

## The Power of Young People: Realising Population Dividend through Comprehensive Sexuality Education

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In today's world population of 7.3 billion, young people aged 10-24 account for almost 1.8 billion, or 25 per cent, and almost 9 out of 10 live in less developed countries. This number of 1.8 billion is expected to reach 2 billion by 2050. Never before did so many young people populate the world, and never before did they comprise such a big share of the world population (UNFPA, 2014).

According to the demographic transition theory, the share of young people in a population increases as countries transit from high mortality to reduced mortality, while fertility remains high. Broadly speaking, the demographic transition can be divided in three phases (UNFPA, 2014):

1. Pre-transition - high mortality and high fertility
2. Early transition - reduced mortality and high fertility
3. Late transition - reduced mortality and low fertility

Worldwide, many countries have entered the late transition phase. Only in sub-Saharan Africa, most countries classify as early-transition countries (UNFPA, 2014). This means that in those countries mortality levels have reduced, especially levels of child mortality, and that fertility levels are high or have started to decrease (UNFPA, 2014). For Western countries and some Asian countries, such as Japan, it has been argued that they have moved beyond this first, or classic, demographic transition and that they have entered a second demographic transition, which is characterized by population decline and ageing, due to sub-replacement fertility and gains in longevity (Lesthaeghe, 2010).

The emergence of a large youth population in the early transition phase can have positive or negative effects on countries. For instance, access to modern contraception has been considered as the most important reason for fertility decline (UNFPA, 2014). If young people give birth to less children than their parents did, it will mean that when this large youth population enters the working-age, they will have a relatively smaller share of dependants to provide for. Those saved expenses can be invested for economic growth. This potential of economic-growth resulting from increases in the working-age share of a population is called "population dividend" (UNFPA, 2014).

The positive impact of population dividend can be magnified when policies and investments are implemented at the right time (UNFPA, 2014). For instance, whereas access to safe water and sanitation is important in the pre-transition phase to lower mortality, comprehensive sexuality education can be an important investment during the early transition phase (UNFPA, 2014).

Comprehensive sexuality education 'seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality' (IPPF, 2010 p 6). Exercising their sexual and reproductive rights will empower young people to make informed decisions regarding their sexual and reproductive health, and will help them to realize their full potential and to have a safe and healthy transition to adult life. For instance, comprehensive sexuality education contributes to:

- A population that is able to better protect itself from HIV and other STIs and knows where to access health care services for counselling and treatment;
- Improved mental health, e.g. self-esteem, empathy, emotional regulation and resilience, and challenging problematic social norms, which is considered essential in prevention of sexual and gender-based violence (Gevers and Dartnall, 2014);
- Gender equality, which enables girls to finish their education, to marry at a later age and to have fewer children. This will advance their well-being, amongst other things, because it will lower their risks of maternal mortality and morbidity.

Being healthy increases people's opportunities for participating in the workforce and, consequently, for breaking the cycle of poverty by ensuring a better -safe and healthy- future for their children. In

contrast, sexual and reproductive ill-health, e.g. due to HIV, (unsafe) abortions and teenage pregnancies, place a substantial burden on individual welfare and scarce governmental resources. Since sexual and reproductive ill-health is a major, yet preventable, contribution to young people's burden of disease, it is important that governments invest in young people's sexual and reproductive health and rights (UNESCO, 2009). Not only is it an investment in economic growth but governments also have the obligation to respect, protect and fulfil young people's sexual and reproductive rights. This means that teachers, youth workers and health care workers, as representatives of the government, have an important role to play: if they provide comprehensive sexuality education, they invest in a healthy, empowered working-age population and maximize the full potential of the population dividend.

## Examples

Thailand's rapid fertility decline from 6.4 in the early 1960s to 3.6 in the early 1980s, and its consequential economic growth, has been attributed to the implementation of governmental policies encouraging and facilitating contraceptive use during the early phase of Thailand's demographic transition (Knodel et al., 1987).

Governments should not only empower young people but actively and meaningfully engage them in decisions that affect their lives and shape their future (UNFPA, 2014). The World Starts With Me (WSWM), developed by Rutgers WPF, is a comprehensive sexuality education programme that helps to build self-esteem. This self-esteem has helped WSWM alumni in Kenya and Uganda to organise themselves into youth-led advocacy networks that create awareness on sexual and reproductive health and rights of young people at the community and the policy level.

Rutgers WPF is in the process of piloting a sustainable whole-school approach whereby school administrations, teachers, learners and parents actively take up the responsibility to respect, protect and fulfil the learners' rights to exercise their sexual and reproductive health and rights. This comprises more than comprehensive sexuality education alone, namely a safe and healthy school environment. Examples are safe school regulations for respectful and non-violent communication between teachers and students and boys and girl; clean and safe toilets, and sanitary pads for girls; access to youth-friendly services; and a referral system for young people in need. The administration is actively involved by earmarking the school budget and scheduling sexuality education lessons on the timetable. Parents play a strong role in raising awareness among other parents. These actions contribute to sustainable implementation and to reaching many more learners at the right age, i.e. before they become sexually active.

## References

This paper has been primarily based on UNFPA State of World Population 2014: The power of 1.8 billion: adolescents, youth, and the transformation of the future.

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