Background Paper for Youth Week, 2016
CSE and YFHS: Overview, Interlinkages, Gaps, and Research Questions

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CSE: What Works

'The danger of ignorance versus the danger of education'
(Carter 2001:248) – the Perennial Tension of Sex Education

- **Comparatively higher degree of effectiveness** in providing knowledge and information;

- **Curriculum based programs** have more **positive impact**;

- In **non-Western/resource poor contexts, effective** in creating positive impact;

- **18 CHARACTERISTICS** have shown to contribute to success;

CSE: What works continued

- **Skill-based curricula** more **impactful** than only knowledge-based ones;

- **Large- scale, community-based** interventions are **impactful**;

- Incorporation of **life skills training, contraceptive education** and **contraceptive distribution** - components of **effective** CSE;

- Use of **Cognitive social learning theory** to be **effective**;

CSE: What Works cont.

- **CSE with IT** skills has effect on a number of socio-cognitive determinants.

- **Contextualized and appropriately adopted** curriculum/program are effective;

- **Parents** support to be vital;

- Rights-based approach **incorporating empowerment approach, emphasis on gender** - is effective.

CSE: What Doesn't Work/Gaps

- **Lack of enabling environment**;

- Reaching out to **young adolescents** (10-14);

- **No One-Size-Fits-All format;**

- Opportunity for formal sex education vary by social strata - **disadvantaged youth least likely to benefit** from **formal programs**;

- **Mismatch** between what **Parents want** and what is **taught in schools**.

CSE: What Doesn't Work cont.

- **Technology** based CSE face basic **resource related problems**;

- **'Fidelity' and Completion** of program – consistent problem;

- Negative or **resistant** Socio-cultural / political / economic characteristics of the **context** ;

- **Teachers' reluctance**;

- **Lack of scientific evidences: limited in depth knowledge** for policy lobbying and scaling up;

YFHS: What Works

- **Actions to make health services user friendly** and appealing had led to increases in the use of health services by adolescents;

- **Comprehensive approaches** hold the greatest promise - strategies based on understanding of health and development in adolescents' own network of contexts;

- **Long-term commitments**;

- **Building human connections;**

- **Engaging key community stakeholders**;

YFHS: what works cont.

- **Use of skill-building activities**;
- Approaches that **go beyond training** (of service providers) - collaborative learning; job shadowing - improve knowledge, understanding and motivation;
- **Adolescent perspective**:
  - **-** patient centered care,
  - - feeling respected;
  - - trust and friendliness, and
  - - continuity of care.

YFHS: What Works cont.

- **Eight domains** central to young people's positive experience of care:

  - accessibility of health care;

  - staff attitude;

  - communication;

  - medical competency;

  - guideline-driven care;

  - age appropriate environments;

  - youth involvement in health care;

  - health outcomes.

YFHS: What Works cont.

- **Existing facilities** can be **upgraded** with **minimal monetary investments**;

- **Community support and community acceptance** of reproductive health services for youth have larger impact on the health-seeking behaviors of adolescents;

- Improved retention in **One-stop Solution Centers**;

- YFHS improves if : **common ideological and organizational principles** among country's health system, national Adolescent policy etc.

YFHS: What Doesn't Work/Gaps

- **Gap** between **Young people need as services** (biological, cognitive, and psychosocial transition into adulthood) - to what **YFHS have in offer**.

- **Gap** between **availability of finances** and **human resources**,

- **ADULTS REMAIN THE PROBLEM**: Positive and negative experiences are predominantly determined by the healthcare worker's attitudes and behavior.

- **Empowerment and Agency of adolescents**: are **not always** in a position to **control the choices** they make;

YFHS: What doesn't work/gaps cont.

- **Small scale, delinked** programs,

- **Sustainability**: too many short term time bound silo projects;

- Programs **not** being **flexible**, reasonably **affordable** and **sufficient** in numbers;

- (High) costs, drug stock-outs, opening hours during school or work hours, long queues and waiting times;

- **Absence** (or very limited service) of **psycho social counseling** services;

- **Peer educators** – not seen as effective or as high priority by adolescents;

INTERLINKAGES BETWEEN CSE AND YFHS

- The **common** basis (and biases) of **Knowledge, Information, Intentions**.

- **Rights based framework**;

- **Global commitments and recognition** of these approaches;

- Finding **common allies** and support from stakeholders;

- **Battling fear of 'sex'** and lack of **understanding on sexuality**;

- Up against **same resistance and oppositions** (ideologies and stakeholders)

Interlinkages: cont.

- Finding **common language**, texts and materials of SRHR;

- **Innovations** in Complementary services to each other;

- **Involvement of adolescent** and young people in program **design**, **monitoring** and action **research/evaluation**;

Gaps:

- **Attitudes and Biases**: amnesia with a sense of superiority and righteousness;
- **Lack of a concerted effort** to bring **gender-power-rights** back at the center of discussion;
- **Protectionist** and **underlying moralistic agenda** of CSE and YFHS;
- The **dominant perceptions of heteronormativity** (normalcy versus inclusiveness);
- **Inherent gender biases**, **asexual in delivery** of information;
- **Synthesized Knowledge Gap**: *coverage gaps, under reporting, and substantive gaps;*
- **Lack of risk assessment and back up plan/strategies**

Gaps: cont.

- **Hard to Reach groups**;

- Lack of **new content to fit the new life situations** of young people;

- **Mental Health** Gap;

- **Not involving parents and gatekeepers as powerful agents** of change in CSE and YFHS;

- Problem with **Scaling up** and **interlinkage/integration with cross-sector programs**;

- Not being able to make **Government** as the most important **Ally**;

- **Narrow focused** and not articulating wider range of 'outcomes';

SDGs (Goal 3, 4, 5) - new opportunities

- Increase funding for SRHR;

- Reaching out to the national coalitions;

- Increase regional collaboration and sharing of capacity and resources;

- Effective mechanisms for accountability-monitoring-advocacy;

- CSE should be formally incorporated in Goal 4, (part of inclusive-quality education, promote gender-focused curriculum);

SDGs cont.

- Mental health (target 3.4)

- should be incorporated with target 3.7 (SRHR);

- be part of Goal 4 (curriculum for wellbeing),

- must be feature in Goal 5 (inequality, violence and discrimination based on gender challenge psycho-social wellbeing of young girls and women).

- YFHS, as an cross sectoral program, be advocated as a hub for all these goals and targets.

Research and Questions

- **Research and Validation of Knowledge:**

  - Which knowledge counts?

  - Rigorous research based evidences versus Action research, small scale nuanced ones?

  - Who's voice counts and how? (International experts Vs Local resources);

  - Language of Knowledge;

- **Capacity building and budgetary consideration for research;**

- **More investment in research and innovations**

What Research Questions/issues 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?

Research Questions: cont.

- 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?

- 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?

Research Questions: cont.

- 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).