Elevating Beneficiary Voices
Ethically Documenting the Needs and Barriers to Sexual and Reproductive Health of Displaced Adolescents and Youth

BACKGROUND
Ethiopia registered one of the fastest-growing internally displaced populations (IDPs) in the world in 2018. An estimated 3.2 million IDPs have been forced from their homes due to conflict, as well as climate and related food insecurity. The Oromia region is the largest host to over 1.14 million IDPs. Over 51 percent of IDPs are women and girls, and nearly 60 percent are under age 18. Crises expose weaknesses in existing health systems, impacting differentially on subpopulations—especially women, children and adolescents. This means that young IDPs of reproductive age are experiencing unique protection and health challenges in communities already strained by under-resourced public health services. Programming that is gender- and youth-sensitive is critical to address the displacement crisis and the needs of these highly vulnerable populations.

RESEARCH
There is a recognized gap in the evidence base for adolescent and youth sexual and reproductive health (AYSRH) needs in humanitarian settings. To facilitate the development of sexual and reproductive health (SRH) knowledge in humanitarian settings, PAI is piloting a research project to understand the impact of displacement on AYSRH. In collaboration with an in-country partner providing SRH service delivery, information and education, PAI seeks to elevate the voices of these beneficiaries to support best practices and contribute to the strengthening of services, as well as to inform policy and advocacy for AYSRH in humanitarian settings. Meaningfully incorporating the perspectives of young people is essential for crafting programs and policy recommendations and ensuring that initiatives and services are rights-based, practical, equitable and strategic.

METHODOLOGY
Using qualitative methods in working with young IDPs, PAI is designing a participatory research approach that takes into account protection issues, sociocultural sensitivities and the need for service referrals—including psychosocial support. Participants will be divided into focus groups by gender and age range (14-18 and 19-24 years). The project is seeking a total of 60-80 adolescents in focus groups of 8-10 youth participants. Knowing that communities hosting IDPs often face challenges as a result of population influx, as well as their own difficulties accessing services, additional focus groups with comparable age and gender cohorts from the host community will be arranged if possible. The focus group discussions with adolescents and youths will be supplemented by interviews with health service delivery professionals. Research will be completed by fall 2019, with a subsequent report for publication by end of year.

KEY CHALLENGES
This research involves a young and marginalized population. With the additional risks associated with vulnerability due to displacement, research must account for a number of ethical challenges. From protection issues to tackling sensitive and often taboo topics such as sexual and reproductive health, all the while ensuring meaningful participation, the development of a research project with this cohort requires careful planning and the questioning and revisioning of assumptions. While the research project design is currently in progress, key challenges under consideration include:

PARTICIPATORY RESEARCH: To ensure that the approach and focus group discussion questions are relevant and appropriate, PAI and its in-country partner will seek to involve adolescent and youth perspectives to inform the research design process. One option is to work with one of the focus groups to test, review and adapt questions for use with subsequent groups.

PARTICIPANT RECRUITMENT: PAI will work with a partner that has both experience with IDP adolescents and youth and existing links to SRH services. Very recently displaced IDPs may be severely limited in their ability to seek health services. This would create a barrier for the research in terms of trust and engagement and be ethically problematic.

SAFETY: Mitigating trauma and avoiding retraumatization is central, especially on research involving sexual health, gender and violence. Dividing the focus groups by age and gender and using safe spaces for discussion will help maintain safety for the participants. This is also why engaging the host community to provide balance and not appear overly partial to the displaced community is important.

POWER DYNAMICS: Partnering with an organization with existing links to the population is vital to establish trust and an open environment for sharing information. Focus group facilitators will be, if not from the community, of an appropriate age, background and language fluency.

FOLLOW-UP: The ability to meaningfully sustain this work beyond research completion is a critical component. The chosen partner has demonstrated longevity of engagement with the population, and PAI is striving through this focus group work to empower adolescents and youth to tell their own stories and engage them in advocacy beyond the end of the project.

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