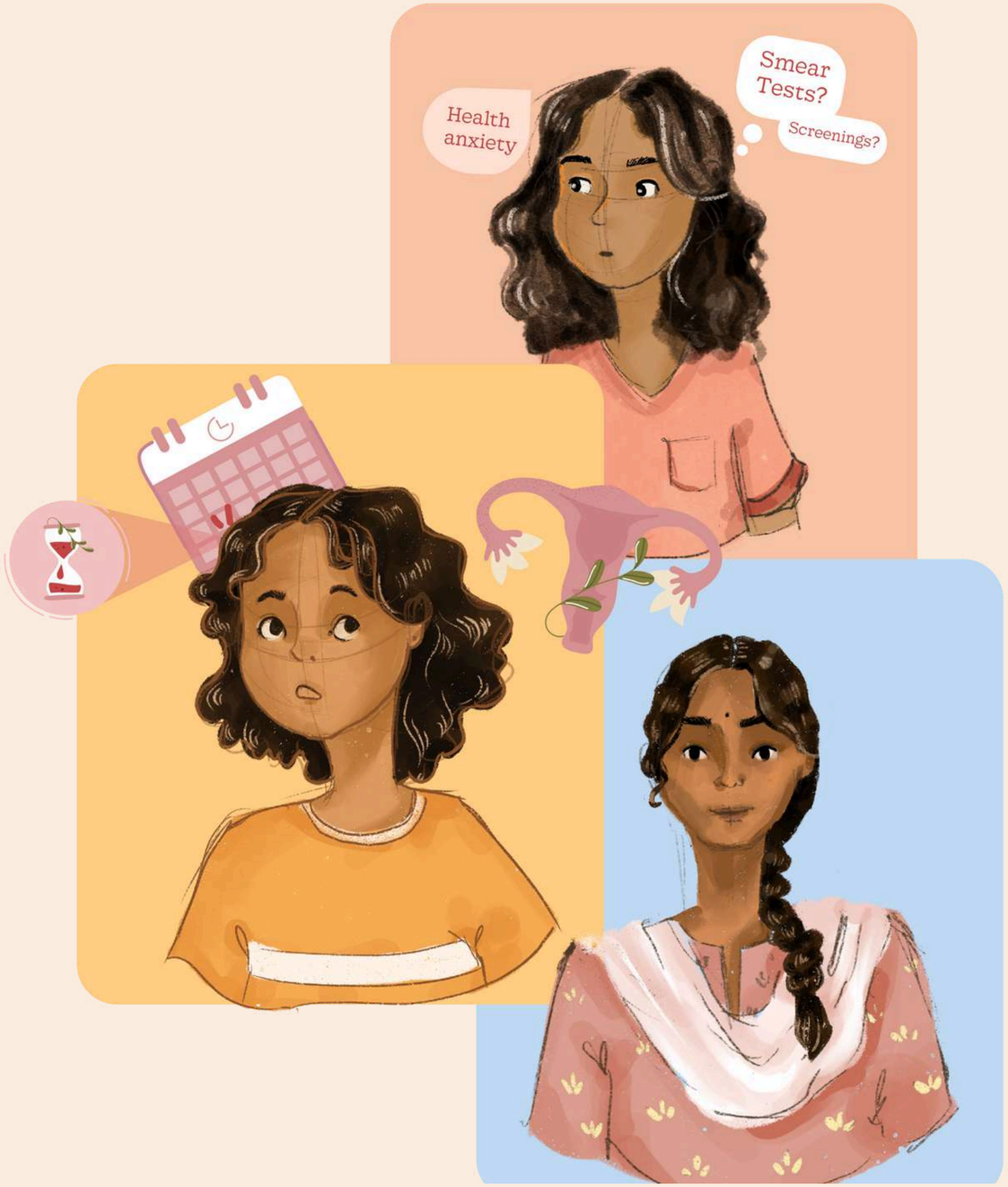
Bridging the Sexual and Reproductive Health Education & Service Gap in India

For urban Indian youth and parents to promote preventive health-seeking behaviours



RCA

Unit 4, Independent Research Project
Sakshi Breed, MA Service Design,
Tutored by John Makepeace

Sehat Saathi

Supporting SRH journeys of Adolescents

Overview

Sehat Saathi

A shifting Landscape

Universal Health Coverage by 2030

Launching of Programmes under **National Health Mission** like the RKSK (Rashtriya Kishore Swasthiya Karyakram) **Adolescent Friendly health Services** for health promotion activities.

Government prioritising preventive healthcare

As it deems ‘preventive and promotive health’ as the most cost-effective and affordable pathway to UHC.

Sehat Saathi

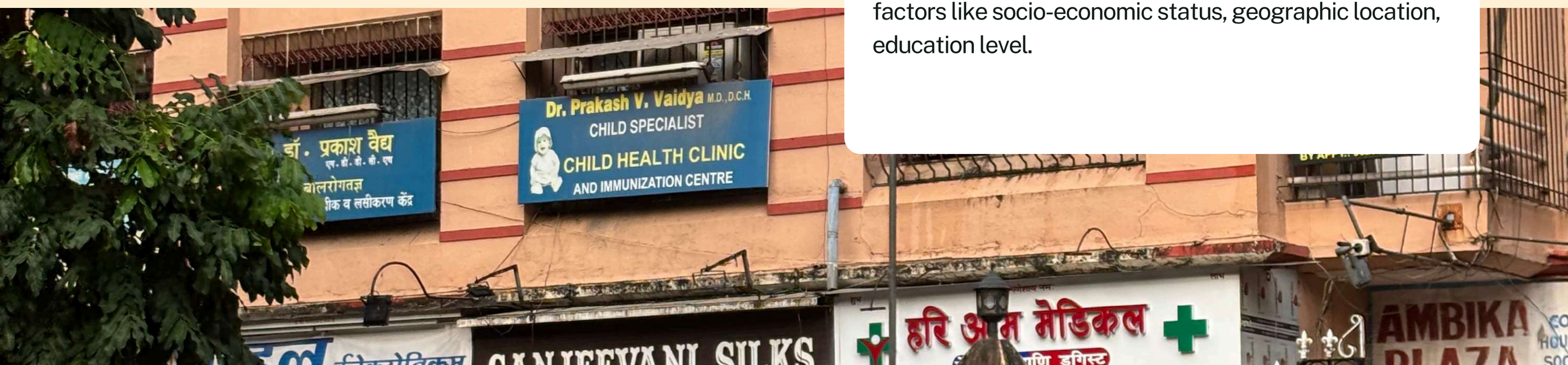
Fragmented System

A mix of Public & Private

Public sector	Private sector
Ministry of Health & Family Welfare	For Profit - Private clinics and Diagnostic labs

Inequalities in access to SRH

Access to health information and services affected by factors like socio-economic status, geographic location, education level.



Sehat Saathi

Fragmented System

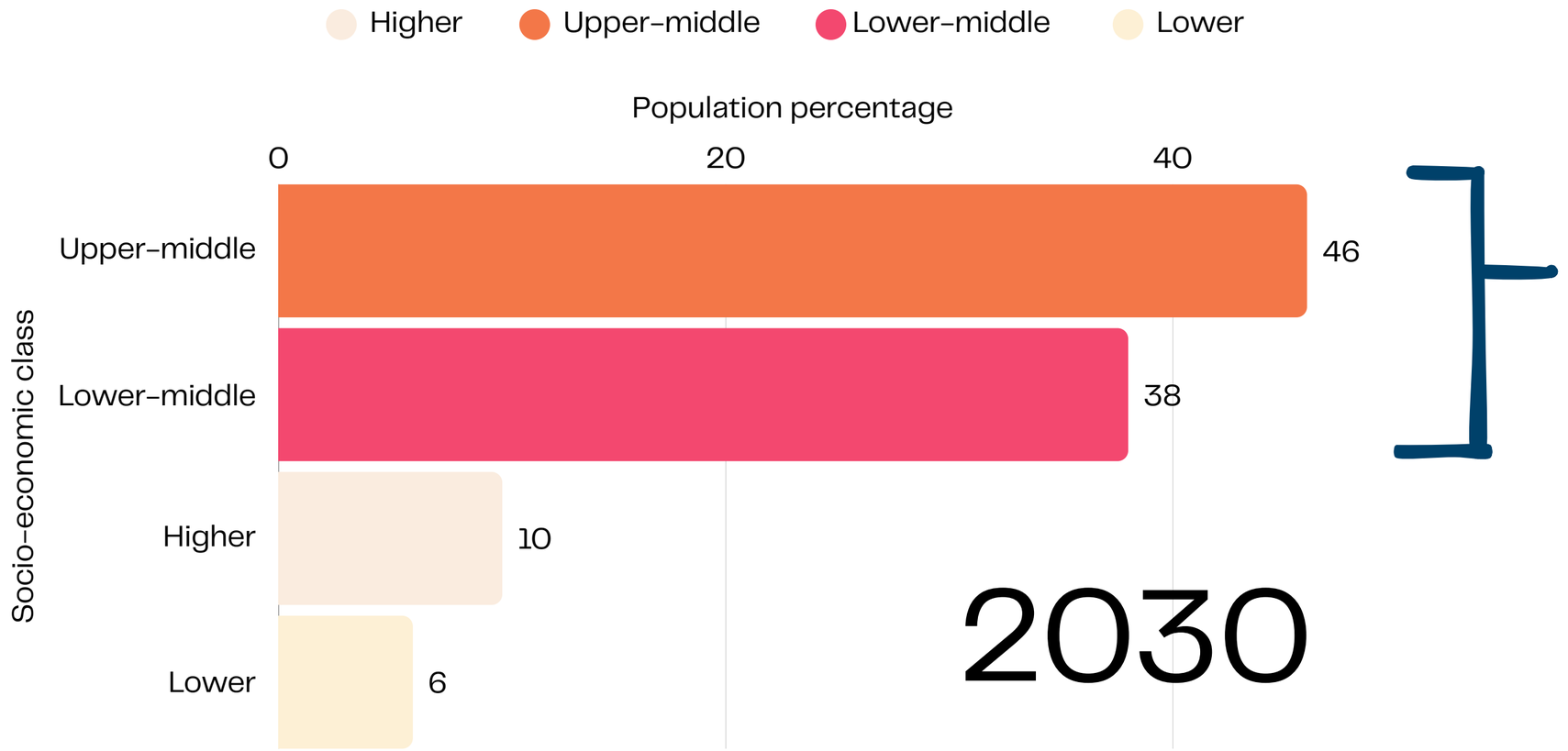
Lack of Unified HIS

There’s no one reliable source of information like the NHS in the UK. Internet is overcrowded with information and misinformation and navigating credible sources is difficult.

The Missing Middle

Most of these public health services are for people Below the Poverty line (BPL), so a large population of the middle income group relies on private sector & health insurance leading to heavy OOPE to access healthcare

The Missing Middle

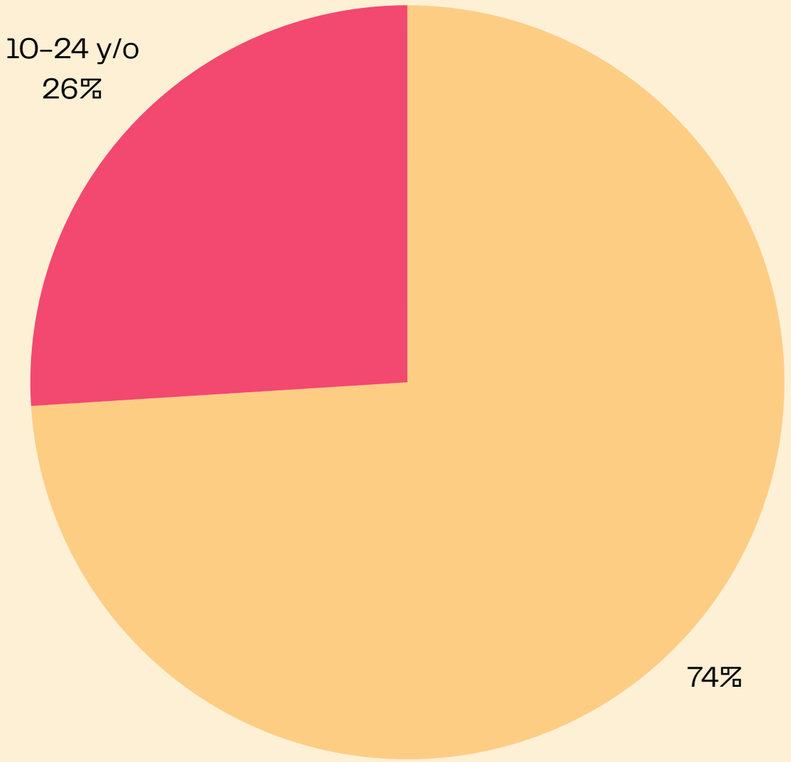


Public healthcare systems overlook the **growing middle-income population**

Sehat Saathi

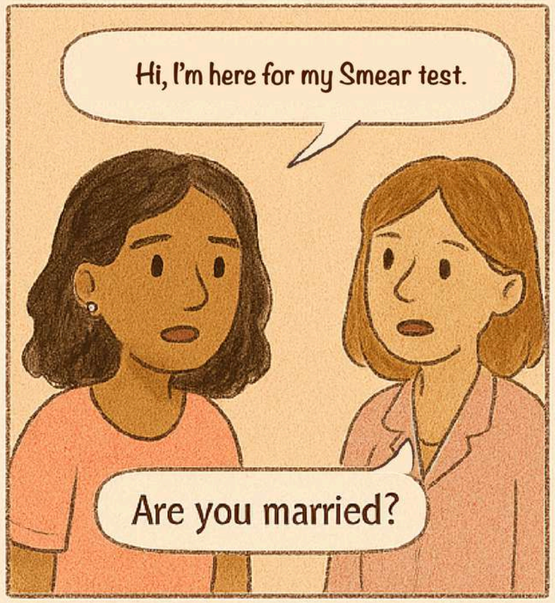
Young Country

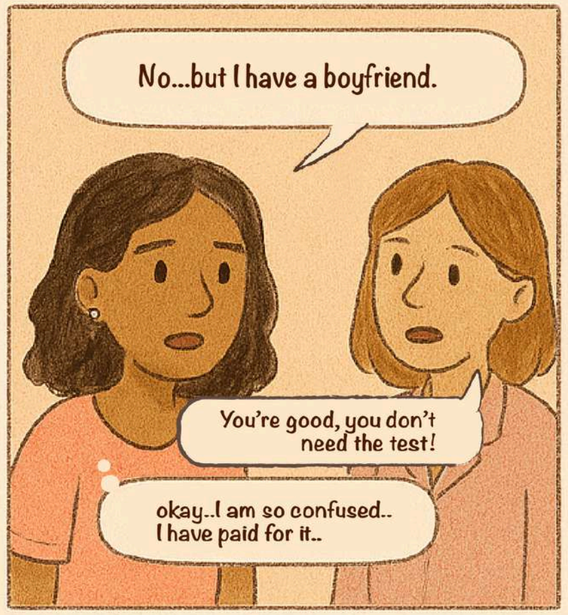
Largest young population in the world, estimated at around **382 million individuals aged 10-24 years old.**

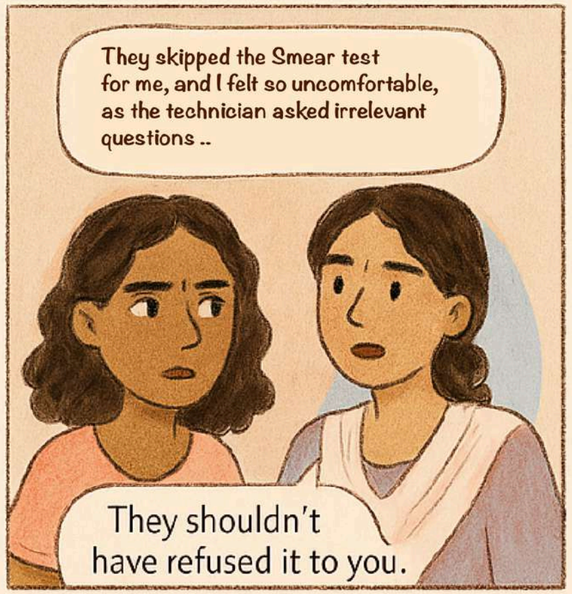


Let’s get to know them

Understanding SRH experiences of adolescents from urban Indian communities belonging to Middle income families.







Kajal, 22

Young Woman seeking autonomy

Able to afford private healthcare services clinic but barriers preventing access

Fear of judgement, negative attitudes, stigma surrounding sexual health and lack of privacy

Facing health risks, and information through multiple sources makes her overwhelmed and anxious.

Wishes she was more aware about preventive measures so that she can make informed health decisions to avoid her anxiety and financial distress.

Kajal's ability to take preventive measures and making informed health decisions is compromised due to individual, socio-cultural and structural barriers like fear of judgement, negative attitudes, misinformation **but more importantly, due to a lack of autonomy.**

How might we
empower urban young adults (22) with a sense of autonomy so that they make informed health decisions to prevent health risks.

Building autonomy should start early

Instilling this sense of autonomy, health-seeking & decision making behavioural change must start at an early stage of Adolescence (10-14)

- *Erik Erikson's Stages of Psychosocial Development & WHO*

Autonomy in Healthcare

Autonomy in healthcare means patient's right to make informed decisions about their own medical care, even if those decisions differ from what healthcare providers recommend.

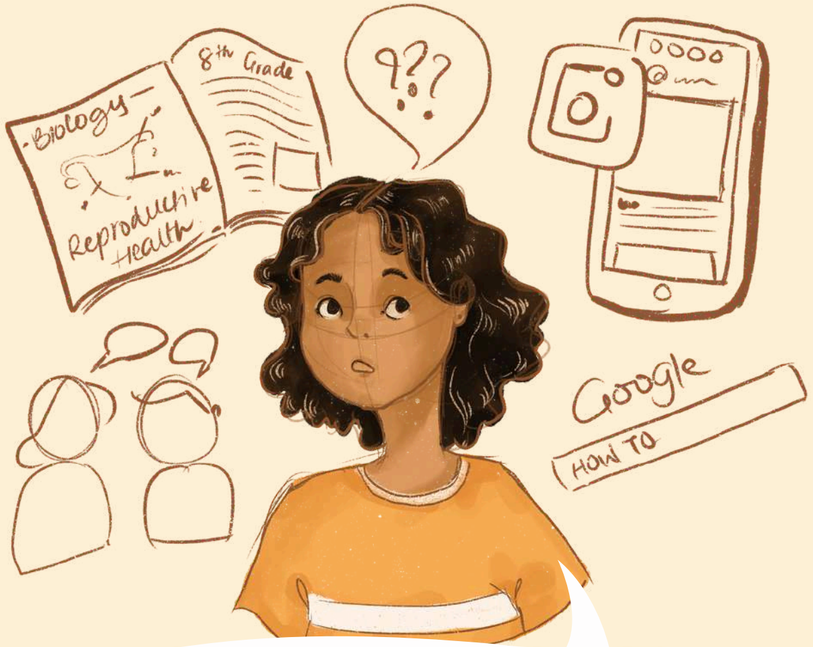
Jiya, 14

Teen Navigating Pubery

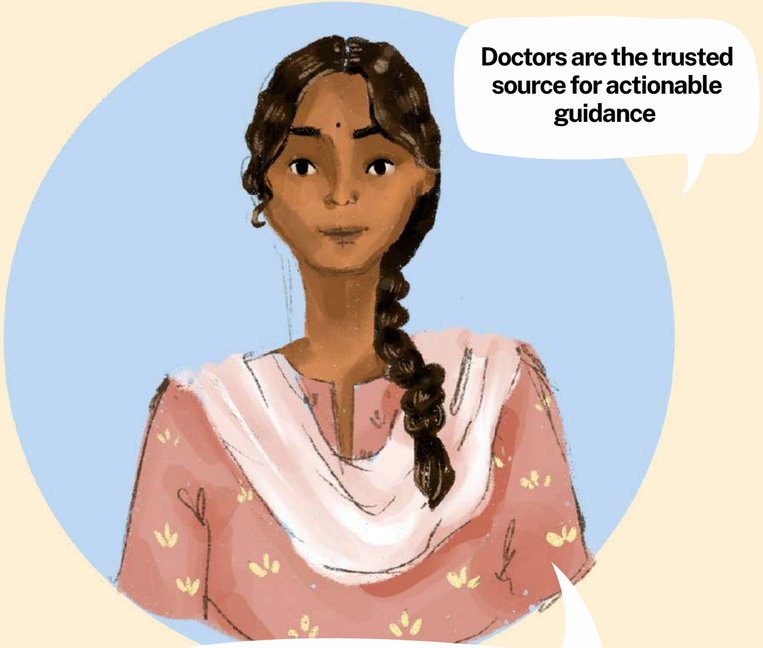
Curious, Confused

Navigating puberty through conversations with peers, lots of media exposure and misinformation but lack of guidance/ access to reliable health info to get answers on her personal and unique challenges.

Wishes she had more knowledge beyond the bookish knowledge and a safe space to ask questions on her specific health challenges.



Wishes she had more knowledge beyond the bookish knowledge and a safe space to ask questions on her specific health challenges.

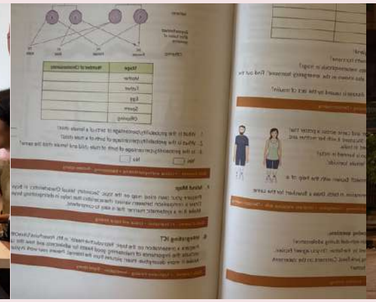


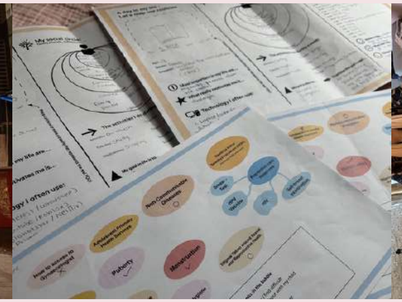
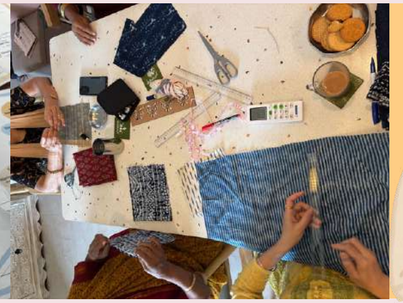
Wishes credible parent- friendly resources to support her child in the crucial years navigate puberty.

Hypothesis

I believe **that providing urban early adolescents (ages 10–14) and their parents with a personal, culturally-relevant, and credible SRH information *will result in* stronger autonomy and preventive health-seeking behaviours by age 22, *because* early exposure to trusted knowledge builds confidence, normalises open dialogue, and encourages informed health decisions. (including willingness to access preventive services)**

Methodology


4 parent interviews

Visual Culture Research

Observations

2 Adolescent (~14) and 3 Parents co-design sheets

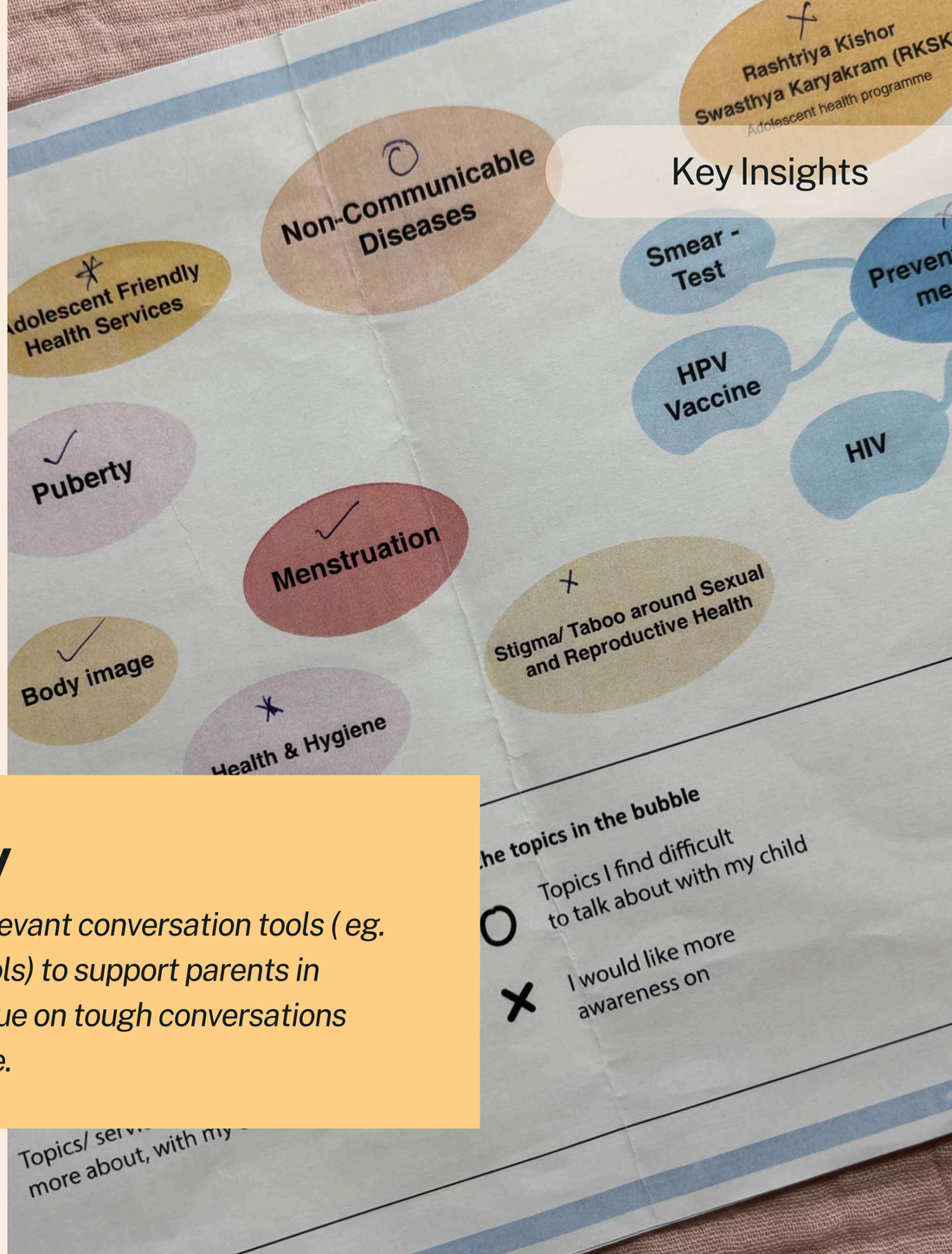
Workshop (stitching) with community mixed age groups

2 expert Interviews

1

Strong foundations exist for open dialogue – but parents need support on specific sensitive topics

Some parents are already engaging in open conversations about puberty and hygiene from an early age.



Gap

Conversations around sexual and reproductive health (SRH) at home remain under-explored due to discomfort or unawareness on and lack of culturally appropriate, trusted materials.

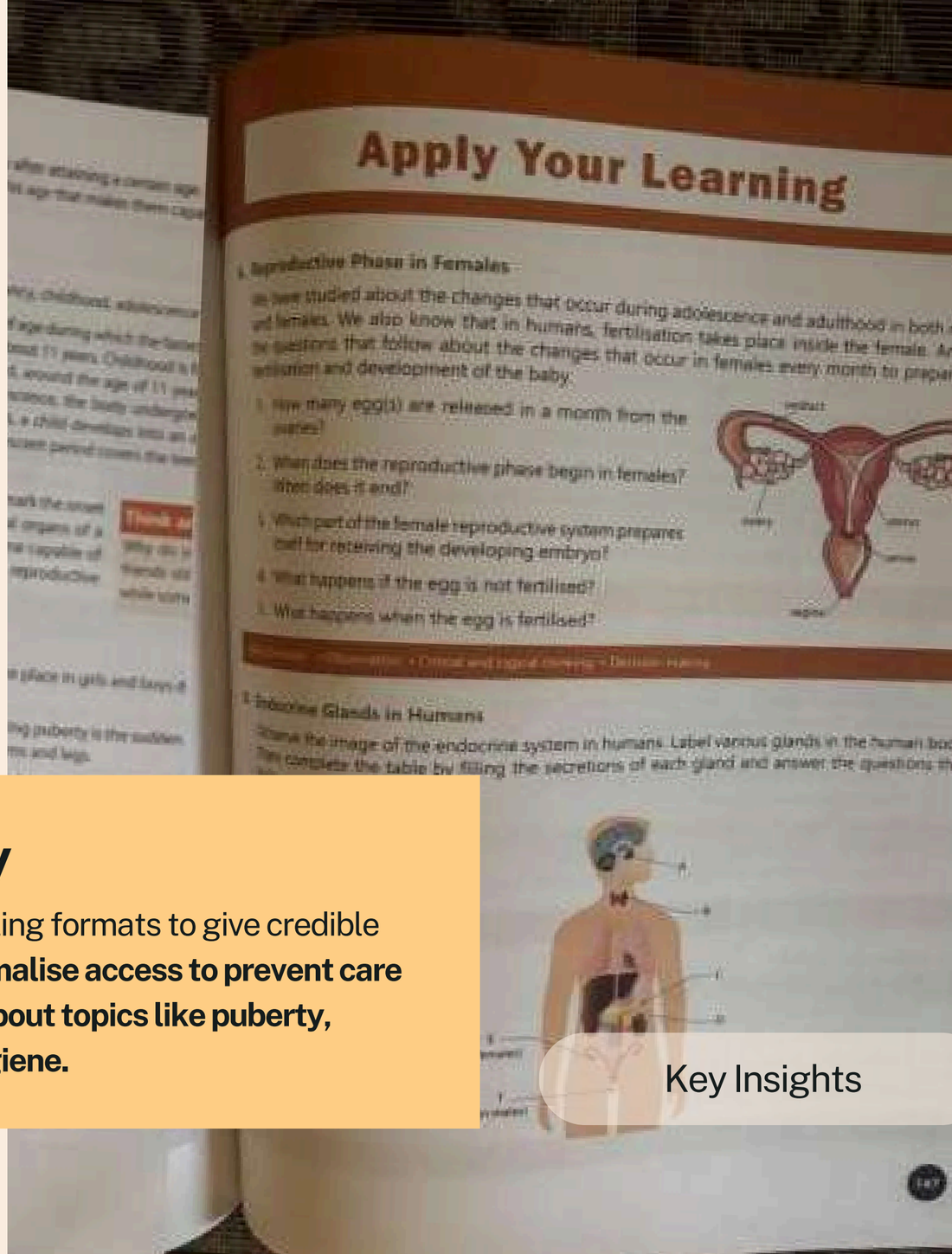
Opportunity

Develop culturally relevant conversation tools (eg. cards, co-learning tools) to support parents in initiating open dialogue on tough conversations without fear or shame.

2

Culturally-tailored, tangible tools may lower barriers to sensitive topics

Printed books *(encyclopedias, Menstrupedia)* preferred over internet or school media as they can be visually engaging and culturally-tailored.



Gap

School textbooks are very clinical and Parents struggle to find quality, localized content especially relating to SRH

Opportunity

Using visual storytelling formats to give credible knowledge and **normalise access to prevent care services and learn about topics like puberty, vaccination, and hygiene.**

Key Insights

3

Parents trust Doctors, not the internet, tools must be medically verified

Parents prefer books and doctor-approved content (e.g., NHS, pediatricians) over online resources.

Gap

Parents worry about their child navigating or relying on internet or non-reliable sources for SRH.

Opportunity

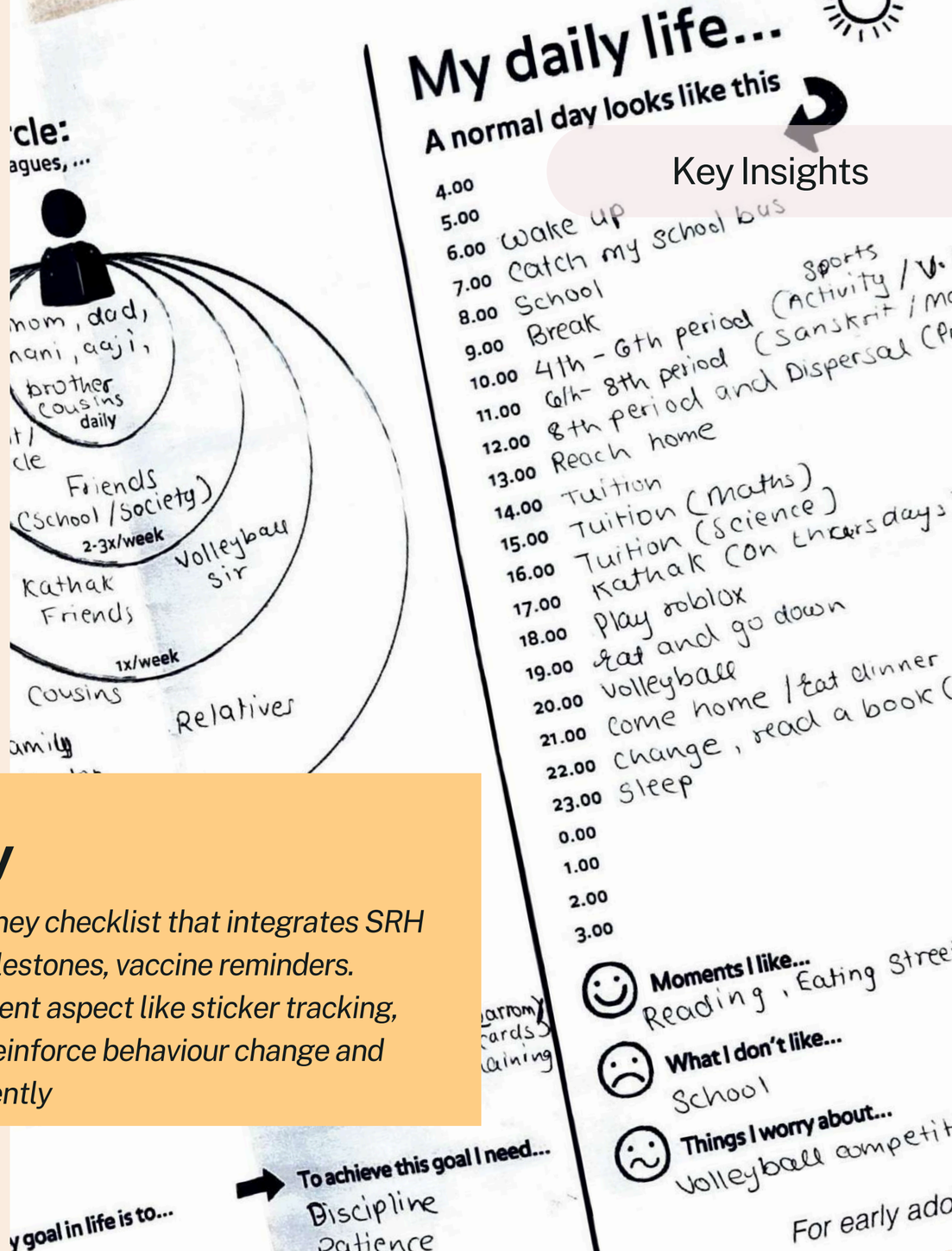
*Ensure the toolkit is **distributed/endorsed by experts** (e.g. paediatrician/ gynaecologists) — to build trust and credibility.*

4

Rewards help sustain engagement

Adolescents respond to empathy, privacy, and small rewards like stickers, points, reaching milestones or games.

While Parents want to have a deeper understanding of how their child thinks or reacts to situations.



Opportunity

Scenario cards seen as highly valuable to spark reflection and to understand children's thinking (for eg. Reflection tools like scenario cards 'What would you do if...' to facilitate meaningful interaction.)

Opportunity

Preventive health journey checklist that integrates SRH checklists, puberty milestones, vaccine reminders. Including an engagement aspect like sticker tracking, milestone badges to reinforce behaviour change and keep learning consistently

5

Structured referral pathways can normalise and build early SRH Access

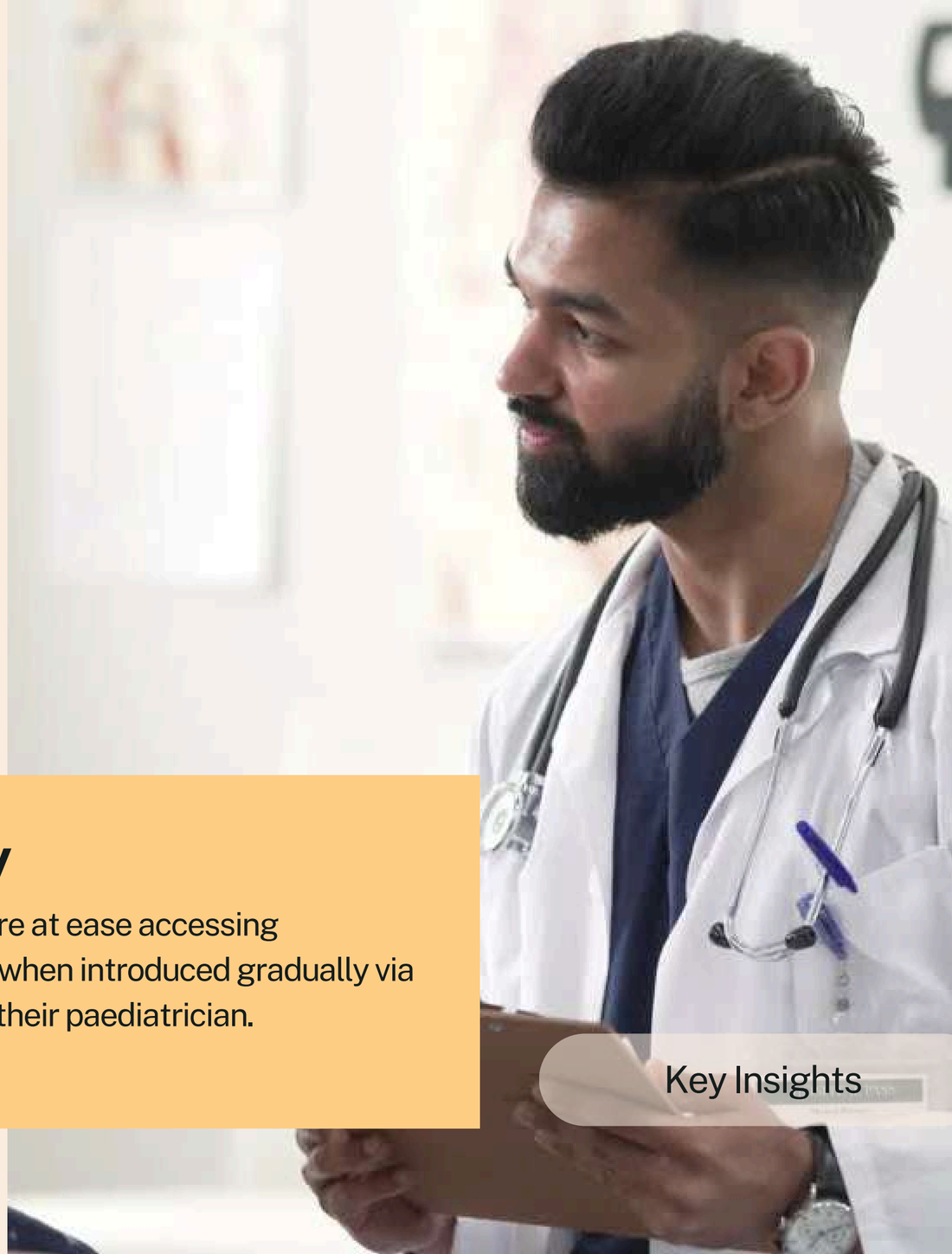
Fragmented healthcare system leads to limited integration between pediatricians and gynecologists for adolescents.

Gap

Parents do not always know where adolescent-friendly services (e.g., Gynaecologists' clinics) and there are mutliple barriers to accessing them

Opportunity

Adolescents feel more at ease accessing gynaecological care when introduced gradually via trusted doctors, like their paediatrician.



Key Insights

How might we

HMW empower parents with trusted, culturally-sensitive tools to confidently support adolescents' SRH journeys at home?

HMW create an engaging SRH conversation tools that encourage reflection and trust between adolescents and parents?

HMW integrate SRH education into existing trust channels like paediatricians to normalize preventive conversations early?

HMW use small rewards and storytelling to make SRH education feel engaging and stigma-free for adolescents?

Form of the Toolkit

HMW design SRH content in a personal, familiar, and tangible formats that feel less intimidating and more relatable for Indian families?

Problem

Urban adolescents and parents face *socio-cultural stigma, misinformation, structural and systemic gaps* in accessing preventive sexual and reproductive healthcare in India. Preventive behaviours are under-developed due to lack of open dialogue, trusted resources, taboo around gynaecological care leading to compromised decision-making and autonomy in healthcare.

How might we

How might we empower urban Indian adolescents and parents with credible, culturally-tailored, and visually engaging physical toolkit that normalises open dialogue, builds trusted SRH knowledge and referral pathways to ease early access to preventive healthcare services?

Potli
of care

What

A personal, credible and educational toolkit to support Sexual & Reproductive Health journeys

For

Urban Indian parents and their adolescents, who often rely on school-based education for reproductive health topics.

Purpose

The toolkit will provide culturally tailored tools to question stigma and social norms, deliver accurate SRH information, and encourage open, humanised dialogue within families.

Goal

- Increase adolescents' SRH knowledge
- Reduce shame and stigma
- Strengthen their confidence in accessing available SRH services

Visual Zine Collection

Supports curiosity and confidence through engaging, medically verified, culturally familiar visuals

How-to zines
Steb-by-step guide to SBE
Why HPV vaccine is important

Scenario Cards

(Parent-Child Co-learning)

Enables open dialogue through culturally-relevant storytelling
Helps break stigma by prompting reflective and deep discussions

What if, what would you do if prompt cards... learn about adolescent rights

Health Card Checklist

(Incentivised)

Builds autonomy and ownership of preventive SRH care (vaccines, checkups)

Preventive Measure Checklist

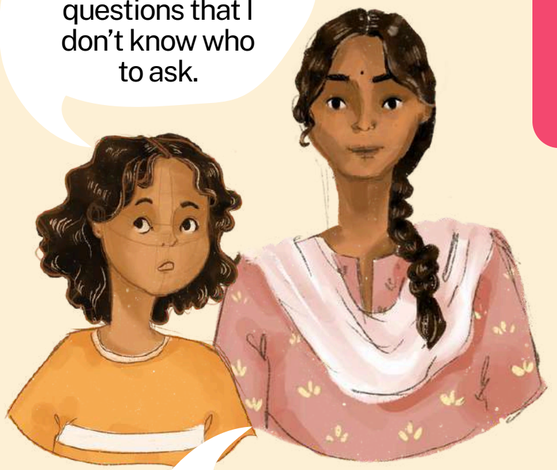
Badges & Rewards (Stickers, Milestones)

Culturally inspired (e.g., Harry Potter/Roblox), these build sustained engagement

How might we

Integrate SRH education through existing trusted channels like paediatricians so that preventive SRH care conversations are normalised and accessed early?

I feel confused about my body and have so many questions that I don't know who to ask.



Parents, who are gatekeepers of care, feel under-equipped to navigate SRH dialogues around certain topics- such as Social Stigma, Preventive measures for STIs etc..

social stigma (misinterpreted as sexually active or pregnant)

Consent/legal issues restrict gynaecologists from providing services to minors.

Confidentiality/ privacy concerns

Lack of access to credible information on preventive SRH

Gynaecologists **willing to offer services but hesitate** unless parents themselves ask for the vaccine or come with their child for consultation.

Socio-Cultutal, Structural and Legal barriers to accessing gynacological care

bypass socio-cultural stigma and barriers to access gynaecological care more comfortably and confidently.

A referral pathway to gynaecologists starting from pediatric care

Dual Consent from Parent and Adolescent for accessing services

Confidential Disclosure Agreement (CDA)

Doctor-curated resources build confidence and autonomy.

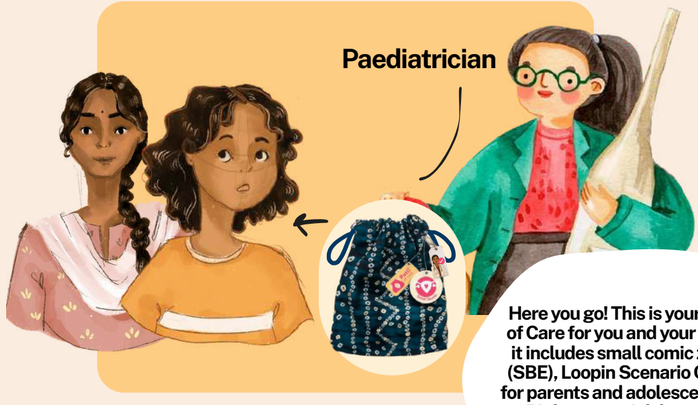
Gynaecologists **feels safe and confident offering services**

Co-creating enablers to bypass barriers and access gynaecological care with confidence

Design Implications from Expert Interview

Jiya, 14 & her Mother

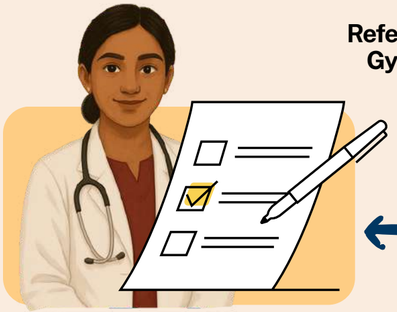
Visit Paediatrician for a routine check-up and they see a shelf in the clinic saying "Potli of Care"



Here you go! This is your Potli of Care for you and your child, it includes small comic zines (SBE), Loopin Scenario Cards for parents and adolescent, My Rights as an Adolescent, vaccination checklis

Paediatrician hands over "Potli of Care toolkit" to Jiya and her mother and briefs them about the components and how to use.

Referral to partner Gynaecologist

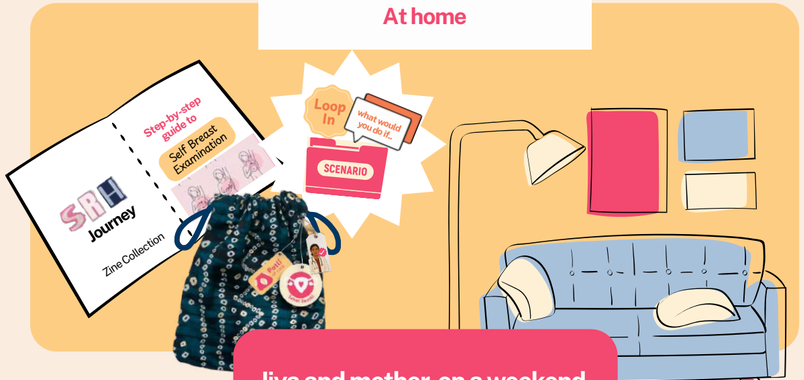


Sign Dual Consent with Parent anf Jiya to talk to teens privately and also a Confidential Disclosure Agreement (CDA) that mentions that their information will be kept safe and confidential

Obstetrics & Gynecology Clinic

First appointment, with Gynaecologist making them comfortable.
Parents are a part of the conversation when they get the family history. And at some point during the visit, they speak privately with teens.

At home

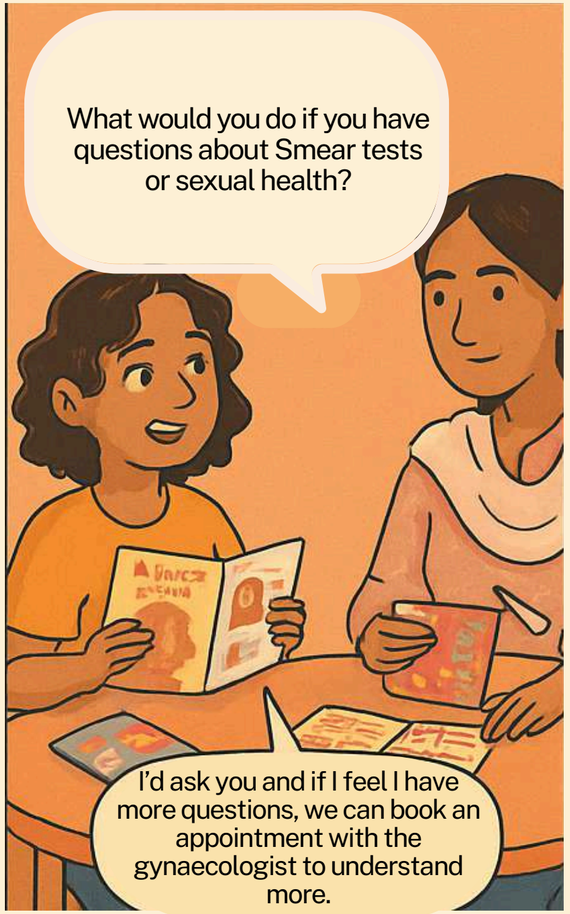


Jiya and mother, on a weekend, interact with the toolkit and co-learn about SRH

Child Health Clinic

Obstetrics & Gynecology Clinic

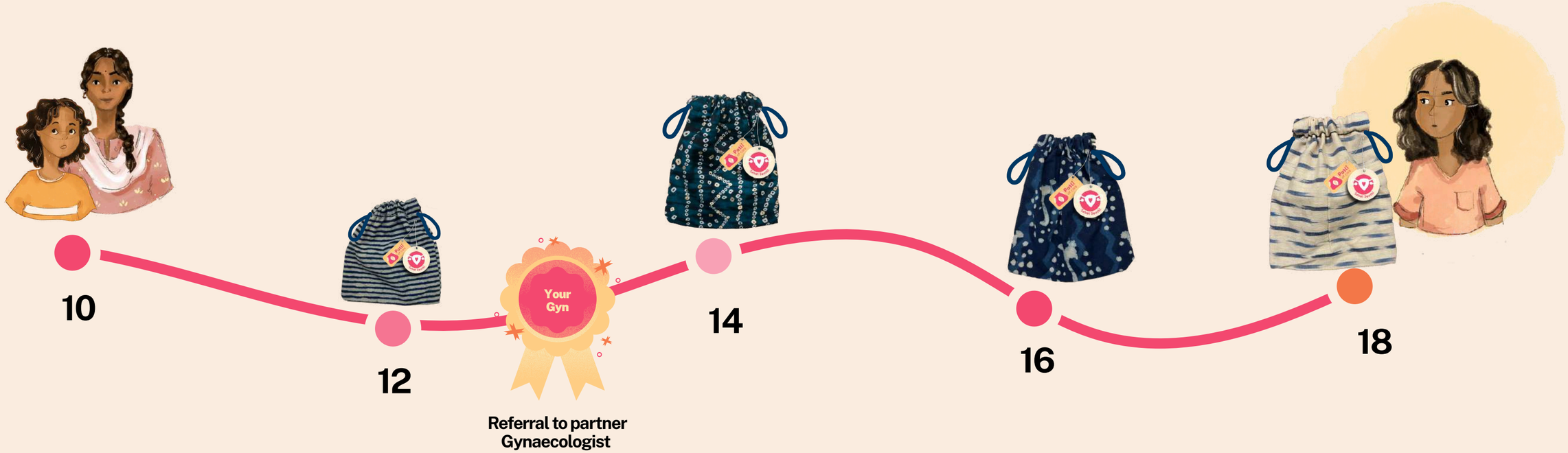
At home



Private Testing Lab

A life-stage intervention

Sehat Saathi



From

Compromised decision-making and lack of autonomy

Vision

To

Building a generation of autonomous, health-informed young adults who seek preventive SRH services with confidence

Potli of care

Founder

Pitch the Toolkit to an established NGO working in Women Healthcare for a Tie-up/ partnership

Partnering with the NGO

Pitch the Toolkit to Indian Corporates for funding *(CSR)*

Funding

Indian Corporates

Corporate Social Responsibility
Regulatory Requirement

Community partners

To work on the stitching and assembling of the toolkit contents. Supported by NGO under their self-employment initiative

Seek support

Pitch to

Feedback

Market survey

Pediatrician

Pitch to support the social cause and **incentive against every potli distributed** & once awareness is created there can be an increase in the footfall

Refers Adolescent

Gynaecologist

Access to SRH info

Confident in accessing SRH services

Target Users

Urnban Indian Parents and Adolescents

Feedback

Sehat Saathi


CATAN
Sehat
Saathi

Thank You So Much

Presentation By Sakshi Breed

Sehat Saathi

Supporting Adolescents' SRH journeys every step of the way, one potli at a time

RCA

Unit 4, Independent Research Project
Sakshi Breed, MA Service Design,
Tutored by John Makepeace