

Inside the FP Story Podcast

SEASON 6

EPISODE 2: Adolescent and Youth SRH

[\[About the *Inside the FP Story* Podcast\]](#)

From Knowledge SUCCESS and FHI 360, this is Season 6 of Inside the FP Story—a podcast developed with the family planning workforce, for the family planning workforce.

Each season, we hear directly from implementers and decision makers from around the world on issues that matter to our programs and services. Through these honest conversations, we learn how we can improve our family planning programs as we work together to build a better future for all.

I am Sarah Harlan, Partnerships Team Lead with the Knowledge SUCCESS project. I am pleased to introduce our narrator, Charlene Mangweni-Furusa.

[\[Intro to Season 6\]](#)

Narrator

Welcome to Season 6 of Inside the FP Story. This season, we are moving beyond a narrow definition of “family planning” to explore the larger context of sexual and reproductive health (or SRH). Being able to understand the holistic framework—and the range of concerns that affect FP clients, beyond contraception—can help ensure access to higher quality services for all who need them. Last episode, we provided a look at intersecting influential dynamics of SRH, including norms around sex and gender, family planning access, and what ideal SRH services might look like. This episode, we will dig into one of the themes that came up in our last episode: Adolescent and Youth Sexual and Reproductive Health, or AYSRH.

[\[music break\]](#)

[\[BACKGROUND AND DEFINITIONS\]](#)

Narrator

It would be difficult to discuss the topic of sexual and reproductive health without talking about its impact and importance to adolescents and young people. Globally, there are 1.8 billion young people aged 10 to 24, accounting for more than 22 percent of the global population, and these numbers are growing. The United Nations defines “youth” as 15 to 24, and adolescents are generally defined as 10 to 19, though these definitions do vary by organization. With SRH information and services, youth can safely explore their sexuality and relationships and have bodily autonomy and power over their lives during a time that will critically shape their futures. For example, using contraception can help adolescent girls stay in school.

But according to a recent initiative called “The Future of Sex Ed,” one in four youth globally have never received any formal sexuality education. And for those who do, it often does not meet international evidence-based standards such as UNESCO’s technical guidance. Beyond this, females are 2.4 times more likely to be unsatisfied with this education than their male peers, and non-binary youth are 3.6 times more likely to be unsatisfied than their cisgender peers. (A note for clarification here is the term “cisgender” describes a person whose gender identity aligns with the sex they were assigned at birth, while “non-binary” is a term that can be used by people who do not describe themselves as man or woman.) Access to comprehensive sexuality education can be even further limited for more marginalized groups like out-of-school youth, migrant or displaced youth, and married girls.

Clearly there is something missing from standard approaches to SRH information for youth. For this episode, we turned to young people to ask what that might be. We interviewed four members of the Contraceptive Technology Innovation (or CTI) Exchange Youth Council from around the globe. This council is a virtual space hosted by FHI 360 for young people to gain exposure and experience in contraceptive research and development (R&D) and share their perspectives with other professionals. We spoke to youth from the US, Brazil, and Kenya. Let’s hear from them now.

Danita Matthew

Hello, my name is Danita Matthew, and I'm an incoming medical student at Texas Tech. I also work with FHI 360 as a knowledge management and youth engagement intern managing the CTI Exchange Youth Council.

Isadora Bittar

My name is Isora. I'm a Brazilian OB GYN. I'm currently finishing my fellowship on Colposcopy, but I also work a lot with contraception. And I graduated at University of Sao Paulo. I made my residency there. And I'm also involved in research.

Sarah Joseph

I'm Sarah Gathi Joseph from Kenya, Migori County. I'm working with Tunaweza Empowerment Organization as the youth advocate of sexual and reproductive health and rights, and also a youth peer provider championing for the contraceptives and at Population Service Kenya, the program we call Binti Shupavu.

Barrack Onyango Gumba

My name is Barrack Gumba. I'm from Kenya. I'm a youth champion. I'm also an RH advocate. I work with a CBO as a field officer. The CBO is called Reproductive Health Accountability and Response Kenya. Our major focus area is youth RH, and aspects of gender-based violence.

[SHAME AND STIGMA]

Narrator

We asked these guests what they think is missing from current SRH programs and what their ideal AYSRH program looks like. The first thing they spoke about was the need to address the stigma that exists around SRH and the need to stop using fear and shame to teach young people about sex and sexuality. Here is Sarah.

Sarah Joseph

In my community a girl cannot have that right to talk about sexual and reproductive health, mainly family planning. When a girl talks about that, she became like a taboo. She became like a bad omen in the community.

Narrator

Isadora also spoke about the misuse of fear and shame in SRH programs and how she would do things differently.

Isadora Bittar

A lot of sexual education programs in schools are very negative. They show a lot of pictures of really ugly, advanced STIs. So I would focus more on a positive way of seeing sexuality. I would focus a lot on respect and consent. I would talk about STIs because that would be necessary, but I wouldn't focus on the ugly, shocking pictures.

[CONTEXT AND STAKEHOLDERS]

Narrator

It is important to acknowledge here the somewhat recent shift from “youth-friendly” to “youth-responsive” services among AYSRH advocates.

For decades, the field of adolescent and youth SRH focused on providing “youth-friendly” services. In theory, this may sound good—but in practice, this often means focusing efforts on creating separate rooms, corners, or facilities for adolescents to wait or receive services. This set-up can leave young people confused about where they are welcome and what SRH services they can actually receive. Further, these programs are often also not scaleable or sustainable. As a result, you'll find—around the globe—“youth-friendly” rooms in health facilities full of dusty boxes and supplies, not being used as intended. And at the same time, there are still millions of adolescents who lack access to SRH and other health care services.

For this reason, there is increasing consensus among those working in AYSRH that the field must evolve from “youth-friendly” projects—with separate rooms and corners—to a “youth-responsive” approach, involving the entire health system. This means that all building blocks of the health system—including public and private sectors and communities—mobilize to meet the SRH needs of adolescents and young people.

However, this is not yet the reality in most places. A number of challenges currently interfere with a true “youth-responsive” approach. For example, Barrack spoke about barriers at both the policy and community levels.

Barrack Onyango Gumba

The reason why these are not provided to young people in schools as they grow up, or maybe in any other learning institutions, is that there's no particular policy framework that defines that this should be done at this point...And again, that dynamics, the community, the social dynamics, you view that some communities, they don't even talk about reproductive health. So you find that in Kenya, if all the government is supposed to enroll such programs in schools, it'll be very difficult to implement that.

Narrator

While a “youth-responsive” approach would prioritize access to SRH—as well as a more positive view of SRH within the lives of young people—our guests mentioned fear and shame as some of the barriers to making this happen.

However, they also spoke about something that can help overcome this barrier: context-specific programs that engage different stakeholders. It is also important to address age- and stage-appropriate interventions—for example, those that address unique needs of very young adolescents aged 10-14, first time parents, or other specific groups within the “youth” umbrella.

Sarah also spoke about the need to understand context and engage with those who have influence in young people’s lives, like parents.

Sarah Joseph

Approaches where we can be able to see other things surrounding the girl based on culture, social, regions, can be very important on the life of that adolescent... We are not involving the influencers of, for instance, the adolescent girls. Example, we can say the mothers of the adolescent girls, they're not being informed. They're not being educated. They're not being given enough information. ...As we are empowering these adolescent girls and young women, we are supposed also to include the influencers.

[INCLUSIVE APPROACHES]

Narrator

Addressing barriers like stigma, and involving important influential adults and community stakeholders, can help to implement another fundamental program element: inclusivity. Understanding the intersecting identities and needs of each young person, and intentionally including marginalized groups like people living with disabilities, LGBTQI+ individuals, and those living with HIV—will make for stronger AYSRH programs overall.

For example, studies have shown that transgender people often delay or avoid preventive SRH care—such as pelvic exams—out of fear of discrimination at health care centers. Meanwhile, evidence shows that providing comprehensive SRH and gender-affirming care to trans individuals can lead to lower rates of suicide, anxiety, and depression.

Here is Danita.

Danita Matthew

The sexual health information that we got as youth was only pertaining to heterosexual couples. And it's super important that this information is not just limited to heterosexual sex or penetrative sex, but that we talk about different aspects of different sexualities and how we can practice safe sex and also integrate conversations about consent no matter what.

Narrator

Danita also spoke about another important aspect of inclusive SRH and the types of people implementing these programs.

Danita Matthew

I think finally just the biggest thing would be someone who's just trauma-informed.

Especially in the area where I was from, a lot of students had gone through a lot of different things and having someone who understands that and can give sexual health education in a way that kind of addresses that aspect, that a lot of students may have a really difficult path.

Narrator

Danita used the term “trauma-informed.” Let’s unpack that term. The word “trauma” encompasses a range of events such as gender-based violence, war and conflict, displacement due to disasters, and more. “Trauma-informed care” is a framework health care workers can use to realize the wide-spread impacts of trauma, meet the unique needs of trauma survivors, and ensure that survivors are active participants in their own healthcare through safety, empowerment, and choice. In practical terms related to SRH care, this could mean ensuring that providers do not re-traumatize those who have experienced sexual violence. This could include on-site counseling and emotional support during pelvic examinations, as well as external referrals for mental health support.

Innocent Grant from Young and Alive in Tanzania, who you heard from in Episode 1, also spoke about how essential inclusivity is.

Innocent Grant

...whether they are living with disability, whether they're living with HIV/AIDS or not, whether they're married or not, whether they're commercial sex workers or not; the matter is, we want to reduce sexual and reproductive health challenges and we need to include everyone when we are creating an ideal sexual and reproductive program.

Narrator

One group we want to highlight here is young people with disabilities, who can face a range of unique barriers accessing SRH services. In addition to physical and financial challenges, they face stigma and discrimination within their communities, which extends to the health care setting.

People with disabilities are often assumed to be asexual or sexually inactive, and are often excluded from SRH programming. However, according to the UNFPA, adolescents with disabilities are as likely to be sexually active as their peers without disabilities. And in fact, they are up to three times more likely to be victims of physical and sexual abuse. Therefore, it is crucial that our AYSRH programs provide quality SRH care to all young people, including the most marginalized.

[INFORMATION IS POWER]

Narrator

Overall, young people need more and better SRH information from easy and reliable places that are free of shame and judgment. Here is Danita.

Danita Matthew

I think that there are a lot of shady places that young people turn to to get their questions answered, and it can a lot of times cause more harm than good. And so I think that's the biggest thing - having something, maybe it might just be a trusted resource that is accessible, like a person who's maybe at the school, like an educator who's consistently at the school or just like a website that will be consistently up and available for youth to be able to ask questions.

Narrator

This type of information helps to address the many misconceptions that exist within SRH, especially amongst youth. Here is Isadora.

Isadora Bittar

I would focus a lot on contraception, especially some myths, like a lot of people believe that teenagers cannot use IUDs, that teenagers cannot use implants. So I would focus on debunking those myths and showing them all the options that they have so they can really choose in a conscious way.

Narrator

And this information not only needs to be accurate, comprehensive, and available but fun, creative, and engaging. Amanda Joan Gillian Mary Banura, the Founder and Executive Director of the Uganda Youth Alliance for Family Planning and Adolescent Health—who you heard from in the first episode of the season—spoke to this.

Amanda Banura

And then there is also the aspect of incorporating or integrating entertainment because, of course we have to recognize that a young person is dynamic and they love different things. So if you have an entertainment corner, they'll be more attracted and more relaxed and they'll feel in a safe space.

Narrator

Our guests this episode highlighted a number of issues with current AYSRH programs. Fortunately, there are youth working towards positive change. For example, Young and Alive in Tanzania uses creative, entertaining ways to share SRH information. We'll let Innocent describe their approach.

Innocent Grant

We do a lot of social and behavior change communication. So by using music, using podcasts, using stories and drama to kind of challenge perceptions and norms that are actually hindering access to sexual health information and services for young people... We decided to work with clinicians to translate most of the sexual health content in Swahili and we designed this platform called Manju, where we are using videos to talk to young people about their sexual and reproductive health but also engage in any follow up question. And one thing that really looking for is also to make it more fun, more engaging in responding to young people's specific health questions and needs.

Narrator

Digital platforms like social media, websites, or apps hold potential for youth to access accurate information about SRH—and even referrals or services—privately and at their own convenience. We will talk about this more in a future episode on self-care.

[CONCLUSION]

Narrator

The field of AYSRH is nuanced and multi-dimensional. These programs may seem daunting, but we can start by listening to youth and including them as we design programs that are more creative and engaging. Further, when young people find their way to SRH services, program staff should listen to youth to find ways to be more responsive, inclusive, and unbiased. The next generation depends on it.

To explore more on engaging with youth, please check out the resources listed in the podcast description.

[Music from Young and Alive]

As we close this episode, please enjoy a clip from one of the songs produced by Young and Alive in Tanzania. With lyrics in Swahili, this song promotes the use of condoms.

Please join us for our next episode, where we will discuss an issue that is important for youth and older people alike—the integration of family planning and HIV services.

[Credits]

Season 6 of Inside the FP Story is produced by Knowledge SUCCESS and FHI 360. This episode was written by Emily Hoppes and edited and mixed by Elizabeth Tully. It was supported by an additional team, including Sarah Harlan, Catherine Packer, Brittany Goetsch, Joy Cunningham, Kate Plourde, and Rachel Kitto.

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The opinions in this podcast do not necessarily reflect the views of USAID or the United States Government.

If you have any questions or suggestions for future episodes, feel free to reach out to us at info@knowledgesuccess.org.

Thank you for listening.

Resources

- [The Future of Sex Ed Initiative](#)
- [Spotlight on Comprehensive Sexuality Education \(CSE\)](#)
- [International technical guidance on sexuality education: an evidence-informed approach](#)
- [LET THEM KNOW: A Youth-Led AYSRHR Global Roadmap for Action](#)
- [Young and Alive Resource Hub](#)
- [Meaningful Adolescent and Youth Engagement: HIP Strategic Planning Guide](#)
- [Trauma-Informed Youth Centered Health Design \(TIYCHD\)](#)
- [Guidelines for Integrating Gender-Based Violence Prevention within School-Based Comprehensive Sexual Health Education](#)
- [Adolescent-Responsive Contraceptive Services HIP brief](#)
- [Responsive Systems Meet Adolescent Reproductive Health Needs](#)
- [A Systematic Review of Sexual and Reproductive Health Interventions for Young People in Humanitarian and Lower-and-Middle-Income Country Settings](#)
- [Sexual and Reproductive Health Needs of Adults and Young People with Disabilities](#)