

# INVESTING *in* *our* FUTURE

## POLICY *and* PLANNING BRIEF

*A framework for accelerating  
action for the sexual and  
reproductive health  
of young people*

---

# **INVESTING IN OUR FUTURE**

---

## **Policy and Planning Brief**

**a framework for accelerating action for the sexual and  
Reproductive health of young people**

WHO/WPRO LIBRARY  
MANILA, PHILIPPINES

21 APR 2008

## INTRODUCTION

In May 2002, the Fifty-fifth World Health Assembly endorsed a resolution (WHA55.19) that outlined WHO's contribution to achieving the Millennium Development Goals. Included in this resolution was the call for a strategy that addressed adolescent health and development. Towards this end, WHO, together with the United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), prepared the document, *Investing in our future: a framework for accelerating action for the sexual and reproductive health of young people*. The framework is designed for individuals and organizations who are directly involved in developing, strengthening and scaling up sexual and reproductive health activities for young people. This complementary *Policy and planning brief*, intended specifically for policy-makers, recapitulates the framework's major salient points in order to serve as an effective advocacy document.

## NEED/RATIONALE FOR A FRAMEWORK

In the East Asia and Pacific Region, young people make up a significant proportion of each country's population. They are also major contributors to the labour force and thus form the backbone of each country's economy. The ability of

young people to contribute to a nation's productivity and prosperity, however, depends to a great extent on their health, especially their sexual and reproductive health.

Since the International Conference on Population and Development (ICPD) in 1994, many programmes, activities and research studies have been carried out in the Region to address the sexual and reproductive health needs of young people, and significant progress has been made in understanding those needs. However, major health threats still persist, most notably: teenage pregnancy, often arising from the unmet need for contraception; sexually transmitted infections (STI), including HIV/AIDS; and sexual violence and exploitation.

The benefits of combating those threats and promoting the sexual and reproductive health of young people are far-reaching. For instance, positive interventions can reduce the likelihood of early pregnancy and its social and economic costs. They can encourage families to be small and remain intact, increase household savings and investment, and facilitate higher productivity. Delaying marriage and parenthood can allow for greater educational achievements and thus greater career and employment opportunities. The prevention and treatment of STI and HIV/AIDS can reduce social stigma and help young people remain healthy, so they can better care for

and invest in their families, their communities and their countries. Consequently, one of the most important commitments a nation can make for future economic, social and political progress and stability is to address the sexual and reproductive health needs of its young people. It is a sound investment for the future. It is therefore useful for a document such as a “framework” to be developed and disseminated to countries, organizations and individuals to serve as a guide for the development, expansion and scaling up of the related activities

## **DEVELOPING THE FRAMEWORK**

This framework is a concrete example of the continuing commitment of WHO, UNFPA and UNICEF to work together on adolescent health. The partnership was forged in 1989 with the joint publication, *The reproductive health of adolescents: a strategy for action*. In 1997, following a joint study group, the three organizations compiled their recommendations in the document, *Action for adolescent health: towards a common agenda*.

The process of developing the framework began in 2003 when financial and technical support was given to eight countries to conduct literature and project reviews on adolescent sexual and reproductive health. After this review process, governments and agencies recognized

the urgent need to develop a regional strategy on adolescent sexual and reproductive health. In January 2004, a consultative meeting was held to put together a draft *Framework for accelerating action to promote and improve upon the sexual and reproductive health of young people*. At a second consultative meeting, held from 27 June to 1 July 2005, a smaller working group reviewed and revised the draft framework in preparation for its finalization.

The framework is intended to guide policy-makers and programme managers (including individuals and organizations) in addressing and responding to the sexual and reproductive health needs of young people in countries within the East Asia and the Pacific Region. The *Policy and planning brief* that accompanies the framework is designed to serve as an advocacy tool for policy-makers.

## **THE FRAMEWORK**

The broad goal of the framework is to improve the sexual and reproductive health of young people in the East Asia and Pacific Region. To achieve this goal, the framework identifies four specific risks to which young people are particularly vulnerable, and which need to be reduced:

- (1) teenage pregnancy,
- (2) unmet need for contraception in young people,
- (3) STI, HIV/AIDS and

- reproductive tract infections (RTI), and
- (4) sexual violence and exploitation.

The framework provides recommendations for concrete interventions or actions for policy-makers, programme managers and their partners to undertake in scaling up their responses to meet the sexual and reproductive health needs of young people. These actions are described under four chapters/ sections. The first three of these are “strategic areas” and they are:

- (1) promoting healthy behaviours through life-skills-based information and education,
- (2) ensuring access to reproductive health services for young people, and
- (3) creating a supportive environment.

Each of these “strategic areas” is described in terms of its issues and challenges, responses and recommended actions. Following these three chapters, a fourth section sets out seven cross-cutting strategies for “accelerated actions”.

### **(1) Promoting healthy behaviour through life skills-based information and education**

Acquiring adequate and accurate information helps young people to arrive at informed and responsible

decisions. There is increasing recognition that the introduction of sexual and reproductive health education, as early as the preschool level, is most effective in developing positive behaviours in young people. However, it has been well documented that information alone is not sufficient for informed decision-making. Surveys in the Region show that young people have the knowledge – but often lack the ability – to translate this knowledge into healthy sexual behaviour. This limits their ability to meet challenges and respond appropriately in a variety of circumstances and situations.

To address this issue, “behaviour change communication” (BCC) interventions, such as the life-skills approach, are being promoted both in and out of school settings throughout the Region. Life skills-based education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way. It contributes to the promotion and adoption of personal and social development, the prevention of health and social problems and the protection of human rights.

#### *In-school programmes*

Core areas of sexual and reproductive health need to be integrated into school curriculum and treated as a compulsory subject in all schools. This means that students would be tested on the subject as a requirement

for class advancement or university entrance. Developing teacher capacity, in terms of knowledge, attitudes and skills, is crucial in the successful delivery of in-school health and life-skills educational programmes. A monitoring system structured to the programme provides an opportunity for strengthening and improving the programme on an ongoing basis.

Scaling up and expanding early in-school initiatives also requires resources and effective coordinated partnerships with the Ministry of Education and schools. Institutionalizing sexuality and reproductive health education as a compulsory subject in schools is a long-term goal that can bring about many benefits and ensure sustainability. However, it is a challenging approach, it is a long-term process, and it is bound to face resistance in many settings. Given the long-term benefits, success stories and lessons learnt from other countries should be shared with others so that the strategy can be adapted and replicated in the Region.

### *Out-of-school programmes*

Because a large proportion of young people do not attend school, there is a need to provide out-of-school youth with equal opportunities for making healthy choices and decisions. In addition, some groups of young people need more attention because they are neglected or vulnerable. These include youth who live in

remote rural areas, street children, same-sex-attracted youth, young people with substance abuse problems or disabilities, migrant youth and minorities.

BCC interventions for out-of-school programmes include peer education programmes, community-based education through training workshops, life-skills training, youth leadership training activities, community outreach using drama and entertainment, and work-based outreach programmes. All of these programmes support or strengthen existing community-based health promotion and education programmes that provide accurate information to children, young people, parents and other adults. Support should be given to efforts that supply consistent information across multiple generations, that encourage parents or adults to talk with young people about sexual and reproductive health, and that integrate a life-skills approach in community-based programmes.

Approaches to delivering out-of-school BCC programmes include those conducted within the community and at the workplace, as well as those that use the media.

Overall, out-of-school BCC approaches are generally more challenging because of the difficulty in reaching out-of-school young people in large numbers on a regular basis. Living in different settings, the wide age range, and

varying socioeconomic backgrounds and lifestyles pose challenges in implementing, monitoring and sustaining out-of-school programmes. However, if well planned and coordinated, they can become effective means of providing the much-needed information and life skills that young people need, particularly those who no longer attend school.

## **(2) Ensuring access to reproductive health services for young people**

Improving young people's sexual and reproductive health will not be effective if both information and services are not equally available. For example, even if information and knowledge of contraceptive use is widely disseminated and accepted, unwanted pregnancy will not be reduced if access to contraceptives is denied to young people.

Health care services have the potential to play an important role for young people in preventing health problems, promoting sexual and reproductive health and well-being, and shaping positive sexual and reproductive health behaviours.

Many countries of the Region have implemented programmes aimed at meeting the reproductive health service needs of young people. These include initiatives to make health services user-friendly, to establish

youth centres, to strengthen linkages with schools and workplaces, and to involve the private sector and nongovernmental organizations, either in individual projects or as a comprehensive approach.

A comprehensive sexual and reproductive health service for young people includes the following elements:

- (1) provision of a full range of contraceptive information and supplies;
- (2) counselling and information services on family planning, pregnancy and the prevention and treatment of STI, HIV/AIDS and RTI;
- (3) basic equipment for providing reproductive health services (e.g. family planning, antenatal care, laboratory test for STI/RTI);
- (4) services that cater for interrelated issues, such as mental health, nutrition, sexual abuse and substance abuse;
- (5) capacity to accommodate the needs of young people with special needs; and
- (6) a referral system.

However, several challenges can limit the extent to which health services are effective in shaping the sexual and reproductive health behaviours of young people. Consequently, several actions are required to improve the quality and accessibility of sexual

and reproductive health services, especially in terms of improving the content of such services, their coverage and availability, their utilization and their sustainability.

Meeting young people's needs and rights in sexual and reproductive health will require efforts from wider society, going far beyond the realm of health services: the legal framework, social policy, the safety of communities, etc. However, within an integrated approach that links with other key services and the communities in which young people live, health services can and should play an important role and become part of a supportive structure that protects and guides young people's development into healthy adults.

### **(3) Creating a supportive and enabling environment**

Providing information and health services to young people are undoubtedly two of the most essential factors necessary to improve their sexual and reproductive health. However, creating and implementing an enabling environment for young people that acknowledges their evolving capacity to develop positive lifetime behaviours and skills and that allows them to access information and services without embarrassment is of great importance. Young people may engage in sexual behaviour before the years of reproduction; sexual exploration and expression

during adolescence is common and a normal part of attaining their overall development. The refinement of these skills is informed by parents and carers, peers and the media, and they are influenced by cultural and spiritual values and survival practices.

Creating this enabling environment is a challenge in itself, since complex cultural, religious, social, economic and political forces influence the vulnerability of young people to sexual and reproductive health risks. At a national level, rapid urban growth, socioeconomic development and modernization have resulted in the earlier onset of puberty, an increased period between menarche and marriage, and the increased likelihood of young people having unprotected premarital sexual relationships.

Poverty and inequitable access to education, information and services are associated with poor sexual and reproductive health outcomes among young people, especially those who are marginalized and live on the fringes of society.

The supportive environment can be strategically divided into two major domains: (1) the immediate supportive environment surrounding young people (e.g. parents, peers, teachers, community, health providers, and the mass media); and (2) the broader supportive environment encompassing policies and legislation. Though these two domains overlap and are equally

important, for the sake of practicality and clarity, this section deals with the immediate supportive environment only. The broader supportive environment will be discussed in the following section on accelerated actions.

Many of the factors that adversely impact the sexual and reproductive health of young people stem from their immediate environment, including poverty and unemployment; restrictive social, cultural and gender norms, especially those that reduce equitable access to information and services; and social and economic changes. While programmes to improve the sexual and reproductive health of young people cannot directly focus on inequities and injustices in society, they must create an immediate social environment that fosters personal development and open communication to encourage young people to adopt healthy behaviours. Families, communities, the media and others can communicate positive norms and actions to promote healthy behaviours among young people and adults alike. However, the programme efforts need to take into account that all young people are not alike and that the interventions and the ways they are delivered will vary according to the differing needs and circumstances surrounding young people's lives. For this reason, it is imperative that youth play an active role in improving their immediate environment and thus the conditions that affect their sexual and

reproductive health.

The experiences and lessons learnt from various programmes have repeatedly emphasized the importance of forging a supportive, enabling and receptive environment at both the policy level and the community level to facilitate programme implementation and to minimize the risk of unwarranted reactions, apprehension or opposition, due to the potential sensitivity surrounding adolescent sexual and reproductive health matters in most communities. Key partners in creating an enabling environment include individuals and organizations in both public and commercial sectors, such as young people, their families, and their peers; schools; community agencies; spiritual institutions; businesses; politicians; nongovernmental organizations; health services and other sectors; and the media.

#### **(4) Accelerated actions**

While the framework's previous sections set forth recommended actions in the three key strategic areas, this section proposes seven strategies that aim to direct attention and resources to institutionalize, accelerate and scale up programmes and activities. They are:

- (1) securing political will;
- (2) formulating and implementing policies and legislation,
- (3) mobilizing resources to ensure

- sustainability,
- (4) enhancing human capacity-building,
  - (5) establishing research, monitoring and evaluation mechanisms,
  - (6) forging partnerships, and applying lessons learnt.

These seven “cross-cutting” strategies enable countries to execute the

recommended actions identified in the previous sections, as well as to achieve the institutionalization of sustainable sexual and reproductive health programmes for young people. They cut across all levels and involve all stakeholders – individuals, the community, service facilities, government agencies, and nongovernmental and international organizations.

***Success in improving the sexual and reproductive health of young people does not come easily, and does not take place by chance. It is the result of integrated and collaborative efforts, with the government taking the lead through strong and continuous commitment, coordination and resource allocation so that programmes become institutionalized and sustainable.***

***Improving the sexual and reproductive health of young people is not restricted to “health” alone. It is also a means to ensure social and economic well-being. Young people account for a substantial proportion of the population in low and middle income countries. Consequently, investing in programmes to improve the sexual and reproductive health of young people offer a high rate of return not only to young people but also to the countries and communities in which they live.***