Fact Sheet

Young People Today. Time to Act Now

Why adolescents and young people need comprehensive sexuality education and sexual and reproductive health services in Eastern and Southern Africa

The demographic dividend

- Adolescents and young people (aged 10-24) make up an estimated 33% of the total population of the Eastern and Southern Africa (ESA) region. This equates to 158 million now and is expected to grow to 281 million by 2050.
- Young people will drive development in the region for the next two decades. Ensuring that they are well educated and healthy is a priority for the advancement of the region.

The challenge in the ESA Region:

- 430,000 young people are infected with HIV per year (50 per hour)
- Young women are still disproportionately affected compared to young men
- 2.6 million young people aged 15-24 are living with HIV in Eastern and Southern Africa
- HIV knowledge levels among young people remain below 40%
- Teenage pregnancy rates still remain high, and by age 17, at least 1 in 5 young women have started childbearing in 6 of the 21 countries
- Maternal mortality is among the leading causes of death for adolescent girls
A. SEXUALITY EDUCATION

Educating girls must remain a priority

- Regionally, net enrolment in primary education is improving for both girls and boys (87%) However completion rates for primary school remain low in some countries (27% in Angola); as well as low transition rates to secondary school (14%)

- It’s critical that school-based comprehensive sexuality education (CSE) starts early, i.e. in primary school, to reach young people before puberty and before they leave the formal education system.

Sexuality education needs to be strengthened

- A 2011 review of sexuality education (10 countries) highlighted gaps or concerns in 70% of the topics reviewed in primary and secondary school.

- Gaps identified on information for key aspects of sex and sexual health; condoms and contraception and insufficient and contradictory messages on gender and human rights

- Two thirds of Grade 6 level learners (across 15 countries) did not have the minimal level of knowledge about HIV and AIDS (SACMEQ, 2009)

National and donor support for sexuality education is increasing

- An increasing number of countries in the region are committing to scale up of comprehensive sexuality education including curriculum review, training of teachers, monitoring and evaluation and community involvement

- In six countries in the region (Lesotho, Malawi, Mozambique, Tanzania, Uganda and Zambia) donor support has advanced scale-up efforts. Over the next two and half years there are plans to reach 35,000 schools, 74,000 teachers and 15 million learners with good quality comprehensive sexuality education and sexual and reproductive health services

Reaching out of school learners

- Success rates in reaching out of school learners with life skills and sexuality education is estimated below 50%

B. SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Access to sexual and reproductive health services

- Services are often withheld from young people because of age, marital or legal status

- Age of consent laws and policies are a major obstacle

- Judgemental and discriminatory attitudes among service providers are commonly experienced by sexually active young people attempting to access services
Contraception

- On average, modern methods of contraception meet approximately 50% of young people’s family planning needs.

Condom use amongst young people aged 15-24 is generally low

- Regional average: 34% of females, 45% of males
- Range: Namibia 74% - Madagascar 3%
- Condom supply in the region is extremely limited with only 9 condoms per man per year made available through donor support.

Education on condom use for young people is gaining acceptance

- Over 60% of adults in nine countries agreed that children aged 12-14 should be taught about condoms (Burundi, Ethiopia, Kenya, Malawi, Namibia, Rwanda, Swaziland, Uganda and Zambia).

Access to HIV services

- Access to testing and counselling (HTC) and to voluntary medical male circumcision has increased significantly through investments in scale up of services and guidelines for targeting young people
- In Malawi and Zimbabwe, young people aged 15-24 are the largest group using HTC services (40% of all clients).

Antiretroviral treatment coverage

- Five countries have achieved coverage over 80%
- Rates of ART access for adolescents and young people are still difficult to determine
- Adolescents require particular support to avoid adherence problems or being lost to follow up.

C. GENDER, RIGHTS AND CONTEXTUAL ISSUES

- Gender inequality, gender-based violence and child marriage are a major concern for the region, infringing on women’s rights, limiting education achievements and increasing vulnerability to HIV and unintended pregnancy.
- However the region shows high levels of commitment to address gender policy and programming challenges, e.g. the SADC Gender and Development Protocol.
Sexual and gender-based violence

- Across the region, school-related gender-based violence is receiving increased attention in terms of its impact not only on girls and young women but also on boys and men.

D. YOUNG PEOPLE TODAY. TIME TO ACT NOW: RECOMMENDATIONS

- **Work together on a common agenda for adolescents and young people** to deliver comprehensive sexuality education and SRH services that will strengthen regional and national responses to the epidemic and reduce new HIV/STI infections and unintended pregnancy.

- **Urgently review - and where necessary amend - existing laws and policies on age of consent** to remove barriers to independent access to sexual and reproductive health services for adolescents and young people.

- **Make an AIDS-free future a reality** by investing in effective, combination prevention strategies to build on current declines in HIV prevalence amongst young people in the region. Concerted effort should be made to build the capacity of teachers/schools and health service providers, particularly HIV testing and counselling and treatment access.

- **Maximise the protective effect of education through Education for All** by keeping children and young people in school. This reduces HIV risk, maternal mortality and improves gender equality. Equally, ensure access to educational opportunities for those living with HIV or those who become pregnant.

- **Initiate and scale up CSE during primary school education** to reach most adolescents before puberty, before most become sexually active and before the risk of HIV transmission or unintended pregnancy increases. Using agreed international standards, ensure that CSE is appropriate to age, gender and culture, is rights-based and includes core elements of knowledge, skills and values as preparation for adulthood, decisions about sexuality, relationships, gender and human rights, sexual and reproductive health and citizenship.

- **Integrate and scale up youth-friendly HIV and SRH services** to improve access and uptake. Services need to include condoms, contraception, HCT, HIV/STI treatment and care, family planning, post abortion care, safe delivery, prevention of mother to child transmission (PMTCT) and other related services for young people in and out of school.

- **Ensure that health services** are youth friendly, non-judgemental and confidential and reach adolescents and young people when they need it most. These services should be delivered with full respect of human dignity, and reflect the need of young people considered most at risk or sexual minorities. Reliable, affordable contraception must be made available as part of service delivery through public, private and civil society channels.

- **Strengthen gender equality and rights** within education and services, and intensify the focus on reducing sexual and other forms of violence against adolescents and young

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people, both at school and in community contexts. Ensure full and equal access to services for young men and women.

- **Jointly mobilise resources** internally and externally by exploring new, innovative finance mechanisms and seeking technical and financial support from national and international sources to fulfil these commitments.

- **Ensure that the design and delivery of CSE and SRH programmes includes ample participation by communities and families** - particularly adolescents and youth and civil society.

**YOUNG PEOPLE TODAY. TIME TO ACT NOW.**

A campaign supported by:

UNAIDS, UNESCO, UNICEF, WHO, EAC, SADC, Ford Foundation, Sweden, the Church of Sweden, IPPF, INERELA+ and NORAD, civil society and adolescents and young people across the world.

For more information:

Visit the campaign website for resources and to join in the campaign:
youngpeopletoday.net

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