

Investing in young people –the way forward Anjali Capila-IPPF/SARO

“Developing countries must invest in young people, promoting education and health and developing essential skills”.

Most policymakers know that their young people will greatly influence their national social and economic fortunes, but nonetheless face acute dilemmas in how to invest more effectively in their youth. The World Development Report 2007 has identified three strategic policies that may enhance investment in young people:

- Expanding opportunities,
- improving capabilities, and
- Offering second chances for young people who have fallen behind due to difficult circumstances or poor choices.

These strategic policies address five fundamental transitions facing young people and affecting their whole economic, social and family life, namely

- getting an education,
- finding work,
- staying healthy,
- forming families,
- exercising citizenship

Young people make up nearly half of the ranks of the worlds unemployed, and, for example, the Middle East and North Africa region alone must create 100 million jobs by 2020 in order to stabilize its employment situation. Moreover, surveys of young people in East Asia and Eastern Europe and Central Asia-carried out as research indicate that access to jobs, along with physical security, is their biggest concern.

South Asia Regional Highlights:

Take advantage of South Asia’s demographic “window of opportunity”

- As of 2005, SAR has an estimated 400 million young people aged 12-24 – about 30% of all youth in developing countries (UN World Population Prospects 2004 revision). This cohort will grow slowly; most countries (except Pakistan) peaking in the next 25 years.
- WDR 2007 notes that the expected decline in dependency (increase in working age population relative to non-working age population) offers a tremendous opportunity for economic growth in South Asia, provided

- that the greater labor supply as productively employed, and that saving and investment increase.
- This demographic shift is both an opportunity and a challenge in the region that lags behind in key areas such as literacy and maternal health.

Expand opportunities for education and employment:

- The World Bank's investment climate surveys show that over a fifth of firms in developing countries (including Bangladesh) rate inadequate skills and education of workers as a major or severe obstacle to their operations.
- Working at very young age can impair schooling and learning.
 - In rural Bangladesh, working while attending primary school had a sizeable negative effect on the transition to secondary school, and starting to work while attending secondary school had even larger effects on secondary school completion (Canals-Cerda and Ridao-Cano, 2004).

Recommendations:

- Focus on quality as well as quantity. While education policies have focused on increasing the number of primary school-goers, the quality of basic education services and skills acquisition should improve.
 - In Nepal, for instance, fewer than 60% of children who dropped out after grade three can read a simple sentence.
- Support remedial programs for youth still in school but performing poorly.
 - In India, a large educational program for younger children had positive results (Banerjee et al, 2004). Young women from the community taught basic literacy and numeracy skills to lagging primary school pupils.
- Make lower secondary education part of basic, compulsory education. Children of better educated parents tend to be better educated and healthier. Child immunization rates are higher when mothers have some secondary education.
- Help young people from poor families to finance their education and to offset opportunity costs. Incentive-based schemes that focus on quality as well as quantity should be promoted.
- Teach students skills that will prepare them for the transition to work. Computer literacy and command of English are increasingly assets in the labor market.

Invest more in nutrition, maternal healthcare and family planning education:

- Adolescent mothers face an increased risk of death or delivery complications owing to incomplete physical growth.
 - In Bangladesh, over 30 percent of 15-19 year old girls are mothers or pregnant, but few can identify life-threatening conditions in pregnancy (Siddiqua and Kabir, 2002).
 - In Bangladesh, India and Pakistan, use of maternal health services is low among young women. In rural Pakistan, adolescent girls' mobility is highly limited. This may affect their ability to seek timely health services.

Recommendations:

- Invest in maternal health care and family planning education in South Asia, where 15-20 percent of female deaths are pregnancy-related.
 - Nearly 50 percent of teenage mothers in Bangladesh reported seeking no help for maternal complications. Successful targeted programs such as Matlab district's 'doorstep delivery' program have increased the use of ante- and post-natal services (Joshi & Schultz, 2005).
 - Antenatal care, during which iron supplements are typically offered to anemic mothers, should be universally available in countries such as India where anemia is prevalent in 50 percent of girls.
 - In Bangladesh, Pitt and others report that men's exposure to social development activities as part of Grameen Bank's micro-credit schemes could explain lower fertility rates. Family planning and reproductive health campaigns should also target men.
- Integrate STI and HIV services with female reproductive health services, to encourage more use of both. This is vital in India, where HIV prevalence, though low, is increasing significantly among young married women.

Increase youth access to information; capacity to make and act on decisions

- In many traditional societies, young people—females in particular—do not participate in decisions that affect their lives.
 - In an international survey of 15 to 24 year-olds, very few young Bangladeshi women thought they had the most influence on schooling or marriage choices.

Recommendations:

- Reduce health-related risk-taking behavior among young people by extending better access to relevant information. **Several** examples of

situations that could be remedied through information campaigns are as follows:

- In Nepal, almost 60 percent of all young males aged 15 to 24 smoke.
- A study of drug-using street children in four cities in Pakistan found that 90 percent inhaled glue, gasoline, or thinner, all available from the local market. Roughly two-thirds of these children had never been to school.
- In India, there has been a marked diet shift in the last 20 years towards saturated fat, sugar, and refined foods.

- **Promote “agency” among young people—the ability to define and act on goals.**

- India’s Better Life Options program provides services to young women aged 12-20 in certain peri-urban slums and rural areas—dissemination of information on reproductive health and services, vocational training, and promoting women’s empowerment through recreational events. Analysis shows that young women in the program were significantly more involved in key life decisions than those who were not (CEDPA, 2001).

Improve opportunities for civic engagement among young people

- Without chances for productive civic engagement, young people’s frustrations may become violent and lead to social and economic instability.
 - Abeyratne (2003) concludes that the initial cause of Sri Lanka’s ethnic conflict was the frustration of Tamil students shut out of universities and other avenues of civic engagement.

Recommendations:

- Encourage young people to actively contribute to development through collective action, public accountability and caring for the community and the environment.
- Broaden the access of previously excluded groups to opportunities for growth and better living standards through active citizenship.
 - Participants in Nepal’s Women’s Empowerment Program were more likely than non-participants to start community activities and campaigns against issues like domestic violence (Dhakal and Misbah, 1997).
- Channel young people’s creativity and energy productively.
 - In 2005, university students in Lahore worked to ensure that aid reached those who needed it--helping donor and relief agencies save lives.

Offer integrated "second chance" options

- While policies that expand opportunities and help young people choose wisely are highest priority, consider "second chance" options for those left behind. Integrate such programs with mainstream programs; coordination is critical.
 - In Bangladesh, for example, the Underprivileged Children Education Program (UCEP) helps 10 to 16 year-olds who have dropped out of primary school, providing them with three years' schooling and feeding them into UCEP-run vocational programs.

Population momentum in South Asia:

It has been rightly remarked that India's population growth is like a fast moving express train, which has applied its brakes but cannot stop immediately because of the momentum. According to some estimates in the period [1991-2000] the proportion of population growth due to population momentum was as high as nearly 70 percent, whereas unwanted fertility contributed about 25 percent. Only 5-6 percent was due to wanting more children.

Even though the population growth rate in India has been declining steadily over the last two decades, yet the numbers are increasing. This is because the no. of young people

In the reproductive age is quite high. Even if they continue to produce just two children each, the overall growth rate will continue to be high for some time because of the population momentum.

The Indian scenario can well be applied to most of South Asia. The following table clearly indicates the percentage of Adolescents and young people in the age group of 10-24 to the total population of the country.

Population percentage of young people in South Asia

Indicator	Year	Afghanistan	Bangladesh	India	Iran (Islamic Republic of)	Maldives	Nepal	Sri Lanka	Source
Population ages 10-24 (millions)	2000	6.3	46.5	300.2	24.8	nd	7.8	5.5	PRB Youth Data Sheet, 2000
Percent of total population ages 10-24	2000	28	36	30	37	nd	33	29	PRB Youth Data Sheet, 2000
nd = No data									

The above figures highlight the fact that unless IPPF/SARO focuses its work on Adolescents and young people the goal of sustainable development of the Cairo ICPD agenda may not be reached.

INVESTING IN YOUNG PEOPLE

Today's generation of young people is the largest in human history. Nearly half the world's population i.e. 3 billion people are under the age of 25. Eighty-five percent of youth live in the developing countries. Given this context the question arises that how many of today's young people will grow up to be healthy and productive citizens? Failure to make investments in young people will have long term repercussions on individual lives, health systems, security, demographics, economies and development.

Addressing SRHR issues for youth in South Asia

Through a large network of Member Associations (MAs) spanning over 183 countries, the International Planned Parenthood federation (IPPF) offers the youth a wide range of sexual and reproductive health services. These encompass counseling, information and access to contraceptives, emergency contraception, pregnancy testing, STI testing and treatment, HIV testing and counseling, and support for youths who have been abused.

With young people directly and actively involved in the designing, implementation and evaluation of IPPF programmes, not only are these services youth-friendly, they also reflect and respond to young people's changing needs.

Youth-friendly services and education on sexuality enable young people to have healthy, safe, and empowering sex lives. A youth-friendly service is one that attracts young people, meets their sexual and reproductive health needs, and is accessible and acceptable to a diversity of young people, regardless of gender, race, religion etc.

Role of MAs in South Asia

The IPPF South Asia Region spans Afghanistan, Bangladesh, India, the Islamic Republic of Iran, Maldives, Nepal, Pakistan and Sri Lanka.

The MAs in this region have developed their strategic plans keeping in mind the needs of the adolescents and youth. Therefore, all projects addressing youth issues are committed to:

- Increasing awareness and knowledge on SRHR issues
- Providing youth friendly and gender sensitive services to Adolescents and young people in this region

- Tackling risk and vulnerability
- Eliminating stigma towards Adolescent sexuality
- Facilitating access
- Creating an enabling environment
- Promoting equality and empowerment
- Initiating a discourse on self enquiry with youth

Snapshots of youth projects in South Asia

With adolescents and youth in the region making the largest segment of the population, every country is strategically focusing on SRHR issues of this critical segment.

The adolescents in South Asia comprise 15 per cent of the total population. With the exception of Sri Lanka, a large number of adolescents, especially girls are illiterate or have less than seven years of schooling.

They also face a singularly high mortality rate because of early marriage and child bearing, and poor access to reproductive health care facilities. Surveys have shown that almost half of all women in the 20-24 age groups were married by the age of 15 years in Bangladesh and 24 per cent in India and 19 per cent in Nepal.

Several projects for adolescents and youth are being implemented. While the scale and scope of the projects vary, the programmatic commitment to improve access to youth friendly information and services binds them all.

In order to address the issues raised in the background note the Adolescent programmes are put into action in the SAR region through various projects. These projects have different focus like

- Strengthening NGO partnerships,
- Building the capacities and training methodologies of technical and grass root level staff;
- Enhancing the skills and empowering young people, who are vulnerable and marginalized

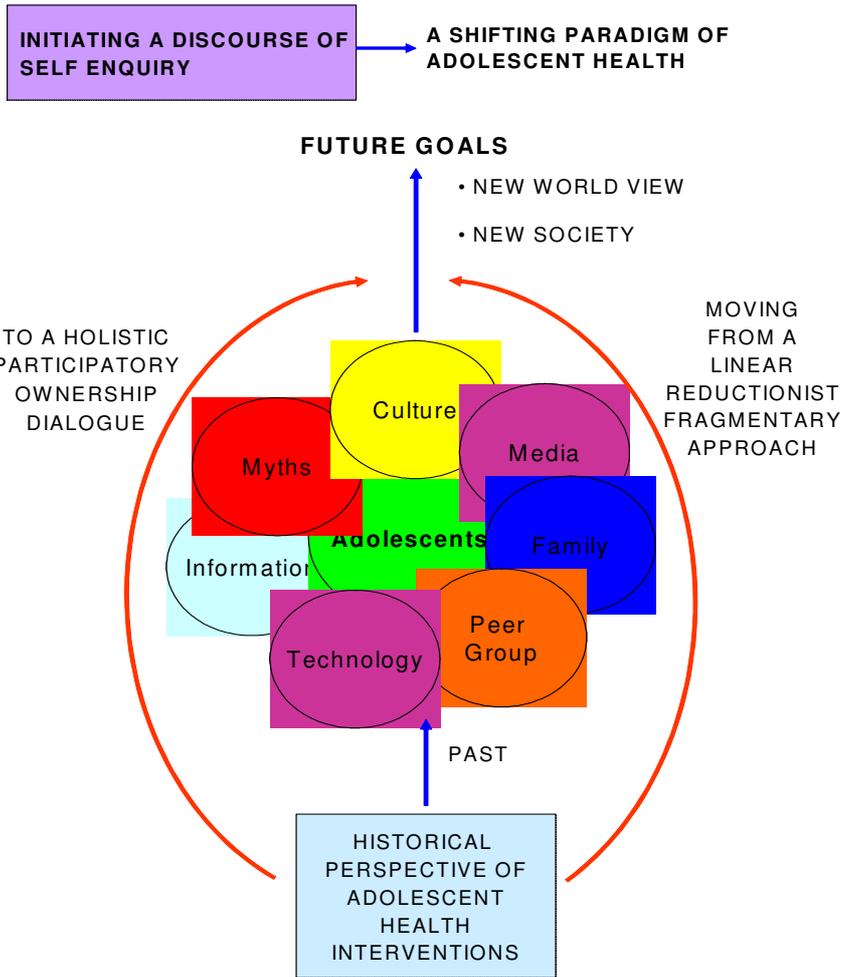
1.A new discourse on working with Adolescents-Self enquiry;

Until now a lot of information on adolescent needs has been made available by development practitioners. These needs have been identified by dialogue initiated by adults through surveys, questionnaires and focus group methodologies. As a result, a lot of the needs expressed by adolescents have been reactive rather than proactive. There is also a lot of literature which is subjective, bringing in adult perspectives of adolescent needs. The responses designed therefore remain tokenistic and are now plateauing in

terms of encouraging 'Real' participation of adolescents in developing programmes. In certain situations these approaches are emerging as being quite patronizing rather than reflecting true partnership. For example, youth information centers are designed by adults but they are meant to provide 'Safe Spaces' for adolescents to discuss their issues. Adolescents being microcosms reflect similar stereotypes in their discourses and over the last ten years very little has been done by adults to promote self inquiry of the social stereotype amongst adolescents.

Similarly, token participation of adolescents in decision making bodies has remained a game of numbers, but, the power dynamics within this representation is seldom questioned. There are any numbers of examples within the IPPF governance bodies where adolescents have been asked to tow the party line in spite of efforts by the Central Office to build their capacities to speak up about their needs. There are also examples where an adolescent in a regional team has tried to express herself/himself but has been grilled by the team for speaking up. In such situations, the adolescent has not been able to respond with enough confidence and defend his/her conviction with perspectives that has conceptual clarity. Unless a situation is reached where adolescents are empowered to speak out and act with conviction, any attempt at empowering them will remain futile. Another aspect of this analysis relates to the fact that considering adolescents form 30 – 40 per cent of the population of South Asia, their voice can be a strong agent to bring about a change in existing stereotypes because of their shared numbers. However, as numbers without a strong understanding and conviction remain 'fairly impotent', it is critical to set up processes which help adolescents to analyze:

- how they are situated in a society;
- how this situation increases their risks and vulnerability;
- how this situation can be used to reduce their risks and vulnerability;
- who their critical partners are;
- who their critical opponents are;
- How they can work with inclusion



2.Reproductive Health Initiative for Youth in Asia - Sri Lanka (RHIYA)

In the South Asia Region, RHIYA is being implemented in Bangladesh, Nepal, Pakistan and Sri Lanka.



As IPPF is the project executor in Sri Lanka, the South Asia Regional Office has set up a RHIYA Management

Project Stats
3126 sub-divisions covered
across 18 districts
Estimated to reach 224000 adolescents and youth
78 locations in conflict effected
northern province covered

Unit (RMU) at Colombo. The RMU is working with a network of partnerships with 9 NGO'S working in 18 districts of Sri Lanka.

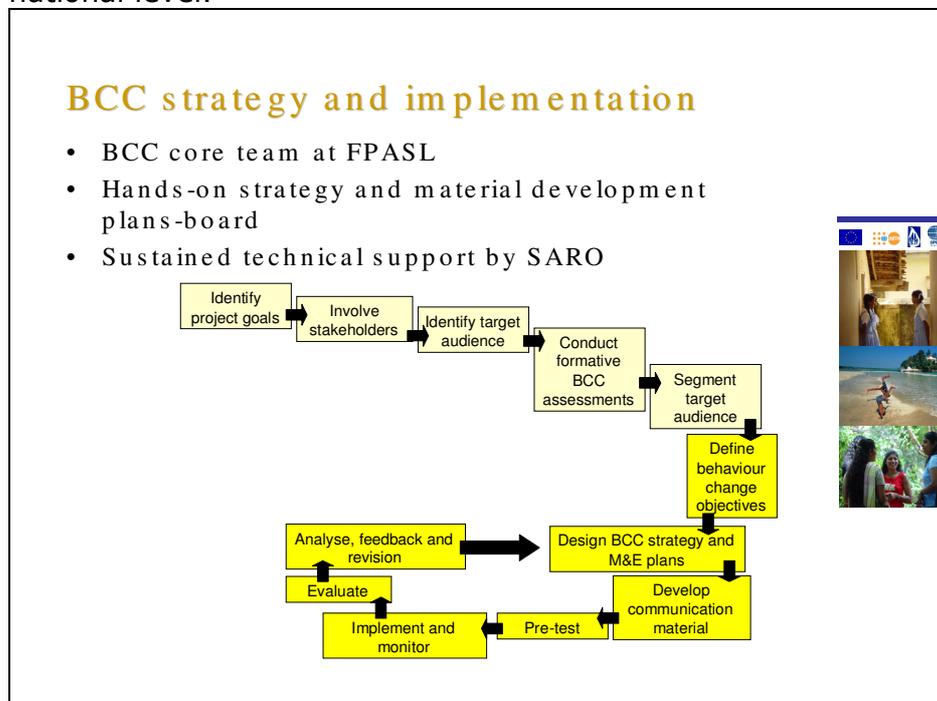
The aim is to increase awareness and knowledge of Adolescents and young people on SRHR in three distinct settings:

- In-school
- Free-trade zones
- Plantations

The critical component of providing youth friendly and gender sensitive services has been addressed by the capacity building of principal counsellors, and of peer educators in counselling skills and gender and sexuality issues. The focus in this project is to address risk and vulnerabilities in the context of unwanted pregnancies, unsafe abortion, and STI/RTI/HIV/AIDS.

IEC/BCC STRATEGY FOR RHIYA

The IEC/BCC strategy developed for the RHIYA project is innovative and has been designed along with the partner NGO'S. A BCC-behaviour change communication workshop was held to determine the core messages that needed to be addressed for different cohorts of Adolescents in Sri Lanka. The IEC/BCC strategy involves the partner NGO'S in identifying the target audiences for developing communication material. This process focuses on the individual;, the family and society and moves to involve partners at the national level.



COUNSELLING

The counseling process in the RHIYA project is based on a self-perpetuating model.

Self-perpetuating counsellor training model

- 4-day ToT workshop at Colombo

- 18+2 Principal Counsellors

- Active handholding for a year

- 2-day Principal Counsellor meet every month
- On-site handholding during monthly meetings
- Documentation and dissemination by two FPASL Principal Counsellors



ToT Workshop: Key components

Introduction
Youth-friendly services
Review own skills and lacunae
Special skills for special issues
Learning support and supervision skills
Managing monthly meetings
Customise feedback tools
Mock training in local language/s
Mentoring future Principal Counsellors
Creating able peer educators
Pretesting of IEC messages and material

THE IPPF-DNA

We at SARO have been trying to make sure that the kind of work that IPPF Undertakes on income generation and micro credit should essentially have the 'IPPF DNA'. This DNA for us has boiled down after a lot of discussions to the following;

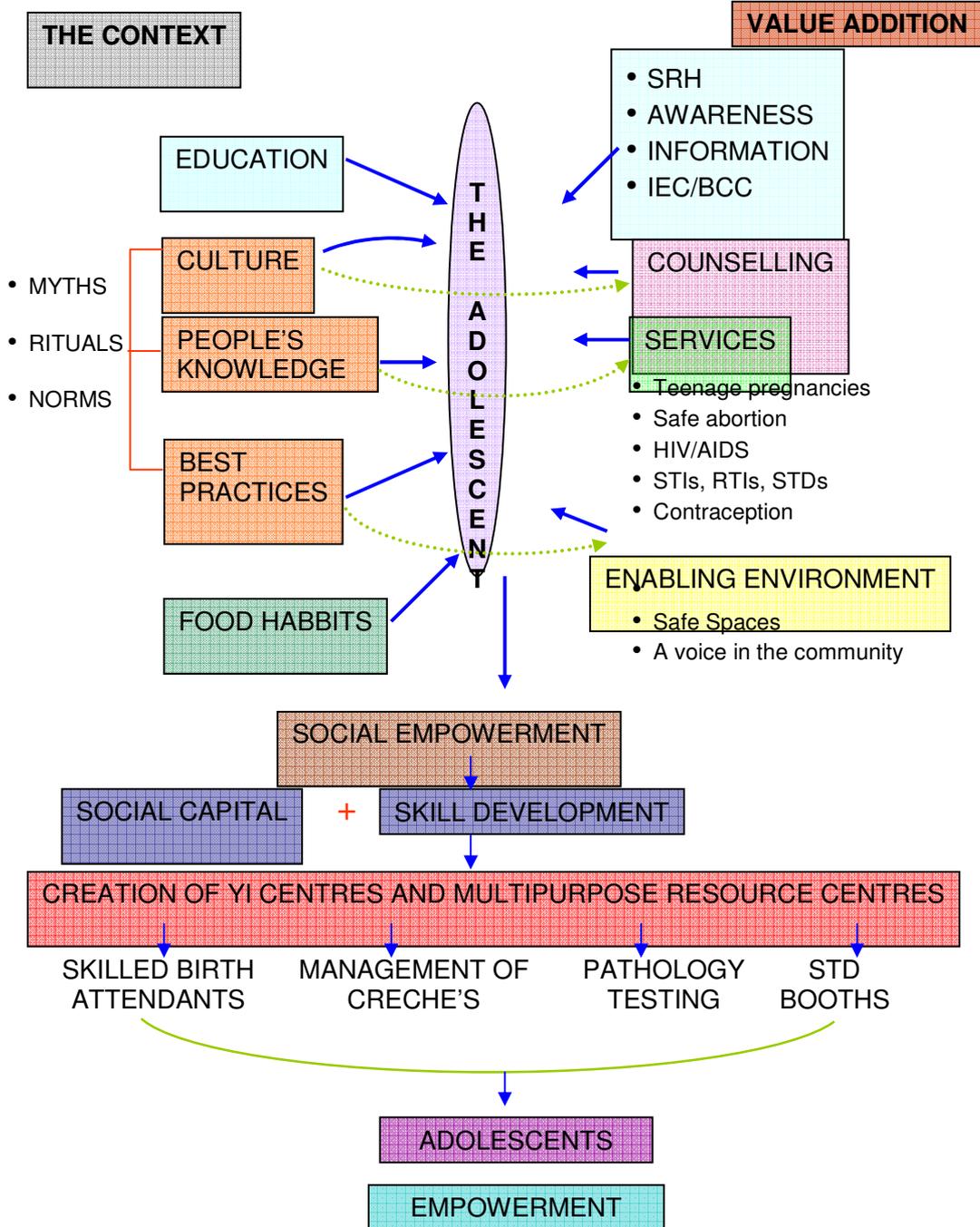
-creation of human capital, which can contribute to improving SRH in the project areas. This further means that we create through our projects, skilled birth attendants, pathological lab technicians, drivers and mechanics, crèche managers, nutritionists and organic farming specialists for sustainable livelihoods.

-create the availability of transport for women facing obstetric emergencies and needing to be rushed for medical assistance.

We plan to incorporate these approaches into our projects so that the funds allocated for income generation and micro credit are used for generating the above potential, which will not only provide income for young people in the project areas, but also improve the SRH component. The impact of this approach on maternal mortality will certainly be felt over a long period.

A HOLISTIC CONCEPTUAL FRAMEWORK: VAESTELLITTO PROJECT

ADOLESCENT



3. Improving the sexual and reproductive health status of young women in Nepal

(A Vaesteliitto supported project)

The focus of this project is addressing the SRHR needs of vulnerable young women and adolescent girls and empowering them by the creation of human capital for contributing to enhanced skills and capacity for addressing SRH issues in the project areas. After successful implementation of the first phase of this project, new activities have been proposed in order to create human capital that is so important for sustainability of any programme.

This is being done by the creation of multi-purpose resource centers at the district level. Young women and adolescent boys and girls will be trained as:

- Skilled birth attendants
- Pathological lab technicians
- Nutritionists
- Trained drivers and mechanics
- Crèche managers



Income generation and micro-credit activities will focus on generating this potential. The impact of this approach on maternal mortality and improved health status will certainly be evident over a period of time.

Training for economic independence and meet SRH goals

SARO has given much thought to improving the earning capacities of the youth in its project areas. It is particularly concerned that the training they get, should withstand market forces. So far, most programmes that had a micro-credit component, focused on training women in sewing, knitting and providing them with funds to set up shops. Many of these ventures wind up because they were not sustainable.

SARO has now identified jobs that will withstand market forces, be in keeping with its profile as a SRH organisation and further its cause. It now provides youngsters, who have a minimum qualification of Class 10, with loans from micro-credit groups to train as birth attendants or train as car mechanics. They will also be given loans to buy vehicles, which they can run commercially, but the vehicle should be available to take pregnant women to hospital for delivery. Funds are also being given for the setting up of STD booths or are provided with mobile phones, which can be commercially exploited. But these have to be used to ring up the nearest hospital to ensure that doctors and nurses are available in time for the delivery.

Many pregnant women lose their lives or suffer from morbidity due to the complications that arise because of the delay in reaching the hospital and the lack of skilled medical attention. Often, there is no vehicle to take them to the hospital, which could be many kms. away. These issues are being sought to be addressed at both the Rhiya and the Vaestollitto Project sand are linked very closely to meeting the MDG goal 5 of reducing maternal mortality.

4.Youth participation in governance

Youth participation is valued as a human right at IPPF and is seen as key to the development of young people. In 2001, a resolution was passed by the Governing Council of IPPF "strongly urging MAs and regions to attain at least 20% young people on their decision making bodies in line with the IPPF Governing Council structure."

IPPF's commitment to youth participation is reiterated through the significant steps taken in the South Asia Region (SAR):

- In 1996, South Asia became the first region within IPPF to include young people in the regional council
- Today, one youth member from each of the seven MAs in SAR sits on the regional council with equal voting rights as adult members
- 6 MAs now have young people on their national executive boards
- All the regional councils in IPPF include young people

This paper is based on the work of the Adolescent Team in the south Asia regional office at New Delhi and acknowledges Rajat Ray, Pradeep Patro, Uthpala De Zoysa and Sheela Subramaniam.