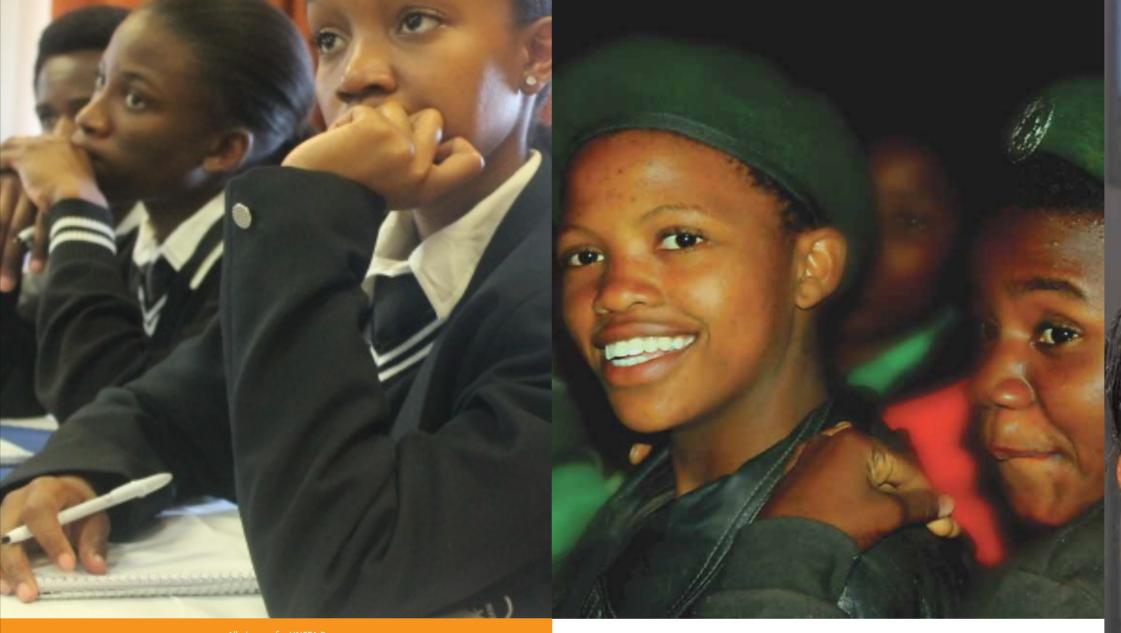


"Youth participation & leadership must be the rule, not the exception"

Dr. Babatunde Osotimehin UNFPA Executive Director



Investing in Young People: The Time is Now!



Delivering a world where every pregnancy is wanted every childbirth is safe and every young person's potential is fulfilled

United Nations Population Fund UN Building, Corner Khama Crescent & President's Drive Government Enclave P.O. BOX 54, Gaborone, Botswana Tel: (267) 3633700 Fax: (267) 3901562





Botswana

Adolescent Sexual & Reproductive Health

Comprehensive Sexuality Education (CSE)

Adolescent/Youth Friendly Health Services

Comprehensive Sexuality Education is defined as an age-appropriate, culturally relevant and holistic approach to teaching and learning on issues relating to human development sexuality by providing The Adolescent Sexual & Reproductive scientifically accurate, realistic, non-Health programme aims to strengthen judgmental information. national capacity to improve and expand comprehensive adolescent Comprehensive Sexuality Education (CSE) is sexual and reproductive health programmes including HIV prevention.

SRH

Status of

Young

People

- a) Supporting young people to become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relation-
- b) Providing opportunities to explore one's own values and attitudes and to build decision- making, communication and risk reduction skills about many aspects of sexuality;
- c) Promoting and sustaining healthy behaviors, including demand creation and links to youth friendly health ser-

Findings of the review of school curricula used to deliver CSE

- a) Curricula and framework are strong, addresses what it means to grow in a high HIV prevalence setting
- b) 2010 framework outlines outcomes and indicators on gender equality, human rights, vulnerability reduction and HIV treatment. The outcomes are missing in the 2005 curriculum
- c) 2010 framework is not strong on communication and decision making and essential topics for risk reduction such as puberty, sex/ sexual relationships, reproduction and contraception are not presented or addressed adequately
- d) Primary school framework is not age appropriate. It has a wide age range, from 6-13 years and does not specify which topics to be addressed at which

Common myths about CSE MYTH: CSE encourages young people to have sex.

FACT: Research showed that sexuality education can help young people delay their first sexual experience, and increase the likelihood of HIV or pregnancy prevention. It builds communication skills making it easier for young people to decide when and with whom to have sex, or to say if they don't want to.

MYTH: CSE should not be taught to young children - especially when they are exposed to the mechanics of sex.

FACT: CSE is designed to be ageappropriate, ensuring topics are tailored for varied age groups. The subjects will vary depending on age and grade - but builds on their knowledge as they grow and mature.

MYTH: CSE should be the responsibility of parents and families.

FACT 2: Parents and families are an important source of information for young people. However schools have an essential role to play in delivering structured education that focuses on objective scientific information, and the development of skills. It is best delivered by trained teachers.

MYTH: Comprehensive sexuality education goes against our culture or religion.

FACT: Comprehensive sexuality education should be adapted to the culture and realities of every country, including the realities of young people's lives. It also gives young people the opportunity to reflect on any harmful social norms that may impact on their lives, such as gender inequality.

Source: http://youngpeopletoday.net

Youth friendly services provide quality, integrated HIV & SRH services & related commodities to adolescents and young people in a friendly, non-judgmental environment manner. Youth friendly sexual and reproductive health services should be accessible, acceptable, appropriate, effective and affordable.

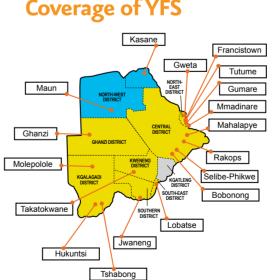
WHO global standards for quality health services for adolescents

Standard 1:	Adolescent health literacy
Standard 2:	Community support
Standard 3:	Appropriate package of services
Standard 4:	Providers' competencies
Standard 5:	Facility characteristics
Standard 6:	Equity and non-discrimination
Standard 7:	Data and quality improvement
Standard 8:	Adolescent participation

Findings from the review of 16 YFS in Botswana

- a) Botswana does not have standalone YFS standards aligned to WHO global standards for provision of YFS
- b) All YFS were not fully alinged to WHO global standards
- c) Opening times of heatlh facilities not suitable for young people to access ser-
- d) Most facilities had stock outs of medical equipments and supplies,
- e) Privacy was not always guaranteed: 50% of young people reported that someone entered the consultation room while receiving services

Coverage of YFS



Participation & Leadership

Youth Participation, Leadership and Em-

powerment is one of the 4 pillars of the

UNFPA Global Strategy on Adolescents and

UNFPA works to advance youth engagement

a) Engagement in national development

processes such as development of

national development plans and

b) Engagement with policy makers to

c) Facilitate participation of young

guide policy and programming for

people at regional and international

youth.

through;

national vision

young people

platforms

Evidence Generation & Knowledge Management

Data to inform programming

Supports availablity, analysis of data to inform policy development and programming for adolescents and youth

- a) Technical assitsance for census and population dynamics
- b) Secondary analysis and packaging of SRH information
- c) Programme assessment

UNFPA Botswana Youth Advisory Panel

In 2015, UNFPA established a 22 member Youth Advisory Panel (YAP). The panel is a springboard that guides UNFPA programme development and implementation. The YAP is a demonstration of UNFPA's commitment to young people's empowerment to participate in the development of their communities. The panel members are aged between 14-23 years and were nominated by their schools and NGOs.



YAP members during one of their meeting with Ms Mareledi Segotso, UNFPA Assistant Representative.

"Young people should be at the forefront of global change and innovation. Empowered, they can be key agents for development and peace."

> Dr. Babatunde Osotimehin **UNFPA Executive Director**

Teenage pregnancy is a concern

d) Knowledge management and data

Specifically the programme aims to

empower adolescents and young

people aged 10 to 24 (with particular

focus on adolescent girls) to protect

themselves from STIs including HIV

and unintended pregnancies. The

a) Implementation of Comprehensive

Sexuality Education (CSE)

b) Provision of Youth Friendly

c) Social Behaviour Change

e) Youth participation and

Communication (SBCC)

programme supports;

Services (YFS)

generation

leadership.



For every 10 teenage girls in Botswana, one is pregnant

Percentage of young people aged 15-24 who are HIV infected (2004-2013)

