

## EDITORIAL

# Protecting the next Generation: Promising Directions for a Better Future

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Despite the advances in treatment, keeping the world's nearly 1 billion young people from being infected with HIV in the first place represents the only realistic way to curb the HIV/AIDS pandemic. To meet this challenge, many committed and well-meaning policymakers and other professionals have designed policies and programs to help adolescents protect their sexual and reproductive health. Yet, in doing so, we have rarely listened to young people themselves.

Five years ago, the Guttmacher Institute and nine partner organizations in Sub-Saharan Africa embarked on Protecting the Next Generation, an ambitious project to gather data on young Africans and their sexual and reproductive health by asking the teens themselves about their needs and experiences. Nearly 20,000 adolescents in Burkina Faso, Ghana, Malawi and Uganda described their lives, their worries, their sources of information about pregnancy and HIV prevention, and how they access health care services<sup>2</sup>.

The goal in gathering this information was to better inform—and thereby improve the effectiveness of—policies and programs that aim to promote the health and well-being of youth.

The articles in this issue are drawn from this body of research, which was funded in large part by the Bill & Melinda Gates Foundation<sup>3</sup>, and provide a compelling look at adolescent sexual and reproductive health in the four Sub-Saharan African countries today. They identify promising directions in helping young people protect themselves as well as highlight persistent challenges. An additional article describes the programmatic efforts and effects of the African Youth Alliance in Botswana, Ghana, Tanzania and Uganda and lessons learned for a next generation of programs for youth.

One of the most intractable challenges is for adults to accept the reality that adolescents are (or soon will be) sexually active and therefore need information about how to protect themselves from unwanted pregnancy and disease early - *before* they have sex. The years between age 15 and 20 are marked by a tremendous shift in sexual behavior: about 20% young women have had sex by age 15, but by age 20, the proportion rises to 77%<sup>3</sup>. Some of this sexual activity is not voluntary and the extent of coercion is troubling, but the majority of adolescents engage in sexual activity by choice, viewing it as a natural part of growing up.

Some of the most provocative findings emerging from this study are new data on 12-14-year-olds, among the first to assess the knowledge, attitudes and behavior of very young adolescents on matters of sexual health. As some of the articles clearly demonstrate, even the very young are not naïve about sex and relationships. They are aware of sex and believe that 12-14-year-olds should be educated about HIV prevention, which suggests that sex education in primary school is a promising arena for further prevention efforts. In addition, half or more of 12-14-year-olds think that sex education will not encourage young teens to have sex. This is a fact that has been confirmed through a scientific review of the impact of curriculum-based sex and HIV education programs on sexual behavior among young people in various countries around the world. If a 12-year-old in Burkina Faso knows this, then surely adult policymakers can take a cue.

The importance of education cannot be overstated—it is far and away the greatest gift we can provide to the next generation. For young women, in particular, knowledge of pregnancy prevention is critical. Becoming pregnant while in school usually means a young woman must drop out. Preventing pregnancy and HIV, on the other hand, means young women are able to stay in school longer, achieve their educational goals and contribute to the development goals of their nation. The findings presented in this issue reinforce the protective role of education shown by past studies. For example, the more

educated young people are, the more likely they are to use condoms. Formal education techniques such as condom demonstrations have shown great results in improving knowledge of correct use.

Young people also cherish access to reliable information and nonjudgmental interaction with adults. But they are often let down by policymakers and others who make adolescent sexual activity a taboo. In Ghana—where sex education is more widespread and more adolescents have seen condom demonstrations than in the other three countries—we've seen that creating a supportive environment and showing interest in the welfare of adolescents can promote positive sexual and reproductive health outcomes among young people. Young Ghanaians wait longer to have sex than their peers in the other countries, and when they do become sexually active, they have the best record of consistent condom use.

Across the four countries, young people cited fear, shame and embarrassment as their main reason for not going to health clinics and hospitals for sexual and reproductive health care, despite a stated preference for formal health services. Only by reducing the stigma that surrounds adolescent sexual activity will young people be able to access the information and services they need to protect themselves. If, as some have observed, the test of a society's morality is what it does for its children, then policymakers and others need to take a hard look at what is needed to protect the next generation. Young people have told us, very directly and in their own words, what they need to protect themselves from the dual threat of HIV and unintended pregnancy. It's time for us to listen.

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<sup>2</sup> The following organizations had essential roles in developing and/or implementing the qualitative data components and the 2004 National Survey of Adolescents, which are the new data used in most of the articles: Institut National de la Statistique et de la Démographie and l'Institut Supérieur des Sciences de la Population de l'Université de Ouagadougou, Burkina Faso; Institute of Statistical, Social and Economic Research, University of Ghana and Department of Geography and Tourism, University of Cape Coast, Ghana; Centre for Social Research, University of Malawi and National Statistical Office, Malawi; Uganda Bureau of Statistics and Makerere Institute of Social Research, Makerere University, Uganda; Macro International, United States; African Population and Health Research Center, Kenya; and the Guttmacher Institute, United States.

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