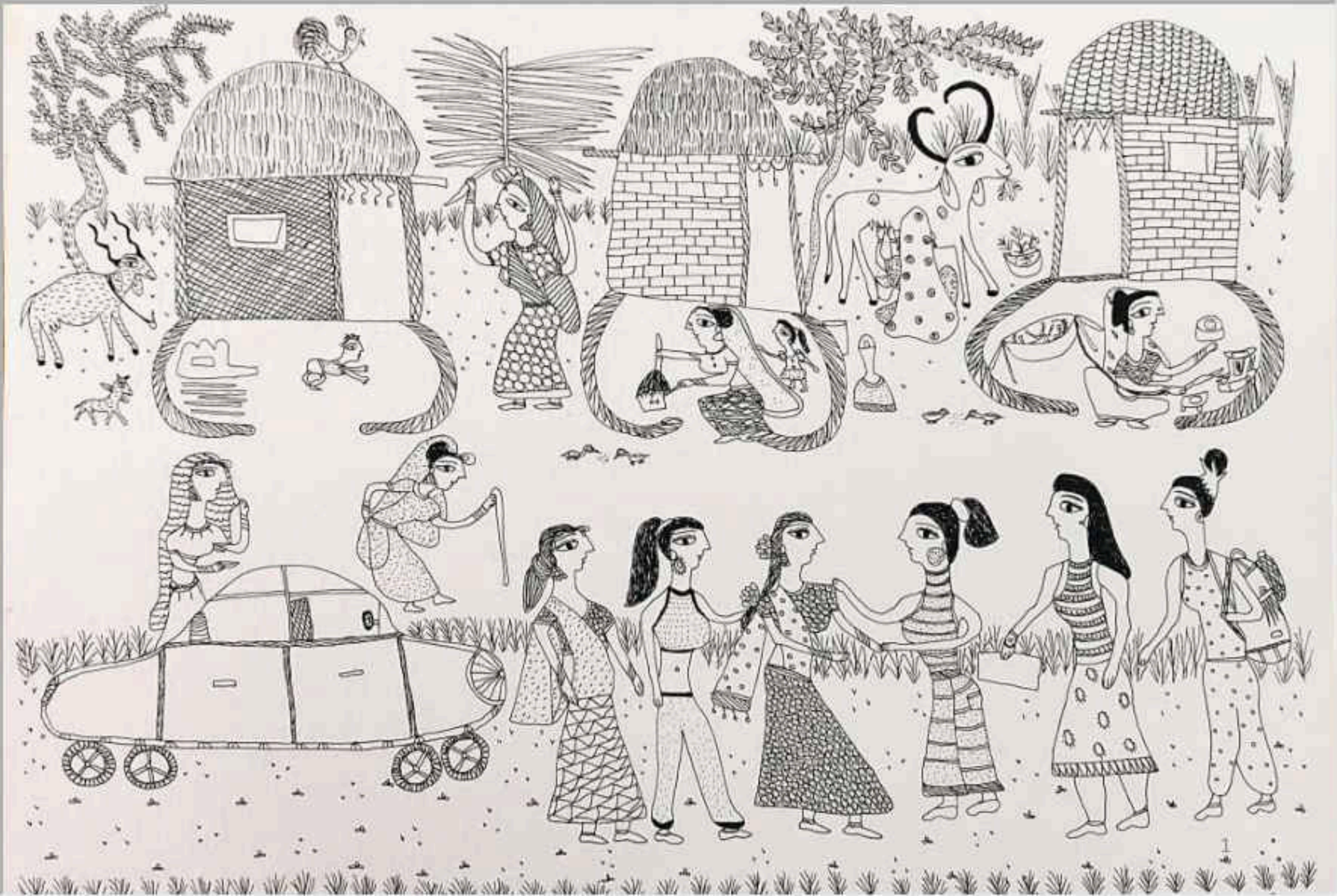
Our experiences with accessing sexual health services

A Girl-led research in Salumbar, Rajasthan



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Who are we?

About us: The girls who led the study

The research study was conducted by a diverse group of 16 girls, most of us belonging to the ST (Scheduled Tribe) community, which aligns with the background of most girls we interviewed during the research. Our age ranges from 16 to 25, with most of us aged between 17 to 21 years old. Our collective experiences as girls from this region enable us to deeply connect with and understand the challenges faced by girls in similar circumstances, making us well-equipped to conduct this research with empathy and insight.

"Our collective experiences as girls from Salumbar enables us to understand the stigma unmarried girls face in developing intimate relationships. "

Here is something about each of us, and why we are doing this study:

*My name is **Sharada**. I am studying for my Bachelor's degree. I am interested in discussing SRHR issues with girls' groups in the village. For the past two years, while discussing issues of equality in intimate relationships, I have been trying to understand why hospitals don't treat everyone equally.*

*My name is **Komal**. I am 19 years old and pursuing a Bachelor's degree. My family supports me without any restrictions. I lead the SRHR (Gothni) Centre in my village. I have built good friendships with girls in my village.*

*My name is **Parvati.** I am 28 years old. I completed my Bachelor's degree and am currently pursuing B.Sc. I served as a leader at the SRHR (Gothni) Centre for the past 2 years. I have explored different aspects and now conduct meetings with the village leader.*

*My name is **Manju**. I am 19 years old.. After joining Vishakha, I restarted my education. I left my studies for a while but now I am pursuing my studies through open school and also working on research.*

*My name is **Raksha**. I am 19 years old. I am the leader of the SRHR (Gothni) Centre in my village. There is no hospital or medical shop within 15 km of my village. People come to my centre for help, and I assist them and provide information about hospital facilities.*

*My name is **Ganga**. I am 22 years old. I completed my Bachelor's degree. I help girls and women in my village. Most of my assistance involves providing access to contraceptives and addressing pregnancy-related issues. I accompany girls to the hospital. Or I provide information about the hospital and refer them there..*

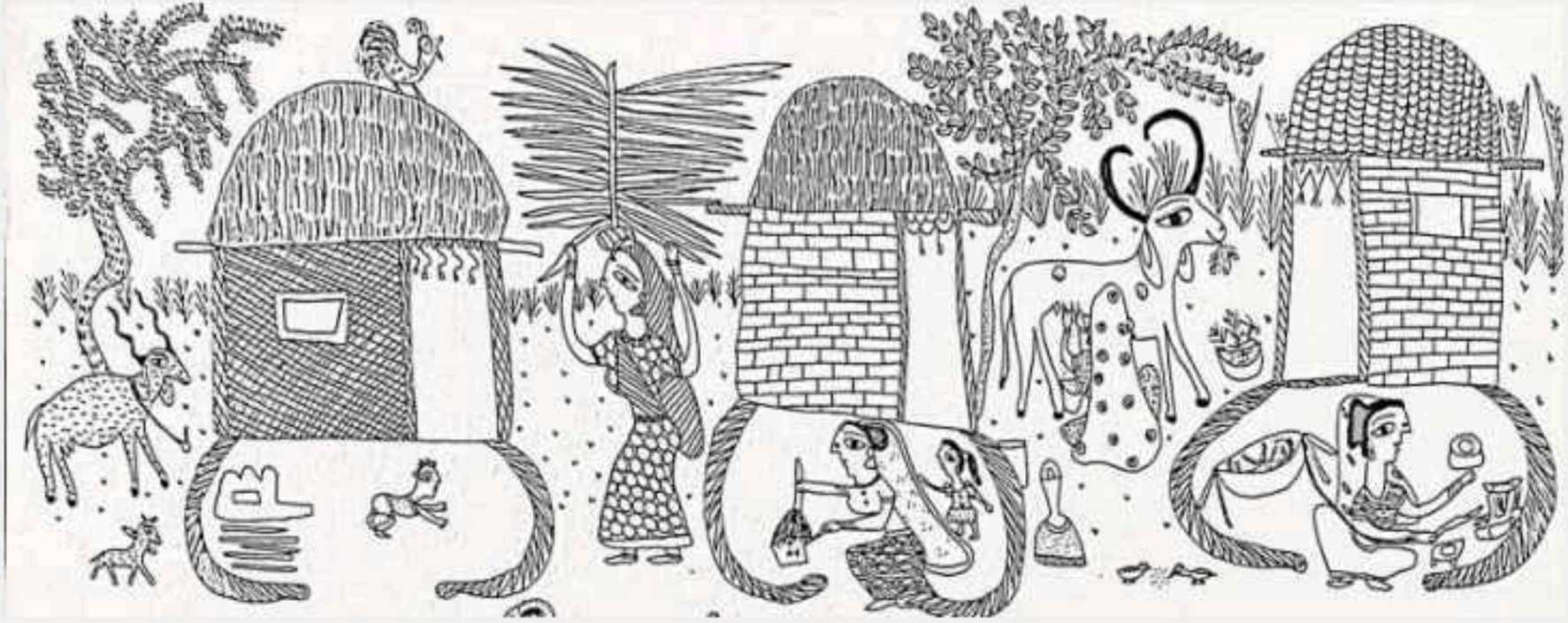
"I help girls and women in my village with sexual and reproducti ve health issues."

*My name is **Puja**. I am 20 years old. I am pursuing a Bachelor's degree. I am the leader of the SRHR (Gothni) Centre. I help girls and women in my village with sexual and reproductive health issues.*

*My name is **Ruksar**. I am from muslim community I am 19 years old. I have been associated with the organisation for the past two years. I connect girls from my community in Kishori meetings. If any girl or woman faces any kind of difficulty, I connect them with Vishakha team.*

*I am **Tulsi**, 21 years old. I am the leader of the SRHR (Gothni) Centre. I help with safe completion of pregnancies for girls. Girls from my village come to me for help (related to pregnancy completion and white discharge issues), and I refer them for help.*

Context and background



About Vishakha

The present study was conducted by girls in rural Rajasthan, with the facilitation of Vishakha, a voluntary organization dedicated to empowering women, young people, and marginalized communities. Since its establishment in 1991, Vishakha has been actively working with communities, institutions, and the state to challenge gender norms that perpetuate inequality. The organization's initiatives aim to enhance opportunities for learning, education, address violence, ensure sexual and reproductive health and rights (SRHR), and promote overall well-being.

Vishakha emerged in the backdrop of the women's movement in Rajasthan and India. Many of the members have been a part of the Women's Development Project (WDP) of the Government of Rajasthan since the very beginning and closely involved with issues related to women's empowerment. The organization's early involvement as one of the key litigants in filling a joint PIL in Bhanwari Devi's case resulted in the Supreme Court of India issuing the landmark Guidelines for Prevention of Sexual Harassment at the Workplace in 1997, popularly known as the Vishakha Guidelines.

Learning from the Women's Development Project (WDP) highlighted the significance of collectivization at the village level for countering issues of gender-based violence (GBV). Hence, formation of women's groups became important for empowerment of women/girls and in prevention of violence against them. In Salumbar, adolescent girls forming collectives at the village level, understanding strategies used by women combating violence in their own lives, making their own decisions, and leading to a movement became part of Vishakha's work.

Vishakha champions comprehensive sexual and reproductive health rights (SRHR) with a focus on autonomy, freedom from coercion, and gender-based violence. They empower girls and young women through education and skills, while also creating safe spaces to challenge myths and stigma around sexuality.

By fostering dialogue between girls' groups and service providers, Vishakha amplifies voices and promotes leadership for accountability. Their efforts extend to engaging boys and men for positive masculinity and dismantling harmful gender norms, recognizing the interplay of gender-based violence, sexual health, and mental well-being. Through collaborations with health authorities, grassroots networks, and police stations, Vishakha takes a transformative approach by educating, empowering, and partnering to reduce stigma and advance SRHR.

About Salumbar

Salumbar was chosen as the site of study to understand the various experiences of girls in accessing health and Sexual and Reproductive Health (SRH) services. Salumbar is situated in the Udaipur district of Rajasthan and is predominantly inhabited by tribal communities, with diverse cultural heritages and unique societal dynamics. According to the latest demographic data, approximately 70% of the population in Salumbar belong to various tribal groups1.

In Salumbar, Rajasthan, the issue of limited access to Sexual and Reproductive Health and Rights (SRHR) services, particularly for women and girls, remains a significant concern. Through its experience of working there for many years, Vishakha has found that only a fraction of women in Salumbar have access to essential reproductive healthcare services. The lack of comprehensive sex education contributes to a lack of awareness about contraception methods and family planning, resulting in unintended pregnancies and limited choices for women.

Salumbar's socio-cultural landscape is marked by patriarchal power dynamics, affecting the lives of young girls who often encounter the stark reality of early and forced marriages. Those who resist this norm are confronted with limitations on their mobility, reflecting the entrenched gender inequalities that shape their lives. The formidable influence of patriarchal norms makes it especially challenging for young, unmarried girls to navigate and operate SRHR services systematically and effectively.

Key reasons that prevent girls from seeking timely and confidential SRHR information and services include lack of privacy, cultural barriers, and societal stigma. Language compounds the challenges, as girls in remote areas grapple with limited Hindi proficiency, relying on local dialects for communication. As a result, adolescent girls are left vulnerable to health risks, including complications during childbirth and limited control over their reproductive choices.

"Lack of sex-education and awareness makes it difficult for girls to access SRH services."

Salumbar's limited opportunities for young girls due to lack of educational access and early marriage, affects their mobility. The area's unique dynamics, encompassing early relationships and stigma, teenage pregnancies, and barriers in accessing contraceptives, necessitate delving deeper into the issue. Salumbar's socio-cultural fabric, composed of upper castes and tribal communities, underscores its complex identity.

The selection of Salumbar as the study location to examine girls' access to health and SRH services is justified, given its predominant tribal population, socio-cultural norms around girls' early and forced marriage, and the stigma associated with accessing SRH services, especially for unmarried girls and women.

References

1. Tribal Profile of Udaipur District, Tribal Area Development Department, Rajasthan Government

Why did we conduct research on girls' access to SRH services?

Why did we feel the need to do this study?

We are part of the team in Vishakha working with teenage girls. We've teamed up to tackle health issues in the village, especially when it comes to reproductive health. It all started with us girls having conversations about health problems. Slowly, we started talking to the ANMs (Auxiliary Nurse Midwives) from our village group. They told us that we could go to the CHC/PHC (Community/Primary Health Centres) for treatment. This got us thinking, and we began talking among ourselves, wondering what services we could get from the nurses.

But, when we talked to the nurses, they said, "You can only use contraceptives after you're married". And that got us thinking. We noticed that even the older girls who weren't married and were sexually active, struggled to find information about contraceptives. It wasn't just us; we discussed this with others too. It seemed like the government hospitals were saying that our rights were tied to age and marriage. But you know what's strange? Sometimes, because we're not married, we miss out on getting important information.

We're not alone in feeling this. Lots of girls have faced issues in getting SRH services, either they don't get the services they need, or they go to unqualified healthcare providers for help. We realised that we are not being included in the conversation around the provision of SRH services, due to our age and marital status.

But here's the thing: just having information isn't enough. Sometimes, the information about contraceptives is given to us in a way that makes us feel like we're not supposed to use it until we're married or have reached a certain age. We want to tell the government that we have an equal right to SRH services, whether we are married or not.

Understanding all these things made us think that we should really figure out what's going on. It's not just about us; it's about how all of this affects everyone. We need to know how other girls are feeling about these issues too. We need to know what challenges they're facing and what they want when it comes to sexual rights and services. That's why we decided to do this study.

When we look at the sexual and reproductive health and rights of girls and women in Salumbar, we see that there are a lot of challenges. There aren't many hospitals or clinics here, which makes getting basic healthcare or even safe abortions very difficult. Young people get into relationships without using any protection, and that's risky. Sometimes, because of all this, girls are unsure if they are pregnant and take pills without knowing the consequences.

Even if we do reach a hospital, the doctors and nurses don't always treat us well. They don't help us out, so we end up going to doctors who aren't qualified, and it costs us a lot of money.

We want to know what other girls have experienced when they asked for help from hospitals or ANMs. By talking to different groups, we can understand what each of us needs. We can also dig deeper into specific cases to get a better picture. With all this information, we can really understand what we need and work with the health department to make things better for all of us.

" With this study, we will find challenges that girls are facing when it comes sexual rights and services"

"We want to tell the health department that we have an equal right to SRH services, whether we are married or not."

Our experiences of conducting this research

In the beginning, some girls were quite hesitant to open up and talk. I remember one instance where a girl had agreed to meet us after setting up an appointment, but when the time came, she suddenly fled. It was evident that fear was a common factor for both sides – us and the girls. However, as we gradually engaged with more individuals, that fear started to dissipate.

I can empathize with the concerns some girls expressed. The worry that our information might be misused, and that we would benefit monetarily from their participation while they would gain nothing, was real. But I tried my best to explain the purpose of our questions in a way that resonated with them, making sure they felt comfortable and understood.

Personally, I found these interactions quite rewarding. Conversing with the girls was enlightening, and I felt a growing sense of confidence within myself. It was like a newfound enthusiasm had taken hold of me, pushing me to take on a leadership role.

Admittedly, we did face challenges. Some parents raised objections, questioning our intent in talking to their daughters privately. Despite this, the positive experiences overshadowed the negatives. It was heartening to witness the girls seize the opportunity to voice their concerns, whether they were about personal issues or health-related matters.

Overall, this research journey not only allowed us to gather valuable information but also empowered us and the girls involved. Our initial fears transformed into confidence, and the hurdles we encountered were eclipsed by the positive impact we were making.

"Overall, this research journey not only allowed us to gather valuable information but also empowered us and the girls involved."

What were the steps of research study process

This study was an important part of a year-long journey of working with girls on SRHR issues. Major milestones of this journey were-

Understanding building on the issues	Selection of girls who were interested in research	Understanding building on Research methodology	Developing research research tools	Data collection	Data analysis & report writing
Capacity building of 60 girls from 24 villages through 5 days training & series of discussion on the issues of Gender, SRHR, SRHR services	18 out of 60 girls were selected who were interested in research process	Capacity building work with 18 girls on importance of research , research methodology and research tools through two days training	Research tools were developed with the participation of girls - Survey form/ FDG/ observation/ interview	Done by girls	• Data feeding • Data compilation • Data analysis • Discussion on emerging learning • Report writing

Sharing of research learning with different stakeholders . Demanding for appropriate action on research recommendations	Sharing of research experiences with other girls and creating network	Sharing and advocacy (further work after research)

Who did we interview?

Who did we interview?

We conducted interviews with 150 girls residing in Salumbar, most of whom hail from the same background as us. In addition, we also conducted 8 focus group discussions with 100 women and girls. The participants can be grouped into four categories, married girls under 18, married girls above 18, unmarried girls between 16-18 years, and unmarried girls above 18 years. Majority of the girls belong to the tribal (Meena) community.

We also interviewed people from the Health department including ASHA workers, ANMs, Anganwadi workers, AFHC in Salumbar, and BCHM officer. Further, we conducted observations of the Adolescent-Friendly Health Clinic in Salumbar and Jhallara, Primary health centres in Budel and Bedwal, and a Community health centre.

The chosen sample of 165 girls residing in Salumbar, most of whom share a comparable background to ours, along with the participation of 70 women and girls in 8 focus group discussions, forms a strategic selection. This diverse group encompasses married girls below and above 18, as well as unmarried girls aged 16-18 and above 18, providing a well-rounded representation crucial for comprehending the intricacies of girls' and women's encounters while seeking sexual and health services in rural Rajasthan.

Having girls' perspectives at the forefront of this research is crucial as we can authentically voice the challenges we encounter and the support we need to access health and SRH services. Our girls-led research ensures that our experiences are accurately captured, contributing to better insights and targeted interventions for the improvement of the services.

Villages	Survey	FGD	Observation of Health services	Interviews with service providers and girls	Observation during data collection by girls researchers
24	With 165 young girls & women	8 FGD- with 70 adolescent girls & women	Observation of 2 PHCs, one CHC, one Ujala clininc	8 service providers including AHSA, ANM, AWW and doctor. Detailed experiences of 10 girls were included	

What did we find?

Sexual health services: Information, access and barriers

1 Majority of the girls feel a sense of fear and hesitation in accessing sexual health services

65% of girls feel fear and hesitation about talking to ANMs on sexual health. In addition, 76% of unmarried girls feel uncomfortable accessing sexual health services from government hospitals. Overall, a lack of confidentiality and fear of being judged hinder girls from accessing sexual health services as there is a fear that ANMs will inform family members.

"I have a lot of questions but feel scared to ask ANMs. What if she tells my parents?"

2 Information about sexual health not freely available

A mere 14% reported that ANMs talk about sexual health in Anganwadis every Tuesday, which is designated for this purpose. Further, only 32% girls said that ANMs provide information about sexually transmitted infections. Overall, ANMs focus more on menstruation and vaccination rather than matters of sexual health. Even PHCs fail to provide adequate information; only 11% reported that PHCs provide information on AIDS.

Implement training programs for healthcare providers, emphasizing non-judgmental attitudes and strict confidentiality protocols, to ensure girls feel safe accessing sexual health services without fear of judgment or breach of privacy.

Contraceptives: Information, access and barriers

1 Sense of fear and judgement in accessing contraceptives from healthcare providers

59% are hesitant to take Mala-D/condom from the ANM due to a lack of confidentiality and being asked questions. Rather than getting contraceptives, there is a risk of being scolded and shouted at.

> "When I asked for a contraceptive, the ANM said *this is not for girls"*

2 Discrimination based on marital status

Unmarried girls face discrimination because of their marital status and often denied access to information and contraceptives because of it. While 50% married girls and women got access to contraceptives in PHCs, the figure for unmarried girls was a mere 4%.

3 Relying on other sources for getting contraceptives

Barely 1 in 3 girls reported that Mala-D and condoms are available in PHC. As a result, they have to get contraceptives from other sources, such as unqualified doctors, gothni centres or medicine shops. This is a problem because only 7% girls feel comfortable about going to a medicine shop alone to buy contraceptives.

Improve access to and destigmatise contraceptives by:

- Promoting awareness campaigns to eliminate stigmatization around contraceptives and training healthcare providers to offer services without judgment
- Ensuring availability of all types of contraceptives in AWCs, health centres and with ANMs

Pregnancy: Information, access and barriers

1 Limited access to information for unmarried girls

Like other services, there is a lot of judgement that unmarried girls face from healthcare providers when seeking information about pregnancy. Only 9% unmarried girls reported receiving information about pregnancy from the PHC.

2 Limited access to services unmarried girls

While 55% married women got access to pregnancy related services from a PHC, only 3% unmarried girls received such support. Further, while around half of the married women were able to get a pregnancy test done with the help of an ANM, only 1% of unmarried girls received this support. Further, unmarried girls are excluded from the services provided to holders of the Mamta card.

3 Lack of confidentiality and stigmatisation by family members

A lack of confidentiality from ANMs as well as at the PHCs deters the girls from seeking access to contraceptives. Pregnancy in unmarried girls can lead to violence, including physical abuse, forceful marriage, and social isolation, often involving family and neighbours.

> "Facing judgment while seeking pregnancy information is tough. We need understanding and safe spaces to talk."

Improve access to pregnancy-related services for all by

- Creating a safe space for unmarried girls to access information and services related to pregnancy and contraceptives
- Developing and enforcing policies that emphasize confidentiality at both ANM interactions and PHCs

Delivery: Information, access and barriers

> "Faraway delivery facilities leave us with tough decisions. Without local support, we're forced to seek risky alternatives for childbirth."

1 Lack of access to delivery services in village

89% reported that government delivery facilities are not available in their village. Neither, ASHA, Anganwadi worker or ANM are able to provide support for safe delivery in the village.

2 Delivery centres are located between 6-10 kms away

For most girls, the latest delivery facility is between 6-10 kms away. This is challenge for them to access formal healthcare support during their delivery, often leading to a reliance on quacks and giving birth in unhygienic conditions.

Establish accessible delivery centres at the village level to reduce travel distances and waiting times, providing safe and supportive environments.

Abortion: Information, access and barriers

1 Unequal access to abortion information and services for married and unmarried girls

While 46% married women and girls got support for abortion at a PHC, only 4% unmarried girls received this support.

> "Unmarried girls like me face hurdles getting abortion help. No local support, unqualified doctors, and high costs risk our health."

2 Lack of access to abortion services locally

No ASHA, ANM or AWC able to support with abortion, which means that there is no local support available for abortion. Further, only 7% girls feel confident about going alone to a shop to get medicines for abortion. As a result, girls seek medicines and treatment from unqualified doctors, who charge between Rs. 700-1000 per visit and, whose treatment often leads to many side-effects for the patient.

3 Fear of judgement from family

Girls fear judgment when seeking abortion services, leading some to not disclosing the abortion to their families and consequently not receiving support. As a result, girls who have abortions suffer feelings of guilt and isolation.

Enhance abortion services and support for girls by:

- Strengthening access to safe and confidential abortion services locally, offering comprehensive information and support for girls in need
- Establishing accessible counselling and support services for girls seeking abortions, ensuring they are aware of their rights and options

Recommendations

Recommendations

Sensitize healthcare providers and community health workers in accordance with Rashtriya Kishore Swasthya Karyakram (RKSK) guidelines, emphasizing respect for autonomy and privacy in all sexual and reproductive health interactions	**Strengthen access to safe and confidential abortion services locally, offering comprehensive information and support for girls in need**
Promote awareness campaigns to eliminate stigmatization around contraceptives and training train providers to offer services without judgment	**Establish accessible counselling and support services** for girls seeking abortions, ensuring they are aware of their rights and options
Guarantee confidential access to contraceptives and pregnancy kits for all individuals in AWCs, health centres and through ANMs without requiring personal information like names or identities, ensuring privacy and reducing barriers to access	**Promote inclusive sexual and reproductive health services** by ensuring availability and accessibility for all, irrespective of marital status, using neutral language in communication and policies
Create a safe space for unmarried girls to access information and services related to sexual health, pregnancy and contraceptives and enforce policies that emphasize confidentiality at both ANM interactions and PHCs	**Implement comprehensive sexuality education programs for individuals** aged 16 and above in youth spaces within villages, covering topics such as safe sex, consent, reproductive health, and contraceptive use.
Establish accessible delivery centres at the village level to reduce travel distances and waiting times, providing safe and supportive environments.	**Conduct sensitization programs for boys and young men** to promote responsible and informed sexual behaviour, emphasizing the importance of understanding and supporting contraceptive use

Some steps forward.....

This year long jouney focused on SRHR services strengenthend -

- the adolescent girls to critical refelect and observe the situations around them. They started talking about how social norms are affecting their opportunities ;
- they also have been able to understand the link between social norms and their mobility, their rights to make choices & accessing SRHR services , their control over their body .
- During this process they also reflected upon various dimenstions of their life and how social norms are creating barriers to live with full potential and choices.
- More than 50 girls have discussed these issues in the group and thoughts of creating accountability of frontline health functionaries for making easy access of girls to SRHR services. They invited, ASHA, ANM, AWW and their meetings. 3 ANM participated in the 4 group meetings of girls and had dialogue with them about their concerns; 2 ANM admitted that contraceptives and other information were not being provided to the adolescent girls by them. They started giving all the materials/ needed services to the girls.
- In these meetings, the adolescent girls confronted ANM that how can they refuse to provide needed services on the basis of age & marriage. As a result of girls visit at PHC and dialogues , 2 ANMs changed their attitude towards girls, one ANMs still look with social frame that allow sexual behavior only within the marriage. In these conversations, the girl group not only expressed their views but also presented the experiences of other girls to the ANM. Now Girls are able to discuss about their right by having the understating about the facilities to be available at PHC/CHC.

  Neema- "Where is it written that if a girl is below 18 years of age then she cannot be given condom.

  "Faraway delivery facilities leave us with tough decisions. Without local support, we're forced to seek risky alternatives for childbirth."

  "Unmarried girls like me face hurdles getting abortion help. No local support, unqualified doctors, and high costs risk our health."
- The girls understood the various aspect of the study, they are taking research learning to their peer group , to various stakeholders , negotiating & demanding for quality SRHR services . They organized a dialogue with ANM and BCMO to have discussion on findings of the research . They requested and influenced them to look at it from the girls' perspective. The immediate impact was that two ANMs started providing condoms to unmarried and 17-18 year old girls too.

- Initially staff of one of CHCs didn't use to entertain unmarried girl's issues related to SRH, they were not providing contraceptive to them . During the CHC visit by girl groups they had intense discussion with the doctor and staff of CHC, put up their concerns in front of them . After that Doctor and LHV both have been supportive for girls and easily provide condoms and mala D.