

Improving Young Women's Ability to Utilize Sexual and Reproductive Health Services, including Contraception and Abortion, in Jharkhand

Project Brief



Background

Young women aged 15–24 years face tremendous challenges in meeting their sexual and reproductive health (SRH) needs. Barriers to health information and services, lack of family support and negative socio-cultural norms result in young women lacking basic awareness on puberty, menstruation, sexuality, contraception and abortion. Without adequate information, they are susceptible to various health issues, including early and unintended pregnancies, that have damaging consequences for their well-being and lives.

Project Overview

To address this critical issue, we leveraged our established rapport with Jharkhand's public health system, and implemented a three-year, youth-focused project to strengthen knowledge and ability of young women to exercise their full complement of reproductive rights. Building on learnings from our pilot funded by the Oak Foundation, the project was implemented in two blocks — Chakradharpur and Chaibasa — in West Singhbhum district, Jharkhand, covering 240 villages and 37 panchayats.

The project followed a holistic approach with community and health-facility level interventions to improve SRH knowledge and decision making of young women; strengthen availability of youth-friendly SRH services in public health facilities; and reinforce community linkages with available services. A key focus area was creating an enabling environment supportive of young women's SRH — therefore we expanded our outreach to include key influencers of young women, particularly men (partners of young women), elders of the family (especially mothers and mothers-in-law), and key community-level gatekeepers. A crucial part of our approach was creation and mentoring of youth leaders — these were young people from the communities, who were trained and mentored by us to spearhead the program and became sustained resources in their local communities.



Key Strategies

Keeping women at the center, our youth-centered approach focused on reaching young people with age-appropriate SRH information and services and meaningfully engaged them throughout all stages of project design and implementation. Key strategies driving the project include:



Implementation Model

1. Promotes Youth Partnership and Leadership by:

- Creating and mentoring community-based youth leaders to lead community outreach
- Co-creating communication strategy and resources
- Engaging young people to fine-tune strategies through the project duration

2. Strengthens Individual and Community Awareness on SRH by:

- Empowering young women with age-appropriate SRH information
- Engaging partners of young women (men) to be supportive allies
- Sensitizing key family members and community gatekeepers to garner support for young women's SRH
- Using innovative methods, including interactive games and street plays, for community outreach
- Implementing school-level interventions for complete coverage of target audience



3. Makes Respectful and Friendly Services Available at Public Health Facilities:

- Orienting service providers, counsellors and support staff
- Strengthening facilities and attached adolescent-friendly health centers
- Equipping health sub-centers for eligible services and referrals
- Improving availability of relevant drugs and commodities

4. Improves Young Women's Agency by:

- Enabling access to age-appropriate SRH information and promoting decision-making
- Strengthening age-appropriate life skills including effective communication, negotiation and problem-solving for SRH issues
- Providing opportunities for leadership inclusive of self-esteem, self-confidence, and personal aspiration

5. Increases Access to SRH Services by:

- Providing accompaniment to health facilities
- Strengthening referral linkages by youth leaders and community intermediaries
- Reducing barriers and promoting an overall enabling environment

>> Incorporating COVID-19 response:

Responding to the crisis, we:

- Maintained regular telephone contact with the community during the national lockdown and facilitated connections with community intermediaries for commodities and services
- Adapted our community outreach to integrate key messages on COVID-19 prevention, management and vaccination
- Integrated a technology alternative to complement in-person outreach efforts through our AI-powered chatbot, Disha didi. the bot offers information on a wide range of SRH topics and COVID-19, as well as human counselling support as per need.



Key Outcomes

The project led to improved SRH outcomes for young women and strengthened the public health system to be more responsive to young women's SRH needs. Some key highlights:

Created an Enabling Environment

- 25 youth leaders (18 women and seven men) created and mentored to lead community outreach and facilitate access to services
- Four public health facilities and 12 sub-centres strengthened to offer youth-friendly SRH services and referrals
- 20,690 adolescent and young women reached with SRH information
- 4,675 partners of young women reached with information
- 10,915 mothers and mothers-in-law of young women sensitized
- 800 community intermediaries and 236 leaders (including Mankis and Mundas) oriented
- 11,100 users accessed information through Disha didi (IDF's chatbot)

Created Pathways to Service Access

- Improved SRH knowledge reported by young women:
 - Correct knowledge about modern contraceptive methods increased from 8% to 30%
 - Correct knowledge on safe abortion increased from 7% to 74%
- Reduction in composite stigma score from 25.4 to 22.6
- Increase in partners of young women who showed positive attitude towards young women's SRH needs and access to services from 29% to 53%



- Improved SRH practices reported by respondents:
 - Use of sanitary napkins increased from 62% to 69%
 - Use of any contraceptive method improved from 41% to 67%
- Facilitated SRH services to 30,840 young women
- Significant increase in utilization of SRH services in intervention facilities – average cases increased from 119 to 259 average caseload/month/facility



Key Learnings

- **Power of community-based youth leaders and co-creation** – our strategy of identifying and mentoring youth leaders from the intervention communities, and then co-creating strategies and messages with them has been extremely helpful in ensuring that correct, need-based messages are disseminated in the community.
- **Interactive and visual methodologies for community outreach** – using a mix of community engagement approaches, including group discussions, street theatres, youth fairs and chatbot, and making them interactive and visual, effectively facilitated conversations on sensitive SRH topics and ensured continued community engagement.
- **Engagement with key family members** – it is essential to sensitize key decision-makers and garner their support for young women’s access to SRH. This improves the overall environment for them and goes a long way in allowing young women to exercise their agency and utilize information.
- **There is a need to be responsive to the changing context on the ground** – given the changing on-ground realities (especially in the context of the pandemic) including the advent of technology in rural areas, we continuously adapted our outreach strategies. This enabled us to be more relevant to the communities we serve while strengthening their engagement.
- **Continuous engagement needed at health facilities** – given the dynamic changes in public health facilities and low provider motivation levels, we need to continuously advocate with the facility in-charge and work with providers and support staff to maintain a youth-friendly environment in facilities.

Women’s health issues, especially reproductive health issues of younger women, are driven by socio-cultural and inequitable gender norms and practices. So, while it is relatively simpler to raise awareness and spread information about SRH issues, it takes a long time to change practices and service-seeking behaviour. Therefore, concerted long-term efforts are needed to improve women’s agency around SRH-related decision making and negotiation skills with family members – with better integration of gender-responsive strategies across program design and implementation, including more active participation by men as partners and agents of change.

