

# Adolescent reproductive health in refugee settings



**“Governments, in collaboration with non-governmental organisations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs.”**

**Programme of Action, International Conference on Population and Development, Cairo, September 1994**

Young people represent a high percentage of refugee populations. Young refugees are similar to all young people in that they have special needs during their years of development. However, refugee young people, displaced from their homes and often separated from their families and communities, face additional difficulties during the transition to adulthood.

However, young people are extremely flexible, resourceful and energetic and can often adapt more easily to new situations than their parents. They can help each other through peer counselling and peer education and they can provide care to others and assist health providers.

Even more importantly than working with adults, it is vital to ensure adolescent participation in project assessment, design and implementation. Services will be more readily accepted if they are tailored to the needs identified by young people themselves.

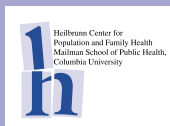
**Young people's basic reproductive health needs include:**

- information on sexuality and reproductive health
- access to family planning services
- safe delivery
- prenatal and post-abortion care
- diagnosis and treatment of sexually transmitted infections
- and protection from sexual abuse.

Young people are not a homogenous group; young women and men face very different issues, 10-14 year olds have different needs to 18-20 year olds, and married and unmarried young people face different cultural barriers to accessing services.

In many refugee situations, formal education finishes after primary level and young people no longer have access to education. Therefore, information about reproductive health must be communicated in creative ways. Any organised activity for young people may provide an opportunity for disseminating important reproductive health information.

It has been proven<sup>1</sup> that sex education leads to safe behaviour and does not encourage earlier or increased sexual activity. Therefore, young people should be informed about STIs/HIV/AIDS and early pregnancy and appropriate advice and supplies should be made available to them. In addition, young people need to develop skills to be able to make informed, responsible decisions about their sexual behaviour. Peer counselling and peer education can be very effective in strengthening these skills. Reproductive health services for young people are more effective and more widely accepted by the community when linked to other activities and settings. In some settings, youth centres offer such an opportunity; in others, young people have access to health services during special hours, usually after school or work.



Reproductive health services for young people should:

- have competent staff who are friendly, welcoming and non-judgmental
- be free or low cost
- be easily accessible
- have flexible hours
- be located in attractive, comfortable facilities
- offer same gender providers.

### Case study

In July 1998, the Women's Commission for Refugee Women and Children (WCRWC) began funding a project in the Kigoma region of Tanzania to address reproductive health needs of Congolese (former Zaire) and Burundi adolescent refugees in four of the eight camps in the region.

The centres provide reproductive health counselling services in addition to serving as a general purpose space where youth can hold meetings, participate in recreational activities and access reading materials. Forty refugee youth peer educators are being trained to provide referrals for reproductive health services and reproductive rights education and are responsible for the distribution of condoms and reproductive health information, education and communication among their peers.

Reproductive health seminars are also held in the youth centres for youth leaders, peer educators, teachers, religious groups, parents, NGOs and service providers to sensitise them to adolescent reproductive health issues and to reduce potential community opposition to reproductive health services for youth<sup>2</sup>.

### References

- <sup>1</sup> The Impact of HIV and Sexual Health Education on the Sexual behaviour of Young People: A Review Update, UNAIDS, 1998
- <sup>2</sup> Untapped Potential: Adolescents Affected by Armed Conflict, WCRWC, 2000
- <sup>3</sup> The State of World Population, UNFPA, 2000
- <sup>4</sup> Facts and Figures, UNICEF, 2000
- <sup>5</sup> Ibid
- <sup>6</sup> Ibid
- <sup>7</sup> A New Agenda for Women's Health and Nutrition, World Bank, 1995

**Note:** The term 'refugee' officially describes a person who has crossed an international border, while an 'internally displaced person' (IDP) has had to leave her home but has remained in her own country. For the purposes of this factsheet, 'refugee' is used here to refer to both groups.

### Key facts

- each year, women undergo an estimated 20 million unsafe abortions, of which one fourth are to girls aged 15-19<sup>3</sup>
- about half of the 16,000 people who are infected with HIV each day are between the ages of 15 and 24<sup>4</sup>
- every year, one adolescent in 20 contracts a sexually transmitted infection<sup>5</sup>
- one in ten pregnancies occurs among adolescent girls<sup>6</sup>
- about 6,000 girls are subject to genital mutilation each day.<sup>7</sup>

### What can be done?

Ensure a multi-sectoral approach to service provision by co-ordinating the sectors of protection, health, community, skills building and education.

Gather information about cultural norms relating to sexual relationships, current practices, services available to young people, perceptions of service providers and young people's perceptions of their reproductive health needs.

Understand the cultural sensitivities surrounding the provision of reproductive health information and services to young people.

Identify and encourage peer leadership and communication.

Guarantee privacy and confidentiality.



Definitions (WHO, UNFPA, UNICEF 1998)  
Adolescents 10-19  
Youth 15-24  
Young people 10-24

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### Technical resources

Technical resources  
Contraceptive Guidelines for Refugee Settings, John Snow International, 1996

Five Day Training Program for Health Personnel, Reproductive Health Programming in Refugee Settings, CARE on behalf of the RHR Consortium, April 1998

One Day Awareness Building Module Intro to Reproductive Health for Refugee Settings, CARE on behalf of the RHR Consortium, April 1998

Refugee Reproductive Health: Needs Assessment Field Tools, RHR Consortium, 1997

The Reproductive Health Kit for Emergency Situations, UNFPA, 1998

Reproductive Health in Refugee Settings: An Inter-Agency Field Manual, UNHCR/UNFPA, 1999

Setting Priorities in International Reproductive Health Programmes: A Practical Framework, Columbia School of Public Health, 1996

### Further reading

Applying Best Practices to Youth Reproductive Health, Nancy Newton, John Snow International (JSI)/SEATS, 2000

How to Guide: Reproductive Health Education for Adolescents, UNHCR/IRC, 1998

The Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: A Review Update, UNAIDS, 1998

Making Reproductive Health Services Youth Friendly, Judith Senderowitz, FOCUS, 1999

Untapped Potential: Adolescents Affected by Armed Conflict, Women's Commission for Refugee Women and Children, 2000