

***Demystifying Data:
A Guide to Using Evidence to Improve
Young People's Sexual Health and Rights***

**Presentation A
Overview of the Workshop**



Demystifying Data Toolkit

Aim of the workshop

To improve understanding and use of data when:

- analyzing priority needs of adolescents and identifying specific target groups among them
- building an advocacy strategy
- crafting messages for stakeholders and the media
- developing education, information or curricula for adolescents

Objectives of the workshop

- Present available data to support the work of those seeking to improve young people's sexual and reproductive health and rights
- Illustrate how to use data to support service provision, programming, education and advocacy to improve young people's sexual and reproductive health and rights
- Experiment with how to use the data in relation to some issues relevant for the participants' work

Expected outcomes

- Gain a clear understanding of why data are important and how the *Demystifying Data* guide can be used
- Gain familiarity with the data provided in the guide and their limits, and learn to use indicators effectively
- Understand key data related to young people's SRHR and how to use it to conduct data-driven advocacy
- Identify gaps in data and create strategies to overcome them

Four modules

- **MODULE 1** – Introducing the *guide Demystifying Data*
- **MODULE 2** – Identifying Key issues and challenges
- **MODULE 3** – Using data to address specific issues and subgroups
- **MODULE 4** – Identifying and addressing missing evidence

Day 1: Setting the scene, introducing the guide and identifying key issues

- Overview and organization of the workshop
- Getting to know each other
- Introduction to working with numbers
- Contents of the guide
- Examples of how to use the guide
- Identifying pressing issues and challenges to improve young people's sexual and reproductive health and rights

Day 2: Using data for advocacy on key issues and handling missing data

- Finding and using the right data to address specific issues and challenges
- Getting comfortable working with data for subgroups (urban/rural and wealth quintiles)
- Getting comfortable using data in advocacy
- Selecting most relevant data to convince an audience and crafting powerful messages
- Handling missing data
- Evaluating the workshop and closing

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**Presentation B
Overview of *Demystifying Data***



Demystifying Data Toolkit

DEMYSTIFYING DATA



DEMYSTIFYING DATA: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights



2013

Quick introduction to the guide

- Objectives
- Data sources
- Countries
- Structure
- Content
- Examples

Objective of the guide

To improve the sexual and reproductive health and rights of young people by making data more accessible and approachable

Contents of the guide

- Explanations of how the data may be interpreted and applied in:
 - **Service delivery and programming**
 - **Sexuality education and information**
 - **Advocacy**
- Data tables with country-specific information on youth sexual and reproductive health and rights

Data sources for the guide

Primary data source

- Demographic and Health Surveys (DHS)
 - Standardized, nationally representative
 - Enable comparisons among countries
 - Widely used and highly respected

Other sources

- U.S. Centers for Disease Control and Prevention
- UN Children's Fund
- UN General Assembly 26th Special Session on
HIV/AIDS

Intended audiences

- Service providers and other stakeholders in the health sector
- Teachers of sexuality and family life education and others working in education
- Youth advocates and their organizations
- Others who work on the SRHR of young people and need and want to understand and use data

Structure of the guide

Chapter 1: Introduction

- Context
- Purpose
- Structure

Chapter 2: Data and Methods

- Data sources
- Missing information

Structure of the guide

Chapters 3, 4, 5

- Definitions
- Applications
 - Service delivery and programming
 - Sexuality education and information
 - Advocacy
- Discussion questions

Contents of the guide

Chapter 3: Sexual and Reproductive Health

Contains 37 indicators on:

- Sexual activity and marriage
- Contraceptive knowledge, need and use
- Childbearing

Contents of the guide

Chapter 4: Sexual Rights and Gender Equality

Contains 18 indicators on:

- Provision of Sexuality education in schools
- Adults' attitudes about sexual health information
- Adolescents' self-efficacy related to sexual health
- Women's autonomy, social norms and gender equality

Content of the guide

Chapter 5: Reaching Young People

Contains 15 indicators on:

- Demographic information
- School attendance
- Exposure to media (television, radio and newspapers)

Example: definition

- ***% of sexually active, never-married women aged 15–19 who have unmet need for contraception (indicator # 32)***

“This indicator measures the magnitude of need for contraception among never-married, sexually active female adolescents. Women with unmet need are those who are able to become pregnant, but would prefer to avoid a pregnancy in the next two years or ever and are not using any contraceptive method.”

Example: application

% of sexually active, never-married women aged 15–19 who have unmet need for contraception

- Allow service providers to understand the level of need for health services
- Reveal gaps in the access to quality contraceptive services
- Provide critical evidence to make the case for increased funding for purchasing contraceptive commodities and providing youth-friendly services
- Link to other related indicators (such as % of unplanned births to women aged 15–19) to show consequences of unmet need

Structure of the guide

Chapter 6: Conclusion

- What we could do in the guide, what we could not
- What data is missing and needs for the future

Appendices (online and available on CD)

- Country-specific data tables (urban/rural and 5 wealth quintiles)
- Advocacy guide
- Indicators appendix

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Presentation C
More on indicators from Activities 4 and 5



Demystifying Data Toolkit

INDICATOR 21 (Chapter 3):

Average number of modern methods known among women aged 15–19

- Identifies urgent gaps in knowledge about how to effectively prevent unwanted pregnancy, can be used to advocate for comprehensive sex education
- May be influenced by the number of available methods: a low number of known methods may correspond to a low number of available methods; can be highlighted in arguments for additional methods to be made available

INDICATOR 15 (Chapter 3):

*Gap between first sexual intercourse and first marriage
among women aged 20–24*

- Gives the average length of time young people are sexually active prior to marriage
- Highlights the need to provide sexual and reproductive health services and information to both unmarried and married young people

INDICATOR 25 (Chapter 3):

*% of unmarried, sexually active women aged 15–19
using any modern contraception*

- Shows the extent to which young women are using highly effective methods
- Gives some sense of attitudes around modern methods (vs. traditional), which may speak to the need for education on the effectiveness and safety of various methods
- May highlight the need for improving modern contraceptive services and increasing method availability

INDICATOR 34 (Chapter 3):

% of women aged 15–19 who have ever had a child

- Gives a sense of the level of need for reproductive and gynecological health services
- Gives information about the number of young mothers who need support (and young mothers may be at heightened risk of health issues)
- In conjunction with unplanned childbearing indicators, gives information about level of and need for contraceptive use

INDICATOR 33 (Chapter 3):

% of married women aged 15–19 who have unmet need for contraception

- Illustrates the level of unmet need for contraception among young people
- May be used to make the case for increased access to and provision of youth-friendly services
- May be used to advocate for increasing young people's contraceptive options
- Highlights the need for better information for young women about how and where to obtain contraceptive services

INDICATOR 54 (Chapter 4):

% of women aged 15–49 who agree with at least one reason why a husband is justified in hitting/beating his wife

- Communicates a sense of norms surrounding gender dynamics/gender equality
- Provides a sense of the acceptability of domestic violence

INDICATOR 42 (Chapter 4):

% of women aged 15–24 who report that they could get condoms on their own

- Provides a sense of condom availability and of young women's knowledge of a source for condoms
- Provides a sense of young women's self-efficacy and perceived ability to protect their own sexual health

INDICATOR 51 (Chapter 4):

% of men aged 15–59 who agree with all three reasons why a wife is justified in refusing to have intercourse with her husband

- Provides a sense of the male perspective around the “duty” of a wife to provide sex
- Gives a small window into gender dynamics and power relationships
- Indirectly shows whether a woman is able to assert her own needs or desire (in this case to not have sex)

INDICATOR 47 (Chapter 4):

% of women aged 15–24 with comprehensive knowledge of HIV/AIDS

- Provides information about whether young women are familiar with ways of preventing HIV and are able to dispel common myths about the infection
- Gives a sense of the general level of knowledge and the gaps in important information on sexual health
- Can be used to advocate for education and public awareness programs

INDICATOR 66 (chapter 5):

% of women aged 15–19 who are exposed to the radio

- Provides information on whether radio is an effective way to reach young people

INDICATOR 58 (chapter 5):

Number of women aged 15–19

- Gives a sense for the magnitude of issues affecting this age-group
- Can be useful in giving estimated numbers (as opposed to percentages) of a particular subgroup when making a case for advocacy, education or service delivery

INDICATOR 65 (chapter 5):

Number of women per 100 men attending secondary school

- Gives a sense of for the degree to which women's education is valued and the degree to which women face gender-specific barriers to attending school
- Provides a proxy measure for gender equality in a particular country
- Can be used to advocate for young women's equal access to education

INDICATOR 64 (chapter 5): *% of men attending secondary school*

- Provides a sense of the level of attendance of young men in formal schooling
- Illustrates how many young men may be exposed to sexuality education
- May highlight the need to seek other routes to communicate sexual and reproductive health information

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Presentation D

**Common issues and challenges in efforts to
improve young people's sexual health and rights**



Demystifying Data Toolkit

Common issues and challenges

Barriers in reaching target populations

- Youth may have lower access than adults to information
- Youth may experience inequality in accessing services (when those are not free of charge)
- It may be difficult reaching those with greater needs (e.g. in rural areas)
- Lack of access to service for specific groups (e.g. unmarried women, young men)
- Social and cultural barriers

Lack of youth-friendly services

- Lack of training among key providers
- Inadequate location and hours of operation

Common issues and challenges (continued)

Knowledge gaps

- Lack of knowledge about sexual rights
- Lack of knowledge about services
- Lack of knowledge about contraception
- Lack of provision and dissemination of accurate and comprehensive sexuality education

Participation of young people

Gaps between policy and service provisions

Comprehensive sexuality education helps young people to...*

- **Acquire accurate information.** CSE covers sexual and reproductive rights, helps dispel myths, and offers references to resources and services.
- **Develop life skills.** CSE teaches critical thinking, communication and negotiation skills; self-development skills, decision-making skills; fosters young people's sense of self, confidence, assertiveness and empathy; and promotes the ability to take responsibility, ask questions and seek help.
- **Nurture positive attitudes and values.** CSE promotes open-mindedness, respect for self and others, positive self-esteem, nonjudgmental attitudes, and positive attitude toward their sexual and reproductive health.

Youth-friendly health services: A broad definition

- Community-specific focus on what young people want and need
- Understanding and respect for the realities, diversity and sexual rights of young people. For example:
 - Lack of money to pay for services
 - Difficulty in accessing services and need for confidential services
 - Stigma from the community and health workers regarding sexually active unmarried youth
 - Need for affordable contraceptive methods

Youth-friendly health services: A wide range of services

Young people need a wide range of sexual and reproductive health services, including:

- Sexual and reproductive health counseling
- Contraceptive counseling and methods (including emergency contraception)
- Abortion services
- Prevention, testing, counseling and treatment services for STIs, including HIV
- Prenatal and postpartum services
- Sexual abuse counseling
- Relationship and sexuality counseling

Youth-friendly health services: Requirements

Where possible, youth-friendly providers and facilities should...

- Provide free or discounted services to young clients
- Integrate multiple services at the same delivery point to allow for ease of access for young people
- Have set hours of operation (and take school hours into account)
- Provide a separate entrance for young people
- Employ nonjudgmental, accessible health providers
- Make sure that young people themselves are involved in determining the content, scope, and monitoring and evaluation of such services

Youth-friendly health services: Youth participation

To ensure that their service provision matches young peoples realities is very important. Youth should be asked about the barriers they encounter in accessing services and their priority needs for services.

Example of youth participation:

The Associations of IPPF in Malawi and Bangladesh supported large-scale research conducted by young researchers, who interviewed their peers on their perspectives about the greatest barriers to accessing sexual and reproductive health services.

<http://ippf.org/our-work/what-we-do/adolescents/services>

Sexual rights: The basics

Why youth sexual rights are important:

- Young people are sexual beings.
- They have sexual needs, desires, fantasies and dreams.
- It is important for all young people around the world to be able to explore, experience and express their sexualities in healthy, positive, pleasurable and safe ways.

This can only happen when young people's sexual rights are guaranteed.

Sexual rights:

A definition by young people

Youth volunteers have translated sexual rights defined in the international declaration into simple youth friendly language:

- The right to be yourself: be free to make your own decisions, to express yourself, to enjoy sex, to be safe, to choose to marry (or not) and to plan a family
- The right to know: about sex, contraception, STIs (including HIV) and rights
- The right to protect yourself and be protected: From unplanned pregnancies, HIV and other STIs, and sexual abuse

Sexual rights:

A definition by young people (continued)

- The right to have health care that is: confidential, affordable, good quality and given with due respect
- The right to be involved: in planning programs, at all levels
- The right to be free of stigma and discrimination based on gender, class, ethnicity, religion, economic status, age, (dis)ability or sexual orientation

Source : <http://www.ippfen.org/NR/rdonlyres>
C772B9C5-5752-4136-9357-40B42F45BC79/0/
Module3YourSRandwhatyoucandoaboutthem.PDF

Gender issues

There is little data that effectively captures issues related to gender issues.

- Social context and cultural norms are complex influences and can potentially act as barriers to gender equality
- Attitudes and values of both men and women are essential to address gender-based violence and discrimination:
 - Freedom to choose whether and when to marry
 - Bodily autonomy and health care decisions (including use of contraceptives)
 - Women's rights within marriage
 - School attendance among girls and young women

Sexual and reproductive health and rights issues addressed by the new Sustainable Development Goal 3

Two goals (goals 3 and 5) set specific targets in relation to SRHR

Goal 3. Ensure healthy lives and promote well-being for all at all ages

- Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

Sexual and reproductive health and rights issues addressed by the new Sustainable Development Goal 5

Goal 5. Achieve gender equality and empower all women and girls

- Target 5.1: End all forms of discrimination against all women and girls everywhere
- Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- Target 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

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Presentation E

**Data to address specific subgroups and issues:
national country tables and advocacy table**



National country tables

These tables contain national-level data and subgroup data by:

- Residence (urban and rural)
- Economic status (five wealth quintiles)
- ✓Subgroup data allows organizations to provide targeted information and services.

National country tables for 30 countries are available online at the end of the pdf version of the DD guide and in a separate pdf file.

National country tables

Economic status is represented in five quintiles:

- Poorest
- Poorer
- Middle
- Richer
- Richest

Wealth quintile is determined in the following way:

1. Households are scored according to their assets and other characteristics related to wealth status.
2. The population is then divided into five equal parts, or quintiles, according to their score.

National country tables

Example 1:

In India, the median age at first marriage for young women (indicator 14) is:

- 16.6 in rural areas
- 19.2 in urban areas

These data show greater needs for SRH services among rural adolescents than urban adolescents.

National country tables

Example 2:

In Zambia, the % of female adolescents who have had sexual intercourse before age 15 (indicator 5) is:

- 19% among those in the poorest wealth quintile
- 7% among those in richest wealth quintile

These data show that, in Zambia, the adolescents with greatest need for services are those living in low-income families.

National country tables

Example 3:

In Bolivia, the % of men aged 15–24 who know a source for a condom (indicator 44) is

- 53% among those in the lowest wealth quintile
- 89% among those in the middle quintile
- 91% among those in the richer quintile
- 96% among those in richest quintile

These data suggest that young men with the lowest income have the greatest need for information and access to services (including condoms) to prevent STIs and unwanted pregnancies.

Advocacy table

This table provides suggestions on the best indicators to use for a range of specified advocacy efforts:

- Comprehensive sexuality education
- Access to SRH services
- Gender equality
- Funding

Advocacy table

The advocacy table is organized by:

- *Indicators* (in rows), following the same order and color system as in the guide *Demystifying Data*
- *Advocacy effort* (in columns)

This allows the user to see which of the 70 indicators may be applicable to their interests and chosen advocacy efforts.

The advocacy table is available online at the end of the pdf version of the guide and in a separate pdf file).

Advocacy table

Example 1:

% of women aged 15–24 who report that they could get condoms on their own (indicator 43)

These data can be use to advocate for comprehensive sexuality education (CSE):

- Inclusion of CSE in the national school curriculum
- Inclusion of info on life skills in CSE
- Linking SRH services with CSE

Advocacy table

Example 2:

% of married women aged 15–19 currently using any contraception (indicator 23)

These data can be used to advocate for access to SRH services:

- Youth-friendly training for health professionals
- Removal of age barriers for access to SRH services
- Access to modern contraceptive methods for young people
- Establishment of youth-friendly SRH clinics

Advocacy table

Example 3:

% of men aged 15–49 who believe that if a husband has an STI, his wife is justified in asking him to use a condom (indicator 53)

These data can be used to advocate for gender equality:

- Involvement of young men in SRH programs

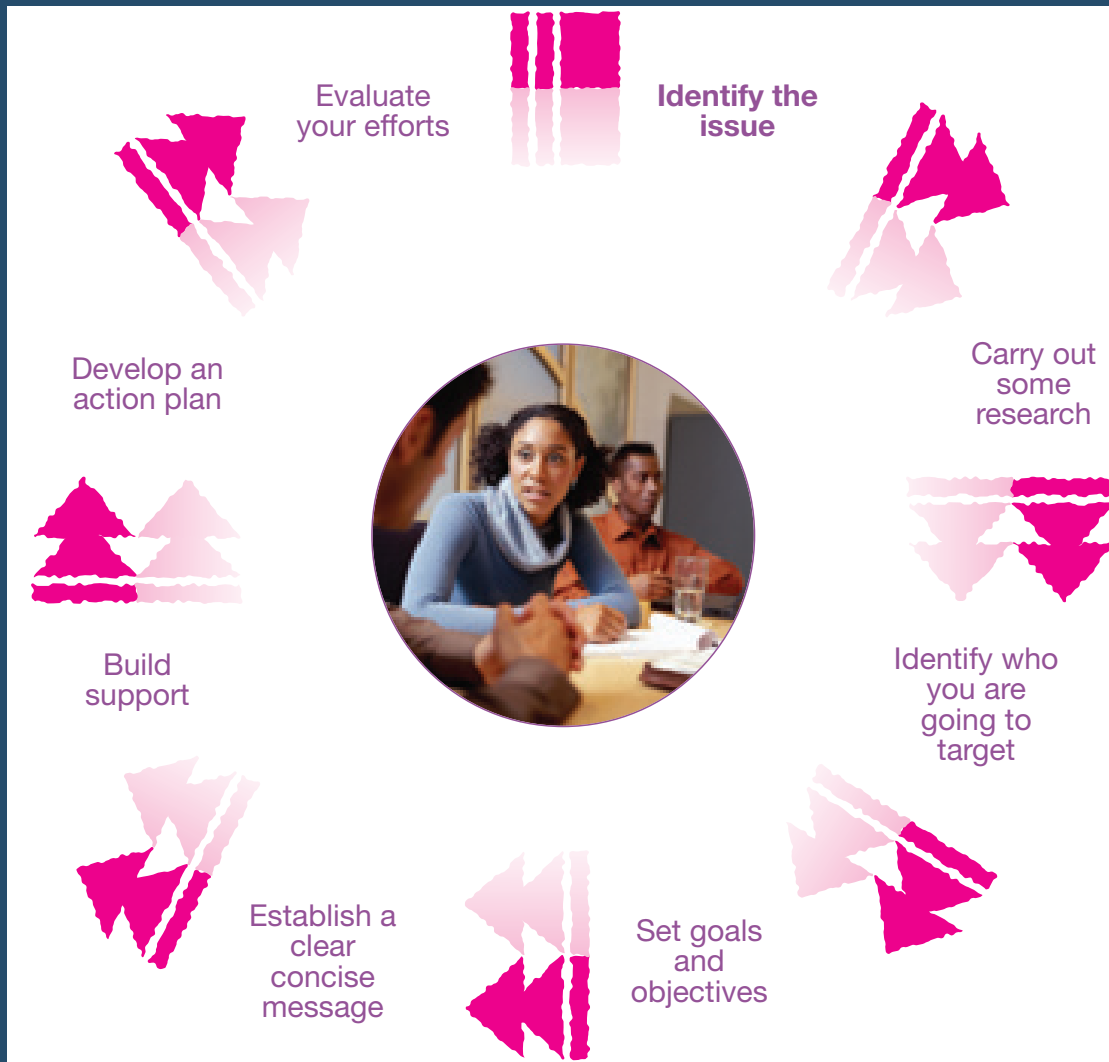
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Presentation F
Steps to developing an advocacy strategy



Demystifying Data Toolkit

8 steps to building an advocacy strategy



This presentation is adapted from the *Advocacy Toolkit* developed to equip young people with the skills to become powerful advocates for young people sexual health and rights

(<http://restlessdevelopment.org/file/final-toolkit-pdf>)

Step 1: Identify the issue

- Young people are sexually active.
- Young people are disproportionately affected by problems relating to sexual and reproductive health.
- Young people are suffering, becoming ill and dying because of inaccessibility to SRH services and supplies.
- Even when governments recognize that young people are particularly vulnerable to problems of sexual and reproductive health, they have not translated this into any specific policies.

Step 2: Carry out research, including by examining existing data

Find out the facts about the issues you identified:

- Who does this issue affect? How? And why?
- What are the consequences?
- Who is involved?
- What needs to change?

You may want to use:

- Quantitative data (example: 62% of women aged 18–24 in Uganda have sexual intercourse before age 18)
- Qualitative data (such as case studies or interviews that can help to explain the numbers available from quantitative data)

Step 3: Identify your target

Who has the power to do something about this issue?

1. Choose the stakeholders / the audience you plan to address

✓ Finding out who holds the power to make decisions or can influence them is the key to successful advocacy.

2. Who are you going to lobby?

✓ Which individuals have the power to help you to achieve your objectives?

3. Know your target.

✓ Research the decision makers who will be involved in sexual health policies and decide who you will approach and in what order.

✓ Start with firm supporters, then learn all you can about them.

Step 4: Set goals and objectives

What is a goal?

Your overall aim — what your advocacy campaign hopes to achieve in the long term.

What is an objective?

The milestones you seek to achieve along the way to help you to reach your goal.

Your objectives should be SMART (Specific, Measurable, Achievable, Relevant and Time-bound).

What about advocacy tactics?

Tactics are the activities you carry out to achieve your objectives. Make sure these match your objectives. You may want to have more than one tactic per objective.

Step 5: Establish a clear, concise message

Break your message down into:

1. Findings (quantitative or qualitative data), for example about intimate partner violence

2. Implications: These form a bridge from key findings to recommendations. Use broad statements that express a need, a direction or new information implied by the findings. In our example, one implication is the need for more information.

3. Recommendations are aimed at the decision-maker and should be SMART (Specific, Measurable, Achievable, Relevant, Time-bound).

For example: By March 2016, develop, pretest and print an information booklet about different forms of intimate partner violence and available services for victims, and distribute it to local women's groups, at doctors' offices, churches and schools.

Steps 6–8

Step 6: Build support: Create allies with a variety of organizations and individuals who can bring in their ideas, skills, connections and voice.

Step 7: Develop an action plan : The who, what, where, when and how of your advocacy campaign.

Step 8: Evaluate your efforts : Analyze the results of your advocacy campaign, learn from them and use that knowledge to feed into your future campaign so it is constantly being strengthened.

Steps 6 to 8 are important, but will cannot be addressed in a 2-days workshop. You will find more information and explanations about these three step in the advocacy toolkit mentioned at the beginning of the presentation.

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Presentation G
Missing data



Demystifying Data Toolkit

Who is missing?

The following groups are underrepresented or absent from national-level data:

- Young men
- LGBTQ
- Younger adolescents (10–14 year olds)
- Disadvantaged youth
- Unmarried women

What are the missing issues?

More information is needed on the following issues:

- Different forms of sexual activity (DHS defines sexual activity very narrowly)
- Access to information and services
- Receipt of education and services
- Knowledge and awareness of sexual rights
- Gender equality

Gaps in DHS Data: access to information and services

- Community and provider attitudes regarding adolescent sexuality
- Adolescents' knowledge and preferences regarding sources of information and services
- Logistic, social and policy barriers
- Effective models of youth-friendly services
- Access to safe abortion

Gaps in DHS Data: receipt of education and services

- Are there national guidelines that require provision of sexuality education? If so, what do they include and prohibit?
- Are young people receiving the mandated sexuality education curriculum in schools?
- What aspects of national curriculum are taught?
- Are there other sources of sexuality education and if so, what are they?
 - Parents
 - Peers
 - Community organizations
 - Health providers

Gaps in DHS Data: sexual rights

The following areas are some examples of data which would reveal whether the sexual rights of young people are realized:

- Forced marriage
- Domestic violence and abuse
- Socioeconomic and ethnic discrimination
- Enforcement of protective laws
- Knowledge of sexual rights

Gaps in DHS Data: gender equality

More in-depth information is needed in the following areas:

- Gender equality
 - Sexual activity
 - Marriage
 - Childbearing
 - Intimate/sexual relationships
- Social expectations for young women and men
 - Sexual conduct
 - Gender-based violence