Addressing the reproductive health needs of conflict-affected young people

by Julia Matthews and Sheri Ritsema

The Women’s Commission’s EBP Fund is exploring ways of meeting the particular RH needs of conflict-affected refugee adolescents.

Approximately 6.6 million adolescents worldwide are currently displaced by armed conflict, many of them exposed to violence and acute poverty and separated from their families and communities. Like all young people, refugee adolescents have special needs during their years of development. Moreover, young people affected by conflict face additional barriers as they often lack sufficient education, health care, protection, livelihood opportunities, recreational activities, friendship and family support.

Refugee adolescents face additional difficulties that put their reproductive health (RH) at risk. Weakening of traditional socio-cultural constraints makes them more vulnerable to sexual abuse and exploitation. They may be forced to trade sex to pay school fees or feed younger siblings. Young refugees may begin sexual relations at an earlier age and are more likely to take the risk of engaging in sex without using a condom. Their RH is affected by limited access to information, unsafe sexual practices, unwanted pregnancies, unsafe abortions and increased exposure to sexually transmitted infections (STIs), including HIV/AIDS. In situations of armed conflict, the dearth of youth-friendly services and trained providers is also a significant barrier to ensuring young people’s right to a healthy and productive life.

Recognising this dire situation, the Women’s Commission for Refugee Women and Children (Women’s Commission) supported a proposal to establish a fund to help meet the RH needs of adolescents affected by armed conflict. The Eleanor Bellowes Pillsbury Fund for Reproductive Health Care and Rights for Adolescent Refugees (EBP Fund) was established in June 2000 to provide small grants to local and international organisations for specific adolescent RH projects.

The EBP Fund at work

During the first three years, EBP Fund-supported projects reached conflict-affected adolescents in Asia, Africa, Eastern Europe, Latin America and the Middle East. Projects ranged from supporting research and documentation of adolescent RH needs in Somalia and gender-based violence peer educator training in Kosovo to funding family planning services and training for adolescents in Colombia and culturally appropriate RH workshops for mothers and daughters in the Occupied Palestinian Territories. In addition, an intensive training programme was undertaken in Nepal to prevent STI/HIV/AIDS among teenage Bhutanese refugee girls.

In Northern Uganda the youth-led Gulu Youth for Action (GYFA) is working – despite the lack of security in the region – to raise awareness and communication about RH issues. Other local and international organisations provide back-up but it is youth leaders who set the agenda and ensure activities are youth-friendly. GYFA’s leaders are facing up to a dilemma common to many organisations reaching out to youth – getting as many girls participating as boys. In 2003, a consortium of 13 local NGOs working on behalf of adolescent Burmese forced migrants on the Thai-Burma border formed the Adolescent Reproductive Health Networking Group (ARHNG). The objective of ARHNG is to develop the institutional capacity and management skills of member organisations for implementing adolescent RH projects. Members share information and experience, follow up training activities and help each other access external resources. The Women’s Commission began partnering with this network in 2003 by providing a small grant to Doctors of the World (DOW) Thailand which serves as the focal point for the network. Through their local office in Thailand, DOW provides the network’s member organisations with the expertise of an international leader in health development and the accessibility of a field-based agency. DOW helps ARHNG to assess members’ needs, plan strategically, apply for project funding and organise training. The use of networks and the designation of a lead agency for the network make it easier to incorporate a broader perspective of adolescent RH for an entire region.

Measuring impact

While it is possible to quantify specific outputs from adolescent RH projects, it becomes increasingly difficult to measure the ultimate aims of such projects – improved adolescent sexual and RH behaviour and, ultimately, improved RH and well-being. Using EBP Funds, more than 61,000 adolescents have attended events offering RH training and education on issues such as condom use, prevention and treatment of STIs, family planning techniques and protection against gender-based violence. Messages have been conveyed via seminars, workshops, drama, discussion groups and video. At least 580 adolescents have been trained as RH peer educators and more than 2,000
have participated in peer-to-peer counselling sessions. Peer educator training not only offers adolescents important information but can also serve to build self-confidence and give youth the skills to advocate for their RH rights.

The EBP Fund also supported the distribution of brochures, fliers and pamphlets with RH messages that can be used alone or as teaching aids for educators and service providers. These materials have spread information about practising safer sex, using family planning methods and avoiding exposure to STIs. At least 10,000 condoms have been distributed free of charge, giving young people a chance to protect themselves from HIV and unplanned pregnancies.

Approximately 2,250 adolescent girls have received locally-made sanitary wear materials through EBP projects. In many refugee settings the lack of sanitary wear materials keeps refugee girls from attending school. They are also often forced to quit school by their parents who fear their daughters are more vulnerable to sexual assault walking to and from school. The provision of sanitary wear allows refugee girls to live with dignity and continue their formal education.

Many young people in conflict settings lack educational and work opportunities and have lost their social support system...
Next steps

The approach of supporting adolescent RH projects has enabled many adolescents and their communities to increase their awareness of RH risks and of employing effective methods of protecting and improving their RH. Awareness alone, however, does not necessarily produce behavioural change. Neither does it definitively cause a clear and measurable improvement in young people’s RH status, which is the overarching goal.

After three years of activity, the Women’s Commission is examining new strategies for increasing efficiency and coordination in supporting the RH of conflict-affected adolescents. One possibility is an increased focus on supporting international NGOs through the network model described earlier. Another alternative is targeting specific regions, such as sub-Saharan Africa or southeast Asia, and providing more sustained funding to organisations. Although new grant making is on hold during this strategic planning process, the Women’s Commission continues to support adolescents around the world through its 14 current EBP-funded projects.

As the EBP Fund is currently the only ongoing fund to focus solely on the RH of displaced and conflict-affected adolescents, the Women’s Commission has a unique opportunity to highlight the importance of advancing RH services among this neglected population. It is essential to build organisational capacity, share experiences about supporting good adolescent RH practices, identify resources that can be adopted to local contexts and advocate for more attention and funding for adolescent RH projects.

Most importantly, it is essential to continue to improve the lives of conflict-affected adolescents and to involve young people in this process. Adolescents are creative, energetic and important agents for constructive change within their communities – and they are the future.

Julia Matthews is the RH Project Manager and Sheri Ritsema the RH Project Specialist at the Women’s Commission for Refugee Women and Children (www.womenscommission.org). Email: juliam@womenscommission.org and sherir@womenscommission.org.

1. The exact number of displaced adolescents is not known. UNHCR estimates that there are 40 million displaced persons worldwide and that 50% of these are young people. The Women’s Commission estimates that approximately one-third (i.e. 6.6 million) of these displaced young people are adolescents (ages 10-19). Variances exist between cultures, organisations and individuals in how they define the terms adolescent, youth and young people. WHO definitions are: ‘adolescent’ refers to ages 10-19; ‘youth’ to ages 15-24; and ‘young people’ to ages 10-24. The terms adolescents, youth and young people are used interchangeably throughout this article.

2. For further information, visit www.womenscommission.org/pdf/ebp_.pdf

3. See www.shuhada.org

4. See www.fawe.org