POPULATION REFERENCE BUREAU

# THE TIME IS NOW: INVEST IN SEXUAL AND REPRODUCTIVE HEALTH FOR YOUNG PEOPLE

PRESENTATION GUIDE

AN **ENGAGE** PRESENTATION

## ACKNOWLEDGMENTS

This presentation guide is designed to accompany the ENGAGE presentation, *The Time Is Now: Invest in Sexual and Reproductive Health for Young People*. The guide was developed by Marissa Pine Yeakey and Kate Gilles, of PRB. The handout and presentation were developed by Alexandra Hervish, formerly of PRB. Multimedia design for the presentation was by Jennifer Schwed. Audio narration of the presentation was by Dorcas Lwanga-Rusoke.

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# Presentation Guide

## THE TIME IS NOW: INVEST IN SEXUAL AND REPRODUCTIVE HEALTH FOR YOUNG PEOPLE

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## Supplemental Materials

These supplemental materials are designed to help users make the most of *The Time Is Now: Invest in Sexual and Reproductive Health for Young People* in conjunction with the user guide for all PRB ENGAGE presentations. After reviewing these supplemental materials, you will know how to:

- Identify opportunities to use this ENGAGE presentation with various audiences.
- Respond to frequently asked questions about the presentation.
- Foster dialogue with audiences about key messages in the presentation.
- Select appropriate and relevant data for a customized DataFinder handout.

## Presentation Goals

The goal of *The Time Is Now: Invest in Sexual and Reproductive Health for Young People* is to improve individuals' understanding of the unique needs of youth, the importance of involving young people to achieve development goals, and ultimately, to raise the profile of youth and their issues on policy agendas in sub-Saharan Africa. This process includes mobilizing political commitment and resources to strengthen youth-friendly sexual and reproductive health services, which will allow young women and men to complete their education, participate in the workforce, and have the number of children they want, when they want them.

To achieve this goal, the presentation is designed to promote policy dialogue on the health, social, and economic benefits of meeting the sexual and reproductive health needs of youth. Target policy audiences include government policymakers, civic and religious leaders, health sector leaders, youth advocates, program officials, family planning advocates, journalists, and others.

Specific objectives of the presentation are to:

- Explain how ensuring access to sexual and reproductive health services for youth contributes to improved development outcomes at the family, community, and national level.
- Highlight the importance of higher education, especially for girls, for youth development and social and economic growth nationally.
- Learn from success stories in other countries related to fertility and economic growth using Trendalyzer.
- Foster discussion among audience members about the need for increased investment in youth sexual and reproductive health; the role that families, communities, and others can play in protecting the health and well-being of youth; and the importance of involving youth in policies across all sectors.

## Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in youth sexual and reproductive health at all levels—in academic, policy, and community settings. The target audiences for this presentation are:

- **Primary:** Government policymakers at all levels, including parliamentarians, who are in a position to allocate resources and advance youth sexual and reproductive health on the policy agenda.
- **Secondary:** All of those who influence high-level policymakers—news media, civic and religious leaders, program officials, and other community leaders.

### Using the Presentation With Different Audiences

The ENGAGE presentation is designed to be used in a variety of settings or environments, especially as we approach 2015, when attention will be focused on whether countries have reached the Millennium Development Goals. Some ideas to reach different audiences with the presentation are listed below.

### Policymakers

- Educating policymakers about the importance of investing in young people, especially their sexual and reproductive health, to reach development goals.
- Demonstrating the centrality of education, particularly girls' education, for protecting young people's health and well-being, and helping them achieve their full potential.

### Youth and/or Family Planning Advocates

- Educating advocates about the importance of sexual and reproductive health for youth well-being, and the implications that has for achieving development goals so they can better inform high-level policymakers.
- Reaching individuals who attend community health days, conferences, or stakeholder meetings with information about young people and sexual and reproductive health.
- Highlighting strategies that work to protect and promote the health and well-being of young people.

### Civic and Religious Leaders

- Educating civic and religious leaders about the importance of investing in young people to produce social, health, and economic benefits for families and communities.
- Communicating better with civic and religious leaders, especially those who tend to oppose providing sexual and reproductive health services for youth.
- Sustaining policy dialogue with local leaders, including civic and religious leaders at local seminars and events.

### The Media

- Educating the news media on issues of high fertility and unmet need in sub-Saharan Africa and the link between the sexual and reproductive health of youth and development goals, using the ENGAGE presentation as a teaching tool.
- Providing a basis for television and radio talk shows, accompanied by local exposure, for discussions and questions about young people and sexual and reproductive health.

## ADDITIONAL CONSIDERATIONS

You can make this presentation more interesting to your audience by adding information about local experiences and practices, especially those that apply to your audience. Some areas to consider when analyzing your audience:

- **Size of the Audience.** With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time during the scripted presentation to define general concepts and ensure the presentation is relevant to all viewers.
- **Knowledge Level.** It is always safest to assume that the audience does not understand any technical terms you might use in the presentation. If you are giving a live presentation, we advise following the script and providing definitions for terms that may be unfamiliar to some audience members.

## Presentation Script

**Presentation opens to a black screen with presentation title. Press Control + F to enter full screen mode. (Use Escape to exit full screen).**

**Slide 1**

*Title slide - When ready to begin, press the forward keyboard arrow.*

→ **Click Forward 2**

There are 883 million people living in sub-Saharan Africa today.[1]

→ **Click Forward 3**

One out of every three is between the ages of 10 and 24….that's 280 million young people.[2]

→ **Click Forward 4**

And they are playing a pivotal role in the growth and development of our families, communities, and nations.

Today more young people, especially girls, are completing primary education and enrolling in secondary school.

They are leading the technology revolution and have greater access to means of communication and information than ever before.

And our young people continue to show an interest in entrepreneurship and business ownership…a critical pillar for the continent's future economic growth.

→ **Click Forward 5**

Our adolescent and youth population is of major significance to development in sub-Saharan Africa. Today, we have the fastest growing population of young people in the world.

While this scenario may seem challenging, it is in fact an opportunity.

→ **Click Forward 6**

Evidence from East Asia's "economic miracle"…

→ **Click Forward 7**

…Has taught us that when large numbers of young people grow up and enter the workforce, a special window opens up for faster economic growth and development.

→ **Click Forward 8**

We call this window of opportunity the "demographic dividend."

→ **Click Forward 9**

And it is estimated to have contributed as much as one-third of all economic growth in East Asia.[3]

→ **Click Forward 10**

How can sub-Saharan Africa capitalize on the demographic dividend?

→ **Click Forward 11**
An important first step is increasing access to and use of family planning so couples can choose the timing and spacing of their pregnancies.

→ **Click Forward 12**
Childbearing also has to decline so there are fewer children to support with social services and more adults who can speed up economic growth.

→ **Click Forward 13**
Improving the quantity and quality of education, especially for girls, is critical so young people can become a skilled labor force.

→ **Click Forward 14**
Nations also need dynamic economic conditions to create employment opportunities for men and women.

→ **Click Forward 15**
And finally, the demographic dividend is dependent on the right investments in young people so they are healthy, educated, and have access to jobs.

→ **Click Forward 16**
For the nations of sub-Saharan Africa, the window of opportunity to experience this demographic dividend may emerge in the future. But we can't get there without our young people.

→ **Click Forward 17**
Learning from the East Asian experience, investments in policies and programs that harness the potential of young people are necessary for national development today and tomorrow.

→ **Click Forward 18**
One critical area of investment is young people's sexual and reproductive health. Research shows that these investments…

→ **Click Forward 19**
Protect the well-being of young people…

→ **Click Forward 20**
Maximize their potential for healthy, productive lives…

→ **Click Forward 21**
And improve social and economic development.[4]

Although reproductive health is a lifetime concern for both men and women, it is especially important for young people because…

→ **Click Forward 22**
…They are experiencing a time of transition that is full of challenges and important choices.

→ **Click Forward 23**
Keep young people, especially our girls, in school…

→ **Click Forward 24**
Help young people begin productive working lives, by giving them the information and skills they need to get jobs…

→ **Click Forward 25**
And prepare them for their responsibilities as citizens and build more democratic societies.

→ **Click Forward 26**
The right investments will increase the age of marriage and encourage healthy relationships between men and women…

→ **Click Forward 27**
And by increasing young people's access to family planning, they can delay childbearing until they are ready—

→ **Click Forward 28**
—To make decisions together about the timing and spacing of pregnancies and the number of children they have.[5]

→ **Click Forward 29**
The right investments will promote good health during this phase of life and support young people's transition into adulthood.

How do investments in sexual and reproductive health help?

→ **Click Forward 30**
We know that comprehensive sexual and reproductive health education empowers young people to make healthy choices about their behavior.

→ **Click Forward 31**
Global evidence shows that these programs help young people abstain from or delay sex;

→ **Click Forward 32**
Reduce the frequency of unprotected sex and the number of sexual partners, which helps reduce the spread of HIV.

→ **Click Forward 33**
Comprehensive sex education increases the use of contraception to prevent unintended pregnancies and sexually transmitted infections;

→ **Click Forward 34**
And it helps delay that first birth to ensure a healthier mother and a safer pregnancy. In addition to education, access to youth-friendly health services helps young people address a range of reproductive health needs. What makes services youth-friendly?[6]

→ **Click Forward 35**
They are available, accessible, and affordable so that young people are likely to use these services.

→ **Click Forward 36**
They are acceptable to youth, with trained staff to provide services with respect, privacy, and confidentiality.

→ **Click Forward 37**
And they are appropriate and effective, with the necessary skills, supplies and equipment to meet young people's reproductive health needs—

→ **Click Forward 38**
—Such as their need for contraception, which remains tremendously high across sub-Saharan Africa.[7]

→ **Click Forward 39**
Among married adolescent girls…

→ **Click Forward 40**
…67 percent, or about two out of every three girls, have an unmet need for family planning, meaning the couple does not want to get pregnant but isn't using any form of contraception.

→ **Click Forward 41**
And among sexually active, unmarried young women…

→ **Click Forward 42**
Almost half are not using any contraceptive method but do not want to get pregnant.[8]

→ **Click Forward 43**
Fulfilling this unmet need for family planning could reduce the high number of unintended adolescent pregnancies that occur every year.

→ **Click Forward 44**
And it will also help reduce the number of maternal deaths in sub-Saharan Africa. Although adolescence is considered the healthiest time in a person's life…

→ **Click Forward 45**
Pregnancy and childbirth are the leading cause of death for girls under age 18.

→ **Click Forward 46**
The risk of death and disability is aggravated by unsafe abortion. Today, one of every four unsafely performed abortions in sub-Saharan Africa happens to an adolescent girl—the highest proportion of any region in the world. So increasing access to family planning is a key strategy to protect young women's health.[9]

→ **Click Forward 47**
But what about our adolescent boys and young men? They too need information and services so they can be partners in preventing unintended pregnancies and reducing the spread of HIV.

→ **Click Forward 48**
The good news is condom use is increasing among adolescent males in some countries across sub-Saharan Africa.

→ **Click Forward 49**

If we look at data from Demographic and Health Surveys from 2002 and 2005, we see that the proportion of 15-to-19-year-old males who said they used a condom the last time they had sex with someone who was not their partner or was not living with them was 41 percent in Kenya, 36 percent in Malawi, and 33 percent in Zambia.

→ **Click Forward 50**

However, more recent data show an increase in condom use among males in just a five-year period, ranging from as high as 55 percent in Kenya to 42 percent in Zambia.[10] This increase is quite remarkable…but we can do even more—

→ **Click Forward 51**

—Like addressing the factors that influence sexual and reproductive health behavior early in life.

→ **Click Forward 52**

Risk factors are those that increase the likelihood of a behavior that usually has negative outcomes…

→ **Click Forward 53**

…While a protective factor is any factor that reduces the impact of a negative behavior or promotes a healthy alternative.

→ **Click Forward 54**

There are many risk factors that increase a young person's chance for poorer reproductive health outcomes, like discrimination and inequality, especially among vulnerable populations like poor and out-of-school youth, very young adolescents, or youth living with HIV;

→ **Click Forward 55**

A negative peer culture, in which adolescent girls are pressured to accept risky sexual behavior and young men are encouraged to take sexual risks…

→ **Click Forward 56**

And harmful practices, like early marriage or sexual and physical violence.

→ **Click Forward 57**

Even though some risk factors may always be present in a young person's life, adults, communities, and young people can work together to nurture protective factors—

→ **Click Forward 58**

—Like teaching life skills to young people so they can resist peer pressure, communicate with their partner, and use contraception.

→ **Click Forward 59**

Opportunities for youth participation, like service learning, school, and sports, which promote positive relationships with peers.

→ **Click Forward 60**

And supportive adults and communities. Close relationships with parents and other adults, and being "connected" with the community, are associated with improved sexual and reproductive health.

→ **Click Forward 61**

Ultimately, we want the protective factors to outweigh the risk factors so young people can stay healthy and take advantage of education and employment opportunities throughout their lives.[11]

Now, in addition to improving the well-being of young people…

→ **Click Forward 62**

Investments in sexual and reproductive health lead to substantial gains in social and economic development.

→ **Click Forward 63**

First, they increase returns on all our development investments—including health, economic growth, and education. For example, delaying marriage and childbearing among adolescent girls…

→ **Click Forward 64**

Could help increase school enrollment by 20 percent across the continent. And the more educated a girl is, the more likely she is to use contraception and avoid unintended pregnancy.[12]

→ **Click Forward 65**

Young people's reproductive health is also closely linked with economic empowerment.

In fact, data show that reducing adolescent pregnancy can help increase income at the individual, community, and national level.

→ **Click Forward 66**

Turning to our trend graph, we are going to look at the relationship between the adolescent fertility rate and gross national income in Ghana.

→ **Click Forward 67**

On the left axis, we have the adolescent fertility rate, meaning the number of births per 1,000 girls ages 15 to 19 years. The number ranges from zero to 130 births.

→ **Click Forward 68**

On the bottom axis, we have the gross national income per person, or GNI. This is in US dollars, and it is standardized for what a dollar can buy today in the country. GNI may be higher than GDP because it also accounts for income received from outside the country.

On this bottom axis, we go from zero dollars to about $1,600.

→ **Click Forward 69**

This dark blue bubble here is Ghana. And in 1988, Ghana had an adolescent fertility rate of 125 births per 1,000 adolescent girls and a GNI per capita of $560. So let's play this forward and see what happens over time.

→ **Click Forward 70**

We can see Ghana is moving toward that bottom right corner, with fewer births among adolescent girls and gross national income per person increasing as time passes. And by 2008…

→ **Click Forward 71**

Ghana's adolescent fertility rate is now 66 births per 1,000 adolescent girls compared to 125 births in 1988, and the GNI per capita is more than $1,400.[13] What made this change possible?

→ **Click Forward 72**

Ghana developed an adolescent reproductive health policy to provide guidance for government agencies and set benchmarks for youth well-being.

→ **Click Forward 73**

The country also offered comprehensive reproductive health services for youth through media campaigns and peer education, and provided services in both school and informal settings.

→ **Click Forward 74**

Ghana encouraged young people to participate in regional and district level meetings, recognizing that young people have an important role to play in decisionmaking processes.[14]

Reducing adolescent childbearing is possible as Ghana has shown us. And beyond improving individual incomes, it could greatly increase the national gross domestic product.

→ **Click Forward 75**

For instance, if in Kenya all 1.6 million adolescent girls completed secondary school…

→ **Click Forward 76**

…And the 220,000 adolescent mothers were employed…

→ **Click Forward 77**

…Together, this could add $3.4 billion to Kenya's gross national income every year.[15]

→ **Click Forward 78**

Investments in sexual and reproductive health will ensure our 280 million young people will become 280 million opportunities for sub-Saharan Africa. This population can be the driving force for achieving the demographic dividend, but only if policies and programs are in place to protect their health and enhance their opportunities. And so our efforts should start with…

→ **Click Forward 79**

Increasing funding and support for adolescent and youth sexual and reproductive health.

Policymakers must establish and implement policies and legislation that help young people live healthier, more productive lives.

→ **Click Forward 80**

Community leaders should speak about the importance of protecting the health and well-being of young people. Parents, teachers, communities, and faith-based organizations must be actively involved to create a supportive environment and end harmful practices, such as early marriage and violence.

**→ Click Forward 81**

All sectors—including health, education, youth, gender, labor, planning, and finance—should ensure the availability of reproductive health information and services to prepare young people for the transition into adulthood.

**→ Click Forward 82**

And finally, leaders at all levels should involve young people in the design, implementation, and evaluation of policies and programs. Experience from countries like Ghana show us that our investments are most effective when young people are included as stakeholders in decisions that affect them.

**→ Click Forward 83**

If "the best time to plant a tree was 20 years ago…the second best time is now."

Just like a tree, our young people go through many transitions as they mature from young adolescents to full-grown adults. Investing in their sexual and reproductive health will enable them to stay healthy so they can grow, branch out, and flower. With the right policies and programs to protect our young people, we can ensure they lead successful lives, and advance social and economic development.[16]

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# Using Handouts

### CREATING A CUSTOMIZED DATAFINDER HANDOUT

DataFinder is a database managed by the Population Reference Bureau that provides data for hundreds of variables around the world, located at www.prb.org/DataFinder.aspx. DataFinder allows you to:

- Search hundreds of indicators for hundreds of countries around the world.
- Create custom reports, charts, and maps.
- Download, print, and share.
- Create custom tables in three easy steps, for countries and world regions.
- Compare a wide array of places for one indicator, and display the results as a customizable map, ranking table, or bar chart.

Please see the ENGAGE Presentations User Guide for additional instructions about using DataFinder.

The following indicators from DataFinder relate to the regional data and issues raised in this presentation. Not all indicators may be available for all countries:

- Demographics:
  - Population Mid-2012
  - Population of Youth Ages 10-24
  - Total Fertility Rate
  - Women Ages 20-24 Married by Age 18
- Economic:
  - Population Living Below US$2 per Day
  - Women As % of Nonfarm Wage Earners
- Education:
  - Primary School Completion Rate, by Gender
  - Secondary School Enrollment, Net, by Gender
- Reproductive Health:
  - Contraceptive Use Among Married Women Ages 15-49, by Method Type
  - Demand for Family Planning Satisfied
  - Distribution of Currently Married Women Not Using Family Planning, by Reason
  - Unmet Need for Family Planning, by Region
  - Use of Modern Contraception Among Married Women, by Income Quintile
  - Unmarried Persons Ages 15-19 Who Have Had Sex, by Gender

You can also use DataFinder to create charts and maps or profiles of multiple countries. Definitions and sources for each indicator are available online.

## USING THE KEY MESSAGES HANDOUT

The Key Messages handout is a short handout that includes visual "snapshots" from the ENGAGE presentation. The handout is intended to be succinct, serving as a good visual aid for the presentation as well as a readable document. We encourage you to use this handout when giving the presentation to an audience, as well as a customized DataFinder handout with data specific to your country context.

The Key Messages handout is shown on the following pages.

# The Time Is Now: Invest in Sexual and Reproductive Health for Young People


## KEY MESSAGES

There are 883 million people living in sub-Saharan Africa today. One out of every three is between the ages of 10 and 24—that is 280 million young people. Today, our young people are better educated, have access to more means of information and communication than ever before, and continue to show an interest in entrepreneurship and business development, a critical pillar for future economic growth.[1]

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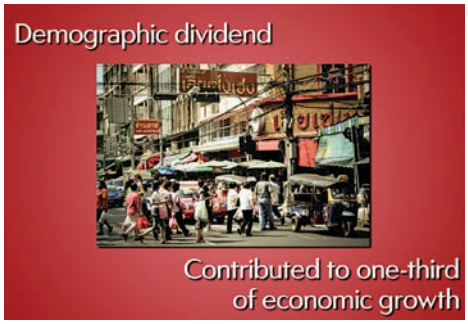


A large adolescent and youth population is of major significance to development in sub-Saharan Africa. Today, the region has the fastest growing population of young people in the world. And while this scenario may seem challenging, it is in fact an opportunity.

Evidence from the East Asian experience has taught us that when large numbers of young people grow up and enter the workforce, a special window of opportunity opens up for faster economic growth and development, called the demographic dividend. The demographic dividend is estimated to have contributed to as much as one-third of all economic growth in East Asia.[2]

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Learning from the East Asian experience, we need to invest in policies and programs that harness the potential of our young people and ensure they are healthy, educated, and can get a job.

One critical area of investment is young people's sexual and reproductive health. Research shows that investments in reproductive health:

- Protect the well-being of young people;
- Maximize their potential for healthy, productive lives; and
- Improve social and economic development.[3]

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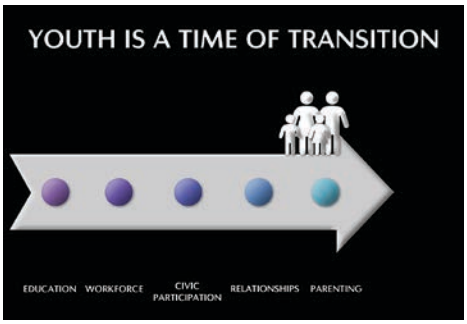


Investments in sexual and reproductive health are important for young people because they are experiencing a time of transition. With the right investments, nations can ensure that young people make a successful journey through this critical period. The right investments will: keep young people, especially our girls, in school; help young people start a productive working life; prepare young people for their responsibilities as citizens; foster healthy relationships between men and women; and encourage young people to delay childbearing and to also make decisions together about the timing and spacing of pregnancies and number of children they have.[4]


Comprehensive sex education is an important first step in empowering young people to make healthy decisions about their behavior. Global evidence shows that these programs help young people abstain from or delay sex; reduce the frequency of unprotected sex and the number of sexual partners; increase the use of contraception to prevent unintended pregnancies and sexually transmitted infections; and in turn, help delay that first birth to ensure a safer pregnancy and delivery.[5]

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At the same time, youth-friendly services help young people address a range of sexual and reproductive health needs. Data show that among married adolescent girls, about two out of every three girls have an unmet need for family planning, meaning the couple does not want to get pregnant but is not using any form of contraception. And among sexually active, unmarried young women, almost half are not using any contraceptive method but do not want to get pregnant.[6] Increasing access to family planning is a key strategy to protect the health of adolescent girls and reduce unintended pregnancies, maternal deaths, and unsafely performed abortions.[7]

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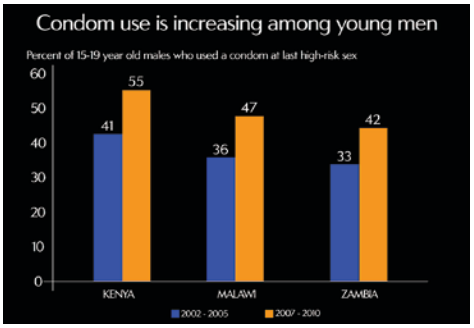


At the same time, decisionmakers must consider the sexual and reproductive health needs of adolescent males and young men. A comparison of DHS data from 2002-2005 to 2007-2010 shows an increase in the proportion of 15-to-19-year-old males who said they used a condom the last time they had sex with someone who was not their partner or was not living with them. This increase is important so more men become partners in preventing unintended pregnancies and reducing the spread of HIV.[8]

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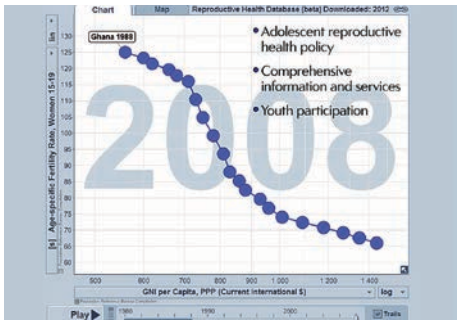
Investing in the sexual and reproductive health of young people also increases returns on other investments in health, education, and economic growth. For instance, delaying marriage and childbearing among adolescent girls could help increase school enrollment by 20 percent across the continent. And the more educated a girl is, the more likely she is to use contraception and avoid unintended pregnancy.[9]




Reducing adolescent pregnancy can help increase income at the individual, family, and national level. Over time, Ghana has been able to reduce its adolescent fertility rate from 125 births per 1,000 adolescent girls to 66 births per 1,000 adolescent girls in just twenty years, and has increased its gross national income per capita.[10]

Ghana was very successful because the country developed an adolescent reproductive health policy, offered broad reproductive health services for youth, and encouraged young people to advocate for themselves at regional and district level meetings, recognizing that young people have an important role to play in shaping decisionmaking.[11]

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Investing in young people's sexual and reproductive health will enable them to stay healthy so they can grow, branch out, and flower. With the right policies and programs to protect our largest-ever generation of young people, we can ensure they become a driving force for great prosperity, helping nations achieve higher levels of economic and social development.[12]

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Photo and video credits: Alamy Inc., Getty Images, and Pond5. Photos and videos are for illustrative purposes only and do not imply any particular health status, attitude, behavior, or action on the part of the people appear in the photos.

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# Discussion Guide

After giving the ENGAGE presentation, you may have the opportunity to foster discussion among the audience members. We encourage you to share data specific to young people and sexual and reproductive health in your country, and make the discussion specific to addressing these issues within your country context. Sample discussion questions are listed below:

## DISCUSSION ABOUT THE PRESENTATION

1. Were you aware of the links between young people, sexual and reproductive health, and development? What did you learn today about these relationships?
2. How can an increased focus on the sexual and reproductive health of young people lead to better development outcomes for your country?

## DISCUSSION ABOUT YOUTH SEXUAL AND REPRODUCTIVE HEALTH

3. Many people do not think of sexual and reproductive health as youth issues. Has this presentation affected the way that you think about young people and their reproductive health needs? Why might it be important to address the reproductive health of young people?
4. Why is it that some couples/men/women do not use family planning or contraception?
5. How does family planning make a difference for: (a) individual young people (b) families, (c) communities, and (d) nations?
6. Family planning use has increased in sub-Saharan Africa, but many women still have an unmet need for family planning and unmet need is especially high among young women. Why do you think there such a high unmet need for family planning generally, and among young women in particular?
7. What are some common barriers for young people to access family planning or other sexual and reproductive health services? What are some strategies that can improve young people's access to reproductive health information and services in your country? Consider both short-term and long-term strategies.

## DISCUSSION ABOUT YOUTH WELL-BEING

8. How does sexual and reproductive health affect young people's employment opportunities? What are the particular challenges related to young people and economic opportunity in your country? What investments or policies could be introduced to increase meaningful employment prospects for young people?
9. In what ways do education and health interact to influence youth well-being? Why is it important to focus on girls' education? What are the barriers to enrolling girls in school, and keeping them in school through secondary school? Consider all angles: family, society, school facilities, safety, and girls themselves.
10. Why is gender equality important for young people? Why is gender equality important for development? What are some steps that can be taken to increase gender equality?

11. How do early marriage and childbearing impact young women and their families? What are some strategies to reduce early marriage and childbearing?

## DISCUSSION ABOUT RECOMMENDATIONS

12. The presentation made several recommendations at the end. Which of these recommendations is most critical given your particular country context? What are additional, specific recommendations for your country?

13. What can be done to increase support and funding for youth sexual and reproductive health?

14. What are some ways to increase public dialogue about the importance of young people, and specifically their sexual and reproductive health? In what ways can young people be involved in policies and programs that affect them?

15. The presentation discusses the impact on young people of risk and protective factors, and the ways in which parents, communities, and decisionmakers can create supportive environments for young people. What do you think you or your community can do to help reduce risk factors and promote protective factors for youth? (Encourage people to be very specific and practical in the actions they suggest.)

# FAQs

Often, audience members have questions about the presentation. Some of these questions may be specific to the actual presentation (data, pictures, figures, sources of information), while other questions may be related to the content of the presentation. If you are unsure about any of the terms used in the presentation, you can find definitions in PRB's online Glossary: www.prb.org/Publications/Lesson-Plans/Glossary.aspx.

Below are some frequently asked questions and scripted answers:

## QUESTIONS ABOUT THE PRESENTATION

**Q.** How accurate are your data?

**A.** The data that we have shared in this presentation are the most accurate that anybody has about family planning and youth sexual and reproductive health for the world. The data comes from the most recent Demographic and Health surveys, Multiple Indicator Cluster Surveys (MICS), The World Bank's World Development Indicators (WDI) database, as well as other recent research studies.

**Q.** Have the people in the photographs and videos in your presentation given their consent?

**A.** We have the legal right to use every photograph and video that was included in this presentation.

**Q.** Why are you using Ghana as a country example?

**A.** We use Ghana as an example because of the success it has achieved in reducing adolescent fertility rates and because it is one of the few countries in sub-Saharan Africa that not only introduced and implemented a comprehensive adolescent reproductive health policy but also made intentional efforts to include young people in the decisionmaking and development process.

**Q.** Why do you focus so much on sexual and reproductive health for young people, when there are so many other, more important, issues to be addressed? Why do you focus on sexual and reproductive health when the real problem is [education | poor governance | poverty and access to health care | food security]?

**A.** Yes, there are many important issues that face young people in African nations. And some may be just as important as sexual and reproductive health. But that does not diminish the fact that family planning, an essential component of sexual and reproductive health, is a cost-effective, proven strategy to improve the lives of families and communities, and an important element of achieving development goals. Ideally, we could address all of these issues together, and we have tried to highlight the ways in which sexual and reproductive health impact other areas. But this presentation is about raising awareness of the importance of sexual and reproductive health for young people to support development and some steps that can be taken to start to address this issue.

## QUESTIONS ABOUT YOUTH SEXUAL AND REPRODUCTIVE HEALTH

**Q.** If young people have access to reproductive health care and family planning, won't it just encourage promiscuity? Won't it encourage youth to have sex before marriage?

**A.** It is not uncommon for societies to disapprove of premarital sex and to worry that reproductive health education and services may be inappropriate and unnecessary for young people. However, with almost half of the world's population under age 25, investments in young people are vital to achieve the Millennium Development Goals and improve social and economic outcomes. These investments include family planning and reproductive health services so young people can avoid unintended pregnancy, protect themselves from HIV and sexually transmitted infections, and avoid reproductive health complications that often result in death. When effective, youth-friendly policies exist and are implemented, young women and men can make a healthy transition into adulthood and enjoy full participation in public life. Ultimately, if we want to give young people a good, healthy start on their lives, their right to reproductive health and family planning information and services is essential.

**Q.** You talked about youth-friendly services. What makes sexual and reproductive health services youth-friendly? Don't young people have the same needs as adults?

**A.** As they transition from children into adults, young people face a variety of challenges and have their own unique needs, especially when it comes to sexual and reproductive health. Essential elements of youth-friendly services include specially trained staff, accessibility, with space and hours specifically for young people, affordability, confidentiality and privacy, comprehensive services, and a range of sufficient supplies. Ideally, youth-friendly sexual and reproductive health services are offered as part of a broader set of support services, in a variety of settings, and with input from young people themselves. Ensuring access to youth-friendly services helps young people meet those needs and, ultimately, reach their full potential.

**Q.** You discussed family planning a lot in this presentation, but you didn't describe anything about family planning. What are the choices for family planning or contraception?

**A.** There is a wide range of contraceptive methods available for both men and women depending on the reproductive needs of each individual. Some methods are more effective than others. Methods such as withdrawal and spermicides have the lowest level of effectiveness while longer acting or permanent methods such as implants, IUDs, female sterilization, and vasectomy are more effective. Some methods only work one time—male condoms, or female condoms, for example—while others may last longer but are not permanent, such as injectables, oral contraceptive pills, hormonal patches, and the vaginal ring. Additionally, there are Fertility Awareness Methods, such as the Standard Days Method, Basal Body Temperature, and the Two-Day Method. These methods require partners' cooperation as couples must be committed to abstaining or using another method on fertile days. These methods have no side effects or health risks. And finally, there is the Lactational Amenorrhea Method, a method based on exclusive breastfeeding, which provides pregnancy protection for the mother and nutrition for the baby during the first six months after childbirth.

**Q.** Are there any negative side effects of family planning methods?

**A.** Some contraceptive methods have known side effects that may affect one family planning user while not affecting another. Side effects such as irregular bleeding, headaches, dizziness, nausea, breast tenderness, weight change, mood change, and delay in returned fertility once the individual stops using the method are common with hormonal methods. These side effects are not life threatening and can be addressed by the medical provider. Usually, if the side effects are bothering the client, the provider will switch the contraceptive method to something more suitable. Clients need to be informed of possible side effects and how to manage them when receiving family planning counseling. But users should be aware that it may be more harmful to stop using a method because of the side effects and become pregnant again than continuing to use the method and visiting the nearest provider to address the side effects.

**Q.** Some people say [family planning | small family size] is just some Western idea being forced onto African nations by outsiders. What do you think about this statement?

**A.** Women from all countries have a mind and a will of their own and their ability to plan their families should be recognized and respected. The data in the presentation show that more than two-thirds of married, adolescent African girls and an additional 50 percent of unmarried, sexually active adolescent girls who do not want to become pregnant right now are not currently using any form of family planning. This can lead to unintended pregnancies, which pose risks for women, their families, and societies; in turn, these can harm economic growth and development for many African nations. The Maputo Protocol, which was developed by African countries, through the African Union, includes Article 14: Health and Reproductive Rights, which states that "parties shall ensure that the right to health for women, including sexual and reproductive health is respected and promoted which includes: the right for women to control their fertility, the right for women to decide whether to have children, the number of children and the spacing of children; the right to choose any method of contraception; the right to family planning education and the right to adequate, affordable and accessible health services including information, education and communication programs to women, especially in rural areas."

**Q.** In many villages in Africa, children continue to die from [malaria | infectious diseases | malnutrition]. Is it still important to invest in reproductive health and family planning when there is no guarantee our children will survive?

**A.** There are many serious threats to child survival. However, family planning can actually help countries improve child survival rates and child health. Family planning empowers women and families to make healthy decisions about when to have children, how to space their children, and how many children to have. Family planning can reduce the number of births that occur less than two years apart as well as reduce births among very young and older women whose children are at greater risk for reproductive health complications. For example, if women spaced their births at least 36 months apart, almost 3 million deaths to children under age five could be averted. At the same time, families with fewer children are better able to invest in the health and education of each child and contribute to the family's income.

## QUESTIONS ABOUT OTHER ISSUES AFFECTING YOUTH

**Q.** Why do you focus on secondary education for girls only? What about primary education for girls, and primary and secondary education for boys?

**A.** Over the last 20 years, countries in sub-Saharan Africa have made a substantial investment in expanding primary school education for both boys and girls. These efforts are showing results, and more than two-thirds of boys and girls of primary school age are now enrolled in primary school. Now it is time to expand attention on education to include secondary school, and ensure that efforts to increase educational attainment are not limited to primary school. We focus specifically on girls because research has shown that secondary school for girls yields unique outcomes; these include greater empowerment and agency for girls, as well as improved health outcomes for girls and their families. The benefits that secondary education for girls yields, outside of increases in knowledge and skills, extend beyond girls and affect their families and communities.

**Q.** As women become more empowered, men will lose status and power, and this will be a negative consequence for them.

**A.** Actually, research shows that gender inequities and power disparities harm men as well as women. For example, in many settings, gender norms for men ("being a man") mean being tough, brave, and aggressive. Consequently, men are more likely to take risks and engage in violent activity or unsafe sex—leading to poor health outcomes—and miss out on the joys of fatherhood. Everyone—boys and girls, men and women—is therefore made vulnerable by harmful gender norms and behaviors. At the same time, everyone can benefit from greater gender equality. This presentation highlighted the health benefits for women's families, such as lower infant and child mortality. We also showed that women with more education and access to family planning can earn higher incomes, leading to greater economic security for them and their families, including men and boys.

**Q.** Isn't it true that some of those large countries, like China, India, and Brazil, are doing so well economically because of their large population size? Isn't having a large youth population sufficient to drive economic growth?

**A.** While it is true that countries like China and Brazil have large economies and large populations, the fertility rates, or the number of children per woman, are very low, and have declined over time. When fertility declined in these countries and the right investments were in place, economic growth took off. At the same time, there are many examples of countries with very small populations who have also made the right investments and were able to spur strong economic growth, like South Korea, Singapore, and Rwanda. As we explain in this presentation, it is factors like the population age structure, health and education systems, economic policy, and governance that together play a much greater role in spurring economic growth than just the population size.

## QUESTIONS ABOUT REPRODUCTIVE HEALTH POLICIES AND INTERVENTIONS

**Q.** Access is not the only problem. How do we change norms about youth sexual and reproductive health? What about norms around using family planning?

**A.** Changing norms around youth sexual and reproductive health and around family planning use takes time, but it is possible. One essential step is to address gender norms and increase gender equality. In many societies in sub-Saharan Africa, women—especially young women—do not have the power to make decisions about their reproductive health choices. Programs must work with traditional decisionmakers such as husbands and mothers-in-law to educate them on the economic, health, and social benefits family planning brings to families and communities. In addition, service providers and community-based institutions need to be trained to be sensitive to young peoples' needs and to overcome biases around family planning. Family planning interventions specifically must overcome the common exclusion of men, youth, people living with HIV/AIDS, and single women and men. Traditional and community leaders must be included in discussions about youth, reproductive health and family planning and, wherever possible, be encouraged to challenge community and gender norms.

**Q.** How can we realistically make youth sexual and reproductive health a part of these large, national economic development/poverty reduction programs when there are so many competing agendas?

**A.** Youth sexual and reproductive health is an important component of youth well-being and a powerful tool in harnessing the potential of youth to combat poverty. Young people make up a substantial proportion of the population in all sub-Saharan African countries, and helping them realize their full potential is essential to achieve national economic and social development goals. Comprehensive sexual and reproductive health education and services can help young people delay sex, prevent unwanted pregnancy, avoid HIV and other STIs, and delay their first birth to ensure healthier outcomes for mothers and babies. Family planning programs create conditions that enable women to enter the labor force and families to devote more resources to each child, thereby improving family nutrition, education levels, and living standards. Slower population growth cuts the cost of social services and eases demand for water, food, education, health care, housing, transportation, and jobs. Effective reproductive health programs, including family planning, targeted to meet the needs of young people can promote youth health and well-being, ultimately resulting in a healthier, more qualified labor force and progress towards poverty reduction and other national development goals.

**Q.** Some religious leaders do not support family planning use, especially for young people. What can I do to change attitudes among religious leaders about family planning?

**A.** Throughout the world, religious leaders are looked to for guidance and advice on all aspects of life. Access to family planning is not just about child spacing but about maintaining optimal health at all stages of life and in all issues related to women's and men's reproductive health. In many religious communities, people are faced with reproductive health challenges such as the illness and death of women during childbirth; health problems associated with pregnancies that are too early in life or too close together; violence against women; and sexually transmitted infections, including HIV/AIDS. In order to win the support of a religious leader, it is helpful to frame the issues within the values, beliefs, and directives of the religion you are addressing. There are examples from around the world of leaders within all major religious groups who do support family planning. Work with them to create messages that show where in the Qur'an, or the Bible, child spacing is supported and promoted for the health of the mother and child. It is important for programs to partner with these "champions" to design messages and community outreach strategies that support family planning within religious frameworks.

# Additional Resources

## FAMILY PLANNING, HEALTH, AND EDUCATION

Nanette Ecker and Douglas Kirby, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers, and Health Educators* (Paris: UNESCO, 2009), accessed at www.unfpa.org/webdav/site/global/groups/youth/public/International_Guidance_Sexuality_ Education_Vol_I.pdf.

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