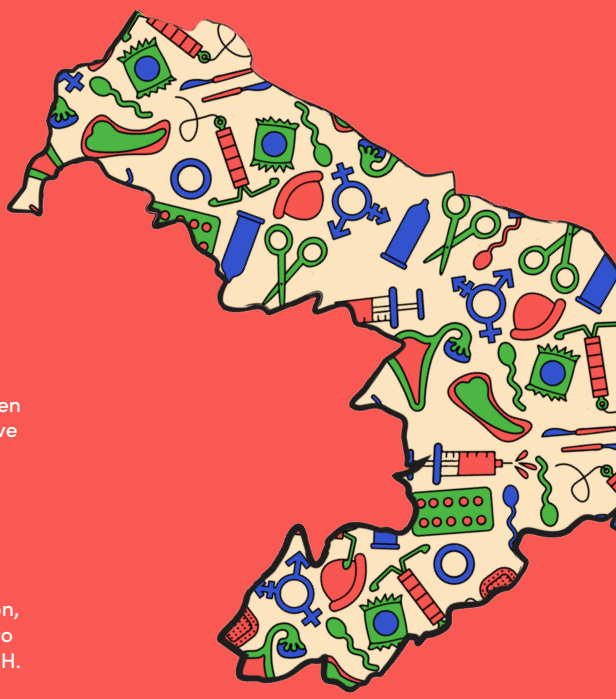
the yp foundation

Adolescent Sexual and Reproductive Health in **Assam**

Findings from literature and multi-stakeholder consultation

1. Introduction



The total number of adolescents in the age group 15-19 years in Assam was 3.1 million according to the Census of India, 2011 (Census 2011).

To understand the context of adolescent sexual and reproductive health situation in Assam, 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 state-level online consultation was also conducted to discuss the ASRH situation of Assam. The online consultation was organised by The YP Foundation in collaboration with the Guttmacher Institute. The multi-stakeholder state-level consultation was held on 27th February 2021.

The online consultation was attended by 37 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.

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 Assam 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

During the online consultation, respondents mentioned that awareness of SRH issues is necessary to understand their own bodies. Due to the stigma associated with SRH topics, this is not discussed enough. It also helps them to know about birth control methods, and they added that they are unable to access them because of the lack of awareness. It was mentioned that contraceptives help to prevent unwanted pregnancies or sexually transmitted diseases.

"To protect us from STDs as well as unwanted pregnancies. It's important to have safer sex, contraception aims to prevent unwanted pregnancy. Till now in Assam, it's very unlikely to see girls/ women buying contraception from medical stores without facing staring glances..."

The majority of adolescent girls in Assam had poor knowledge about contraception and those who were aware of it mostly knew about oral contraceptive pills (OCPs) and condoms and a few were aware of Intra-Uterine Contraceptive Device (IUCD) (Mahanta et al 2016). This was mirrored in the online consultation also where the participants mentioned that people were mostly aware of condoms and oral contraceptives and only very few had heard about Intra-Uterine Devices (IUDs) and implants.

According to NFHS-4, among adolescent males aged 15-19 years (n=645) 17 percent believed that contraception is "a woman's business and a man should not worry about it" and 11 percent believed that women who use contraception may be promiscuous. Around 44 percent of adolescent males who were interviewed felt that condoms if used properly can prevent pregnancy most of the time (NFHS 2018).

During the consultation, the source of information on SRH was divulged to be from books, online media, and peer group interactions and never from the school. The participants reported that they have been told by teachers in the past that "engaging in sexual activity is a sin". A participant also recalls how the reproduction chapter in the 8th grade was skipped and tagged as self-study. Participants believed that stigma starts from that point when the teacher skips chapters on menstruation and reproduction. All of the participants agreed that abortion must be an accessible service acknowledging it as a basic human right although they were not fully aware of the existing laws.

"While growing up, I found it debatable and conflicting. One of my friends went through abortion during the lockdown, it was so difficult. The guilt is ingrained in us. It traumatizes us and makes us feel helpless".

Incidents where young people preferred to relocate to other states for abortions also came up during the discussion.

2.2 Teenage pregnancy and unmet need for contraception

In NFHS-4, among adolescents aged 15-19 years, 14 percent had already started childbearing at the time of the survey. The data shows only a 2 percent decline from NFHS-3. The childbearing at ages 15-16 years is less than 3 percent (n=1787) while this proportion increases to almost 7 times at age 18 (21%, n=1135) and it is 32 percent at 19 years (n=909) (NFHS 2018).

Among currently married adolescents aged 15-19 years (n=1024), 32 percent were using some form of contraception with ~20 percent using modern contraceptives and 12 percent using traditional methods. The total demand for family planning was 51 percent (n=1024) among adolescents in the age group 15-19 years, of which 18 percent had an unmet need for family planning (NFHS 2018).

According to NFHS-4, among adolescents who were pregnant (n=506), 3 percent reported that the pregnancy ended in abortion and 7 percent reported it ended in miscarriage (NFHS 2018).

2.3 Access to abortion and contraceptive services in Assam

2.3.1 Access to abortion services

Respondents talk about suggestions and medicines that are home-prepared which were mostly introduced by their grandparents or the elderly. Some of them also mentioned these are cheap and locally available. In 2015, among all women aged 15-49, the abortion rate in Assam was 66 per 1000 women, which was one of the highest among other States. Out of this 49 per 1000 abortions were induced using medicines bought outside the formal health system (Pradhan et al 2015).

The barriers in seeking abortion services were the cost of services, fear of stigma, distance or transportation difficulties, lack of information about safe services, and objections from the family members. More than 50 percent of those who accessed these services were not provided the needed services since they were unmarried adolescents or were not having a living child already (Pradhan et al 2015). Lack of equipment and supplies in the public sector (especially in CHCs and PHCs) was reported in a health facility survey as one of the reasons for not providing abortion services (Pradhan et al 2015).

During the consultation, the participants also mentioned that unsafe ways of abortions are majorly availed to avoid judgement and shaming from the doctors. Some of them mentioned factors such as social status, religious norms, accessibility and awareness as other factors.

2.3.2 Access to contraceptive services

A community-based study found that lack of knowledge about contraceptive methods and misconceptions regarding contraception acted as barriers in contraceptive use. [this study included women in the age group 15-49 years] (Mazumder 2018). Spousal opposition or opposition from other family members was also mentioned as a barrier in contraceptive use by adolescents.

While in the online consultation it was mentioned that participants were afraid or felt unsafe of buying contraceptives as the shopkeeper would be acquainted with the family. Some of them said they preferred to buy it online which helped them to evade the judgments by the shopkeepers/ pharmacists.

It was noted that for female participants accessing contraceptives was challenging while young male participants had no issues in accessing contraceptives. They said sometimes they wore a mask and other times had asked their male partners or friends to purchase it for them in order to avoid the shaming. Some of them explained about their experience of visiting gynecologists which were not comfortable or safe either. A respondent mentioned that the gynecologist asked her to not masturbate or have sex and stated them as "bad deeds".

2.4 Existing ARSH programme, the reach and the challenges

2.4.1 Rashtriya Kishor Swasthya Karyakram (RKSK)

The Rashtriya Kishor Swasthya Karyakram (RKSK) is being implemented in six high priority districts (HPDs) viz., Dhubri, Golaghat, Hailakandi, Karimganj, Kokrajhar, Nagaon.

One of the representatives from the National Health Mission (NHM) during the consultation said that they observe 150-200 adolescents coming in per month at the clinics and that they have stopped 100+ child marriages in Nagaon. There are eight counselors responsible for the entire Nagaon district, meaning to supervise 11 blocks which accounts to numerous villages. Currently, only a few sectors of six blocks of Nagaon have this scheme implemented out of 11 blocks, including Hojai.

The whole programme is dependent on peer educators along with Accredited Social Health Activists (ASHAs) however there is low funding and remuneration with incentives such as t-shirts and mugs provided which is not sufficient to serve the purpose.

Another representative added that under RKSK, 80 project staff have been trained with the support of NHM. Adolescent young girls have been engaged in discussions via weekly meetings. She acknowledged that because of the inaccessibility of RKSK in all regions of Assam the needs are not met and this needs immediate attention.

None of the participants who attended the consultation knew about RKSK or have ever come across it.

2.4.2 Adolescent Friendly Health Clinics (AFHCs) and Healthcare Services

Adolescent Friendly Health Clinics (AFHCs) are implemented in all 27 districts. A total of 59 AFHCs are established in the State at District Hospital, Sub-divisional Hospital, and Community Health Centres (CHCs), of which 41 are in high priority districts (HPDs) and 18 in non-HPDs. Among these only 20 are functional AFHCs with dedicated counsellors (according to 2017 data).

2.4.3 Other programmes or initiative

The Assam AIDS Control Society has Red Ribbon clubs that have covered 200+ colleges across Assam via awareness about HIV, STIs, and sexual violence. Counselling is also provided at required times by respective departments.

Programme Manager of ABIK in collaboration with UNICEF mentioned that the SRH programmes are effective in eight districts namely Sivasagar, Tinsukia, Dibrugarh, Saraideo, Golaghat, Biswanath, Udalguri, and Sonitpur which includes 158 tea gardens functioning to empower adolescents, health, nutrition, water sanitation, hygiene, child protection, and child rights. More than 24000 girls in 295 clubs are made aware of adolescents' health prior to the need via life skill training, weekly meetings. They have been actively working in Menstrual Health Management via observing Menstrual Health Days. For programmes under adolescents nutrition, they provided base training for 1700 ASHA workers in tea estates. For making regions anaemia free, kitchen gardening is taught. The WIFS (Weekly Iron Folic Supplementation) programme was also implemented recently with support from UNICEF for adolescents. The Integrated Child Development Services (ICDS) department provides this scheme to school-going and dropped-out adolescents.

2.4.4 Challenges in the provision of services

The providers in the consultation mentioned that they were not supplied with iron-folic supplements or are mostly unavailable. Peer educators are trained but not incentivized and there is a lack of sufficient manpower. Several areas in Assam have inaccessibility of menstrual health products and a shortage of injectable contraceptives. Funding is a major issue in implementing programmes. Inaccessibility of sexual health services during the Covid-19 lockdown further complicated existing challenges.

3. Recommendations from the Consultation

(i) There is an urgent need for interdepartmental coordination to address adolescent health needs. This affects how programmes are successfully implemented.

(ii) Involving adolescents and young people in the planning is extremely vital.

(iii) Government needs to help sustain online platforms that provide credible SRH information as adolescents are increasingly leaning on social media for SRH related knowledge.

(iv) Frequent sensitization training of health professionals around adolescent SRH to decrease provider bias and judgement.

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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, 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	0.5	0.6	1.1	862
16	1.4	1.2	2.6	925
17	5.9	2.3	8.2	862
18	15	6.2	21.2	1135
19	25.8	6.3	32.1	909
Residence				
Urban	6.5	1.5	8.1	580
Rural	10.6	3.8	14.4	4113
Schooling				
No Schooling	27.7	5.5	33.1	250
<5 years completed	18.3	5.5	23.8	290
5-9 years completed	10.5	4	14.5	2818
10-11 years completed	4.9	1.6	6.5	898
12 or more years completed	2.6	1.4	4	436
Marital status				
Never Married	0.0	0.0	0.0	3648
Currently Married	45.4	16	61.4	1024
Religion				
Hindu	6.9	2.6	9.5	2778
Muslim	15.6	5.2	20.8	1748
Christian	4.7	0.8	5.5	150
Buddhist / Neo-Buddhist	NA	NA	NA	NA
Other	NA	NA	NA	NA
Caste/Tribe				
Scheduled Caste	8.2	1.7	9.9	501
Scheduled Tribe	7.8	3.5	11.3	575
Other Backward Class	6.5	2.7	9.2	1258
Other	13.1	4.4	17.4	2319
Don't know	-4.2	-1.9	-6.1	41
Total	10.1	3.5	13.6	4693

Current use of contraceptives

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

TABLE 2

Background characteristic	Age 15-19
Any Method	31.8
Any Modern Method	19.7
Female Sterilization	0.3
Male Sterilization	0
Pill	14.1
IUD or PPIUD	0.6
Injectables	0
Condom/Nirodh	3.9
LAM	0.8
Other Modern Method	0
Any Traditional Method	12.1
Rhythm	5.6
Withdrawal	6.5
Not Currently Using	68.2