

AFRICA'S FUTURE IS YOUNG!

Priorities for Young People's Sexual and Reproductive Self-Determination

Almost 60 percent of Africa's population are younger than 25 years old. According to UN estimates, by 2050 more than 1.2 billion children and youth will live on the continent. This growing youth generation will have a decisive impact on Africa's socio-economic, demographic and political developments over the course of this century. To be able to make self-determined decisions about their lives and that of their future children, young people need adequate sexuality education, a broad range of contraceptive choices, youth-friendly health services and an environment in which they can live out their sexuality free from discrimination, violence and prejudice. In short – they must be able to fully realise their sexual and reproductive health and rights (SRHR). In turn, SRHR are an important foundation for sustainable and equitable development.

This policy brief provides an overview of current challenges around young people's SRHR in Africa, promising solutions and recommendations for funders and policy-makers.

What Is the State of Young People's SRHR in Africa?

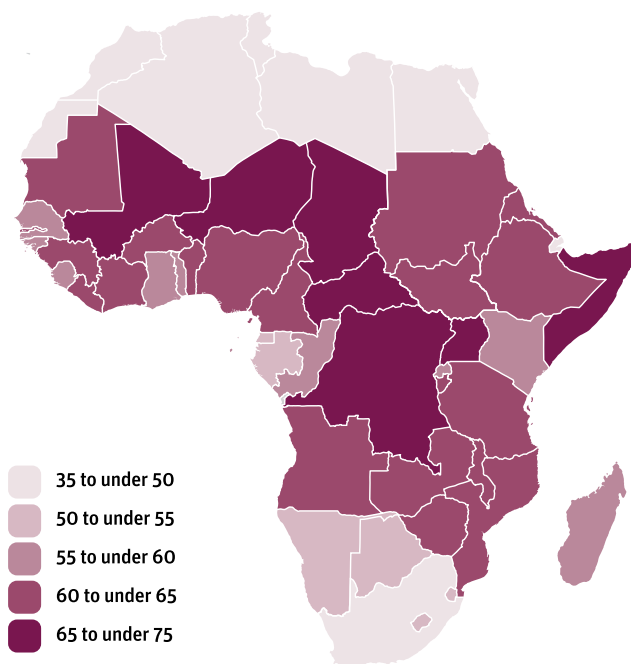
As a world region, Africa has made some great progress over the last few decades with regards to young people's SRHR. However, progress has been uneven across the region and is stagnating in some countries. For example, in Western and Central Africa child marriage remains widespread, with four out of ten girls getting married before their eighteenth birthday. Girls from rural households or those that are most affected by poverty are at especially high risk for child marriage.

Young women also have a disproportionately high unmet need for modern contraception. Among 15- to 19-year-old adolescent women, 55 percent want to avoid a pregnancy but are not using a modern method of contraception. This results in a high number of unintended pregnancies: every year, there are over four million unintended pregnancies among 15- to 19-year-olds. In addition to the health risks associated with pregnancy and childbirth for adolescent women, young mothers frequently experience social exclusion, are forced to drop out of school and struggle with securing a stable income as an adult.

There has also been insufficient progress in ending the HIV epidemic and curbing the spread of other sexually transmitted infections. Sub-Saharan Africa is home to 85 percent of the global adolescent population (aged 10 to 19) living with HIV – a total of 1.4 million adolescents. Young women are especially vulnerable to HIV infection: every week, 3,100 young women between the age of 15 and 24 are infected with HIV in Sub-Saharan Africa. With access to effective treatment, which is often free, HIV is a manageable chronic health condition. However, many young people are not aware of their HIV status, and in Western and Central Africa only around 40 percent of children under the age of 15 are in treatment.

Most young people in Africa – as in the rest of the world – become sexually active as teenagers. In order to make informed decisions about safer sex, contraception and consensual sexual relationships, they need to receive comprehensive sexuality education. Yet sexuality education in schools is often inadequate, with teenagers receiving little or even inaccurate information.

Where are investments needed most urgently to support young people? Where do they themselves see the biggest needs and what is most important to them?



Where the Population Is the Youngest

Walking through the streets of Dar es Salaam, Lusaka or Lagos, the majority of faces you see are young – especially in Western, Central and Eastern Africa. Overall, six out of ten people in Africa are under the age of 25. By comparison, worldwide it is four in ten, with strong regional differences: In strongly ageing countries such as South Korea, Japan or Italy, only 20 percent of the population is younger than 25, compared with around 70 percent in Niger and the Central African Republic.

Percentage of the population under the age of 25, 2024
(Data Source: UN DESA - World Population Prospects 2024)

Expand Sexuality Education in a Creative Manner

Reaching young people with accurate and critical information about sexuality and contraception is particularly effective when doing so in conjunction with games and other recreational activities. In addition, peer-to-peer learning approaches are very successful. Young people are usually more open to trusting their peers than adults. It can also be easier for teenagers to speak openly about taboo topics with other young people. Digital formats like apps and videos are also effective tools to reach young people. Especially in big cities, many young people use smartphones and social media.

Strengthen Youth-Friendly Health Services

When young people visit a clinic for matters related to their sexual or reproductive health, they must often endure prejudiced attitudes, lectures from medical staff or violations of their privacy. To reduce the stigma experienced by sexually active adolescents, health workers should receive

regular trainings that encourage them to identify their own biased attitudes and to critically reflect upon their values and role as healthcare providers.

It is also critical to actively involve young people in the planning of health facilities and projects. They know best what youth-friendly spaces should look like so that other young people can feel comfortable in them. The same applies to young people with disabilities: they must be consulted and included to ensure youth-friendly services are fully accessible. Among other considerations, clinic buildings must be accessible for those using a wheelchair or other mobility aids, and informational materials should be available in Braille.

Integrate the Eradication of Poverty and Violence with SRHR Measures

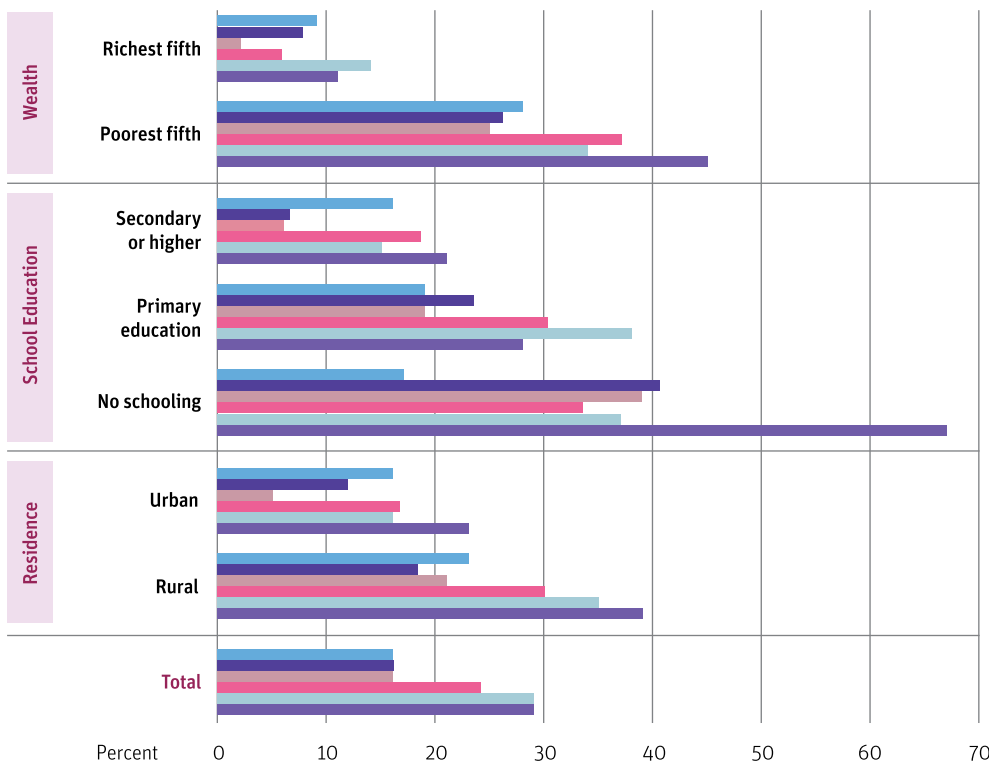
Many young people are affected by poverty and/or gender-based violence. Particularly effective SRHR measures therefore integrate both economic empowerment and sensitisation and protection against sexual violence. In the case of economic empowerment,

this can include teaching young mothers basic financial skills to help them become independent.

Promote Community Dialogues to Reduce Resistance

Religious and traditional leaders are highly respected in many African communities and are very influential on issues affecting their communities, including girls' education, child marriage and sexuality education. Therefore, it is essential to engage local decision-makers before launching a community-based SRHR project. For a sexuality education project, for example, it can be very helpful to explain the goals and methods to local leaders, as well as how the project can benefit the community as a whole. Many parents and teachers find it difficult to speak with their children or students about sexuality, because they never learned how to do so. Therefore, parents too should be engaged in dialogue to encourage open communication about SRHR issues and jointly identify solutions for the local context.

Poverty Is One of the Main Drivers of Early Motherhood



In many African countries similar trends can be seen with regard to the likelihood of a young woman becoming a mother as an adolescent. In rural regions, girls and women have children earlier than in urban regions. The higher her level of education, the less likely it becomes for a woman to become a mother at an early age. Differences in household income have a particularly strong impact on early motherhood: adolescents affected by poverty are significantly more likely to have a child than those who are wealthier.

Percentage of girls and women aged 15 to 19 who are mothers, by socio-demographic characteristics in selected African countries (Data Source: ICF - The DHS Program STATcompiler)

Recommendations

To meet young people's needs and sustainably improve SRHR for Africa's youth, development cooperation institutions and other funders should:

■ **Support partner countries to better adapt their health facilities to the needs of young people.** Healthcare provision should not just be youth-friendly, it must also be barrier-free and inclusive. To ensure that the needs of all young people are met, youth participation at all levels of programme planning and implementation is essential.

■ **Highlight the intersections between SRHR, girls' education, job training and employment opportunities for young women in dialogues with partner countries.** SRHR-specific barriers that prevent girls from staying in school and enrolling in vocational training or university must be urgently dismantled. These barriers include unintended pregnancy, early motherhood, unaffordable menstrual products and a lack of adequate sanitation facilities in schools.

■ **Prioritise investments in young people's SRHR.** Projects and interventions focusing on youth SRHR should receive more funding and be adapted to meet young people's needs. Funding decisions should also actively promote the inclusion and participation of marginalised groups – such as LGBTQI+ youth, refugees, and young people with HIV and/or disabilities.

■ **Consult and work with local youth experts and youth-led organisations before developing funding priorities,** to identify the greatest needs and most promising solutions based on local perspectives. In addition, funders should coordinate with each other to avoid duplication of efforts.

■ **Ensure sustainable financial support for local organisations and projects. This should include simplifying funding applications and reporting requirements.** Youth-led and other local civil society organisations generally know very well what is needed but receive insufficient financial support. To improve young people's SRHR in the long term, local organisations need sustainable and flexible funding that is not exclusively tied to short-term projects. In addition, local youth-led organisations that primarily do advocacy work need more support.

■ **Consider the balance of power when funding partnerships between international and local organisations, and proactively support a just distribution of power.** Otherwise, localisation efforts run the risk of only superficially involving local youth-led organisations and not empowering them as long-term independent partners.

■ **Address the evidence gap,** invest in community-led research and strengthen local analytical capacity to better assess the SRHR needs of marginalised young people in particular.

The solutions and recommendations outlined in this brief are based on interviews with youth-led organisations, youth activists and other experts, which the Berlin Institute conducted in Tanzania, Zambia and Nigeria in early 2024 – supplemented by literature research and data analysis.

The full study “Africa's Future Is Young!” is available at:
www.berlin-institut.org/en/publications

¹Lesbian, Gay, Bisexual, Trans, Queer, Intersex and additional, unnamed identities

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