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TO THE UNITED NATIONS

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**STATEMENT
BY**

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**TO THE
45th SESSION OF THE UNITED NATIONS COMMISSION
ON POPULATION AND DEVELOPMENT
YOUTH AND ADOLESCENTS**

**UNITED NATIONS
NEW YORK
23 APRIL 2012**

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Chairperson and distinguished delegates,

Firstly, allow me on behalf of the South African delegation to congratulate the Members of the Bureau on your election, and to thank you as well as the Secretariat for the thorough preparation and organization of this week's session. We would also like to thank the Secretary General and the UN Population Division in the Department of Economic and Social Affairs for the valuable and well researched reports that have been prepared for us, which will undoubtedly assist and guide our deliberations this week. In addition, we recognise and appreciate the comprehensive draft resolution that has been prepared to stimulate our informal engagements.

Chairperson, given this year's important theme of 'Youth and Adolescents', allow me to assure you that South Africa remains committed to the ICPD Programme of Action and the Key Actions for advancing its implementation, especially with respect to improving the lives of our youth and adolescents. We also remain committed to:

- The *Commitment Document of the 15 Year Review of the Implementation of the ICPD PoA in Africa*, adopted by the African Ministerial Conference on ICPD @ 15 in Addis Ababa on 23 October 2009, and subsequently endorsed by the African Union; and;
- The *Resolution of the Southern African Development Community's Ministers' Conference on ICPD+15*, held in Pretoria on 17 July 2009.
- The African Union's *Continental Policy Framework on Sexual and Reproductive Health and Rights* of 2006, and the African Union's *Maputo Plan of Action on Sexual and Reproductive Health and Rights*.

We regard the African Youth Charter as the continent's foremost expression that seeks to consciously make a positive difference in the lives of youth and adolescents in the Africa.

South Africa's Constitution along with our Population Policy places great importance on improving the lives of our youth and adolescents. Several national policies are geared towards empowering youth and adolescents to make informed choices, free of discrimination, which will enable them lead healthy and productive lives.

Demographically, by mid-2011 South Africa's population was estimated at 50.59 million. 52% of the population (26.07 million) were female. Approximately one-third (31.3%) of the population is aged younger than 15 years of age. Those aged 60 years and older comprised 7.7% of the population. In 2011, life expectancy for South African's at birth was estimated at 54.9 for males and 59.1 for females. The infant mortality rate was calculated to be 37.9 per 1000. The national HIV prevalence rate is 10.6%. An estimated 16.6% of people aged between 15 and 49 are HIV positive.

South Africa's National Youth Policy (2009-2014) defines youth as persons from 15-34 years old. The current youth policy is in its fourth year of implementation. The policy is geared towards

prioritizing the needs of the youth with respect to education, health and well-being, economic participation and social cohesion. The policy is seated in addressing the identified gaps and challenges based on the circumstances faced by the youth.

In recent years, even though South Africa's population growth rate and total fertility rate (TFR) have been on the decline, the growth of the youth population has remained significantly higher when compared to other population age groups. The youth comprise approximately 41% of the population. The sustained increase in our youth population is driven by the relatively higher total fertility rate of the 1980s, and the higher survival rates of children during the 1990s.

Whilst the basic living conditions of South African youth is below the other population age groups; according to the annual General Household Survey (GHS) the living conditions of South African youth in certain aspects have improved since 2005. Improvements include access to formal housing, potable water, proper sanitation, electricity and communication platforms such as access to information and communication technologies.

These improvements are noted and are evident of the positive effects of various development programmes initiated by the South African Government and its development partners. However areas of concern include the increase in youth headed households for the ages 15-24 and an estimated 11% increase in reported hunger by households occupied by youth between 2007 and 2009.

Several strides have been made in advancing the educational status of South African youth. Research reports indicate the increased levels of participation in all levels of education amongst historically disadvantaged youth. Gender parity in access to primary and secondary school education has been achieved. In fact there are now more girls than boys at primary and secondary school levels.

Despite these advances in the education of South African youth, the drop-out rates in the higher grades of secondary school education system remain a matter of concern. This is a major contributing factor to youth unemployment as it limits access to higher education which reduces their chances of accessing decent work opportunities. Urgent interventions are therefore needed to address the knowledge and skills gap of young people, especially among poor youth who lack the financial resources to complete their schooling or to further their studies at centres of higher learning.

South Africa has developed several national health and related policy guidelines to promote youth health and well-being. Generally, South Africa's current generation of young people are more aware about the health risks involved in their choices about sexual and reproductive health, rights and behaviour.

Teenage fertility is reported to be on the decline albeit these estimates are still high. There are no accurate statistics on the levels of termination of pregnancies amongst adolescents and youths. This is due to gaps in reporting data, misreporting and terminations being conducted at places outside the designated public service provider sites (e.g. private facilities or illegal spaces). Despite a legal framework that facilitates safe termination of pregnancies many young women are still at risk as they seek services outside of the formal health system due to levels of stigmatisation and discrimination by health workers and the costs of services in private facilities.

HIV prevalence amongst the youth population is high compared to the country's national average of approximately 11%. Female youth aged 25-29 bear the greatest brunt of HIV in South Africa (32.7%). Males aged 30-34 have the highest prevalence amongst men (25.8%). On the positive side, the rate of new infections amongst youth have declined and there is an increase in the numbers of female adolescents seeking treatment for Sexually Transmitted Diseases and, there is an increase in medical male circumcisions amongst male adolescent years.

Youth unemployment in South Africa is extremely high. Nearly 70% of youth in South Africa are unemployed and the percentage of youth owned businesses remains low at 33%.

Reliable data on youth with disabilities remains a challenge. Based on the available data, persons with disabilities comprise 3% of the population aged between 10 and 19. For the ages 20-29 and 30-39 this figure is 3.5% and 4.9% respectively.

Youth in conflict remains to be a significant challenge facing South Africa. The exposure and participation of young people in violent crime in South Africa is worrying. Significant levels of social contact crimes wherein youth and adolescence are either perpetrators or victims are fuelled by alcohol and drug abuse. In 2008/2009 youths aged between 22-25 years of age constituted the largest percentage of offenders at state correctional facilities.

Chairperson and distinguished delegates,

South Africa's fifteen year review of the implementation of the ICPD PoAs as well as the ten year progress review of country's population policy, conducted in 2009 has provided the following recommendations specifically on youths and adolescents:

- We have to retain more young people in schools until they have completed the secondary phase, in order to improve their employment prospects;
- We have to strengthen our internship and public works programme as facilitators of young people's integration into the formal economy;
- We have to address youth violence and reduce alcohol and substance abuse as an integral part of our youth development strategies;

- A call for more research on teenage fertility and contraceptive use to serve as a base for evidence based adolescent sexual and reproductive health and rights policies and programmes;
- Concerted efforts should be made to remove barriers that hamper young people's access to contraception and other reproductive health services, including termination of pregnancy;
- Greater effort is needed to improve women's access to and use of effective contraceptives. Emphasis should be placed on groups such as adolescents and young people in underserved (rural) areas;
- Unmet need for family planning amongst youth and adolescents should be addressed by improving access but also enhancing female autonomy;
- Condoms should be promoted as a part of contraception, as well as to prevent STI's and HIV infection given the risky choices that our youth and adolescents make;
- The role of young men, their responsibility and support to partners in making sexual and reproductive health and rights choices should be emphasised;
- Continual improvement of the accessibility, affordability and availability of primary health care facilities for childcare, including the provision of nutritional supplements where necessary especially in childhood and adolescence;
- Continual promotion of responsible, healthy reproductive lifestyles and behaviour among high risk groups such as adolescents and youth;
- The development and expansion of youth-friendly services so as to ensure that they are affordable and accessible to all youth free of discrimination, anxiety and stigma.

No doubt, the challenges faced by South Africa are immense and a challenge to national development. According to population experts South Africa's demographic position of its existing youth bulge could yield substantial benefits through the demographic window of opportunity if young South Africans are educated and healthy in order to contribute to investment, economic growth and development in South Africa.

South Africa's current generation of youth and adolescents have proved their resilience and innovation despite the many odds stacked against them. South Africa views their youth and adolescents as valued assets with the potential of making invaluable contributions to our society and identity as a democratic and vibrant nation.

We trust that this brief overview of the South African youth and adolescents has helped you in understanding the gaps and challenges facing our country. We trust that discussions this week will be successful and offer practical solutions and initiatives to help and develop the social and economic potential of South Africa's youth. We look forward to working together with all governments, international organisations and agencies, and non-governmental organisations that share South Africa's commitment to gender equity, equality and universal human rights as the basic principles on which to base programmes to improve the quality of life of our youth and adolescents.

Thank you.