Share-Net
International
The Knowledge Platform on
Sexual and Reproductive Health & Rights

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR ADOLESCENTS AND YOUTH

DELIBERATIVE DIALOGUES REPORT: SHARE-NET INTERNATIONAL CO-CREATION CONFERENCE 2020/21

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ACRONYMS AND ABBREVIATIONS

BCC	- Behavioural Change Communications
CSO	- Civil Society Organisation
CoP	- Community of Practice
ICT	- Information and Communications Technologies
NGO	- Non-Governmental Organisation
RO	- RedOrange Media and Communications
SRHR	- Sexual and Reproductive Health and Rights
LGBTQI	- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex
PDSA	- Plan, Do, Study, Act

INTRODUCTION

This report is prepared based on the deliberative dialogues conducted with the representatives of the member organizations of Share-Net International working in the four country hubs. The objective of the deliberative dialogue was to "think together"[1] involving a diverse group of stakeholders concerned by the conference topic - decision makers, researchers, implementers and donors - to "find the best course of action" (ibid). Deliberative dialogues provide an opportunity to consider the best available global and local research evidence alongside tacit knowledge of the key service systems, actors that are involved in the issue being considered or likely to be affected by a decision related to it.[2] (Moat et al., 2014).

Deliberative dialogues were conducted through focus group discussions with the members of the Communities of Practice (CoPs) on SRHR for adolescents and youth from the country hubs of Share-Net International - Share-Net Burundi, Share-Net Bangladesh, Share-Net Jordan and Share-Net Netherlands. Members of the CoPs represented policy makers, researchers, implementers, community workers, young leaders and donors. During the FGDs, the members of the CoPs were asked to share their experiences and perspectives, the main gaps and the good practices and interventions in the field of SRHR for the adolescents and youth. The participants were asked three key questions: what are the main gaps and highest priority, what should be done and how we can improve policy and practice in the field of SRHR for adolescents and youth.

The deliberative dialogues yielded promising information that helped to identify key challenges and gaps to address as well as areas to make a list of useful recommendation for improving existing policies and practices. However, the scope, time and plan for the deliberative dialogues were limited considering the vastness and significance of the conference theme.

SUB TOPICS

The following sub-topics are identified based on the deliberative dialogues conducted for the conference as well as form the research conducted for preparing the narrative review and evidence brief for the co-creation conference. These sub-topics can be used to divide the participants of the conference and to organize sessions during the conference events.

1. COMPREHENSIVE SEXUALITY EDUCATION:

- CSE aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual

[1] London, S. (2020). Thinking together: The Power of Deliberative Dialogue. Available online at http://scott.london/reports/dialogue.html.

[2] Moat, K. A., Lavis, J. N., Clancy, S. J., El-Jardali, F., Pantoja, T., & Knowledge Translation Platform Evaluation study team. (2014). Evidence briefs and deliberative dialogues: Perceptions and intentions to act on what was learnt. Bulletin of the World Health Organization, 92(1), 20–28. https://doi.org/10.2471/BLT.12.116806

relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.

- Comprehensive sexuality education deals with topics that are taboo in existing cultural norms in many countries. Thus, implementing CSE programmes are challenging; and had been modified in most countries to make the programmes culturally appropriate.
- Global evidence shows that adolescents make unsafe sexual health decisions than their adult counterparts despite all the interventions running for school-based sexual health education.
- Sexuality education programmes are developed largely by adults without any input from adolescents.
- Educators, researchers and policy makers need to listen to the adolescents 'and youth's perceptions in order to modify and create programs that could potentially improve sexual health outcomes for the young population.
- Education and health sectors can work together to leverage the potential of schools as a platform to reach large numbers of adolescents with comprehensive sexuality education (CSE).
- Many of the most vulnerable adolescents and youth are still not in school, and they require targeted responses to meet their health, social, and developmental needs.

2. SUSTAINABLE MEANINGFUL YOUTH PARTICIPATION:

- Meaningful youth participation (MYP) is a rights-based approach that sees young people as active social agents is vital in SRHR programmes. Ensuring MYP is important to successfully achieve the goals of SRHR for adolescents and youth.
- MYP in SRHR programmes would make the programmes to engage young people's capacity to critically reflect on factors that underpin the SRHR issues they want to change and provide them with the opportunities to address these factors and contribute to change.
- The importance of MYP is already acknowledged, but the fund budgeting is not enough since the funding for particular programmes is mostly determined by the political agenda.
- Tokenism and underrepresentation are other two challenges that keep behind the sustainability MYP[3].

[3] Tokenism refers to the process when young people's participation is superficially accomplished. It means in projects, programmes, activities and processes where young people are not thoroughly involved in all the aspects of the decision-making process from a presumption that young people don't have the maturity to express an opinion, their voices are not listened or respected by the other non-youth members of the organizations, and in the end their ideas are not reflected and a real impact is not visible.

- Having a stereotypical assumption that young people are a homogeneous group, minority groups who are already underrepresented in mainstream development practices, are also underrepresented in MYP practices. In most of the cases it is urban, well-educated young people who get the chance to be a part of MYP.
- Youth-led organizations and young leaders are increasingly getting involved in dialogues around Universal Health Care (UHC), which is a critical step toward for increasing attention to adolescents' and youth's SRHR within the UHC agenda.

3. IMPACT OF SOCIAL NORMS, VALUES AND IDEOLOGIES ON SRHR:

- Existing gender inequality and harmful gender norms are one of the big challenges to achieve SRHR of adolescents and youth.
- Sexuality is a delicate subject as it is not only related to intimacy, belonging and reproduction but also to morality, taboo and stigma. Many religious dogmas and other 'traditional 'cultural values don't go along with the idea of sexual rights for all and complicate efforts to improve sexual and reproductive health.
- Young people's sexuality and sexual pleasure are often considered as taboo topic in most cultures.
- Unequal gender norms teach boys to behave like masculine (aggressive sexually and physically) and girls to be womanly (calm & quiet, vulnerable and asexual) in a heteronormative ground. Due to such gender norms, girls' often face sexual harassment and abuse by the men. And in many cultures, girls' SRHR needs are often suppressed by these norms.
- To mitigate the challenges caused by the unequal gender norms, most SRHR programmes target girls and women while boys and men remain out of the discussion. As a consequence, boys 'sexual and reproductive health rights are left unattended.
- Considering the impact of harmful social norms and practices, more funding are now available for SRHR for young people, particularly for specific issues such as ending child marriage, preventing and treating HIV, and—increasingly—improving adolescents' access to and use of contraception.

4. SRHR OF YOUNG PEOPLE WITH DISABILITY:

- People with disabilities are not treated as having sexual and reproductive desires and needs, or as not engaging in the active fulfilment thereof. Viewing sex from a biological viewpoint, with sex solely for the purpose of reproduction, and solely the reproduction of the 'fittest' means that people with disabilities are excluded.
- Lack of acceptability and misguided beliefs and social prejudices are prevalent regarding SRHR needs of disabled youth.
- Evidently, young people with disabilities are easy targets of sexual violence.

- Parents, teachers and health care providers feel anxious and untrained and lack the confidence to discuss sexuality with children and young people with disabilities.
- NGOs working on SRHR have a blind spot for people with disabilities, or do not know how to reach or find them, where NGOs working on the inclusion of people with disabilities often find it hard to holistically include SRHR in their programming.
- There is significant lack of training materials as well as contextual and culturally appropriate accessible information.
- Sustainable and inclusive development has gained momentum over the past couple of years. And, there is an increased emphasis on the inclusion of marginalized groups, including young people with disabilities.
- It is important to tackle this challenge from an intersectional approach, e.g., when making a health centre youth friendly, make sure it is also disability-inclusive and gender sensitive.

5. SRHR OF YOUNG PEOPLE WITH DIVERSE GENDER IDENTITY AND SEXUALITIES:

- Youth LGBTQI is one of the most vulnerable groups in the context of SRHR. Most SRHR programmes and interventions for adolescents are influenced by the dominant heteronormative viewpoint, where most adolescents are thought to be a heterosexual homogenous group. Their identity is not recognized nor are their needs addressed.
- Existing SRHR projects mostly deal with the adult LGBTQI population while issues regarding safety, sexual identity and health rights are the same or worse for the young population. Even the sexuality education curriculum in many countries does not address the issue.
- In many countries, the expressions of sexuality and gender other than the heteronormative one is illegal. In those circumstances, it becomes impossible or extremely challenging to work with the LGBTQI youth for their SRHR needs.
- Data are limited on how best to develop and implement practices and policies that support LGBTQI youth, and the limited data that available are mostly originated in North America or Europe, and under-representing the countries with the greatest stigma.
- Less research and little data on LGBTQI adolescents negatively effect on further inclusion of the group in SRHR projects.
- The past decade has seen progress in rights and academic scholarship for lesbian, gay, bisexual transgender, queer or questioning (LGBTQI) persons, which is promising. The situation is much better for the LGBTQI youth in some developed countries where their rights have been recognized i.e., same sex marriage, voting rights for third gender, LGBT parenting, non-discrimination law etc.

6. EVIDENCE BASED ADVOCACY:

- Advocacy for SRHR is essential as it is engulfed with stigma, norms and ideologies. It is far more crucial for adolescents and youth because these groups are affected the most if they do not get proper information and access.
- To understand the problems and complexities that exist between SRHR and adolescents and youth, organizations dealing with them should know the facts first. Facts can only be found by proper data collection where young people are genuinely represented and their demands and priorities are considered.
- Strong and reliable data helps organizations to effectively advocate for their interests, lobby policymakers and influence the governments' agenda.
- Conducting adolescent and youth SRHR research is challenging, as there are complex ethical considerations for protecting confidentiality and privacy, obtaining informed consent, and addressing vulnerabilities.
- SRHR data collection methodologies are typically focused on non-youth and on some specific areas. Focus of past and current research is still largely on physical health outcomes, starting from a public health perspective and predominantly using a risk-reduction approach.
- Mental and social well-being, including body image, self-esteem, and equal romantic and sexual relationships, which are intrinsic parts of sexual and reproductive health, receive far less attention and are often measured only in small-scale cross-sectional studies, making it difficult to detect trends.
- Continuing influence of social taboos on adolescent sexuality also affects the availability of data. This is not only reflected in the choice of indicators but may also influence the reliability of data because of underreporting of socially less accepted behaviours such as sexual activity or induced abortion.
- The scale of underreporting of certain issues is not easy to estimate. Even policy making and programme designing are often impacted by stereotypes of cultural norms rather than based on evidence.

7. COVID-19 AND SRHR SERVICES:

- SRHR services and programmes have been affected so much by the Covid-19 pandemic. SRHR service system has faced adverse effects from both the service side and the demand side. Health worker shortages (due to movement restrictions, illness, family demands or inability to work remotely), supply chains stock out (supply of products has been disrupted globally and locally due to manufacturing shutdowns, restrictions in transportation and import delays) are only a few examples of the adverse effects at the service side.

- Many young people could not get necessary SRH services because the services were not part of essential services.

- Movement and travel restriction during lock down, financial shocks (cash flow shortage because of reduced banking availability, drops in income that affect people's ability to pay for the services, redirecting budgeted resources to buy personal protective equipment, or for related maintenance), as well as policy level restrictions or lack of regulatory approval on telemedicine (i.e. in cases where abortion, injectable contraception is illegal) created huge barriers to people for accessing necessary SRH services.

- Events happening online cannot make room for the youth voices to be heard as is seen in the context of comprehensive sexuality education. In a lot of countries CSE is not seen as a priority.

- Since the school sessions are down, young people cannot carry on with comprehensive sexuality education. Parents would want kids and teenagers to be learning about the 'proper' subjects and not CSE because it's not considered necessary.

- Epidemic creates an opportunity to rethink SRHR services. Responding to the epidemic, some countries have already innovated some systems to their service delivery model. For instance, Physical distancing policies – introducing appointment systems in clinic (to prevent infection), telemedicine (to provide medical abortion at home), use of mega phones, mobile phones, community radio messages, social media – Facebook, WhatsApp (to deliver SRH messages), involving pharmacies as contact and counselling centres so that people particularly girls and women will easily access the service.

- Shifting to online forums and formats has improved the ability to reach more and diverse groups of young people that due to limited resources were not able to participate in some of the events in-person.

8. RETHINKING SAFE DIGITAL SPACE:

- Technological advancement and access to Internet, and other communication technologies have tremendous impact on SRHR for the young population. These technologies are profoundly shifting the ways that adolescents interact with their peers, family, and the world at large, including how they learn, communicate, make decisions, form relationships, explore their sexuality, and manage their health.

- Digital health interventions have been lauded as an opportunity to partner with young people for designing interventions that are more attractive and relevant to adolescents' and youth's needs and preferences.

- Digital innovations hold great promise in improving SRHR for the young people, as long as careful attention is paid to identifying and mitigating risks, such as data privacy, cyber bullying, state surveillance, commercial exploitation, and exposure to unreliable information (e.g., fake news) and

non–age-appropriate content—the latter is particularly important in the case of very young adolescents.

- Although technological innovations have the potential to improve adolescents' ability to independently access information and services, we must apply them in a way that mitigates rather than exacerbates existing inequities, such as those related to wealth and gender.
- Online interventions are enabling adolescents to independently seek ASRHR information on their own terms, as in the case of text lines, online counselling, chatbots, and informational websites.
- Biomedical and technological innovations are increasingly providing new opportunities for adolescents to exercise self-efficacy and autonomy in obtaining health services, as in the case of self-care (e.g., HIV self-testing kits and self-injection of subcutaneous DMPA).
- Smartphones, apps, and social media are supporting adolescents to expand their social networks, meet romantic partners, and engage with peer-led social activism, as in the case of numerous youth-led movements now pushing for change around the world.
- It is critical to utilize internet technologies for reaching the young population and providing youth-friendly and safe resources for SRHR information and services.

9. USE OF MASS MEDIA:

- Mass media constitute an important source of information for the general public and policy makers and can disseminate information in a broad, timely, and accessible manner. The mass media have excellent potential to promote good sexual and reproductive health and rights outcomes for adolescents and youth.
- Mass media, however, often fail to prioritize sexual and reproductive health and rights issues or report them in an accurate manner around the world.
- Using all types of mainstream media i.e. cinema, television, radio and newspaper to circulate SRHR related information can bring significant impact on public opinion and views on SRHR issues that are often considered controversial or frowned upon by the social and cultural norms.
- It is critical to discuss with the government to be less regulative for utilizing the mass media more effectively for strict regulation restricts and distorts messages between service providers and targeted population.
- Attention to be given in choosing the right media depending on the content and target group and to prepare the message based on the media platform. If the content is prepared for the marginalized poor people, it is better to use broadcast media instead of print media. Because in most of the cases, poverty and marginalization has a negative relation with literacy.
- It is also crucial to support to increase media literacy. Because mass media is the public domain that addresses mass people. Thus, to ensure the access of the public and to be evaluated by the public properly, an enabling environment is necessary.

- Moreover, health agencies and organizations should look out for strategic ways to engage journalists and media personnel in the sexual and reproductive health and rights campaign.
- One good strategy can be providing journalists with data, trainings and seminars which would intelligently aid their reporting on the issue.
- Also, organizing journalist awards with cash prizes for good reporting on SRHR can boost the status and prestige associated with reporting on SRHR.

EXAMPLES OF KNOWLEDGE PRODUCTS

A significant part of the Share-Net International Co-creation Conference 2020-21 is the co-creation of knowledge products that could be useful for different organizations and youth. The following section lists several knowledge products that can be developed and beneficial in contributing to policymaking, practical implementation, and targeted dissemination. The deliberative dialogues yielded suggestions for various knowledge products as well as emphasized on collaboration among varied-background participants with the co-existing knowledge products plan. The following knowledge products can be inspirations to be developed or to have collaboration with.

1. Interactive Audio-visual Materials for CSE
2. Context-specific toolkits for making sexuality education comprehensive
3. Guideline on Institutionalized Youth Policy and Strategy
4. Visual SRHR materials for youth with intellectual Disabilities
5. Digital application and safe connection with doctors and SRHR experts
6. Popular policy brief
7. Radio programmes
8. Podcast
9. Community based informative play or shows
10. Infographics
11. Blogs
12. Advertisements from social responsibility perspective