

# The Role of Policy in YARH Programming

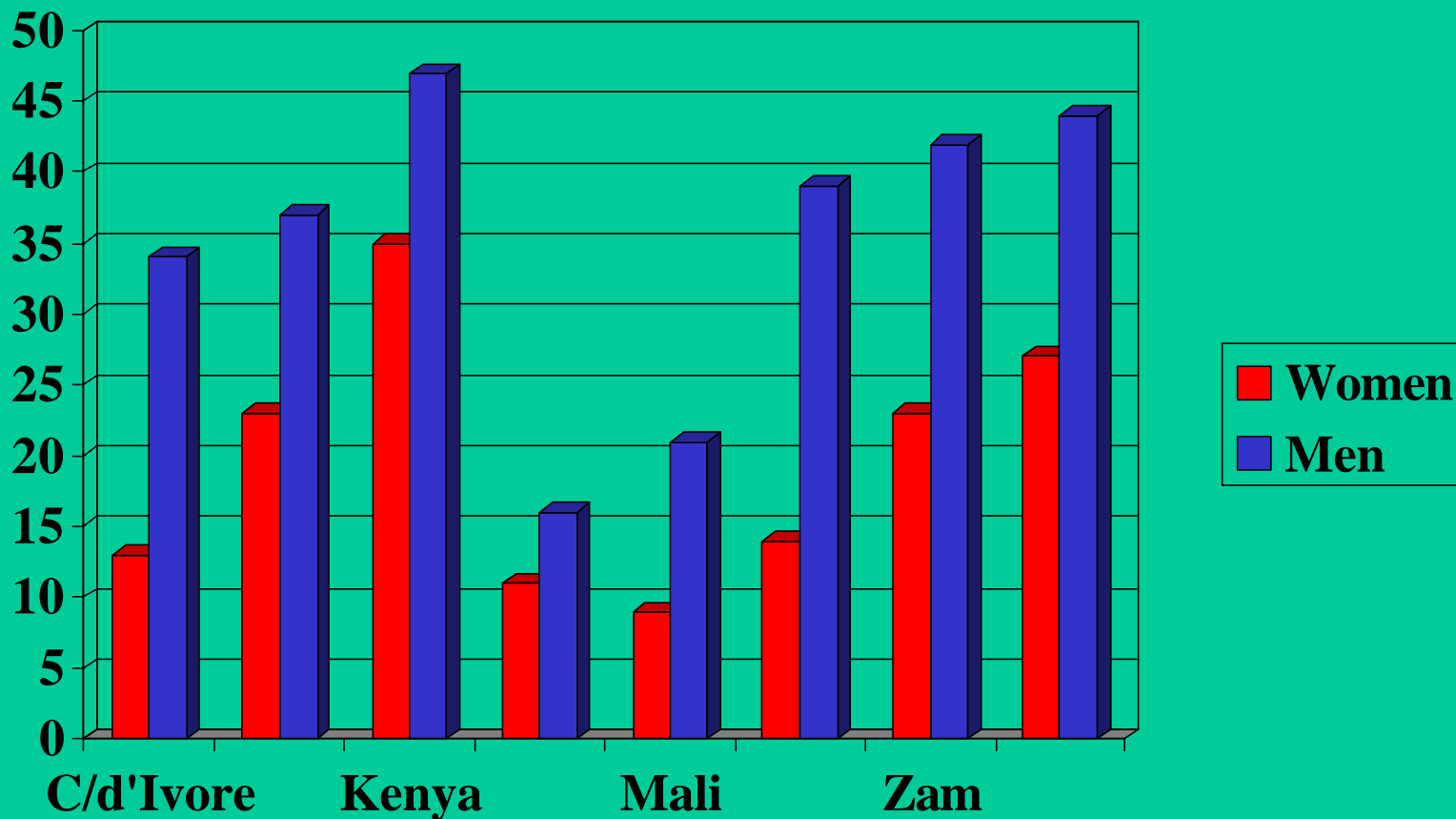


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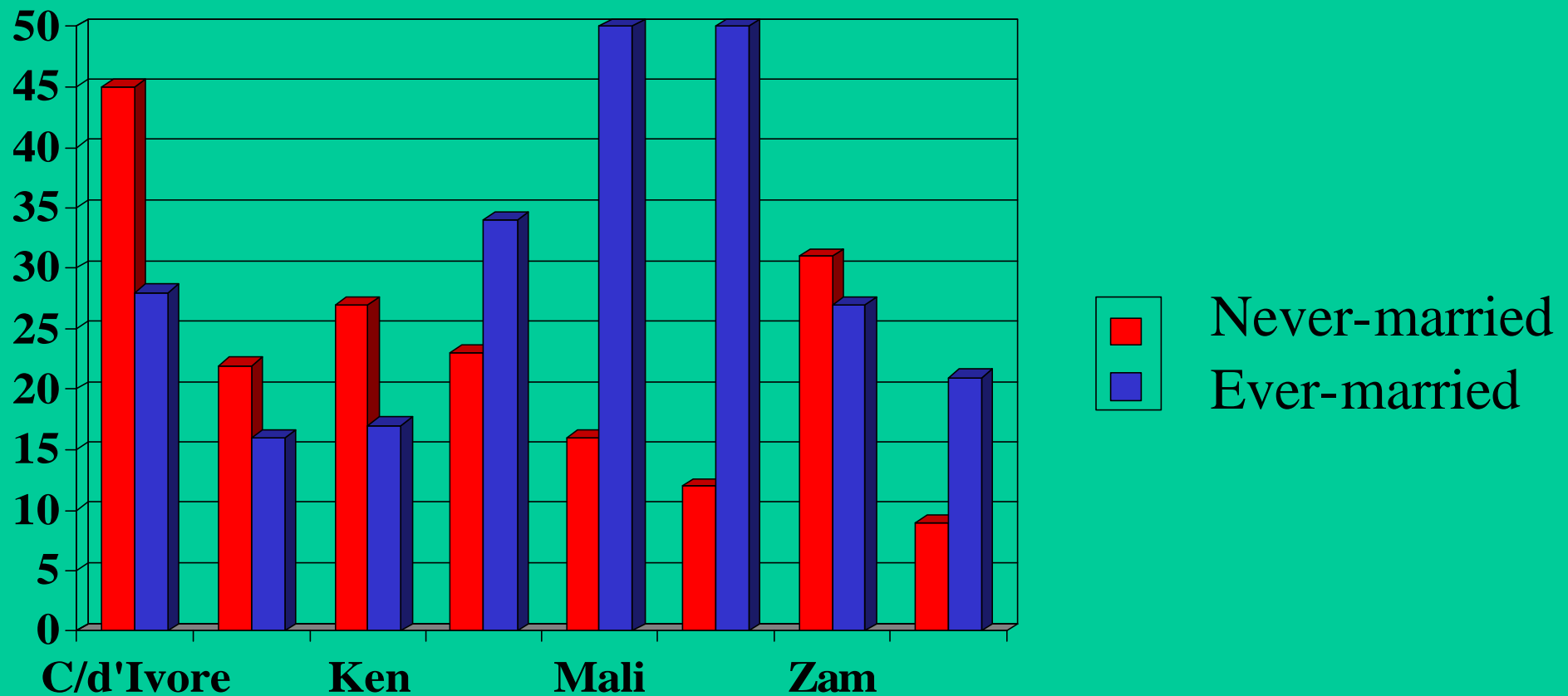
# Issues Impacting YARH

School Attendance Among Women & Men, Ages 16-20 (PRB-April, 2001)



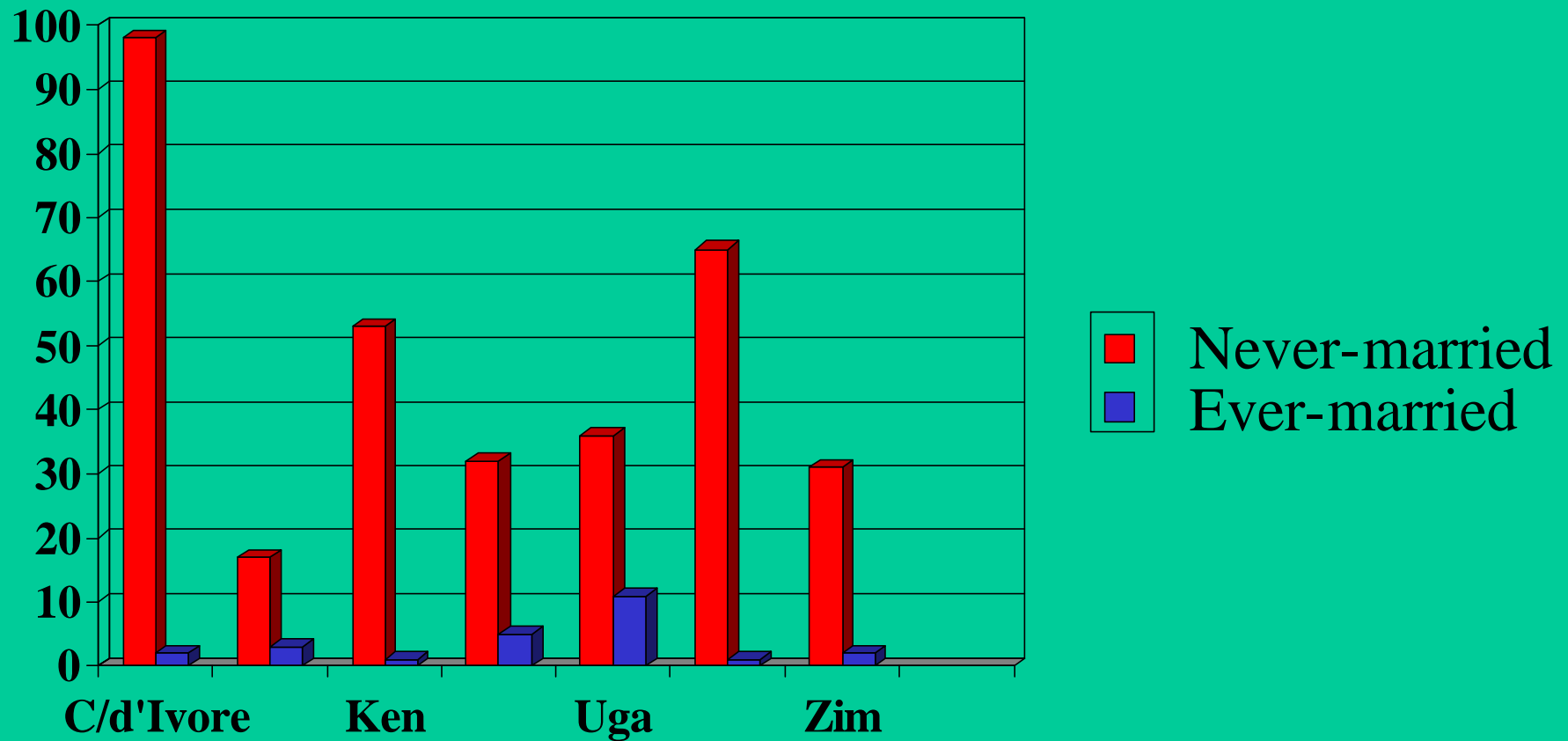
# Issues Impacting YARH

- Adolescent Women Ages 15-19 who have had Sexual Intercourse (PRB-April, 2001)



# Issues Impacting YARH

- Adolescent Men Ages 15-19 who have had Sexual Intercourse (PRB-April, 2001)



# Issues Impacting YARH

- Adolescent Men and Women Ages 15-19 who had First Sexual Intercourse Before Age 15 (PRB-April, 2001)

Country	Women	Men
Cote d'Ivoire	32	
Ghana	7	4
Kenya	15	32
Madagascar	19	
Mali	24	25
Uganda	24	19
Zambia	22	39
Zimbabwe	5	15

# Issues Impacting YARH

- HIV Prevalence Rates Among Women and Men Aged 15-24, End 1999 (PRB-April, 2001)

<b>Country</b>	<b>Women (%)</b>	<b>Men (%)</b>
Cote d'Ivoire	6.28-12.33	2.10-5.47
Ghana	2.40-4.44	0.76-1.97
Kenya	11.07-14.98	4.26-8.52
Madagascar	0.12-0.14	0.02-0.06
Mali	1.74-2.40	1.04-1.58
Uganda	6.65-8.99	2.56-5.12
Zambia	16.86-18.68	7.08-9.32
Zimbabwe	23.25-25.76	9.77-12.85



## Issues Impacting YARH

- YARH has not been emphasised for long
- Young people are the worst prepared on RH/HIV/AIDS issues
- Young people are forced into situations that place them at risk
- They still lack useful RH knowledge and required skills
- Sexual exploitation is highest among adolescents
- Epidemics such as AIDS go beyond the Health sector; many stake holders have been left out

# Issues Impacting YARH

- The diversity of adolescents has not been honoured
  - Youth in school
  - Youth out of school
  - Youth in workplaces
  - Young parents
  - Young men
- Gender roles placed on young people
- Health facilities are geared to adults



## “So why the need for YARH policies?”

- Supportive policies can improve young people’s access to quality information and services; increase self-esteem and confidence to use services
- They provide legitimacy to YARH issues
- Can be used for Advocacy
- YARH policies are often weak and ineffective because they either lack political support or are not backed by laws





# What Kind of Policies do YARH Programs need?

- Have govt. legislative endorsement
- Promote YFH Services and young people's access to condoms, contraceptives and accurate information
- Comprehensive and seek to meet the young peoples diverse needs
- Promote appropriate skills for YP to protect themselves and redefine the values on which available RH services are based
- Protect the rights of YP
- That encourage society to take responsibility for adolescents

# “When Policies are ineffective or non-existent”

- Campaigns become unfocused and information to young given to people is usually conflicting e.g unclear government on promotion of condoms
- A lot of duplication of efforts
- High resistance from opinion leaders and gate keepers
- Funding mechanisms are complicated

# What Kind of Policies do YARH Programs need?

- Encourage effective coordination of all relevant ministries on youth programmes (Usually youth only get fragmented programmes with messages that are usually conflicting)
- Take into account issues of gender e.g several studies on advancement of Girls Education have indicated a positive impact on young girls RH
- Seek to meet the needs of special groups
- Govt. directives can be just as useful as policies e.g in Zambia, The National Youth Mass Media Campaign (HEART Campaign ) is a result of a directive from the Minister of Health

# What Kind of Policies do YARH Programs need?

- That target opinion leaders and gate keepers
  - In the mid 80's in Senegal govt. introduced AIDS prevention in Schools and began working community groups and religious leaders
  - As a result median age at initial sex intercourse among young women ha risen substantially and HIV prevalence has stabilized (Kiragu 2001)
- That emphasizes effective audience involvement at all levels.