



Youth Unmet RH/FP Needs: Implications for achieving Health and Development Goals

Repositioning Family Planning/Reproductive Health for Youth
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What are the Health & Dev. Goals?



MDGs

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve Maternal health
6. Combat HIV/AIDS, Malaria and other Diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Goals of the ICPD and the 5th and 10th Year Reviews



- Gender equality in education
- Reduce infant, child and maternal mortality
- Universal access to safe and reliable RH/FP Services
- Education: reduce illiteracy rate for women and girls
- Provide a wide range of RH/FP, EOC and Treatment for RTIs
- Reduce maternal mortality
- Reduce unmet need for family planning.
- Prevention of HIV/AIDS in young people

Unmet need for Family Planning



Reduce by half by 2005 any gap between the proportions of individuals using contraceptives and those expressing a desire to space or limit their families, by 75 per cent by 2010, and completely by 2015

Reproductive Health Elements



- Safe motherhood
- Family Planning
- Prevention and management of STIs, including HIV/AIDS
- Prevention of abortion and post abortion care
- Adolescent SRH
- Gender issues/Harmful practices
- RH illnesses and dysfunctions – Gynaecological cancers, infertility etc

ICPD +10 Findings



- 10th year review of ICPD POA in Africa, shows some progress in SRH/FP of young people. But much still remains to be done.
- Even where ARH policies exist, young people face tremendous difficulties in accessing services due to: shortage of behaviour change information, counseling, education and communications; lack of youth-friendly services; shortage of resources; and, opposition from parents and guardians, service providers and other gatekeepers, and limited coverage of interventions.

Some facts and figures



- Nearly half of the World's population is under the age of 25 years, Young people, ages 10-24, comprise almost 30% of the World's population.
- In Africa, young people below the age of 25 years constitute about 60% of our population, and between 10-24yr = 33%

Some facts and figures



- The unintended consequences of unprotected sexual relations and early marriage – HIV/AIDS, STIs, early pregnancy, early child bearing and unsafe abortions.
- More adolescent girls die from pregnancy-related complications than from any other cause. Girls aged 15-19 are twice as likely to die in child-birth than women in their twenties.
- One-third of the 333 million new curable STIs each year occur among young people under 25 years

Some facts and figures



- Five million girls aged 15-19 undergo unsafe abortions each year –40% of which are under unsafe conditions, and up to 70% of abortion related deaths are under the age of 20.
- Young women in Africa suffer and die more frequently from pregnancy related complications and childbirth than in other regions of the world.

HIV infection



- Half of all 3.1 million new HIV infections in Africa in 2004, occurred among young people 15 to 24 years of age.
- Young women aged 15-24 are two and half times more likely to be infected than young men. By the end of 2003, 6.9% of young women and 2.1% young men aged 15-24 years were living with HIV.
- Only 60% of young people in the world's worst affected countries know how protect themselves from HIV.

Sexual Experience



- Majority of young people are sexually experienced by the age of 20.
- Between 25% and 50% of teen girls from developing countries will have had their first child by the time they turn 18 years (e.g. nearly 75% of girls (15-19) in Democratic Republic of Congo, and 76% in Niger and 36% in Liberia are married).
- More than 88% of unmarried urban boys ages 15-19 in Kenya had engaged in sexual intercourse by the time they were 18; 25% of these boys had sex for the first time before age 15

Maternal mortality and contraceptives



- Of the 529,000 maternal deaths world wide in year 2000, 247,000, almost half, of it occurred in sub-Saharan Africa. A tenth of the world-wide figure, about 60,000 of the cases are from Nigeria.
- Contraceptive prevalence rate among African women is as low as 27% compared to the global average of 61%.
- A study has shown that on average, there are 3 condoms per person per year in Africa

Some facts and figures Cont.



- In most **Sub-Saharan countries**, **60%** of married teenagers reported that they did not wish to have a child in the near future. Only 20% of them actually use a contraceptive method
- Millions of African girls lack the most basic information and services to protect themselves: Half of all teenage girls in Sub-Saharan Africa do not know that a healthy-looking person can be living with HIV/AIDS

RH/FP for Young People



- Importance of RH/FP to the parents of young people
- Importance of family planning to young people
- Importance of RH/FP to communities and societies at large

Political and Programmatic Implications



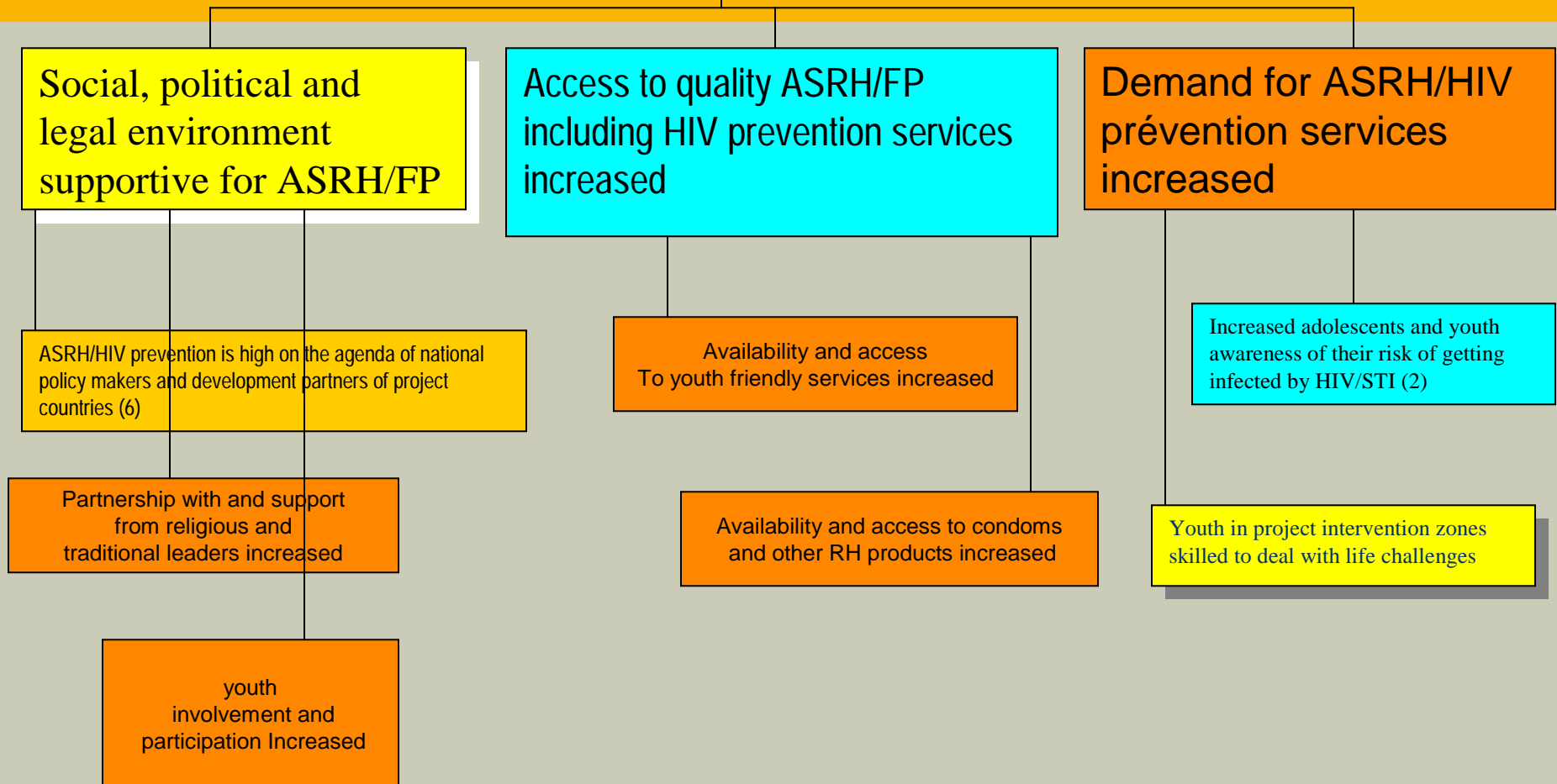
- SRH/FP is not solely a health a health issue, but a matter of social justice and human rights, governments need to ensure not only through providing access access to sexual and reproductive health care to both men and women, but also through legal and political means
 - provide, support and implement laws, policies and social norms that ensure access to SRH/FP
 - Ensure men, women and young people have access to SRH/FP

Goals/Outcomes of SRH/FP and HIV programmes for young people



- Reduce prevalence of HIV infection
- Reduce prevalence of STIs
- Reduce pregnancy rate
- Reduce unsafe abortion
- Delay age of Sexual intercourse onset
- Increase contraceptive prevalence among sexually active young people

Improved ASRH/FP including decreased vulnerability to HIV infection



Lessons Learned



- Whenever possible, programming and interventions should build upon existing sustainable structures;
- Partnership at national and community levels enhance, ownership, acceptance and sustainability. Involvement of relevant stakeholders (youth and community), especially program beneficiaries evaluation;
- Need to focus on Very Young Adults (10-14yr olds) before they are sexually active
- Need to reach rural and non-literate population with information and services

Future



- Advocacy and Partnership with leaderships, stakeholders and communities for commitment and support and creation of conducive environment and ownership, acceptability and sustainability
- Intensify SRH/FP/HIV prevention among young people by expansion and replication of successful approaches (including M&E, Reserach and knowledge sharing)
- Increase resources (human, financial and technical) to support country-level programme implementation
- Youth Participation
- Interagency coordination and collaboration



“Reproductive health services are not desirable in and of themselves – which they are – but a absolutely critical tools for alleviating poverty, and in particular for achieving the MDGs, which are the overarching international framework for trying to alleviate the suffering of poorest people in the world”

– Jeffrey Sachs, Special Advisor to the SG on the MDGs



“The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights, greater investment in education and health, including reproductive health family planning” – *UN SG*



In Africa, the MDGs will only be achieved by investing in young people's health (including SRH/FP needs) and development.

In Africa, breaking the cycle of poverty requires addressing young people's vulnerabilities and empowering them to be the agents of change for development

Caution



- Since Family planning is part of Reproductive Health, as STIs and HIV/AIDS, we must avoid vertical promotion of Family Planning alone without due consideration for comprehensive Reproductive Health, as is the case for some vertical HIV/AIDS programmes.
- The answer is integration of Sexual and Reproductive Health (including Family Planning) and HIV/AIDS