

Strategic Leadership

The world's population of young people in the age-group 15 to 24 years, stands at 1.16 billion and more than 61% of them live in Asia. The threat of HIV infection has brought the issue of youth reproductive health (RH) into focus. Worldwide, half of new HIV infections are among youth, and the majority of those infected are female - 62% in South Asia. Rising HIV/AIDS rates and young people's special vulnerability due to migration, unemployment and rising age of marriage signaled the need for accelerated action.

“ Investing in adolescents' health and rights will yield large benefits for generations to come.”

UNFPA State of World Population Report 2003

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Strategic Leadership for Youth Reproductive Health Programmes that Empower Young People

The issue of sexual and reproductive health (SRH) is culturally sensitive in many countries and there is no consensus on how best to address this. For instance, some have favoured advocating 'abstinence only' programmes whereas others favour a broader approach of 'abstinence, be faithful or use condoms' or popularly known as 'ABC' approach.

Youth's Access to RH Care

Table 1 shows the access to RH by young people using three indicators for universal RH care access¹, agreed by UNFPA/WHO.

Table 1. Youth's Access to RH Care

Country	% births to women < age 20 attended by skilled personnel	Contraceptive Prevalence among married women (%)		% women ages 15-24 with comprehensive knowledge of HIV/AIDS ²
		Ages 15-19	Ages 20-24	
Bangladesh	13	34	47	-
Cambodia	35	7	12	37
China	-	11*	-	-
India	42	5	21	-
Indonesia	58	47	59	1
Lao PDR	-	-	-	-
Myanmar	45.2*	-	-	-
Nepal	18	9	21	-
Pakistan	37.8*	2	9	-
Philippines	57.7 ⁺	25.6 ⁺	42.7 ⁺	3

Sources: Ashford et al, 2006 ; ⁺ DHS 2003 ; * Ross et al, 2005 (references on pages 10-11)

1 Data on the 4th indicator (% of men, 15-49, reporting receiving urethritis treatment) was not available.

2 Comprehensive knowledge of HIV/AIDS prevention is defined as "correctly identify at least two ways of preventing the sexual transmission of HIV, who reject the two most common local misconceptions about HIV transmission, and who know that a healthy-looking person can have HIV"



Cambodia –“Youth Corner”

To formulate an effective youth reproductive health programme, the China strategic leadership team carried out a survey among 920 students and 209 teachers in 4 middle schools in Rainflower District in Nanjing.

The survey revealed stigma towards HIV-positive people, progressively liberal attitudes towards virginity and need for teachers training on sexuality education in schools.

Table 1 reveals large differentials in deliveries assisted by skilled birth attendant for young women. Low rates of deliveries attended by skilled birth attendant and lack of emergency obstetric care make maternal mortality and morbidity a significant risk for young women. Pregnancy is the leading cause of death worldwide for young women aged 15-19 (ICRW, 2006). Married adolescent girls aged 15-19 are less likely to use modern contraceptives than married young women aged 20-24 in Asia. Young women's unmet need exceeds that of women of all ages considerably - 23% vs 16% (Ross et al, 2005). Only a small percentage of youth have comprehensive knowledge of HIV/AIDS prevention. Data indicates that among women 15-24 years, only 1% in Indonesia, 3% in the Philippines, 25% in Vietnam and 37% in Cambodia have comprehensive knowledge (Ashford et al, 2006). Although they are more vulnerable, young women in general have less knowledge than young men.

Neglecting the SRH of young people can lead to high social and economic costs, both immediate and in the years ahead. For example, it has been estimated that Thailand lost an estimated 400,000 lives and over one million person-years from the labour force due to premature deaths from HIV/AIDS alone.

The benefits of SRH interventions, on the other hand, are far reaching (UNFPA, 2003). For instance, improving SRH of young people reduces the likelihood of teenage pregnancy and its associated social and economic costs. It also encourages couples and individuals to decide freely and responsibly the number, spacing and timing of their children, which enables higher household savings and investment, and facilitates higher productivity. Delayed marriage and well-timed parenthood allow for greater educational achievements and thus greater career and employment opportunities. The prevention and treatment of STIs including HIV/AIDS also reduces stigma and help young people stay healthy. Healthy families can earn more and save more, spurning economic growth.

Strategic Leadership Challenge

However, improving the SRH of youth is a complex, multi-faceted task. This poses many strategic leadership challenges including:

Making a difference Kirby et al, reviewed 83 studies that documented impact of sex and HIV education programmes on sexual behaviours of young people in developed and developing countries. Half of these studies focused only on preventing HIV or STIs; about one-third covered both STIs, HIV and pregnancy; and nearly half focused only on pregnancy. The review showed that 40-60% of the studies reported impact on one or more of the following aspects of sexual behaviour: initiation of sex, frequency of sex, number of sexual partners, condom use, contraceptive use in general, and composite measure of sexual risk-taking.

Involving multiple sectors of government Most youth RH programmes are implemented by NGOs. Many governments have shied away because of the sensitive nature of programmes as many politicians even view them as impinging on cultural and religious sensibilities. There is also a need for different sectors to get involved - education, health, social welfare, sports and others. The World Bank (2006) estimated that

although 82% of all countries have national youth policies, 70% of them are focused on narrow youth issues, with few links to other sectors. Where multi-sectoral youth policies exist, they fail to establish clear lines of accountability among the different sectors.

Addressing gender issues

Throughout much of the world, families and societies treat girls and boys unequally with girls facing deprivation, lack of opportunity and lower levels of investment in their health, nutrition and education. Societal gender norms confront girls with special challenges including restrictions on their independence and mobility, inequality in educational and employment opportunities, pressure to marry and start child bearing at an early age, and unequal power relations that limit their control over their sexual and reproductive lives. Therefore, youth programmes need to make special efforts for girls.

Youth participation

For successful youth programmes, young people themselves need to be involved in all phases of the programme - advocacy, planning, implementation, monitoring and evaluation. Therefore, capacity of adults and youth needs to be strengthened for meaningful adult-youth partnership.

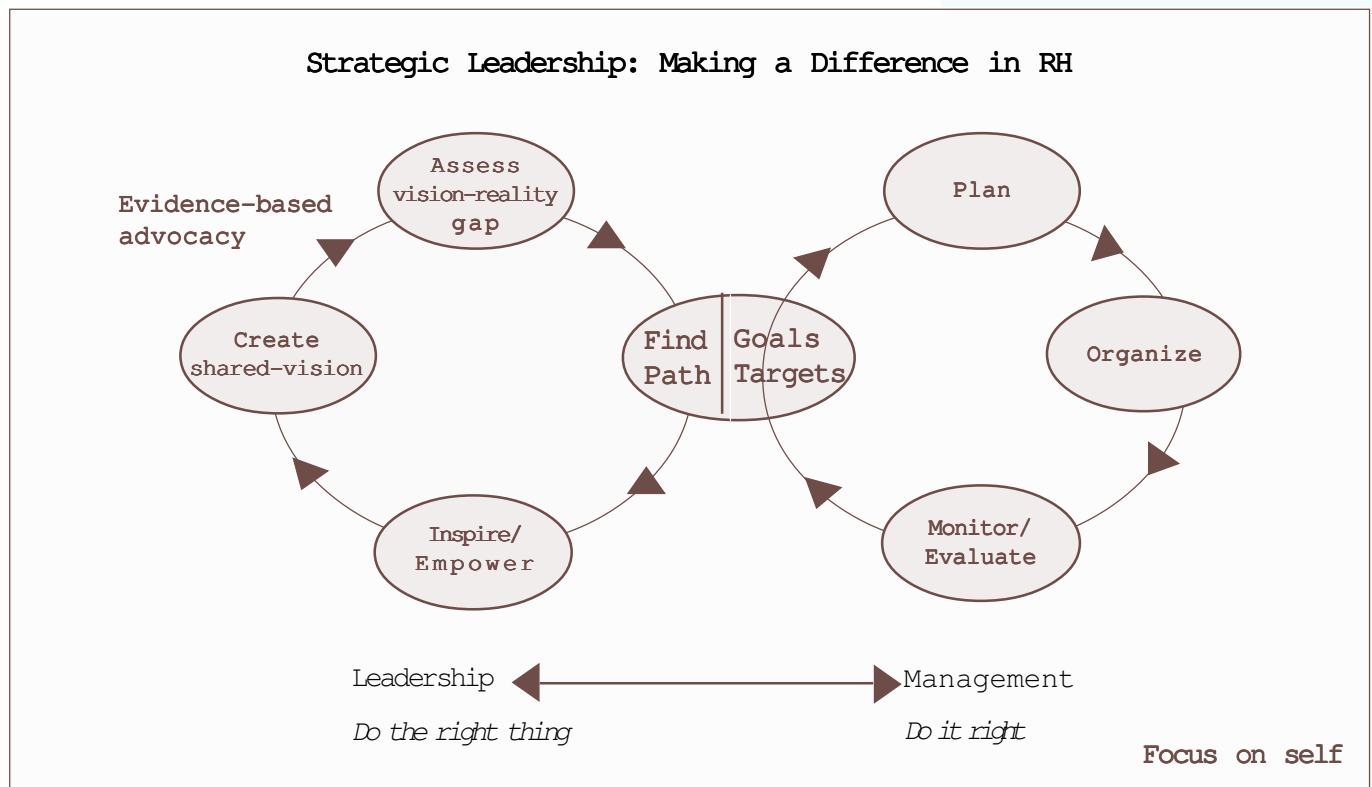
These and other challenges need to be addressed by applying strategic leadership competencies, as we discuss in the following pages.

Creating a Shared Vision

Generally, most youth/adolescent RH programmes address HIV/AIDS and, therefore, their vision is avoidance of risky behaviour. This vision is widely accepted. However, it raises sensitive issues related to sexuality of youth.

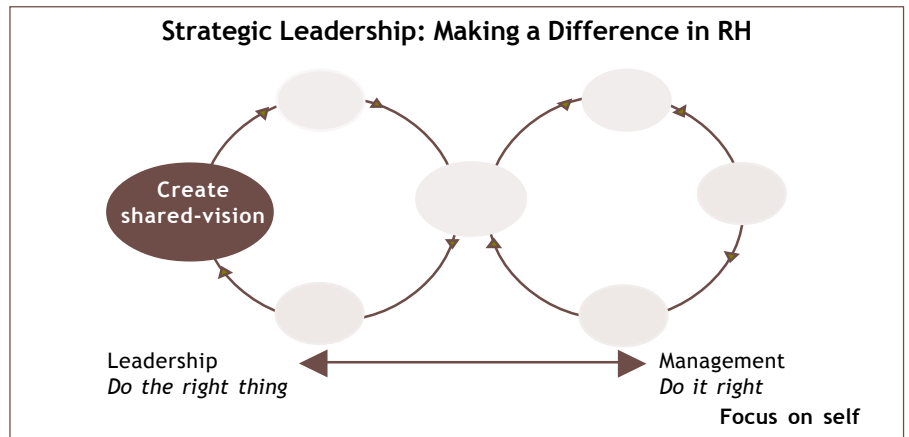
Leadership Checklist

- Is there evidence of current reality on youth/adolescent sexual and reproductive health?
- Who are the key stakeholders for youth RH?
- Can the evidence be used to create shared vision among the stakeholders?
- Can youth empowerment be shared vision among stakeholders with diverse perspectives?





Indonesia - Youth involvement in community programmes



Some have argued for a broader vision: improving SRH as teenage pregnancy is also an issue in many countries.

Adolescent health had not received much attention in the past as adolescence was usually considered a healthy period of life. But, as substance abuse, road accidents and other problems among the young have increased, there is an argument that one should centre the vision on adolescent health including SRH.

However, the health-related vision has difficulties. *One*, programmes that include activities on less controversial youth issues such as livelihood or literacy skills are more likely to be accepted. *Two*, different stakeholders (youth, parents, teachers, health workers, community leaders) have different priorities, as a small study in the Philippines showed. Kabalaka (an NGO) surveyed three communities near La Carlota City involving 121 adolescents (58 females, 63 males) age 12-20 years, 30 parents, 15 teachers, 15 gatekeepers and 8 health providers. The survey delved into ARH awareness, concerns and possible interventions from different perspectives. Highlights in Table 2.

Table 2. Summary of Major ARH Concerns By Sector (in %), Philippines

Number of Respondents	121	30	15	8	15
Major ARH Concerns	Adolescents	Parents	Teachers	H/Providers	Gatekeepers
Cohabitation					16
Early marriage	13		13	25	16
Early pregnancy	12				
Lack of ARH awareness	12	23	27	25	
Lack of parental ARH guidance			27	25	
Pre-marital sex		10		38	
Unwanted pregnancy			20		
Other Adolescent Problems					
Alcoholism	13	20	13	25	
Bad influence of peers		13			
Child labour			13		
Drug abuse	11	20		13	23
Lack of direction		10			
Lack of proper values		23			
Physical abuse			13		
Smoking				25	
Unemployment		13			

Note: Blank spaces indicate figures below 10%

Source: ICMP case study, 2002. *Kabalaka: Improving Adolescent Reproductive Health in Negros Occidental, the Philippines.*

A more holistic vision of overall youth development, although more attractive to many, is too complex for mobilizing support for programmes.

Growing experience with SRH programmes shows that youth programmes that empower young people can make a difference. It means that youth are assisted to develop competencies (attitude, knowledge, skills, practice, behaviour) that lead to their empowerment, which they can utilize for their self-development as well as influence family and community (Figure 1). Thus, to empower youth is to give them power to successfully approach and face everyday challenges that relate to their every day life, specifically to their SRH and rights.

Evidence-based advocacy is needed to influence legislation, policies, programmes and strategies to promote health and development of young people. Thus, analysis of vision-reality gap can be used to create shared vision among key stakeholders.

Vision-reality Gap

It is difficult to assess and analyse vision-reality gap because data is often lacking and fragmented. For instance:

- Demographic and Health Survey (DHS) provides information on teenage pregnancies, contraceptive use and on knowledge of HIV.
- HIV/AIDS surveillance provides information on risky behaviours as well as estimates of HIV prevalence.
- Hospital statistics provide an indication of admissions due to abortion complications among youth.
- Drug control department would estimate prevalence of substance abuse.
- Transport department would have statistics of road accidents involving young drivers.

The vision-reality gap also differs among different youth segments and special surveys may be needed. For instance, Young Adults Fertility Survey (YAFS) in the Philippines provides valuable information on vision-reality gap. In China, a participatory assessment in 14 provinces revealed very different needs, values, attitudes and behaviours among youth across China.

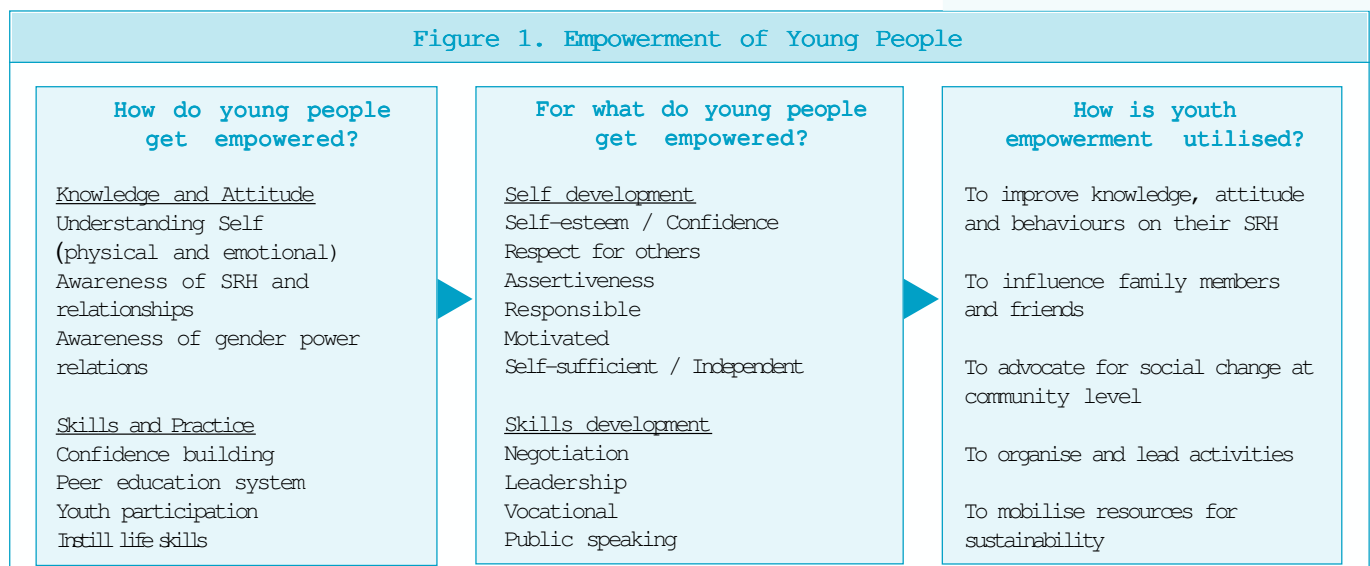
Empowerment requires that youth have life skills that contribute to self efficacy, self confidence and self esteem. The core life skills include:

- Self-awareness
- Empathy
- Effective communication
- Interpersonal relationship
- Decision making
- Problem solving
- Creative thinking
- Critical thinking
- Coping with emotions
- Coping with stress

Leadership Checklist

- How is the reality of youth RH changing overtime?
- How does the reality of youth RH differ among different segments of youth by age, residence, education, sexual behaviour and so on?

Figure 1. Empowerment of Young People



Leadership Checklist

- Is there a clear national framework for youth RH? If not, can one be created?
- Is there a supportive environment for youth empowerment?
- What mix of interventions – behaviour change, youth-friendly services, youth leadership development – can be a path to bridge vision-reality gap on youth RH?

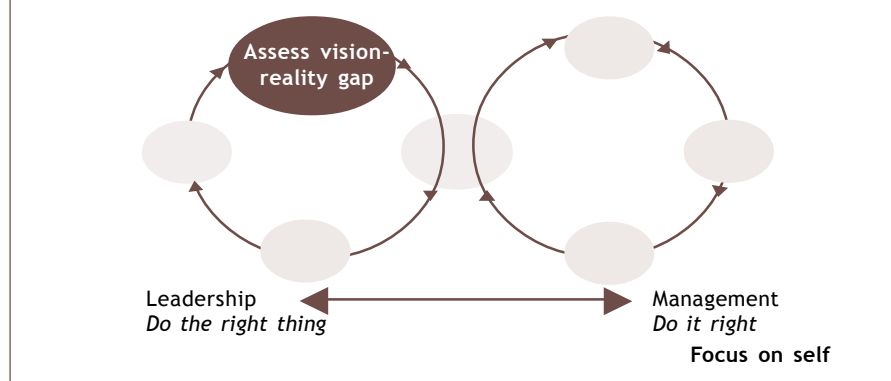
In Cambodia, the policymakers recognize the need to address youth SRH:

- Ministry of Planning integrated RH education for youth and youth-friendly services in the national population policy in 2003;
- Ministry of Health is developing guidelines for youth SRH; and
- Ministry of Education, Youth and Sports has integrated RH into the national curriculum programmes.

Mongolia has prepared the National Programme on Youth and Adolescent Development to be implemented during 2006–2015.

³ <http://www.unescap.org/esid/hds/Youth/ypol.asp>

Strategic Leadership: Making a Difference in RH



Analyzing vision-reality gap requires changes in mental models and systems thinking. **One**, strategic leaders need to see the Big Picture including a range of issues affecting youth: education, employment, income generation, migration, SRH, and special vulnerable groups such as orphans and street children. They need to analyze changes in these variables over time and over different geographic areas. **Two**, they need to understand a variety of influences on youth: self-experiences, peer influence, family, teachers, communities, media, relevant laws and policies, and broader socio-economic environment. **Three**, they need to develop capacity for working partnership with youth. This is a challenge for most programme managers as they may believe that their greater experience makes them more suited to make decisions affecting young people. Youth partnership is a key to progress in improving youth SRH.

Finding Path/Strategy

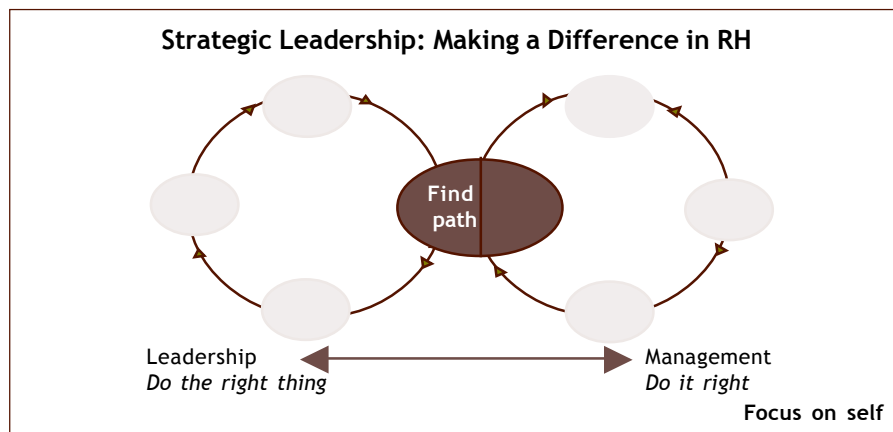
Clear national framework

The World Bank recommends a clear national youth framework to set priorities and guide coordination. The framework should be developed and backed by youth-related ministries and the finance ministry, and it should establish a plan of action specifying sector responsibilities for various youth goals. Sector ministries are best placed to implement youth policies within their own sectors and to complement, or at least not hinder, other sector efforts. The youth ministry or focal body can guide or coordinate and follow up on policy implementation by, for example, convening youth constituents to obtain their feedback on programme quality (World Bank, 2006). Integrating youth policy in overall national development planning is one way to help ensure budget allocation for youth policy implementation. An example is that of Thailand's youth policy which coincides with that of the national development plan (UNESCAP 1 website³).

Creating enabling environment: Working with gatekeepers

Many of the factors that impact adversely upon the sexual and reproductive health of young people stem from their immediate social environment, including poverty and unemployment; restrictive social and gender norms, especially those that reduce equitable access to information and services; and the impact of social and economic changes. While programmes to improve the SRH of young people cannot focus directly on inequities and injustices in society, they must create an

immediate social environment that fosters personal development and open communication to encourage young people to adopt healthy types of behaviour. Families, communities, the media and others can communicate positive norms and actions to promote healthy behaviour among young people and adults alike. It must be remembered that programme efforts need to take into account the fact that young people are not all alike, and that interventions and the ways in which they are delivered will vary according to the differing needs and circumstances surrounding young people's lives. For this reason, it is imperative that young people themselves also play an active role in improving their immediate environment and thus the conditions that affect their sexual and reproductive health.



For gatekeepers and other stakeholders, capacity building supportive of young people can be done by providing them opportunities to learn and understand the project aims and to inject their own inputs. In Nepal, the project constituted both youth and adult advisory groups including gatekeepers of cultural norms. The payoff was a strong sense of ownership and developed capacity. When the Nepal project was disrupted by political unrest resulting from massacre of the royal family, the participants were still interested and impatient to resume project activities. Control site participants were nonchalant. A number of networks and activities started in the project looked set to remain and to continue diffusion of project outcomes. A number of young people were recruited into the Junior Red Cross and continued training.

Programmes to empower youth through youth-friendly and youth-empowering services

In Cambodia, the RHAC's youth programme:

- Established Youth Advisory Groups with representations from youth, parents, local authority, school principals and teachers;
- Established youth centres designed and operated by young people with educational and entertainment materials and peer educator approach;
- Provides youth-friendly services according to their convenience and comfort; and
- Organizes annual review meetings with stakeholders and annual youth gathering to solicit youth opinions

Youth are empowered because they are involved in advocacy, in all aspects of programme design, implementation and are encouraged to express their voice.

Integrating non-RH Interventions to Win Gatekeepers Over

The Adolescent Girls' Literacy Initiative for RH in Nepal reaches rural and poor girls through literacy classes. Where the status of girls was particularly low, a "parent-friendly" strategy was employed because it would not have been possible to reach these girls and others with limited mobility due to social or financial constraints. To reach this marginalized group, the project presented the gatekeepers (in this case, parents) with an obvious, non-controversial benefit for their daughters - literacy skills. RH was integrated with literacy classes - literacy being important to promoting RH care access as well - and the girls benefited from both.

(Adhikari et al., undated).

Leadership Checklist

- Has a participative process been followed in developing path?
- Are there coalitions of NGOs that advocate for youth RH?
- Do youth fully participate in youth RH programmes?

The Government of Thailand has established youth-friendly 'corners' to provide primary prevention, link health and social networks.

Gender needs special attention as young girls suffer more. Globally, of the HIV-positive youth, about two-thirds are girls.

In Nepal, the International Center for Research on Women (ICRW) examined the effectiveness of community participatory versus non-participatory interventions to improve RH among poor, rural female youths. The project engaged youth, parents and other community members in identifying youth RH-related priorities and in the design of interventions to address them. The community developed interventions such as peer education, youth-friendly services along with broader interventions, e.g. livelihood skills development. At control sites, the youth and the community were not engaged, and project staff designed and implemented standard ARH programmes. Results showed no significant difference between study and control sites in terms of selected RH indicators. However, study sites showed substantially more positive results in terms of changing social norms that influence long-term ARH issues and in terms of youth empowerment and social capital development.

Behaviour change

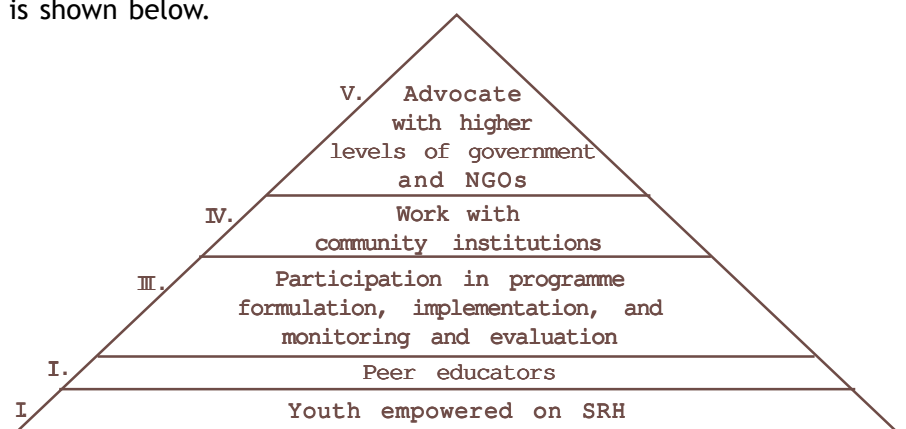
Changing the risky behaviour of young people is a key challenge for youth SRH programmes. The behavioural change communication would provide an opportunity for youth to get insight into their personal situation. It will instill the motivation and skills needed to adopt and maintain the changed behaviour. The change would be to improve the condition of one's own life and condition of the society.

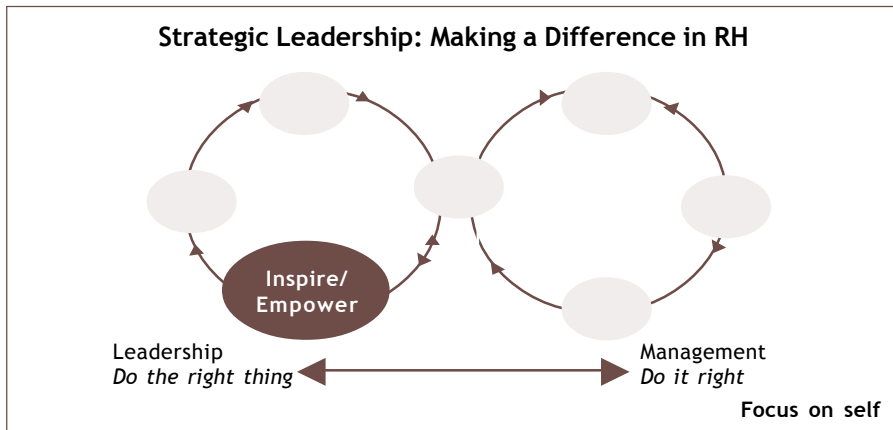
Youth leadership development

Youth leadership development programmes would enable community young leaders to :

- > Expand their vision and technical knowledge to strengthen their leadership skills
- > Create innovative solutions to SRH challenges facing youth
- > Take an active role in their communities for the development of youth RH programmes
- > Participate and contribute to programme development, implementation, monitoring and evaluation
- > Dialogue with authorities at higher levels for youth to have an effective voice in policy decisions related to youth SRH and be able to mobilize resources

A framework for a ladderised approach to youth leadership development is shown below.





Nepal –Youth at a Gender-based Violence workshop

Inspiring/Empowering Stakeholders

A broad range of stakeholders are involved in youth SRH: young people, their parents, teachers, spiritual leaders, employers, various government ministries, NGOs, and communities. Many of them would need to be inspired/empowered for implementation of the path chosen.

Political commitment is a key to implementing any path for improving youth SRH. For instance, countries most successful in addressing HIV/AIDS are those where top political leaders took the epidemic seriously and expressed their commitment publicly.

The process of developing a path/strategy is crucial for inspiring/empowering stakeholders. The participatory learning and action approach has been used in many countries to design programmes, which has mobilized various stakeholders including communities to examine their own situation including concerns, values and priorities and devise their own solutions to the challenges they face.

Creating coalitions advocating for legal reforms, enforcement measures and legislative reviews to safeguard adolescents' rights, especially in critical areas such as violence, marriage, education and RH.

Youth-adult partnership is influenced by the adult's attitude towards youth. Young people can either be perceived as objects, as recipients or as partners. Both parties would need to develop capacity for partnership.

UNFPA recommends the following building blocks for programmes for adolescent girls:

- Creating an environment conducive to keeping girls in school through the secondary level, or at least ensure they are literate.
- Ensuring that the particular RH needs of adolescents are addressed and youth-friendly services provided.
- Working with communities, including local political and religious leaders, to increase public awareness of SRH issues affecting adolescents.
- Providing life skills and counselling so that adolescent girls are aware of their rights and know about available services.
- Developing vocational training and income-generating programmes for adolescent girls to increase their status, independence and opportunities.
- Mobilizing support of decision makers at all levels to support programmes aimed at improving adolescent SRH.
- Contributing to equitable and sustainable development by reinforcing the capacity of national governments to engage girls in the social, economic and political life of the country.



Philippines -Disseminating RH information to young people

Implementing Youth Programmes that Empower Young People

Research has shown that a number of key elements determine the level of youth SRH programme successes which include:

- Youth participation at all levels of the programme;
- Programme components that address common roots and determinants of youth attitudinal and behavioural problems;
- Interventions that incorporate youth-friendly collaborative models for comprehensiveness (health, education, life skills, etc); and
- An enabling environment for youth empowerment.

Thus, planning and implementation of youth SRH programmes should ensure that they are youth-focused, youth-empowering, gender-sensitive and participative. They should be tailored to fit diversity of youth concerns, behaviours and needs.

Monitoring and evaluation should be an integral part of the programme from the start.

Resource mobilization is a key challenge for youth programmes as many ministries and agencies are involved. Ideally, these should be mainstreamed in the relevant programmes of the ministries and agencies concerned. Once again, following a participative process in all the phases of programme development would help in mobilizing necessary resources.

Leadership Checklist

As a strategic RH leader in government:

- Can you advocate for holistic youth RH policies?
- Can you catalyze multi-sector action?
- Can you ensure full participation of youth in youth RH programmes?

Putting It All Together

Many governments have not taken a lead in youth SRH programmes, largely because of its sensitive nature. However, the role of the government matters in:

1. Ensuring holistic youth policies;
2. Developing systems for: (a) implementing multi-sector youth programmes; and (b) assigning appropriate roles to government, NGO and private sectors; and
3. Strengthening capacities for (a) youth-friendly services; and (b) youth participation

If the strategic leadership framework has been well implemented then the programmes would empower youth. The ICOMP checklist would assist in ensuring that the programmes are indeed empowering youth.

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ICOMP Checklist for Empowerment of Youth

Does your youth RH programme empower young people by: ▶

- ▶ Emphasising youth participation in all programme activities.
- ▶ Engaging youth in group bonding.
- ▶ Engaging youth-adult partnership for mutuality.
- ▶ Viewing youth as a valuable resource.

Does your youth RH programme empower young people through: ▶

- ▶ Creating an enabling environment working with all stakeholders concerned.
- ▶ Considering YPRH needs of youth at different settings.
- ▶ Accepting young people's rights to engage in healthy sexual development.
- ▶ Providing gender-sensitive IEC materials for YPRH.
- ▶ Providing youth-friendly RH services with quality of care standards.
- ▶ Exploring young people's full potential in leadership roles.
- ▶ Fostering linkages with other relevant programmes such as livelihood.
- ▶ Developing youth through interventions on life skills.
- ▶ Inculcating confidence in their roles as social-change advocates.

Has your youth RH programme empowered youth to: ▶

- ▶ Strengthen self and collective efficacy.
- ▶ Influence family members and friends.
- ▶ Acquire improved knowledge, attitude and behaviours towards their sexual and reproductive health.
- ▶ Increase advocacy for and participation in social action and actual policy changes.
- ▶ Organise activities and develop leadership.
- ▶ Form sustainable groups.
- ▶ Mobilise resources for sustainability.

Source: ICOMP's Training Module on "Youth Reproductive Health Programmes that Empower Young People", 2006

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Nepal -Youth at an RH discussion

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