The young people of today hold the key to tomorrow. There are currently 65 million youth in Indonesia, comprising 33% of the population. In Yogyakarta, young people represent 24% of the population, a total of around 835,000 people. During the next 15 years, they will drive economic and social change.

It is within UNFPA's mandate to promote the empowerment and well-being of young people and to ensure their safe transition to adulthood. To do so, we need to enhance young people's participation and secure their rights to education, work opportunities and health, including sexual and reproductive health (SRH). Ensuring universal access to SRH is the cornerstone to the empowerment of young people. Enabling young people to make choices about their SRH has tremendous bearing on all aspects of their lives - their health, education, employment and participation in society.

“Early pregnancy jeopardizes the rights, health, education and potential of far too many adolescent girls, robbing them of a better future. Adolescents and youth must be provided with age-appropriate comprehensive sexuality education to develop the knowledge and skills they need to protect their health throughout their lives. However, education and information are not enough. Good quality reproductive health services must also be readily available in order for adolescents to make informed choices and be healthy.”

– Dr. Babatunde Osotimehin
UNFPA Executive Director, World Population Day 2013
In the absence of supporting policies that enable the government to provide SRH services for youth, UNFPA has come up with an innovative scheme to engage the private sector in delivery of services through a social franchising approach. In 2014, UNFPA has established a partnership with Yayasan Anak Bangsa Merajut Harapan (Angsamerah Foundation) for the implementation of UNALA (meaning 'your ability to make decisions'), a private sector-led SRH services model designed specifically for youth. The model will be piloted in Yogyakarta, a province in Indonesia, which has a large proportion of youth, with many universities and a mix of rural and urban youth (15 to 24 years old).

HRH Gusti Pembayun, Royal Princess of the Kingdom of Yogyakarta, is pleased to support the model to be piloted in Yogyakarta. She hopes that the model will be able to provide youth-friendly and accessible services for the youth who need them most. As a public figure who has been acknowledged for her leadership of and dedication to young people, she hopes that this initiative can support youth to have the self-esteem, knowledge and skills to strive to reach their fullest potential.

The social franchising scheme aims to establish a network of private service providers working closely with youth networks to provide youth with SRH information and services. If this scheme is successful it can be replicated nationwide, therefore it has great potential to transform SRH information and services for youth in Indonesia.

The network of UNALA's health service providers will offer a comprehensive package of developmentally-appropriate, high-quality and youth-friendly SRH services with confidentiality, respect, and without judgement. Key services will include youth-friendly counselling, general health services and referral for other services not provided at a given facility. The health service providers are all private general practitioners, working in non-government clinics.

UNALA is developed as a business model for general practitioners that will increase their private practice success because it increases profitability, increases demand for services, teaches the general practitioners new skills, enhances their reputation and gives them the opportunity to do more social good.
The second step will be to establish a network of youth organizations and youth-related NGOs that will provide a means for the franchise to provide youth with a broader range of information and activities, including accurate SRH information, and refer them for services as needed. The youth network will be complemented with demand creation activities such as a website, media campaign and peer outreach. UNALA is developed to offer youth with high-quality health services that are youth-friendly, confidential and medically competent.

UNFPA in collaboration with the Angsamerah Foundation will work to mobilize additional resources from potential donor agencies and private companies to ensure the sustainability of model implementation. Furthermore, research will be conducted to formulate a model of implementation for the scheme.

The resulting report will serve as a foundation for the development of a policy paper to be shared with key government and community stakeholders, providing the evidence to advocate for SRH services for youth and improved SRH programming in the future.

References:
1. Dr. Iwo Dwi Utomo & Dr. Ariane Utomo, Australian Demographic and Social Research Institute, Australian National University, Adolescent Pregnancy in Indonesia: A Literature Review, 2013
2. 2010 Greater Jakarta Transition to Adulthood Survey by Australian National University
4. Indonesian Young Adult Adolescent Reproductive Health Survey 2007

For further information, please contact:
- Ms. Margaretha Sitanggang
  National Programme Officer on Youth and ASRH, UNFPA
  Email: sitanggang@unfpa.org
- dr. Nurlan Silitonga MMed
  Chairman of Angsamerah Foundation
  Email: n.silitonga@angsamerah.com

Every year in Indonesia 1.7 million women under the age of 24 give birth, including nearly half a million teenagers.

37% of all births are by young women.

The adolescent age-specific fertility rate has increased from 39.2 births per 1,000 in 2007 to 48 births per 1,000 in 2012.

14% of young males and 7% of young females reported being engaged in sexual activity with their partner.

Up to 30% of Indonesia’s maternal mortality rate may be due to unsafe abortion attempts by unmarried young people.

25% of males and 16% of females report using contraceptives at first sex act.

20% of young people know how to prevent sexual transmission of HIV.

40% of new confirmed cases of HIV/AIDS are in people aged between 20 and 29 years.