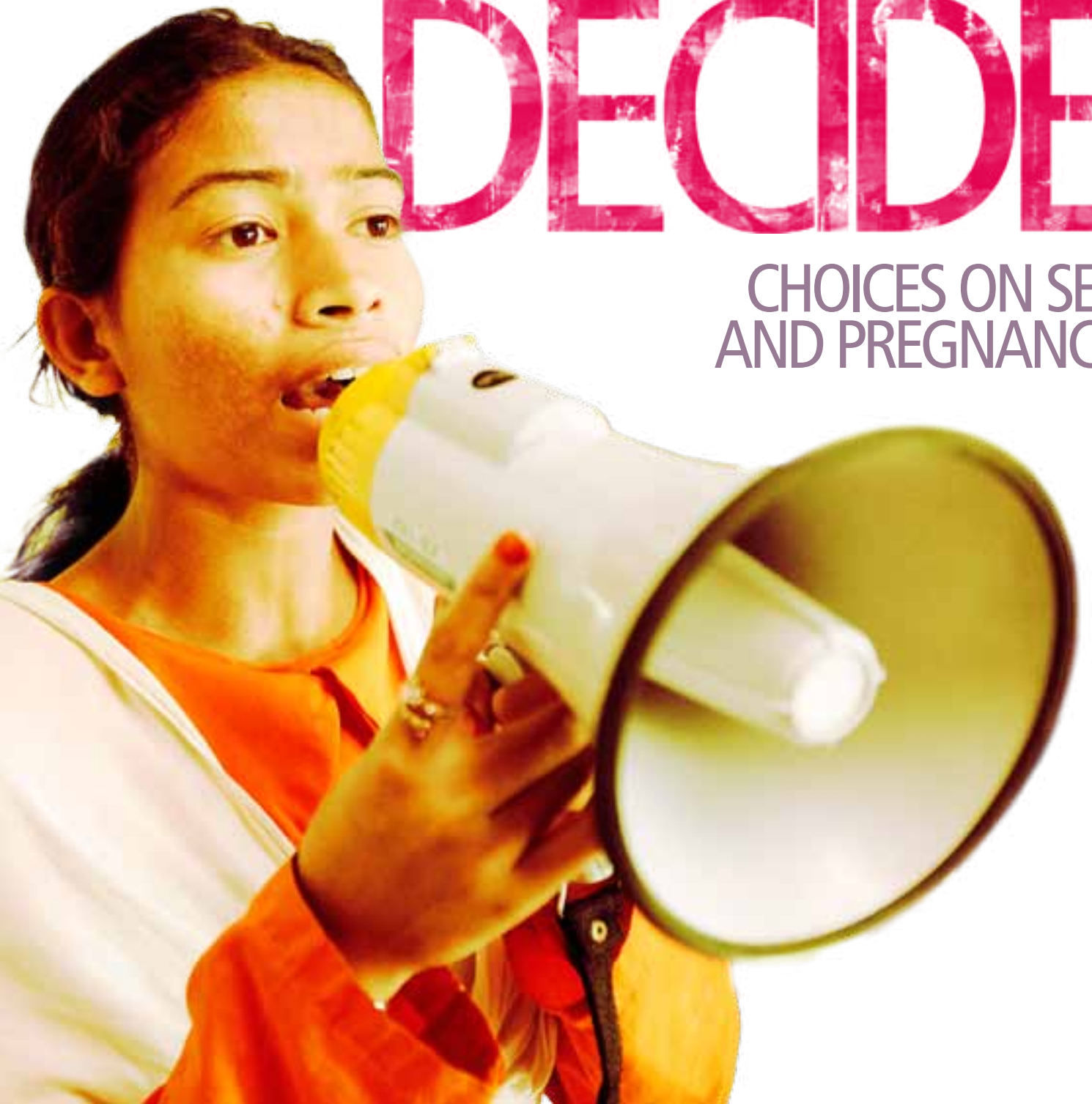


GIRLS DECIDE

CHOICES ON SEX
AND PREGNANCY



GIRLS DECIDE

WHO WE ARE

THE INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF) IS A GLOBAL SERVICE PROVIDER AND A LEADING ADVOCATE OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR ALL. WE ARE A WORLDWIDE MOVEMENT OF NATIONAL ORGANIZATIONS WORKING WITH AND FOR COMMUNITIES AND INDIVIDUALS.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

GIRLS DECIDE

This publication is part of a larger IPPF initiative called Girls Decide. The initiative aims to ensure that girls' and young women's sexuality and pregnancy-related issues are effectively addressed by leaders and service providers.

ACKNOWLEDGEMENTS

Girls Decide: Choices on Sex and

Pregnancy was produced by the Advocacy and Communications Team and the Youth Team at IPPF Central Office. IPPF is exceptionally grateful to the participants of the Girls Decide Consultative Meeting (Amsterdam, 16-17 September 2010), including some 40 leaders in the field of youth sexual and reproductive health and rights from civil society, UN agencies, academic institutions, private foundations, governments and youth networks, who reviewed a draft and provided invaluable input. Our thanks also goes to a number of accomplished advocates who provided comments on later drafts and additional support: Shantih van Hoog, the youth representative of the Point Seven delegation to the board of the Global Fund to Fight AIDS, Tuberculosis and Malaria; Martha Dewi of the Indonesian Planned Parenthood Association; Grace Wilentz, a volunteer with the Irish Family Planning Association and board member of YouAct (European Youth Network on Sexual and Reproductive Rights); Alice Welbourn of the Salamander Trust; Areej Abuqudairi and Mari-Claire Price of YouAct. Thanks also to our friends at IPPF Arab World Region, IPPF Africa Region, IPPF East and South East Asia and Oceania Region, IPPF European Network, IPPF South Asia Region and the IPPF Western Hemisphere Region for their ongoing support and assistance.

In partnership with UKaid from the Department for International Development.



TODAY

TODAY – AND EVERY DAY FROM NOW ON – IS AN OPPORTUNITY. IT IS AN OPPORTUNITY FOR LEADERSHIP AND IT IS AN OPPORTUNITY TO MAKE AN IMPACT ON THE LIVES OF GIRLS AND YOUNG WOMEN.

At long last, there is growing consensus that girls and women are central to development. When girls and young women have access to critical life-saving services and information, and when they are able to make meaningful choices about their life path, they are empowered; their quality of life improves, as does, subsequently, the well-being of their families and the communities in which they live. Also, our collective ability to achieve development goals, including the Millennium Development Goals, is strengthened.

Campaigns and initiatives around girls and women have recently flourished, covering a wide range of areas including education, health, access to water and sanitation, and leadership skills. IPPF's unique contribution in this groundswell of support is to highlight the importance of girls' and young women's sexual and reproductive lives. In order to have a positive impact for girls and women, these areas must be prioritized and dealt with in positive and pragmatic ways. The failure to empower girls and young women to exercise their own choices around sex and pregnancy can and does result in unwanted pregnancies, sexually transmitted infections, including HIV, unsafe abortion and related morbidity and mortality. These events have a significant influence on girls' life chances and long-term sexual and reproductive health outcomes.

Right now, all around the world, there are millions of girls and young women who are striving to live a life that is fulfilling, happy and promising. But that time of transition that is adolescence – where one is neither child nor woman, with little cash and less autonomy, with deep curiosity but only vague notions about how to deal with sexual feelings, where one is left guessing how to navigate these new emotions and experiences – is the journey of a lifetime.

Girls Decide: Choices on Sex and Pregnancy presents a selection of innovative projects that are examples of good practice, and offer great potential for poverty reduction, female empowerment and development. These projects

can guide policy- and decision-makers, educators, service providers and community leaders in re-thinking strategies for girls and young women.

The projects included empower girls and young women, and affect all areas of their development, by implementing a positive approach towards their sexual and reproductive health and rights. When girls and young women understand that their sexual identities, feelings, emotions, sexual behaviour and aspirations are legitimate and respected, they are empowered. When they have access to the knowledge and the opportunities to make choices about relationships, sexuality and pregnancy, and when communities and societies give girls and young women the space and support they need to become confident, decision-making individuals, everyone benefits.

A positive approach to girls' and young women's choices around all aspects of sex, sexuality and pregnancy should be reflected in policies, programmes, services and research.

When girls and young women feel confident that their sexual identities, feelings, emotions, sexual behaviour and aspirations are legitimate and respected, they are empowered.





YOUNG WOMEN AROUND THE WORLD

The evidence about girls and young women suggests that many existing interventions and programmes are not fully meeting their needs. The aspirations of girls and young women may be diminished because they perceive few

realistic options for their future, and their ability to achieve the aspirations they do have is often restricted by their lack of choice.

First of all, this is because girls and young women have been neglected and under-served

by development programmes. "Less than two cents of every dollar spent on international development is directed specifically toward adolescent girls."¹ Not surprisingly, adolescent girls bear more than their share of poverty.

Those responsible for policies and programmes that aim to improve the quality of life for girls and young women should also challenge the assumptions that underlie the work they do with girls and young women.

Girls from poor households are

3x more likely

than girls from wealthier households to give birth during adolescence.²



Whether they are single or married, most young women are poor or without monetary resources of their own.³

In many countries, expulsion of pregnant or married girls from school and lack of flexibility in school hours for young mothers attempting to continue their schooling

severely limit

their educational and employment opportunities. For example, in Tanzania in 2005

1 in 5

girls in secondary school became pregnant and was

forced to leave school.⁴



Young women represent

59%

of the world's more than

130 million illiterate youth.⁵

YOUNG WOMEN FACE DISCRIMINATION IN ACCESSING PUBLIC SPACES

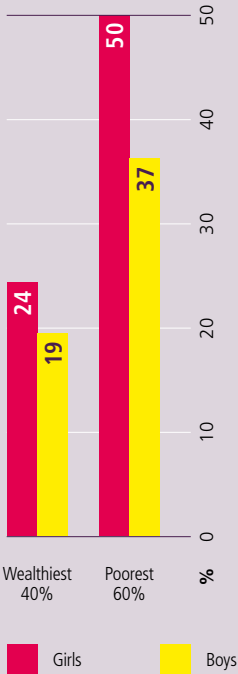
This example from Burkina Faso shows where married and unmarried girls, and where unmarried boys, can go⁶

	Mosque	Church	Harvest festival	Market	River	School	Bar	Health centre	Water pump	Football field	Video arcade	Table football	
Where can unmarried adolescent girls go?													Key Allowed Not allowed
Where can married adolescent girls go?													
Where can unmarried adolescent boys go?													



YOUNG WOMEN FROM POOR HOUSEHOLDS FACE MAJOR BARRIERS TO SECONDARY EDUCATION⁷

Young people who are out of secondary school, by household wealth, in surveys of 42 countries, 2001/2008 (percentage)



AS THE AGE OF MARRIAGE INCREASES, MORE SEX IS PREMARITAL

Girls today, compared to 20 years ago¹⁰

	REGIONS [NUMBER OF COUNTRIES]	INCREASE	NO CHANGE	DECREASE
Proportion of young women marrying by age 18	Africa [27]	0	3	24
	Asia [5]	1	3	1
	Latin America/Caribbean [9]	0	3	6
	TOTAL [41]	1	9	31
Proportion of young women having premarital sex by age 18	Africa [27]	20	7	0
	Asia [5]	1	4	0
	Latin America/Caribbean [9]	3	5	1
	TOTAL [41]	24	16	1
Proportion of young women having sex by age 18	Africa [27]	5	14	8
	Asia [5]	2	2	1
	Latin America/Caribbean [9]	2	3	4
	TOTAL [41]	9	19	13

Sexual and reproductive health programmes in many countries are targeted towards people who are married or over 18 years of age, belying the reality of young women's sexual lives. While young women are marrying later than the previous generation, the age of first sex hasn't changed

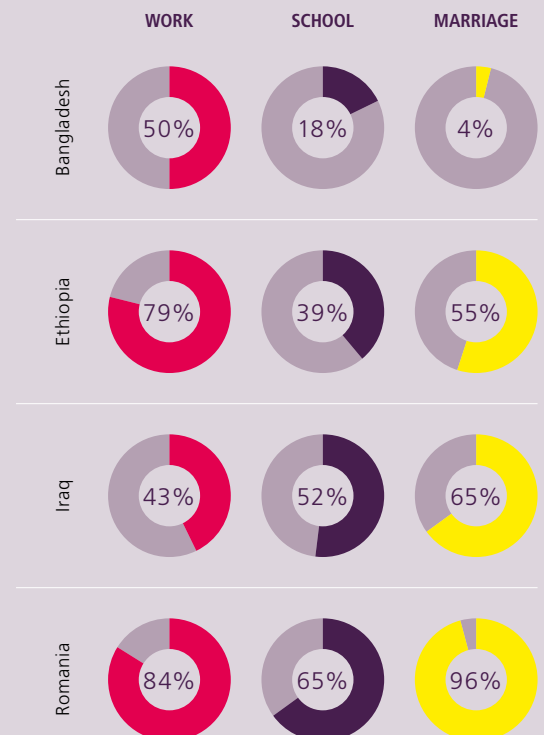
very much. Sex is increasingly premarital.^{8,9} The table above, based on Demographic Health Surveys in 41 developing countries, shows that the number of women having premarital sex by age 18 has increased in over half of the countries.¹⁰



GIRLS AND YOUNG WOMEN HAVE LITTLE SAY IN LIFE DECISIONS¹¹

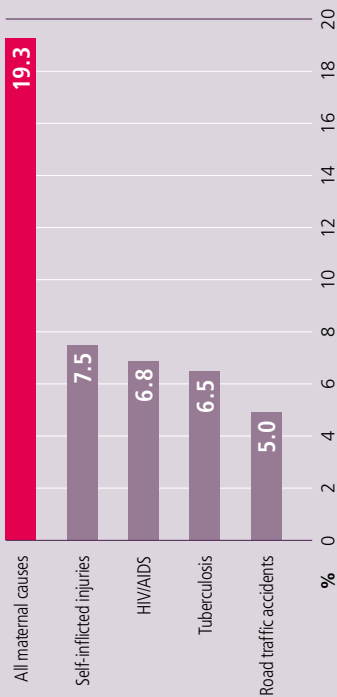
These pie charts represent the proportion of girls surveyed who reported that they had the most influence in decisions about their own work, education or marriage.

Less than two cents of every dollar spent on international development is directed specifically toward adolescent girls.



“Boys are more likely to report satisfaction or pleasure after their first premarital experience, while girls whose first sexual experience is premarital are more likely to experience shame, guilt or pain.”¹²

TOP FIVE CAUSES OF DEATH, YOUNG WOMEN AGED 15–24 YEARS, IN 2004¹³



In sub-Saharan Africa, young women aged 15–24 years are as much as

8x
more likely

than men, of the same age, to be HIV-positive.¹⁴



Young women

who are living with HIV, who are sex workers, who use drugs, or who are living on the street will

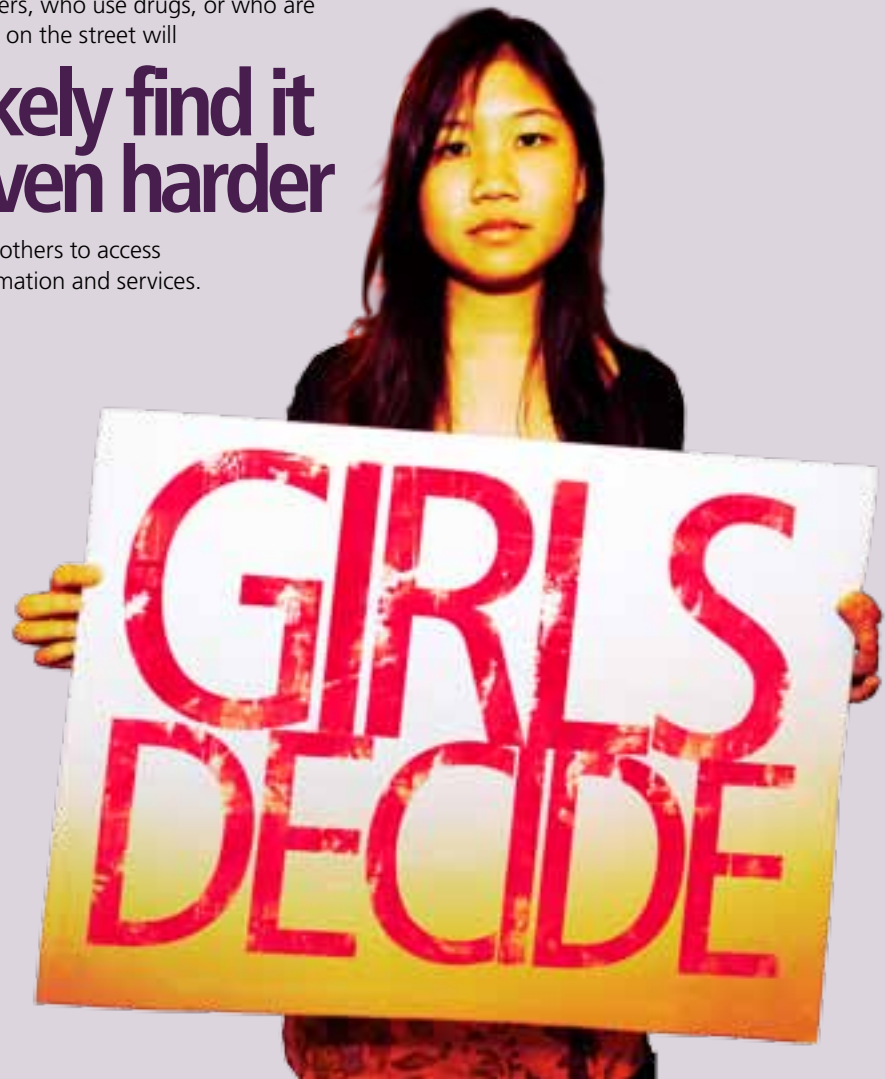
likely find it even harder

than others to access information and services.

2.5
million
unsafe
abortions

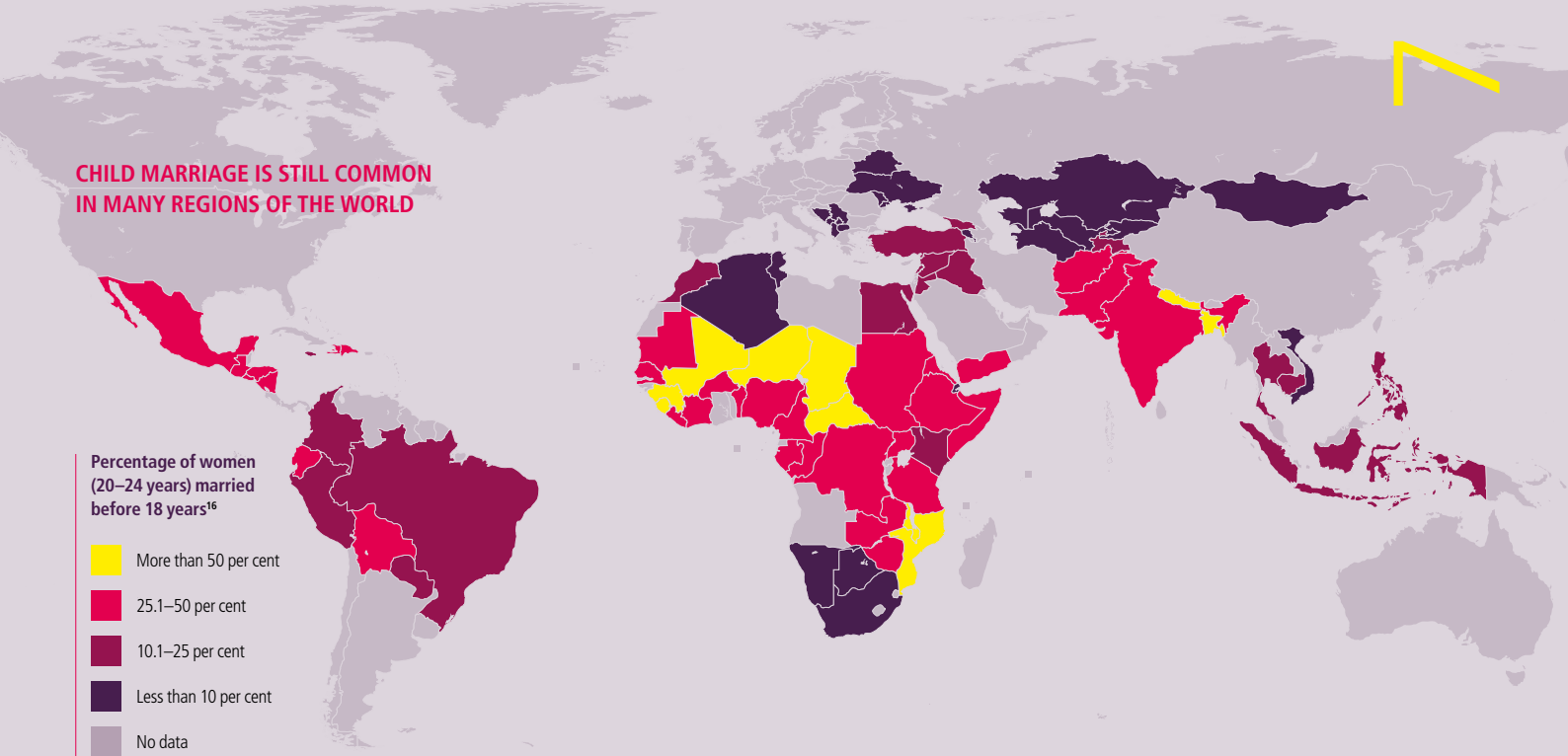
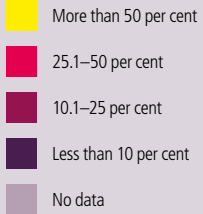
are performed on young women (aged 15–19 years) in developing countries annually.¹⁵

Laws around age of consent for having sex, and requirements for parental or spousal consent for people younger than 18 years of age to access health services and contraception, are critical barriers.



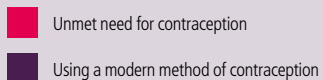
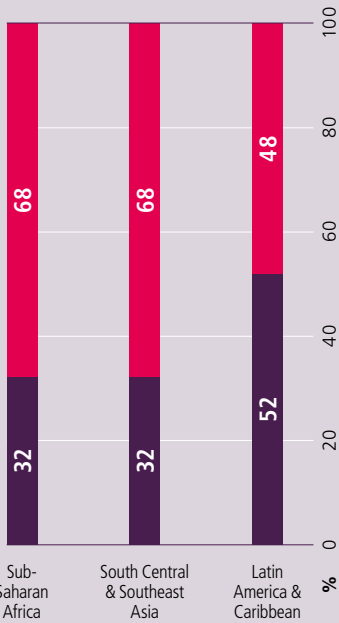
CHILD MARRIAGE IS STILL COMMON IN MANY REGIONS OF THE WORLD

Percentage of women (20–24 years) married before 18 years¹⁶



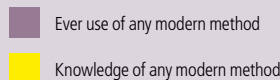
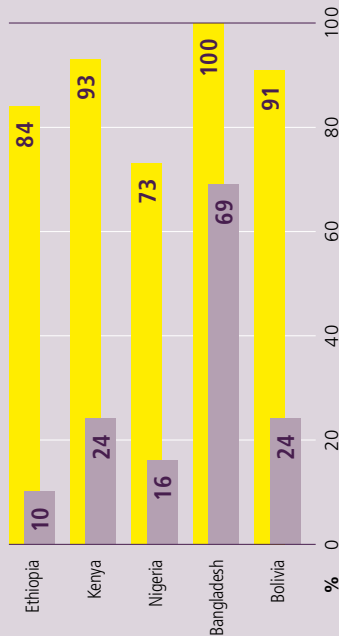
MANY YOUNG WOMEN HAVE AN UNMET NEED FOR CONTRACEPTION¹⁷

Sexually active adolescents who want to avoid a pregnancy



KNOWLEDGE OF MODERN CONTRACEPTION IS HIGH, BUT YOUNG WOMEN FACE BARRIERS ACCESSING SUPPLIES AND NEGOTIATING CONTRACEPTIVE USE¹⁸

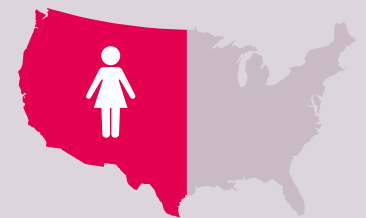
Young women (DHS surveys 2001-2005)



It is estimated that

150 million

girls under 18 have experienced rape or sexual violence.¹⁹ This is approximately equivalent to the entire female population of the USA.





WHAT POLICY-MAKERS NEED TO KNOW

EVIDENCE AND EXPERIENCE OF WORKING WITH GIRLS AND YOUNG WOMEN SUGGESTS THAT MANY NATIONAL AND GLOBAL DATA COLLECTION EXERCISES MAY NOT BE ASKING THE RIGHT QUESTIONS, AND THE DATA MAY NOT BE INTERPRETED CORRECTLY.

Does condom use, for instance, really represent positive sexual experiences and good sexual health among girls and young women? Do rates of adolescent fertility tell us anything about whether or how young women are supported when they have a wanted, or unwanted, pregnancy?

To develop policies and programmes that better support girls and young women, more knowledge is needed, particularly in developing country contexts. For example:

- the most efficient and effective strategies for developing girls' and young women's confidence, agency, knowledge and skills so they are empowered to realize their own choices around sex and pregnancy
- how to increase shared decision-making and responsibility among young women and their partners, particularly with regards to sex and pregnancy
- the extent to which girls' and young women's sexual satisfaction and/or confidence influences, and is influenced by, educational achievement, employment prospects and overall well-being
- the impact of negative messaging around sexuality on girls' and young women's self-esteem and self-confidence

KEY ACTIONS FOR POLICY-MAKERS

- Invest in quantitative and qualitative research about girls' and young women's sexual and reproductive lives and their relationship with other development priorities
- In measuring the success of programmes for young women, ensure that indicators about girls and young women relate to their sexual and reproductive choices and their experiences
- Disaggregate data on sexual and reproductive health by age and include data on unmarried girls and young women

WHAT IS SEXUALITY?

Sexuality is a fundamental aspect of human life. It refers to gender roles and identities, sexual orientation, intimacy and pleasure. It is experienced and expressed through thoughts, desires, emotions, beliefs and values, behaviours, roles and relationships. Expressed alone or in a mutually consensual and respectful situation with a partner, sexuality can be a source of pleasure and meaning in life. It can enhance happiness, well-being and health.

Sexuality evolves throughout all phases of life and it brings together many areas of individual development. Interest in one's own body and first experiences of sexuality usually begin at a very young age and at some periods in their lives, people may experience little or no sexual desire. Cultural, historical and religious norms, individual experiences and hormones all influence the way people understand and experience sexuality.

Girls and young women are empowered when they feel confident that their sexual identities, feelings, behaviour and aspirations are legitimate and respected. Their confidence and autonomy increases, and they are able to make informed, healthy choices about relationships, sexuality and pregnancy, which benefit their partner, their children and themselves.





RECASTING SEXUALITY IN A POSITIVE LIGHT

Currently, many development programmes – and especially those targeting young women – cast sex and sexuality in a negative light: they are associated with disease, risk and deviance. If young people are given any information about sex or sexuality education, it is usually framed as a health issue alone, and if they are told anything, it is about how to prevent pregnancy and sexually transmitted infections, and very little else. To support girls and young women, and to ensure that their sexual and reproduction outcomes are the result of their own choices throughout their lives, policy-makers and practitioners must address sex and sexuality as positive aspects of life that are linked to many other areas of individual development.

Denial that people under 18 may have sexual experiences, and reluctance to address sex and reproduction as important parts of being human, obstruct efforts to support young people in their daily lives and to prepare them for future roles and relationships. Efforts that overly ‘protect’ young women (such as constant supervision and chaperoning, marrying them off as children and making other choices about their lives) limit their opportunities to develop the knowledge and skills they need to build fulfilling relationships that are based on equality and trust, to independently recognize and minimize potential risks, and to preserve their health and well-being, to achieve high levels of education, and participate meaningfully in the labour force and in public life.²⁰

In both developed and developing countries, taboos around young women’s sexual behaviour, particularly outside marriage, make them feel that their sexual feelings and acts are wrong.²¹ Stigma and discrimination (commonly based on age and marital status) prevent girls and young women from asking questions about sex and discussing it with their partner, their parents, their health provider or teachers, from obtaining contraception and accessing sexual and reproductive health services.

However, when circumstances are right and individuals are prepared, sexual initiation can represent “a process of increasing awareness and appreciation of one’s body, consolidation of personal and sexual identity, the establishment of mature intimate relationships with others, and the development of negotiation skills.”²²

Positive approaches to girls’ and women’s sexual and reproductive lives are important for individual development, and are mediating factors that contribute to wider development goals.

KEY ACTIONS FOR POLICY-MAKERS

- Expand programmes that reflect a positive approach to girls’ and young women’s sexual and reproductive lives and invest in monitoring and evaluation
- Acknowledge and raise awareness that sexuality is a positive aspect of life, and recognize its significance in individual and social development
- Remove punitive policies that reinforce stigma of girls’ and young women’s sexuality, especially those that criminalize girls’ and young women’s sexuality

Sex and sexuality are central to many aspects of human development, including HIV and AIDS, tackling sexual violence and supporting fulfilling relationships.²³

Susan Jolly, Institute of Development Studies

PROMISING APPROACHES FOR GIRLS AND YOUNG WOMEN

IN RECENT YEARS, IPPF HAS SEEN A PROLIFERATION OF SMALL-SCALE INNOVATIVE PROJECTS THAT HAVE MADE BIG DIFFERENCES IN THE LIVES OF GIRLS AND YOUNG WOMEN.

Policies, programmes and services for young people that do not recognize their evolving capacities present serious obstacles for them in accessing information, education, services and supplies.

Promising approaches that benefit girls and young women are diverse, there is no single formula. But all promising approaches that target girls and young women tend to have three things in common.

1. RECOGNIZE THAT INDIVIDUAL CAPACITIES EVOLVE AT DIFFERENT SPEEDS AND IN DIFFERENT WAYS, SUBJECT TO A PERSON'S CONTEXT AND EXPERIENCES

Interventions must be tailored to the realities of young women's lives and their individual knowledge and competencies, and not to a person's age.

The international legal concept of 'evolving capacity of the child' is a standard that allows professionals to assess the capacity of young people to make autonomous decisions, including in relation to their sexual and reproductive health. National health regulations, such as the Fraser Guidelines for health professionals in England and Wales, promote the autonomous decision-making of young people and thus remove significant barriers to access which are related to consent and confidentiality. This approach is consistent with states' obligations under article 5 of the Convention on the Rights of the Child.

Policies, programmes and services for young people that do not recognize their evolving capacities present serious obstacles for them in accessing information, education, services and supplies. Age of consent laws, for instance, may be envisaged as tools to prevent the sexual abuse and exploitation of children. But these same laws also guide regulations around the provision of services, including contraception and abortion, to young women, and can stigmatize sexually active young people. Laws requiring health practitioners to obtain parental consent, or to inform parents, before providing services to young people can deter young people from seeking services.²⁴ They also prevent young people from realizing their rights to information, privacy and health, as recognized by the Convention on the Rights of

the Child. These laws and policies can and do lead to unwanted pregnancies, sexually transmitted infections (STIs) including HIV, and unsafe abortion.

KEY ACTIONS FOR POLICY-MAKERS

- Remove parental and/or spousal consent requirements for young people to access health services
- Promote the development and implementation of service provision guidelines that respect young people's evolving capacities

2. INCREASE CHOICES AND OPPORTUNITIES

The choices that are open to any person are affected by four dimensions: options, aspirations, expectations and agency. Positive approaches try to expand and enrich each of these areas.

3. EMBODY A POSITIVE ATTITUDE TOWARDS SEX, SEXUALITY AND REPRODUCTION

A positive attitude to sex, sexuality and reproduction recognizes that girls and young women have sexual rights and embraces sexuality as a core part of human life. Framing sexuality in a positive lens involves moving beyond a narrow focus on sex – and reproduction-related mortality and morbidity, towards individual and social development more broadly. These approaches strive to achieve ideal experiences, rather than solely working to prevent negative experiences.

At the same time, positive approaches acknowledge and tackle the various risks associated with sexuality. Girls and young women face many risks and barriers related to their sexual and reproductive health. It is important to honestly confront these risks and to increase girls' and young women's resilience to them, and ability to deal with them when they experience them. Tackling these risks must be done in a way that doesn't reinforce the fear, shame and taboos associated with young women's sexuality and gender inequality.

A positive approach to sex, sexuality and reproduction can support girls and young women to²⁵:

- develop awareness of their bodies and their health
- make decisions about their body, their sexuality, sex and reproduction
- be confident and satisfied with their personal identity
- establish mature, intimate relationships with others, including necessary communication and negotiation skills
- access information and services, and ask for support, when they need it

In addition, these capabilities will enable girls and young women to be productive members of society and to contribute to development.

MEANINGFUL INVOLVEMENT OF GIRLS AND YOUNG WOMEN

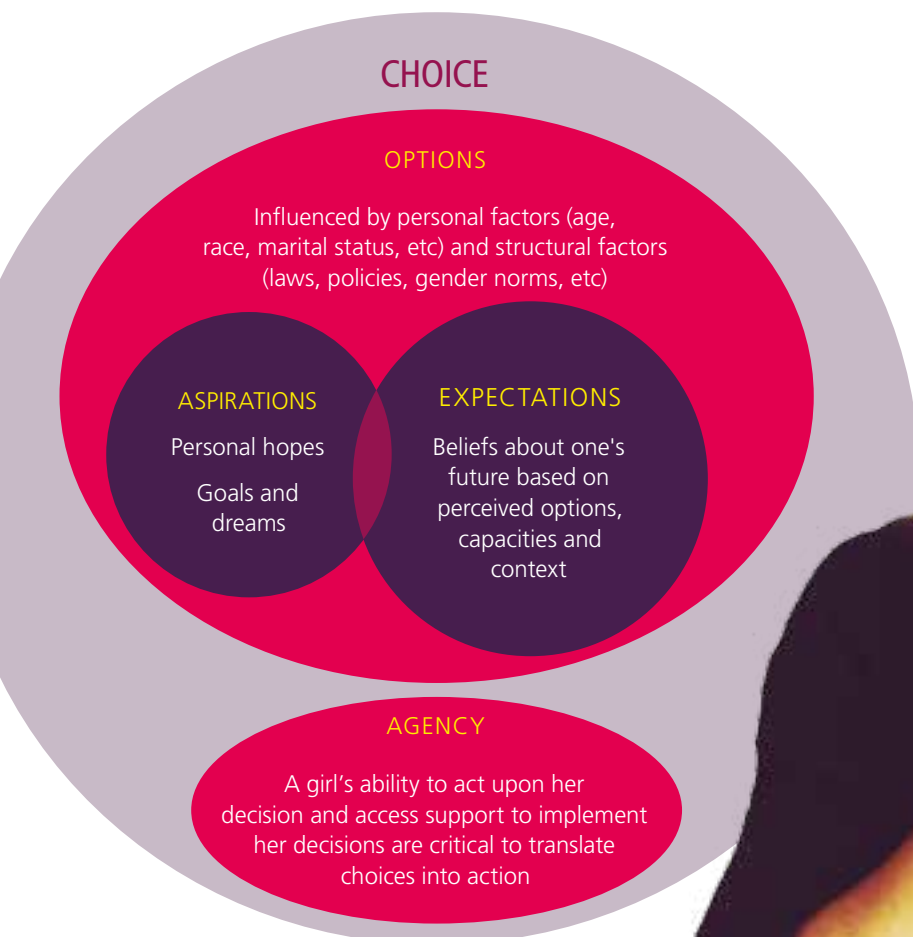
In addition, IPPF's experience, and that of many other organizations, has shown that many programmes have a greater, more sustainable

impact when young people participate meaningfully in their design, implementation and evaluation. Young women are leaders among their peers and often in their communities as well; they should be recognized as such and appropriately involved and consulted in development initiatives for girls and young women and in particular, in initiatives to improve sexual and reproductive health and rights.

KEY ACTIONS FOR POLICY-MAKERS

- Ensure the meaningful involvement of young women in the development and evaluation of policies that affect them
- Support the implementation of systems that meaningfully involve young women in the design, implementation and evaluation of programmes and services targeting young women
- Ensure that research about young women meaningfully involves them and ensure that research results are shared with young women in a relevant manner
- Ensure sustained investment and support for developing leadership among girls and young women

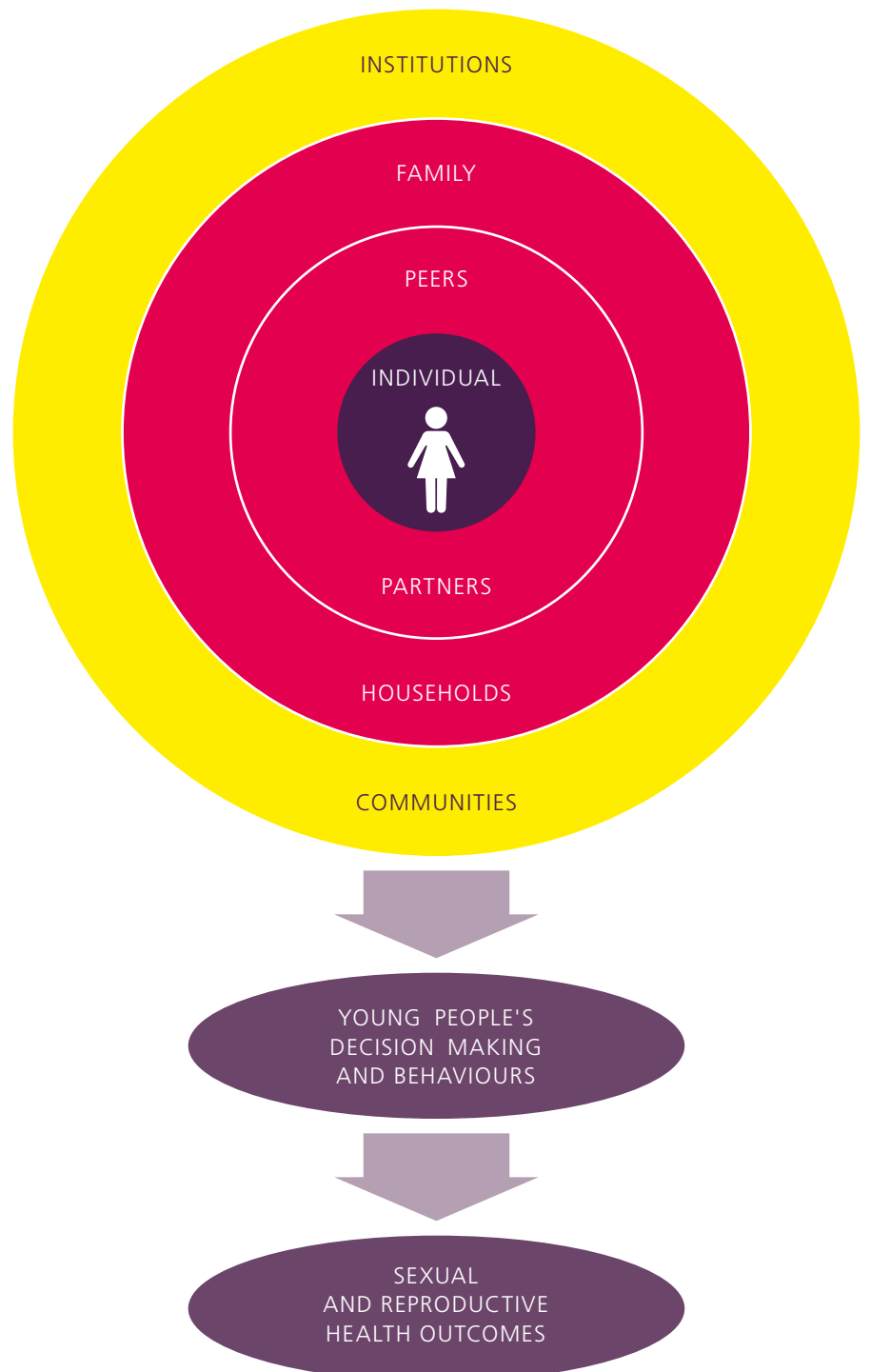
Many programmes have a greater, more sustainable impact when young people participate meaningfully in their design, implementation and evaluation.



THE EVIDENCE: MAKING AN IMPACT WITH POSITIVE APPROACHES

THESE PROGRAMMES, TOOLS AND STRATEGIES ARE EXAMPLES OF INITIATIVES THAT HAVE EMPOWERED GIRLS AND YOUNG WOMEN, AND CONTRIBUTED TO THEIR DEVELOPMENT, BY EMBRACING A POSITIVE APPROACH TO THEIR SEXUAL AND REPRODUCTIVE LIVES.

FACTORS THAT INFLUENCE YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH



Many of these programmes, tools and strategies have been recognized for the impact they have had, and they have been replicated in other regions and other contexts. By scaling up these approaches, the impact on the Millennium Development Goals – particularly those goals with the greatest implications for girls and women – would be significant.

GIRLS AND YOUNG WOMEN AT THE CENTRE

Approaches that aim to benefit girls and young women have the greatest impact when they apply a holistic, long-term perspective. They recognize that girls and young women do not live in isolation: their lives are shaped not only by their own knowledge and skills, but by the people, communities, traditions and practices as well as the religious, political, legal and social frameworks that surround them. Thus, they may target girls and young women themselves; they may target their family and immediate community, including parents, peers, friends, mentors, boys and men; and/or they may target the broader society by trying to create supportive social norms, policies and infrastructure.

STRATEGIES FOCUSED ON THE INDIVIDUAL

COMPREHENSIVE SEXUALITY EDUCATION

There is a substantial body of evidence showing that comprehensive sexuality education has a positive impact on young people. A review of 83 sexuality education programmes in developed and developing countries revealed that two-thirds of sexuality education programmes lead to individuals making positive, healthy choices about sex and contraception.²⁶ They had positive effects on individuals' knowledge about sex, awareness of risk, values and attitudes, self-efficacy and intentions.

Studies show that effective programmes can:

- reduce misinformation and increase correct knowledge
- clarify and strengthen positive values and attitudes
- increase skills to make informed decisions and act upon them
- improve perceptions about peer groups and social norms
- increase communication with parents or other trusted adults

Research shows that sexuality education programmes are "most effective when they are provided... before young people become sexually active."²⁷ UNESCO recommends that sexuality education begin in primary school.²⁸

Evidence shows that parents' experiences of sex, including sexual debut and age at first birth, can influence their children's sexual experiences.²⁹ Comprehensive sexuality education, delivered to young people at an appropriate age, can complement any information or education provided at home and can counteract intergenerational influences that may lead young people to echo any negative patterns they've witnessed among their parents' generation.

Yet, a review of some widely-used sexuality education programmes found too little attention to gender. Gender issues most commonly addressed were male behaviour and coercion, but few took into account larger issues of discrimination on the basis of gender or sexual orientation. Sexuality education should address gender norms not only as they relate to individual behaviour, but also including the social and cultural barriers that young people face.³⁰

'It's All One: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights'

It's All One: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights is a tool that was designed primarily for curriculum developers, school teachers, and community educators responsible for education in the areas of sexuality/sexual health (including HIV and AIDS) and civics or social studies. It includes two books: the first is the curriculum which places gender issues and human rights at the heart of sexuality and HIV education; the second book includes 54 activities that engage young people and foster critical thinking skills, including specific reference to the importance of gender and the empowerment of girls. This kit can help educators and professionals ensure that their sexuality and HIV education responds to the learning needs of young people, and supports the policy statements and goals of such bodies as the United Nations General Assembly (Millennium Development Goals), UNAIDS, UNESCO, the World Health Organization, and others. It's All One is designed to present sensitive information appropriately in a wide range of contexts, including Africa, the Americas, Arab countries, Asia, Europe and the Pacific.

It's All One was developed by an international working group comprised of representatives from: CREA (India), Girls Power Initiative (Nigeria), IPPF, International Women's Health Coalition, Mexfam (Mexico), an IPPF Member Association, and the Population Council.



KEY ACTIONS FOR POLICY-MAKERS

- Implement policies that make comprehensive sexuality education mandatory in school, and fund outreach programmes for out-of-school young people
- Ensure that comprehensive sexuality education begins at an appropriate age, ideally in primary school
- Ensure that the curriculum used is comprehensive, gender-sensitive and evidence-based, and that it incorporates a positive approach to girls' and young women's sexual and reproductive health and rights
- Invest in training teachers and other leaders who work with young people to deliver comprehensive sexuality education

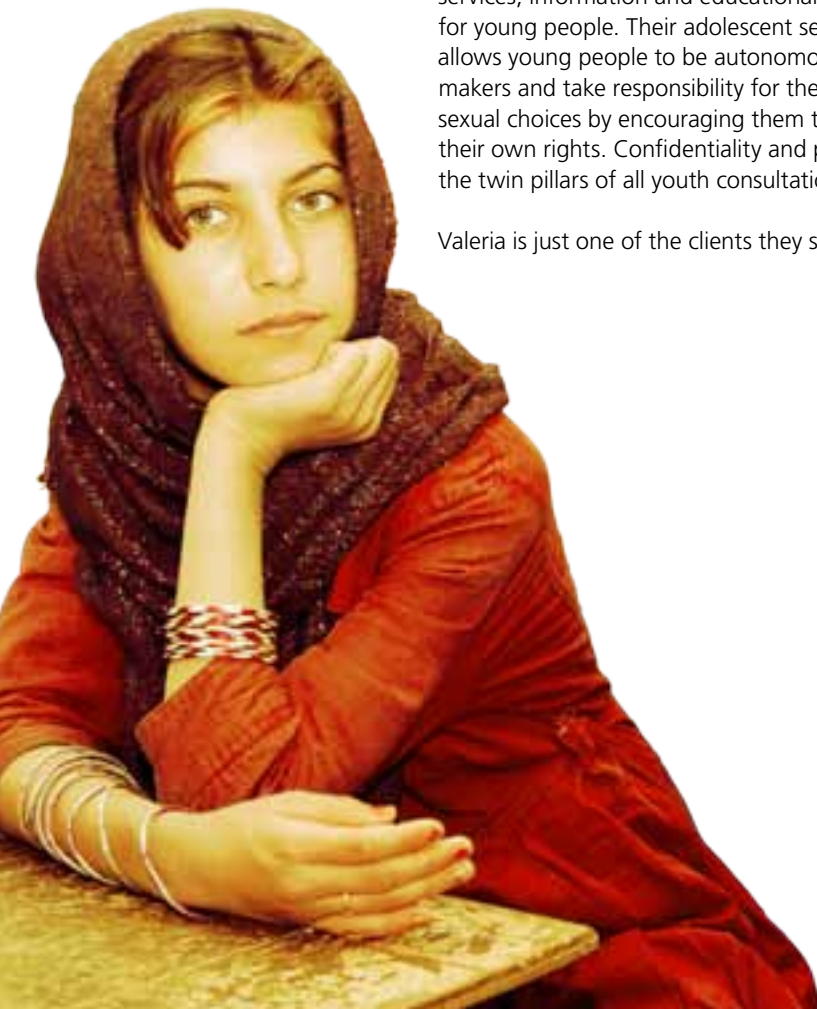
"Comprehensive sexuality education is the best thing that has happened in my life. Now I am not afraid to talk to my father."

Young woman, Nepal

The doctor reviewed Valeria's options with her, and made sure she understood that this was her decision and that nobody was pressuring her. FUSA would support her, whatever her choice.



Watch Valeria's Journey at www.youtube.com/watch?v=mxh7V53j9Z4



STRATEGIES FOCUSED ON THE INDIVIDUAL

SUPPORT YOUNG WOMEN WHO FACE AN UNINTENDED PREGNANCY

In Latin America and the Caribbean, adolescent fertility is among the highest in the world, second only to sub-Saharan Africa.³¹ Some pregnancies are wanted, but many are not and while the legality of abortion has little effect on abortion rates, it greatly affects the safety of the procedure.^{32,33} An estimated 11 per cent of maternal deaths in the region are attributable to unsafe abortion,³⁴ and women younger than 24 years account for 45 per cent of the estimated deaths due to unsafe abortions.³⁵

Governments and health systems can support women who face unintended and unwanted pregnancies by making abortion legal and accessible. In one study, seven countries that liberalized their abortion laws experienced an 83 to 100 per cent decrease in abortion-related mortality rates.³⁶

Harm reduction model for unintended pregnancy

Since 1990, the Fundación para la Salud del Adolescente (FUSA), the Argentinian IPPF Member Association, has been providing high-quality comprehensive sexual and reproductive health services, information and educational programmes for young people. Their adolescent service model allows young people to be autonomous decision-makers and take responsibility for their bodies and sexual choices by encouraging them to exercise their own rights. Confidentiality and privacy are the twin pillars of all youth consultations at FUSA.

Valeria is just one of the clients they serve.

Valeria never received sexuality education, but suspected she might be pregnant after missing her period. A few months ago, things heated up fast when she and Gaston were kissing and touching. Valeria suggested they get some condoms, but Gaston told her not to worry – he was going to pull out before he came. Somehow, she lost control.

Valeria decided to go back to FUSA, a clinic for adolescents, which she went to awhile ago. The staff were great and really listened to her. She told the provider she wasn't ready to be a parent, and she didn't know Gaston well enough to share this responsibility with him.

Valeria confided in her mother and they spoke to the doctor together at the next visit. The doctor reviewed Valeria's options with her, and made sure she understood that this was her decision and that nobody was pressuring her. FUSA would support her, whatever her choice.

The doctor explained the different options to Valeria and her mother, and what Valeria could expect with each one. She told them there was medication available, but you couldn't always get it in pharmacies. She explained the risks, and she reminded them that since abortion was not permitted in Argentina under these circumstances, she could not provide a prescription. The doctor invited Valeria to return, if she underwent any procedure, for the necessary follow-up.

A few days later, Valeria returned to FUSA and told the doctor she used Misoprostol pills. Valeria agreed to come back for a gynaecological exam, and she took the condoms offered to her, just in case. Visiting FUSA helped her feel empowered to make more informed decisions about her body and her life. She had also learned that she had a right to information and confidential services.

Demand for FUSA's services and their service statistics demonstrate that their youth-friendly programme is needed and wanted.

- FUSA sees approximately 15,000 adolescents every year and around 75 per cent of them are young women.
- FUSA provides technical assistance to other members of IPPF Western Hemisphere Region.

STRATEGIES FOR WORKING WITH PEERS, PARTNERS AND FAMILIES

KEY ACTIONS FOR POLICY-MAKERS

- Promote the right to choice and advocate for the liberalization of laws related to abortion so that all women, including young women, can access these critical services when they need them
- Invest in and promote harm reduction programmes that support young women who have an unintended pregnancy, in order to reduce unsafe abortion
- Raise awareness among leaders and policy-makers of the morbidity and mortality that result from lack of access to abortion services, as well as the broader social and economic impacts

In 2001, WHO analysed data from six different cross-national studies (representing 53 different countries and regions of the world) to assess the effect of risk and protective factors on sexual initiation, use of street drugs and alcohol, and depression. The conclusion was that peers, families, schools and communities play essential roles in determining individual adolescent health outcomes.³⁷

Strategies that help parents, peers, men, mentors and others who are close to girls and young women are needed to enable them to exercise their rights and make choices about their lives.

SUPPORT PARENTS TO SUPPORT THEIR CHILDREN ON SEXUALITY ISSUES

Parents and carers usually have a significant influence on their children, how they feel about themselves, their behaviour and decision-making processes. The home and family relationships can be protective for young people's health and well-being.³⁸ The family environment can provide opportunities for experimentation, set expectations of and limits on behaviours, and offer guidance. Positive and stable emotional relations foster social skills.

- International research shows that contraception is more likely to be used at first sex when parents and carers are involved in sexuality and relationships education.³⁹
- A significant amount of research has found that adolescents' social competence is higher when they have a stable relationship with parents.^{40,41,42}
- Adversely, a study of seven eastern European countries found that a lack of parental involvement in sexuality and relationships education was a key element in reducing sexual confidence in adulthood.⁴³

Speakeasy Course for Parents and Carers

Since 2002, over 6,500 parents and carers have completed the Speakeasy Course for Parents and Carers, by FPA UK (Family Planning Association of the UK), an IPPF Member Association. Accredited by the Open College Network, this eight-week course aims to support parents and carers to provide positive sexuality and relationships education at home. Speakeasy offers a non-threatening group-based opportunity for parents and carers to acquire the confidence and skills they need to talk to their children about sex and sexuality. Trainers provide a relaxed and supportive atmosphere where parents can learn together from their own experiences.

It is relationships rather than assets that bring about the kinds of changes associated with 'empowerment' such as growth in self-confidence, capabilities and consciousness, and capacity to act collectively to demand rights and recognition.⁴⁴



STRATEGIES FOR WORKING WITH PEERS, PARTNERS AND FAMILIES

Evaluations showed that the course had a significant impact on the knowledge of parents and their confidence in talking to their children about sex and relationships. According to one evaluation⁴⁵:

- 99 per cent of the parents said their confidence in talking to their children about sex and sexual health had increased
- 100 per cent of parents said their knowledge of sex, sexuality and sexual health had increased as a result of taking the course
- 45 per cent of participants said the course had impacted on their immediate circle of family and friends in terms of increased confidence, knowledge and openness in talking about sex and relationships

By supporting programmes that work with parents, governments can not only improve the sexual and reproductive outcomes of young people, they can also contribute to stronger, healthier families.

KEY ACTIONS FOR POLICY-MAKERS

- Support policies and programmes that help parents and caregivers to talk to and support their children on issues related to sex, relationships and sexual health
- Support policies and programmes that provide opportunities for parents and caregivers to learn about sex, sexuality and sexual health

ENCOURAGE POSITIVE ATTITUDES TOWARDS GIRLS' BODIES AND PHYSICAL DEVELOPMENT

Many cultures have rituals to mark a girl's passage into adulthood; these are often associated with her menarche (first menstrual period) and may involve the young woman being seen and/or treated differently by the community. Sometimes these rituals are a source of shame for young women, leading to self-consciousness and negative feelings about her body and her physical development, and some – such as female genital mutilation – may cause bodily harm. These rituals have a significant impact on identity formation, including young women's sexuality, and can help perpetuate gender inequality.⁴⁶

For example, many Nepalese cultures believe that a girl becomes a sexual being when she has begun to menstruate, and many girls in Nepal are secluded for 12 days at menarche and during subsequent menstrual periods. During seclusion, the young woman is usually kept in a dark room, often where the animals are kept; she is not permitted to touch

water or statues of gods; to pray or enter the kitchen; and she is not allowed to see any boys or men. Girls often miss school when they have their period due to this discrimination and because of a lack of hygiene products and sanitation facilities, which amounts to a substantial number of missed school days throughout the year.⁴⁷

- In some areas, up to 90 per cent of women (ages 15-54) were secluded at menarche, and more than 75 per cent of them had to follow discriminating rituals which identify them as 'untouchable' during menstruation.⁴⁸
- Attitudes regarding menstruation affect women's body image, perception of disease causation, diet, willingness to take medication, contraceptive use and the ability to plan pregnancies.⁴⁹

In order to support girls and young women to be comfortable and confident about their bodies and their sexuality, policy- and decision-makers, educators and practitioners must change harmful traditions and help empower young people by ensuring that transitions to adulthood are positive experiences.

Spaces for girls that help build confidence and reduce gender inequality

The Family Planning Association of Nepal (FPAN), an IPPF Member Association, is working with young people, families and communities to reduce stigma and shame around the menstrual cycle. With its youth volunteers and young members of staff providing leadership, the Family Planning Association of Nepal runs a number of multi-purpose resource centres where girls and young women can meet to discuss issues that affect them. They support each other and come up with solutions to problems they face. The young women make cloth sanitary pads so that girls can continue their regular activities, including school, when they have a period. Through the centre, the young women have been involving young men and their parents, raising awareness and talking more openly about menstruation issues. Gradually, they can see their culture is changing.

Pramila says, "Now when I have my period, my brother won't let my parents isolate me, and he touches me, he hugs me. He tells our parents, 'why shouldn't I touch my sister when she is menstruating?'" She smiles. "It makes me feel better."

Projects like this help change behaviours and attitudes over the long term. It encourages older and younger generations to support girls and

Rituals to mark a girl's transition to adulthood can be a source of shame, leading to self-consciousness and negative feelings about her body and physical development. Some, such as female genital mutilation, may cause bodily harm.



young women as they develop, and promotes positive messages around young women's bodies.

KEY ACTIONS FOR POLICY-MAKERS

- Fund programmes that create safe and private spaces for girls and young women to congregate, support and learn from each other
- Implement policies to discourage traditional and cultural practices that promote a negative attitude towards girls' and young women's sexuality
- Enforce policies aimed at eradicating gender-based violence, including harmful traditional practices
- Invest in peer groups/support groups for young pregnant girls and young mothers

ENGAGING YOUNG MEN AS PARTNERS IN HEALTHY SEXUAL RELATIONSHIPS

Young men can play a major role in promoting safer sexual practices. In many societies, men are in charge of making the decisions. It is often men who decide when and how to have sex, and whether or not a condom or other contraceptive should be used. It is also common for men to decide when to have children, and how many. For that reason, women's access to, and use of, sexual and reproductive health services often depend on the knowledge and decisions made by their partner.

Young men also have unmet needs for information, education and services about sexuality and reproductive health. If they are to make informed choices about their sexual behaviour, and to take care of their own health, as well as their partners, they need to be aware of the options available and of the impact of their decisions.

Young Men as Equal Partners

The Young Men as Equal Partners project, run by IPPF Africa Region and RFSU (Riksförbundet för Sexuell Upplysning, or the Swedish Association for Sexuality Education), targets men as clients, as partners and as agents of change. The project was implemented at 10 locations in Kenya, Tanzania, Uganda and Zambia. Through sexual and reproductive health and rights information and education, the project promotes gender equality in relationships, and addresses how gender norms influence sexual and reproductive health and rights. It has successfully increased young people's utilization of services and voluntary HIV counselling and testing, it has involved young men in sexual and reproductive health promotion,

including HIV prevention, and it has improved regional capacity to integrate gender and rights into sexual and reproductive health programmes.

The project trained volunteers and sexual and reproductive health service providers, young people, teachers, community workers and others. It enabled youth-driven activities to encourage meaningful youth involvement in the design and delivery of the programme, and established clubs to encourage youth access to HIV voluntary counselling and testing services. The programme also implemented 'training the trainers' programmes at regional and national levels to create a greater pool of trained volunteers who are able to recruit and train their peers.

Results:

- In the project communities, over 1,250,000 young men and nearly 930,000 young women are now demanding information and education, and accessing sexual and reproductive health services
- 32,000 young men and 32,000 young women are accessing HIV voluntary counselling and testing services
- 11 district health authorities integrated Young Men as Equal Partners project activities into their programmes
- Improved communication and relationships between young men and women
- Reduced prevalence of pregnancies among school girls in the project areas. For example, see the data from the Zambian schools below:

	2006	2007	2008	2009	TOTAL
Predicted pregnancies at project schools	36	53	116	218	
Actual pregnancies at project schools	56	33	19	11	
Notional pregnancies averted		20	97	207	324
					pregnancies averted over four years in 11 schools

Adolescence provides a unique opportunity to shape the behaviour and attitudes of young men and boys for life.

KEY ACTIONS FOR POLICY-MAKERS

- Encourage health administrators to involve and work with boys and young men in delivering sexual and reproductive health information and education, and promoting safer sexual practices

STRATEGIES TO CREATE SUPPORTIVE SOCIAL NORMS AND INFRASTRUCTURES

“I give advice to my peers on sexual and reproductive health, and other things like self-esteem and gender equality. We talk about this a lot.”

Mari-Lourdes, 12, peer educator with the Centro de Investigacion, Educacion y Servicios, the IPPF Member Association in Bolivia

Laws and policies, cultural norms and attitudes, and infrastructures play an important role in promoting, or hindering, girls’ and young women’s sexuality. They shape and reflect public opinion, they contribute to attitudes about gender roles and personal relationships, and they also influence the delivery of information, sexuality education, sexual and reproductive health supplies and services.

DELIVER YOUTH-FRIENDLY SERVICES

Young people often have problems accessing sexual and reproductive health services, not only because of restrictive policies such those related to age of consent, but because the services do not reflect the lifestyles and concerns of young people. Services may be expensive, they may be offered at inconvenient times or locations, young people may be embarrassed or fear that confidentiality may not be honoured. A study in four African countries found that “fear, shame and cost are the three most common barriers that adolescents face in accessing sexual and reproductive health services.”⁵⁰

Community and social acceptability of sexual and reproductive health services for youth are other important factors. A study in Zambia revealed that community acceptance of reproductive health services for youth may have a large impact on the health-seeking behaviour of adolescents.⁵¹

Many international organizations and governments recognize that specialized approaches are necessary to attract, serve and retain young clients.⁵² The Convention on the Rights of the Child states: “The realization of the right to health of adolescents is dependent on the development of youth-sensitive health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services.”⁵³

Delivering youth-friendly services through secondary schools

The Vietnam Family Planning Association (VINAFFPA) operates a comprehensive outreach programme that delivers youth-friendly services in the community, including in 111 secondary schools across 11 districts. VINAFFPA visits each school once or twice a month during term time. Clinicians provide information about sex, pleasure, sexual health and reproduction; counselling; contraception; and testing for sexually transmitted infections, including HIV, to all interested students. Staff are trained on how to make their services youth-friendly, by addressing the specific needs and concerns of young people, and putting young people at ease so they feel comfortable and able

to disclose and discuss sensitive issues with the service provider. Young people do not need their parents’ consent to access services, but most parents support the programme.

After receiving services, young people often provide feedback to their service provider on the quality of care they received, or they can provide feedback anonymously.

The programme has revealed a significant unmet need for youth-friendly services. From January to October 2010:

- VINAFFPA provided services to 31,080 young people, including 20,820 young women, through secondary schools
- VINAFFPA’s school-based programme enabled them to increase total service delivery to young people by 68 per cent from 2009 to 2010

VINAFFPA also trained over 180 students to become peer educators. Peer educators provide information to other students and answer questions. They engage students in discussions about sexual and reproductive health issues, and encourage them to access the services. Taking on a leadership role in this way can be a very empowering experience.

One young woman said, “Now that I’m trained as a peer educator, I no longer wish I were a boy. I feel empowered to be a woman.”

By bringing services to where young people are, and involving young people in service delivery, VINAFFPA are removing barriers to services for young people. Once they have accessed services through their school, many young people later visit VINAFFPA’s permanent clinic.

VINAFFPA have also found that as teachers and schools get involved, they are more informed about young people’s sexual and reproductive health and in turn, the sexuality of young people is more respected and so are youth-friendly sexual and reproductive health services. The school-based services are thus helping to create a more open and supportive environment where young people feel confident, safe and healthy.

KEY ACTIONS FOR POLICY-MAKERS

- Make youth-friendly sexual and reproductive health services accessible to all young people by choosing appropriate services, places, times, costs, etc
- Promote youth-friendly training for service providers so they can effectively address the needs and circumstances of young people
- Support programmes that engage young people as peer educators to increase knowledge of sexual and reproductive issues, to raise awareness of the availability of youth-friendly services and to empower young people

TRAIN YOUNG PEOPLE TO ADVOCATE FOR AND COMMUNICATE ISSUES RELATED TO SEX, SEXUALITY AND REPRODUCTION

With young people as partners, decision-makers have the chance to reach younger generations, to promote healthy and safe behaviours and choices that have an impact over generations, and to recognize sex, sexuality and reproduction as positive aspects of human life. Policy-makers should provide opportunities for young people to participate in public life and in development activities.

But effective advocacy isn't easy, young people need support to learn effective techniques and to learn how to participate in decision-making processes.

Young people learn to advocate for sexual and reproductive health and rights

Youth Link is a movement that strengthens the capacity of young people to take the lead in advocating for improved policies on their sexual and reproductive health and rights, at national and European levels. By giving them an opportunity to become involved in the policy-making process, young people are empowered to do something about their own needs. Youth Link is led by members of YSAFE (Youth Sexual Awareness for Europe), IPPF European Network's youth network and the European Youth Forum.

Youth Link runs workshops for young people that help develop their knowledge and skills, such as a messaging and communication skills workshop. Participants learn about different communication tactics required for talking to their peers or for influencing high-level decision-makers. They also learn how to identify and approach targets, and to create and to maintain partnerships with allies for joint advocacy.

In one of the recent trainings, the young people developed an advocacy and communication strategy with two overarching goals: eradicating stigma and discrimination related to sexual and reproductive health (particularly HIV), and the adoption and implementation of high quality comprehensive sexuality education. The joint development of objectives and strategies contributed to concerted and stronger rights-based advocacy.

Results:

- At the European Society of Contraception's 2010 Congress, young people disseminated well-targeted messages and publications. As a result, in his closing statement the ESC President stated that the involvement of young people in sexuality education is a key to success.
- At a European Commission conference on the health of young people – 'Food for Mind, Mind for Health' – seven young people participated in workshops and made seven recommendations on sexual health that were used in final report.
- At the 2010 International AIDS Conference, a Youth Link member facilitated a session: 'Linking HIV and reproductive health: messaging on sensitive issues for young women's campaigns'. Youth Link members also interviewed young advocates for a film about female empowerment, called 'I ♥ being a girl' (See www.ysafe.net).

As a result of this initiative, there is a multi-partner and vibrant network of young people today who are advocating on their own sexual and reproductive health and rights (SRHR) issues and other organizations call upon them to support and delegate young people to their conferences, representing the youth perspective.

KEY ACTIONS FOR POLICY-MAKERS

- Create opportunities for young people to influence policy processes and other government decision-making, and inform young people about these opportunities
- Support programmes that train young people on effective communication and advocacy techniques
- Support and work with non-governmental youth organizations, including national youth councils

RECOMMENDATIONS

THE APPROACHES PRESENTED HAVE MADE AN IMPACT IN THE LIVES OF GIRLS AND YOUNG WOMEN, FOR THEIR PEERS, PARENTS AND FAMILIES, AND IN THE COMMUNITIES AND SOCIETIES THAT THEY LIVE IN.

By respecting the evolving capacities of the young person, by increasing choices and opportunities for girls and young women, and by ensuring that efforts embody a positive attitude towards sexuality, sexual behaviour and reproduction, the well-being and development of girls and young women has improved. They have also been empowered to exercise their rights, to choose their own life path and assume the role that is rightfully theirs – at the centre of the development of their communities and nations.

RESEARCH

Support research on girls and young women that is comprehensive and pragmatic

- Question whether existing research and their results reflect the realities of girls' and young women's sexual and reproductive lives
- Demand quantitative and qualitative indicators that provide meaningful information about girls' and young women's sexual and reproductive choices and the quality of information and services being provided to them
- Involve young people as researchers and work with them to get research integrated in policy and practice



PROGRAMMES AND SERVICES

Invest in programmes and services for girls and young women

- Involve young people in the development, implementation and evaluation of programmes and services
- Invest in youth-friendly services
- Remove restrictions in the provision of sexual and reproductive information and services, including discrimination based on age, gender, HIV status, marital status or socio-economic status
- Ensure that programmes and services include strategies to reach the most marginalized and vulnerable girls and young women
- Incorporate a positive attitude to young women's sexual behaviour, sexuality and reproduction

POLICIES

Create supportive legal and policy frameworks, social norms and infrastructures

- Involve young people, in a meaningful way, in policy development, implementation and evaluation
- Policies and laws should respect the evolving capacities of girls and young women and do not impose age-related restrictions or discriminations (e.g. reform policies around age of consent so they de-stigmatize young women's sexuality and sexual behaviour, reform policies around age of consent for seeking health services independently)
- Guarantee access to comprehensive sexuality education and sexual and reproductive health services for young women and young men, both in and out of school
- Eliminate child marriage by adopting and rigorously implementing age of marriage laws
- Promote policies for young women to stay in school during and after pregnancy
- Remove policies and practices that stigmatize, discriminate and criminalize young women living with HIV and promote policies and practices that offer care, support and treatment for young women living with HIV

IT IS TIME FOR POLICY- AND DECISION-MAKERS, EDUCATORS, SERVICE PROVIDERS AND COMMUNITY LEADERS TO RE-THINK STRATEGIES FOR GIRLS AND YOUNG WOMEN: INVEST IN, PROTECT AND PROMOTE POLICIES, PROGRAMMES, SERVICES AND RESEARCH THAT INCORPORATE A POSITIVE APPROACH TO THEIR CHOICES AROUND ALL ASPECTS OF SEX, SEXUALITY AND PREGNANCY.

LEARN MORE

GIRLS DECIDE

An IPPF initiative that aims to ensure that girls' and young women's sexuality and pregnancy-related issues are effectively addressed by leaders and service providers.

www.ippf.org/en/What-we-do/Adolescents/Girls+Decide.htm

YOUTH INFONET

Youth InfoNet is a one-stop electronic source for new publications and information on youth reproductive health and HIV prevention. It includes two sections: programme resources and peer-reviewed research papers.

www.fhi.org/en/Youth/YouthNet/Publications/YouthInfoNet/index.htm

I ♥ BEING A GIRL

A YouthLink advocacy initiative to strengthen support for girls and women

<http://iheartbeingagirl.blogspot.com>

www.youtube.com/user/iheartbeingagirl

GIRLS COUNT

A Global Investment and Action Agenda (by the Center for Global Development)

www.cgdev.org

THE GIRL EFFECT

10 actions for the global development community to take that will improve the quality of life for girls around the world

www.thegirleffect.org

GIRL HUB

Girl Hub is a global network of advisors and advocates which aims to support leaders to do more for girls

www.girlhub.org

IPPF PUBLICATIONS

All IPPF publications are available at www.ippf.org/en/Resources and hard copies are available by writing to info@ippf.org

FROM EVIDENCE TO ACTION

Advocating for Comprehensive Sexuality Education

INSPIRE

IPPF Resource Pack on Youth-Friendly Programming. This series includes the following titles:

Explore Ideas for Youth Involvement in Research

Participate The Voice of Young People in Programmes and Policies

Provide Strengthening Youth-Friendly Services

Springboard A Hands-on Guide to Developing Youth-Friendly Centres

IT'S ALL ONE

Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights

www.popcouncil.org/publications/books/2010_ItsAllOne.asp

GLOSSARY

**COMPREHENSIVE
SEXUALITY
EDUCATION**

Holistic education, designed to equip young people with the knowledge, skills, positive attitudes and values necessary to determine and enjoy their sexuality – physically and emotionally, individually and in relationships.

**DEVELOPING
COUNTRIES**

Refers to low- and middle-income countries, as identified by the OECD's Development Assistance Committee (www.oecd.org/dataoecd/32/40/43540882.pdf).

EMPOWER

Enable individuals to achieve their full potential by changing existing power relationships and the factors that marginalize women and disadvantaged social groups, such as discrimination, inequity and lack of access to resources, services, information and support.

**HUMAN
IMMUNODEFICIENCY
VIRUS (HIV)**

The virus that causes AIDS. HIV can be transmitted by sexual contact, blood, and from mother-to-child during gestation, birth or breastfeeding. Most people remain well for years, but opportunistic infections can cause serious damage to immune systems that are already vulnerable due to HIV.

**MILLENNIUM
DEVELOPMENT
GOALS**

A global agenda for reducing poverty and improving lives by 2015. The eight Millennium Development Goals were agreed by the UN General Assembly at the UN Millennium Summit in 2000 (www.un.org/millennium/declaration/ares552e.pdf).

SEXUALITY

Sexuality is a fundamental aspect of human life. It refers to gender roles and identities, sexual orientation, intimacy and pleasure. It is experienced and expressed through thoughts, desires, emotions, beliefs and values, behaviours, roles and relationships.

**UNMET
NEED FOR
CONTRACEPTION**

Estimates of women of reproductive age who would like to prevent or delay pregnancy but are not using modern contraception.

**UNSAFE
ABORTION**

An induced abortion conducted either by persons lacking the necessary skills or in an environment lacking the minimal medical and hygienic standards, or both.

**YOUTH-FRIENDLY
SERVICES**

Services that attract young people, meet their sexual and reproductive health needs, and are acceptable and accessible to young people with different qualities and backgrounds.

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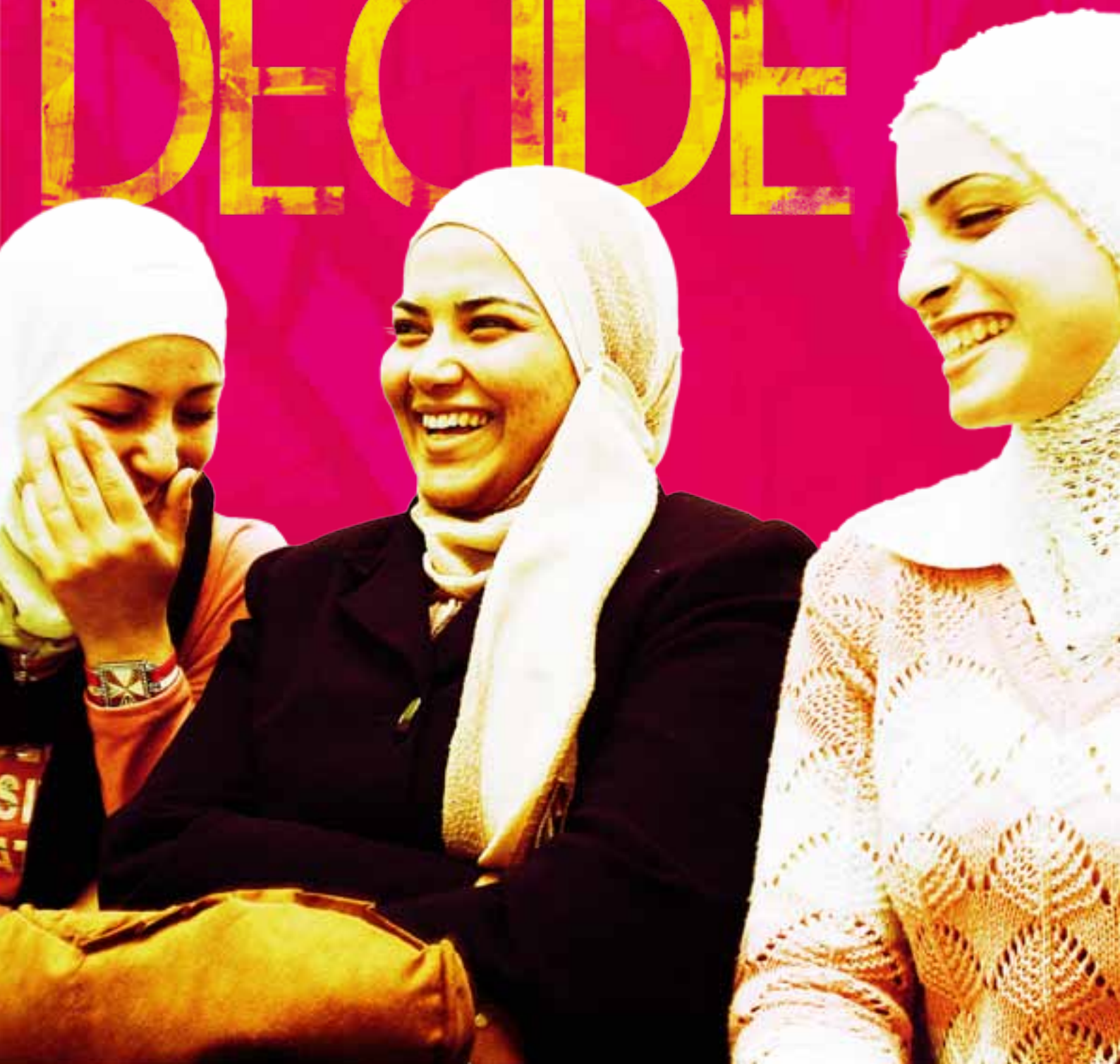
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GIRLS DECIDE



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CHOICES ON SEX AND PREGNANCY

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Right now, all around the world, there are millions of girls and young women who are striving to live a life that is fulfilling, happy and promising. In that time of transition that is adolescence, girls are beginning the journey of a lifetime.

Girls Decide: Choices on Sex and Pregnancy explores innovative projects for girls and young women that offer great potential for making a difference on a large scale. These projects empower girls and young women, and affect all areas of their development, by implementing a positive approach towards their sexual and reproductive health and rights. When girls and young women understand that their sexual identities, feelings, emotions, sexual behaviour and aspirations are legitimate and respected, they are empowered. When they have access to the knowledge and the opportunities to make choices about relationships, sexuality and pregnancy, and when communities and societies give girls and young women the space and support they need to become confident, decision-making individuals, everyone benefits.

It is time for policy- and decision-makers, educators, service providers and community leaders to re-think strategies for girls and young women: invest in, protect and promote policies, programmes, services and research that incorporate a positive approach to their choices around all aspects of sex, sexuality and pregnancy.



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