Sexual and Reproductive Health Rights Assessment Framework (SeHRAF)

A Toolkit to Assess

Status of Sexual and Reproductive Health Rights

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PREFACE & ACKNOWLEDGEMENTS

This toolkit arose from the need to provide a recipe book or a blueprint for guiding Sexual and Reproductive Health and Rights (SRHR) focused organizations, specifically in Pakistan with attested model to adopt for streamlining SRHR focused development initiatives. The project entitled, “Rights-driven Institutionalization of Sexual and Reproductive Health in Pakistan”, funded by the European Union is aimed at improving the Sexual and Reproductive Health Rights status in Pakistan – specifically of the young people.

Sexual and Reproductive Health Rights Assessment Framework (SeHRAF) is a toolkit which translates important evidences and information regarding assessment of Sexual and Reproductive Health Rights of young people into a tangible guides that can be replicated for future development initiatives in this field. Furthermore, it also provides a comprehensive roadmap explaining how abstract ideals can be practically molded for the formation of programme interventions.

This toolkit is meant for countries at various stages of development. Regardless of the stage of development, all will benefit from the toolkit as it offers guidelines tailor-made for those in different stages with different needs.

Together with other stakeholders in SRHR sector, WPF shared insights, exchanged and developed materials, worked for achievements and identified concerns all through the development of the SeHRAF toolkit. The document in hand serves as evidence to the success of these efforts.

It will not be out of place to say that this toolkit is the first of its kind and a trailblazer not only in Pakistan or Asia but also useful for other developing countries particularly having a Muslim context throughout the world and we hope that many will benefit from our endeavors!

World Population Foundation, Pakistan gratefully acknowledges the role of European Union without whose support and commitment, the publication of this toolkit would not have been possible. WPF extends its deep appreciation to the individuals serving on the Project Team, its three Experts Panels and the National Project Steering Committee for their significant contributions of time, talent and ideas in the conduct and successful completion of this toolkit.

I specially acknowledge the hard work of research team i.e. Mr. Saeed-ur-Rehman, Project Manager and Ms. Areebah Shahid Programme Officer, for their hard work in developing this toolkit.

A great deal of gratitude for Dr. John de Witt, Professor and Director of the National Centre of HIV Social Research at the University of New South Wales, who served as the international consultant and offered invaluable insight in developing the SeHRAF tookit and provided critical feedback for its compilation.

Sincerely

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I- INTRODUCTION

1.1 What is SeHRAF Toolkit?

The term “toolkit” is applied to many forms of information and content. It provides information that is grouped in categories in order to provide targeted direction to specific audiences. Sexual and Reproductive Health Rights Assessment Framework (SeHRAF) is a model / toolkit which translates useful evidences and information regarding assessment of Sexual and Reproductive Health Rights of young people into a practical guide containing many tips, experiences and tools that have been used in the SRHR-focused project in Pakistan.

1.2 Purpose of the SeHRAF Toolkit

The toolkit has been developed to measure Sexual and Reproductive Health Rights status of young people to help education and health service providers, parents, programme planners, policy makers and young people in looking critically at their policies and programmes through a rights-based lens. It is a guiding tool to assist SRHR Focused organizations and other development agencies working with and for young people in the assessment of rights and using information in the design and implementation of rights-based programmes.

1.3 How should it be used?

The toolkit can be used in following ways:

- As a guiding tool for public and private research institutions to assess SRH Rights and the violation of SRH rights in the country/community with a Muslim Context.
- As a guiding tool for NGOs and policy makers who want to advocate for the SRH Rights of young people, women or marginalized communities.
- Depending on the stage of the programme, the toolkit can be used to design a new programme with a rights-based lens or to offer guidance as to how a rights-based approach can be integrated into already existing programmes in the developing countries including those with a Muslim context.

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1.4 Structure of the toolkit

The too kit has 5 sections:

Section 1: Talks about the definition of SeHRAF Toolkit, its purpose and how should it be used.

Section 2: Gives a brief introduction of the Foundation, our objectives and development approaches. It then describes the need of SRHR for young people and also explains about the project for which this tool was developed and research was conducted.

Section 3: Elaborates the development of SeHRAF toolkit and its components and administration. It also describes how we can analyze and interpret the research data gathered for assessing SRH Rights of Young people.

Section 4: Provides ideas regarding one can utilize the findings for developing SRHR focused programmes for young people and women.

Section 5: Comprises of annexure which gives instruments and tools developed in SeHRAF for assessing SRH Rights of young people.

II- BACKGROUND

2.1 Who are we?-The Organization that Developed it?

World Population Foundation (WPF) was founded in 1987 in the Netherlands with the aim of reducing world poverty and improving the quality of life of the world's poorest people in developing countries. For the first eight years WPF was mainly supported by donations from the founders, international development agencies and income generation through consultancy assignments. In 1994, WPF played an important role in the International Conference on Population and Development (ICPD) held in Cairo. At this conference, the Cairo Programme of Action was adopted and it has been the foundation for WPF's work ever since.

2.1.1 WPF, Pakistan

In 1998-9, WPF established its field office in Pakistan (Islamabad) with the agenda of directing the Family Planning perspective to the broader dimension of Sexual and Reproductive Health and Rights (SRHR) as it was critical for achieving the health, population and development targets more effectively in Pakistan.

For its continued work in other developing countries, WPF had well recognized the importance of investing in adolescence Sexual and Reproductive Health to achieve the development targets in these countries. Based on this experience, WPF since its inception focused on Sexual and Reproductive Health of women and youth in Pakistan.

2.1.2 Vision

WPF, Pakistan works as a regional resource for promoting Sexual and Reproductive Health and Rights of young people for sustainable human development.

2.1.3 Mission

To work to improve the quality of life of young people in Pakistan by promoting:

- Sexual and Reproductive Health and Rights
- Awareness of the importance of SRHR for sustainable human development
- Understanding of the central role of reproductive health in "population and development" issues

2.1.4 Objectives

- All young people (especially girls) are empowered to develop and sustain the knowledge, attitudes, capacities, skills and behaviors needed to make healthy choices about sexuality and reproduction.
- An enabling environment for upholding the Sexual and Reproductive Health and Rights of young people
- Improved access and quality of youth-friendly SRHR services including STIs, HIV and AIDS (with special focus on girls) through out the country.

2.1.5 Development Approach

WPF is well aware of the importance of the multi-sectoral and culturally-sensitive strategies that respond to the varying social and economic circumstances that different youth groups experience today. This framework provides strategies to address the following main areas:

- Increased awareness on SRHR of all people especially young people (with special emphasis on women) in marginalized situations.
- Empowered youth groups to establish healthy sexual behaviors and make informed and responsible choices.
- An enabling environment for diverse youth groups to easily exercise choices and rights regarding their Sexual and Reproductive Health.
- Developing and strengthening youth-friendly/life-skills friendly systems (health and education etc.) throughout the country to have a national impact.

2.2 SRHR for Young People- An Introduction

Young people are a country's future; therefore it is in the interest of policymakers to ensure that young people can become healthy and active citizens. It is also a responsibility of policymakers to ensure that young people have the support they need to make informed choices about a wide range of issues, including their Sexual and Reproductive Health. The way that young people approach and express their sexuality – and the Sexual and Reproductive Health choices that they make today, have a major impact on the future direction of their lives.

Today's young people face increasing pressures regarding sex and sexuality and conflicting messages and norms. On the one hand, sexuality is portrayed in many sexuality education and health information programmes as negative and associated with guilt, fear and disease. On the other hand, it is often depicted by peers as positive, desirable and disproportionately significant. The media often provides mixed messages, sometimes distorted or inaccurate and other times very positive. At present, there is a lack of comparative data about the Sexual and Reproductive Health and Rights (SRHR) of young people in Asia particularly in a Muslim Context. However, in some countries where relevant data has been collected, the findings show an increase in Sexually Transmitted Infections (STIs) and still high numbers of unwanted pregnancies, most probably caused by risky sexual behaviours. The denial of young people's right to information, services, privacy and confidentiality significantly increases their vulnerability to sexual and reproductive ill health.

More than many other development issues, achieving good SRH is dependent on the recognition of specific human rights. In developing countries like Pakistan, more than any other issues, human sexuality is the subject of strong ideology and moral views and traditions, often rightly or wrongly presented as part of religion.

The major SRH issues faced by young people in developing countries like Pakistan are early marriages and early initiation of childbearing, sexual abuse/ violence, and religious conservatism obstructing the provision of SRHR information or services to unmarried youth. Consequently, knowledge of STIs, contraceptive methods, or other SRH issues is low among adolescents and young people in Pakistan and very limited attention is directed towards male responsibility in SRH issues. Existing reproductive health, Information Education & Communication strategies and services are directed to married women only, unmarried young people and married young men are often ignored.

There is little evidence on the sexual and reproductive knowledge and behaviours of 13 – 18-year-olds and the assumption that boys and girls under 18 are "too young" to need sexual and reproductive health information and services ignores the realities and environmental factors and denies young people from the practical knowledge and skills they need to protect themselves and their partners from STIs/HIV, pregnancy, unsafe abortion or childbirth, and sexual abuse or violence. Young adolescents have a right to receive comprehensive information, education, health services, and other social and legal supports during this highly formative stage of their lives.

Results are lack of knowledge, lack of access to modern contraceptives, lower status and sexual harassment of women, violence against homosexuals, an increase in HIV-infections and life-long psychological and physical damage caused by unsafe abortions carried out as a result of inadequate prevention of unwanted pregnancies and illegality. Young people who seek reproductive health services often face judgmental health providers who offer neither confidentiality nor privacy. In Pakistan, the few projects for reproductive health of young people focus on delaying child bearing and birth control and not on the over all well being of young people or on providing opportunities to practice and exercise their rights. These programmes focus more on SRH as public health agenda and less on the effects on individuals and their rights.

2.3 The Project; Rights driven Institutionalization of SRH in Pakistan- An Introduction

Keeping in view the SRHR situation of young people in Pakistan, World Population Foundation with the generous support from European Union initiated the project i.e. Rights-driven Institutionalization of SRH in Pakistan. This project proposed on carrying out an assessment of the current SRHR situation of young people from a human rights perspective using a Sexual and Reproductive Health Rights tool i.e. SeHRAF. The findings will be used to develop interventions in the health and education services to institutionalize SRHR.

The overall objective of the project is to "Improve Sexual and Reproductive Health Rights status in Pakistan". The specific objectives are as follows

- To create enabling environment for Sexual and Reproductive Health & Rights in health and education services;
- Integration of Sexual and Reproductive Health & Rights in Education services in Pakistan;
- Integration of Sexual and Reproductive Health Rights in health services in Pakistan;

To achieve the strategic objectives a 3-phase interlinked approach-l **A.I.M**: **A**ssessing National Situation of SRH Rights, **I**nstitutionalizing SRH Rights in Demand and Supply Mechanisms and **M**onitoring of SRHR situation has been adopted resulting in:

A: **Assessing Prevalence of SRH Rights;** to assess the current status of Sexual and reproductive health rights in Pakistan through Rights based Framework- SeHRAF. The pioneering national status report will also be used for improving SRHR status and to create enabling environment.

I: **Institutionalizing SRH Rights in Demand and Supply Mechanisms;** to institutionalize the sexual and reproductive health education in education system as well as client centred SRHR services in health management system to cater to the needs of 63% of young peoples.

M: Monitoring of SRHR Situation resulting due to Institutionalization; to sustain the project as well as monitor its progress and effectiveness during implementation several M &E mechanisms will be strengthened within the existing systems of health and education from an SRHR Perspective.

The main and direct target group of the project are young people from the age of 14 to 19 years through SRHR education and indirectly young people between the ages of 11 to 29 years by making youth Friendly SRHR services available for this group with very specific SRH needs. All the interventions will focus on building a more positive and rights-based approach towards issues of SRHR and will involve different groups through various interventions at its different implementation phases to ensure an enabling environment for the target group to practice these rights eventually. The SRH Rights will be institutionalized in different stakeholders including professionals from civil society organizations, government departments, health and formal education systems through introducing curriculum, developing SRHR Protocols and advocacy for policy reforms.

This Project is in line with European Commission's priority to ***actions focusing on sexual and reproductive health***. The approach is according to European Commission's aim of capacitating Pakistani non-state actors to effectively contribute to the formulation, implementation, monitoring and evaluation of the development policies and processes at all levels, in particular regarding Sexual and Reproductive Health. The project had synergy with objective-4 of the European Commission's Regional Programming for Asia Strategy 2007-2013, which showed commitment to contribute to the protection of human rights. Fight against poverty, promoting gender equality, the protection and promotion of children's rights and human rights at large are some inbuilt features of the project. The project also focuses on helping Pakistan reap demographic dividends due to the youth bulge in population which constitutes 60% of the current population. The project aims at generating long-term benefit to the nation by making its youth conscious about their SRH rights, which in turn fits well with national development goals of empowering the youth and the women as enunciated in National Youth Policy 2003, Women Development Plans. National Poverty Reduction Strategy also emphasizes healthy youth and women as key to increasing national income in future

III- CONCEPTS, APPROACHES AND USE

3.1 Components of the Tool

The SeHRAF Tool consists of following four components:

- A process of extensive literature review to learn from past experiences and researches
- A research tool for survey to assess SRH Rights of young people by targeting a diverse sample of Knowledge Bearers.
- Focus Group Discussion (FGD) Guides for conducting a limited set of FGDs with selected target groups to provide additional understanding on the findings of survey.
- In-depth interview (IDI) Guide to conduct IDIs with relevant people and key experts who provide a sounding board.

3.2 Preparation and Administration of SeHRAF Tool

This phase consists of the following components

- Collection of the secondary data / literature review,
- Identification of sample for Survey
- Development of E-Questionnaire
    - Contextualization and Consultation
    - Translating Rights into Indicators
    - Finalization of SeHRAF Tool
- Conducting Focus Group Discussions
- Conducting In depth Interviews
- How can we analyse and interpret the data

3.2.1 Literature / Desk Review

The literature / desk review is an important part of SRHR assessment process which helps the research team to identify and learn about past experiences. Following process can be adopted to successfully proceed with it.

- Scrutiny of the primary and secondary sources from global, regional and national publications having relevance / evidence of similar kinds of assessment.
- Contacting the organizations working on similar issues through emails and getting facilitation from them in searching out any relevant work.
- Review of each SRH Right, keeping in view existing laws/legislation, Government policies, resources/budgetary allocations and practices/services provided by Government and non-profit sectors in the country.
- Development of national and international expert panels and share the draft review with them for feedback.
- Incorporate their input/feedback for finalization of the draft literature review.

During the process of literature review, WPF scrutinized 21 global, 23 regional and 3 national publications having relevance/evidence of SRHR assessment. . Besides scrutiny of primary and secondary sources, international organizations working on SRH Rights were contacted through emails to get their facilitation in searching out any relevant work. It is pertinent to mention here that each of the SRH Rights was reviewed, keeping in the view, existing laws and legislation, Government policies, resources/budgetary allocations and practices / services provided by Government and NGOs. The draft of the literature has been shared with the expert group for their feedback and can be accessed at http://wpfpak.org/html/rdisrhp_eu.html.

3.2.2 Identification of Sample for Survey

It is important to define and identify the goal of the assessment process. In case of rights assessments which should be carried out to identify general needs and issues to inform intervention development, it is not necessary to target the entire population which would require large sample size and adherence to probability sampling strategies, which are difficult and resource intensive.

SeHRAF tool was developed through focusing on purposeful sampling, which was adequate for measuring the status of Sexual and Reproductive Health Rights of young people.

3.2.2.1 Sample Area: Before going into selection of the target population for conducting Survey, it is important to define the sample area. Where will the needs assessment be conducted i.e. one community, a region, multiple regions, or nationally? As far as possible, decisions about the sample area should be related to future intervention development plans.

SeHRAF tool was developed with national outreach to assess SRH Rights status of young people across Pakistan with specific focus on three target districts i.e. Karachi, Multan and Mitiari for which intervention programmes have been planned.

3.2.2.2 Sample Size and Characteristics: The sample size will be linked to the sample area, and will therefore vary depending on the sample area identified for the needs assessment. However in a purposeful sampling, a sample having specific characteristics should be selected for conducting research.

SeHRAF tool was developed to conduct survey with a sample of experts of SRHR in Pakistan (Knowledge Bearers; i.e. people who had knowledge about SRH issues and experience of working with young people from across Pakistan). There was no sampling frame available to recruit a random or representative sample of knowledge bearers in Pakistan. Rather, a diverse

convenience sample was recruited. For this purpose a list of Knowledge Bearers was developed from the WPF, Pakistan mailing list of experts consisting of approximately 6,000. An e-mail was sent out to all the people on the list with the aim to confirm:

- That the e-mail addresses were entered correctly;
- The location of the potential respondents (and)
- Their willingness to be on our list of potential participants.

As a result of this exercise, the list was narrowed down to 1600 Knowledge Bearers as potential respondents. Furthermore, other SRH-focused organizations, including Rozan, Heartfile, Population Council, Packard Foundation, Awaz Foundation Pakistan, Aahung and HANDS were requested to share their lists of Sexual and Reproductive Health and Rights experts. As a next step, the initial list of about 1600 Knowledge Bearers was matched against the lists that were received from other organizations and the names that overlapped across the various lists were extracted to develop a final list of about 1000 potential respondents.

3.2.3 Development of E-Questionnaire

3.2.3.1 Contextualization and Consultation

The development of the SRHR assessment tool i.e. SeHRAF embodied an extensive process of brainstorming, consultations and feedback only after which it was finalized.

Initially the International Planned Parenthood Federation's Charter of Sexual and Reproductive Health and Rights, which surfaced in 1994, were taken as the primary reference document for the tool. (See Annexure I for the details of 12 SRH Rights as defined by IPPF 1994 Charter). This was the case because not only was the 1994 Charter based on international agreements, such as the Universal Declaration of Human Rights (UDHR), ICPD and CEDAW, but it also provided a clear set of 12 rights specifically in the SRHR context. This provided the tool development process with a head-start as in the presence of the Charter – providing a sound theoretical framework – there was little need to start from scratch to identify core SRHR issue. However as more headway was made, other documents, such as IPPF's 2008 Sexuality Declaration, were also used as a reference to enrich the issues covered under the original set of Sexual and Reproductive Health and Rights. This led to the inclusion of the related SRHR issues of marginalized groups such as sex workers, homosexuals, bisexuals and transgender people.

Moreover, related documents, such as the Plan of Action resulting from the International Conference on Population and Development (ICPD), the WHO Framework for Priority Linkages of Sexual and Reproductive Health & HIV/AIDS; the Convention on the Elimination of All Forms of Discrimination Against Women and the Universal Declaration of Human Rights (UDHR), were also studied by the project team to develop a comprehensive understanding of SRH Rights, including their definition and issues covered (See Annexure II to review the process). For details about these documents, you may visit WPF Pakistan's website i.e. www.wpfpak.org. Here it needs to be emphasized that in the final assessment tool the SRH Rights identified in the IPPF Charter, only served as a broad framework to gauge the realization of a wide range of specific issues related to Sexual and Reproductive Health Rights as set out in the various internationally acknowledged agreements. It also needs to be noted that the Assessment Tool only covered 11 of the 12 Rights as the topic of "Political Participation" (Right 11) vis-à-vis SRHR was something that could be investigated better if asked directly from the young people instead of the Knowledge Bearers. Accordingly, this topic was dealt with during the Focus Group Discussions with adolescents and young adults.

Together with an International consultant, Professor John de Wit, Director of the National Centre in HIV Social Research at the University of New South Wales Australia, the project team engaged in several extensive, internal brainstorm sessions to develop a preliminary set of indicators of each SRH Right. These brainstorm sessions resulted in a matrix in that for each Sexual and Reproductive Health Right specified the following:

- Contextualized and detailed description of the Right as derived from the IPPF 1994 Charter;
- Enrichment of the definition from other relevant sources, including IPPF's 2008 Sexual Health Rights Declaration;
- Potential indicators for Assessment of the SRH Rights in Pakistan (and)
- Proposed questions against the indicators.

3.2.3.2 Translating Rights into Indicators

Indicators are operational measures of the components in a conceptual framework. Once a right is fixed against certain set of indicators, it can be monitored over time to see how well they (rights) are being realized and whether the targeted change is being achieved. There are a number of desirable features of a good indicator (WHO, 1994); specifically it should:

- Actually measure the phenomenon it is intended to measure (Valid);
- Produce the same results when used more than once to measure precisely the same phenomenon (reliable);
- Measure only the phenomenon it is intended to measure (specific);
- Reflect changes in the state of the phenomenon under study (sensitive); and
- Be measurable or quantifiable with developed and tested definitions and reference standards (operational).

To convert rights into measurable indicators, WPF convened two National Panels of SRHR Experts. To gain maximum input from the 22 participating experts, the National Expert Panels were set-up at two locations i.e. one in Islamabad and the other one in Karachi. The members of these panels worked in close collaboration with the international consultant and WPF research team. As part of a wider brief, the National Panellists discussed the research design of the project and the adaptation of SRH Rights to the Pakistani context. Panel members in particular contributed their expertise to the further development of indicators for the assessment of SRH Rights in Pakistan as well as the questions against these indicators. In addition, extensive feedback on the indicators and related questions was received from the 12 members of an International Panel of SRHR Experts. A comprehensive list of over 100 indicators resulted from WPF staff brainstorming and expert suggestions (see Annexure II for complete list of indicators).

3.2.3.3 Finalization of SeHRAF Tool

Against the feedback received from the experts, the comprehensive list was next refined in an in-house exercise to identify the most relevant indicators. Through extensive discussion, any over-lap between the indicators was resolved and any indicators that could not be measured through consultation with Knowledge Bearers were removed, resulting in a list of 70 indicators against each of which a question for the Assessment Tool was developed (see Section V for the research tool / E-Questionnaire).

The draft questionnaire was shared with 12 Knowledge Bearers from civil society and media in Karachi for their feedback. Once again revisions were made in light of the new issues that came forth as a result of feedback received. For a second pilot test, the Assessment Tool was sent to the National Expert Panels and all staff at World Population Foundation, Pakistan and relevant expert staff at WPF, Headquarters. It was only after receiving this input that the tool was considered ready for a formal pilot-test with 50 randomly selected Knowledge Bearers. Following the

completion of this pilot test, the Assessment Tool was once again fine-tuned and revised according to the feedback received

An e-mail invitation was then sent out to these Knowledge Bearers for the full scale launch of the survey. This e-mail contained a hyper-link to the study's website and from this electronic invitation 280 respondents (28%) were recruited. In addition, paper and pen versions of the questionnaire were shared with Knowledge Bearers across Pakistan to support rural representation, resulting in an additional 70 respondents. Accordingly, a total of 350 Knowledge Bearers participated in the survey. Participation in the survey was voluntary and confidential and this was extensively explained in the information about the survey. The respondents' e-mail address was asked in the questionnaire, but this was only done to ensure that those experts who had participated would not receive a reminder e-mail. These e-mail addresses were discarded upon termination of data collection and removed from the data set.

It is important to note here that while WPF opted for an e-survey, future users could go for a conventional paper-and-pen survey that is distributed in person or via regular mail as well as administered by interviewers. Future users could choose from these options, based on their strengths and limitations, availability of resources and what is possible and acceptable in their context.

3.2.4 Conducting Focus Group Discussions

A small group selected from a wider population and sampled, as by open discussion, for its members' opinions about or emotional response to a particular subject or area is considered as a focus group. The purpose of the focus group discussions is to share the quantitative findings with the target group and get their feedback in order to facilitate dialogue and identify action steps. Group discussions should be held in the areas where the data was collected with a mix of all relevant stakeholders. Choose a time and location convenient for all participants. Keep the group size small enough so that everyone has a chance to voice their opinion and contribute to the discussion. The ideal group size should comprise of 8 participants as this will ensure that the group is big enough to get different ideas that can be discussed but small enough for people to not 'hide in the crowd' and get a contribution from all participants. It is also possible to hold separate groups with adults and youth or males and females if the research team feels this is necessary in the context of the local culture to ensure better participation.

In our case, the initial results generated by the survey brought forth a number of areas that required further investigation. These issues were then included in the guides prepared for the Focus Group Discussions (FGDs; See Section V for the Discussion Guides).

To have maximum representation of all stakeholders, 23 Focus Group Discussions (FGDs) were conducted with 6 groups of adolescents (12-18 years of age), 4 groups of young adults (19-24 years of age), 4 groups of members of civil society and media; 2 groups of religious leaders, 5 groups of school teachers (who also played the dual role of parents), 1 group of young transgender people and 1 group of young female sex workers. Focus Group Discussions on average included 12 participants. For the purpose of conducting these Focus Group Discussions, the research team travelled to 7 districts across Pakistan to ensure that there was representation from all the four provinces of the country. All FGDs were conducted by a trained facilitator and a second person was present to take written notes. In addition, all Focus Group Discussions were audio recorded and used as reference to compliment written notes.

3.2.5 Conducting In-depth Interviews

In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation.

Alongside the FGDs, 33 In-Depth Interviews (IDIs) were also conducted. While one set of IDIs was conducted with 28 participants identified from the FGDs, a second set was conducted with policy makers and Sexual and Reproductive Health and Rights experts whose names had been previously identified by the research team. IDIs were conducted according to the Discussion Guides developed for the FGDs. In-Depth Interviews were conducted by a trained interviewer who took written notes and audio recorded the interview.

Participation in the FGDs and IDIs was voluntary and confidential (The registration and consent taking form is appended as Annexure III). Participants provided informed consent (written for FGDs and oral for IDIs) and no personal identifiers were included in written notes and audio recordings. Audio recordings were erased upon completion of data analysis.

3.3 How can we analyze the Data?

Quantitative data obtained with SRHR Assessment Tool can be analyzed in two ways, firstly according to the identified SRH Rights, and secondly according to themes. For each Right average scores across the related questions can be calculated and these summary scores of Rights can be compared between urban and non-urban areas. While urban-rural comparisons may be relevant to other future users, any other factor that is relevant and assessed could be used, depending on the situation in which the tool is being used. For instance, assessment could also be made on the basis of the characteristics of knowledge bearers, such as their profession, gender, experience etc.

For the thematic analysis, questions can be distinguished into relevant Sexual and Reproductive Health topics. In our case, we distinguished our results into following thematic categories

- Basic Healthcare Services
- Family Planning Services
- Infertility Treatment
- Safe Abortion Services
- Post Abortion Healthcare Services
- Information/Education/Counseling
- Relationship of Young People with Service Providers
- Gender, Sex and Marriage
- Gender Equality
- People with HIV/AIDS
- Marginalized Communities

For each of the themes, mean scores and percentages of responses to each of the related questions can be calculated. In addition, analyses of variance can be conducted to gauge the differences in responses between respondents from urban and non-urban areas. Moreover, in case of separate questions asked with regard to compare more than one type of target population (e.g. boys and girls or the public and the private health sectors), responses can be compared with paired T-tests.

Qualitative data obtained from the Focus Group Discussions and In-Depth Interviews can be analyzed thematically on the basis of the written notes, complimented by information abstracted from the audio recordings when appropriate. Initial themes can be identified in the guides for the FGDs and IDIs and refined on the basis of an analysis of the issues discussed in the FGDs and IDIs.

Information extracted from the FGDs and IDIs can then be organized according to theme. Matrices can be constructed that presented extracted information against the themes from the different groups within a specific target group. In addition, a summary of information per theme can be developed for each target group.

IV- HOW TO USE THE FINDINGS?

The findings of the SeHRAF toolkit can be used in a number of ways to influence intervention strategies and project activities. The indicators of the tool and findings can be used in the following ways:

- For developing SRHR focused capacity building materials for NGOs / CSOs, education / health professionals, religious leaders and media
- For developing SRHR Advocacy strategy
- For developing SRHR curriculum for young people and training manuals for Master Trainers and Teachers
- Serves as a baseline for future SRHR Assessments

4.1 Development of capacity building materials for Rights-driven SRH and its Translation

The valuable experience, field learning and new knowledge learnt though the implementation of SeHRAF as well as consultative meetings with implementation partners and Project Steering Committee can feed into SRHR related material development having focus on young people.

WPF will be using the SeHRAF research indicators and its findings to develop five different manuals for CSO(s), government officials, elected representatives, media people, health professionals and religious leaders. These manuals will later on be translated into local language e.g. Urdu.

4.2 Capacity building and advocacy activities with Civil Society Organizations and other stakeholders

CSOs are important partners in promotion of SRHR and have the potential to positively contribute in reversing the SRHR indicators in their respective communities. To harness their capacity, NGOs can plan to organize capacity building training workshops on SRHR themes for representatives of civil society organizations, in their target districts. The training workshops can be aimed at creating enabling environment for the realization of SRHR . This will also help CSOs to integrate SRHR into their programmes.

WPF, in the coming year will train over 100 CSOs in SeHRAF methodology. They are most likely to adopt these tools in their programme planning and management. Besides the capacity building, the SeHRAF toolkit will be made available to these CSOs for adoption in their organizations and its replication. Moreover, project Implementing Partners have their own networks of CBOs and VOs. Overall the network Includes over 1000 organizations, reaching up to a million direct beneficiaries. The young LSBE Graduates will be the volunteers and SRHR advocates, who will then promote sexual and reproductive health and rights, not only among their peers but also among their families and communities. Through effective lobbying and advocacy, SRHR syllabi will become the part of core national curriculum, which ultimately be taught in all public and private schools to ensure universal SRHR education. Optimum utilization of existing health sector infrastructure and relative resource allocation will ensure provision of SRH services to young people on sustainable basis. Moreover, increase in demand will improve quality of the services. Project Steering Committee at national level will be advocating for the replication of this pilot project in other districts too.

4.3 SRHR based curriculum development for young people

The indicators prepared for the SeHRAF toolkit can be utilized by the education experts in the development of SRHR based curriculum for young people.

In this regard, WPF has experienced development of SRHR based Life Skills Based Education Curriculum on the basis of SeHRAF. The SRHR indicators developed in SeHRAF were used to prepare culturally appropriate sessions for the curriculum to be taught in various public and private schools in the target districts.

4.4 Serve as a baseline to conduct future SRHR assessments

The findings derived from SeHRAF can be used as a baseline for a target district / region / country to conduct future SRHR assessments against it.

WPF will be conducting a final assessment of SRHR situation and their degree of institutionalization in target districts using SeHRAF prototype in 2012 and bring out report.

PART 1- THEMATIC ANALYSIS

Theme I – Basic Health Services

The responses of the participants in the e-survey regarding basic health services in their communities indicate that mean scores for availability, accessibility and quality of these services are at the mid-point of the response scale, suggesting that these are fair. The results also indicate that the community acceptance of quakes is limited. A Paired T-Test showed that the quality of basic health services was significantly higher for boys than for girls. Analyses of variance showed significant differences between urban and non-urban areas for all indicators related to basic health services; availability, accessibility, and quality of basic health services was significantly higher in urban than non-urban areas, while community acceptance of quakes was lower in Urban than non-urban areas.

Table 2. Basic Health Services

Availability	
Accessibility	
Quality for Boys	
Quality for Girls	
Community Acceptance of Quakes	

Focus Group Discussions with religious leaders in Quetta and Peshawar suggested that poverty is a limiting factor in the accessibility of healthcare services. Adolescents from Lahore noted that accessibility of healthcare services was in particular an issue for girls. Teachers and adolescents from Multan added that the lack of female doctors, paired with the limited mobility of girls noted by adolescents and teachers from Peshawar and Karachi, also restricted women's access to healthcare services. Adolescents as well as young adults from Lahore were of the opinion that discomfort with doctors resulted in going to quakes and back-streets clinics. Representatives of civil society and media organizations from Mitiari and Karachi, as well as teachers from Karachi, also perceived that going to quakes was a common practice, in particular among boys, resulting from a lack of adequate information. Religious leaders from Quetta suggested that young people in particular visited quakes for the treatment of sexually transmitted infections (STIs) because no regular treatment was available. Young people from Karachi also agreed that young people involved in sex often go to quakes, as do boys who masturbate. Sex workers and transgender people felt that they were discriminated by doctors, particularly in public hospitals, and were at the risk of sexual abuse.

A female student at Bahauddin Zakariya University shared during an in-depth interview that it was not that basic healthcare services were not available, but that there was a lack of female doctors, especially in remote areas. Since parents are reluctant to take their daughters to a male doctor, many girls are given medicines without consulting a

Sample Thematic Data Analyses

Right to Life

Analyses of the Right to Life show that this SRH Right stands away from the mid-point, leaving a considerable gap that needs to be met for its full realization. However, results of a paired T-test showed that realization of Right to Life was significantly better than all other SRH Rights except "Right to Choose Whether or When to Marry" for which the difference was not significant.

Sample Rights Analyses

ANNEXURE

Annexure I: IPPF Charter of Sexual and Reproductive Health and Rights 1994

1) The right to information and Education

As they relate to sexual and reproductive health and to ensure the health and well-being of persons and families

2) the right to healthcare and health protection

This includes the frights of health care clients to: information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity and opinion.

3) the right to freedom of thought

This includes freedom from the restrictive interpretation of religious texts, beliefs, philosophies, and customs as tools to curtail freedom of thought on sexual and reproductive health care and other issues.

4) the right to decide whether and when to have children

Which includes choice of having child or not on behalf of both men and women

5) the right to life

This means among other things that no woman's life should be put at risk or endangered by reason of pregnancy.

6) the right to liberty

And security of the person which recognizes that all persons must be free to enjoy and control their sexual and reproductive life and that no person should be subject to force pregnancy, sterilization or abortion.

7) the right to be free from torture and ill treatment

Including the rights of adolescents and young people to be protected from sexual exploitation and abuse, and the right of all people to protection from rape, sexual assault, sexual abuse and sexual harassment.

8) the right to choose;

whether or not to marry and to found and plan a family

9) **the right to privacy**

Meaning that all sexual and reproductive health care services should be confidential and all women have the right to autonomous reproductive choices.

10) the right to the benefit of scientific programmes

This includes the recognition that all clients of sexual and reproductive health services have the right to access to new reproductive technologies which are safe and acceptable.

11) the right to freedom of assembly and political participation

Meaning, among other things, that all persons have the right to seek to influence governments to place a priority on SRHR.

1**2) the right to equality**

And to be free from all forms of discrimination including in sexual and reproductive life.

Annexure II: Process of developing research indicators

Research Indicators	Link with UDHR	Link with IPPF 1994 Charter	Link with IPPF 2008	Link with ICPD (You may add columns, if some evidence is available to link with)
Right To Life -Availability of health services, including family planning. -Availability of Post-abortion care. -Accessibility to basic health care services. -Accessibility to family planning services. -Accessibility to abortion services. -Acceptability to Post-abortion care. -Acceptability to reproductive health care technologies. -Perceptions / prevalence of the community towards son preference. -Social attitudes of the primary community actors with regard to family planning. -Acceptability of Post-abortion care. -Community campaigns regarding Safe Motherhood;	Article 1. All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.	1.1 No woman's life should be put at risk or endangered by reason of pregnancy. This right refers in particular to avoidable deaths – especially to the need to reduce the risk factors for high-risk pregnancies, such as those which are "too early, too late, too close or too many". 1.2 No child's life should be put at risk or endangered, particularly not by reason of her/his gender. 1.3 No person's life should be put at risk or endangered by reason of lack of	**Article 3** The rights to life, liberty, security of the person and bodily integrity.	Consists of the ICPD Programme of Action paragraphs on maternal mortality

Teen and Forced marriages. -Attitude of the healthcare providers towards people with HIV & AIDS. -Quality of family planning services. -Quality of abortion services. -Quality of Post-abortion care services. -Quality of basic health care services.		access to health care services and/or information, counseling or services related to sexual or reproductive health. 1.4 The right of all girl infants to be free from the risk of female infanticide.		
Right to Liberty and Security of a person -Attitude of the community in reporting sexual offences. -Attitude of the community towards survivors of sexual offences, especially women. -Attitude of the community towards men and women being involved in sex before marriage. -To what extent does your community accept marital rape? -Attitude of the community towards sex workers. -Social status of transgender in the community. -Same sex attracted people are	Article 4. No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.	2.1 All persons must be free to enjoy and control their sexual and reproductive life and that no person should be subject to force pregnancy, sterilization or abortion 2.2 All persons have the right to be free from any medical intervention related to their sexual and reproductive health, save with their full, free and informed	Article 3 The rights to life, liberty, security of the person and bodily integrity	Consists of paragraphs from the ICPD Programme of Action concerning female genital mutilation; and the FWCW Platform of Action concerning practices and acts of violence against women.

accorded due recognition and respect.
-Social status of bisexual people.
-Social customs and religious beliefs related to abortion.
-Attitude of the community towards honor killing.
-Quality of response of law enforcement agencies against accused sexual offenders.

consent.

2.3 All females have the right to be free from all forms of genital mutilation.

2.4 All persons have the right to be free from sexual harassment.

2.5 All persons have the right to be free from externally imposed fear, shame, guilt, beliefs based on myths, and other psychological factors inhibiting their sexual response or impairing their sexual relationships.

2.6 All persons have the right to be free from forced pregnancy, sterilization and abortion.

Right to equality and to be free from all forms of discrimination -Perceptions / prevalence of the community towards son preference. -Attitude of the community towards sex workers. -Social status of transgender in the community. -Same sex attracted people are accorded due recognition and respect -Social status of bisexual people. -Attitude of the healthcare providers towards people with HIV & AIDS. -Same sex attracted people are accorded due recognition and respect. -Social status of bisexual people. -Transgender are accorded due recognition and respect. -Men and women have equal opportunity to independently engage in all stages of procedures in courts and tribunals. -Men and women have the same opportunity to move and travel freely to go wherever	**Article 7.** All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.	3.1 No persons should be discriminated against in their sexual and reproductive lives, in their access to health care and/or services on the grounds of race, color, sex or sexual orientation, marital status, family position, age, language, religion, political or other opinion, national or social origin, property, birth or other status. 3.2 All persons have the right to equal access to education and information to ensure their health and well-being, including access to information, advice and services relating to their sexual and	Article 1 Right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender	Consists of paragraphs from the ICPD Programme of Action and the FWCW Platform for Action that refer to gender-based discrimination.

they want.
-Men and women have equal rights to select their life partners.
-Young people make choices about their body characteristics and their names as they want.
-Young people easily seek and receive information and ideas with regard to human and sexual rights.
-Awareness about services and information to young girls and boys about Safe sex.

reproductive health and rights, irrespective of race, colour, poverty, sex, sexual orientation, marital status, family position, age, language, religion, political or other opinion, national or social origin, property, birth or other status.

3.3 All women and girl children have the right to appropriate nutrition and care throughout their life-span, and to be free from prejudicial, customary and all other practices that are based on the idea of inferiority or stereotyped roles for men and women and/or amount to discrimination against them.

Right to Privacy -Availability of safe abortion services. -Young People easily disclose information regarding their sexual choices and sexual history to service providers. -Service providers provide confidential sexual health and care services to young people. -Public health services keep medical record of health client / individual confidential. -Private health services keep medical record of health client / individual confidential -Media keeps names of individual / victims of sexual violence confidential -NGOs working on various SRH Rights issues, keep the names and information about survivors confidential -Service providers keep information concerning HIV status of individuals confidential -Manner in which the client information is presented outside the organization in a report, media etc. (Are names kept confidential, Has	**Article 12.** No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.	4.1 All sexual and reproductive health care services, including information and counseling, should provide clients with privacy and ensure that personal information given will remain confidential. All women have the right to autonomous reproductive choices including choices relating to safe abortion 4.2 All women have the right to autonomous reproductive choices including choices relating to safe abortion. 4.3 All persons have the right to express their sexual orientation in order to have a safe and	**Article 4** **Right to Privacy**	Consists of paragraphs from the ICPD Programme of Action and FWCW Platform for Action concerning the right of young people to sexual and reproductive health information and services and the human right of women to have control over matters related to sexuality.

'informed consent' taken from clients in cases where names, photographs or any other identifying information is being shared).		satisfying sex life, having due regard to the well-being and rights of others, without fear of persecution, or denial of liberty or social interference.		
The Right to Freedom of Thought -Same sex attracted people are accorded due recognition and respect. -Social status of bisexual people. -Young girls and boys equally express themselves through dress of their choice. -Young people make choices about their body characteristics and their names as they want. -Young people easily seek and receive information and ideas with regard to human and sexual rights. -Awareness about services and information to young girls and boys about Safe sex.	**Article 18.** Everyone has the right to freedom of thought, conscience and religion…	5.1 All persons have the right to freedom of thought and speech related to their sexual and reproductive lives. 5.2 All persons have the right to protection against restrictions on grounds of thought, conscience and religion to their access to education and information related to their sexual and reproductive health. 5.3 Health care professionals have the right to conscientious	**Article 6 Right to freedom of thought, opinion and expression; right to association**	Consists of paragraphs from the International Covenant on Civil and Political Rights, the World Conference on Human Rights, and the World Medical Assembly on the right to freedom of thought, cultural differences and conscientious objection respectively.

		objection with regard to providing contraception and abortion services only if they can refer the client to health professionals willing to provide the service immediately. No such right exists in emergency cases where lives are at risk.		
Right to information and education -Young people easily seek and receive information and ideas with regard to human and sexual rights. -Awareness about services and information to young girls and boys about Safe sex.	**Article 26.** (1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit. (2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and	6.1 All persons have the right of access to education and correct information related to their sexual and reproductive health, rights and responsibilities that is gender-sensitive, free from stereotypes and presented in an objective, critical and pluralistic manner. 6.2 All persons	**Article 8 Right to education and information**	Consists of paragraphs from the ICPD Programme of Action and the FWCW Platform for Action concerning the need for education, specifically sexual and reproductive health information and education, education for young people, and the need to remove unnecessary barriers preventing access to information and education.

	friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.	have the right to sufficient education and information to ensure that any decisions they make related to their sexual and reproductive life are made with full, free and informed consent. 6.3 All persons have the right to full information as to the relative benefits, risks and effectiveness of all methods of fertility regulation and the prevention of unplanned pregnancies.		
Right to choose, whether or not to marry and to found and plan a family -Availability of health services, including family planning. -Availability of safe abortion services. -Availability of Post-abortion	**Article 16.** (1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution. (2) Marriage shall be entered into	7.1 All persons have the right to protection against a requirement to marry without that person's full, free and informed consent. 7.2 All persons	**Article 9 Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children**	The paragraph from the Women's Convention, stating that "the betrothal or marriage of a child shall have no legal effect", and that from the Convention on the Rights of the Child, defining a child as a human being

care. -Attitude of the community towards taking consent of female for choosing her life partner. -Perception of community about Incidents based on wrong Traditions (wani, swara, marriage to Quran). -Community campaigns regarding Safe Motherhood; Teen and Forced marriages. -Men and women have equal rights to select their life partners.	only with the free and full consent of the intending spouses.	have the right of access to reproductive health care services including those who are infertile, or whose fertility is jeopardized by sexually transmitted infections.		below the age of 18, are both quoted in a footnote to this right as defined in the Charter.
Right to decide, whether or when to have children -Availability of health services, including family planning. -Availability of safe abortion services. -Acceptability to Post-abortion care. -Social customs and religious beliefs related to abortion. -Social customs and religious beliefs related to abortion. -Social customs and religious beliefs related to abortion. -Social customs and religious beliefs related to abortion.		8.1 All women have the right to information, education and services necessary for the protection of reproductive health, safe motherhood and safe abortion and, which are accessible, affordable, acceptable and convenient to all users. 8.2 All persons	**Article 9 Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children**	Consists of paragraphs from the ICPD Programme of Action and the FWCW Platform for Action concerning the right to a full range of reproductive health services and the recognition that “The ability of women to control their own fertility forms an important basis for the enjoyment of other rights” respectively.

-Social customs and religious beliefs related to abortion. -Quality of family planning services.		have the right of access to the widest possible range of safe, effective and acceptable methods of fertility regulation. 8.3 All persons have the right to be free to choose and to use a method of protection against unplanned pregnancy which is safe and acceptable to them.		
Right to healthcare and health protection -Do you think, Safe Abortion services are available in your area? -Do you think, Post Abortion health care services are available in your area? -Do you think; young people in your area have availability of basic health care services. -Do you think; young people in your area have access to basic health care services. -Do you think; young people in	**Article 25.** (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family,..	9.1 All persons have the right to the highest possible quality in health care including all care related to their sexual and reproductive health. This includes their right to information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity and	**Article 7 Right to health and to the benefits of scientific Progress.**	Consists of paragraphs from the Programmes of Action of ICPD and the World Summit on Social Development and the FWCW Platform for Action concerning the provision of health care services, including sexual and reproductive health. It also contains paragraphs 7.2 and 8.25 from ICPD, which define reproductive health and deal with unsafe abortion

your area have access to basic Family Planning Services.
-Do you think; young people in your area have access to abortion services.
-Do you think; young people in your area have access to post abortion health care services.
-What do you think is the community's perception towards Son preference.
-What do you think is the community's perception towards; Post abortion health care services.
-What do you think what is your community's perception towards; Abortion services to married women for saving their lives.
-What do you think what is your community's perception towards; Abortion services for raped women.
-What do you think, what is the attitude of the health care providers towards; Patients with HIV/AIDS.
-What do you think, what is the attitude of the health care providers towards; Homosexual.
-What do you think, what is the attitude of the health care

opinion

9.2 All persons have the right to comprehensive health care services including access to all methods of fertility regulation including safe abortion and diagnosis and treatment for infertility and sexually transmitted infections including Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS).

9.3 All persons, and in particular the girl child and women, have the right to protection from traditional practices which are harmful to health.
9.4 All women have the right to

respectively.

providers towards; Bisexual.
-What do you think, what is the attitude of the health care providers towards; Transgender.
-What do you think, what is the quality of basic family planning services in your area.
-What do you think, what is the quality of abortion services in your area.
-What do you think, what is the quality of post abortion health care services.
-What do you think, what is the quality of basic health care services.

pregnancy and infertility counseling which empowers them to make their own decisions, based on information impartially presented.

9.5 All persons have the right to sexual and reproductive health care services as part of primary health care, which are comprehensive, accessible, both financially and geographically, private and confidential and, which pay due regard to the dignity and comfort of that person.

9.6 All women have the right to appropriate services in connection with pregnancy,

confinement and post-natal health care, as well as adequate nutrition during pregnancy and lactation.

9.7 All persons have the right to the protection of health, and safety in working conditions, including the safeguarding of the function of reproduction.

9.8 All working mothers have the right to be accorded paid maternity leave, or maternity leave with adequate social security benefits.

9.9 Every person has the right to sexual and reproductive health care including the following rights:
Information to

know about the benefits and availability of sexual and reproductive health services and to know their rights in this regard. Access to obtain services regardless of race, sex or sexual orientation, marital status, age, religious or political beliefs, ethnicity or disability Choice to decide freely on whether and how to control their fertility and which method to use Safety to be able to protect themselves from unwanted pregnancy, disease and from violence Privacy to have a private environment during counseling and services Confidentiality to be assured that any

		personal information will remain confidential Dignity to be treated with respect, empathy, courtesy, consideration and attentiveness Comfort to feel comfortable when obtaining services Continuity to receive sexual and reproductive health services and supplies for as long as needed Opinions to freely express views on the services provided.		
Right to the freedom of scientific progress. -What do you think is the community's perception towards basic family planning services. -What do you think what your community's perception is towards; treatment of infertility. -To which extent, do you think the young boys; Easily seek	**Article 27.** (1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.	10.1 All persons shall have the benefit of and access to available reproductive health care technology, including that related to infertility, contraception and abortion, where to withhold access to	**Article 7 Right to health and to the benefits of scientific Progress.**	Consists of paragraphs from the ICPD Programme of Action and the World Conference on Human Rights Vienna Declaration and Programme of Action concerning the need for research on new methods of fertility regulation; methods for

and receive ideas with regard to human and sexual rights.		such technology would have harmful effects on health and wellbeing. 10.2 All persons shall be entitled to protection from and information on any harmful effects of reproductive health care technology on their health and well-being. 10.3 All clients of sexual and reproductive health services have the right to access all reproductive technologies that are safe and acceptable.		men, the involvement of the private sector and the need to respect human rights and dignity in research in biomedical and life sciences.
Right to freedom of assembly and political participation	**Article 20.** (1) Everyone has the right to freedom of peaceful assembly and association. (2) No one may be compelled to belong to an association.	11.1 All persons have the right to assemble and to canvass for sexual and reproductive health and rights. All persons have the right to form an	**Article 2 The right to participation for all persons, regardless of sex, sexuality or gender** **Article 6 Right to freedom of thought,**	Consists of paragraphs from the ICPD Programme of Action concerning the need to respect sexual and reproductive rights as human rights; for governments to

		association that aims to promote sexual and reproductive health and well-being. All persons have the right to seek to influence governments to place a priority on sexual and reproductive health and rights. 11.2 All persons have the right to form an association that aims to promote sexual and reproductive health and well-being. 11.3 All persons have the right to seek to influence governments to place a priority on sexual and reproductive health and rights.	**opinion and expression; right to association**	involve NGOs in decision-making; to increase the participation of women, and women's organizations in sexual and reproductive health and rights work and increase the capacity of NGOs to participate effectively in the implementation of the Programme of Action.
Right to be free from torture and ill treatment	**Article 5.** No one shall be subjected to torture or to cruel, inhuman or	12.1 All adolescents and young people have	**Article 3 The rights to life, liberty, security of the**	Consists of paragraphs from the Programmes of Action of ICPD and

-What do you think is your community's perception towards; Customary / Traditional Practices (wani, watta satta, marriage to Quran). -What do you think is your community's perception towards; Honor crime -To what extent does your community accept marital rape?	degrading treatment or punishment.	the right to protection from all forms of exploitation and, in particular, sexual exploitation and all forms of Sexual abuse, assault, and harassment, including coercion to engage in any unlawful sexual activity, the exploitation or their use in prostitution or other unlawful sexual practices and the exploitative use of adolescents / young people in pornographic performances and materials. 12.2 No person should be subject to medical trials or experimentation related to sexuality or fertility regulation methods or techniques without their full, free and informed	**person and bodily integrity**	the World Summit on Social Development and the FWCW Platform for Action concerning the elimination of all forms of exploitation, abuse, harassment and violence against women, adolescents and children; measures to address the root factors that encourage trafficking in women and girls; condemnation of the systematic practice of rape and other forms of inhuman and degrading treatment of women as a deliberate instrument of war and ensuring that ethical professional standards, conforming to human rights, are applied to the delivery of health services.

consent.

12.3 All women have the right to protection from traffic in women or exploitation of prostitution of them.

12.4 All civilians – women and men – have the right to be protected from degrading treatment and violence in relation to their sexuality and reproduction, especially during times of armed conflict.

Annexure III: Registration and Consent Form

Consent and Registration Sheet **Research Study on Assessing Sexual and Reproductive Health Rights of Young People in Pakistan 2009**				
Consent Statement I acknowledge that I have understood the above study and like to participate in the discussion. I further understand that my participation is voluntary and only the principal researcher will have access to the research results associated with my identity. I also give my consent to use audio-tape for recording and camera. Moreover, by signing below, I agree to take part in the above study.				
S. No.	**Name**	**Organization / Institue**	**Email & Contact No.**	**Signature (please Read above noted consent statement before signing the registration form)**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

9.				

Annexure IV
SeHRAF TOOLKIT INSTRUMENTS

5.1 SAMPLE EMAIL REQUEST AND E SURVEY QUESTIONNAIRE

Dear Respondent,

Greetings from XYZ (Organization's Name)!

Thank you very much for taking out time from your demanding schedule to fill out the e-questionnaire aimed at assessing the "**Sexual and Reproductive Health Rights Status of Young People in (Name of Area / country / region)**". The findings of this research will form the basis for better SRH services for Youth in our country.

This e-questionnaire is divided into 9 short sections and will take about 12-15 minutes to complete. In case of any difficulty or if you receive this e-questionnaire repeatedly, please write to---------. Also, if you have received the e-questionnaire on more than one e-mail address, please only fill it once. We assure that your identity will be kept **confidential**.

Your support is most valued!

Warm regards

XYZ

Section 1: Personal Information

1. Today's Date: ________________________

2. Email: _______________________________

3. Area / District (check only one) Karachi Multan Mitiari Other---- (if other please mention name)

4. Profession Public Sector For Profit Non-Profit Unemployed Student other

5. Sex: Male Female Transgender

6. Age: __________ Years

7. Monthly Income:

<Rs. 10, 000
Rs. 10,001- 25000
Rs. 25001-50000
Rs. 50001- 100000
> Rs. 100000

8. Origin of work: (check only one): Urban Rural Semi Urban

9. Education (Please tick the highest level of education completed):

Ph.D
Post Graduate
Graduate
Intermediate
High School
Middle
Primary

10. Are you currently (check only one):

married
separated
widowed
single
Unmarried, but in relationship

Section 2: Do you think, following services / technologies are available in your area?

- **Basic health services**
  Not Available At All Scarcely Available Available Easily Available Abundantly Available Don't Know

- **Family planning services (i.e. birth control, pre-conception counseling, etc.)**
  Not Available At All Scarcely Available Available Easily Available Abundantly Available Don't Know

- **Safe Abortion services**
  Not Available At All Scarcely Available Available Easily Available Abundantly Available Don't Know

- **Post Abortion health care services**
  Not Available At All Scarcely Available Available Easily Available Abundantly Available Don't Know

Section 3: Do you think; young people in your area have easy and affordable access to;

- **Basic health care services**
  Not Available At All Scarcely Available Available Easily Available Abundantly Available Don't Know

- **Basic Family Planning Services**
  Not Available At All Scarcely Available Available Easily Available Abundantly Available Don't Know

- **Safe Abortion Services**

Not Available At All Scarcely Available Available Easily Available Abundantly Available Don't Know

- **Post Abortion health care services**
Not Available At All Scarcely Available Available Easily Available Abundantly Available Don't Know

Section 4: What is the quality of following services for young people in your area? (If available and accessible)

- **Basic health care services**
For Boys: Excellent Good Neither good nor poor Poor Very poor Don't Know
For Girls: Excellent Good Neither good nor poor Poor Very poor Don't Know

- **Life Skills Education Services**
For Boys: Excellent Good Neither good nor poor Poor Very poor Don't Know
For Girls: Excellent Good Neither good nor poor Poor Very poor Don't Know

- **Counseling services provided by healthcare providers**
For Boys: Excellent Good Neither good nor poor Poor Very poor Don't Know
For Girls: Excellent Good Neither good nor poor Poor Very poor Don't Know

- **Family planning services**
For Boys: Excellent Good Neither good nor poor Poor Very poor Don't Know
For Girls: Excellent Good Neither good nor poor Poor Very poor Don't Know

- **Response of law enforcement agencies against accused sexual offenders**
For Boys: Excellent Good Neither good nor poor Poor Very poor Don't Know
For Girls: Excellent Good Neither good nor poor Poor Very poor Don't Know

- **Abortion services**
Excellent Good Neither good nor poor Poor Very poor Don't Know

- **Post abortion health care services**
Excellent Good Neither good nor poor Poor Very poor Don't Know

Section 5: How well do health care providers in your community treat/provide?

- **Females who want treatment of infertility**
  Private: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know
  Public: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know

- **Males who want treatment of infertility**
  Private: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know
  Public: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know

- **Patients with HIV/AIDS**
  Private: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know
  Public: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know

- **Homosexuals**
  Private: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know
  Public: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know

- **Bisexuals**
  Private: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know
  Public: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know

- **Transgender people who are working as sex workers and/or dancers**
  Private: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know
  Public: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know

- **Transgender people who are employed in other professions**
  Private: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know
  Public: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know

- **Sex workers**
  Private: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know
  Public: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know

- **Abortion services to save life**
  Private: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know
  Public: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know

- **Abortion services to married women who don't want/can't sustain a child**
  Private: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know
  Public: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know

- **Abortion services to unmarried young girls**
  Private: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know
  Public: Totally discriminate Discriminate Neither discriminate nor respect Respect Totally Respect Don't Know

Section 6: (Part A) To what extent does your community accept?

- **Birth of a female child**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Family planning services**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Treatment of infertility for females**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Treatment of infertility for males**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Quakes/*Peers***
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Forced teenage marriages**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Voluntary teenage marriages**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Taking consent from female regarding selection of her life partner**

Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Customary / Traditional Practices (wani, watta satta, marriage to Quran etc)**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Honor crime**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Marital rape**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

Section 6: (Part B) To what extent does your community accept?

- **Transgender people who are working as sex workers and/or dancers**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Transgender people who work in other professions**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Homosexuality**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Bisexuality**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Sex before marriage**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Sex workers**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Post abortion health care services**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Abortion services for young unmarried girls**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Abortion services to married women for saving her life**

Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Abortion services to married women who don't want/can't sustain a child**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

- **Abortion services for survivors of rape**
  Totally Accept Accept Neither accept Nor reject Reject Totally Reject Don't Know

Section 7: To what extent do young people have opportunity in your community to:

- **Have equal rights to various recreational activities (e.g. playing outdoors, indulging in sports etc.)**
  For Boys: Not at All slightly moderately Quite a bit Totally Don't Know
  For Girls Not at All slightly moderately Quite a bit Totally Don't Know

- **Move and travel freely to go wherever they want**
  For Boys: Not at All slightly moderately Quite a bit Totally Don't Know
  For Girls Not at All slightly moderately Quite a bit Totally Don't Know

- **Express themselves through dress of their choice**
  For Boys: Not at All slightly moderately Quite a bit Totally Don't Know
  For Girls Not at All slightly moderately Quite a bit Totally Don't Know

- **Independently engage in all stages of procedures in courts and tribunals**
  For Boys: Not at All slightly moderately Quite a bit Totally Don't Know
  For Girls Not at All slightly moderately Quite a bit Totally Don't Know

- **Have equal rights to choose their partners**
  For Boys: Not at All slightly moderately Quite a bit Totally Don't Know
  For Girls Not at All slightly moderately Quite a bit Totally Don't Know

Section 8: What is the relationship between young people and the following service providers?

- **Do young people feel comfortable to disclose their sexual orientation?**
  Never Usually Not Sometimes Usually Always Don't Know

- **Do young people easily disclose information regarding their sexual history to service providers?**
  Never Usually Not Sometimes Usually Always Don't Know

- **Do health service providers keep medical record of young people confidential**
  Private: Never Usually Not Sometimes Usually Always Don't Know
  Public: Never Usually Not Sometimes Usually Always Don't Know

- **Does media keep names of individual / victims of sexual violence confidential**
  Never Usually Not Sometimes Usually Always Don't Know

- **Do NGOs working on various SRH issues keep the names and information about survivors confidential**
  Never Usually Not Sometimes Usually Always Don't Know

- **Do service providers keep information concerning HIV status of individuals confidential**
  Never Usually Not Sometimes Usually Always Don't Know

- **Is an 'informed consent' taken from SRH related young clients in cases where names, photographs or any other identifying information is being publish?**
  Healthcare providers: Never Usually Not Sometimes Usually Always Don't Know
  NGOs: Never Usually Not Sometimes Usually Always Don't Know
  Media: Never Usually Not Sometimes Usually Always Don't Know

Section 11: To what extent, young people in your area;

- **Make choices about their body characteristics (including body piercing, tattoos etc) and their names as they want.**
  For Boys: Not at All slightly moderately Quite a bit Totally Don't Know
  For Girls: Not at All slightly moderately Quite a bit Totally Don't Know

- **Easily seek and receive information and ideas with regard to human and sexual rights**
  For Boys: Not at All slightly moderately Quite a bit Totally Don't Know
  For Girls: Not at All slightly moderately Quite a bit Totally Don't Know

5.2 FGD Guides

FGD Group	Question	Status of the Question	Issues
Young Girls and Boys	Explanation by the facilitator about the purpose of the FGD and salient rules of the discussion (e.g. speaking on turn, switching off cell phones etc.) 1. What are some of your health issues? a. What are some of the health issues of people your age? (Listen to all but hang on to the ones connected to SRHR to gauge the knowledge level and/or information that young people have about them)	Opening/Introductory	Availability and importance of Life Skills information for adolescents. Issues might include lack of information about masturbation and masturbation; abuse etc.
	2. Where do you go to resolve these issues? 3. Are these issues discussed in your education curriculum/system? 4. Do young boys and girls have equal rights in your area?	Issues	-Level of counseling services that healthcare providers may give to young people? -Acceptability of quakes and peers. -Easy availability and/or accessibility of abortion services. -Life Skills information -Equality -Acceptance of a female child
	5. Do you feel comfortable sharing your sexual health issues with healthcare providers and other service providers such as media? 6. To what extent can young people in your area impart information regarding SRH Rights through organized efforts/movements? 7. How many of you are married? How many of you gave your consent?		-Availability of youth friendly healthcare services? -Right to Freedom of Assembly and political Participation -Forced teenage marriages.
	8. What remedial measures should be taken for the resolution of your problems?	Concluding	-Importance of youth friendly healthcare systems and Institutionalizing LSBE.

FGD Group	Question	Status of the Question	Issues
Transgender People	**Explanation by the facilitator about the purpose of the FGD and salient rules of the discussion (e.g. speaking on turn, switching off cell phones etc.)** 1. What are some of the SRH issues of transgender people? 2. 2. Do you know where to go in case you: a) want information on SRH; b) want contraceptives (and) c) need counseling/care for STI/rape, abortion etc?	Opening /Introductory	Availability and importance of Life Skills information for transgender people. -Level of counseling services that healthcare providers may give to young people
	3. Does the community accept/respect transgender people? Is it the same for transgender people working as sex workers and those employed in other jobs? 4. Are the service providers ready to provide friendly services with out discrimination?	Issues	-Level of acceptance by the community for Transgenders in terms of their social day to day life and in various professions of earning livelihood(except of dancing or sex work) -level of acceptance of their sex work -Sexual violence -Discrimination by the healthcare providers (public or private). Confidentiality by healthcare providers in case of HIV /AIDS
	5. What remedial measures should be taken for the promotion of your SRH rights?		

FGD Group	Question	Status of the Question	Issues
Teachers	**Explanation by the facilitator about the purpose of the FGD and salient rules of the discussion (e.g. speaking on turn, switching off cell phones etc.)** 1. What do you think are the issues of young people? 2. The discussion with young people brought forth some issues such as (now mention the issues). What do you think about them?	Opening/Introductory	Major SRH issues of young people
	3. 4. What sort of issues do you observe young people having at your schools? 5. How do you resolve them? 6. Which of these issues are covered in the curriculum?		-Homosexuality -Sex before marriage -Masturbation -Availability of LSB education for young people
	7. What could be the major challenges and remedial measures that one faces in the promotion of young people's rights?	Concluding	

FGD Group	Question	Status of the Question	Issues
SRHR Experts	Explanation by the facilitator about the purpose of the FGD and salient rules of the discussion (e.g. speaking on turn, switching off cell phones etc.) 1. What do you think are the issues of young people? 2. In view of your responses, when such issues are exposed to media/civil society, does it ensure confidentiality for the survivors? 3. The discussion with young people brought forth some issues such as (now mention the issues). What do you think about them?	Opening/Introductory	Confidentiality of survivors of sexual violence?
	4. How often do you come across honour crime and traditional practices such as wani, wata sutta, abortion, early marriages etc. as young people's issues? 5. How effective are the policies against customary practices such as wani, watta sutta, honour crime etc? 6. At what age do young people become sexually active and where do they go for sex? 7. As a result, if young people need counseling/care for STIs/pregnancy/rape, abortion etc where do they go? 8. What %age of young girls and boys are getting a minimum standard of SRHR services? 9. What in your opinion is the level of prevalence of homosexuality and bisexuality among young people.	Issues	-Verify the prevalence of honor crime and traditional practices. -Response of law enforcement agencies against accused sexual offenders. -Prevalence and availability of LSBE/SRHR knowledge among young people. -Prevalence of sex before marriage. -Forced teenage marriages and marital rape -Attitude of healthcare providers --Level of counseling services that healthcare providers may give to young people? -Easy availability and/or accessibility of abortion services. -Acceptability of sexual minorities
	10. What could be the major challenges and remedial measures for the promotion of young people's rights?	Concluding	

FGD Group	Question	Status of the Question	Issues
Sex Workers	Explanation by the facilitator about the purpose of the FGD and salient rules of the discussion (e.g. speaking on turn, switching off cell phones etc.) 1. What are the major SRH issues of sex workers? (E.g. rape, unwanted pregnancy and abortion, STIs/HIV etc.)	Opening/Introductory	Availability and importance of Life Skills information for young sex workers.
	2. Do sex workers know where to go in case you: a) want information on SRH; b) want contraceptives (and) c) need counseling/care fro STI/pregnancy/rape, abortion etc? 3. Are the service providers ready to provide friendly services without discrimination?	Issues	-Level of counseling services that healthcare providers may give to young sex workers? -Easy availability and/or accessibility of abortion services. – -confidentiality by healthcare providers in case of HIV /AIDS -Discrimination by the healthcare providers (public or private).
	4. What remedial measures should be taken for the promotion of sex workers' SRH rights?	Concluding	

FGD Group	Question	Status of the Question	Issues
Religious Leaders	Explanation by the facilitator about the purpose of the FGD and salient rules of the discussion (e.g. speaking on turn, switching off cell phones etc.) 1. What do you think are the issues of young people? 2. The discussion with young people brought forth some issues such as (now mention the issues). What do you think about them?	Opening /Introductory	Major SRH issues of young people studying in Madaris? Prevalence of Homosexuality in Madaris Access to health care services (Reproductive health) Abortion for saving life Abortion for a woman who does not want to bear a child (due to health issues) Marital rape Forced teenage marriages
	3. Should SRHR education be taught at school level? 4. Are religious leaders open about including SRHR education in the curriculum and why?	Issues	-Level of Life Skills education for young Madaris (Religious schools) youth and acceptability by religious leaders (community gate-keepers). -Masturbation -Homosexuality
	5. What are the major challenges that you face in the promotion of SRH education? 6. What remedial measures should be taken for the promotion of your SRH rights?	Concluding	

FGD Group	Question	Status of the Question	Issues
Policy Makers and Media	Explanation by the facilitator about the purpose of the FGD and salient rules of the discussion (e.g. speaking on turn, switching off cell phones etc.) 1. What do you think are the issues of young people? 2. The discussion with young people brought forth some issues such as (now mention the issues). What do you think about them?	Opening/Introductory	
	3. In view of your responses, when such issues are exposed to media/service providers, do they ensure confidentiality for the survivors? (If "No" the why and what can be done to improve the situation? 4. How often do you come across honour crime and traditional practices such as wani, wata sutta, abortion, early marriages etc. as young people's issues? 5. How effective are the policies against customary practices? 6. What %age of young girls and boys are getting a minimum standard of SRHR services? 7. How much coverage does local media provide to SRHR related issues and how is it presented (i.e. is it rights-based? Mechanical reporting? Judgmental tone? Etc. Examples of various issues could include reporting of rape, child abuse, maternal health, homosexuality, abortion, STIs etc.)		Major SRH issues of young people Confidentiality of survivors of sexual violence by media and health care providers / politicians? -Verify the prevalence of honour crime and traditional practices. -Response of law enforcement agencies against accused sexual offenders. -Availability of LSB education for young people
	8. What could be the major challenges that one faces in the promotion of young people's rights?	Concluding	

FGD Group	Question	Status of the Question	Issues
Civil Society and Media Representativ -es	Explanation by the facilitator about the purpose of the FGD and salient rules of the discussion (e.g. speaking on turn, switching off cell phones etc.) 11. What do you think are the issues of young people? 12. In view of your responses, when such issues are exposed to media/civil society, does it ensure confidentiality for the survivors? 13. The discussion with young people brought forth some issues such as (now mention the issues). What do you think about them?	Opening/Introd uctory	Confidentiality of survivors of sexual violence?
	14. How often do you come across honour crime and traditional practices such as wani, wata sutta, abortion, early marriages etc. as young people's issues? 15. How much coverage does local media provide to SRHR related issues and how is it presented (i.e. is it rights-based? Mechanical reporting? Judgmental tone? Etc.) 16. How effective are the policies against customary practices such as wani, watta sutta, honour crime etc? 17. At what age do young people become sexually active and where do they go for sex? 18. As a result, if young people need counseling/care for STIs/pregnancy/rape, abortion etc where do they go? 19. What %age of young girls and boys are getting a minimum standard of SRHR services? 20. What in your opinion is the level of prevalence of homosexuality and bisexuality among young people.	Issues	-Verify the prevalence of honour crime and traditional practices. -Response of law enforcement agencies against accused sexual offenders. -Prevalence and availability of LSBE/SRHR knowledge among young people. -Prevalence of sex before marriage. -Forced teenage marriages. -Attitude of healthcare providers --Level of counseling services that healthcare providers may give to young people? -Easy availability and/or accessibility of abortion services. -Prevalence, issues, acceptability of young bi- and homosexuals. -prevalence of sex before marriage. -marital rape
	21. What could be the major challenges and remedial measures for the promotion of young people's rights?	Concluding	

Target Group	Questions	Status	Issues
Adolescent Girls and Boys	Explanation by the facilitator about the purpose of the FGD and salient rules of the discussion (e.g. speaking on turn, switching off cell phones etc.) 1. What do you know about SRHR? a. What are some of the health issues of people your age? (Listen to all but hang on to the ones connected to SRHR to gauge the knowledge level and/or information that young people have about them)	Opening/Introductory	Availability and importance of Life Skills information for adolescents. Issues might include lack of information about masturbation and masturbation; abuse etc.
	2. Do you know where to go in case you: a) want information on SRH; b) want contraceptives (and) c) need counseling/care for STI/pregnancy/rape, abortion etc? 3. Level/ Kind and Type of issues are covered in our education (negotiation skills, communication skills, decision making, critical thinking skills). 4. Do young boys and girls have equal rights in your area? 5. Do you feel comfortable sharing your sexual health issues with healthcare providers and other service providers such as media? 6. To what extent can young people in your area impart information regarding SRH Rights through organized efforts/movements? 7. Is consent taken from young people at the time of marriage?	Issues	-Level of counseling services that healthcare providers may give to young people? -Acceptability of quakes and peers. -Easy availability and/or accessibility of abortion services. -Life Skills information -Equality -Acceptance of a female child -Availability of youth friendly healthcare services? -Right to Freedom of Assembly and political Participation -Forced teenage marriages.
	8. What factors do you think are helpful or unhelpful in facilitating your SRHR in terms of education, information and services?	Concluding	-Importance of youth friendly healthcare systems and Institutionalizing LSBE.