



Webinar 25 - Praxis Voices from Margins series

Sexual, Reproductive and Mental Health Needs of Adolescents

July 22, 2020

With Sahayog, Sangath, Voluntary Health Association of India, Development Solutions and Krishnagiri Development Project

Panellists' Profiles:

Panellist 1: Sangeeta – Sangeeta has been working with SAHAYOG for the last 5 years. SAHAYOG mainly works on Women and Youth Sexual & Reproductive Health and Rights and Gender Equality in Uttar Pradesh and Uttarakhand. At present, she is leading the youth team in SAHAYOG.

Panellist 2: Anjali – Anjali Gupta of 19 years hails from Bhasani village of Azamgarh district, Uttar Pradesh. She is a B.A. Final year student studying in Ramnath Dhananjay Smark Mahila PG College, Jagdishpur. Associated with a grassroot organization Grameen Punarnirman Sangha in the district, she works as an assistant in their community intervention programme. Her work revolves around forming adolescent girl's groups and conducting meetings known as Kishori Baithak.

Panellist 3: Lalita – Lalita Kalal hails from Udaipur district, Rajasthan. She works as an Auxiliary Nurse Midwife (ANM) in the sub-centre located in Phalasiya village of Jhadol CD block. Since last 30 years, she has been working with adolescent girls, maternal women and newly married women. She has an experience of 4-5 years in engaging with the issues of sexual and reproductive health of adolescents.

Panellist 4: Shwetha – Shwetha (name changed) hails from Solliyapuram village in Krishnagiri District and has completed her high school. She has experience of regularly organising and actively participating in the adolescent girls meetings conducted in her village.

Panellist 5: Anju – Anju Kumari is based in Gamharia block of Saraikela district, Jharkhand is 39 years old, an Arts graduate and a passionate community health worker. Since 2007, she is engaged as an Auxiliary Nurse Midwife (ANM) with the National Health Mission (NHM) of the state. Her key responsibilities involve Maternal and child health along with family planning services, health and nutrition education, efforts for maintaining environmental sanitation, immunization for the control of communicable diseases, treatment of minor injuries, and first aid in emergencies and disasters. Since 2015, she has been appointed as the AFHC counsellor under the RKSK programme which has given her the opportunity to work with the adolescents.

Panellist 6: Dominic Mary – Dominic Mary hails from Krishnagiri District. She has been working as an ASHA worker for more than a decade in 4 villages on the rural part of the district with a population of more than 1500 people. Her work revolves around working with adolescent girls, maternal women and providing immunization.

Panellist 7: Sasmita Maharana – Sasmita Maharana, aged 32 years hails from Ganjam district of Odisha. She is a graduate and since last 10 years working in the post of Anganwadi worker (AWW) in Maheshwarpur village. In 2016, she undertook a Master Training on sexual and reproductive health from Voluntary Health Association of India (VHAI) and now engages with awareness building initiatives on child marriage.

Panellist 8: Shalu – Shalu (Jannat Sekh) of age 18 hails from a slum area in Lucknow, Uttar Pradesh. Since last three years she has been associated with Tarang Naya Josh Nai Pahal programme working with adolescents on sexual, reproductive health and rights in six districts of Uttar Pradesh and Uttarakhand. As one of the leader girls in her group, she organizes meetings and motivates other adolescent girls to join the group and provides handholding support to them

Panellist 9: Vasudha Chakravarthy – is the co-founding partner of Development Solutions. She has for over a decade, worked on issues in Public Health, with a focus on health systems, Sexual and Reproductive health and gender. She has led and managed research studies and evaluations across India and in South Asian contexts. Specific to issues of adolescents, young persons, she coordinated a 9-state study on the GOI ARSH program in 2012-13 and recently evaluated an intervention to strengthen implementation of RKSK in UP. She is also currently leading evaluations on digital interventions on SRH for young persons. Vasudha holds a Masters' degree in Public Health, and was one of the 10 global fellows, of the Maternal Health Young Champions Program of the Maternal Health Task Force (MHTF), Harvard School of Public Health, in 2012-13.

Panelist 10: Sweta Pal – is a communications professional who works with the non-profit Sangath, where she manages youth mental health campaigns, digital and community outreach and partnerships. She is a part of the team that founded the 'It's Ok to Talk' initiative in 2016 and was recognised as one of the ten most prominent international mental health campaigns by Facebook in 2019. The campaign aims to increase public awareness about mental health through the platform www.itsoktotalk.in which is a space for young people to share their mental health experiences in English and Hindi. The campaign engages youth in dialogues about mental health through experiential workshops, social media campaigns, mental health advocacy training and mentorship for young leaders.

WELCOME NOTE

Tom Thomas, Praxis – Praxis has been focusing on a type of research that can be termed as participatory research through which it tries to engage with various communities and its people. This method is perceived essentially to bring out the voices

that are not heard through research or dialogue. Praxis also helps other organisation in bringing the unheard voices heard with required help. This webinar is also an attempt to continue the work even in this difficult time of pandemic. In spite of the present challenges, we have been successful to reach to the communities and engage with them. in the last 24 webinars we have been able to bring a range of communities on board from migrant workers, nomadic and De-notified communities, entertainment workers, sex workers, LGBTQIA+, people from garment sector, civil society organisations to community led organisations and many more. The primary idea behind these webinars is two folded. First, to establish a dialogue with them to understand what is happening on ground as it is important to listen to their own thoughts, suggestions, perspectives and issues and then engage with dialogue to develop an understanding about them. Second phase is to try and amplify the process after listening and engaging with them through individual or organisational initiatives to make it actionable.

This 25th webinar on Sexual, Reproductive and Mental Health Needs of Adolescents has been brought together by Praxis, Krishnagiri Development Project, Voluntary Health Associations of India, SAHYOG, SANGATH, and Development Solutions. These organisations have been working with the adolescents for years and we have been fortunate to have them on this webinar. Adolescents have been not on focus like rural or urban development in development sector as it has been included in the recent past. Though it is debatable whether adolescents is a construction of the West or Eastern ideas, but we cannot squish away the issues on this crucial time period that everyone go through. It is necessary to deal with the adolescents carefully as we are not talking about a very small amount of the population as it is almost 21 percent of the entire population. Globally this percentage increased to 1.2 billion of the population. Though it has been established that this particular age group is not only a physical transformation but also more aware or informed as a person, it becomes extremely important to develop an understanding of their politics. The term politics is used here to describe the body politics, politics of patriarchy, and politics of the state. So, this issue needs to be addressed to understand it largely. Like everyone else this group is also affected by the COVID19 caused pandemic majorly and this webinar is to engage with them to understand their issues and gaps etc.

PANEL DISCUSSIONS

Sangeeta speaks about why we need to work on sexual and reproductive health, tales from ground and a country overview.

Welcome to all of you in this nation which has the high number of adolescents. The number is as high as 25 crore. Every fifth person is an adolescent. We should be happy that our nation is a young in terms of population. But are we looking them as a resource or a burden. There is also this data that every 5th person is also affected by mental health issues. If we are looking them as resource we need to bring into their needs of sexual and reproductive health. There have been many programs introduced to the adolescents such as in 1994, at the International Conference on Population Development, it was said that there should be different approaches for the adolescents

where human rights were proposed for awareness programs focusing on sexual and reproductive health. After that the concept of Adolescent Reproductive and Sexual Health came in India in 2006, and in 2014 RSKS and latest is SGG that organised programs on sexual and reproductive health. Though all these programs have discussed sexual and reproductive health of the adolescents, but at the same time it is also important to look into their physical and mental health too.

Their holistic development should be a priority. If we talk about menstruation, only 50-55 percent of the young girls are able to maintain a hygienic menstrual cycle. 10-20% of the girls are dropping out of school as there is no proper arrangement for girls in schools while they are on their periods. If we talk about Child marriage it has reduced as per data but it still remains an issue on ground. If we talk about sexual and reproductive health the rate of infection has increased from 0.04 to 0.08. If we talk about awareness about contraceptive methods awareness is there around 86-90%. But what is alarming is amongst adolescent bride the use of contraceptive has reduced. The issues around privacy and unmet needs and usage of contraceptive from the lens of adolescents aren't they important. What is being done for teenage pregnancy in this scenario? How are we managing the issue of mental health in this pandemic for the adolescents? Still today 55 % of girls and 30% of boys are anaemic with mid day meal on child how will this get resolved. What are the interventions done to cater to increase cases of domestic violence faced by adolescents during this pandemic? We need to rethink about our strategy in this present context. We need to include peer educators. Since ASHA and ANM workers are busy, there is a need to strategise and look into this matter carefully. The situation in ground is still grim.

Anjali brings out arguments around child marriage induced sexual and reproductive health issues, initiatives in maintain hygiene and coping up with mental health issues during pandemic.

I, Anjali, work as a coordinator in and I form group of adolescents and organise group meetings with them on the issues- education, rights and gender. We also talk about child marriage. The girls are facing issues related to access of sanitary pads. They are facing privacy issues as everyone at home in keeping the pads. I worked in organisation and learnt how to make the sanitary napkin. The girls also talk about the gender based violence during the lockdown. Also due to lockdown, everyone stays at home and there are privacy issues. In such circumstances the violence also impacts their mental health. They are also facing the shortage of ration issues. Also now there are chances of child marriages in these areas as girls have dropped out and the parents might prefer to get them married off. The girls I have been in touch with, they informed that they want to study further but their parents are not willing to do so. Then I have been able to admit a few girls in schools and due to that their parents have stopped talking about marriage now.

Lalita speaks on lack of education and privacy made unaware of sexual and reproductive health rights then and now.

Work in mountain regions and there are small homes built in this region. Reaching them becomes difficult. The habitation is located at quite some distance from each other. The residents have to face lot of hurdles in everything as basic as getting access to water is a challenge for them. Each mountain area would have one or two unit of family and to communicate with them with phone is not feasible as there is restrictive connection and most of them are from poor family and cannot afford as well. At personal level we face a lot of challenge at field. During Lockdown we have done house to house visit for adolescents health we provide them counselling we also guide them in how to use a sanitary pads and girls themselves also share if they are having any problem and difficulty and we try and provide solution. Since their parents are not educated they are unable to provide information on periods or about sexual health and how to maintain hygiene. Most of the family are not educated although some of the girls now have started getting educated and going to school but parents are not educated and cannot provide information.

About Sexual and Reproductive Health I will share my experience, when I had got my period . I had faced lot of problems i had received information through my friends but it was a challenge even today girls are struggling due to lack of information. What to do when you get your periods how to use pads how to dispose them as here the houses are small and you have many members in family. Where to keep the pad and how to dispose them off that privacy is not present. When it is noticed by family member it is an embarrassment for the girl. If it was a cloth why is it here you could say that it was lying around here as it would not get stand out and get noticed.

Shwetha (name changed): I am from Krishnagiri district. We used to attend meetings for adolescents regularly but since the lockdown there are no meetings happening. I recently attained puberty during the lockdown and faced a lot of problems because of it. I had no supply of sanitary napkins for free during the lock down and had to use old cloths. I had to call the ASHA worker and she had helped me with my doubts and how to prepare cloth pads. But this was not helpful for me as I had face a lot of health issues. I had allergies, infections and abdominal pain. I had to get checked up in a clinic. This was not only my case but also the same for 8 others in my village. My parents are daily workers and we are not rich enough to afford sanitary pads. We have to walk 4km to buy these pads. Only because I had attended the meetings I am aware of the importance of self-hygiene which is helping me to cope-up with the situation at hand.

Anju Kumari speaks about counselling support to adolescents and advices adolescents girls on sexual and reproductive health in non pandemic and pandemic time.

My name is Anju Kumari and I am 39 years old. I am working as an ANM since 2007 in Gamhariya CHC in Jharkhand. In 2010 I attended 5 days of ANM training in Saraikela and 5 days of training on RKSK programme in Ranchi. In 5 days of training in RKSK programme I was provided training on Counselling in Yuva Metri Kendra. I got the opportunities to acquire much learning during the training. I am also working as a counsellor in Yuva Metri Kendra. Many adolescents come with their issues to me. For

example- delay in periods, early menstruation and other related issues. Also many such adolescents who have low percentage of haemoglobin to those I suggest for blood test and also take them for blood tests. I advise them to eat nutritious food and consume leafy green vegetables. Also many such adolescents come who are sick of their addictions with alcoholism and other intoxicants.

Gamhariya is an industrial area and the adolescents start working at an early age and also get indulged in intoxicants. I advise them to get rid of these habits by explaining its adverse implications it will have in their lives using various mediums information. Due to lockdown the adolescents are not able to come so I connect with them over phone. They share their problems over phone and I also try to provide them suggestions. As all of you know, Jharkhand is infamous for Child marriage. In case I come across a case of child marriage I take along with me Aaganwadi workers and visit the girls' family and try to make them understand the adverse implications their daughter will have if married before 18 years. Also how this will have a bad impact in the longer run in her life. In cases where in girls are married before 18 years then I advise her to delay the pregnancies.

Dominic Mary an ASHA Worker elucidated on how adolescent girls were affected during the lockdown adolescent girls were badly affected due to lack of sanitary napkins. The government had not supplied napkins for past 4 months. Even if the government had provided us with napkins, we would have tried to reach it to the adolescents. In my village during the Lockdown we were not able to conduct any community meetings with adolescents because of which we were not able to counsel girls who newly attended puberty. They had no support during the lockdown. We counsel them on how to use old cotton cloths as napkins and clean them. This has been the situation of the girls in our village. Although we tried most girls had reported with health issues and we had to take them to clinics. This is not only for the girls in the village but also for the migrant adolescents. Most of them are not registered here but they are in need of sanitary napkins. Although we understand that they require napkins we are unable to support them. Some initiative should be taken on this. We have also been facing multiple issues during the lockdown. The burden of work has increased and we haven't been paid wages for 3 months now. They had only provided us with masks but we had to put our money and get other materials like sanitiser or soap. There was a disruption due to the lockdown in checking on adolescents and maternal mothers. We have been tackling with both COVID and the regular work and have been trying to address as much as we could during the lock down. But even when we have been working on the front lines the government has not supported us.

Sasmita talks about myths around maternal health and family planning.

In my area the number of child marriage was quite high but it has reduced now. We try to intervene as we come to know about any such incidents. With Lockdown in place they do have a lot of mental stress as they do not have any place to go for education or employment. Pops marriage we counsel both boys and largely girl about usage of contraceptives and conceiving of a child. Earlier the parents and elders used to

dissuade young couple due to myth. But now the younger generation is making decision and using contraceptives. We provide various contraception methods and iron tablets to pregnant women. There is a clinic set up in the areas, we try to bring them together and advice them on measures.

We also work like ASHA workers where we look after children. Now they are not able to visit their schools and due to this they are also not able to consume mid day meals. We provide the, with dry rations.

Shalu speaks of lack of awareness about Government adolescents' health services and in mental health challenges of boys during pandemic.

I am Shalu and I live in Lucknow. I am in final year Graduation.I joined Sahyog organisation. I was a member and now i am a leader and work with the girls. We do lot of activities- meetings, best hygiene practices. And we are making efforts to link them to education. We map the girls for TT injections and iron tablets. We ask the ANM and ASHA to give us the iron tablets and TT injections but there are shortage issues. No counsellor from RKSK not active RKSK clinics. As such no RKSK programme is being functioning here. Where we would the adolescents ask for information. No counsellors. No medicines and arrangements to address our needs. We have the groups where we discuss and share our feelings. We talk about much adolescence based bodily changes. It is good that we have groups where we can at least share our feelings and talk. Many of young girls are not aware of their bodily changes and psychological changes that happen during this period. COVID has brought a lot of challenges in lives of girls. There are anxiety issues among girls. There are instances of young boys leaving home because of a feeling of frustration.

Vasudha emphasised on the policy level interventions that need to be made for addressing the gaps in Sexual and reproductive health in RKSK frame work and the policy implications for the holistic physical well being of adolescents. There have been a range of issues that have been mentioned starting from menstrual hygiene to lack of access to sanitary napkins, issues of access to food and nutrition, challenges in service access, issues of child marriage and now given that the schools are shut the importance of education, the need for information and the need for adolescents and young people to be able to speak and share their thoughts should be emphasised more.

In the context of covid-19 issues of Mental Health, stress, anxiety and depression among young people have become critical. Considering the larger picture of the policy context in India there has always been importance on sexual and reproductive health starting from the RCH programme and specifically for adolescents starting from the ARSH program and now we have moved on to RM and CHA strategy and currently the RKSK program. The RKSK programme and strategy learning from the past envisaged a comprehensive framework to address issues of adolescents and young people. It articulate aspects of substance abuse, injury, violence, mental health, nutrition, non-communicable diseases and sexual and reproductive health. On paper it has been a great policy and aa great strategy document but at implementation it has been lacking

and poor. The RKSK programme is implemented only in certain districts across states but the needs of adolescents and young people as being said is a Universal language that is not limited to certain districts or certain geographies. So why is an important program like RKSK available only in certain districts?

Through our dialogue and programs starting from ARSH to now the focus of the program continues to be on safe aspects such as nutrition, menstrual health or provision of sanitary pads or anaemia and SRH. While these are seen in the strategic document these are hardly seen in implementation. In the RKSK strategy document there are aspects of sexual debut, issues of multiple sex partners, safe sex in contraception, aspects of choice and consent, STI's gender-based violence and all of these aspects that are articulated. But the conversations around these aspects are largely missing. Through our experiences and extensive researches, we are able to understand that there are gatekeepers at every level from households to communities to service providers who often lack capacity to effectively communicate specifically on sensitive SRH issues. To which extent the barriers in communication remain and sexual health issues often get side lined.

But most importantly the need for information for young people is very evident and it is becoming more and more important as we move towards this technology driven world. Considering the digital platforms available and where people young people can talk with privacy, we will be able to see the issues that they are raising. There is a lot of curiosity and need for information and guidance. While these challenges have always been there covid-19 has brought these issues to the forefront and has highlighted the gaps and challenges in addressing the sexual health and mental health aspects of violence. The few takeaways could be one that RKSK programme needs to move beyond the thought of menstrual health, nutrition and focus on more comprehensive SRH and well-being. Second it important to strengthen capacity of service providers and it's not just training or extra strength and capacities support them but to identify and understand and manage needs of adolescents and young people but to actually build the capacity for them to be able to speak with and engage with young people. And finally, the program needs to find new and innovative ways in reaching out to young people to enable information. Taking in consideration with the traditional approach the programme also required a blended approach with growing technology. With the growing digital interface, needs to move quickly to reach out to younger people and address their needs.

Sweta emphasised on the importance of mental health of adolescents during the pandemic in context to RKSK programme. Although the RKSK program tries to cover a lot of issues of adolescents and work for it also misses few issues. The program has been good on paper but at implementation level there have been many challenges. especially in terms of Mental Health of young people in India biggest gap current is that there is not one single national policy that focuses on child and adolescent mental health. There are 3 of 4 different policies like the National Youth policy, the national mental Healthcare act, NMHP and the RKSK that somehow address mental health. In all of these there are differences in how the youth are defined where RKSK defined youth as 10 to 19 but the NYP defines youth as 15-29. So, there is a lot of gap on which

part of young people to focus on and there is not one single policy looking at mental health in detail. These gaps have always existed and COVID has massively increased it as it's something that has not been addressed and something needs to be done about it. Since COVID had started the time is spent on talking about how it has affected mental health on young people. The pandemic and the subsequent lockdown and unlock stage has had a negative impact on everyone across populations but the impact is more on young people. It is because of the rapid ways of how lives have changed for so many people. A lot of people have had to change to a digital way of learning and online is not accessible to everyone. And the burden and stress of education and career will have impacts on their mental health but we don't know the extent of it right now. More particularly now the burden of providing care and access to information has fallen over the Civil Societies and NGO sector but there hasn't been much support from the government other than making one mental health helpline available and some amount of information about the need for psychosocial support.

That gap needs to be addressed but it's not possible in a country like ours as the number of Mental Health professionals is already severely low. The positive section during the pandemic is that the civil society and NGO's structure has risen up to the challenges and have found ways to provide community-based care for people who needed. Even within the mental health service sector or just a people who work in youth health or adolescent health we have seen that there are organisations and communities that have gone out of their way to make sure. A singular government for a secular national policy for this has not been available that something that you need to focus on. An online forum of the organisation focuses particularly on engaging young people online and on grounds for conversation around mental health and this is for us so that we can increase awareness about mental health and subsequently for about being able to access or seek mental health. During COVID online engagement has been the only way to reach the adolescents and the challenges with SRH and mental health is something people have been grappling with. During COVID what is the state of people who are already having mental health issues? Young people have already been living in families that are abusive or unacceptable of their identity and lives. These communities have been looked over and marginalised in the way that the pandemic has been addressed. Some ways to improve mental health outcomes for focus on vulnerable groups we need to engage with young people form communities that are overlooked. Living with mental health issues or psychosocial disorders were need to engage with them and provide immediate solution on resolving their anxiety over missing education and livelihood which would be a holistic way of addressing mental health as well. To make information shared online to be made more age appropriate and specific. Although there are ways in which people should be talking about COVID there has also even misinformation that is wildly available. It is important to provide first aid care at all primary health centres and the other way of going could also be to look at the non-speciality workers like the primary health care workers who already work in various states with ASHA workers.

QUESTION AND ANSWER SESSION

Question to Sangeeta: What is the age of adolescents group? 14-17 or 15-18 or puberty to legal age of 18?

Answer: If we categorise them, the age group would cover a range of 10 to 19. We divide them from age of 10- 14 and 15-19.

Social issues related to adolescents

Question to Sasmita Maharana: Are there still a lot of cases of child marriage in her location? Is she able to track if children are being born to mothers under the age of 19? Is there anything we can do to support AWWs and ASHAs on this or does she feel it's not possible to change it.

Answer: Child marriage has reduced in number but still happening. Some times in absence of our knowledge also few cases of child marriage happen in the area. If it happens we go and try to make them understand that early conception can be deadly for young mothers. ASHA and we work together helping and supporting each other to resist child marriage.

Question to Anju: What has been difficult for them during this time, and what has been difficult for their primary stakeholders - adolescent girls or young women?

Answer: I give them suggestions over phone. In case of serious issues I advise them to visit the nearest ANM. There are already groups in the village and the peer leaders have the contact numbers who get in touch with me with the problems.

Involvement of multiple stakeholders

Question to Sangeeta: How women SHG can be mobilised to make sanitary pads during this time that can address the issues of demand for sanitary pads? Is there any effort by govt or NGO in the field?

Answer: if we look into this matter, we from SAHYOG try to promote napkins made out of cotton cloths. In the rural area which is 18 crore of adolescents it is important to provide sanitary napkins. Government has started some training program of production of sanitary napkins at low cost for them. At the same time it also be need to keep in mind how to make these napkins eco friendly.

Question for ANM: AWW and ASHAs who have been working for so many years - they now have to focus on issues of menstruation - do they face resistance from the men/ male leaders?

Answer: Yes we face resistance from men at first time but later they realise we are working for their children's health. Rich men have resisted us. Now they show support. Although we have resistance from the men at households we have been repeatedly visiting adolescents in the village and trying to support them. Leaders of the village also help us sometimes to convince the men in the village.

Subhasmita Das hails from Ganjam district of Odisha. She completed her graduation last year. Since 2017, she is associated with Voluntary Health Association of India (VHAI) and currently working in one of the community intervention projects with Self Help Groups.

Hello to everyone! I am Subhasmita Das from Odisha Ganjam District. I associated with VHAI district. In my district child marriage was on top which has come down. The rates of child marriages have lowered. Due to COVID19 there are access issues of sanitary napkins. Also the shops are located 6-7 km far and the price is doubled. The process is high of sanitary napkins which are available. In COVID19 Pads were not available and there are lot of other challenges in front of adolescents girls were forced to marry early and they did not have access to IFA tablets.

Tom concludes the session by thanking each and every panellists and participants as it was a lively and informative discussion on sexual and reproductive and mental health needs of adolescents.