YETA LEARNING QUESTION RESEARCH BRIEF SERIES:

WHAT ROLE DID SEXUAL REPRODUCTIVE HEALTH (SRH) INTERVENTIONS PLAY IN ENCOURAGING HEALTHY BEHAVIOURS OF YOUTH?

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INTRODUCTION

In partnership with The Mastercard Foundation, NCBA CLUSA implemented the five-year Youth Empowerment Through Agriculture (YETA) program in Northern and Midwestern Uganda in the districts of Dokolo, Kole, Masindi and Kiryandongo. Along with its partners Youth Alive Uganda (YAU), Reproductive Health Uganda (RHU) and the Youth Forward Learning Partnership (Overseas Development Institute (ODI) and Development Research and Training (DRT)), YETA focused on four objectives: 1.) forming and strengthening youth associations (YAs), 2.) improving the well-being and confidence of YA members through enhanced foundational skills, 3.) increasing access to financial services for YA members and 4.) developing the technical and entrepreneurial skills of YA members so they can launch their businesses.

After reaching 27,130 youth (exceeding our target of 26,250), YETA is now publishing a series of Learning Question Research Briefs to galvanize discussion among youth, policymakers and practitioners and advance the Mastercard Foundation's Youth Forward Initiative learning agenda. Through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs)—as well as project data collected since 2015 (see 'Methodology')—this research brief documents the experiences and learnings from YETA's work in Uganda—specifically how sexual reproductive health (SRH) interventions encourage young people to pursue healthy behaviours and become more productive entrepreneurs.

THE YETA APPROACH

Prior to participating in the YETA program, a majority of youth in YETA intervention areas worked on small pieces of land provided by their parents or elders in their communities, without the necessary skills or finance[1] to farm productively. With limited knowledge to effectively manage the little income generated, youth often did not know how to best invest their time and limited assets. Other challenges youth faced in agriculture included low levels of productivity, lack of access to resources and limited skills. We addressed these challenges by creating a network of youth associations and cooperatives.

YETA's youth associations acted as a vehicle to address these obstacles by providing access to formal training and mentorship[2] so that young people had the skills to produce more and invest better. YETA's core trainings covered governance, financial literacy, foundational skills and agriculture enterprise. Foundational skills trainings incorporated Sexual Reproductive Health (SRH) and family planning (FP). These trainings—along with others—were carried out over a six-month period and then followed by an incubation phase that included intensive youth mentorship for another six months by YETA staff, community elders and parents, private sector actors, and local government officials. The groups were encouraged to choose a mentor to support their group endeavors and form a village savings and loans association (VSLA) to save for their individual goals and group projects. Groups functioned as a means to empower youth, build their confidence and self-esteem, and demonstrate that change and better livelihoods are possible (i.e. diversified livelihoods). It was easier for groups to access resources—including land, information and concessionary loans—provided by government or other NGOs than it was for individuals.

As part of the YETA approach, the program focused on generating demand for SRH and FP products and services. Youth associations members were encouraged to elect their own Peer Leaders (PLs) who facilitated access to SRH and FP services for their peers as well as other community members. YETA facilitated increased access to a reliable supply of these products and services by facilitating health worker outreach to YAs and building the capacity of health centers. In turn, youth made better life choices and were able to engage in productive activities like agriculture.

1 See YETA's 'How is Financial Inclusion Supporting Youth Empowerment?' Learning Question Learning Brief.
2 See YETA's 'How Mentorship Empowers Youth' Learning Question Research Brief.

BENEFITS OF SRH AND FP INTERVENTIONS

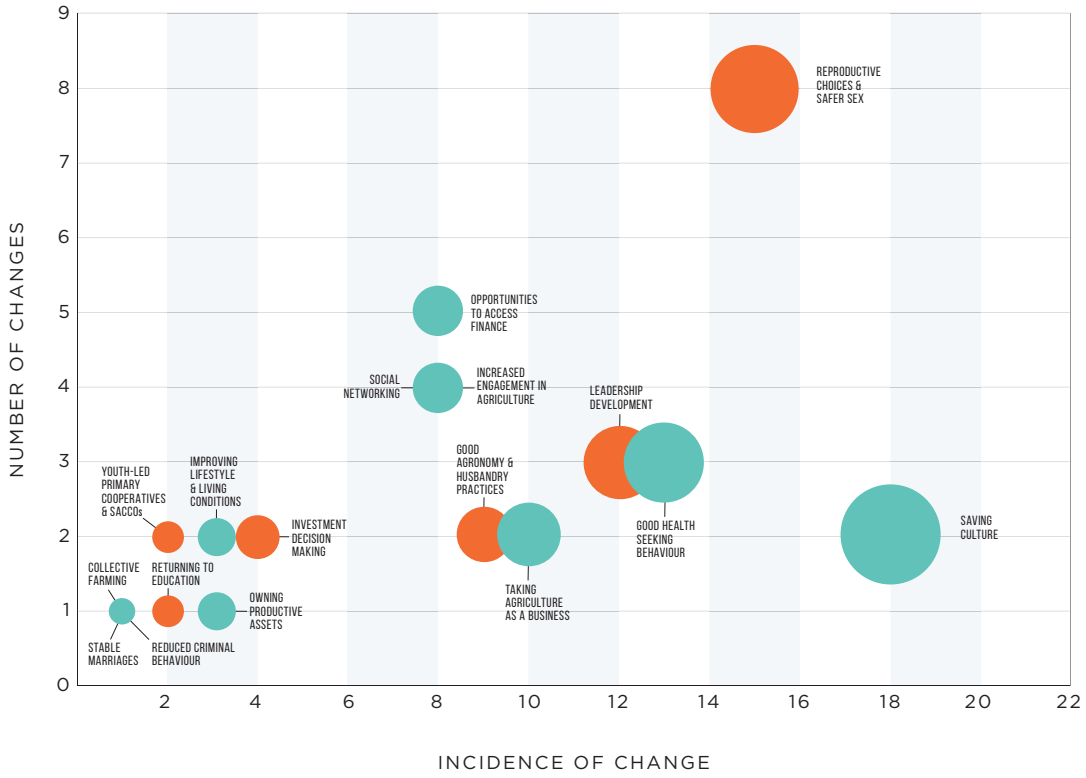
Most youth in Uganda are sexually active in adolescence. Among Ugandans ages 20 to 49, 83% of women and 70% of men have had sexual intercourse by age 20.[3] Related to these behavioral challenges are early, unplanned pregnancies, unsafe abortions, increased exposure to sexually transmitted infections (STIs), and child abuse including gender-based violence and cross-generational sex (e.g. the girl child). In Uganda, one in four women ages 15 to 19 are already mothers or pregnant with their first child.[4] Numerous studies indicate that pregnancy is a leading factor in contributing to female school dropout rates in Uganda.[5] Youth engaging in risky sexual activities increases the likelihood that their pursuit of sustainable economic activities will be put on hold or abandoned, especially among young women. In 2018, the government of Uganda developed the National Sexuality Education Framework, which addresses some of these behavioral challenges, but it only targets in-school youth.[6] As a result, most out-of-school youth remain without formal access to sex education.

In rural Uganda, sexual reproductive health (SRH) and family planning (FP) play vital roles in the health and the ultimate empowerment of youth, especially women. From the beginning of YETA, we recognized that enabling youth to launch their businesses, generate incomes and accumulate

3 Uganda Demographic Health Survey 2016
4 Uganda Demographic Health Survey 2016
5 "Pregnant school girls to get maternity leave" New Vision (20th April 2018); Forum for African Women Educationalists (2011)

6 The National Sexuality Education Framework aims to provide a formal, national direction for sex education within Uganda's schools, ensuring that all programmes adhere to the same approach.

CHART 1 REPRODUCTIVE CHOICES



Reproductive choices and safe sex and good health-seeking behaviors were among the leading changes reported by youth as a result of YETA activities.

The varying bubble sizes represent the frequency of the incidence of changes. The x-axis represents the frequency or incidence of change (i.e. saving culture was noted by 18 respondents as changed). The y-axis represents the number of sub-changes under each thematic change (i.e. reproductive choices and safer sex had 8 sub-changes as a reduction in STIs, etc.). See NCBA CLUSA's Effectiveness Study (April 2019)

TAKING A YOUTH-FOCUSED APPROACH TO SRH

savings would be hampered if risky behaviors, including decisions related to SRH and FP, were not addressed.

YETA strategically targeted out-of-school youth with SRH education. These interventions focused on their sexual and reproductive rights; building self-esteem and promoting safe sex practices, healthy relationships and access to SRH and FP products and services; and providing sexually transmitted infection (STI) screening and treatment. In addition, the project trained health center staff and helped them create an enabling environment for youth to access these services. These interventions generated the following high-level results:

- 24,840 youth accessed SRH products and services
- 81% increase in youth SRH testing and counseling
- 27% increase in youth utilization of health care services
- Institutionalized youth-friendly corners in health clinics creating a safe space for youth to comfortably access such services
- Improved rapport between youth and health workers, as reported by youth and health workers
- Young couples making reproductive health decisions together [7]

Reproductive choices and safer sex[8] along with good health-seeking behaviors[9] were among the leading areas of change reported (*see chart 1, previous page*).

7 Increased decision-making power of rural women has been found to positively correlated with important development outcomes such as reproductive, maternal, neonatal and child health as well as increased expenditure on household health and education and household nutrition. See "What does it Mean to Make a 'Joint' Decision? Unpacking Intra-household Decision Making in Agriculture: Implications for Policy and Practice" The Journal of Development Studies (Volume 56, 2020 - Issue 6).

8 Reproductive choices and safer sex includes visits to health care services or a health clinic for FP or SRH purposes.

9 Good health-seeking behaviors includes accessing HIV and STI counseling and testing services.

Before project interventions, only 46% of youth in YETA program areas reported accessing SRH and FP products and services. YETA implemented a two-pronged approach to address this gap focusing on the demand for SRH and FP products and services (e.g. youth seeking knowledge on family planning) and also the supply of these products and services (e.g. youth accessing HIV testing). YETA concentrated efforts on improving youth's ability to make informed choices and decisions about SRH and other social behaviors that affected the productivity of their agriculture enterprises.

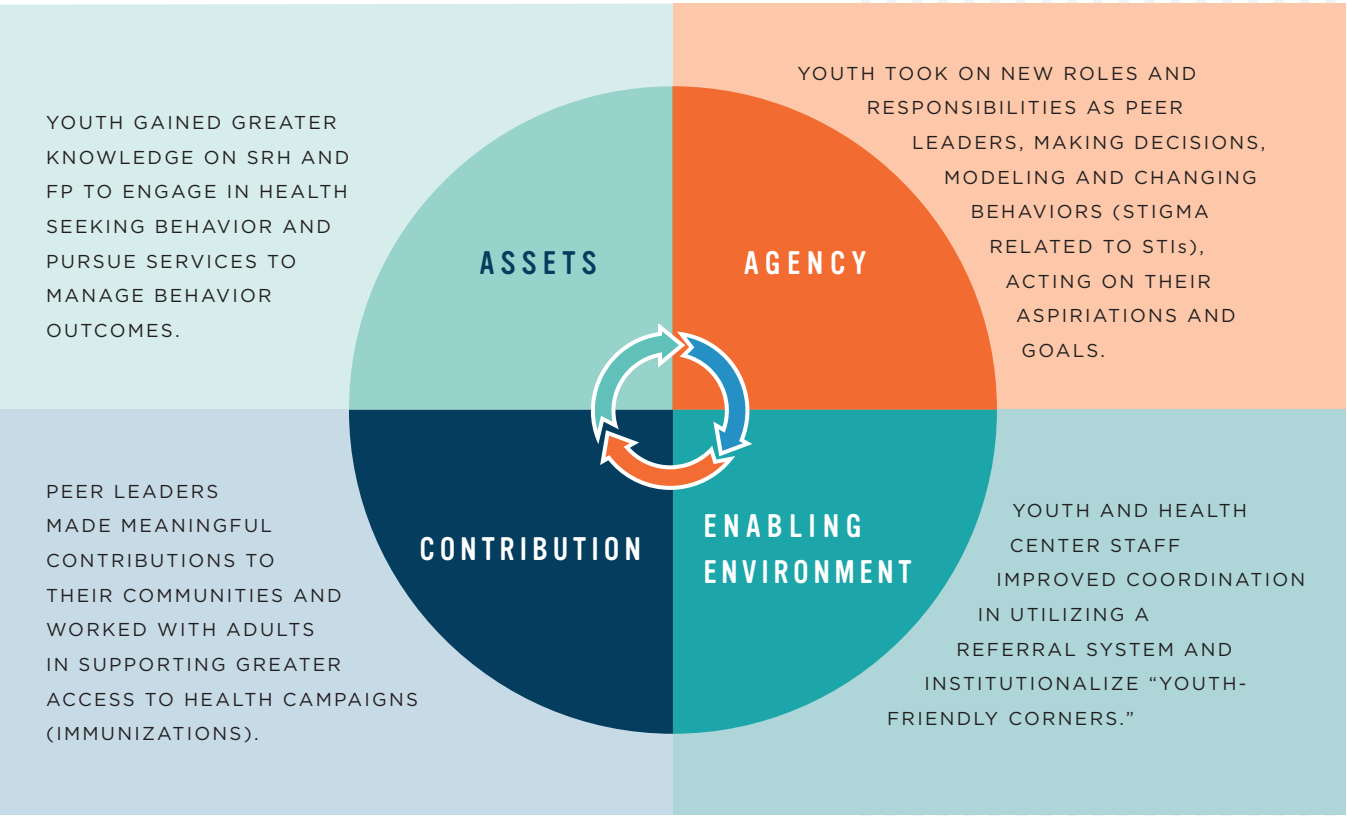
YETA applied a Positive Youth Development (PYD) approach to build youth's assets (knowledge of SRH and FP practices), agency (ability to make informed decisions about their SRH) and improve the enabling environment (increase access to youth-friendly services). YETA supported Peer Leaders (PLs) who were elected by the youth association members to generate demand for SRH and FP.

GENERATING DEMAND FOR SRH AND FP: THE ROLE OF PEER LEADERS

Youth elected at least two Peer Leaders (PLs) within their associations based on criteria developed by YETA staff (see text box). Overall, youth elected 1,789 PLs (998 males and 791 females) from their YAs. YETA used training-of-trainers (TOT) with PLs who then trained their association members. PLs cascaded down foundational skills, SRH and FP trainings to their peers at the association level. The trainings were carried out during the six-month training phase before youth selected and launched their own businesses.

Foundation skills curriculum included how to communicate (speaking and listening), negotiation (saying no), being a supportive partner, sexually transmitted infections (STIs) and HIV, and used methods that provided an interactive, safe learning environment to build positive attitudes, skills

DIAGRAM 1 POSITIVE YOUTH DEVELOPMENT IN SUPPORT OF SRH



and knowledge. PLs helped their peers rethink gender roles, manage emotions and build healthy relationships. Along with community mentors, PLs were critical in helping youth set realistic goals and supported them in achieving those goals. The training laid the groundwork for youth to understand complex issues like love and intimacy, safe sexual relationships and family planning. PLs were also responsible for refresher/remedial trainings during the program.

PLs also helped increase demand for SRH and FP services through a youth-led referral system. PLs were trained in using health clinic referral forms and helping youth link to health centers to meet their SRH and FP needs. PLs became confidants and trusted resources for health services, encouraging

PEER LEADER SELECTION CRITERIA

- **At least one of the PLs must be female.**
- **Communicates well with their peers.**
- **Demonstrates commitment to trainings and PL responsibilities to YA members.**
- **Lives in the village where association is located.**
- **Maintains basic literacy and numeracy skills.**

their peers to utilize the knowledge gained from their trainings and seek health services. YETA staff supported PLs by mapping the location of private and public health facilities. Youth had previously reported they were unaware of the locations. Map details were shared with all associations to facilitate access to health services. PLs organized monthly experience-sharing meetings to determine how referrals were working or not working (see Lessons Learned). PLs mobilized their association members as well as other members of the community to participate in national health campaigns such as immunization days and other child health days.

IMPROVING ACCESS TO YOUTH-FRIENDLY SRH AND FP SERVICES

On the supply side, YETA strengthened the capacity of health service providers so they could better deliver quality health services in a youth-friendly manner. Through its consortium partner RHU, YETA supplied clinics with condoms and introduced and trained health workers on the use of new family planning methods like the Sayana Press.[10] Most health center staff were qualified technicians. They were not however all equipped with the soft skills needed to deliver services to young people. YETA sensitized health workers on the importance of building rapport and trust with young people so that youth felt comfortable enough to share confidential information about their health. Health workers also conducted onsite visits at associations. By bringing health services directly to youth, they were able to ensure that they were pursuing STI and HIV counseling and testing, FP and antenatal visits. These activities systematically empowered youth through the Positive Youth Development (PYD) approach (see *diagram 1*).

10 The Sayana Press is an injectable contraceptive that can dramatically expand access and choice for women.

KEY COMPONENTS OF HEALTH CENTER STAFF CAPACITY BUILDING

- **Family planning methods**
- **Soft skills and age-appropriate counseling for youth**
- **Establishing "youth-friendly corners"**
- **Management of STIs**
- **Documentation and record keeping (referral system)**
- **Refresher training on counseling youth**

YETA SUCCESSES

YETA generated significant gains in expanding the provision of SRH and FP services to youth across multiple levels. At the regional level, health systems support included the creation of youth-friendly corners in health centers, along with training for health service providers on best practices. YETA helped facilitate commitments to these improvements from Regional Advisor Committee (RAC) members at the district level. As a multi-stakeholder platform, RACs included district level government officials from key Ministries, private sector partners, and youth where commitments were made to partnerships aimed at empowering youth. By the end of the program, RAC members helped institutionalize youth-friendly corners and establish budgets for community visits by health center staff. Youth reported that youth-friendly corners were particularly important in overcoming their fear and shame associated with STIs (youth would often report malaria symptoms instead). Combined, these efforts helped youth gain greater access to healthcare services for STI/HIV counseling and testing and FP, as well as treatment for SRH related illnesses.

Community level support included social networking, mobilizing Peer Leaders, distributing condoms, and facilitating referral and communication processes. Some unintended "spillover" effects at the community level included a reduction in the stigma related to HIV/AIDS.

DIAGRAM 2
HEALTH SYSTEM LEVELS

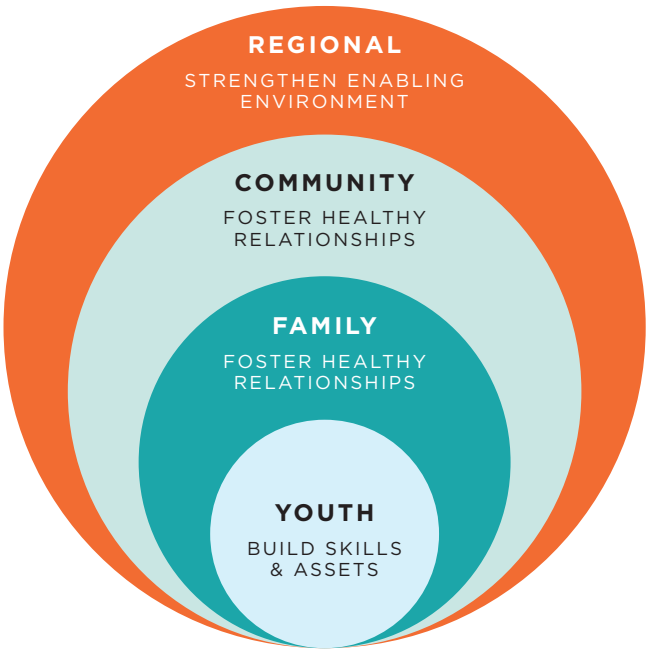
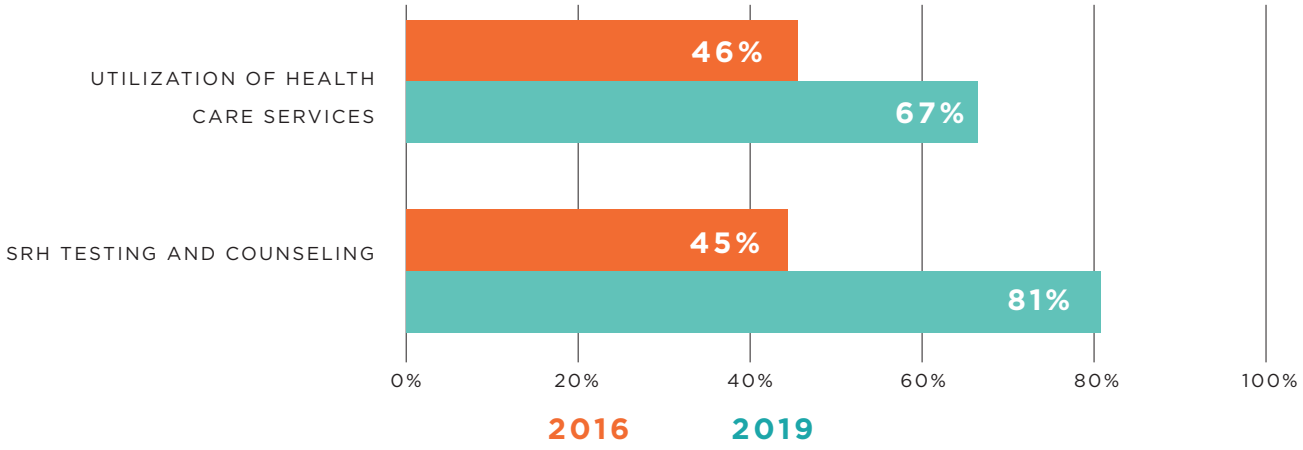


CHART 2 PERCENTAGE OF YOUTH ACCESSING SERVICES 2016-2019

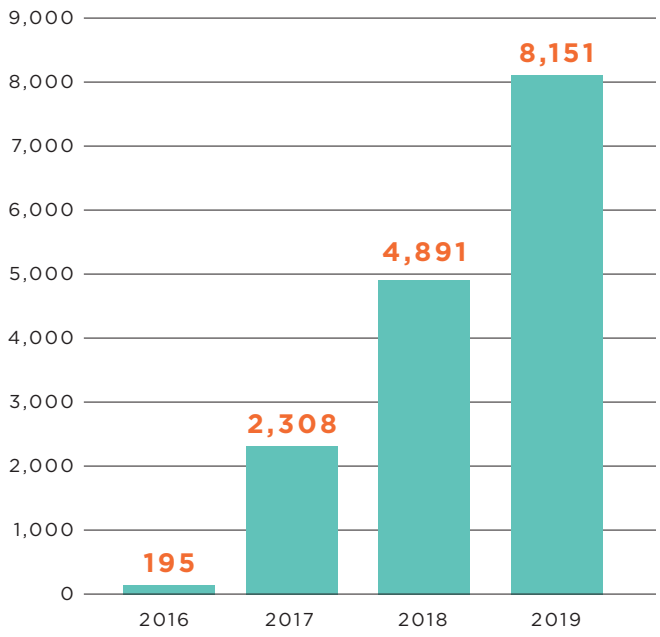


MOON BEADS

Moon Beads are a string of colored beads that represent each day of a woman's menstrual cycle. They help women 1.) know when they are most likely to get pregnant if they have unprotected sex, 2.) better understand how their bodies work, 3.) involve their partner in family planning, and 4.) keep track of their menstrual cycle over time.

CHART 3

NUMBER OF YOUTHS WHO ATTENDED ANTENATAL VISITS WITH PARTNERS 2016-2019



At the family and individual level, youth gained knowledge on safe sex practices, use of condoms, their HIV/AIDS status and building healthy relationships. Youth, particularly young women, were encouraged to raise and openly discuss issues about their health. A majority of youth reported that family harmony was increased due to stable relationships, pregnancies were delayed and unplanned pregnancies were prevented due to abstinence and the practice of family planning methods. YETA promoted smaller sized families and exposed youth to both hormonal and natural family planning methods like moon beads (see text box). Young women were encouraged to protect themselves against STIs and unplanned pregnancies. The tracking of menstruation cycles helped them seek timely care if they were missed or abnormal.

These positive changes in youth behavior were in part attributed to joint health center visits that engaged both women and men together in these conversations to better inform health-related decisions (*see chart 3*).

Combined with the evidence that young women gained more respect in their communities and a majority of respondents reported that there has been a reduction in gender-based violence, these activities helped to empower girls and women at the household and community levels.[11]

The leading behavior change outcomes across districts and groups reported included 1.) commitment to stable marital relationships or the practice of abstinence among unmarried youth, 2.) adoption of family planning practices, 3.) tracking of menstruation cycles, 4.) utilization of healthcare services, and 5.) active engagement in sensitization activities (e.g. participating in health sensitization campaigns and workshops organized by PLs for their association members).

11 YETA Effectiveness Study (April 2019)

CHALLENGES TO IMPROVING YOUTH SRH AND FP

ONE STORY OF CHANGE

"Together We Can YA" chairperson and 24-year-old father of five thought it was fashionable to have many girlfriends. After a Peer Leader SRH training, he learned that multiple sexual partners meant increased childcare costs and a high risk of contracting an STI. As a result, he reduced his partners to one to avoid unwanted pregnancies and better manage the number of children in his household, so he can provide for their school fees, medical care and clothing.

DEMAND OUTSTRIPPED SUPPLY

Increased youth demand for SRH and FP is a positive outcome. However, the rise in demand at health centers at times surpassed available supply. For instance, HIV testing was limited to a few health centers. Stock shortages were particularly acute at Level 2 Health Centers. When this was identified as a barrier, YETA consortium partner RHU stepped in to provide condoms and other supplies. Nevertheless, in some cases, demand exceeded the available resources of the program, other NGOs and the local government. Health center inventory shortages remain a challenge, especially at the lower health facility level.

DEPENDENCY ON PARENTS

While YETA helped many youth gain access to incomes and savings, in some cases, this was not sufficient to reduce their dependence on parents (e.g. support for food, clothing and education). And parents sometimes viewed spending money on health as a waste of resources.

HIV AND UNPROTECTED SEX

Despite the drop in frequency of unprotected sex among youth from 47% to 37% overall, this remains the leading challenge reported. Along with sex with multiple partners (20%) and alcohol abuse (8%), unprotected sex was among the primary risk behaviors observed at the end of the program. In addition, only 5% of youth perceived themselves to be at risk of contracting HIV.

HEALTH CENTER INFRASTRUCTURE

The institutionalization of youth-friendly corners at each health center has had a positive impact. However, it has proven to be a challenge at lower level health centers, located in more rural areas where the need is greatest. To address this, some health centers have integrated youth-friendly corners with their anti-retroviral therapy

(ART) clinics, which are associated with the stigma of HIV.

GENDER CONSIDERATIONS AT HEALTH CENTERS

Health center staff are largely female and staff who worked with Peer Leaders, community leaders, and YETA staff were largely female, mostly midwives and enrolled nurses. This posed a challenge for male youth who preferred male health workers.

- Engaging men and women together in SRH and FP magnified positive impact. YETA encouraged young couples to make reproductive health decisions together—including when to have children, how many children to have and which contraception methods to use. The project encouraged young men to join their partners for antenatal and post-natal clinical visits, which are critical in reducing the likelihood of child mortality and improving nutritional outcomes. Together, improved communication and joint family planning contributed to stabilizing marriages among youth.

CONCLUSION

- It is important to provide quality assurance reviews of youth-led health activities and prepare for remedial actions, when needed. In 2018 the quality of Peer Leader services was identified as a weakness. After a series of joint field visits by YETA consortium members to youth associations and health centers, YETA took remedial actions to improve the frequency and coverage of staff support to PLs. There was a lack of understanding on how to properly use referral registers by PLs as well as health center staff, resulting in data irregularities. Monthly meetings with PLs combined with a checklist to be used at health centers addressed these problems.
- 24,840 youth accessed SRH products and services during the life of the program. However, reporting was limited to referral register data and many more youth sought SRH and FP services outside the referral system. An intentional effort to track and collect health service data more broadly would have allowed for a more accurate picture of YETA's impact.
- Establishing goodwill with health center staff and government officials can help leverage additional support. Outreach to youth associations by health staff allowed them to share contacts and seek appointments whenever they needed. Health workers realized that to be able to reach a large number of youth they needed to engage directly with these communities. YETA did not cover the costs of these outreach efforts. Building on the success of the RAC dialogues and commitments, these outreach efforts were incorporated in health units' work plans and budgets and financed by local governments.
- The institutionalization of youth-friendly services in coordination with health center staff (including both government and private sector health centers) contributed to an increase in healthy behavior and wider access to the services that support it.

From the beginning, YETA recognized that empowering youth depended, in part, on their well-being. Without access to SRH and FP products and services, it would have been difficult to make meaningful progress on increasing youth knowledge and skills, help them test ideas, start new businesses, pool their savings, and establish linkages with improved input suppliers and end markets. SRH and FP technical assistance was implemented in a manner that enabled youth to gain agency, assets and skills—all while contributing to their communities and building a healthy environment in which youth can grow (PYD approach). Our approach focused on increasing the demand for SRH and FP products and services but also, to a lesser degree, the supply of such services. Through a holistic approach, benefits accrued to youth at the health system, community, family and individual levels.

While YETA's progress on youth accessing SRH and FP services is notable, YETA's impact on behavior changes by fostering a positive mindset is also significant. We were able to reduce the stigma, fear and shame associated with STIs; foster open discussion of health practices among peers and between couples; build greater trust and rapport between youth and health center staff; encourage more equitable decision-making over family size; and build the confidence and self-esteem that comes with greater knowledge of one's health and health rights. Despite challenges like limited health care supplies, poor infrastructure and lingering habits such as unprotected sex, SRH and FP played a vital role in helping youth pursue their goals under YETA.

METHODOLOGY

This research brief is based on the findings from qualitative and quantitative research conducted with YETA participants, key informants and program staff. Over the course of two weeks, Focus Group Discussions (FGDs) were held in the four districts of Kiryandongo, Masindi, Dokolo and Kole to capture the experience of youth association members. In each district, 20 peer leaders were randomly selected who constituted two FGDs in each District, making a total of 80 Peer Leaders (40 female and 40 male). These FGDs were complemented by in-depth interviews with eight health center staff selected randomly. A total of eight FGDs were held with youth association leaders purposively sampled. The findings were triangulated with other project reports and secondary data on access of SRH services in the targeted districts.

To provide a comprehensive picture of the impact of YETA's SRH and FP activities, this report also relied on the findings and data from YETA's Effectiveness Study and Final Evaluation. NCBA CLUSA's Effectiveness Study (April 2019) examined the type, number and incidence of changes related to YETA interventions.[12] These were derived from Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with change agents, including project staff, mentors, parents, private sector partners, community leaders, mentors, local institutions (civil society and government) and youth groups and leaders.

12 Change is defined here in terms of improved wellbeing of YETA participants (e.g. improved savings, adopting good agriculture practices, and reduction in the rate of unplanned pregnancies, etc.)

ABOUT THE PARTNERS

The Mastercard Foundation works with visionary organizations to enable young people in Africa and in Indigenous communities in Canada to access dignified and fulfilling work. It is one of the largest, private foundations in the world with a mission to advance learning and promote financial inclusion to create an inclusive and equitable world. The Foundation was created by Mastercard in 2006 as an independent organization with its own Board of Directors and management. For more information on the Foundation, please visit: www.mastercardfdn.org

The National Cooperative Business Association CLUSA International (NCBA CLUSA) is the apex association for cooperative businesses in the United States and an international development organization. Founded in 1916, NCBA CLUSA strives to advance, promote and protect cooperative enterprises through cross-sector advocacy, education and public awareness that help co-ops thrive, highlighting the impact that cooperatives have in bettering the lives of individuals and families.

Internationally, NCBA CLUSA has worked in over 100 countries building sustainable communities, creating economic opportunities and strengthening cooperatives. Our work focuses on an approach that empowerments smallholder farmers, women, and youth in the areas of food security, agricultural development, strengthening of communities and farmer organizations, community-based health and natural resources management.

The Overseas Development Institute (ODI) is an independent think tank on international development and humanitarian issues, founded in 1960. Based in London, its mission is "to inspire and inform policy and practice which lead to the reduction of poverty, the alleviation of suffering and the achievement of sustainable livelihoods in developing countries." It does this by "locking together high-quality applied research, practical policy advice, and policy-focused dissemination and debate."

Development Research and Training (DRT) is a national non-government and non-profit organization whose core work is to conduct policy focused research and analysis and institutional capacity building and development. The overarching aim of our work is to influence change in policy and practice that responds to the needs of chronically poor people in Uganda.

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