



# Stretching the policy platform for adolescents

*Address to SAARC-UNICEF Regional  
Policy Dialogue on Adolescents,*

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**STRETCHING THE POLICY PLATFORM  
FOR ADOLESCENTS**

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# Stretching the policy platform for adolescents

*Address to SAARC-UNICEF Regional Policy Dialogue on Adolescents, September 2013*

This paper was delivered at the South Asian Association for Regional Cooperation (SAARC) - UNICEF Regional Policy Dialogue on Adolescents in Kathmandu, Nepal, 16 September 2013.

SAARC is dedicated to economic, technological, social, and cultural development emphasising collective self-reliance. Its member countries include Sri Lanka, Bhutan, India, Maldives, Nepal, Pakistan, Bangladesh and Afghanistan.

Adolescents aged 10-19 make up between one fifth and one quarter of the population of the countries in the South Asia Region. Within a decade, today's adolescents will dominate the adult population. Within two decades, they will occupy your seats here, as country leaders.

*What do they need from you, the policy makers, to ensure that they thrive now, and continue to flourish across their life course?*

*What do they need in today's world, where the only certainty is that change will continue to accelerate – economic change, social change and environmental change?*

Right now - they need the sort of policies that make their everyday worlds work. Right now – they also need policy makers to have an eye to their long-term future. Adolescents need policy which attends to the present and to the future.

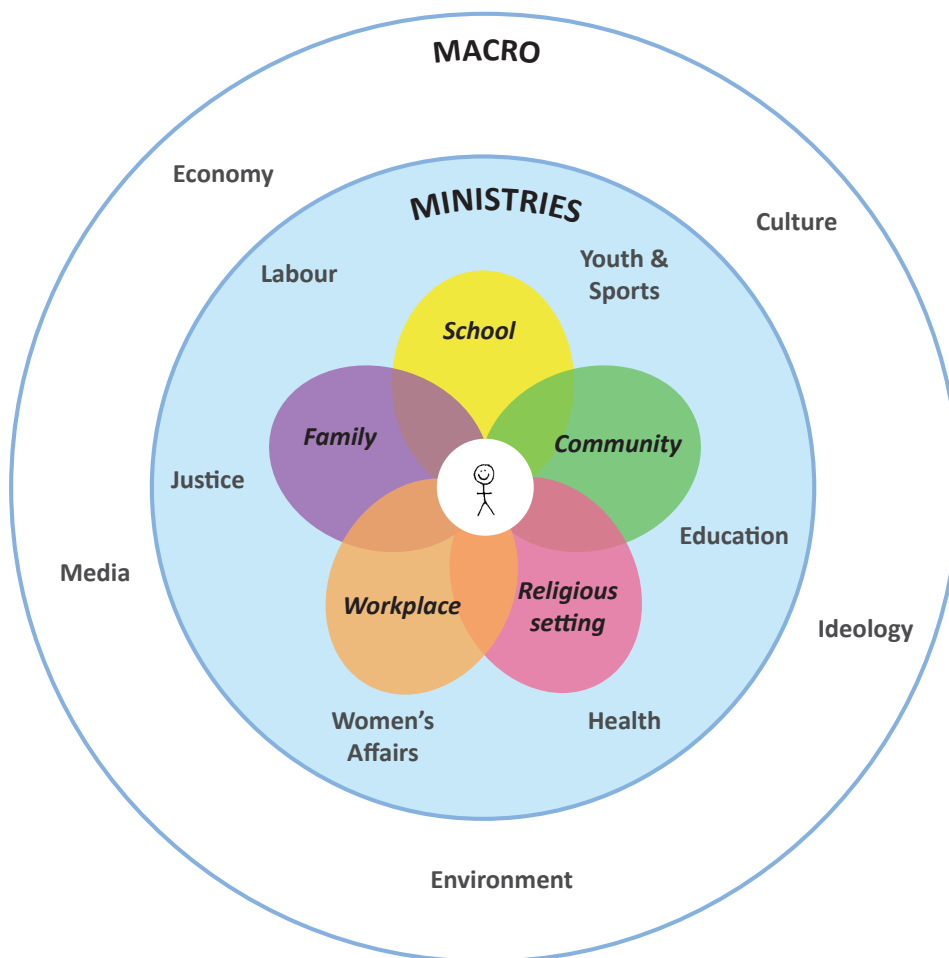
Adolescents spend most of their time in the everyday worlds of family, community and school or work. These micro worlds provide for their safety, wellbeing, learning, and financial security. But their everyday micro worlds are influenced by what happens in the ministries that are governed by policy– including the ministries of finance,

education, health, labour, defence, protection and women's affairs. They are not solely influenced by what happens in the youth ministry. This is because adolescents do not exist as a group separate from the rest of their society. Rather, their lives are shaped by the circumstances that affect their parents and partners, teachers and



Member countries of SAARC are Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka

**Figure 1:** Ecological model for understanding adolescent development (adapted from Bronfenbrenner, 1979). The ecological model emphasises interconnection between influences at the Individual level; the Micro level (home, school, community etc.), the Systems level (government ministries), the Macro level (culture, religion, economy etc.)



health workers, their employers and neighbours. To intervene for adolescents is to intervene in all of these settings.

Adolescents are also influenced by what happens in the macro world which is of key concern to policy makers. This includes the economy, the media, the built and natural environment, as well as the dominant culture and beliefs.

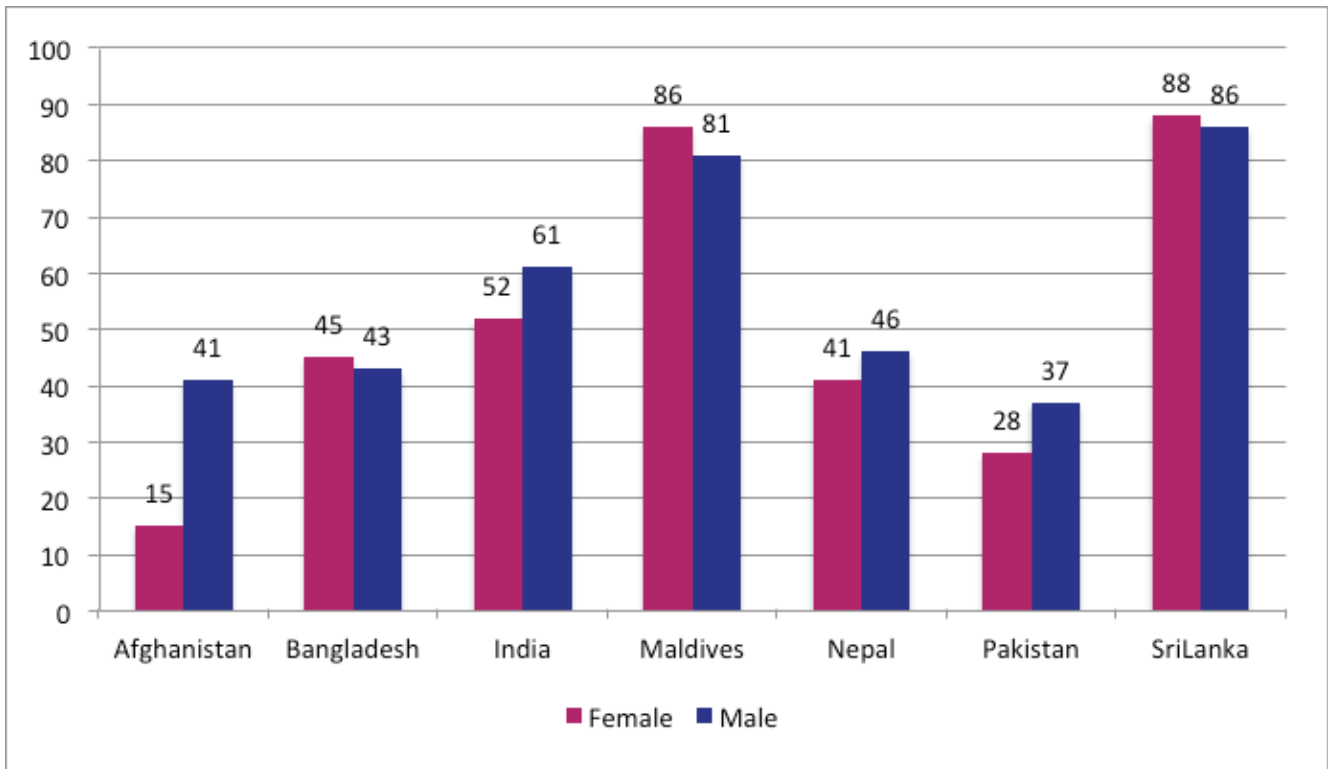
To encompass all these domains, adolescent policy must harness a whole of government, cross-sectoral, and cross-ministry approach. It must take a lateral perspective to account for the way in which the surrounding adults and institutions influence what is possible for young people. It must take

a longitudinal perspective to influence the way in which young people shift from child to adult and then to future family builders and leaders. Adolescent policy must also take an environmental focus, attending to the impact and quality of both the built and the natural environment, as well as the social and cultural environment.

**Key issues: Poverty and Gender**

To understand where we most need to make a difference through our policies, we need data – data that is disaggregated by age, location, gender and wealth. This is essential if we are to avoid directing scarce resources towards those who have the least need of them. A brief look

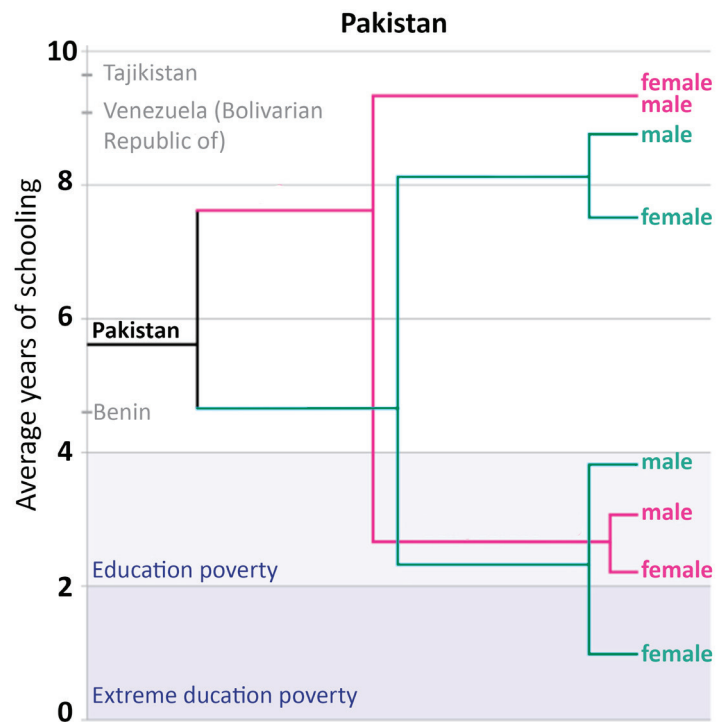
Figure 2: Proportion of females and males enrolled in secondary school (Source: UNFPA 2010)



at some of the available education, health and employment data will show that there are two pressing issues needing priority attention on the adolescent agenda in South Asia: Poverty and Gender.

Poverty and gender need to be considered together. Gender is important because adolescent boys and girls experience different opportunities and vulnerabilities. Boys are more likely to attend and complete school and attain employment. However they are also more likely to smoke, use alcohol or other drugs, and die or get injured in traffic accidents, engage in violence and have unprotected sex with multiple partners. Girls are more likely to suffer as victims of violence, be withheld from school, suffer through too early and too many experiences of child-bearing, experience mental health distress and unemployment (for a full discussion see Cahill et al. (forthcoming)).

Figure 3: Average years of schooling among population aged 17–22, by location, wealth and gender (adapted from UNICEF, 2012b, based on Pakistan DHS 2007)



However as soon as we use wealth as a theme to intersect with gender, we see that whilst girls are less likely to realize their rights than boys, in many ways rich girls have better access to rights than poor boys. As we know, however, girls who are poor fare worst of all.

### Education data

Let's start with some education data. We can see from the graph in Figure 2 that the comparatively low rates of enrolment in secondary school for adolescents in this region. We can also see that in many countries girls lag behind.

Figure 3 gives us the kind of information we need to help us understand who we need to target. It breaks school attendance data by gender, location and wealth quintiles. In looking at this data for Pakistan, we can see that urban adolescents in the top 20% by wealth are getting a full nine years of schooling, and that this is true for both boys and girls. The gender divide for the wealthy shows up in the rural areas where the wealthy girls get seven years of school whilst their brothers get nine. However, the most relevant thing here for the policy maker is that the poorest 20% of adolescent boys are getting only three or four years in primary education, and the poorest 20% of rural girls may only get one year in primary school.

So we see here that poverty, gender inequity and location all work together to influence school attendance. An effective policy will respond to these disparities and it will use targeted strategies to reach those groups with different needs.

It will take strategic resourcing to provide education opportunities to the poor. Outreach schooling, enrolment ambassadors, community mentors, school on a bike, after hours schools for those who must work during the day, scholarship schemes to promote attendance for girls, community-based classes, catch up

education for those who missed the primary years, safe travel paths to help girls get to school without experiencing harassment or assault – these are all strategies that have helped to improve literacy outcomes for the most needy.

### Invest in adolescents through education

Is education worth investing in? Does it really matter that a certain proportion of the population miss out? Our health data tells us more clearly than anything else about the importance of investing in education for adolescent girls.

Research shows that educated women are more likely to use contraception, marry later, have fewer children, and be better informed about nutrition (Population Reference Bureau, 2011). Global data from UNESCO shows that a child born to a mother who can read is 50% more likely to survive past age 5 (UNESCO, 2011).

Research conducted in Bangladesh shows that even after controlling for wealth, and available money for food, simply having an educated mother and to a lesser extent, an educated father, means the child is less likely to have stunted growth. Reducing child stunting is important because children with poor

Figure 4: Top 10 contributors to burden of disease and injury in South Asia (Institute for Health Metrics and Evaluation 2010)

Males	Females
1. Road injury	1. Self harm
2. Self-harm	2. Fire
3. Drowning	3. Maternal disorders
4. Diarrheal diseases	4. Diarrheal diseases
5. Interpersonal violence	5. Road injury
6. Lower respiratory infections	6. Drowning
7. Typhoid fevers	7. Lower respiratory infections
8. Fire	8. Tuberculosis
9. Mechanical forces	9. Typhoid fevers
10. Tuberculosis	10. Acute hepatitis E

health do not learn as well at school. Thus access to school, particularly for girls helps to improve the health of the next generation of children (Semba et al., 2008).

### Access and quality of education

If we want girls to attend and to complete school, we have to do more than build schools. We have to attend to the issues of quality and access. A study in Pakistan found that while boys’ overall levels of enrollment are unaffected by accessibility and quality of the village school; these factors were very influential on girls enrolment (Lloyd et al., 2005). When girls had to travel outside the village or when the girls’ school was of poor quality, parents kept their girls away (Verma et al., 2013). When parents believe that high school education is more of a risk than an investment, they will keep their children away and put them to productive use at home or at work.

### Considering Health

There are many population health benefits that can be gained when high schools are used as a site through which to provide prevention education. *But what are the main health issues affecting adolescents?*

Figure 4 shows the top 10 contributors to burden of disease and injury for adolescents aged 15-19 in

the South Asia region.

It is broken down by gender. You can see that injuries are a significant problem. This includes traffic injuries - a particular risk for boys. You can also see that mental health problems are high for both males and females but particularly high for girls in South Asia. Mental health is the silent unnamed and poorly addressed problem. Injuries and mental health are rarely mentioned as health priorities in policy documents. Injuries and mental health have a far greater impact than HIV which receives enormous attention. These issues require significant policy attention.

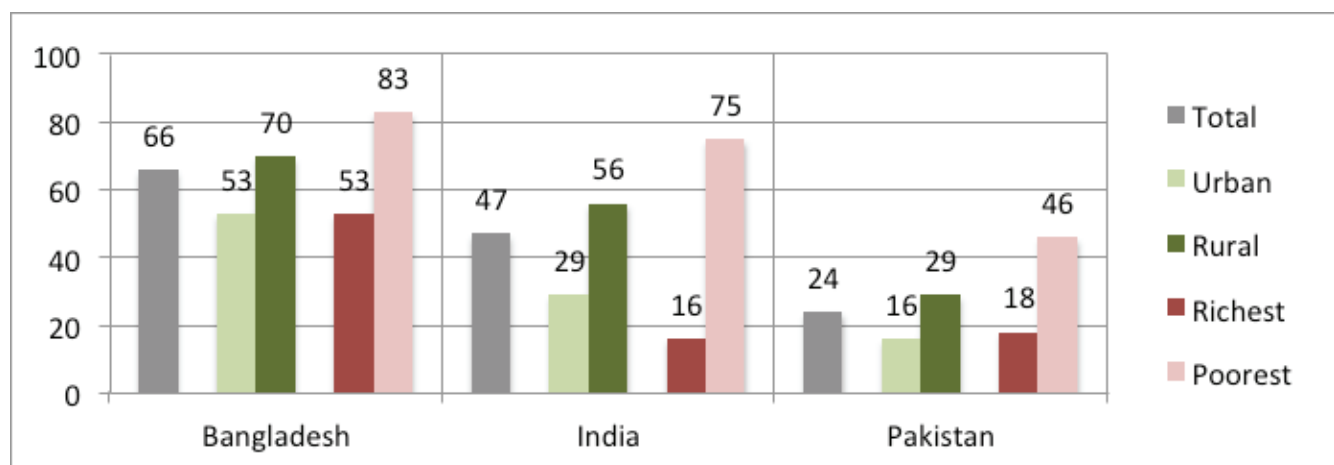
### Mental Health

There is only sparse data available on mental health in the region, but some of it is worth focusing on here. It shows for example that suicide is a leading cause of death in young women in India (Maselko and Patel, 2008) and Nepal (Suvedi et al., 2009). A study of 3662 young people in Goa found that 6% of women aged 16 to 24 years had contemplated suicide in the past three months (Maselko and Patel, 2008).

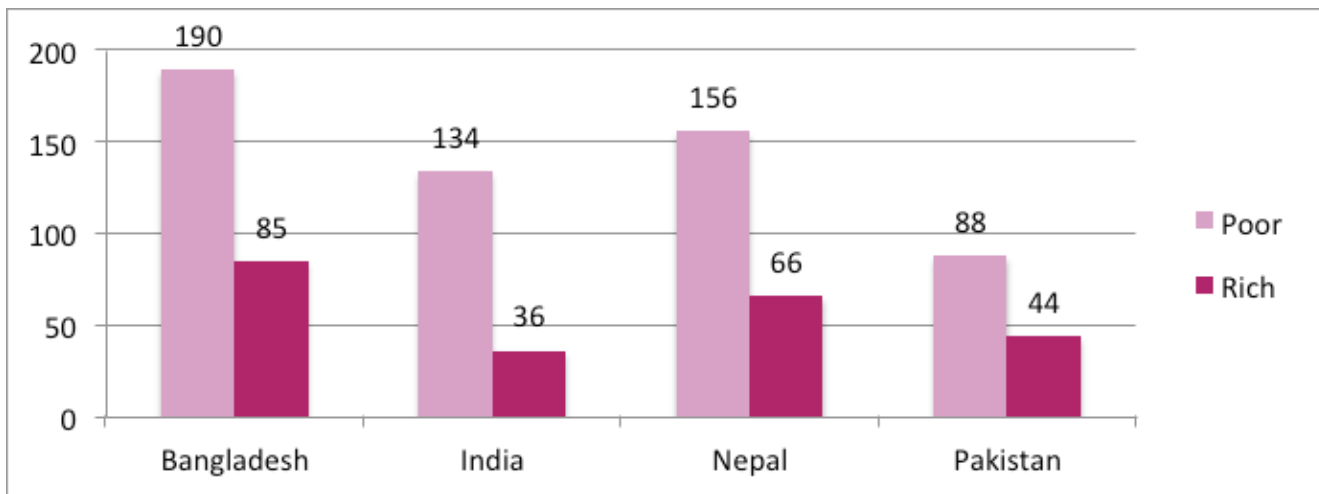
Certain girls are even more vulnerable to extreme mental health distress. One study in Goa (India) of girls who engage in sex work showed:

- Two thirds had not attended school;

**Figure 5:** Proportion of women aged 20-24 who were married by 18, by location and wealth (UNICEF, 2013, Source: Bangladesh DHS 2007; India NFHS 2005; Pakistan DHS 2006-07)



**Figure 6:** Adolescent birthrate (per 1000 people) for selected countries, by wealth (Gwatkin et al., 2007, based on DHS 1999-2004)



- 82% could not read or write;
- Most were married and supported dependents;
- The prevalence of suicide attempt in last three months amongst sex workers up to age 30 was 19%;
- However, the prevalence amongst adolescent sex workers (younger than 20 years) in the last three months was 42%.

It can be argued that these girls were at greater risk of death due to suicide than to HIV.

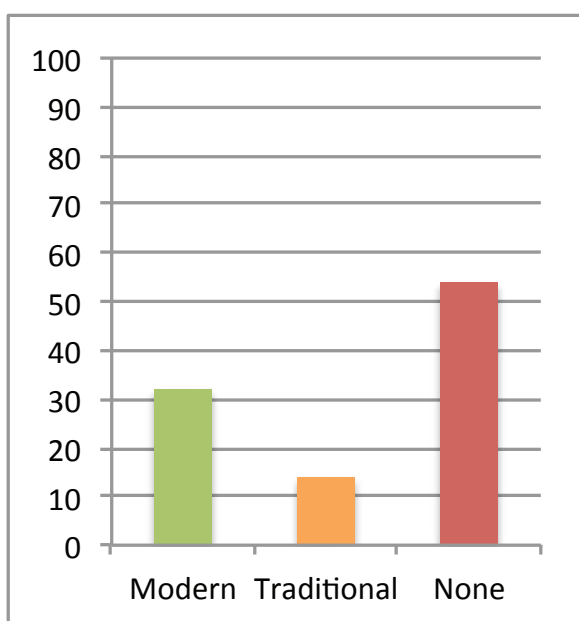
Based on this data, mental health and road safety should be on the adolescent policy agenda. The morbidity and mortality associated with these problems are largely preventable through evidence-based interventions.

*What can be done about mental health distress?*

*Can schools or clinics make a difference?*

Yes. School participation can make a difference. A large body of research shows that feeling connected to learning and to school is protective against mental health distress (WHO, 2013, Betancourt and Khan, 2008, Peek, 2008). It shows that a positive and optimistic engagement with learning, peers and teachers at school operates as a protective factor. Those adolescents who feel cared for by people at their school and feel like part of their school are less likely to use drugs, engage in violence, initiate sexual activity at an early age or to engage in suicidal thinking or behavior (McNeely et al., 2002).

**Figure 7:** Proportion of married adolescents in Asia who want to avoid pregnancy, by use of contraception (Guttmacher Institute and IPPF, 2010)





## Adolescent marriage and childbearing

Increasing high school attendance and girls attendance is a priority for many countries in the region of South Asia, so too is reducing child marriage. Here again our data suggests that a strategic response should attend primarily to the needs of the poor and in particular to the rural poor. Figure 5 shows that it is the poor girls and the rural girls who are most likely to be child brides.

Poor adolescent girls carry an extra burden as they also have more children than their wealthy counterparts.

These higher fertility rates do not necessarily occur because poor adolescent girls want more babies. Figure 7 shows those married adolescent girls who want to control their fertility but have no access to contraception. The red bar represents those without access to contraception.

What can policy makers do about this? They can focus on the availability of family planning services for the poor, and the uneducated. They can make sure that we get good sexual and reproductive health (SRH) education into schools and messages out into the community for those who do not attend school.

There is a lot of fear and resistance about providing SRH education for adolescents. Parents

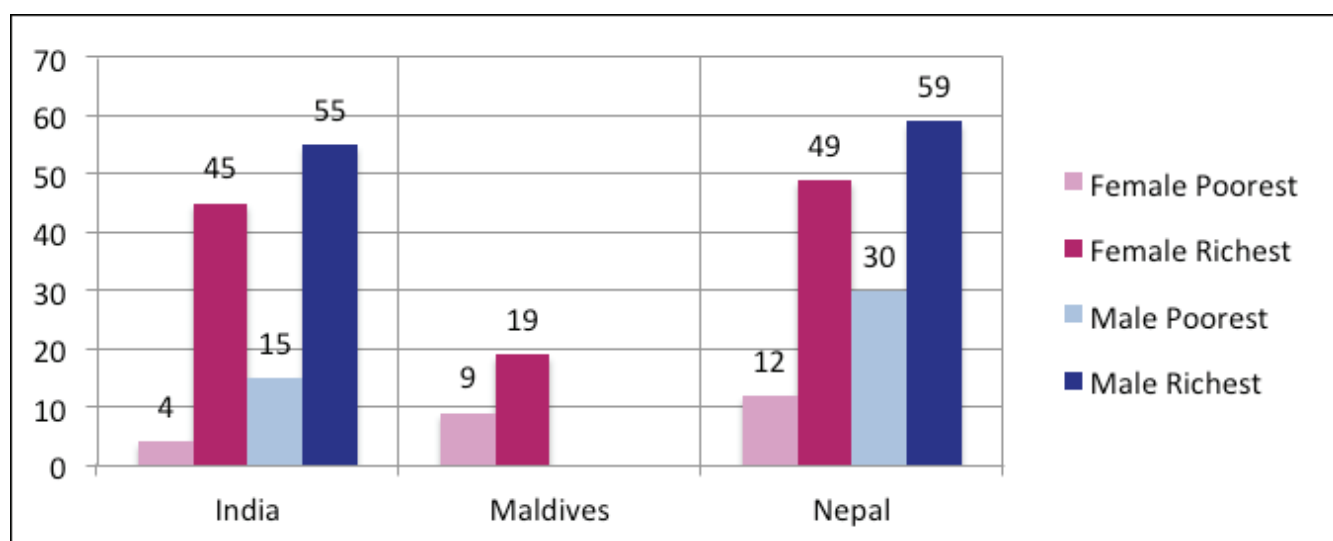
all over the world have been afraid that it will promote engagement in sex. But research shows the opposite. It shows that ignorance is associated with distress, and risk-taking. On the other hand, education is associated with safer sex and fewer partners (Kirby, 2005, UNESCO, 2009, Mavedzenge et al., 2011).

Research also shows that if we leave young people to self-educate, boys in particular are likely to use the internet to seek out information about sex. One study of internet parlour use in Kathmandu showed that usage is mainly by boys and that the two main types of use were job seeking and pornography (Leichty, 2001, Leichty, 2002). Pornography is very different from sexual reproductive health education. Boys who watch a lot of pornography are more likely to have earlier sex and more sexual partners (Blum and Mmari, 2005). Also of concern is that pornography commonly involves violence, as boys may learn that forced sex is acceptable (Bridges et al., 2010).

Research shows that extra-marital sex is common for boys. Various studies in Nepal for example have shown the use of sex workers to be common.

- One study showed 35% of high school aged males had engaged in sex with commercial sex workers (Jaiswal et al., 2005);

Figure 8: Proportion of young people (15-24) with comprehensive knowledge of HIV, by gender and wealth (UNICEF 2012)



- Married males were more likely to engage in casual sex or sex with non-regular partners than unmarried males (Upreti et al., 2009, Puri and Clelland, 2006, Tamang et al., 2001);
- Commercial sex workers were the non-regular sex partners for 82% of single sexually active young men and 50% of married young men (Tamang et al., 2001).

Have these young men received the education they need for them to stay safe and to protect their young wives? The data in Figure 8 showing the proportion of young people who have comprehensive knowledge about HIV suggests not. This data also shows a gender and a poverty divide, with girls knowing less than boys and the poor knowing less than the rich. This is a real problem as it is the poorest girls who are most likely to turn to sex work to support themselves (UNICEF 2013).

Should it be the job of parents to teach sexual reproductive health information to their children? In an ideal world, yes. In the real world this doesn't seem to work. Why?

Parents lack the knowledge themselves. They also have inherited a cultural shyness to talk on these matters (Glasier et al., 2006). One study in Pakistan

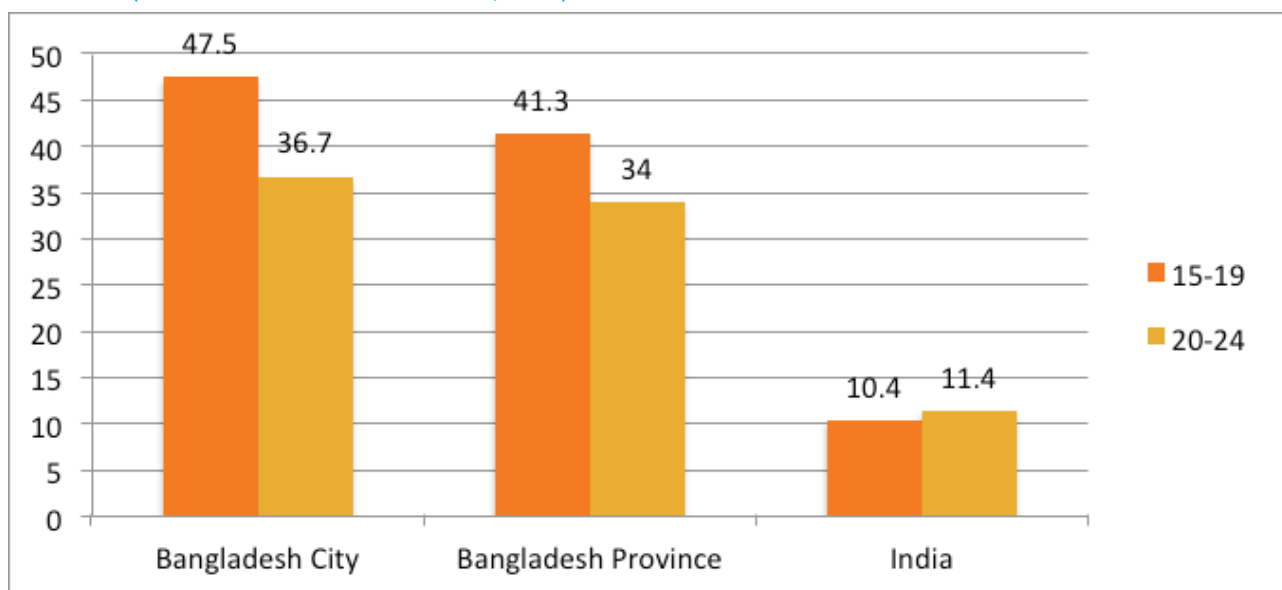
showed that for 98% of girls, mothers were the only source of information on puberty, however most did not get the needed information until after their first period and many received inaccurate information. Only 34% of girls attending private school and 48% of girls attending government school had knowledge of menstruation before menarche (Ali and Rizvi, 2010).

A good school or community-based education program could correct this and make sure that adolescents get access to information before they reach puberty and before they become sexually active whether in or outside of marriage.

### **Examples of investing in adolescents through family and community**

More violence, earlier marriage, more babies, babies less likely to thrive – this is the reality of life for girls who are poor and uneducated. These are intergenerational problems, but the cycle can be broken if girls are able to attend school. However, school-based education is not the only way to improve the lives of poor girls. The community is also a promising site particularly when community education programs address the interlocking needs of the adolescents and their family members.

**Figure 9: Proportion of adolescent and young women experiencing intimate partner violence (physical/sexual) in the past 12 months (United Nations Statistics Division, 2009)**

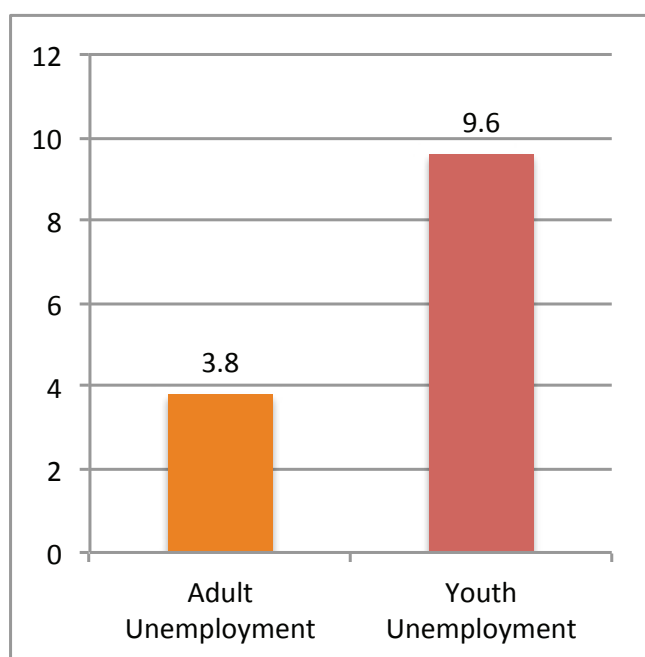


PRACHAR, a reproductive health communication model developed and tested in rural Bihar (India), was successful in both delaying age at marriage and the onset of childbearing, and increasing contraceptive use for spacing of pregnancies. It achieved its greatest results with illiterate young women who had only around one year of schooling, thus reaching and benefiting those who were most in need. It achieved this through careful targeting of newly married adolescents and their families (Rahman and Daniel, 2010).

In Nepal, the Bhaktapur Adolescent Girls' Education Project uses several approaches to end child marriage including teaching livelihood and income-generating skills to young girls and to their parents. Parents also learn about the importance of keeping girls in school (Hervish and Feldman-Jacobs, 2011).

In Bangladesh the Connections gender rights and SRH program educates adolescents and parents. Trials in other countries have shown that this approach leads to improved relationships and communication between adolescents and their parents, as well as to better knowledge about SRH (Beadle and Cahill, 2012).

**Figure 10:** A comparison of unemployment rates for adults and youth in South Asia (ILO, 2013)



These examples show how community-based education programs targeting multiple family or community members can improve outcomes for adolescents. They show that literacy is important to family health outcomes and that participation in quality education is protective against a number of risky behaviours. This data also highlights the way in which safety affects access to school and community life, especially for girls.

### Protection

Violence-reduction and elimination of sexual harassment are key issues for policy makers to attend to when focusing on the safety and wellbeing of adolescents. The issue of protection interfaces with education, employment and health cares. Safety on the streets impacts on girls' attendance at school (Verma et al., 2013). Violence is also in the home. Adolescent brides aged 15-19 are often more likely to experience violence from their husband than those in the 20-24 years age group.

Violence in the home is an intergenerational problem. One study showed that boys who see their father being violent to their mother are 5 times more likely to be violent towards their partners when they grow up (Contreras et al., 2012). Thus the cycle of violence perpetuates across generations.

### Employment

Employment is another important area of focus when thinking about the needs of adolescents. Some adolescents are workers. Whilst we don't want the youngest adolescents in work, but rather at high school, we hope that older adolescents have access to secure and decent work.

Here we see the vulnerability of adolescents. Young people bear the brunt of unemployment and it is worse for girls. Unemployment rates vary for the south Asia countries, and it is hard to find up-to-date data. Available national data

shows differing rates of unemployment between countries. Often however, the girls bear the brunt of unemployment. In 2011, youth in South Asia were five times as likely as adults to be unemployed. Furthermore, youth have been major victims of the global economic crisis.

### ***Skills mis-match***

Contrary to common assumption, the young people who are most vulnerable to unemployment are the highly educated. For example in Sri Lanka and India the highest rates of youth unemployment are amongst those who have the highest education levels.

At the same time, data trends show that the lower the level of education, the more likely adolescents are to be employed – but they are also likely to be amongst the working poor. This means that they are paid at such a low level that they live in poverty. ILO estimates show that the percentage of youth 15-24 who were employed but living in poverty are as follows: Pakistan 19%; Nepal 51%; India 41% and Bhutan 34% (ILO, 2013).

### ***Progress***

The issues that affect adolescents are cross-cutting, and so an effective response will require the cross-sectoral participation of the key ministries of population, finance, education, health, justice, protection, women's affairs, youth and labour.

Additionally, policies need to respond to the fact that those most in need may be the most likely to miss out. Historically the poorest adolescent girls have been the hardest to reach, along with street youth, orphans, those with disabilities, ethnic minorities and migrant youth. This means policies must apply an equity lens, with targeted interventions in place to ensure that the right people are reached.

### ***Rights***

A focus on adolescents within fiscal policy is a strong way to ensure that we can advance human rights –including the rights to education, health care and decent work. Amongst these rights is the right to participation. It is useful here to think of participation as playing a 'PART' – or becoming PARTNERS. When adolescents are treated as partners by those adults and institutions who govern their lives, then they become part of the solution, rather than just part of the problem.

There are many examples which show how the inclusion of adolescents as partners have led to more effective services and interventions. One example here is the NewGen Leadership course for young members of the populations at higher risk of HIV. A youth-led training course is used to mobilise young people from the higher risk populations within HIV prevention efforts (Cahill et al., 2013).

### ***A framework for action***

The cross-cutting nature of adolescent issues calls for a multisectoral and co-ordinated approach from policy-makers and programmers. A framework can help identify how each sector contributes to the advancement of the adolescent agenda and assist policy-makers to organize integration across policies and strategies. This framework shows the interconnected nature of strategies (See Figure 1). Each domain intersects and activity in one domain can generate positive outcomes in another. For example, intervening in the school can influence health, family and community outcomes.

## Strategies and Barriers

A review of policy in light of adolescents' specific needs will be well served with a strong vision, a framework, good data, a sound evidence-base, strong participatory input from adolescents themselves, and the coordinated engagement of all the key ministries and stakeholders.

But will this be enough? What are the key barriers as we work for change? Is it lack of data about what is happening for adolescents? Is it lack of capital to invest? Is it lack of knowledge about solutions might look like?

Perhaps it is none of these things. Perhaps the biggest barrier is FEAR – fear of change, fear of the future, and fear of failure.

- We are afraid to organize our schools differently;
- We are afraid that if we educate adolescents about SRH they will become sexually active. We are afraid to grant adolescents access to the same family planning services we provide for adults;
- We are afraid that if adolescents are given the freedoms their parents never had that they will abuse them;
- We are afraid of change, or perhaps that as a generation of adult leaders we will fail to do what is best for our communities.

If we have this fear, we may think we need to tread cautiously. But strong leadership requires exercise of courage. And the greatest courage in leadership is needed in times of uncertainty and change; times like those in which we live. During these times we cannot simply lead by imitation, copying what our forefathers and mothers have done before us. We must think strategically, wisely and with good heart about how to find new ways forward.

## Summing up

There is a rich body of research that shows that adolescents want to be seen and heard. They want to participate and have a hand and a say in building the solutions that will address their needs. They want what you want – a meaningful life, rich with relationships with family and friends, with time for learning and growth, with time for rest and play, with a mix of safety and adventure, with a place to belong, a contribution to make, a family to love, a roof over their heads and a good meal each day. They want what you want – a world that works, a world free from war; a world where people rally to support others in times of need. They want a world that will be a healthy place for the children they are not yet ready to bear, and grandchildren they have not yet imagined. They want to keep pace with change, and yet not to lose their heritage, their culture, or their deepest values and beliefs.

If we hold this dream for our adolescents, then Equity, Rights, Access, Participation and Learning are key words to help us address the challenges of Poverty and Gender. If we take the 'E' out of FEAR we can go FAR, using these 10 E-pointers for action, presented in Figure 11 below.

Figure 11: Ten E-Pointers for Action in Stretching the Policy Platform for Adolescents

**E** is for **EQUITY** and strategic work in relation to poverty and gender

**E** is for **EDUCATION** that is effective, engaging and engineered to the changing needs of the economy and the environment

**E** is for **EMPLOYMENT** - decent work that is free from exploitation and evolves across the life course

**E** is for **EXPRESSION** of respect for human rights that is fundamental when working on the adolescent agenda

**E** is for use of **EVIDENCE-BASED** approaches to promoting wellbeing, safety in relation to SRH, HIV, Drugs and Mental Health

**E** is for investing in **ENVIRONMENTS** - the social, the built, and the natural, each of which needs urgent strategic attention

**E** is for **EXTENDING** the hand of partnership to work with young people, across boundaries and borders

**E** Is for **ENERGY** and courage and courage needed to work for change in the face of fear and resistance

**E** is for the **EXAMPLE** that leaders set for others as they rally the courage to work on the adolescent agenda

**E** is for the **EXCELLENCE** in leadership in leadership that is needed to carry this debate from vision to action.

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