



## Sexual and Reproductive Health Education and Services for Adolescents

At the 1994 International Conference on Population and Development, governments agreed that “information and services should be made available to adolescents to help them understand their sexuality and protect themselves from unwanted pregnancies, sexually transmitted diseases, and subsequent risk of infertility. This should be combined with the education of young men to respect women’s self-determination and to share responsibility with women in matters of sexuality and reproduction.” (ICPD Programme of Action, para. 7.41) Governments reiterated that sentiment at ICPD Plus Five (1999) and Beijing Plus Five (2000) by agreeing to specific actions to advance the sexual and reproductive health of adolescents (see “International Commitments” below).

Learning about sexuality is a lifelong process and a fundamental part of every person’s socialization. But parents are often unprepared or unwilling to provide information on sexuality to young people, or to discuss sexual matters with them. In this context, it is imperative that children, especially adolescents, have access to accurate, accessible and age-appropriate information and education about their sexuality and their sexual health.

**What is sexuality education?** The goal of sexuality education is to help young people develop the knowledge, autonomy and skills—such as communication, decision-making and negotiation—to make the transition to adulthood in good sexual health. Sexuality education includes information about anatomy and physiology, puberty, pregnancy and STIs, including HIV/AIDS. But it also addresses the relationships and emotions involved in sexual experience. It approaches sexuality as a natural, integral and positive part of life, and covers all aspects of becoming and being a sexual, gendered person. It promotes gender equality, self-esteem and respect for the rights of others.

Sexuality education should be part of a comprehensive national adolescent policy that also includes primary and secondary education, vocational training and income-generating opportunities for young people.

*Sexuality education delays the onset of sexual activity, increases safer sexual practices by those already sexually active. A 1993 World Health Organization survey revealed no evidence that sex education in schools leads to earlier or increased sexual activity in young people. The opposite is true: sex education delays onset of sexual activity, and increases safer sexual practices by those already active. The survey also showed that programs advocating both postponement of sexual intercourse as well as condom use, were more effective in preserving health than those that only promoted abstinence.*

*“Sexuality Education Does Not Lead to Increased Sexual Activity,” Press Release, 26 November 1993. Geneva: WHO, 1993.*

### Age Matters

While information and education should be adjusted to the developmental level of the learner, sexuality education must reach children before sexual initiation. Adults can benefit from continuing sexuality education, especially when the time comes to provide information and support to their own children.

#### *Sexual activity often starts during adolescence*

In most of the world, the majority of young people become sexually active during their adolescent years, both in and outside marriage. The proportion of sexually active adolescents is roughly one-half to two-thirds in Latin American and Caribbean countries, reaches three-quarters or more in much of the developed world and exceeds 90 percent in a number of Sub-Saharan African countries. Statistics show that 38 percent of women 19 or younger in sub-Saharan Africa, and 28 percent in Latin America and the Caribbean, have their first sexual intercourse outside of marriage. About 30 percent of girls 15-19 are married (and therefore sexually active) in Sub-Saharan Africa; the number rises to 34 percent in Asia (excluding China).

### ***Not Just in School!***

Over 20 percent of primary school age children in developing countries do not attend school. In the least developed countries, over 35 percent of boys and over 40 percent of girls do not attend primary school. In developing countries, only around 75 percent of primary school entrants reach grade 5, and for the least developed countries, this number drops to 59 percent. In many countries, most young people (especially girls) will have left school by the age of 15, and many are married between ages 15-19. Thus, it is imperative that sexuality education not only begins at the earliest stages in school, but that governments initiate programmes to reach the large number of young people outside the school system. Parents, community organizations, religious groups, friends and peers, and health-delivery centers can, with proper training, become part of this effort.

*"The youth centre is a place for us to voice our problems about boy/ girl friends or about our reproductive health. I wouldn't go to a general clinic because I feel embarrassed while waiting together with all the adults."*

*Mohd. Hairry, 17,  
Malaysia in IPPF's Xpress 2.2*

### ***Peer Education***

An IPPF 1997 international survey found that one in three young people found it difficult or impossible to discuss sexual matters with adults. Young people often find it easier to talk to a friend or someone closer to their age group about sexuality. The training and involvement of young people as peer educators can ensure that programmes, activities, information and services are appropriate and relevant to young people's concerns.

***Access to youth-friendly sexual health services*** Today's adolescents face growing threats to their health, such as HIV/AIDS and unwanted pregnancy. Young people are extremely vulnerable to STIs, including HIV, for various reasons, including a lack of information, an imbalance in power in sexual relations between women and men, and young and old, and the greater biological vulnerability of girls. Every year, one in 20 young people worldwide contracts a STI, and currently, 50 percent of all new HIV infections occur in young people ages 15-24. The low status of women places girls at high risk of sexual exploitation and violence. Up to 60 percent of HIV infections in young women occur by the age of 20. At least one fourth of all unsafe abortions (estimated at 20 million every year) are to girls aged 15 to 19.

Young people have specific needs for information and services that adult-centered clinics do not provide. In addition, adolescents often hesitate to go to, or are turned away from, clinics where personnel have not been trained to provide youth-friendly services. It is therefore essential that information and education be backed up by accessible, confidential youth-friendly sexual and reproductive health services.

## **KEY ACTIONS**

- Governments should ensure that children, especially adolescents, receive sexuality education and information both in schools and through other social/community mechanisms.
- Governments should devise programmes that involve parents, teachers, health care providers and community or spiritual leaders, in the provision of sexuality education to children, especially adolescents.
- Governments need to establish youth-friendly reproductive health services that are accessible, confidential and non-judgmental and that provide comprehensive information given in everyday language, backed up by informational material.

## International Commitments

### *Beijing Plus Five, 2000*

**Paragraph 79 (f)** Design and implement programmes with the full involvement of adolescents, as appropriate, to provide them with education, information and appropriate, specific, user-friendly and accessible services, without discrimination, to address effectively their reproductive and sexual health needs, taking into account their right to privacy, confidentiality, respect and informed consent, and the responsibilities, rights and duties of parents and legal guardians to provide in a manner consistent with the evolving capacities of the child appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, 15 in conformity with the Convention on the Elimination of Discrimination against Women and ensuring that in all actions concerning children, the best interests of the child are a primary consideration. These programmes should, inter alia, build adolescent girls' self-esteem and help them take responsibility for their own lives; promote gender equality and responsible sexual behaviour; raise awareness about, prevent and treat sexually transmitted infections, including HIV/AIDS and sexual violence and abuse; and counsel adolescents on avoiding unwanted and early pregnancies;

### *ICPD Plus Five, 1999*

#### **Paragraph 21**

Governments should:

(b) Meet the needs of youth, especially young women, with the active support, guidance and participation, as appropriate, of parents, families, communities, non-governmental organizations and the private sector, by investing in the development and implementation of national, regional and local plans. In this context, priority should be given to programmes such as education, income-generating opportunities, vocational training, and health services, including those related to sexual and reproductive health. Youth should be fully involved in the design, implementation and evaluation of such programmes and plans. These policies, plans and programmes should be implemented in line with the commitments made at the International Conference on Population and Development and in conformity with the relevant international conventions and agreements. Emphasis should be placed on fostering intergenerational dialogue through better communication and mutual support;

35. Governments, in particular of developing countries, with the assistance of the international community, should:

(b) Include at all levels, as appropriate, of formal and non-formal schooling, education about population and health issues, including sexual and reproductive health issues, in order to further implement the Programme of Action in terms of promoting the well-being of adolescents, enhancing gender equality and equity as well as responsible sexual behaviour, protecting them from early and unwanted pregnancy, sexually transmitted diseases including HIV/AIDS, and sexual abuse, incest and violence. Ensure the active involvement and participation of parents, youth, community leaders and organizations for the sustainability, increased coverage and effectiveness of such programmes;

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DHS Surveys

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