Policy Brief

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INVESTING IN YOUTH FOR NATIONAL DEVELOPMENT

Investing in youth helps achieve the MDGs: promoting gender equality, reducing child mortality, improving maternal health, and combating HIV/AIDS.

1.2 BILLION

The current size of the world's population ages 15 to 24.

Evidence-based programs can be scaled up—reaching more youth with timely information, services, and life skills—and fostering national development.

Despite the commitment of many policymakers and advocates to addressing the ever-increasing sexual and reproductive health needs of youth, calls for appropriate programs, services, and funding have gone largely unanswered. Youth around the world remain at high risk of unplanned pregnancy, HIV/AIDS, and sexually transmitted infections, even though many small-scale programs are ready for scale up and would help youth achieve their potential and help nations achieve their development goals. With global attention focused on the Millennium Development Goals, countries that recognize the importance of healthy young adults (ages 15 to 24) also have a better chance of reaching their targets for Goal 3 (promoting gender equality and empowering women), Goal 4 (reducing child mortality), Goal 5 (improving maternal health), and Goal 6 (combating HIV/AIDS, malaria, and other diseases).[1]

To further highlight the urgency of reproductive health needs of youth, an international conference was convened in 2008 in Abuja, Nigeria. The conference culminated in the presentation of a Call to Action, urging "increased investments in young people's health and development as an essential step to supporting young people today and ensuring the promise they hold for tomorrow."[2] Among the recommendations in the Call to Action is the expansion of three types of programs:

- Age-appropriate sexual and reproductive health educational interventions.
- Youth-friendly health services with community outreach.
- Comprehensive information campaigns.

This policy brief considers the demographic significance of youth to national development and why policymakers need to pay attention to the reproductive health needs of youth. It examines the evidence that these three types of programs contribute to healthy youth, including examples from field-based success stories. Finally, it provides recommendations to advance policy and advocacy efforts to respond to the needs of youth as part of national health and development goals.

Importance of Youth for National Development

Almost half of the world's population is under age 25. Although youth between ages 15 and 24 are in greatest need of sexual and reproductive health services, those who are younger will quickly come of age and share these same needs. The size of the population ages 15 to 24 is currently 1.2 billion and is expected to continue growing for at least 20 more years.[3] With the swelling wave of young people, access to reproductive health information and services becomes critical so that they can choose the number of children they want and can obtain the information and services to avoid unplanned pregnancy, HIV, and STIs (see Box 1, page 2). With this knowledge, youth are better able to make choices that support the pursuit of educational goals and the development of life skills necessary for national and local leadership positions.

Ignoring the reproductive and sexual health of youth today will have dire global consequences for decades. Each day, about 6,000 youth are infected with HIV—the majority of whom are young women in developing countries.[4] Each year, youth also experience more than 100 million new cases of sexually transmitted infections, which increase their risk of HIV. Young women have high rates of unintended pregnancy—as many as 40 percent of adolescent pregnancies in Latin America and the Caribbean are unintended, as are between 11 percent and 77 percent of pregnancies among teens in sub-Saharan Africa.[5] In low- and middle-income countries, complications from pregnancy are the leading cause of death among young women ages 15 to 19, and their maternal death rates are twice as high as for older women.[6] Providing youth with access to reproductive health education, services where they are welcomed, and accurate and comprehensive information will empower them to make healthy decisions. To better understand how to move forward, the following sections examine the rationale for expanding these three programs areas and describe six successful programs.

BOX 1

Why Invest in Youth for National Development?

Economic development depends on current reality and future possibilities. Investing in the reproductive health needs of youth today provides a healthy labor force and strengthens the economy for years.

REASONS TO INVEST IN YOUTH-FOCUSED REPRODUCTIVE HEALTH PROGRAMS

- Young women are less likely to use contraceptives than older women. When young women avoid unintended pregnancies, they are more likely to stay in school and participate in the labor force.
- Programs that foster gender equity and changes in societal expectations about male behavior contribute to reduced risk of unplanned pregnancies, STIs, and HIV/AIDS.
- Pregnant adolescents face higher risks of maternal mortality, delivery complications, and obstructed labor—all of which increase health expenditures and undermine national productivity.
- Young pregnant women are more likely to seek unsafe abortion later in their pregnancies, thus increasing their risk of death and disability.
- When women start childbearing at an older age, they generally have fewer children, and those children are healthier, better nourished, and better educated.
- When youth have been taught life skills (for example, basic reproductive health, decisionmaking, self esteem and self efficacy, and communication skills), they are more likely to delay getting married and to use health services so that they and their families are healthier.

REASONS TO INVEST IN YOUTH-FOCUSED HIV PROGRAMS

- Youth—especially young women—represent a growing percentage of new cases of HIV in much of the world. It is estimated that each case of AIDS in a country results in additional annual medical care costs equal to 2.7 times the level of that country's per capita gross national product (GNP).
- Programs that explain the risks of HIV to youth can contribute to reducing high-risk behaviors and the number of new cases.
- Reducing the number of new cases of HIV/AIDS also reduces the number of new cases of tuberculosis and other opportunistic infections that drive up treatment costs and reduce economic productivity of adults.

Sexual and Reproductive Health Education

Programs that teach young people about gender, reproductive health, and life skills make long- and short-term contributions to their well-being.[7] Teaching boys and girls about gender equity can make long-term improvements to society's health and development. As children move into adolescence, education programs need to expand their content and offer information about sexuality, including the prevention of pregnancy, sexually transmitted infections (STIs), and HIV. School-based programs can reach many youth before they become sexually active, can encourage delay of sexual activity, and can promote the use of condoms and contraceptives once sexual activity begins. Global evidence shows that learning about reproductive health does not increase the likelihood that young people will start having sex earlier. Learning about sex and HIV before becoming sexually active reduces the risk of contracting HIV.

Logically, many sex education programs are based in schools. However, not all youth—especially girls and children with disabilities—attend school, and many of those at greatest risk leave school early. Schools may be a convenient vehicle for reaching youth, but the characteristics of successful programs can be adapted to other community settings.

The following two examples illustrate how sexual and reproductive health education programs can make a difference in youth attitudes, behaviors, and outcomes.

TANZANIA: MEMA KWA VIJANA

Focusing on youth ages 12 to 19 in rural primary school grades 5 through 7, *MEMA Kwa Vijana* ("Good things for young people") was designed to reduce new cases of HIV/AIDS, STIs, and pregnancy, as well as improve sexual health knowledge, attitudes, and behaviors. The program included four components: a teacher-led, peer-assisted program consisting of 12 40-minute sessions held during the school year; youth-friendly health services in public facilities; community-based condom promotion and distribution by youth; and community activities to mobilize youth around reproductive health issues and needs. It was implemented in 20 rural communities in northern Tanzania and evaluated using a community-randomized trial.

BOX 2

What Makes Services 'Youth Friendly'?

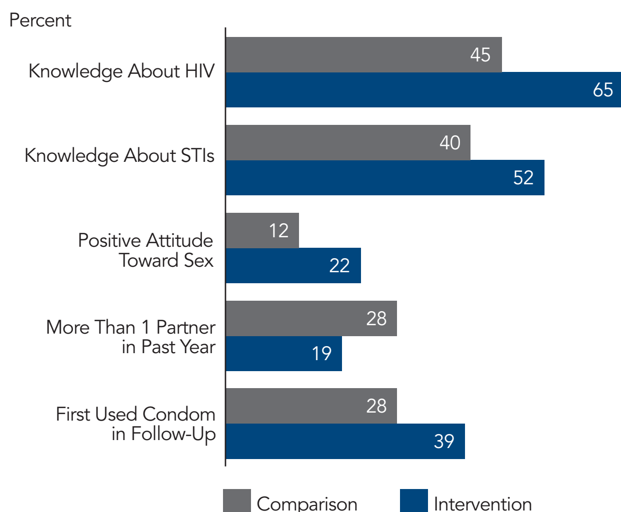
- Available, accessible, and equitable so that young people use interventions related to HIV, unintended pregnancy, and other reproductive health issues.
- Acceptable to youth, with all staff trained to provide services with respect, dignity, privacy, and confidentiality.
- Appropriate and effective, with necessary skills, supplies, and equipment.

Source: Inter-Agency Task Team on HIV and Young People, *HIV Interventions for Young People in the Education Sector, Guidance Brief* (New York: United Nations Population Fund, 2008).

The follow-up demonstrated impressive results, especially among young men: increases in knowledge about acquisition of HIV and STIs, a more positive attitude about sex (mutual consent and right to refuse), reductions in sex partners, and more frequent condom use (see Figure 1). In addition, several improvements were greater when students participated in the program for a longer time.[8]

FIGURE 1

In Tanzania, the MEMA Kwa Vijana Program Had Impressive Results Among Young Men.



Source: David Ross et al., "Biological and Behavioral Impact of an Adolescent Sexual Health Intervention in Tanzania: A Community-Randomized Trial," *AIDS* 21, no. 14 (2007): 1943-55.

NAMIBIA: MY FUTURE IS MY CHOICE

This after-school program was facilitated by a teacher and a young adult and provided youth ages 15 to 18 with a framework for decisionmaking and with basic facts about reproduction, HIV/AIDS, high-risk behaviors, and communication skills. The curriculum was based on a successful U.S. program and was taught in 14 two-hour sessions. To measure impact, researchers used a randomized, longitudinal trial of 515 youth.

As a result of the program, a larger percentage of students remained sexually inexperienced a year later, greater condom use was seen among youth who initiated sexual activity after the program ended, and self-efficacy and self-empowerment increased toward condom use. In addition, the program had positive effects on reducing alcohol use and improving partner communications.[9]

These two programs in Tanzania and Namibia reach different types of students—older and younger, urban and rural, during school and after school; are based on field-tested curricula; and are led by adults. Both programs address age-appropriate sexual and reproductive health, life skills, and self-efficacy and self-empowerment, all of which contribute to youth making better decisions about delay of sex, partner reduction, and condom and contraceptive use.

Youth-Friendly Health Services

Access to high-quality health services helps youth address a range of health concerns. Often youth are unable to obtain needed health services due to restrictive laws and policies. In other situations, services are too expensive, providers have negative attitudes, and youth fear that providers will not maintain confidentiality. Even if youth do seek services, they may be unsatisfied with the treatment and decide not to return. Youth-friendly services do not require a parallel system, but the services need to respond to young people in ways that address age- and gender-related needs.[10]

Effectively serving youth means understanding their continuum of needs based on age, sex, marital status, and place of residence. Reaching youth also requires a combination of facility-based and outreach services—such as hotlines, pharmacies, community-based health workers, and social marketing programs.[11] Program directors of youth-friendly services should also factor in the times of the day when young people are best able to access services, their affordability, and the importance of privacy and confidentiality.

RWANDA: CENTRE DUSHISHOZE

An innovative social marketing program in Butare—a small urban district in Rwanda—worked through the *Centre Dushishoze* ("Think about what you are doing")—a place where youth come to spend free time and get reproductive health information and services. Because few 15-to-24-year-olds in the area attend school, the social marketing program is directed toward out-of-school youth and offers services at a lower price than other health clinics. In addition to health services, the center offers skill-building activities—such as hair styling, auto mechanics, and English—for young women and men. The medical staff provides

reproductive health and HIV services, and peer educators distribute condoms in the community and identify youth-friendly condom sellers in rural areas. Because of limited access to television and radio, the center provides outreach through staff and peer educators and a mobile video unit; and offers small-group and individual counseling at schools, clubs, churches, and other community centers.[12] Billboards, peer education sessions, a youth-focused magazine—*Indatwa Z'ejo* ("Heroes of the Future"), and mobile video advertisements also promote the services.

The program was evaluated using baseline and follow-up surveys conducted in 2000 and 2002. The follow-up survey indicated significant improvements in knowledge, attitudes, and behaviors, as shown in Figure 2. Participants in the program had a better understanding of condom effectiveness in HIV prevention and correct condom use. They also felt greater social support from friends in condom use and in discussing HIV/AIDS and STIs, and knew where to go for HIV testing. Finally, they reported a greater desire to postpone childbearing than nonparticipants. Evaluation data also indicate that when young men and women had more exposure to the program, many of the results were even greater.

UGANDA: JINJA DISTRICT

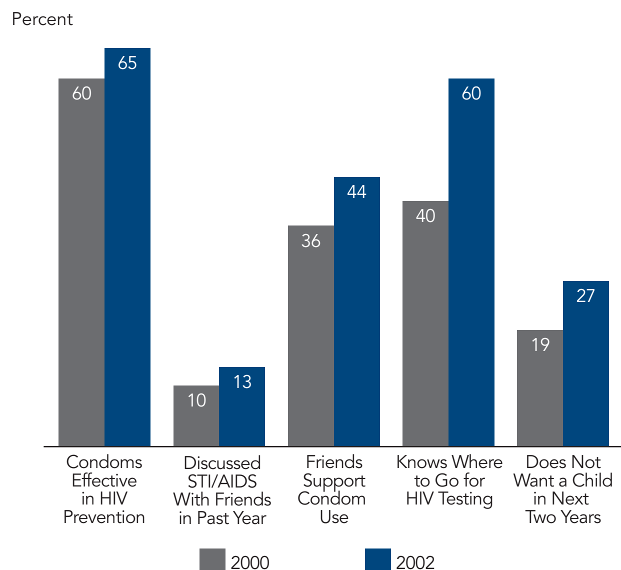
In southeastern Uganda, sexual activity among adolescents is common, with young women becoming involved with "sugar daddies." Young men also enter into similar relationships with older married women. To address these issues, a program in four health centers in the rural agricultural district of Jinja trained health workers and the district health team to communicate nonjudgmentally and to counsel adolescents on sexual and reproductive health. Based on input from youth, facilities extended hours of operation, provided recreational activities, and offered STI treatment and contraceptives.[13]

The youth-friendly health centers had a significant impact on knowledge and behaviors. Youth living in the program areas better understood sexual and reproductive health issues, including family planning and factors that dispose people to HIV and STIs. Use of different types of health services by adolescents increased over a 12-month follow-up period. Contraceptive use among youth in the program area was also much higher than among youth in the control area—66 percent vs. 47 percent.

These two examples of adapting services to be responsive to youth needs—one through a social marketing program and one through expanding services at health facilities—illustrate the range of benefits that can result when the health sector focuses on young adults.

FIGURE 2

In Rwanda, Centre Dushishoze Contributed to Changes in Attitudes and Behavior Among Unmarried Women Ages 15 to 24.



Source: Andrea Plautz and Dominique Meekers, *The Reach and Impact of the PSI Butare Adolescent Reproductive Health Program in Butare Province, Rwanda* (Washington, DC: Population Services International, 2003).

Multimedia Communication Programs

A third critical way of reaching youth with information about sexual and reproductive health is through mass media. Many governments rely on mass media to inform the public and shape social norms and behaviors about HIV. Television, radio, print media, and the Internet all provide platforms for "edu-tainment," public service announcements, talk shows, music videos, and interactive websites to disseminate information about preventing unintended pregnancies, STIs, and HIV/AIDS.

Choosing the channels of communication for a campaign depends on the setting and prevailing modes of communication. A recent World Health Organization panel of experts on youth-focused communication campaigns concluded that campaigns that include at least radio and supporting media efforts are more effective than radio alone in bringing about positive effects on skills, knowledge about health services, and social norms.[14] Television may be prohibitively expensive and may not effectively reach youth. It may be better to use limited resources to ensure that young adults hear the messages repeatedly, as greater exposure to messages is more likely to change risky behaviors and encourage abstinence and condom use.

ZAMBIA: HEART

Directed at young people ages 13 to 19, "Helping Each other Act Responsibly Together" (HEART) used a range of media to disseminate messages about social norms and individual behaviors. The program sought to create a social context in which sexual norms could be discussed and reassessed. The program used television spots as its foundation, and incorporated radio spots, music and videos, posters and billboards, and other print materials to support messages related to HIV and STI risk reduction. The campaign was developed jointly by communication experts, adolescent reproductive health specialists, and youth. The strategy segmented the youth audience and developed different messages about using condoms, choosing abstinence, delaying sexual debut, and avoiding stereotypes about HIV.

Follow-up surveys indicated that 31 percent of youth lived in a household with a television and that 80 percent of those youth recalled at least one of the televised health communication spots. As expected, viewership was higher in urban areas than rural areas (71 percent vs. 36 percent). Messages about abstinence achieved the program's desired effect: Young women and men who viewed the HEART campaign were more likely to be aware of abstinence as a way of preventing HIV infection, and youth seeing the messages talked to more people about abstinence than youth who didn't see the spots. Among both sexually experienced and inexperienced young women, those who had seen parts of the campaign reported higher self-empowerment about not having sex if they did not want to. Young men and women who saw the TV spots were also less likely to be sexually active at the time of the endline interview. The program also increased knowledge about HIV counseling and testing and where youth can purchase condoms, and sexually active youth who viewed the HEART campaign were more likely to have used a condom the last time they had sex.[15]

GUINEA: PRISM

A program directed at young adults ages 15 to 24 in Guinea reached urban youth. PRISM aimed to increase knowledge about STIs and HIV/AIDS, and to dispel stereotypes about people with HIV; it also focused on increasing use of contraception and prevention behaviors (abstinence, fewer partners, condom use, and health services). Given that the area is fairly conservative, the communication program also worked to increase community discussion about reproductive health issues.

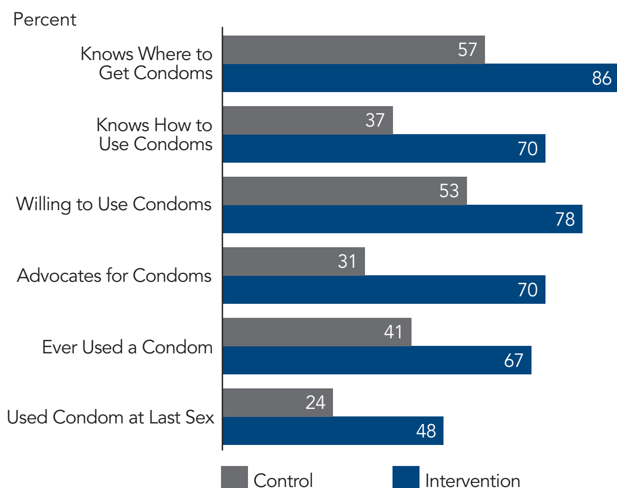
Implementing the behavior change communication program focused on radio programs aired twice weekly and on print materials directed toward parents and youth with messages about abstinence and preventing unplanned pregnancies, STIs, and HIV. Messages and program content were developed with input from youth. Print and promotional materials were disseminated at places young adults normally gather: public places, hair salons, tailors and seamstress shops, and mechanic garages. PRISM also focused on outreach: peer education, community theater, advocacy with parents and religious and community leaders, and partnerships with health service providers.

Young adults living in the area where PRISM was implemented benefited from the communication campaign. They reported more knowledge of and willingness to use condoms, as shown in Figure 3 (results are shown for young men but were equally significant for young women). They also reported greater knowledge about HIV/AIDS prevention and that their communities were more open to discussing reproductive health issues—especially health workers and other youth, but also community leaders, parents, religious leaders, and their friends. Overall, youth in the intervention area reported that PRISM helped them take steps toward changing their behavior related to condom and contraceptive use, abstinence, and partner reduction—83 percent among males and 56 percent among females. With greater exposure to PRISM's messages, more young men were likely to use condoms at last sex and more young women decided to abstain from sex.[16]

Mass media communication campaigns provide targeted information. The programs in Zambia and Guinea used different media and supporting activities—one focused on television and the other on radio. Both identified appropriate media for reaching youth. Radio and television can provide a strong foundation for reaching youth with messages about sexual and reproductive health, and are more effective when coupled with other complementary media including billboards, print materials, music and videos, and public presentations.

FIGURE 3

In Guinea, Exposure to Prism Messages Increased Young Men's Understanding and Use of Condoms.



Source: Fannie Fonseca-Baker, Guillaume Bakadi, and Amélie Sow, *Mobilizing Communities for Behavior Change: HIV/AIDS and Pregnancy Prevention Among Youth in Upper Guinea* (Baltimore: Johns Hopkins Bloomberg School of Public Health, 2005).

Recommendations

Addressing the sexual and reproductive health needs of youth—including protection against sexual abuse—requires coordinated efforts from many stakeholders: policymakers, program managers, and youth advocates from both the public and private sectors.

POLICY AND PROGRAM LEVEL

Foster youth-friendly policies and greater support for youth. To be implemented on a large scale, reproductive health programs directed toward youth must be based on specific policies. These policies can help youth live healthier and more productive lives and will contribute to stronger families, communities, and nations.

Use a multisectoral approach. Being responsive to the sexual and reproductive health needs of youth involves a range of public-sector stakeholders, including ministries of health, education, youth, communications, labor, planning, and finance. The private sector also has a vital role to play—nongovernmental organizations, media outlets,

and private providers and pharmacies. Recognize what each sector has to offer and work together to support youth.

Start with children. Promoting social change begins by providing age-appropriate comprehensive gender and sexuality education in schools. Through well-designed programs, children can learn healthy gender roles that challenge many social norms.

Recognize the changing needs of youth. Adolescents have different needs for information and programs than children have. Understand that sexuality education does not increase sexual activity among youth.[17]

Reach out-of-school youth. Many youth with the greatest need for information are not in school and do not have access to the more common and successful programs. To reach this group, which includes child brides and married girls, child housekeepers, poor urban youth, and youth livestock herders, know where these young people congregate and disseminate messages there. Develop appropriate programs that draw on their routines—sessions at community gathering places (sports fields and markets, for example), use of multiple media channels, and community health and outreach workers.

Coordinate program efforts. In places with multiple programs directed toward the sexual and reproductive health needs of youth, establish a coordination working group to ensure that information is correct and current, messages are consistent, and interventions are mutually reinforcing.

ADVOCACY LEVEL

Target advocacy. Whether directed to donors, policymakers, or program managers, advocacy efforts that support youth should develop audience-specific messages and draw attention to the urgent sexual and reproductive health needs of youth around the world.

Speak the language of youth. Messages must be communicated in language and concepts that youth understand and disseminated through communication channels that youth access. Keep in mind that many of the most vulnerable youth have limited literacy skills.

Involve youth. As the target audience for programs designed to respond to youth sexual and reproductive health needs, youth must be involved in developing strategies and messages to ensure program success. Engage and support civil society organizations for youth and led by youth. Hire young people as program staff and seek their input during program design.

Be positive about youth. Remain optimistic about young people and support efforts to improve their health, education, and employment opportunities. Investing in youth today leads to stronger nations tomorrow because youth can be positive agents of change, progress, and national development.

The Abuja Call to Action reinforces the importance of specific interventions that reach youth with correct information and services to foster their continued use of the health sector. The programs described in this brief actively involved youth in design and implementation, thus ensuring that program elements and content were acceptable and understood by youth. Scaling up these evidence-based and participatory interventions will give youth the advantage they need to get ahead and bring nations closer to achieving their development goals.

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Additional Resources

PROGRAMS AND INTERVENTIONS

The Interagency Youth Working Group (IYWG) provides global technical leadership to advance the reproductive health and HIV/AIDS outcomes of young people ages 10 to 24 in developing countries.
http://info.k4health.org/youthwg/about.shtml

Advocates for Youth works to help young people make informed and responsible decisions about their reproductive and sexual health, providing information about a wide range of youth sexual and reproductive health programs and advocacy efforts.
www.advocatesforyouth.org

The World Health Organization's *Technical Report on Preventing HIV/AIDS Among Young People* provides an evidence-based review of programs and interventions that address the sexual and reproductive health needs of youth.
http://whqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf

YOUTH POLICY

Youth-policy.com is an online resource that includes a searchable database of youth-friendly policies.
www.youth-policy.com

The World Bank's *2007 World Development Report, Development and the Next Generation* examines life transitions that youth face in becoming adults.
http://econ.worldbank.org

REPRODUCTIVE HEALTH INFORMATION DIRECTED TOWARD YOUTH

MTV Fight for Your Rights: Protect Yourself is an online resource focusing on HIV/AIDS, pregnancy prevention, and other sexual health issues. The website uses youth-friendly language and presentation style.
www.mtv.com/onair/ffyr/protect/takeaction.jhtml

Stayteen.org is an online resource that provides information to youth about reproductive health, relationships, and how youth can create and disseminate their own messages.
www.stayteen.org/default.aspx

PRB.org Resources on Youth

PRB has many resources on youth. Here are highlights of several of them.

2009 World Population Data Sheet
Global population numbers are on track to reach 7 billion in 2011, just 12 years after reaching 6 billion in 1999. Virtually all of the growth is in developing countries. And the growth of the world's youth population (ages 15 to 24) is shifting into the poorest of those countries. Check out data and graphs on youth included in the *2009 World Population Data Sheet*. (In Arabic, English, French, and Spanish)
www.prb.org/pdf09/09wpds_eng.pdf

Webcast: As World Population Approaches 7 Billion, the Youth Population Is More and More Concentrated in Africa and Asia
PRB released its *2009 World Population Data Sheet* on Aug. 12, 2009. PRB senior staff presented highlights on children and youth.
www.prb.org/Journalists/Webcasts/2009/2009wpds-webcast.aspx

Sexual Behavior and Contraceptive Use Among Youth in West Africa
Data from the Demographic and Health Surveys conducted in West Africa indicate the variation in sexual knowledge and practice among youth ages 15 to 24. With this information, policymakers and program managers can develop programs that more effectively respond to the sexual and reproductive health needs of youth. (In English and French)
www.prb.org/Articles/2009/westafricayouth.aspx

Female Genital Mutilation/Cutting: Data and Trends
Female genital mutilation/cutting poses serious physical and mental health risks for women and young girls, especially for women who have undergone extreme forms of the procedure. An estimated 100 million to 140 million girls and women worldwide have undergone female genital mutilation/cutting. (In Arabic, English, and French)
www.prb.org/Publications/Datasheets/2008/fgm2008.aspx

Powerful Partners: Adolescent Girls' Education and Delayed Childbearing
More-educated women have fewer children. This seemingly straight-forward relationship is actually complex, and the benefits associated with different levels of education can vary considerably by setting. This PRB policy brief describes adolescent girls' reproductive health risks and how increasing their educational attainment reduces those risks.
www.prb.org/Publications/PolicyBriefs/PowerfulPartners.aspx

Africa's Youthful Population: Risk or Opportunity?
Africa's young people will be the driving force behind economic prosperity in future decades, but only if policies and programs are in place to enhance their opportunities and encourage smaller families. This PRB policy brief outlines the opportunities and risks that can result from the large numbers of youth growing up in sub-Saharan Africa today. (In English and French)
www.prb.org/Publications/PolicyBriefs/AfricasYouthfulPopulation.aspx

Youth in a Global World
This PRB policy brief highlights changes, cites trends, and suggests ways policies and programs could further improve the lives of today's youth. (In English, French, and Spanish)
www.prb.org/Publications/PolicyBriefs/YouthinaGlobalWorld.aspx

The World's Youth 2006 Data Sheet
While girls and boys are enrolling in secondary school in record numbers and early marriage is on the decline, many young people across the world still face daunting threats to their well-being—from sexually transmitted infections to complications from smoking. Learn more about youth around the world. (In English, French, and Spanish)

www.prb.org/Publications/Datasheets/2006/PRBsTheWorldsYouth2006DataSheetPaintsaMixedPictureforAdolescents.aspx

Go to www.prb.org and click on the topic Youth for a complete listing.

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