



# Advancing

Adolescent and Youth  
Sexual and Reproductive Health  
in Developing Countries

Advocacy Findings and Recommendations

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# *Advancing*

## Adolescent and Youth Sexual and Reproductive Health in Developing Countries

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## INTRODUCTION

With nearly half of the world's population under the age of 25 and nearly one-third between the ages of 10 and 24, today's generation of young people is the largest in history. These young people have the potential to lift their families and nations out of poverty and contribute to sustained economic growth and security, and the global realization of the Millennium Development Goals (MDGs). But to realize their potential, young people must be provided with opportunities for education and employment and have access to the information and resources they need to adopt healthy sexual and reproductive behaviors and decision-making.

The realities facing young people in developing countries are stark. Most face enormous challenges ranging from poverty, a lack of educational and employment opportunities, the presence of HIV and AIDS, and the breakdown of traditional family structures. They suffer disproportionately from negative sexual and reproductive health outcomes such as early and unintended pregnancies, unsafe abortions, sexual violence, and sexually transmitted infections.

While the importance of sexual and reproductive health for young people is well-documented, evidence suggests that competing global health priorities, newly adopted funding mechanisms by many bilateral donors and a recent conservative political culture in the U.S.—often a trendsetter among donor nations—has led to diminished financial support for this key demographic group.

In 2009, Pathfinder International launched *3 Billion Reasons*, an advocacy campaign designed to increase support and funding for proven adolescent and youth sexual and reproductive health (AYSRH) programs. As part of this effort, Pathfinder commissioned communications agency, GMMB, and research firm, Lake Research Partners (LRP), to assess key audiences for policymaking, advocacy, and fundraising. The firms also developed recommendations on how best to reach these audiences for the overall advancement of AYSRH. Target audiences for this research included bilateral donors, large private foundations, UN agencies, and developing country governments. What follows are key insights from this collective research and recommendations to inform AYSRH advocacy, including strategic approaches, messages, and talking points.

*When we invest in the reproductive health of young people, we empower them to make informed decisions. They are better equipped to go to school, seek employment, and plan their futures. These are investments in individuals and nations that will result in healthier citizens, productive workforces, strong economies, and a world that is more stable and secure. The story of what the world will look like when we invest in adolescent and youth sexual and reproductive health is one that has yet to be fully told. We must paint the story with successes and outcomes for policymakers and donors.*

## WHY NOW?

In 2010, we are just five years from the deadline set to achieve the MDGs. There is no question that over the next five years, there will be much international attention to and discussion about what needs to be done to cross the finish line in 2015 and sustain progress thereafter. We have a unique opportunity to inform the conversation, and a compelling case to make: *improving the future and well-being of a nation—and our world—requires a focus on the individual and collective well-being of the adolescent and youth population.*

Over the last five years, thanks to the persistent and consistent efforts of advocates working to improve the lives of adolescents and youth in the developing world, this message has begun to spread across the international community. Many have credited the World Bank,<sup>1</sup> foundations, NGOs, and even some large corporations (e.g., Nike) with increased awareness among the international community about the importance of adolescent education and health within the context of economic and social development.

In particular, a focus on adolescent girls and the powerful impact they have on improving everything from economic development to global health and the environment have gained the attention of global leaders and sparked conversations about the important role they play in solving many of the world's most pressing challenges. While AYSRH addresses the needs of both young women *and* men aged 10 to 24, there is a unique opportunity to ride this wave of support and interest in adolescent girls to make the case that protecting the sexual and reproductive health of all young people is integral to overarching development goals, and build visible and vocal support for AYSRH.

The **Coalition for Adolescent Girls**, founded by the United Nations Foundation and the Nike Foundation in 2005, and **Girls Count**, a series of reports with co-authors from the Center for Global Development, the Population Council, and the International Center for Research on Women are among recent initiatives and activities that signal support and have succeeded in raising awareness. Both have drawn significant attention to the role that adolescent girls can play in lifting families out of poverty and improving the health and well-being of their families, communities, and nations. The Initiative for Global Development (IGD) also included discussion on how best to empower adolescent girls within its last two summits on eradicating global poverty.

Within the U.S. specifically, the change in administration has brought greater attention to the needs of adolescents and youth in developing countries. **The Obama Administration** recently released the **Global Health Initiative Consultation Document**, which adopts a more integrated

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<sup>1</sup> Refers to the World Bank's 2007 World Development Report: *Development and the Next Generation* and the World Bank's Adolescent Girls Initiative launched in 2008.

approach to fighting diseases, improving health, and strengthening health systems. It focuses attention on women and girls. **Secretary of State Hilary Clinton** and **Ambassador-at-Large Melanne Verveer** are champions of women's and girls' issues and have brought this focus to the fore at the U.S. State Department. Ambassador Verveer leads the newly formed **Office of Global Women's Issues**. President Obama's decision to create a position of Ambassador-at-Large for Global Women's Issues is unprecedented and reflects the elevated importance of these issues to the president and the administration.

A convergence of U.S. and global policy initiatives, increased interest in girls' role in development, and what has been described as a "newfound hunger" for analysis of what the growing body of evidence on adolescent girls and young women means, and how and where we go from here, has brought new attention to these issues and new opportunities for both Pathfinder International and the broader community to ensure that AYSRH remains an integral part of the discussion.

## RESEARCH BACKGROUND

To help inform the *3 Billion Reasons* campaign, LRP and GMMB conducted a series of interviews from July through November of 2009. LRP conducted qualitative interviews and mini focus groups with a total of 43 individuals representing large private foundations, bilateral donors (in the U.S., Netherlands, and Japan), and multilateral donors including UN agencies.<sup>2</sup> GMMB conducted interviews with 20 individuals representing U.S. and international NGOs,<sup>3</sup> and oversaw interviews with 50 individuals representing government ministries, bilateral donors, private foundations, and NGOs in Mexico, India, and Ethiopia.<sup>4</sup> Interviewees were identified by staff at Pathfinder headquarters and country offices and/or were referred by interviewees identified by Pathfinder staff.

<sup>2</sup> Representatives from the following organizations were interviewed or participated in mini-focus group discussions: Bill & Melinda Gates Foundation, CDC, Compton Foundation, Congressional staff, Dance 4 Life, DSW, JICA, MacArthur Foundation, Moriah Foundation, Netherlands Government, Nike Foundation, NoVo Foundation, OGAC, Packard Foundation, Summit Foundation, UNFPA, USAID, World Bank, World Health Organization, and World Population Foundation.

<sup>3</sup> Includes representatives from: Advocates for Youth, Center for Global Development, Family Health International, Global Health Council, Guttmacher Institute, ICRW, IWHC, Johns Hopkins BSPH, Marie Stopes International, Population Action International, Save the Children, and SIECUS.

<sup>4</sup> Representatives from the following organizations were interviewed: **Ethiopia**-DKT International, Dutch Embassy, EC Social Sector, Engenderhealth, Family Guidance Association of Ethiopia, HIV/AIDS Prevention and Control Office, Last 10 Kilometers project, Marie Stopes International, Ministry of Education, Ministry of Finance and Economic Development, Ministry of Health, Packard Foundation, PACT Ethiopia, Regional Health Bureau, SNNPR, SIDA, Social Affairs Standing Committee, House of People's Representatives, UNFPA, UNICEF, USAID/Office of Health, Population and Nutrition; **India**-CEDPA, DfID, Government of Norway, MacArthur Foundation, Mamta, Ministry of Health and Family Welfare, NACO, Packard Foundation, Planning Commission, Population Council, Population Foundation of India, SIDA, TARSHI, Tata Trust, UNDP, UNFPA, USAID, Youth Coalition; **Mexico**-AFLUENTES S.C., Instituto Mexicano de la Juventud, Asociación Mexicana de Educación Sexual, Investigación en Salud y Demografía, Católicas por el Derecho a Decidir, Ipas México, Centro Nacional de Equidad de Género y Salud Reproductiva, MexFam, Coalición Juvenil de Derechos Sexuales Y Reproductivos, Red por los Derechos Sexuales y Reproductivos, Consejo Nacional de la Población, Salud Integral para la Mujer, and Fronteras Unidas Pro Salud.

Interview questionnaires were designed to explore the following:

1. Perceptions of trends in donor and government support and investments in AYSRH;
2. Challenges and opportunities for increasing investment in AYSRH;
3. Language (words and phrases), ideas, and values associated with AYSRH;
4. Connections or linkages between AYSRH and broader health and development issues and themes; and
5. Compelling messages and messengers for AYSRH.

Interview and mini focus group transcripts were then reviewed to identify similarities and differences in responses, as well as common themes or reactions to messages that unified all or some of the donor types.

## AUDIENCES AND DYNAMICS

Increased investment in AYSRH requires ongoing advocacy with the following key audiences: bilateral and multilateral donors, private foundations, and developing country governments. The following insights into each of these audiences' current perceptions regarding AYSRH generally, and funding more specifically, were gathered from interviews and are offered here for consideration in the development of advocacy approaches and messages.

1. There are systemic differences in how **bilateral donors** approach AYSRH. While the U.S. makes funding allocations that support AYSRH, it is often in the context of more general programming priorities, such as HIV. In addition, funding silos often hinder a cohesive integrated approach to improving the SRH of young people. As a result, there is a strong need to elevate AYSRH among key decision makers. In contrast, in the Netherlands, there is greater support for AYSRH as a whole. As a result, spokespeople for the country are more uniform when discussing not just the importance of the issue, but also their funding and programming priorities.
2. **Foundations** believe they are giving in areas related to AYSRH, but for most AYSRH is not a distinct programming priority. Foundations are increasingly looking for measurable indicators and results to support program priorities, though they recognize there are inherent challenges to measuring AYSRH interventions over the long-term. New foundations and corporate donors that may have interest in the field are unsure about who the players are or in which interventions to invest.
3. Identifying trends among **multilateral donors** or differences between these groups and the other donor types is somewhat elusive. While they broadly share AYSRH and other development areas, the role they play and the type of work they do is more diverse. For example, the World Health Organization is crucial to conversations about AYSRH funding and programming, however this organization serves a more technical advisory role rather



than one that allocates significant levels of funding. Generally speaking, capitalizing on synergies between AYSRH and other development issues will be important with multilateral audiences.

4. **Developing country governments** are often fragmented in their approach to AYSRH, dividing responsibilities for different aspects of AYSRH between several ministries (e.g., Ministry of Health, Ministry of Education, and Ministry of Youth and Sports). At the same time, developing country governments continue to focus on the MDGs and how their programs and initiatives can help meet the 2015 targets. Tailoring messages and approaches to link with the MDGs and demonstrate how AYSRH can deliver on MDG targets may be a key entryway with developing country government audiences.

It should be noted that there were distinct differences between the three countries selected for this research. In Mexico, a rights-based advocacy approach was critical to earlier investments in AYSRH. In Ethiopia, recently passed legislation restricts discussion of people's rights, yet other opportunities exist such as linking AYSRH to a comprehensive set of services for young people and as a key component to achieving the MDGs overall. In India, entry points included connecting investment in AYSRH with the realization of MDGs 4 and 5 (reduction of child mortality and improved maternal health) and MDG6 (reduction of HIV infection), as well as connecting investment in AYSRH with addressing adolescent fertility and slowing population momentum.

## SUMMARY OF KEY INSIGHTS AND IMPLICATIONS

This research reveals important insights and implications—both old and new—for a strategy, activities, and messaging to advance the AYSRH issue.

1. **Language: make it work for us.** On its own, the term “adolescent and youth sexual and reproductive health” is unnecessarily bulky and seen at times to be too broad (i.e., includes different age cohorts of young people and various intended outcomes, such as prevention of unintended pregnancy, reduction in maternal mortality, and prevention of HIV). It is difficult for the acronym “AYSRH” to stand on its own, as it means little to anyone outside of the reproductive health community. The inclusion of “sexual” also raises red flags for some audiences. We can make positive strides by positioning youth as community assets, talking about their needs in a more disaggregated way (i.e., by age, married vs. unmarried), focusing on desired outcomes, and pointing to progress-to-date.
 

*“If we can find a new way to talk about this [AYSRH], that will be a huge service to the community.”*

  - There is a perception among interviewees that funders and recipient countries are uncomfortable talking about adolescents and sexuality and are reluctant to draw fire by

prioritizing the issue. As one U.S. interviewee put it, “adolescent and youth sexual and reproductive health is an immediate turnoff for people everywhere.” Particularly in the U.S., NGOs and advocates feel there is a need to create a “comfort zone” around this issue and make it more approachable to funders and policymakers.

*“I don’t think [lack of] understanding is as much of a problem as lack of political will. A lot of these [people] know the story; they just don’t want to spend the political capital on it.”*

- Interviewees describe the AYSRH issue as challenging and multifaceted. They lament the need to find a way to talk about it that is more comprehensible, but at the same time does not completely compromise the complexity of the issue. Many feel there is no “silver bullet” solution, but many complementary ways to talk about meeting the needs of youth. Interviewees suggest talking about AYSRH in a disaggregated way—by age, married vs. unmarried—and focusing on desired outcomes and interventions, such as delaying the age of marriage and age at first birth.
  - Respondents believe there is a common understanding among policymakers and donors of the reproductive health and family planning issues present in developing countries. They also believe that these audiences are aware of appropriately responsive interventions. But due in part to cultural, political, and religious sensitivities, some respondents believe that young people have never been a distinct focus of reproductive health and family planning advocacy messages and that in some cases messaging has put young people in a negative light rather than focusing on young people as assets.
  - Interviewees believe there is an understanding among policymakers and donors that investments in AYSRH strengthen investments in education, HIV/AIDS, and other economic development factors and pay off in healthier communities and economies. But they also feel there is room and need to reinforce these connections.
- 2. Education and the economy: they matter to all of us.** There is an opportunity to position AYSRH and health education as part of a lifecycle approach to an individual’s development—as a foundation to a healthy future—while linking to broad social and development outcomes.
- Interviewees recognize that women and children are a primary focus of global health messaging and programs. In particular, U.S. respondents note that after the age of five, children tend to “fall off the map” until something negative happens to them or they become mothers.
  - Across audiences, interviewees recognize that if young people are educated, they are more likely to make informed decisions about their health, generally, and sexual and



reproductive health, specifically. Several interviewees went beyond the traditional definition of education (i.e., literacy, mathematical skills), emphasizing a broader definition that comprises comprehensive sexuality education and life skills.

- There is the sense that tying education to making choices about one's sexual and reproductive health and future is one way to encourage and develop healthy behaviors. It also allows discussion around delaying marriage and the first birth as ways to assure one's future.
  - Respondents also indicate that recognizing the direct impact AYSRH has on the economy creates an opening to tie the sexual and reproductive health of young people to economic stability and a country's future workforce. Investing in AYSRH means higher enrollment in schools, and helping young people attain the skills they need to maximize their earning potential as productive workers.
- 3. Data please: invest in costing and financial tracking studies.** To increase AYSRH funding, we need a clear explanation of what is being spent, by whom, and on what. To date, there is no clear way or source to track funding for AYSRH. There is an opportunity to advocate for mechanisms to track funding allocations for AYSRH and for program data disaggregated by age and sex.
- Respondents agree that to make AYSRH a priority we need increased funding and increased accountability so that governments (both donor and recipient) know where money is going and how it is being spent.
  - However, many note that determining how much funding has gone to AYSRH (from the U.S. or other bilateral donors) is difficult as these resources are lumped under reproductive health/family planning, HIV, maternal health or general health sector support. Those interviewed could not offer specifics on funding within their own organizations either because they report not being involved in actual allocations for AYSRH or because funding for AYSRH programs or interventions is part of a larger portfolio.
  - In developing countries, interviewees note that there are many health issues competing for funding and no line item specific to adolescents and youth.

*“We have the largest cohort of young people entering the reproductive health years and you know if these young people aren't given access to education, to health, to economic opportunity, it can make or break the future of their communities and their societies.”*

**4. We need to help donors and governments take the long view.** There is a common perception among NGOs and advocates that funding decisions (at the foundation and government levels) are not being made based on long-term planning. Policymakers are looking for data and stories to back up actions and policies. We have an opportunity to provide these stories of success and advocate for consistent reporting of youth indicators and data.

*“When I was a policymaking person...people would come in with this good investment—and it could be a good idea—but people ask “how does it compare to a, b, c and everything else?” They look at return on investment which is slow in the area of youth and it’s hard to see why [AYSRH should be prioritized].”*

- There is a sense of pressure from funders and policymakers for results, and a perceived trend to direct resources toward the “lowest hanging fruit”—programs that address immediate needs or can show concrete results in a short time span. It is very difficult to show donors an immediate return on investments in AYSRH. Interviewees felt this is particularly the case when decisions for funding are being weighed against programs or priorities with more distinct results or indicators.

- NGO representatives in the U.S., Ethiopia, and India mention difficulty identifying criteria or indicators that correspond to AYSRH and/or gathering data accordingly. In some cases, more training is needed in the field on how to gather this data. Some NGOs note that the time and financial resources needed for a long-term evaluation are not often funded through grants and so become prohibitive to conduct. Foundation interviewees acknowledge that to maintain funding, evaluations and metrics are often required.

*“Why is it that we need to be investing in health during adolescence when adolescence and youth is a low morbidity and a low mortality time? Why should the national government, concerned about overall economic growth, be investing in the health of that population? It’s a long-term kind of argument to be made, and analytically, it’s not made in many countries.”*

- The World Health Organization, in particular, points out that the long-term economic argument for investing in youth is not yet being made in many countries.
- Interviewees note that when advocating among donor or developing countries, policymakers are looking for data and stories that can help them make the case to support funding and programs.

5. **Yes we can.** There is a sense of cautious optimism that progress is possible. A new U.S. Administration with a renewed focus on global health issues is a promising first step and essential to kick-starting AYSRH *globally*. Important groundwork should be laid now and strong champions developed to ensure that this issue stays on the radar and is not contingent on a specific Administration.

- When asked about the AYSRH landscape over the last decade, U.S. interviewees overwhelmingly point to the challenges faced under the previous conservative U.S. administration, including the funneling of resources for youth to abstinence-only HIV prevention programs and efforts.
- There is a common sentiment that while other bilateral donors, such as the Dutch, are leaders on this issue, reinvigorating U.S. leadership on AYSRH is the critical next step for broader momentum across donors and country policymakers.
- Interviewees cite support in the new administration and Congress and point to the rescinding of the Global Gag Rule, creation of the Office of Global Women’s issues and development of a Global Health Initiative as progress that is already being made, albeit more slowly than advocates would ideally like to see.
- While interviewees believe we are at a unique point in time to advance AYSRH, not enough is being done to capitalize on the moment. Interviewees cite competing priorities and a question of “what’s next” as possible reasons.
- There is consistent recognition that we need stronger U.S. champions for reproductive health and family planning overall, and for AYSRH specifically, if we are to increase U.S. support and funding for this issue. This requires leaders who are not just aware of the needs of young people in developing countries but also those who are committed to investing in them.

*“I think there are a lot of allies within the administration. We need to provide support so changes can be made. Let them know we’re here and ask them what they need. We need to make sure decisions aren’t being made in a vacuum.”*



## STRATEGIC APPROACH

Three important points are clear from the research: (1) there is a unique need and opportunity to change the way advocates talk about this issue so that it becomes more accessible to policymakers and other decision makers; (2) changes in U.S. leadership and a renewed focus on global health have the potential to reverse the downward trend of attention to AYSRH and create new opportunities for engagement that have not been present over the last decade; and (3) there is a concerted desire among advocates for the U.S. to take leadership on this issue and a sense that now is the time to do so.

While advocacy efforts should not be completely limited to a handful of audiences, there are clear opportunities within the U.S. and developing country governments—namely, the change in administration and the upcoming conversation to review the MDGs—that can be used to bring greater attention to the needs of adolescents and youth in developing countries and greatly influence investment decisions around AYSRH. With limited resources, a targeted U.S. and focused developing country strategy is possible and winnable. Here's why:

- **There is a base of U.S. support for investments in global health.** Research conducted over the last year by the Kaiser Family Foundation, the Bill & Melinda Gates Foundation, and others indicates solid U.S. support for investments in global health. An October 2009 survey conducted by the Kaiser Family Foundation indicates public support for maintaining or increasing U.S. spending on global health; this support increases when specific health-related purposes are mentioned. Research conducted on behalf of the Bill & Melinda Gates Foundation in June 2009 among policy/political and media influencers indicates their support both for U.S. government investments in global health (66%) and increased global health spending overall (63%).
- **In developing a comprehensive global health strategy, the U.S. has an opportunity to demonstrate leadership on this issue.** As previously mentioned, advocates are eager for the U.S. to take a leadership role and realize the benefits of investing in AYSRH. As one interviewee noted, “we have seen many bold statements, but have yet to see serious funding commitments.” Significant U.S. spending on this issue, through agencies such as USAID and the Office of the Global AIDS Coordinator, will send a signal to other bilateral donors and developing country governments to prioritize investments in young people.
- **As U.S. agencies determine priorities and budgets, a limited number of individuals will play a decision-making role.** When it comes to prioritization and funding in the U.S., there are a limited number of agencies and people who will make decisions on this issue. Advocacy strategies must be tailored to reach those key decision makers.
- **Efforts to increase funding must also be driven at the country-level.** Internationally, there is a trend for bilateral donors to engage in sector-wide approaches (SWAPs) or basket funding. This is a deliberate attempt to allow developing countries to set their own

budgetary agendas. While bilateral donors can be encouraged to prioritize AYSRH, country-level advocacy that is directed at ministers of health and finance and involves civil society is needed to help influence this spending.

- **Success breeds investment.** We need to show country-level success in order to build support and funding for AYSRH globally. As one respondent noted, this is never an issue for which policymakers have to answer. It is not an issue that will cost them an election. We must show that this is a winnable platform at the country level.
- **Country-level work promotes a diffusion of ideas.** Targeting AYSRH advocacy efforts within a select number of developing countries builds global support by harnessing the influencing power of these countries and their advocates. By achieving regional balance and selecting countries with unique experiences, targeted advocacy efforts can spark creativity and promote the diffusion of ideas and energy in surrounding countries.

## MESSAGES AND TALKING POINTS

When it comes to communicating about and advocating for investments in AYSRH, respondents overwhelmingly recognize that the language we use is a significant barrier. Our language is often confusing and too complex for audiences outside the reproductive health community. As previously noted, some policymakers in particular are uncomfortable with the idea of young people being sexually active, and most in the U.S. have a difficult time separating the experiences of young people in industrialized countries from the realities facing young people in developing countries.

Where the community has seen success is in bringing certain adolescent consensus issues to the forefront. Initiatives to prevent maternal mortality, early marriage, and harmful traditional practices have seen traction, as have efforts to prevent the spread of HIV among young people. These are issues that now face less controversy—thanks to long-term multi-stakeholder education campaigns—and therefore U.S. policymakers and opinion leaders are comfortable speaking out and backing relevant policies and, in the case of HIV, funding. Additionally, strong communities of advocates in the U.S. and in developing countries provide support and coverage to advance these issues.

We need to create a similar “comfort zone” for AYSRH overall. While a new U.S. administration signals new opportunities, there is significant work to be done. There is a reality that we must stand behind AYSRH with a message discipline that builds broad-based constituencies within the administration and on Capitol Hill. To build significant and sustainable funding requires us to engage champions across ideological platforms.

### Message Insights and Tips

Previous sections outline insights from research and their implications for advocacy and highlight various challenges and opportunities when it comes to the way we communicate

about AYSRH. As part of the research, LRP tested various linkages, messages frames, and values that are used by the broader reproductive health community with interviewees to gain a better understanding of the themes and concepts that resonate. Country interviews also sought to assess successful frames and messages. Below are insights derived from those exercises.

- **Age matters, numbers matter.** Messaging should focus on the actual population, including the size of the population that is served by AYSRH programs and interventions. Emphasizing the large size of the youth population globally and the positive global health impact that could take place through promoting the health and well-being of this group resonated well with interviewees. Describing the size of this population is an impetus for action rather than complacency and could serve as a base around which other messages are centered. Nearly half of the world’s population is under 25, the largest generation of young people in history, with one billion approaching their childbearing years. Addressing the vulnerability and high unmet need of this large cohort would result in significant gains in sexual and reproductive health as well as global health outcomes.
- **Who are we talking about?** The combination of “adolescent/youth” and “sex” is a non-starter for some audiences. Making the case about young people rather than their specific behaviors can help address this issue. Diverse audiences of young people from very young adolescents (10-14) to young adults (20-24), who are both married and unmarried, have widely different needs. Putting the issues and interventions into context will be helpful to ensure that we do not lose our most powerful messages in the details. For example, some audiences believe that communicating that young married women need information and services to protect their health will gain a more positive reaction and avoid the controversy that may be met when referring to offering services to unmarried girls aged 10-14.
- **Put young people on the global health map.** An insight noted by several U.S. respondents is that young people do not have a place on the global health map. Once they receive immunizations in childhood, some may receive nutritional interventions but otherwise **young people fall off the map until there is a problem** (e.g., they contract an STI or become pregnant). Recent initiatives have given more attention to prevention (e.g., prevention of female genital cutting and delaying age of marriage and childbirth). But further attention to integrate young people into a lifecycle approach to health may be effective and is worth exploring. As many informants note, young people are caught in a bind—they are at an age in which they face higher health risks than adults and yet their health needs are ignored.
- **Delaying the age of marriage and first birth.** Many respondents felt this issue was important to highlight to donors, particularly in light of the potential positive affect such interventions could have on maternal mortality and MDG5. Complications from pregnancy and childbirth are the leading cause of death for young women aged 15-19 in poor countries. Delaying the age of marriage can also be linked to issues of human rights and empowerment of adolescent girls as early marriage can marginalize and isolate young girls



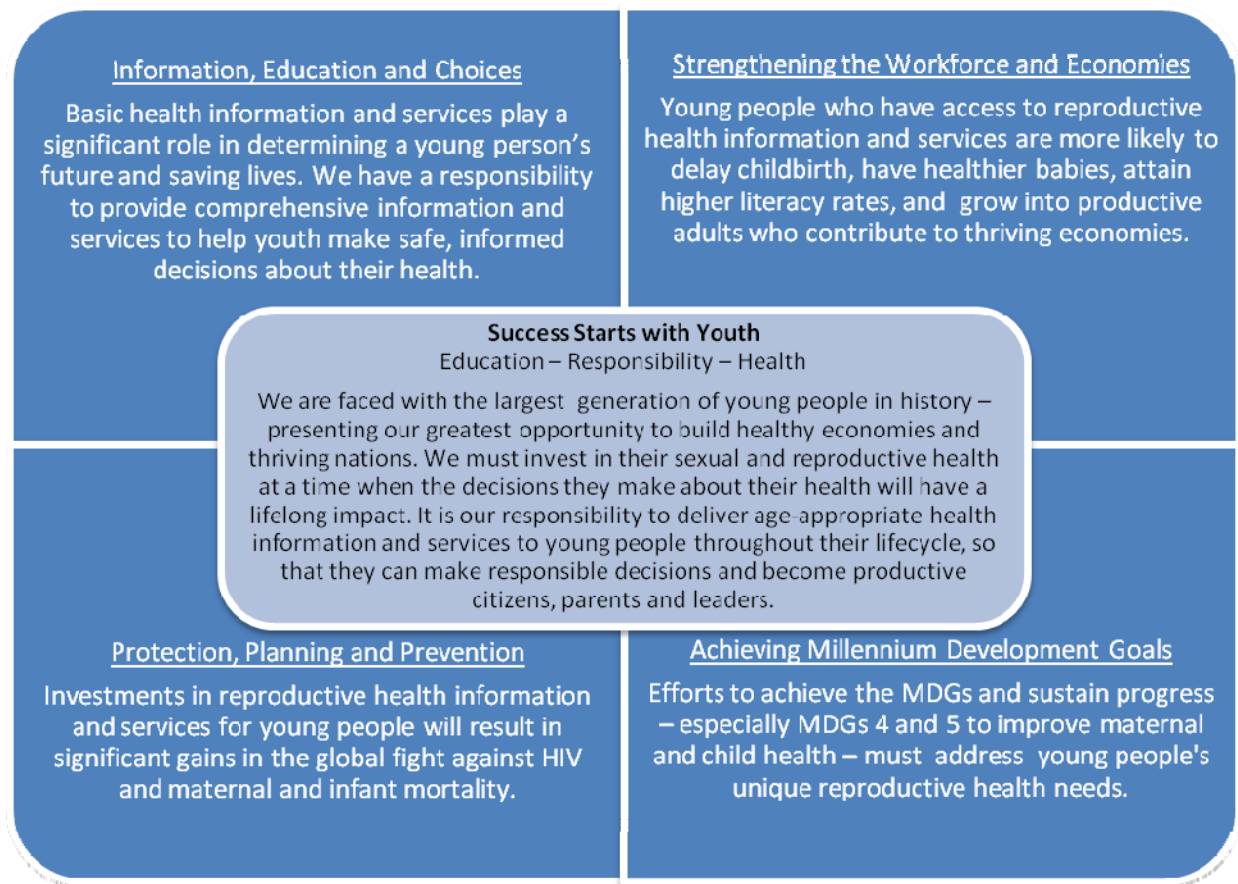
from society, making them more vulnerable to poverty and violence.

- **Young people and the millennium.** There is an increased focus among donors and stakeholders, including the current U.S. administration, on achieving the MDGs, and this focus will only grow as 2015 approaches. Finding ways to connect AYSRH to the MDGs (e.g., the adolescent fertility indicator for universal access to reproductive health under MDG5) will be important moving forward. We recognize that plans and programs to reach the MDGs are well underway, however it is not too late for countries to undertake new directions and decisions in order to achieve the MDGs. We must show them AYSRH is the way.
- **Make it positive. Make it possible.** Messages should reflect positively on the size and potential of the youth population. There is wide recognition and appeal to the idea of focusing on young people as the next generation and a vital part of the future. Making the dialogue about the new, next or upcoming generation and their potential is a way to shift the dialogue to the people most in need—adolescents and youth—rather than getting tangled up in certain behaviors that tend to constrain donors.
- **Connect to education.** Education is the most effective linkage to AYSRH. Participants strongly agree that informing and educating young people can lead to healthier adult populations. Interviewees made the case that if young people are educated, they are more likely to make informed decisions about their health and lives in general, and about their sexual and reproductive health, specifically. This has played out in research and should be a continued point of emphasis. Many informants think we *should* go beyond a traditional definition of education, emphasizing a broader one that comprises comprehensive sexuality education and life skills.
- **Invest in youth, it pays.** The economy and the workforce is a powerful message frame. Informants believe that investments in young people and their sexual and reproductive health can help them attain the skills they need to maximize their earning potential and contribute to the development of their countries.
- **From vulnerability to empowerment.** In almost all countries and cultures adolescence is a vulnerable time. Young people in developing countries face infectious diseases, poverty, violence, susceptibility to unwanted sexual and harmful practices, and unequal access to services and opportunities. This vulnerability and lack of *personal security* is a compelling message frame for many donor audiences. If youth can be assured of their personal security than they are more empowered and better able to make healthy choices. Links between AYSRH and *global security* resonated with some U.S. bilateral informants, but was not a compelling message frame for other donors. Additionally, a focus on “rights” has particular traction with bilateral donors outside of the U.S. and some private foundations.

- **Focus on outcomes.** Audiences already have a solid understanding of the problem. But to some extent, we have lost sight of the outcomes. We need to be more direct about what is at stake, the specific outcomes we hope to achieve, and opportunities to do so.
- **Showcase success.** As reinforced throughout this document, our audiences are looking for proof of success. The AYSRH issue can feel overwhelming given the sheer size of the target population alone. Success stories can show that movement and improvements in AYSRH are possible, replicable, and scalable, and that the issue is “winnable” in the policy arena and worthy of investment. We need the “Living Proof”<sup>5</sup> campaign for AYSRH.

### Message Box

A message box is a tool that visually presents the most effective messages. The qualitative research focused on various frames and linkages, as opposed to specific messages or new language approaches. With this in mind, the message box below was built around the frames that rose to the top.



<sup>5</sup> A campaign funded by the Bill and Melinda Gates Foundation on progress made in Global Health.

The center of the AYSRH message frame contains a suggested core message: *success starts with youth* and is surrounded by four supporting messages. They are not listed in any particular order so that advocates can move from point to point as necessary.

The above is an attempt to boil down key points into the most compelling messages that can be further built-out and supported by facts and talking points. We hope this will be a starting point for discussion, debate, and refinement. Below are examples of how the above framework can be tailored to the focus of a particular audience.

#### Information, Education, and Choices

Young people—no matter where they live—need information and options so they can have the opportunity to make safe, responsible decisions about their health. Improving their chances to lead healthy sexual and reproductive lives is strikingly simple. By providing girls and boys as young as 10 with age appropriate comprehensive sexuality education, and by providing older youth with information and services to make responsible choices to protect themselves against HIV/AIDs and unplanned pregnancy, we can drastically reduce life-threatening conditions for young people. This does not require new technologies or scientific breakthroughs. It does require political will and funding targeted to young people.

#### Strengthening the Workforce and Economies

Few financial investments yield better returns than those made in AYSRH. By providing education and services that allow individuals at every age to make safe, responsible decisions about their bodies and their health, every family, community and nation is strengthened. Healthy young people grow into healthy adults who contribute to growing economies and stable, secure societies. Addressing the needs of young people can improve everyone's lives and those of future generations.

#### Protection, Planning, and Prevention

More than 1 billion young people are approaching their childbearing years and they need to prevent disease and unintended pregnancies. Young people represent the fastest growing cohort of new HIV infections. Basic sexual and reproductive health information and services can determine a young person's future and save lives. While young people at every age have unique needs, it is up to governments, donors, and NGOs to ensure those needs are met by providing access to information and services that support healthy life decisions at every stage.



## CONCLUSION

The evidence is clear that in effectively addressing the sexual and reproductive health needs of our youth, we face one of the world's greatest challenges. The astounding number of young people around the world who need the attention of the international community cannot be denied. Yet, it is no exaggeration to say that if we do act, we can turn this challenge into a successful program of action that will profoundly shape the development and economic status of the global community for the balance of this century. The smart use of advocacy and communications to convince the donor community, beginning here in the U.S., to commit the resources needed to turn challenge into opportunity will be key in determining our success or failure.

This report lays out ways for us to use messages that will resonate with key decision makers. We also know that the messengers are just as important as the messages. In order to be successful, we need to harness one of the greatest resources we have—the young men and women, whose well-being is at stake and upon whom we rely to chart the future. Overwhelmingly, young people were identified by respondents as the strongest advocates for this issue. Young people have the energy, the personal interest, and the numbers to advocate forcefully for AYSRH. By engaging young people and helping them develop the skills they need to become champions for the issue—and champions for themselves – AYSRH advocates can build a powerful support base and draw the attention of policymakers who may not be used to hearing from this constituency.





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