Medicus Mundi Schweiz
Gesundheit für alle

Lessons learned from nimble adaptations to organisations' responses to the sexual and reproductive health (SRH) needs of adolescents in the context of the COVID-19 crisis.

Country: India

Love Matters India (LMI)

Love Matters India (LMI) is a digital sexual and reproductive health and rights (SRHR) information platform catering to the needs of young people. LMI provides open, honest, non-judgmental, and science-based information on love, sex, and relationships using innovative media formats. Love Matters began in India in 2011 and has since scaled to five other regions in the world.

Were you delivering services to young people before the COVID-19 crisis?

Pre-COVID-19, we had an strong digital portfolio in addition to a robust offline program that unfortunately was hit hard after the pandemic. We decided to strengthen our services to youth via online activities post-COVID-19.

What new approaches did you use to respond to the barriers created by the COVID-19 pandemic to reach young people?

The response to COVID-19 has focused on its prevention and treatment, which showed us the gaps in our existing approach to SRHR care. There was a clear the need to embrace a comprehensive approach to provide SRHR care, even after the crisis ends.

At Love Matters India, we made sure to listen to adolescent needs during this period and take steps to respond to these needs. As they highlighted the ease of accessing information directly via WhatsApp, we launched the LMI WhatsAppservice, which quickly gained about 10,000 young followers. The anonymity of members was ensured entirely, and no members could access except their personal information. Additionally, the popularity of the Love Matters radio episodes named "Pyaar Patna Style" and "Jugal Kishore" led us to partner with MobileVaani IVRS, through which our content on SRHR and family planning (FP) information reaches out over 500,000 young people weekly. We also moved our offline training to an online model that allowed us to stream our content on WhatsApp, YouTube, Facebook, and GraamVaani. In addition, to enable access to information about services, we launched the "Find a Clinic

Feature," which listed clinics in Bihar where young people could access SRHR/FP services. Furthermore, we launched our "MObikaar program" in Bihar and Jharkhand, training youth advocates as 21st-century content creators. The 13-module online course provided them with skills such as research, issue mapping, interviewing, editing, and production– all using their mobile phones, enabling them to report issues affecting them straight from the ground.

Why did you decide to take these steps?

As we continue to face and adapt to the new realities during the pandemic, it is more important than ever to ensure SRHR services are accessible to young people. We identified creative approaches to address the current SRHR care gaps,especially young people access to information and services that was made difficult by lockdowns. As their sources of income also affected, they often felt constrained financially, and struggled to afford internet bundles for their phones, which many of them felt was their lifeline. We had to think on our feet to make sure that learning and the accessibility of information were not disrupted for young people.

How are you working to find out if these approaches are having the desired impact?

We always work with a proof of concept and pilot before we scale up on any program. The ideas are based on criticalinsights from focus group discussions that were run online during the pandemic. We reached 10,000 young people through our LMI WhatsApp service and 500,000 young listeners through our radio programs.

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