

De Haag, September 2016

Share-Net Youth Week:

Working with & for young people

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1. “...the battle for both (CSE & YFHS) programmes begins with social norms & cultures in most cases, which are unwilling to accept or even define adolescents & young people as sexual beings.”

S Karim, 2016.

Prioritizing Sexuality Education in Nigeria and Mississippi: The Importance of Local Actors, Creative Strategy, and Political Opportunity



Mississippi and Nigeria are both highly religious, socially conservative places with strong opposition to sexuality education

And yet:

- In 2011 Mississippi state legislature passed a bill requiring all school district to offer sexuality education
- In 2000 Nigeria adopted a national sexuality education curriculum

What factors produced these outcomes?



Key themes and lessons

- Centrality of domestic champions
- Cultivation of allies inside the government
- Forging of civil society-donor-government political coalition
- Tension between sticking to principles and strategic flexibility
- Uncertain sustainability



➔ **Key lesson: Of course there are sociocultural barriers to advancing sexuality education, but effective domestic champions can make a difference even in difficult environments.**

2. “One of the major barriers for effective ASRHR is lack of real commitment of governments on the one hand, & lack of delivery capacity – technical & financial – on the others, in order to reach the vast population of adolescents & young people.”

S Karim, 2016

 OPEN ACCESS

Scaling up sexuality education in Senegal: integrating family life education into the national curriculum

Katie Chau^a, Aminata Traoré Seck^b, Venkatraman Chandra-Mouli^c and Joar Svanemyr^d

Huaynoca et al. *Reproductive Health* (2015) 12:90
DOI 10.1186/s12978-015-0079-7



REVIEW

Open Access

Documenting good practices: scaling up the youth friendly health service model in Colombia



Silvia Huaynoca^{1*}, Joar Svanemyr², Venkatraman C. Chandra-Mouli² and Diva Jeaneth Moreno Lopez³

The European Journal of Contraception and Reproductive Health Care, October 2012; 17: 351–362

Youth sexual health improvement in Estonia, 1990–2009: The role of sexuality education and youth-friendly services

Kempers et al. *Reproductive Health* 2015, 12:2
<http://www.reproductive-health-journal.com/content/12/1/2>



RESEARCH

Open Access

The success factors of scaling-up Estonian sexual and reproductive health youth clinic network - from a grassroots initiative to a national programme 1991–2013

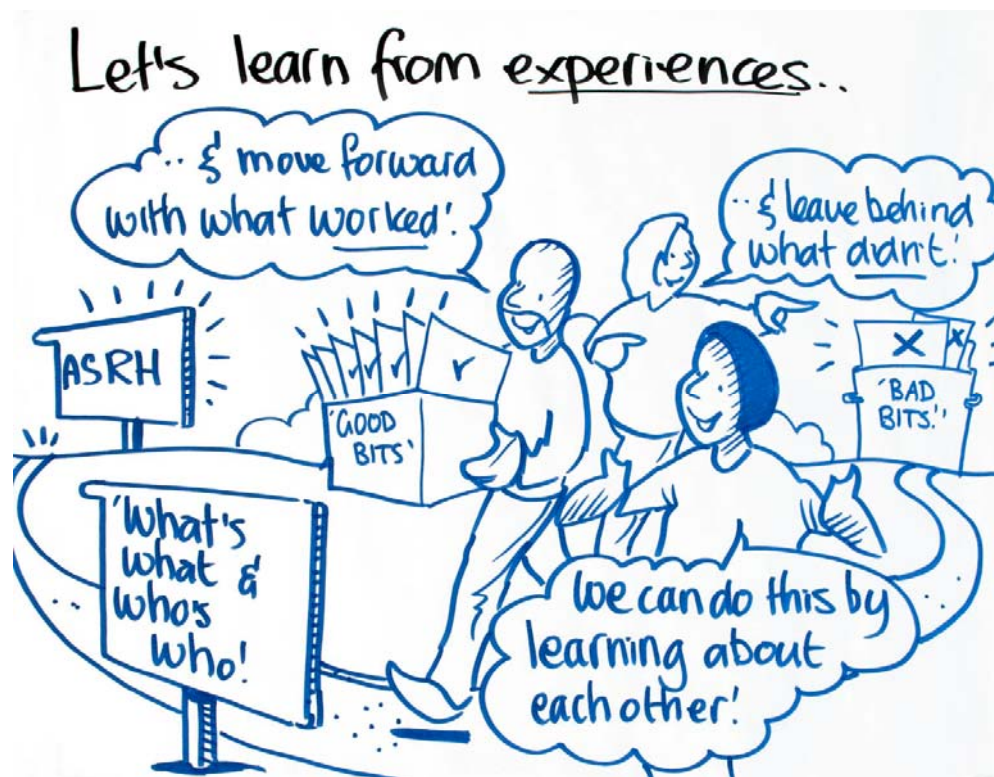
Jari Kempers^{1*}, Evert Ketting^{2†}, Venkatraman Chandra-Mouli³ and Triin Raudsepp⁴

Global consultation to draw out lessons learned from the first generation of scaled up ASRH programmes

(4-6 April 2016, Geneva), organized in conjunction with IBP, USAID, UNFPA, E2A Project, Pathfinder International & BMGF

A distillation of lessons learned from 14 low & middle income countries which have scaled up ASRH programmes, that could inform our work in supporting efforts that are under way/getting under way

Proposals for possible ways and means of disseminating the conclusions and recommendations of the meeting, and supporting their application.



What enabled positive deviant countries to put in place large scale and sustained programmes?

- **Inadequate commitment**
Strong political leadership and technical consensus
- **Discomfort and weak capacity**
Partnerships with credible and capable change agents (from inside and outside)
- **Cash shortages**
Secure funding
- **No real accountability**
Strong management and effective use of information



3. “...many developing countries face high school-drop out rates, especially girls dropping out of at the onset of puberty, children reaching schools at a later age (for example in non-formal primary education) & young people in conflict areas or victims of forced migration, refugees – will not be reached through school-based CSE programmes.”

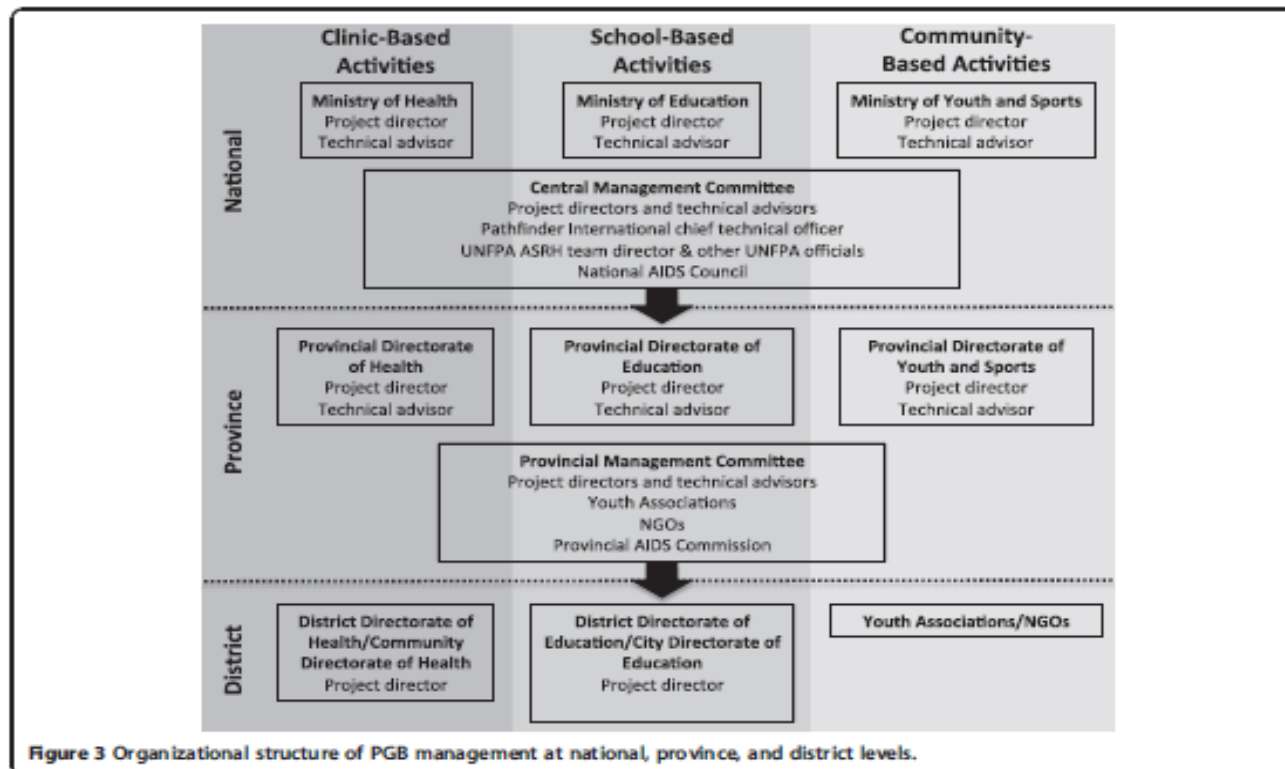
S Karim, 2016

REVIEW

Open Access

Programa Geração Biz, Mozambique: how did this adolescent health initiative grow from a pilot to a national programme, and what did it achieve?

Venkatraman Chandra-Mouli^{1*}, Susannah Gibbs², Rita Badiani³, Fernandes Quinhas⁴ and Joar Svanemyr¹



Strengthening collective response of the Government to end child marriage through a district-level convergence approach in Bihar & Rajasthan, 2011-2014 (implemented by Mamta & evaluated by WHO)

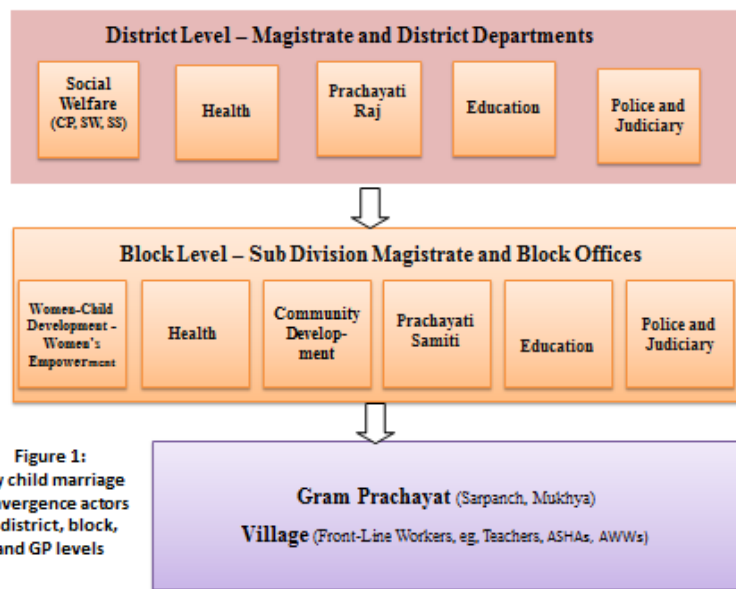


Figure 1: Key child marriage convergence actors at district, block, and GP levels

Social welfare
 Health
 Education
 Police & judiciary
 Local government

Media
 NGOs

"Very small technical teams (5 people per district) who were placed & operated strategically at district & block levels, provided impetus to multiple departments to actively engage, even in a context of no additional funding. Their efforts led to stepped up efforts and better coordinated efforts at the village level."

WHO evaluation, 2015

4. “One of the most important areas of research needed badly, is on the practical experiences on effective ways of programmes providing adolescent & young people with information & services.”

“Researchers should determine more rigorously which mediating factors have the greatest impact on behaviour in different cultures...”

S Karim, 2016

COMMENTARY

What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices

Venkatraman Chandra-Mouli,^{a*} Catherine Lane,^{b*} Sylvia Wong^c

1. Adolescents are not reached by the interventions intended for them
2. Interventions delivered to adolescents have been shown to be effective, but are delivered with inadequate fidelity
3. Interventions have limited effects because they are delivered piecemeal
4. Interventions have limited/transient effects because they are delivered in a low 'dosage'
5. Popular interventions that have been shown to be ineffective for adolescents continue to be implemented

“Adolescents have higher rates of discontinuation than older women, but the obstacles to consistent use are poorly understood & often context-specific.”

DECEMBER 2015

CONTRACEPTIVE DISCONTINUATION: REASONS, CHALLENGES, AND SOLUTIONS

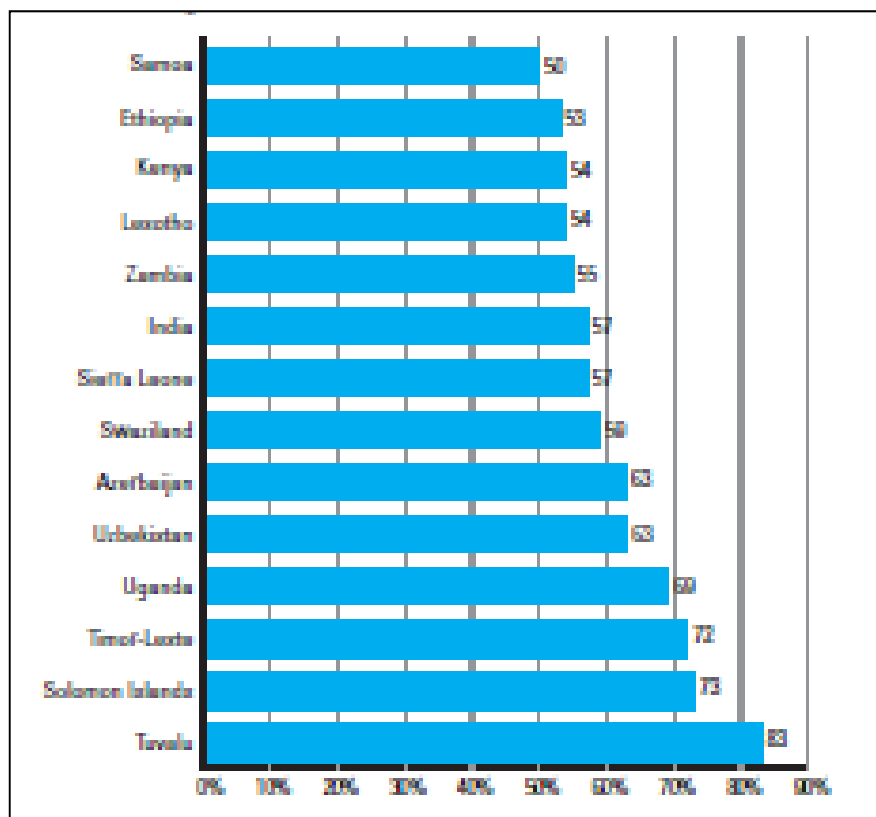
Sarah Castle and Ian Askew
Population Council



5. “Gender discrimination, especially against girls, is the root cause of child marriage, early pregnancy, maternal health/mortality, gender-based violence/violence against women, drop out from secondary education & less participation in labour markets by girls.”

S Karim, 2016

Percentage of adolescent boys, age 15-19, who believe that a husband is justified in hitting or beating his wife under certain circumstances. (Subset of countries where prevalence is 50% or higher)



UNICEF. A report card on adolescents. UNICEF. New York. 2012

UNICEF: Boys and girls in the life cycle. 2011.

RESEARCH ARTICLE

Understanding Factors that Shape Gender Attitudes in Early Adolescence Globally: A Mixed-Methods Systematic Review

Anna Kágesten^{1*}, Susannah Gibbs¹, Robert Wm Blum¹, Caroline Moreau¹, Venkatraman Chandra-Mouli², Ann Herbert¹, Avni Amin²

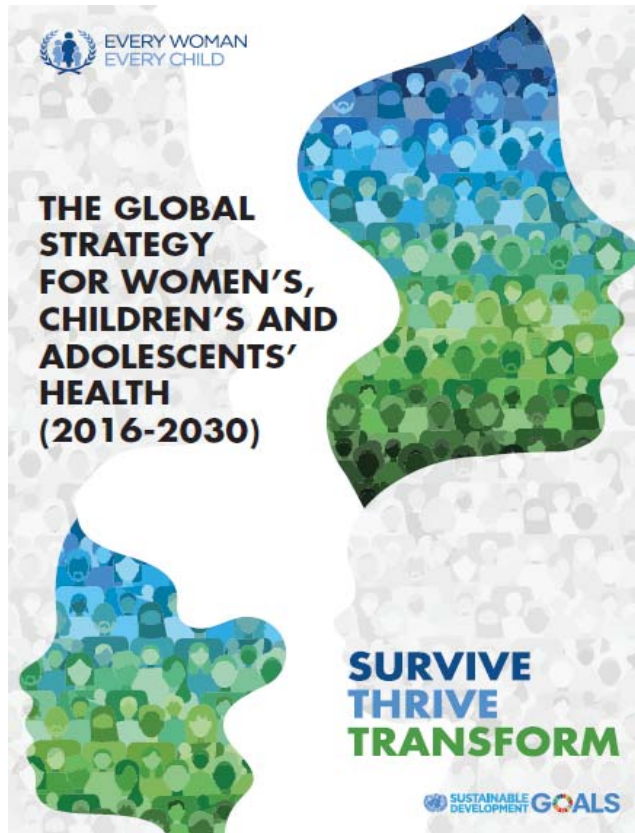
1 Department of Population, Family and Reproductive Health, Johns Hopkins School of Public Health, Baltimore, Maryland, United States of America, **2** WHO Department of Reproductive Health and Research, including UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, World Health Organization, Geneva, Switzerland

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Conclusions

The findings from this review suggest that young adolescents in different cultural settings commonly endorse norms that perpetuate gender inequalities, and that parents and peers are especially central in shaping such attitudes. Programs to promote equitable gender attitudes thus need to move beyond a focus on individuals to target their interpersonal relationships and wider social environments. Such programs need to start early and be tailored to the unique needs of sub-populations of boys and girls. Longitudinal studies, particularly from low-and middle-income countries, are needed to better understand how gender attitudes unfold in adolescence and to identify the key points for intervention.



" The updated Global Strategy **includes adolescents because they are central to everything we want to achieve**, and to the overall success of the 2030 Agenda. By helping adolescents to realize their rights to health, well-being, education and full and equal participation in society, we are equipping them to attain their full potential as adults."

- Ban Ki-Moon, Secretary General, United Nations

2015