ARC
State
Workshops
2024-25

ARC
ADVOCATING REPRODUCTIVE CHOICES
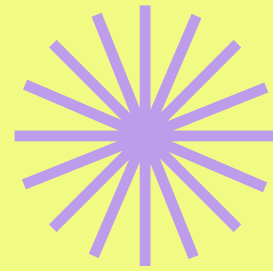
Background

The ARC Secretariat, guided by key reflections from the National Consultation held in New Delhi in August 2024, implemented a series of capacity-building workshops in Lucknow (Uttar Pradesh), Ranchi (Jharkhand), Patna (Bihar) and Jaipur (Rajasthan) between December 2024 to January 2025. The workshop witnessed participation of 100 representatives from over 70 civil society organisation members from the ARC coalition. The sessions emphasized building of gender-inclusive perspectives in implementing family planning (FP) and sexual and reproductive health (SRH) services.

The objectives of the workshops were:

- To strengthen the basket of choices and promote qualitative, rights-based SRH services through understanding systemic barriers.
- To understand barriers to FP/SRH accessibility arising from intersections like gender, geography, caste, class, age, and sexual orientation.
- To envision the strategic direction for the state for fostering FP and SRHR movements by exploring collaborative and outreach opportunities.

Key Highlights

- Age-wise map of the SRHR needs of individuals developed in consultation with the participants.

- Draft concept notes focused on inter-departmental collaboration between the Ministries of Health, Education, Women and Child Development (WCD), and Panchayati Raj Institutions (PRI).

- Impact of Gender and Age on SRHR Access was explored to understand how gender identities, intersex variations, age, and consent influence access to SRH services. Discussions included how men and boys could contribute to creating inclusive ecosystems.

- Social and Behavioral Changes was identified as critical for broadening SRH service outreach.

- Cultural Norms came up as one of the deeply influencing factors impacting SRHR access and perceptions about its usage across states.

- A significant demand for involving youth in designing and implementing SRH services emerged across states.

- The conversations around SRH expanded beyond binaries and key highlights included discussions to reassess SRHR frameworks to be more inclusive, intersectional and rights based.

State-Specific Reflections

State	Reflections
Uttar Pradesh	• Promoting a basket of contraceptive choices in family planning and reproductive health conversations is essential, thereby fostering shared responsibility. • While many participants were highly experienced in their work, they lacked access to comprehensive SRHR information–particularly regarding LGBTQIAP+ individuals, people with disabilities, and the role of young people beyond mere implementation. • Inconsistencies in the payment of incentives to ASHA workers remains a significant concern, as highlighted during discussions on FP/RH initiatives. Addressing this issue is critical for sustaining their motivation and effectiveness. • The inclusion of transgender individuals in SRHR initiatives was recognized as critical, with discussions focusing on strategies to engage with and support trans communities more effectively. • Enhancing sexuality education for adolescents emerged as a priority, emphasizing the need to start early to build informed and empowered individuals. • The importance of collaborating with programmes like Rashtriya Kishore Swasthya Karyakram (RKSK)/School Health & Wellness Programme (SHWP), committees like VHSNC (Village Health Sanitation and Nutrition Committees) and spaces like Gram • Sabha was highlighted, with a focus on leveraging these platforms to strengthen SRHR outreach and implementation.

State	Reflections
Jharkhand	- Child marriage continues to be prevalent as a customary practice, undermining bodily autonomy and limiting access to contraceptives, ultimately resulting in early pregnancies. - In Jharkhand, practices like "Duku" are very prevalent. Duku is a traditional practice among tribal communities like the Oraon, Munda, and Ho. It refers to a form of live-in relationship where a couple cohabits without a formal marriage ceremony. This practice often arises due to financial constraints, as tribal customs require a grand feast for the entire village to solemnize a marriage, which many cannot afford. - Persistent misinformation and deeply rooted myths around SRHR continue to hinder accurate understanding and informed decision-making. - Patriarchal structures create significant obstacles to open and equitable conversations on SRHR, further limiting access and rights. - Menstruation remains stigmatized, with sanitary products like pads often shrouded in silence, preventing open dialogue even within families. - Limited awareness of the diverse range of contraceptive methods and their safe usage remains a critical gap in SRHR education. - Conventional notions of masculinity discourage inclusive, empathetic, and progressive discussions about gender and SRHR, perpetuating restrictive norms. - Individuals within the cultural framework of Duku are often skipped from the FP & SRH conversations and access to services that obstruct their bodily autonomy and increases the risk of early pregnancies. These factors lead to severe health repercussions, such as maternal mortality and poor nutritional outcomes, as well as limited opportunities for education.

State	Reflections
Jharkhand	• Cultural stigma surrounding contraception limits the ability of young people to make informed choices about their reproductive health. • There is a need for exploring and leveraging educational institutions for SRHR information dissemination and movement building. This idea is rooted from a sharing experience by a young person who along with their classmates introduced a health period on the NSS platforms. •
Bihar	• Exclusion of young people especially women and other gender identities in rights and justice based conversations around SRH and gender hindering their right to bodily autonomy. • A limited comprehension of gender-transformative approaches that focus on masculinity and the roles of men and boys hinders meaningful dialogue with them on sexual and reproductive health issues, thereby contributing to factors that mitigate efforts to address gender-based violence. • A limited range of contraceptives is promoted due to incentive-driven approaches, which prioritize specific methods over offering diverse and comprehensive options to meet varying individual needs. • Lack of inter-departmental convergence for cohesive SRHR strategies. • Accessibility challenges for diverse gender identities. • Insufficient engagement with religious groups and their role in shaping perceptions of SRHR. • The presence of patriarchy was more pronounced in the discussions, cutting across different gender identities.

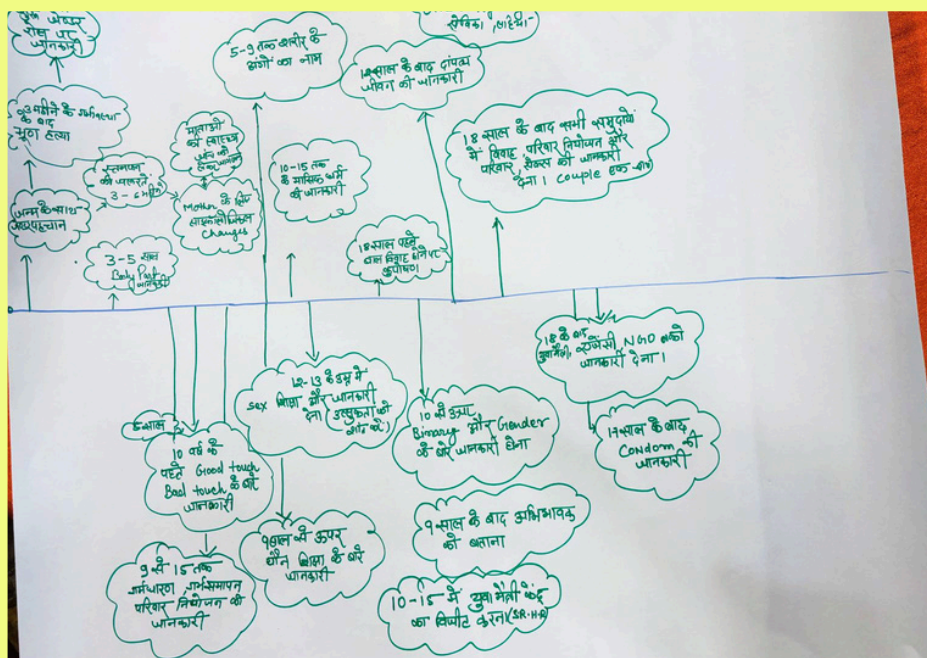| State	Reflections
Rajasthan	• Child marriage continues to be prevalent as a customary practice, undermining bodily autonomy and limiting access to contraceptives, ultimately resulting in early pregnancies. Persistent caste-based discrimination significantly restricts access to essential SRHR and FP services for marginalized communities. • The lack of localized and contextual SRH information at the grassroots level, coupled with minimal participation of men and boys in SRHR and FP conversations, poses a major barrier to fostering inclusivity and equitable access. • Lack of information on Menstrual health and hygiene amongst the communities impacting their overall quality of life and health outcomes.
Madhya Pradesh	• Discussion on the Ujjwal module, an initiative supported by UNFPA in Madhya Pradesh, focusing on positive masculinity for secondary school students. It aims to challenge harmful gender norms and promote gender equality by engaging young boys in discussions about masculinity, relationships, and respect. This module is part of a broader effort to integrate life skills education into schools, empowering adolescents to make informed and equitable choices.This layered approach involves integrating life skills education into school curricula, conducting workshops with educators, and engaging community leaders to create a supportive environment for these conversations.

State	Reflections
Madhya Pradesh	• A key aspect of this strategy was the thoughtful use of terminology. The term "Purushatwa" was preferred over "Mardangi" because it resonated more positively with cultural and social norms. While "Mardangi" often carries connotations of traditional masculinity tied to dominance and aggression, "Purushatwa" emphasizes a broader, more inclusive understanding of manhood, focusing on values like empathy, respect, and equality.

Collaborations: ARC and Systems

The workshops highlighted a pressing systemic need for ARC State chapters to actively engage with systems at multiple levels, ranging from state and district structures to block and gram panchayat levels.

Discussions during these workshops focused on:

- Identifying key service delivery points across various departments where SRH services and information could be enhanced for better accessibility. These include platforms such as Adolescent-Friendly Health Clinics (AFHCs), One-Stop Centres (OSCs), schools, and other educational institutions.

- Addressing cultural barriers surrounding SRH by strengthening committees established within different departments at the gram panchayat level. These committees could serve as crucial mechanisms to foster inclusivity, support collective engagement, and systematically improve access to SRH services and information.

SRHR Life-Cycle Mapping Activity

Way Forward

1. Re-strategizing as a coalition to identify the strategic direction for ARC in the states and explore potential collaboration and partnerships with Government departments beyond Health such as Panchayati Raj Institutions, Women & Child Development, and Education.
2. Expanding the membership and bringing diverse youth-led organisations and organisations especially from aspirational districts within ARC.
3. Facilitating workshops on discourse building/narrative shift strategies, including policy engagement, movement-building, and community organizing.
4. Extending support in technical proposal writing and collaborative fundraising, enabling state-level groups to seek independent funding while staying aligned with ARC's broader goals.
5. Anchoring cross-state learning by creating structured exchange programs where members from different states can learn from each other's strategies.