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4D – Dialogues on Demographic Diversity and Dividends

## Accelerating Adolescent Sexual and Reproductive Health and Rights for Demographic Dividend(s)

### Introduction

Today's youth generation is the largest ever: 1.8 billion people aged 10-24 currently live on Earth, 90 per cent of them in developing countries. These young people offer enormous potential for their countries to develop and realise a demographic dividend. Ensuring sexual and reproductive health and rights (SRHR) for adolescents, particularly girls and young women, is a prerequisite for this. This means to empower young people to freely decide whether, when and with whom to have sex with. To teach them how to avoid, delay or space pregnancies or how to seek out professional health care. Adolescents who are able to stay healthy and uphold their rights usually take on a life course that enables them to go further and do better in school and acquire the skills to live a productive and fulfilling life. This is especially true for girls' and young women. As they usually delay first birth, choose to have fewer children and earn a living, countries' fertility rates tend to fall, leading to a change in the population age structure. SRHR is thus a cornerstone to enable young people to reach their full potential, to increase human capital and to contribute to a demographically-induced economic upswing.

Despite some progress, basic SRHR information, services and goods remain out of reach for many adolescents around the world. Even before Covid-19, there were 14 million adolescent women aged between 15 and 19 in developing countries who wanted to avoid pregnancy but were not using a modern form of contraception. This contributes to approximately 10 million unintended pregnancies among this age group each year in these countries, 5.6 million of which result in abortion – the lion's share carried out unsafely by non-professionals. Complications during pregnancy remain the leading cause of death for teenage girls aged 15-19 globally as their bodies are not ready for child-bearing. Other negative effects include disruptions in education or school-drop outs, followed by limited economic opportunities over the life-course. Girls also face a greater risk of child, early and forced marriage. Each year, up to 15 million girls are married under the age of 18. The Covid-19 pandemic has aggravated the situation further, increasing persisting disparities. As a result of lockdown measures including the closure of schools, particularly girls have been more exposed to domestic or gender-based violence and a greater risk of unintended pregnancies.

To put adolescents' SRH needs at the centre to foster their individual and societal potentials was recognised by the Cairo Programme of Action of the International Conference on Population and Development (ICPD) in 1994. Ever since, the international community has regularly reaffirmed its commitments, most recently at the Nairobi Summit in 2019. The 2030 Sustainable Development Agenda also emphasises the importance of SRHR at all ages. This is laid out in Sustainable Development Goals (SDG) 3 on health and wellbeing for all and in SDG5 on gender equality and women's empowerment. The African Union's Agenda 2063 'The Africa we want' identifies investment in youth as key to realising a demographic dividend for a prosperous Africa and aims to eliminate discrimination against girls and women. The Maputo Plan of Action (2016-2030) formulates Africa's regional framework to make SRHR a reality for all people on the continent. Action area 6 addresses the SRHR needs of adolescents and youth.

## Needs for Action

- **Address evidence gaps in adolescent SRHR**

Implementing policies and programmes that target adolescent SRHR requires timely, regular and high-quality data on this age group. Governments should therefore invest in strengthening data collection and analysis capacities and take a holistic approach on adolescents' situations. Data should include gender-related issues and other factors that affect their access to information and services. The collection and analysis of demographic and health data of underrepresented groups such as very young adolescents aged 10-14 and those living in humanitarian and conflict situations should be prioritised.

- **Make SRH services adolescent-friendly and accessible in all settings**

To provide quality SRH services to girls and boys, it is necessary to overcome issues hampering their access. Countries should respond to the needs of adolescents and tailor policies, laws and interventions to promote adolescent-friendly SRH services. This includes the provision of SRH information and services regardless of age or marital status and the promotion of an enabling environment that ensures privacy of adolescents and makes them feel safe when visiting a health facility. They should also counter misconceptions and local taboos to speak openly about sex and reproduction. A priority should be placed on girls and boys with the highest needs, including migrants, refugees and those living in rural communities or with disabilities.

- **Engage communities to tackle root-causes of harmful traditional practices**

Eliminating traditional practices such as child, early and forced marriages or female genital mutilation requires breaking down deeply rooted social norms. Tackling these root-causes does not only require changes in laws and policies but also community-level support. Beyond enforcing laws against harmful traditional practices, countries should engage with religious and traditional leaders, boys and men as well as other members of the communities to challenge harmful social and gender norms, traditions or beliefs and work towards changing attitudes and behaviour.

- **Use digital solutions for improved SRHR among adolescents**

Digital tools are a suitable and efficient channel to better reach and engage adolescents with SRH information. Through text messages or smartphone apps SRH information can be made accessible in a simple, attractive and cost-effective way. Thus, these tools have great potential to break down barriers of physical SRH service delivery facing boys and girls, such as absence of privacy, stigma, provider bias or long distances to health facilities. Governments should invest in the digital infrastructure and digital literacy to make digital SRH a viable option for adolescents. To prevent the misuse of sensitive health data, they should put strict data protection regulations in place.

- **Strengthen availability of essential SRH commodities for adolescents**

Sufficient supplies of easily affordable and high-quality SRH commodities are critical to ensure that youth can reliably prevent pregnancies, avoid or treat diseases, thus have healthy and pleasurable sexual relationships. To guarantee supplies, governments, together with manufacturers and sales organisations, should ensure that essential SRH commodities are widely available and sold at affordable prices. At the same time, they should work with multiple pharmaceutical companies, suppliers, logistic providers and distributors at different levels to ensure last mile delivery and make supply-chains more resilient to shocks such as the Covid-19 pandemic.

- **Educate particularly girls comprehensively about sexuality**

To acquire critical knowledge on how to prevent, delay or space pregnancies, where and how to seek health SRH services, boys and girls need to be educated comprehensively about sexuality. Comprehensive sexuality education (CSE) empowers particularly girls to make informed decisions about their body and take charge of their own life. Governments should implement progressive policies that promote CSE that is based on research and facts and is aligned to international and regional standards. It should be delivered in an age-appropriate and context-adapted way and include lessons on gender equality and human rights. Besides, CSE should be offered within and out-of-school and to all adolescents including those living with disabilities or in humanitarian settings.

- **Mobilise sufficient and sustainable funding especially for adolescents' SRHR**

Sufficient and sustainable financial investments are a prerequisite for making SRHR a reality. Together with partners, governments should develop sustainable funding strategies to accelerate progress on SRHR particularly for adolescents, fight gender-based discrimination and cushion the impacts of Covid-19. Governments and development partners should work together in public-private-partnerships to strengthen the mobilisation and use of domestic resources. To draw attention to the economic returns which can be unlocked through investments in adolescent SRHR, the concept of the demographic dividend should be promoted. Strong political commitments for SRHR at the country level, and leadership that is bold enough to openly discuss SRHR is required for that.

## Best practices

Adolescents' SRHR needs vary considerably across countries. Yet policy-makers can learn from successful interventions elsewhere to develop suitable policies to accelerate access to adolescent SRHR.

- **(Re)solve – overcoming barriers in contraceptive use, Burkina Faso**

The (re)solve project was launched in 2016 to shift attitudes and beliefs of sexually-active unmarried Burkinabe schoolgirls regarding modern contraceptives. It assessed what keeps girls in the 9<sup>th</sup> and 10<sup>th</sup> grades from using contraception to develop a set of customised solutions. They entail the provision of health passports that list participating and trustworthy health facilities and when shown to health care workers allow discreet SRH counselling and services to the card holders. Sex education board games were played at school to challenge common myths and misconceptions about pregnancy risks, contraceptive use and fertility. Interventions were carried out in 16 secondary schools in the countries' two largest cities, Bobo-Dioulasso and Ouagadougou. Evaluations show that participation in the project contributed to more positive attitudes towards contraceptive use and significantly increased girls' likelihood of visiting a health facility. Further (re)solve solutions exist in Ethiopia and Bangladesh, tailored to the local context.

- **The Women's Centre programme for adolescent motherhood, Jamaica**

The programme equips pregnant adolescents and young mothers under the age of 17 in Jamaica with parenting skills and encourages them to complete school to have prospects other than motherhood. For instance, mothers and the baby-fathers learn how to take on responsibility as parents, how to breastfeed and foster good nutritional habits. Moreover, counselling and psychosocial support and skill training is offered for young mothers. A nursery makes sure that the babies are taken care of while teen mothers attend school. The project was founded over 40 years ago and has since helped more than 46,000 adolescent mothers. The second pregnancy rate remained below 2 per cent and most adolescent mothers participating in the project could return to school. The model has also been applied to other contexts including Grenada, Gambia and Kenya.

- **The Grandmother Project – ending child marriage and harmful traditional practices, Senegal**

The project uses the authority of grandmothers in rural and urban communities in Senegal to overcome child-marriage and other harmful traditional practices. Grandmothers are widely respected in the community due to their experience and wisdom gathered throughout their lives. The project's 'change through culture' approach empowers these elders to support girls' rights and wellbeing. They are educated about the negative consequences of child-marriage and benefits of sending girls to school instead. In open dialogues and discussions grandmothers pass on that knowledge to parents and convince them to abandon the practice. In 2019 alone, the Grandmother Project convinced more than 60 grandmothers and more than 3,000 community members to advocate for better educational opportunities for girls. In total, 1,636 grandmothers have been trained with the project's approach, with 77 villages and 2 urban communities participating so far.

- **Reprodutiva – reaching youth with digital SRH solutions, Timor Leste**

The mobile app 'Reprodutiva' aims to increase access to confidential SRH information to boys and girls in Timor Leste as local taboos about sex and reproduction do not allow for open discussions. The app uses a participatory approach, whereby young Timorese can ask questions about how pregnancy happens, where to get contraception or how to prevent sexually transmitted diseases. The services are provided in the local language Tetun and queries are answered by trusted professionals via chats. Girls and boys can also make free calls for individual counselling or schedule medical appointments with reproductive health clinics. A calendar is available to help adolescent girls keep track of their menstruation cycle.

- **Jeune 3S – *Santé, Sexualité, Sécurité* (health, sexuality and safety), West and Central Africa**

The 'Jeune 3S' programme works to ensure that young people aged 10-24 in the most fragile areas of Benin, Cameroon, Central African Republic and the Democratic Republic of Congo have access to youth-friendly SRH services and information to realise their rights. A particular focus is placed on very young adolescent girls aged 10-14. 'Jeune 3S' wants to break down social barriers and stigmas that hinder adolescents to talk openly about their needs concerning menstruation, contraception or prevention of sexually transmitted diseases. For instance, the programme engages with religious and community leaders to facilitate dialogue between parents, medical professionals and adolescents. Through the radio programme '100% Jeune' made for and by youth it involves boys and girls themselves to spread the word on their health, sexuality and safety needs. The programme was implemented from 2016 to 2020 and aimed to reach more than a million young people.

- **Reproductive and family health in Guinea**

Commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) and co-funded by the European Union (EU) the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH promotes young people's sexual and reproductive health in 5 focus districts. In the framework of a health programme, which provides models for broader reforms to the health care system, GIZ and its partners seek to expand an intersectoral approach towards Female Genital Mutilation (FGM). Amongst others, the project supports dialogue forums that bring together religious leaders, political authorities, health workers, lawyers and media professionals on this issue. The goal is to address FGM, forced child marriage and to promote women's rights. Outcomes include an increased percentage of young people (15-24 years) who reject FGM: an increase of 47% was observed in 4 of the target districts in 2020. Nearly 100,000 young people have been sensitised with regard to reproductive health issues.