Training course in adolescent sexual and reproductive health 2020

Approaches to ensuing 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

Diyah Herowati

Population and Family Planning Board, East Java Province, Indonesia

dherowati@gmail.com

Question 1.1

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

The availability access to and choice of fullest range of contraceptive methods as well as to maintain contraceptive use for adolescent remain an issue for developing ASRHR in my country, particularly for unmarried young people, not only during the Covid-19, but also prior to the pandemic. In Indonesia, government provide widely IEC for adolescents on reproductive health, but limited on sexual education. Generally speaking sex education is perceived taboo. With regard to adolescent's contraception, family planning program clearly states that contraception services provided only for legally married couple.

Question 1.2

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

In my opinion, program that responds to adolescents should continue to campaign on adolescent's reproductive health, moreover in the period of Covid-19 using all available media. This program needs to target for lower age population, girls and boys in primary school with specific method of teaching that suitable and friendly for their ages. As evidence showed there has been increased on dispensations to marriage under the legal age (19 years old), particularly in East Java Province during pandemic.

Based on report of the High Religious Court, in 2019, there were about 6,171 cases of marriage dispensation in East Java Province [1]. This figure increased to 12,238 cases during the January to September 2020. The high increase of that cases, part because of the implementation Law no. 16 – 2019 that started on October 2019, which required the increase of girl's age from 16 to 19 years old minimum age to marry [2].

In spite of educate the younger people on ARH, I believe that practice of the life skills education being a part of the curriculum is also contribute to achieve the quality life of adolescents in the future, including their sexual and reproductive health and wellbeing. Another approach is to strengthen family resilient in order to provide healthy environment for adolescent to grow up by empowering and encourage parents to be the best partners in guiding children entering their adolescent period.

Question 2.1

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

Education as a Vaccine Nigeria (EVA) using mass media and digital media in order to deliver CSE messages in the context of covid-19 crisis, such as (1) SMS Based Platform Online (enable young people to ask questions and get answers from trained counselors on their SRH and relationship concerns for free), (2) Mobile Applications (for sexual health information and risk assessment app and a menstrual health and care app for girls and young women) and (3) Social Media, such as Instagram, Twitter and Facebook.

Question 2.2

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

The strategies to educate young people on reproductive health in Nigeria, particularly mobile applications and social media usage are feasible to be practiced in my country. In Indonesia, information of adolescent reproductive health is delivered in many ways, including spreading the messages through the digital media. National Population and Family Planning Board (BKKBN) and others relatives ministries as well as non-government institution use social media, like Facebook, Twitter, YouTube, Instagram and also website in order to educate adolescents living in healthy for their sexual and reproductive. During the Covid-19 crisis, the activities through digital media increased, not only for seminar on youth but also developing materials on IEC as well as media platform for adolescent's reproductive health.

BKKBN also launched *siapnikah.org* that provides online information for youth to build well planned family and about parenting skill. Meanwhile, Ministry of Education and Culture has launched a short film about reproductive health for young audiences. The film, *Pindah Planet*, is purposed to educate young people with reliable information about teenage pregnancy. This program being part of a mandatory online learning program that has been broadcasted by state-owned Televisi Republik Indonesia (TVRI) since June 2020 [3] . Another recent innovation developed by Airlangga University is application based android platform, namely *Remaja Sehat* that contains information about puberty, fertile period, STI, and HIV/AIDS [4].

Question 3.1

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

Reproductive Family Health Association of Fiji (RFHA) continued to ensure the access to modern contraceptive methods to young people through mobile outreach and a network of peer educators during the pandemic. RFHA carried out some actions such as (1) collaboration with Ministry of Women to establish a hotline; (2) providing services through online phone; (3) providing longer hour services in clinic; (4) providing outreach services and support referrals by mobilized retired nurse, drivers, counsellors, and youth volunteers; (5) sharing information on social and mainstream media about the services that were available and how to access them

Question 3.2

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

The RFHA's recommendations are feasible in my country. In specific activities, Population and Family Planning Board (BKKBN) has implemented some actions, like IEC through social media (What's up, Instagram, Facebook, Twitter), outdoor media (banners) and electronic media (TV talk shows, radio); phone reminder for pregnant women and eligible couple to get services they need it; established an open 24 hour hotline or call centre for women who need family planning services; providing consultation of FP through radio; mobilizing cadres at neighbourhood level to conduct IEC; and home visit or mobile services by providers and

PLKB, address contraceptive stock-outs and providing affordable long term methods, especially for women who cannot afford that methods.

However, all these actions is aimed to avoid drop out of FP users and to fulfil the need of contraception while staying safe from Covid-19, particularly for married women in reproductive age period, as contraception services permitted only for them. Other recommendation emerged to respond the pandemic, which are to use alternatives short-term contraception, such as pills, injections and condoms; actively mobilizing the IEC to be able to provide an understanding of the need for family planning services by following Covid-19 prevention procedures; empowerment of Family Planning Field Workers (PLKB) in mobilizing family planning services during the Covid-19 Pandemic [5]. My recent study on IEC strategy of Family Planning Field Workers (PLKB) during the Covid-19 in East Java Province showed that most of PLKB (77 percent) uses Whats'App group with voluntary FP village assistant to communicate and maintain FP program in the village level [6].

Question 4.1

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

Foundation for Reproductive Health Services India (FRHS India) contributed in managing the adverse impact of Covid-19 by providing comprehensive abortion care at clinic and through its outreach teams. The adaptation activities made in responding the pandemic are (1) utilize media to advertise the messages about the facilities where services are available and about ways of accessing these services; (2) use its outreach teams to inform, accompany and navigate young women reaching to the health facilities; (3) revise the guideline's services and protocols to prevent the transmission of COVID-19; and (4) reduce the cost of its abortion services from INR 2500 to INR 1250

Question 4.2

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

Covid-19 caused significant disruption of essential health care, including services for the need of contraception. This may lead drop out of contraception and increase the incidence of unintended pregnancies. However, unlike in India, both during the ordinary times and the Covid-19 pandemic, abortion in Indonesia is restricted. So that the FRHS's recommendation would not feasible in my country. Based on Republic of Indonesia's Law number 36 year 2009 concerning Health, abortion is permitted for medical emergencies that threat to mother and fetus's life and in rape cases that may cause traumatic. In spite of illegal according to the law, abortion also is prohibited from the view of religion in Indonesia, particularly of Muhamaddiyah's muslim and Christian's leader as well as from socio-culture contexts, which is judgmental behavior among community toward women who terminate their pregnancy by doing abortion [7].

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?

The National Institutes of Health (NIH) in Nairobi has implemented the innovative strategies to respond the disruption of maternal care and mental health care due to the Covid-19 by (1) conducting training for health workers using zoom and interpersonal psychotherapy; (2) using phone, seminars and continuing medical education to build the community health workers' capacity; (3) educating about self-care and mental health by collaboration with youth-led organizations and youth leaders; (4) launching a call center and an online psychotherapy service and (5) creating Zoom and Skype groups to provide self-care and psychological first aid, as well as to support referrals

Question 5.2

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

Some recommendation of the NIH would be feasible to be implemented in my country, such as online capacity building for health workers and utilize online media (zoom). Like what have been done by The National Institutes of Health in Nairobi, Indonesia through Ministry of Health (MoH), supported by partners including UNICEF, is working to ensure sustainability of maternal care during the COVID-19 pandemic. The activities including modifying guidelines and health education materials on essential health care for children and mothers that has been introduced by **online capacity building for health workers.** The adapted guidelines contain of antenatal care, delivery, post-natal care, essential newborn care, under-five care and family planning. Beside doing monitoring and evaluation, policy makers or programmers also encourage communities to maximize the utilization of essential child and maternal health services during the COVID-19 pandemic [8].

With regard to the mental health care, Indonesia carried out some interventions to cope the outbreak. Similar with activity of NIH in Nairobi, Centre for Indonesian Medical Students' Activities (CIMSA) collaboration with UNICEF, initiated online consultation on the various platform media, called '*ruang PEKA*' provided bi-weekly live online sessions such as zoom, live streaming on YouTube channel to provide mental health and psychosocial support for young people [9].

Question 6.1

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

The Zvandiri program in Zimbabwe has improved the services of HIV for young people in response the Covid-19 in to some activities, such as (1) produced some resources, like materials, video documentations; (2) developed support groups that provide information and counselling virtually; through Community Adolescent Treatment Supporters or 'CATS', this program set up home visits [10].

Question 6.2

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

The recommendations of Zvandiri that are feasible to be practiced in my country are developing resources, like guideline procedures of services and virtually support groups. Unlike in Zimbabwe which The Zvandari targeted young people to be served in order to keep them safe and healthy, Indonesia government provide services to all aged targeted people living with HIV. Ministry of Health developed a guideline procedure on HIV services, managed provision of antiretroviral (ARV) a medicine for people HIV in health facilities. Where there is adequate stock of ARV in health center, medical workers give ARV to patients for one to 3 months consumption. However, during the outbreak, there has been lack of ARV [11].

Refer to actions conducted in Zimbabwe, Gedongtengen, Yogyakarta health centre also implement similar interventions for people living with HIV/AIDS, such as set up chat group in social media that can be accessed within 24 hours, visiting clinic with appointments, and regular monitoring people with HIV by medical workers [12].

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 is continuing to improve the condition of adolescents in India while the health crisis attack in all aspect of life. Three main activities which have been done are (1) doing advocacy to the Government of Jharkhand in order to raise community awareness, capacity building for workers, ensuring the availability of a mobile phone in each village; (2) set up counselling services for adolescents in health centre with user friendly approach; (3) utilize digital media like YouTube, WhatsApp and radio to deliver information as well as educate and empower girls and women to meet their full potential.

Question 7.2

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

C3's recommendation, particularly providing information and support through digital platforms like YouTube, WhatsApp, and community radio, is practicable in my country. During the large-scale social restrictions (PSBB), the case of gender based violence (GBV) tend to increase. Study by National Commission on Violence against Women (Komnas Perempuan) found 12 percent respondents (8 persent of women and 4 percent of men) experienced of violence during the pandemic. In general, psychological and economic violence were more commonly experienced by respondents than other types. of violence. Compared to the men, women experienced more types of violence [13].

To the response on the issue of GBV, on April 29, 2020, the Office of the Presidential Staff launched '*Sejiwa'*, Psychiatric Health Services that provides virtual support to women and children in dealing with various problems amid the COVID-19 pandemic in line with the new protocol.

"SEJIWA aims to provide support to women and children as vulnerable groups, on psychosocial problems, including threats of lowered quality of mental health, anxiety, stress or depression, caused by the economic downturn" [14]

Yet another action to tackle the problems on GBV is taken by a non government institution, Women's Legal Aid Institute (*LBH APIK*). During the lockdown period, *LBH APIK* Jakarta has continued to provide services, such as *"conducting online consultations, referring victims to online psychologist services, providing contact details for police stations so that victims can immediately get help, assisting in online hearings, and continuing to provide temporary safe house services when several other safe houses have closed during the pandemic"* [15].

Question 8.1

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

The recommendation of Laos's Ministry of Health are (1) identifying the place to deliver vaccination service in community based on village head suggestion; (2) up-dating information on running the program plans, including comprehensive information on vaccination services

Question 8.2

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

I think the only second recommendation of the MCHC would feasible in my country. Since it was adopted in Indonesia, the HPV vaccination program has not yet covered the targeted population. The government need to provide huge amount of national budget to afford about five million doses annually as the prices of HPV vaccination are expensive. The first pilot project of the HPV vaccination program was implemented in Jakarta in 2016. Then it continued to expand the project to five cities in 2018, which are Gunung Kidul, Kulon Progo, Surabaya, Makassar, and Manado. In 2019, this program expanded to be implemented in three other districts in Yogyakarta.

It is in the context of the next HPV vaccination program, Ministry of Health need to communicate its strategic planned which are : (1) two districts expansion program in the high prevalence cervical cancer province; (2) one province expansion; (3) several provinces expansion to achieve national immunization program in 2024 [16].

Question 9.1

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

Footprints Foundation recommended are (1) developing partnership with the Departments of Women, Youth and People with Disabilities, Basic Education, Gauteng Social Development, and with the Seriti Institute; (2) holding special permits to deliver food to schools, shelters, youth health centers, and facilities for persons with disabilities; (3) inviting the beneficiaries coming to collect the supplies

Question 9.2

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

The recommendation that feasible for my country dealing menstrual health managements is building a partnership among relevant stakeholders, could be government and non government institutions. For example, UNICEF has supported Indonesia by developing the *Oky Application*, which is an adolescent-friendly technology that enables girls easily to access information and discuss about menstruation, especially to track and predict the next period. This online platform was launched in order to help girls facing menstruation during the Covid-19 [17].

Likewise Footprint Foundation which partnered with other institution, *Biyung*, a social association collaborated with *Samsara Indonesia*, a non government organization as well to distribute 143 menstrual pad kits and contraception in high density housing in Yogjakarta during the pandemic. *Biyung* is working to educate community on reproductive health and menstruation. Meanwhile *Samsara* is a rights-based organization that promotes and supports the access to education and information on SRHR and safe abortion [18].

Question 10

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

Listening to the last minute Cate Lane's speech on video, I agree that there is an opportunity to accelerate the progress on ASRHR. Covid-19 teaches us to think and find problem solving differently. As we know, many issues on ASRHR are affected by this pandemic, like child marriage, and reproductive health services, as well as access to family planning information and services

The decision makers, program implementers, global partners, professional associations of health care providers, communities, religious leaders, young people themselves and many others stakeholders should work hand in hand to ensure continuing of ASRHR services during the outbreak

References

[1] High Religious Court. "Report of divorce and marriage dispensation". Surabaya; 2020.

[2] Republic of Indonesia. Undang-Undang Republik Indonesia No 16 Tahun 2019, Jakarta: Republic of Indonesia; 2019.

[3] IPAS Indonesia. Short film helps bring sexuality education to young audiences in Indonesia [news]. Jakarta: IPAS Indonesia; 2020 Oct 14 [cited 2020 Nov 7]. Available from: https://www.ipas.org/news/short-film-helps-bring-sexuality-education-to-young-audiences-in-indonesia/

[4] Airlangga University. Aplikasi berbasis Android " Remaja Sehat" sebagai solusi permasalahan kespro remaja di Indonesia [news]. Airlangga University; 2020 Jul.

Available from: http://news.unair.ac.id/2020/07/08/aplikasi-berbasis-android-remaja-sehat-sebagai-solusi-permasalahan-kespro-remaja-di-indonesia/. Indonesia.

[5] Listyawardani D. Upaya mengatasi putus pakai kontrasepsi dampak COVID-19. BKKBN; 2020. Indonesia.

[6] Herowati D. Strategi komunikasi, informasi dan edukasi/KIE-K petugas lapangan/penyuluh kb pada masa pandemi Covid-19 di Jawa Timur. Surabaya; 2020. Indonesia.

[7] Landiyanto EA. Abortion policy in Indonesia : Rights, law and religious perspectives. 5th Asia and Pacific Conference on Reproductive and Social Health and Rights; 2009 Oct18-20; Beijing.

[8] UNICEF; Ministry of Health. Report of Rapid Health Assessment : Ensuring sustainability of essential health services for children and mothers during the COVID-19 pandemic in Indonesia. Jakarta: UNICEF; 2020.

[9] Tsunokake Y. It's okay to not feel okay: Young people advocate for mental health and psychosocial support on World Mental Health Day and beyond [Internet]. UNICEF; 2020 Oct 30 [cited 2020 Nov 7]. Available from: https://www.unicef.org/indonesia/stories/its-okay-not-feel-okay.

[10] Africaid. Our Work During Covid-19 [Internet]. Africaid; 2020 [cited 2020 Nov 7]. Available from: https://www.africaid-zvandiri.org/covid-19

[11] Satuan Tugas Penanganan Covid-19. Tantangan pengobatan penderita ODHA di tengah pandemi COVID-19 [Internet]. Satuan Tugas Penanganan Covid-19; 2020 Jul 9 [cited 2020 Nov 7]. Available from: https://covid19.go.id/p/berita/tantangan-pengobatan-penderita-odha-di-tengah-pandemi-covid-19. Indonesia.

[12] Sucahyo N. Memastikan layanan prima bagi ODHA di masa pandemi [Internet]. VOA; 2020 Sep 1 [cited 2020 Nov 8]. Available from: https://www.voaindonesia.com/a/memastikan-layanan-prima-bagi-odha-di-masa-pandemi-/5579577.html. Indonesia.

[13] National Commission on Violence against Women. Study on the dynamics of changes in a household. Jakarta: National Commission on Violence against Women (Komnas Perempuan); 2020.

[14] Uchino M. Reaching domestic violence survivors amid the pandemic [Internet]. UNFPA; 2020 Jun 10 [cited 2020 Nov 8]. Available from: https://indonesia.unfpa.org/en/news/reaching-domestic-violence-survivors-amid-pandemic.

[15] Hamdi A. LBH APIK: Women are vulnerable to COVID-19 transmission and violence during the pandemic [Internet]. MAMPU; 2020 Jun 23 [cited 2020 Nov 8]. Available from: https://www.mampu.or.id/en/event/lbh-apik-women-are-vulnerable-to-covid-19-transmission-and-violence-during-the-pandemic/.

[16] Setiawan D, Andrijono null, Hadinegoro SR, Meyta H, Sitohang RV, Tandy G, Perwitasari DA, Postma MJ. Cervical cancer prevention in Indonesia: An updated clinical impact, cost-effectiveness and budget impact analysis. PLoS One. 2020;15(3):e0230359. http://dx.doi.org/10.1371/journal.pone.0230359

[17] Santoso V. Adolescent-friendly technology helps girls facing menstruation during COVID-19 [Internet]. UNICEF; 2020 May 27 [cited 2020 Nov 8]. Available from: https://www.unicef.org/indonesia/stories/adolescent-friendly-technology-helps-girls-facing-menstruation-during-covid-19.

[18] Rahmawati Y, Nofiana F. Lewat pembalut kain, Biyung ajak perempuan mencintai diri dan bumi [Internet]. SuaraJogja.id; 2020 Sep 26 [cited 2020 Nov 8]. Available from: https://jogja.suara.com/read/2020/09/26/093000/lewat-pembalut-kain-biyung-ajak-perempuan-mencintai-diri-dan-bumi?page=all. Indonesia.