

United Nations Population Fund

YOUNG PEOPLE'S choices dictate their future



Just over 20% of the South African population are adolescents between the ages of 10 and 19 years of age. In 2009, of the 49 320 500 persons that comprise the South African population, some 5 247 200 are aged between 10 and 14 years and 5 214 300 are aged between 14 and 19 years old. Their decisions about sexual behaviour and childbearing are critical to South Africa's future population size, dynamic and well-being. As South Africa joins the world in welcoming the world's 7 billionth baby on October 31, we need to ensure that adolescents living in a world of 7 billion people have access to comprehensive sexual and reproductive health education and services.

Although many people become sexually active during adolescence, young people often have no access to the family planning services and education they need. Some of the biggest barriers are cultural taboos about young people's sexuality. If we want to address population issues, combat maternal deaths and give young people a good, healthy start on their lives, their right to reproductive health and family planning information and services must be promoted, and changes in policies and regulations encouraged.

The current situation

- Most people become sexually active before their 20th birthday. In South Africa the median age for sexual debut being 18. Of school going young people 38% ever had sex and 13% reported sexual debut under the age of 14.
- Many societies disapprove of premarital sex and consider reproductive health care for young people inappropriate. As a result, parents, educators and health care providers often are unwilling to give young people the information and services needed.
- Modern contraceptive use among adolescents is generally low, and decreases with economic status. 31% of school going adolescents in South Africa reported always using a condom during sex. Young women consistently report less contraceptive usage than men, evidence of their unequal power in negotiating safer sex or restrictions on their access to services (such as lack of information, shame, laws, health provider attitudes and practices, or social norms).
- In South Africa 19% of school going young people reported ever being pregnant or making someone pregnant. Teenage girls account for 14 per cent of the estimated 20 million unsafe abortions performed worldwide

each year, which result in some 68,000 deaths.

- Young people may hesitate to visit clinics because of lack of privacy and confidentiality, inconvenient locations and hours, high costs, limited contraceptive choices and supplies, and perhaps most importantly, negative or judgmental provider attitudes.
- Laws and policies also may restrict adolescents' access to information and services, for example, by limiting family planning to married people or those over 16, or requiring parental or spousal consent.

Benefits of action

- Adolescents' access to comprehensive sexual and reproductive health information and services can increase their opportunities throughout their lives, starting with longer education, fewer pregnancies, a later and healthier start to childbearing, and more opportunities to engage in income-producing activity.
- Researchers estimate that universal access to family planning could save the lives of about 175,000 women each year.
- Sexual and reproductive health information and services can prevent STIs, including HIV, by promoting condom use.

What must be done?

- Effective strategies vary according to circumstance: some young people are not sexually active, some are, some attend school while others have jobs; some live with parents while others live with peers or on the street. Messages need to reach and be relevant to the different groups.
- Successful strategies include reproductive health education in the schools; programmes for out-of-school youths, social marketing of condoms; using mass and entertainment media to disseminate messages; telephone hotlines to provide anonymous counselling; peer educators in the community; and care at multipurpose youth centres.
- Programmes should also address issues of puberty and relationships, the skills to negotiate sex and condom use, and gender norms that shape boys' notions of masculinity and limit girls' control over sex. Young people must be active participants in programme design, implementation and evaluation if any approach is to succeed.
- Promoting abstinence alone ignores reality and the family planning needs of sexually active young people as such access to comprehensive sexual and reproductive health education is essen-

tial to delay sexual debut and promote access to condoms and other contraceptives as required where young people are sexually active.

What is UNFPA doing?

UNFPA advocates for greater attention to young people's needs in partnership with Government. The Fund works with many partners in South Africa like NYDA, Soul City, loveLife and the SANAC Women's Sector to:

- Uphold the rights of young people, especially girls and marginalized groups, to grow up healthy and safely and to receive a fair share of social investments.
- Encourage young people's leadership and participation in decisions that affect them, including their societies' development plans.
- Give young people skills to make healthy choices and fulfill their dreams.
- Place young people at the centre of the HIV prevention response though linking sexual and reproductive health and HIV prevention services and information.

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