

Young people, from vulnerability to resilience

LEARNING FROM INNOVATION

A series of publications from IPPF's Innovation Fund, providing inspiration and practical ideas on new approaches for people working to advance sexual and reproductive health and rights.

Vulnerability is about a person's ability to cope with the problems they face

Around the world, young people are an immense and heterogeneous group of individuals who often face **barriers that prevent them from enjoying good sexual and reproductive health, and from realizing their sexual and reproductive rights**. These barriers can be both individual characteristics and features of their living environment. They can make young people especially vulnerable to unwanted pregnancies, maternal mortality or morbidity, HIV, other sexually transmitted infections, gender-based violence, unfulfilling sexual relationships and so on. The **nature and extent of vulnerability varies enormously** according to ethnic group, religious and cultural values, socio-economic status, geographical location, age, gender, sexuality, and mental and physical ability.

Vulnerability can be found within the individual, meaning personal characteristics and capacities. A person with positive self-esteem, good communication skills, critical thinking skills, decision-making power and a sense of purpose will be more resilient and empowered than those who lack these attributes. Individual vulnerability to HIV, for example, may be the result of a lack of accurate

knowledge about prevention, feeling unable to discuss it with your partner and/or insufficient power within the relationship to negotiate condom use.

Vulnerability can also be social: that is, external events, attitudes, pressures, cultural norms and behaviours that affect the individual. Families, communities and government authorities can all help or hinder an individual's ability to achieve good sexual and reproductive health and realize their rights. **Gender roles are important social features** because they often influence what are considered acceptable behaviours for men and women in intimate relationships.

Young people may be more vulnerable than adults because their rights are not always known by themselves or others, because they are relatively inexperienced, because sex among young people can be taboo, and because they are not accepted as sexual beings. **Young people are not always supported to make decisions about their own life**. Targeted interventions are necessary to enable young people to exercise their rights, to improve their resilience and enjoy good sexual and reproductive health.

ABOUT THIS ISSUE

Young People, From Vulnerability to Resilience brings together lessons learned from three Innovation Fund projects that successfully addressed the factors that make a particular group of young people vulnerable in the local context. Each project developed strategies to empower young people and their communities to better protect the health of young people and to enable them to make choices to improve their lives.

THE PROJECTS



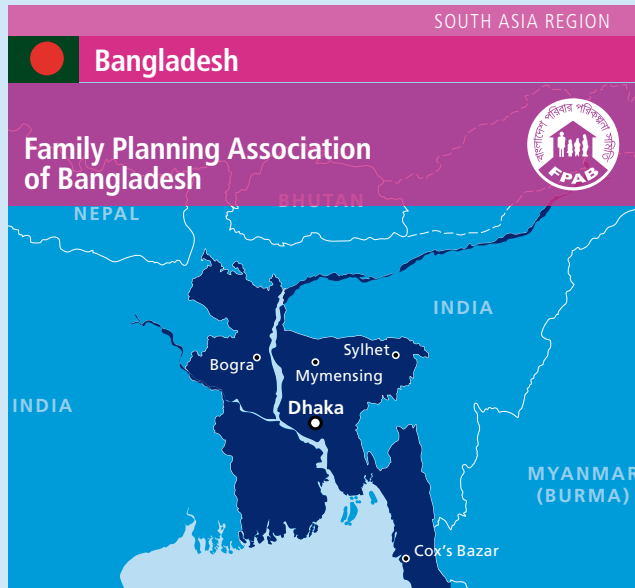
Advancing sexual and reproductive health and rights in madrasahs
Family Planning Association of Bangladesh




Empowering visually impaired young people with sexual and reproductive health information and services
Association Tunisienne pour la Santé de la Reproduction




Preventing child marriage in the Amhara region
Family Guidance Association of Ethiopia



 **Advancing sexual and reproductive health and rights in madrasahs**

Madrasah schools in Bangladesh offer an Islamic-focused education to poor and marginalized young people. Alia madrasahs include modern school subjects while Quami madrasahs only offer Islamic studies. Madrasah students have limited access to the outside world as their movement and access to mass media is restricted. Within this highly conservative environment, this project increased knowledge and understanding of sexual and reproductive health and rights. Intensive and sustained advocacy secured the support of madrasah authorities for peer education and service provision inside the madrasahs and in the wider community.

Young people enrolled in madrasahs	3,600,000
Increase in the number of madrasahs vs secular schools, 2001–2005	22% vs 10%
Women aged 15–19 who have begun childbearing	58.5%
Men under 25 years who had sex before age 20	18%

 **Empowering visually impaired young people with sexual and reproductive health information and services**

The sexuality of visually impaired young people in Tunisia is often not acknowledged or respected. This project is serving as a model for providing sexual and reproductive information and services by working through the training centres of the National Union of Blind People. Visually impaired young people were empowered and supported by: 1) opening electronic communication channels to them for the first time using specialist IT equipment and 2) designing educational activities that built confidence, discussed rights and put them on a par with their sighted peers.

Youth aged 10–24 years in Tunisia	30%
Number of visually impaired persons	20,000
Secondary school enrolment (as per cent of school age enrolment)	male 75% female 81%
Young people who think that women should be virgins at marriage	male 76% female 57%




 **Preventing child marriage in the Amhara region**

Marriage before the age of 18 is illegal in Ethiopia, but half of all young women are married by age 15 in the Amhara region¹. Child marriage reflects and perpetuates gender inequality and early childbearing, resulting in serious and recurrent health problems. This project prevented child marriages by: helping girls to stay in school and to contribute to household income; empowering community members to advocate for the rights of young people; and establishing a procedure to intervene before planned marriages take place.

Women aged 15–19 married before 15 years	13%
Women aged 15–19 ever married	30%
Young women enrolled in secondary school (as percentage of school-age girls)	16%
Lifetime risk of maternal death	1 in 27

LESSON 1

To reduce vulnerability, the reasons why a particular group is vulnerable must be understood at individual and social levels.

			
Issues	<p>Madrasah students are vulnerable to:</p> <ul style="list-style-type: none"> • ill health, including sexual and reproductive ill health • child marriage, maternal mortality and morbidity, gender-based violence 	<p>Visually impaired young people are vulnerable to:</p> <ul style="list-style-type: none"> • sexual harassment because they are unable to identify their attackers • being unable to choose if or when to marry and have children • sexual and reproductive ill health 	<p>Young women (below 18 years of age) are vulnerable to:</p> <ul style="list-style-type: none"> • child marriage, often involving much older men • early child bearing and associated maternal mortality and morbidity • gender-based violence
Individual vulnerability	<p>Madrasah students may:</p> <ul style="list-style-type: none"> • be unaware of their sexual and reproductive rights • lack skills and confidence to raise sexual and reproductive health issues with their parents or teachers • not have the freedom to access information available to other young people • not have the knowledge, skills or assertiveness to access sexual and reproductive health information and services 	<p>Visually impaired young people may:</p> <ul style="list-style-type: none"> • be unaware that they have the right to legal protection from sexual harassment • lack confidence to aspire to things that other young people do – marriage, children, a career • not have access to information that is available to other young people • not have the knowledge, skills or assertiveness to access sexual and reproductive health information and services 	<p>Young women may:</p> <ul style="list-style-type: none"> • be unaware that they have a legal right not to be married before they are 18 years old • expect to leave school, be married and have children at an early age • not achieve more than primary education • not have the knowledge or skills to discuss family planning or to access sexual and reproductive health information and services
Social vulnerability	<p>Madrasah as institutions often:</p> <ul style="list-style-type: none"> • see major contradictions between Islam and the open provision of sexuality education • severely limit the movement of young women (Quami madrasah) • are isolated from wider development processes, organisations and activities 	<p>Tunisian society often:</p> <ul style="list-style-type: none"> • views sexuality as a taboo subject resulting in limited availability of sexuality education for young people • sees visually impaired people, particularly women, as victims and does not recognize their rights to full sexual and personal lives 	<p>Communities and their leaders often:</p> <ul style="list-style-type: none"> • expect and support child marriage • see unmarried girls as social and economic burdens, especially if they are in school • limit women's decision-making power, including choices about marriage and childbearing

LESSON 2

An intersectoral approach, going beyond sexual and reproductive health to address the different dimensions of vulnerability, is necessary.

Tunisia

The Tunisia project shows that wider developmental needs, such as skills training, education, employment, legal issues and psycho-social support, need to be addressed alongside sexual and reproductive health needs in order to achieve project goals.

How we did it

- Collaborated with the National Union of Blind People (UNAT) and the Government of Tunisia to integrate sexual and reproductive health and rights issues into educational curricula for visually impaired young people.
- Trained UNAT teachers and health service providers about the sexual and reproductive health needs of visually impaired young people.
- Provided sexual and reproductive health education sessions, individual counselling and referrals for services through 10 UNAT centres.
- Identified partners to provide specialist services such as legal support.

Achievements

- Visually impaired young people have access to a much wider range of sources for information and services, specifically tailored to their needs.
- UNAT will extend the project to its remaining 14 training centres.
- The Government of Tunisia recognizes the value of working collaboratively to deliver sexuality education and services to visually impaired young people. Using this project as a model, the Government will develop similar activities for other disabled young people.

Ethiopia

The Ethiopia project reduced vulnerability to child marriage by focusing on the links between marriage, poverty and girls' school attendance. Parents were encouraged and supported to keep their daughters in school.

How we did it

- Young women who were at risk of child marriage were identified and supported to start income-generating activities. They were provided with seedlings for vegetable gardening as well as livestock or livelihood skills training. Agreements were signed with parents so that the income generated was retained by the young women and used to cover school costs.
- Attending secondary school often means that girls must leave the village, travelling further and/or staying away from home. Parents are concerned that this increases pressure on them to become sexually active and also makes them vulnerable to sexual assault. Groups were organized so that girls would travel with peers to and from school.
- Girls clubs were established in secondary schools and education activities organized to provide information on sexual and reproductive health and rights.

Achievements

- Parents are more supportive of keeping their daughters in school. Income-generating activities provide a financial incentive to further the education of young women and enable them to increase their status in the family.
- Young women have the information they need to protect their sexual and reproductive health.



I can now finish school and I want to be a doctor

Rabia Seid, 16 years old, from Ethiopia, delayed marriage to complete her studies

WHAT WE LEARNED

Addressing economic and social factors, such as poverty, illiteracy and unemployment, will strengthen young people's resilience against sexual and reproductive ill health.

Forming strategic partnerships facilitates a holistic approach while allowing project staff to focus on sexual and reproductive health.

Interventions designed to tackle poverty and promote education should relate specifically to the key problem (e.g. child marriage).

LESSON 3

The rights-based approach increases the resilience of young people and challenges communities and authorities to recognize and act on young people's rights.



Now we can access information on the internet like other young people

Visually-impaired students in Tunis

Tunisia

The Tunisia project demonstrated to the wider community that visually impaired young people have an important contribution to make, but in order to fulfil their potential they need to be equipped with knowledge and skills.

How we did it

- Visually impaired young people were supported to put on plays to present challenging situations they typically face, especially with regards to sexual and reproductive health and rights.
- Visually impaired young people received training to become peer educators and participated in the Youth Forum of the Member Association.
- Educational materials were produced in Braille, and the training centres of the National Union of Blind People were equipped with Braille keyboards, Braille printers and software that 'speaks' text on the screen.

Achievements

- For the first time, these young people are able to learn and communicate through email and the internet.
- Working alongside other young people, visually impaired young people have more confidence and feel better able to lead a fulfilling life.
- Families of visually impaired young people reacted positively to their new self confidence and no longer treat them as victims.

Ethiopia

The Ethiopia project generated debate on sexual and reproductive health issues, including child marriage, among all parts of the community.

How we did it

- A variety of stakeholders were trained as advocates on the causes and consequences of child marriage and on sexual and reproductive health and rights. Stakeholders included young people, health workers, teachers and religious leaders.
- School-based youth clubs were established and peer educators facilitated discussions on child marriage and related issues. Students prepared poems, stories, music, theatre and dance to engage others and to communicate messages.
- Teachers facilitated communication between young people and their parents, and supported the youth clubs.
- Discussions on child marriage and other sexual and reproductive health issues were held at community meetings, during home visits, coffee ceremonies and religious festivals.

Achievements

- Young women and men understand that they have a right to health and education, and the right not to be married (before they are 18 years of age).
- Young people are knowledgeable about contraception and how to prevent unplanned pregnancy and sexually transmitted infections, including HIV.
- Young people understand the potential negative consequences of child marriage for young women, for the family and the community.
- Local communities have taken ownership of the issue and leaders are acting to prevent child marriages within their own community.

WHAT WE LEARNED

Young people become more resilient as they gain knowledge and understanding of their sexual and reproductive health and rights.

As young people grow more confident, they are more likely to use sexual and reproductive health services.

Adults can help reduce young people's social vulnerability as they come to understand their rights and needs. Influential leaders can help change community attitudes. Parents and teachers may promote young people's rights.

LESSON 4

Organize and train groups within the community who engage with vulnerable young people to provide support when it is needed.



We can now talk and speak, we never used to talk about anything

Young female madrasah student from Bangladesh

Bangladesh

The greatest challenge in the Bangladesh project was to secure support for activities that promoted sexual and reproductive health from the governing body, principals and teachers in madrasahs.

How we did it

- All activities were presented in the context of Islam. Information materials were reviewed by influential Islamic leaders and used Islamic language and images, such as mosques.
- Madrasah representatives visited other madrasahs to see how activities were being implemented, even in similarly conservative institutions.
- Teachers were trained in sexual and reproductive health and rights and participated in student/teacher activities.
- Students had the opportunity to access health services and to speak to male or female doctors or counsellors in the madrasahs and/or in the community.

Achievements

- Madrasah students know where to get contraception, treatment for sexually transmitted infections and other essential services, which are still not formally supported by the madrasah authorities for unmarried people.
- As a result of better communication with teachers and access to medical service providers (with whom they can discuss bodily changes), students feel less stress and anxiety.
- Administrators of participating madrasahs are taking responsibility to improve the health of the students in their care.

Ethiopia

The Ethiopia project established an effective collaborative system to identify and intervene in planned child marriages.

How we did it

- Representatives from local government and neighbourhood associations, teachers, school directors, health workers and religious leaders participated in committees, each with specific responsibilities to prevent child marriage.
- Committees received information and training on the legal framework around child marriage, and in advocacy skills.
- Schools kept a list of 'at risk' girls known to have been promised in marriage as young children.
- School girls were encouraged to report planned marriages to a teacher, a peer educator or a committee member:
 - 1 Teachers or community leaders met with the parents to discuss their daughter's planned marriage.
 - 2 If ineffective, the neighbourhood association sent a letter to the parents, highlighting penalties that can be imposed (e.g. small fines).
 - 3 If parents are still unconvinced, police officers or representatives of the justice system can formally advise parents on the legal consequences of their actions.

Achievements

- Over two years it is estimated that the project prevented at least 30 child marriages.
- Community members, including young vulnerable women, know who they can talk to about planned marriages and have confidence that action will be taken when they do.
- Parents have the opportunity to understand the consequences of child marriage and to change their plans before any formal action is taken against them.

WHAT WE LEARNED

Working with a few key interested and influential individuals is critical to develop and expand a supportive network over time.

Having tenacious project staff and supporters can be the key to success: they should be relentless in finding allies, persistently restating their case to those who express anger or doubt, and meeting people on their own terms.

Young people are best supported when there are a variety of trusted adults they can go to for advice or assistance.

LESSON 5

Even within a group of highly vulnerable young people, the extent and nature of vulnerability will be different for young men and young women.



I am now better informed about my sexuality and can help my peers

Tunisian peer educator


Tunisia

Empowering visually impaired young women to realize their right to express their sexuality was more difficult than for young men. Parents of visually impaired young people perpetuated gender inequality in their attitudes about what their daughters could and should do, as opposed to their sons. Visually impaired young women were especially vulnerable to sexual harassment and assault.

How we did it

- Educational sessions were conducted to build the confidence of young people, but especially young women.
- Education highlighted that young women have the same rights as young men, including the right to legal redress if they are assaulted. The law on sexual harassment was translated into Braille.
- Involved parents to some degree, but realized later that parents have a significant influence on visually impaired young people and they should have been more directly involved.

Achievements

- Visually impaired young women have greater self-esteem and see themselves differently. Greater access to information is broadening their outlook on life and enabling them to explore different possibilities for their futures, including families and careers.
- Visually impaired young women are aware that they have legal rights, including knowledge of the laws on sexual harassment that will protect them in court.


Bangladesh

Young women attending residential Quami madrasahs rarely leave the confines of the school during term time, severely limiting their access to information and services. The project in Bangladesh increased this access and challenged violations of women's rights.

How we did it

- The project analysed Islamic teachings and demonstrated that they oppose dowry and child marriage, but actually support gender equality with regards to access to education, health care, and economic resources.
- Marriage registrars participated in project advisory committees and were encouraged to enforce the law around age of marriage.
- The project developed materials and activities on women's rights. Imams received briefings and students wrote articles for wall displays in madrasahs.
- Peer education training and health service provision were adapted so that they could be provided to young women in Quami madrasahs.

Achievements

- Madrasah students understand women's rights within Islam and under national law.
- For the first time, young women in Quami madrasahs are receiving sexual and reproductive health information and services inside the madrasah.
- Islamic leaders are using their authority to promote women's rights within Islam.

WHAT WE LEARNED

Project activities can effectively address two interacting layers of vulnerability – from being visually impaired or a madrasah student and from being a young woman in a patriarchal society, for example.

Young women increase in resilience as they develop assertive communication skills and the ability to think critically about their role in society.

Efforts to build resilience among young people should involve parents. Many negative attitudes that affect their life chances come from the parents.

Putting learning into practice

LESSON 1 **To reduce vulnerability, the reasons why a particular group is vulnerable must be understood at individual and social levels.**

- △ use a needs assessment to identify the different factors that make young people vulnerable
- △ decide which factors you can address most effectively

LESSON 2 **An intersectoral approach, going beyond sexual and reproductive health to address the different dimensions of vulnerability, is necessary.**

- △ partner with organizations that provide complementary services and establish effective referral systems
- △ design activities to target the interactions between sexual and reproductive health and other factors

LESSON 3 **The rights-based approach increases the resilience of young people and challenges communities and authorities to recognize and act on young people's rights.**

- △ help young people to empower themselves by offering activities that strengthen decision-making and communication skills, assertiveness and critical thinking
- △ use Sexual Rights: An IPPF Declaration as a tool to advocate for young people's rights

LESSON 4 **Organize and train groups within the community who engage with vulnerable young people to provide support when it is needed.**

- △ form a support network of adults (e.g. teachers and other authority figures) who are accessible to and trusted by young people
- △ recognize the importance of parents in young people's lives by including them in activities

LESSON 5 **Even within a group of highly vulnerable young people, the extent and nature of vulnerability will be different for young men and young women.**

- △ apply a gender lens and adapt activities to the different vulnerabilities of young women and men
- △ strengthen women's rights and support for young women within all key strategies

Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

Our vision

IPPF envisages a world in which all women, men and young people have access to the information and services they need; a world in which sexuality is recognized both as a natural and precious aspect of life and as a fundamental human right; a world in which choices are fully respected and where stigma and discrimination have no place.

About the Innovation Fund

The Innovation Fund was established in 2005 as an internal IPPF funding mechanism to promote ground-breaking initiatives around our five strategic priorities: Abortion, Access, Adolescents, Advocacy and HIV and AIDS.

References

- 1 Population Council (2000) Tabulations of Ethiopia Demographic Health Survey. From Erulkar, A. et al (2004) The Experience of Adolescence in Rural Amhara Region. Ethiopia. Washington: Population Council.

