

YOUNG PEOPLE'S ACCESS TO FAMILY PLANNING AND CONTRACEPTION



Over the course of July 2021, Centre for Catalyzing Change (C3), Dasra (with the support of UNICEF YuWaah and Yuva) and MAMTA conducted a series of consultations, focus group discussions and 1:1 conversations with 250 young people and 80 service providers and CSOs from 14 states and union territories, to gather insights on the barriers young people face in accessing information and services around family planning and contraception. This document highlights the key recommendations from young people, based on these access barriers.

My mother does not encourage me to talk to ASHA Didis on matters related to contraceptives and family planning. Whatever information I get is through social media but I am not sure how credible that is.

1 Normalizing conversations around contraception and family planning

BARRIERS

- Narratives around access to contraception are focused on population control and not on healthy relationships, safe sex and consent, thereby excluding the realities of a large percentage of young people.
- Due to the societal taboos and stigma attached to younger and /or unmarried girls and couples procuring contraceptives, they are unable to access information, services and/or commodities for fear of experiencing adverse reactions from family and community
- Moreover, most girls are hesitant to procure contraceptives as most shopkeepers are men; while boys choose to access contraceptives from pharmacies far from their homes to avoid judgement

RECOMMENDATIONS

Creating opportunities and leveraging existing adolescent health and family planning programs enable all young people to have a stigma free and non-judgmental open discourse around family planning and sexual and reproductive health by:

- Using social and behavior change communication (SBCC) campaigns to target young people and their immediate stakeholders including parents, teachers, community leaders, service providers etc.
- Introducing comprehensive sexuality education for young people both in-school and for out of school students in communities

2 Strengthening access to information and services around family planning and sexual and reproductive health for all young people

CHALLENGE

- There is a lack of accessible, credible, judgement free, and safe youth and adolescent-friendly sources of information and services which can cater to all young people, including young boys and unmarried couples – leading to a majority of them refraining from approaching service providers for fear of the larger community, including their parents finding out.
- Young people reported that information around contraception and sexual and reproductive health was often overlooked both in-school and through the Rashtriya Kishor Sswasthya Karyakram (RKSK), with focus being given to menstrual health and nutrition information. Additionally, service providers cited legal barriers and mandatory reporting as hindrances in being able to provide information to adolescents under 18.
- Due to the limited availability of sources of information young people feel comfortable with, most rely on their friends or the internet but are unsure of the accuracy and credibility of the information. They are also unaware of the existing schemes and policies under which they can safely access sexual and reproductive health services and information.
- Service provision is also largely directed at preferred user groups (such as young married couples) with a limited range of contraceptive options, thereby further restricting access to a wider variety of safe, affordable and available family planning services by already marginalized user groups

RECOMMENDATION

- Frontline workers (including ASHAs, ANMs, Health and Wellnes Ambassadors) should be trained and sensitized on providing information and counselling to all young people on family planning and access to contraceptives, including modern contraceptive methods
- Strengthen engagement with men and boys on family planning and sexual and reproductive health across existing programs such as expanding Saas Bahu Sammelans conducted as part of Mission Parivar Vikas to include men, targeting male partners through the Nayi Peהל initiative and ensuring ASHA workers are accompanied by male RKSK peer educators when engaging boys
- There is also a need to build and train a cadre of male frontline workers to effectively engage more men and boys on sexual and reproductive health and access to contraception and family planning
- Ensure greater convergence and coordination with Nehru Yuva Kendra Sangathan (NYKS) and the National Service Scheme (NSS) to leverage their existing networks of youth leaders to promote peer access to SRH and FP focused information and services
- Mainstream youth-friendly service provision across all facilities and primary healthcare to overcome healthcare provider biases and misconceptions and ensure high quality of service delivery and respectful care for all young people
- Include information and access to all reproductive health services especially access to comprehensive and safe abortion services for adolescents and young people without decriminalizing or denial of service at any cost.

3 Mainstreaming the participation of all young people in family planning and sexual and reproductive health programs

CHALLENGE

Existing service delivery does not cater to the diverse and differing needs of young people, especially those from marginalized and underrepresented groups, thereby hindering their access to contraception services and information

RECOMMENDATION

- Create and institutionalize gender Intentional, inclusive and representative interventions for knowledge creation, information dissemination and service delivery with the active involvement and participation of young people to address the needs of all young people
- Constitute a panel/committee to ensure diversity in health and welfare programs with focus on young people and review national and state policies and guidelines for inclusion for heterogeneity across demographic groups

If I had access to family planning methods that I could use myself, without counselling or visiting any medical facility, it would have saved me from unwanted pregnancies and sexual violence

