



Reality Check

Experiences of Young People and
Service Providers



SERAC-Bangladesh
(A youth focused rights and development organization)



**RIGHT HERE
RIGHT NOW**

This paper has been published with the support from Right Here Right Now Bangladesh platform, which is a strategic partnership between eleven like-minded youth-led and youth-serving organizations, that are advocating for enhanced experience of young people on sexual and reproductive health, focused on three thematic areas as long term outcomes- ensuring comprehensive sexuality education, transgender rights and accessing on youth friendly health services.

SERAC-Bangladesh, which is a youth focused rights based NGO in special consultative status with the UN-ECOSOC, and a member of Right Here Right Now Bangladesh platform, working on advocacy and sustainable development programs in Bangladesh since 1991. The organization mainly focuses on youth, women and children's rights, gender based violence prevention, human rights education, sexual and reproductive health and rights, and other development works linking with the UN Sustainable Development Goals with the motto of leaving no one behind.

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¹ Bandhu, Bangladesh Mahila Parishad, BLAST, BRAC, BRAC JPG School of Public Health, Family Planning Association of Bangladesh, Naripakkha, Obayob, RHSTEP, SERAC-Bangladesh, UBR Alliance.

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LIST OF ACRONYMS AND ABBREVIATION

AFHC	- Adolescent Friendly Health Corners
BBS	- Bangladesh Bureau of Statistics
DGFP	- Directorate General of Family Planning
IDI	- In-depth Interview
IUD	- Intrauterine Device
RHRN	- Right Here Right Now
SERAC	- Socio Economic Resilience Advancement Committee
SRHR	- sexual and reproductive health and rights
YFHS	- Youth friendly health services



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SERAC-Bangladesh

Youth Friendly Health Service is a priority program of the Government of Bangladesh, as it is implementing the National Strategy on Adolescent Health and has undertaken the plan of actions on adolescent health. To expand AFHS throughout the country and to extend SRH services to unmarried adolescents in particular, the Bangladesh government has taken some initiatives to focus more on adolescent operation plans to ensure their rights.

With the support from RHRN Bangladesh platform, this qualitative reality check survey was conducted and this report is being published to understand the comparative narrations of the actual situation and the operational plan on the established adolescent friendly health corners. This report presents findings from a qualitative study assessing eight AFHCs, located in four divisions including Sylhet, Barishal, Rangpur and Khulna. Global evidence indicates that integrating adolescent friendly services into existing health delivery systems is more effective than establishing separate or stand-alone youth and/or adolescent centers or clinics. The findings from this study support this, as it appears that AFHCs (which are integrated into existing facilities) are reaching unmarried adolescent girls with a range of health services, both general and SRH-related, through established health facilities. The adolescent girls who received services from AFHCs were generally satisfied with how service providers treated them. But more improvement is needed on those adolescent centers to ensure quality health services.

Acknowledging this fact, RHRN Bangladesh is advocating for the quality, stigma free and youth friendly health services at all the AFHCs with adequate budget allocation and proper monitoring mechanisms. This paper, being a part of the ongoing advocacy process aims to highlight the need of youth friendly and quality health service and to persuade Government and all other concerned stakeholders to stand for adolescent and youth health rights that are safe, youth friendly and quality based.

In Bangladesh, sexual and reproductive health and rights (SRHR) issues are still considered taboo in cultural and societal perspective. Bangladesh has an adolescent population of approximately 36 million, more than one-fifth of the total population of the country who fall between the ages of 10 and 19 years (BBS, 2015) . According to the same analysis, 51.2% of adolescent girls use contraceptive methods, among them 46.7% use modern contraceptive methods to prevent pregnancy. Directorate General of Family Planning also added that only 47% of adolescent married girls between 15 to 19 years have access to contraceptive methods in Bangladesh.

In Bangladesh, family planning remains one of the top priorities in the 4th Health Sector Programme 2017-2021 , as a path toward achieving the Sustainable Development Goals. Under FP2020, Bangladesh has committed to fully operationalize its new National Adolescent Health Strategy with special focus of addressing the family planning needs and promoting rights of all adolescents. Adolescents in Bangladesh will have access to the widest range of family planning methods possible and special efforts will be made to track adolescent health data. Bangladesh reiterates its commitment to end child marriage. Under the same instrument, the country anticipates an impact to reduce unmet need among married adolescents from 17% to 15% by 2021 . Also under commitment number 8, at least 1 million first time young mothers will have access to family planning counseling.

To accelerate these promises, the Director General of Family Planning (DGFP) has undertaken concentrated initiatives like, adopting the National Strategy for Adolescent Health 2017-2030 and the National Plan of Action for Adolescent health strategy (2019) to support implementing over 600 adolescent friendly health corners (AFHC) across the country.

Although due to some information and access barriers, adolescents and young people often get deprived of the services offered. Also there is a gap between young people and the service providers, and concerns over stigma and privacy make it even harder for the young service seekers. Given this scenario, a reality check became a conscious demand by the young people and this small scale study is a reflection of that need.

Interviewed youths mentioned that they received information about the adolescent friendly health corners (AFHCs) from the YFS Forum activities like meetings with DGFP officials, quarterly follow up meetings and GO-NGO coordination meetings and workshops.

METHODOLOGY

In order to achieve the research objectives, this study has been conducted through a mix-method where qualitative and quantitative research approaches were sequentially used for finding out the reality of services at the Adolescent Friendly Health Corners (AFHCs) in Bangladesh.

- ★ **Sample:** Convenient sampling procedure was followed for this study, because SERAC-Bangladesh has divisional levels youth advocates teams who are working to ensure friendly health services for young people.
- ★ **Timeline:** This study took place from October -2019 to December -2019.
- ★ **Geography:** This study was conducted in 4 divisions (Tajhat & Haragach of Rangpur, Barishal Sadar, Sylhet Sadar and Khulna Sadar). These places were taken into consideration based on the availability of youth advocates.
- ★ **Target population:** 8 service providers and 8 youth representatives from 4 divisions were interviewed for this study.
- ★ **Data collection:** This was an in-depth interview (IDI) based and questionnaire supported data collection process. The divisional team leaders of SERAC-Bangladesh took part in collecting data from the service providers and youth advocates participated in this study.
- ★ **Data processing and analysis:** Qualitative data coding and thematic analysis had been used in this study. The coded data was transformed in to quantitative data for showing the reality of the present scenario in numbers.



RESULTS

The service providers were asked about the quality of services that were provided at the adolescent friendly corners including service hours, if convenient locations, adolescents' privacy including the unmarried ones, non-judgmental services are ensured. Also the survey team extracted information on the scopes of those centers, issues and concerns they experience around service seeking patterns of youth.



FINDINGS FROM SERVICE PROVIDERS

Time Schedule

Adolescent Friendly Health Corner (AFHC) is required to remain open between 9.00am and 3.30pm according to the government time schedule whereas most of them had no idea about the government's new timing of adolescent centers. But generally they are working on those adolescent centers up to 2:30 pm.

"We come to the centre at 9 AM and provide services for youth adolescent people until around 2.30 PM"

-Md. Imran(49), a service provider at Rangpur Division.

Service Seekers in the Eyes of a Provider

The Government of Bangladesh has taken a plan to set up 600+ AFHCs for providing quality health services among adolescents. But the service seeking trend is still very low according to the service providers. They mentioned that about up to 10 adolescents come and take services in a day. Most of them are married female or male.

“They (unmarried female & male) feel shy to ask about the family planning services and contraceptives and even some of them make it, there is no follow up procedure because of their unwillingness to revisit.”

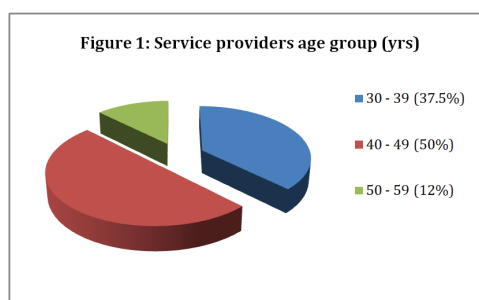
-Shuvo Saha (49), a service provider at Khulna division.

Attitude towards Married and Unmarried Debate

Service providers of Adolescent Friendly Health Centers (AFHCs) generally provide family planning services and information only to married females. However, they claimed to have maintained privacy of their status, whereas some of them opined that, SRHR information need not to be available for unmarried people. Nevertheless, if any of them are interested, they also provide the available information.

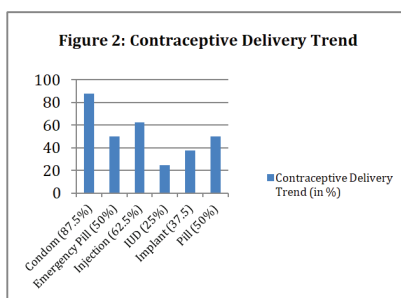
Service Providers Age Groups

All the interviewed service providers of the visited AFHCs fall between the ages of 40 to 49 years, who provide FP and SRH services in the centers that, are serving young people up to 19 years old. Again nearly 37.5 percent respondents were 30-39 years old.



Contraceptives Delivery Trend

Most of the young people prefer condom, injectable contraceptives, and emergency pill for their primary use. Having little idea about long term and reversible modern family planning methods like IUD, implant, they usually consider only condom is the perfect contraception method to use.



According to the service providers' opinion, most of the young people prefer to take condoms (87.5%), rather 50% of the young people take oral pills, and they also prefer emergency pill equally. Also a good (62.5%) number of people go for injectable contraceptives while IUD (25%) and implant (37.5%) are also preferred by them.

Challenges Faced by the Providers

The service providers identified some issues including but not limit to-

- ★ inconvenient service hours;
- ★ communication gap between parents and adolescents;
- ★ Shortage of supply materials.
- ★ Limited skill building opportunities.



FINDINGS FROM YOUTH REPRESENTATIVES

Youth Geographic Representation

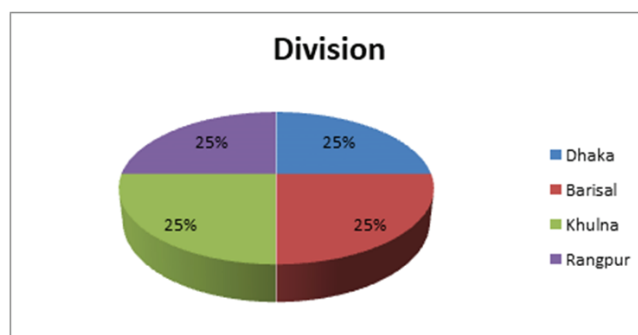


Figure 3: Youth Geographic Representation in 4 divisions

The interviewed young people aged between 13 and 19 representing 4 divisions equally in numbers.

Service Seeking Trend among Young People

Youths are particularly interested in health services provided at AFHCs because this is completely free and also a designated space for young people.

"I usually go to these centers to access services and information to know about menstruation, family planning, contraception. Sometimes I go alone and sometimes with my friend, because my friend should also know about available services and information."

-Nayna Marium (19), YFS youth advocate, Rangpur.

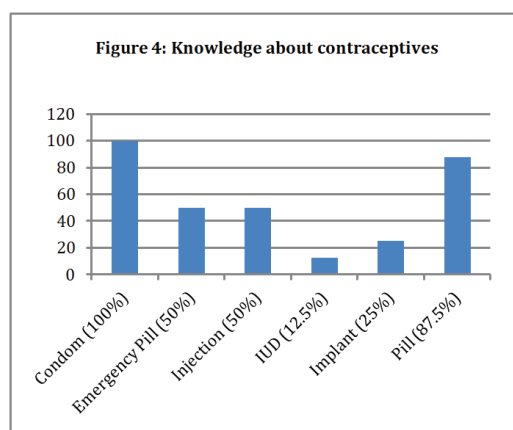
Young people mentioned menstrual hygiene, mental health, puberty, bodily changes, and counseling around reproductive health are some of the services that they need at AFHCs. They also quoted that family planning and contraception services are only provided to the registered married couples.

"I had no idea about contraception and even my friend had very little knowledge too. I didn't get any detailed information and service I needed from a centre in my locality because I was not registered with a couple number".

Rafa(19), youth from Sylhet

Knowledge about Contraceptives

All of the youth respondents mentioned having knowledge about condoms while the second highest (87.5%) responses counted for oral pills. They also added their knowledge about emergency pills (50%), injectable contraceptives (50%), IUD (12.5%) and implant (25%).



Challenges Identified by Youth

Young people figured about some of the contemporary challenges as follows-



- ★ Inadequate comfortable environment, as this is corner is a part of the maternity and child healthcare centers and they feel uncomfortable in front of other adult service seekers;
- ★ Young people feel shyness to talk to aged service providers;
- ★ lack of adequate information tools;
- ★ No separate waiting room.



RECOMMENDATIONS

- Service hours of the adolescent friendly health corners should be extended to adapt with the schooling hours of adolescents;
- Increase awareness and promotional programs to reach out parents and adolescents on a regular basis;
- Increase availability of reproductive health commodities;
- Increase opportunities to improve knowledge and skills of service providers;
- A separate operation plan for adolescent and youth to mainstream the importance of distinct service facilities;
- Inclusion of young peers in the centers to support both the service providers and seekers;
- Increase availability of adequate sexual and reproductive health information tools;
- Allocating a separate waiting room in the AFHC.
- Regular basis monitoring of the established AFHCs to comply with the World Health Organization standards on adolescent healthcare services.



CONCLUSION

The reality check findings remain highly relevant to the implementation of the National Adolescent Health Strategy 2017-2030. Some of the findings are also matching with other studies and lend further support to them as a firsthand experience of young people and ground level experiences of the service providers. The ultimate aim of this reality check was to generate an evidence based recommendation tool for the support of ongoing advocacy initiatives around adolescent health.

Apart from this, this reality check confirms the continuing importance of putting young people living in both urban and rural areas at the center of every discussion and design newer and adaptive programs to improve services in the adolescent friendly health centers. It also highlights the continuing need for policy makers, especially the Directorate General of Family Planning to include more young people at the local level to better understand their needs and demands, and to ensure greater participation and collective voice of those who are at the center of the adolescent health programming.



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