary of more than 2000 words but is not ready to grasp topics like puberty, let alone deal with the emotional trauma of monthly periods.

Abnormally early puberty is called precocious puberty and is characterised by the early development of sexual characteristics in girls before the age of 8 and in boys before the age of 9. Most children with the disorder grow fast at first but may finish growing before reaching their full genetic height potential. In girls, the cause of precocious puberty 90 to 95 percent of the time is idiopathic, or unknown, and doctors do not know for certain as to why it happens. Boys are more likely to have an underlying identifiable cause.

2. Identifiable medical causes

The hypothalamus secretes gonadotropin-releasing hormone (GnRH) in the hypophyseal portal bloodstream, a network of capillaries. The portal carries the hormone to the pituitary gland. The pituitary gland contains gonadotroph cells, where GnRH activates its receptor. It results in the synthesis and



A diagram to show how puberty begins

secretion of gonadotropins - luteinizing hormone (LH) and follicle-stimulating hormone (FSH). LH and FSH stimulate the ovary in females to release estrogen and progesterone and the testes to release testosterone in

males. These secretions lead to the onset of puberty.

Medical reasons for the disorder include -

- Central nervous system abnormalities
- Family history of the disorder
- Certain rare genetic syndromes
- Tumours in any of the above parts in the diagram

2) Other reasons believed to cause early puberty -

- Milk

When precocious puberty entered the radar screen, the first suspects were hormones in dairy products and meat, particularly the artificial bovine growth hormone, rBGH. But soon after research, it was found that rBGH is a protein hormone, destroyed in human digestion, not a steroid hormone like estrogen.

- Pollutants

Pollutants are a serious problem. Plastics and insecticides can break down into chemicals similar to estrogen. Ivelisse Colón of the University of Puerto Rico identified a compelling connection between exposure to chemicals called phthalates and a substantial increase in breast development among Puerto Rican girls younger than 7.

- Kids too fat

Few scientists are ruling out the impact of pollutants. According to them, the more probable cause of precocious puberty seems to be childhood obesity. They believe that puberty requires the body to have a certain weight and fat distribution, hence the delay for female gymnasts and ballerinas. So an 8-year-old who weighs as much as an average 12-year-old is at risk for precocious puberty.

While a cleaner Earth is an excellent idea, the best prevention for precocious puberty seems to be to keep kids healthy and running wild like kids.

With puberty approaching early, it becomes crucial that we teach our children about their bodies and give them the knowledge to deal with the changes coming in their way. A model that provides information about good and bad touch only would be incomplete and would not help the child once he/she approaches puberty. One will have to develop a vocabulary gradually with the children so that not only can they protect themselves from any unwanted sexual encounter, but that they are also ready to deal with all the physical and mental changes of puberty by the age of 8.

3. Learn with parents

Schools have the opportunity and training to work with large groups of children, yet formal sex education begins at the age of 13 in most schools.

Even then, teachers in most schools – including private schools – prefer skipping the portions that have anything to do with sex. When topics of sex and sexuality get covered according to the curriculum, the chances are that education stops right when children begin to ask questions. Classes get adjourned, and the conversation is probably never held again.

Parents have the most influence on a child's life. Therefore, parents are the best suited to have this conversation with the child. They should not rely on the school system to provide sex education; this does not mean that the schools can avoid it either. Early, honest, and open communication between the parent and the child about the body is critical because otherwise, curiosity can often lead the child to misinformation. Children can sometimes be very private people. However, speaking about sex early increases the chance that they will approach their parents when difficult or dangerous things come up in future.

Children have different learning graphs; their cognitive, emotional, physical, social, and sexual development can happen at different rates. Only a parent can be patient enough to go through the process of teaching something time and time again until the child understands it.

The material is primarily formulated as a parent and child activity, but it can be used by any caring adult - guardian, teacher, etc.

4. Parallel education for the parent

Here are some reasons why parents do not discuss the body and its changes -

- They think that children will lose their innocence.
- Find it embarrassing.
- The children do not ask any questions.
- Do not know how to answer their questions, as nobody has taught them
- They are afraid that they might give their children too much information.
- Think that it's a conversation that takes place at puberty.
- Think they will learn about it at school.
- They do not know enough about it themselves.
- Consider it taboo.

Therefore, it is essential to educate the parents in parallel so that they can comfortably start an age-appropriate dialogue about CSA with their children. It will also help parents to moderate and participate in what the child is learning. They can also learn to identify and respond to any situations of CSA in their surrounding rightfully. If children know that they can talk to their parents about anything, the hope and possibility of them revealing any such wrongdoing increases.

5. Material for 5 to 8-year-old

- According to the studies on CSA mentioned earlier, abuse starts at the young age of 5 and peaks during puberty.
- With the average age of reaching puberty getting as low as eight years, children have cognitive, social, and emotional development consistent with their age, but physically, they look older. They have to deal with the physical, mental, and emotional changes and challenges of puberty early. Other kids and adults might make erroneous assumptions about their capabilities. In particular, there are changes in the thinking of oneself as sexually desirable or physically attractive that get emphasised at puberty. Children get more anxious and less confident in their relationships with family and friends. And are more likely to hang out with friends — often, older pals — who engage in risky behaviours such as early sexual behaviour and substance use.

Children are seldom given any information about their bodies, puberty, sex, and reproduction. Lack of information can make children vulnerable as they have a sexually mature body but no knowledge to keep it safe. Therefore it is important to start talking about the body early so that they can be introduced to puberty before they turn eight.

VII. Developing a Narrative

Aim (Age 5)

To educate children about their external body parts and the idea of certain parts being private. To help them understand how and why certain activities and spaces are public, and some are private. To teach them to identify good/bad touch and safety rules to keep themselves safe. To encourage them to recognize and name the different emotions they feel. And help them accept/reject interactions based on their knowledge of body safety. To communicate to them the importance of keeping both their body (by talking about the benefits of a healthy diet, exercise and proper sleep) and mind healthy. To help build a safety circle to trust and discuss matters related to the body.

Aim (Age 6)

To teach children about their internal organs. Internal organs are invisible and untouchable, making it difficult for children to learn their size, position, and function. Without the basic knowledge of the body, it is difficult to teach them about complex body processes like puberty and reproduction. To introduce children to the idea of pain and help them differentiate between physical and emotional pain. To help children map any physical pain back to their own body so that they can communicate it to the adults to minimize miscommunication. To introduce them to the idea of consent and entry into personal space therefore providing them with an understanding of what violation of personal space means and how they are socially permitted to react in any such situation.

Aim (Age 7)

To introduce children to the idea of growth and how their own body

transforms into an adult body during a phase called puberty. Puberty brings about a lot of changes in the human body. To inform children in advance of these changes. To help them make better decisions about their own body by providing them the knowledge to deal with a sexually developed body at a young age. To reassure them that they can deal with early puberty if it occurs to them.

Aim (Age 8)

To convey how all the changes during puberty are to make their body capable of sexual reproduction, the consequences of sexual activity, and the maturity required to handle all of it. To explain to them the role of private parts and how they are legally protected from unwanted sexual advances.

Aim (Parents)

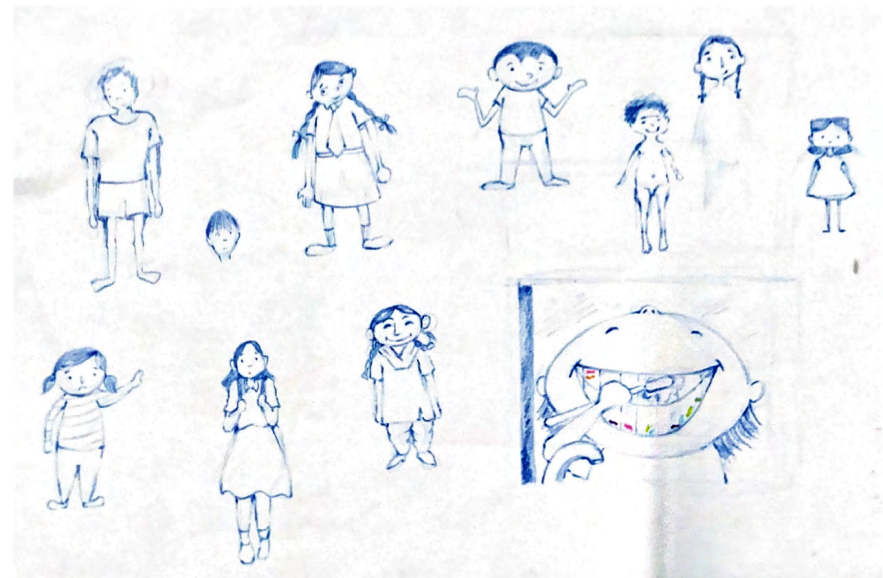
To teach parents the importance and need for providing children the above information. To suggest to parents how they could start and continue a conversation with their children about the body. To increase parents' awareness and knowledge of protective measures, they can take on behalf of their children.

How is it conveyed

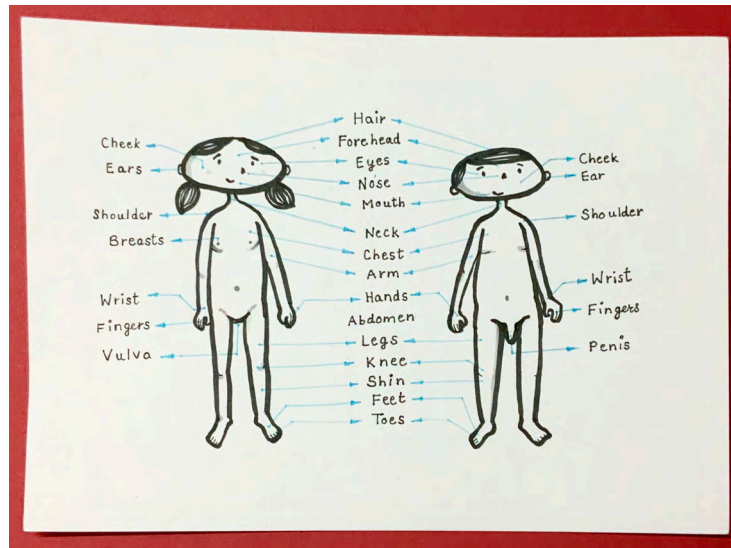
A narrative was built to convey the above things and illustrations were made to help children understand better.

VIII. Developing a Style

The style selected for the illustrations is such that it is engaging and straightforward. It is similar to drawings children see in illustrated books designed for their age. The illustrations look friendly and approachable. Even though they talk about the body, children are not daunted by the illustrations. There is a good balance achieved in the illustrations i.e. the medical illustrations are not treated frivolously. The illustration style is developed in such a way that both children and adults can identify themselves with the characters.



Style explorations

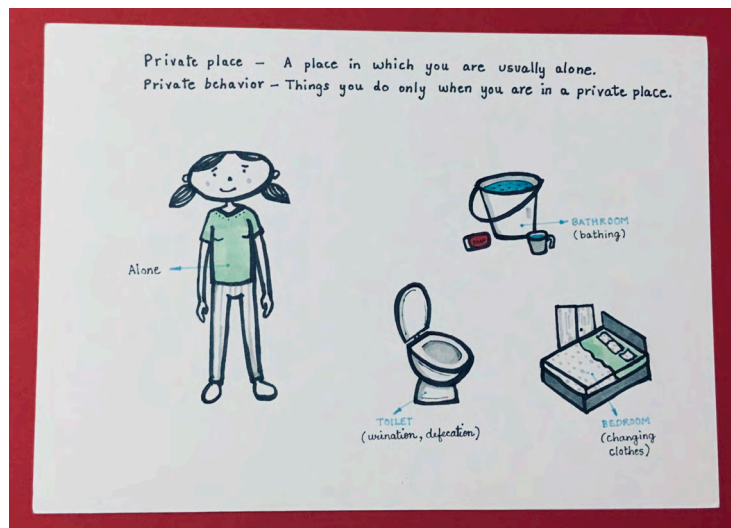


IX. Initial Approach

I decided to first prepare some hand drawn flashcards for 5-year olds to test it with children to see their responses and level of understanding to the material. The idea was to get feedback from the testing and include it to improve and accordingly design material for 6, 7, and 8-year-olds.

Problems with field testing

- I contacted several parents in Gandhinagar and Ahmedabad to be able to field test my material but they were too afraid as soon as they heard it addressed CSA.
- I also contacted and visited several schools during this process in Gandhinagar and Ahmedabad like A1 School (Ahmedabad), Kameshwar School (both Ahmedabad and Gandhinagar branch), Udgam School (Ahmedabad), Asia School (Ahmedabad), Lotus Campus (Ahmedabad), Das Foundation (Gandhinagar), Chaitanya School (Gandhinagar), and Riverside School (Ahmedabad). Except Riverside, none of these schools agreed to the field testing. I lost a lot of time in this process, not getting the desired results.
- The field testing plans had to be postponed because of Corona. The product was then designed going back and forth to weave a smooth narrative from age 5 to age 8.



Hand drawn flash cards

X. Product Design

After designing the strategy, we decided that the product should be designed to help educate the parent as well as the child. Parents should be able to learn and moderate the learning of the child. The information provided should be simple, and the visualization engaging. The medium should start a conversation between the moderator and the child, which would give children the confidence to speak about their body.

A physical device was designed to enhance the levels of participation. It would help the parent to examine the cards and better engage with the child. It would help the parent moderate and repeat the lessons with the child.

Kit

It is the primary medium through which the entire concept of the body, personal space, and safety is conveyed. The kit consists of material for all four ages - 5,6,7 and 8-year-olds.

The kit includes-

a) Flashcards (For 5,6,7 and 8-year-old)

- The flashcards have information on both sides. One side provides information to the child, and the other has corresponding details, instructions, and activity suggestions for the parent (or any trusted adult).
- It is designed so that the cards can be read by both the parents and the child together. This helps us educate parents about what the child is learning



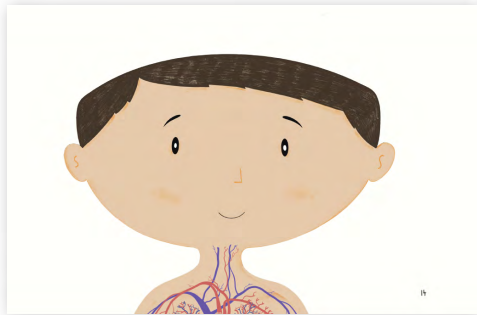
Under no circumstances do you let someone touch or touch someone else's private body parts.

Encourage children to talk about touch they do not like. Many kinds of touch can be painful, uncomfortable, or make children feel upset. Encourage children to talk about their feelings and then say, "Thank you for telling me! Any touch should never be a secret."

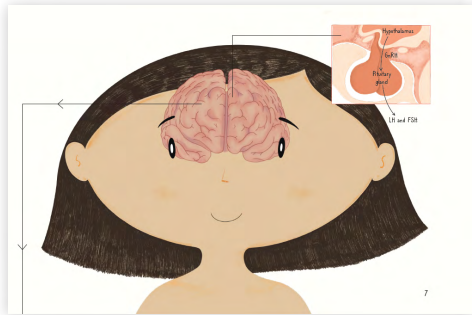
Flashcards (front and back side)

so that they can moderate and answer queries children have.

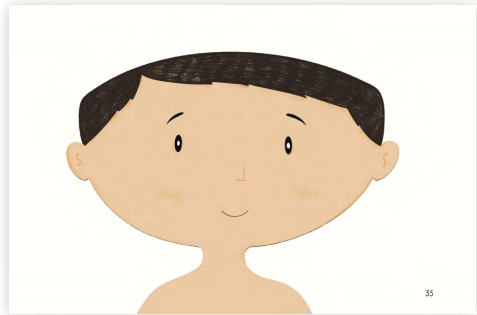
- Flashcards are portable learning materials that can be carried anywhere, anytime with sheer ease and comfort. They are less bulky compared to books.
- Flashcards allow for a process called repetition. They can also be paced according to the mental capability of the child. Parents can use the cards whenever they wish to start a discussion about the body with their children. They can use them to repeat a particular topic in the future. Parents can go back to a specific card repeatedly if the child finds it difficult to understand.
- These flashcards are a fun and educational way for parents to bond with their children. When children know that they can, without hesitation, talk to their family about any troubles they have related to their body, the chances of them telling an elder about any discomfort in the body(physical or mental) increases.
- If the child has not seen a material in sequence, it is possible that an 8-year-old when looks for material for his/her age might not understand the material with clarity. The flashcards provide a possibility of going back and reading.



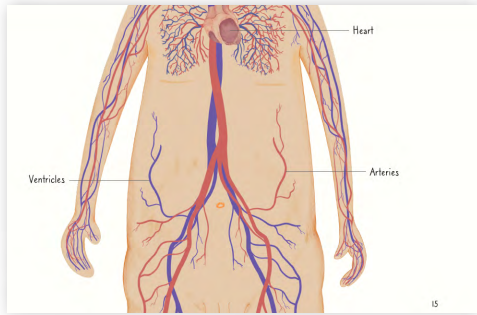
4



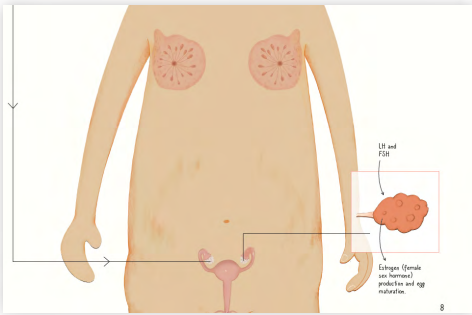
7



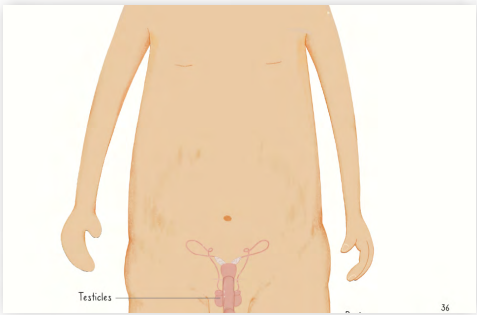
35



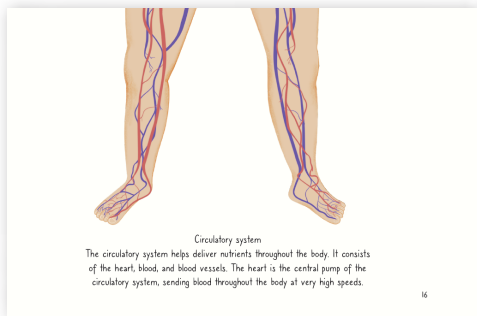
15



8

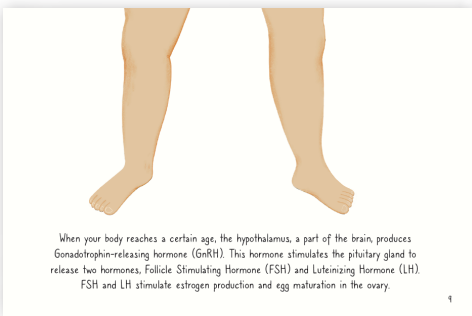


36



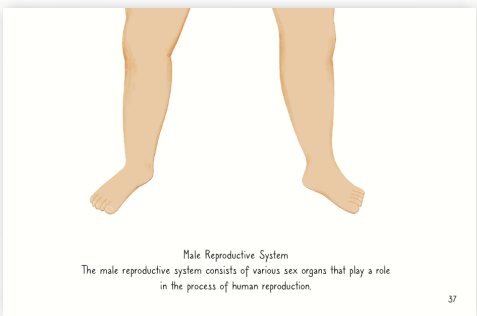
16

Circulatory system
The circulatory system helps deliver nutrients throughout the body. It consists of the heart, blood, and blood vessels. The heart is the central pump of the circulatory system, sending blood throughout the body at very high speeds.



9

When your body reaches a certain age, the hypothalamus, a part of the brain, produces Gonadotrophin-releasing hormone (GnRH). This hormone stimulates the pituitary gland to release two hormones, Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH). FSH and LH stimulate estrogen production and egg maturation in the ovary.



37

Male Reproductive System
The male reproductive system consists of various sex organs that play a role in the process of human reproduction.

Flashcards about the internal body

The flashcards are organized into a 6x8 grid. The first 47 cards contain the following text:

- Card 1:** When the body functions well, the brain tells the body what to do.
- Card 2:** When the body does not function well, the brain tells you to feel... (sad, angry, happy, etc.)
- Card 3:** How do you feel when you are happy? (Smiling, laughing, etc.)
- Card 4:** When do you feel happy and how does it feel?
- Card 5:** When do you feel sad and how does it feel?
- Card 6:** When do you feel angry and how does it feel?
- Card 7:** When do you feel scared and how does it feel?
- Card 8:** When do you feel surprised and how does it feel?
- Card 9:** When do you feel disappointed and how does it feel?
- Card 10:** Safely visit that you visit often. If there are circumstances that you feel something has happened, tell someone you trust. If there are circumstances that you feel something has happened, tell someone you trust.
- Card 11:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 12:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 13:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 14:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 15:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 16:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 17:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 18:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 19:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 20:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 21:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 22:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 23:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 24:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 25:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 26:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 27:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 28:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 29:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 30:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 31:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 32:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 33:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 34:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 35:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 36:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 37:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 38:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 39:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 40:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 41:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 42:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 43:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 44:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 45:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 46:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.
- Card 47:** Under no circumstances do you sit on someone's lap or have someone else sit on your lap.

Flashcards for age 5

consent
 is permission to give someone access to the body.
 Parents, informed consent is permission granted in knowledge
 of the possible consequences.

The ask for consent when you are sharing food, playing a game or
 taking a ride on a roller coaster.

Do you consent or not for consent in matters of the body?

Parental consent is the same done to somebody else. People get
 consent/permission when you do things for yourself.

It is important to involve consent with activities related to
 your personal body.

Consent goes both ways. Each person gets to choose what
 they are comfortable with.

No one is allowed to tell you what to do with your body.

Parental consent flowchart:
 1. Does my child have the
 consent?
 2. Did they ask for consent?
 3. Did they not ask for consent?
 4. Did they not ask for consent?
 5. Did they not ask for consent?
 6. Did they not ask for consent?

When it comes to our bodies, many countries have laws for consent.
 Like to the parent and request people's boundaries.

Our body is complex. It consists of several organ systems that work
 together to perform various functions.

Skeletal System
 The skeletal system consists of the bones and joints in the body. The
 skeleton acts as a support for holding up your body and protects the soft
 tissues that are in the rest of the body.

Cardiovascular System
 The cardiovascular system consists of the heart and blood vessels. The heart
 pumps blood to all parts of the body. The blood carries oxygen and
 nutrients to the cells and carries away waste products.

Respiratory System
 The respiratory system consists of the lungs and airways. The lungs
 take in oxygen from the air and release carbon dioxide from the body.

Digestive System
 The digestive system consists of the stomach and intestines. The
 stomach breaks down food into smaller pieces. The intestines
 absorb nutrients from the food and eliminate waste.

Excretory System
 The excretory system consists of the kidneys and bladder. The kidneys
 filter out waste from the blood. The bladder stores urine until it is
 ready to be eliminated from the body.

Endocrine System
 The endocrine system consists of the glands and hormones. The glands
 release hormones into the blood. The hormones control the body's
 growth, development, and metabolism.

Immune System
 The immune system consists of the white blood cells and antibodies.
 The immune system fights off infections and diseases.

Nervous System
 The nervous system consists of the brain, spinal cord, and nerves.
 The brain controls the body's movements and thoughts. The nerves
 carry messages between the brain and the rest of the body.

Reproductive System
 The reproductive system consists of the ovaries and uterus in females
 and the testes and vas deferens in males. The reproductive system
 produces offspring.

Integumentary System
 The integumentary system consists of the skin, hair, and nails. The skin
 protects the body from injury and infection. The hair and nails are
 made of keratin.

We experience pain when our body tells us that it is
 being hurt.

Our body has many parts. You feel in your body (physical)
 and you can feel in your mind (emotional). Sometimes
 we feel like we are in pain. Sometimes we feel happy.

If you experience any pain, talk to your safety officer
 about it. They will help you.

Flashcards for age 6



Flashcards for age 7

All things that happen along puberty are to build the body towards the stage of sexual reproduction.

In boys, the testis change every puberty to the reproductive cell production in the testis and in the.

During puberty, body and brain growth are accelerated.

The sperms are produced in the testes. They get mixed with fluid from the prostate gland.

This fluid is sperm. It is called semen. It is thick and sticky. It is called semen.

An infection in the vagina from the sperm can lead to a disease called gonorrhoea.

Sometimes you might experience an infection in your vagina. It is a condition called gonorrhoea. It is a sexually transmitted infection.

Female testes are born with all the eggs ready. Before even going to school, before you reach the age of 10.

Each woman has her ovaries. Egg the female reproductive cell production in the ovary.

Open ovary
Egg
Fallopian tube
Vagina
Cervix
Uterus
Vagina
Fallopian tube

When a sperm cell from a man joins with an egg from a woman, it is called fertilisation.

Female phase Day 1-5
The end of the cycle is called the start of the next cycle. The next phase is called the start of the next cycle.

Female phase Day 6-10
The middle phase is called the middle phase. The middle phase is called the middle phase.

Female phase Day 11-15
The start of the phase is called the start of the phase. The start of the phase is called the start of the phase.

Female phase Day 16-20
The middle phase is called the middle phase. The middle phase is called the middle phase.

Female phase Day 21-25
The end of the phase is called the end of the phase. The end of the phase is called the end of the phase.

Female phase Day 26-28
The start of the phase is called the start of the phase. The start of the phase is called the start of the phase.

A period occurs every 2-3 days in females. This period is called the period.

Cramps and pain are very common before and during periods.

A normal bleed will be a brownish colour. It is a healthy sign. It is a healthy sign.

When the sperm reaches the egg, the sperm is called the sperm. The sperm is called the sperm.

Before a baby is born in the uterus, the baby is called the fetus. The fetus is called the fetus.

When the baby is fully grown, the baby is called the baby. The baby is called the baby.

Two people should always be equal in every way. They should be equal in every way.

What does age of consent mean?
Age of consent is the age at which a person is able to be married to another person. It is the age at which a person is able to be married to another person.

Flashcards for age 8

b) Device

The aim of the device is -

- **To develop a vocabulary about internal body parts**

Internal organs are invisible and untouchable, making it difficult for children to learn their size, position, and function. Higher body literacy corresponds to greater compliance with health care regimens, better self-care practices, and increased self-understanding. It gives children more control over their bodies.

The device includes the thoracic, abdominal, and pelvic region. The thoracic cavity consists of the lungs, heart, and esophagus. The abdominal cavity comprises most of the excretory organs, including the esophagus, stomach, liver, gallbladder, pancreas, kidneys, small intestine, and large intestine. The pelvic region includes the male and female reproductive organs and the urinary bladder.

When it comes to sexual organs, speaking obliquely can inadvertently attach a stigma to it. It can lead children to think of sexual organs as taboo, rather than merely private. Therefore, it is essential to use the correct names. Child sexual predators tend to avoid children who possess the vocabulary because using those words implies that the child and their parents can talk openly about sexuality—and safety. That means they may be more likely to share instances of abuse.

Other organ systems help to build the vocabulary to understand body processes like puberty and reproduction further.

- **To help map pain back to the body.**

The device teaches children to learn about each organ and match that organ to its correct spot on the device. The device is a transparent plastic sheet with an outline of the entire system. By pinning organs on to the device, one can see their position on the body. Using the tool, one can map pain back to the body and communicate it to their parents. It teaches them how to care for themselves and how to express their emotions when something doesn't feel right.

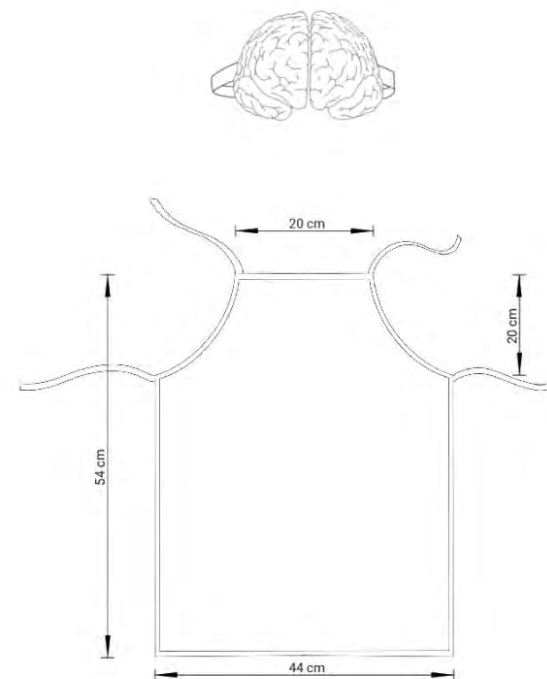
In case of any sexual abuse, it gives children the vocabulary to communicate it to their adults without them misinterpreting it, reducing the likelihood of further damage.

- **Make learning fun**

It promotes active, playful, and hands-on engagement with the device. The device not only helps children learn about their internal body but also polishes newly developed skills of tying, buttoning, and understanding directions.

It allows collaborative learning by allowing the learners to compare their physiology to other gender's & engage in self-inquiry (e.g, to provoke

questions such as “how are our bodies the same or different?”)

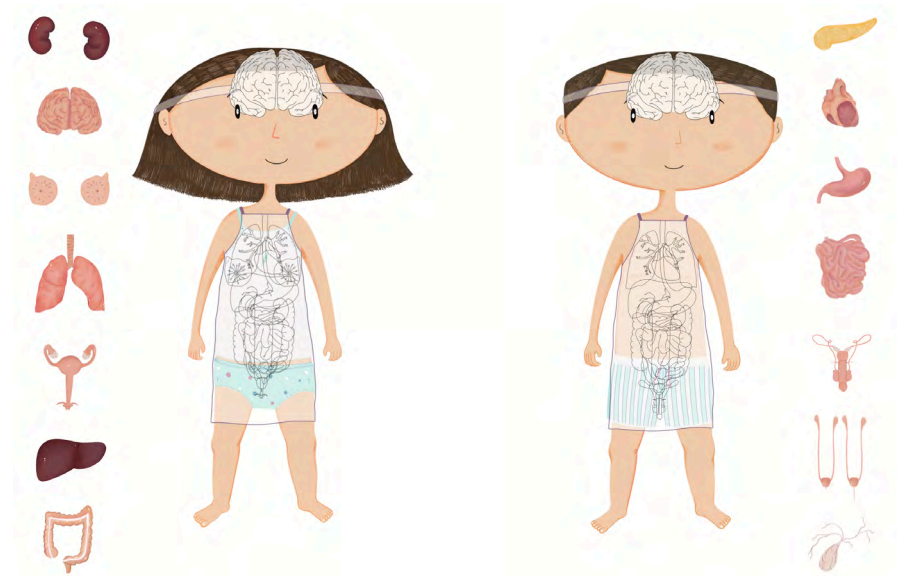


Device measurements

Product description

- Material - Waterproof Durable PVC / Vinyl
 - Size - 54 cm (H) × 44cm (W) with 15” waist ties and 12½” neck loop
- Product Features - It contains two devices, one for each gender and a headband.

The average height and weight of a 6-year-old is 116 cm and 21 kg respectively. The measurement of this device is based on the average height and weight of a 6-year-old obtained from Indian Council of Medical Research(ICMR). It is a standard fit and can be later customized to different sizes. The customization is not in the purview of this project.



Device prototype

XI. Future scope

Field Testing

The product could not be field tested because of the pandemic. Field testing would bring about a lot of changes which could later be implemented in the project.

Extensibility

A website could be attached to the product where parents could write about their experiences and suggestions. These inputs could later be implemented in the project.

Language

The communication material for the project is limited to children and parents who have English language skills and could be later interpreted and translated for other contexts.

XII. Conclusion

There is a lot of resistance in talking about the body in schools, among parents and children. Starting early as age 5 may open up the possibility for conversation. Children are menstruating at age 8 and at one level we have no choice but to try and so, this is my project. I hope if and when the project is implemented, it manages to create a ripple that propels change in people's approach to the topic.

This project, from the beginning, was a huge task and still is. But Prof. Binita Desai's constant support and design process helped me turn this idea into a tangible product. I am glad that she made me go through the process. Even though the project was supposed to be an application of the skills I had learned in one and half years of the course, I cannot even count the number of things I learned along the way.

IX. Bibliography

Papers

Kacker Loveleen, Vardan Srinivas, Kumar P. Study on Child Abuse: India 2007 Ministry of Women and Child Development, Government of India, 2007

Choudhry V, Dayal R, Pillai D, Kalokhe AS, Beier K, Patel V (2018) Child sexual abuse in India:A systematic review. PLoS ONE 13(10): e0205086

World Health Organisation. Report of the consultation on child abuse prevention (WHO/HSC/PVI/99.1). Geneva(Switzerland): World Health Organisation, 1999.

Human Rights Watch. Breaking The Silence: Child Sexual Abuse in India. 2013

Research on Prevalence & Dynamics of Child Sexual Abuse Among School Going Children in Chennai by Tulir, 2007

Child Sexual Abuse in India: Current Issues and Research by David K. Carson, Jennifer M. Foster and Nishi Tripathi

Child Sexual Abuse by Laura K. Murray, Amanda Nguyen, and Judith A. Cohen.

Websites

<https://resourcecentre.savethechildren.net/node/4978/pdf/4978.pdf>

<https://www.tulir.org/images/pdf/Research%20Report1.pdf>

<https://www.tulir.org/resources.htm#school>

<http://healcsa.com/what-we-do/#prevention>

<https://www.arpan.org.in/personal-safety-education/>

<https://www.arpan.org.in/online-courses/>

<https://www.psychologytoday.com/us/blog/evidence-based-living/201809/how-more-effectively-prevent-child-sexual-abuse>

<https://youngindians.net/yimasoom/about-yi-masoom/>

http://www.youngindians.net/yimasoom/wp-content/uploads/2016/09/project_komal_presentation.pdf

<https://www.stopitnow.org/circles-of-safety-training>

<https://yourstory.com/socialstory/2019/07/delhi-organisation-voix-awareness-child-sexual-abuse>

<http://enfoldindia.org/programs/schools/>

<https://app.secca.org.au/>

<https://www.rahifoundation.org/>

<http://www.indiathink.org/Child-Sexual-Abuse-by-Ayushi-Dixit.pdf>

<https://www.ijpediatrics.com/index.php/ijcp/article/view/3035>

<https://www.indiatoday.in/mail-today/story/sex-education-set-to-become-part-of-school-curriculum-1211116-2018-04-13>

<https://www.youtube.com/watch?v=EiIxxOah09E>

<https://pubertycurriculum.com/sex-education-in-india/>

<https://www.studyinternational.com/news/sex-education/>

https://docs.google.com/document/d/1ZM9ODM8ODhNhBvR5CRjK1vmGu_qs0Qdhu7u11Rg4Uc/edit

<http://icp.schoolriverside.com/>

<http://www.ourvoix.com/comics/>

youtube.com/results?search_query=our+voix
<https://app.secca.org.au/>

<https://www.youtube.com/watch?v=h3nhM9UJjc>

<https://theconversation.com/worried-about-the-sexualisation-of-children-teach-sex-ed-earlier-10311>

<https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/cse-myths-and-facts.pdf>

<https://www.pbs.org/newshour/health/spring-fever>

<https://www.outspokeneducation.com/>

<https://www.plannedparenthood.org/learn/for-educators/what-sex-education>

<https://www.heysigmund.com/kid-needs-know-age-age-guide-sex-education/>

https://healthywa.wa.gov.au/Articles/S_T/Talk-soon-Talk-often

https://healthywa.wa.gov.au/~media/Files/HealthyWA/a/Sexual-health/TSTO_V2.pdf

<https://healthywa.wa.gov.au/~media/Files/HealthyWA/Original/HP11643TalkSoonTalkOftenTipsheet.pdf>