

# FieldNotes

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## Integrating Reproductive Health into Youth Development Programs: Lessons for the Future

*“Governments that are serious about eradicating poverty should also be serious about providing the services, supplies, and information that women need to exercise their reproductive rights.”*

— Babatunde Osotimehin, Executive Director, UNFPA, on the release of its 2011 State of World Population Report.

Despite the geographic, economic, and cultural diversity of the world's 1.8 billion young people who are between the ages of 10 and 24, they all share remarkably similar concerns related to their health. Part of the largest youth cohort in history, these young people need information, services, and support to make healthy decisions and prevent unplanned pregnancies, HIV/AIDS and sexually transmitted infections (STIs). In addition to the negative physical consequences of poor reproductive

health, adolescents also face steep social costs from unplanned pregnancies and STI and HIV infection. If such health-related challenges are not addressed, today's youth will face additional hurdles in their efforts to find a decent job or become positively engaged in their communities.

Evidence demonstrates that positive youth reproductive health (YRH) outcomes are closely linked with expanded educational

## Planning for Life Reproductive Health/ Family Planning Resources

- *A Framework for Integrating Reproductive Health and Family Planning into Youth Development Programs*
- *Family Planning, HIV/AIDS and STIs, and Gender Matrix: A Tool for Youth Reproductive Health Programming*
- *Project Design and Proposal Writing: A Guide to Mainstreaming Reproductive Health into Youth Development Programs*
- *Reproductive Health Lessons: A Supplemental Curriculum for Young People*, available in:
  - English
  - Spanish
  - Arabic
  - Kiswahili
  - Hindi
  - Sinhala
  - Tamil
  - French

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and economic opportunities.<sup>1</sup> Therefore, projects that holistically address various aspects of a young person's life, including education, health, civic engagement and work, are more likely to have a lasting impact. Moreover, the inclusion of reproductive health information and services within existing youth development programs can motivate youth to postpone sexual activity or practice safer sexual behavior by helping them understand the long-term effect of their decisions and the importance of planning for their futures.<sup>2</sup>

As part of its global youth development agenda, the International Youth Foundation (IYF) has been working since 2007 to integrate YRH and family planning (FP) into existing youth activities through the *Planning for Life* (PFL) project. As part of this effort, a number of IYF global partners have added a sustainable YRH/FP educational component into ongoing youth employability, entrepreneurship, education, and leadership training projects. Pilot programs of this integrated model have been successfully implemented in the Philippines, India, Sri Lanka, Jordan, Kenya, Tanzania, St. Lucia, and the Dominican Republic.

In order to employ a universal approach to YRH/FP integration, IYF has developed a reproductive health curriculum and other tools designed to promote their effective integration into ongoing initiatives. IYF's basic package of RH lessons has been adapted, tested and integrated into programs in Latin America and the Caribbean, Sub-Saharan Africa, the Middle East and North Africa,

and Asia. The tools and curricula developed by the *Planning for Life* project present globally recognized concepts for effective integration, with special care given to translation, adaptation and testing of YRH/FP lessons for each different cultural context. Complementing these global standards is a set of best practices that have emerged during the implementation of the *Planning for Life* project that are designed to ensure that RH is effectively integrated into non-traditional settings for health education.

This issue of *FieldNotes* presents those experiences, lessons learned, and practical recommendations for use by national policy makers and local practitioners alike as they seek to promote this more inclusive approach to integrating reproductive health issues into broader youth development initiatives worldwide.

## Best Practices for Integrating Reproductive Health into Youth Development Initiatives

**Involve Youth-Friendly Service Providers:** Prior to starting up youth training programs, it is recommended that implementers conduct a community mapping exercise to identify existing services for family planning and reproductive health, substance abuse counseling, and gender-based violence counseling. Staff from the implementing organizations are encouraged to visit these centers to ensure that a youth-friendly attitude is being maintained both at the reception desk as well as by individual service providers. This approach enables trainers to identify specific youth-friendly service providers to whom they can refer youth during the training.

One strategy used was to invite select youth-friendly service providers to help give supplemental information during the STI and/or contraceptives lessons. This relieves some of the pressure felt by non-traditional health trainers who are teaching these technical concepts. Additionally, this approach makes youth feel more comfortable with service providers and thus more likely to visit them and access their services.

In Sri Lanka, for example, Bryanne Gilkinson, former Country Director of EMERGE, said their organization built a relationship with a nation-wide family planning organization that came to speak to program participants. "This helped make the material we were covering more 'real,'" she said, "and enabled our young people to think through the support systems that were in place for their lives moving forward."

**Complement Existing Programs:** In order to make YRH/FP integration a seamless and unobtrusive process, it is important to complement existing youth development programs. A majority of youth-serving organizations already teach life skills classes, which typically include concepts such as self-confidence, communication, negotiation and decision-making skills. IYF has identified life skills

<sup>1</sup> ICRW. *Making It Work: Linking youth reproductive health and livelihoods*. Washington DC: ICRW, 2001

<sup>2</sup> WHO/UNFPA/UNICEF. Report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health. Technical Report Series, No. 886. Geneva: WHO, 1999.



Young men (Left) in India are taught a new health lesson. Girls (Below) from Sri Lanka work to piece together a puzzle, as part of their PFL training.



classes as a prime entry-point for YRH education, because the role plays and scenarios presented in YRH lessons reinforce the life skills that participants have recently learned. For example, youth will need to apply decision-making skills when they are confronted with alcohol and drugs, and negotiation skills to ensure safe sexual practices.

Implementers have found it most effective to integrate the reproductive health lessons toward the end of a life skills training cycle, after the youth have learned basic competencies and developed a rapport with their trainers and classmates. Masood Akhtar, a lead trainer at the Society for Awareness, Harmony and Equal Rights (SAHER) in India, confirms the value of such a strategy. “It is very important to have a certain amount of familiarity and comfort level among the participants before the reproductive health sessions begin, and integrating it into our existing module made it easier for trainers to introduce reproductive health topics.”

Another recommendation: trainers should plan to integrate YRH/FP concepts in ways that reinforce the concepts already being taught in employability, leadership or education programs. For example, trainers may use role plays, games, and discussion questions to underscore the impact of reproductive health issues in a school, workplace, or community setting. Risk-related scenarios that youth may encounter should be identified and discussed to enable them to negotiate these situations.

**Utilize Non-traditional Health Trainers:** Many “integration” initiatives within youth education, civic engagement and vocational training programs hire external consultants or service providers to teach reproductive health lessons. This approach results in siloed training initiatives that need extensive resources to be sustained. IYF has found that the most effective strategy is to build the capacity of implementing organizations themselves by sensitizing and training existing staff on the delivery of basic YRH concepts.

IYF’s basic package of YRH lessons includes ten hours of classes around the issues of personal values, puberty, reproduction, teenage pregnancy, contraception, STIs, HIV/AIDS, substance abuse, gender roles & stereotypes, and gender-based violence. Once staff members have been trained to present this basic package of lessons, the implementing organization only needs to add ten hours per training to their future budgets for staff time and training costs, thus making replication of the training more cost effective. The investment in training existing staff — made by all IYF implementing partners to date — enables the teaching of reproductive



After this workshop, I feel empowered to make my decisions regarding marriage, family planning, and the right to express my need for well being."

— Rosy, 21, participant in a reproductive health workshop, Mumbai, India



A teacher in Kenya distributes questions to her students (right).

health integration to be sustainable beyond the funding of the project.

The strategy of training existing staff also helps to build the professional skill set of individuals within the organization. Janet Mshilla, Planning for Life Master Trainer at the African Center for Women and Information Communication Technology (ACWICT), says, “Before the *Planning for Life* program, I could not see myself as a Reproductive Health Trainer. I have come to a deeper understanding of the reproductive health issues affecting the youth in Kenya, and I am now more sensitive to the youth who attend training at ACWICT, and can impart knowledge confidently.”

Nonetheless, training staff and teachers who have no health background presents a unique challenge. To meet this challenge, IYF has developed a uniform Master Training and Training of Trainers (TOT) model that includes sessions on reviewing and discussing YRH issues, techniques for discussing sensitive topics with youth participants and dealing with difficult participants, and a community mapping session where trainers begin to identify locations for health referrals. In both the Master Training and TOT models, trainers undergo a practicum where they “practice teach” the RH lessons and receive feedback and training tips. A primary concept taught in the TOT sessions is that trainers should not try to answer health questions for which they do not know the answers. Instead, they should tell youth that they will either consult a health professional and relate that information back to the class or refer the participant/s to a youth-friendly service provider if appropriate.

Prior to implementing the training sessions, it is important to work with implementing partners to ensure that selected staff and teachers possess an enthusiasm for learning a new skill, have a background in youth training – ideally life skills and experiential training – and recognize the need for YRH/FP education.

Sherlon Leon, a Planning for Life Master Trainer at the National Skills Development Centre in St. Lucia, explains this approach: “When selecting trainees, it is important to ensure that they are willing to work with young people and possess a passion for holistic youth development. It has been noticed that willing and passionate trainers go the extra mile in carrying out their training.”



**Ensure Community Buy-in:** From the outset, organizations that are new to the field of YRH/FP education need to work with community stakeholders, local health NGOs, other trainers and teachers within their own organization, the government, traditional leaders, and parents to generate buy-in for the project. It is also highly recommended that implementing organizations keep these stakeholders informed throughout the process, in order to create and sustain a supportive environment for the program and its participants.

Tom Siambi, a trainer from Nairobi’s ACWICT program, reflects on the importance of creating a positive environment. “Working with community health workers, parents and teachers throughout the project ensured that young people could receive information on reproductive health in a secure and reinforced environment.” The implementing organization in St. Lucia went the extra step and hosted representatives from the prominent youth-focused social agencies in the country at their training of trainers (TOT) event. Included in that gathering were representatives from Probation and Parole Services, the Ministry of Education, the Ministry of Youth and Sports, Planned Parenthood, and various NGOs.

Iroshini Kalpage, a trainer at EMERGE, underscores the need for building an inclusive cadre of community leaders who not only understand the goals of the program but also have a stake in its success. “We conducted the RH trainings in sexual assault shelters for teenage girls, and we found that a core component to leading successful workshops was ensuring that all matrons and staff at the home understood the curriculum before implementation and had the opportunity to ask questions. Furthermore,” she continued, “we found it was important to explain how we evaluated effectiveness with pre- and -post tests as some staff were unfamiliar with

this method of evaluation and had concerns about administering surveys before the girls had been taught RH material."

Although stakeholder involvement is a global best practice, it can be a daunting process to organizations newly introducing a YRH/FP component. Rama Shayam, Executive Director of SAHER in India, shares that during the initial meeting, community stakeholders, especially people from the Islamic clergy, were opposed to the reproductive health lessons. "However," she said, "there was one member of the religious group who spoke directly to young men who wanted to participate in the test group workshop, saying, 'these lessons will educate you to prevent diseases and therefore this information is needed.'" Identifying a champion for the program within the local Islamic clergy was crucial for establishing community buy-in. Afterward, SAHER had no difficulties recruiting youth to participate in their civic engagement program, which contained the integrated YRH/FP component.

**Adapt the Program to the Needs of Local Youth:** No matter what kind of youth development training is being offered, young people will possess varying levels of accurate information and understanding about YRH/FP issues. These differences are based on many factors including education level, age, culture, and environment. Therefore, it is highly recommended that trainers survey participants before the reproductive health lessons are taught, to ensure the lessons are appropriate to their level of knowledge. In Jordan, for example, an initial situation analysis revealed that the target group had an extremely limited understanding of fundamental health concepts such as puberty. Therefore, trainers spent extra time providing basic YRH/FP information on puberty and reproduction with this group before delving into more complex issues like STIs and HIV/AIDS.

Implementers also face the challenge of handling different levels of literacy in such classes. Ms. Gilkinson at EMERGE explains some of the ways her organization has addressed these issues. "Our implementation of the RH curriculum was delivered to survivors of sexual violence who lived in shelters, many of whom had not had the opportunity to go to school. As such, we maximized the use of role plays and active games to keep youth engaged and to accommodate various reading levels."

Sometimes, implementers need to take additional steps to adapt material to meet the particular needs of their target group. For example, some of the young

girls who participate in EMERGE programs have had children as a result of their sexual abuse. As a result, says Ms. Gilkinson, "We took special care to adapt role plays to reflect the unique histories of our target population and included stories based on real challenges past participants had faced after leaving the shelter. We also sensitized the teenage pregnancy lesson to ensure that young mothers in our program did not feel ashamed or discouraged during the activities."

During the *Planning for Life* project, trainers were also encouraged to listen for common myths and misconceptions, and further adapt activities in the curriculum to respond to them. In Jordan, trainers incorporated quotes from the *Quran* to reinforce YRH/FP messages in a way that would resonate with their young audiences.

Based on cultural considerations and feedback from the youth, YRH/FP lessons were in some cases taught separately to young men and young women. However, implementing partners in St. Lucia and India found that the lesson on gender roles incited more discussion and learning when taught in mixed groups. After attending the mixed group training by SAHER at his university in Mumbai, 20-year old Harshal admitted: "I had heard about gender inequality, but never realized that I have been party to it by being insensitive towards women in my family. I have found a new respect for women."

**Adopt an Interactive, Non-threatening Learning Atmosphere:** It is important to reinforce collaborative and experiential training styles when working with trainers who are new to the health education field. Scare tactics, forced disclosure, and long lectures are heavily discouraged. Each lesson is structured to be participatory in nature, beginning with an activity to generate interest in the topic, followed by a short talk which is reinforced by a group activity



A teacher talks with her student about reproductive health in Tanzania (right).

that allows youth to apply the concept that they have just learned. Finally, each lesson closes with a personal application section that encourages participants to reflect on the YRH/FP topic as it relates to their own lives.

To make the subject matter less intimidating to trainers and youth, the *Planning for Life* RH Lessons are organized so that the lowest-risk lessons (personal values and puberty) are discussed at the beginning of the curriculum. The teacher then increases the risk levels incrementally so that the highest-risk topic (gender-based violence, which includes information about incest and rape) is taught at the end. Experiential learning techniques are emphasized to help participants think through and apply the concepts to their everyday lives. Ruth Kwamoka of ACWICT in Kenya explains this approach. “The role plays and scenarios have helped the youth learn to think under duress. The youth have to be taught in a language that they understand and can identify with so they reach a comfort level in the discussion.”

Group size is also important to ensure that youth feel comfortable speaking out about sensitive RH topics. Implementers are encouraged to teach classes of less than 25-30 youth, and have in some cases divided vocational training classes into smaller groups to fit within this range. Even in these small group sizes, some youth may not feel comfortable speaking out in class. Iroshini Kelpage from EMERGE says: “We found that girls liked being able to ask questions anonymously, so we encouraged them to write their questions on pieces of paper which would then be read to the group by a trainer and addressed out loud to everyone.”

Employing interactive teaching methodologies also helps youth to develop a bond with their trainers. Rama Shayan in India explains, “During the RH workshops conducted by SAHER, the experiential learning style enabled participants and trainers to strike an extremely congenial rapport... so much so that we now get calls from youth volunteers periodically to discuss issues related to RH and sexuality.”

## Conclusion

Integrating a YRH/FP component within youth livelihood, entrepreneurship, civic engagement and education programs can help young people develop the skills, self-esteem, and motivation necessary to adopt and sustain healthy sexual and reproductive behavior. Global standards for health education dictate that YRH/FP lessons should be translated, adapted and tested prior to integration. Additionally, throughout the integration process it is important to supplement existing programs, develop training plans that

meet the needs of non-health trainers, get local buy-in, and involve youth-friendly service providers. Employing these and other best practices to YRH/FP integration can ensure a seamless integration of even the most sensitive issues into youth development programs.

Health workers and policy makers alike should keep in mind that successfully integrating these reproductive health and family planning teachings into youth development programs has significant and long-lasting implications for the community as a whole. As one program supporter noted, “The knowledge acquired through the reproductive health lessons will not only impact the current generation but the upcoming and future generations as well.” In its recent report announcing that 7 billion people now inhabit the earth, UNFPA notes that in the developing world, where population growth is outpacing economic growth, “the need for reproductive health services, especially family planning, remains great.” Given the urgency of this global challenge, it is more critical than ever that the experience and learnings that have been gained over the past few years in this critical field are used to develop and shape ever more impactful and effective programs in the future.

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— A *Planning for Life* community supporter.

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For more information on the *Planning for Life* program, see [www.iyfn.net/planning-for-life](http://www.iyfn.net/planning-for-life) or contact Angie Venza at [a.venza@iyfn.net](mailto:a.venza@iyfn.net)