

Engaging Parents in Sexual and Reproductive Health: Programs for Very Young Adolescents in the Democratic Republic of the Congo



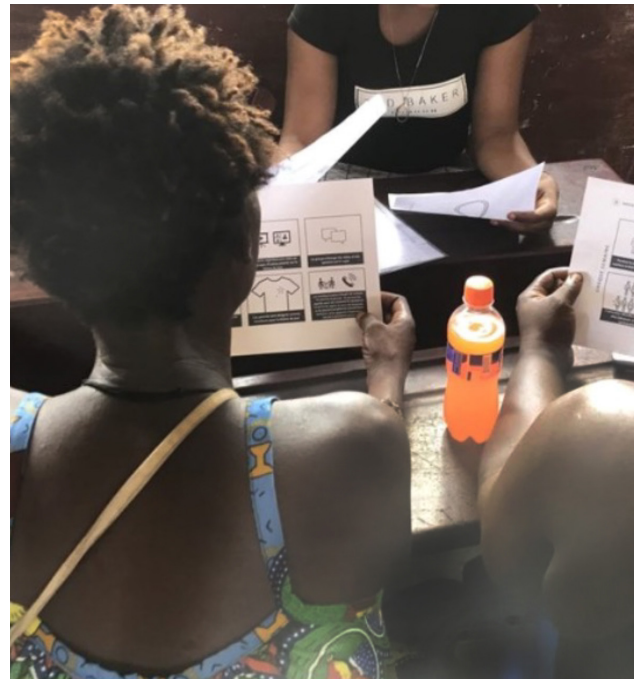
USAID
FROM THE AMERICAN PEOPLE

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE



Why focus on gender during early adolescence?

Early adolescence is a time of rapid change. Cognitive development accelerates and puberty brings both physical and socio-emotional changes. Social expectations also shift, exposing very young adolescents (VYAs) to more gendered experiences and expectations.¹ Results from the Global Early Adolescent study, a multi-country longitudinal study exploring gender socialization and its implications for adolescent health and wellbeing, demonstrate that these changes influence treatment of boys and girls from a young age and lead to distinct gendered behaviors that can be detrimental to adolescent's health.² As such, early adolescence – the time between 10 and 14 years of age – is a critical opportunity for intervention.^{3,4} Building VYAs' sexual and reproductive health (SRH) knowledge and skills and fostering more gender-equitable attitudes, behaviors and norms lays the foundation for their future health and well-being.



Engaging parents and other caregivers to create a supportive environment is a key component of successful VYA programs. A recent global review of parenting programs found that improved parent-child communication was the most important determinant of improvements in other adolescent well-being outcomes.⁵ Parent and caregiver involvement is particularly essential for programs that aim to shift or promote more equitable gender and social norms. Such programs must intervene at multiple levels and be rooted in local values and to achieve the positive social change they seek.⁶

This document shares key learnings from a human-centered design process with VYAs in the DRC and suggests three key implications for programs and policies:

This document shares key learnings from a human-centered design process with VYAs in the DRC and suggests three key implications for programs and policies:

1. Invest in activities that bring families and communities together to address gender norms
2. Explore game-based solutions
3. Integrate activities into existing community-based health platforms and organizations.

Program & Policy Recommendations

The experience of developing and testing prototypes for parent engagement within VYA SRH programs highlighted both the importance of creating intergenerational dialogue and how best to cultivate it. The work undertaken during this experience, and resulting prototypes, directly contribute to Strategic Focus 1: Improving communication about the health and wellbeing of adolescents in the PNSA's Strategic Plan for 2021-2025.⁹

1. Invest in activities that bring parents and children together to address gender norms

Co-creation activities with adolescents revealed that children deeply desire to spend time with their parents. They crave caregivers' attention and shared experiences to give them opportunities to share problems and ask for help. Prototype testing also led parents to realize that they do not know their children as well as they think. Some had trouble answering basic questions about their children's favorite foods, activities or friends during games. Overall, the HCD experience confirmed that simply providing an opportunity for parent-child interaction and discussion can be enough to improve relationships and make very young adolescents feel that their parents are resources and allies. These strengthened relationships are a prerequisite to conversations about more sensitive topics like gender, sexuality and romantic relationships.



2. Explore game-based solutions

Both adolescents and parents expressed it was important to feel at ease when discussing taboo topics. During co-creation, adolescents shared the strategies they used when having difficult discussions, like talking while watching a soccer game or cooking together. Parents, on the other hand, emphasized the importance having accurate information in order to maintain control of the conversation and advise on "correct" behavior. Games removed the pressure from parents to feel like they needed to be in charge and know all the answers, and equalized power dynamics so that parents and children alike could be curious and learn. Testing also demonstrated that, though many parents requested written SRH resources, very few had the time or inclination to use them.

3. Integrate activities into existing community-based health platforms and organizations

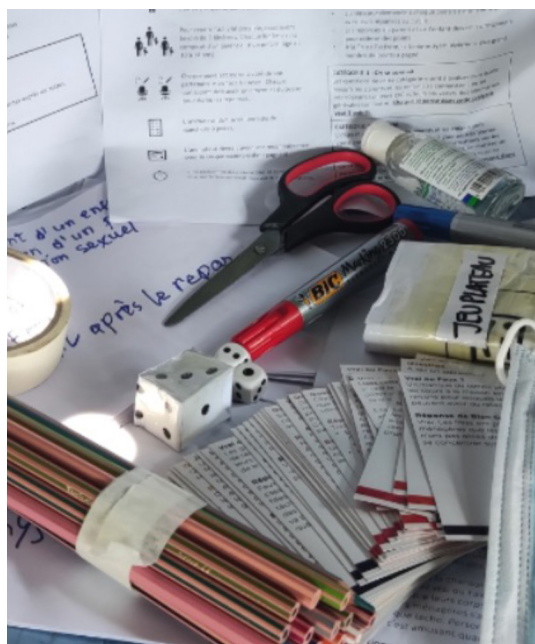
The prototypes developed through this HCD process are simple and flexible. They also build on local values and practices, such as the common refrain that "Sunday is for Church and family" and the popularity of group-based games as a means to pass time. As such, they can

be easily integrated into existing community-based programs for VYAs and parents. Parents and community influencers expressed almost unanimously during the co-creation process that churches are where they spend a majority of their free time and where they would be most likely to engage in family or intergenerational activities. Pastors and other church leaders are trusted and influential sources of information. Activities also fall within the scope of community-based health cadres such as relais communautaires (RECO) or community child protection networks (RECOPE), both of which operate under district health zones. Wherever they find their home, parent engagement activities must be accompanied by efforts to promote more equitable gender and social norms among stakeholders at other levels as well.

Next Steps

While the prototypes developed by this process are very promising, they would benefit from further iteration and testing. Additional phases for testing of more advanced prototypes (medium and high-fidelity prototypes) would provide critical information about family dynamics and dialogue, and illustrate how context affects the desirability, feasibility and effectiveness of different approaches.

Medium- and high-fidelity prototypes could be tested in collaboration with technical and financial partners with existing adolescent health or education programs, and refined before being recommended for wide scale implementation. The most promising prototype(s) to emerge from this process could be integrated immediately into Growing Up GREAT!, which is currently being scaled up by the Ministries of Education and Health, and into other community-based health programs.



References

- ¹ Blum, R. W., Mmari, K., & Moreau, C. (2017). It Begins at 10: How Gender Expectations Shape Early Adolescence Around the World. *Journal of Adolescent Health*, 61(4), S3–S4. <https://doi.org/10.1016/j.jadohealth.2017.07.009>.
- ² Moreau, C. et al. (2021). Gender and Health in Very Young Adolescents. *Journal of Adolescent Health*, 69(1), S3–S4.
- ³ Igras, S. M., Macieira, M., Murphy, E., & Lundgren, R. (2014). Investing in very young adolescents' sexual and reproductive health. *Global Public Health*, 9(5), 555–569. <https://doi.org/10.1080/17441692.2014.908230>
- ⁴ World Health Organization. (2011). The sexual and reproductive health of young adolescents in developing countries: Reviewing the evidence, identifying research gaps, and moving the agenda. Report of a WHO technical consultation. Geneva. https://apps.who.int/iris/bitstream/handle/10665/70569/WHO_RHR_11.11_eng.pdf;jsessionid=EBC86DB1A58AB4A2B9BADDCEBEE3773F1?sequence=1
- ⁵ Marcus, R., Kruja, K. and Rivett, J. (2019) What are the impacts of parenting programmes on adolescents? A review of evidence from low and middle-income countries. London: Gender and Adolescence: Global Evidence.
- ⁶ Yaker, R. 2017. Background Paper: Identifying and Describing Approaches and Attributes of Normative Change Interventions. Learning Collaborative to Advance Research and Practice on Normative Change for Adolescent Sexual and Reproductive Health. Institute for Reproductive Health, Georgetown University.

- ⁷ GEAS Wave 2 follow up Report. July 2019. Kinshasa School of Public Health, Johns Hopkins University, Institute for Reproductive Health, Georgetown University, and Save the Children U.S.
- ⁸ Growing Up GREAT! Shows Promise in Skills Development and Norms Shifting After One Year. January 2021. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID) and the Bill and Melinda Gates Foundation.
- ⁹ Programme national pour la santé des adolescents. October 2020. Plan Stratégique de la santé et du bien-être des adolescents et jeunes 2021-2025. Kinshasa, DRC : Secrétariat General du Ministère de la Sante Publique.