

USAID YOUTH IN DEVELOPMENT POLICY & SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

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USAID released its [Youth in Development Policy](#) in October 2012 and [implementation guide](#) in September 2013. Recognizing that more than half of the world's population today is under the age of 30 and living in developing countries, the policy emphasizes that investments in sexual and reproductive health and rights are critical to protect the well-being of young people and improve health, education, and economic outcomes.

The goal of the policy is to improve the capacities and enable the aspirations of youth through two objectives:

- Strengthening youth programming, participation, and partnership; and
- Mainstreaming and integrating youth issues and engaging with young people across Agency initiatives and operations.

YOUTH ENGAGEMENT

Youth engagement is a guiding principle of the policy, which clearly articulates the importance of working with youth-led and youth-serving groups throughout program development. The policy calls upon USAID initiatives to strengthen the capacity of youth organizations, as well as relevant ministries at the national level, to provide more effective youth programs. The implementation guide offers several tools for supporting youth participation in program development, implementation, and assessment for improved reproductive health outcomes and HIV prevention.

LIFE CYCLE APPROACH TO SEXUAL AND REPRODUCTIVE HEALTH

The policy rightfully highlights important linkages between sexual and reproductive health and rights (SRHR) and gender equality. It strives to achieve broad societal change by “promoting the sexual and reproductive health of young people, reducing pregnancies and improved levels of education and earnings of young women” (p. 13).* The policy states that programming in these areas should be responsive to the distinct phases of the life span. USAID defines “youth” as individuals aged 10-29 years.

PROTECTING GIRLS DURING EARLY ADOLESCENCE (10–14)

The onset of puberty makes reproductive health and maturation an important area of focus:

- One in seven girls in developing countries are married by age 15 (p. 13).
- The ratio of girls aged 10-14 that die in pregnancy or childbirth is five times higher than that of women aged 20-24— the majority of deaths taking place within marriage (p. 7).
- “Early marriage, pregnancy, HIV/AIDS, and limited family planning services are major contributors to the inability of girls to complete their education” (p. 4).

The policy states that vulnerabilities — especially for girls — “make the fight against early marriage and the promotion of youth sexual and reproductive health critical” to USAID programming (p. 7). The policy stresses that “protection efforts should be emphasized” for girls ages 10-14 (p. 21). Appropriate interventions include “preventing early marriage, pregnancy and sexual exploitation” (p. 21) through efforts such as “awareness campaigns around girls’ rights and child marriage” (p. 22).

PREPARING YOUNG WOMEN THROUGHOUT ADOLESCENCE (15–19)

The policy highlights these years as critical to sustaining health and education gains for women:

- One in three girls in developing countries are married by the age of 18 (p. 13).
- Youth pregnancy adds to the increasing number of young women not employed, in education, or training – “a matter of world-wide concern” (p. 6).

The implementation guide notes:

- Unprotected sexual activity contributes to numerous health risks for young women, including: early pregnancy, sexually transmitted infections like HIV, obstetric fistula, unsafe abortion, poor nutrition, and gender-based violence (p. 4).¹
- About 16 million girls aged 15-19 years give birth every year (p. 4).²
- Young women under age 18 face a 28% greater risk of maternal mortality, and are more likely to experience pregnancy related morbidities (p. 13).³

The policy’s suggested programming during this life phase includes: health education for healthy lifestyles, promotion of positive gender norms, provision of youth-friendly reproductive health services, and legal rights education (p. 21).

EMERGING ADULthood (20–24)

For young women transitioning into adulthood, the Youth in Development Policy recommends that programs should continue to “support positive and constructive decision-making” and “build resilience” (p. 21). Among the list of relevant programs provided in the policy is “reproductive and maternal health, [and] family support” (p. 21).

TRANSITION INTO ADULthood (25–29)

During this stage in the life cycle, physical maturation is largely complete; however, learning continues to take place. The policy highlights that programming during the transition into adulthood should enable youth to build assets and provide economic, health, and social support for family life.

INCREASED COORDINATION THROUGHOUT THE AGENCY

The Youth in Development Policy calls for the appointment of designated staff, particularly a Senior Youth Coordinator within the Agency, who will be critical in converting the policy’s principles and aspirations into tangible and measurable action. The appointment of a permanent Senior Youth Coordinator will help to improve the tracking of youth programs and investments in young people. The Coordinator will play a special part in recognizing the vital role that sexual and reproductive health and rights plays in improving adolescent and youth development outcomes across all sectors.

ABOUT THE CENTER FOR HEALTH AND GENDER EQUITY (CHANGE)

[The Center for Health and Gender Equity \(CHANGE\)](http://www.change.org) is a U.S.-based nongovernmental organization that promotes the sexual and reproductive health and human rights of women and girls worldwide through education and advocacy efforts that affect the development and implementation of U.S. policies.