

ADOLESCENTS AND YOUTHS SEXUAL REPRODUCTIVE HEALTH (AYSRH) WORKSHOP

TAUNGGYI, 2-4 APRIL 2018

TOWNSHIP BARRIER ANALYSIS

Pathfinder/MPPR hosted a Community Based Adolescent and Youth Sexual and Reproductive Health (AYSRH) Workshops in Taunggyi with 21 townships in Southern Shan from 2 April to 4 April 2018. About 90 township representatives such as local DOPH officials, TMO/SMO/MOs, THOs, THNs, MWs, and Maternal and Reproductive Health and School Health Divisions of the Ministry of Health and Sports, as well as CBOs and INGOs participated in the discussions. Twenty-nine youth representatives from the area also participated in the event. The aim of the workshop was to raise awareness towards Adolescent and Youth Sexual and Reproductive Health (AYSRH) among BHS, identify barriers hampering AYSRH, and strategies to overcome them. The workshop engaged youth in discussions and incorporated their voices in developing township level strategies and action plans. The event was endorsed by the Maternal and Reproductive Health Division of the Ministry of Health and Sports (MOHS), organized by Myanmar Partners in Policy and Research (MPPR) and Pathfinder International, with financial support from the David and Lucile Packard Foundation.



The workshop consisted of 2 parts: youth discussions and township health system analyses. The first day was designated as “youth day” in which local adolescent and youth discussed their views about barriers to AYSRH and how to improve access to services in their townships. The second and third days consisted of discussions and presentations from local experts to learn from their experiences, and group break-out sessions with township teams and selected youth representatives to identify bottlenecks and their causes in the provision of AYSRH services, issues related to youth access to services, as well as strategy development and action planning to overcome identified obstacles.

The workshop provided a rare opportunity for township health care providers to engage in dialogues with central level representatives as well as with youths in identifying local challenges encountered in the delivery of adolescent and youth sexual reproductive health services. The discussions included 6 key areas listed below;

1. Youth-friendly facilities
2. Youth competent workforce
3. Reaching youth with services
4. Supportive environment
5. Understanding the needs of youth
6. Inter-sectoral collaborations



Southern Shan Becomes Cognizant of AYSRH After the Workshop

Most participants stated that they never had opportunities to discuss AYSRH professionally and received neither information nor instructions on AYSRH before this workshop. One participant said, “I didn’t know that we needed to pay attention to young people’s SRH.” Consequently, there had been little AYSRH training for service providers or education in villages. The lack of awareness in communities was apparent. One nurse described her recent experience: “Last week, one girl around 18 years old with a mental disability was brought in by her mother. She was found pregnant. But her mother refused to teach her daughter how to use contraceptives. We need to educate parents.” Furthermore, being in conflict areas, particularly in Eastern Shan, made FP service provision difficult or even perilous. Health care providers sometimes had to clandestinely provide contraceptives to women in need.

“There is a gap between us and the youth. We don’t know exactly why because we never had a chance to discuss this until now. Through this workshop, we come to know how important AYSRH is and what the needs of youths are. We will take actions to help our youths.” TMO, Taunggyi

“We never received instructions on AYSRH before this workshop. We only focused on mothers giving birth and children under 5 because that was the training we received. I didn’t know that we needed to think about young people’s health.” Nurse, Lawsauk

Despite these challenges, the participants positively engaged in the discussions with enthusiasm, developing further understanding and interests in AYSRH issues. In particular, the participants articulated that they now realized preventing unwanted pregnancies was of paramount importance in their communities. The unity among the Shan people also shone through in the workshop. Townships participants knew one another and understood each other through frequent contacts. As a result, discussions on sensitive issues were easier as they shared a sense of responsibility and focus on solutions.

TOWNSHIPS DISCUSSION RESULTS

1. Youth-Friendly Facility

Major barriers to youth friendly facilities were the lack of awareness about the needs of young people among decision makers, and the absence of privacy and confidentiality due to the existing structure of health facilities. First, health care providers did not know or never thought about young people's specific needs such as ensuring privacy and confidentiality, and feeling welcomed in a friendly environment. Moreover, even when these needs are recognized, the physical structure and resources available in current health facilities in townships and villages did not allow for improvements in the facilities, and/or creating youth-friendly environment. The lack of instructions about youth-friendly facilities from the central level also made it difficult to make changes in current structures to ensure privacy and confidentiality. Strategies proposed to overcome these barriers included creating additional space and programs for youth by tapping into existing resources in communities.



2. Youth Competent Workforce



Similar to youth-friendly facilities, a major issue in the workforce was found in the level of health workers' attention to the needs of young people, and their ability to meet them. For example, there was little awareness of the need to make young people comfortable in accessing services. Gender imbalance in the workforce, for instance, did not encourage boys to access services when BHS were mostly women. In addition, the insufficient number of staff in health facilities and resulting work overload often did not encourage health workers to consider the needs of youth. Strong stigma and prejudice towards sex outside of marriage and use of contraception by unmarried youth, also hampered health workers' abilities to meet the SRH needs of young people. Furthermore, the lack of training and practice leading to poor skills in communication and counseling youth compounded the cultural and social barriers to becoming youth-competent

health care providers. Strategies to combat these challenges included shifting of some of the tasks such as health education, counseling, contraceptive distribution as well as data entry and youth engagement from Midwives to Public Health Supervisors 2 (PHS2). Some participants pointed out that PHS2 were better trained and equipped to deliver these services than volunteer AMWs while others pointed out that PHS2 would not be able to do outreach in communities.

3. Reaching Youth with Services

There had been little youth coverage as there were no contraceptive services available for youth, nor was there a specific program that tried to reach unmarried youth with SRH services. Existing mobile clinics mostly target married women, and outreach activities by BHS were generally deficient in reaching young people with services. Poor road conditions, insufficient staff, work overload, and cultural and language barriers also compounded the lack of youth-specific services. Health care providers have never been provided with guidance regarding AYSRH, including volunteers in villages, yet need for support through task-shifting was raised as an urgent issue. The lack of communication and interaction with young people in communities was also pointed out as a cause of being unable to reach youth with services. Specific efforts to reach adolescent and youth in this regard were considered important, and key to improving the current situation. Furthermore, additional coverage issues in areas with insurgents and armed conflicts were discussed. The participants proposed to work with Ethnic Health Organizations that had own health staff and have scheduled visits to remote villages. The township health facilities might be able to integrate AYSRH activities working with them.



4. Supportive Environment



The social environment in which youth lived was generally recognized as un conducive to AYSRH. Participants commented that communities did not have awareness of AYSRH and therefore lacked interest in promoting it. The absence of communication and awareness raising efforts by health care providers and health authorities on the subject also deepened the stigma surrounding premarital sex and use of contraception by youth. Cultural and religious beliefs that affected parental understanding, particularly among ethnic minorities, were seen as a major barrier to constructive discussions and necessary SRH care provision. Therefore, the strategy to create a more supportive environment mostly involved initiating dialogues with community leaders and opinion makers including government, business, and religious leaders, parents, teachers, as well as youth, and identifying champions who would help raise awareness about the importance of AYSRH in communities. Though none had been tried out previously, participants expressed

confidence that community awareness on AYSRH would increase through appropriate advocacy and programs as they have seen positive changes in the past through TB, HIV, and Dengue Fever programs.

5. Understanding the Needs of Youth: Disaggregated Data and Youth Engagement

While data on age and gender (but not marital status) were being gathered through HMIS and reported to central level annually, local health care providers rarely received analyses of the data or used data to understand the level of service utilization and specific SRH needs of young people. Points of contact with youths were few for health care providers, and there were few opportunities to promote SRH among young people. The lack of appropriate forms and instructions from the central MOHS level also hindered the use of routine and disaggregated data. Adding columns to existing monitoring forms for information for unmarried adolescents and youth was suggested; however, participants emphasized the importance of receiving clear instructions on AYSRH data collection and usage from the central level. Furthermore, participants suggested closer relationships with local youths and community organizations working with youths as a key strategy in better engaging and understanding youths.



6. Inter-sectoral collaborations



Little collaboration with other sectors, particularly with schools, community organizations and business owners, for in and out of school youths, was identified as a major problem in promoting AYSRH. The lack of awareness in communities prevented dialogues with health care providers. For example, gaining interest and support from the schools and accepting SRH education as part of necessary education were challenging because teachers were not familiar with the issues surrounding AYSRH. Shyness and reluctance of teachers to discuss SRH as well as their fear of being misunderstood by parents as promoting premarital sex also prevented them from discussing the topic. Practical matters such as lack of time and lack of focal persons further made AYSRH education difficult to implement in school. Raising awareness of teachers and community members through regular visits and meetings by

health care providers and assigning focal persons in schools and form school health committee were some of the advocacy strategies identified as potentially effective. Furthermore, providing TOT training to teachers and having an SRH curriculum were considered essential in moving forward in promoting AYSRH in the school environment. In terms of out-of-school youth, working with concerned departments especially Department of Social Welfare, community leaders, CBOs, and other organizations would allow the establishment of AYSRH committees, and potentially organize awareness-raising interventions such as the use of media, billboards, and workshops. Working with youth champions participating in youth groups and meetings was also identified as an important strategy.

Recommendations

As a conclusion to the workshop, township teams in collaboration with state and national experts, presented recommendations in alignment with the Government's family planning and reproductive health targets. The recommendations were to:

1. Include a separate consultation room for privacy and confidentiality in standard health facilities (RHC/Sub-RHCs) to ensure youth friendliness
2. Provide budget for installation of books, Wi-Fi, and art and sports material to create youth friendly environment in health facilities
3. Assign AYSRH focal persons, and provide trainings, counseling practices to ensure youth competent work force
4. Ensure availability of RH commodities such as OC and EC pills and condoms in pharmacies, GP clinics, as well as for outreach volunteers
5. Provide pharmacies, GP clinics, and outreach volunteers with trainings and counseling practices to increase youths access
6. Promote the use of e-Health on SRH education particularly with mobile phones
7. Provide budget for supervision & monitoring, reporting, data collection, evaluation, and meetings for AYSRH activities
8. Based on evaluation and evidence, set up AYSRH programs along with annual township micro-planning
9. Provide clear instruction and policy guidelines regarding AYSRH from central level
10. Collaborate with existing youth groups, departments of education and social welfare, and INGO/NGOs, and create a multisector youth development platform



YOUTH VOICES

Members of local youth organizations such as Cherry Adolescent Network (Taunggyi), Shan Youth Network (Pinlaung) and Pindaya Youth Network gathered to discuss sexual and reproductive health issues they face. Participants were generally aware of risks and wanted to avoid pregnancies. They were eager to learn more about how to protect themselves and wanted to be heard and engaged. The separate one-day youth meeting, without the fear of judgement from parents and other adults, allowed the participants to speak freely about their opinions and views, and to prepare a unified voice to be presented during workshops. The questions explored during the discussion included the following:

- 1) What are the underlying drivers of unwanted pregnancy?
- 2) What factors protect youth from unwanted pregnancy?
- 3) What strategies can increase youth access to health services?

The format of the discussions included Pathfinder International's board game "Pathway to Change" and group break-out sessions to prompt thoughts and ideas in fun and youth friendly way. In total, 14 boys and 15 girls participated in the interactive discussions in gender segregated groups. The following summarizes the discussions held by the groups.



Summary of Discussions

Young people would like:

1. privacy and confidentiality in a private room when consulting health staff
2. to talk with friendly and warm health staff
3. contraceptive commodities and medicines at rural health facilities for easy access
4. health education regularly available to youths, parents and communities in remote areas
5. village authorities to collaborate with youth on SRH activities
6. school health campaigns especially for SRH education
7. teachers to spend more time on life skills education
8. accurate information regarding contraception and SRH
9. IEC materials on contraception and SRH such as posters, pamphlets, and story books in local languages at libraries and health facilities
10. pharmacies to be youth-friendly without judgmental attitudes
11. abortion to be legalized
12. stricter laws on sexual abuse enforced