

Training course in adolescent sexual and reproductive
health 2020

Approaches to ensuring the continuity of SRH information
and services provision to adolescents in the context of the
COVID 19 crisis: and using the opportunity of COVID-19
to build back better

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Question 1.1

Name one issue described in the FP2020/IAAH statement that hinders adolescents' access to SRH information and services in your country.

FP2020/IAAH highlighting the affects of COVID-19 on SRHR for adolescents described the lack of mobility and communication gaps for adolescents caused by lockdowns to contain COVID-19. These lockdowns have caused schools/colleges to close down, limiting adolescents to their homes, out of contact with their friends who were identified to be the source of most information about SRHR in adolescents after their mothers (1). The lack of purchasing power due to loss of income during the pandemic has been another major influencing factors of falling adolescent SRHR health in Pakistan with households trying to put food on the table, deeming SRHR needs are not important.

Question 1.2

Describe briefly what approach you would use to overcome this issue.

To reduce the communication gap between adolescents and their access to SRHR knowledge in present COVID times, introducing digital/social platforms for these adolescents to openly discuss their SRHR problems with their own peers will be a major boast. This said intervening with WhatsApp and SMS campaigns diffusing knowledge is an efficient intervention. To cater to the lack of purchasing power of communities, subsidized SRHR services through donor funded programs will play a act changing role in Pakistan.

Question 2.1

Which recommendation(s) on CSE does the example from Education as a Vaccine Nigeria illustrate?

Education as a Vaccine, Nigeria exemplifies the recommendation that CSE messages should be communicated through mass media and digital media to adolescents having access (SMS based platform online, Mobile application Frisky, social media pages, radio jingles, WhatsApp campaigns) (2).

Question 2.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

Provision of CSE using mass media like SMS, Facebook, WhatsApp etc. are platforms that are an easy access to all in Pakistan (3). During COVID-19 these digital initiatives have been a part of awareness campaigns and have proved very fruitful (4). QUESTION 3

Question 3.1

Which recommendation(s) on contraception does the example from RFHA Fiji illustrate?

In Reproductive Family Health Association (RFHA) Fiji the two integral recommendations implemented are: keeping adolescents informed through social media about where and how to access contraceptive counselling and services, and establishing a helpline/hotline. Both these initiatives provide information on updated services during COVID-19 pandemic along with counselling and support to adolescents regarding self and safe use of contraceptives (2) .

Question 3.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

In Pakistan, 75% of the population owns a mobile phone. Establishing a helpline for disseminating information and counselling during COVID-19 and increasing outreach ensures that relevant SRH advice reaches adolescents. Thus, RFHA Fiji approach is also applicable in Pakistan with some contextual adjustment such as sensitising family members.

Question 4.1

Which recommendation(s) on comprehensive abortion care does the example from FRHS India illustrate?

Foundation for Reproductive Health Services (FRHS), India has implemented recommendations on informing adolescents on where and how to access abortion care (newspaper ads), ensuring comprehensive abortion care (outreach teams to counsel and reduce mobility restrictions) and subsidized services (service charges for abortion halved).

Question 4.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

In Pakistan abortion is an illegal procedure with exemptions for induced abortion to save a mother's life or before 20 weeks gestation is reached. Sexually active adolescents who are in need of abortions are only left with illegal substandard private clinics for abortion services. The social and religious tabu's tied to abortion are set deep and in no near history about to change. Thus interventions need to be focused on changing the social/religious tabus first to introduce post abortive care for all.

Question 5.1

Which recommendation(s) on maternal care and mental health does the example from the University of Nairobi and the Nairobi City Council in Kenya illustrate?

University of Nairobi and the Nairobi City Council in Kenya have established Telemedicine for counselling and screening for vulnerable adolescents (specifically for mental health conditions and gender-based violence) and offering outreach services to pregnant adolescent. Additionally, the project has provision of training for health care providers to be affluent in interpersonal psychotherapy on online platforms (zoom on mhGAP)(2).

Question 5.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

This recommendation may not be feasible for a country like Pakistan where only white collared employees have access to platforms like zoom. However, adolescent SRH services through helpline/hotline, telemedicine could be an alternative adjustment to the Kenya recommendations (5).

Question 6.1

Which recommendation(s) on HIV does the example from the Zvandiri in Zimbabwe illustrate?

Zvandiri have established digital access to information for HIV adolescents, home visits for testing, treatments to minimize exposure of these adolescents (2).

Question 6.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

For Pakistan it is feasible to establish a digital platform for HIV positive adolescents where information sharing, online counselling can be provided effectively(3). But the health-care system lacks the capacity to provide provisions for home testing and treatments for HIV patients.

Question 7.1

Which recommendation(s) on gender-based violence does the example from Centre for Catalysing Change in India illustrate?

Centre for Catalysing Change (C3), India illustrates establishment of mass and digital media platforms (YouTube, WhatsApp, Community radio) ensure adolescents access to support. C3 ensured all adolescents have access to a mobile phone connecting them to gender-based violence (GBV) helpline in every intervention village. Through trained staff (healthcare providers, community workers), C3 initiatives provide counselling services to adolescent victims of GBV (2).

Question 7.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

Training outreach workers and healthcare providers to identify GBV victims and provide support to them have been a part of all community workers trainings across Pakistan. Pakistan (federal ministry of human rights) amid its COVID outreach has established GBV helplines that are used to report cases of domestic violence and provide support to these victims due to the increasing trends of GBV during lockdown (6). Thus, the C3 - India initiative is already an effective strategy in Pakistan.

Question 8.1

Which recommendation(s) on HPV does the example from the Ministry of Health of Laos illustrate?

Ministry of Laos identified vaccination service delivery sites within communities and updated village heads with when/where these services will be available, these were also communicated through social media. Lao has also established school based HPV vaccination programs along with health facility-based programme for those not in school with infection prevention and control measures implemented during COVID.

Question 8.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

Provision of HPV vaccinations in schools is a great initiative and has not be implemented in Pakistan so far. This measure to immunization in schools needs to be introduced in Pakistan but the cultural and religious factors might play against the initiative (7).

Question 9.1

Which recommendation(s) on menstrual health does the example from the Footprints Foundation in South Africa illustrate?

Footprint foundation have been involved in distributing dignity packs along with food parcels to schools, shelters, youth centers and facilities for persons with disability; advocating the inclusion of menstrual products as essentials for adolescents females. This was done in collaboration with many partners (Departments of Women, Youth and People with Disabilities, Basic Education, Gauteng Social Development, and Seriti Institute) (2).

Question 9.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

In Pakistan the need to normalize menstruation and menstrual products is a long awaited cultural change (8). The social tabu of discussing menstrual health and needs is a hushed topic and provision of such products along with food and non-food items may not be without challenge or even accepted by the majority people.

Question 10

In what ways do you think COVID-19 might, in fact, present an opportunity for accelerating progress on ASRHR?

With the pandemic in play, all outreach activities had to be updated to follow COVID-19 protocols. This presented an opportunity for innovative programs with wide geographic coverage and minimum interaction to avoid infection.

Adolescent SRHR can get a major boost from innovative telehealth platforms that ensure minimum human interaction but at the same time providing method-wise counselling, referrals, counselling on GBV. These platforms/helplines have also ensured a greater outreach of ASRHR services and counselling (9). The need to provide trainings to health care workers to initiate conversations with adolescents making them comfortable enough so they can ask questions about their contraceptive needs or other sexual health issues without shying away. The health care workers at this point should also be mobilizing parents and guardians of adolescents needs for SRHR. Moreover, adolescents education, health, psychology and overall well-being are now became a socio-political issue than ever before because of the pandemic.

References

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