
Regional Consultation on the Status of Adolescent Health

Venue: Bihar, Nawada

Date: 8th February, 2019



Introduction:

Young people constitute about one third of India's population but in reality, most young people in the age group of 15-24 years lack basic knowledge of nutrition, sexual well-being, family planning and contraceptive methods, HIV/AIDS and menstrual health.

Population Foundation of India (PFI) and The YP Foundation (TYPF) has partnered for development of adolescent and youth-friendly guidelines through an inclusive, evidence-based, rights-based, multi-stakeholder and participatory bottoms-up approach bringing together fragmented voices & efforts across and among young people, community

Working as the first step towards building active citizenship skills the regional consultation aimed at developing a collective understanding of the present context of youth SRHR and

Adolescent Health in the region and framing recommendations for different stakeholders towards advancing SRHR and Adolescent Health needs of young people in the region.

Methodology:

The Consultation adopted a Participatory Method during the discussion where the representatives and youth from the CSO's were provided a platform to identify the gaps on SRHR policies and its implementations in their respective region i.e. Bihar and Jharkhand. The discussion followed by mapping innovative solutions for the pressing problems and a comparative analysis of the SRHR policies across regions which ensured. This method further imparted leadership skills and active participation among the CSO's and youth representatives when they pitched the best practices and the recommendations to the representative of the Ministry and the other stakeholders followed with an interactive open forum.

15 youth and CSO representatives from Jharkhand and 19 representatives from Bihar attended the Consultation. Sheetal Rahi, Assistant Commissioner-Ministry of Health and Family Welfare, Dr. Prabhu Das, CARE and two other MOIC's from the region attended the Consultation along with members from The YP Foundation and the PFI.

Challenges and Recommendations

A. IFA Tablets procurement:

- **Problems:** IFA medicines isn't received on time and as per quantity for the young girls.

Recommendation by group: There should be an **online system to track the status** of the IFA tablets in the State and the District for the public to identify the gaps and there should be a set mechanism to procure the tablets thereafter. Girls in remote areas are not able to receive 1 tablet a week due to lack of quantity.

- **Problems:** By the time the IFA tablets reaches the ASHA workers in the Anganwadi few of the tablets reaches their expiry dates.

Recommendation by the group: If the **steps required for the IFA tablets to reach the Anganwadis can be minimised**. The ASHA workers in the group came up with the recommendation that the IFA tablets should reach the Anganwadi workers directly (as per population of adolescent girls) to the blocks or villages for better impact.

This tablets then should be distributed on the VHND where young girls should be mobilised to attend and get counselling on SRHR. Hence a **proper counselling mechanism** for young girls on SRHR should also be ensured. Currently there is not even any set up for adolescents to get anaemia tests done for them or even get counselling around them.

B. Nutrition:

- **Problems:** Food served in schools or Anganwadis are not as per set chart/menu.

Recommendation by the group: There should be a strict monitoring mechanism to ensure that the food is received as per set chart as only then can mal nourishment be combated.

- **Problems:** There is hardly any schemes currently that ensures food security for adolescents.

Recommendation by the group: Provided the number of mal nourished adolescents in Jharkhand and Bihar there needs to be a **scheme around Adolescent Health and Nutrition** beyond the IFA tablets.

C. Availability of Sanitary Napkins:

- **Problems:** There is a dearth of sanitary napkins ensured for the community.

Recommendation by the group: Sanitary napkins should be received in schools or Anganwadis easily as an option for the young girls during menstruation.

Even in hospitals sanitary pads are supposed to be available, but there is no way to track the data regarding the availability. Hence an **online public data system** to understand the amount of sanitary pads distributed to nodal points as Hospitals, schools and Anganwadis is the need of the moment.

D. Sexuality Education:

- **Problems:** No knowledge about body and sexual abuse for children.

Recommendation by the group: Chapters talking about *good touch* and *bad touch* should be introduced from the elementary education.

- **Problems:** Limited knowledge among guardians.

Recommendation by the group: Guardians/parents has very less mediums on how to talk about sexuality with children. **Visual IEC tools** like posters and pamphlets to encourage speaking about sexual abuse, good touch and bad touch should also be made available.

- **Problems:** Schools starts sexuality education quite late in standard 9th through few biology chapters.

Recommendation by the group: Sexuality education should **start early** from Standard 6th and not from the 9th standard as majority of young girls drop out from schools post standard 8th. Not all girls therefore are able to receive the sexuality education if the entire syllabus includes it post standard 8th.

Moreover, schools should and colleges should include topics around health and sexuality as a part of their regular debate sessions.

- **Problems:** Lack of mediums that talks about sexual health in the grassroots.

Recommendation by the group: If **Prime Minister can address discussions** around youth, SRHR and Comprehensive Sexuality Education through the *Mann ki baat* program then it would impact a lot of common people across India. There should be **camps and nukkad nataks** (street play) organised by government to spread awareness about sexuality education in length.

- **Problems:** Not adequate knowledge on the schemes.

Recommendation by the group: There are several RKSK districts where the assigned peer educator has limited information on the RKSK schemes. Hence **regular training and monitoring** of the ASHA and ANM workers is recommended as there is no way to identify that the ASHA's and ANM's are disseminating the required information in the community or not.

E. Lack of Counselling Center

- **Problems:** Stigma attached to discussions around SRH Services

Recommendation by the group: There is dearth of safe space in the community to talk about SRH services. Hence, **counselling centres** should be made approachable and stigma free for youth which would respect their privacy. The counselling centres should also have different slots for girls and boys to attend the centre.

- **Problems:** Inadequate services provided in the Counselling centres on SRHR

Recommendation by the group: The Counselling Centres do have ANMs but they are swamped with a lot of work and can hardly provide time for counselling adolescents. Gradually in the Panchayat level and the Village level also the PHC's, HSC's and the Anganwadis remains incapable of solving the issues due to lack of Counsellors and time available with the ANMs and doctors. So from a District Hospital to the Village level the gap of counsellors persists and they are not able to solve the issues. Hence the **counselling centres if arranged in the village level** would be of the most help where adolescents would know the nearest agency to reach out to regarding issues around maternal health, menstruation, contraception etc. and other concepts around SRHR.

F. Sexual and Reproductive Health Service

- **Problems:** No fixed day or session to receive knowledge on SRH

Recommendation by the group: There should be a day ensured where youth gets SRHR services in the community and also the ASHA workers should be trained on SRH prior to the sessions. Government departments should focus on training the ASHA's well.

- **Problems:** Lack of IEC's on available SRH services

Recommendation by the group: There should be a **Citizen Charter** hanged in the PHC's and the HSC's with clear instruction and services guidelines around SRH services which the community can refer as a checklist and tool to avail SRH services. The information the villagers gets is only what reaches them through service providers which can differ at times. Hence a Citizen Charter with written protocols will let people know their entitlements better. Majority of SRH services are provided to married couples, where youth are even unaware that they deserve to know about contraception and contraceptive methods as their rights. None of the youth goes to Government Hospitals for abortion as there is lack of privacy and also youth lacks knowledge on services available around of Abortion. The Citizen Charter should include details regarding Abortion too.

G. Issues around Early Marriage

- **Problems:** Ensuring community involvement and awareness on child marriage

Recommendation by the group: Knowledge about 1098 as a helpline has not reached various communities yet. There should be **BCC tools planned and shared in the community** with the parents and the youth/adolescents that talks about the impact of child marriage around health and body. The campaign on early marriage should include other stakeholders from the community to0 e.g. religious leaders.

- **Problems:** Schools doesn't talk about early marriage

Recommendation by the group: School Curriculum should include **chapters and stories** around early marriage. In order to increase its impact, schools should start Nukkad Natak around early marriage.

Problems: Unregistered marriages

Recommendation by the group: If there is a mandate to register all marriages then the early marriage rates could be easily tracked and curbed.

Open Forum and Discussion:

Post the sharing of the recommendations the floor was opened for discussion and suggestions from the government officials regarding the inputs and changes that can be worked around and incorporated in the system.

IFA tablets: Ms. Sheetal Rahi suggested that majority of States has adopted the mechanism where the delivery of the IFA tablets reaches directly from state to the block. The tablets include the cost of transportation also but IFA's in general is very cheap and Bihar is a big state so they can procure in bulk. This recommendation can be referred to the State and further steps can be introduced.

There is currently no such online portal that tracks the distribution and procurement of IFA tablets in block levels (however there is a website that recently started tracking medicines and tools for Family Planning).

Sanitary napkins: For the recommendation on providing sanitary pads directly to ASHA workers, Ms. Sheetal Rahi suggested that the storage usually becomes a problem for the ASHA workers as the boxes of sanitary pads are bulky and might bring difficulties for them to store in their house. The ministry also thought about this issue previously but then with all suggestions sub centres were selected as the best possible place for storing the sanitary pads. However other possible ways to reach out to the last mile population can be explored.

She also mentioned that previously centre was procuring and distributing sanitary napkins to the states but later states got the autonomy to procure those. However, states incurred some problems in the procurement process. In Bihar, education department directly transfer Rs. 300 to the accounts of the school going girls to buy sanitary pads but the state also needs to include some innovative ways to link the out of school young girls into the menstrual hygiene

scheme because there should be one policy for all. However, the change in scheme is a lengthy process and hence will take some time before its designed again.

Sexuality Education: It's a great thing to start Sexuality Education early in schools but when AEP was introduced in the curriculum there was a backlash from the community itself. SRHR being a sensitive issue to work with not individually as Ministry or CSOs but the entire community needs to work together to bring about a behavioural change and mechanisms should be ensured for that.

Counselling Centres: The CSOs needs to conduct a survey in the field and understand that how frequent the Counselling Centres should work where youth can discuss and understand about SRHR issues and priorities. There are several districts where there are initiatives for youth to meet once a month and discuss about their SRHR issues in a safe space but the CSOs and youth representatives needs to find out if the frequency needs to be revised for better impact. This recommendation when shared with the Ministry can be hence taken further for implementation.

Early Marriage: Bihar and Jharkhand is definitely a high risk area on early marriage of adolescent girls and the only mechanism to tackle this menace is keeping the girls in schools and delaying the marriage.

AEP: Adolescent Education Program

BCC: Behaviour Change Communication

CSO: Civil Society Organisations

IEC: Information Education and Communication

IFA: Iron Folic Acid

HSC: Health Sub Center

MOIC: Medical Officer in Charge

PFI: Population Foundation of India

PHC: Public Health Centre

SRHR: Sexual Reproductive Health Rights

VHND: Village Health Nutrition Day