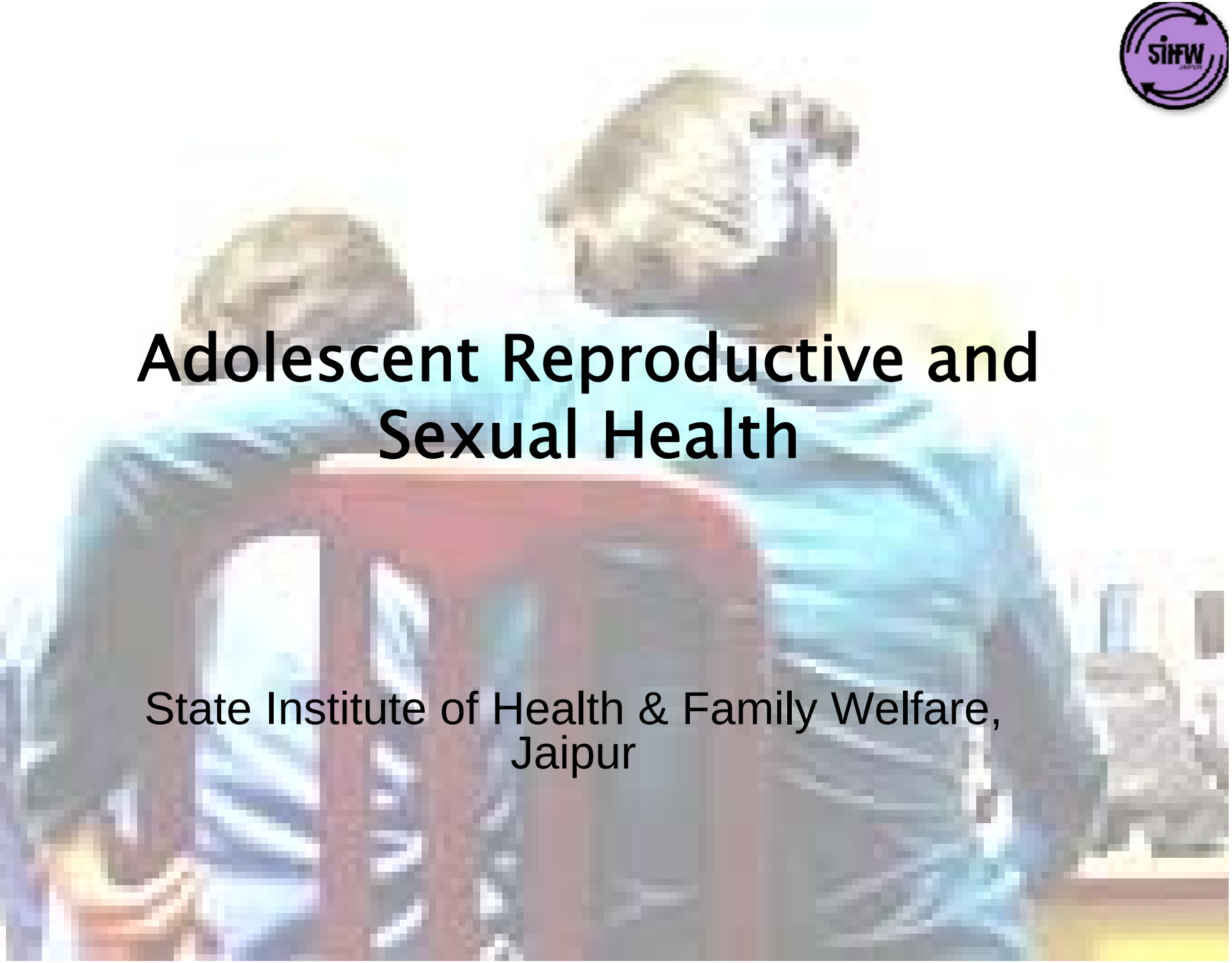


Adolescent Reproductive and Sexual Health

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.

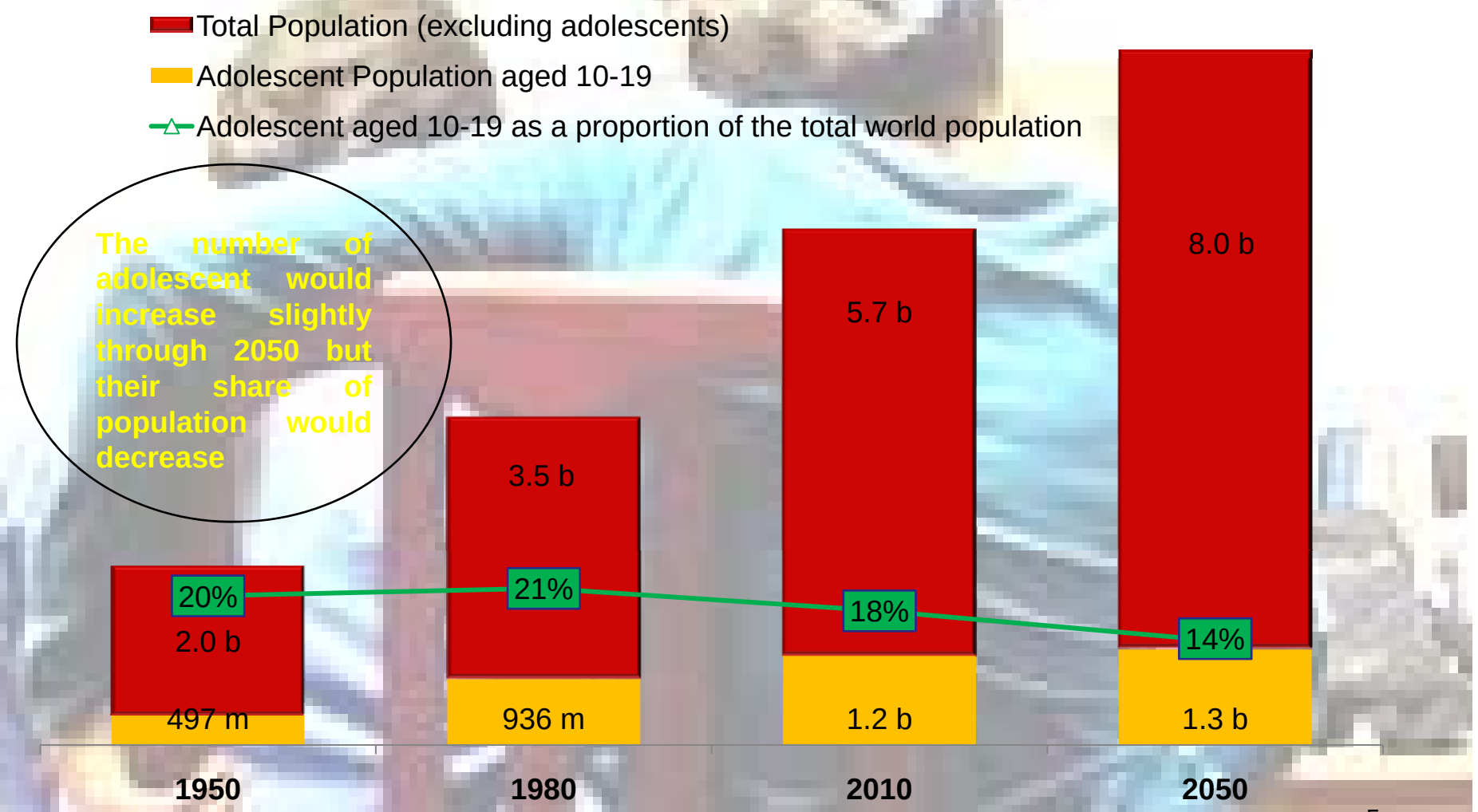
Adolescent Scenario

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

Source: * Census-2011

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

World Adolescent Population: 1950-2050



Source: UNICEF – Progress for Children 2012

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 between15 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)

- *Source: UNICEF: The State of the World's Children 2011

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 complication:

- 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

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

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 co orporation 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

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

Beneficiaries Under ARSH

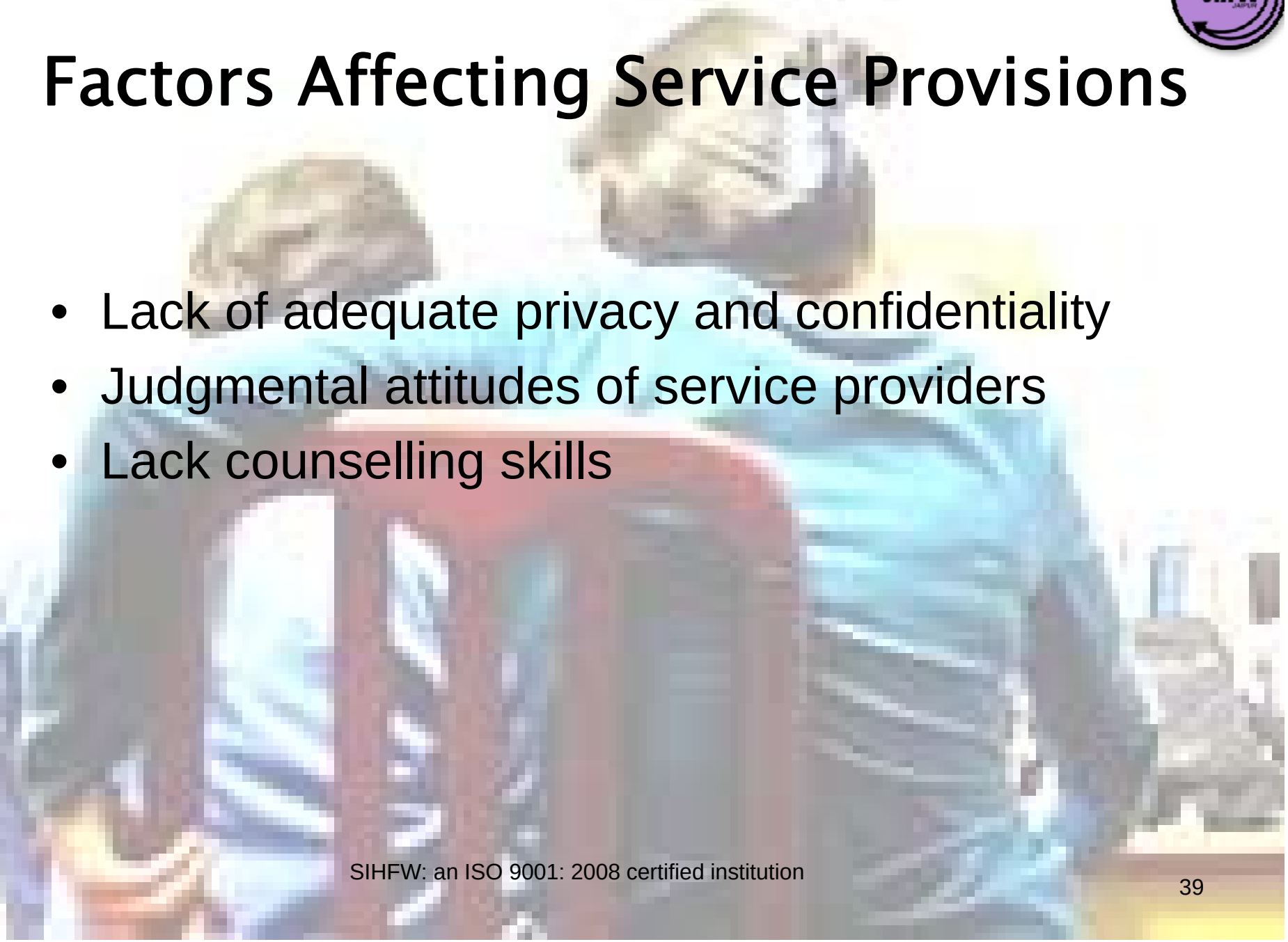
- All Adolescents
- Married and Unmarried Females
- Married and Unmarried Males
- Vulnerable and Marginalized sub- groups to be given more attention

Service Provision at Each Level of Care

Level of care	Service provider	Target group	Flow of services delivery	Services
Sub center	HW (F)	Unmarried males and females Married males and females	During routine sub center 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

Level of care	Service provider	Target group	Flow of services delivery	Services
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

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

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

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

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

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

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

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

Thank You

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