Adolescent Reproductive and Sexual Health

State Institute of Health & Family Welfare, Jaipur
Adolescence?

- Age: 10 to 19 years
  - Early Adolescence: 10 – 13 years
  - Middle adolescence: 14 – 16 years
  - Late adolescence: 17 – 19 years

- Transitional period between Childhood and Adulthood
- No longer a Child not yet an Adult
- Marked with physical and psychological changes
- Not Homogenous group
Changes

• Physical
  – Appearance of secondary sexual characteristics

• Psychological
  – Internalized sense of identity.
  – Drawing apart from old members of family.
  – Intense relationship with peers.
  – Strong emotions. Gradual move from involvement with same sex to mixed group.
  – Greater creativity. Energy, new ideas and skills.
## Adolescent Scenario

<table>
<thead>
<tr>
<th></th>
<th>Rajasthan</th>
<th>India</th>
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</thead>
<tbody>
<tr>
<td>Population</td>
<td>6,86,21,012*</td>
<td>1,210,193,422*</td>
</tr>
<tr>
<td>Adolescent Population</td>
<td>15.23 million</td>
<td>243 million**</td>
</tr>
<tr>
<td>Adolescent population</td>
<td>22.0</td>
<td>20**</td>
</tr>
<tr>
<td>population percentage</td>
<td></td>
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<tr>
<td>Sex Ratio F/M</td>
<td>926 / 1000*</td>
<td>940 / 1000*</td>
</tr>
<tr>
<td>Literacy Rate</td>
<td>67.06%*</td>
<td>74.04%*</td>
</tr>
</tbody>
</table>

Source: * Census-2011

** UNICEF: The State of the World’s Children 2012

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The number of adolescent would increase slightly through 2050 but their share of population would decrease.
Facts: World

• 1.2 billion adolescent – 18% of world’s population
• Half live in S. Asia and 243 million alone in India
• 1.4 m die every year –
  – Road traffic injuries, complications of child birth, suicide, violence, AIDS etc.
  – Environment and behavioral causes – 10-14 yrs of age
  – More behavioral than environmental – 15-19 yrs of age

Source: UNICEF – Progress for Children 2012
• In S. Asia – 1 in every 3 adolescent girls aged 15-19 is married or in union
  – Implications-
  • Cut off from families
  • Formal education left behind
  • Compromise on development
  • Adolescent child bearing more at risk of domestic violence
  • Marriage to much older men

Source: UNICEF – Progress for Children 2012
Why Focus?

- Globalization of trade/economic relationships
- Mass Communication and the development of a youth culture
- Modes of Governance and exclusion of certain social group
- Decentralization of decision making
- Changing nature of work, requiring new skills and capacities
- Urbanization and Migration
• Emerging and resurgent diseases particularly HIV/AIDS
• Changing Family structures and dispersal of family members
• Trafficking in illicit drugs and human trafficking
• Conflict and social disruption
Health Problems

- Nutritional problems
- Mental health problems
- Substance abuse
- Sexual and reproductive health problems
- Injuries and accidents
- Acute and chronic diseases

India - Adolescent girls aged 15-19 with BMI <18.5 – 47%
Mortality Causes

• a leading cause of death for a girl between 15 to 19 years old
  – related to pregnancy and childbirth
• 56% adolescent girls suffer from moderate/severe anemia*
• Injuries and violence (suicide) causes in males
• Chronic diseases also contribute (AIDS likely to emerge as a significant cause)

Adolescent Sexual Behaviour

• Most sexual activities begin in adolescence
• 3% of adolescent males and 8% of adolescent females had sex before age 15.
• 1% female and 63% males aged 15–19 had higher-risk sex with a non-marital, non-cohabitating partner.
• 31% adolescent males and 20% adolescent females used a condom at last higher risk sex.

Source: UNICEF: Progress for Children – A report card on adolescents - 2012
Implications of Early Sexual Debut

- Adolescents who start having sex early are more likely to have sex with:
  - high risk partners, or
  - multiple partners
- They are less likely to use condoms
- Contraceptive usage is likely to be low
Common Trends

- Males are more likely to be sexually experienced than females
- Age at sexual debut is lower among males than among females
- Most sexual encounters are ‘unprotected’
- Young males are more likely than females to report multiple sexual partners
- Sexual debut: home, commercial place
Consequences

- Pregnancy
- Abortion
- RTI
- STI including HIV / AIDS
- Emotional impact – guilt, stress, anxiety, suicide
- Socio-economic impact
- Early Marriage
Early Marriage = Early Pregnancy

- Early Marriage – a norm
- More than 22% of married adolescents give birth before 18 yrs of age.*
- Situation in Rural Rajasthan is worse

* Source: *UNICEF: The State of the World’s Children 2012*
• Early child bearing and shorter birth intervals
• Unplanned pregnancy
• Poor nutritional status, LBW babies
• High fertility, maternal mortality and morbidity
• Depriving of child from normal upbringing
• Depriving of adolescent from education and better carrier options
Contraception

• Awareness about contraception is low in Rajasthan
• Low contraceptive usage
• No easy access of contraceptives for adolescents
• Huge unmet need for contraceptives
Complications of Adolescent Pregnancy

Antenatal:

- PIH
- Anemia
- STIs/HIV
- Higher severity of Malaria
- Pre-eclampsia
- APH

During Labor:

- Preterm Delivery
- Obstructed Labor
- IUGR
- Birth Injuries
Complications of Adolescent Pregnancy

Post-Partum:
- PPH
- Anemia
- Pre-eclampsia
- Depression
- Puerpal sepsis

Risks to the child:
- Low birth weight
- Perinatal and neonatal mortality
- Inadequate childcare and breastfeeding
Abortion

• Real figures are not known
• Social stigma is attached with unwed pregnancies
• Often opt for abortions by Quacks and unauthorized practitioners which can lead to serious physical and psychological problems
• Quality safe abortions not easily in rural areas
Complications of Abortion in Adolescents

Major short-term medical complications:
- Tetanus
- Haemorrhage
- Localized or generalized infection
- Injuries-lacerations, fistulae & perforation

Major long-term complications:
- Chronic pelvic infection
- Secondary Infertility
- Subsequent spontaneous abortions
- Increased likelihood of ectopic pregnancy
- Increased likelihood of premature labour

Psychosocial complications:
- Guilt
- Depression
RTI, STI, HIV/ AIDS

• Unhygienic conditions and lack of knowledge about personal care results in RTI
• Experimentation due to curiosity and peer pressures leads to Risk taking behaviour and vulnerability
• Boys are more prone to STI and HIV/ AIDS
• Young female sex workers

35% adolescent males and 19% adolescent females have comprehensive knowledge of HIV in India
49000 adolescent males and 46000 adolescent females live with HIV in India
Source: UNICEF: Progress for Children – A report card on adolescents - 2012
Policy and Programs Addressing ARSH

- **10th plan**: Identified adolescent as distinct group for policy and program attention
- **NHP 2002**: Identified adolescent as under served group
- **National Youth policy 2003**: Identified 13-19 yrs to be covered in program of all sector including health
- **National curriculum framework, 2005**: Highlighted need for integrating age appropriate sexual health messages in school curriculum
Guiding Principles for Adolescent Health Programming (UNFPA, UNICEF & WHO)

• Adolescence: a time for opportunity and risk
• Not all adolescents are equally vulnerable
• Adolescent Development underlies prevention of Health Problems
• Problems have common roots and are interrelated
• Social environment influences adolescent behavior
• Gender considerations are fundamental

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ARSH Strategy

- RCH-II has four technical strategies: ARSH is one of them
- Part of the RCH-II National Programme Implementation Plan (PIP)
- Follows a two pronged strategy of coverage:
  - Overall scale and coverage of RCH phase II PIP
  - In selected districts
Aim

• Reorganize the existing public health system to meet the service needs of adolescents
Objectives

- Improved service delivery for adolescents during routine checkups at sub center
- Ensure service availability for adolescents at fixed days and timings at PHC/CHC level

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Challenges in Adolescent Development and Health

- Current population: 6,86,21,012 (census 2011)
- Sex ratio: 926 females per 1000 males (census 2011)
- Population 10-14 years (%)*: 12
- Population 15-19 years ( %)*: 10
- Anemic Adolescent girls* -70%
- Malnourished adolescent* - 18%
- Married female Adolescent reported unmet needs for contraception* -27%

*SOURCE:WHO country corporation strategy 2006-2011
Adolescent Health

• Has an intergenerational effect
• Multi- dimensional in nature
• Require holistic approach.
• WHO estimates: 70% of premature Deaths among adults are largely due to behaviours initiated during adolescence.
Adolescent Issues

- Right for information & Quality services
- Capability to make decisions, choose contraceptive, prevent STIs
- An appropriate contraceptive
- Impact that sex education can make
- Sexuality in larger social, cultural & economic context
- Service & product availability/accessibility
- Reluctance/embarrassment/fear
Need for Attention

- To reduce death and disease in adolescents
- To reduce the burden of disease in later life
- To invest in health — today and tomorrow
- To deliver on human rights
- To protect human capital
Role of Health Workers

- Change agent
- Provide information, advice, counseling and clinical services
- Diagnosis/detection and management of health problems and problem behaviours;
- Referral to other health and social service providers.
Services Under ARSH

- Preventive
- Promotive
- Curative
- Counselling

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Coverage

• Selection criteria:
  – districts with more than 60% girls married before the age of 18 years

• Reference
  – Recent RSH data

• Facilities covered
  – Sub centers
  – PHC
  – CHC
  – District hospitals

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Beneficiaries Under ARSH

- All Adolescents
- Married and Unmarried Females
- Married and Unmarried Males
- Vulnerable and Marginalized sub-groups to be given more attention
## Service Provision at Each Level of Care

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<tr>
<th>Level of care</th>
<th>Service provider</th>
<th>Target group</th>
<th>Flow of services delivery</th>
<th>Services</th>
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</table>
| Sub center    | HW (F)           | Unmarried males and females | During routine clinics | • Enroll newly married couples  
• Provision of spacing methods  
• Routine ANC care & Institutional delivery  
• Referrals for early and safe abortions  
• STI/HIV/AIDS prevention education  
• Nutritional Counseling including anemia prevention |

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| PHC/CHC      | Health Assistant (F)/LHV Medical Officer | Unmarried males and females        | Once a week, teen clinics at PHC for 2 hours | • Contraceptives  
• Management of menstrual disorders  
• RTI/STI preventive education and Management  
• Counseling & services for pregnancy termination  
• Nutrition counseling  
• Counseling for Sexual problems |
Factors Affecting Service Provisions

- Lack of adequate privacy and confidentiality
- Judgmental attitudes of service providers
- Lack counselling skills
Key Interventions for Operationalizing ARSH

- **Orientation of Service providers**
  - Equip with knowledge and skills

- **Environment building activities**
  - Reach target group with appropriate messages

- **Develop MIS**
  - Information on key indicators to monitor coverage of adolescents
Capacity Building

- **Selection criteria:** Staff availability
- **Sub centre/PHC**
  - Medical officer I/C
  - LHV/ANM/MPW(M)-( posted at Headquarter)
  - ANM/MPW(M)- (posted at SB attached to PHC)
- **CHC/District Hospitals**
  - Medical officer (preferably lady officer)
Objectives of Orientation

- Sensitize service providers on relevant information, skills and services
- Enhance capacities for effective delivery of service packages
Training Program

- Orientation for program managers - 1 day
- Orientation for Medical Officers - 3 days
- Orientation of ANM/LHV – 3 days
Training Material

- Facilitators guide
  - Medical Officers
  - ANM/LHVs
- Hand-Outs
  - Medical Officers
  - ANM/LHVs

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Training Contents

- Adolescents growth and development
- Communicating with adolescent
- Adolescent friendly reproductive and health services
- Sexual and reproductive health concern for boys and girls
- Nutrition and anemia in adolescents
- Pregnancy and unsafe abortion in adolescents
- Contraception for adolescents
- RTI/STI & HIV/AIDS in adolescents
New Initiatives by Departments

• Convergence of Health department with other departments
  – Plan to incorporate ARSH in ongoing program: DHO jointly with DWCDO & DYRDO
  – Occasional participation of MO /ANM/LHV
  – Plan for health education activities in schools: RCHO jointly with DEO & NGO, MO, ANM, PTA’s, DIET
  – Plan for linking AWW, ADC, NYKS with adolescent clinics at PHC and publicity of services: Medical officers & Folk Media

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Tracking End Results

- ARSH Service Registers (MO)
  - Data form service registers
  - Progress on communication and activities
Data flow

MO: generate Monthly reports
DHO: Report compilation on monthly basis
SPMU: Review of information

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Monitoring and Supervision

State Level
– Consolidation of data: Monthly basis
– Review analysis: Quarterly feedback
– Supervisory visits
– Engage expert agency for periodic assessment

District Level
– Service registers in place in PHC
– Collation of data: monthly basis
– Field visits
Life Skills for Adolescents

• Life Skills
  – competencies and actual behaviors
• best learned through interactive learner-centered methods
• best on a social learning process of observation, practice and application
Outcomes

• Enhanced Self esteem and Self Confidence
• Assertiveness
• Social sensitivity
• Listening and communication skills
• Ability to establish relationships
• Ability to plan and set goals
• Learning to learn
• Acquisition of knowledge related to specific contents
ARSH and LSE Intervention in IPD Project

- Objective -
  Knowledge of ARSH and Life Skills improved in school and Out of School Adolescent
State Level Interventions

- Curriculum Revision of Std. 1\textsuperscript{st} to 8\textsuperscript{th} through SIERT
- Chapters on Life skills, Gender, health and reproductive health in the subject – Science, Social Science, Languages
- Curriculum Revision Completed from Std 3\textsuperscript{rd} to 8\textsuperscript{th}
State Level Intervention

- Revision of Curriculum of Std 9th and 10th through BSER
- Chapters on Gender, Life Skills and RH health added in the curriculum of Science, Social Science and Physical Education
- Separate compulsory subject – Life Skills Education for Std 11th
District Level Intervention

• Eight IPD districts
• Environment Building
  - Workshops at District, Block and Panchayat level
  - For Govt. Functionaries, NGOs, School Principals, PRI Members, Parents
• Activities through Kala Jatthas at selected villages

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In–School Adolescent Program

• Selection of 30-32 Secondary and Sr. Secondary schools per District from selected blocks
• Selection of 2 teachers and 4 Peer educators from each school
• Training of teachers and peer educators
• Activities through trained teachers and peer educators
Out of School Adolescent Program

- Selection of two Blocks and 70-100 villages per District
- Selection of an NGOs
- Selection of Animators (Girl)
- Training of Animators
- Activities through Trained Animators
Adolescent Development Center

- 15-20 ADC per District
- Selection of Facilitator (boy) through an NGO
- Development of ADC
- Training of Facilitator
- Activities through trained facilitator
- Health Check up Camps at ADC
Partners in the Adolescence Program

State level
- SIERT- Udaipur
- BSER- Ajmer
- Dept. Of Education
- SRC-Jaipur

District level
- DPMU
- DIETs
- DEOs
- School Principals
- NGOs
- Public Health System

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Improving Voluntary Counseling and Testing for Youth

- Training of service providers on counseling
- Availability of privacy
- Free or reduced price of tests for youth
- Outreach to schools/youth groups
- Multimedia campaigns to inform youth
- Referral system for young clients

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What Makes Health Services Youth-Friendly

- **Service Providers**
  - Specially trained staff
  - Respect for Young People
  - Privacy/confidentiality honored
  - Adequate time for client-provider interaction
  - Peer-counselors available

- **Health Facilities**
  - Convenient hours/location
  - Adequate space and sufficient privacy
  - Comfortable surroundings
What Makes Health Services Youth–Friendly

- Program Design
- Involvement of youth
- No overcrowding
- Wide range of services
- Necessary referrals
- Affordable Fee
- Other measures
- IEC material for taking away
- Group Discussions available

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Thank You

For more details log on to www.sihfwrajasthan.com or contact: Director–SIHFW on sihfwraj@yahoo.co.in

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