Addressing Vulnerable Youth and SRHR in Burundi

Introduction

Burundi is a poor, densely populated, highly fragile state that is home to 11 million people. It is a young nation where currently almost half of the population below is the age of 15. With the sustained high fertility rates – averaging six births per woman (the seventh highest fertility rate in the world) – Burundi will continue to have a large proportion of young people for the forthcoming future.

Young people, and in particular those who are vulnerable, struggle to address their SRHR needs as they confront a number of challenges: i) the long history of conflict and prevalence of poverty; ii) limited access to reliable and comprehensive SRHR information; iii) limited access to youth-friendly services; iv) limited support from parents, teachers, religious leaders and community leaders to access positive information and services; v) structurally unequal gender norms.

The combination of these problems contributes to increased risks of early and/or unwanted pregnancies, abortions, STD/HIV infections, and high levels of sexual and gender-based violence in Burundi.

The objectives of the national strategic plans of Sexual and Reproductive Health (SRHR) (Stratégie nationale multisectorielle de la santé des adolescents et des jeunes au Burundi, 2015-2019) cannot be achieved without prioritising the inclusion of youth. To be implemented successfully and capture the needs of the entire population, certain vulnerable groups such as young women, persons with disabilities (PwD) and refugees need to be given specific consideration.

Approach

This policy brief is based on the learnings from the three SRHR research projects of NWO-WOTRO (Table 1) conducted in Burundi between 2015-2019, as part of a wider three-country research programme.

Table 1: Projects in Burundi

<table>
<thead>
<tr>
<th>Short title</th>
<th>Project title</th>
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<tbody>
<tr>
<td>Disability</td>
<td>SRHR of youth and adults with disabilities in Bujumbura - Burundi (HANDI-SSR)</td>
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<tr>
<td>Empowerment</td>
<td>Empowering young women in Bujumbura to improve their SRHR and claim their rights</td>
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<tr>
<td>Sexuality education</td>
<td>Young Burundians’ tactical agency regarding sexual relations and decision making: From participatory research to evidence-based and practically relevant sexuality education</td>
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Further descriptions of each project and a list of publications are provided via the programme website: www.nwo.nl/srhr.

‘Despite the diminishment of all their various forms of capital – social and symbolic capital in particular – these teenagers exhibited quite a high degree of agency, and they found a way to use their resulting isolation as a space to rebuild themselves. Instead of accepting isolation and lost symbolic capital, teen mothers recreated their isolation as a space for resilience’

Yvette Ruzibiza, PhD student, Sexuality education project (2020)
All three research projects applied participatory, mixed methods using both qualitative and quantitative approaches. The research projects pursued the central question of how young Burundians navigate their sexuality and how they are influenced by multiple factors, with a focus on vulnerable youth. The Disability project focused on the SRHR of young people living with disability. The Empowerment project focused on young women living in poverty and at risk of early childbearing, and how they can be empowered. The Sexuality education project focused on young refugees as an additional component to their sexuality education research.

The policy brief also draws on the rich discussions from the NWO-WOTRO policy roundtable on Vulnerable youth and SRHR held at the 8th African Population Conference in Uganda in November 2019. The representatives from the three project teams were joined by policy makers and civil society organisations on the panel, and engaged in useful dialogue with stakeholders in the audience including other practitioners, policy makers and youth (including those with disability) from Uganda and beyond.

The purpose of the roundtable was to bring together the various stakeholders involved in addressing vulnerable youth and SRHR and to have an open and frank conversation on the main challenges that are affecting this target group. The roundtable allowed an exchange of good practices and experiences in the field of SRHR, based on regional perspectives, and it contributed to the development of policy recommendations that could guide in setting common agendas and jointly tackle the main challenges related to addressing vulnerable youths and SRHR in Africa. The summary of the roundtable and the full report are available.

Insights
Young women separated from their parents are highly vulnerable to early childbearing. Many young people in Burundi transitioning from childhood to adolescence are separated from their parents because they are orphans, boarding school students or working as housemaids. The research showed that they increasingly become aware of their own poverty and may seek alternative economic opportunities that are open to them. Given the lack of decent opportunities, they might opt for transactional sex rather than suffer the shame of poverty. SRHR services for young unmarried girls scarcely exist, and it is even more challenging for girls separated from their parents to access them as they do not have guardians close by. The shame associated with seeking reproductive healthcare prevents young women from using contraceptives and protection against STDs. Once pregnant, because being a young unmarried mother is stigmatised, they are often rejected by their parents. There is a cycle of conflict, poverty and dislocation from parents which continues to put young women at risk of transactional sex, sexual exploitation and unwanted pregnancies. This can lead young women further into poverty and abandonment by the family, as well as to poor SRHR outcomes.


Young people living with a disability are particularly vulnerable to early childbearing because being a young unmarried mother is stigmatised. The critical role parents play in providing information, advice and showing support to their children on SRHR, then the world instead teaches them in a cruel way.

Harris Namutebi, Network for Community Development at the 8th APC policy roundtable

‘When parents do not take the responsibility of providing accurate information and support to their children on SRHR, then the world instead teaches them in a cruel way’

Harris Namutebi, Network for Community Development at the 8th APC policy roundtable

face negative social and/or family perceptions about disability, for example being considered a curse, a punishment, a family burden or a source of shame in the community. Young people with disability therefore can face abandonment, isolation and discrimination which makes them feel further demoralised and disempowered. This exclusion exposes them to further physical and sexual violence. The SRHR needs of youth and adults with disability remain largely unmet – for example, SRHR information is not often found in sign-language or other forms of accessible communication material. Data showed that of persons living with disability, women are 4.5 times more at risk than men of being exposed to violence. There are also different types of disability – people living with mental disability were more likely to be raped than those with other types of disability. Lastly, the risk of sexual violence was correlated with age; ninety per cent of sexual violence occurred before the victim was 24 years old. (Disability project)

There is a negative tone to the SRHR messages that youth receive. Young people reported that the education and upbringing they receive focus on the negative consequences of sexual behaviour, spreading fear and anxiety amongst youth. This does not empower them in making informed choices, and they instead learn to avoid, rather than deal with, social situations. Some for example, avoid friends of the opposite sex altogether. Youth have limited knowledge but are naturally eager to learn about the normal and broad range of SRHR topics including pregnancy, menstruation, HIV/AIDS, love and sexual relationships. Vulnerable young people also strategically navigate options and chances as they emerge (for instance by dating prospective partners that have a better chance of resettling in Europe, or non-disclosure about the father of their unborn child). Even where implementation of sexuality education is suboptimal, positive results have been achieved, which shows the effectiveness of such education as well as the resilience of youth and their teachers (Sexuality education project). Parents play a crucial role. Where parents are able to communicate effectively and accurately about SRHR, vulnerable young people are able to access the SRHR information and services they need and are empowered. The critical role parents play in empowering vulnerable youth was also a recurring point among researchers and implementers at the policy roundtable at the 8th APC. Conversely, when the parents are unable to communicate such information to their children, this deepens their children’s vulnerability and puts them at high risk. Their vulnerability is further aggravated by multiple factors such as disability, dislocation and poverty. Despite the assumptions of parents and the wider community that the law is to blame for the rise in teenage pregnancies, the problem is complex, with many contributing factors. In a context where the cultural taboos on speaking of SRHR in the family remain strong, the need for alternatives is also clear. Providing sexuality education through schools, religious settings and mobile and internet communications can be additional strategies, and elder siblings, community leaders and youth peers may also play a positive role in providing information, advice and showing the way to services when parents lack the capacity.
Involving a broad range of young people, including those who are vulnerable, in addressing their needs.

When addressing the barriers youth face to accessing SRHR information and services, the active involvement of groups of vulnerable youths must be promoted. Programmes should consider how to make services and information ‘youth-friendly’, and accessible for people living with disabilities and in poverty. If young people are given a safe space, they will tell you if the opening hours are wrong, or how service providers stigmatise or empower them. It is important to involve a broad range of youth – including those living with disabilities, those displaced, and those living in poverty, and both young men and women. Such inclusive discussions and approach are essential for creating an effective and sustainable policy that covers the needs of all.

Involving parents in safeguarding their adolescent children’s health and wellbeing

When they are properly involved, parents can have a critical role in protecting, supporting, and guiding vulnerable young people so that they are more empowered. Some parents do take responsibility for providing their children with accurate information on SRHR, but many need support, for example in accessing the proper information and creating a safer atmosphere for dialogue, and providing positive communication rather than fear-based messages. One way of doing this is to demystify SRHR topics – for example, menstrual health is a normal bodily function that should be discussed openly. Practitioners have found that holding open dialogues together with young people and parents can be helpful. They can discuss topics often regarded as taboo by bringing these subjects up and encouraging open and frank conversations about what is not accepted among parents and their young adult children. Beyond parents, other actors involved in this process are schools, religious leaders, health centre workers, other community leaders, older siblings, etc. The key is ensuring that the context is safe.

Considering the compounding layers of poverty, disability and displacement that make certain youth more vulnerable to poor SRHR outcomes and address and prioritise them within programmes and policies.

Young people’s needs are complex. Vulnerability is often a compound issue: programmes and policies need to address the multiple dimensions of vulnerability – poverty, social exclusion, stigma and shame. Specifically, programme interventions need to find ways to make information compelling for both boys and girls. Programmes should also consider how to make services and information ‘youth-friendly’ and accessible for people living with disabilities.

It is important to be responsive to the overall needs of vulnerable young people. It is often difficult for marginalised youth to have access to SRHR services, and poverty further hinders their access. The programmes that combine economic empowerment with SRHR services help address this, and provide alternative pathways to transactional sex and early marriage and childbearing. Creating income opportunities for young people and building their identity can be empowering. SRHR programmes

Recommendations

Progress in SRHR will not happen without specifically addressing the needs of youth. And improved SRHR for young people will not be achieved unless the multiple dimensions of vulnerability are dealt with.

- Involving parents in safeguarding their adolescent children’s health and wellbeing
- Considering the compounding layers of poverty, disability and displacement that make certain youth more vulnerable to poor SRHR outcomes and address and prioritise them within programmes and policies

Addressing the needs of young people with disabilities have included teaching organic farming to parents so they can generate income through selling the products.

Vulnerable young people, including those with disability, refugees and young girls, must be made priority targets of health and social programmes and policies including those dealing directly with SRHR as well as those on gender-based violence and HIV/AIDS. Responding to research findings from communities that involve these youth will help national policies and programmes make an impact and be sustainable.