

**NGO submission to the United Nations Universal Periodic Review.  
The 9th session of the Universal Periodic Review Working Group, November 2010.  
Submission of the Marshall Islands Youth to Youth in Health (YTYIH).**

## **Introduction**

The Youth to Youth in Health program was established as the promotional arm of the Family Planning Program of the Marshall Islands Ministry of Health and Environment. Envisioned by its founder, Darlene Keju-Johnson, Youth to Youth in Health was originally formed to address the rapidly increasing urban population of the islands. Unique to this program was its focus on youth education and participation, not only in terms of targeting youth to teach them the core lessons of family planning, but also utilizing the youth in spreading the messages of the program to the community and local schools through peer education trainings. In addition, the program expanded to incorporate issues of adolescent sexual and reproductive health (e.g. teenage pregnancy, STD, HIV, AIDS, and contraceptive use), substance abuse, and suicide. Using a combination of clinical interventions, counseling, peer education, and community activism/promotion, the Youth to Youth in Health organization has made a tremendous and unprecedented impact on the lives of the youth and the communities of the islands.

Since its establishment in 1986, YTYIH has proven itself to be a pioneer in the field of health education and youth empowerment. Nothing can dispute or disclaim the organization's ability to reach the youth of the Marshall Islands and its positive influence on their lives, behavior, and lifestyle. In addition, YTYIH still addresses a continuing and even increasing need in the areas of adolescent sexual and reproductive health, healthy lifestyle, suicide and substance abuse prevention and knowledge and skill attainment. These topics must continue to be addressed in order to alleviate the growing stresses rapid urbanization and population growth are placing upon Marshallese society and way of life. Also, the fast rate of westernization of Marshallese culture and customary lifestyle is increasingly affecting the ways in which Marshallese youth today identify and conduct themselves. The youth of today are developing in a period of transition, whereby the whole of the Marshall Islands is experiencing rapid and often, uncontrollable changes in all spheres; economically, socially, politically, culturally, and linguistically. Due to this fact, the youth of today have little or no consistency in their lives. Nor do they have people, or institutions, which can provide them with appropriate models of behavior and code of ethics, discipline, and moral conduct.

The youth of today are living in a period where social, political, and economic safety nets are increasingly falling apart. In the past, the "bwij" (lineage) and "jowi" (clan), provided for essentially all the needs of families and individuals. Young people knew where their place was in society and their respective roles in providing for the family. They played an integral part in the survival of the family by doing various tasks expected of them. Those who needed help were often given help from within the clan system. Today, this family-oriented safety net has fallen apart against the onslaught of rapid urbanization and all the social and economic pressures it entails. Emigration/immigration, the focus on monetary wealth, rapid population growth, political and social instability, and overall dependence on foreign aid, are all negatively impacting the cohesiveness of Marshallese society and family structure, and have contributed to a growing sense of disillusionment amongst the youth of today.

These pressures have also resulted in unrealistic expectations being placed upon the youth to quickly adapt to these changes, while little or no support mechanisms are being put in place to guide them along. Many are pressured to obtain higher education levels in a country where there are not only not enough schools to seat every student, but also where the education standards are below international and national standards. They are then expected to obtain jobs in the skilled labor sectors, but due to the lack of education and/or poor educational training, they are unable to obtain jobs. Many youth are then simply left behind, unable to keep up with the pace of changes and social adaptations needed to succeed in today's environment. As a result, the youth are

increasing becoming a lost generation, caught between an increasing irrelevant past and a more demanding future.

This lost generation is currently a litmus test for the failures of Marshallese society to address their needs and that of the society as a whole. It is this lost generation that is forming the base that is generating the rising statistics in teenage pregnancy, gang violence, STI rates, suicide, substance abuse and rates of malnutrition and its associated illnesses (nutrient deficiencies, diabetes, hypertension, cancers, etc), and other social problems. As such, addressing their needs must be of local, national and regional priority. This is especially true as the risks associated with certain behaviors and lifestyle choices are becoming increasingly dangerous, not only because our current health system is over-loaded and increasingly unable to deal with serious cases, but also because other risk factors need to be considered. The presence of HIV and illicit, hardcore drugs here in the islands are good and poignant examples. These factors, alone, necessitate the need to address the growing social problems of the islands and to target the youth in terms of both treatment and prevention.

The continuing role of Youth to Youth in Health in this endeavor is, therefore, of vital and utmost importance. The fact that Youth to Youth in Health combines a number of strategies including training programs, music, drama, counseling, school, and outer-island outreach, and clinical interventions caters to the various and diverse needs of young people, and facilitates their incorporation of the values and lessons of the organization. In addition, it provides an environment that consistently conveys the same messages throughout the entirety of the program and its affiliated activities. It is a nurturing and safe environment for youth to discuss issues which affect them the most, and gives them a platform and base of support from which they can initiate changes within their own lives, as well as of those young people around them.

Youth to Youth in Health is perhaps the only organization in the Pacific that is operated and managed by young people for young people. The success of the organization is its youth membership and the program's ability to tap into their experiences, knowledge, and creativity, and setting up a variety of programs utilizing these elements. Using drama, skits, music, songs composed and produced by the youth, and promoted via radio programs, video productions, and school/outer island/community outreach initiatives, Youth to Youth in Health has had an amazing capacity and ability to comprehensively and clearly spread its messages consistently to its targeted audience, the young and most vulnerable populations of 0-24 years old.

Youth to Youth in Health realized that further segmenting these age groups into Majuro and Kwajalein (urban) versus Outer Islands (rural) and Males versus Females was necessary to meet the diverse needs for each target segment. Primary target audience for most of the programs has been young people 10-24 years of age.

## **Market Needs Assessment**

With limited funds, resources and lack of useful data, Youth to Youth in Health invested in conducting several studies to pave a clearer path and direction in providing services on limited resources.

In 2006 YTYIH conducted an assessment of its market and was able to identify six major youth issues to prioritize in its strategic plan. Coincidentally, these closely matched the 6 major issues identified in the 2005 ADB/RMI Youth Project including high teen pregnancy rate, substance use and abuse amongst minors, increasing STI and HIV/AIDS rates amongst youth, high school drop-out rates, high youth unemployment and high suicide rates amongst youth.

A Youth Second Generation Survey was also conducted on Majuro and Ebeye in 2006 in collaboration with the Ministry of Health and SPC on 388 youth ages 15-24 years, not married and not living with a partner, and residing on Majuro and Ebeye. Significant findings were that knowledge of HIV/AIDS and STI prevention and transmission was very low amongst young people, that only 19% used a condom during last sexual encounter, that more than 60% have never used a condom, and 27% reported that they have been forced to have sex. This

stirred up the question “WHY?” After many years of ongoing health education programs why was knowledge still low and prevention precautions still not utilized.

The number of STI positive cases has increased in 2009 compared to 2008. This result is due to the increased number of tests done in 2009 compared to 2008 and its ability to attract and reach out to more at-risk youth population groups to the youth health center. RMI continues to have the highest STI prevalence in the Pacific.

Young people are vulnerable to many other diseases and infections including TB, diabetes, heart disease, cancers, influenza, gastroenteritis illnesses, malnutrition, skin diseases, dental caries, hearing loss, eye problems, etc. Many are not receiving the care they need. The Youth Health center has continued to seek funding to build its capacity to be able to provide health care services for young people especially for early detection and interventions. The support and attention to such effort is still very limited.

Youth to Youth in Health then conducted a study on Majuro in 2006 on “Understanding Teenage Pregnancy in the Marshall Islands” to determine the contributing factors associated with high rates of teenage pregnancy and to recommend practical and acceptable interventions for reducing teenage pregnancies in Marshall Is. In-school and out-of-school boys and girls, teenage mothers and fathers, parents of teenagers and teachers were interviewed. Results showed that public school girls seemed to be more aware of the different methods of contraceptives compared to the private school girls but the private school girls were more likely to agree they should use contraceptives at a younger age while public school girls stated from 18 years up. The mothers supported use of contraceptives at a younger age (12, 13) while fathers stated from 20 years up was acceptable and teachers also supported the use of contraceptives from 15 years. When asked about dating age, teachers were more likely to feel that young girls and boys could date at an earlier age while parents and young people stated 20 years and up. Level of support assessment, it was apparent that while girls were afraid to consult their parents first when they found out they were pregnant that they do indeed tell their parents, while boys tell their friends first. While teachers felt that the girl should stay home to take care of the child, in-school girls felt that the grandparents should provide the support so the girl can go back to school. Teenage mothers and fathers felt that the teenage mothers should be able to return to school and that the boy should also provide support for his child. The public school participants stated that public school policies allows the girls to remain in school and take two weeks off for delivery and can return to school after delivery while in private schools girls stated they would be expelled. No one mentioned any consequence to the boy or father of the child. All those interviewed felt that information and service were available in the community for prevention of teenage pregnancy but that the schools should also be teaching sex education as part of its curriculum. However, teachers said they were not comfortable talking to students about sex because they were giving the teenagers ideas. On the other hand, parents support sex education in school. There were also unusual answers given by the participants. Out of school boys said “contraceptive methods were condoms and female kotex (sanitary pad)”, “a contraceptive method is to drink a cup of water after sex” and “girls can start having a baby at 12 years and up”.

The study also looked at sexual abuse among young people and the vast majority of all the participants said sexual abuse was common in the Marshall Islands and a teacher said it was getting more common. Among the in-school girls, 5 out of 12 knew someone who has been sexually abused as a child. Respondents stated the following reasons that contributed to sexual abuse including alcohol use, overcrowding, low self-esteem and poverty. A father said “sexual abuse happens from parents having a lot of children which they cannot support and handle all at once”. A mother said “long time ago there were no porn, but still there were sexual abuse and was not reported because of our culture”. A teacher said “sexual abuse comes from members of the family sleeping together in one room”.

### **Programs/Services provided by Youth to Youth in Health**

Since 2006, Youth to Youth in Health has continued to strengthen its youth friendly services and operates using the One-Stop-Shop concept in its effort to eliminate stigma and increase access. A young person can come to the Youth to Youth in Health facilities and have access to a Computer Lab, Media services, Trainings and Outreach services, Recreational activities, Counselors and Peer Health Educators, Medical staff (Doctor, Nurse, Dental team), access to employment, education and information all in one place. It was said that in the past young people coming to the youth health center suggested they were there for either family planning contraceptives or because they had an STI and for the past four years, this stigma has been removed. Any and all young persons are welcomed without discrimination and are empowered to practice his/her right to access information and services. With that said, Youth to Youth in Health presents the following programs and services managed and operated by young people for young people.

All of the programs and services are cross-cutting addressing all the six major youth issues.

**1. Addressing the high teen pregnancy rate. (Links to MDG Goal 3: Promote gender equality and empower women, and MDG Goal 5: Improve maternal health)**

- Program/Service: Adolescent Health & Development Project funded by SPC/UNFPA/UNICEF/MOH: this program provides adolescent sexual and reproductive health trainings, education, information and youth friendly services.
- Program/Service: After Dark Program funded by PRHP/SPC/MOH: this program provides Reproductive Health clinical and referral services and provides access to services after dark or after normal working hours (closing at 9:00 pm Monday thru Saturday).

**2. Addressing the increasing substance use and abuse amongst minors and the high suicide rate amongst youth.**

- Program/Service: Substance Abuse Prevention & Treatment Program funded by SSA/MOF/SAMHSA: this program provides substance use prevention programs and substance abuse screening, brief intervention and referral to treatment services for at-risk in-school and out-of-school youths and young employees.
- Program/Services: Applied Suicide Intervention Skills Training Program (ASIST) funded by SSA/MOF: this training program provides suicide prevention in the same way people view "CPR" or basic first aid. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid.

**3. Addressing the increasing STI and HIV/AIDS rates amongst youth. (Links to MDG Goal 6: Combat HIV/AIDS, malaria & other diseases)**

- Program/Service: Condom Social Marketing Program funded by MSIP/Global Fund: this program provides STI/HIV prevention education and trainings to at-risk population groups and promotes and sells the Defender condom.
- Program/Service: Condom Distribution Program funded by Global Fund/MOH: this program provides and restocks free condoms to vendors throughout Majuro, Ebeye and Outer Islands.
- Program/Service: Seafarer's Center Project funded by ADB/SPC: the center is a collaborative effort with the RMI Seaport Authority in providing access to STI information and referral for STI testing and treatment services and access to condoms available to seafarers entering Majuro.
- The Youth Health Center continues to seek funds to strengthen its capacity to provide easy access to health care services to address all other common communicable and non-communicable diseases and infections.

**4. Addressing the high school drop-out rates. (Links to MDG Goal 2: Achieve universal primary education)**

- Program/Service: Youth SMART Program: this program was established in 2006 to respond to the increasing number of school-aged children not in school. These children ages 5-15 years attend Youth SMART tutorials three times a week for the whole school year and at the end of the school year, when the child is ready he/she takes a school entrance test and is able to enroll into the formal school system with a passing score. YTYIH is proud to say since 2006, the program has catered to 189 children and 57 have enrolled into the formal education system. YTYIH provides for their registration fee, school uniform and school supplies.

**5. *Addressing the high youth unemployment rate. (Links to MDG Goal 1: Eradicate extreme poverty & hunger).***

- Program/Service: Art Training Program: this program provides an opportunity for out-of-school and unemployed youth to be trained in painting Marshallese art and sell their artwork as an income generating activity. YTYIH is proud of its art studio.
- The Youth to Youth in Health organization is an organization that is managed and operated by young people. Many received their first employment and skill building opportunity at this organization and many have continued their employment with the organization as program managers/coordinators, accountant, receptionist, media specialist, Tutors, Artist, Counselors and Peer Health Educators while others were able to secure jobs elsewhere. All of these young employees support their families on limited salaries and allowances.
- Program/Service: Youth Food Initiative Project: Funded by NTC/MOR&D, this program mobilizes out-of-school and unemployed youths to implement national food security initiatives.

**6. *MDG Goal 7: Ensure environmental sustainability.***

- Program/Service: “Just Act Natural” Marshall Islands Environment and Heritage Youth Theater Project funded by the Global Environment Fund: this program aims at the conservation of natural heritage, including coral reef systems, turtle and bird sites and endangered species, and the natural beauty of the RMI, the acknowledgement and reinvigoration of cultural heritage through the use of performing arts to reach young people in-schools and in communities throughout RMI especially on Majuro, Ebeye and potential heritage sites in the outer islands.

**Recommendations from Marshall Islands Youth to Youth in Health Organization**

Youth to Youth in Health concur with the ADB report 2008 Responding to the Youth Crisis by Benjamin Graham, that the quantity and quality of youth services has remained extremely limited and the demographic and economic forecasts does not paint a very promising picture for the youth of the nation.

And although the picture may seem murky and depressing, Youth to Youth in Health is optimistic and the many successful stories from the population it serves keeps it going.

Recommendation: Strengthen enforcement of access laws on tobacco, alcohol and other drugs.

Recommendation: Enforce and implement human rights conventions, treaties and relevant laws to protect the rights of the child and young person.

Recommendation: Finalize and endorse the National Youth Policy, and establish a curfew for minors.

Recommendation: Provide employment opportunities for young people especially in agriculture, aquamarine farming, traditional crafts and art and other vocational skills. Increase entrepreneurship trainings for young people.