Integrating Gender and Young People’s Needs and Rights into UHC

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PHD Chamber of Commerce and Industry, New Delhi - April 12, 2012
What are the key questions we are asking?

• How does the UHC understand young people’s needs and rights and how is gender being incorporated?

• What are the lessons we have learned that should be kept in mind whilst implementing the same?

• What are young people themselves, including those from vulnerable gender groups asking for?
Youth-Led and -Run Networks & Programmes

- 18 States
- 2002 – 2012
- 300,000 young people from varied constituencies

- Delhi
- Madhya Pradesh
- Nagaland
- Manipur
- Bihar
- Chhattisgarh
- Uttarakhand
- Himachal Pradesh
- Karnataka
- Tamil Nadu
- Andhra Pradesh
- Chandigarh
- Rajasthan
- West Bengal
- Jharkhand
- Gujarat
- Uttar Pradesh
- Maharashtra

Multi-Sectoral Intervention Areas:
- Governance (RTI, RTE)
- AYSRHR - CSE & YFHS
- HIV
- Digital Media
- Arts & Community
- Livelihood
- Education
“India’s greatest demographic asset is its young people (about 650 million people are younger than 30 years). However, the ability of these individuals to fully participate in the country’s future is seriously undermined by the inability of the health-care system to address their needs.”

Lens of Young People (YP):

- High prevalence to infectious diseases, large unmet need for employment.
- UHC proposes to address the critical need to go beyond prevention to health promotion. This needs to have a rights based approach to design and implementation for and with young people.
- Recognize investing in young people’s health and rights is about creating comprehensive SRHR approaches that ensure empowerment, access, availability, affordability and equity. As challenging as these are, these have to be our non-negotiables.
- Not vertical approaches that are only focused on disease control, because these do not proactively address social determinants of health.
HLEG Report Recommendations on integrating gender and health

1. Acknowledging gender diversity through the life-cycle of conceptualization and delivery of services.

2. Improving access for women and vulnerable genders.

3. Empowering women and girls.


5. Promoting the right of girls and women to health in families and communities.
Programmatic and public health approaches will need to challenge ‘at risk, vertical approach, targeted interventions’ to acknowledge gender diversity through a life-cycle approach in order to encourage the holistic participation of young people in the process.

In this context, sensitization of health care service and system providers is key to ensure services are non stigmatized, delivered with quality, confidentiality and provide scientific, evidence based information that is free of prejudice and morality.

Improving access is linked to education and empowerment: Comprehensive Sexuality Education is critical for ensuring women, young girls and vulnerable groups can negotiate and understand their rights to access education and health. Do we have and are we building the political will and participation required to ensure this?
Points of Analysis

- Strengthening Data: Public Health Data needs to be gender, sex and age disaggregated in five year cohorts is critical in order to have effective indicators that can ensure that UHC services are gender sensitive and address the life cycle needs of young people.

- To effectively address social determinants of health, we need to ensure that the issue of access can be addressed across multiple entry points – caste, gender, economics, rural-urban demographics as well as across states. (Sen)

- ‘Using a life cycle approach that allocates greater financial and human resources to broad sexual and reproductive health (CSE, RTIs, STIs, Safe Abortion, Contraceptive care, uterine prolapse, menstrual disorders, malaria and tuberculosis during pregnancy), domestic and gender-based violence, and critical medical health services.’ (HLEG Report)

- Important to have an inclusive lens that looks at the needs of young people, especially girls who are unmarried and not just within the context of early marriage, child marriage and the reproductive health of married girls and women.
Contextual Challenges:

- **Youth Participation**

  - Lack of knowledge on operationalization and integration of young people’s participation in policy & national programs.
  
  - **Need to strengthen safe spaces & convergence platforms for young people to advocate with decision makers**, engaging through dialogue and strengthening youth leadership at village and district levels for them to effectively monitor and evaluate health systems that deliver services to them.

  - Knowledge is not connected to Advocacy.
The lens of analysis needs to **move beyond primarily considering the fertility period of young women and girls** to addressing their sexual and reproductive health needs throughout the course of their lives.

Gender-related health inequities need to be addressed are:
- Sex-based disparities
- Gender-Based Violence
- Physical and Sexual Abuse
- Inequities in health care access and use

(Source A Raj, 2011, Lancet)

Above all, there **needs to be clarity in implementation** on how young people and women are **actively** participating in designing, implementing and monitoring processes within the UHC that are meant to consider their **needs as stakeholders** as well as engage with them as **key users and clients** of these proposed systems.
“Young girls travelling long distances or working in communities with other young women face a lot of challenges which range from violence harassment to requiring actual negotiation skills to convince young women especially young mothers to get themselves tested. Training curriculums should include all of the above.”

– Female, 17 year old, Rag picker, Lajpat Nagar, New Delhi

“Doctors are often not qualified to treat patients - there have been cases where they have used the same syringe repeatedly, been drunk during the day; additionally, the hospital is always out of supplies. Where can I speak up?”

- Female, 19 year old worker, Link Worker, Mau, UP

“You can tell the government as much as you like, that sexually active relationships exist amongst young people, that sexuality education is needed. But no one is ready to listen. They say yes, yes, we know that. Well, if you are know of this, then in our programmes and curriculums, why is nothing happening on this issue? The government is not in the habit of listening to people at the community level.”

- Male, 20 year old, Maharashtra
Summary: Key Issues for Consideration

- **Strong political commitment and involvement**
  - Building stronger political will for policy makers to make fiscal investments in YASRHR within UHC as a key strategy in integrating young people’s needs.
  - Social communication strategies that reinforce positive messages from the govt at community, state and national levels to increase uptake of services by YP.

- **Equity**
  - Investing in education for women and girls.
  - Providing CSE that ensures life skills training for safer sex negotiation, elimination of violence, consent and negotiating relationships for YP.

- **Community ownership**
  - Investing in youth-led peer to peer approaches and integrating young people into broader village and district level health systems, also addresses employment.
  - Addressing ethical values and attitudes of healthcare providers.
High investments in primary care

- Coverage of effective youth friendly health clinics that include counseling centers as safe spaces for adolescents, at village rather than just district level.
- Addressing barriers to access including those of geographic, economics, mobility for young women and girls.
- Nutritional support for young women and girls, including those living with HIV.
- A toll free helpline where young people and adolescents can access information regarding their sexual and reproductive health with key focus on sexuality education.