This document invites the government functionaries especially, the Ministry of Health and Family Welfare (MoHFW), health service providers and health facilities administration to deliberate on the service provision of the Sexual and Reproductive Health (SRH) for young people in India. It identifies the key factors that make a health facility and health service provider adolescent and youth friendly. The recommendations here are based on a quantitative and qualitative study conducted in Delhi and Varanasi as part of the Access Project at the YP Foundation which focused on evidence-generation on the same. The document urges for accelerated and sustained actions by relevant stakeholders to ensure accessible and youth friendly sexual and reproductive health services.
The study was conducted by a team of thirty young people in the age group of 18 to 25, the majority of them, students from low income settlements. The study uses both qualitative and quantitative methods to observe, assess and evaluate the typical quality of service delivery. For the purpose of data collection, an audit tool was developed incorporating sixteen parameters of youth friendliness based on a comprehensive literature review of national and international standards of youth-friendly health services and ethical approval from internal research board.

1. **PHYSICAL ACCESSIBILITY**
2. **WAITING TIME TO AVAL THE SERVICES**
3. **COST FOR ACCESSING THE SERVICES**
4. **OVERALL INFRASTRUCTURE, HYGIENE AND CLEANLINESS OF THE FACILITY INCLUDING TOILETS**
5. **INFORMATION DISPLAYED AROUND SRH SERVICES**
6. **NO MANDATORY IDENTIFICATION PROOF REQUIRED IN ACCESSING THE SERVICES**
7. **TIMING OF THE FACILITY**
8. **ENSURING PRIVACY AND CONFIDENTIALITY**
9. **PROVIDING REFERRAL SERVICES**
10. **AVAILABILITY OF SERVICE PROVIDER OF THE SAME GENDER**
11. **SERVICE PROVIDER DID NOT ASK MARITAL STATUS**
12. **DID NOT FORCE GUARDIAN/PARENTAL CONSENT**
13. **TREATED WITH RESPECT AND SENSITIVITY BY THE SERVICE PROVIDERS**
14. **COMPREHENSIVE INFORMATION PROVIDED BY THE SERVICE PROVIDER**
15. **PROVISION OF SRH COMMODITIES AND KITS**
16. **PROVISION OF FEEDBACK MECHANISM WITHIN THE FACILITY**

The parameters of youth-friendly health services used included:
Experiential Findings Of Young People Seeking Services

This section is based on the anecdotes of young people as direct recipients of services which were documented using the audit tool and verified through post audit discussions. It consolidates the findings from the experiences of participants of the study regarding health problems and concerns including the behaviour and attitude of the service providers during availing of service.

30 Public (17 Primary and 13 Tertiary Level), 27 Private and 6 Charitable Health Facilities including Adolescent Friendly Health Clinics (AFHC), Integrated Counselling and Testing Centres, National AIDS Control Programme (ICTCS, NACP), Family Planning Centres and Gynaecology Departments. In total, 175 audits were conducted in 63 facilities across three locations.
WAITING TIME TO AVAL THE SERVICES

1. Primary health centres (PHCs) and private facilities had a short waiting time of 10-15 minutes due to low patient load.
2. The waiting time for registration as well as visiting the gynaecologist was about two hours due to high patient load.
3. The waiting time to consult the counsellors in the AFHCs and ICTCs was extremely less, in most cases between 5-15 minutes.

COST OF SERVICES

1. The services were subsidised and free in the public health facilities. In some cases, the study participants only had to pay a minimal cost for registration.
2. The cost of consultation in the private facilities was within the range of INR 150-500. All the participants who were suggested tests such as urine pregnancy tests or infection had to pay for the tests.
3. In some facilities, unmarried female participants were quoted a higher fee for contraceptives and abortion (upto Rs. 10,000 in a facility in Varanasi) services. This led to a lack of transparency and trust.

WATER, SANITATION & HYGIENE FACILITIES

1. Audits revealed a definite need for improvement in the toilets both at the infrastructure level as well as water, sanitation and hygiene (WASH) in public health facilities. Many PHCs did not have provision of drinking water and clean toilets with running water and soap. The toilets were not disabled friendly and the toilet doors did not have a latch in many hospitals.
2. Lack of IEC material on abortion was identified to be one of the gaps which limits young people’s knowledge on the abortion law in India. Only one facility in Varanasi had a hoarding by National Health Mission that depicted that abortion is legal and safe in authorised health facilities.
1. Timings of the AFHCS: In Delhi, the counselling services were functional only on Saturdays from 12 noon to 2 pm. The participants also reported that the AFHC counsellors in tertiary level facilities were not available during the assigned timings after OPD hours (2pm to 4pm).

2. In Varanasi, the AFHCs were functional only during the OPD hours.

3. Gender Barriers: Most of the participants were attended by service provider of the same gender in all types of facilities. However, in ICTCs, most often this was not the case. Moreover, men were not directed to the gynaecologist in any case. Non-availability of service provider of the same gender became a barrier in openly talking about SRH issues.

**Availability of Service/Service Provider**

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**Referral Services**

No counselling was provided in case of referrals to district hospitals for STI tests and ultrasound to abort pregnancy.

**Maintaining Transparency, Privacy & Confidentiality**

1. Among the PHCs, staff at two facilities demanded an identification proof to check if the residence address was covered within that PHC’s mandate. This went against the notion of privacy and young people’s need to avoid being recognised due to stigma. Facilities at the tertiary and private levels did not ask for an identification proof from anyone.

2. However female auditors seeking pregnancy tests and information on abortion were asked for IDs at 4 facilities in Delhi, arbitrarily either at the registration desk or by the service provider.

3. In accessing the services, there was a major lack of privacy in public health facilities during the consultation session due to high patient load. This was especially so in the gynaecologist consultation room but privacy in the AFHCs was better.

4. Privacy was better in private health facilities and in most cases, other patients were not there in the consultation room during the session.

5. In private health facilities, a few service providers considered guardian consent mandatory only from young women. The remarks made by the service providers, also reflected fear and panic of reporting/getting involved in a medico-legal case even though the participants affirmed that they were not minors.

**Attitude & Availability of Service Provider**

1. Indicators of insensitivity included not being addressed by their names and questioning the need for sexual health information before marriage. Young unmarried women were questioned and moralised on disclosing that they were sexually active as against men in similar situations. Conservative beliefs on homosexuality and premarital sex amongst the service providers were found to be very common.

2. Marital status was not asked for services like haemoglobin testing and in some cases menstrual health in any facility. Demanding to know marital status was found to be very common for services pertaining to sexual health.

3. In private health facilities, a few service providers considered guardian consent mandatory only from young women. The remarks made by the service providers, also reflected fear and panic of reporting/getting involved in a medico-legal case even though the participants affirmed that they were not minors.

“I asked doctor about safe sex counselling and she asked why you need it if you are unmarried. I had to say that that I will get married soon, she said that you will have sex with a man only…. She then asked me my profession and if I wanted kids after marriage or not. She was very insensitive and judgmental.”

/PHC in North West Delhi accessed by unmarried female, 25 years
The participants were often given limited information during consultation and were not encouraged to ask questions. This lack of comprehensive information and health education on issues like menstruation, contraception or abortion was more apparent. In few cases, where the AFHC service providers provided the required time and information, they made statements like, "sex before marriage is not good". Young men were not counseled on contraception or safe and consensual sex.

"the service provider asked me what my issue is, I told him that I want information on contraceptives. His next question was how long you have been married and I said that I will get married next month. He said that your wife will require this information. You should come with her. For you, just use condom. It lasted only for five minutes."

/PHC, Varanasi accessed by unmarried male, 21 years old

The condoms were available. I even saw structure of copper T and asked the counsellor about it. She completely changed the topic by hiding it with a paper.

/Tertiary level facility in North West Delhi accessed by unmarried female, 20 years old

SRH kits with condoms, emergency pills, sanitary napkins, pregnancy testing kits etc. were available in very few instances. Male condoms were found to be more easily available in family planning centers and ICTCs.

In some cases, the discomfort of service provider, also became a barrier to access the SRH commodities in spite of being available.

SRH commodities like pregnancy testing kits were chargeable, available only with the service provider.

None of the facilities were found to have a patient feedback mechanism.

/PHC, Varanasi accessed by unmarried male, 24 years old

"Service provider asked me what my problem is, why do I want to know about contraceptive methods, if I have a boyfriend, how many years old he is, why do I feel I should have all this information at this stage, if I have had sex. When I said we are thinking about it, so she said you have to show me your ID card and your boyfriend’s as well. Also give me your parents phone number. She said that I am asking about it because if something went wrong, I’ll get in trouble.

/Private facility in North West Delhi accessed by unmarried female, 20 years old
Seeking Accountability & Suggesting Actions

This section highlights actionable recommendations for improving health services based on the findings listed above. It includes steps as recommendations to respective stakeholders for increasing uptake and quality of services and seeks their accountability towards adolescent and youth friendly services.
FOR THE MINISTRY OF HEALTH AND FAMILY WELFARE (MOHFW)

1. **UTILISATION & TRANSPARENCY OF THE STATE LEVEL FUNDS UNDER RASHTRIYA KISHOR SWASTHYA KARYAKRAM**

It is important to ensure that there is no delay in fund flows from state level to the health facility for provision of facility based services and for AFHCs to function effectively. At the same time, it is also important to ensure transparency in allocation and utilisation of funds for the public by showcasing it on the district’s website regularly.

2. **APPOINTMENT OF AFHC COUNSELLORS**

Appointment of trained male and female AFHC counsellors across all RKSK districts should be accomplished on priority basis. As the RKSK operational framework also points out, it will be ideal to appoint young counsellors. It is also recommended to address the gaps in service provision in non-high priority districts in PHCs as per ARSH the guidelines.

3. **DEVELOPMENT OF HANDOUT & IEC MATERIAL ACROSS ALL SRH SERVICES**

There should be more handout and IEC material developed for utilisation from unmarried young people’s perspective on all the SRH services including contraceptives and different methods of safe abortion. The messaging of the IEC material needs to focus on destigmatising SRH services.

4. **EXPANDING THE OUTREACH OF SERVICES TO THE YOUTH**

The National Adolescent Health Programme of India aims to reach out to adolescents (age group 10 to 19 years). The Ministry of Health should reconsider expanding the scope of the programme to youth (age group of 15 to 24).

5. **TRAINING OF THE SERVICE PROVIDERS**

It must be ensured that all the SRH service providers are trained on adolescents’ health needs including sexual and reproductive health needs with a rights-based perspective. The trainings must be designed and conducted with a gender, sexuality and human rights lens which help them build an analysis of patriarchy and gender inequality. The trainings must focus on building their information levels and skills to provide SRH services with a rights-based perspective.


It is of significance to review laws like POCSO which are important for protection from sexual abuse to ensure that it does not take away the sexual autonomy of adolescents or criminalise consenting relationships of adolescents. It is significant to review such provisions for a positive, non-judgemental and rights affirming attitude of the service providers towards adolescents seeking SRH services.

7. **ACTIVATING & ADVERTISING THE RKSK HELPLINE NUMBER**

The RKSK helpline number, 104 should get activated on an urgent basis. The helpline number should be advertised in health facilities, schools and colleges. The helpline staff should be trained and equipped to respond to the queries and questions of the callers. Refresher training and reference material should also be incorporated for capacity building of the appointed staff.
ENSURING PRIVACY OF THE PATIENTS

Patient’s right to privacy in OPD is maintained during the consultation session and examination especially at the tertiary level facilities. The right to privacy protocols should be displayed in the facility with a clear directive across the facility staff to adhere to the policy of confidentiality and respect.

PATIENT FEEDBACK MECHANISM

The facility administration should ensure that there is a feedback mechanism for the patients in each department. The feedback mechanism should enable the patients to raise their complaints. Additionally, the facility administration must form a committee to undertake gap assessment survey of AFHCs in both primary and tertiary level facilities as part of the monitoring mechanism.

AFHC TIMINGS

It is highly recommended to increase the number of days of AFHCs at the primary level and increase the number of hours in the hospitals (during and after OPD hours). This will help in popularising and making the services more accessible.

MAINTAINING INFRASTRUCTURE, HYGIENE & CLEANLINESS

There is a definite need to ensure that the public health facilities have drinking water and toilets have running water, soap, functional doors and door latches.

OVERCOMING GENDER BARRIERS FOR PROVISION OF SERVICES

Ensure that all adolescents and young people receive a service provider of the same gender as that does not put another layer of discomfort in seeking SRH services.

NON-MANDATORY QUESTIONS SHOULD NOT BE ASKED

Service providers should not follow non-mandatory practices like asking marital status, religion, caste and any non-relevant questioning of young people to justify their need for SRH services before marriage.

NON-JUDGMENTAL & SENSITIVE ATTITUDE

Non-judgmental and sensitive attitude would enable young people to make informed decisions. Service providers should not have a moralistic and judgmental perspective on premarital sex and homosexuality. They must not propagate ideas around morality and practicing abstinence, but focus on enabling young people to make informed decisions. Service providers should not deter due to socially accepted myths around services like abortion and should never impose their value judgments on a woman seeking abortion.

BE GENDER SENSITIVE & RESPECT THE PATIENTS

The study shows that young men are more likely to be respected by the service providers as they do not face moral policing as much as young women do. Service providers should ensure respect and equal treatment of all their patients without any biases emerged out of any social identity including caste, class, religion, gender or sexuality. A simple step in this could be by addressing patients with their names and responding to their questions comprehensively without any moral judgements. They should check the satisfaction level of the patient after the session.

UPTAKE OF SRH COMMODITIES & KITS

Service providers in AFHCs, ICTCs, family planning and gynaecology centres must ensure that they have the SRH commodities and kits in stock for the patients. They should comfortably be able to provide demonstration to adolescents and young people of SRH kits that would encourage them to practice safe and consensual sex.
5. ENSURE PRIVACY & CONFIDENTIALITY OF PATIENTS

In most cases the privacy of the patient is not maintained due to heavy patient load, especially in the tertiary level facilities. Service providers must pay attention to the privacy and confidentiality protocols during consultation hours. Most importantly in uptake of service, seeking informed consent from the patient for testing and examination should be strictly adhered as a principle.

6. SHOULD NOT PRESSURISE PARENTAL CONSENT

Service providers should not deny the services or pressurise parental consent if young person below 18 years is unable to involve parents unless it is an extremely critical case. Alternatively, they can ensure seeking consent from an adult (friends or relatives).

7. PROVIDE COMPREHENSIVE HEALTH EDUCATION

Young people have many questions related to their bodies, menstrual and sexual health including contraception and abortion methods. Service providers must provide easily understandable, comprehensive information and health education to the service seeker.

8. ASK QUESTIONS ON THE POSSIBILITY OF UNINTENDED PREGNANCY

It is important to check with young women on the possibility of unintended pregnancy or having experienced sexual violence during a session on pregnancy testing and abortion.

9. INVOLVE YOUNG MEN IN THE DISCUSSIONS ON SAFE & CONSENSUAL SEX & CONTRACEPTIVES USE

It is crucial for the service provider to be trained to involve young men in discussions on safe, consensual and pleasurable sex and contraceptives use.
The YP Foundation (TYPF)

TYPF builds young people’s rights based leadership to implement programmes and influence policies in the areas of gender, sexuality, health and education. Through this work, we aim to ensure young people’s access to information, services and rights that enable them to lead decisions on key issues pertaining to their lives.

The Access Project & The Study

The Access Project aims to ensure young people’s works towards advocating for young people’s right to stigma-free and youth-friendly sexual and reproductive health (SRH) services. Between 2017-18, the Access Project conducted community and youth-led research audit study of health facilities to collect evidence on the status of the provision of services for young people. The study was conducted with the aim of following up on the commitments made by the Government of India for sustaining the development of young people’s sexual and reproductive health and rights (SRHR) as part of Sustainable Development Goals 3 and 5.

In partnership with Action India (North East Delhi) and Asian Bridge India (Varanasi), TYPF implemented the project in North West Delhi, North East Delhi and Varanasi, in districts where elements of the Rashtriya Kishor Swathya Karyakram, 2014 (RKSK)/ National Adolescent Health Programme is active. North East Delhi and North West Delhi are high priority districts under RKSK whereas Varanasi is a non-high priority district.

The evidence generated as part of the Access Project is used to lobby with the government, including the Adolescent Health Department and health service providers and draw their attention to the sexual and reproductive health and rights (SRHR) of adolescents and young people.

Produced by The YP Foundation in partnership with AmplifyChange
The YP foundation is a youth development organisation that builds young people’s feminist and rights based leadership on issues of gender, sexuality, health, education and civic participation. We work to ensure young people’s access to information, services and rights and builds their abilities to lead personal and social transformation. You can learn more about our work at theypfoundation.org

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