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GUIDELINE ON INNOVATIVE METHODOLOGIES FOR INVOLVING YOUNG PEOPLE FROM A DIVERSE BACKGROUND ON SRHR RESEARCH AND ADVOCACY

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Commissioned by Share-Net International through support to Balanced Stewardship Development Association (BALSDA), Love Matters Kenya and One Vision Alliance (Aliansi Satuvisi) Indonesia

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FOREWARD

Despite considerable progress since the ICPD IN 1994, millions of young people -- mostly disadvantaged and those with diverse background -- still lack access to SRH information and services. Young people, including those from culturally diverse backgrounds have largely remain hidden to, and underserved by, sexual and reproductive healthcare services. They are largely underrepresented in mainstream SRHR interventions. The reasons for these are largely due to their exclusion from programs and research that concerns them, very limited data are available on them; that in turn negatively affect further inclusion of these group in SRHR projects, policy making and programme designing are often impacted by stereotypes of cultural norms rather than based on evidence, sensitivity/difficulties in identifying this group is also an issue because it is not easy to speak out being culturally sensitive.

Addressing these, it is important to recognize the diverse identities and different contexts of young people for effective SRHR interventions. This guideline therefore, offers a step-by-step guide on how to map target groups of young people with diverse backgrounds, phases of engaging them to participate in research and approaches for engaging young people. The guideline was developed using Human-Centred Design Thinking principles (Observation, ideation, Prototyping, feedback, iteration, implementation) approach to identify these young people with complexities that as well define the SRHR challenges they encounter and the SRHR needs they have and has also recommended best practices to involve them in SRHR research and programs that affect them, not just as beneficiaries but also as participants and leaders.

The key recommendations in this guideline would significantly contribute to creating a new path for a research agenda on sexual and reproductive health care for culturally diverse young people. We hope that this publication will be an inspiration to guide research institutes, government agencies, inter-governmental agencies, NGOs and other critical stakeholders on how best to use innovative methodologies to involve young people with diverse backgrounds in SRHR research.

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Balanced Stewardship Development Association (BALSDA) Nigeria
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One Vision Alliance (Aliansi Satuvisi) Indonesia

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Finally, we are convinced that this guideline will significantly contribute to creating a new direction for a research agenda on sexual and reproductive health care for culturally diverse young people globally.

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ABBREVIATIONS

Acronym	Meaning
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Anti Retroviral Therapy
ARV	Antiretrovirals
AYFSRH	Adolescent and Youth friendly Sexual and Reproductive Health
AYP	Adolescent and Young People
AYPLHIV	Adolescent and Young People living with HIV/AIDS
BALSDA	Balanced Stewardship Development Association
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CHEW	Community Health Extension Worker
CORPs	Community Oriented Resource Persons
CPR	Contraceptive Prevalence rate
DTG	Dolutegravir
EmOC	Emmergency Obstetric care
FGM	Female Genital Mutilation
FGD	Focussed group Discussion
GBV	Gender Based Violence
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
IMPAC	Integrated Management of Pregnancy and Childbirth
IDP	Internally Displaced Persons
IPV	Intimate Partner Violence
KII	Key Informant Interview
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
LMIC	Low and Middle Income Countries
MM	Maternal Mortality
MNCH	Maternal, Newborn and Child Health
MSM	Men having Sex with Men
MVA	Manual Vacuum Aspiration
NDHS	National Demographic Health Survey
NPHCDA	National Primary Healthcare Development Agency
OOP	Out of pocket
PAC	Post Abortion Care
PNC	Post Natal care

PLHIV	Persons living with HIV/AIDS
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child transmission of HIV
RTI	Reproductive tract Infections
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

EXECUTIVE SUMMARY

Young people are a special group of people who have specific SRHR needs. This age group is also associated with large variations and differences across several facets of life, which in turn interphase   with and influence their SRHR needs. The peculiarities that determine SRH needs may also determine the access youths have to the SRHR information and services. To ensure the existing gaps are identified, young people should play a key role in developing programmes on sexual and reproductive health (SRH) in their community or society. Involving young people helps to ensure that programmes, activities, information and services are appropriate and relevant to them, and all barriers to access are appropriately addressed to ensure that all their SRHR needs are met, even in the midst of diversity. This toolkit throws more light about diversity among young persons, the factors that constitute diversity, how they create exclusion and determine their access to SRHR information and services, or not. It also shows how you can make youth of diverse backgrounds participation happen in SRHR research and needs assessment projects. It uses a step-by-step approach showing how to involve young people to help you get a clear picture of the situation of other young people in your community; identify the real sexual and reproductive health needs and challenges of young people; what is being done to address the needs of young people; and what they would like to change in your programmes and activities. This toolkit will help to turn young people's ideas into reality by engaging them and giving them the opportunity to identify the SRHR needs and wants of their peers in their community, and together with them birthing the SRHR service delivery that they desire.

This toolkit will help their SRHR program implementers to have better outcomes by appropriately identifying, engaging, retaining young people, and working with them as equal stakeholders, in identifying and solving the problems that pertain to their SRH needs and those of their peers in their community.

CHAPTER 1

INTRODUCTION

Research has shown that Adolescents and young people (AYP) are the direct line to hugely diverse realities on the ground, and they have a deep, intimate understanding of their own needs, the challenges that they and their peers face in accessing high quality, comprehensive sexual and reproductive health and rights (SRHR) information and services; and involving them in SRHR services that involve them is desirable to them and is associated with better outcomes[1]. This has been documented in work carried out by different developmental and International Organizations including the World Health Organization (WHO), the United Nations (UN) agencies and other partners. The Youth investment, engagement, and leadership development (YIELD), among others, indicate that young people have first-hand experience with how they and their peers use these resources to make informed choices and decisions about their sexuality. When central to development of related policies, programs, and services, outcomes are better if stakeholders identifying and executing effective adolescent and youth sexual and reproductive health and rights (AYSRHR) solutions, which should be implemented together with youths[2].

In order to obtain first-hand information about SRHR related challenges and needs of young people, and use the findings regarding the status of SRHR information and services to proffer solutions and facilitate their involvement in SRHR research and advocacy; Focussed Group discussions (FGDs) were carried out in Indonesia, Kenya and Nigeria, and reached out to ***young people of varying diverse backgrounds.***

1.1 Target Groups FGD carried out in Kenya, Indonesia and Nigeria

The FGD team in Indonesia prioritized High school student aged 16-18 years, the Youth Forum members aged 20-24 years and Youth Lesbian, Gay, Bisexual, Intersex, Queer, Intersex (LGBTQI) people between ages 20-28 years.

The Kenya team conducted a total of 3 (three) Focused Group Discussions (FGDs). The first engaged the LGBTQI community with major focus on gay men between the ages of 20 – 30 years. The second category were teenage mothers between ages of 13 – 17 years. The third were young People living with HIV (PLHIV) between ages 20 – 30 years.

The survey population in Nigeria comprised of out of schools youth, youth with disabilities and youth from the LGBTQI communities, and three FGDs were conducted among out of schools youth, youth with disability and youth from the LGBTQI community respectively.

The FGD findings will be prioritized in generating the gaps, discussions and strategies for engaging young people from diverse backgrounds in SRHR research and advocacy.

1.2 How the tool kit will help with the engagement of young people

To engage youths successfully, appropriate methods and mechanisms of identifying, engaging, supporting, including them into governance structures of organizations, programs and

projects should be utilized. A tool kit was developed, primarily using the findings of the FGDs, and where relevant, supporting them with findings from other international and development Organizations who have track record and competencies in working with these populations on SRHR matters.

The tool kit will provide information about the various categories of **youths in diversity** that are predominant in the three focus countries, their lived SRHR experiences, the **challenges** they face, their **specific SRHR needs** and the **solutions** they proffer. It will also proffer **innovative methodologies** for effectively involving **young people** from **diverse backgrounds** in **SRHR research** and **advocacy** that affects them, with the aim of **closing existing gaps.**

1.3 Outline of this toolkit

This tool kit will explore and discuss the following
- The SRHR of young people in general
- The youth population is a diverse group with each subset having peculiarities that pose challenges and specific needs
- SRHR needs vary per sub-set of the youth populations and from person to person.
- Young people need to be involved in research and programs targeting them, but result oriented strategies must be understood and utilized
- Introduction and Definitions of young people
- Young People's Sexual and Reproductive Health needs
- Mapping Target groups of young people with diverse backgrounds
- SRHR Challenges of Diverse Populations
- Trainings Young people, including those diverse backgrounds prescribe for HCP
- The roles and focus of SRHR research for young people
- Importance and benefits of engaging and ensuring participation of youth in research
- Principles of young people's participation
- Best Practices and prerequisites of young peoples' participation to achieve good outcomes.
- Available methodologies in engaging people with diversities
- Recruitment of young people
- Retention of young people
- Challenges with Health Care Providers giving care for Young people from diverse backgrounds

CHAPTER 2
2.1 SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF YOUNG PEOPLE
Young people including adolescents located everywhere in the world have definite and major Sexual and Reproductive Health (SRH) needs. However, interactions of several layers of complex issues including but not limited to country and context specific social attitudes, myths and norms about sexuality, national laws and policies, stereotypes and values of service providers, and other structures that determine the access that young people have to SRH services. Existing literature assumes that adolescents and young people identify as heterosexual, and exclusively engage in heterosexual relations with the opposite sex/gender (heteronormativity). Thus little is known about the SRH needs of adolescents/young persons of sexual and gender minorities and if they are met Complex legal frameworks, and social attitudes about their sexuality, including the values of healthcare providers, govern adolescent access to sexual and reproductive health services, and the laws and social attitudes are often antipathetic to sexual and gender minorities[3].

In order to address the SRHR needs of young people, it is imperative for research to identify marginalized and unreached populations of young persons and disaggregate them according to their characteristics. This is because the SRH needs, challenges, gaps and barriers to access are dependent on the characteristics and challenges of the various population groups that constitute diversity. Research of each independent group is critical to inform SRHR program implementers, because many of the barriers to access SRH services, and conversely the required mitigating strategies will be specific to each (excluded) group.
- The youth population is a diverse group with each subset having peculiarities that pose challenges and specific needs

- SRHR needs vary per sub-set of the youth populations and from person to person.

- Young people need to be involved in research and programs targeting them, but result oriented strategies must be understood and utilized

2.2 Introduction and Definitions of young people
The World Health Organization (WHO) defines adolescents as people whose ages are between 10 and 19 years, and they are categorised into younger adolescents aged 10 to 14 years while older adolescents are those aged 15 to 19 years. Adolescents are a subset of young people, that consists of individuals between ages of 10 and 24 years, a very special age group when visualized through the SRHR lens. They are a mobile, energetic and adventurous population, and engage in risk taking behaviours and experiment with new things including sex. This age is associated with commencement of sexual activity and their needs for SRH information and activities are high. Globally, there are currently more than 1.75 billion people aged between 10 and 24 years, and the majority of them reside in developing countries.

Young people are a very diverse group of individuals whose daily lives differ considerably between and within countries, and are further influenced by location-specific circumstances,

environmental constraints, personal challenges, person specific inclinations, access to information, education and other types of resources and peculiarities. The International Conference on Population and Development (ICPD) in 1994 focussed on the SRHR challenges and needs of adolescents and young persons, including high numbers of teenage pregnancies and childbirths, high burden of new HIV infections and high annual rates of preventable deaths among young people.

At the 64th World Health Assembly, (Geneva, May 2011), the report of the Youth and Health Risks secretariat and the Resolution proposed by Tunisia (cosponsored by Finland and Hungary) challenged member States to improve their commitment to the health needs of young people and include this critical subset of the population into plans and policies of the health ministry and others sectors. This was to ensure that all gaps regarding the SRHR needs of young persons were met.

2.3 DEFINITIONS
Table 1- Definitions of Terms

Health	The state of complete physical, mental and social wellbeing and not merely the absence of infirmity or disease.
Rights or human rights	Basic freedoms and protections that belong to everyone by virtue of being human. They are based on notions of equality, dignity and mutual respect.
Sexuality	The way people experience and express themselves as sexual beings from birth to death. It encompasses biological, erotic, physical, emotional, social and spiritual feelings, attraction and behaviour and gender identities.
Reproduction	The production of offspring.
Sexual and reproductive health and rights	The complete physical, mental and social wellbeing in all matter related to a person's sexuality and reproductive system, and the freedoms and protections that are necessary to guarantee this state of wellbeing, which must be based on equality, dignity and mutual respect.

2.4 Sexual and Reproductive Health and Rights (SRHR)
This term encompasses the human right of all individuals to make decisions concerning their own sexuality and reproductive well-being, on condition these decisions do not infringe on the rights of others. It includes four components, each critical to the other: sexual health, reproductive health, sexual rights, and reproductive rights.

According to the Maputo Plan of Action [4], which is premised on the ICPD Platform of Action, SRHR includes
- adolescent [SRH]

- Safe motherhood and new-born care
- Abortion care
- Family planning
- Prevention and management of sexually transmitted infections including HIV/AIDS
- Prevention and management of infertility
- Prevention and management of cancers of the reproductive system
- Addressing mid-life concerns of men and women (Andropause and Menopause)
- Health and development
- The reduction of GBV
- Interpersonal communication and counselling
- Health education

Sexual rights embrace certain human rights that are already recognized in national laws, international human rights documents, and other consensus documents. They rest on the recognition that all individuals have the right—free of coercion, violence, and discrimination of any kind—to the highest attainable standard of sexual health; to pursue a satisfying, safe, and pleasurable sexual life; to have control and decision-making powers over (while respecting the rights of others) matters related to their sexuality, reproduction, sexual orientation, bodily integrity, choice of partner, and gender identity; and the right to the services, education, and information, including comprehensive sexuality education, necessary to do so.[5]

Sexual and Reproductive Health Rights include, but are not limited to the following

Table 2- Sexual and Reproductive Health Rights[6]

The right to health highest attainable standard of health (including sexual health)	The right to full expression of gender and sexual orientation without stigma, discrimination, prosecution, violence and violation	The right to choose whom we are in a relationship with, how we have sex, whether to have sex
The right to liberty (Liberty is the freedom to live your life in the way that you want, without interference from other people or the authorities)	The right to be free from torture and Ill treatment or to cruel, inhumane or degrading treatment or punishment	The right to marry and to establish a family and enter into marriage with free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
The right to equality and non-discrimination	The right to pursue a satisfying and pleasurable sexual life	The right to freedom of thought and expression
The right to health care and health protection	The right to be protected from harmful practices	The right to privacy and confidentiality

The right to be treated with respect and dignity	The right to freedom from abuse, exploitation and discrimination	The right to information and education
The right to decide freely whether and how to control fertility and other aspects of their sexual health the right to decide the number and spacing of one's children	The right to access services regardless of race, gender identity, sexual orientation, marital status, age, religious or political belief, ethnicity or disability	Article 14 of the African Women's Protocol guarantees women the rights to: control fertility; decide whether to have children; choose any method of contraception; and, ultimately, safe abortion.[7]
The right to recognition everywhere as a person before the law	The right to an effective remedy for violations of fundamental rights[8]	The right to protection from disease and violence

Figure 1- Sexual and Reproductive Health Rights Represented [9]

CHAPTER 3

3.1 YOUNG PEOPLE'S SEXUALITY

Young people are sexual beings and express sexuality in diverse ways. The discussions around the sexuality of young people are usually constructed around negative narratives that some of them are sexually active, which may be planned or unplanned, consensual or coerced, while others do not engage in sexual activity. This perspective can however focus on the negative aspects of sexuality of young people, whereas it is important to be aware that some of them have adequate information about their sexuality, they are aware of the associated dangers as well as how to prevent them. In nearly all scenarios, discussions around sexual activity that young people engage in are constructed as being associated with some emotional or physical health consequences, which is not necessarily so among those who have adequate information and access to services. Little effort is made to chart discussions around the possibility of safe, pleasurable and positive sexual experiences among young people.

However, it must be clear that reasons for which they engage in sex may not be health related and they find pleasure and fulfilment in their expressions and experience of sexuality. Whether sexually active or not, young people want to feel comfortable about their bodies and their sexuality. These include the physical, intellectual, social and emotional aspects, with either of them developing, being expressed or happening within the context of family, friends, peer group, colleagues and community.

The understanding of young people, their sexuality and their requirements should not be around constructions of pathology or disease, considering the focus on the negative implications of sex like sexually transmitted infections including HIV, unplanned pregnancy, abortion and other adverse outcomes that are many times the focus of research, SRH projects and youth programs. Young people usually see this as a wrong signal and this may lead to non-acceptance of suggestions of adults. This creates barriers and drive young people to seeking information and counsel from friends, social media and other sources. There is a need to engage with youths and have discussions around their sexuality and focus on positive aspects like love, pleasure, intimacy, safety and fulfilment, and adults need to engage with young people with respect and trust building. Research, information and service delivery also need to focus on these components of SRHR to ensure that young people get the services that they require to live fulfilled lives that are devoid of challenges.

3.2 Young People's Sexual and Reproductive Health needs

Health facilities and programs that provide SRH services should provide comprehensive packages to all young people based on what in-country laws prescribe. In the face of constrains of human, monetary or material resources, innovative strategies should be engaged, to ensure the provision of the basic minimum SRHR package, irrespective of settings where they are provided. In principle, Adolescent and Youth friendly Sexual and Reproductive Health (AYFSRH) services package should be majorly the same to that provided to adults. However, we cannot utilize the one-size-fits-all approach for providing to the SRH needs of all young people. This is because there are many factors that disaggregate young people into sub sets

that ultimately influence their SRH needs and the modality of providing it. Among young people, factors that determine what SRH needs they would require include age, sex, gender, sexual orientation, infections like HIV and other times marital status, disability and type of disability, locality and mental health among others.

These groups of people require SRH information and services that will address the peculiarities of their needs and remove the barriers each group faces to accessing information and services. The Focussed Group discussions that were carried out in the three countries provided insights into the real life challenges and day-to-day constraints that they face and the desired SRHR services that they desire to enable them live fulfilled lives. The SRH health needs of young people will require that components of Youth-friendly SRHR services should include the following

• Age-appropriate and adolescent/youth friendly Sexual and reproductive health information and counselling

• Availability of various forms of modern contraceptive information and services not just male and female condom availability.

• Modern contraceptive methods including condoms and emergency contraception for cases of rape, burst condom and unprotected sex

• Pregnancy testing services including strips and ultrasound scans

• Quality post abortion and safe abortion care (as allowed by country specific abortion restrictions)

• Sexually transmitted and other Reproductive tract infection testing and treatment

• HIV counselling and testing (including provider-initiated counselling and testing)

• Gynaecological services

• Maternal care and services (antenatal, intrapartum and postnatal) including Comprehensive Emergency Obstetric and Newborn Care (CEmONC).

• Sexual and gender-based violence (SGBV) treatment, care and support

• Prevention of FGM, SGBV and other harmful traditional practices

The ability of young people to access quality services is dependent on the promotion of SRHR of young people. They require more encompassing services that will speak to accessing all components of SRHR, for the attainment of fulfilling SRHR. This encompassing, positive and holistic approach to attaining SRHR includes provision of information and services that address matters related to SGBV, sexual and gender diversity, discrimination, relationship issues, concerns and questions about sex and sexuality, pregnancy and STI prevention among other known SRHR services. It should also be inclusive and ensure that characteristics of young people are factored in to ensure that everybody is included. Implementers of SRHR programs should provide services on platforms that consider the various subsets of diverse young people, to close all gaps and barriers to accessing services. The access to AYFSRH is still very limited in the global south, calling for focus and strategy so that the various levels of barriers that impede access of young people to SRHR services are addressed to ensure improved availability, access, uptake and utilization of services.

3.3 Mapping Target groups of young people with diverse backgrounds

Young people have special and age-specific SRH needs, but there are various sub-groups in this large population. They are recognised based on characteristics that may affect their SRH needs as well as their access to information and services. SRHR interventions and programs are majorly generically crafted, targeting the general population, with the majority of interventions being blind to the SRHR needs that some categories of young people may have because of their unique characteristics. The generic SRHR programs overlook the needs of the populations with vulnerabilities, such as adolescents and youths that are living with physical, hearing, visual and mental disabilities, young people with diverse sexual orientation and gender identities, ethnic and indigenous populations, young people from hard-to-reach communities, internally displace people, etc.

The Focused group discussions carried out in Kenya, Indonesia and Nigeria provided more information about various categories of young people that fall into this category. In the FGDs from all three countries, the young Lesbian, Gay, Bisexual, Transsexual, Queer and Intersex (LGBTQI) community and their challenges were prominent, teenage mothers (13-17 years) and young PLHIVs were featured in Kenya. The Indonesia interactions indicated that high school students and the youth forum group experienced considerable challenges with accessing SRHR information and services. In Nigeria, young people living with disabilities featured majorly, with challenges differing across the various categories of disabilities. They included people living with albinism who also had peculiar challenges with accessing SRHR services. The other groups that featured were the out of school youths, and worthy of note is the fact that across all countries, there were multiple and intersecting vulnerabilities among young people that marginalized and excluded them. Lack of education and inability to read, living in rural communities, unemployment and HIV positivity and other factors were, on several occasions, coexisting in the same individuals and increased exclusion. The one-size fits all approach to SRHR information and services will not meet the needs of these groups as confirmed during the interviews.

The major group that is often overlooked are young people with diverse sexual orientation and gender identity (LGBTQI) community. These communities were represented in all the FGDs conducted in Kenya, Indonesia and Nigeria, and some of their members were also found to be sex workers particularly in Kenya. They definitely require specialized SRH services that should be provided within LGBTQI friendly facilities by non-discriminatory staff with appropriate training. Similarly, female sex workers and transactional sex workers are a highly stigmatized group whose activities are criminalized. Nonetheless, they have SRH needs and require being included in research and programs because many of them are young people. Their SRH needs may not be addressed in generic approaches to SRH programs and engaging them in research is critical to close gaps for their programs.

Other groups of young people who may be marginalized and not able to access SRH needs include ethnic and indigenous populations, where language, religion, caste, cultural inclinations, linguistic groups and other causes of disadvantage or seclusion may prevent them from being included in SRH services or research. Nigeria has over 370 ethnic groups and within these ethnic groups are over 500 languages, but the major ethnic groups are the Hausas,

Yorubas and Ibos. Many of the SRHR information materials are majorly written in English, and whenever SRHR materials are translated into native languages, it is majorly into the three major languages, while other ethnic groups/tribes may not benefit. Indonesia has about 1,340 recognised ethnic groups, but there are tribes especially in Kalimantan and Papua who have only hundreds of members. This picture is further confounded because of migrations, cultural and linguistic influences. Kenya also has a very diverse population and has over 40 ethnic groups and approximately 42 tribes, but it is argued that this number is higher considering that the country has some marginalized communities that are yet to have their names captured in the national tribes tally. Many minority tribes do not have SRHR materials translated into their language and the young persons in these communities that require the information and services are not able to access the information and many times the attendant services. This gap can only be closed by engaging them and ensuring their participation in SRHR research and service delivery.

Other young people cohorts that could be marginalized are those residing in geographical remote areas, far to reach or hard to reach communities especially where the terrains are poor and access roads are bad or non-existent. Nigeria, for example, is experiencing extensive armed conflict with hundreds of thousands of internally displaced people of whom many young people. Medical supplies and commodities are very challenging in these areas, while the housing challenges, absence of school facilities, presence of armed masculinities all reinforce themselves to create vulnerabilities and increase the SRH needs of these populations. These population groups are affected by multiple disadvantages because of different experiences of power, as people have overlapping identities and experiences. Some other identity markers that are recognised as sources of marginalization include race, nationality, disability, socio-economic status, immigration status, and livelihood among others (Logie et al., 2019).

This is because youth of diverse backgrounds are excluded from SRH programs and research projects that concern them majorly, and when they are included in research, they are majorly study subjects rather than research team members. There is therefore limited data that speaks to their sexuality matters and SRH needs. This is worsened when there were country specific legislation against same sex relationships, sex work and LGBTQI criminalization. In many countries, young people also face stigma and discrimination of people living with disability, few social support systems and research about their sexual health and needs. Young people's sexuality and SRH matters, as well as LGBTQI communities and people living with disabilities are affected by negative societal stereotypes and cultural norms that are difficult to discuss in some environments where it is regarded as culturally insensitive.

The generic SRH programs often overlook the needs of adolescents and youths living with physical, hearing, visual and mental disabilities. The disabilities impair their access to information and constitute another form of barrier to access even when the SRH services are available. The WHO and UNFPA indicate that an estimated 10% of the world's population, approximately 650 million people (1 in 10) live with one disability or the other. It is pertinent to note that all people living with disabilities have the same SRHR needs as other people do. In spite of these needs, they experience various obstacles to accessing information and

services that transcend the disabilities themselves. They include attitudes of health workers, family, individuals and society, stigma and discrimination.

It is therefore important to increase the awareness about the SRHR needs of young people living with disabilities and engage them, as stakeholders, in programs and research. By providing information about their SRHR needs, existing services usually can be easily adapted to accommodate people with disabilities. It is critical to involve people with disabilities in research, formative and summative evaluations and SRH program design.

The convention on the Rights of People with Disabilities[10] that came into being on 3 May 2008, specifically focuses on the WHO and other development collaborates that address SRH needs of people living with disabilities. The guidance note focuses on family planning, maternal health, HIV/AIDS, adolescent SRH, and sexual/gender-based violence (SGBV) which have suffered a lot of neglect.

This guidance note recommends action in five areas
- Establish partnerships with organizations of people with disabilities to improve policies and programmes and their development.
- Improve awareness and increase accessibility in-house.
- Attention to the needs of people with disabilities should be an integral part of current work parallel programmes and ensure that all SRH programmes include and serve people with disabilities.
- The SRH matters of people with disability in national legislations, regulations, policies, laws, and budgets to ensure that needs of people living with disabilities are captured.
- Promote research on the SRH of people with disabilities. A stronger evidence base, majorly research, will help improve SRH programmes for people with disabilities.

There is thus limited data available about these key sub sets of young people, which has negative effects on their inclusion into SRHR projects, policy making and program designing. The gaps must be identified and positive efforts made to ensure that no one is left behind in decision making about their SRHR to ensure that all voices count and the information and service delivery gaps are identified and closed. Various governments and projects need to identify the various groups, engage and help them to organize, to bring them to speed regarding research that will inform and improve services and access to each of the various groups.

After having elaborated on the SRHR needs that the overall adolescent and youth population faces, specific SRHR challenges of the various sub-sets of young people will be explained in the following chapters.

3.4 SRH CHALLENGES OF DIVERSE POPULATIONS

All people that have been categorised as diverse populations have specific characteristics that change or impact their sexual and reproductive health needs and challenges. The barriers they experience in their SRH also differ according to the various sub sets. The need therefore arises to identify, understand and appropriately research them in order to provide mitigating strategies.

In order to obtain information about the sexuality details and the stereotypes, the challenges, the needs, peculiar constraints and barriers to access of SRHR information and materials that are faced by young people in Indonesia, Kenya and Nigeria, teams were set up to engage with target groups to ascertain the true status. Focused group discussion guides were generated; teams were set up in the three countries to identify diverse young people specific to each country. The various categories were engaged and FGDs were carried out to obtain information and set the issues in perspective, to enable the identification of available SRH information and services, gaps in service delivery, barriers to access and preferences of service delivery methods by target populations.

Other previously known and identified gaps and suggestions will be considered to ensure a robust discussion that will enable holistic SRH programing to address the needs of young people of diverse backgrounds.

These would enable program workers understand and appropriately generate strategies for scale up of services that will be acceptable and utilized.

In the following, SRHR challenges will be highlighted per sub-set of the youth populations. These challenges were identified majorly from interactions during the FGD discussions in Kenya, Indonesia and Nigeria.

CHAPTER 4
4.1 GENERAL CHALLENGES OF YOUNG PEOPLE WITH DIVERSE BACKGROUNDS

The FGDs carried out in the three countries obtained information about the lived experiences of the young people that fall into this category. Across all countries and groups, challenges abound and prevented the affected youths from living fulfilled SRHR lives.

The challenges existed within the communities, to schools, to health centers and the staff.

- Myths and cultural norms about taboos of young people discussing SRH matters is a major barrier to SRHR. Parents also create barriers to accessing SRHR information and services.

- Barriers to access to comprehensive sexuality education (CSE)– CSE is sometimes taught as part of the school curriculum in summarized form, so this is a problem for the out of school youths who have no other sources of assessing correct CSE information. CSE is not a compulsory subject in Indonesia and even when taught, teachers are not provided teaching materials and teachers' bias also feature.

- Comprehensive Sexuality Education is not taught in some communities, in others the content is restricted, some peer educators may communicate incorrect information and are sometimes stigmatized. Language also poses a barrier in several communities.

- Lack of awareness about where to access services when experiencing problems related to SRH. Sometimes they know, but if the young person is still a child (below 18 years), they must be accompanied by their parents in Indonesia or obtain parental approval.

- Criminalization of LGBTQI, abortion and sex work is a challenge and LGBTQI are deprived identity cards and denied access public health facilities.

- Parents, guardians, teachers and older people prevent young people from accessing centers that provide SRH services.

- Inadequate SRH delivering centers and inadequate services and commodities with contraception access focussing majorly. Some of the FGD feedback specifically indicated that only condoms were available for contraception and that many of the healthcare workers have heteronormative approaches to sexual relations and are insensitive to homosexual relations or out rightly homophobic.

- Absence of Adolescent and youth friendly SRH information and services is a major barrier in health facilities. Youths in some communities resort to pornography, peers and other suboptimal sources for SRHR information and services.

- Discriminatory and judgemental attitude of health workers at facilities when young people try to access information and services. In several scenarios, HCW provide multiple health services to other adult patients, and cannot focus on SRH issues.

- Health workers approach SRHR matters and services with stereotypes and myths and deter youths from access and sometimes withhold SRHR information and commodities from them.

- Underestimation of SRH complaints of young people, lack of trust and belittlement. Example is when they complain about menstrual pain, they are told that it is natural without further explanation.

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- Youths have to buy SRH commodities as out-of-pocket expenses and this is a barrier to access. Some of the young people visit quacks or have to share materials like condoms.
- Young female PLHIVs who discover they are pregnant unplanned are not allowed to have a safe abortion because the HCPs give a lot of myths and misconceptions around that area or national abortion laws are restrictive. They sometimes procure clandestine and unsafe abortions, with adverse outcomes.
- The youths are not separated into the various groups including the diverse people, and the services for them all is majorly same. An FGD feedback had a respondent asking, "Why are we bundled up in one box which we are all supposed to fit in?"

4.2 YOUNG PEOPLE LIVING WITH DISABILITIES

In the Convention on the Rights of People with Disabilities, people with disabilities are described as "those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others". This definition encompasses the blind, the mute, the deaf and all persons that have other physical, mental health and intellectual impairments. They are spread across all nationalities, ages, genders and approximately 30% of families are known to reside with family members suffering one form of disability or the other. The larger percentage of them reside in developing countries, where they constitute 20% of people living in poverty and majority of their needs remain majorly unmet[11].

Challenges of Persons Living with disabilities

Some of the FGD discussants, especially in Nigeria, mentioned challenges that people living with disabilities experience regarding access to SRHR information and services. They include the following
- They suffer from exclusion from society, stigma, discrimination, inability to access health services, education, employment and they majorly experience poverty.
- People with disabilities are majorly neglected, marginalized, vulnerable and some of them are among communities of internally displaced, suffering human rights violations.
- They lack SRH information and are denied their rights to establish relationships and to decide whether, when, and with whom to have a family.
- They experience higher incidences of forced marriages, forced sterilizations and abortions.
- They suffer higher incidences of physical, emotional and sexual abuse.
- They have higher likelihoods of STI and HIV infections because of challenges that emanate from power differences including abuse.
- Their risks and vulnerabilities are reinforced by conflict and humanitarian situations.

4.2.1 YOUNG PEOPLE WITH PHYSICAL DISABILITIES
- The physically challenged female discussants reported being deprived of adequate SRHR information.

- They experience stigma and discrimination from Health workers and health facility security men who have stereotypes that they should not have anything to do with sex, marry or become pregnant.
- They experience transportation and structural challenges to accessing services in public health facilities. It is difficult to climb staircases or couches and sometimes, people have to jerk them up, discouraging them from visiting public health facilities in preference for private clinics, where quacks may aggravate their health.
- The facilities lack disability friendly machines and equipment including ramps and wheelchairs.
- They sometimes sustain more physical injuries or have to crawl when they visit disability unfriendly facilities.
- They may require specialized SRH materials based on the physical disability they suffer, especially in maternity services where they may require caesarean delivery.
- They are at risk of Sexual and gender based violence (SGBV) and require the necessary emergency services.
- They reported exclusion from researches/programs that involve them and they are relegated to the background in terms of accessing sexual and reproductive health services.
- The indicate that barriers such as language also constitute obstacles for them to access SRH service.

4.2.2 YOUNG PEOPLE WITH VISUAL IMPAIRMENT
- A discussant with visual impairment identified access health services in health facilities as major challenges. Accessing SRH centers by the visually impaired is sometimes unassisted.
- The negative attitude of the health workers is also a major barrier to access, as they sometimes ignore and refuse to interact with visually impaired clients even when they are adults and prefer to speak to their aids, which they described as a betrayal of their confidentiality.
- Another discussant stated Health workers sometimes neglect and make them wait long hours especially when there was no aid with him.
- Lack of audio communication media and Information, education and communication (IEC) materials on SRHR customized for visually impaired people was reported as a major challenge.
- Centers do not have audio or braille messages or signs and are not accessible for visually impaired people.
- No specialized training of healthcare workers to identify and assist them access services.
- They are at risk of Sexual and gender based violence (SGBV) and require the necessary emergency services.

4.2.3 YOUNG PEOPLE WITH HEARING IMPAIRMENT

- Absence of SRHR Information, education and communication (IEC) materials customized for hearing impaired people.
- Communication challenges between them and providers pose barrier to access, many health facilities lack sign language instructors.
- Hearing Aids are difficult to access and very expensive for those who have partial hearing loss.
- Health facilities lack models and IEC materials that will help communicate with the hearing impaired.
- They suffer stigma, neglect, discrimination and all levels of abuse in the society, and many cannot access quality SRHR information and services.

4.3 YOUNG PEOPLE WITH MENTAL HEALTH CHALLENGES

- Some of them are unable to access mental health care and are not on treatment for psychiatric conditions, so SRHR providers may not be able to attend to them in that state.
- They are at risk of Sexual and gender based violence (SGBV) and require the necessary emergency services, which they may not be able to access.
- SRHR services providers that will attend to the mentally challenged require specialized training to provide them specialized care.
- Stigma and discrimination and sometimes abuse by family, friends and care givers is a major challenge in their SRHR care.
- Some of them lack dedicated care giver who will collaborate with SRH service providers to ensure access to services and provide support to utilize required/prescribed SRHR products like ARVs, contraceptives etc.

4.4 YOUNG PEOPLE WITH ALBINISM

- A discussant with albinism reported that stigma and discriminations against persons with albinism is a major problem.
- Access to information constitutes a serious problem for persons with disability.
- They are unable to see write ups, visual signs and inscriptions on hospital boards because of small inscriptions and information on SRH because of visual challenges associated with albinism.
- They cannot access ophthalmologists to address their visual issues, further compromising their ability to see SRHR materials. This is because many specialist hospitals are far, they require referrals and have to pay for glasses and other services as out of pocket expenses.
- They have skin lesions some of which are in genital areas and they are unable to access dermatologists services easily which poses serious danger to their health. A respondent said, *'We are like dinosaurs gradually going into extinction'.*
- They are sometimes at risk of physical and sexual violence.

4.5 Men who have sex with men (MSM) and Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI) Community

- The MSM/LGBTQI communities are criminalized in some countries and sometimes face mob action, so they remain underground and unable to access quality SRH services.
- They suffer discrimination and stigmatization at the level of health facilities as government and other SRHR organizations only focus on general health of the larger population.
- There are limited numbers of trained HCPs for gay men and the ratio of trained HCPs/clinicians to offer services to gay men is extremely high.
- The health workers who provide SRHR Services to MSM/LGBTQI tend to face discrimination from colleagues since they entertain behaviours considered a taboo.
- They experience mental health issues because of fear, discrimination, abuse, violence, relationship and housing problems that sometimes warrants living double lives.
- The MSM/LGBTQI are at risk of Sexual and physical violence and require but cannot access necessary emergency services. They suffer physical assault and correctional rape in communities in which they are discriminated against.
- They require dental dams, finger cots, post exposure HIV prophylaxis and other specialised SRH materials specific to their sexual orientation and gender identity, but are unable to access them majorly.

4.5 YOUNG PEOPLE LIVING WITH HIV/AIDS (YPLHIVs)
- They suffer stigma and discrimination at health facilities and may not have audio-visual privacy during consultations especially in overcrowded clinics.
- There are no specific policies that directly address AYPLHIV issues, and Kenya's National Adolescent SRH Policy addresses interventions for adolescents ages 10-19 years but not the youths above 20 years.
- Health care worker attitudes and capacity towards AYPLHIV is another barrier to accessing SRHR information and services. HCPs view AYLWHIV as the creators of their own problems, and have limited capacity in number, information and skills to effectively communicate and provide services.
- The generational gap between service providers and adolescents/youths compromises levels of engagement.
- HCPs lack updated information on HIV services, and new treatment guidelines takes time to reach HCPs. The Kenya FGDs revealed that there are many National HIV guidelines, which may prevent HCPs from providing the appropriate care. They also indicated that facility leaders that attend meetings do not always effectively communicate to the frontline HCPs, as occurred in the implementation of Dolutegravir (DTG) for PMTCT.
- The guidelines, processes and tools are obsolete to the current youth SRHR environment, cultural diverse groups and AYPLHIVs. Some HCPs are not knowledgeable of national policies and do not implement them.
- Another barrier is that SRHR services and programs are generally delivered separate from HIV programs. Comprehensive HIV care in facilities is separated from the SRHR unit and this can be seen at policy, facility and even in programming and affect uptake. Some pregnant PLHIVs have to access ANC somewhere; ARVs for PMTCT

elsewhere and after delivery, the family planning and infant follow up are in different clinics, due to lack of integration.

- They suffer from power differences and poverty that can make them unassertive, unable to divulge their HIV status and negotiate condom use.
- They are prone to physical and sexual abuse and its consequences and may remain in abusive relationships because of stigma. They require effective contraception information and services but sometimes cannot access/afford them. The FGD feedback respondents indicate "there is more to HIV information apart from using condoms, having one partner".
- They are prone to mental health challenges and possibly drug and alcohol abuse that predisposes them to other SRH challenges.
- They experience more frequent and more severe STIs and many cannot access quality care.
- They require effective Antiretroviral therapy (ART) and prevention of mother to child transmission (PMTCT) services but are not able to always access them.

4.6 TRANSACTIONAL SEX WORKERS

- Law enforcement agents raid, harass, extort money and physically and sexually abuse them.
- Health workers at SRH centers discriminate against them when they know what they do. Many times cannot divulge details that can inform their healthcare.
- They sometimes consent to sex without condoms because of cost and poverty, and customers who have sex without condoms pay more.
- They cannot afford critical SRH commodities due to high cost, lack of information and access.
- They suffer stigma and discrimination from society.

4.7 YOUNG PEOPLE RESIDING IN CONFLICT ZONES

Many parts of Nigeria are currently experiencing violent conflict, and the previous work in these regions indicate there are cases of unmet need for SRHR services[12].

- They are at risk of sexual abuse and its implications like unplanned pregnancy, STIs including HIV, unsafe abortions and others.
- Health facilities providing SRH services were destroyed and HCWs displaced or killed.
- The SRH commodities may be inadequate, inaccessible, substandard or damaged.
- The information available is sparse and they are majorly written in English.

4.7 YOUNG PEOPLE FROM ETHNIC AND FAR TO REACH COMMUNITIES

- Access to information is very sparse and FGD respondents from Nigeria indicated they rely on peers for SRHR information, which can be incorrect and lead to adverse outcomes.
- The absence of SRHR information makes them obtain information from peers, and respondents indicate this sometimes creates bad peer influence.

- The information available are majorly written in English, with no translations into other languages and audio versions.
- The SRH commodities are very sparsely available and sometimes substandard or of compromised quality. The Nigerian FGD respondents indicate they have to consult quacks.

4.8 OUT OF SCHOOL ADOLESCENTS/YOUTH

- They experience sexual exploitation and are unable to negotiate sex, especially the younger adolescents and girls.
- They have almost little or no access to SRHR information, and depend upon peers.
- Poverty and lack of education is also a barrier to SRHR services, and many cannot afford to buy the SRHR commodities.
- Some of them may engage in crimes and thefts to survive, which predisposes the rest of them to stigmatization and discrimination.

CHAPTER 5
THE ROLES AND FOCUS OF SRHR RESEARCH FOR YOUNG PEOPLE
SRHR research can provide information about the specific needs of the target population, the gaps in information, access and service delivery, the methods of provision, and can offer strategies and methods for closing the gaps in accessing quality SRHR information and services to ensure that no one is left behind.

Research on the needs of young people with diverse backgrounds should be disaggregated along various lines, to ensure that it caters for the unique characteristics of the various subsets. This would include age and categorisation according to the different age groups including younger adolescents (10–14 years), older adolescents (15–19 years), who together with the age 20–24 years, constitute young people. Considerations should be made for sex and gender disposition, considering cisgender boys and girls, transgender boys and girls, intersex and non-binary people. Concessions must be given to urban or rural dwellers, married or unmarried, single parents and teenage mothers, the employed versus the unemployed, and many more, because their sexual and reproductive health needs differ from each other.

Implications exist for in school or out of school youth regarding SRHR and whether or not they reside with parents. Sexual orientation interphases with SRHR concerns and needs, and lesbian and gay populations may require dental dams, finger cots and other specific needs. Disabilities including physical challenges, vision, speech and hearing impairments are major considerations as well as people with significant and varied mental health challenges. The HIV status must also be focused upon and determine SRHR needs for both individuals and their sexual partners. Other factors will include ethnicity, especially in relation to minority tribes and other forms of diversity.

5.2 The role of SRHR research among diverse populations of young people
Research will be very critical in revealing existing needs, characteristics, gaps as well as the appropriate strategies for engaging young people with diverse backgrounds. Research will also reveal their specific needs, challenges and barriers to accessing SRH services. It will also shed light into understanding the various needs of the various sub sets of youth populations, whose diversities cannot be programmed along the one-size-fits-all strategy. People living with disabilities have different SRH needs, and face varying barriers to accessing services. The constraints of the physically disabled include accessing facilities that are not disability friendly, while the blinds are unable able to read the information materials available. They indicated in the FGD interactions that they are able to listen to broadcasts of SRHR services and information, and this can be made available in health facilities and the media. They reveal that these are constraints in accessing not just health but also SRHR services and information. Research has also shown that people with disabilities are at higher risks of sexual and gender-based violence, which also confers risk for HIV acquisition and unplanned pregnancy[13]. This also brings to the fore another dimension of SRHR needs of these group of people, the SRHR needs and the need to implement programs to speak to these challenges. These findings about

different categories of mentally impaired people will shed light on their specific challenges and appropriate mitigating strategies.

It is also important to research the roles of factors that influence sexual health, behaviours and choices of young people, including the roles and inputs of factors that influence the sexual decision-making processes. This should include the role of social media, peer groups and peer pressure, the role of substance, drug, alcohol and tobacco abuse, unemployment, poverty, role of parental presence, absence (single or double orphans) and lack of parental support.

These would reveal challenges, influence, needed interventions that should inform further research, strategies to scale up SRH services and modalities to be utilized in engagement of diverse young people.

5.3 Importance and benefits of engaging and ensuring participation of youth in research

Research provides plenty of insights and information about sexual health and experiences of people in unprecedented dimensions. Researching the sexuality of young people by young people sometimes provides unexpected information and many lessons are obtained from the research experience[14]. The FGDs conducted in Kenya, Indonesia and Nigeria and the feedback obtained from youths of diverse background strongly indicate they are knowledgeable and they can make change happen and they are willing to participate. The advantages of their involvement are multipronged, providing positive research outcomes, better information and positive experience to researchers and research subjects alike, creating a win-win situation. These include the following

•The role of Gender in research -Young people prefer to interact with people of the opposite sex and feel more comfortable with divulging their SRHR practices, experiences and challenges to them.

• Openness, Trust and non-judgemental dimensions- young people are able to connect with young researchers and are able to open up and divulge private information and experiences. Young researchers are viewed as 'us' by young people, compared to the 'us and them' description in adult research, and were said to be non-judgemental with no prior construction of desirable sexual behaviour.

• Ease of communication and use of familiar language- Young researchers are able to use language that young people are more familiar with, and focus group discussions (FGD) and key informant interviews (KII) were easier to start and the youth were more comfortable with their discussions. The respondents saw interviews as chats or dialogues.

• Information about status of SRHR knowledge - Research reveals the knowledge, attitude and practice of young people about SRHR services and products. Information about and utilization of some modern contraception is still suboptimal, although many young people are aware of condoms.

• Attainment of sexual debut and sexual activity among young people- Researching young people has revealed that they attain sexual debut in some cases, as early as 10 years and many are sexually active in early adolescence (10-14 years), with high incidences of unprotected sex among these ages and children on/ children of the street. There is also high incidence of extramarital sex among married young females.

• School related sexual abuse - Information was elicited to signify that teachers, other staff and students sexually assault both girls and boys in school settings and many schools lack AYFSRH services.

• Unmet need for SRHR information and services – Through youth led research, many young people are found to be unaware of available local SRHR outlet services, even when they desire to access them.

•Provision of Sexuality Education- Young people were able to comfortably use the opportunity to communicate correct information about sexuality and how to access SRHR services.

• Sexuality of people living with Disabilities- Insight is obtained about the SRHR experiences and constraints of people living with disabilities, who have been able to divulge information about their sexuality and sexual experiences. This is critical in providing services based on their needs.

• Improved access to diverse and hard-to-access populations – Young people have gained access to, competence and confidence in working with diverse populations including LGBTQI communities, injection drugs users, people of the streets, orphans, PLHIVs, and sex workers among others.

• Consequences of poverty on SRHR- Research led by young people has shown some implications of poverty on SRH of other young people. Some have recycled condoms, young girls have engaged in multiple sexual partners to provide income for their families and female sex workers have agreed to have sex without condoms for more pay. The research has revealed that many young people procure abortions and obtain treatment for genital tract infections from unqualified people.

• Exposure to young people of different sexual orientations and gender identity -Majority of youth researchers have no previous encounter with LGBTQI and MSM communities. Research, FGDs and KII provide them this opportunity, through which they are able to identify and familiarize with their SRH challenges and needs.

• The role of substance, alcohol and drug use on sexual practices- The youth researchers are able to determine that use of these substances are on the rise among young people and children of and on the street. Their use increase risk taking sexual behaviours.

• Influence of Youth researchers - Youth researchers learn about their communities and they are positioned to be champions and role models in their localities and community members begin to indicate interest in SRHR research.

•Youth exposure through SRHR research - Young researchers receive more research work opportunities and projects, and demonstrate that they are able to participate in research. They are exposed to visiting other locations where they are able to observe differences in young people's SRHR experiences and provide better information about the experiences of young persons in comparison to adults.

Engaging young people to lead research about the sexuality of young people have been shown to have better outcomes in researching SRHR matters of young people and should be incorporated into SRHR projects and interventions targeting young people. It is worthy of note that including young people with diverse backgrounds will bring on additional value. In the following, we will dive deeper into young people's participation and how organizations and

programs can engage young people from diverse backgrounds in their research, programs and governance.

5.4 PRINCIPLES OF YOUNG PEOPLE'S PARTICIPATION
Critical concepts of Young People's participation

Youth development refers to the process all young people undergo as they build the individual assets or competencies needed to participate in adolescence and adult life. To enable teams achieve this maximally, young people need support from peers, families, caring adults, schools and community institutions, thereby increasing the likelihood of positive youth development and improved life outcomes[15]. Research and multiple documentation by international organizations indicate that young people (15-24 years) have started visualizing themselves as change catalysts rather than merely recipients of products and services of programs. The terms 'youth participation' and 'youth involvement' were coined after acknowledging that young people should not only be end users or recipients of services and programs, but are as well major stakeholders, agents, influencers and initiators in SRHR work. In the FGD feedback they proffer capacity building of organization related as relates to meaningful youth participation, so that adults in the organization know how to work together and equally with young people.

The inputs of young people were obtained in the FGDs that were conducted and will be upheld and utilized in the tool kit, in order to achieve their desired participation. The interviews confirmed that several young people are knowledgeable and versatile in matters concerning youths and how they engage with others, how they conduct themselves and live their daily lives. Their inputs into the FGDs makes out of them stakeholders with useful insights, who can team up with adults to identify and address the issues that affect youths, which will provide broader perspectives than when adults take on these responsibilities alone. They indicate that parents should also be involved at some point to provide them information, debunk myths and also for them to provide support at home. Youths also possess unique abilities in communicating with themselves, and interventions and projects that target young people will be at advantage when they involve young people especially in leadership positions, but indicate they will require training. The same principle will apply when minorities, people with diverse backgrounds and other forms of marginalized sub sets of youth are included into projects that serve young people, so that their characteristics and challenges are represented, factored into the intervention, and the project beneficiaries or target groups can be more responsive. Furthermore, young people have a special ability to communicate with other young people, with appropriate coaching and mentorship. The young people should receive support from the project team throughout the project cycle.

Projects focused on young people will benefit from having young people themselves in leading positions. If such an environment is established, the young people that the project targets will identify with the project better, and respond to it more appropriately. The involvement of youths should be from the inception of projects, including needs assessments, formative evaluations and project implementation, rather than involving them simply as field

workers, suppliers or vendors. This must be based on equal rights and mutual respect, and they should have capacity that will enable them to function in required roles on programs regarding sexuality of young people.

To ensure that youth engagement and participation even for research is properly embarked upon for achieving the needed results, all the research project stakeholders and participants must understand and uphold the basic principles. These include non-exploitation or utilization as cheap labour, they must feel appreciated and valued, rapid turnover is normal, to be expected and tolerated. They indicated clearly in their feedback during the FGDs that they require incentives for their time and efforts. Youth participation should not exploit or make young people work on projects and receive nothing in return, but aims at creating ownership of programs, making them more right based, more sustainable and effective. There should be constant listening and learning, while adults with prerequisite skills and healthy attitude towards young people's participation should provide leadership to the entire process.

Young people can participate in research proposal development, research coordination, data collection, collation and analysis, project monitoring and evaluation, grants writing, seeking project funds, advocacy at all levels, awareness creation, education and service provision. Priority consideration should be given to diversity, and this should be factored into all aspects of research projects to ensure that all voices and inputs count. They also propose to work collaboratively with schools or Ministry of education to develop SRHR related program.

CHAPTER 6

ENGAGEMENT OF YOUNG PEOPLE

6.1 Methodologies for successful engagement of young people - The basic Principles and checklist of youth participation

Generally, the ways that young people are engaged do not necessarily follow a linear trajectory over time, and many young contributors play multiple roles simultaneously from initiation, collaboration and as beneficiaries on SRHR research projects.

Several methods have been proposed, but strategies need to factor in specific populations, their peculiarities of those of sub-sets. A simple summary is to find them (engage), Equip them (training), Enable them (support), Connect (participate) and Track (document)[16].

Figure 2- Method of Engaging young people

In a project where the target population and focus are Young people of diverse backgrounds, considerations for unique characteristics should include presence of disability, types of disability, HIV status, sexual orientation and gender identity. Other aspects of interest would be ethnic minorities and other people with restricted access to service delivery points. This is to ensure inclusion and to ensure good practices. During the interviews conducted for the FGDs, suggestions were made towards ensuring youth participation, which should be given attention to ensure success. There were similarities across the three countries but a few peculiarities existed which will be highlighted. Young people have themselves proffered suggestions towards ensuring youth participation, which should be given attention to ensure success. These include:

• Organizations must understand the importance of youth involvement, not only the presence of youth but also how to involve them meaningfully.

• Provide a supportive environment. Involve family and friends, provide role models/idols so teenagers want to be like their idols.

•Involving young people in all phases of research project planning beyond implementation and creating leadership opportunities.

• Involve youth not only as resource persons but also as researcher.

• Provide capacity and experience in the research process so that youth are more interested in being involved in research. This should preferably carve out career paths by favouring proper recruitment and long-term involvement.

• Capacity development and skills building should be a priority and they should be trained to be master trainers themselves.

•Encourage young people's involvement and collaboration with youth in local, national and international programs. Use youth-friendly methods and tools in research.

• Support young people with systems and information to ensure they make the selection of their leaders across all levels.

• When the research has been completed, give the youth the freedom to present the research results using youth friendly platforms and methods by creating social media content, reflection activities, infographics, etc.

6.2 Best Practices and prerequisites of young peoples' participation to achieve good outcomes.

The feedbacks from the tri country FGDs and interviews provided a lot of insight to how young persons want adults and programs to engage them on their SRHR Programs. They indicate that

- Utilize only research methods that are acceptable to young people, even if it differs from other popular opinions. The FGDs focus on youth friendly methods.
- Young people especially AYPLHIV can be better involved in SRHR programming by pushing for Meaningful Youth Engagement while managing expectations since most of the solutions have already been given but not incorporated in the final documents.
- Young people should be involved meaningfully to develop policies and guidelines with complete follow-up for their inputs.
- Capacity building of youth is needed because SRHR is understood as teenage pregnancy, contraceptives, sexuality and not HIV in some communities.
- More sensitization is needed for the service providers and general public on the scope of SRH and their rights within these spaces.
- Programs that respond to Meaningful Youth Engagement should be implemented.
- Ensure nutritional support and commodity security especially during difficult times like the current COVID-19 pandemic.
- Mainstream of Persons with disabilities in researches and programs that affect them.
- Priority should be given to persons with disabilities in the provision of service especially at the health facilities.
- There is also a need for holistic sensitization program targeting each disability specifically.
- Training of health workers on how best they could handle and interact with persons with disabilities.
- Engagement of persons with disabilities in development work and public office.

- Media should learn to communicate and project the issues of people with disabilities with the right language and graphics.
- Empowerment and provision of skill acquisition programs for persons with disability.
- Sign language symbols and audio information should be prioritized especially at health facilities.
- Ramps should be built in public buildings and health facilities to improve access for physically challenged people.
- There is a need for provision of sign interpreters at health facilities.
- Training of young people particularly out of school youth on life and communication skills.
- Training of health workers on the provision of youth friendly SRHR services.
- There should be public enlightenment, health education and campaigns that could keep the youth abreast with issue that has to do with their health.
- Sexual and reproductive health services should be made free in public health facilities.
- Skill acquisition programs should be put in place to secure the young people economically.

6.2 Practices best avoided in young people's participation

- Research methods that are not acceptable to young people should be avoided, even if the methods differ from other popular opinions.
- Partiality or conferring undue advantage to one group, zone, geographic area, gender among others should be avoided by researchers, while the known diversities should be appropriately considered to ensure inclusiveness.
- Location of trainings, interviews, preparations and discussion meetings should not be held at offices of the research agency or organization, but at neutral spaces. This will impede the freedom of expression of the young people.
- Imposing and prescribing choice of language, location and other issues can be problematic with young people carrying out research. These should be avoided and consensus should be reached together ahead of commencement of research.

6.3 PHASES OF ENGAGING YOUTHS TO PARTICIPATE IN RESEARCH
6.3.1 The selection and planning Phase

- The various categories of youths should be stratified, and those who are usually excluded should be mapped out.
- The groups that represent the interest of various diverse groups should be identified and engaged. This would include LGBTQI and MSM networks, associations of people living with disabilities, Albinos' societies, gatekeepers of ethnic communities, youth leaders and others.
- Active and competent representatives of each group should be identified and included into the formative and needs assessment phases of the project.
- Stakeholder meetings should be convened with appropriate representation for all previously excluded and target groups to ensure inclusiveness.

- Formative evaluations should be carried out at the outset of the project to obtain inputs of the beneficiaries before commencement of project design.
- Inputs should be provided by all the representative groups to ensure that all voices count.

6.3.2 The Training phase

The young people across all three countries provided feedback through the FGDs that training was very critical to working with young people for them to participate in the SRHR matters that affect them. The trainings should be inclusive of those with diversities, and the various populations should be involved. Their feedback included the following

- A competent person with extensive knowledge of research methodologies and youth participation and who believes in youth capacity, should be identified to coordinate the training.
- Incorporate school guidance and counselling teachers in trainings because they have hours of lessons at school, and they should involve students from other schools so that they can exchange information.
- Generate and share a clear concept note that provides information about the research project ahead of commencement of the project, and youths should make inputs from this phase.
- The planning and training phase should be flexible, should discuss the project timing and structure with all participants. The FGDs reveal that they want youth friendly research methods and tools. It should communicate purpose of the research and the outcomes, and there should be training evaluation after.
- Training should be provided on creating SRHR campaigns using social media short videos such as TikTok, which is preferred by teenagers, because they can easily digest information in visual form.
- Clarify the expectations, stereotypes, assumptions, judgements, concepts, workload, time management, definitions, teamwork and personal values of young people relating to the research project. Discuss the details of data collection methods, interviewer's conduct, project participants' rights, communication skills in the research context. In the FGDs, they indicate preference for social media content including TikTok and YouTube.
- Trainings should provide information and youth counselling on YouTube and various social media sources including how to create SRHR informative podcasts/YouTube videos.
- Clarify the expectations of the research project to the young people clearly from the outset. The work schedules should be considerate especially for those who have their full time jobs or school obligations but serving as volunteers on the research project.
- Young people should provide inputs into research questionnaires and guidelines for focus group/key informant interviews. Hold rehearsal sessions to fine-tune the research protocols as necessary and provide funds, research equipment/materials, finance and other research resources. The FGDs revealed youths want to be coached and mentored to function competently.

- Communicate and plan research project logistics, number of project days, travel plans, remunerations with the young people team leader ahead of the project, ensuring to respect efforts of the young people. Their request for compensation for effort should be considered.

6.3.3 The Data collection and Research Phase

- The research tool and/or questionnaires should be youth friendly, pre tested with a smaller community that is similar to the actual target group and edited based on observations from the pilot project. The young people would preferably anchor this.
- The time allocated for administering the questionnaires and collection of data should be adequate considering interactions of young people.
- The specifications, coverage and sub-group representation of research subjects should adhere to the documents disseminated during the orientation training.
- The staff and facilitators of the research organization anchoring the research process should be available and accessible to the young people throughout the project to provide guidance, clarity, address emerging challenges and close existing gaps, in respect for their request for mentorship and coaching.

6.3.4 The Post data collection and Post research Phase

- A post research meeting should be held to involve all researchers, facilitators and staff of the project, to debrief, discuss and document the challenges, lessons learnt and young people's experiences. Young people should preferably be allowed to make the presentations as they indicated in the FGD interviews.
- The efforts and inputs of young people and other team members should be acknowledged and appreciated.
- The draft version of the project report should be generated and shared with the research team for inputs, prior to its conclusion and dissemination. They indicate preference for social media and youth platforms like TikTok for dissemination.
- The next steps should be generated, agreed upon and shared with the team, to include data cleaning, data analysis, collation, report format, report writing and dissemination. Their request for equality and respect, through the FGD interviews, should be maintained.

CHAPTER 7
7.1 AVAILABLE METHODOLOGIES IN ENGAGING PEOPLE WITH DIVERSITIES
The need to engage people with diversities in sexual and reproductive health matters cannot be undermined, considering they also have the same SRHR needs, but encounter multiple barriers to accessing information and services. They are often excluded from programming for SRHR and services for several reasons, but these needs should be met to forestall remote and long-term implications of unmet needs among these populations.

Young people engaged during the focused group discussions and other research projects have themselves proffered recommendations about how to reach groups of excluded young people and those that possess specific needs[17]. They recognised that researchers had trouble in reaching research cohorts like young People living with HIV/AIDS (PLHIVs), adolescents on the streets, younger category of orphans (10-14 years), drug users, among other such cohorts. They suggest ways of including and integrating these specific groups into youth projects that consist of youths of similar characteristics, backgrounds and privileges. Other inputs will be made from UNICEF Guidelines[18].

• Identify, engage and involve all local stakeholders and relevant government agencies on the projects to provide ownership, funding, leadership and other forms of support to youth projects. The selected representatives should demonstrate inclusiveness by involving diverse groups. These should include the Associations of people living with disabilities, people of diverse sexual orientation and gender expressions like MSMs and LGBTQI communities, Female sex workers (FSW), People living with HIV/AIDS (PLHIVs), Internally displaced people associations (IDPs), community gate keepers of hard to reach communities including those inaccessible on account of poor terrains, conflict and others.
• Engagement of marginalized and disadvantaged groups is critical to carry out needs assessments, evaluations and FGDs discussions to identify their characteristics, needs, existing challenges and barriers to access of information and services, and to bridge the gaps. They should participate not as subjects and beneficiaries but as participants and stakeholders to ensure inclusiveness.
• Create Youth centres that are inclusive and friendly to all categories of young people. They should also be accessible for people living with a physical disability (for wheels chairs) and friendly for people with hearing, visual and other forms of disabilities. Center staff should be trained, friendly and non-judgmental especially to people of the LGBTQI, MSM and FSW communities and provide support to people with disabilities.
• Staffing of Youth centers and projects targeting young people should also reflect diversity. It should show appropriate ethnic/religious representation and have representation of the various subsets of represented diverse populations.
• Organize capacity building trainings for the youth leaders and workers to enable them to engage and work with the special groups that are vulnerable and excluded. Eventually there should be representation of diverse young people among the trainers.

• There should be networking with other agencies, organizations or groups that can provide other forms of SRHR services and accept referrals for this purpose. It is imperative to clearly spell out and communicate the onsite services and those available by referral to the beneficiaries for purposes of clarity and avoidance of conflict.

• Advocacy regarding the issues of stigma and discrimination should be continuous to address the criminalization and discrimination of MSMs and LGBTQI communities, and of people living with disabilities among others.

7.2 RETCRUITMENT OF YOUNG PEOPLE

7.2.1 Considerations ahead of recruitment of Young people into SRH research and advocacy projects

It is important to define and establish some important reference issues ahead of the development of recruitment plans. This will ensure clarity and help to avoid confusion and challenges that can come up with engagement of young people on research projects. Issues to clarify will include[19]

Recruitment processes - This will provide clarity about application processes and recruitment mechanisms. Documentation should be made regarding the details that should be provided in application forms, whether the application will be voluntary or competitive, whether there will be formal shortlisting and interview of candidates and modality of interviews. The team will need to agree about the recruitment of adolescents and the parents/legal guardians will need to consent to their participation.

Personal Attributes and qualifications – This should provide clarity and details of required qualifications of young people that are desired on the project. This should delineate academic, social, leadership, diversity and other attributes that are required as prerequisites to ensure recruitment of only the desired people.

Representation of diversity- The details and numbers of young people to be recruited, gender considerations, inclusion of excluded populations and diverse populations like LGBTQI, MSMs, PLHIVs, ethnic populations and others should be known, agreed upon, documented and communicated.

Details of the Program- The details of the type of program and the expectations should be clearly documented. The location, timelines, duration, project hours should be agreed and concretized ahead of the recruitment process. The details of participation and expected outcomes should be clearly defined and documented before commencement of recruitment processes.

Team structure and reporting lines- The details of the team structure, possibly organogram and reporting lines should be defined before recruitment. It should be clear who takes up the leadership at different levels of the program and what their capacity is, as well as the role of the adult researchers on the team or funding organization. Expectations regarding commitments and levels of young people's participation should be clarified and stipends, transport fare or remunerations that participants will receive should be well documented, together with expected deliverables to qualify for payment.

7.2.2 Recruiting and retaining Young People

Young people should be engaged early and continuously in the program to ensure participation and the selection must be inclusive of young people with diverse backgrounds.

Consideration and adjustments should be made for the diversities found among the various categories of young people.

Recruitment of young people will need inputs from community structures and leadership, health care workers, schools and educational institutions, youth groups, religious and social groups and other specialized groups (E.g. persons living with disabilities association, albinos association etc.). The inputs of adults will be required in recruiting youths, but these adults should be familiar with the terrains and the community, who have good rapport with young persons from diverse backgrounds.

To provide input on the selection of young people, they must understand why the young people are being recruited including the need for them to provide leadership to the project. They should also be positioned to provide support, guidance and partnership to enable the selected young person to fit into the role they are recruited to play. The challenges conferred by diversity should be elicited from formative evaluations, FGDs and other meetings, considering that young people living with disabilities and youths of ethnic groups who cannot communicate in their local dialects will encounter challenges. These issues should be discussed by the teams of young people to find solutions for challenges experienced by various types of diversities, considering that the one-size-fits all approach is inappropriate in this setting. The rules of engaging young people should ensure inclusion, fairness, respect and rewarding (that they get something from the project) and meet their individual SRH needs.

7.2.3 Where to recruit Young People

In order to recruit suitable people that have competencies to provide appropriate leadership, it will be important to select them from existing fora or youth groups. This would include the following

- **Education and academic programs** – this will include school related groups, school prefects teams, health associations, volunteer and community service groups and others.
- **Health facility resource persons** - These include health facility staff and volunteers, community health workers, village health workers, clinic support committees and patients e.g. PLHIVs.
- **Health center sponsored events**- young people who regularly participate in such activities and programs should be considered. E.g. volunteers for HIV screening and community medical outreaches.
- **Community Youth programs** - Previously established youth programs like Community youth associations
- **Athletic and sports teams-** Youth football teams, associations of disabled people in Athletics, field and track events teams.
- **Youth meeting points** – libraries, internet cafes, parks, religious places, recreational centers and others youth meeting places.

Adult coordinators can identify youth that have competencies to be champions for youth and adolescent health. Youth who regularly assess services at the clinic and show interest and competency in leadership can be considered since they are conversant with the facility and the services rendered. Other youth who have not been well involved but who indicate interest

and show traits that can be developed, should be recruited, trained and empowered to provide service. On the overall, young people recruits must demonstrate competence, commitment, assertiveness and other leadership traits that will help them to provide leadership in projects.

7.2.4 How to recruit Young People

In involving young people in SRHR research and advocacy, it is important to select the correct candidates and to recruit them in appropriate ways. The selection process must follow appropriate steps to ensure that the right people are recruited using the right engagement principles. Young people that have previously been engaged in leadership positions can be more appropriate for recruitment, but often, not all categories of excluded youth have gotten this chance before.

Adults on SRHR programs will be able to utilize some of the following strategies to recruit and engage young people for research and advocacy programs. They can work with youth leaders to do this.

- **Recruitment from Schools-** Project staff can collaborate with teachers and staff to identify and recruit suitable young people that are in secondary schools. They can make presentations that can help assess their leadership competencies. This will be a good forum to recruit adolescents (10 to 19 years), and ensure their representation.

- **Recruitment from Institutions of higher learning and Campuses-** Young people in higher institutions and universities can be recruited from campus societies, hostel representatives, course and faculty representatives' groups, student unions and other on campus groups. This will be a good forum to recruit older adolescents (15-19 years) and older youths.

- **Social Media recruitments-** Social media is a very powerful tool in reaching young people. Many young people have a presence on several social media channels, and people with leadership traits and those in leadership positions can be identified through these platforms. Groups of diverse people including PLHIVs, LGBTQI communities, people with disabilities, etc. exist on social media platforms like Facebook, Instagram, Twitter and others. Recruitment advertorials can also be posted and facilitated on various social media and should be utilized strategically.

- **Recruiting through Community Outreaches-** information materials and leaflets can be prepared and shared within communities. This will provide information about the project and the characteristics and attributes of young people that should be nominated for the leadership and research task. This will be appropriate for ethnic communities and other excluded communities that have no access to social, print or electronic media.

- **Head hunting and Individual recruitment-** Project staff and adults can identify and select a suitable young person that they already know. They may have worked with them on other projects or they may be aware of roles they have played in matters concerning young people in their circles of influence, and recruit them for projects.

- **Peer recruitment strategies-** Young people that have been recruited may have other friends that have appropriate competencies to work together on young people's

projects. They can inform the recruitment teams about their competencies, their roles in prior youth projects and potential value they will bring to the team.

CHAPTER 8

RETENTION OF YOUNG PEOPLE

This is critical in programs because rapid turnover of participants or staff is never good for any project. It is important to identify and engage young people on projects, but equally important to retain them to achieve results.

8.1 How to retain recruited Young People

The start-up meetings and events of many projects usually attract many young people and potential participants, but the numbers and participation will decline most times after the start up. This phenomenon should be pre-empted and proactive strategies and efforts put into place to forestall or minimally reduce its occurrence and negative impact on the project, in order to attain the set objectives of projects. It is critical to be proactive about retention of resourceful young people that were recruited from the project outset to its conclusion. High participants' attrition and turnover rates are not good for project outcomes. Strategies should therefore be put in place to ensure this is kept to the barest minimum throughout the project cycle.

Some of the important issues should be anchored by adult project staff/coordinators, to ensure that expectations and project logistics are properly articulated. Incentives and remunerations should be provided for young people as agreed upon, to ensure the young people are not used, but should also well benefit from the project. The team meetings must be consistent, the project communication flow should be uninterrupted and concerted efforts made to ensure that young people are connected to each other continuously. This will provide peer support and platforms to share each other's challenges and together proffer workable solutions.

8.2 Principles of retention of Young People

Some practical strategies that can be utilized to ensure retention of young people include

Uninterrupted communication and connection – Young people that are working together on research teams or projects should maintain connection and foster the spirit of teamwork, peer support and continual communication as a retention strategy. The adult team members should connect with the young people on the team, and they should check on them during non-project hours. They should also encourage and provide an enabling environment to ensure that they connect with each other. Platforms like WhatsApp groups, social media, sports and extracurricular activities should be organized to help young people on the project maintain connection.

Stratification by age for sustainability- Considering that there is an age-based allotment of young people, it is imperative to ensure that young people of various age categories are engaged into projects. This is very important, especially when the project is not a one-off activity, and the project life extends into several years. If adolescents (10-19 years) are also

represented and grow on the project, some team members will remain until the project end, even when the older ones would have attained and exceeded 24 years when they would need to exit the project before it ends.

Give new responsibilities – Young people are positively impacted to remain committed to projects when they are obtaining new skills and competencies, as well as when they see that they are adding value and making a difference. Giving young people new responsibilities, targets and goals and supporting them to achieve more helps to retain them on projects.

Team appraisals - Young people's project work plans should include periodic evaluation meetings or workshops. These workshops should bring together the project staff and young people, and conduct an appraisal of project goals, methods, outcomes, challenges, best practices, lessons learnt among others. The young people should be actively involved in the process and should actively make inputs to compare their expectations with their experience. Training needs and other existing gaps should be identified, and arrangement made to address them before the next cycle. This strategy helps retain young people.

Youth motivated planning- The project team will need to allow young people to anchor and provide leadership to the project planning and implementation, even when adults set the goals and targets. This exposure also helps young people to keep up motivation and remain in the teams.

CHAPTER 9

APPROACHES FOR ENGAGING YOUNG PEOPLE

Eight known Successful approaches for engaging young people have been described and can be utilized for engaging youths [1]

Young People's Councils

Young People's in Governance

Young People serving on boards

Young People's Voice

Young People's Leadership programs

Young People's Advocacy

Young People's Service

Young People's Organizing

9.1 Young People's Councils

To engage youths and to give them visibility and a voice regarding the matters that concern their welfare, including SRHR matters, it is important that the state at national and sub national levels, the non-government bodies and collaborating agencies/organizations that are involved in addressing SRH matters should be youth inclusive. The leaders and staff should create youth councils or wings who will work with the government and partners to serve as voices and should be representative and inclusive of the various categories of marginalized people too. By providing input from all groups of young people they represent, these youth councils can provide guidance to decision makers on the issues that concern youth.

This strategy was successfully utilized by the United States Red Cross who have 13 youth members and 3 adult advisers making inputs for youths. They encourage youths to volunteer in the organization, and to see themselves as important voices. Youth with diversities should be prioritized and equitably represented when adopting this strategy.

9.2 Young People in Governance

Support should be provided to young people who are leading organizations. They should be supported to develop and uphold strong leadership traits, to build capacity to stimulate other adolescents and young people to live healthy and fulfilled lives and attain to their full potentials with positive outcomes.

Youth participation, which is the direct involvement of youth in shaping the direction and operation of programs, organizations, and communities were identified as an innovative practice emerging from positive youth development. Youth and adults need to work together as partners on matters of common concern in areas involving education, prevention and treatment. The emerging challenges in the partnership are overcome when youths are integrated into state, community and organizational decision-making structures and

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[1] https://youth.gov/youth-topics/tag/game-plan/approaches

processes. There is need for policies, systems and structures to uphold and utilize youth-adult partnerships (Y-AP) in these settings, and document processes of integrating this Y-AP strategy into our organizations and communities[20]. This will ensure that the needs and perspectives of young people are woven into research and other projects targeting SRH as well as other cross cutting matters.

9.3 Young People serving on Boards[21]

Specific positions for youth should be created on boards and governing structures of organizations, and filled at all times by appropriate people.

Youth board members are known to bring additional values to especially the youth-serving organizations. The roles they play include reinforcement of organizational mission and values to internal and external audiences; they serve as a voice at top organizational governance level on behalf of the population that are served. They provide new perspectives; they leverage on their networks and make inputs into developing the next generation of organizational leaders. On the contrary, having a youth board member can also create risks, raise legal issues and other challenges. This requires proper analysis of utilizing this strategy and should be processed in the specific context, using legal, governance and other lenses.

However, there are other options to have youth leaders take part of a board that provide similar values and benefits, if the approach proves challenging. The other approaches to board membership include:

- Setting up a separate youth advisory board
- The youth can be nominated into an existing Advisory Board
- The young person can be placed on a committee
- A mentor-mentee pairing can be created between a young person and an adult serving in leadership capacity within the agency or organization
- Devolving specific projects or tasks to the young person who utilizes their skills, competences and position to deliver on the assignment or implement the project.
- Allowing the youth representative to attend and participate in board meetings to make inputs but in nonvoting capacity.

These options may increase youth participation and leadership while abstaining from legal challenges that can come up with having youths as board members.

9.4 Young People's Voice

This entails creating opportunities for young people to be able to air their views, make inputs into decisions that concern them and to be heard by others. This is a very important aspect of engagement of youth in which they need to be supported to speak up and make their perspectives and contributions heard. Appropriate opportunities and enabling spaces should be made available for them to fulfil this function and different methods have been adopted to make this happen.

In the following, examples will be provided in which youth are engaged in various programs to develop their capacity in expressing themselves.

Organizations like the Freechild Institute[22] have drawn up a logic model that speaks to youth development and social change. The model identifies problems such as apathy and antipathy among youth and proffers interventions and work with partners to identify effective strategies to address them. They include youth voice, engagement, empowerment, involvement and partnerships. They generated activities that included speech writing, making speeches, training, professional development and program development. After identifying the interventions and activities to address these challenges, goals are established to ensure common understanding and agreement. The goals include motivation, skills building, knowledge sharing, action planning and project implementation. The expected outcomes included social justice, reciprocity, community and empathy. All of these help the young people to speak up and make inputs into decision-making processes and matters that affect them.

Youth in Focus[23] is a group that works with urban youth to empower them through photography. They use photography as a tool to discover and experience their world in new ways, and as well make positive choices for their lives by finding their voice and learning how to express it. The project provided programs on digital and darkroom photography for 13-19 year old that were far from educational justice. The programs were after school and during summer and focussed on social and emotional learning, skill development, courage and the act of risk taking. They provided pay-what-you-can tuition and transport support to ensure accessibility, and online classes because of the covid-19 pandemic. The mission of the group is amplifying teen voices through photography and arts education, with the purpose of preparing the next generation of creative thinkers to meet the emerging needs of a global society, and to confront and dismantle all forms of systemic oppression. They encourage young artists to safely try, fail, watch an idea evolve, become comfortable and develop resilience. They uphold values of inclusion, equity and creativity in attaining this, and foster environments where youth can define their identity, gain confidence in their worth and abilities, and affirm their agency.

9.5 Young People's Leadership programs
Several youth leadership programs have been developed in several parts of the world, to provide young people with leadership training and development of critical life skills, which include public speaking, conference participation and other leadership skills. The International Center for Leadership Development in Nigeria[24] organizes programs that target teenagers attending public schools. The school identifies students in groups and they are provided with trainings on effective leadership, goal setting, career development, mentorship and Internet usage for four weeks, after which they develop and organize a step down training using the training materials to a minimum of 10 teenagers in their schools or communities.
The Youth boot camp[25] for leadership and civic engagement project was designed to increase young people's engagement starting from the local to the federal level in Nigeria. The five-day intensive development program, using diverse and experienced facilitators, is designed to empower youth leaders to take on leadership roles in agitating for accountability within their respective local governments. To build their capacity, they cover topics like budget monitoring, negotiation, conflict management, communication skills, local government

operations, leveraging on technology, organising and leading community movements to achieve accountability at all levels of government. It targets youth leaders as participants who have an exceptional leadership profile as well as the ability to affect their community, state or the nation. The capacity that has been built for the young leaders will help them challenge and address the issues that relate to the SRHR needs of young people with diversities and marginalized populations. These trainings build leadership capacity to empower young people to take leadership of the SRHR matters that concern them and proffer solutions.

The development of young people's leadership capacities helps them to see beyond their individual needs and interests, but visualize their relationships and allegiance to a group, organization, or community. Youth workers who practice youth leadership development create spaces for young people to contribute to the well-being of their peers. This is critical in engaging youths in research.

9.6 Youth Advocacy

Youth advocacy is critical in SRHR matters. Young people are able to speak out and create awareness on issues affecting their health including tobacco use, alcohol abuse, substance use, unhealthy eating, unprotected sex, high risk sex, lateness to school among others, and advocate for themselves and their health needs and other concerns. Different groups, including SparkAction has built the capacity of younger people to advocate for better policies. They are able to engage policy makers and groups that address the matters that concern the welfare of young people. The trainings build capacity on best practices in self-advocacy skill building. The skills that are developed include life skills like assertiveness, communication, building relationships and managing diversity. These are all critical skills and competences that young people require to deploy when SRH matters and its research that concern them require discussion. They require being able to identify the critical stakeholders and engage them in a results oriented and productive way.

9.7 Young People as service providers

Young people who are engaged in providing services to the community or participate in projects have more connections, are more engaged in their schools, develop leadership skills and are better prepared for the workforce and other projects than people who did not participate. Projects like the National Youth Leadership Council (NYLC) develop young people as leaders by involving them in service projects that speak to several core issues like safety for adolescent driving. They provide leadership experiences, trainings, resources to help adolescents and young people, to address and proffer solutions to matters that affect their lives and well-being.

In Nigeria, the National Youth Service Corps (NYSC) scheme prepares young people to step into the society. Their capacity is built in life skills, resilience, critical thinking, project development, community service and health matters. They serve on various committees that provide information, advocacy, services and training to community members. Health committees are able to address and speak to issues of SRH of people of diverse backgrounds and people who serve therein can be trained to participate in research.

9.8 Young People Organizing

Youth organizing is a process by which young people come together, collaborate to develop and implement a project, activity or initiative that brings together their peers for a cause related to adolescent and young adult health. This is applicable to the implementation of SRH research that will speak to concerns of young people including those with diversities.

The funders collaborative on youth organizing (FCYO)[26] indicate that youth organizing is a youth development and social justice strategy that trains young people in community organizing and advocacy, assisting them in employing these skills to alter power relations and create meaningful institutional change in their communities and programs. Youth organizing relies on the power and leadership of youth acting on issues affecting young people and their communities. Young people themselves define issues, and youth organizing groups support them to design, implement, and evaluate their own change efforts. Employing activities such as community research, issue development, reflection, political analysis, and direct action, youth organizing increases civic participation and builds the individual and collective leadership capacity of young people. Youth organizing, youth leadership, and youth civic engagement all pay attention to culture and identity, and will enable them to engage with people with diversities. In acknowledging marginal social and political status of teens and young adults and by providing them with the tools necessary for them to challenge systems and institutions, youth organizing pushes the adult-determined boundaries of traditional youth work. Youth organizing seeks to ultimately develop a core of young people committed to altering power relationships and creating meaningful change. For marginalized youth, who are most isolated and frequently discriminated against, youth organizing provides companionship, structure, and a critical framework for studying, understanding and connecting their public and private life and participating to build collective power.

Youth organizing skills include analysis of community governance structures and decision-makers, analysis of mainstream socialization, commercialism, media imaging, power analysis, communication skills, building relationships with peers and adult partners. In addition to political development, youth organizers are increasingly assuming responsibility for supporting young people through stresses of daily life, and work with youths at risk of incarceration, dropping out of school or disconnected from their family. Managing their diverse and sometimes life-threatening needs can be overwhelming, so the groups establish partnerships with existing social service agencies and refer youths for health services, literacy programs, housing services, legal aid and others, without whom maintaining youth participation becomes difficult.

CHAPTER 10

THE POTENTIAL CHALLENGES AND SOLUTIONS IN SRH SERVICE DELIVERY AND CONDUCTING SRHR RESEARCH AMONG YOUTHS FROM DIVERSE BACKGROUNDS.

The FGDs revealed challenges that young people from diverse backgrounds experience with the health providers. They also proffer suggestions to conducting youth led SRHR research that will inform delivery of information and services, so that no young person, irrespective of identity, orientation, location and circumstances, will be left behind in accessing quality SRHR services.

10.1 Challenges with Health Care Providers giving care for Young people from diverse backgrounds

- Constitutional Barriers- Some government protocols insist PLHIVs can access ARVs strictly from facilities where they registered. The HCPs are therefore constrained when scenarios occur that require people accessing ARVs from other facilities like when they travel, or unable to travel due to financial constraints, movement restrictions like the COVID-19 lock downs. The HCPs willing to help them cannot go against government directives, which may lead to health deteriorating and sometime loss of lives.

- Government Legislations and policies- Some government policies prevent under aged LGBTQI persons and other youths below 18 years from getting services like condoms and Lubes, without parents/guardians consent, and this is challenging for Kenyan HCPs who want to provide services. On this account, some LGBTQI persons refuse to disclose their sexual orientation to HCPs who have trouble with service delivery because they want to avoid trouble with the law. The government legislates that HIV Pre and Post Exposure Prophylaxis (PREP/PEP) medicines should only be provided in healthcare facilities, limiting prescriptions during community outreach in communities where access is challenged.

- Policy gaps – These create lack of clarity about offering SRHR information and services e.g. Providing contraceptives for adolescents has no clear guidelines about which age of commencement, as some documents state 16 years while others state 18 years creating HSP reluctance. Social accountability for top government agencies that develop policies is non-existent and there is no follow-up.

- The Healthcare systems are not supportive of some HCP cadres- In Kenya, community Health Volunteers (CHVs) are not recognized by law as HCPs and receive stipends that cannot sustain them or obtain their commitment. In Nigeria, the National task shifting and task sharing policy[27] allows community health extension workers (CHEWs) to provide some SRHR services, but it is yet to be fully implemented.

- Pressure for HCPs from work load as different donors/ partners have different deliverables over and above their routine work. Donor driven programs fail to address real needs of AYPLHIV due to pre-defined intervention areas, interventions and results. The programs are insensitive to AYPLHIV rights making them feel like mere statistics.

- HIV is still seen as promiscuity, immorality and a revenge system. Nowadays discrimination is on bigger/ fatter people because of the current drugs Dolutegravir (DTG). People still view HIV from a point of death.

10.2 The potential challenges and solutions in conducting Youth-led SRHR research

Research is associated with several challenges, irrespective of being anchored by young people or not. Young persons should envisage the challenges and devise strategies that should be factored in from the planning phase. The adult researchers should provide moral, physical and other forms of guidance to youth to help them succeed. A good working relationship should be established between the youths and adults to ensure a healthy youth-adult research partnership. They should recognise each other's strengths and limitations, leverage on these and use this knowledge to improve the research process. Reporting lines and lines of communication should be well delineated and communication to allow young people and adult researchers to have equitable control of research activities, and mutual respect must be entrenched in their relationships. Previous challenges and experiences should be discussed and lessons incorporated into the research to help attain the best possible research environment, experience and outcomes.

Table 3- Potential challenges and possible solutions

Potential Challenges	Possible solutions
Research Questionnaires are sometimes not returned	Wait for them to be filled and collect them personally and at the same sitting
Focus Group Discussion participants may not show up and this may set back the research	Small refreshment and transport fare can be provided and the FGD should be planned near where participants reside or carry out activities and take place at a time convenient to them
Conflict between young people and adults on research project	Clarify the roles ahead of time. Adults should provide guidance rather than control and be respectful to young researchers
Logistic problems affecting the timing and attendance of young people	Group transportation plans/logistics should be made before commencement especially when there is no on-site accommodation
Youth researchers may be overwhelmed with the workload	Adults should not leave all the work to young people but must support, mentor and guide them
Complaints from groups about unequal representation in research	Inclusiveness should be ensured from the planning phase and stakeholders meeting. There should be proper mapping of all groups to be represented.

10.3 Trainings that Young people from diverse backgrounds recommend for Healthcare Providers

Sex Education – They require training about different types of sexual orientations and sexual acts to provide them information about none heteronormative sexual relationships. The training should build capacity about providing SRHR information and services to young people from minority groups including LGBTQI without discrimination.

Gender roles - The HCPs need a training on gender roles to update them about sexual orientations and sexual behaviour in the 21st century. This is to improve their attitude and ensure non-judgemental service delivery to youths of diversity.

Human rights - The HCPs require human rights training especially as it applies to the LGBTI and other marginalized communities, to provide information about their obligation to provide fair services to all members the society.

Mental Health - Mental health training is missing among HCPs, and currently there are no mental health counsellors available in many public health facilities. LGBTQIs experience major mental health challenges from rejection from friends, families, colleagues and the society, which calls for training of HCPs or hire HCPs dedicated to mental health.

10.4 Recommendations by young people from diverse background to tackle challenges they face

- The need for parent education on the importance of access to SRHR information and services by the youth and to ensure their support as well as guidance of their wards in the right direction
- Provision of comprehensive sexuality education materials specifically tailored to youth from culturally diverse backgrounds especially to those with different sexual orientation
- Training of youths who will in turn become youth champions and SRHR campaigners should be considered sacrosanct.
- Government should make policy that will make comprehensive sexual education age range compulsory in the school curriculum.
- Youth friendly centres with well-trained health care providers should be provided at easily accessible locations with privacy and confidentiality ensured regardless of sexual orientation and free from any form of stigmatization and discrimination.
- Laws that discriminate against and drive people of culturally diverse backgrounds to the ground should be worked on so they could have equal rights as others.
- There is a need for sustainability programs that target youth from culturally diverse backgrounds. Such programs should take into cognizance skill acquisition and innovations that will empower and help them to take critical decisions and have negotiation power to avoid exploitation in any form.
- Community stakeholders and leaders from different backgrounds should be sensitized and they should take it upon themselves to educate the youth in their various communities on SRHR.
- Legal actions should be taken against sexual offenders against youth in the sexual minority group
- Campaigns, door-to-door outreach, trainings, sensitization programs and workshops should be conducted to keep the youth abreast of all information regarding SRHR.

10.5 Conclusion

Young people make up majority of the populace in developing countries, and they have specific SRHR needs. Youth population is a diverse group with specific needs, and among diverse groups, there are sub-sets of these populations, with complexities that as well define the SRHR challenges they encounter and the SRHR needs they have. Young people have demonstrated knowledgeability and agency, and they have expressed desire to be involved in SRHR research and programs that affect them, not just as beneficiaries but also as participants and leaders. Young people need to be involved in research and programs targeting them to ensure these programs succeed, and this should be done following principles they have recommended and those that have been ratified by other international agencies. This will the way forward for successful outcomes in SRHR projects targeting young people.

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