

INITIATIVES INC. presents  
**REPRODUCTIVE HEALTH  
INTEGRATION ISSUES**

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Reproductive Health Integration *Issues* is a new publication of Initiatives Inc. designed to support the integration of reproductive health into the portfolios of community based organizations currently addressing other development concerns. In quarterly installments, *Issues* will address the complex programmatic, managerial and evaluative questions that arise in planning and implementing RH integration strategies.

The newsletter is a by-product of the USAID-funded SEATS Project, Reproductive Health Integration Initiative (RHII), which is based on the premise that integration provides a cost-effective and efficient method of extending services, giving women and men the opportunity to make informed choices about their pregnancies, ensure their reproductive health and help their children to survive.

**Why Focus on youth?** As the future of our civilization, youth's health, emotional maturity, values and judgment will affect the fabric of society. It is important for parents, community leaders and organizations to understand the pressures faced by young people and to offer guidance and support as they struggle toward adulthood.

Half of the world's population is under 25 and 85% live in developing countries; adolescents, those between 10-19 constitute 20%. As a population subgroup, people under 25 comprise 50% of the world's HIV infections; in many developing countries, more than 60% of all new HIV infections are among 15-24 year olds. According to UNAIDS, five young people are infected with HIV every minute. Adolescents have a contraceptive prevalence rate of less than 10%; generate two out of three diagnosed cases of STDs in industrialized nations, with potentially higher rates in developing countries; produce 10% of the world's births, have a 2-4 times greater risk of maternal death than in mothers over age 20; those between 15 and 19 seek 10% of all abortions; and 1/3 of all women seeking hospital care for abortion related complications are under the age of 20.

**Adolescence is stressful:** Adolescence, a period of intense hormonal changes, is typically marked by responses to the pressures of 'fitting-in',

experimenting with new and sometimes risky behavior, learning how to respond to sexual advances and the overwhelming desire to be independent. Teenagers' unfounded belief in their own immortality tends to influence their judgment. These behavioral issues and local traditional patterns influence adolescents in the developing world. Local customs are challenged by the media which sends often inaccurate and glamorized messages about 'irresponsible' sex and violence. Simultaneously young people are reluctant to seek advice from parents or other adult 'role' models, turning instead to equally inexperienced peers. In some developing countries, this reluctance is exacerbated by the fact that talking about sexuality is considered a taboo.

**Risk Factors:** As cultural norms begin to change in developing countries, the age of marriage is being delayed and the incidence of premarital sexual activity with one or more partners increases. This impacts the risk of unwanted pregnancy, unsafe abortions, STD and HIV infection. Sadly early parenthood usually means missed educational and economic opportunities, limiting future options.

The threat of violence, including rape and abuse; economic necessity leading to forced and/or commercial sex; cultural values stressing the importance of marriage; early and repeated pregnancies; and polygamy, often compelling young girls to marry older men are all potential sources of infection, pregnancy and compromised futures.

**Precaution Problems:** Youth often have misinformation about their fertility. They may not have access to contraceptives or RH information either due to ignorance about how to obtain it; embarrassment over asking for guidance; inability to pay fees, dissatisfaction with treatment received by health staff or discomfort at health clinics.

**STDs/AIDS:** Denying their ability to be infected with STDs and reluctance to seek testing or treatment are the 2 biggest obstacles to STD control. Yet young people are often more vulnerable than their elders as they change partners frequently. In addition, in some countries it is common for males to have their initial intercourse

with a commercial sex worker; for young women: female genital mutilation or circumcision leads to scar tissue which often bleeds during intercourse aiding HIV transmission; their still immature cervix lining makes them more prone to infection; and young girls are sought by older men who believe sex with a 'virgin' can cure an STD.

**Adolescent Pregnancy & Gender Issues:** Health risks to young mothers include cases of obstructed labor caused by an, as yet, too small pelvis; obstetric fistula or a hole between the vagina and bladder or rectum allowing leakage. Abortion, often under unsafe conditions, is sought by 4.4 million adolescents annually. Young expectant mothers are often expelled from school due to pregnancy while young fathers are allowed to continue.

**Challenges:** Overcoming the misconception that RH information for youth encourages their sexual activity is a challenge for policy makers, educators and planners. A preliminary task is to make teachers, parents and counselors comfortable with the subject of sexuality to allow a dialogue to begin. Locating appropriate, convenient and youth-friendly service sites for young people, particularly hard-to-reach youth, e.g. street children and out-of-school youth can also be a trial. For some young girls, early motherhood is not viewed as a problem but a sign of status and success. Helping youth and society understand the benefits of delaying first pregnancy is a prerequisite to providing family planning assistance.

As in the case of most behavior change programs, there are no easy answers to helping youth develop responsible sexual behavior. Here are some program guidelines:

### **Increasing Program Effectiveness: Lessons Learned**

- Involve youth in designing programs
- Recognize the diverse service needs of youth with varying sexual experience and provide a range from IEC, to protection against pregnancy to health care for pregnancy
- Understand and address differences in gender needs

- Ensure a sensitive, open and non-judgmental atmosphere
- Analyze where/ from whom youth gain their information about sexuality and prevention and provide appropriate guidance
- Provide training on adolescent issues & needs to clinic staff
- Combine training in negotiating skills (role plays) with information
- Provide opportunities for experimenting with condom use & purchase
- Develop hot-lines and call in shows to respond to intimate questions in a non-threatening manner;
- Use media events, such as dramas, and concerts with popular performers to reach large audiences & provide help with appropriate decision making.
- Train a network of peer educators
- Provide easy & anonymous access to condoms through vending machines or peer counselors
- Involve parents in the process, assist them to understand their children and respond to questions
- Build community support through schools, churches, community leaders
- Provide community rather than clinical settings for services
- Promote integration of services into non-health community settings, e.g. sports teams, religious groups, workplaces or existing community groups, e.g. street gangs

**Contraceptive Recommendations:** Abstinence is the safest and most effective contraceptive against pregnancy and STDs. It should be presented as a viable option requiring maturity and a strong sense of responsibility. However in a culturally sensitive manner, other methods should be explained. Condoms, pills and vaginal foams are generally easy to obtain. Latex condoms provide protection against most STDs and HIV.

**NGO Opportunities:** NGOs already involved in youth programs, women's rights, child labor, drug abuse, refugee issues, education, AIDS prevention, are prime targets for integrating adolescent RH services. Local organizations can help to encourage

the development of community and state efforts to induce youth, particularly girls, to stay in school longer. School education programs with trained teachers, peer educators and interactive education are important.

Advocacy-oriented NGOs can encourage communities and the mass media to popularize later age of marriage and first births, responsible sex and proper nutrition and education opportunities for girls. Ensuring equal nutrition intake for girls is important for their general and reproductive health status as well as the newborns.

### **Experiences from the field: The Peruvian Institute for Responsible Parenthood**

**(INPPARES)** integrates sexual and reproductive health with training and support in income generation.

INPPARES (the IPPF affiliate in Peru) began providing education and services to young people on sexual and reproductive health issues in 1986. Their program includes comprehensive health services, counseling, education and training, materials development, and youth involvement through peer counseling and education. With a grant from IPPF/WHR's 21st Century Fund, INPPARES is integrating training and services related to micro-enterprise development and vocational skills into their work with youth on sexual and reproductive health.

This project developed for two main reasons. One, the INPPARES staff working with youth see first-hand how young people are affected by lack of economic opportunities. When young men and women lack opportunities to become productive members of society, their self-esteem, their partner and family relationships, and their health suffers. In addition, a former youth volunteer at INPPARES made the connection between the Family Planning Association, and his current employer, another not-for-profit organization called the Center for Integral Development (CID), which specializes in income generation and micro-enterprise development. Both organizations were concerned with young people's quality of life, and both saw the importance of the other's area of specialization in contributing to

adolescents' ability to grow into healthy, productive adults.

As a first step in integration, key staff in each organization received training in the area of specialization of the other NGO. A pilot project was then launched that focused on disadvantaged youth in three cities: Lima, Huancayo, and Cuzco. There are three major components to the project:

training courses, individual counseling, and development of projects.

**Training courses:** Courses are held in schools or youth clubs. Any young person between 16 and 28 years of age from the selected neighborhoods can participate. The courses are week-long and are split between the two topic areas (sexual and reproductive health and skills for income generation). In addition, both organizations provide training in their area of specialization as part of their routine activities. Over the course of the project, they introduce the other topics (i.e. sexual and reproductive health for the CID and vocational/income generation skills for INPPARES) into the talks and workshops they give.

**Counseling:** As a result of this project, INPPARES has integrated vocational issues into the topics covered in counseling with young people who come to INPPARES' Youth Center in Lima. The vocational counseling includes skills assessment and help in creating a plan for finding employment or starting an income generating project. The CID refers young people with questions about sexual and reproductive health to INPPARES. Young people who participate in the training courses are invited to visit either of the two institutions for additional support.

For more information, contact Suzanne Cohen, Program Advisor – Adolescents, IPPF/WHR, [scohen@ippfwhr.org](mailto:scohen@ippfwhr.org)

### **Resources:**

Choose A Future! Issues and Options for Adolescent Girls. A curriculum for empowering girls  
Communications Division CEDPA  
1717 Massachusetts Avenue, N.W., Suite 200  
Wash, D.C. 20036, U.S.A.  
Phone (202) 667-1142 Fax (202) 332-4496  
[www.cedpa.org](http://www.cedpa.org)

Indicators for Reproductive Health Program Evaluation  
Final Report of the Subcommittee on Adolescents  
The Evaluation Project - Carolina Population Center  
University of North Carolina at Chapel Hill  
CB#1820, 304 University Square East  
Chapel Hill, NC 27516-3997

Network: Spring 1997, Vol. 17, No. 3  
*Adolescent Reproductive Health*  
Family Health International  
PO Box 13950, Research Triangle Park, NC 27709  
[www.fhi.org/fp/fppubs/network/v17-3nt1735.html](http://www.fhi.org/fp/fppubs/network/v17-3nt1735.html)

Studies in Family Planning: 1998, Volume 29, No 2.  
Adolescent Behavior in the Developing World  
Population Council - One Dag Hammarskjold Plaza  
New York, NY 10017  
[www.popcouncil.org](http://www.popcouncil.org)

Women's Voices, Women's Lives: The Impact Of Family Planning . A Synthesis of Findings from the Women's Studies Project. - Family Health International  
PO Box 13950, Research Triangle Park, NC 27709  
[www.fhi.org](http://www.fhi.org)

Working with Young People: a guide to preventing HIV/AIDS and  
STDs -Commonwealth Youth Programme  
Commonwealth Secretariat  
Marlborough House, Pall Mall  
London SW1Y 5HX, UK

**Internet Connections**

REPRO-HLTH-L is an interactive forum for discussion of  
reproductive health issues. To subscribe send a message  
to: listproc@info.usaid.gov stating only subscribe repro-  
hlth-l (your name).

**Other links for RH information:**

<http://www.fhi.org>  
<http://www.siecus.org> (sex education guidelines)  
<http://www.reproline.jhu.edu> (RH)

**Issues welcomes contributions:**

Send short articles, comments and suggestions to  
initiatives@worldnet.att.net or mail to: Donna Bjerregaard,  
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