the yp foundation

Adolescent Sexual and Reproductive Health in Kerala

Findings from literature and multi-stakeholder consultation

1. Introduction

The total number of adolescents in the age group 15-19 years in Kerala in 2016 was 2.7 million (Census 2011). The barriers in accessing sexual and reproductive health services by adolescents result in early pregnancy and childbirth and thereby causing adverse health effects for them.

To understand the context of adolescent sexual and reproductive health situation in Kerala, 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). A multi-stakeholder online consultation meeting was conducted to understand these issues in Kerala. 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 52 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 several districts viz. Kottayam, Palakkad, Malappuram, Kannur, Thiruvananthapuram, Thrissur, Wayanad Ernakulam, and Kozhikode.

Through this exercise, it is expected to understand the adolescent's awareness 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 ASRH situation in Kerala which has been drawn based on published literature and data, and also the points raised during the discussion on the same.

2.1 Awareness about SRH issues

The SRH awareness among adolescents, based on few studies and the NFHS-4 data, indicates poor knowledge around SRH matters. They were poorly informed about various issues particularly about pregnancy and contraception and held misconceptions about abortion, masturbation and they believed these were harmful to health. This lack of knowledge resulted in delayed care seeking for abortion by the adolescents in the state (Nair et al 2013a; Nair et al 2013b). According to NFHS-4, among adolescent males aged 15-19 years (n=306), 12 percent believed that contraception is a women's business and a man should not worry about it and 10 percent believed that women who use contraception may be promiscuous. More than half of the males who were interviewed felt that condom if used properly can prevent pregnancy (NFHS 2018).

2.2 Teenage pregnancy and unmet need for contraception

The NFHS-4 and NFHS-5 reported 3.0 percent and 2.4 percent of adolescents in the age group 15-19 years were pregnant or has a child at the time of the survey respectively (NFHS 2018; NFHS 2020). In NFHS-4, the childbearing at age 18 was 2.0 percent while this proportion increased to 12.0 percent among those who were 19 years old. Among currently married adolescents aged 15-19 years (n=88), 19 percent were using some form of contraception with 9 percent using modern contraceptives and approximately 10 percent using traditional methods (withdrawal method). The total demand for family planning was 46 percent among adolescents in the age group 15-19 years (n=88), of which one-fourth (~27%) had unmet need for family planning. According to NFHS-4, a minuscule proportion (1.3%, n=26) of adolescents who were pregnant reported that the pregnancy ended in a miscarriage (NFHS 2018).

2.3 Access to abortion and contraceptive services in Kerala

2.3.1 Access to abortion services

Adolescent girls were not aware of the stage in pregnancy up to which termination was possible. This caused the delay in accessing the services in the first trimester. Adolescents experience multiple delays in seeking abortion care viz., noticing and confirming pregnancy to delay in decision-making to terminate, followed by delay in accessing the health care system for abortion and finally delay in the health care system due to other factors. Some of the factors that affect the adolescents in accessing the care were family-related problems, lack of financial resources, lack of knowledge regarding abortion services. The delay within the health care system included arranging for supplies like blood or USG. The financial barrier also contributed to delay in accessing the services within the system. The need for a female companion was also a barrier for adolescents accessing abortion services (Sowmini 2013).

The barriers in accessing abortion services were also highlighted by the stakeholders in the online consultation. The discriminatory attitude towards unmarried adolescents was a major barrier in accessing abortion services by these groups. Unmarried adolescents are either denied the services or misguided to avail the service and in order to avail the services, they often have to lie about the status of their marriage.

There is hesitation among health care providers to provide service to adolescent abortion seekers due to the legal requirements of POCSO Act.

Lack of knowledge on SRH also prevents adolescents from availing abortion services at the right time. One of the stakeholders mentioned that there were instances where adolescents had reported after 20 weeks of gestation for abortion, making it difficult for them to avail services.

2.3.2 Access to contraceptive services

Health care service providers feel that creating awareness regarding contraceptives is needed while the provision of contraceptive services is not necessary. Similarly, no separate services for abortion or emergency contraceptive is not deemed necessary as there is already this service available. While the health care providers in Kerala felt there were no barriers in utilising the services by the adolescents, and identifies only the parental attitude and stigma that prevents them from availing the services, adolescents suggested lack of awareness of parents, stigma were major barriers in utilization of services. Adolescents also felt that the non-availability of services was the major barrier in the utilisation of the services. Financial barriers, accessibility of facilities (distance) were preventing adolescents from accessing SRH services (Nair et al 2013c; Nair et al 2013d).

Nearly half of the adolescents (45%) who participated in the consultation were not aware of why abortion and contraception services were accessed. Contraceptives such as external condoms and emergency contraceptive pills are available in all PHC, CHC, and local medical pharmacies. It was also reported in the consultation that the information on contraceptives was given only to married young women (under 18 and above) by ASHA workers in Kasaragod district.

The online consultation also highlighted the barriers in accessing SRH services. Similar to the findings in the literature, it was reported that due to lack of knowledge and stigma, there is unmet needs for contraception among the beneficiaries.

"ASHA workers are instructed to contact newly-wed couples and give information on different contraceptive methods....Condoms and their use and health benefits are never discussed generally in a conversation. They are treated as a subject of laughter... even when an advertisement or when awareness is given on such issues... people don't engage seriously. They can only be tackled with education and awareness." - Youth, Malappuram.

One participant pointed out language barrier could be one of the reasons why SRH services are not met in tribal communities.

2.4 Existing ARSH programme, the reach and the challenges

2.4.1 Rashtriya Kishor Swasthya Karyakram (RKSK)

The RKSK was started in the state in 2016 as a district-wise health programme focusing on adolescent health. The first phase of the programme was initiated only in two districts in Palakkad and Wayanad. Presently it has been expanded to five more districts viz., Idukki, Malappuram, Alappuzha, Pathanamthitta, Wayanad, and Kasaragod. It is currently being run in only selected schools in the state and is being expanded to new schools each year.

The adolescents and the young participants in the consultation were asked if they have accessed any adolescent SRH services in their district. The preliminary response by the adolescents indicated no one has accessed any adolescent SRH services in their districts. However, as the conversation progressed, some of the participants realised they have attended awareness classes and Souhrada Club discussions organised by Anganwadi and Government School administrators but were not aware of it being an RKSK initiative. Many of the participants were also not aware of government-run adolescent SRH services and programmes.

The challenges of RKSK initiative were highlighted by State Adolescent Health Nodal Officer and the RCH Officer. They felt that RKSK is not given enough priority and added that COVID-19 has posed additional challenges to adolescent health as it has taken a backseat and did not receive as much importance as maternal or child health. It was also mentioned that there is negligence in implementing policy initiatives at the district level.

2.4.2 Adolescent Friendly Health Clinics (AFHCs)

AFHCs are functioning in every Block hospitals and Community Health Centers of the RKSK districts. These are government-approved clinics that offer counseling services to adolescents and are referred if there is a need for other services. There are 61 designated centers with staff and counselors currently functional in the State.

Adolescent and young participants in the online consultation were not aware of AFHC clinics or DISHA helpline services.

Adolescents were hesitant in availing the services at AFHCs due to the stigma attached to 'counselling'. There is a lack of trust and confidentiality among adolescent service users due to the absence of dedicated and fixed counsellors in the AFHC clinics and the service is provided by pooled counsellors who are posted in random rotation. Moreover, counsellors are undertrained and are not adequately equipped to deal with adolescent health issues. There are fewer AFHC clinics in non-RKSK districts. It is up to the prerogative of District officers in the non-RKSK district if they wish to approve AFHC clinics and appoint staff. Apart from AFHC clinics, counselling services are also provided by the school education department, and the Women and Child Health Department. Government stakeholders pointed out that there is lack of inter-departmental coordination and do not have an adolescent health-centric approach.

The programme managers and other service providers in the State felt that the adolescent SRH needs are not met and the existing service or facilities are not adequate. Adolescents depend on friends and media for information on SRH related matters. This highlights the need for a comprehensive SRH programme for adolescents (Nair et al 2013c).

2.4.3 School and College-level initiatives

Souhudra Club and awareness classes are organised by Anganwadi workers and Government school administrators. These intervention classes are limited to government schools. Many private and unaided schools do not have such provisions and spaces to address SRHR issues.

According to adolescents, the school level awareness and discussion classes offered by anganwadi and Souhudra club are inadequate. The issues raised by the adolescents included;

- the classes do not address comprehensive sexuality,
- classes are often taken separately for boys and girls,
- the topics are censored by the school authorities and limits the discussion to menstruation and maternal health for girls and erection for boys
- the discussions and classes fail to address most important aspects of SRH services like contraception and abortion, what are these and where to access these services.

Peer educators, Souhudra Club, or student-run initiatives at the school and college level do not have agency or support to conduct discussions on their accord.

" I am not sure if they came under the initiative (RKSK) but we were given awareness classes on mental health and health deficiency...iron tablets were distributed. However, they intentionally skipped classes on sexual health. I come from a village, here adults are also unaware of such issues... I got to know about Copper-T through the news. It was, in fact, my elders who were reading the news who asked me what it is... Anganwadi is very close to my house, but I was not aware of such initiatives taking place"- Youth, Thiruvananthapuram

One of the participants shared that school/college authorities discourage counsellors on addressing topics on sexuality, LGBTQ+ identities, safer sex practices, and abortion.

The stakeholders also mentioned that 'Adolescent Health' is often to limited giving iron tablets and distributing sanitary pads in schools and colleges. This often misguides and perpetuates existing misconceptions and stigma. Teachers and parents, with whom the adolescent spend the most time, are neither approachable nor are aware of SRHR issues or services. At the school level, the chapters in biology that address SRH are often brushed off and are not appropriately covered.

"What I distinctly remember from those classes was "other than your husband, no one should touch your body"...they didn't even mention the word "periods" and referred to it as "what older girls have". They were even hesitant to mention body parts like "pubic hair", and asked us to speak to senior girls for more information..."- Youth, Kottayam.

3. Recommendations

(i) The AFHCs should have dedicated fixed staff and counsellors who are adolescent-friendly and have an inclusive and comprehensive approach to adolescent SRH issues.

(ii) Souhudra Club and peer educators should be strengthened. They should be given privacy and agency and should be allowed to take up issues related to adolescent SRH. Capacity building of peer-educators is recommended so that they become more efficient in identifying and providing support via concerned authorities to the adolescents in need.

(iii) Government stakeholders and NGOs should take an active role in disseminating information on SRHR services at each block and district level. People should be aware of the nearby clinical services, contact details of the person in charge, nurses, and doctors of the PHC, CHC, and AFHC clinics.

(iv) Regular intervention and sensitization of school authorities, educators, staff and health providers (including nurses, counsellors, and ASHA workers) should be conducted to destigmatise SRHR in educational and health institutions.

(v) Repeated intervention and age-appropriate interactive sessions on comprehensive sexuality are recommended. The interventions should move beyond 'menstruation' address the issue more inclusively and scientifically. It was also recommended that students should not be segregated based on gender during awareness sessions.

4. Next steps and commitments from the government and NGOs

(i) The State Official (Adolescent Health) asserted to work on strengthening abortion services and increasing accessibility and reach of temporary contraception methods.

(ii) State Officials have affirmed to adopt a collaborative approach between NGOs and the state to scale up existing adolescent health-focused initiatives beyond RKSK districts.

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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, Kerala, 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	0.0	0.0	0.0	294
16	0.0	0.0	0.0	266
17	0.0	0.0	0.0	313
18	1.1	1.2	2.3	329
19	7.0	5.3	12.4	302
Residence				
Urban	1.1	1.6	2.7	687
Rural	1.2	1.1	3.2	817
Schooling				
5-9 years completed	1.8	1.2	3.0	206
10-11 years completed	1.5	0.7	2.2	652
12 or more years completed	1.6	2.0	3.6	645
Marital status				
Never Married	0.0	0.0	0.0	1,413
Currently Married	27.6	22.7	50.3	88
Religion				
Hindu	1.2	0.7	1.9	779
Muslim	2.6	2.7	5.3	498
Christian	1.2	0.4	1.6	226
Caste/Tribe				
Scheduled Caste	1.5	1.3	2.8	137
Scheduled Tribe	1.6	4.3	5.8	25
Other Backward Class	1.6	1.5	3.1	867
Other	1.9	0.9	2.8	472
Total	1.7	1.3	3.0	1504

Current use of contraceptives

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

TABLE 2

Background characteristic	Age 15-19
Any Method	19.2
Any Modern Method	9.3
Female Sterilization	0.0
Male Sterilization	0.0
Pill	0.0
IUD or PPIUD	4.6
Injectables	0.0
Condom/Nirodh	4.7
LAM	0.0
Other Modern Method	0.0
Any Traditional Method	9.8
Rhythm	0.0
Withdrawal	9.8
Not Currently Using	80.8
Total	**100**
Number of Women	88