Who are we failing?

How marginalisation and vulnerability affect adolescents’ needs for and access to SRHR
RESEARCH QUESTIONS

1. What factors increase adolescents’ marginalisation and vulnerability in the context of SRHR?

2. How can we respond?
   • Role of service delivery methods
   • Role of policies
   • Role of funding mechanisms

Methods:
• Literature review
• Qualitative interviews
Why focus on hard to reach adolescents?

• 100 million adolescents who are out-of-school
• 15 million adolescent girls who give birth every year
• 2.5 million adolescents who undergo unsafe abortion every year
• 6,000 young people who become infected with HIV every single day
• 1 million under 18yrs who become involved in transactional sex every year
## FACTORS INCREASING MARGINALISATION AND VULNERABILITY

### Typology of marginalisation and vulnerability

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender and associated norms</td>
<td>Child brides; unmarried sexually active females; survivors of gender-based violence; females in conservative or patriarchal religious communities; or males.</td>
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<tr>
<td>Socio-cultural status</td>
<td>Ethnic minority, indigenous or ‘closed’ religious/cultural communities; unmarried mothers; out-of-school; orphans; in/released from prison/remand homes; or people that use drugs.</td>
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<tr>
<td>Socio-economic status</td>
<td>Live in poverty; have low literacy/dropped out of school; have been trafficked; are migrants; are child labourers; are heads of households; are engaged in transactional sex; live or work on the streets; or are in informal labour.</td>
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<tr>
<td>Geographic location</td>
<td>In rural areas; in urban slums; in nomadic communities; or displaced.</td>
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<tr>
<td>Health status</td>
<td>Pregnant; have physical or mental health disabilities; are living with HIV; or are survivors of sexual abuse or violence.</td>
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<tr>
<td>Sexual orientation</td>
<td>Identify as lesbian, gay, bisexual or transgender; or are unsure of their orientation.</td>
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<tr>
<td>Political context</td>
<td>Live in conflict situations or refugee communities.</td>
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<tr>
<td>Legal context</td>
<td>Status or behaviour is criminalised (e.g. people that use drugs, sex workers and MSM).</td>
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KEY MESSAGE

Impact of marginalisation/vulnerability in the context of SRHR

1. Different types and/or levels of SRHR needs
2. Additional and/or stronger barriers to accessing SRHR services
3. Weaker opportunities and/or capacity to demand SRHR services

As a result, it is harder - often significantly harder - for those adolescents in greatest need to benefit from the full range of SRHR information, services and commodities that they require.
ROLE OF SERVICE DELIVERY

• **Methods**
  – Characteristics affecting ‘good practice’ and ‘marginalised adolescent-friendliness’

• **Planning and development**
  – Factors affecting access, appropriateness and good practice

• **Barriers to good practice in service provision**
ROLE OF NATIONAL POLICY

• Role of national policy and strategy
  – Need for greater attention to marginalised adolescents

• Role of national legislation and legal environment
  – Concerns about legislative barriers to access
ROLE OF FUNDING MECHANISMS

• Donor policies and priorities
  – Providing support, developing the case

• Donor leadership and harmonisation
  – Integrating hard to reach adolescents into global commitments
CONCLUSIONS

• Marginalised and vulnerable adolescents are often ‘falling through the net’

• This is due to different factors at multiple levels

• Insufficient programmes, research and advocacy that specifically focuses on the three areas of adolescence, marginalisation/ vulnerability and SRHR, and how they interconnect

• The current global context provides both opportunities and threats
RECOMMENDATIONS

- ‘Know your adolescent SRHR’
- Address systemic barriers
- Mainstream
- Support advocacy

- Increase participation
- Make it a mark of success
- Recognise it as ‘money well spent’
“One of the priorities in family planning programmes should be access without shame or guilt. In general, there are very high levels of stigma and discrimination in health services such as family planning. And the needs of minorities are not addressed. We need to widen our view: to see services through a justice lens.”
Sarita Barpanda, Country Programme Advisor, Interact Worldwide, India