AN ECOLOGICAL APPROACH TO VYA PROGRAMS: A CONCEPTUAL MODEL

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An ecological framework for adolescent health (Blum et al 2012)
Policies, other macro factors

Neighborhood

School

Family

HEALTHY VYAs

> Academically engaged
> Physically and mentally healthy
> Emotionally and physically safe
> Positive sense of self including emerging gender and sexual identities
> Decision-making and life skills
“I CAN’T BELIEVE THAT I THOUGHT WHAT WAS GOING ON WITH MY BODY WAS LIKE A CURSE, BECAUSE I DIDN’T LIKE MENSTRUATION, IT was not normal.”
“I AM NOT HAPPY THAT MY BODY IS CHANGING INTO A MAN’S BECAUSE I DON’T KNOW HOW TO BEHAVE AS AN OLDER PERSON, I STILL FEEL LIKE A CHILD.”

BOY, 13, UGANDA
“MENSTRUATION MAKES GIRLS INFERIOR TO BOYS.”

VYA GIRL, MADAGASCAR

“BOYS ARE STRONGER THAN GIRLS. GIRLS ARE THE WEAKER VESSEL.”

VYA BOY, NIGERIA
LIFE FOR BOYS AND GIRLS IS NOT EQUAL IN OUR COMMUNITY. BOYS HAVE FREEDOM, BUT OUR PARENTS DO NOT ALLOW OUR SISTERS TO GO OUTSIDE HOME. BOYS CAN PLAY GAMES, WHILE GIRLS HAVE TO LOOK AFTER HOUSEHOLD CHORES. BOYS SHOULD DO BOYISH WORK, NOT GIRLISH WORK. IF PEOPLE IN OUR COMMUNITY SEE BOYS DOING GIRL’S WORK, THEY LAUGH AT THEM. THEY ARE BELIEVED TO BE INFERIOR.”

VYA BOY, NEPAL

FAMILY & NEIGHBORHOOD
“I HAVE TO MAKE HER UNDERSTAND THAT SHE HAS TO BE WELL-BEHAVED, COME HOME ON TIME AND NOT BEHAVE IN WAYS TO GET PREGNANT. YOU ARE ALWAYS CONCERNED AND ARE ONLY REALLY AT EASE WHEN THEY GET MARRIED. THEN AT LEAST NO ONE WILL MAKE FUN OF YOU.”

MOTHER OF VYA GIRL, RWANDA
“WORKING WITH VYAs HAS MADE ME REALIZE GAPS THAT EXISTED IN MY OWN HOUSE. GENDER ROLE WORK MADE MY PERCEPTIONS SHIFT, AND IT ALSO MADE MY WIFE UNCOMFORTABLE AT POINTS WHEN I WANTED TO TAKE ON WIFELY CHORES, LIKE DOING DISHES. SHE FELT IT ENCROACHED ON HER ROLES.”

MALE NGO WORKER, UGANDA

FAMILY & NEIGHBORHOOD
“IF THE SCHOOL SYSTEM DISCRIMINATES AGAINST GIRLS, OR THE SCHOOL ENVIRONMENT OR TRAVEL TO SCHOOL ARE UNSAFE, YOUNG GIRLS MAY BE WITHDRAWN, INCREASING THEIR RISK OF PREMARITAL SEX OR EARLY MARRIAGE.”
“I AM SURPRISED AT HOW INSENSITIVE UGANDA POLICY MAKERS AND SERVICES ARE TO ADOLESCENTS, INCLUDING VYAs. NEITHER PARENTS NOR HEALTHCARE PROVIDERS TALK TO VYAs. THEY ARE LEFT GATHERING INFORMATION FROM THEIR PEERS AND MEDIA OUTLETS.”

UGANDA NGO STAKEHOLDER

POLICIES
TO BUILD A FIRM FOUNDATION FOR LATER SRH & SRH INTERVENTIONS

At this life phase, focus on:

• Positive body, fertility, and gender awareness, decision-making and communication skills, self-respect and respect for others

• Rather than a narrow focus on sexually transmitted infections (STIs) or pregnancy prevention

• **Knowledge is important but not sufficient** to navigate puberty successfully.

Recognize the enabling environment across social layers to **sustain** VYAs’ healthy transitions:

• Family, neighborhood, structural (school and health institutions)

• **Macro level**
“Until practitioners in health, education, and social protection understand what makes VYA-focused programming different than older adolescent programming, it will be difficult to advance VYA initiatives.”

Uganda stakeholder/national technical ASRH advisor
OUR CALL-TO-ACTION

“[We need] a paradigm shift away from simply thinking about how best to deliver information and services to adolescents who want and need them, towards a more global view of prevention and harm reduction that begins at the societal level and filters down through multiple institutional layers to the individual.”

WHO technical consultation on VYAs, 2010

“[We need] a portfolio of research on the very young adolescent age group, with the goal of helping researchers and programmers ‘do the research that will lead to guidelines, to policy, and to actions.’”

Dr. Marlene Temmerman of WHO, Inter-Agency Youth Working Group & IRH technical consultation on VYAs, 2013