

Adolescent Sexual and Reproductive Health in Odisha

Findings from literature and multi-stakeholder consultation

1. Introduction

The total number of adolescents in Odisha in the age group 15-19 years was 4 million according to Census 2011 data (Census 2011). Many adolescents become sexually active without access to timely, accurate, and gender-responsive information about their sexual and reproductive health and rights. This can leave them unable to protect themselves from unintended pregnancy and sexually transmitted infections.

To understand the context of the adolescent sexual and reproductive health situation in Odisha, literature on the issue was reviewed, along with drawing impressions about Adolescent Sexual and Reproductive Health (ASRH) situation based on the national level data like National Family Health Survey (NFHS) and a multi-stakeholder online consultation meeting was conducted. The online consultation was organised by The YP Foundation in collaboration with the Guttmacher Institute. The multi-stakeholder state-level consultation was held on 20th February 2021.

The online consultation was attended by 54 stakeholders (including young people between the ages of 15-25, NGOs and CSOs working on Adolescent and Youth SRH in the respective states, state and district level officials working on Rashtriya Kishor Swasthya Karyakram (RKSK), healthcare providers, educators, lawyers, activists, UNFPA officials, and representatives of AH division of Ministry of Health and Family Welfare (MoHFW) from Bolangir, Sambalpur, Boudh, Kendrapada, Khurda, Sundargarh, and Cuttack districts of Odisha.

Through this exercise it is expected to understand the adolescent's awareness on Sexual and Reproductive Health (SRH) matters, access to SRH services particularly contraception, abortion and capture the challenges and barriers in accessing the services. It also aims to understand the existing and ongoing efforts from government stakeholders towards ASRH. The consultation helped in charting the immediate next steps and way forward.



2. Key findings and outputs of the exercise

This section will give an overview of the existing situation of the ASRH situation in Odisha which has been drawn based on published literature and data, and also the points raised during the discussion on the same. Limited knowledge about sexual and reproductive health among adolescents was a significant cause of reduced access to contraception and safe abortion services, especially among unmarried adolescents. Therefore, carefully, the topics of contraception and abortion have been chosen as a point of discussion among adolescents.

2.1 Awareness about SRH issues

It has been documented in literature that adolescent girls in Odisha had misconceptions regarding abortion and believed that abortions are performed when someone has a pregnancy before marriage, in the case of the female fetus, or as a method of family planning (Gupta et al 2017).

The discussion highlighted that adolescents were cognizant of abortion as a service, had knowledge of legality, and methods of termination. However, when it comes to access points for abortion, those were low. Adolescents had a fairly conservative attitude towards abortion. The knowledge about the availability of abortion services was also lacking among young adolescents.

They also lacked awareness about contraceptives. This lack of knowledge was reiterated by the discussion where only eight young people (out of 37), were aware of the various methods of contraception and their availability and accessibility for young people. Most young people during the discussion told that contraceptives were used to prevent unwanted pregnancy and for birth spacing, while others thought that contraceptives could be used to have a child when required. This indicates poor SRH knowledge among adolescents in Odisha.

According to NFHS-4, among adolescent males aged 15-19 years (n=664) ~22 percent believed that contraception is a women's business and a man should not worry about it and ~15 percent believed that women who use contraception may be promiscuous. More than half of the males (53%) who were interviewed felt that condoms if used properly can prevent pregnancy (NFHS 2017).

2.4 Existing ARSH programme, the reach and the challenges

This section highlights the facilities and current state initiatives directed towards improving the SRH of adolescents in the state. In 2013-14, 116 (target 145), functional Adolescent Friendly Health Clinics (AFHCs) were established across the State. The quality of services including the facility and the supply was adequate while the IEC materials and outreach activities of Adolescent Friendly Health services were found to be inadequate. The peer educators, community provision of services, and Adolescent Friendly Health Clinics which were part of Rashtriya Kishor Swasthya Karyakram (RKSK) were found to be either non-functional or poorly functioning based on findings from a study. In Odisha, five out of six health facilities have adolescent clinics, which are open on average three days a week, and 12 hours a day. Most adolescent clinics in Odisha provide counselling and treatment for adolescent health issues, information, and commodities on demand for contraception, and advice on age to begin childbearing. Married adolescent girls are more consistently receiving all available services, by provider reports (Hoopes 2016).

The government officials who were part of the online consultation said that the Government of Odisha has initiated peer group education in the district of Dhenkanal and Bolangir. Apart from that, there is school health education which has been initiated including teacher's education that has been well recognized by the Government of India. In Odisha, a comprehensive SRH programme has been developed through Rashtriya Kishori Shakti Yojna (RKS). This consists of community intervention programmes such as peer education programmes in four districts including Koraput, Bhadrak, Dhenkanal, and Bolangir where 2800 children have been identified for the training programme. There have been 996 training programmes organized for peer educators to date. Adolescent Health Day has been initiated and in 30 districts there is Iron and Folic Acid Supplementation Day observed. Apart from this, there is a free supply of sanitary napkins at a subsidized rate as per government guidelines. There are 250 Shradhha clinics and also at the district hospital, this has been integrated as there is the absence of dedicated adolescent counselors. Health and wellbeing ambassadors have also been given the training to deal with the SRH of adolescents in this clinic. A toll-free tele-counselling system has been established in Cuttack and Bhubaneswar targeting adolescents which provides SRH related education. These have been handled by experienced doctors imparting education and talking to adolescents about their problems and challenges. It gives scope for adolescents to consult freely.

3. Recommendations from the Consultation

2.3.1 Access to abortion services

- (i) Establishment of SRH counselling centres at the school and college level along with information on government facilities to be articulated in local languages.
- (ii) Age-appropriate SRHR information within school-based health programming such as the School Health Programme should be mandated. Ensure appointment and training of teachers as health and wellness ambassadors.
- (iii) Further awareness needs to be created around the legal status of abortion in India to prevent women and couples from resorting to unsafe methods of abortion.
- (iv) In the School Health Programme, a teacher can be trained to support the district administration to impart counselling to students between the ages 10-14 years. A trained community cadre could be developed who will create awareness in the villages and help the community to make informed decisions on SRH of young adolescents.

4. Next steps and commitments

- (i) Stated to increase efforts in improving contraceptive access among unmarried adolescents. Unattended condom boxes to be placed in several locations across districts and washrooms in both states.
- (ii) Affirmed to increase home visits for counseling and door-to-door campaigning to disseminate SRH information among vulnerable youth and out-of-school adolescents.
- (iii) Stated to increase efforts on promoting modern methods of family planning which has low recognition in the state currently.

References

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Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Odisha, 2015-16 (NFHS-4)

TABLE 1

Background characteristic	Percentage of women age 15-19 who:		Percentage of women age 15-19 who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15	0.4	0.1	0.6	1109
16	0.5	0.5	1.0	1151
17	2.7	1.5	4.2	1106
18	7.0	3.8	10.8	1128
19	16.7	5.3	22.0	1078
Residence				
Urban	3.7	2.0	5.7	929
Rural	5.7	2.3	8.0	4643
Schooling				
No Schooling	17.4	5.2	22.7	389
<5 years completed	17.0	3.1	20.1	170
5-9 years completed	5.7	2.5	8.2	2,145
10-11 years completed	3.2	1.8	5.0	2,028
12 or more years completed	1.7	1.1	2.8	841
Marital status				
Never Married	0.0	0.0	0.0	4,797
Currently Married	39.1	15.8	54.9	761
Religion				
Hindu	5.4	2.2	7.6	5,245
Muslim	4.0	0.0	4.0	135
Christian	6.2	3.4	9.6	184
Caste/Tribe				
Scheduled Caste	5.4	2.8	8.1	1219
Scheduled Tribe	7.6	2.4	10.0	1382
Other Backward Class	4.3	2.2	6.5	1891
Other	4.2	1.3	5.5	1056
Total	5.4	2.2	7.6	5572

Current use of contraceptives

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Odisha, 2015-16 (NFHS-4)

TABLE 2

Background characteristic	Age 15-19
Any Method	23. 4
Any Modern Method	13. 2
Female Sterilization	0.0
Male Sterilization	0.0
Pill	5 . 6
IUD or PPIUD	0.9
Injectables	0.2
Condom/Nirodh	6.1
LAM	0. 4
Other Modern Method	0.0
Any Traditional Method	10.2
Rhythm	2.7
Withdrawal	7.5
Not Currently Using	76.6
Total	100
Number of Women	761