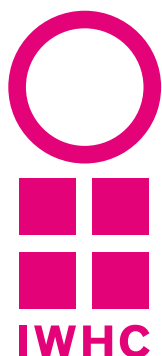




# ENSURING YOUTH PARTICIPATION IN SEXUAL AND REPRODUCTIVE HEALTH POLICIES AND PROGRAMS: WHAT WE KNOW

Based on Laura Villa-Torres and Joar Svanemyr, "Ensuring Youth's Right to Participation and Promotion of Youth Leadership in the Development of Sexual and Reproductive Health Policies and Programs," *Journal of Adolescent Health*, January 2015



## WHAT IS YOUTH PARTICIPATION?

Young people have a fundamental human right to participate in matters that affect their lives. Meaningful participation is defined as seeking information, expressing ideas, taking an active role in different steps of a process, being informed or consulted on decisions concerning public interest, analyzing situations, and making personal choices. Several factors, including age, gender, social and economic class, ethnicity, race, sexual orientation, and HIV status, are key determinants of what role young people see for themselves in society and the ways in which they participate in programs and policies.

Giving decision-making power to young people and integrating them into all aspects of program development are vital components of ensuring meaningful participation. Simply having a youth program within an organization does not necessarily guarantee meaningful youth participation. Although there is relatively little evidence on the impact of youth participation, it is generally assumed that more meaningful participation will result in better-developed interventions to promote adolescent sexual and reproductive health and rights (SRHR). Several conceptual frameworks have been developed to measure youth participation, but more innovative approaches to effectively engage young people in SRHR programs are needed.

# REVIEW OF EVIDENCE

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## Key Elements of Youth Participation

Youth participation can serve many purposes. The mechanisms and systems to ensure that youth are integrated and contributing meaningfully within programs and organizations need to be clear on what purpose is sought:

- Participation as a way for young people to access services and/or benefit directly from programs.
- Participation as a component of the program-planning process, including needs assessment, design, implementation, monitoring, and evaluation.
- Participation as a way to influence changes in an organization's structure or youth-friendliness (i.e., the creation of youth councils or the integration of young people in governing bodies).
- Participation as an approach to improve adolescents' and young people's self-esteem, confidence, autonomy, and social capital, independently of the specific policy or program objectives.
- Participation as a key component to achieve program objectives, with direct effects on both young people themselves and on institutions.
- Participation as a way to increase the efficiency of policies and programs.
- Participation as an environment-changing factor that positively impacts the context in which young people live.

**Peer Educators:** The most solid evidence on youth participation relates to the peer education model, but the results are not promising for SRHR programs. While peer educators can help create a safe, youth-oriented environment, adolescents are more likely to turn to adults for information on sexual and reproductive health. Several studies have shown that the selection of appropriate peer educators may be a challenge: peer educators may not be seen as legitimate, they may have competing demands, or there may be a feeling of competitiveness between educators and other young people. However, many components of peer educator programs—including youth needs assessments, youth-

focused recruitment strategies, and better training and mentoring for young people—can be used to more effectively engage young people. This dichotomy demonstrates a need to clearly set roles, responsibilities, and effective partnerships between young people and adults when implementing SRHR programs.

**Youth Leadership:** Many organizations have established youth programs that staff young people or include youth representatives in steering committees or youth councils. However, organizations that only bring on young people and adolescents as volunteers or as non-paid or low-paid interns may run the risk of demoralizing young people. The lack of capacity of organizations to hire young people as part-time or full-time employees should be evaluated in relation to organizational leadership and managerial positions. Many youth-led organizations and networks that emerged after the five-year review of the International Conference on Population and Development (1999) have specific guidelines and processes in place to ensure the transmission of leadership to younger generations. These organizations have been very successful in advocating for adolescent and youth sexual and reproductive health and rights at the UN level.

## Next Steps

Realizing youth participation as a dynamic right can help build strong youth leadership not only on youth issues but across all development policies and programs. For this, organizations need to keep pursuing meaningful youth participation, not only as a program component or a target population. Participatory evaluation methodologies can move youth from being subjects of SRHR interventions to being active partners in programming and policy-making. Such methodologies include community-based participatory research, community youth mapping, photovoice, and youth participatory evaluation. Program implementers should document their interventions and strategies for engaging youth, and make their findings available to global audiences as a way to keep exchanging best practices and growth opportunities.

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Meaningful youth participation in SRHR programs can help young people become active agents and leaders in their communities, taking primary responsibility for making decisions on matters that affect their lives.

# POLICY FRAMEWORK

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## GOVERNMENTS AT THE UNITED NATIONS HAVE MADE A SERIES OF COMMITMENTS TO REALIZE YOUNG PEOPLE'S RIGHTS TO PARTICIPATION AND DECISION-MAKING, INCLUDING IN SEXUAL AND REPRODUCTIVE HEALTH POLICIES AND PROGRAMS:

**ICPD (1994) para 7.43:** Programs for adolescents have proven most effective when they secure the full involvement of adolescents in identifying their reproductive and sexual health needs and in designing programs that respond to those needs.

**ICPD (1994) para 7.47:** Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest and other reproductive health services should be provided. Such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values. Sexually active adolescents will require special family-planning information, counselling and services, and those who become pregnant will require special support from their families and community during pregnancy and early child care. Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities.

**ICPD+5 (1999) para 73(c):** Develop at national and other levels, as appropriate, action plans for adolescents and youth, based on gender equity and equality, that cover education, professional and vocational training and income-generating opportunities. Such programmes should include support mechanisms for the education and counselling of adolescents in the

areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family planning practices, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention (Programme of Action, para. 7.47). Adolescents and youth themselves should be fully involved in the design and implementation of such information and services, with proper regard for parental guidance and responsibilities. Special attention should be devoted to vulnerable and disadvantaged youth.

**Beijing+5 (2000) para 79 (f):** Design and implement programmes with the full involvement of adolescents, as appropriate, to provide them with education, information and appropriate, specific, user-friendly and accessible services, without discrimination, to address effectively their reproductive and sexual health needs, taking into account their right to privacy, confidentiality, respect and informed consent, and the responsibilities, rights and duties of parents and legal guardians to provide in a manner consistent with the evolving capacities of the child appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, 15, in conformity with the Convention on the Elimination of Discrimination against Women and ensuring that in all actions concerning children, the best interests of the child are a primary consideration. These programmes should, inter alia, build adolescent girls' self-esteem and help them take responsibility for their own lives; promote gender equality and responsible sexual behaviour; raise awareness about, prevent and treat sexually transmitted infections, including HIV/AIDS and sexual violence and abuse; and counsel adolescents on avoiding unwanted and early pregnancies.

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Youth participation has been recognized as a civil, political, economic, social, and cultural right. Governments must take actions to promote meaningful participation by young people in developing SRHR policies and programs.

## POLICY FRAMEWORK *(continued)*

**CPD 2012 para 26:** Calls upon Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality.

**CRC General Comment No. 4 (2003) para 13:**

Systematic data collection is necessary for States parties to be able to monitor the health and development of adolescents. States parties should adopt data-collection mechanisms that allow desegregation by sex, age, origin and socio-economic status so that the situation of different groups can be followed. Data should also be collected to study the situation of specific groups such as ethnic and/or indigenous minorities, migrant or refugee adolescents, adolescents with disabilities, working adolescents, etc. Where appropriate, adolescents should participate in the analysis to ensure that the information is understood and utilized in an adolescent-sensitive way.

**CESCR General Comment No. 14 (2000)**

**para 23:** States parties should provide a safe and supportive environment for adolescents, that ensures the opportunity to participate in decisions affecting their health, to build life-skills, to acquire appropriate information, to receive counselling and to negotiate the health-behaviour choices they make. The realization of the right to health of adolescents is dependent on the development of youth-friendly health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services.

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