

# Work with Young Refugees to Ensure Their Reproductive Health and Well-being:

## It's Their Right and Our Duty.

A FIELD  
RESOURCE FOR  
PROGRAMMING  
WITH AND FOR  
REFUGEE  
ADOLESCENTS  
AND YOUTH

REFUGEE\* YOUNG PEOPLE HAVE  
REPRODUCTIVE HEALTH NEEDS THAT  
CALL FOR YOUR ATTENTION NOW

### Globally:

- Every minute, six young people under the age of 25 are infected with HIV, and overall, more than half of all new HIV infections worldwide occur among people aged 15 to 24.
- Over 11 million young people have been orphaned by HIV/AIDS in Africa, leaving millions of adolescents to head households.
- Adolescents, especially girls, are primary targets of sexual violence and exploitation, and they may be exposed to potentially harmful traditional practices. For example, every day, 6,000 girls are subjected to female genital mutilation.
- Early and unwanted pregnancy may lead to dangerous childbirth or unsafe abortions. In developing countries, maternal mortality is five times higher among girls under 18 than among women 18 to 25.

### For refugee young people, these and other conditions may be dramatically worse:

- Refugee adolescents – especially girls – may face increased exposure to Sexually Transmitted Infections (STIs), including HIV/AIDS, as they are targeted for sexual violence and exploitation by fighting forces, peacekeepers and others and as girls and boys may increasingly have sex at a younger age without prevention information.
- Tens of thousands of refugee young people have lost or are separated from their parents or families as a result of war. They are particularly at risk of being sexually enslaved and forcibly recruited by combatants; compelled into prostitution; or forced into early marriages.
- These and other factors increase the number of early, unwanted and dangerous pregnancies and other health problems among refugee girls, who have little access to health care services.
- Despite international and institutional commitments to ensuring refugee young people's right to health, few programs exist to address their health needs specifically, and useful links between program sectors are not consistently made.

**We need to do more now.**

\* This document uses the word "refugee" to refer to both refugees and internally displaced persons. Refugees are persons who have fled their homes and crossed an international border, while internally displaced persons have been forced to flee their homes but remain within the borders of their own country.



Judy A. Benjamin



Marie de la Soudiere

## YOUNG REFUGEES HAVE SPECIAL REPRODUCTIVE HEALTH NEEDS AND RIGHTS THAT ARE LINKED TO ALL SECTORS OF HUMANITARIAN RESPONSE

**Adolescent refugee girls** are more likely to miss out on education opportunities than boys and younger children. Among other things, Mary and other adolescent girls need adequate protection, sanitary supplies, well-lit passages, private latrines and parental understanding and support to secure their right to an education.

**Thousands of refugee** young people need protection, education and jobs to end and prevent prostitution and sexual abuse and the enormous physical and emotional suffering that go along with them. They also need safe access to water, food and other supplies and services. Survivors of sexual violence need medical care, community support, constructive activities and, at times, counseling.

**Former child soldiers** including girls, need education, jobs, health care and community support to help them recover from their experiences. These and other refugee young people need and have a right to full access to “friendly” health care services and information about family planning, safe motherhood, how to protect themselves from disease, as well as relationship and other life skills.

**Adolescent Girls’ Ability to Control their Reproductive Health Affects Their Education** – Mary, 14, is a refugee from Sierra Leone. She stopped attending school last year when she began to mature physically. “My parents told me, ‘It is not safe for a big girl to go to school,’ and ‘You need to get married soon,’” Mary said. “They are afraid I’m going to get raped on the way by men, soldiers or boys or that I’m going to get pregnant in school. In fact, these things do happen to some girls, but I still miss school. I wanted to be a doctor one day. Now my brothers get to go, but I have to stay at home.” Mary also said that even when she did go to school, she often missed class. “I have one dress to wear, and when I had my period, it was difficult to avoid embarrassment,” she said. “There was only one latrine nearby for both boys and girls, and the door was broken off.”

**Lack of Protection and Care Is Linked to Sexual Exploitation and Abuse** – Mae was abducted and trafficked into Thailand from her home in Burma when she was thirteen. She was forced to work in a brothel run by a Thai, serving both Burmese and Thai men. When she refused her first customer, she was coerced, her “deflowering” bringing a higher price to the superintendent. She was transferred to another brothel, used by many men and then dumped in a field, where she was again repeatedly raped. Vomiting blood and bleeding from her vagina, she made her way to the roadside where police found her and returned her to a brothel, where she was shackled. Tens of thousands of girls like Mae flee persecution or are trafficked to Thailand and are not recognized as refugees. They live without protection or services, and few programs exist to prevent their sexual abuse or aid their recovery.

**Forced Recruitment and Lack of Health Information and Care Are a Lethal Mix** – Moses, 17, and a former child soldier from Uganda said: “When they took us away, many of the girls were raped and forced to become the ‘wives’ of rebel commanders. They also forced us to rape. I got a girl pregnant, but the baby died in the poor conditions of the bush. We are all afraid we got many diseases in captivity, but health care back here in the IDP camp is not good. There isn’t enough medicine, and girls especially are afraid to go for care. They are ashamed and cannot pay. Some boys are raping girls in the camps, and some young people are having sex willingly. Many girls are getting pregnant very young, and they are not going to the doctor until the last minute. Some die giving birth. The girls are already malnourished and cannot care for their children, and many die very young.”

**No matter what kind of humanitarian project you are working on** – water and sanitation, shelter, education, health, psychosocial, gender-based violence, income-generation – young people’s reproductive health is connected to, and/or depends upon, your work.

Refugee young people’s reproductive health relates directly to their well-being in other areas of their lives. These linkages must be increasingly identified and urgently addressed across programs to improve their lives overall.

**What’s happening to the young people in your environment? How can you help?**



UNHCR/B. Press



Holly Myers

## SUPPORT THE STRENGTHS OF REFUGEE YOUNG PEOPLE - DON'T JUST SEE THEM AS PROBLEMS

It's true that without a positive and productive sense of purpose during the upheaval of armed conflict, young people may be in deep despair. They may become vulnerable to those who seek to manipulate them, pulling them into the conflict and exploiting and harming them in other ways. Without sufficient education, livelihood, leisure, friendship and family support, they may turn to drugs, risky sexual behavior and violence.

However, while young people suffer greatly, they also show great strength as they actively cope with their circumstances. They are creative, energetic and important agents for constructive change among their peers and within their communities. Too often though, their contributions are taken for granted, and their capacities go unsupported. Young people have a right and need to participate in decisions that affect them, and their involvement will ensure a better likelihood of interventions for them being accepted and effective. Adults must often be sensitized to support young people's leadership. Men and boys in particular may also need to be sensitized to the issues facing women and girls to promote gender equality and the full involvement of women and girls in community action.

### Young People's Reproductive Health Problems Include:

- Early and unwanted pregnancy
- Complications of pregnancy and delivery
- Maternal mortality
- STIs, including HIV/AIDS
- Unsafe abortions
- Rape, forced marriage, sexual enslavement and other forms of sexual violence
- Genital mutilation

### Young People's Basic Reproductive Health Needs and Rights Include:

- Information on sexuality and reproductive health, including HIV/AIDS
- Access to family planning services
- Access to comprehensive antenatal, safe delivery and postpartum services
- Confidentiality, privacy and respect when seeking and receiving services
- Prevention of unsafe abortion and access to post-abortion care
- Access to quality STI prevention and services
- Freedom and protection from sexual and other gender-based abuses and access to appropriate services

### Identifying Refugee Young People

- Children 0-17 (Convention on the Rights of the Child)
- Adolescents 10-19 (UNFPA, WHO, UNICEF)
- Youth 15-24 (UNFPA, WHO, UNICEF)
- Young People 10-24 (UNFPA, WHO, UNICEF)

The definitions of children, adolescents and adults vary from culture to culture, marking physical, social and other changes in their lives. Field workers must adapt the definitions they use to suit the specific refugee situation in which they are working. Whether an adolescent has assumed the roles and responsibilities of an adult, for example, is a reflection of the culture and the refugee situation. When working with young people, the cultural, ethical and religious values of the refugee community must be recognized and addressed. Adolescents should be given particular attention, as they are commonly left out of most humanitarian interventions for both children and adults, despite their distinct needs and rights.

**“If we're going to prevent HIV, drug use, teen pregnancy and sexual violence, young people need to take the lead.”**  
~Bashkim, 16, Kosovo



Holly Myers



UNHCR/A. Holmann



**For more information on topics covered in this resource or to obtain copies of the resources listed, contact:**

**Reproductive Health for Refugees Consortium**  
Contact the Women's Commission for Refugee Women and Children  
[www.rhrc.org](http://www.rhrc.org)

**UNAIDS, Joint United Nations Program on HIV/AIDS**  
20, avenue Appia  
CH-1211 Geneva 27  
Switzerland  
[www.unaids.org](http://www.unaids.org)

**UNFPA, United Nations Population Fund**  
220 East 42nd Street  
New York, NY 10017  
[www.unfpa.org](http://www.unfpa.org)

**UNHCR HQS, Health and Community Development Section**  
CP 2500, CH-1211 Geneva  
2 Dépôt, Switzerland  
[HOTS00@unhcr.ch](mailto:HOTS00@unhcr.ch)  
[www.unhcr.ch](http://www.unhcr.ch)

**Women's Commission for Refugee Women and Children**  
122 East 42nd Street  
New York, NY 10168-1289  
tel. 212. 551. 3111 or 3088  
[wcrwc@womenscommission.org](mailto:wcrwc@womenscommission.org)  
[www.womenscommission.org](http://www.womenscommission.org)

**World Health Organization**  
Department of Reproductive Health and Research  
1211 Geneva 27, Switzerland  
fax: 41.22.791.41.89  
[www.who.org](http://www.who.org)

## GUIDING PRINCIPLES IN WORKING WITH REFUGEE YOUNG PEOPLE TO ENSURE THEIR REPRODUCTIVE HEALTH (RH) AND WELL-BEING

- Identify key points of entry for addressing young people's RH and other concerns, and implement programs with and for them using approaches that foster interventions across sectors that are mutually supportive.
- Collect and improve the quality and monitoring of age-, culture- and gender-specific information about refugee populations that clearly identifies refugee young people.
- Utilize adolescent- and youth-centered assessment tools, and involve all partners, including young people in adolescent- and youth-focused RH and other needs assessments, as well as program design and implementation.
- Develop achievable goals for RH and other work with refugee young people and qualitative and quantitative tools to measure achievements toward these undertakings.
- Place the protection of young people and their rights at the center of programming and policy initiatives.
- Take local cultural norms into account when programming, and where effective and appropriate, incorporate local traditions in programming for young people.
- Identify adolescents' capacities, not only their problems, and prepare them for leadership roles within their communities by supporting their capacities for constructive self-organizing and programming with adult support.
- Ensure all staff working with young people are trained in child rights and issues related to their RH and other needs.
- Promote gender equality and appropriate responses to girls' and boys' specific RH and other needs, including by sensitizing men and boys to women's and girls' issues.

## UTILIZE EXISTING RESOURCES ON REFUGEE YOUNG PEOPLE

**Information for this field resource was derived from the following sources:**

- *Adolescent Reproductive Health in Refugee Settings*, a fact sheet, Marie Stopes International for the Reproductive Health for Refugees Consortium, London and New York, May 2001.
- *Adolescent Reproductive Rights*, Center for Reproductive Law and Policy, February 1999, [www.crlp.org/pub\\_art\\_icpdado12.html](http://www.crlp.org/pub_art_icpdado12.html).
- *Guidelines for HIV Interventions in Emergency Settings*, UNHCR/WHO/UNAIDS, Geneva, 1996.
- *Handbook for Emergencies*, Second Edition, UNHCR, 1999.
- *Refugee Children: Guidelines on Protection and Care*, UNHCR, 1999.
- *Reproductive Health in Refugee Situations, An Inter-agency Field Manual*, UNHCR, 1999.
- *Resource Packs of Action for the Rights of Children (ARC)*, UNHCR and ISCA, 2001.
- *Sexual Violence against Refugees: Guidelines on Prevention and Response*, UNHCR, 1995.
- *Third Inter-regional Programming Group Meeting on Young People in Crisis*, UNICEF, New York, February 2000.
- *Untapped Potential, Adolescents Affected by Armed Conflict*, Women's Commission for Refugee Women and Children, New York, January 2000, [www.womenscommission.org](http://www.womenscommission.org).

## DOCUMENT AND SHARE YOUR OWN EXPERIENCES ADDRESSING REFUGEE YOUNG PEOPLE'S RH

Work with Young Refugees to Ensure Their Reproductive Health and Well-being: It's Their Right and Our Duty, A Field Resource for Programming With and For Adolescents and Youth was created by the United Nations High Commissioner for Refugees (UNHCR) and the Women's Commission for Refugee Women and Children under the auspices of the Inter-agency Working Group on Reproductive Health in Refugee Situations and with support from the United Nations Foundation/United Nations Fund for International Partnerships. It is for individuals and groups working with refugees and supports improved knowledge about and responses to reproductive health and other concerns of refugee young people. Comments on the materials are welcome and will be incorporated into future versions.



# CHECKLIST OF PROGRAM STRATEGIES FOR ENSURING REFUGEE YOUNG PEOPLE'S REPRODUCTIVE HEALTH AND WELL-BEING

## Take A Comprehensive Approach to Reproductive Health Work with Young Refugees

Comprehensive, adolescent- and youth-centered approaches to programming that recognize the links between sectors are critical to ensuring the protection, care and development of young refugees, including their reproductive health.

### MAKE SURE TO:

- Use rights-based and gender-sensitive approaches to programming.
- Identify and address multiple layers of vulnerability, including preexisting and emerging “risk factors,” such as trafficking or rising HIV/AIDS and poverty.
- Utilize “multi-sectoral” approaches that support links between health, protection and psychosocial services, as well as education and employment programs for young people.
- Recognize and work with young people as constructive resources, viewing them as solutions rather than problems.
- Involve refugee young people in actions to voice and address their concerns, and as possible, include young people from surrounding local communities.
- Use existing training and other material resources.
- Promote constructive community and family involvement with young people, identifying and incorporating positive cultural, economic, social and religious factors.

## Determine Young People's Reproductive Health and Other Needs and Strengths

Assessments of the situation of young people must involve them directly. They must not only identify harmful factors and sources of their vulnerability, but also their capacities and protective resources in their community.

### MAKE SURE TO:

- Determine from health care workers, parents, adolescents and others the prevalence and causes of reproductive health problems, such as teen pregnancy, maternal mortality, STIs and genital mutilation.
- Identify the range and causes of harmful factors facing adolescents, including those that affect their reproductive health, such as the prevalence of HIV/AIDS, exposure to sexual violence and exploitation, poverty, lack of parents or family, etc.
- Find out if adolescents have access to emergency or other reproductive health care – professional or traditional – and if not, why not. If so, identify any gaps in the provision of and access to services for young people.
- Identify community-based or other interventions being undertaken specifically for adolescents and youth.
- Determine how all interventions for refugees affect young people, specifically their reproductive health.
- Find out how young people are currently surviving. What destructive and constructive activities are they engaged in?
- Assess young people's connections to their families and communities to identify key protective factors, such as the existence of supportive parents and teachers.
- Build these assets into programming efforts to address the needs identified, and work creatively to turn destructive coping or survival skills into constructive ones.

## Identify and Involve Refugee Young People

Program interventions must fully account for young people among the population and respond to their locally defined roles and responsibilities. Young people need and have a right to participate in decisions that affect their lives. Their participation must go beyond consultation to real leadership. Among other things, their personal decisions, or behavior, greatly affect their reproductive health.

### MAKE SURE TO:

- Identify adolescents and young adults among refugee populations, improving and using data collection methods that provide a complete picture of age and gender groupings.
- Ask refugee and host community young people and adults what marks girls' and boys' passage from childhood to adulthood and what their societal roles are, traditionally and currently.
- Incorporate these findings in your reproductive health and other work with young people.
- Assess current levels and the nature of young people's participation in community, family, NGO and other decision-making and activities.
- Don't just consult young people, involve them directly in decision-making at all levels and stages of policy formation and program design, implementation, monitoring and follow-up.
- Ensure adolescents and youth representing a range of young people's experiences and circumstances are invited, present and actively participating in your program planning meetings.
- Secure supportive adult guidance and reassurance for adolescents as they seek to increase their capacity for participation.
- Identify and work with community-based organizations, such as women's, youth, religious and other organizations in carrying out work with and for young people.
- Utilize peer-to-peer approaches, and include young people in all community outreach projects, including for health.
- Support young people's initiatives, such as youth centers, youth newspapers, radio shows, recreation, creative projects and advocacy groups, integrating health awareness and good practice.



**Don't just consult young people, involve them directly in decision-making at all levels.**

## Ensure A Safe and Supportive Environment

Serious reproductive health problems for young people emerge due to lack of protection, especially from sexual violence committed against girls.

### MAKE SURE TO:

- Work with youth, UNHCR and all concerned partners such as NGOs, security forces and community members to identify, prevent and monitor young people's distinct protection concerns, paying particular attention to: abduction and forced recruitment; sexual violence and exploitation, including sexual slavery, prostitution and forced early marriage; domestic violence; adolescent-headed households; unaccompanied minors or separated children; and girls.
- Recognize that threats to young people, including rape and other forms of sexual violence, may come from international and local humanitarian staff, and establish and reinforce clear guidelines for interaction with adolescents.
- Set up confidential reporting systems for young people to report gender-based violence, and ensure that data is continuously monitored and used to inform protection and other services for survivors, as well as prevention efforts.
- Support community initiatives for the recovery of sexual violence survivors so that they are not stigmatized.
- Uphold and promote international and national legal standards and institutional policies to protect the rights of young people, promoting a climate of violence prevention.
- Train security, humanitarian and peacekeeping personnel, and sensitize adolescents and adults in gender and child rights issues.
- Promote gender equality and girls' and women's protection, in part through work with men and boys to raise awareness about women's and girls' needs and rights.
- Develop youth and community awareness about safety measures and constructive interaction with security staff.
- Demobilize and reintegrate all child soldiers, including girls.
- Secure youth and community support for young people's protection and psychosocial recovery, reinforcing local traditional values that serve to protect them.
- Provide young people with recreation and counseling opportunities to support their recovery, including games, dance, music, group and individual therapy, cleansing and other traditional rituals, drawing, drama, crafts and more.

## Ensure Young People's Right to Education

Young people should receive information about reproductive health, sexuality and other issues at school or through other activities reaching out-of-school young people. Education also helps ensure the protection of all young people.

### MAKE SURE TO:

- Determine how many adolescents and youth are in school, including any differences in boys' and girls' attendance and the level of education required.
- Determine whether young people have access to information about reproductive health in or out of school.
- Identify social taboos or other barriers to young people obtaining education, including about reproductive health, and young people's suggestions for overcoming them.
- Ask young people what kinds of formal, non-formal, vocational or other education they are most interested in.
- Ensure the safety of girls and boys on their journey to and from school and their protection from sexual and other violence in school.

- Provide separate or private toilets at school and sanitary supplies for girls.
- Improve curricula and train teachers, youth and other community members to educate young people on reproductive and other health issues, including HIV/AIDS.
- Create opportunities for group discussions, confidential counseling or other creative activities for young people to consider reproductive health issues in schools or other places of learning and interaction.

## Promote Young People's Livelihood

Livelihood opportunities are particularly important to preventing recruitment, prostitution, criminality and other protection and security problems that affect young people's reproductive health. They help build their self-esteem, provide hope and assist in their survival and psychological recovery during conflict.

### MAKE SURE TO:

- Identify what livelihood activities young people are currently involved in.
- Identify to what degree young people are economically responsible for themselves and their families.
- Provide young people skills training, apprenticeship and other education opportunities that lead to employment.
- Make credit and loans available to young people.
- Teach young people and parents basic business skills.
- Support income-generation activities and other livelihood interventions for young people, according to their interests and concrete community needs.
- Recognize and respond to the particular needs of girls, the disabled, heads of household, young mothers, orphans, former child soldiers, out-of-school adolescents and sexual violence survivors in targeting livelihood support.

## Ensure Access to Health Care

Young people are often assumed to be relatively disease-free, yet they are very much at risk of common diseases and at great risk of STIs, including HIV/AIDS; early pregnancy; and alcohol, tobacco and drug abuse.

### MAKE SURE TO:

- Identify the number of adolescents and youth accessing community and institutional health services and the nature of their needs, and develop institutional protocols for collecting data disaggregated by age and sex.
- Assess the knowledge and practices of young people concerning reproductive and other health issues.
- Train adolescent and youth community outreach workers to identify needs and encourage young people's access to health services.
- Employ competent health staff who are friendly, welcoming and non-judgmental.
- Provide free or low-cost, quality health care.
- Prevent unsafe abortion with access to family planning, education, safe abortion (where legal) and post-abortion care.
- Make condoms available for the prevention of unwanted pregnancy and protection against STIs, including HIV/AIDS.
- Have flexible hours.
- Maintain comfortable facilities.
- Offer same-gender health providers.
- Be equipped to deal with issues of gender-based violence, especially sexual violence.
- Ensure confidentiality and privacy.