

Brief on BACKGROUND PAPER FOR CSE AND YFHS LINKAGES YOUTH WEEK: 26-30 SEPTEMBER 2016

To get the Youth Week discussion started and to set the research and advocacy agenda - this Background paper aims to address the following issues:

- a. To provide a historical overview of the critical development in thinking about CSE and YFHS;
- b. An overview of existing knowledge about linkages between CSE and YFHS;
- c. Reflect on knowledge translation to knowledge use through evidences;
- d. What research questions still exist?

In this brief, the findings on interlinkages, gaps and research questions are presented.

Findings: INTERLINKAGES AND GAPS BETWEEN CSE AND YFHS

i. Knowledge, information, Intentions: The basis of both CSE and YFHS is the principle that young people have the right to knowledge about their bodies, sexualities, safety, risks, solutions etc. The body and its wellbeing is at the center of both programs, and each compliments the other in encouraging through correct information and motivation to inculcate respect, confidence and care for the self. The skills are learnt in CSE programs often bring young people to YFHS centers to seek assistance and support. Both work in hard negotiation with social norms and (non)acceptance of young peoples' sexuality: the battle for both programs begin with social norms and cultures in most cases, which are unwilling to accept or even define adolescent and young people as sexual beings. The fear of triggering sexual activities and fear of promiscuity amongst young people (outside marriage) – is something that any sex education curriculum and youth center must debate against. The advocacy for positive messages regarding adolescent and young peoples' wellbeing, and SRHR being an integral part of it – is the foremost common link between CSE and YFHS. Finding allies and support from stakeholders within the community to educate this target group through curriculum based lessons and providing related services is a common challenge, and it is something that multiple implementation partners have been working on in most cases.

ii. Finding common language, texts and materials of SRHR: a big part of effectiveness for any adolescent SRHR program is to find the 'correct' language and vocabulary for sexuality and reproductive issues suitable for the specific given context. Language around these issues can be taboo, problematic and can cause more stirring than the actual program itself. In many contexts, alliances on SRHR work commonly to build this language and vocabulary to work around otherwise-highly-erotized-language-of-sex. Using common texts and materials for adolescents in both CSE in schools and YFHS centers helps to communicate strong message and avoids confusions. Having larger alliances, and having all partners use the same texts and materials in a synthesized manner reduce the reoccurring costs and make for effective programs.

iii. Innovations in Complementary services to each other: while CSE can provide basic information on SRHR, it still is limited by its own scope within the school system, which barely provides for

counseling or support system that a student might need. Having YFHS center nearby or some operational aspect of it present within the school premises – young people are offered better access to some kind of service that are suitable for them. Also, peer educators and role models are sometimes used to link between school based CSE program and YFHS in the locality.

iv. Involvement of adolescent and young people in program design, monitoring and action research/evaluation: increasingly, CSE and YFHS programs are involving adolescents and young people in the processes of designing/reviewing curriculum, in continuous monitoring systems and evaluation of programs. YFHS also offer opportunities for older adolescents (who have had CSE as their primary entry to the knowledge of ASRHR) to be involved in providing service or doing active advocacy for YFHS. Using trained young people and transferring their skills from CSE to YFHS is an important link.

Gaps in knowledge translation to knowledge use

1. **Attitudes of CSE:** CSE, even with its best intentions and global endorsements, still face resistance and challenges from local contexts mainly because of the 'sexual' component of it. One of the reasons might be that within development sector, when new 'modern' programs like CSE are brought about, it is often accompanied with an attitude of benevolence and improvement (of the existing backward belief system). For local actors, it can feel imposed and an un-intentional process of 'othering' can occur. CSE is discussed in a manner as if CSE is happening in a vacuum. Attitudes and approaches to CSE, or even YFHS should be brought in with a more grounded and humble attitude that recognizes historical and worldwide debates and negotiations with cultures, religions and politics – and then try to advocate for the merits of having a comprehensive sex education, which is much more than pure sex or sexuality.

2. **Approaches – bring gender-power-rights back at the center of discussion:** The emphasis in recent times, through evidences from various reviews around the world, is that we need to combine a 'gender-power-rights' framework for CSE and YFHS. This is, probably, one of the most promising inter-linkages between CSE and YFHS – to bring gender back at the center of discussion. Gender, firstly, is already a common and popular currency in development and has a relatively more settled history with target audiences. Taking social systems, their complexities and how members, such as adolescent and young ones, can benefit from being aware of themselves (through their gender roles, responsibilities and dynamics) including bodies and relationship – can become useful for both programs. It has been understood by all development actors, including the governments that at the heart of ASRHR is gender equality or lack of it in the existing social system. Gender discrimination, especially against girls, is the root cause to child marriage, early pregnancy, maternal health/mortality, GBV/VAW, drop out from secondary education and less participation in labor market by girls. Therefore, addressing gender inequality in terms of beliefs, attitudes, and norms and promotion of more equitable power relations will contribute in improving sexual and reproductive health of adolescents, will result in positive change in behavior and practices. Interventions, therefore, have to

promote gender-equitable norms and power relationships as well as human rights as basic framework for ASRHR.

3. Eliminating protectionist and underlying moralistic agenda of CSE and YFHS: even when we are trying to implement CSE and provide inclusive, progressive agenda – the content and delivery is still dominated by traditional approach of sex education - which is teaching sexual morality and propriety, and fear tactic to prevent teen pregnancy and STI/HIV. Even within CSE, and its various versions/interpretations, there is always a 'hidden curriculum' of establishing heteronormativity. Also CSE is very 'protectionist' in its discourse, and has inherent gender biases, asexual in delivery of information. CSE alone cannot promote and fight against these biases and limitations and YFHS as a complimentary/support program, in line with similar messages and consultations can help deconstruct heteronormativity, gender biases hierarchical power relations for young people.

4. Knowledge Gap: researchers (Darroch ET AL. 2016), identified three major gaps: a) *coverage gaps*: information is not uniformly available for all adolescents worldwide. Excluded groups of adolescents in developing regions (like Unmarried/never-married women; Adolescents younger than 15; Youth in vulnerable situations; Male adolescents etc.) ; b) *Underreporting gaps*: Sexual and reproductive behaviors are generally self-reported, and are therefore subject to underreporting. This is especially true for stigmatized or illegal behaviors; c) *Substantive gaps*: Social, cultural and economic factors, and the interplay among them, which influence adolescents' sexual and reproductive behaviors, and they can also mitigate or worsen the impacts of these behaviors. There is a dearth of rigorously monitored and evaluated, and finally properly documented knowledge base from which other new programs and initiatives can learn. More and more research as well educational institutes at both national and international level are to be involved in these processes. A systematic and coordinated effort to create knowledge pool can contribute in developing and testing interventions to improve ASRHR. This evidence based knowledge will help us adopt or scale up interventions and projects to scale without compromising their quality.

5. Hard to Reach groups: CSE is mainly delivered through school based curriculum oriented programs, which allows it to reach out to a large number of adolescent and young people as most countries are committed to ensure education for all policies. But the reality is that, many developing countries face high school-drop out rates, especially girls dropping out at the onset of puberty, children reaching schools at a later age (for example, in non-formal primary education)and young people in conflict areas or victims of forced migrations, refugees – will not be reached out through school based CSE programs. Out of these hard-to-reach groups, a large number are likely to be under 15 years old (and in case of girls, a majority will be married and not return to schools). Age-fixed content do not adequately allow for these diversities in hard to reach groups. What cannot be achieved through school based CSE models, can be complimented through YFHS programs that share common texts, materials and services to educate and impart knowledge on SRHR.

6. The dominant perceptions of heteronormativity and normalcy versus inclusiveness: one of the biggest challenges of SRHR for adolescent and young people in many countries is inclusiveness and advocating sexual diversity as part of its rights-framework. But most countries around the world do not recognize sexual diversity as part of citizen's rights and have legal system in place to block these. In the current situations of the rise of many radical religious elements, lives should be more valued than programs. Risking vulnerable youth from diverse identities and communities – is the last thing that CSE and YFHS programs should want. If diversity cannot be included in formal CSE curriculum, then a provision of confidential counseling in YFHS can provide some kind of space for young people to talk or deal with these issues. In contexts as complex as the current ones, programs need to find new strategies and inter-linkages to accommodate risky issues in innovative ways. Interesting research and analytical work on sex education and curriculum indicate that even though CSE appear to be positive, inclusive and operates within this notion of freedom-agency-choices for learners - it still ignores or marginalizes problematic issues like ambivalent sentiments, confusion, negativity, failures, non-recognition etc.

6. Mental Health Gap: It is estimated that 10-20% of young people suffer from mental health related issues, and experts see schools as one of the most important community settings for promoting the mental health of young people. Interventions which combine psycho social wellbeing with reproductive and sexual health education and physical health and fitness can have a significant positive effect on pupils' risk-taking and pro-social behavior. The present different service models including YFHS attempt to address these issues, in a rather limited way. The key challenges to addressing mental-health needs of adolescent and young people as: shortage of mental-health professionals, the fairly low capacity and motivation of non-specialist health workers to provide quality mental-health services to young people, and the stigma associated with mental disorder. A population-based, youth focused model, explicitly integrating mental health with other youth health and welfare expertise is suggested by experts.

7. New content to fit the new life situations of young people: Interventions like CSE and YFHS are not yet targeting the increasing number of children and young people who are refugees, living in conflicts and remain uprooted for other reasons – and when they do, these programs need to be redesigned to as their life situations and experiences of body, sexuality, health and overall well-being is far from our perceived and dominant notions of happy-sanitized-peaceful courses of life. Researches show that reaching the most vulnerable still remains the major challenge for CSE and YFHS efforts around the world.

8. Involving parents and gatekeepers as powerful agents of change in CSE and YFHS: Reviews suggest that involving parents and communities have long term impact of effective SRHR for adolescents. Reviews also indicate that peer-educators are not as effective as one imagines it to be. In most cultures, the power of individual agency is still relational, i.e. depends on the membership privileges. Support, love, protection and acknowledgement from parents make young people confident about their sense of entitlement, rights and agency. Involving parents in CSE activities (both

in school and at home), and using them as advocates for encouraging young people to seek services from YFHS can play crucial role in long term success of the programs. Programs and interventions should be community based and the adolescents' immediate social surrounding oriented.

9. Problem with Scaling up and interlinkage/integration with cross-sector programs and make Government an Ally: Government (GOB) remains at the center of development. It is only through partnership with GOB initiatives, we can ensure adolescent friendly services, stationed within government's Adolescent friendly health centers, or national curriculum, teacher training and media campaigns. One of the major barriers for effective ASRHR is lack of real commitment of governments on the one hand and lack of delivery capacity – technical and financial – on the other. In order to reach out the vast population of adolescent and young people, scaling up of CSE and YFHS - collaboration with government actors, in a multi sector approach is the best chance.

10. Articulation of Wider Outcomes: since most policies and content of CSE and YFHS are very focused on specific issues like reducing risky behavior, or maternal mortality, HIV, child marriage or specific outcomes - the success and retention rate of SRHR knowledge, behavior and service seeking pattern is still relatively low and limited to targeted agenda. Most programs demonstrate success in one or two specific behavior change or knowledge base. Therefore, questions are increasingly being asked as whether we should have or aim at a wider range of 'outcomes' or not - other than majorly focusing on disease and risky behaviors. Evidences suggest that efforts to address underlying social issues may pay off multiple interrelated outcomes.

Research issues: gaps and new questions

More research on new approaches: Lack of evidence through rigorous research, is not only limited to CSE, but it includes YFHS as well. One of the most important areas of research needed badly, is on the practical experiences on effective ways of programs providing adolescent and young people with information and services. More information and evidences is needed on intervention delivery mechanisms. It is seen that many of the programs and projects aiming to improve ASRHR were often small in scale and short lived; generally poorly monitored, evaluated, and documented. International NGOs and universities carried out a number of research studies and evaluations, but only a small proportion of these were aimed at developing and testing interventions to improve ASRHR. Researchers should determine more rigorously which mediating factors have the greatest impact on behavior in different cultures and which educational strategies and activities are more effective in changing these factors both across and within cultures. Also more rigorous studies on the promising programs need to be conducted and negative results should be encouraged to be published by researchers for better learning purposes.

Capacity building and budgetary consideration for research: Lack of systematic and sufficient number of researches to generate evidences; as well as a rigorous evaluation of programs and projects, especially those ones with multi-component and multi-level objectives/operations – are areas that need more vigorous attention. But most programs do not include such rigorous and

thorough processes of research in their plans because of three main reasons: 1. Time bound nature of projects: because most projects are small scale and short duration – projects cannot fit in proper research activities in them; 2. Lack of capacity: and 3. Budget: most projects within SRHR have very limited finances, and overhead costs take away a major share of these budgets. To balance budgetary tight rope walk to reach project activity goals and to generate evidence – is a difficult one. Therefore, along with capacity building of researchers, it is an absolute necessity to invest more into ASRH and to encourage more innovative programs in this area of work.

Sustainable Development Goals (SDGs), especially Goal 3, 4, 5, with some specific targets – bring new opportunities for CSE and YFHS to work in an interlinked manner and be more far reaching and effective.

GOAL 3: Ensure healthy lives and promote well-being for all at all ages; and the its target 3.7 (By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs) ; Goal 4: Ensure inclusive and quality education for all and promote lifelong learning (targeting full enrollment of all children to schools and guaranteeing quality education for all); Goal 5: Achieve gender equality and empower all women and girls (which targets to eliminate all kinds of gender inequality, GBV, empowerment and rights) – are combination of CSE and YFHS principles, visions and delivery methods. In order to reach out to maximum number of adolescents (especially the under 15 category), forces need to combine efforts in:

1. Increasing funding for SRHR;
2. Reaching out to the national coalitions;
3. Increase regional collaboration and sharing of capacity and resources;
4. Effective mechanisms for accountability-monitoring-advocacy;
5. CSE should be formally incorporated in Goal 4, as part of inclusive and quality education, and should promote gender-focused curriculum;
6. Mental health (target 3.4) should be incorporated with target 3.7 and be part of Goal 4 (curriculum for wellbeing), and more specifically it must be feature in Goal 5 as inequality, violence and discrimination based on gender challenge psycho-social wellbeing of young girls and women.
7. YFHS, as an cross sectoral program, be advocated as a hub for all these goals and targets: it should be designed and promoted as a safe space where adolescent and young people can come for education of sexual and reproductive matters, know about gender rights as well as SR rights; and can avail services that are needed. Ideally YFHS should appeal to different programs that otherwise work in silos to achieve development goals in general, but can achieve much more in a synchronized manner.

What research questions still exist?

- Youth centers and peer education are indicated to be ineffective in changing ASRHR (Chandra-Mouli et al., 2015): how do we re-design collaborative programs between CSE and YFHS involving communities that can ensure cost effective and multi-outcome based ASRHR?

- Can private sector investment and engagement in providing YFHS be an option at a time when funding in SRHR lives under the constant threat being diminished?
- How can CSE be designed to reach the hard-to-reach adolescent population, especially in conflict areas?
- Can concentrating on network and capacity building initiatives amongst sexually diverse adolescents be more effective in achieving the inclusive rights-based SRHR for adolescent in the current anti-LGBTQI environment in many countries?
- Mental health as part of ASRHR and wellbeing – more researches need to be engaged with the importance and relevance of psycho social wellbeing of adolescents, and ways in which CSE and YFHS can include mental health issues in their programs, individually as well as collaboratively.
- Generating more evidences on content and delivery of CSE – cross country research on these two areas should be made priority (since weak content has been flagged as a concern, Chandra-Mouli et al. 2015).
- More evidences through research is needed to understand whether large alliances and pooled together funds are indeed effective in promoting ASRHR through CSE and YFHS?