

# STAND & DELIVER



**SEX, HEALTH AND YOUNG PEOPLE  
IN THE 21<sup>ST</sup> CENTURY**

# WHO WE ARE

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

## Acknowledgements

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## Foreword

# ANDREA NÚÑEZ ARGOTE YOUTH VOLUNTEER, YWCA

**Young people are not only the future generation, we are the present. In my own experience, young people are not fully aware of their sexual and reproductive health and rights (SRHR).**

Today, most young people still do not have access to information, proper guidance and supportive services, neither from the health sector nor our teacher and parents, who are often uncomfortable talking to us about sex and sexuality.

In my own country, México, the Ministry of Health provides general information in the school curricula for students to understand their sexuality and reproductive health. General information is not enough – we need comprehensive information with ample time to discuss difficult issues in an open manner. When teachers skip these topics, we don't get the information we need. Instead we are left to talk about these issues with our friends, who know the same or less than us, and all too often we are ashamed to ask for the information in fear of being criticized.

In many cases, young women and girls are not treated equally to young men and boys. We know that family values and gender roles are inherited from our forefathers and foremothers and that cultural environments also influence gender dynamics. I understand that I have the ability and that I am empowered enough to break this cycle. It is my responsibility to remember this when I become a mother. Everything depends on the will of communities to accept this kind of change and most of the time young people are more open to change.

This publication makes reference to non-governmental organizations (NGOs) such as Asonat, where young people can access SRHR information and services. We need more organizations like Asonat, which understand the social determinants of young people's lives. Asonat reminded me of my association back home – the YWCA of Naucalpan – where I work as a volunteer. We have a programme on HIV and AIDS prevention, and we also address SRHR. We provide safe places for young people to access the information they need through activities such as dance classes, karate and drawing.

I believe that this publication provides a rich source of information on SRHR for young people. We need to know what our rights are, we need to understand our own background, we need to learn from all this to create a better future for all, and we need to do this today.

## Foreword

# BERT KOENDERS, MINISTER FOR DEVELOPMENT COOPERATION OF THE KINGDOM OF THE NETHERLANDS

**Over half of the world's population is under 25 years old. Investing in and involving these young people and engaging them as partners in development – all this is crucial for building a more just world. I am pleased that this report addresses a number of the critical issues facing young people today, particularly their unmet needs for comprehensive sexuality education and sexual and reproductive health services.**

Young people have the right to be fully informed about sexuality and to have access to contraceptives and other services. These rights are enshrined in various internationally agreed human rights conventions and treaties, but – unfortunately – they are still not universally respected. This explains why the Netherlands' policies on foreign affairs and development are centred on human rights. And why the Dutch government remains committed to the Programme of Action of the International Conference on Population and Development. Our support to IPPF and other organizations which implement this important agenda is testimony to this commitment.

Young people deserve special attention in development settings, where they often lack access to services that adults in many countries take for granted. This makes young people vulnerable. Millions do not know how to protect themselves against unwanted pregnancy or sexually transmitted infections such as HIV, or are ill equipped to do so. Young women and girls lack decision-making power and many are subjected to gender-based violence every day. In many places, lesbian, gay, bisexual and transgender young people live in fear of discrimination and stigmatization. Numerous countries do not regard sexual health or rights as a legitimate part of the public duty of care or acknowledge that young people are sexual beings. The taboo on youth sexuality is one of the key forces driving the AIDS epidemic and high rates of teenage pregnancy and maternal mortality.

I believe that as a matter of urgency, we must make progress on achieving the Millennium Development Goals – notably MDG 3 (promoting gender equality and empowering women) MDG 5 (improving maternal health) and MDG 6 (combating HIV/AIDS, malaria and other diseases). The whole world needs to accept that many young people, married and unmarried, are sexually active. Governments, donors, communities, leaders and individuals, all have a role to play in creating a safe and enabling environment where young people get the support and care they need for good sexual and reproductive health and rights, and where they have a real say in matters concerning their bodies and their health.

Together, let us finally recognize young people as catalysts for change. Let us enable them to develop their full potential – for their own sake and for the sake of their future.

## Foreword

# DR GILL GREER DIRECTOR-GENERAL OF IPPF

**While all young people have important contributions to make, our ability to reach girls and young women – to provide them with support and care at critical times and to give them opportunities to participate – will have a profound impact on their families, communities and countries. In many ways women are the drivers of development.**

As Stand and Deliver demonstrates, however, poverty and inequity make girls and young women vulnerable, threatening not only their individual well-being and human rights, but the realization of development goals.

Stand and Deliver highlights facts we have known for decades, but have been neglected until now: girls and young women bear a disproportionate burden of sexual and reproductive ill health and mortality, including maternal mortality, unsafe abortion and HIV. Why do they suffer needlessly? The answer is simple: they have little power over their own lives. While realizing the solutions are not easy, we know what needs to be done. We must focus special attention on the needs of girls and young women. Greater investment in primary and secondary education for girls, comprehensive sexuality education for boys and girls, both in and out of school, which can break down gender stereotypes, and provision of youth-friendly services that ignore taboos and stigma around intimacy and sex will empower girls and young women. Young women, like young men, must be given the freedom to assume leadership and responsibility for building a better world.

Stand and Deliver: Sex, health and young people in the 21st century presents us with some choices and recommendations that can transform today as well as tomorrow. I trust and hope, with young women and young men as our partners, that we will make choices that contribute to gender equality, social justice and a truly better world for all.



# INTRODUCTION

Now, more than ever, problems emerging in other parts of the world directly affect our societies, our economies and our lives.



Every week there is a new virus, or a financial collapse, a catastrophic hurricane or a drastic increase in food shortages, and the ramifications that follow rumble on through days and months, sometimes years, brushing by some people and hitting others square on. Climate change and rapid population growth – a potent, foreboding pair – are already delivering blows that are sudden and staggering; they are also causing cumulative, damaging environmental change that makes people's everyday lives increasingly difficult. Rich and poor, young and old feel the impact of global crises, in developed and developing countries. The difference lies in the resources that are available to adapt and rebuild, and, most especially, of the capacity of individuals to confront change. Where people are empowered to take the reins and make decisions to ensure their own security and well-being, as well as that of their families, communities are resilient and peace is secure. As globalization accelerates the speed at which risks to health and home spread around the globe, building a world of empowered global citizens is an urgent and revolutionary challenge. It is one we cannot afford to delay.

The world is home to the largest generation of young people in history – more than 1.75 billion people between 10 and 24 years of age.<sup>1</sup> They are a vastly diverse group of individuals whose life circumstances, including opportunities and obstacles to improve their lives, vary significantly from one country to the next, and even from one area to another within a single country. The majority of young people live in developing countries<sup>2</sup> and 42 per cent live in poverty.<sup>3</sup> Capabilities among them range widely: some young people are income-poor and thus face barriers in many areas of their

daily lives; others are poor in health, particularly sexual and reproductive health; and some are excluded from political, social and labour market participation. Young people in the poorest areas often lack access to essential resources such as clean water, good sanitation and food, a situation that is perpetuated by illiteracy and limited access to education. Many young people have yet to exercise their basic right to choose a life that they value.

Despite all of this, young people everywhere are an inexhaustible source of ideas, energy and optimism. All through history, young people have broken away from negative behavioural patterns and changed intergenerational cycles of discrimination and poverty. They have the potential to build a world that is inclusive and compassionate, for people and for the planet, and the good news is they want to be involved!

In this report we take a good look at the lives of young people, their needs for comprehensive sexual and reproductive health services, their unmet needs and their desires, in a global context that is presenting us with daunting challenges that will shape the future. Supported by evidence at the country level, we argue that the only way to build a more just world is to invest in and involve young people, to support them to be decisive, adaptable, informed and assertive citizens, and to engage with them as partners in development. This generation of young people is a gift and an opportunity that will not come around a second time.

"I always ask young people to believe in their rights because health is not a benefit, but a fundamental right. I work to develop the capacity of young people like me to do effective advocacy, to work with media and ensure a rights-based approach."



A whirlwind on the social scene, Milinda, 24, first joined the Family Planning Association of Sri Lanka as a peer educator in 2004. He received training, and then went out to meet young people in 16 districts to reveal all about sexual and reproductive health and rights. Milinda was hooked: he saw the need for information and services and made it a personal mission to raise awareness of young people's issues. Since then, Milinda spearheaded the development of the national youth policy, he has become the convenor of a national civil society forum, and he founded REACH, Sri Lanka's first youth conference on HIV and AIDS, and the National Youth Coalition on Sexual and Reproductive Rights.

# YOUNG/VULNERABLE

While the current generation of young people are an opportunity, at present they face incredible barriers to improving their lives and contributing to society.



Young people represent a significant proportion of the overall population in low income countries, and they also represent a disproportionate burden of global poverty. The Chronic Poverty Research Centre has identified three critical societal features that keep poor people poor: limited citizenship, social discrimination and poor work opportunities.<sup>4</sup> Most young people in developing countries struggle with one, two or all three of these barriers, which also contribute to the relentless cycle of intergenerational poverty, to instability at the household level and state fragility.

- Nearly 93 million young people are unemployed<sup>5</sup>
- Young people (between 10 and 24 years) account for two-thirds of premature deaths<sup>6</sup>
- One-third of the total disease burden in adults can be attributed to behaviours or events from adolescence, including smoking, exposure to violence, mental illness and unsafe sex<sup>7</sup>

## DEFINING ADOLESCENCE

As most societies define adolescence and youth in terms of both age and life circumstances, there is no universal agreement on what is a 'young person'. The national legal age for political participation and the availability of data on different age groups can also determine how societies define youth. The World Health Organization defines young people as those from 10 to 24 years of age, including adolescents (10–19 years) and youth (15–24 years). IPPF uses the terms young people, youth and adolescents interchangeably to refer to people who are between 10 and 24 years. Defining all people under 18 years of age as a child is often not useful because it ignores the circumstances of youth who are faced with pressures and responsibilities that are usually reserved for adults.

Policies and programmes for young people should focus not so much on age, but on the specific developmental needs and rights of individuals as they transition from childhood to adulthood.

## “Tackle the inequitable distribution of power, money, and resources – the structural drivers of the conditions of daily life – globally, nationally and locally.”

One of three key recommendations made by the World Health Organization Commission on the Social Determinants of Health<sup>8</sup>

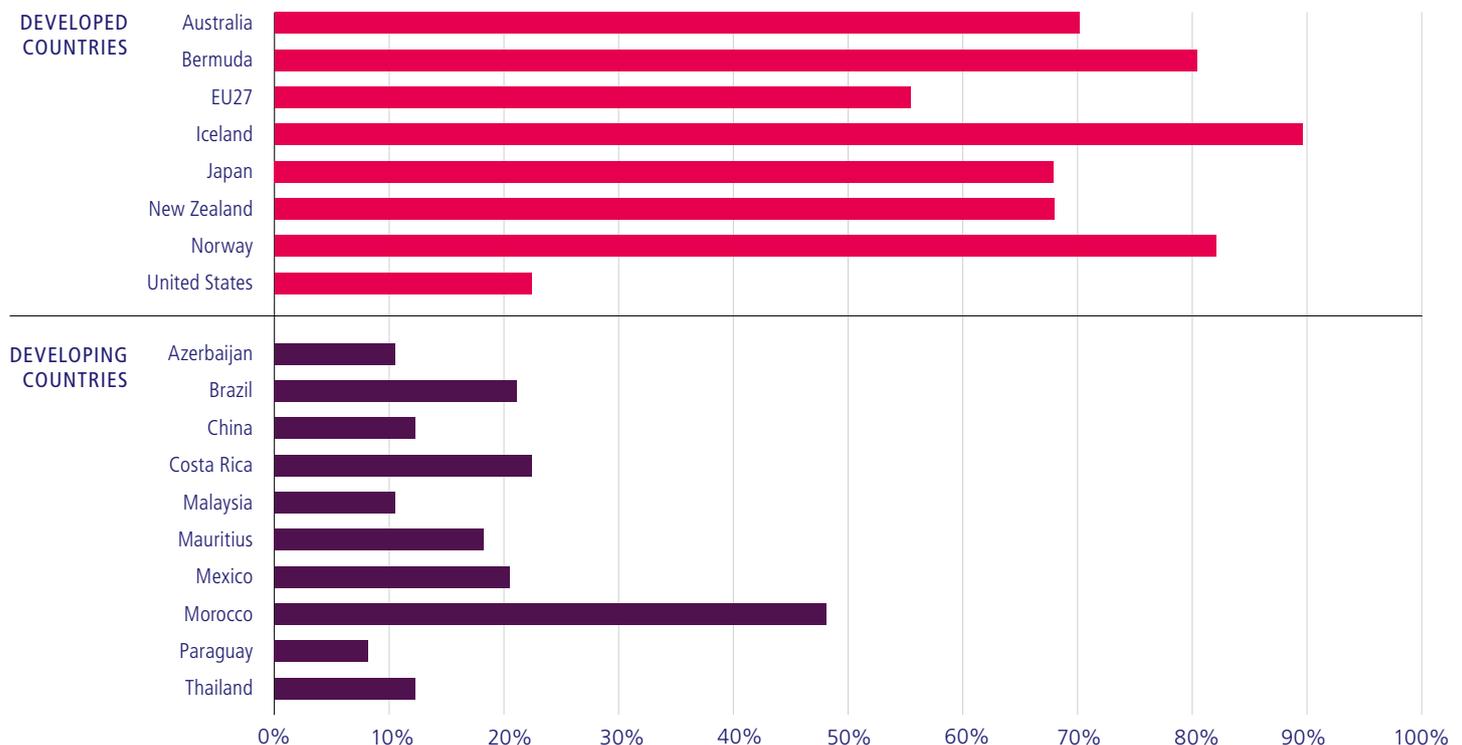
Disparities in access to essential basic services, such as sanitation, clean water, health, education and access to the judiciary system, are fundamental inequities that can produce lifelong inequalities and deep-seated feelings of injustice. These inequities extend to things like access to information: while access to communication technologies, including the internet, may seem like a luxury, in reality it means that while most young people in developed countries, and the wealthier young people in poor countries, can obtain the information they seek, others cannot (see Figure 1). The violation of young people’s rights to information, to health care services, to contraception and counselling, to education, to political and social participation, and to health is a denial of their personhood and of their citizenship.

Young people suffer social discrimination on multiple accounts, first because they are poor and again because they are young. Marginalized young people, including men who have

sex with men, sex workers, transgendered people, young people in rural areas or in urban slums, and others are further stigmatized. Girls’ and young women’s choices are especially limited.

In some countries, persistent inequity has resulted in socially and politically volatile populations; frustrated youth are vulnerable to the appeals of fundamentalist, religious or political groups.<sup>9</sup> The lack of opportunities to improve their lives leaves young people with nowhere to go and no one to turn to: they become caught in the poverty trap, and escape, for many, can seem like an impossible dream. If we are going to give these young people any chance at all to create a life of their choosing, we must invest in social programmes to reach out to marginalized youth, including through civil society organizations, to help build their self-esteem and give them opportunities for education and training.

**FIGURE 1: INTERNET USE BY YOUNG PEOPLE, AGED 15–24**



Source: International Telecommunication Union (2008) *Use of information and communication technology by the world’s children and youth* Geneva: ITU

## Countries should aim to meet the needs and aspirations of youth... thereby ensuring their integration and participation in all spheres of society, including participation in the political process and preparation for leadership roles.

ICPD Programme of Action, paragraph 6.13

When both young women and young men are fully informed and engaged, with the freedom to pursue higher levels of education and access to youth-friendly health services, they become concerned and contributing citizens in the community. As such, they are often able to escape poverty and help others to do the same.

A youth health research organization based at Melbourne University reports that young people’s experience of “engagement, belonging and connectedness are protective factors in the prevention of long-term mental and physical health and social problems.”<sup>10</sup> Protective factors and processes may be located within the young person (e.g. learned attitudes or beliefs), in the family (e.g. caring adults) or in schools and the community. As the number of protective factors and processes surrounding a young person increases, the more resilient he or she becomes. While these findings are based on evidence in developed countries, the same is true in the developing world.

Investing in sexuality education, social programmes for youth, youth-friendly sexual and reproductive health services, and promoting gender equality are vital to help young people develop the ability to cope with and respond to an ever-changing world. Governments should also seek to provide social protection to help young people avoid falling into poverty, or to help them escape it, and to help them plan and lead a productive, healthy life. In the long-term, resilient citizens translate into resilient communities and resilient states.

Social protection means protecting the vulnerable against risks that threaten their livelihood or income, and enhancing the social status of marginalized groups.<sup>11</sup>

Social protection may include transfers of money or goods, welfare services and social policies.

**FIGURE 2: THE FRAGILITY – RESILIENCE CONTINUUM**



# WHY NOW?

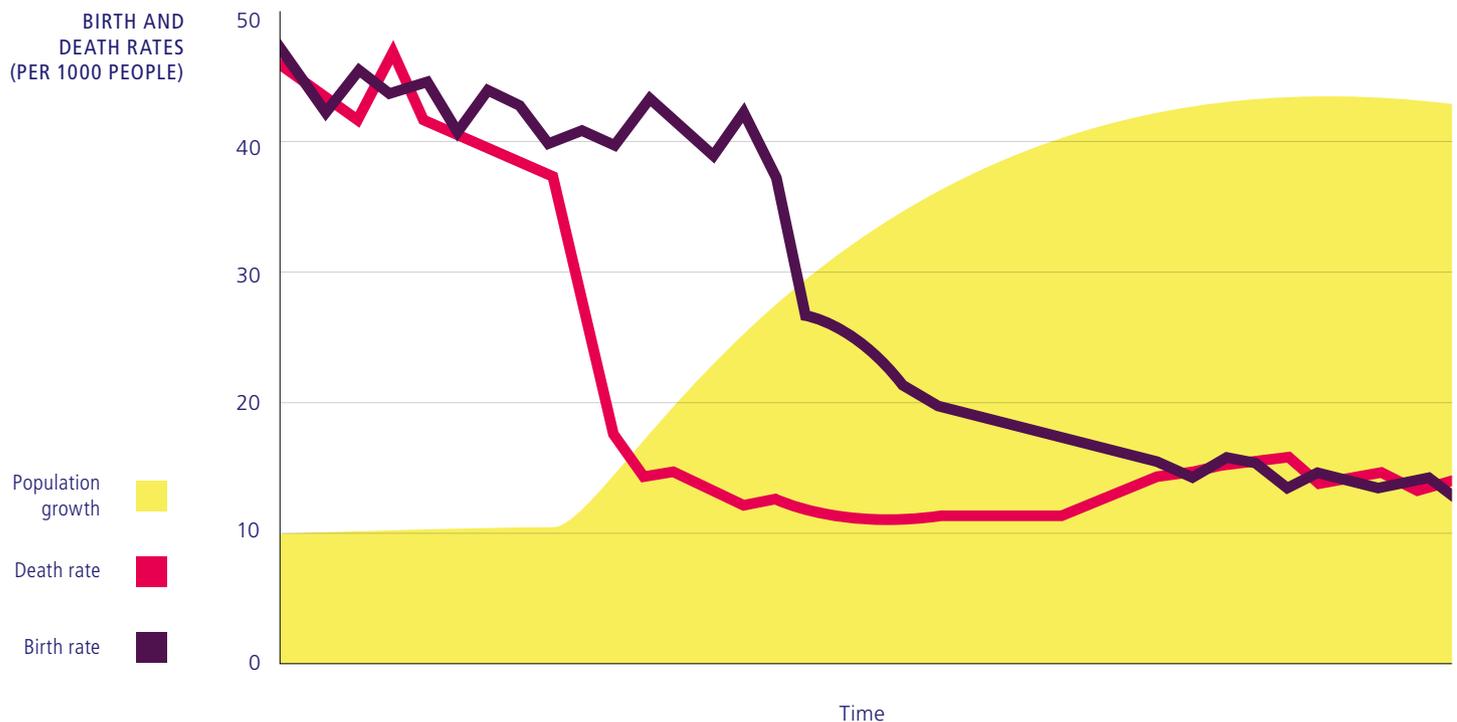
**Countries that have a large proportion of young people – that is, those with a ‘youth bulge’, primarily low income countries – have some characteristics that can make young people vulnerable. However, the structure of these populations is also a unique, time-bound opportunity for future growth and development.**

Many developing countries have experienced demographic transition in the past several decades. That is, “as death rates decline, followed later by a decline in birth rates, populations grow rapidly [and then] eventually plateau at a relatively stable level.”<sup>12</sup> (see Figure 3: The demographic transition) This is already occurring in countries like Bangladesh, Egypt and Peru. In these countries the risk of civil conflict is declining and there is tremendous opportunity to stimulate future economic growth by supporting an upcoming workforce.<sup>13</sup>

In these contexts, young people have the potential to develop into a large, productive workforce, an informed and capable citizenry who will transform their countries into secure, healthy and peaceful nations.<sup>14</sup> This ‘demographic bonus’ is a one-time opportunity, it is a “period of as many as 50 years during which an initially high ratio of the working age to the dependent population gradually declines.”<sup>15</sup>

In other countries, however, population growth is still high, driven largely by unwanted fertility, a high proportion of people of reproductive age and high desired family size (see Figure 4: Causes of population growth). Afghanistan, the Democratic Republic of Congo, Haiti and Uganda are all countries with high population growth. In many countries of Africa and the Middle East, up to half of the population is younger than 15 years.<sup>16</sup> Very young populations like these tend to undermine countries’ development and security.<sup>17</sup>

**FIGURE 3: THE DEMOGRAPHIC TRANSITION**

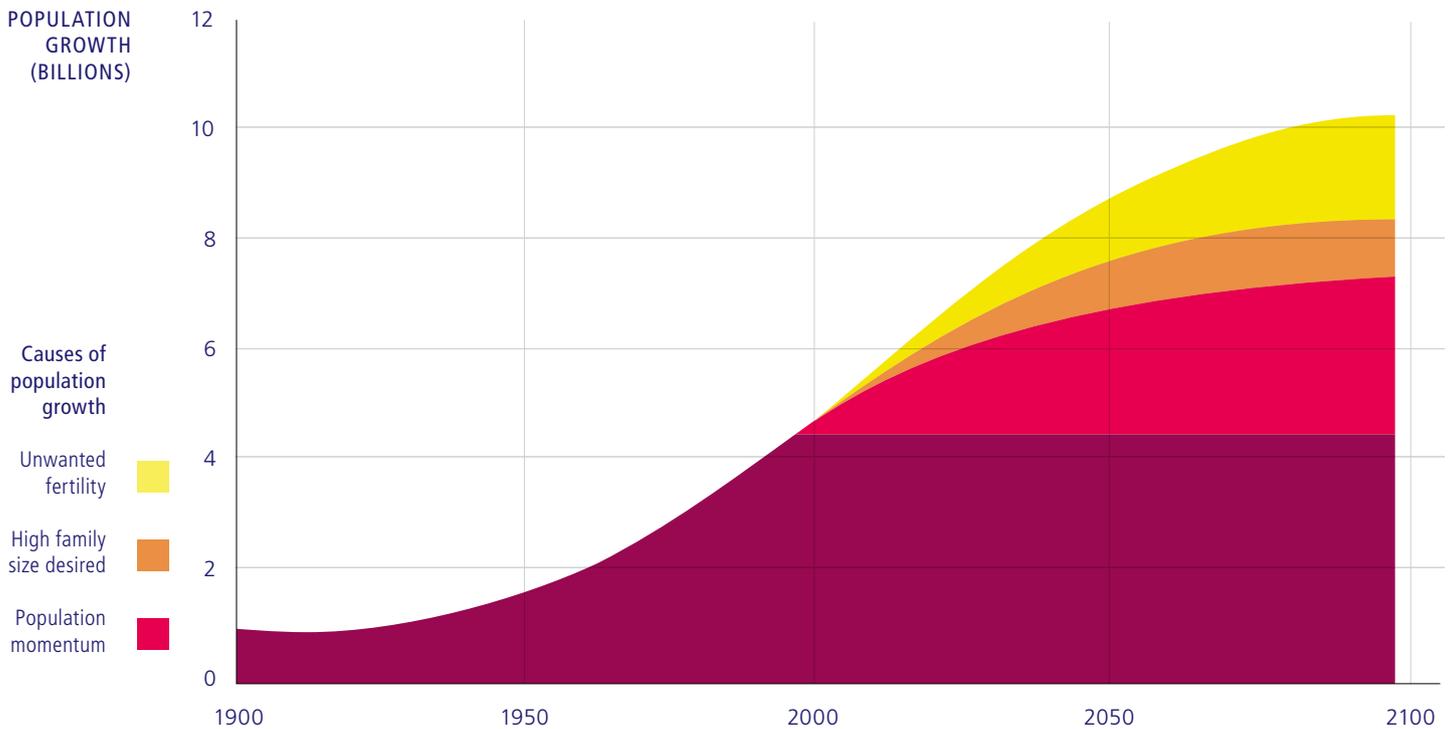


The most immediate consequences of a youth bulge (even, for a limited period, in countries where population growth has stabilized) is that government tax income, gained from a minority adult labour force, is insufficient to provide the public services that all people need. This is exacerbated in countries with severe HIV epidemics, where AIDS has devastated a generation of working-age adults. In many poor countries, there aren't enough jobs to meet demand. Governments facing this problem should incorporate incentives into labour, trade and skills training policies to increase employment opportunities for young people. More extreme outcomes of the demographic youth bulge (and associated poverty and lack of opportunities) include dangerous anti-social behaviours such as terrorism and suicide.

The current generation want to have fewer children than their parents<sup>18, 19</sup>: given the information, services and supplies they need, they will achieve these desires, and they will contribute to population growth stabilization. But at the moment, the number of people of reproductive age who want contraception is increasing faster than the availability of services and supplies.<sup>20</sup>

Tomorrow approaches rapidly, and while much good work is underway, with each year that passes opportunities to reach even more young people are lost. The opportunity to 'catch them while they're young – a truly golden rule when it comes to cultivating mindfulness, healthy behaviours and social values – is time-bound, and time is running out.

**FIGURE 4: MAJOR CAUSES OF PROJECTED POPULATION GROWTH: DEVELOPING COUNTRIES, 1995–2010**



Source: Bongaarts, J (1994) *Population policy options in a developing world*. Science, vol. 263, pp 771–776.

“Every single moment of my journey with FPAP was fruitful and fulfilling. It was a practical training of self expression and empowerment. I believe in thinking positive, I believe in finding solutions. I believe we, the youth, can bring a change.”



Although she had completed a university degree and had a keen interest in development, it wasn't until Sadaf, 22, began volunteering with the Family Planning Association of Pakistan (FPAP) that she learnt the real meaning of advocacy, of motivation and participation. Now Sadaf attends and speaks at youth summits and international conferences, and she has written scripts for a local serial that features people living with HIV and AIDS.

# YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH

Young people's limited access to education, employment, money and information (about sex, gender roles and relationships, for example), and the lack of opportunities they have to make decisions about their own lives and access sexual and reproductive health services, makes them vulnerable to poor sexual and reproductive health.

Only 17 per cent of sexually active young people use contraceptives, for example, and young people between 15 and 24 years account for 50 per cent of all new HIV infections.<sup>21</sup> Complications related to pregnancy and childbirth are the number one killer of adolescent girls in developing countries.<sup>22</sup> Significantly, it must be noted that the current

generation of young people is just beginning its sexual and reproductive period. Demand for family planning is expected to increase by about 50 to 75 per cent from 2005 to 2020 in countries that rely on donor assistance to implement their programmes\*.<sup>23</sup>

Although some progress has been made to reduce the number of adolescent pregnancies<sup>24</sup> – an indicator for Millennium Development Goal 5, to improve maternal health – if there is to be any chance of sustaining these achievements efforts must be scaled up substantially to meet the needs of an increasing number of women and men of reproductive age.

## THE FACTS IN FIGURES

Sexually active young people who use contraceptives

**17%**<sup>25</sup>

Young people who are newly infected with a sexually transmitted infection (excluding HIV) each day

**500,000**<sup>26</sup>

Unsafe abortions that are performed on adolescents (women aged 15-19) in developing countries annually

**2.5 million**<sup>27</sup>

Proportion of new HIV infections that occur among young people aged 15–24 years

**50%**<sup>28</sup>

Proportion of young women whose sexual initiation is forced (based on studies in a broad range of countries)

**19–48%**<sup>29</sup>

\* The lower number is the expected increase in demand based on projected fertility declines (UN median variant). The higher is required to eliminate unmet need for family planning in these countries. Of these projected increases, 33 per cent are due to population growth; the rest to expected increases in demand.

**“Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love.”**

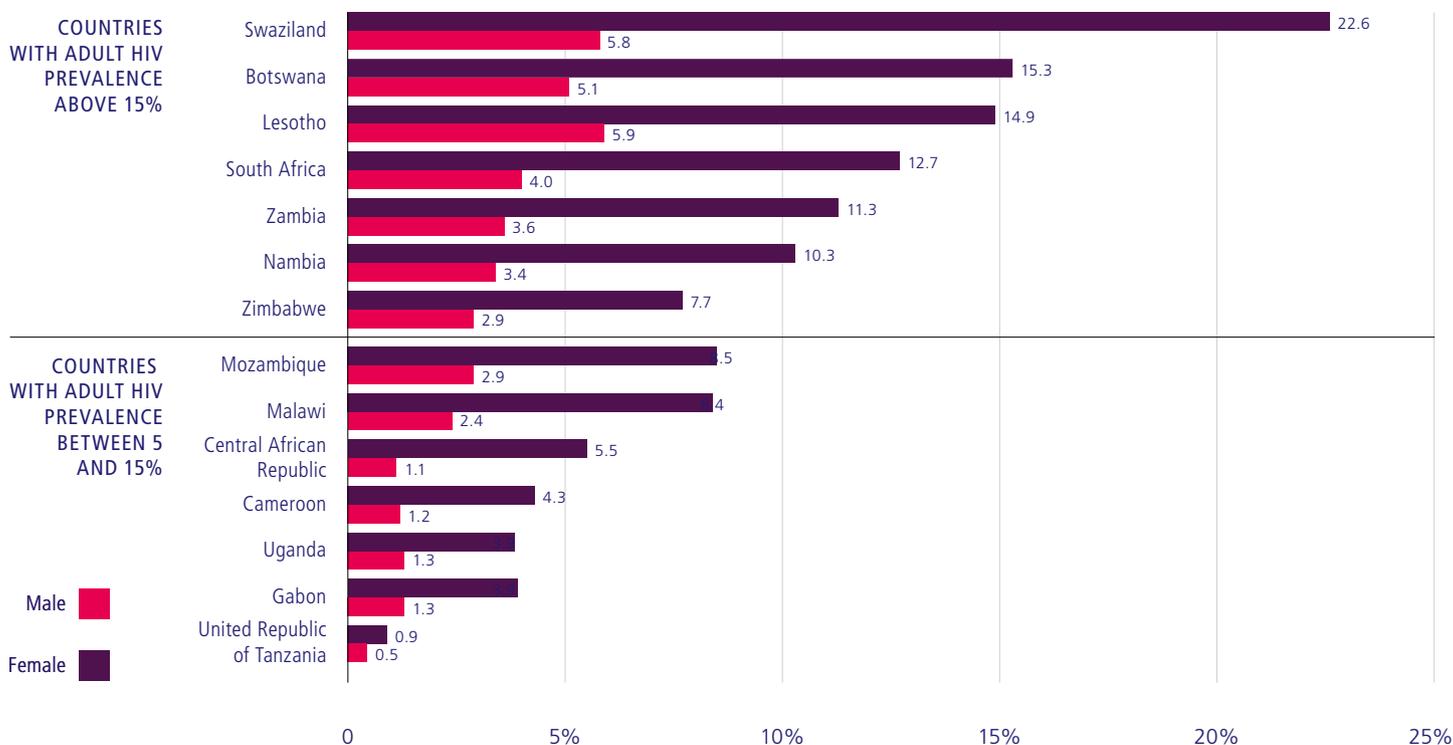
World Health Organization<sup>30</sup>

Because they have a lower status than males in practically all societies, girls and young women have less power to determine their own lives and this includes decisions relating to their health and sexual and reproductive activity. In 16 countries, at least 20 per cent of young women are not currently paid for their labour.<sup>31</sup> Lack of financial resources and recognition of women’s rights make women dependent on male family members, to provide for them, and they have less voice and decision-making power within the household.

Transactional sex, where girls and young women, usually, accept gifts, introductions into social networks and even education fees from men in exchange for sex is common in

sub-Saharan African countries, and evidence shows it is an increasingly popular way for young women to increase their social status and gain access to resources.<sup>32</sup> Dependence and low levels of education cause imbalanced power dynamics in relationships between women and men, which in turn make girls and women more vulnerable than boys and men to poor sexual and reproductive health, to gender-based violence, including sexual coercion, and to forced marriage.

**FIGURE 5: HIV PREVALENCE AMONG YOUNG PEOPLE AGED 15-24, 2007**





## Case study: Mauritania

# AN INCONVENIENT MARRIAGE

**After spending two and a half days on a bus, Faha and her mother have finally arrived at a clinic run by the Mauritanian Association for the Promotion of the Family. Faha, 15, has come for a scan: she is 33 weeks pregnant. It is her first pregnancy, and she has many questions for the midwife. At other times in her life, her questions have gone unanswered.**

Married at 13, Faha was made to leave school as her husband would not allow her to attend. "I was sad to leave school," she says, "I liked learning and seeing my friends."

Faha wanted to finish school and get a job, but her parents decided it would be pointless for her to finish school, as even high school graduates can't get jobs. Instead, a husband was found, an older man who could pay a good bride price, and they were quickly married.

After her baby is born, Faha would like to wait three years before her next child. She will ask the midwife about contraception. This is one decision Faha hopes to make for herself.

**"I was scared when I got married. No one, not even my mother, told me about sex and having children."**

Faha, aged 15

## Facts about girl brides

- In South Asia and sub-Saharan Africa, 40-45 per cent of women aged 20-24 were married as children<sup>33</sup>
- In countries like Bangladesh, Central African Republic, Chad, Guinea, Mali, and Niger, more than 60 per cent of women entered into marriage or into a union before their 18<sup>th</sup> birthday<sup>34</sup>
- One in every 10 births worldwide is to a mother who is still herself a child<sup>35</sup>
- One million infants born to young mothers die each year due to complications from pregnancy and childbirth<sup>36</sup>

## Case study: Bolivia

# SUPPORTING YOUNG PEOPLE TO BRING HOME THE BREAD

**Located on the Altiplano highlands in a suburb of La Paz, El Alto is a city of nearly one million people and most of them are Aymara indigenous people. The majority are poor and they lack access to clean water, electricity, health care, education and housing. Due to rapid population growth, over 60 per cent of the population is under 30 years of age.<sup>37</sup> As is typical of Bolivian society, there are vast inequalities. It is often said that the poor live above (in El Alto), and the rich below (in La Paz, 1,300 metres below). Many youth under 14 years of age have to work because otherwise there will not be enough food for the family, but they are often exploited because they are not legally allowed to be employed.**

Asonat is a non-governmental membership organization that advocates for young people's rights, particularly their labour rights. One of the first barriers that many children and young people face is not having a birth certificate: without this document, they cannot get an ID card, and this is required to attend school or to get a job in the formal sector. Asonat is working with the police to make it easier for young people to get ID cards, but this is a slow process.

Asonat also advocates to the government to make employers respect young workers. Many employers keep adolescents working for very low wages by keeping their official documents, if they have any, and employers avoid paying work-related benefits by hiring and firing young people frequently. Many young people make money by

selling food or other products in the street; they face many risks including loss of income in the event of ill health.

"In El Alto teenagers aren't visible and don't have any rights – to dress, to health, to education and to work. The future depends on young people and they need tools! Asonat is an organization formed by young people to defend their rights. Their parents work all day so they don't see them – young people are by themselves so they have to train themselves to get an income – they need help and support." Juan, 21, founding member of Asonat

At the moment, Asonat is one of the few organizations that provide scholarships for young people to receive skills or vocational training, such as hair dressing, electrical services and utilities maintenance. Young people who come to Asonat are also referred to Centro de Investigación, Educación y Servicios (CIES), an IPPF Member Association, where they can obtain free medical services, including sexual and reproductive health information and services.

Asonat also makes time to let young people play. With a scholarship as a prize, Asonat organizes theatre and break-dancing activities where young people can finally let loose and have a good time.

**"Countries should give high priority and attention to all dimensions of the protection, survival and development of children and youth, particularly street children and youth."**

ICPD Programme of Action, paragraph 6.8



# CULTIVATING MINDS AND BODIES: THE BUILDING OF A CITIZEN

**Throughout history, learning has been one of humankind's great pleasures. Education allows people to explore and play to stretch their minds and expand their horizons. Education makes people aware of the world around them and beyond them, and leads them to make conscious choices about their role and responsibilities within it.**

When children and young people achieve higher levels of education, they are less likely to be poor, more likely to be employed and they develop greater confidence and capabilities in all areas of their life. Young people in school begin having sex later, and they also start childbearing later, which reduces the risk of pregnancy- and childbearing-related morbidity and mortality<sup>38</sup>, and also leads to better infant survival. Importantly, the gains delivered by education in childhood and adolescence – a once-in-a-lifetime opportunity – can never be replicated later in life.

## Educating girls pays

- Closing the gender gap in education adds 0.5 per cent to a country's per capita GNP
- An extra year of schooling for girls reduces fertility by 5 to 10 per cent
- Each year of schooling increases a woman's income by 10 to 20 per cent
- Income earned and controlled by mothers has a 20 times greater effect on the health of their children compared with the same income controlled by fathers

Source: UNICEF (nd) Adolescent girls. Available at: [http://www.unicef.org/adolescence/index\\_girls.html](http://www.unicef.org/adolescence/index_girls.html). Accessed 19 May 2009.

In the long-term, delaying childbearing is key to sustainable population growth because it lengthens the time between generations and thus slows the phenomenon known as 'population momentum'. That is, the percentage of the population that is reproducing at a given time. Achieving stable population growth is crucial to developing sustainable societies that can meet the needs of all people.

Just as intellectual development shapes human lives, so do sex and reproduction. Sex and reproduction are central to our lives, this is a basic truth. Here is another: young people are sexual beings. It should come as no surprise, therefore, that sexuality education promotes individual well-being and the advancement of broader societal and public health goals. Comprehensive sexuality education is perhaps the single most important gift that parents can offer to their children – and to adolescents everywhere – as they approach the age at which they will begin to have sex.

Currently, many young people do not know that condoms provide dual protection from unwanted pregnancy and STIs, including HIV<sup>39</sup>, in fact only 30-40 per cent of young people had accurate knowledge about HIV in 2007.<sup>40</sup> In the majority of countries, young people are more likely to be using a modern method of contraception if they live in an urban area, have more education and are exposed to the media regularly.<sup>41</sup>

Comprehensive sexuality education empowers young people to make informed decisions to protect themselves from sexually transmitted infections and unintended pregnancies (and, by consequence, unsafe abortion); it increases self-esteem, thoughtful decision-making and negotiation skills; and it helps them to develop satisfying and pleasurable sexual lives. The power of comprehensive sexuality education to challenge traditional gender roles, including discrimination against women and girls, must not be underestimated. The ability of young people to exercise agency contributes to their capacity to participate in society and to promote human rights and civic participation.

To reach far and wide, to reach adolescents everywhere, comprehensive sexuality education must be mandatory in

**“Sexuality is about a lot more than having sex. It is about the social rules, economic structures, political battles and religious ideologies that surround physical expressions of intimacy and the relationships within which such intimacy takes place.”<sup>42</sup>**



school, and governments must also ensure that this education is delivered to marginalized youth who don't attend school, including those living on the street, migrants, trafficked young people and others, through outreach and community-based programmes.

Health providers and governments should also engage community leaders, parents and the general public in sexuality education so they understand how the benefits reverberate throughout young people's lives, and so they can themselves participate in creating a supportive environment of openness and inclusion. Young people's experiences of parental connectedness – feeling close to, cared about and loved by a parent – are highly protective against risk behaviours such as smoking, substance abuse, violence and unsafe sex.

“Connectedness is not so much an issue of doing activities

with parents but rather feeling that they can talk with their parents, that their parents know what is going on in their lives and that their parents are concerned about them.”<sup>43</sup>

When parents are absent or otherwise unable to provide this connectedness, young people, and especially marginalized young people, benefit greatly from community-based programmes, such as mentorship schemes, clubs and sports teams, where they engage with caring adults who help them feel that they belong. And while it is important to respect culture, it is only with the active support of key community leaders that culture evolves to reverse harmful attitudes and traditions around adolescence, gender, sexuality and childbearing.

# CREATING YOUTH-FRIENDLY SERVICES

When it comes to issues such as sex and reproduction, young people need health care providers that are aware and informed about their concerns. It is not enough that a service is available, young people need youth-friendly services.



Even if they want and know how to use condoms effectively, young people are unlikely to access services and to change their sexual behaviour unless they have access to a safe and confidential health care provider who will treat them with dignity and respect their privacy. Girls and young women who are vulnerable to coercive sex or sex work, or living in contexts where contraception is not yet well accepted among men, may need guidance on negotiating condom use<sup>44</sup>, and other contraceptives. Because of a range of factors, including fear, stigma and discrimination, young people in many contexts are reluctant to seek services even if they suspect they have an STI or an unwanted pregnancy.<sup>45</sup> In about half of sub-Saharan African countries, less than 30 per cent of unmarried, sexually active young women (age 15-24) use a modern method of contraception.<sup>46</sup> Access to sexual and reproductive health services is influenced by a wide range of issues that affect adolescents.

The evolving capacities of the child include his or her physiological ability to reproduce, his or her psychological ability to make informed decisions about counselling and health care, and his or her emotional and social ability to engage in sexual behaviours in accordance with the responsibilities and roles that this entails.<sup>47</sup>

## Access is

- Affordable services and supplies, including related costs such as transportation, loss of income and opportunity costs
- Knowledge of the location of services and supply points and the range of services that are available
- Ability to obtain the necessary services when they are requested, free from administrative restrictions and obstacles (e.g., health provider requiring the permission of a father or husband before providing contraceptives)
- Availability of services within a reasonable geographic distance and within physically accessible facilities
- Ability of individuals to act to obtain the services they need and want, unconstrained by psychological, attitudinal, cultural or social factors (e.g., stigma around HIV)

Source: Bertrand, JT, Hardee, K, Magnani, RJ, and Angle, MA (1995) Access, Quality Of Care and Medical Barriers In Family Planning Programs. *International Family Planning Perspectives*, vol 21, no 2, pp 64–74.

**“I used to go to school, but I stopped because of the baby. I didn’t choose, it just happened. It was just a mistake anyway, it just happened.”**

Young mother, Zambia<sup>48</sup>

One of the most fundamental challenges faced by health care providers is the need to balance young people’s right to adequate protection with their right to participate in and take responsibility for the exercise of those decisions and actions which they are competent to take for themselves. Health care providers therefore need support, including professional development opportunities, to help guide them on how to judge the capacity of the patient to best care for young people. In many cases, health care providers already have substantial experience caring for young people from a rights-based perspective; they should be trusted to deliver services appropriately.

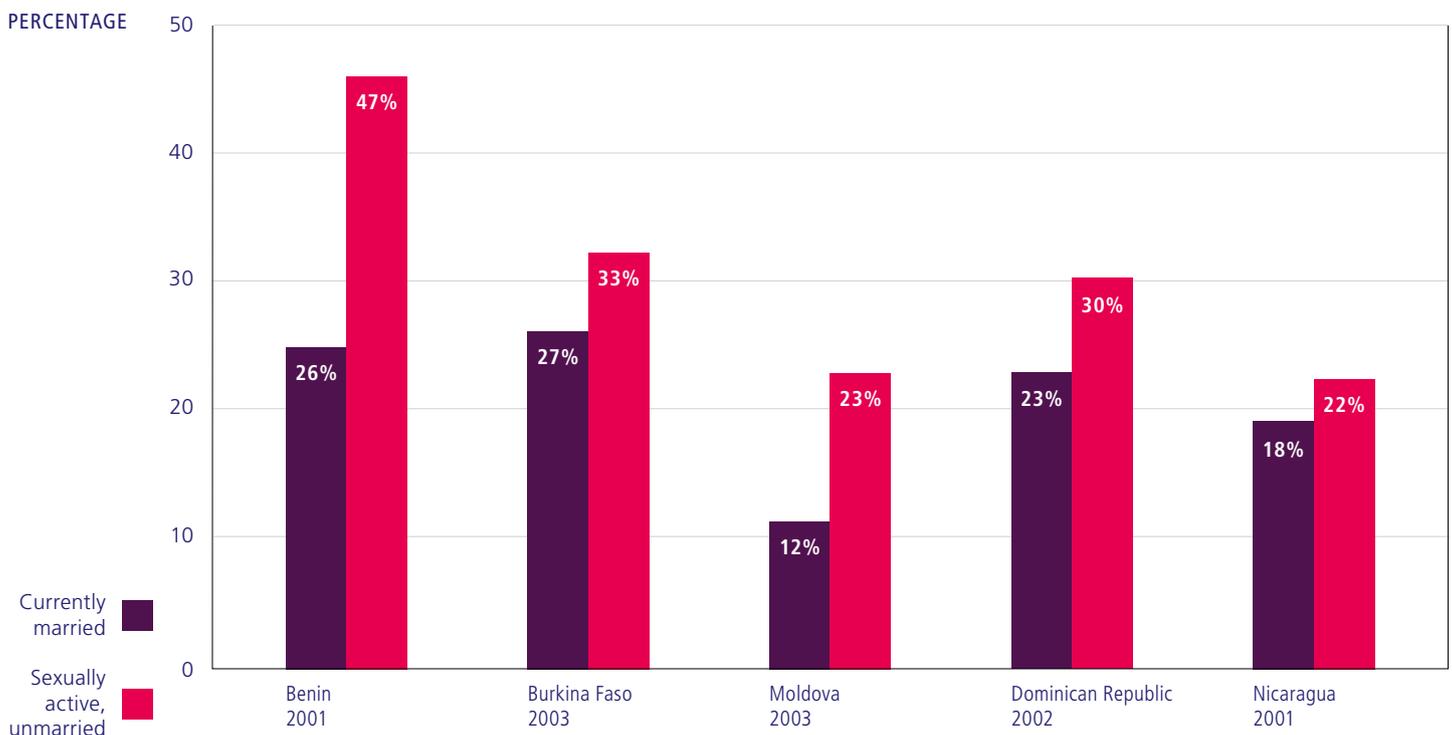
The World Health Organization’s Collaborating Centre on Adolescent Health says “It is not sufficient simply to provide information... neither is it sufficient to provide access to services... Rather, we must understand the processes that motivate young people to adopt health-enhancing

behaviours and then build our interventions upon these understandings.”<sup>49</sup>

Young people themselves have a crucial role in providing this guidance.

Young people have a right to participate in the design, delivery and evaluation of youth programmes and their involvement is also a prerequisite to achieving programme objectives. Peer education programmes, for example, have proven their effectiveness over many years and many of these programmes are run exclusively by adolescents and young adults. Young people have the energy and ideas we need to make a lasting difference. Policy-makers, programme managers and administrators, on the other hand, have a responsibility to create an enabling environment so young people can be leaders.

**FIGURE 6: UNMET NEED FOR CONTRACEPTION AMONG CURRENTLY MARRIED AND SEXUALLY ACTIVE, UNMARRIED WOMEN AGE 15–24 IN SELECTED COUNTRIES, 2001–05**



Source: USAID (2008) *Youth reproductive and sexual health. DHS Comparative Reports 19*. Calverton, USA: Macro International Inc.



## Case study: Tanzania

# ABORTION, THE CHOICE THAT NEVER WAS

**Young Tanzanian women face huge, seemingly insurmountable barriers to self-determination, to empowerment and overall well-being. Tanzania is among the top five countries with the highest percentages of unpaid young working women – 65 per cent of young working women are unpaid.<sup>50</sup> With minimal education and limited money, young women are often left unable to negotiate safer sex and to make decisions regarding their own fertility.**

More than 90 per cent of young people know about contraception, but far fewer young people actually use it.<sup>51</sup> Data show that only 8 per cent of women aged 15–19 have discussed contraception with a field worker or health professional.<sup>52</sup> Young people are reluctant to use contraception because of pervasive myths about harmful side-effects, and the fact that many health care providers will only provide these services and supplies to married adults.<sup>53</sup> It is no coincidence, therefore, that every year thousands of young women are faced with unwanted pregnancies.

Abortion is illegal in Tanzania, but when faced with a pregnancy that they cannot afford – financially or socially – young women and adolescents have no options. Some private health providers will provide a safe abortion, but only the wealthy can afford their fees.<sup>54</sup> Evidence shows that teenagers are particularly vulnerable to unsafe abortion.<sup>55</sup> Incidentally, by law young women are excluded from school if they become pregnant.

A study conducted from 1999 to 2002, in nine villages, revealed that although most adolescents and young adults opposed abortion, abortion was widely attempted by ingesting laundry detergent, chloroquine, ashes and herbs.<sup>56</sup> Most women who attempted abortion were young, single, and desperate. In addition to the personal trauma and stress caused by the unwanted pregnancy and abortion, these women also experienced opposition from their partner, sexual exploitation by practitioners, serious health problems and social exclusion.

Although the goal of improving access to family planning services and supplies is articulated in a number of Tanzania's national health strategies and policies, this goal is often tied to interventions that focus on maternal and child health.<sup>57</sup> Thus, programmes do not adequately address the needs of young, single people. Governments must be held to account for their failure to meet the needs of young people, and especially young women. Comprehensive family planning services must be available to ensure that in future, these women do have a choice. And when that choice is abortion, all women, not only the wealthy, should have access to safe abortion services.

- 65 per cent of Tanzanians are under 24 years of age<sup>58</sup>
- One in every 24 women will die of pregnancy- or childbirth-related causes, including unsafe abortion, in her lifetime<sup>59</sup>
- 86 per cent of married women, aged 15–49, who want to delay or stop childbearing are not using any method of contraception<sup>60</sup>
- Among the poorest quintile, the total fertility rate is 7.8 children per woman<sup>61</sup>
- More than half of 19-year-old women are already mothers or are pregnant with their first child<sup>62</sup>

# FAITH, RELIGION AND SEXUALITY

Young people living in predominantly religious contexts face challenges navigating their faith within a world of divergent values and social interactions, and real sexual risks. Being able to ask questions and engage in dialogue about faith, religion and sexuality is crucial.



Involving young people from all regions of the world, IPPF convened a meeting to give young people the opportunity to voice their experiences of their own sexual and reproductive health in religious contexts, and to learn about how to meet young people's needs. Culture, religion and traditions are some of the biggest obstacles in implementing sexual and reproductive health programmes for young people. The meeting provided a space for young people to talk, and to listen to each other, to share their concerns and consider each other's different approaches to addressing sexuality within religious contexts. Young people said:

"My faith makes me feel connected to the most powerful force in existence, it makes me feel comfortable deep inside. My faith helps me to be more creative, more self-confident."

"Faith and spirituality have their pros and cons. On one hand, it puts up a set of rules and regulations which if followed properly, make you a better person. On the other hand, it curbs growth of some issues which are necessary for the better upbringing of present-day adolescents."

Young people's sexuality is still contentious for many religious institutions. Fundamentalist and other religious groups – Catholic Church and madrasas (Islamic schools) for example – have imposed tremendous barriers that prevent young people, particularly, from obtaining information and services related to sex and reproduction. Currently, many religious teachings deny the pleasurable and positive aspects of sex and limited guidelines for sexual education often focus on abstinence before marriage (although evidence shows this strategy has been ineffective in many settings).<sup>63</sup> The reality is, young people are sexual beings and many of them are religious as well. There is a need for pragmatism, to address life as it is and not as it might be in an ideal world.

Each religion or faith must find a way of explaining and providing guidance on issues of sex and sexual relationships among young people, which supports rather than denies their experiences and needs. By highlighting strong values in faiths and religions, and overcoming stigma and stereotypes that religious conventions perpetuate, communities and leaders can help improve young people's access to sexual and reproductive health information and services, and so improve their health and well-being.

“The activities have helped me build my self-confidence. Although I still have four years and five months before I complete my sentence, I’ve decided I’d like to be a journalist. I feel happy that I’m developing valuable skills that will help me rebuild my life once I’ve left the jail.”



Yuli is 22 years old and has been a resident of the Lapas Correctional Centre for Boys, in Jakarta, for two and a half years. He was caught selling marijuana and ecstasy (an amphetamine drug). Through a programme which is run by the Indonesia Planned Parenthood Association, Yuli participates in film-making activities and contributes articles to ‘Prodeo’, a magazine that is produced by the Centre’s residents. The films and articles address a wide range of issues, including discussions and debate around safer sex, condoms, family planning and children’s rights.

# YOUNG PEOPLE'S HUMAN RIGHTS

<b>The right to life, security and bodily integrity</b>	Young people have the right to life, liberty and to be free of torture and cruel, inhuman and degrading treatment.*	International Covenant on Civil and Political rights (1966)
	Young people have the right to be protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions or beliefs.	Convention on the rights of the child (1989); Covenant on Civil and Political Rights (1966)
<b>The right to health</b>	Young people have the right to enjoy the highest attainable standard of physical and mental health, which includes the underlying determinants of health and access to sexual and reproductive health care	International Covenant on Economic, Social and Cultural Rights (1966); International Conference on Population and Development Programme of Action (1994)
<b>The right to participate</b>	Young people have the right to express opinions freely	Convention on the Rights of the Child (1989)
	Young people have the right to be equipped with the knowledge and skills that will empower them to bring about change in their own lives and in their communities	Convention on the Rights of the Child (1989)
	Young people have the right to participate in decision-making processes	Convention on the Rights of the Child (1989)
	Young people have the right to participate in the development and implementation of policies that determine their welfare, including their sexual and reproductive health	Convention on the Elimination of All Forms of Discrimination against Women (1979); Convention on the Rights of the Child (1989); International Conference on Population and Development Programme of Action (1994)
<b>Sexual and reproductive rights</b>	Young people have the right to life, liberty, security of the person and bodily integrity	International Covenant on Civil and Political Rights (1966); Fourth World Conference on Women Platform for Action (1995)
	Young people have the right to privacy, which is essential to the exercise of sexual autonomy	International Covenant on Civil and Political Rights (1966)
	Young people have the right to confidentiality regarding sexual health services and care	International Covenant on Civil and Political Rights (1966)
	Young people have the right to access information and education about sexual rights, sexual orientation, sexuality, social relationships and gender identity	International Conference on Population and Development Programme of Action (1994)
	Young people have the right to choose whether or not to marry and to found and plan a family	International Conference on Population and Development Programme of Action (1994); Yogyakarta Principles (2006)

\*Although the text of the conventions are not explicit, IPPF interprets this to mean protection from sexual exploitation and abuse.

# LOVE, LIFE AND HIV: YOUNG PEOPLE LIVING WITH HIV



After years of mediocre programmes and services, many of which excluded the very people they were meant to help, development practitioners agree that the involvement of people living with HIV is crucial to the effectiveness of any HIV response.<sup>64</sup>

How this involvement takes place, to what extent and how meaningful it really is, are hotly debated issues. Some groups feel consultation is sufficient, while others feel people living with HIV must be at the centre of programme design and delivery.

The Love, Life and HIV initiative – a collaboration between IPPF, UNFPA, Young Positives and national networks of people living with HIV (PLHIV) – empowers young people living with HIV (YPLHIV) by giving them the resources to produce and deliver video messages about some of the issues they face. More than 100 young people, from Dominican Republic, India, Mexico, Russia, South Africa and Swaziland, have produced videos. Frank, honest and direct, these videos provide a unique insight into the realities facing the lives of young people living with HIV. One of the most striking things from these videos is the common concerns that affect young people living with HIV. How easy is it to date someone when you are living with HIV? When should you disclose your HIV status to a prospective partner? How do you deal with stigma? Here are a few of the young people who were involved and their stories:

Carlos, from Santo Domingo in the Dominican Republic, felt isolated after being diagnosed with HIV at a very early age. He left home at 12 and lived on the streets. The very people who were there to support him stigmatized him. His neighbours,

for instance, allocated him a specific seat and glass, which they would disinfect after he left. After a very low period in his life where he contemplated suicide, he has since found the confidence to live with dignity and pride: “All I need to remember is keep moving forward, let people talk but go on with my head held high – don’t pay them any attention.”

“I’ve dated people and I don’t tell them ‘til I see that it might be going somewhere, or after they become a stable partner or I trust them enough to tell them.” – participant from Mexico

“The relationship [with my parents] has changed tremendously [since my HIV diagnosis]. Now I’m not sure whether it’s down to ignorance or discrimination, but there is a gap that is growing [between us].” – participant from South Africa

By raising awareness of some of the specific issues facing young people living with HIV, these videos demonstrate that change is possible, that stigma can be overcome and love and HIV can be reconciled. The initiative also gives the young participants the confidence and the basic skills to continue using multimedia techniques to develop new and innovative tools for other advocacy campaigns.

## Case study: Uganda

# PROMOTING EMPOWERMENT, RESPECT AND CIVIL RESPONSIBILITY

Uganda is an extremely poor country where many people face a range of risks to their livelihood, health and survival. The median age for young women to begin having sex is 16 years, but marginalized young people often begin having sex at younger ages, and they also tend to have riskier sex.<sup>65</sup>



**Adolescent pregnancy is common, in fact half of women have had a birth by age 19, and nearly half of last births are reported as not wanted or wanted later.<sup>66</sup> Access to comprehensive family planning programmes, especially youth-friendly services, remains limited.**

Reproductive Health Uganda (RHU) has drastically increased the number of young people it serves by establishing multi-functional youth centres.

Serving as entry points to clinics, the youth centres offer activities such as sports, computers, dance, drama and radio activities. Clinical staff provide youth-friendly services including family planning, counselling, testing, treatment and management of sexually transmitted infections, including HIV. The centres run discussion groups where young people can debate issues such as gender roles and social responsibilities.

To reach more marginalized groups, RHU peer educators go out into the community to provide information, education and communication materials, and distribute free condoms. They target vulnerable young people who work as boda-boda drivers, shoe shiners, barbers, sex workers and mobile artists. These young people are transient, they are continually looking for other work, something better to improve their livelihood. The peer educators also train

teachers and other community leaders to talk with students about sex and sexual health.

Now young people are more open to talking about sexuality, and they are not shy to report that they are having protected sex. The most positive outcomes of their work, the peer educators say, can be captured in three ideas: empowerment, respect and civil responsibility.

- 50 per cent of sexually active, unmarried young women are using a family planning method
- Children born to women under age 20 have a 30 per cent higher risk of dying in their first year than children born to women age 20–29
- Only 65 per cent of young people aged 15–19 know a source for condoms

Source: Measure DHS (2003) *MEASURE DHS+ Increases Efforts to Better Understand Adolescent Health*. DHS+ Dimensions, Vol 5, No 1, p2.

## Case study: Europe

# YOUTH ADVOCATES IN ACTION



Because of the resources and influence they command as donors for international development, European governments and the European Parliament can have a powerful influence on the sexual and reproductive health of young people in the global South.

Raising awareness among candidate Members of the European Parliament of the importance of sexual and reproductive health and rights of young people in the global South and their need for universal access to services and information is therefore a key aim of Youth Advocates in Action (YouAct).

YouAct organized a public hearing at the European Parliament in 2008 to raise awareness of the unmet sexual and reproductive health and rights needs of young people in the global South. The young advocates expressed the urgent need to include sexual and reproductive health programmes and policies for young people within the development policy of the European Union. They also submitted a Statement to the Parliament and collected hundreds of signatures calling for decision makers to 'Involve, Support and Commit' to comprehensive sexuality education in the global South and internationally.

To mark the ICPD+15 anniversary in 2009, and building upon their achievements at the European Parliament, YouAct will launch a factsheet on comprehensive sexuality education in Europe and the implementation of the Programme of Action and commitments that were made at ICPD+5 and +10.

But effective advocacy isn't easy, young people need support to learn effective techniques and to learn about how to reach decision makers. In cooperation with national sexual and reproductive health and rights organizations, YouAct conducted four training sessions in 2008 and 2009 to build the capacity of youth advocates from six EU countries. Soon after, YouAct members and other young people who participated in the trainings were implementing advocacy activities and campaigns!

**The young advocates expressed the urgent need to include sexual and reproductive health programmes and policies for young people within the development policy of the European Union.**

## Case study: Southeast Asia

# BUILDING A YOUTH ADVOCACY MOVEMENT

November 2008 ushered in the Youth Coalition's first ever regional training on the International Conference on Population and Development in the Southeast Asia region.



**The Youth Coalition initially envisioned working with a group of passionate young activists who were committed to integrating youth voices into the sexual and reproductive rights agenda and to making sexual and reproductive rights a reality for all young people. They got this... and much more!**

Eighteen participants from China, India, Indonesia, Malaysia, Nepal, Pakistan, Philippines, Singapore and Sri Lanka embarked on a fun-filled and intensive four-day journey during which Youth Coalition members shared their own experiences of national-level advocacy and worked to develop the participants' capacity on the ICPD Programme of Action. As the training progressed and advocacy skills and technical knowledge developed, so did the participants' confidence in being able to contribute meaningfully to sexual and reproductive rights dialogue. The participants departed with national Advocacy Action

Plans in hand and a desire to get more young people inspired and motivated to advocate for youth sexual and reproductive rights.

**As the training progressed and advocacy skills and technical knowledge developed, so did the participants' confidence in being able to contribute meaningfully to sexual and reproductive rights dialogue.**

The young activists wasted no time in getting down to work. They translated Youth Coalition resources into five different languages and replicated

the training they had received for other young people in their home country. The participants also convened over 10 national-level organizations for a sexual and reproductive rights awareness-raising campaign and formed a subcommittee to build upon the momentum of the campaign and strategize on advocacy initiatives.

The Youth Coalition now looks forward to working with these advocates in the next phase of their efforts: a national capacity-building Training of Trainers on sexual and reproductive rights, using radio journalism! Access to information and resources empower young people to become effective sexual and reproductive rights advocates for adolescents and youth. The Youth Coalition Southeast Asia training alumni are an example of the commitment, enthusiasm and skill young people can bring to the table when promoting and defending youth sexual and reproductive rights.

“The parents do not understand the risk for their children, so I try to talk to them as well. They usually don’t listen to me because I’m a young person. But now, they seem to show me more respect because they understand that I have some knowledge that they don’t.”



A champion breakdancer, Dennis, 19, is a well-known figure in his home town in Bosnia and Herzegovina, especially in his native Roma community. Now he is known for more than his dancing. Dennis is a peer educator, working with the Association for Sexual and Reproductive Health XY’s Green Light Project. He promotes safe sex, but also talks about the importance of pleasure and positive sexual relations among vulnerable groups of young people and with people who have been trafficked for sexual exploitation.

# RECOMMENDATIONS



The current generation of young people is a gift that holds the key to a brighter future. IPPF recommends the following actions to empower young people and promote their development, to give them choice in matters of sexual and reproductive health, and to ensure that they are able to contribute to their societies in meaningful ways.

Engage with young people as equal partners by providing opportunities for them to participate in public life and in development activities

- Encourage young people to participate in governance and public decision-making
- Involve young people in the design, implementation and evaluation of public health services
- Create opportunities for young people to innovate
- Involve young people as advocates, researchers and peer educators

## Invest in youth-friendly sexual and reproductive health programmes and services

- Expand and reinvigorate sexual and reproductive health policies and programmes to meet the needs of young people, including youth-friendly services that address local cultural and social factors
- Make comprehensive sexuality education mandatory in school and invest in multi-sectoral sexuality education programmes to reach out-of-school youth
- Train health practitioners, parents and others who engage with young people to provide youth-friendly services and to support young people appropriately on issues related to sexual and reproductive health and rights
- Increase the number of entry points to sexual and reproductive health programmes by implementing an intersectoral approach

## Actively confront underlying social factors and practices that threaten young people's development and perpetuate inequality

- Enact and enforce laws to prevent child marriage
- Improve the quantity and quality of education, especially for girls; ensure that secondary and tertiary education is relevant for the skills needed in the workforce
- Implement job creation programmes and encourage flexibility in hiring and job mobility. Provide incentives to encourage private sector firms to invest in training young people and to increase gender equality in employment opportunities
- Support community-based support programmes for marginalized youth, such as mentorship programmes, sports and clubs

# CONCLUSION

As we search for practical solutions to tremendous, destabilizing global problems, it sometimes seems as though the complexity and pace of factors beyond our control will overtake us.

We have made many gains – today more people are wealthier and healthier than in the past, but still, our goals of social justice, equity and development for all elude us. The Millennium Development Goal (MDG) 5, to improve maternal health, has seen the slowest progress of all the MDGs, and yet it is in many ways the goal that offers the greatest potential in human development for current and future generations. It contributes significantly to the Goals on women's empowerment, child mortality, universal education (especially for girls), HIV and AIDS, environmental sustainability, and ultimately to poverty reduction. The International Conference for Population and Development Programme of Action, agreed by 179 countries in 1994, is a visionary plan for action that promised equality and improved sexual and reproductive health and rights for all. However, we have fallen short on delivery. In some countries, married women and couples have seen their choices and quality of life improve dramatically, but marginalized groups including young people have been left out.<sup>66</sup> Why? What could we be doing better?

Every living adult has had to pass through adolescence to get to where they are now, and yet in formulating plans for development world leaders seem to have forgotten this stage in their lives. Adolescents and young people are largely invisible in the MDGs, and therefore they are also ignored in programme implementation. We have a goal for mothers, a goal for women, a goal for children, and a goal for the environment, but none for young people. At long last, in 2006, we gained an indicator for young people – the adolescent pregnancy rate – under MDG 5b, universal access to reproductive health. This is encouraging, but there is much more we can do.

Young people are not a problem but well over a billion resources that offer untapped potential for development.

**The world's young people represent some of the most marginalized and vulnerable people and, at the same time, they are a group of individuals with ideas and spirit and passion, who have the power and will to change the future.**

Governments, leaders, policy makers and decision makers have a responsibility to work towards the equitable distribution of power and resources, and in the current generation of young people there is an incredible but time-bound opportunity to achieve this. With young people as partners, today's adult decision-makers have the chance to recast sex and sexuality as a positive force for change and development, as a source of pleasure, an embodiment of human rights and an expression of self. Young people will help us ensure individual, family and community health and well-being, sustainable communities and a sustainable planet.

To capture the unleashed potential of the young generation, we must act now – they will not wait!



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World YWCA

The World YWCA is a global network of women and young women leading social and economic change in over 120 countries. It advocates for peace, justice, human rights and care of the environment, and has been at the forefront of raising the status of women for over a century. The World YWCA develops women's leadership to find local solutions to the global inequalities women face. Each year, it reaches more than 25 million women and girls through work in 22,000 communities. This grassroots development experience shapes the organization's global advocacy agenda. The World YWCA work is inspired by Christian principles and a commitment to women's full and equal participation in society. It is a volunteer membership movement inclusive of women from many faiths, backgrounds and cultures.

<http://www.worldywca.info>



YouAct (European Youth Network on Sexual and Reproductive Rights) is a European youth – led organization, active in the field of sexual and reproductive rights. Since its launch in Lisbon 2004, YouAct has grown into a widely-recognized youth organization, undertaking key advocacy, training and awareness raising activities on national, European and international levels. YouAct works to empower young people to take an active role in their communities and organizations and to advocate for sexual and reproductive rights as human rights including comprehensive sexuality education, LGBTQ rights and young people's rights. We believe that active and meaningful youth participation is essential to reach full realization of these rights. We envision a world where sexuality is accepted as a positive aspect in life and where the SRHR of young people are realized: young people have access to accurate information and youth friendly services and can decide freely about all aspects of their sexuality and reproductive lives.

[www.youact.org](http://www.youact.org)



The Youth Coalition for Sexual and Reproductive Rights is an international organization of young people (ages 15-29 years) committed to promoting adolescent and youth sexual and reproductive rights at the national, regional and international levels. We are made up of volunteers, students, researchers, lawyers, health care professionals, educators, development workers, and most importantly, we are all dedicated young activists. We aim to ensure that the sexual and reproductive rights of all young people are respected, guaranteed and promoted, and we strive to secure the meaningful participation of young people in decision – making that affects our lives, by advocating, generating knowledge, sharing information, building partnerships and training young activists globally.

[www.youthcoalition.org](http://www.youthcoalition.org)

## Photography

### Front cover:

IPPF/Chloe Hall – Mauritania 2005

IPPF/Sarah Shaw – Tanzania 2007

IPPF/Chloe Hall – Indonesia 2006

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# STAND AND DELIVER SEX, HEALTH AND YOUNG PEOPLE IN THE 21<sup>ST</sup> CENTURY

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“The world is now home to the largest generation of adolescents in history – 1.75 billion young people between the ages of 10 and 24. Today’s young people will inherit a world shaken by the economic crisis and facing the full impact of climate change and rapid population growth. It is vital they have the knowledge, skills, and opportunities not only to protect themselves but to thrive and become the leaders and visionaries for the future. I am delighted that IPPF are tackling these issues head on and coming up with clear answers to why it is so important to invest in young people.”

Michael Foster, MP Parliamentary Under Secretary of State,  
UK Department for International Development

Today’s young people are a vastly diverse group of individuals whose life circumstances, including opportunities and obstacles to improve their lives, vary significantly. In this report we look at the lives of young people, their needs for comprehensive sexual and reproductive health services, and their desires, in a global context that is presenting us with daunting challenges that will change the future. Even in the face of poverty, young people everywhere are an inexhaustible source of ideas, energy and optimism. Throughout history, they have broken away from negative behavioural patterns and changed intergenerational cycles of discrimination and poverty. As globalization accelerates the speed at which risks to health and home spread, building a world of empowered global citizens is an urgent and revolutionary challenge. It is a challenge we cannot afford to ignore.



World YWCA

**YOUACT**  
EUROPEAN YOUTH NETWORK ON SEXUAL AND REPRODUCTIVE RIGHTS



youth coalition