Making It Work: Linking Youth Reproductive Health and Livelihoods

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Session on
Orphaned and Vulnerable Children and Adolescents:
Conceptual and Research Issues within the
Context of Family Economic Strengthening

May 13, 2014
Case Study:
23 year old young man, Rakai Uganda

- Dropped out of secondary school due to lack of money for school fees
- Travelled back and forth to Kampala for factory work, but had not found any permanent work
- As a teen had desired monogamous partnership with someone he could trust, “I always wanted to get someone to stay with at home, and not multiple partners”
- Avoiding HIV had been important to him because his mother died of AIDS
- Tried to find marital partner and engaged in unprotected sex so that they could have a child together
- He tried to take care of partner and child, but they separated because he could not provide for her
- Found out he was HIV+ when he last returned from Kampala
- Currently has more casual partnerships and reports inconsistent condom use, relies on withdrawal instead
Youth Health & Well-being

- Early pregnancy
- HIV & other STDs
- Entry into the labor force
- Mobility
- Desire for children
- Limited access to contraceptives
- Access to education
Structural interventions

- (Auerbach et al 2011, Global Public Health):
  1. policy-legal changes (e.g., decriminalisation of homosexuality),
  2. environmental enablers (e.g., provision of infrastructure, increasing access to services and condoms)
  3. shifting harmful social norms (e.g., confronting stigma and discrimination, confronting gender inequality),
  4. catalysis of social and political change (e.g., promoting policy dialogue, advocacy),
  5. empowerment of communities and groups (e.g., community formation, promotion of leadership and support) and
  6. economic interventions (e.g., microcredit, microenterprise, cash incentives)
Why RH & Livelihoods should be linked clearer than *how* best to link

- “financial security could affect sexual behaviour, and that the promotion of economic empowerment and sustainable livelihoods might be key to reduction of HIV risk” (Padian et al 2011, The Lancet)

- Larger social and economic development at country-level led to changes in RH outcomes

- Linked programs
  - Filling-the-gap
  - Often designed using intuition and experimentation
  - Few efforts have been adequately documented or evaluated for impact
  - Reproductive health and livelihoods emerge from sectoral program areas with different priorities, philosophies, expertise, resources, and intervention strategies.
Assessment of “Linked” Programs

- Inventory of linked programs between 1990-2000
  - 300 organizations
  - 500 documents reviewed
  - 239 on-going linked programs identified
- Field-based assessment of programs in Colombia, India, & Kenya
  - Program, organization, and client-specific issues
- www.icrw.org
Forms of program linkage within implementing organizational structures

<table>
<thead>
<tr>
<th>Sector-Specific Organizations</th>
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</thead>
<tbody>
<tr>
<td>Reproductive health and livelihoods services linked via alliances and networks</td>
</tr>
<tr>
<td>Reproductive health or livelihoods services specific to certain target groups or sectors</td>
</tr>
<tr>
<td>Either reproductive health or livelihoods services provided (unlinked)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Multi-Service Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dual services to one target group – linked from design stage</td>
</tr>
<tr>
<td>Dual services to one target group – economic or health component added on</td>
</tr>
<tr>
<td>Dual services to different target groups – some overlap</td>
</tr>
<tr>
<td>Dual services to different target groups – no overlap (unlinked)</td>
</tr>
</tbody>
</table>
Some characteristics of linked programs

- **Program-related characteristics:**
  - Grassroots and demand driven
  - Very few ‘model’ linked programs exist – most achieve only marginal success at the linkage and in achieving their desired outcome.
  - **Lack of consistent, high quality, and reliable assessment remains a large gap in the field**

- **Organization-related characteristics:**
  - Dedicated and charismatic leadership
  - Origin: community based & health service organizations; social and human development approach to reduce poverty and violence; faith-based organizations with strong belief in education and livelihoods for poverty alleviation and subsequent improved RH
  - Funding support: international donors, local government networks, private, or own revenue

- **Client-related characteristics:**
  - Focus on poor and marginalized communities
  - Focus on young women, limited focus on **young men**
1. **Build technical capacity** to go beyond sectoral expertise

- Program staff training to implement not just multi-service programs but linked programs to understand the multiplier effect across sectors
- Orientation to the gendered pathways through which economic and RH aspects of youth lives are connected
- Staff development to undertake activities outside their specialty
- Innovation in programs requires innovation of M&E
2. Strengthen institutional capacity to better develop and manage human & financial resources
   - Moving from visionary leaders to visionary staff
   - Creative fundraising

3. Develop networks and alliances of linked partner program to better share strategies and lessons learned
4. Market assessment and outreach as an essential component of livelihoods interventions
   - Evaluation of market needs, contacts and networks
   - Going beyond gender-based traditional skills

5. High quality, affordable, and accessible health services for youth as an essential component for RH interventions

6. Micro-level programmatic efforts to meso- and macro-level change
   - Adult community support and buy-in
   - Youth as an important constituency
Scope & level at which intervention is attempting to work

- Individual (or group) behavior change?
- Address broader structures or systems – that enable individuals or shape distal factors

**Biopsychosocial Framework for Rakai Youth Project**
Methods of assessing social-or structural-level interventions

- **RCTs?**
  - Holy grail – test hypothesized cause-effect relationships
  - But assumption of universal mechanisms of action that operate proximally to the individual (or community) in isolation from the ‘noise’ of social context.
  - And processes of social change are not universal
  - Context matters – shapes how interventions work

- **Alternatives or complements to RCT?**
  - Whole systems action research [Burns 2007] – observing the larger system at work
  - Realistic evaluation [Tilley and Pawson 1997] - what outcomes were produced from interventions but also 'how they are produced, and what is significant about the varying conditions in which the interventions take place'
  - Outcome mapping [IDRC 2001] – deliberate and unintended behavioral change during a project process of its direct and peripheral beneficiaries
  - Others?
Gendered-vulnerabilities...

- Gendered power dynamic within sexual relationships and social expectations about childbearing and marriage are known risk factors for HIV and adverse RH outcomes among women
- Social and structural factors also shape HIV & RH vulnerabilities for men
  - Social expectations about masculine roles and relationships
  - Pressure to demonstrate masculine behaviors within social and economic instability
  - Expectations, experiences, and desires for fatherhood
Thank You

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3 Examples from Kenya

**Mukuru Promotion Center**
- Primary school program
- Vocational training: masonry, carpentry for boys; hairdressing, tailoring, art, design, food technology for girls
- Informal savings club
- Job placement
- Local clinic
- RH education in school
- Mobile education group
- Care and treatment through referrals

**Teenage Mother and Girls’ Association**
- 6-12 months of training on tailoring, hairdressing, typing and computer literacy, & some business education
- Job placement
- Some loan facilitation
- Craft production & sales
- RH information and counseling
- HIV testing
- Condom provision
- Access to clinical services through referrals

**Ena Catering College**
- Catering skills
- Apprenticeship
- Job placement in hospitality/service industry
- Training course includes health education
- Referrals to local health clinics
## Pair of Previously married women...

<table>
<thead>
<tr>
<th>HIV-negative Respondent</th>
<th>HIV-positive respondent</th>
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<tbody>
<tr>
<td>24 years old</td>
<td>23 years old</td>
</tr>
<tr>
<td>Mother to 2 children</td>
<td>Mother to 2 children</td>
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<tr>
<td>Had hoped to become a nurse but dropped out of school due to lack of fees</td>
<td>Had hoped to become a nurse but dropped out of school due to lack of fees</td>
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<tr>
<td>“Ran away and got married” at the age of 14</td>
<td>Early marriage</td>
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<tr>
<td>Current relationship much healthier</td>
<td>2 concurrent partners in last year</td>
</tr>
<tr>
<td>She and her partner had spoke about her use of injectable contraception</td>
<td>Both partners lived in other communities, travelled for work</td>
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<tr>
<td>Couples-based HIV testing</td>
<td>She did not know the HIV status of either partner, nor had she shared her test results</td>
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<tr>
<td></td>
<td>Partners’ other partners…</td>
</tr>
<tr>
<td></td>
<td>Covert use of FP</td>
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