# **Community and Parental Participation**

#### Rationale:

Implementing agencies, health staff and adolescents may embrace ASRH programs, but these programs are unlikely to be sustainable if they do not have the support of the local community, including parents. In order to have lasting effects, a program should lead not only to changes in the knowledge, skills and behaviors of individuals (in this case, adolescents), but also to social and structural changes.<sup>25</sup> Even in emergency settings, parents and community members should be involved and consulted from the design phase of ASRH programming.

There are many ways to involve parents and the community in ASRH programming. The models for adolescent participation mentioned in the Adolescent Participation tool (PDQ-Y and YAP) all emphasize the development of adolescent-adult partnerships. These models can be adapted to involve parents and community members in identifying adolescents' SRH needs and developing and implementing programs to address those needs.

The tool illustrated below has been adapted from the conceptual framework developed by the IAWG on Community Involvement in Youth RH and HIV Prevention. The tool can be used in a group encounter with community members, parents, adolescents and health care workers at any stage during the emergency situation, although it is probably most useful after the emergency has stabilized, when planning for comprehensive RH services.

Methods used in this exercise could include brainstorming, small and large group sessions with plenary discussions or debates. Because the goal of the exercise is to identify ways to promote community and parental support for ASRH services and interventions, decisions should be made by consensus to the greatest degree possible.

The steps used in this exercise are listed below.

**Step 1:** In broad terms, identify the ASRH problems in the community.

**Step 2:** Using the results of the Initial Rapid Assessment, the Situation Analysis, or the

Comprehensive Adolescent Sexual and Reproductive Health Assessment (depending on the phase of the emergency), outline the Baseline ASRH Situation in the community and discuss how this contributes to the ASRH problem.

What factors among adolescents, parents, the community and health services contribute to the ASRH-related problem(s) in the community?

Step 3: Identify the overall goal of the ASRH program.

What would you like to ultimately achieve, in terms of ASRH in the community? What would you like to ultimately achieve, in terms of community support for ASRH? (Note: The goals may go beyond the scope of the program interventions that you will develop.)

**Step 4:** Identify the individual, structural, and social changes (outcomes) that you would like to see as a result of this program.

Individual: What are the ASRH-related behaviors and beliefs that you want to see in adolescents, parents and community members as a result of these processes?

Structural: What changes do you want to see in health services as a result of these processes? What changes do you want to see in the accessibility of services?

Social: What changes do you want to see at the greater level as a result of these processes? (changes in social norms, age- and gender-equity, accessibility of information, etc)

**Step 5:** Identify interventions that can be introduced to: (1) Increase awareness in the community of the ASRH problem and (2) promote community support for ASRH interventions.

Identify interventions that will contribute to the desired outcomes (individual, structural and social changes).

Include interventions that involve collaboration among adolescents, community members and parents.

### **ASRH Example:**

Figure 3 illustrates illustrates the process of consultation with parents, community members, health workers and adolescents in a conflict-affected community to develop a strategy addressing the ASRH problem of *adolescent girls* who are selling sex.

Discussion with community members and adolescents reveals that these girls have been separated from their families as a result of the conflict and have resorted to selling sex in order to survive.

(*Note:* In a real situation, this diagram would likely be expanded to address more than one ASRH problem.)

## FIGURE 3

### ASRH Problem (1)

Adolescent girls selling sex



# Baseline ASRH Situation (2)

From IRA and situational analysis:

Many unaccompanied adolescents in the community;

Few adult role models or supportive adults in community;

Poor understanding among adolescents of how HIV is transmitted:

Condoms not readily accessible to adolescents in the community;

Adolescent use of alcohol is common;

No RH services directed toward adolescents in the past.

# Community Processes or Outputs (5)

Community task force established to identify unaccompanied adolescents and unite them with families in the community;

Skills training for girls provided by a local NGO;

Counseling and support for adolescent sex workers provided;

Adolescent-friendly RH services provide STI treatment, HIV counseling and testing for adolescent sex workers;

Peer RH educators and condom distributors trained.

# Individual Change (4)

Adolescent girls no longer engage in selling sex.

# Structural Change (4)

Facility and communitybased RH information and services provided to adolescents;

Alternative incomegenerating activities available to adolescent girls.

## Social Change (4)

Community systems identify and support unaccompanied adolescents.

## GOALS (3)

Adolescent sexual and reproductive health in the community is improved;

Unaccompanied adolescents in the community have livelihood security.

## **SUGGESTED READING:**

1. IAWG on the Role of Community Involvement in ASRH. *Community Pathways to Improved Adolescent Sexual and Reproductive Health: A Conceptual Framework and Suggested Outcome Indicators*, December, 2007. <a href="http://web.unfpa.org/upload/lib\_pub\_file/781\_filename\_iawg\_ci.pdf">http://web.unfpa.org/upload/lib\_pub\_file/781\_filename\_iawg\_ci.pdf</a>